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# The Family Planning Manager's Handbook

BASIC SKILLS AND TOOLS  
FOR MANAGING  
FAMILY PLANNING PROGRAMS

Editors  
James A. Wolff  
Linda J. Suttentfield  
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MANAGEMENT SCIENCES FOR HEALTH

# **The Family Planning Manager's Handbook**

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**MANAGEMENT SCIENCES FOR HEALTH**



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# Foreword

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For centuries, people on all continents have strived to achieve control over conception. In recent years, family planning has become an even more significant issue, as it provides a way to slow the demographic explosion which threatens to exceed our planet's abilities to support us. Family planning has also taken on a new importance as traditional lifestyles are influenced by the demands of increased modernization. Clearly structured family planning programs, directed either by state organizations or developed in the private sector, are a recent phenomenon based for the most part on the advances made in the field of family planning program management.

Three or four decades ago, in an effort to bring about a change in attitudes and practices, the managers of family planning programs emphasized the ideologic and programmatic aspects of program development. Out of necessity, such considerations as efficiency, smooth logistics, appropriate allocation of resources, and client satisfaction became a lesser priority. At this time, it seemed more important to encourage and convince people to use family planning. It was a period characterized by an idealistic fervor, rather than by a focus on developing well-managed programs. Today, the family planning movement can feel satisfied with the results it has achieved. Several of the most densely-populated regions of the world, such as parts of Asia and Latin America, have enthusiastically embraced both the philosophy and the technology of contraception, and are quite advanced in the process known as the "demographic transition." Other regions are just getting started on this path.

In this new environment, family planning managers are finding it increasingly necessary to work seriously not on **what** to do in family planning, but rather on **how** to do it. Two new tasks will demand our best

efforts as we move into the next century: the careful supervision and efficient management of programs, and the improvement of the quality of family planning services.

In my opinion, the book you hold in your hands is, in the field of family planning program management, a timely and excellent testimony to this new approach. It deals in an intelligent and thorough fashion with all the problems which confront the manager of a family planning program. It will be useful to higher-level managers who are responsible for determining the strategy, structure and systems of their institutions. At the same time, it will be clearly understood by managers at lower levels who are in charge of day-to-day activities.

In sum, I find *The Family Planning Manager's Handbook* a very useful guide. My only regret is that was not published ten or fifteen years ago, when the pioneers in the field, usually professionals from disciplines other than management, often had to develop their programs through the imperfect method of trial and error, which is costly in time and money.

I hope that after reading and rereading this book, you will agree that you have been handed an excellent tool to ease your difficult and demanding, but at the same time wonderful, work.

Miguel Trías  
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# Introduction

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In this handbook, the term “manager” refers to many people. If you direct staff who perform family planning program activities, you are a family planning “manager.” Whether you work as a director of a family planning program, as a regional supervisor, as a district coordinator, or as a clinic manager, this handbook is written for you.

---

*Who is this Handbook written for?*

The Family Planning Management Training Project has been providing practical training and technical assistance to family planning managers throughout the world. In response to the needs of these family planning managers, we have developed *The Family Planning Manager’s Handbook*.

---

*Why was this Handbook written?*

In this handbook, family planning managers will find a comprehensive range of useful tools and techniques designed to help them improve their personal and organizational performance.

The management topics, skills and examples presented in this handbook have been selected because they address the problems that are currently interfering with the provision and expansion of family planning services. The material has been selected and presented in a way that emphasizes a practical, hands-on approach to solving these critical problems facing family planning managers.

---

*How to use this Handbook*

The major purpose of this Handbook is to provide family planning managers with easy access to a set of practical management tools. The Handbook can be used in a number of ways. Some readers may wish to read it straight through, while others may prefer to read only the chapters which are of greatest interest to them. Other readers may use it as a reference, referring to it when they have a specific management question or problem. While not a training manual, the Handbook will be useful to trainers in preparing a course or session on a specific management area. The Handbook may even serve as a core text for training family planning managers.

Each chapter contains: key management concepts; managerial tools and techniques; “how to” boxes; sample forms you can easily modify for your own use; vignettes; and country examples illustrating innovative solutions to common management problems.

At the end of each chapter there is a manager’s checklist that contains the key activities which have been discussed in the chapter, and a glossary with definitions of all the concepts presented in the chapter.

Theory and practice are combined in vignettes, which are short narrative pieces illustrating key management problems and principles. Trainers will find that these brief, illustrative stories about managers discovering and solving critical management problems can be readily adapted for training workshops.

Many chapters include actual examples of innovative management interventions and organizational improvements which were made by managers of family planning programs throughout the world. Managers will find useful sample forms which they can duplicate or adapt for use in their own programs.

---

*What this  
Handbook  
contains*

Chapter One, **Planning for the Future**, describes how managers can position their organizations or programs to meet the challenges of the future. It sets out the steps of the strategic planning process in detail and provides guidance to managers who wish to use or adapt this process to their own situation. Key managerial topics such as collecting data for planning purposes, setting goals and objectives for a plan, and developing integrated program and financial plans are all covered in this chapter.

Chapter Two, **Developing and Using Work Plans**, describes the elements of a work plan and how managers at all levels can create and use work plans to improve their own and the organization’s performance.

Chapter Three, **Coordinating to Improve Services**, gives some practical suggestions on how managers can increase program effectiveness by coordinating activities both within their organization and with the other family planning organizations which provide services in their area.

Chapter Four, **Staffing Your Program**, gives managers some practical guidance to help them select the best people for a task, motivate them to be productive, and develop their skills while on the job.

Chapter Five, **Supervising and Supporting Your Staff**, presents the fundamentals of effective supervision and gives managers practical suggestions on managing conflict, providing effective feedback, and identifying and handling job performance problems. Managers will find supervisory tools and techniques that they can use or adapt to their own situation.

Chapter Six, **Training for Effective Performance**, will help managers to determine whether training is necessary, to assess training needs, to design and plan a training program, and to prepare and conduct training evaluation and follow-up.

Chapter Seven, **Managing and Using Information**, discusses developing or strengthening a management information system so that it will provide timely, complete, and accurate information for planning, monitoring, and evaluating family planning programs. It gives practical guidance to help managers select indicators for their management information system, identify and correct problems of data collection, processing, and reporting, and use information effectively for decision making.

Chapter Eight, **Getting Contraceptives to the Client**, examines how managers can improve service to their clients by getting the right quantity of the right contraceptives to the right place at the right time at an affordable cost. The chapter includes practical suggestions for improving contraceptive selection and forecasting, inventory management, and distribution.

Chapter Nine, **Managing Your Finances**, provides practical information on financial management, including budget preparation, managing cash flow, managing petty cash and service generated income, monitoring income and expenditures, and meeting donor and institutional reporting requirements.

Chapter Ten, **Making Your Program Sustainable**, provides managers with practical guidance as they make their organizations self-sustaining. The chapter includes suggestions on strengthening the stability of an organization, increasing client demand, expanding the client base to poor and underserved populations, and achieving greater control over resources.

## CHAPTER ONE

---

# Planning for the Future

---

Family planning managers share a common vision of a future in which there are fewer maternal and infant deaths, family size is smaller, and unwanted pregnancies are prevented. In order for this vision to become a reality, the programs that deliver family planning services must be well planned.

---

*Envisioning and  
shaping the future*

The most important components of an effective program are a clear vision of the future and a well-considered plan describing the steps that must be taken today, next month, and in the years to come in order to make the vision a reality. In this chapter and the next, we will describe the planning process which will guide you from your vision of the future, through an analysis of the current situation, to concrete strategies and plans to achieve your goals.

Although the planning process as it is presented here consists of a series of steps, the process should not stop once the plans have been made. An effective manager at any level of the organization will be continually on the watch for changes in the external environment, will be aware of the strengths and weaknesses of the program, and will make adjustments so that the program is always as effective as possible. The steps described here are tools to help you and your colleagues to think more systematically about what goals are appropriate and what the best ways are to achieve them.

*What planning covers*

Planning for the future allows you to take a close look at your organization or program, at your goals, and at what strategies and activities are needed in order to achieve the desired goals. Plans therefore answer the following questions:

*What is the organization trying to achieve?*

*Where is the organization now?*

*Where does the organization want to be in five years (and beyond)?*

*How are we going to get there?*

*How will the organization finance this program?*

Planning thus covers a wide range of tasks, from the setting of organization-wide goals for the distant future to the detailed scheduling of activities to be carried out next year. Both the setting of long-range goals and strategies and the detailed activity-planning for the immediate future are part of the same process. The detailed annual work plans and budgets that you write for the next year are based on the long-range goals and strategies that you decide on now; the main difference when you are planning for the immediate future is the greater level of detail.

For purposes of discussion, this manual divides the planning process into two chapters. This chapter discusses how to develop both program and financial plans to achieve your goals. The next chapter, *Developing and Using Work Plans*, discusses how to formulate detailed plans for the next year from the strategies and objectives that you have set.

Some organizations develop only annual work plans and are successful in their work. Over time, however, the working environment and the program itself are likely to evolve and change. The kind of long-range or "strategic" planning discussed in this chapter is especially important and beneficial when an organization or program faces changed conditions in its environment, when the family planning program enters a new stage of maturity, or when program strategies are not bringing about the expected results.

## Tools and Techniques

### The Planning Vocabulary

No matter whether you are planning for a clinic, a region, a program, a department, or an organization, the questions that you ask in the planning process are the same. However, the terms used to define the responses to these questions vary widely among organizations, countries, and regions. What one person calls a "goal," the next person may call an "objective." What one person calls an "objective," the next person may call an "activity." Whatever language you use, the terms should be clearly defined and must respond to the questions listed below. They must be used consistently throughout your planning process. In this handbook, we have set the definitions below for common planning terms:

Questions	Response in the Planning Process
What are we here for?	The <b>mission statement</b> : A general statement of the type of organization, its main purpose, and its values. Often called "statement of purpose." Some organizations also state the <b>values</b> that guide their work.
What are we trying to achieve?	The <b>goals</b> : Service goals define, in general terms, the proposed benefit of the program for its clients or constituency. Organizational goals define the changes and improvements that the program should make in order to achieve its goals effectively and efficiently.
How will we achieve it?	The <b>strategy</b> : A statement which describes how the organization's goals will be met, that is, which types of services or intervention methods will help the organization to fulfill its mission and achieve its goals most effectively and feasibly.
What will each strategy achieve?	The <b>objectives</b> : Quantifiable outcomes or benefits that are the expected results of implementing a strategy.
What activities does each strategy call for?	The <b>activities</b> : A list of the interventions which are necessary to accomplish each objective and a work plan that details the activities and the division of responsibilities for these activities for the coming year.
What resources will we need? How will we pay for them, and what will the activities cost?	The <b>financial plan</b> : A statement of the expected capital purchases, revenues (with sources specified), and expenses in the coming three to five years. The plan includes service and budgetary objectives for each major managerial unit for each year. The budget goes into greater detail for the coming year and is based on the activities in the work plan.

## ORGANIZING THE PLANNING PROCESS

*Planning has its rewards*

The process of planning a program can be difficult, but it can also bring a number of rewards. In addition to producing a well-organized program, the organization as a whole can be strengthened by successfully confronting the challenges of the planning process.

**Motivating staff:** Thinking about the future can be a process that stimulates and motivates you and your staff. Reaching agreement on goals and on how to achieve them is motivating because everyone involved ends up with a shared vision and with concrete ideas about how to surmount obstacles in order to achieve that vision.

**Building a planning team with a common vision:** The most successful planners actively involve a team of key staff members in the planning process. Disagreements among the staff about goals or how to achieve them are worked out in the planning process, so that internal conflicts don't pose obstacles to implementation. Plans are more likely to be feasible and realistic when staff are involved in the "how to get there" part of planning. Among the groups that you might want to involve in the planning process are field, volunteer, and international staff, as well as other divisions of your organization or ministry. Which groups you decide to involve depends on the type of planning you're doing. When staff are involved in the planning process, they are motivated to carry out the specific activities that you all believe will lead to successful programs. This often has the positive effect of strengthening relationships among staff members.

**Confronting key issues and solving problems:** The planning process allows managers to confront the key issues facing their program or organization and to develop strategies to respond to them. Common questions facing family planning programs include:

- How can we expand the range of activities or services we offer, or the number of people or areas covered by our services?
- How can we continue to provide services if the government or donors are decreasing their support?
- How can we reduce the dropout rate for village-level family planning workers and improve the quality of care?
- How can we increase the acceptability of family planning programs to political and religious leaders, as well as to all community members?

**Planning defines roles and responsibilities:** Most plans set measurable performance objectives for a program or organization. In addition, they define who is responsible for which activities. This clarity in the division of labor and objectives enables the manager to hold staff members accountable for the implementation of activities and the achievement of objectives.

**Planning challenges the status quo:** No program is perfect, and planning usually aims for improvement. Significant changes in the program's environment sometimes require radically new strategies. Responding to these needs through change and growth is both necessary and ultimately motivating, but may also put some managers and staff on the defensive if they have invested years of time and energy in designing and maintaining current programs. The planner can anticipate these responses and keep them to a minimum by:

- Creating an open atmosphere for the planning process, stressing the interests of the whole organization over personal interests.
- Taking care to point out the program's successes before discussing areas that need improvement, and avoiding overly-general negative statements about program performance.
- If possible, reassuring staff who may fear that any needed reorganization might put their jobs in jeopardy.
- Presenting a positive attitude towards failures or mistakes as part of a learning process: "We learned this lesson from this experience; what strategy would work better?"

**Planning takes time:** In many programs, the managers and staff are extremely busy and have little time to set aside their daily responsibilities in order to make the concentrated effort that planning requires. Possible solutions to this difficulty include:

- Preparing a schedule for the planning process several months in advance, making sure that all key personnel set aside the required time in their work schedules to gather any necessary data before the planning meetings are held, and preparing a schedule for implementing the changes after the meetings.
- Organizing "staff retreats" and moving to a different physical location for the days that planning takes place.

**Planning involves different levels of staff:** The manager needs to design the planning process so that:

- The size of the core planning and decision-making group is small enough to allow for productive discussions (five to ten is ideal, but there should be no more than twelve). These meetings need to have clear agendas and objectives set well in advance, and a division of roles and responsibilities, so that participants have time to prepare for the function they have been assigned in the meetings.
- The composition of the planning group is representative of all key groupings, activities, or departments within the agency or program. In organizations where volunteer staff are part of the management structure, volunteers should be actively involved in the planning process.
- Staff at all levels are provided with a channel for making their views known to the planning group and are kept informed in a timely way about the issues being discussed by the planners.

**Planning requires the consensus of key staff:** Within most organizations, different staff have different interests and allegiances, depending on their position in the organization and their personal beliefs. Most key issues relating to organizational strategy will result in conflicts, which will need to be managed so that all parties can agree on the final decisions made. The manager can manage these conflicts productively by:

- Asking someone who is perceived by all participants as being neutral and unbiased to conduct the meetings (this facilitator could be someone from outside the organization).
- Making it clear to all participants that disagreements can be an essential and productive part of the planning process, since they ensure that issues are considered from all possible viewpoints. The facilitator should give a consistent message to participants that disagreements are constructive as long as they do not degenerate into personal attacks.
- Establishing procedures for the meetings that ensure that participants listen to each other and give due consideration to the ideas of others.

Long-range plans cover fixed calendar-year periods, generally three to five years. In addition to unexpected opportunities, successes, or performance setbacks, there are always unpredictable factors, such as political change or inflation, that affect the outcome of a program. In order to update the long-range plan, it is advisable to evaluate program performance each year and to revise strategies, objectives, and financial plans accordingly.

*Getting organized  
for planning*

In order to conduct a successful planning exercise, the organization needs to assemble a planning team. The planning team selected for your organization will depend on the size and structure of the organization.

The planning process can take anywhere from one day to a year, depending on:

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*Scheduling and  
preparing for  
planning*

- The size and complexity of the organization;
- The level of disagreement within the organization about future directions;
- The extent to which change in organizational strategy is necessary to adapt to a changing environment.

In order to develop an effective plan, a small organization with successful programs in a relatively stable environment might spend approximately one week, while a major government ministry in a rapidly changing environment might spend approximately three months of total staff time in collecting extensive background data and holding a number of meetings at different levels of the organization.

Whatever the amount of time your organization requires for planning, it is extremely important to draw up a schedule that includes all the steps in the process and specifies who participates at each step, the time needed, and the dates. With such a schedule, all staff involved:

- Know what is expected of them;
- Prepare their inputs in time;
- Are available for meetings;
- Are familiar with all the steps involved in the process.

A sample schedule might look like the one below. Please note that this is an example for an organization with a departmental structure. While the steps are always the same, the "Participants" and "Time Needed" vary widely among different programs.

## Tools and Techniques

### Sample Planning Schedule

<b>Steps in Planning</b>	<b>Participants</b>	<b>Time Needed</b>	<b>Dates</b>
Reviewing or stating mission	Top and mid-level management	Two-hour meeting	Jan. 4
Environmental analysis	Consultants and technical staff	Data collection One week	Jan. 4-10
Written report on environmental analysis	Consultants and technical staff	One week	Distributed by Jan. 14
SWOT analysis	Top, mid-level, and technical staff	Interviews Four-hour meeting	Mid-Jan. Jan. 20
Establishing long-term goals	Top, mid-level, and technical staff	Two- to four-hour meeting	Jan. 21
Establishing strategies and objectives	Top and mid-level technical and financial staff	One week	Jan. 21-28
Financial plan	Top and mid-level management and financial staff	Ad hoc meetings and final meeting	Jan. 22-30
Departmental objectives	Departmental heads with their staff	Two-hour departmental meetings	Feb. 1
Setting targets	Departmental heads with their staff	Two-hour departmental meetings	Feb. 1
Preparing work plans	Departmental heads with their staff	Individual preparation and ad hoc meetings over a four-day period	Feb. 2-5
Preparing operating budgets	Departmental heads with staff and financial staff	Same as work plans	Feb. 8-11
Presentation of departmental plans to top management	Departmental heads with other top and mid-level management	Three-hour meeting	Feb. 12

## THINKING STRATEGICALLY AND PREPARING A PLAN

When you are developing your plan, you must first identify the need and the demand for services, and then determine how you will meet the need and the demand. This process consists of a number of steps:

*Identifying and meeting the need and the demand*

### Steps in the Planning Process

1. Stating the mission, or purpose, of the organization.
2. Analyzing the external environment: culture, economy, and health; market; sources of funding and commodities; and background demographic information.
3. Conducting the SWOT analysis: Assessing internal Strengths and Weaknesses, and external Opportunities and Threats.
4. Establishing goals.
5. Selecting strategies to reach your goals.
6. Establishing objectives.
7. Selecting activities for each objective and developing work plans.
8. Preparing a financial plan in accordance with the chosen strategies.

In the following section, these steps will be described in detail and will be followed by a full example from a private nonprofit family planning organization in Ecuador.

Most organizations can probably conduct the planning process on their own, but all organizations would find it to their advantage to have the process facilitated by someone from outside the organization who does not have a vested interest in the outcome and can create an environment in which ideas and opinions can be freely exchanged.

## 1. Stating the Mission

The first step in preparing your plan is to state the mission of the organization as it is currently defined. This is usually a general statement of the type of organization, its purpose, and its values.

A mission statement for the Maternal and Child Health (MCH)/Family Planning Division of a Ministry of Health (MOH) might look something like this:

### Example

**Mission statement:** To improve the health and well-being of low-income families and individuals throughout the country through the provision of MCH and contraceptive education and services.

A mission statement for a private nonprofit provider of family planning services might look something like this:

### Example

**Mission statement:** To increase the availability and use of high-quality, voluntary reproductive health and family planning services in the capital city and surrounding neighborhoods.

A mission statement for for the training department of the MCH/Family Planning Division of an MOH might look something like this:

### Example

**Mission statement:** To train health professionals and community workers throughout the country to provide basic and high-quality MCH and family planning services.

## 2. Analyzing the External Environment

The next step is to analyze the external environment as it relates to your organization's mission, which is defined in the mission statement. An environmental analysis involves the study of four areas that may affect the performance of your organization's programs. When conducting an environmental analysis, you will probably consider factors such as those listed in the box on the following page, choosing only the categories that are relevant to your particular program (and maybe adding others not listed here).

There are three main activities in an environmental analysis:

- Collection of data from written sources (see box on page 13);
- Interviews with managers in key institutions in the family planning field (ministry, major donors, private voluntary organizations);
- Summary of main findings in a document that is distributed to the planning team at least one week before the planning meetings.

## Tools and Techniques

### Elements of an Environmental Analysis

There are four broad areas to be considered:

- Culture, policy, economy and health;
- Background demographic information;
- Supply of and demand for family planning services;
- Sources of funding and commodities.

#### Culture, Policy, Economy, and Health:

##### Culture -- Consider:

- Position of religious groups on family planning
- Pro-natalist beliefs and pressures among the population to be served
- Status of women (limitations on their education, employment, travel outside home, control over decisions)

##### Policy -- Consider:

- Government's population policy and how it affects programs
- Role of private and public sectors in family planning

##### Economy -- Consider:

- Whether insufficient resources for a fast-growing population are resulting in:
  - Low family income
  - Unemployment
  - Lack of schooling
  - Lack of medical facilities and equipment
- Past, present, and forecast data on:
  - Inflation rates
  - Exchange rates
  - Income levels
  - Distribution

Continued

**Continued**

**Health -- Consider:**

- All problems associated with frequent and/or unwanted childbearing:
  - Maternal mortality (due to high-risk births or illegally-induced abortions)
  - Infant and child mortality
  - Rates of illness in these groups
  - Malnutrition
  - Prevalence of anemia among women
  - Breastfeeding practices
  - Prevalence of sexually transmitted diseases (STDs) and human immunodeficiency virus infection

**Background Demographic Information -- Collect information on:**

- Size of the population in the expected geographic areas of operation
- Age structure of the population
- Total fertility rate and age-specific fertility rates
- Contraceptive prevalence rates
- Number of women of reproductive age (target population)
- Educational level of population to be served
- Desired family size

**Supply of and Demand for Family Planning Services -- Consider:**

- Current and potential competitors (other family planning service providers):
  - What types and quality of services they provide
  - To whom and where they provide services
  - What needs are not covered adequately, and what strategies you can develop to meet these needs
- Current and potential collaborators, to see if you can meet the need for family planning better by sharing resources or offering complementary services
- Current and potential clients:
  - Who they are
  - Where they are located
  - What services they need and desire
  - How much they can pay
  - How many people cannot pay anything

**Sources of Funding and Commodities -- Collect information on:**

- Suppliers of commodities such as contraceptives supplies, and equipment:
  - Who are the key suppliers
  - What influence might they have on services in terms of:
    - Cost
    - Imposition of policies
    - Reliability of supplies and equipment
  - How potential risks in this area can be minimized
- Financial donors
  - The organization's level of dependence on current donors
  - Possibility of attracting new donors
  - Possibilities for raising revenues locally

## How to ...

**Find and use data to analyze the external environment**

<b>Data</b>	<b>Use</b>	<b>Source</b>
Demographic and health indicators	Determine population profile, that is: population size of area; size of target group(s); health status of target group(s); attitudes about health and preventive health measures.	Census data from Ministry of (Economic) Planning. When available, refer to: civil registration system; Demographic and Health Surveys; World Fertility Survey (WFS); epidemiological studies on sexually transmitted diseases (STDs), infertility, teenage pregnancies, abortion, breastfeeding practices.
Socioeconomic information	Determine: sources of income; income fluctuations; social and ethnic affiliations; religious affiliations; authority structure within the family and the community; means of communication and transportation; accessibility of regions; status of women.	Household surveys; socioeconomic indicators from the Ministry of Economic Affairs; sociological and anthropological studies; interviews and community surveys; geographical maps; universities; and international organizations.
Family planning information	Determine: current knowledge and use of modern and traditional methods; method preference and problems; attitudes on family limitation and child spacing; indicators of expressed or latent need for family planning; attitudes of men, community leaders, and school authorities.	Contraceptive prevalence surveys; Knowledge, Attitudes, and Practice (KAP) surveys (check with the Ministry of Health, national family planning organizations); family planning service statistics; contraceptive distribution statistics from service facilities or from regional or central warehouses; operations research reports; epidemiological studies on breastfeeding practices and method side effects; statistics on STDs (including AIDS) and abortions; client interviews and observations; focus group research; annual reports from family planning organizations, projects, or programs.
Existing plans in population and health sector	Determine goals and objectives of similar or related programs, organizations, projects. Ensure compatibility of program goals and objectives with broader development goals and objectives.	National five-year plan; Ministry of Health plan; population plan where available; regional health and population plans; local (district) plans; plans from private sector agencies working in the population field; related program and project plans; country strategies of donors; interviews with staff of major donors and family planning providers.
Policies and regulations	Determine obstacles to and opportunities provided by various service delivery strategies.	Ministry of Health regulations; population policy and regulations where available, such as those relating to paramedical personnel or to the importation of contraceptives.

### 3. Conducting the SWOT Analysis

In the next step, you will conduct a SWOT analysis to identify and analyze the Strengths and Weaknesses of your organization or program, as well as the Opportunities and Threats revealed by the information you have gathered on the external environment.

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*Components of a SWOT analysis*

#### SWOT Analysis

	Positive	Negative
Internal	Strengths	Weaknesses
External	Opportunities	Threats

In the first step of the SWOT analysis, looking at internal strengths and weaknesses, your planning team should examine the management, programming, and financing capabilities of your program or organization by asking questions such as those in the box on the next page. Sometimes, especially in large organizations, it is beneficial to have some members of the planning team interview different levels of staff to gather information before the SWOT meeting on internal strengths and weaknesses.

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*Determining institutional strengths and weaknesses*

As your planning team goes through all the questions listed in the following box, you should decide whether the answers reveal strengths or weaknesses. For example, if the answer to the question, "What level of community support does the program enjoy?" is "Very little," that would reveal a weakness which you would need to take into account as you plan for the future.

## How to ...

**Analyze internal strengths and weaknesses****Management Capabilities**

Analyze your organization's strengths and weaknesses in the following management areas:

- **Organizational Structure:** Does the organizational structure and culture lend itself to a free flow of information, both from the bottom levels up and from the top down? Does the organizational structure hinder or facilitate efficient and client-responsive implementation of activities? Do all staff, including volunteers, have clearly defined roles?
- **Planning:** Have feasible long-term and short-term plans been made, involving all of the staff and the community to be served in the process? Do these plans guide the work of the organization? Have they led to success in achieving goals?
- **Coordination:** How well do different departments or divisions within your organization cooperate and coordinate with each other? Are any groups (formal or informal) or departments in a chronic state of conflict, and if so, why? How well does the organization coordinate with other family planning and health organizations?
- **Staffing:** Do you hire people with the appropriate skills and attitudes for their positions? Does each staff person have a job description with a clear delineation of roles and duties? Are there staff whose job descriptions overlap, so that the division of responsibilities is unclear? Are on-going training and on-the-job feedback provided consistently to ensure high performance?
- **Supervision:** Do all staff at every level have regular personal contact with a supervisor? Do all staff (including the supervisors themselves) view the supervisor's role as one of guidance, assistance, and support? Do supervisors help set performance objectives for those they supervise and check progress toward these objectives? Do the supervisors effectively solve performance problems through their interventions? Does each supervisor have a supervisory schedule and a supervisory session plan?
- **Training:** In what areas does each type of staff need training? In what areas is each type well-trained? Will training resolve the problem? Do some staff people have unused potential or skills that could be useful to the program? Do you regularly assess training needs of new staff and of existing staff who have performance problems or who are assuming new responsibilities? Are the training goals and content closely linked to these assessments? Does the evaluation of your training examine trainee satisfaction, increases in knowledge, changes in on-the-job performance, and the impact of training on service delivery? Are all providers trained in counseling and communication skills?
- **Management Information System:** Do managers have accurate information on the progress made toward the objectives of the program and on whether or not activities are happening as scheduled? Do supervision reports provide information on the reasons for a lack of progress in any given area? In the areas of finance, supplies, and planning, do managers have sufficient information to forecast trends and make decisions? Does the management information system also provide information on non-quantifiable issues such as quality of care and user satisfaction?

Continued

## Continued

- **Commodities Management:** Are there stockouts at any level of the supply system in any essential commodity? Does the central warehouse conduct an inventory at least once a year? Do all warehouses and supply depots employ the "first to expire/first out" (FEFO) system? Is forecasting accurate enough to prevent both stockouts and wastage from expired contraceptives? Do conditions at all storage points prevent damage to or loss of supplies and contraceptives? Are there any contraceptive methods that would improve the client's choice but are not currently offered? Are clinics or community posts adequately equipped? If not, list what is missing or in disrepair.

### Programming Capabilities

What is the potential capacity of the program to provide services, train, and/or educate? Does the current level of client/trainee/educational activities match this capacity? Is the program able to expand simply by increasing its efficiency, without requiring a significant new source of revenue? If so, how can this expansion be implemented? What is your assessment of the quality of care in your program? What can be done to improve it? What is the current user discontinuation rate? What is the level of client satisfaction? Is the transportation that is available adequate for program needs? If not, describe what is needed for which type of personnel and in which areas. (Transportation could be inadequate for a certain level of staff, such as community promoters, or for a geographical region.) What are the weak points in your programs? What are the reasons for these weak points? What are the strong points? What expertise exists among your staff that gives you the ability to run your programs? Is this expertise under-utilized? Are existing staff overworked and unable to undertake new activities? Are they under-utilized, with free time on their hands? Are there any activities that would enhance your current program but that you can't carry out for lack of human or financial resources?

### Financing Capabilities

What is your current level of self-financing? What are your current sources of financing? How stable are they? Are they likely to increase, decrease, or remain the same in the near future? In the distant future? What would have to change in the external environment or within your organization in order to secure additional funding or generate more revenues? Which of these changes are feasible? Where can you cut costs in your program? What level of community support does the program enjoy? Are there community boards? Community-level fund-raising programs? Volunteers? Donations of materials or supplies?

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*Translating the environmental analysis into opportunities and threats*

As a second step in the SWOT analysis, you should look at the main points in the environmental analysis and identify those points that pose opportunities for the program and those that pose threats or obstacles to performance.

For example, if the environmental analysis identified a major new funder entering the family planning field, this would be considered an opportunity. The more information about the guidelines and funding criteria of

this new donor you can gather before the meeting, the more able your program will be to take advantage of this opportunity.

Similarly, if a major donor is withdrawing family planning funding from your country or region, you will need to address this serious threat to your program's survival during the planning process.

This part of the SWOT analysis is usually carried out in a brainstorming session by the planning team. This step can be done quite efficiently if the staff produces a written summary of the environmental analysis a week or so before the SWOT meeting takes place.

You may find it helpful to disseminate the findings of the SWOT analysis to key managers (such as departmental heads) within the organization for their advice and consent. This step should be carried out before discussing the findings with donors and other financial providers.

#### 4. Establishing Goals

**Program-related goals** define in general terms the impact that your program hopes to have on its target populations by the end of the time period specified in the planning process.

##### Example

An example of a **program-related goal**: "To increase contraceptive prevalence in underserved areas."

**Organizational goals** define the internal changes and improvements that the organization or program should make in order to achieve its goals.

##### Example

An example of an **organizational goal**: "To incorporate measures of quality of care and user satisfaction into the management information system."

The SWOT analysis can help the planning team to set realistic goals. For program-related goals, the analysis of internal programming capabilities will yield information on past performance and on the potential for expansion of activities. The analysis of financing capabilities will let you know whether you can expand services or need to reduce them. The analysis of opportunities and threats can explain past performance and highlight the opportunities and threats that affect the likelihood of achieving your goals.

*Using the SWOT  
analysis in  
planning*

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*Matching goals to resources*

In setting your goals, make sure you don't exceed the resources you have available. Do a few activities well; don't commit your program beyond its capabilities by trying to do too much. Perhaps due to the controversial nature of family planning services in some settings, many organizations involved in family planning make such planning mistakes as setting more non-family planning goals than the program can handle, or planning to open too many new outlets at once. Both mistakes lead to scattered use of the organization's resources and a failure to provide high-quality services in family planning or in any other area.

Establish goals that don't over-extend your ability to provide quality services. For example, if you open too many outlets at once and exceed the resources available to your organization, it will be difficult to deliver high-quality services. If your organization develops a reputation for providing services of poor quality, your program could suffer for years to come.

## **5. Selecting Strategies to Reach Your Goals**

Your strategies map the route that your organization chooses to take in order to achieve its goals. Developing strategies involves considering all the possible strategies and selecting one or more for each goal.

Your planning team can brainstorm to come up with several possible strategies to achieve each individual goal. The team will then evaluate these strategies on the basis of whether they:

- Will help to achieve the stated goals of your organization;
- Are feasible given your organization's SWOT analysis;
- Will have a positive financial impact on your organization, examining both its potential to raise revenues and its projected cost.

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*Strategies can be complementary*

Draw up, in as much detail as necessary, plans and budgets for each strategy you have identified. Most possible strategies for achieving a goal are not completely independent, but complement one another.

**Example**

For example, if a major goal of an organization is to lower rates of unwanted adolescent pregnancies, then the most common strategies are:

- Post-partum family planning programs, either in hospitals or maternities or with traditional birth attendants.
- Community-based peer educator/distributor programs.
- Sex education programs in schools.
- Adolescent centers with a wide variety of activities and services in addition to family planning.
- Providing separate hours or space for teenagers at existing family planning or health clinics.
- Using the mass media to communicate key messages.
- Male-only clinics or clinic hours.

If a program has enough resources, it can achieve its goal even more rapidly by implementing more than one strategy, each of which would reach slightly different sectors of the target population. A program with very few resources, however, would do best to concentrate on just one strategy and do it well, rather than scatter its resources.

As you develop your strategies, make use of the information you collected in the environmental analysis to look at what other providers are doing. This will help you to avoid setting up services where they are not really needed.

Although you will not be conducting a detailed financial analysis of the cost of strategies, at this point you will need to consider the financial implications of all the proposed strategies. For example, when you are considering building a new health facility, remember that in addition to the one-time capital expense, you will also have the recurrent costs of operating the facility. You must plan and budget for the recurrent as well as for the capital costs.

As you plan, remember that the cost of a strategy can be reduced if necessary goods or services are donated instead of bought, or if the program is staffed differently. Instead of higher-priced physicians, lower-level staff, such as nurses and paramedical staff, can be trained to provide safe and effective family planning services.

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*Analyzing the competition*

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*Determining the recurrent costs of strategies*

## 6. Establishing Objectives

Every strategy includes a number of objectives. An objective is a specific statement of the work you intend to carry out.

### Example

For example, if your strategy is to set up post-partum family planning services in hospitals, then an **objective** would be to staff three hospitals with 30 nurses who can provide family planning counseling and methods.

As with goals, there are both organizational objectives and program-related objectives:

**Program-related objectives** state the anticipated results in terms of the users or clients of a program, for example, numbers of new users or Couple Years of Protection provided, or numbers of people counseled or informed about family planning.

**Organizational objectives** state the specific, observable changes in the structure or management of your program that will improve efficiency, sustainability, or effectiveness, in areas such as the ratio of fieldworkers to supervisors.

Your objectives should be **SMART**:

- Specific - to avoid differing interpretations
- Measurable - to allow monitoring and evaluation
- Appropriate - to the problems, goals, and strategies
- Realistic - achievable, challenging, and meaningful
- Time bound - with a specific time period for achieving them

When setting objectives for each family planning method, do not set them unrealistically high, which would put undue pressure on providers. Providers who feel pressured to meet extremely high objectives for certain contraceptive methods may ignore informed choice standards and push certain methods on their clients.

## 7. Selecting Activities for Each Objective

In order to meet an objective, you need to determine which specific activities must take place, who will carry out these activities, and when.

**Example**

For example, if your objective is to employ 30 nurses to provide family planning methods and counseling, one **activity** would be to arrange for the nurses to attend a workshop on family planning counseling and clinical skills.

In preparing the financial plan, this list of activities will be useful as you determine what resources (human, financial, and material) you will need to meet each objective. You will read more about planning activities in the following chapter.

## 8. Preparing a Financial Plan

When the planning team members are choosing among the possible strategies, they make rough estimates of the cost and revenue implications of each possibility in order to determine its feasibility. Once goals, strategies, objectives, and activities are defined, the planners can prepare a detailed year-by-year estimate of the revenues and expenses entailed by the entire package of strategies. This detailed estimate, or long-term budget, is the financial plan.

During the process of preparing a financial plan for your organization, you will:

- Analyze current and potential sources of revenue;
- Make a conservative estimate of the revenue to be received during the period for which the plan is being made;
- Analyze current and potential expenses for the strategies chosen;
- Make a conservative estimate of the expenses that will be incurred;
- Calculate to see whether the anticipated revenues will cover the expenses;
- Revise strategies and activities as necessary to ensure the financial health of the program;
- Prepare detailed year-by-year estimates of revenues and expenses.

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*The financial  
planning process*

Once the financial plan has been finalized, you can prepare the next year's budget based on this plan.

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*Programmatic and financial plans are inseparable*

In order to produce a document that is both useful and as accurate as possible, the process of developing the financial plan -- analyzing revenues and expenses, estimating for the future, and making sure that revenues will cover expenses -- involves both program and financial managers. Together, the managers gather data from the program's information system, discuss its financial implications, and discuss the strategies chosen during the planning process.

Throughout the planning process you will have discussed information and made decisions that have a direct bearing on the financial plan. For example, the information on "markets" and "competition" gathered during the environmental analysis and analyzed during the SWOT analysis may have inspired your planning team to implement a new strategy for income generation. During the financial planning process, the team should analyze the implications of this new strategy in greater detail and build them into the financial scenarios.

In the same way, financial considerations will have an impact on all phases of the planning process. For example:

- Donor grants for specific programs may restrict the type of work that an organization can do.
- In some cases, the need to generate revenue locally will influence the types of services to be provided and the population to be served (for example, necessitating an emphasis on services that generate profits).
- New or expanded programmatic goals or targets may demand significant increases in revenues.
- Predictions of sharp increases in cost or decreases in revenue may force an organization to plan corresponding decreases in the scope of its programs or to adopt new strategies.

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*Setting programmatic priorities based on the financial plan*

The financial plan will give planners a more or less accurate estimate of the amount that might have to be cut from expenses so that revenues are certain to cover them. You may find it useful to prioritize programs and activities so that if financial targets are not met, you know where to make changes.

You should note that up-to-date information on actual revenues and expenses, and the ability to compare these with the plans, is absolutely necessary for you to be able to make decisions based on the priorities set in the financial plan. Chapter Nine, *Managing Your Finances*, will explore this topic in more detail.

There are three main types of funding for family planning organizations: government, donor, and generated revenues.

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*Financial planning differs according to the funding base*

When an organization is entirely **government-funded**, the main purpose of financial planning is to forecast income and to identify which program-related strategies will achieve the largest number of program-related objectives for the income received.

When an organization relies on **donor funding** (or donor and government funding), the main purpose of financial planning is to estimate the entire cost of a cohesive program and to match the budgets for each strategy with the restrictions and interests of different donors.

When an organization is partially or wholly funded through **generated revenues** (such as sales of contraceptives and fees), the purpose of financial planning is to estimate accurately the direct and indirect costs of income-generating activities and to set prices and fees that will cover costs and subsidize other organizational activities as needed.

In drawing up the financial plans, a distinction should be made between the different types of funding since the reliability of each source is different. In the case of generated revenues, it is important to be conservative in your forecasting so as to reduce the risk of overspending.

Once the financial plan is completed, your program can draw up a work plan and budget for the next year. The work plan will take the strategies and activities outlined in your plan and describe in much greater detail how these will be implemented during the next year. The budget will be based on the financial plan and the work plan and will go into much greater detail on sources and amounts of revenue, as well as on expenses for the coming year.

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*The final steps in the planning process*

While predicting future costs is always challenging, it is even more difficult when there is a high rate of inflation. When preparing financial projections in an inflationary environment, adjust your cost projections, taking into account the anticipated rate of inflation. If you prepare your budget in local currency, use the first-year projections as your base cost and adjust each subsequent year by the anticipated rate of inflation.

The next chapter will describe the process of drawing up a work plan. Chapter Nine, Managing Your Finances, will guide you through the process of preparing the yearly budget.

## Developing a Strategic Plan for CEMOPLAF

Early in 1988, the Government of Ecuador for the first time issued a policy specifically endorsing and supporting family planning. At this time, CEMOPLAF, an Ecuadorian private family planning organization, began a strategic planning exercise. CEMOPLAF was anticipating an increased role for the public sector in family planning service provision and a declining role for international donors. Therefore, they focused their strategic planning on making the organization increasingly sustainable in this changing environment. They employed an outside firm to assist them with the strategic planning process.

Eleven senior staff members and members of the board participated in the development of the new strategic plan and in the planning for the continued impact and success of their organization. Two strategic planning workshops were held, six months apart, both facilitated by the outside firm. In the interim, working groups refined the strategies and activities for each of the objectives included in the strategic plan and prepared general data for the 1989-1991 financial projections. The material presented here is taken directly from the strategic plan that resulted from this process. The entire CEMOPLAF strategic plan is too long to include here; the selections that follow illustrate the steps in the process.

### Mission Statement

CEMOPLAF is a private, social service, apolitical, non-profit Ecuadorian institution, recognized nationally and internationally, that offers Family Planning and other health and community services, and that has achieved a significant degree of self-financing (operating between 70 and 75 percent with its own resources, with the exception of donated contraceptive supplies).

### Values

CEMOPLAF will:

- Work within the norms established by the Ministry of Health and in accordance with the current national population policy and the rules and regulations of CEMOPLAF.
- Respect human dignity and the right of a couple to determine the size of its family.
- Provide the highest quality of services.
- Work within the norms established under Ecuadorian law.

## Analyzing the External Environment

### Culture, Policy, Economy, and Health

#### Culture and Policy

Social Democratic party is in power

Government stimulates the public sector while heeding the interests of the private sector

Relations with the Church are neutral

Government's population policy is supportive of family planning

#### Economy

Economic growth is equal to or exceeds the Gross National Product

Inflation is increasing

Income is concentrated in the upper-class minority

Rate of exchange with U.S. dollar is getting worse

Continued

Continued

Example from Ecuador

### Supply of and Demand for Family Planning Services

#### Family Planning Service Providers (Competitors and Collaborators)

##### Family Planning Services:

- Private doctors
- APROFE
- Ministry of Health
- Ecuadorian Institute of Social Security
- Private hospitals
- Private clinics
- Family Obstetric Center
- Other family planning entities
- Offices of the Ministry of Social Well-being

##### Other Health Services:

- Hospitals
- Ecuadorian Institute of Social Security
- Private doctors
- Free consulting rooms
- Clinics
- Ministry of Health
- Consulting room of the Ministry of Social Well-being

#### Current and Potential Clients

##### Family Planning Clients:

- Women of childbearing age who are married or in a common-law union who use contraceptives
- Women of childbearing age who are married or in a common-law union who are not currently using contraceptives, but who are potential family planning acceptors

##### Clients of Other Health Services:

- Girls (infants to 12 years old)
- Women (ages 13 and over)
- Men (who need lab services)

#### Sources of Funding and Commodities

- Anticipated reduction in funding from international donors
- Continued donation of contraceptives

Continued

Continued

Example from Ecuador

**Demographic Information**

Population: 10.5 million

Birth rate has decreased somewhat due to family planning programs

Migration to urban areas continues to aggravate poor living conditions on the outskirts of the cities

Urban development will continue

**The SWOT Analysis****Internal Factors: Strengths**

Good staff morale and motivation, team spirit, interest in improving programs

High-quality, trained personnel

Service centers are well located geographically and have capacity for expansion

Staff members are open to change

Organization has national and international prestige

**Internal Factors: Weaknesses**

Lack of quality controls

Confusion about employees' roles

Work tends to be oriented toward the wishes of the donor rather than those of the institution

Financial dependence on donors

Administrative inability to expand

Lack of policy on prices

Non-computerized administrative processes

**External Factors: Opportunities**

	<u>Present</u>	<u>Future</u>
Government's population policy	✓	✓
Ministry of Health has a family planning program	✓	✓
Greater awareness in the community about family planning	✓	✓
International donations	✓	
Good relations with similar institutions for coordination	✓	✓
Non-intervention of Catholic Church	✓	
Contraceptive developments		✓

Continued

Continued

Example from Ecuador

External Factors: Threats	<u>Present</u>	<u>Future</u>
Negative reaction of Catholic Church		✓
Change in international policies of assistance		✓
Decrease or suspension of donations		✓
Fewer types of contraceptives donated to CEMOPLAF	✓	✓
Increase in the rate of inflation, affecting the income for services	✓	
Competition	✓	✓
Uncertain political situation due to change in government	✓	

### Establishing Goals

After reviewing the results of the environmental and SWOT analyses, CEMOPLAF established its goals. Two of these were:

Goal 1: To increase access to family planning services in both urban and rural communities.

Goal 2: To become self-sufficient in family planning activities while continuing to rely on donated contraceptives.

### Establishing Strategies

Several strategies were developed to achieve each goal. The following are two examples of strategies chosen by CEMOPLAF to achieve Goal 1:

Goal 1: To increase access to family planning services in both urban and rural communities.

Strategy 1: Increase utilization of family planning services at the rural and marginal urban medical centers.

Strategy 2: Increase the distribution of contraceptives through community distribution locations.

### Establishing Objectives and Developing Activities

Here is an objective and some of the activities developed by CEMOPLAF for each of the two strategies developed for Goal 1.

Strategy 1: Increase utilization of family planning services at the rural and marginal urban medical centers.

Objective 1: Provide family planning and related services in 22 medical centers, operating with 70 percent of medical hours dedicated to family planning and other related services.

Activities:

Contract with the most popular local newspapers and radio stations to publicize the new services.

Train appropriate personnel in the necessary skills to provide the new services.

Promote services at the urban level through home visits, group organizations, seminars and cinema advertisements.

Design and develop promotional material.

Provide ten courses annually for CEMOPLAF personnel on the family planning client perspective.

Continued

Continued

Example from Ecuador

Strategy 2: Increase the distribution of contraceptives through community distribution locations.

Objective 1: Increase the number of community distribution locations in the six provinces where they are currently operating by at least 20 percent annually and increase the quantity of contraceptives distributed by 25 percent annually.

Activities:

Select new distribution locations in the designated areas, expanding the geographic coverage in each area.

Hire additional personnel to staff the new distribution locations.

Train new personnel in the skills required for their positions.

Produce educational and promotional materials.

Solicit donation of vehicle(s) from donor agencies for the program's transportation needs.

Expand the contraceptive mix and reserve supply.

### Preparing the Financial Plan

After establishing objectives and strategies, the planning team at CEMOPLAF developed a financial plan by estimating the income and expenses for each objective. In order to do this, the team estimated the per-unit income and the cost for each family planning service. The income and expense projections used the following data:

- The annual volume of family planning services and medical consultations for all clinics.
- Price ranges for services offered at different clinics.
- The cost of locally purchased contraceptives and other expenses associated with delivering family planning services.

Based on this data, CEMOPLAF then calculated a unit cost and a unit income for family planning services. Using these projections and assumptions about future volume and pricing strategies, CEMOPLAF prepared a budget. (The budget has not been included in this example.)

*Planning varies in the public and private sectors*

The example above shows how the strategic planning process was used in a private sector organization. The planning process will vary according to whether the organization is in the public or private sector, and according to the level in the organization at which the planning is taking place. The box on the following two pages illustrates some of the ways in which the strategic planning process can be used in both the public and private sector.

<b>Tools and Techniques</b>
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### Adapting the Strategic Planning Process to Various Levels in the Organization

#### Public Sector

Level	Degree of Autonomy	Uses and Adjustments
Director of FP Division	Mid to high	Can usually do full national level strategic planning within a fixed budget allocation.
Department Head in FP Service Division	Mid	Takes part in division's strategic planning process. Sets goals, strategies, objectives, work plans, and budget for departments.
Director of Regional Office	Mid to low	Has input into national planning. May have objectives set by national plan. Can decide on strategies, work plan, and budget line items. Uses the strategic plan to build consensus.
Department Head in Regional Office	Mid to low	Takes part in regional planning process. Holds planning meetings with department staff to set targets, develop work plans and budget, and build consensus.
Manager of Service Unit (Clinic Director, CBD Supervisor)	Low	May have objectives set by regional plan. Can plan with staff to set strategies for improvement of services and greater efficiency. Creates work plans to clarify division of responsibilities.

#### General characteristics of public sector organizations:

- May not be free to experiment with revenue generation.
- Civil service regulations may limit control over staffing.
- All levels work within a fixed budget allocation.
- Rarely free to integrate family planning services with any activities other than health services.
- Usually top-down management structure with little autonomy at lower levels.
- Less free to experiment with different service strategies or approaches.

<b>Continued</b>
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Continued

**Private Sector**

<b>Level</b>	<b>Degree of Autonomy</b>	<b>Uses and Adjustments</b>
Director of Agency	High	Can do full organization-wide strategic planning, restricted only by limits set by the board.
Board Member	High	Sometimes included in strategic planning. Often asked to review decisions made in planning process.
Vice Presidents and Department Heads	Mid to high	Should be part of organizational planning. Building on organization-wide plan, can hold planning sessions with departmental staff to set objectives, targets, work plans, and budgets for the department.
Program Directors	Mid to high	Programs with an outside funding source often have a high degree of autonomy in all stages of planning. Plans may be subject to funder's approval. All key staff involved.
Managers of Service Units (Clinic Director, CBD Supervisor)	Mid to low	In large agencies, objectives may be set at higher levels. If not, the planning process includes key staff who can establish objectives, work plans, and budgets for the improvement or expansion of services.

**General characteristics of private sector organizations:**

- Usually free to market a wide variety of family planning-related goods and services.
- Budget depends on ability to generate revenue from donations or sales. Often more uncertainty than in public sector.
- Level of management autonomy at each level varies widely among organizations and depends on philosophy of top management.



### Planning for the Future

- The critical issues facing your program are addressed by the plan.
- Your mission statement reflects the main purpose of your organization. (If there are significant changes in the external environment, have you re-examined your mission to see if it still meets the needs that you want to address?)
- All levels of the organization or program have had input in the planning process. There is consensus among those who will be implementing the plan on the decisions made during the planning process. (Will some of the decisions cause conflict within the organization? If so, should they be changed? How will you deal with this conflict otherwise?)
- Everyone is satisfied that the package of strategies you have chosen will:
  - Lead to achievement of your goals;
  - Take advantage of opportunities and address threats in the external environment;
  - Take advantage of organizational strengths;
  - Help to correct organizational weaknesses.
- The strategies contribute to the financial health of your organization or program. The strategies are feasible given the financial needs and capacity of your organization or program.
- The strategies, objectives, activities, and financial plan give clear guidance for the development of the annual work plan and budget.



## GLOSSARY OF TERMS

**Brainstorming:** A group activity which allows people to generate ideas, raise questions, pose solutions, and reach agreement on issues concerning many individuals.

**Couple Years of Protection (CYP):** A measure representing the total number of years of contraceptive protection provided by a method. For each method, the CYP is calculated by taking the number of units distributed and dividing that number by a factor representing the number of units needed to protect a couple for one year.

**Effectiveness:** The extent to which a program has made desired changes or met its objectives through the delivery of services.

**Efficiency:** The extent to which a program has used resources appropriately and completed activities in a timely manner.

**External Environment:** The prevailing conditions in the country or region that affect family planning program development, including: culture, policy, economy, health, market, sources of funding and commodities, and demographics.

**First to Expire, First Out (FEFO):** A distribution management system whereby contraceptives with the earliest expiration date are distributed first and contraceptives with later expiration dates are only distributed after the earlier-dated supplies have been issued.

**Goals:** The proposed long-range benefits of the program for the selected population, defined in general terms.

**Management Information System (MIS):** A system designed by an organization to collect and report information on a program, and which allows managers to plan, monitor, and evaluate the operations and the performance of the whole program.

**Mission Statement:** A brief general statement of the type of organization, its main purpose, and its values.

**NGO:** A Non-Governmental Organization which is usually locally based.

**Objectives:** The anticipated results or outcomes of a program, representing changes in the knowledge, attitudes and behavior of the program's clients, described in measurable terms and indicating a specific period of time during which these results will be achieved.

**Organizational Structure:** The formal system of working relationships within an organization, showing the reporting relationships between different functions and positions of the management and staff. This structure is often represented in the form of a diagram or chart.

**Planning:** A continuing process of analyzing program data, making decisions, and formulating plans for action in the future, aimed at achieving program goals.

**PVO:** A Private Voluntary Organization which is usually an international organization.

**Strategic Planning:** Long-range planning, covering a period of three to five years, that includes setting goals, strategies, and objectives for your program.

**Strategies:** The methods that the organization will use to deliver services and implement activities in order to achieve its goals.

**SWOT Analysis:** The process of analyzing an organization's or program's internal strengths and weaknesses, as well as the opportunities and threats that exist outside the organization or program.

## CHAPTER TWO

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# Developing and Using Work Plans

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Work planning is one of the most interesting and challenging tasks carried out in order to develop and implement programs. A work plan is a document developed by the manager and staff, which lists all planned activities, the date on which they will occur or by which they will be accomplished, the resources they will require, and the person who is responsible for carrying them out. Such a document is a valuable tool for efficient and effective program implementation and should be used regularly and consistently as a monitoring tool at all levels.

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*What is a work plan?*

The previous chapter looked at long-range planning (also called strategic planning) using a time frame of approximately five years. Work plans (also known as operational plans) are distinguished from long-range plans in that they focus on specific activities which will be carried out over a much shorter time period (anywhere from a week to a year). Work plans are occasionally revised to reflect changes that have occurred during the implementation of the planned activities. The shorter time frame and greater focus on activities are two of the more important differences between long-range plans and work plans.

If your program or organization does not conduct formal long-range planning, or if you haven't already established overall program goals, strategies and objectives, it is essential that you do this before proceeding to work planning. Such long-range planning should define where you want to be in the future as well as describe the methods you will use to get there. Some organizations or programs also develop objectives during the long-range planning process; others set objectives during the work planning process. Whatever the case, overall objectives must be determined before developing work plans.

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*Work planning begins with the program's objectives*

Whether your program objectives have been developed during your strategic planning or long-term planning process or at some other time, these program objectives are your starting point for the work planning process. The people involved in the work planning process will determine the activities that must be carried out in order to achieve the objectives. Ideally, an organization or a program should develop not only an overall annual work plan, but also individual service delivery site work plans or employee work plans, which can be revised monthly or weekly.

To get the greatest benefit from work plans and the work planning process, you need to understand:

- The steps in the work planning process and who should be involved;
- How to develop an annual work plan;
- How an annual work plan provides an important link between program planning and evaluation;
- Techniques that can be used to design separate work plans for individual service delivery sites or staff members;
- The benefits of work planning, as well as the importance of keeping the process flexible to respond to changes throughout the course of the program.

## **GETTING READY FOR WORK PLANNING**

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*Work planning occurs at all levels*

Work planning is a process that occurs at many levels in a program or organization. Writing a work plan allows the manager and the staff involved to plan the specific activities, to determine the resources that will be required to carry out these activities, and to prepare a budget for them. During the work planning process, the manager will identify specific activities that will be carried out at different functional levels (regional, clinic, community, village) over a specific period of time, such as the upcoming year, quarter, month, or week. The resulting work plan will state the objectives and the corresponding activities to be carried out, the chronological sequence of the activities, as well as who will do them and what resources will be required. These activities, when carried out, will allow the program to achieve its objectives. The budget covering the cost of these activities should be compared with the available funds, and the work plan should be modified if the activities are too costly.

Work plans can be used to plan annual activities for an entire organization or for a special project to which a manager is assigned, to schedule a set of activities that needs to be carried out over a specific period of time, and even to organize a manager's own weekly activities.

The annual work plan should include and justify yearly operating budgets, whereas shorter-term work plans are used primarily for scheduling purposes and do not include separate budgets. Therefore, one organization can and should have many individual work plans which feed into an overall institutional plan.

Whether you are developing an annual work plan, a work plan for a particular CBD site or clinic, or a work plan for a staff member in one of these locations, the process is the same. You will need to think through the details of the activities that need to be carried out in order to achieve your program objectives. To accomplish this, it may be helpful to consider these questions:

*What activities will be undertaken in order to reach program objectives?*

*Who will carry out these activities?*

*When will the activities be conducted?*

*What resources will be needed?*

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*Questions  
answered by the  
work plan*

Staff at all levels of an organization or program should have work plans. However, the process of work planning (how the work is planned and who is involved in this planning process) is just as important as the final plan. Work planning provides an opportunity for the people who will be doing the work to participate in the planning process, and it gives everyone the opportunity to ask questions. These questions may concern program priorities, the allocation of staff time, the appropriateness of individual and program targets, internal coordination issues (such as having a vehicle available when it is needed, or planning for supervisory visits to occur at the same time as contraceptive re-supply), and coordination opportunities with other organizations.

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*Analyzing and  
discussing the  
activities*

Such analysis and discussion are essential for successful work planning because they allow program staff to understand why the activities are necessary and to determine the best way to carry out these activities. As a result, the staff will be able to develop tighter, more logical, rational work plans. All too often work plans are handed down from the top or are developed hastily and are not based on a careful analysis of the available information. As a result, they may not be realistic or useful and will quickly become relegated to a shelf or bottom drawer.

The outcome of this process is a plan of activities and tasks, and a time schedule for their completion, which have been developed and agreed upon by those who will conduct the work. The collective result of work planning for all levels of the program or organization is a set of work plans that will define clearly what the staff will do in order to achieve the overall program objectives.

<b>Tools and Techniques</b>
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### Uses of Various Work Plans

<b>Type</b>	<b>Users</b>	<b>Function</b>	<b>Content</b>
<b>Annual</b>	Senior manager and chief aides  Program supervisors  Finance officer	Operationalize strategy for achieving objectives.  Ensure compatibility between resources and budgets. Link resources to activities.  Serve as a baseline for monitoring program operating expenses.	General list of activities for all components of the family planning program to be carried out during the year.  Line item budget for each activity. Manpower and material resources for each activity.  List of activities directly related to objectives for the period.
<b>Quarterly or monthly</b>	Manager of service or program component  Supervisor  Local accountant	Establish short-term targets in relation to annual objectives.  Schedule human and material resources for the month.  Compare results with budget projections.	Numerical targets for the three-month period.  Specific dates for each activity.  Anticipated expenditures for each line item and dates for expenditures.
<b>Regional</b>	Manager of a health center or regional program activity  Regional program supervisors  Regional finance officer	Determine expenditures and cash-flow requirements.  Relate objectives of the region to the objectives of the overall program.  Compare resources required by the region with resources required by the overall program.  Compare budget required by region with budget of overall program.	Targets of all program components taking place in a well-defined area.  Detailed activities to be undertaken in the specific region.  Details of human and material resources needed to carry out the activities.  Detailed itemization of expenditures and budget requirements.
<b>Service site (CBD program, FP clinic)</b>	Service site director Service site administrator  Service site supervisors	Establish targets.  Monitor use of human and material resources.  Monitor expenses.	Specific monthly targets for each activity. Names of specific personnel responsible for carrying out activities and the dates for activities to be started/ended.  Budget items for which service site is responsible and amounts budgeted for these items.
<b>Individual</b>	Supervisor and Staff	Establish personnel performance objectives and targets in relation to program targets.	Individual tasks listed in order of priority. Starting/ending dates for each task. Persons with whom to collaborate on each task.

Work planning in itself, however, is a never-ending activity because work plans are affected by inevitable delays and changing circumstances in the internal and external environment of the program or organization. Consequently, effective managers regard work plans as tools rather than as final documents and are willing to make adjustments to their work plans whenever necessary. Work plans need to be reviewed regularly in order to ensure their relevance.

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*Work plans adjust to changing circumstances*

**How to ...**

**Start the work planning process**

A manager should begin by answering the following questions:

*What are the most important activities? (If these activities are not carried out, what results will not be achieved?)*

*In what sequence should the activities be carried out?*

*In what detail do the activities need to be described in the work plan?*

*Do the people to whom the activities are assigned have the skills and the time to carry them out effectively?*

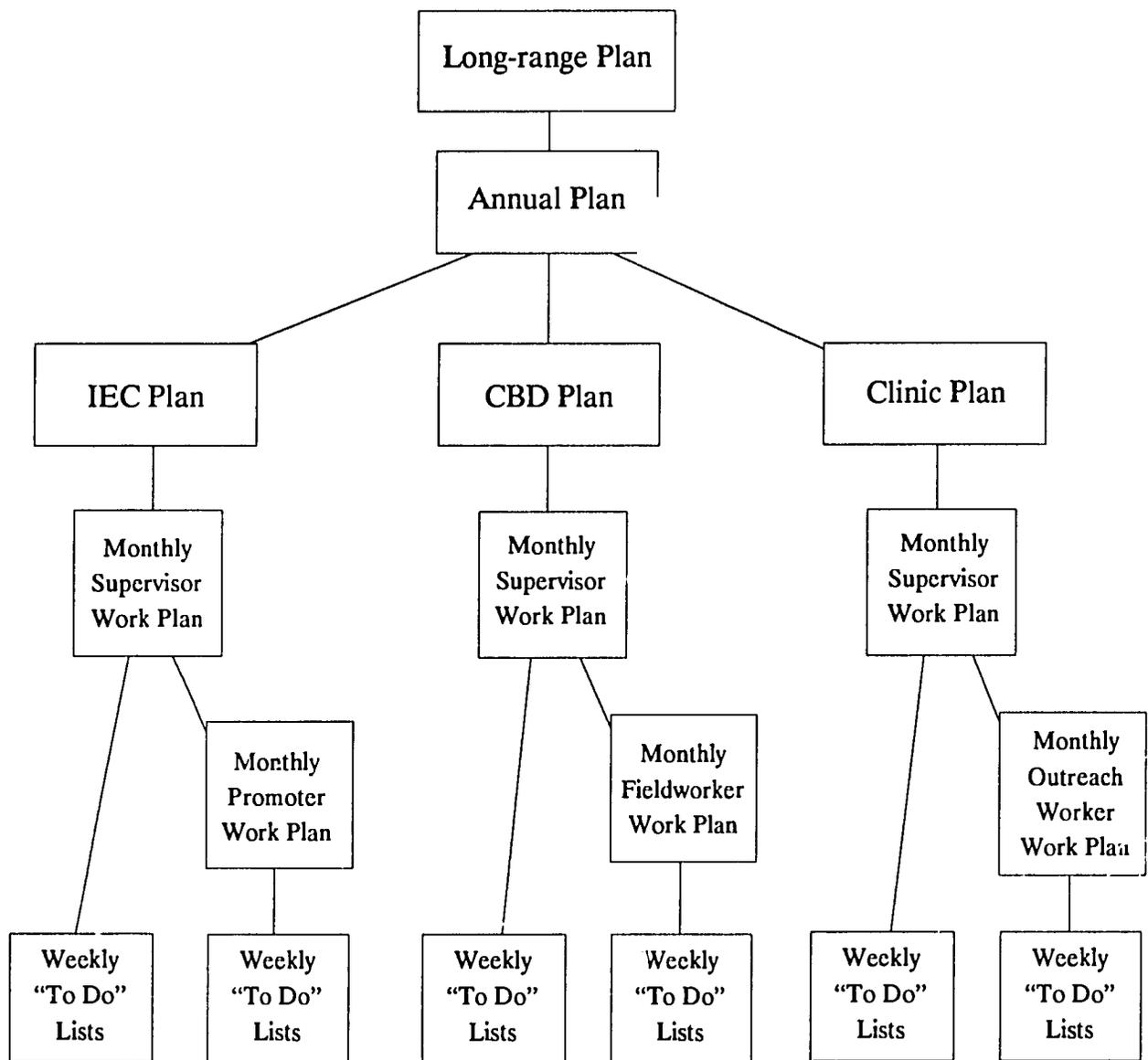
*How much will it cost to carry out the activities? Are the resources available?*

Good work plans are flexible, as is the process of developing them. They need to be able to accommodate the many factors within and without the program that affect how successfully the activities are carried out. Work plans allow you to compare what you planned to do with what you actually did, to examine the reasons for the difference, to see whether the activity actually brought about the desired result, and to decide what changes should be made to the work plan as a result. In this way, you and your staff should use work plans to monitor your progress each month. Managers and staff who take an approach to planning that encourages questions and analysis, and who recognize that work plans will be revised constantly, will be rewarded when the plans are put into action.

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*Work plans can be used to monitor progress*

**How Work Plans at Different Levels Fit Together**



*Work plans should fit together*

Because work plans are developed from stated program objectives, the work plans at different levels should fit together. As each manager will have a different approach to work plans, the format of the work plans and the way they are developed and used will vary. Work plans are a management tool; using them should provide structure for staff without restricting flexibility and creativity.

To identify the staff who should be involved in developing work plans, ask yourself who is going to implement the activities. As a general rule, it is a good practice to include staff members in the planning and scheduling of the activities that will be a part of their work. Staff who contribute to writing the work plan are more likely to be committed to implementing it than staff who simply receive work plans that were developed by their supervisors. Having participated in its development, they will feel a sense of ownership toward the final plan and as a result will take on more responsibility and be more enthusiastic in carrying out their work.

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*Work plans  
require a team  
effort*

Work planning can provide numerous benefits, such as:

- Fostering an atmosphere of teamwork and cooperation;
- Communicating to staff the range of activities carried out by others;
- Motivating staff to work toward challenging but realistic targets;
- Providing staff with a sense of accomplishment upon achieving their objectives and targets;
- Creating a format that is flexible enough to incorporate and respond to unplanned changes.

Work planning requires a thoughtful and careful review of planned activities and benefits people at all levels of the program or organization. Through work planning, your program or organization will greatly enhance its ability to calculate, allocate, and prioritize project resources and achieve its objectives. Work planning can help you to determine whether your program or organizational objectives, and the time frame for achieving them, are realistic by analyzing exactly how and when all the necessary tasks will be completed. The process helps staff to organize their work and use their time efficiently.

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*Work planning  
benefits all levels  
of a program or  
organization*

Managers should set aside time with their staff to develop work plans in order to ensure that all necessary tasks are included and that important activities are not overlooked. Managers should also be prepared to revise work plans if it becomes clear that the work has been misallocated, or if the internal or external factors affecting the program or organization change.

## Vignette

**Using Work Plans to Keep a Program on Track**

Mr. Chowdhury, the manager of a six-month-old community-based family planning distribution project, returned to his office after his monthly meeting with the project's three team leaders. He sat down at his desk and began to look over the monthly visit report forms of the twelve family planning fieldworkers. He was surprised to notice a wide range in the number of households the different fieldworkers had visited.

Mr. Chowdhury then got out the work plans for the twelve fieldworkers and began to compare them with the monthly visit reports. He found that although all twelve had been assigned to visit the same number of households every two months, two of the fieldworkers working in the area north of the village and one working in the east had fallen far below their targets. He also found that five of the fieldworkers had actually exceeded their targets. Mr. Chowdhury looked again at the monthly report forms and saw that the three fieldworkers who were not meeting their targets had listed on their forms several households that they had visited only once since the program began six months earlier. From the date of the fieldworker visits and from the number of cycles of pills which had been distributed, he judged that some of these couples had finished their pills several months before and had not been revisited.

Mr. Chowdhury then took out the map showing the area for which each family planning fieldworker was responsible and discovered that the fieldworkers who were not meeting their targets were all working farthest from the central village area, in areas where the households tended to be located far from each other. He also discovered that those fieldworkers who were exceeding their targets were living in the most densely populated areas. Mr. Chowdhury decided to call a meeting of all the fieldworkers to discuss the problem.

Two weeks later, all the fieldworkers assembled in the shade outside Mr. Chowdhury's small office. "It's very nice to see you all today," Mr. Chowdhury began. "I have asked you to come because I think perhaps the work plans need to be adjusted and I wanted to discuss this with you. You have all done a very good job of turning in your monthly reports on time. In reviewing your monthly reports and looking at your work plans, I have noticed that some of you are having difficulty in meeting your targets. When we began the program, we assigned you all an equal number of households. Can anyone explain why some of you may be having trouble?"

The fieldworkers offered their opinions for the next fifteen minutes, and it became evident that the reason that certain fieldworkers were having difficulty was that they had a large area to cover and it took them much longer to travel from household to household than those fieldworkers who work closer to the central village area.

"In order for our program to succeed," Mr. Chowdhury told the fieldworkers, "We need each of you to have targets that you can reasonably reach. We also need to make certain that every household is being visited regularly so that our users don't run out of their contraceptives. This is very important, because if the users get discouraged and pass the word to their neighbors, fewer people will be interested in family planning. Remember that our government has a strong commitment to improve the health and well-being of the people through family planning, and that we will be judged by our contribution to this effort.

"Based on our discussion today, we need to adjust your work plans and decide what targets are reasonable for each of you," Mr. Chowdhury continued. "I would like to meet with each of you to adjust your targets and make new work plans. Instead of all of you having the same number of households to visit, those of you who have a large territory to cover will have fewer clients so that you can visit them regularly. Some of you are already exceeding your targets, and by making some adjustments to your work plans as well, the whole team should be able to meet its objective.

"Whether you have a large or a small number of households to visit, you are all doing important work and contributing to the team's effort," Mr. Chowdhury continued. "By reassessing our work plans and making them more realistic taking into account the locations where we work, we will not only reach as many people as possible, but couples will be revisited on a regular basis. This way they will get the support they need from you and won't run out of contraceptives. I encourage all of you to continue submitting such

Continued

## Continued

good reports, because without them I would not have discovered this problem. I would like us all to meet again in two months to discuss how things are going with your new work plans. If you have any problems in the meantime, be sure to let your team leader know.”

Over the next two weeks, Mr. Chowdhury visited each of the fieldworkers. Working with each individually, Mr. Chowdhury reapportioned the targets. Those who worked in the areas farthest from the central village area and had too large an area to cover each month were reassigned lower targets, and those fieldworkers who were exceeding their targets were given higher targets. Mr. Chowdhury and the fieldworkers then revised the work plans to reflect the new targets.

Work plans are closely tied to other aspects of program implementation, such as monitoring and evaluation. Using the work plan to monitor and evaluate activities will prevent the implementation of activities that are not related to program objectives. By determining which activities in the work plan are most important, the manager knows which are a higher priority to monitor. The work plan specifies when monitoring will occur and at which location, thus helping the manager to check periodically on progress made. Monitoring visits may also reveal changes in available resources or targets, making it necessary to revise the work plan. After each monitoring visit, you as the manager should discuss with your staff whether the work plan needs to be modified. As you do this, check to see whether:

- The activities are still appropriate;
- Staff are scheduled to carry out the activities for the upcoming period;
- The projected dates of completion are still realistic;
- The required resources are or will be available.

A program evaluation is usually conducted every one or two years, at the end of the operating year. The purpose of evaluation is to determine whether the program has achieved its desired results and whether the specific activities of the program have contributed to this achievement. Evaluation should also assess whether resources have been used as efficiently and effectively as possible. Without a work plan, these questions are difficult to answer. With a work plan that has been revised and updated regularly, you and your staff can systematically assess how the activities, personnel, and resources have influenced results. The objectives you set forth in your long-range plan serve as a general guide for measuring the impact of your program or organization; the work plan shows the specific criteria for analyzing whether your program or organization has accomplished what it set out to do.

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*Using work plans  
to monitor your  
program*

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*Using work plans  
to evaluate your  
program*

In this way, the planning process and the evaluation process are linked from the beginning and provide feedback that managers at every level will find valuable for future planning. Because the evaluation process is tied to the work plan, it will be easier to evaluate both the effectiveness (how great the actual impact has been on the target population, compared with the impact that was planned) and the efficiency (whether the best use of resources was achieved) of the program. Furthermore, the work plan will help in analyzing whether the actual impact can be attributed to the activities of this program or to other factors, as well as which types of activities were most effective.

## PREPARING AN ANNUAL WORK PLAN

In a family planning program with many components, the annual work plan brings together the annual plans of all the departments. It outlines the various activities of the different program components (such as a CBD project or a clinic), as well as the work schedules of all the staff members. It helps to ensure that the necessary resources (for example, staff, vehicles, or financial resources) are available when they are needed.

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*Review and develop objectives for your annual work plan*

The annual work plan translates the overall strategies and objectives, which are contained in the long-range plan, into everyday activities. If you don't already have a long-range plan, you should complete steps Four through Six of the planning process to formulate yearly objectives (see *Planning for the Future*, pages 17-20).

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*When should the annual plan be developed?*

In the planning cycle, the annual plan is developed after setting strategies, objectives and major activities; during the development of yearly budgets; and before the implementation of any new programs. In organizations with continuing programs, an annual work plan is usually completed several months before the start of the next operating year. The annual work plan essentially sets forth the sequence of activities that will contribute to the achievement of the stated long-term goals and objectives.

### **Components of an Annual Work Plan**

- Summary of the long-range plan
- Program objectives for the upcoming year
- Detailed activities related to these objectives
- Resource allocations
- Plan for program monitoring and evaluation
- Annual budget

The annual work plan can be many pages in length, depending on the size and content of your program or organization, the number of service delivery sites in which you operate, and the number of staff. It should be written in enough detail to give a clear picture of the planned activities, when they will occur, and the resources that will be required to complete them. If the activity requires the coordination of more than one department or organization, the responsibility should be noted in the work plans of both departments or organizations.

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*How long should it be and how detailed?*

To prepare the annual work plan, make a list of all the activities and resources your program or organization will need to accomplish each objective. At this stage, you will have to make sure that the necessary resources are available.

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*Describing in detail the activities for each objective*

Work plans can also include cost estimates for each activity; these can be helpful in preparing the annual budget. If you do this, the cost of the activity should take into account the percentage of time each staff person will spend, multiplied by her or his rate of pay, and should include the cost of any other resources needed to complete the activity.

Your next step in preparing the annual work plan is to determine the person(s) who will be responsible for each activity and to indicate the approximate months and weeks during which the work should be started and completed. By matching program activities with the objectives, the work plan will keep the program on track, will be directed toward family planning and operational objectives, and will include all aspects of the program design.

**How to ...**

**Prepare an annual work plan**

1. Decide who will be involved in writing the new work plan.
2. Schedule work planning meetings three months before the current work plan expires.
3. Review the current work plan with the work planning group.
4. Discuss with the work planning group whether the current activities need to be modified.
5. If necessary, conduct a brainstorming exercise to come up with new activities.
6. Write out each activity in detail.
7. Determine who will be responsible for carrying out each activity.
8. Decide what resources will be required to carry out the proposed activities.
9. Check the budget to make sure that adequate funds are available to carry out the activities.

**How to ...****Develop and schedule activities**

Be sure to answer the following questions:

- |              |   |
|--------------|---|
| <b>What</b>  | <i>What is the activity?</i>  |
| <b>Who</b>   | <i>Who is the person responsible for seeing that the activity is carried out?</i> |
| <b>How</b>   | <i>What resources are necessary?</i>  |
| <b>When</b>  | <i>By what date should the activity be completed?</i>                             |
| <b>Where</b> | <i>Where will the activity take place?</i>  |

When developing activities for your program or organization:

- Base your activities on stated program objectives;
- State the activity clearly;
- Indicate when the activity will be carried out;
- Assign responsibility to the appropriate staff member(s);
- Make sure that adequate resources are available.

It is important to list each activity under the objective(s) to which it pertains. In some cases you will find that the same activity is listed for two different objectives. If this activity can serve to meet two objectives, it is a particularly effective use of project time and resources.

As the manager, you will need to review the work plan carefully to make sure that you do not accidentally schedule one person to be in two places at the same time. The work plan shown on the following pages is drawn from a public sector program for Bangladesh.

## Developing Work Plans for a Community-Based Family Planning Project

The Government of Bangladesh has made a major commitment to reducing its population growth rate and improving the health status of women and children. This commitment extends from the central level of the government all the way down to family planning programs at the village level, where existing government and private programs are being examined and restructured for greater effectiveness and increased coordination. In Bangladesh, family planning programs are being expanded to include additional community-based volunteers who can rely on the already established government clinics for back-up health, family planning, and immunization services.

The country is divided up into administrative districts called Upazilas, each of which contains approximately 200,000 people. Each Upazila is divided into unions, which are each made up of three wards. Dayamir is one of the 14 unions of the Balaganj Upazila. Dayamir has a population of some 22,000 people, which is approximately nine percent of the Upazila population. Contraceptive prevalence is estimated at 16 percent of the 3,188 eligible couples. Married couples or couples in consensual union who are potential family planning clients are called eligible couples (ELCOs).

In Dayamir, the government set up a new project to expand family planning services. The overall goals of this project are to:

- Develop a healthy and prosperous society by increasing the provision of and access to family planning, maternal and child health, and general health services through greater community participation and local resource mobilization;
- Create an atmosphere favorable to family planning, in order to make family planning a social movement.

The specific objectives to be achieved by the end of the first year of the project are:

- 1) To increase contraceptive prevalence from 16 percent to 40 percent by the end of the project year. (This means that 864 new acceptors are expected to be recruited, for a total of 1,275 active users.)
- 2) To immunize 1,000 children (approximately 85 percent) under two years of age.
- 3) To identify all pregnant mothers within the project area and provide post- and ante-natal care for about 100 pregnant mothers.
- 4) To conduct at least 28 meetings in 28 villages in the project area for health and family planning education of project personnel, and to ensure effective coordination and community participation.

Pre-project activities included: collecting demographic statistics on each union, such as population size of the Upazila and the unions and the population density; counting the number of eligible couples in the union; mapping out the project area to show square kilometers, the location of villages, and the number and types of community clubs; and gathering statistical data such as the infant mortality rate, maternal mortality, immunization coverage, literacy rates, etc. These statistics form a baseline against which future results will be measured.

The main activities of the project are directed at gaining support from community leaders for family planning program initiatives, motivating eligible couples to practice family planning, updating information on contraceptive use by the couples, and distributing contraceptives. Volunteers from each community provide information and non-clinical contraceptive methods to interested couples. Volunteers are given a per diem allowance for attending monthly meetings and a semi-annual stipend in recognition of their community work.

Continued

## Example from Bangladesh

Based on these objectives, project staff developed an annual work plan that listed the activities required to achieve each objective. For the purpose of this example, a selection of the activities developed for the first objective is listed below. The key to the abbreviations used below is on the following page.

**Objective 1: To increase contraceptive prevalence from 16 percent to 40 percent by the end of the year.**

<b>Project Activity</b>	<b>Month/Week</b>	<b>Persons Responsible</b>	<b>Material Resources/Cost* (Local currency = Taka)</b>
Organize ELCOs into sub-units of 30-40 ELCOs per sub-unit (90 units total)	Jan., Feb.	FPAs, FWAs	Area maps/no cost
Identify households within each unit	Jan., Feb.	FWA	No cost
Prepare ELCO maps for volunteers	Jan., Feb.	FWA	Map preparation cost/ 90 x Tk. 20 = Tk. 1,800
Identify one volunteer per unit (90 volunteers)	Feb.	FPAs, FWAs	No cost
Conduct needs assessment on volunteer training	Jan., Feb.	UFPO	No cost
Develop training curriculum	Jan., Feb.	UFPO, MO/MCH	No cost
Develop training materials	Jan., Feb.	FPA, UFPO	Paper costs, copying, honorarium/Tk. 995
Schedule volunteers for training (3 groups)	Feb. Week 3	FPA	No cost
Train volunteers	Feb., Mar.	UFPO, MO/MCH	Transport cost/ (90 vols. x 3 days x Tk. 30) = Tk. 8,100
Conduct house-to-house visits	Daily All year	FWA/Volunteer	Carrying bags/ (90 vols. x Tk. 100) = Tk. 9,000
Supply contraceptives to new and old acceptors	Daily All year	FWA/Volunteer	No cost
Refer couples to clinics for permanent methods	Daily All year	FWA/Volunteer	No cost
Update ELCO registers	Daily	FWA	List of registers/ (90 vols. x Tk. 20) = Tk. 1,800

\* Because this is a public sector program, only material costs are included in the work plan. The cost of the salaries and wages paid to regular program personnel are calculated separately and included in the budget. Private sector programs, however, often incorporate the cost of staff time for each activity directly into the work plan.

Continued

Continued

Example from Bangladesh

In addition to the activities listed above, the work plan includes activities relating to project publicity and preparation, the selection and training of volunteers, recruitment and follow-up of family planning acceptors, reporting, administration, and monitoring and evaluation. The Gantt chart on the next page shows a summary of some of these major activities and illustrates their chronological sequence.

**Key to acronymns:**

- MO/MCH:** The Medical Officer works for the Maternal and Child Health Unit of the Directorate of the Ministry of Health and Family Planning.
- UFPO:** Upazila Family Planning Officers are responsible for implementing a coordinated family planning program throughout their respective Upazilas.
- MA:** Medical Administrators are responsible for record-keeping at the clinic level.
- FPA:** Family Planning Assistants assist the UFPO in managing the project in the local area and supervise FWAs.
- FWA:** Fieldworker Assistants have considerable training; they work at the community level and supervise and help train the community volunteers.
- FWV:** Family Welfare Visitors are often midwives and can administer injectable contraceptives. They work at the village level and/or in satellite clinics.

## Developing a Gantt Chart

### *Summarizing activities in a Gantt chart*

Once the work plan is completed, it is important to draw up a summary chart. This provides an important reference which can be used by all staff members, and communicates in a concise way what the project will do and when it will do it. It is also a useful outline to include in a proposal for financing. This summary is called a Gantt chart or chronogram.

A Gantt chart typically includes the following components:

- A column that lists the major project activities;
- Columns that mark a fixed period of time (days, weeks, months, years) showing when the activities will occur;
- A column that lists the person or persons responsible for completing the activity.

The Gantt chart makes it easier to review the planned sequence of events, to see where they might overlap, and to make sure that activities that must be completed before others can start are in the appropriate sequence. It will also help to show whether the workload is distributed evenly and fairly among the staff so that no staff members are overburdened while other staff are under-utilized. An example of a Gantt chart for one year is shown on the next page.

Example from Bangladesh

A Gantt Chart

PROJECT	PROJECT MONTHS												PERSONS RESPONSIBLE	
	1	2	3	4	5	6	7	8	9	10	11	12		
<b>PUBLICITY and PREPARATION:</b>														
Conduct meetings at Upazila, union and unit levels to explain project.	█													Upazila chairmen
Two days of orientation for relevant staff, FWV, MA, FPA, FWA, etc.	█	█												MO/MCH
Orient community leaders and committees at village level.	█	█	█											UFPOs
Organize ELCOs into units.	█	█	█											FPA, FWAs
<b>UNIT ACTIVITY:</b>														
Identify householders in each unit.	█	█	█											FWAs
Prepare ELCO maps.	█	█	█											FWAs
Identify potential volunteers.	█	█	█											FPA, FWAs
<b>SELECTION and TRAINING OF VOLUNTEERS:</b>														
Identify one volunteer from each unit.	█	█	█											FPA, FWAs
Orient volunteers about their responsibilities.	█	█	█											FWAs
Conduct needs assessment for volunteers' training.	█	█	█											UFPOs, MO/MCH
Develop training curriculum.	█	█	█											UFPOs, MO/MCH
Develop training materials.	█	█	█											FPA, UFPOs
Schedule volunteers for training in three batches.	█	█	█											FPA
Conduct training.	█	█	█											UFPOs, MO/MCH
<b>SERVICE DELIVERY:</b>														
Conduct house-to-house visits.			█	█	█	█	█	█	█	█	█	█	█	FWAs, volunteers
Update ELCO registers.			█	█	█	█	█	█	█	█	█	█	█	FWAs
Supply methods to clients and make referrals for clinical methods.			█	█	█	█	█	█	█	█	█	█	█	FWAs, volunteers
Maintain records and provide reports.	█	█	█	█	█	█	█	█	█	█	█	█	█	FPA, FWAs
Spot check and conduct physical verification of FPA, FWA volunteers.	█	█	█	█	█	█	█	█	█	█	█	█	█	Upazila chairmen, UFPOs, MO/MCH, FPA
<b>MONITORING and EVALUATION:</b>														
Conduct monthly visits to project areas.	█	█	█	█	█	█	█	█	█	█	█	█	█	Upazila chairmen, MAs
Records and reporting.	█	█	█	█	█	█	█	█	█	█	█	█	█	UFPOs, MO/MCH, FPA
Monitor project performance in Upazila coordination meetings.			█			█				█			█	DC, DDFP
Conduct final evaluation at the end of project period.													█	External evaluator

## PREPARING SHORT-TERM WORK PLANS

Short-term work plans should be developed to schedule activities for a particular service delivery site or for particular staff members. These work plans can be specific enough to show day-to-day activities, and may cover a period of time lasting anywhere from a week to a month. Using the annual work plan as a guide, project managers and supervisors at different CBD and clinic sites can draw up, with the help of their staff, separate monthly or weekly work plans showing the planned activities of the staff and the chronological sequence of the activities. These shorter-term work plans should only be developed after the annual plan has been formulated.

### Developing Short-Term Targets

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*Dividing yearly objectives into monthly targets*

One way to develop the short-term work plans is to divide the yearly objectives into quarterly or monthly targets. To determine these targets, begin by looking at the yearly objective. For a service delivery site, a yearly objective could be “to provide family planning information and education to 10,000 potential acceptors during the first year of service delivery.” To divide this objective into short-term targets, first divide the 10,000 potential acceptors by 12 months to get a monthly target for that site. Next, divide the number of potential acceptors to be visited each month by the number of fieldworkers at the service site so that each fieldworker will know how many people she or he will need to visit each month. This target can be further divided by the number of working days per month and put on a calendar so that each fieldworker will have a work plan to use on a daily basis.

Objectives for administrative work are more difficult to divide into short-term targets. Instead, you may find it more appropriate to divide objectives into sets of tasks by writing down all the steps that will need to be taken in order to reach the objective. For example, an administrative objective may be “to prepare four quarterly reports during the first year of project activities.” This objective can be broken down into tasks and schedules to ensure that the information required to compile and write each report is available when it is needed. This requires a system that ensures the regular and timely receipt of monthly service reports from all the service sites. The monthly data will then need to be reviewed by site, and the site data will need to be aggregated and analyzed, in preparation for writing the quarterly report. In addition, depending on the content requirements for the quarterly report, you may have to coordinate with a financial manager to report on other indicators, such as the cost per new user of providing services. Once you have made a list of the major tasks that need to be completed for each objective, the next step is to formulate

a monthly or weekly schedule that outlines when these tasks will be completed and by whom. This schedule will become a short-term work plan, which can be revised as needed to keep it up-to-date and relevant.

In this way, you can break down large overall objectives into smaller, more manageable units that enable you to develop a monthly work plan more easily and to distribute the workload more equitably. When developing these targets and short-term work plans, be sure to take into consideration any seasonal variability that may occur or any variations due to project start-up which might require making adjustments to individual staff work plans. You may also need to adjust targets according in the individual situation, such as the availability and accessibility of transportation or the difficulty of the task, so that staff members are not unreasonably overloaded with work.

Although there are many definitions for objectives and targets, for the purposes of this discussion and the examples shown here, the distinction between objectives and targets is defined as follows:

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*Definitions of objectives and targets*

**Objective:** An objective shows the anticipated result of the work conducted at one or more service delivery sites, and reflects the impact or changes that are expected in the population covered by this program.

Objectives should be SMART (see Chapter One, Planning for the Future, page 20) and refer to the measurable results that are expected among the designated population within a specified period of time. Usually there will be several objectives relating to one program goal.

**Example**

An example of an **objective**: To recruit 5,000 new acceptors in the five rural areas covered by this program by the end of the first year.

**Target:** Targets restate program objectives for service delivery workers in numerical terms. They state the expected results and/or the intended activities of each service delivery component of the program over a short time period such as a quarter, month, or week.

Targets should be SMART, should be expressed in numerical terms, and should refer to program activities or objectives. There will usually be many targets related to each objective.

**Example**

An example of an **annual target** for a specific service delivery site: To achieve an average of 83 new acceptors per month in CBD Rural Area B over the next 12 months.

An example of an **annual target** for a supervisor: To conduct supervisory visits to 10 fieldworkers each month of the year.

An example of a **monthly target** for a fieldworker: To provide information and education to 400 couples in three communities during the next month.

An example of a **monthly target** for a fieldworker: To locate and interview 15 clients each month who have dropped out of the program in order to find out the reason they dropped out.

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*The use of targets  
in work planning*

Targets can be very useful in bringing large objectives and numbers down to a more manageable and realistic level. By developing numerical targets which staff can relate to their daily activities, targets can serve to motivate staff to reach their personal work goals and provide a sense of accomplishment upon their completion.

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*Set realistic,  
useful targets*

You should be sure to review targets regularly to make certain that they are realistic and to ensure that the services provided are of high quality. Using unrealistic targets can lead staff members either to not work hard enough because they can reach their quotas easily, or to compromise the quality of the services they deliver because they are only trying to meet their numerical quotas. You can also set targets that help to ensure that the intended quality of services is maintained. For example, assigning fieldworkers to find out why former acceptors have dropped out of the program will help to determine how services can be improved or how they can be made more responsive to the needs and concerns of the clients.

As a manager, it will be your responsibility to make sure that targets are not being misused. Keep in mind that targets serve three major purposes:

- Planning a program;
- Motivating staff;
- Guiding the monitoring and evaluation process.

Setting targets is also useful for determining whether the program objectives are realistic. The example in the next section shows the importance of this aspect of work planning.

## Developing Monthly Work Plans

Monthly work plans should be developed and used at all levels of a program or organization. They are particularly useful for fieldworkers and supervisors. The activities in work plans are based on the annual plan but include more detailed information on activities, such as which villages and households will be visited; the timing of these visits; and the dates of supervisory visits, holidays, staff meetings, and training. These details ensure that staff at all levels are coordinating their efforts, working as a team, and using resources efficiently.

Developing monthly work plans and writing a detailed account of the planned activities for each day of the month helps you make sure it is possible to achieve your anticipated objectives. For example, supervisors and program managers can see whether their yearly service delivery objectives are reasonable by developing a fieldworker's work plan for one month and making projections for the next eleven months. If a program objective is to achieve a total of 1,200 new acceptors in the total program area by the end of each year (an average of 100 per month), five fieldworkers would each have to recruit 20 new acceptors per month. Given an anticipated 10 percent acceptance rate, this means that each fieldworker will need to visit an average of 200 eligible couples per month. Whether this is possible depends on a number of factors:

- The population density of the areas to be covered and how far the fieldworker will be walking each day;
- Whether the fieldworker will be conducting community meetings thus providing information and education to groups as well as to individuals;
- How much time is allocated for staff meetings, supervisory visits, and holidays.

Once you have formulated monthly work plans, you should examine them to see whether it will be feasible to meet monthly and quarterly targets. If not, you should make adjustments in the annual work plan and program objectives before the next implementation cycle begins. When starting a program or service, you may want to set targets somewhat low, as it can take a while for a program to gain momentum. By encouraging the analysis of work plans and by being realistic, work planning will be a worthwhile use of your time and will contribute to a more productive year.

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*Monthly work plans help you to achieve your objectives*

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*Using work plans for feedback*

**Example from Bangladesh****Developing Monthly Work Plans for Family Planning Fieldworkers**

The Swanirvar Family Planning Services Project in Bangladesh developed a monthly work plan for its family planning fieldworkers. Prior to using this work plan, which is shown on the following page, fieldworkers scheduled their work on a day-by-day basis and did not have an explicit plan to show how they were going to visit all the couples assigned to them within a reasonable period of time. As a result, their work was not well coordinated, their time was not being used very efficiently, and fieldworkers completed a cycle of visits only once every six to eight weeks.

Monthly work plans were developed individually for each worker. The work plans showed the Swanirvar workers, a whole month in advance, what they would be doing and where they would be going every day of the upcoming month. The work plans included such events as staff meetings, supervisory meetings, and holidays.

As part of the initial program planning, each household in a fieldworker's area was assigned a number. The work plan then allocated the numbers among the work days of the upcoming month, representing the households to be visited each day. By designating which households would be visited a whole month in advance, fieldworkers knew exactly which couples to visit each day and could see the total number of couples they had to visit each month. With this plan, each couple was visited at least once a month. This process substantially improved fieldworker efficiency and helped to generate client confidence through more frequent visits.

A parallel work plan for each supervisor was also developed to ensure that supervisors visited fieldworkers regularly for contraceptive re-supply and supervisory support. This allowed the fieldworkers and supervisors to coordinate their time by knowing, in advance, when a supervisory visit would occur. This also allowed fieldworkers to prepare their service data in advance, to make lists of any special concerns that needed to be addressed, and to be able to depend on receiving supplies on a regular basis. The supervisors' work plans had to be coordinated with the program manager's monitoring schedule and the relevant components of central office work plans.

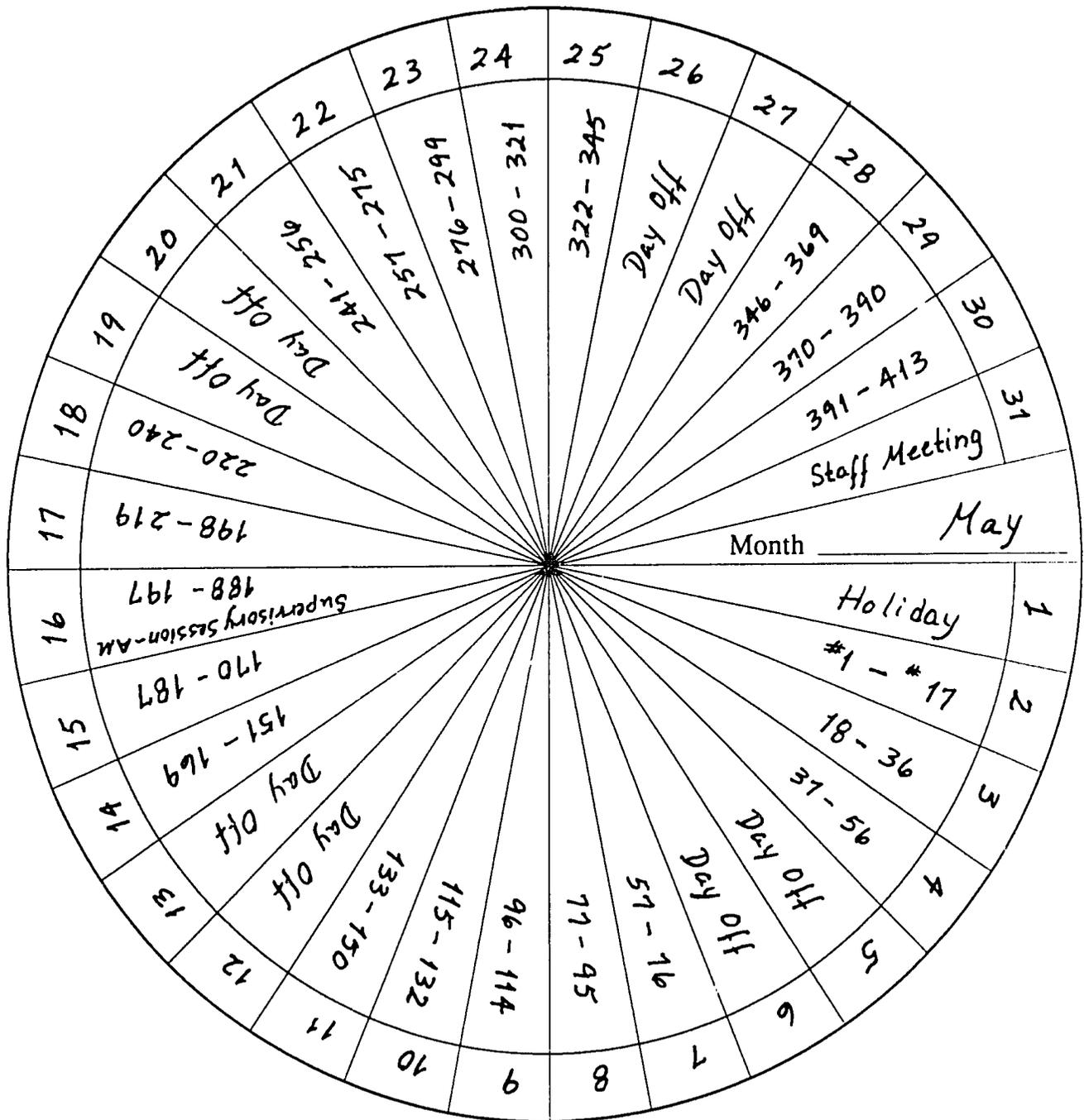
Once this system of monthly work plans for fieldworkers and supervisors was established, it became a regular practice to revise them at the beginning of each month.

**Continued**

Continued

Example from Bangladesh

Swanirvar Work Plan



Month May

Year: 1990

Number of Eligible Couples to be visited: 413 couples

Name of Swanirvar Worker: Lekha

Village: Banglapur

## Developing Weekly and Daily Work Plans

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### *Developing "To do" lists*

Another easy and efficient way to plan your time and to coordinate activities is to develop "to do" lists. Whether you work in a group or individually, you should develop a daily or weekly list of things to do, and prioritize your tasks so that you do the most important things first. Ideally, everyone in a program or organization should develop the habit of doing this, even if it is only for her or his own purposes.

If you work in a group, you can make a list of all the tasks that must be completed by your group, and group members can select for themselves what they will be responsible for doing. Other items may need to be divided up into a series of smaller, more manageable tasks and delegated to group members, with the tasks divided equitably. Whatever the period of time you are planning for, you should plan to meet again at the end of this time to review your progress. At that time, the group should give particular attention to items that have not yet been completed, come up with alternatives and solutions, and start a new list of activities, including those items that are not yet completed.

Some of the major advantages of writing "to do" lists are:

- Group members will choose the items they are particularly good at doing or are more prepared to accomplish.
- Each person will know what the others are doing to work toward common goals.
- Your work is coordinated with the work of others.
- You have effectively created a working team.

Just as with setting targets, it is important that these lists and assignments be developed through the coordinated efforts of all the people concerned. When targets are not met or certain tasks are not completed, it is often not the fault of the worker, but of some other factor. As a manager, it is your responsibility, with the help of your staff, to determine a solution that is feasible, even if it means lowering numerical targets or reassigning the tasks to someone else.

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### *"To do" lists are informal*

A manager has many things to do and remember each week. By making lists every week or two and checking off items as you complete them, you can be sure that important tasks are not accidentally overlooked or forgotten. This can be done very simply by writing a list of the things you have to do, noting when you plan on doing each task, and carrying over uncompleted tasks to the next week's list. In doing so, you have a record of everything you have done and when you did it, which can be useful to refer to later. It is also helpful to note your tasks on a conventional calendar that you keep with you at all times. You will notice very quickly if some days are blank and other days are overloaded with too many things to do, and you will be able to redistribute your tasks more evenly. Making "to do" lists is an informal, easy, and very valuable method of work planning, which will definitely increase your personal contribution and productivity.



**Developing and Using Work Plans**

- The activities in the work plan are directly related to the goals, objectives, or short-term targets defined by the annual work plan.
- The activities are clearly presented.
- The activities are broken down into manageable tasks.
- The activities are presented in chronological sequence.
- The work plan shows which activities will be completed, by whom, and over what period of time (the period of time can be daily, weekly, or monthly depending on the management level for which the work plan is intended).
- The activities have been assigned to the appropriate staff members.
- The work plan indicates resource needs and resource allocations by activity.
- The plan and scope of activities are reasonable considering time limitations, human resources, and financial resources.



## GLOSSARY OF TERMS

**Activities:** Actions that will be undertaken by the program staff in order to achieve program objectives.

**Annual Work Plan:** A document that describes what the organization will do over the period of one year and links together the work plans of all the program components.

**Baseline Survey:** A survey that is conducted early in the life of a project to establish data against which future results will be compared.

**Brainstorming:** A group activity which allows people to generate ideas, raise questions, pose solutions, and reach agreement on issues concerning many individuals.

**CBD Plan:** A work plan specifically for the community-based distribution (CBD) component of the organization, usually for the period of one year.

**Clinic Plan:** A work plan specifically for the clinic component of the organization, usually for the period of one year.

**Continuing Users (also known as Active Users):** Distinguished from new clients, continuing users are contraceptive users who have continued to use a family planning method over a period of time. They are usually counted and reported on separately from new clients of a program and new users of a method.

**Evaluation:** A process of gathering and analyzing information for the purpose of determining whether a program is carrying out the activities that it had planned and the extent to which the program is achieving its stated objectives (through these activities). The evaluation is used a tool to learn how the program is most effective and/or what modifications should be made to improve services.

**Gantt Chart (also known as a Chronogram):** The summary of a work plan, presented in the form of a chart showing the major activities planned in their chronological sequence, as well as the week or month in which they will be conducted and the person responsible for carrying them out. It sometimes includes the resources that will be necessary to carry out the activities.

**IEC Plan:** A work plan specifically for the information, education, and communication (IEC) component of the organization, usually for the period of one year.

**Impact:** The extent to which the program has made a long-term change in the attitudes, behavior, or health of the program participants.

**Monitoring:** The process of regularly checking the status of the program, by observing whether planned activities have been conducted and completed and whether they are generating the desired change.

**Program Components:** Functional units of an organization that provide services aimed at accomplishing organizational goals, such as a CBD component, a clinic component, or an IEC component.

**Resources:** The means available for use in conducting the planned activities, such as people, objects, and money.

**Target Population:** The specific population intended as beneficiaries of a program. This will be either all or a subset of potential users, such as adolescents, pregnant women, rural residents, or the residents of a particular geographic area.

**Targets:** Objectives that have been broken down into smaller units and restated in numerical terms. They pertain to a specific program component, such as a clinical IEC component, and encompass a specific period of time such as a quarter, month, or week.

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**Tasks:** Activities broken down into specific assignments or duties.

**Timeline:** The designated period of time in which activities will occur and the chronological sequence of these activities.

**“To Do” Lists:** Informal lists of activities and tasks to be carried out over a short period of time, usually less than one month. “To do” lists are revised regularly to incorporate new activities that replace those that have been completed.

**Work Plan:** A document developed by the manager and the staff, covering a specified period of time, which lists all planned activities, the date by which they will be accomplished, the resources that they will require, and the people responsible for carrying them out.

**Work Planning (also known as Operational Planning):** A process through which an organization decides what activities will be conducted, which department or staff will carry them out, the resources that will be needed, and the time frame for completing the activities. Work planning usually covers a period of a year or less.

## CHAPTER THREE

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# Coordinating to Improve Services

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For the purposes of program management, coordination can be defined as the planned collaboration of two or more individuals, departments, programs, or organizations who are concerned with achieving a common goal. In order to provide family planning clients with the best and most accessible services possible, you need to work collaboratively with your colleagues, who may include individuals from the departments within your own organization, as well as people from other family planning organizations in both the public and private sectors.

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*What is coordination?*

As a manager, you have probably heard many times about the importance of coordinating all of the elements of your program, and about coordinating your efforts with those of other programs. Coordination can be difficult to carry out, but it is so important for effective program operation that the issue must be addressed. Although you have considerable influence over coordination within your organization, you will find it more difficult to promote coordination between your program and another, but the benefits of coordination are important enough for you to make the effort.

With effective coordination, each party can focus on its strongest areas. By cooperating with all interested parties, you can provide broad-based and high-quality family planning services to everyone who needs and wants them.

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## MANAGING COORDINATION

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### *Why coordination is important*

As more and more parties become involved in family planning, it becomes increasingly important to coordinate their programs and activities. In fact, coordination is so important that many countries have created organizations whose principal role and mission is to ensure coordination. Examples include Kenya's National Council for Population and Development, Rwanda's Office National de la Population, and Indonesia's National Family Planning Coordinating Board.

The rewards of coordination usually outweigh the difficulties involved in establishing effective coordination mechanisms. Some of the benefits of coordination are as follows.

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### *How coordination can benefit your program*

#### **Coordination makes the most efficient and effective use of:**

- Staff
- Equipment, supplies, and physical facilities
- Funding
- Services provided
- Knowledge, experience, and skills
- Research and evaluation results
- Educational activities and materials
- Access to client groups

**Coordination improves services:** Most family planning providers share a mission of delivering high-quality services to the population. To fulfill this common mission, a number of organizations can work together, each in its area of strength, to provide the highest quality services. For example, one organization might be best able to provide services to adolescents, another might be able to supply IEC materials to all providers, another might be most suited to work in a particular region, etc. As explained later in the chapter, a functional allocation exercise can determine who is doing what. With such coordination, organizations can:

- Have more effective programs which reach a greater number of people;
- Reach new and different client groups;
- Discover any gaps in services;
- Create a larger family planning program with greater impact.

**Coordination builds trust and decreases competition and conflict among family planning providers:** Since family planning is inherently more controversial than any other health service, it benefits everyone if all the interested parties can work as a united group. By identifying and discussing their common problems and concerns, organizations will realize that they are not fighting all the battles alone, and that it is to their advantage to work together.

**Coordination shares information and the lessons learned from the experiences of others:** Family planning organizations have always had to overcome numerous difficulties of all kinds. By sharing information, an organization can avoid mistakes, learn from the problems and successes of others, and avoid wasteful and unnecessary programs and activities.

**Coordination reduces or eliminates duplication of or gaps in services:** When an organization knows exactly what other providers are doing, it won't waste its resources or efforts on a service that another group is already providing adequately. It also won't neglect a needed service because it thinks another group is providing it.

**Coordination enlarges the scope of activities:** When organizations coordinate, they can assign activities to those organizations which are best qualified to carry those activities out, thus putting an end to duplication of services. This should free up both funds and personnel to take on new activities, and thus broaden the scope of the services provided.

**Coordination standardizes policies:** Coordination is more easily carried out when the programs involved all operate under similar policies. Interaction among the organizations becomes much easier when such policies as client eligibility, contraceptive methods recommended, medical protocols, media messages, clinic and reporting forms, and records are standardized. Similar personnel policies may help to reduce competition among organizations for recruiting and retaining staff.

**Coordination brings greater influence:** When all the family planning providers speak with one strong voice, they are much more likely to be heard, respected, and answered.

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*Why coordination  
can be difficult*

If, in theory, coordination is necessary and desirable and frequently leads to many positive outcomes, why is it so hard to do in practice? There are several potential problems which you may have to deal with:

**Territorial battles:** Some organizations may view coordination as a threat to their established role or responsibility, or as causing a loss of autonomy or the abdication of their leadership role. These fears exist in every organization but tend to be most pronounced among weak or young organizations, or in a particularly fragile or volatile environment for family planning. However, when the right conditions of trust and need exist, the risks involved are far outweighed by the potential benefits of coordination.

**Leadership vacuum:** Coordination will only take place if someone pushes for it. It requires a persistent effort, and many managers or organizations prefer to let another manager or organization assume the burden. If no apparent coordination is taking place in your country or region, it may be that no organization has recognized the need or is willing to lead the coordination effort. This provides your organization with an opportunity to take the lead. When you do so, remember that you will be more effective if you guide the process rather than if you try to control it.

**Passivity when action is needed:** Your colleagues may be unwilling to get involved in coordination efforts if they think it will involve a series of long, unproductive meetings. One way to convince the skeptics is to structure the first coordination meetings around issues that have been problematic for some time, and which are generally considered to require resolution and action. When an agreement has been reached, put it down in writing, make sure everyone understands what she or he has to do, and let everyone know what specific outcomes will occur as a result of that meeting. These should be reviewed at the next meeting. People will begin to believe in coordination and actively promote it when they see the concrete results. Some results might be:

- Agreement on national priorities and strategies;
- Joint training programs for family planning providers;
- The development of standardized reporting forms for service statistics;
- Integrated supervisory visits;
- IEC and training materials for common use;
- Agreement at the local operational level on the division of roles and how responsibility will be shared.

**An unwillingness to do too much work:** It takes quite a lot of time and effort to initiate and maintain coordinated efforts, and the initial attempts at introducing programmatic or organizational coordination may not be very rewarding. Try to keep the effort from being abandoned before the benefits can be seen. The department or organization responsible for initiating the coordination effort will have to do some background research, understand the differing perspectives and worries, and know how to nurture the participation of the other organizations. This calls for skills in negotiation, problem solving, and team-building (which requires an understanding of the interests and sensitivities of the players). The final challenge is to reach a consensus on a plan for coordination.

**Fear of being used:** Managers may worry that another department or organization will use them for its own benefit. These fears can be minimized by making the effort to open communication channels and to understand the interests of the other department or organization.

**Crediting success:** A successful coordination effort often creates disagreement among organizations as to which one deserves the credit for the success. If you ensure at the outset that all organizations will receive equal credit from any success, you can reduce this distrust.

**Fear of revealing secrets or weaknesses:** Organizations may feel that they have to share the innovative ideas and methods which they believe give them an advantage over the competition, or they may fear that their individual, divisional, or organizational weaknesses will be exposed. These issues of competition and pride must be taken into account.

**The competing interests of donors:** Donor agencies can impede coordination among organizations by deciding to fund a program without investigating the activities currently being carried out in the area. By setting up a program that duplicates or contradicts the work of other programs, donors can interfere with effective program activity. One solution to this problem is to set up a committee consisting of representatives of the donor community and of donor-funded organizations, in order to reduce duplication of and gaps in services offered.

## **From Confusion to Coordination: Improving Coordination Among Three Programs**

In 1985, there were three main private family planning organizations providing community-based family planning services in Lima, Peru, which did not communicate with one another. The three organizations served overlapping areas of the city. Each organization had a different service model with different contraceptive brands and prices, and the Information, Education, and Communication (IEC) messages of the three organizations provided conflicting information. As a result, existing and potential family planning users were confused. They didn't know which organization to believe and distrusted all three organizations.

The complex array of service models, contraceptive brands, and public information messages was largely due to the presence of multiple donor agencies, each with its own strategy for the region. Then in 1986, a donor provided funding for the creation of Proyecto de Apoyo al Sector Privado en Planificación Familiar (the Private Sector Family Planning Project), known as SPF. The objectives of the SPF were: to improve coordination among the Peruvian Family Planning Associations (FPAs); to contribute to a decrease in the annual rate of population growth; to strengthen and improve the capacity of the FPAs to increase the coverage of family planning services and increase contraceptive prevalence; and to strengthen the capacity of FPAs to influence population policies. In order to eliminate duplication of services, the SPF suggested that there would be an advantage to dividing the area into zones, including the three in Lima.

After several months of discussion and negotiation, the three principal family planning organizations in Lima agreed to provide services only within specified geographic areas. This arrangement brought the organizations a number of administrative benefits. It cost the organizations significantly less to deliver services in a delineated area near their headquarters than to provide services for a larger area, and supervision costs also decreased. It was then possible to provide better support for family planning promoters. Each of the three organizations involved reported a significant increase in the services provided and a marked improvement in cost-effectiveness. In addition, because the organizations no longer had to worry about expanding their programs to compete with the other organizations, they could concentrate on improving the quality of services instead.

There were also improvements in the area of Information, Education, and Communication (IEC). Up until this time, each organization had its own logo, advertising imagery, and strategy. During the monthly coordination meetings, the executive directors of the three organizations adopted a new logo to be used by all three organizations to identify family planning service locations, including health posts, family planning clinics, distribution outlets, and the homes of promoters. A uniform was also designed for all the promoters, regardless of their organization, identifying them within the community as family planning providers.

In a second stage of coordinated IEC efforts, the organizations agreed to develop a coordinated IEC strategy. They produced a single pamphlet and poster for each contraceptive method to be used by the whole private sector. Each organization could affix its address and hours of operation in a designated part of the pamphlet. The logo was eventually adopted nationally and was used in mass communications, television spots, and billboards.

The coordination effort also reaped political benefits. The three organizations began to see themselves as a team. For the first time, they joined together to respond with one voice to an attack on family planning, and they issued an official announcement of the group's opinion on a sterilization law that was being considered by the Peruvian congress.

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## Example from Peru

An additional benefit of the coordination effort was that each organization learned about the skills and areas of specialization of the other organizations. It now became possible for each organization to concentrate on its areas of expertise (such as service delivery) and to seek the support of those organizations which were more skilled in its weak areas (such as training). The organizations began to see themselves as a family planning team that could work together to improve the coverage and quality of services.

Today, the organizations are interested in further coordination. They are focusing their coordination efforts on equalizing prices and maintaining the work of each agency within the assigned zones. They are also considering involving a fourth family planning agency in their coordination efforts. In the long term, they also hope to collaborate on such central services as a central logistics system, a press, a graphics production center, a library, and meeting and training facilities.

In the final analysis, it is not only the organizations that benefit from improved coordination, but the family planning clients as well. Reliable and consistent family planning information and services are more widely available now in Lima, and increased coordination has also led to improved quality of care.

## COORDINATING ACTIVITIES WITHIN YOUR ORGANIZATION

A large part of a manager's work is the management of information - making sure that people receive the information they need and that incoming information is sent to the appropriate people in a timely manner. Managing the information flow effectively is the first step toward improving coordination within your program.

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*The first step in effective program coordination*

In the course of a working day, a manager will receive information, produce new information, and transmit all or some portion of this information to others. Some of this information comes through relatively formal channels, such as reports, official letters and documents, and other publications, while other (perhaps most) information moves through more personal and informal channels, such as meetings, telephone conversations, or a passing remark in the office, clinic, or corridor. As a manager, you must constantly evaluate the importance of the information you receive and determine who else needs to be informed. These are the critical first steps towards effective program coordination. Your success as a manager, and the success of the program you manage, depend on your ability to ensure that pertinent information is provided to the appropriate people in a timely manner. These people may be within your own organization or working for other organizations.

*Establishing a regular flow of information*

By reflecting on the questions below, you will begin to see a picture of the persons and groups with whom you should be sharing information and coordinating activities. Over time, it will become clear which people need to receive which types of information. For example, every time you receive information pertaining to contraceptive logistics, you know that the same group of people needs to be informed. This group therefore plays a key role in program coordination with respect to contraceptive logistics. If contraceptive logistics is a key concern in your program, you may wish to give formal recognition to the group's role by shaping it into a committee or task force for coordination.

**How to ...**

**Determine information flow**

When you receive or produce information, ask yourself these questions to determine how and with whom the information should be shared:

*Which other individuals or groups will benefit from this information?*

*Who will be affected (positively or negatively) by this information or by a decision based on this information?*

*Do other people need to receive this information immediately (through a telephone call or meeting), or can the information be transmitted less urgently (routine mail, inter-office circulation)?*

*Does the information need to be analyzed and acted upon collectively, or are there benefits to soliciting separate, individual reaction and feedback?*

*Is there any additional or complementary information that should be sought out?*

*What are the implications, if any, of this information for other organizations?*

**Example from Bolivia**

**Example of a Routing Slip**



**PROSALUD**

To:		Initialed by	Date
1.			
2.			
3.			
4.			
5.			
Action required	Edit	For your information	
Approve	Initial for approval	Prepare a response	
File	Research	Previous meeting	
Comment	Justify	Read and return	
<p><b>OBSERVATIONS/SPECIAL INSTRUCTIONS:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
From:		Time	Date

An organization or department should make sure that its own activities are well coordinated before launching a major external effort. Internal coordination is easier to carry out than coordination between organizations, due to the presence of a single formal authority structure. All too often, however, organizations become fragmented. Each person or unit focuses on one activity or set of activities, and loses sight of what others are doing. The bigger and busier the organization is, the greater the risk of fragmentation. Unless mechanisms are put into place to assure internal coordination, this pattern of isolated activity can become institutionalized and lead to organizational inefficiencies. It is important that people and units see the "big picture" of the organization, in order to relate with the external environment in a realistic and successful way.

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*Internal coordination comes first*

**How to ...**

**Ensure internal coordination and communication**

- **Create inter-divisional and inter-disciplinary teams** to conduct major program activities, such as work planning and evaluation. The quality of the work will be enhanced by the exchange of information between people with different areas of expertise, and each team member will learn more about the skills, experience, and judgments of her or his colleagues.
- **Conduct staff meetings** to ensure an exchange of information on current activities. Make staff meetings part of the routine and keep them short, focused, and decision-oriented. Make sure that minutes of the staff meeting are kept and circulated. When there are important issues to discuss, you may need to hold a special meeting. Always try to reach a decision before ending the meeting.
- **Require each division to make a presentation on its current program of activities** to the rest of the organization. These presentations, which can occur during staff meetings, provide a setting for the exchange of technical and programmatic information and often result in suggestions of new ideas or approaches. They also provide all the staff members with the “big picture.”
- **Develop mechanisms to share information.** Organizations and ministries with a decentralized structure face particularly challenging problems of internal coordination. Because of inadequacies in the communication and transportation systems, it is often very difficult to assure sufficient information sharing and communication, although both are prerequisites for effective planning and implementation. Unfortunately, there are no easy solutions to these problems, but there are several strategies that you can use:
  - You can hold quarterly coordination meetings for regional teams to discuss program implementation and planning. This requires sufficient funds for travel and lodging, which can be expensive.
  - A short newsletter can keep people informed and can focus on different areas of the organization in each issue (similar to the presentations at staff meetings). This is less expensive, but still requires staff time.
  - You can instill in every staff member the importance of sharing and seeking out information through both formal and informal channels.

## Tools and Techniques

### You Need to Improve Coordination When:

- Your IEC campaign brings in many new acceptors, but you run out of contraceptive supplies and have to ask people to return later or go elsewhere, or conversely, when you have more supplies than are needed, which increases your costs substantially.
- Some of the messages of your IEC campaign conflict with your program's overall policy.
- In choosing among several IEC strategies, you don't have any idea of the costs and benefits of each strategy because you haven't consulted the finance department.
- Your service delivery personnel are not familiar with the new IEC strategies and are not prepared for the increase in new acceptors nor for the questions they ask, or when clients come asking for services which your clinic doesn't provide.
- Your service providers can't effectively refer clients for services your organization doesn't provide.
- An IEC campaign promotes a new service or product before the clinic is able to provide it.
- Those in charge of ordering contraceptive supplies are uncertain what quantities to order or how far ahead to order them.
- The policy makers, decision makers, and service providers don't have the information and data they need to make informed decisions.
- No one knows exactly how much it costs to provide services.
- Service providers find that certain program policies restrict their clients' access to contraceptives but don't know how to change the situation.
- The people who decide how much to charge for services and for contraceptives don't know the level of income of the people being served.
- Program planners receive service delivery statistics, demographic data, and health statistics too late to be of any use to their planning process.
- In some geographical areas, there are not enough family planning services to meet the demand, while other areas have facilities which are under-utilized.

It is important for all managers, no matter what their roles and responsibilities in the organization, to see the "big picture" and understand how all the organization's components interact. Use the matrix on the following pages to find some of the more common coordination issues and activities relevant to your own job and responsibilities. You may even want to fill out this matrix yourself, in order to identify the coordination issues and activities most important to your own situation.

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*Coordinating the  
activities of  
different  
departments*

To use the matrix, find your area of responsibility on the vertical axis and follow it across the page to read how it interacts with other functional areas within the organization.

<b>Tools and Techniques</b>
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### Coordinating the Activities of Different Departments

	<b>IEC</b>	<b>Contraceptive Supply and Distribution</b>	<b>Family Planning and Population Research</b>	<b>Family Planning Statistics and MIS</b>
<b>IEC</b>		<ul style="list-style-type: none"> <li>Promote new products and services as they become available.</li> <li>Increase understanding of contraceptive use and side effects.</li> </ul>	<ul style="list-style-type: none"> <li>Assist in research on effectiveness of IEC activities.</li> </ul>	<ul style="list-style-type: none"> <li>Work with statistics department to develop statistics for IEC monitoring and evaluation.</li> <li>Obtain information useful for IEC decision making.</li> </ul>
<b>Contraceptive Supply and Distribution</b>	<ul style="list-style-type: none"> <li>Make certain that all products being promoted are available.</li> </ul>		<ul style="list-style-type: none"> <li>Collaborate on research on product acceptance and use, supply pipeline lead time, and supplier performance.</li> <li>Collaborate on improvement of data sources for forecasting of supplies.</li> </ul>	<ul style="list-style-type: none"> <li>Supply information for population-based estimates of contraceptive requirements.</li> <li>Make inventory records available.</li> <li>Assist in the development of inventory management procedures.</li> </ul>
<b>Family Planning and Population Research</b>	<ul style="list-style-type: none"> <li>Test effectiveness of IEC activities.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct research on:               <ul style="list-style-type: none"> <li>product acceptance/use</li> <li>supply pipeline lead time</li> <li>supplier performance.</li> </ul> </li> <li>Improve data sources for forecasting supplies.</li> </ul>		<ul style="list-style-type: none"> <li>Monitor changes in contraceptive use under different strategies (for example, fees, community participation).</li> </ul>
<b>Family Planning Statistics and MIS</b>	<ul style="list-style-type: none"> <li>Develop statistics for IEC monitoring and evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Make population-based estimates of contraceptive requirements.</li> <li>Develop inventory management procedures and record-keeping.</li> </ul>	<ul style="list-style-type: none"> <li>Provide information on contraceptive use under different strategies (for example, fees, community participation).</li> </ul>	
<b>Policy</b>	<ul style="list-style-type: none"> <li>Work with IEC to make sure IEC strategy reflects overall organizational policy.</li> </ul>	<ul style="list-style-type: none"> <li>Review regulations surrounding contraceptive availability.</li> </ul>	<ul style="list-style-type: none"> <li>Request appropriate information and analyses to support policy decision making.</li> </ul>	<ul style="list-style-type: none"> <li>Request appropriate data to support policy decision making.</li> </ul>
<b>Finance</b>	<ul style="list-style-type: none"> <li>Make sure program has adequate financing to meet increase in demand for services created by IEC campaign.</li> <li>Analyze cost and benefits of various promotion strategies.</li> </ul>	<ul style="list-style-type: none"> <li>Establish user fees.</li> </ul>	<ul style="list-style-type: none"> <li>Study income available for purchasing contraceptives.</li> <li>Study mechanisms for financing FP services.</li> <li>Develop mechanisms to determine cost of service.</li> </ul>	<ul style="list-style-type: none"> <li>Collect and analyze information on cost per type of method/cost per user.</li> <li>Provide information on costs of different services.</li> </ul>
<b>Service Delivery</b>	<ul style="list-style-type: none"> <li>Coordinate the planning and execution of IEC activities and clinical services.</li> <li>Link IEC activities to clinical service delivery programs.</li> <li>Develop consistent and accurate FP messages at clinic and community levels.</li> <li>Link IEC activities to clinical service targets.</li> <li>Coordinate supervisors' training in IEC and service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Develop system for distribution to FP service delivery points.</li> <li>Develop procedures for ordering contraceptives.</li> <li>Use supervision visits to restock facilities as needed.</li> <li>Estimate the quantities of contraceptive supplies needed at what levels and how often.</li> </ul>	<ul style="list-style-type: none"> <li>Supply information for research on the effectiveness and impact of current services.</li> <li>Collaborate on testing new service sites.</li> </ul>	<ul style="list-style-type: none"> <li>Use targets to motivate service providers.</li> <li>Provide raw data for service delivery statistics, demographic data, and health statistics and use analyzed data for program planning.</li> <li>Ensure that information gets back to service providers.</li> </ul>

Continued

Continued

Policy	Finance	Service Delivery	
<ul style="list-style-type: none"> <li>• Make sure IEC strategy reflects overall organizational policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure sufficient funds to meet increased demand for services caused by IEC campaign.</li> <li>• Work with finance department to analyze costs/benefits of strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop consistent and accurate FP messages at clinic and community level through oversight of service delivery.</li> <li>• Link IEC activities to clinical service targets.</li> </ul>	<p><b>IEC</b></p>
<ul style="list-style-type: none"> <li>• Develop policies that help to ensure unrestricted access to contraceptives.</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in the establishment of user fees.</li> </ul>	<ul style="list-style-type: none"> <li>• Contribute to development of a system for distribution to family planning service points.</li> <li>• Participate in the development of procedures for ordering contraceptives.</li> <li>• Provide information on which to base estimates of quantities of contraceptive supplies needed at what level and how often.</li> </ul>	<p><b>Contraceptive Supply and Distribution</b></p>
<ul style="list-style-type: none"> <li>• Develop a system to obtain the information needed for policy decision making.</li> </ul>	<ul style="list-style-type: none"> <li>• Study income available for purchasing contraceptives.</li> <li>• Study mechanisms for financing FP services.</li> <li>• Develop mechanisms for determining cost of services.</li> </ul>	<ul style="list-style-type: none"> <li>• Research the effectiveness and impact of current services.</li> <li>• Develop pilot projects to test new service delivery alternatives.</li> </ul>	<p><b>Family Planning and Population Research</b></p>
<ul style="list-style-type: none"> <li>• Provide data requested to support policy decision making.</li> </ul>	<ul style="list-style-type: none"> <li>• Compile information on cost per user type.</li> <li>• Integrate services and financial information and determine costs of services under different service mixes.</li> <li>• Differentiate clients' income and other FP statistics; integrate with financial data.</li> </ul>	<ul style="list-style-type: none"> <li>• Help develop and monitor targets for motivating service providers.</li> <li>• Obtain timely service delivery statistics, demographic data, health statistics etc. for program planning.</li> <li>• Ensure that information gets back to service providers.</li> <li>• Include service provider targets in information system.</li> </ul>	<p><b>Family Planning Statistics and MIS</b></p>
	<ul style="list-style-type: none"> <li>• Develop policy on user fees.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop policy determining who can deliver services, contraceptive prescriptions.</li> <li>• Develop supervisory systems for service providers.</li> <li>• Make sure protocols are updated when policy changes.</li> </ul>	<p><b>Policy</b></p>
<ul style="list-style-type: none"> <li>• Develop financial systems to handle collection of money from contraceptive sales.</li> </ul>		<ul style="list-style-type: none"> <li>• Analyze the full cost of delivering service.</li> <li>• Develop a financing system that permits the provision of all types of services to all clients.</li> </ul>	<p><b>Finance</b></p>
<ul style="list-style-type: none"> <li>• Participate in the development of a policy regarding who can deliver services.</li> <li>• Contribute to the development of supervisory systems for service providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a financing system that permits the provision of all types of services to all clients.</li> </ul>		<p><b>Service Delivery</b></p>

## **COORDINATING ACTIVITIES AMONG DIFFERENT ORGANIZATIONS**

Within a country there are usually many organizations that are directly or indirectly involved in family planning. These can include:

- Ministry of Health
- Ministry of Social or Women's Affairs
- Ministry of Education
- Ministry of Planning
- Religious groups
- Projects supported by bilateral and multilateral donors
- Family planning associations
- Private physicians, midwives, and pharmacists

Some will be more active than others, and the degree of activity or involvement of most will undoubtedly change over time.

When many organizations are involved in providing services, you may want to sort out which organization is doing what, and whether any one organization is duplicating another's work, by developing a chart that shows the functional allocation of responsibilities. A functional allocation chart will help you to visualize the entire range of the family planning services that are available in your country or region and the specific roles of each organization involved in providing these services. This tool can be used to analyze and define clearly the responsibilities for the different components of family planning service delivery and policy making. It can reduce the duplication of services, identify deficiencies in existing service delivery, and make more effective use of limited resources.

**How to ...**

**Develop a functional allocation chart**

To construct a functional allocation chart, use the list on the following page. You may wish to add functions or activities that are part of your program but have not been included here, or to omit any that are not relevant to the family planning program in your country. These activities should be listed on the vertical axis of your table (see the example below). Once you have established the list of family planning activities, make a second list of all the organizations involved in providing or supporting family planning services. List these across the top of your table. Next, identify which organizations are performing each function. Either check the column or write in comments. When the chart is completed, use it to identify gaps and duplication of efforts.

**Organizations' Involvement in Family Planning Service Programming and Delivery**

Function/Activities	Ministry of Health		Ministry of Social Welfare		Ministry of Planning		Family Planning Assoc.	Other Orgs.	Pharmacies	Donors
	State	Nat'l	State	Nat'l	State	Nat'l				
Service Delivery										
GYN Consultants										
STD Treatment										
Prescription Contraception										
Non-prescription Contraception										
Natural FP Methods										
Contraceptive Implant Services										
IUD Insertion										
Infertility Services										
Sterilization										
Other Surgical Interventions										

This exercise is most useful when representatives of all the organizations involved are present to complete the chart and discuss what steps need to be taken to improve coordination. In addition, individual managers can use the functional allocation chart to describe how their organizations fit into the country's overall family planning service system. The functional allocation chart can also be used by groups of managers to identify the areas in which coordination could improve overall service delivery. It is an effective tool for establishing a common understanding of the complexities of coordinating family planning service delivery among organizations.

**Continued**

Continued

## Activities for a Functional Allocation Chart

### Medical Policies

- Establish regulations for:
  - clinical protocols
  - contraceptive approvals
  - provider qualifications
  - public providers
  - private providers
  - procurement
  - enforcement of medical regulations

### IEC and Marketing

- Determine knowledge, attitudes, and practices in the area
- Organize IEC campaign for:
  - general public
  - (married) women of reproductive age
  - policy makers
  - particular target groups
- Provide IEC materials for:
  - clients
  - groups and communities
- Develop IEC materials
- Produce IEC materials
- Design and implement mass media IEC
- Market new contraceptive products

### Service Delivery

- GYN consultations
- Sexually transmitted disease treatment
- Infertility services
- Prescription contraception
- Non-prescription contraception
- Natural family planning methods
- IUD insertion
- Sterilization
- Contraceptive implant services

### Commodities Management

- Select products
- Determine quantities needed
- Place the order
- Check supplies on arrival for quality and quantity
- Warehouse the supplies at national and prefectural levels
- Distribute the supplies to health institutions
- Conduct inventory regularly on the supplies
- Collect and distribute logistics data

### National Population Policy

- Establish national goals
- Participate in coordination group
- Analyze the impact of population factors
- Monitor and evaluate

### Education and Training

- In-service programs for:
  - physicians
  - nurses and nurse-midwives
  - health workers
  - social workers
- Pre-service programs for:
  - physicians
  - nurses and nurse-midwives
  - health workers
  - social workers
- Curriculum and course development for:
  - universities and schools (health technology, nursing and midwifery)
- Short-term training:
  - clinical skills
  - IEC
  - management
  - supervision
  - training of trainers

**How to ...**

**Improve coordination among organizations**

1. Ask the most logical coordinator (Ministry of Health, national family planning council, if one exists, or primary donor) to call a meeting. Propose a draft agenda and suggest organizations that might send representatives to the meeting.
  
2. Allay the fears and highlight the advantages of coordination.
  
3. Establish working procedures for the group, such as:
  - Membership (which could change)
  - Frequency of meetings
  - Sharing information through reports
  
4. Conduct a functional allocation exercise to see who is currently doing what and to identify gaps and redundancies. Define the key areas for coordination, and specify the desired changes and results.
  
5. Write up the discussions and the agreements reached. Set a date for the next meeting.

## Examples from Around the World

## Examples of Coordinating Structures and Mechanisms for Family Planning Programs

Type	Country-Specific Example	Role and Responsibility
<b>National Family Planning Council</b>	<p>Indonesia - National Family Planning Coordinating Board (BKKBN)</p> <p>Kenya - National Council for Population and Development (NCPD)</p> <p>Rwanda - National Office of Population (ONAPO)</p>	<p>Sets national standards. Allocates resources geographically and in some cases to each non-governmental organization (NGO) provider. Coordinates all population and family planning programs.</p> <p>Coordinates information, education, community, and donor activities. Formulates and implements policies. Defines service statistic reporting requirements. Manages government funding to NGOs.</p> <p>Coordinates contraceptive supply logistics. Conducts national surveys and oversees national family planning service statistics system and data collection. Sets policies and develops annual plans. Integrates service, IEC, training, and CBD activities.</p>
<b>Inter-ministerial Commissions or Steering Groups</b>	<p>Mexico - National Council of Population (CONAPO)</p> <p>Lesotho - Family Planning National Coordinating Council</p>	<p>Coordinates family planning educational and service delivery programs in the public sector at national, state, and municipal levels. Integrates demographic data into the development plan. Makes presentations to political leaders regarding demographic impacts.</p> <p>Coordinates resources and activities among government, NGOs, and donors. Facilitates the exchange of information among organizations. Advises on priorities for family planning activities. Establishes and reviews the goals and targets of the National Family Planning Program. Reviews and makes recommendations with regard to legislation and regulations relevant to family planning program activities.</p>
<b>Program Management Unit</b>	Zaire - Family Planning Services Project (PSND)	<p>Coordinates with other family planning programs. Integrates family planning with MCH services. Provides training, logistics, and supervision related to family planning in MOH facilities.</p>
<b>Donor Advisory Groups</b>	Senegal - Board consisting of representatives of Ministry of Health, Ministry of Social Development, USAID, etc.	<p>Reviews annual program plans. Reviews private sector and NGO support activities.</p>
<b>Task Forces</b>	<p>Africa - Francophone Regional Advisory Committee (FRAC)</p> <p>US - Agency for International Development task forces on training and evaluation</p>	<p>Reduces duplication of efforts. Shares regional experiences in family planning program management.</p> <p>Set technical standards. Review common problems and attempt to find widely applicable solutions. Develop technical protocols.</p>

**Example from Kenya****Coordinating Information Systems**

Family planning services have been available in Kenya since 1955 through the Ministry of Health. Today, family planning services are also provided by a number of private non-governmental organizations (NGOs). In December 1982, the Office of the Vice President established the National Council for Population and Development (NCPD) to formulate population policies and strategies and to coordinate population-oriented activities in the public and private sectors.

In 1985, Kenya's National Family Planning Program adopted as a priority strategy a program of community-based distribution of contraceptives (CBD) with the objective of expanding access to contraceptives, particularly in rural areas. This strategy has been implemented primarily through the efforts of large NGOs like the Family Planning Association of Kenya, and more recently by the Christian Health Association of Kenya and Maendeleo ya Wanawake, the national women's organization. The Ministry of Health (MOH) is also in the process of instituting CBD services.

Each of the family planning organizations providing CBD services had its own information system. Because each organization collected data that were not necessarily comparable to the data collected by the others, it became increasingly difficult to assemble national-level data. For some time, there had been an effort by the Ministry of Health, encouraged by donors, to improve the collection and availability of service statistics on family planning in Kenya, both for program management and planning.

In 1989, the need for a unified national information system became clear. Two projects were started with the purpose of gathering national statistics, one to collect data on commodities and the other to collect service statistics. Although both of these systems were designed to serve as national information systems, neither system was designed to collect data on the CBD programs. NCPD realized that developing a separate CBD information system would result in having three parallel national systems. It was clear that, to avoid this duplication, there needed to be a single information system that could be used by all organizations to produce national-level data.

In that year, NCPD contracted with a private consulting firm to help design a system to coordinate all NGO program activities. Working with the family planning NGOs, the Ministry of Health, NCPD, and various other groups, the consultants drafted a design of a draft system for service statistics and CBD data collection and reporting, which could be adopted by all the NGOs. Two meetings were then held. The first meeting described all aspects of the new National Family Planning Information System, including data collection forms, definitions, coding of data and its input into the system, data flow, and feedback. The second meeting discussed the role of the National Family Planning Information System and the changes necessary to implement it.

Once this new system is in place, all family planning providers will collect and report similar information and NCPD will be able to produce national-level information on family planning. In addition, the annual operating costs for this single system are expected to be lower than the cost of separate systems.

## Tools and Techniques

### **Successful Coordination is More Likely to Occur When...**

- Staff understand how to carry out coordination activities.
- Staff can be shown that there are common or complementary goals among organizations.
- There is a clear analysis and agreement on the kind, amount, and quantity of the resources that are needed and available.
- A realistic and equitable system for the exchange of resources can be worked out.
- There are formal agreements on cooperation between organizations.
- Key people and groups in the organization agree on the importance of coordination.
- It can be shown that there is the potential for a greater number of total resources if activities are coordinated.
- Specific proposed coordination activities are set in the context of a broad range of goals and activities, rather than in a narrow, activity-specific framework.
- The organizations are linked structurally (for example, overlapping leadership, advisory committees, etc.) and/or functionally (for example, past coordination activities, similar programs, reciprocal obligations).
- Organizations recognize (or can be convinced) that they are mature enough to engage in inter-organizational activities rather than being entirely concerned with internal programs.
- Coordination is presented and recognized as a viable alternative to competition and conflict.
- The organization can be shown that, without coordination, another organization may take over functions or activities that the organization perceives as its own area of interest, responsibility, or competence.

**Coordinating to Improve Services**

- Develop a matrix of internal coordination activities and of the responsibilities of all functional areas of your organization to see how to achieve better internal coordination.
- Develop a functional allocation chart with other organizations to analyze the activities conducted by all organizations. Identify duplicated efforts and reassign responsibilities.
- Coordinate efforts so that collaborating organizations take responsibility for activities that correspond to their organizational strengths.
- Develop a system for sharing information within the organization.
- Develop a system for sharing information among organizations.
- Pool resources as much as possible.
- To oversee the overall family planning program, set up a planning committee that consists of representatives of all institutions involved in the program.
- Identify problems that could be resolved through increased internal and external coordination.
- Identify problem-solving techniques that employ specific and suitable methods of coordination.
- Develop standards to be followed by all agencies.

## GLOSSARY OF TERMS

**Coordination:** The planned collaboration of the different individuals, departments, and organizations concerned with achieving a common goal.

**External Coordination:** The process of identifying the common goals and functions of different organizations and of collaborating among organizations to implement activities to reach these common goals. Frequently, the allocation of activities and responsibilities among organizations is determined by the specific strengths of each organization.

**Functional Allocation:** An activity which presents, in chart form, the names of collaborating organizations and their primary responsibilities in various functional areas, for the purpose of revealing duplication of or gaps in services.

**Internal Coordination:** The logical organization of and communication about activities within an organization, such that all staff members are aware of the roles and responsibilities of each department and the interaction between departments.

**Pooling:** Combining resources, expertise, equipment, etc., for use toward a common purpose. This helps to save scarce resources and reduces the possibility of duplication of or gaps in services.

## CHAPTER FOUR

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# Staffing Your Program

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To run a successful family planning program, a manager needs a well-qualified and motivated staff. The process through which the manager determines what kinds of workers are needed, obtains the most qualified people, places them in their jobs, and trains them is called “staffing.”

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*What is staffing?*

Family planning activities fall into three general categories: clinical, administrative, and educational. These different tasks can be carried out by medical, paramedical, and nonmedical personnel. Staff may be specialized so that each person works in only one of these categories, or staff may perform tasks in two or even all three categories. Some staff may work only on family planning. For others, family planning will only be one part of their job.

You can't manage effectively, and your organization can't attain its goals, without the coordinated efforts of the whole staff. If your program is weak in even one of the three essential staffing functions, it can cause your program to be ineffective.

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*Why is staffing important?*

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*Three essential staffing functions*

The three essential functions of staffing are:

- **Selection** of people with the appropriate skills, attitudes, and potential, which will improve organizational performance.
- **Orientation** of staff to ensure that all staff members know what their roles and duties are and how to perform these duties. This prevents wasted time and costly mistakes.
- **Staff development** through training and daily interactions to ensure that staff will have the knowledge, attitudes, and skills to do their jobs well. This complements and reinforces orientation, builds morale, reduces staff turnover, and creates a work environment where all employees can work productively and strive for improvement.

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*The difficulties of staffing a family planning program*

Staffing can be difficult for managers because they are faced with delivering family planning services in a complex and often highly interdependent environment. Several situations in which family planning managers commonly find themselves are listed below:

- Family planning may have just been added to the existing package of health services. The program manager may have little or no prior experience in choosing the best staffing pattern (that is, how many nurses, aides, or technicians are needed to provide family planning services).
- Training in family planning service delivery may not have been included in the basic professional education of the existing health care staff, and as a result they have not been properly trained to provide family planning services.
- Staff may often be loaned from one organization to another, which can result in confusion concerning roles, responsibilities, and reporting.
- Family planning programs may be controversial. The staff may have unsupportive attitudes toward family planning, or the program's activities may be restricted.
- Limited resources may make it necessary to use volunteers and staff from other departments or organizations. Family planning managers need to know how to recruit, train, motivate, and supervise this type of family planning worker.

The family planning manager is responsible for making sure that tasks are appropriately assigned to competent personnel. As a family planning manager, you should know how to:

- Describe clearly and precisely the work that has to be done so that those who recruit workers will know what skills are needed;
- Orient your staff to the duties and responsibilities of their jobs;
- Train your staff to work effectively;
- Maintain the level of staff competence necessary to achieve both the short- and long-term objectives of the family planning program.

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*Overcoming  
barriers to  
effective staffing*

To help in selecting the most appropriate people for the program, the family planning manager prepares job descriptions outlining the work to be done by each staff member. The job description communicates to the person in charge of recruiting the qualifications and skills that the worker must have. A clear job description can reduce political pressure to hire unqualified people by providing objective standards for the job.

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*Staffing tools and  
techniques*

To orient staff, the manager can prepare a personnel manual, a manual of clinical protocols and procedures, and an orientation checklist. These tools can help introduce new staff to their jobs and familiarize existing staff with new family planning program goals and objectives. In addition, managers can introduce new and existing staff to the program's current or new procedures, rules, and regulations.

To build an effective team, the family planning manager can use supportive supervisory techniques that encourage cooperation, communication and a frank exchange of ideas. Qualified staff members should be encouraged to develop their abilities further through a variety of staff development techniques.

## SELECTING STAFF

Managers should develop clear requirements for staff recruitment that specify the qualifications needed to meet the program's objectives. The family planning manager should ensure that all staff members:

- Are committed to family planning and have a sincere belief in its benefits;
- Are competent to carry out all the tasks assigned to them;
- Are sensitive to the needs of clients;
- Know their responsibilities and those of co-workers;
- Remain motivated to provide the best service possible as long as they work in the family planning program.

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### *Obstacles to staff selection*

Staff selection may be complicated by the fact that managers may not have much control over selecting staff. The manager may:

- Have to recruit personnel from those already employed in an existing health center or clinic;
- Be limited by civil service and other governmental regulations;
- Be prevented from choosing the best person for the job by social, economic, or political pressures;
- Lose the best candidates due to the inability to offer competitive salaries.

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### *Determining how many and what kind of staff you need*

No matter how well-designed or well-funded the family planning program is, family planning services will only be delivered effectively if tasks are properly assigned to the appropriate staff, and if staff have the skills required to do their jobs, are sensitive to the clients' needs, and respect the beliefs of the clients.

In many circumstances, your staffing is decided for you. However, when a new program is starting up, or when you feel that modifying the staffing pattern could improve program performance or the quality of the care provided, you may need to estimate staffing requirements in order to know how many employees you need and in what positions. In addition, if you are adding family planning to existing health services, you will need information about the tasks performed and the time that these tasks take.

Projecting or revising staffing requirements involves four steps:

**1. Estimating the demand for services**

This step has two parts: an estimate of how many potential clients there are in the community and an estimate of the expected rates of contraceptive use. When combined, these measures can give you an insight into how many people are likely to use family planning services. Information on potential clients and family planning utilization rates is available through national census data, local demographic surveys, and service statistics from ongoing family planning or health programs.

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*Steps in projecting  
or revising staffing  
requirements*

**2. Analyzing contraceptive choices**

The analysis of contraceptive choice (what method of contraception the family planning acceptors want or would be interested in) will tell you what kinds of services your program should provide. This information is usually available in surveys, existing program data, health service statistics, and data from neighboring countries.

**3. Establishing standards for quality of care**

In this step, you must carefully review the kind of services that your program will provide. For each method and service, you will have to develop standards. You can use these standards to determine how many staff members your program will need and what kinds of services each will provide.

**4. Projecting staff requirements**

In this step, you estimate the number of staff that you will need to deliver the type, quality, and volume of service that you anticipate.

**How to ...**

**Project family planning service staffing patterns**

**1. Estimate the Demand for Family Planning Services**

Women of reproductive age represent roughly twenty percent of the total population. Calculate the number of potential female clients there are in your service area by multiplying the population of your service area by .20 to get twenty percent.

Once you determine the number of women of reproductive age in your area, estimate how many of these women will actually seek family planning services. Consider the following factors:

**Level of knowledge of family planning:** Answer the questions, "Are people aware of family planning? Do they know how to get services?" Distinguish between awareness of contraceptives and real understanding of contraception. Low levels of knowledge mean that you will have to put resources into community outreach and education in order to attract users to the service. If you don't have the resources to do this, lower your estimate of demand accordingly.

**Access:** Put yourself in the place of the client. Ask yourself, "How hard is it to get and continue to use a modern contraceptive method?"

**Other services:** If other family planning services of comparable quality and price exist, adjust your estimates downward.

**Cultural and political barriers:** Positive attitudes concerning family planning will raise demand. Negative attitudes will lower demand. Ask the question, "To what extent will political and cultural barriers prevent men and women from using family planning?"

Use this analysis to estimate the percentage of women of reproductive age that you think will seek services in your program.

**2. Analyze Contraceptive Choice**

Estimate the percentage of acceptors for each contraceptive method. Next, calculate the number of potential clients for each method by multiplying the anticipated percentage of acceptors for each method by the number of clients you are planning to serve.

**Continued**

**Continued****3. Establish Standards for Quality of Care**

Describe in detail the kind of service that you will provide for each family planning method that your program will offer.

What type of clinic staff, both medical and non-medical, will be needed to provide each method and service? Your standards should specify which type of personnel should be used for each type of visit (initial exam, checkup, resupply, annual exam, problem visit, etc.) for each method or type of service that is offered by your program. For example, if you are planning outreach activities to inform the community about these services, you will need to ask yourself:

*What activities will be carried out?*

*Who will carry them out?*

*What will these activities be?*

*Where will services be provided?*

*How many hours a day will services be offered?*

*What days of the week will services be offered?*

*For each method or service, how much time will be required for each category of staff involved in providing the service?*

**4. Project Staff Requirements**

Review the volume of activities that you anticipate and the standards that you have developed. For each method or service, compare your standards to the existing practice. Are there any changes that must be made in existing practices in order to provide high-quality methods and services to your clients? Use this information and your projected client load for each method to calculate roughly the number of hours of staff time you will need. Compare this with your existing staffing pattern. Do you need to make adjustments? If you are starting up a new program, how many and what kind of staff do you need to have in order to deliver this kind and quality of service?

## Writing and Using Job Descriptions

*Job descriptions clarify tasks and responsibilities*

A job description outlines an employee's tasks and responsibilities, what her or his authority is, and what skills and qualifications are necessary to do the work. Without them, it may be that neither the supervisor nor the employee has a clear idea of what the employee is expected to do.

### Vignette

#### The Need for Job Descriptions: Part I

Miss Burton was hired as a clinic aide at a family planning clinic. She was a secondary school graduate and had attended a workshop on primary health care. The clinic supervisor told Miss Burton that her duties consisted of taking the medical histories of new clinic clients, updating the histories of returning clients, counseling clients about contraceptive methods, and giving introductory talks on family planning in the waiting room. She was also given the weekly duty of taking the records of that week's new family planning acceptors and entering the following information into the clinic's statistical system: the age and number of children of the new clients, their contraceptive method, whether they had ever switched methods, and how long they had been family planning acceptors.

After Miss Burton had been working at the clinic for three months, the employee who had been in charge of the contraceptive supplies left, and because Miss Burton was doing such a careful and thorough job with the family planning statistics, the clinic supervisor put her in charge of the contraceptive supply records and reordering. It took Miss Burton several months to learn to calculate when to reorder and how long supplies would take to arrive, but she was soon carrying out this duty more efficiently than the previous employee had, although it sometimes meant that she had to work late.

The clinic supervisor was so impressed with the capable way in which Miss Burton carried out new tasks that when the clinic's outreach worker had a family emergency just before she was due to give a talk to a community group, the supervisor sent Miss Burton to replace her. Due to her experience at giving talks at the clinic, Miss Burton was an effective speaker, and was able to answer the audience's questions clearly and accurately. When the outreach worker became pregnant soon afterwards, the clinic supervisor asked Miss Burton to make more and more of these public presentations.

Miss Burton enjoyed this work, although each presentation required some preparatory work which often meant she had to work late. She became increasingly upset that she was taking on additional responsibilities and putting in more and more hours of work without any increase in salary.

One afternoon several months later, Miss Burton was sitting at her desk reviewing the contraceptive supply records in the few minutes she had between seeing patients, when the Clinic Director hurried over. "I have to make a presentation this evening to a very important donor," she said. "I need a chart with the up-to-date statistics on our acceptors, and I need you to include on the chart all the subject areas you've been collecting information on. It must be ready by 6:00. This is vitally important."

Miss Burton looked up at her, distressed. "But I have a full afternoon of clients, and because of all these community presentations and the contraceptive supplies, I haven't been able to work on the statistics for two months. They're not at all ready and will take a long time to do."

"But the statistics are your job!" the Clinic Director said furiously. "You are supposed to do them! What's wrong with you?"

"But I thought the supplies were a priority, and the patients, and the presentations," Miss Burton said meekly, intimidated by the Clinic Director's glare.

Job descriptions must be written before you select new staff members. These planning documents should be written up for each staff position and should describe thoroughly the duties and responsibilities assigned to each position. For example, a CBD agent's duties and responsibilities might include:

- Visiting homes of community residents to inform them about family planning, to motivate them to become family planning acceptors, and to sell contraceptives;
- Keeping records of when clients will need to be visited again for resupply or reminder of medical check-up.

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*Duties and responsibilities*

The job description will serve as a guide for the person in charge of recruiting new employees. Because it lists the qualifications necessary for the position, it ensures that a qualified person will be selected.

For example, if you are recruiting for a family planning promoter who will be visiting homes and will be responsible for most of the recruitment of new clients, the job description should tell you the skills and qualifications this person must have, such as:

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*Skills and qualifications*

- A minimum level of literacy, so that she or he can do elementary record-keeping and understand the training sessions and client educational materials;
- The ability to travel during the day.

Job descriptions should tell you the attitudes and personal qualities you should look for. You will probably have to think about the tasks and make your own list. For the CBD agent's job, this list might look something like this:

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*Attitudes and personal qualities*

- Respected in the community, a mature person (and, in some settings, married);
- Able to work well with colleagues, friendly, an outgoing personality;
- Dedicated to and enthusiastic about the work;
- Has favorable attitudes toward all of the contraceptive methods she or he will be promoting;
- Satisfied with her or his own experience with family planning.

All employees should have copies of their own job descriptions, as well as those of the people they supervise. It is also helpful for employees to have copies of the job descriptions of their supervisors, so that the division of labor between them and their supervisors is clear.

*Uses of a job description*

A job description is important because it is useful in a number of management tasks:

- **Hiring**, to ensure that the person who is hired has the necessary qualifications;
- **Training**, to identify the training needs of employees by noting the discrepancies between the qualifications needed for a position and the employee's actual capabilities;
- **Orientation**, to help the new employee understand what is expected of her or him;
- **Supervision**, to help the employee's supervisor monitor her or his performance regularly;
- **Performance evaluation**, to help the supervisor to review systematically the employee's performance on all assigned tasks;
- **Workplace coordination**, to help the manager ensure that all the necessary tasks are being assigned to the right employee, and that no two employees are inadvertently assigned to the same task;
- **Contract obligations**, to meet legal requirements in many countries that job descriptions be attached to the work contract.

**Tools and Techniques**

**Essential Elements of a Job Description**

<b>Job Title</b>	Standard title for the person doing the work or job.
<b>Date</b>	Date of the most recent revision of this job description.
<b>Grade</b>	(if appropriate)
<b>Department</b>	Name of department or division.
<b>Reports to</b>	Title of supervisor.
<b>Job Summary</b>	Summary of the main job function(s), brief (one or two sentences long).
<b>Job Responsibilities</b>	A detailed description of all the activities for which the employee is responsible. For complex jobs, it helps to divide this section into categories.
<b>Qualifications</b>	A description of skills and qualifications required for the job.
<b>Attitudes and Personal Qualities</b>	A description of attitudes and personal qualities important for success in the job.

## Vignette

### The Need for Job Descriptions: Part II

The next morning, Miss Burton sat down with the clinic supervisor. "The problem with you," said the supervisor with a wry smile, "is that you are so good at every task we have given you that we have given you too many. I'm very sorry about what happened yesterday. It wasn't your fault that you'd gotten behind. We must define your job now so that you know what is expected of you and which tasks have the highest priority. Also, I will be able to see how you are doing according to the job description, so if you fall behind because you are too busy, I will soon find out and we'll figure out a solution before we get into a crisis.

"We can't afford to replace Miss Campbell, who used to be in charge of the contraceptive supplies, but we are going to assign that task to Mrs. Fenton, the business manager. Will you teach her the system you have developed?" Miss Burton nodded in agreement.

"Our outreach worker won't be back for a while, but I have a volunteer who is willing to take on some of her work," said the clinic supervisor. "Do you think you could still make a few presentations, though not as many as before? People seem to enjoy your presentations so much, and you are so experienced at it now that preparing can't take very long."

"Yes, I would be willing to still make some," Miss Burton said. "but this is still quite a bit more work than what I was originally hired for, and I think I should get more money."

"Well, as you know, our financial situation is difficult," the supervisor said. "I'm not sure if we can find the money to give you an increase, but we'll try." They then discussed which aspects of the job were the most important and wrote up the following job description.

#### Miss Burton's New Job Description

**Job title:** Clinic Aide  
**Date:** October 1990  
**Reports to:** Clinic Supervisor

**Job Summary:**

Provides support for medical and program staff and provides family planning education through a variety of means.

**Job Responsibilities:**

Sees patients before the doctor and nurses. Takes patient history. Counsels patient on all available contraceptive methods.  
 Is responsible for giving introductory presentations on family planning when clients are in the waiting room.  
 Enters statistics on clinic's family planning acceptors on a weekly basis. Analyzes statistics quarterly and prepares them for FPAC staff or for presentation when given three days' notice.  
 Makes informational presentations to public groups on an occasional basis.

**Qualifications:**

Secondary school diploma.  
 Knowledge of basic medical procedures.  
 Knowledge of contraceptive methods.  
 Ability to do mathematical calculations.

**Attitudes and Personal Qualities:**

Friendly and respectful attitude toward clients.  
 Ability to deal with sensitive questions in a pleasant and professional manner.

## Job Description of a Field Supervisor

<b>Title:</b>	Field Supervisor, Southern Thailand Appropriate Resources and Technology Support Project
<b>Reports to:</b>	Field Manager
<b>Percent time works:</b>	100 percent

### Job Summary:

Supervises approximately 65 trained volunteers\* in educating, counseling, and providing contraceptives to villagers. Maintains records on information, education, and communication (IEC) presentations, clients served and income generated.

### Job Responsibilities:

Conducts monthly monitoring visits to the working areas to assess the performance of the volunteers.

Explains the new promotional items to volunteers and offers advice on how to promote sales.

Reviews and analyzes the client records and records on income generated through contraceptive sales; identifies problems and carries out solutions.

Resupplies the volunteers with contraceptives and ensures that each has a sufficient supply.

Provides screening, counseling, and first cycle of pills to direct-sales clients and then refers clients to the nearest volunteer for resupply.

Prepares and submits monthly report to the branch office or to the Bangkok Office.

Collects data as may be requested by the Project Officers.

Supervises the volunteers.

Applies the points system to select the outstanding volunteers in each subdistrict.

Conducts other tasks as may be assigned by the Field Manager.

\* Community-based distribution programs in Thailand are staffed by volunteers. The trained volunteers received a nominal proportion of the income earned from the sale of contraceptives. (They might earn between 13 and 20 percent of the price of a package of oral contraceptives.) The tasks given to volunteers are very limited and they are not expected to do extensive home visiting or client follow-up. There is often a large number of volunteers, although each volunteer may not have many clients.

**Example from Thailand**

**Job Description of a Family Planning Volunteer**

**Title:** Family Planning Volunteer, Southern Thailand Appropriate Resources and Technology Support Project

**Reports to:** Field Supervisor

**Percent time works:** 25 percent

**Job Summary:**

Provides family planning education, counseling, and contraceptive services in the village areas. Maintains records of IEC presentations, contraceptives distributed, and income earned.

**Job Responsibilities:**

Provides family planning education to the villagers on the various types of contraceptive methods and discusses the advantages and disadvantages of each method.

Screens all potential pill acceptors to avoid health risks for the clients.

Records condoms and pill cycles sold by brand as well as income generated from contraceptives sales.

Serves as a liaison with non-government or government offices to assure cooperation and support to the project.

Prepares monthly reports for the Field Supervisor.

Conducts other tasks as may be assigned by the Field Supervisor.

**Skills and Qualifications:**

Literate male or female who is a permanent resident of the village.

Preferably a small shopkeeper.

**Attitudes and Personal Qualities:**

Must be tactful.

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*Developing job descriptions by observing other programs*

If you are developing a job description for a new position or are writing job descriptions for the first time for positions that already exist, it can be useful to see how other family planning programs have set up their personnel structure, what duties their staff perform, and how the duties have been assigned to the various staff members. If there is an established family planning program located nearby, you should set up a visit to:

- Observe and interview representatives from various categories of family planning personnel (for example, nurse-midwives, nurse-educators, physicians, etc.) to develop a comprehensive list of the daily family planning duties carried out by the program;
- Ask the program's supervisors and subordinates to review the list and to add or delete duties as necessary, including those which are not carried out daily but occur periodically during the year. Make a note of which staff member performs which duties and whether this division of labor works well;
- Interview family planning clients about the ways in which they like to be served (for example, only by female providers, in their homes, in conjunction with child health services, etc.);
- Finalize the list and assign the duties in light of your program's goals and objectives.

If family planning services are not available anywhere close to you, use the examples of job descriptions in this chapter and revise them as necessary based on discussions with your staff and clients.

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*Using job descriptions to develop a system of promotion and remuneration*

Job descriptions can be used to define organizational relationships and develop a salary structure. A good system of promotion and remuneration will give organizations a salary structure that is internally consistent and competitive with other similar organizations. However, in organizations with volunteer boards, there may be reluctance to agree to salary levels which exceed the salaries the board members themselves receive. Studies like the one on the following page are essential for documenting the need for consistent and adequate remuneration of staff.

## Example from Kenya

## Improving Staff Recruitment by Revising Job Descriptions and Salary Scales

The Family Planning Association of Kenya (FPAK) was founded in 1961 and has since emerged as the leading non-governmental agency in Kenya's National Family Planning Program. FPAK offices and operating units are spread throughout the country. In recent years, family planning has emerged as a critical factor in the realization of Kenya's long-term economic and social welfare goals. Accordingly, FPAK's contribution to the national program has continued to grow in importance and FPAK's rapid expansion in recent years is likely to continue in the future.

Although FPAK has acquired a prominent and permanent status in a crucial national program, until recently there was mounting evidence that successful job applicants were refusing job offers from FPAK because the salaries were too low. FPAK employees had become demoralized because of frequent disputes concerning job classification and salaries. In response to this problem, FPAK undertook a management review to write new job descriptions for each position in the organization and to develop a new salary structure for these positions. Each position was assigned to a grade, and each grade encompassed several positions, all at the same level of responsibility.

The process consisted of several steps:

1. Review of the existing organizational chart and job descriptions;
2. Identification of 35 different job titles within the organization and selection of a representative job holder for each job title;
3. Interviews with each representative job holder (Job Analysis Interview);
4. Preparation of new job descriptions based on the Job Analysis Interviews and comparisons of these new job descriptions with those of five similar organizations;
5. Examination of salaries using eleven representative job titles and descriptions with five similar organizations;
6. Determination of appropriate salary grades and scales;
7. Preparation of salary administration procedures (elaboration of salary progression system, general salary reviews, fixing of salaries on appointment and promotion, grading of new jobs, re-grading, and appeals).

FPAK postponed recruitment of new professional staff until the new salary structure was implemented. The new salary structure, once ratified by the FPAK Board of Directors, made FPAK competitive with comparable local organizations. With more attractive salaries and benefits, FPAK was able to recruit four new staff members as Area Managers and to establish the position of Internal Auditor. FPAK management felt the new scale permitted the organization to improve the quality of its managerial staff and that it had thus considerably strengthened field operations.

Continued

Continued

Example from Kenya

**Grade Definitions Developed for FPAK Salary Review**

<b>Grade</b>	<b>Nature of Job</b>	<b>Education/Experience</b>
1	Work involves coordination and control of functions requiring different technical and academic qualifications. Work also involves interaction with other departments and functions. Regular and non-routine decisions required. Constant use of judgment and initiative in the execution of pre-determined procedures.	Degree/diploma with extensive experience (10-15 years) as well as specialized knowledge of a specific discipline.
2	Head of specific function or technical area of operation. Work involves planning for areas of responsibility. Work also involves use of judgment and initiative on routine matters and requires occasional decisions of a non-routine type.	Either degree with some experience (5-8 years) or diploma plus specialized training and up to eight years of experience.
3	Head of section responsible for a technical area of operation. Work entails functional accountability for the section, as well as supervision of skilled and semi-skilled staff.	Degree/diploma in the specialized discipline with at least five years of experience.
4	First senior position which is in direct contact with the client and the public at referral point. Work involves either directing or controlling a group of employees in the application of an established technical process and manual skills. Job requires discretion and initiative.	Diploma or specialized technical training in the area of operation, with 4-5 years of experience.
5	Deputy to section head. Work involves following standard procedures to meet deadlines or to satisfy certain organizational needs. This is the middle line job (between users and suppliers).	Qualifications in the professional field required for the job.
6	Work involves application of skills acquired through technical training or the performance of varied tasks of non-routine nature. Involves following standard procedures and requires limited degree of initiative. Does not require much direction and supervision.	Secondary school diploma (SSD) plus some training in specialized area (for example, technical or mechanical).
7	Work involves routine duties following standard set of procedures. Work is regularly checked and requires close guidance and supervision.	SSD and preliminary training or on-the-job acquisition of skills.
8	Work requires special on-the-job training to enable job holder to perform the required duties (for example, counseling of clients). Job holder acts as FPAK's front line extension agent. Follows set procedures and refers decisions to superiors.	SSD and on-the-job training with about four years of experience.
9	Work involves some accuracy and dexterity and consists of established processes of a repetitive nature. Tasks are generally closely directed and checked and carried out in standard routine with short period control. Requires some memory.	SSD and on-the-job training.
10	Work involves simple tasks individually assigned and a limited degree of communication. Jobs are either closely supervised or follow simple written or verbal instructions.	Primary school education.

Every organization will have to determine its own job interviewing process. Some organizations may decide to have one individual conduct all the interviews, or they may involve a number of interviewers, including individuals in the department in which the person will work. It must also be determined ahead of time who will make the final decision as to which candidate will be hired.

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*Interviewing job applicants*

The job description can help you draw up a candidate assessment instrument to help you recruit and select the best candidates for a position. This will help you rank each candidate by qualifications, skills, attitudes, and personal qualities. For example, you could use the job description for the Nurse Coordinator to draw up a candidate assessment instrument to rank candidates whom you might interview for the Nurse Coordinator position.

It is essential to check the candidates' references for former positions they have held. Why did they leave their former jobs? How well did they perform professionally? What problems did they have, if any? What were their greatest strengths and weaknesses?

The final choice of a candidate should take the score of these rankings into account, but you should use your own judgment as well. The person who ranks highest in terms of objective scores may not necessarily be the best person for the job. Someone lower on the list may have a more intangible quality, such as personability, enthusiasm, or personal rapport, which would make her or him the best suited for the job.





## ORIENTING STAFF

Orientation is needed whenever there is something or someone that is new. For example, if new staff have been hired or if a change in activities or procedures has taken place, then orientation is necessary.

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*What is orientation?*

Orientation activities include:

- Informing staff in detail of their new or changed roles and responsibilities;
- Informing staff of new or changed organizational procedures, rules, and regulations. When possible this should be done in writing;
- Training staff in the skills they need for their new responsibilities;
- Developing a sensitivity to the client's perspective and needs.

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*When to orient your staff*

Orienting your staff effectively is essential when you are:

- Hiring new staff, to acquaint them with their duties;
- Introducing new services, to help existing staff provide these services;
- Reorganizing, to acquaint all staff with new procedures, rules, and/or division of tasks.

---

*How to orient your staff*

Orientation activities can take a variety of forms:

- A formal presentation
- A workshop
- A staff meeting
- One-on-one discussion
- A role play exercise
- Written materials
- A site visit



## Orientation Checklist

**Staff member:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Person responsible for orientation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For new staff

- Prepare orientation packet or personnel manual.
- Make sure the new staff member has a place to work and necessary supplies.
- Schedule necessary in-house or external training to teach the skills necessary for the job.
- Clearly explain the mission, goals, and objectives of the program.
- Explain the structure of the organization and the lines of authority.
- Explain the rules, regulations, and procedures for your organization, and give a copy of the major policies to the new staff member.
- Set clear performance objectives and tasks for first month of work.
- Schedule a follow-up interview to identify problems and provide support during the orientation period.
- Formally introduce the new staff member to other staff.
- Inform other staff of the role of the new staff member, and vice versa.
- Arrange a trip so that all new non-clinic staff can visit a clinic and meet the family planning staff.

### For existing staff when introducing new services

- Develop clinical and administrative guidelines and procedures for the new service, if possible with the participation of the existing staff.
- Hold a meeting in advance to inform staff of the implications of the new service(s) for their current jobs and responsibilities. If you don't discuss the changes in advance, your staff will probably feel demoralized and overwhelmed by sudden and unexpected changes in their working conditions.
- Determine the training needs of existing staff, and arrange for on-the-job or formal training as needed.
- Appoint a small staff committee to spot problems with implementation and help solve them while the new service is getting started.

### For existing staff when reorganizing or when new rules or procedures are introduced

- Put the reorganization plan or new rules/procedures in writing to be added to the personnel manual and to be used when discussing changes with staff.
- Inform staff **IN ADVANCE!** Discuss with them the implications that the changes will have for their current work. If you don't discuss the changes in advance, your staff will probably feel demoralized and overwhelmed by sudden and unexpected changes in their working conditions.
- Meet with staff to clear up any remaining confusion after the changes go into effect.
- Appoint either one person or a committee (depending on the extent of the changes) to oversee the transition process, so that problems can be addressed before they grow to crisis proportions.



## Developing a Personnel Manual

A personnel manual is an extremely useful tool both for staff orientation and as a reference for your staff. The personnel manual should be in a folder or loose-leaf binder so that as policies and procedures are developed or changed, pages can be added or replaced. Every page should be marked with the date to make it easy to see when policies have been changed or updated. Copies should be readily available so that staff members can consult the manual when questions arise.

The personnel manual should include:

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*What to include  
in a personnel  
manual*

**An overview** of the organization's purpose and structure, including a description of the duties of key staff and the lines of authority;

**Personnel policies**, with explanations of benefits, regulations, grievance and termination policies, and policies for time off;

**Administrative procedures**, with an explanation of each procedure and how it fits into the work flow of the organization. In a family planning program, these procedures are likely to include client registration, reporting, bookkeeping and accounting procedures, inventory, storage, use of medicines and contraceptives, and purchasing. Each section should include an explanation of the procedure and an overview of how it fits into the work flow of the organization. Each section should also include the forms that are used for each procedure, an explanation of how to fill out the forms, and a correctly filled-out sample form.

## Tools and Techniques

### Sample Table of Contents for a Personnel Manual

#### 1. Purpose and Structure of the Organization

- a. Mission of the organization
- b. History of the organization
- c. Organizational chart (showing lines of authority affecting all staff)
- d. Grade level structure
- e. Short descriptions of duties of key staff (taken from the summary sections of the job descriptions)

#### 2. Personnel Policies

- a. Benefits
- b. Leave
- c. Work schedule
- d. Work-related travel and expense reimbursement policies
- e. Performance evaluations
- f. Grievance and termination policies

#### 3. Administrative Procedures

- a. Client registration
- b. Storage, use, and inventory of supplies, medicines, contraceptives, and equipment
- c. Purchasing (requisitions, purchase orders, etc.)
- d. Reporting on time worked and expenses
- e. Reporting on contraceptives/medicines sold or distributed
- f. Monthly and quarterly reporting to management, regional or national office, Board, or donors
- g. Petty cash
- h. Financial management procedures

## **Family Planning Association of Liberia's Procedures Manual for a Community-Based Distribution Program**

### **Table of Contents**

- I. Introduction (Information on what the CBD Manual is about)
- II. Message from the Executive Director
- III. Overview of the CBD Project
- IV. The Rights of Clients and Prospective Clients
- V. CBD Agent's Role as Volunteer
  - A. Member of the Team
  - B. Conducting Educational Talks
  - C. Conducting Motivational Talks
  - D. Screening for Family Planning Methods
    - 1. Use of Family Planning Checklist
    - 2. Counseling on Contraceptive Usage
- VI. The Tasks and Responsibilities of CBD Agents
  - A. Reconciling and Reporting Client Information
    - 1. Client Record Form
    - 2. Client Referral Form - Case to Refer
    - 3. Daily Worksheet Form
    - 4. Monthly Record Form
    - 5. Filling in the Receipts
    - 6. Filling in the Requisition Form
    - 7. Filling in the Stock Control Form
  - B. How to Conduct Remotivation Interview
  - C. How to Conduct Follow-Up Visit
- VII. Contraceptive Technologies
  - A. Health Rationale for Family Planning
  - B. Benefits of Family Planning
  - C. Family Planning Methods and Descriptions
  - D. Disadvantages and Risks
  - E. Contraceptives Offered by the CBD Program
    - 1. At CBD Level
    - 2. At Referral Back-Up Clinic Level
      - a. Injectable Contraceptive
      - b. IUD
      - c. Permanent Sterilization:
        - Female - Tubal Ligation
        - Male - Vasectomy
  - F. What to do about Discontinued Clients
- VIII. Myths and Misconceptions about Family Planning Methods
  - A. How to Deal with Them
- IX. What CBD Agents Should Know About:
  - A. Sexually Transmitted Diseases and AIDS
  - B. Infertility/Subfertility
- X. Glossary

## Developing Clinical Protocols or Guidelines

Clinical protocols are standard lists outlining what staff are to do for each procedure. They are essential management tools to ensure the safety and health of family planning clients. Protocols enable uniform medical standards to be enforced throughout a system of services.

*Developing and using clinical protocols*

All technical staff should be provided with a handbook containing the medical and clinical protocols needed to provide contraceptive methods and other health services. This handbook can be used:

- In **orientation**, to acquaint new staff with medical standards;
- In **planning for training**, to determine the minimum information or skills that every trainee must master;
- In **supervision**, to form the basis of a checklist to evaluate each provider's performance and to determine problem areas or weaknesses in provider knowledge, behavior, or skills;
- As a **reference** for clinical practice.

The following is a sample table of contents of clinical procedures for a family planning service that offers all modern child-spacing methods:

### Tools and Techniques

#### Sample Table of Contents for a Clinical Protocol

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Basic Women's Health Assessment Visit               <ol style="list-style-type: none"> <li>a. Weight for Height</li> <li>b. Blood Pressure</li> <li>c. Hematocrit</li> <li>d. General Nutritional Status</li> <li>e. Any Current Health Problems (especially Sexually Transmitted Diseases)</li> </ol> </li> <li>2. Methods for Child Spacing               <ol style="list-style-type: none"> <li>a. Intrauterine Device</li> <li>b. Oral Contraceptives</li> <li>c. Injectable Contraceptive</li> <li>d. Condom</li> <li>e. Vaginal Spermicides</li> <li>f. Diaphragm</li> <li>g. Tubal Ligation</li> <li>h. Contraceptive Implant</li> <li>i. Natural Family Planning</li> <li>j. Lactation and Child Spacing</li> </ol> </li> </ol> | <ol style="list-style-type: none"> <li>3. Gynecological Problems               <ol style="list-style-type: none"> <li>a. Bacterial Vaginitis/Non-Specific Vaginitis</li> <li>b. Candidiasis/Monilia</li> <li>c. Trichomonas</li> <li>d. Gonorrhea/Syphilis</li> </ol> </li> <li>4. Associated Services               <ol style="list-style-type: none"> <li>a. Pregnancy Detection</li> <li>b. Prenatal Visit</li> <li>c. Post-partum Visit</li> <li>d. Basic Infertility Guidance</li> </ol> </li> </ol> |
|---|---|

## Tools and Techniques

### Basic Elements of a Clinical Protocol

**Definition:** This section describes the method.

**Type:** Many contraceptive methods have different types or brands.

**Effectiveness:** Most contraceptive methods have theoretical effectiveness (how effective they would be if they were perfectly used) and use effectiveness (how effective they actually are in practice).

**Mode of Action:** This is the physiological way in which the method prevents pregnancy.

**Method of Use:** This section discusses whether or not the method is related to intercourse; whether it is injected, inserted, or taken orally; and how often.

**Indications:** The medical, social, and cultural profile of the client indicates whether this is an appropriate method.

**Contraindications:** The cultural, social, and medical factors which make this an inappropriate method for a client. These are usually separated into absolute and relative contraindications. An absolute contraindication means that a particular method should never be provided when this condition is present. A relative contraindication means that the method should only be provided if there is no other alternative acceptable to the woman, and she should have more medical supervision than other users do.

**Client History:** The client history covers the relevant points to consider in the client's health assessment. For women, these usually include menstrual history, OB/GYN history, and any history related to contraindications for the method.

**Physical Examination:** This section lists the elements in the physical exam which are essential for providing this method.

**Laboratory Tests:** Certain lab tests may be needed to rule out or confirm contraindications.

**Time of Insertion or Initiation:** Many methods can only be initiated at the beginning of menses or during menses. Some methods, like the combined pill, should not be initiated post-partum as they would interfere with breastfeeding.

**Insertion Procedure (for IUDs and contraceptive implant only):** The protocols for these two methods are long, since sterile technique and proper placement are essential.

**Complications and Side Effects:** The protocol should indicate all possible complications or side effects, degree of risk, and method of management. This section is often extensive for modern clinical methods.

**Removal (for IUDs and contraceptive implant only):** This section covers the reasons for removal (request, expiration, side effects), when it can be done, and method of removal.

**Client Education:** This section includes all relevant information that the client should understand before choosing the method so that the client knows when it is necessary to seek follow-up medical care, how to use the method properly, and what minor side effects to expect.

**Follow-up:** The level of medical supervision that is needed for users of each method, as well as when and how often check-ups should occur, are managerial and medical decisions.

Continued

Continued

## Clinical Protocol Example: The IUD

**Definition:** The Intrauterine Device is a small contraceptive device inserted into the uterus.

**Type:** Some of the IUDs currently available are: Lippes Loop, the Copper-T 380A and 200, the Copper-7, the Multiload, and the Progestasert-T.

**Effectiveness:** The effectiveness of an IUD varies with type, and with the age and parity of the user. In general, the IUD has a theoretical effectiveness of 98 to 99 percent. Its use effectiveness is lower due to a 9.2 percent spontaneous expulsion rate.

**Mode of Action:** The exact mechanism by which the IUD prevents pregnancy is not known. It may affect sperm, ova, fertilization, or the endometrium. Recent observations indicate that the IUD affects the ovum before it reaches the uterus.

**Method of Use:** The IUD is unrelated to intercourse. It is inserted into the uterus. The Copper-T 380 must be withdrawn before the end of the fourth year.

**Indications:** The best candidate for an IUD is a woman who has had at least one child, who wants a method requiring minimal attention and unrelated to intercourse, and who has no contraindications. In an area where sexually transmitted diseases (STDs) are prevalent, the woman should be in a mutually monogamous relationship.

**Contraindications:** Absolute contraindications include active, recent, or recurrent pelvic infection, including gonorrhea, and pregnancy. Relative contraindications include undiagnosed, irregular or abnormal uterine bleeding; risk factors for pelvic inflammatory disease; and a history of ectopic pregnancy.

**Client History:** For IUD use, the history should cover: whether the client has had a child and if so, how many; whether the client has had any unusual uterine bleeding; whether the client has any STDs; whether the client has had any ectopic pregnancies; whether the client could be pregnant now.

**Physical Examination:** The examination should include a bi-manual pelvic exam and a speculum exam.

**Laboratory Tests:** Lab tests for the IUD might include hematocrit/hemoglobin, urine for glucose and protein, and screening for STDs.

**Time of Insertion:** An IUD can be inserted any time during a woman's menstrual cycle unless it is possible that she is pregnant, in which case it should be inserted at the time of the next menstrual flow.

**Insertion Procedure:** The clinical protocol for IUD insertion is too long to include here.

**Complications and Side Effects:** An example of a possible IUD side effect is pelvic inflammatory disease (PID), which has a 1 to 7 percent risk of occurring, depending on social factors. PID is treated by removing the IUD, initiating antibiotic treatment, and referring the client to a gynecologist, if possible.

**Removal:** The clinical protocol for IUD removal is too long to include here.

**Client Education:** Education about the IUD should include checking for the IUD string, what to do if the IUD is expelled, how to recognize signs of PID, watching for menstruation, what to do if abdominal pain occurs, and what minor side effects to expect.

**Follow-Up:** A typical IUD follow-up protocol calls for a check-up one month after insertion and then every 12 months until the device is no longer effective.

## DEVELOPING STAFF SKILLS

Managers should regard their staff as the program's most valuable resource and should invest in staff by continually providing opportunities for them to improve their skills. This is known as staff development, and it includes those activities which are designed to train and motivate employees and to expand their responsibility within an organization. Developing staff capabilities provides benefits both to the employees and to the organization. It benefits employees by increasing their skills and qualifications, and it benefits the organization by increasing the skills of staff in a cost-effective way and by retaining staff who become increasingly competent and skilled. It is often more costly to hire and train new staff, even when the new staff have the required qualifications for a new position, than it is to develop the skills of existing staff members. Furthermore, by utilizing and developing staff skills internally, the organization as a whole becomes stronger, more productive, and ultimately more sustainable.

Managers should keep in mind that talented staff members may leave the organization even if their salary is adequate. Staff often need new challenges to keep them stimulated and satisfied with their jobs. It is the manager's responsibility to recognize their potential and provide them with new opportunities.

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### *Techniques for staff development*

Managers have a large number of opportunities to improve the performance, motivation, and ability of staff through on-the-job and off-site staff development techniques. These techniques include:

- Expanding staff members' responsibilities through effective delegation and supervision.
- Increasing employee participation in decision making in areas that affect their work, and giving appropriate recognition for their contribution.
- Allowing employees to have paid time off from work to attend professional seminars, lectures, or classroom courses.
- Providing basic and refresher training on a regular basis, as well as specialized training in response to needs communicated by individual staff. (This will be discussed in greater detail in Chapter Six, Training for Effective Performance.)
- Providing the opportunity for study tours with other family planning programs inside or outside the country (this may require writing a proposal to obtain funding).
- Arranging for an internship exchange with a collaborating agency (governmental with nongovernmental), which also helps to promote coordination.

- Supporting exchange visits between different functional areas within the organization, such as having a program assistant visit a financial assistant to learn more about how the finance department functions.
- Developing a job rotation program that enables staff to learn the jobs of others within the organization.
- Providing materials to read for self-study.
- Encouraging individual initiatives and suggestions for improving program performance.
- Providing frequent feedback and positive reinforcement for carrying out new responsibilities.
- Establishing an employee career path program as part of the organization's benefits package. (This helps to retain valuable staff who otherwise might move on to other organizations.)
- Using daily interaction with your staff and regular staff meetings to impart and share new knowledge and experience.

These activities can effectively upgrade the skills and knowledge of the staff and will promote regular feedback and encouragement.

Staff development is the cumulative result of the day-to-day interactions between the manager and the staff. It is a continuous process that takes place over a long period of time. It requires patience and a long-range perspective on the part of the manager. The most critical factor in developing staff capability is to create an environment in which cooperation, communication, and an open exchange of ideas can take place.

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*Creating an  
environment for  
staff development*

The organizational structure will have some bearing on the ability of an organization to carry out different staff development techniques. Organizations that are rigidly structured will find it more difficult to incorporate creative staff development programs, yet organizations that are too loosely structured may lack purpose and the focus necessary for internal coordination and staff commitment. The techniques listed above provide you with some ideas for effective staff development, from which you can devise a selection of activities that is suited to your specific program.

Employing these techniques alone, however, does not necessarily ensure that staff will be motivated to participate in activities for self-development. An organization must therefore provide incentives to employees by offering opportunities for promotions and transfers, for the purpose of matching employee skills to the appropriate jobs and utilizing employee abilities to their full potential.

**Staffing Your Program**

- Base staffing projections on the type and scope of services to be provided.
- Develop job descriptions for each staff position, showing the responsibilities of the position and the skills and qualifications needed to do the job.
- Provide all employees with a personnel manual that communicates the organization's purpose, authority structure, and personnel policies.
- Develop candidate assessment forms to be used for evaluating candidates for a position.
- Select staff on the basis of the skills, attitudes, and qualifications that are needed for each position.
- Provide staff with an orientation to teach them how to perform their specific jobs, and how their job fits in with the work of the organization as a whole.
- Develop clinical protocols that explain the procedures to be followed for each type of service offered.
- Incorporate staff and career development into the staffing function and make sure that managers regularly conduct staff development activities.

## GLOSSARY OF TERMS

**Clinical Protocol:** The list of medical standards that staff are expected to follow, which describes in detail the medical procedures and quality of care standards that ensure the safety and health of family planning clients.

**Grade:** In job descriptions, the standard level or rank on which the salary scale is based. It is determined, in part, by the skills and qualifications required to perform the job.

**Grievance Policy:** The standard policy, usually stated in a personnel manual, describing the formal procedure through which employee complaints are submitted, processed, and resolved.

**Job Description:** A document that lists the job title and the responsibilities of a particular job and the skills and qualifications required of the employee.

**Personnel Manual:** A document that details the personnel policies and administrative procedures of an organization, including a description of the organizational structure and duties of key staff positions.

**Quality of Care (or Quality Care):** Quality of care refers to the provision of high-quality family planning services to all clients. It can be judged according to the following elements: the range of choice of contraceptive methods, the completeness of the information given to clients, the technical competence of the provider, the quality of the interpersonal relations, whether mechanisms exist to encourage continuity of contraceptive use, and whether appropriate services are offered.

**Remuneration:** Payment for goods provided, services rendered, or losses incurred.

**Staff Development:** The activities of an organization or supervisor, such as training, providing constructive feedback, job rotation, etc., which are designed to improve the skills, motivation, and qualifications of employees.

**Termination Policy:** The standard policy, usually stated in a personnel manual, describing the grounds for employee dismissal and the rights of an employee upon dismissal.

## CHAPTER FIVE

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# Supervising and Supporting Your Staff

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When you are trying to get things done through other people, you soon find that instructions, training sessions, lists of rules, and written procedures are not enough. These are all good methods for communicating what you want done and how you want it done. However, no matter how well these methods are applied, you will find that it is essential to have direct personal contact with your staff on a regular basis. Personal contact is essential for two reasons: first, to find out what is actually happening (in all aspects of the work, particularly those aspects that are never covered in service statistics), and; second, to renew the enthusiasm of the staff for the work they are doing. This personal contact is important both for the effective operation of the program and for staff morale and commitment. The purpose of supervision is to guide, support, and assist staff to perform well in carrying out their assigned tasks.

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*Guiding,  
supporting, and  
assisting your staff*

If you think of supervision as personal contact for these purposes, then you will recognize that staff at every level, from service delivery to administration, need supervision. Methods of supervision work for a whole range of organizational levels and functions.

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Your main function as a supervisor is to help your staff to perform their jobs better by providing:

- Guidance and training
- Assistance with resources and logistics
- Support, encouragement, and advocacy for their rights
- Monitoring and evaluation

Your role as a supervisor should be that of a problem-solver who supports the employees, not a fault-finder who is always criticizing them. Your employees should be pleased to see you and not find reasons to be absent when you are coming.

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*Functions of a supervisor*

Supervisors at every level and in all parts of an organization have a number of basic functions. These include:

- **Setting individual performance objectives** (the activities an employee should accomplish by a certain date) with the employees themselves so that they know what is expected of them.
- **Managing any performance problems** and conflicts that arise and motivating and encouraging employees to do their best work.
- **Having regular contact with staff members** through supervisory sessions to motivate and provide feedback, solve problems, and provide them with guidance, assistance, and support.
- **Designing a supervisory system**, including a supervisor's session plan with selected items to supervise during each session.
- **Preparing a supervisory schedule** of upcoming supervisory sessions which shows the date and time of each session and lists any content that can already be foreseen. This should be updated periodically.
- **Conducting periodic performance appraisals** to review an employee's past performance in order to make sure performance objectives are being met.

Although the situations in which supervisors work may vary, effective supervisors must perform all these basic functions.

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*The style of supervision should fit the employee*

There are many different styles of supervision, but all supervision is made up of two basic components: giving direction and providing support. **Giving direction** involves one-way communication in which the supervisor tells the employee what to do and when, as well as where and how the tasks are to be accomplished. **Supervisors provide support** through their

relationships with their employees. This implies more of a two-way communication in which supervisors encourage and guide staff, discuss any questions or difficulties, and enable them to carry out their jobs effectively.

A supervisor may instinctively be more inclined toward task-oriented or relationship-oriented supervision. However, every supervisor must also consider the type of supervision appropriate to each employee. Some employees work best independently, needing direction but little support. Other employees work better with a significant amount of support from their supervisor. In any case, a supervisor should always consult with employees before making judgments and decisions which affect the employee's work.

### How to ...

#### **Provide effective supervision**

- Share the program's overall goals and objectives with the employees as much as possible so they can participate intelligently in decisions.
- Respect your staff and their contributions. They may have insights that will lead to better decisions. Let them know that you rely on their self-discipline and commitment.
- Talk with your staff informally. This will help you learn their views and opinions without asking directly. Listen to them. Even if you don't agree with their opinions, being familiar with them will help you to be a more effective supervisor.
- Identify the types of decisions or issues which the staff feel are important and in which they would like to be involved. Take their ideas, suggestions, and wishes into account whenever possible. Employees are more motivated to work hard on tasks that they helped to decide on and plan.
- Do your best to make sure that all those employees who will be affected by a decision have a chance to make their views on it known to you.
- Encourage staff to make suggestions for the agenda of regular formal staff meetings. Put a sheet of paper on the notice board several days before the meeting so that anyone (including yourself) can write on it the subjects she or he would like to raise. When you conduct the meeting, try not to dominate it; encourage participation by the staff members.

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*Elements of supervision*

The foundation of supervision is the **supervisory session**, when the supervisor meets with one or more employees to review the work that has been done and to plan the work of the next few months. There are different types of supervisory sessions, each of which covers a different time frame and looks at the work to be accomplished in a different way. On-site, **day-to-day supervision** keeps track of what is being done and corrects any obvious problems as they occur. Supervisors also have **supervisory sessions** with staff working in the same location; these involve a longer-term review of the work and may look at the need for further training or the possibility of staff development activities. **Supervisory visits** to staff working in different locations look at work accomplished over a longer period. In addition to trying to resolve problems arising from day-to-day work, the visiting supervisor has a pre-determined list of activities to carry out.

An additional form of supervision is the **performance appraisal**, which occurs at regular periods and looks at whether the employee is achieving her or his performance objectives, how well she or he is carrying out the tasks, and what support the supervisor should provide. This is a more formal version of the review that takes place during regular supervisory sessions and may be the basis for deciding whether the employee should receive a raise or promotion.

All supervisory sessions, whatever the circumstances, should:

- Reaffirm the mission of the organization - reminding staff of the organization's values, principles, and goals, and strengthening staff commitment to them;
- Make sure the staff have the interpersonal skills required to deliver high-quality family planning services;
- Check that the staff have the technical and intellectual skills necessary for the jobs they do and that they are properly trained;
- Deal with personal work-related issues of individual staff members.

A supervisory visit to staff working some distance away would also have to cover the following items:

- Checking and replenishing supplies;
- Bringing messages and items from headquarters and taking others back (the mailman function);
- Collecting record forms that need to go to headquarters.

## IMPROVING STAFF PERFORMANCE

As a supervisor, you should aim to have the staff working toward a set of performance objectives which they have helped to develop. Performance objectives, which are individualized targets written for each staff member, outline the tasks for which each staff member is responsible, as well as the deadlines for the completion of these tasks, when relevant. When each individual is working to meet performance objectives, the program itself is more likely to reach its targets and objectives on time.

*Setting  
performance  
objectives*

Performance objectives should be developed in consultation with the staff member in question. Staff should be able to achieve their performance objectives through their own efforts. Do not set objectives over which they have little or no control. (For example, a nurse in a clinic has little control over how many people she or he sees.)

Performance objectives should be:

- Specific, quantitative when possible, and qualitative when appropriate;
- Time-limited, stating when the activity is to occur or the date by which it must be completed;
- Clearly worded, so that there is no doubt whether the objective has been met.

### How to ...

#### Set individual performance objectives

1. Meet with each staff member. If the staff member has a job description, review the "Job Responsibilities" section (see Chapter Four, Staffing Your Program, page 94 for an example).
2. Make a list of those responsibilities of the staff member which need to be addressed in the time period covered by these performance objectives.
3. Develop performance objectives that will adequately cover the staff member's major activities, functions, and responsibilities.
4. If you can, base the performance objectives on information that is routinely collected for management purposes, such as cycles of pills distributed or number of staff members given additional training. Often these will be objectives that have been determined during the planning process (see Chapter One, Planning for the Future, page 20).

**Example from Bangladesh**

**Performance Objectives from the Community-Based Family Planning Services Project**

**Fieldworker** (Each Fieldworker has an assigned geographical area.)

- During the initial period of the project, identify currently married fertile couples in the assigned area through a benchmark survey and couple registration. Visit 15 to 25 couples per day (usually Saturday through Wednesday) until all couples have been visited.
- When all couples have been identified and registered, visit them again in numerical order, according to a pre-scheduled workplan. Provide family planning education, contraceptive supply, reassurance, and referral for clinical methods, and arrange for immunization for mothers and children.
- Once a week (usually on Thursday), revisit couples that could not be contacted during the week, follow-up the acceptors of clinical methods, participate in community education activities, and accompany clients who are interested in clinical methods to the clinic.
- Keep accurate records of daily visits, contraceptive distribution, and referrals.
- Submit Fieldworker's Daily Records to the respective Field Supervisor at the end of each month.

**Field Supervisor**

- Spend six days in the field each week: verify acceptors and home visits, and provide in-service training to Fieldworkers.
- During the benchmark survey, assist the Fieldworkers in mapping the assigned areas, planning the order in which homes will be visited, assigning serial numbers to couples, and introducing the Fieldworkers in the community.
- Verify the benchmark information collected by the Fieldworkers by selecting one couple at random to revisit and then revisiting every tenth or eleventh couple. Check that the information is correct, make corrections if needed, and inform the Fieldworker(s) of any errors.
- When the benchmark survey is complete, spend at least two days verifying active users without accompanying Fieldworkers and at least two days accompanying Fieldworkers during their home visits.
- When the Fieldworker is on leave or in training, visit the eligible couples in the Fieldworker's place.
- Accompany each Fieldworker to at least eight homes each month, to provide guidance to the Fieldworkers on counseling and educating couples.
- While in the field: arrange community education activities; arrange to accompany clients for IUD insertions, injections, or sterilizations; organize immunization sessions.

Performance objectives will guide both the employee and the supervisor who will be providing the employee with support or help. The supervisor is thus making a commitment to the joint venture of getting the work done properly and on time. Performance objectives for both the employee and the supervisor are recorded during the supervisory meeting for review at the next meeting, when the results will also be recorded. These records will be useful for an objective review of the whole year's work at the time of the annual evaluation.

In many countries or organizations, the concept of performance objectives is unfamiliar, and it may take the staff time to be able to work comfortably with this system. You can begin by introducing the idea of periodic reviews of the employee's activities. Once the staff member is comfortable with this system, you can introduce some performance objectives for each of the employee's activities.

### Identifying Performance Problems

Problems and conflicts are inevitable; no program will be completely trouble-free. One of a supervisor's responsibilities is to help to resolve the problems that employees are encountering. However, it is not always obvious that problems exist, as employees may be unwilling to mention them to a supervisor. As the supervisor, you must make an extra effort to see whether problems exist.

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*Discovering the cause of performance problems*

Once it is evident that a program is not running as well as expected (for example, it is not meeting its objectives or there is tension among the staff members), the supervisor must determine the nature of the problem before any corrective steps can be taken. As a supervisor, you should begin by asking the following questions:

*Who is involved in the problem?*

*What exactly is wrong?*

*When did the problem start?*

*Where exactly is the problem taking place?*

*What is the cause of the problem?*

*What resources will be needed to solve the problem?*

**How to ...**

**Uncover problems that demand immediate attention**

**Talk with the staff members whom your employee supervises.** This will provide you with valuable information. When you talk to the employees, do it in the absence of the staff member you supervise directly.

**Set aside some time during each formal supervisory session to:**

- Observe the workers as they provide services. Supervisors can conduct “spot checks” to see whether the workplan is being followed and can provide corrective guidance if it is needed.
- Set up role plays or hypothetical situations to give your employees a chance to practice skills and demonstrate what they know. For example, you could say: “Pretend that I’m a 35-year-old woman who comes to you for the first time, and pretend that I have just asked you for oral contraceptives. Show me what you would do, and what you would say to me.”

**Meet with your employees** to show your appreciation, give them encouragement and feedback, and discover problems or obstacles. When trying to identify problems, your questions should be open-ended. Don’t rely exclusively on questions that have “yes” or “no” answers. Here are some questions that can get the conversation started:

*Tell me about some successes or achievements that you’ve had since we last talked.*

*What are the most serious problems that you encounter in your work?*

*What do you like best about your job? What do you like least about it?*

*Tell me about situations that you have encountered that you weren’t sure how to handle.*

*What rumors have you heard from clients about family planning methods? What do you say when clients repeat these rumors?*

**Study records of employees’ activities.** This can alert you to problems that the staff member may not be aware of, such as a decline in the number of clients. When you do this, you are also covering part of your data collection function, and you can give the employee guidance at this time in filling out the forms correctly if there are mistakes.

**Continued**

## Continued

**Talk with users** who have received services from the staff you are supervising. You can get a lot of information about a staff person's performance by asking clients about the history of their family planning use and by asking the same screening questions that the staff should have asked. You may also be able to uncover problems that the local staff have not uncovered about satisfaction or dissatisfaction with a method clients are using. You can also ask clients directly whether they have any complaints about the service they are receiving, although politeness and social customs may keep many clients from voicing complaints. The complaints that you do receive will enable you to provide valuable feedback to your staff, but remember that the absence of complaints doesn't necessarily mean that everything is fine.

In general, there are two kinds of problems a manager has to handle with staff: poor job performance, which results when an employee does not or cannot perform the job properly, and personal problems, which often interfere with collaboration among employees or affect an employee's motivation. If you find that an employee is not working as effectively or productively as you had anticipated, find out why and correct the situation. Poor job performance may occur because the employee:

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*Reasons for poor  
job performance*

- Doesn't fully understand the duties of the position or how to carry out the assigned tasks;
- Is not properly trained for the position;
- Is troubled by personal problems;
- Has a personality conflict with a colleague which is interfering with the work;
- Is bored by the work or lacks motivation;
- Feels she or he is not being properly or adequately supervised;
- Is unable to adjust to the local environment.

If, after collecting information on the current situation, the solution is not immediately obvious, begin trying different approaches to see if any of them improves the employee's performance. For example, if an employee has been working independently, try providing closer supervision and see whether the employee's performance improves. If an employee's job involves repetitious tasks, you might consider providing her or him with a new challenge.

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*Understanding  
the problem*

## **Handling Job Performance Problems**

To understand the job performance problems of one or more employees, you must look at a variety of factors, including the employee's employment history, training, transfers, performance, and qualifications. You may also wish to consider the employee's work interest, attitudes, and ambitions. Keep in mind that the employee's performance problem may not be due to an inability to do the work, but rather to personal problems, such as financial, family, or health problems.

### **Find out whether the employee has been adequately supervised.**

- Does the employee fully understand what is expected of her or him? How do you know?
- Has the employee received proper guidance when performing her or his work?
- Has good performance been recognized? When? How?
- Has the employee received constructive help to correct a bad job? When? What was the result?
- Has the employee had the opportunity to advance in her or his work? Has she or he had the opportunity to assume new responsibilities? What was the result?
- Has the employee been encouraged to improve? In what way? What did she or he do?
- Are the employee's work conditions satisfactory? What are they?

In answering these questions, the negative responses will indicate where improvements in supervision may be able to solve the problem.

### **Determine the nature of the employee's problem.**

- Has the employee adequately carried out her or his duties?
- Does the employee have a negative attitude?
- Is the employee's work deficient?
- What would the situation be like if everything were running smoothly? What will prove that the problem has been solved?

If the poor work performance seems to be a result of the employee's not fully understanding her or his job, as the supervisor you should immediately take the following steps:

**Compare the employee's performance objectives and job description with her or his work performance.** Review any previous disciplinary action that may have been taken against this employee. Look at the nature of the problem and what the organization's rules and procedures are.

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*Helping the employee to improve job performance*

**Try to determine the reasons for this gap between objectives and results** before interviewing the employee by looking at:

- The employee's personal circumstances;
- The employee's relationship with other employees;
- Whether there have been any recent changes in the nature of the employee's work or in the staffing of the unit.

**Talk privately with the employee.** Go over the employee's performance objectives and instructions and:

- Find out how well the employee understands the work assignment;
- Ask the employee for her or his assessment of the situation;
- Determine the employee's attitude toward work;
- Determine whether the employee is capable (properly trained, physically and mentally able) to do the job;
- Ask the employee how she or he thinks the situation can be corrected and decide, together, what is needed to perform the job.

**Take measures to correct the problem:**

- Go over the tasks and instructions, making sure the employee understands what is expected of her or him.
- If additional training is called for, arrange for the employee to have the necessary training. (See Chapter Six, Training for Effective Performance, to see how to determine whether the problem can be resolved by training.)
- Give close supervision and help, making sure that the employee has all she or he needs to carry out the tasks and that the employee knows that she or he can call on the supervisor for help.
- Let the employee try to improve her or his performance and then check the work again.
- Congratulate the employee on the improved performance.
- Replace the employee if she or he isn't capable of doing the job; don't keep an unsatisfied employee if you can help it.

## Vignette

**Managing a Performance Problem**

Mrs. Makinda, director of the family planning clinic, heard a car pull up next to the clinic building and knew that Mrs. Ndenda, the Family Planning Services Coordinator from the Central Office, had arrived for the clinic's scheduled supervisory visit. She went to the door to greet Mrs. Ndenda, and after they had exchanged greetings and Mrs. Ndenda had greeted the rest of the staff, the Coordinator began to go through the items that she had selected to supervise on this visit. After she had listened to a clinic nurse explain family planning methods to a new acceptor, examined the clinic rooms and the contraceptive supplies, and observed another nurse conducting a physical exam, Mrs. Ndenda proceeded to Mrs. Makinda's office. They discussed the progress the clinic staff were making toward their targets and whether the staff were meeting their performance objectives. Then Mrs. Ndenda asked Mrs. Makinda for the program information that she had requested three months earlier, on how many of the program's current family planning acceptors had been with the program for two or more years.

Mrs. Makinda looked startled and a little embarrassed. "Oh, I asked Nurse Veronica Afoto to gather those figures for me. Let me go ask her for the results. Please excuse me."

Several minutes later, Mrs. Ndenda heard angry voices in the hall, and Mrs. Makinda stalked in, frowning. "I must apologize," she said, "The information is not ready. I gave Nurse Afoto the assignment three months ago, when you told me you needed this information, and she has not completed the project. In fact, she has hardly begun it. I am very sorry, because I know you need this information now to pass on to your superior. We will compile it as soon as we can." She frowned again. "I am really very annoyed with Nurse Afoto. I told her to do this assignment. She is really causing problems these days."

"What kinds of problems?" asked Mrs. Ndenda. "I haven't noticed anything wrong in her performance reviews. She seems to work very hard."

"Well, her temper is very short these days. She makes it very clear that she is unwilling to take on any additional projects. And, as we see here, she doesn't always get her work done."

"Perhaps she has too much to do."

"Oh, I don't know. Everyone here works hard."

"Why don't you let me talk with her," said Mrs. Ndenda, and Mrs. Makinda left the room to find her.

A few minutes later, Nurse Afoto entered the room, looking a little harried. "I'm sorry," she said, "I don't have very much time. I have several family planning patients waiting for me, and I have a lot of paperwork to catch up on, and Mrs. Makinda tells me I must get the information on the women who have been family planning acceptors here for more than two years to you right away. It will take me a while to compile it."

"Did you know that the information was supposed to be ready by today?" asked Mrs. Ndenda.

"Not exactly," said Nurse Afoto. "Mrs. Makinda told me several months ago that you needed this information, but she didn't give me the exact date when it was needed."

"Did she tell you how to collect the information?"

"No, but the only way I can see to do the job is to go through all the files of the women who came in for family planning this year, and look up the date when they first came to the clinic for family planning. It is very time-consuming work. I did begin it, but I am so busy with my regular work that I have no time to spare for these sorts of projects, and I can't work late these days. My mother takes care of my children during the day, but she has been sick lately and gets very tired by the end of the day, so I have to leave as early as I can. I have told Mrs. Makinda that I don't have time to do these projects in addition to my regular work, that maybe one of the others could do it, but she always gives them to me anyway."

"Did she remind you that the due date was coming close?" asked Mrs. Ndenda.

"Oh, no. She tells you and that is that, you are supposed to get it done," said Nurse Afoto.

"I see," said Mrs. Ndenda. "I won't keep you much longer because I know you have to get back to work, but I want to have Mrs. Makinda join us so we can settle this now." She left the room and returned a minute later with Mrs. Makinda.

Continued

## Continued

"I believe we have a communication problem here," said Mrs. Ndenda, "And we need to resolve it before it gets worse. When I asked that this information be collected, you, Mrs. Makinda, correctly delegated it to one of your staff to carry out. Nurse Afoto tells me that when you asked her to do this task, she informed you that she didn't have time to carry out this assignment in addition to all her other duties. However, it seems that you thought Nurse Afoto was the most qualified. Let's discuss what happened. Did you tell Nurse Afoto how to go about collecting the information?"

Mrs. Makinda looked annoyed. "She knows perfectly well how to collect the information; you have to go through the files and record the information."

Mrs. Ndenda then asked, "Did you discuss when Nurse Afoto would be able to work on this task and whether she would need any help?"

"I told her that the information was needed in three months, and she knew she would just have to find the time. I didn't think she would need any help. We all have too much to do here, and when we are given extra work we just have to shift things around and stay late if we need to."

"But Mrs. Makinda, I told you that I can't work late these days," objected Nurse Afoto. "I really didn't know exactly when it was supposed to be done. I was hoping there would be a lull in the work and that I'd be able to get one of the other nurses to help me."

Addressing both Mrs. Makinda and Nurse Afoto, Mrs. Ndenda said, "I need to have this information in two weeks, so we can begin a study on whether family planning acceptors are content with our services. How can you manage this so that I can have it by then?"

"Well," said Mrs. Makinda, "Obviously it is too much for you to do alone, Nurse Afoto. Since this needs to be done quickly, I'll ask Nurse Esther Leribe to help you with this. I would like to meet with both of you later this afternoon to make adjustments to your workload so you can get this done in time. Would you be so kind as to tell Nurse Leribe about this meeting?"

"Yes, what time would you like to meet?" asked Nurse Afoto. They arranged to meet at four o'clock, and Nurse Afoto left the room to return to her patients.

"Mrs. Makinda, I think I'd like that cup of tea you offered me earlier," said Mrs. Ndenda. As she stirred the sugar into her tea, she looked at Mrs. Makinda and said, "It is always a good idea to check up on projects like these to make sure things are going according to schedule, that the people who have been assigned the projects know what to do and aren't running into any problems. Often when they are having problems, they don't want to come and ask for help.

"It is also a good idea," she continued, "to make sure they know when the project is due. When people have to carry out a number of different tasks, they may forget the deadline of one of them because they're working on the others. I'm glad that you are going to have Nurse Leribe help Nurse Afoto. Learning from this experience, can you think what you might do to prevent something similar from happening in the future?"

"Well," said Mrs. Makinda, "I suppose I need to discuss what I expect when I give out an assignment and see whether the person doing the assignment has any questions about it."

"Yes, that's good," responded Mrs. Ndenda. "You should also ask what you can do to make it possible for the person to carry out the assignment. You know, the staff in the clinic in the next district were able to collect this information within two weeks. Why don't you call Mrs. Otoo, the supervisor there, and ask her how they approached the task. When you meet with Nurse Afoto and Nurse Leribe this afternoon, you might discuss these ideas with them."

## Managing Conflict

It is inevitable that there will be a certain amount of conflict in an organization. Often this conflict is a positive thing, as it can bring up new ideas or techniques, or problems that need to be resolved. A manager should learn to manage conflicts rather than suppress them and to address them as soon as they arise. When conflicts arise from differences in personal values and beliefs, they will probably never be resolved; they will have to be managed.

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### *Conflicts between employees*

Sometimes a problem that arises from a personality conflict between two or more employees will lead to disputes or will keep the employees from working together as they are supposed to. This ill feeling can infect other employees, so such conflicts must be addressed right away. As a supervisor, you may have to settle such a dispute between two workers. Proceed by taking the following steps:

- In order to find out what is the real cause of the quarrel, interview each of the people involved separately.
- Ask each person how she or he thinks the argument can be resolved and if she or he is willing to be reconciled.
- When there is a proposed solution, try to persuade all sides to accept the solution, to stop arguing, and to work together.
- If no agreement can be reached, tell the employees involved that they will have to agree to differ, that they should not argue about it any more, and that it must not impede their work in the future.

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### *Managing employees' personality conflicts*

Personality conflicts may be the most difficult kind of problem a supervisor has to deal with. They can be emotionally charged and generally don't go away of their own accord, as people's personalities are not likely to change. When faced with this situation, a supervisor needs to establish reasonable ground rules to minimize the conflict, such as the following:

- If one employee criticizes another, she or he must also supply suggestions for improving the situation.
- No one may make attacks of a personal nature on another person.
- Grievances must be brought up with the supervisor because complaining among the staff will not improve the situation.
- Personality clashes must not be allowed to hinder work.
- Employees will be rewarded for helping and cooperating with others, not for succeeding at the expense of others.

The problem may be a conflict between the employee and the supervisor. The employee may feel animosity toward the supervisor and react to this by not carrying out her or his assigned tasks or by doing them poorly. This is a difficult situation, and there is no guaranteed solution for it. The supervisor and the employee will need to sit down in a private meeting to air their grievances and problems. As the supervisor, you should then go over the grievances and outline which complaints you can do something about and which you cannot, what can be done, and whether these changes will make the situation satisfactory for the employee. If the complaints that have no solution are very irksome to the employee, she or he might wish to consider leaving the job.

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*Conflicts between  
employee and  
supervisor*

In this meeting, you must be careful to remain non-judgmental, concentrating on finding a solution and not letting yourself respond angrily or in an accusing manner to the employee's grievances, as this will only make the employee defensive and angry and will make it much more difficult to work out a solution. Both of you should try to think rationally and not emotionally. As the supervisor, it is your responsibility to make sure the meeting stays calm and controlled.

Supervisors can maintain a helpful, cooperative, positive atmosphere by examining their own behavior toward their employees. Use the suggestions on the following page to identify ways to improve the work environment of those you supervise. A supervisor must avoid falling into bad habits which can negatively affect the work environment and the employees' job performance; employees who feel their supervisors are unjust, vindictive or ineffectual will feel trapped in an unhappy position and may lose their motivation to work.

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*Maintaining a  
positive  
atmosphere*

**How to ...**

**Improve the work environment**

**Make sure that you DO:**

- Give sufficient instructions (complete and specific).
- Explain targets, deadlines, and dates for activities in advance.
- Admit your own mistakes.
- Support your subordinates.
- Delegate responsibility appropriately.
- Trust your staff members.
- Recognize merit when it is warranted.
- Supply employees with adequate materials, equipment, and support.
- Give employees the opportunity to participate and to use their own initiative.
- Deal with problems in an honest and straightforward manner.
- Give the real reasons for problems or decisions.
- Make an attempt to see the employee's point of view.

**Make sure that you DON'T:**

- Scold an employee in the presence of others.
- Show favoritism toward certain employees.
- Blame an employee for your own mistakes.
- Intrude in the personal matters of employees.
- Provide excessive supervision by being too vigilant, checking even unimportant details.
- Gossip with one employee about another.
- React negatively to employees' ideas.

## Improving Staff Motivation

As a supervisor, you can be a powerful motivating force for your staff. You can help them to carry out their tasks responsibly and efficiently and can inspire them to strive for higher achievements, even if, as is generally the case among supervisors, you don't have the power to motivate through increased financial incentives. You can use a number of non-financial incentives, such as:

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*How a supervisor  
can motivate staff*

- Having senior staff voice their approval of good performance;
- Instilling in employees a belief in the value of their work;
- Providing employees with opportunities to use their intelligence to solve problems;
- Offering employees opportunities to assume more responsibility and leadership;
- Providing opportunities for advancement and self-improvement.

### How to ...

#### Improve staff motivation

- Give praise and appreciation often and, whenever possible, publicly.
- Provide explanations and reminders of the value of an employee's work.
- Provide the staff with symbols of the importance and/or official nature of their jobs: uniforms, hats, pins, carrying bags with the program logo, signs for their home or post, diplomas from training courses, prizes, etc.
- Give prompt attention to the obstacles that staff face in their work that are beyond their control.
- Direct attention during a supervisory meeting or visit to the details of the staff person's job (thus communicating that these details are important).
- Seek the opinion of the staff on all matters related to their work. This includes asking for their insights into the problems they are facing and their suggestions for possible solutions.
- Suggest opportunities for advancement.
- Provide regular opportunities for refresher training and upgrading of skills, particularly if travel is involved.

## Providing Effective Feedback

—  
*Principles of  
effective feedback*

Feedback means communicating to the staff your reaction regarding their work performance. Your feedback lets the employees know what they are doing well, where they need improvement, and how they can improve.

In order to make sure your feedback is effective, your comments should be:

- **Task-related.** Your comments should be related to the actual tasks carried out by the staff and should be based on your own observations of how these tasks are done.
- **Prompt.** Give feedback after your observations of employees' work and your conversations with them and in the presence of other staff members who are involved. The longer the delay, the weaker the effect of the feedback.
- **Action-oriented.** Your comments should relate to improvements that employees can make through their own efforts.
- **Motivating.** Start with positive feedback, then progress to what needs improvement.
- **Constructive.** Discuss with the staff how they can improve their performance, taking care to emphasize that their work has value.

In reality, feedback takes place almost continuously during on-site supervision or during a supervisory visit.

### Example

**Ineffective feedback** from a supervisor to a CBD agent:

“I’ve been meaning to tell you, I don’t like the way you handled the visit to Mrs. R’s house last month. You spent too much time talking about unimportant things. This program is not an excuse to sit and chat with your neighbors! She said she’d been having headaches and you didn’t ask her if she’d had them before. You obviously haven’t remembered our training sessions very well. Are you too lazy to re-read the manual? Don’t you remember what to do when a client complains of headaches? Go back and read the manual, and don’t let me catch you making that mistake again!”

### Example

#### Effective feedback from a supervisor to a CBD agent:

“During the visit to Mrs. R’s house today, you were very friendly and warm, and I see that you have established a good relationship with her. Your reminders to her about how to take the pill were clear and complete, and it is excellent that you remembered to repeat them, since she is a first-time user who just started last month. You listened well when she told you the problems she has been having with taking the pill.

“However, there are two things that you should do differently next time you see a client with these complaints. She is a new pill user, and it is important to reassure new pill users that their nausea will probably disappear by the second month. Her headaches could be due to many causes. Next time a pill user complains of headaches, ask her whether she had these headaches before she started taking the pill. Take her blood pressure.\* Also, keep track of who is complaining about headaches. If a woman has this complaint two months in a row, refer her to the health center. If her headache is severe and accompanied by nausea, refer her at once.

“Later this afternoon, I’ll review our policies for treatment of side effects of the pill with you, to refresh your memory.”

\* Not possible in some CBD programs.

## BUILDING A SUPERVISORY SYSTEM

As a supervisor, you are aware that much is demanded of you. You must guide, support, and assist your staff to do the best job they can. You must motivate them, manage any conflicts, resolve problems and emergencies, and do your best to meet your performance objectives and help your employees to meet theirs so that your program will meet its goals. How can you accomplish all this?

Every program or department needs a supervisory system, that is, a set of principles and rules to follow. A supervisory system guides supervisors appropriately in planning, directing and controlling the performance of their employees. The system describes how the supervisor’s tasks will be

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*Developing a system to help you supervise*

carried out, whether through supervisory sessions with one or more employees or through written or telephone communication. It can include:

- A supervisory schedule
- A supervisory session plan
- A system for performance appraisal

By allowing you, the supervisor, to schedule future supervisory sessions and plan the details of these sessions, such a system will help you to keep track of all the activities and employees for which you are responsible. You should hold supervisory sessions with all the employees that you supervise, whether they are working in the same location as you are or in another site to which you must travel to see them.

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*Supervising  
people you see  
frequently*

If the staff you supervise are working in the same clinic or office as you, or if they work near enough that you see them almost every day, you will get regular feedback on the technical and interpersonal capabilities of your staff. Issues or problems, particularly any personal issues, can be dealt with as soon as they arise. You can vary the time you spend with individual members of your staff as their needs require and the work situation allows.

When supervising people you see frequently, some supervisory functions are performed easily, such as monitoring the volume and quality of the work which has been done, reaffirming the mission of the organization (by personal example), and being available to represent the organization and support the staff members on personal issues. Because you see these staff members every day, it may be more difficult to look at their training and staff development needs from a long-range perspective. To overcome this problem, the supervisor must set up regular meetings for longer-term reviews of the work and for discussing the guidance, assistance, and support that staff members should have.

If the staff you supervise are located at some distance from your office, then you will not see them very often. Supervising staff who work a distance away is different from supervising staff you see every day because these sessions are usually less frequent, longer, cover a longer time frame, have a sense of occasion, and are scheduled around constraints of geography, distance, and the availability of transportation. With these staff you have only a short time, perhaps a few hours each month or each quarter, to cover the basic areas of supervision which have been mentioned earlier. To make your visit have the greatest impact, you must think very carefully about what you are going to do and plan how you are going to do it.

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*Supervising  
people you see  
occasionally*

The main challenges for the supervisor in any supervisory session are:

- To identify all the problems and issues to be addressed with staff members;
- To use the available time with staff members effectively.

A supervisory system is especially necessary when the circumstances of a supervisor's job are complex. As a supervisor, you may have a number of employees to supervise in a variety of locations and in addition you may be responsible yourself to more than one supervisor. A supervisory system will help you to keep track of all the things you have to do so that no important tasks are neglected and so that tasks are accomplished within the allotted time.

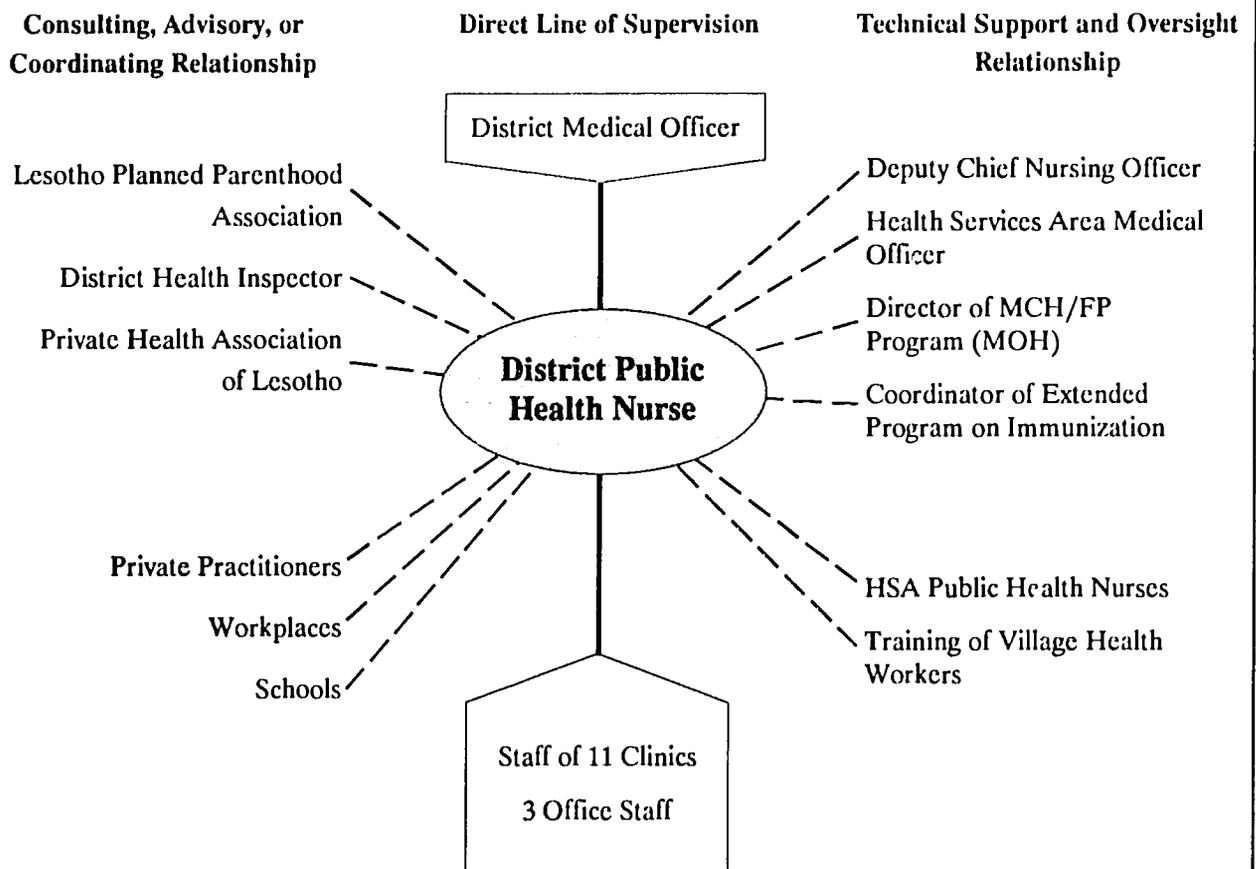
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*Managing a  
supervisor's many  
roles*

### The Complexities of Supervision

The lines of supervision, like a chain of command, seem in theory to be very straightforward; one person is supervised by another with more responsibility, who is in turn supervised by someone else higher up in the organization. In fact, it is rarely that simple.

The diagram below illustrates the lines of supervision for a District Public Health Nurse who works for the Ministry of Health in Lesotho. She has not just one supervisor, but five. Her most direct supervisor is the District Medical Officer, but, as shown in the right-hand column, she is also responsible to the Deputy Chief Nursing Officer, the Health Services Area Medical Officer, the Director of the Department of Maternal and Child Health and Family Planning (Family Health Division of the MOH), and the Coordinator of the Extended Program on Immunization. Her real supervisor, the Senior Nursing Officer, who is informally responsible for transfers and promotions, isn't even shown in the official diagram.



The District Public Health Nurse's job is complex not only because of all the people who are supervising her, but also because of her many roles and the many people she supervises. The District Public Health Nurse acts as trainer, supervisor, administrator, technical advisor, and consultant. She directly supervises eleven health clinics and her own office staff of three. She supports the training of 60 health workers in the Health Service Area or district offices. She also consults and interacts with a number of other organizations and entities in Lesotho, as shown in the column on the left.

## Preparing a Supervisory Schedule

Every supervisor should draw up a schedule for periodic supervisory sessions that specifies the dates, times, places, and people involved. The schedule should also include the subjects to be discussed during the session. This schedule lets the supervisor give advance notice of the meeting to the staff involved. A supervisory schedule like the one that follows is very important because it:

*Key features of a supervisory schedule*

- Provides advance notice of the supervisory session to staff at all locations, and allows them time to prepare;
- Makes it possible for supervisors to coordinate their visits in a convenient and economical manner when resources are limited;
- Helps to ensure that all supervisory sessions will have a definite purpose and not be a waste of time;
- Helps the supervisor to review in advance the necessary materials for the supervisory session. In this way, each new supervisory session effectively builds on previous ones.

The supervision of staff with whom you are in day-to-day, or even weekly, contact is simple in many ways. You can monitor how much and how well staff members perform on a continuous basis, and in the course of the day's normal activities. However, because it is so easy to carry out that kind of informal supervision, it is important not to neglect the scheduling of more formal supervisory sessions on a regular basis with each staff member. Such sessions should concentrate on reviewing a staff member's work over a longer period and offering them the guidance, assistance, and support they need to do their job well.

The challenge of supervising people you see only occasionally is to use the time available for the supervisory session in the most effective manner. These sessions must include not only reviews of the work, plans for upcoming work, and any necessary guidance and support, but must also encompass problem-solving and monitoring the quality of work, as well as other functions that take place on a daily basis in an office where the supervisor is always present. The supervisor informs the staff of these sessions in advance by developing and distributing the schedule of supervisory sessions or by sending them a letter or memorandum. This advance notice allows the staff to prepare for the sessions so that no time is wasted.

## Example from Liberia

## Supervisory Schedule for Mrs. Betty Amaya, Community-Based Distribution Program Officer

## October

**Monday 5:** 2:00 p.m. Supervisory meeting with Community-Based Distribution agents and their team leaders, Claratown Hall in Greater Monrovia. To discuss: Agents' problems, agents' not meeting targets. Motivational talk.

**12:** Begin draft of quarterly report for main office. 2:00 p.m., meet with Thomas Armstrong, CBD Junior Accountant, to get information for report.

**Tuesday 6:** 3:00 p.m. Supervisory meeting with CBD agents and their team leaders, West Point Clinic, West Point. To discuss: Adjust targets, agents' problems, contraceptive supply problems. Test agents' knowledge of how to deal with complications and side effects.

**13:** 11:00 a.m. Supervisory meeting with Mrs. Abrizi, Team Leader of Paynesville CBD agents, Paynesville. To discuss: Problems dealing with indigent patients, two CBD agents dropping out.

**Wednesday 7:** 2:00 p.m. Supervisory meeting with CBD agents and their team leaders, Redemption Hospital, New Kru Town. To discuss: Selling referral card, agents' problems. Explain concept of contacts and acceptors, correct procedure for receipts.

**14:** 2:00 p.m. Meet with Mr. Touie, team leader of West Point CBD agents, West Point Clinic, West Point. To discuss: Ways to adjust agents' targets to make them more equitable.

**Thursday 8:** 2:00 p.m. Supervisory meeting with CBD agents and their team leaders, Gardenersville Town Hall, Gardenersville. To discuss: Selling referral card, acceptor dropouts, agents' problems. Test agents' knowledge of contraceptive methods.

**15:**

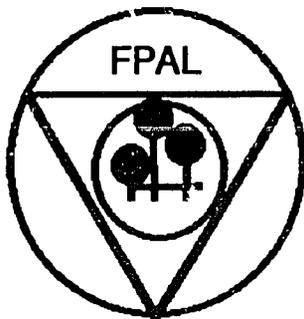
**Friday 9:** 2:00 p.m. Supervisory meeting with CBD agents and their team leaders, Paynesville Clinic, Paynesville. To discuss: Agents' problems, correct procedure for receipts, dealing with indigent acceptors.

**16:** 1:00 p.m. Meet with Mrs. Mamadou, team leader of Gardenersville CBD agents, Gardenersville Clinic, Gardenersville. To discuss: Why record-keeping has been inaccurate, problems of resupply.

Continued

Continued

Example from Liberia



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Family Planning Association of Liberia  
Post Office Box 938  
Monrovia

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September 4

Dear Team Leaders and Community-Based Distribution Agents,

Please find below the schedule for the meetings and collections of Financial and Programmatic Reports of the CBD project in your area, and the issuance of the monthly allowance for the month of September.

Full attendance at these meetings will be to your advantage.

October 5 Greater Monrovia (Claratown Hall) at 2:00 p.m.

October 6 West Point (West Point Clinic) at 3:00 p.m.

October 7 New Kru Town (Redemption Hospital) at 2:00 p.m.

October 8 Gardenersville (Gardenersville Town Hall) 2:00 p.m.

October 9 Paynesville (Paynesville Clinic) at 2:00 p.m.

Please take note of the time, as your presence will be greatly appreciated.

Sincerely yours,

Betty Amaya (Mrs.)  
CBD Program Officer

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*Group supervision*

Supervisors have the choice of supervising people on an individual basis or in groups. Most of the functions that are carried out in individual supervisory settings can be done as effectively in a group setting, such as:

- Evaluation
- Feedback
- Motivation
- Teaching
- Problem solving
- Resupply of commodities
- Data collection

If you are visiting a project with a small staff, you can hold individual meetings with each staff member. If the staff is large, a group supervisory meeting would be best. Individual conferences or mini-teaching sessions are needed only when one person's performance is far behind the others' in the group or at the time of the annual review.

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*Elements of a supervisory session*

In a supervisory session, the supervisor should:

- Review the work itself and how it is being carried out;
- Discuss the work in the context of a time frame that gives a sense of perspective to the job being done (for example, three to six months);
- Look ahead to future plans;
- Provide a positive atmosphere for discussion.

The aim here is not a detailed review of each work activity undertaken in the last period nor a detailed work plan for the next period; these occur during the scheduled performance appraisal sessions. Rather, the supervisory session offers the opportunity for:

- An overview of recent progress and problems;
- Learning from specific recent work experiences (both successes and failures);
- Foreseeing potential difficulties and preventing them;
- Helping employees to gain a sense of perspective of the job as a whole;
- Getting their commitment to meeting the program's targets;
- Identifying what support or help they may need to get the job done properly.

Failure to meet a target should be discussed only from the viewpoint of why the failure occurred and how it can be prevented in the future; no judgment or blame should be given.

Often distance, transportation difficulties, or constraints of weather and travel conditions will limit the contact between a supervisor and her or his employee. The frequency of supervisory visits will vary with the situation:

*How often should a supervisor visit?*

- Routine and clerical functions, such as contraceptive resupply and inspection of records, will depend on how often supplies need to be replenished and information needs to be collected.
- Problem solving and motivating staff will demand frequent supervision if they are to result in improved performance.
- New programs or changes in existing programs need extremely frequent visits. As the program becomes more firmly established and the staff gain experience and confidence, supervision can be cut back.

### Developing a Supervisor's Session Plan

An effective and thorough supervisory visit requires planning. Because your time is limited, it is impossible to supervise everything all the time. The key to effective supervision is to supervise selectively. This means that you need to identify critical activities to supervise routinely and other activities to supervise less often. Before you leave on a supervisory visit, determine all the activities you will observe and all the information you will collect during the supervisory session. Your plan should cover:

- **Core tasks:** Activities that are so important that they should be observed during every supervisory session. To select core tasks, ask the following questions:

*Which tasks are indispensable for success?*

*Which tasks are new?*

*Which tasks are the most difficult for the staff?*

*Which set of tasks will give the best picture of the overall quality of services and interactions with the clients?*

*Which services and staff members cause the most complaints?*

- **Selected tasks:** Important activities that are covered less frequently or on a rotating basis.

- **Program support activities:** Activities that you must perform during each visit, such as replenishment of supplies, checking records, collecting information, and delivering paychecks. Include a list of the forms, supplies, official announcements, notebooks, and contraceptives that you will need to take with you on every visit.

To prepare the supervisor's session plan, you must develop a list of core activities, selected activities, and program support activities, including notes from your previous supervisory sessions. The core and selected activities that you develop will be drawn from job descriptions, work plans, program targets, and objectives that may exist, as well as from the list of Items for Selective Supervision, on pages 145-146.

You will need to decide what items are important to your program and whether they should be supervised routinely or selectively.

The next page shows an example of a supervisor's session plan, composed of core tasks, selected tasks, and program support activities. Note that it contains a space for the supervisor to record observations from previous visits that need follow-up attention.

**Tools and Techniques**

**Supervisor's Session Plan**

**Core activities** to be covered every visit (compiled from work plans, job descriptions, targets, performance objectives, and the list of Items for Selective Supervision):

- a)
- b)
- c)

**Selected activities/tasks** to be covered during the supervisory session (compiled from work plans, job descriptions, targets, performance objectives, and the List of Items for Selective Supervision):

- a)
- b)
- c)

**Notes from previous supervisory sessions** (list the important issues from the last two or three supervisory sessions that need to be followed up.):

- a)
- b)
- c)

**Program support activities** (such as replenishment of supplies, checking records, collecting information, and delivering paychecks):

- a)
- b)
- c)

**How to ...**

**Use a supervisor's session plan**

The supervisor's session plan can be useful before, during, and after a supervisory session. As this page suggests, it can be used for a session of any duration and involving any number of people.

**A Brief, One-Hour Visit**

*Before:* Use the list of Items for Selective Supervision to help you identify and select the activities or program components you want to look at. If this is not the first visit, the forms used during the previous visit may indicate what needs to be looked at (for example, an educational session, an IUD insertion, provider-client relations, or a particular problem).

*During:* Put the supervisory plan away if you are looking at skill performance. It makes the people you observe nervous. However, use the plan if you are checking equipment and stocks, as it will keep you from overlooking things.

After making your observations, sit down with the people you supervise or with the clinic manager. Go over the part of the plan that is relevant to what you looked at. Discuss both the good things you observed and those that need improvement, using the plan to make sure that you do not neglect to mention the things that go well. (Without a list of activities to supervise, we tend to focus only on the things that don't go well.)

*After:* Review your notes and make sure you carry out all the actions you had promised during the session. Make a note of anything that needs to be followed up in your next visit.

**A Group Supervisory Session**

*Before:* Review the record of previous sessions to set the agenda and identify issues that need special attention at this level.

*During:* Consult the supervisor's session plan to make sure that important issues are not overlooked.

*After:* Make notes on what decisions were made and on who will take what action when.

**A Full-Day Supervisory Visit**

*Before:* Use the Items for Selective Supervision for a thorough review of performance, progress, and problems at the site you are planning to visit, and identify issues that need special attention.

*During:* Use the plan as described under a one-hour visit. Fill in the supervisory plan or relevant sections of the plan in consultation with relevant personnel. Make notes on decisions and actions need to be taken before the next visit.

*After:* Review your notes and make sure you carry out all the actions you had promised during the session. Make a note of anything that needs to be followed up in your next visit.

## Tools and Techniques

### Items for Selective Supervision

#### Assessment of Clinic Facility

1. Client reception area: cleanliness, adequacy of seating, availability of educational materials.
2. Client registration area: effectiveness of marking, materials available for making appointments.
3. Client interview area: privacy, lighting, ventilation, educational materials.
4. Client examination area: privacy, lighting, access to sink, cleanliness.
5. Running water.
6. Electricity.
7. Garbage properly and regularly disposed of.
8. Toilet/latrine is properly maintained.

#### Service Indicators

1. Courteous reception.
2. Average waiting time for new acceptors is less than \_\_ minutes.
3. Average waiting time for resupply is less than \_\_ minutes.

#### Quality of Client Education

1. Service provider gives correct and relevant information, using language and visual aids appropriate for clients.
2. Service provider encourages and responds to all client's questions.

#### Quality of Client Examination

##### Service provider:

1. Maintains privacy as much as possible.
2. Takes an appropriate history.
3. Obtains and records all necessary information concerning client's health.
4. Makes client comfortable and gives information and feedback during and after physical exam.
5. Follows correct steps in conducting physical examination.
6. Uses aseptic technique when necessary.

#### Quality of Counseling

##### Service provider:

1. Prescribes contraceptive method according to results of client history, physical examination, and client's preference. Respects client's right to informed choice.
2. Correctly informs client of side effects, complications, and danger signals of chosen method and of appropriate action to take. Verifies client's understanding.

#### Quality of Client Follow-up

##### Service provider:

1. Follows established protocol for family planning follow-up.
2. Encourages clients to come back if they are having problems, even if they do not have an appointment scheduled.
3. Follows up on people who have discontinued family planning.

Continued

**Continued**

**Assessment of Equipment and Materials**

1. Standard family planning equipment and materials are available and functioning correctly. Note any equipment requiring repair.
2. Family planning equipment and materials are kept clean and properly maintained.
3. Materials needed for aseptic technique are sterilized and stored according to standard nursing protocols.

**Assessment of Commodities and Supply System**

1. Commodities ordered on schedule.
2. Requisition and balancing of commodities as per protocol.
3. Commodity register reflects current inventory.
4. Commodities properly stored and secure.
5. First-to-Expire/First-out system of commodity dispensing used.
6. Adequate supply of stocks; commodities that had stock-outs last month; commodities whose supplies are low.

**Provider Skills**

Provider performs or demonstrates adequate:

- |  |                                     |
|--|-------------------------------------|
| Screening                                  | Physical Exam                       |
| Counseling                                 | Breast Self Exam                    |
| Practice of Informed Choice                | Pelvic Exam                         |
| Practice of Informed Consent               | PAP Smear Exam                      |
| Post-Procedure Counseling                  |                                     |
| Management of Complications                | Aseptic Technique for IUD Insertion |
| Instrument Sterilization Procedures        | Bi-manual Exam                      |
| Knowledge of Contraceptive Technology      | Loading of IUD                      |
| AIDS Education of Client                   | Sounding of Uterus                  |
| Knowledge of Sexually Transmitted Diseases | IUD Insertion Technique             |

**Assessment of Supervisory Activities**

1. Jobs are assigned according to current job description, capability, interest, and clinic need.
2. Staff supervision is carried out in the form of guidance and assistance.
3. Staff meetings are held regularly for the purposes of planning, problem solving, and sharing information.
4. Supervisor shows recognition for good work done by staff.
5. Performance objectives are established for the month/year.
6. Performance objectives are met for the month/year.
7. Performance objectives are understood by staff.
8. Activities are planned by clinic staff according to service objectives.

**Indicators of Clinic Activity and Staffing**

1. Average number of cases seen per session.
2. Number of clinic sessions per week.
3. Number of hours per session.
4. Number of family planning-trained physicians in attendance at sessions.
5. Number of family planning-trained nurses in attendance at sessions.
6. Number of family planning-trained auxiliaries in attendance at sessions.

**Example from Zimbabwe****A Selective Approach to Supportive Supervision**

In the Community-Based Distribution (CBD) program of the Zimbabwe National Family Planning Council, family planning information and contraceptives (oral pills and condoms) are provided by CBD workers. A group of eight to ten CBD workers are supervised by a Group Leader (based at the district level), and all the Group Leaders in a province are supervised by a Senior Educator who is based at the provincial level.

Group Leaders are former CBD workers who have been promoted from within and so understand the job's character, rhythms, and travel demands. The duties of the Group Leader are highly specific and include: maintaining close personal contact with each CBD worker she or he supervises; occasionally accompanying each CBD worker on daily rounds to observe the work and assist with any problems or weaknesses; and promoting family planning in the district by attending meetings and addressing various gatherings on family planning. Technical and administrative changes are also relayed to the CBD workers through the Group Leader.

Each Group Leader meets with her or his group of CBD workers on a monthly basis to compile reports, review problems, plan future work and activities, and dispense supplies. In addition, the Group Leader travels extensively to visit the CBD workers on their rounds, following a work plan developed each month with the Senior Educator. Using a supervisor's checklist, the Group Leader supports members of her or his group through three types of supervisory visits:

- **Spot check.** This visit focuses on a few specific points and requires between half a day and a full day to conduct. The Group Leader checks whether the CBD workers are following their schedule of work, whether they start their work on time, and whether they actually work eight hours a day as stipulated. In addition, their records are checked for accuracy.
- **Full spot check.** This is a more thorough check and requires one or two days with the CBD workers. During this visit, the Group Leader checks the CBD worker's records for accuracy and validity. Some acceptors recorded by the CBD worker will be personally contacted by the Group Leader to verify the records of the CBD worker.
- **Support visit.** This visit is most common with new recruits and any other workers whose performance has declined in quality. This type of visit can take up to five days. The Group Leader accompanies the CBD worker during door-to-door visits, watching and listening as she or he speaks with and manages her or his clients. This one-on-one supervision provides the Group Leader with the insights into the CBD worker's strengths and weaknesses and helps the Group Leader to decide what needs to be done to improve the performance of the CBD worker.

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*Departure from  
the visit*

The atmosphere at the end of a supervisory visit will affect the attitude of the staff members and the quality of the work in that clinic in the future. Therefore, the supervisor should leave the meeting having created a friendly, positive atmosphere, and the staff member should feel that something has been gained as a result of the visit. Before the visit is over, the supervisor should:

- Review the actions both the supervisor and the staff members have agreed to take and make a note;
- Avoid making promises that cannot be fulfilled;
- Set a date for the next visit;
- Send messages to staff who are absent;
- Have a pleasant word for the waiting clients;
- Observe any necessary protocol, such as meeting with the head of the facility;
- Thank all the staff members for their cooperation and leave them with words of encouragement.

Remember that the main purpose of the supervisory visit is to guide, assist, and support the staff being supervised. Focus all of your attention on that. Do not carry your own problems and anxieties into the supervisory sessions. Make a conscious effort to clear your mind of everything except the staff and the situation you are about to engage in.



### Supervisor's Self-Assessment Checklist

Did you:

- Set a friendly and positive tone? Don't carry your own problems and anxieties to the people you supervise.
- Review problems, areas of concern, and level of knowledge on various family planning topics? You can choose different topics for each visit.
- Provide staff with immediate feedback on their performance, emphasizing both their strengths and the areas that need improvement?
- Offer encouragement and appreciation and share information on the project's progress?
- Review a pre-selected topic and perhaps areas of weakness found during observation?
- Discuss and attempt to solve specific problems facing the staff? You can deal with the urgent problems immediately. If you don't have enough time to deal with all the problems, leave the least urgent for the next visit.
- Check to see if new contraceptive supplies are needed and whether there are expired contraceptives in the inventory?
- Review records for quality and completeness?
- Summarize the main conclusions of the visit and schedule the next supervisory visit?



## DEVELOPING A PERFORMANCE APPRAISAL SYSTEM

Every organization needs to develop a performance appraisal system, which consists of established procedures for evaluating the work of the employees on a regular basis. Such a system is important not only to ensure that the organization is achieving its goals and objectives, but also to make sure that the employees fully understand and are qualified for their jobs.

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*Purposes of  
performance  
appraisal*

The performance appraisal system is part of an ongoing management process, whose purposes are to:

- Provide for systematic planning by allowing the manager to identify critical job elements and objectives;
- Conduct a systematic review of an employee's overall performance and provide constructive feedback;
- Provide objective information to guide management decisions on promotions, etc.;
- Establish an objective basis for determining annual performance merit awards (if your organization does this).

The performance appraisal system can serve not only to determine how well an employee is doing her or his job, but also to decide on ways to improve performance. During the assessment process, an employee's strengths and weaknesses can be discussed, and methods can be devised to make the most of the employee's strengths and to find ways to correct or minimize weaknesses, such as through additional training. The appraisal should show both the employee and the supervisor what the employee's possibilities for growth and development are.

The performance appraisal process is similar to that for a supervisory session, but it encompasses a longer time period, generally six months. It can involve looking at both the quantity and quality of the employee's work, at the responsibilities she or he has assumed, and at some less objective qualities that may be involved in determining a merit rating, such as the employee's intelligence, resourcefulness, and personality.

Generally during a performance appraisal, the supervisor and the employee meet to review how well the employee has met the performance objectives that were set during the previous appraisal and to set new performance objectives for the upcoming period. Because observations made during the supervision process are a component of performance planning and appraisal, it is best if this assessment is made by the employee's immediate supervisor (the person who sees the employee most often). If the appraisal is conducted by someone who rarely sees the employee at work, it is unjust to the employee and undermines the authority and the feeling of responsibility of the immediate supervisor.

In addition to assessing an employee's performance on the basis of how well she or he has met the assigned performance objectives, an organization may also set certain performance standards that it would like its employees to meet. These standards could include such things as integrity, working collaboratively with colleagues, anticipating and avoiding problems, managing time effectively, and fostering trust and cooperation.

**Example from Kenya**

**Employee Performance Appraisal Form of the Family Planning Association of Kenya**

It is important that the appraisal of each staff member be objective, fair, and balanced and that the completed appraisal form not show any contradictions or inconsistencies. Also, every score or narrative statement recorded in the appraisal form should have a reasonable and justifiable basis. It should be discussed with the staff member being appraised at the time she or he is asked to complete section VI of the form.

An appraisal period is one calendar year or the months of a calendar year during which a new employee has been on the post.

The exercise of appraisal should take place between December 31st and March 31st of each year. All completed appraisal forms should be in the office of the Finance and Administrative Manager on the first work day after March 31st.

The staff member should complete sections I and II. In section II, list Performance Objectives and then submit the form to the supervisor.

**I. Personnel Data**

Name	_____
Qualifications	_____
Last Course Attended, Duration	_____
Designation/Title	_____
Department/Section	_____
Duty Station	_____
Date of Appointment	_____
Name of Supervisor	_____
Title of Supervisor	_____

Scores awarded under sections II and III are to be interpreted as follows:

1. Outstanding
2. Very good
3. Good
4. Satisfactory
5. Poor

The supervisor should complete parts II and V and then discuss them with the staff member under review before the latter completes section VI.

**Continued**

**Continued**

The supervisor should complete the form through section VI and forward it to the reviewing officer, who will complete section VII and forward it to the Head of Department, who in turn will complete section VIII.

**II. Duties and Responsibilities**

The appraisal must refer to the performance objectives, which have been developed from the job description of the employee being appraised. If the employee has been assigned any other duties apart from those specified in the job description, then such duties must be specified.

Performance Objectives	Score				
	1	2	3	4	5
a) _____					
b) _____					
c) _____					
d) _____					
e) _____					
f) _____					

**III. Other Factors**

	Score				
	1	2	3	4	5
1. Attendance					
2. Punctuality					
3. Initiative					
4. Resourcefulness					
5. Ability to work independently					
6. Relations with clients/public/colleagues					
7. Integrity					

**Scoring System for Section III**

**Attendance** should be evaluated with regard to the extent of the regular and continuous physical presence of the evaluated staff at the usual place of work.

**Punctuality** should be evaluated in terms of the promptness of the evaluated staff in reporting for duties. Reporting officers should, therefore, consider the following:

- Frequency of lateness of the evaluated staff in reporting for duties;
- Frequency of lateness in returning from meals or other breaks;
- Frequency of lateness in reporting for scheduled sessions during conferences, seminars, workshops, and meetings;
- Frequency of lateness in reporting back from out-of-station assignments.

**Initiative** should be evaluated in terms of the ability and willingness of the evaluated staff to undertake necessary or desirable actions without being asked by superior officers. Interest and willingness to assume higher responsibilities without being asked should also be reflected here.

**Resourcefulness** should be evaluated in terms of the ability of the evaluated staff to devise and use alternate means to achieve desired objectives when the usual approaches are unsuccessful.

**Ability to work independently** should apply more to staff who are in senior or supervisory positions, although other staff are not to be left out completely. The major factor here is the volume of instructions and level of supervision required for the evaluated staff to function effectively.

**Continued**

Continued

**Relations with clients/public/colleagues** refers to the evaluated staff member's skills in interpersonal relations and communications, and to her or his sociability. With the nursing staff, this factor should be evaluated with particular regard to the clients' satisfaction with IEC staff. Emphasis should be on FPAK audiences during IEC activities. With all staff, the evaluation should cover relations with fellow workers, both superior and subordinate, as applicable.

**Integrity** refers to the staff member's honesty and trustworthiness.

#### IV. Strengths and Weaknesses

Comment on the employee's strengths and achievements, as well as her or his weaknesses and areas for improvement and development in the performance of duties.

Strengths and achievements:

Weaknesses and areas for improvement:

#### V. Overall Evaluation Score

To obtain overall appraisal in section V, proceed as follows:

- i. Add all the individual scores for each of the duties and responsibilities stated, and divide the total by the number of these duties and responsibilities.
- ii. Similarly, add all the individual scores for each of the other factors stated and divide the total by seven (the number of other factors).
- iii. Add the answers in 1 and 2 above and divide the total by two to obtain the overall appraisal score.

1. Average score of duties and responsibilities \_\_\_\_\_

2. Average score of other factors \_\_\_\_\_

3. Overall evaluation score \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

#### VI. Comment by Staff Member Evaluated

Indicate agreement/disagreement with foregoing evaluation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### VII. Comments by Reviewing Officer

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### VIII. Comments by Department Head

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Supervising and Supporting Your Staff

- Set specific performance objectives for and with each staff member.
- Develop a supervisory schedule showing the date and time of supervisory sessions and distribute it to staff.
- Develop a supervisory checklist that lists what will be observed, the data to be collected, and program support activities for each session.
- Supervisory sessions, at a minimum, consist of:
  - A review of the activities for the past three to six months;
  - A plan for future activities;
  - A discussion of employee concerns.
- Review the notes of the supervisory sessions immediately following the sessions, write down the follow-up activities that were promised during the session, and carry them out.
- Handle performance problems in a timely and equitable manner, and find reasonable solutions with the help of the employee in question.
- Employ conflict resolution techniques and handle conflicts in a timely and equitable manner.
- Pay attention to the quality of the work environment and make adjustments as needed.
- Use staff motivation techniques.
- Provide constructive feedback on a regular basis.
- Conduct scheduled employee performance appraisals, providing employees with the time and opportunity to comment on the effectiveness of their supervisors.

## GLOSSARY OF TERMS

**Feedback:** The process that allows for two-way communication between the field and the office (or an employee and a supervisor), for the purpose of modifying, correcting, and strengthening performance and results.

**Merit Awards:** Promotions or financial rewards given to employees in recognition of outstanding performance.

**Performance Appraisal:** An established procedure for evaluating employee performance, conducted at pre-determined intervals, usually annually or semi-annually.

**Performance Objectives:** The end results that are expected to be achieved by an organization or an individual employee. Performance objectives determine the type and scope of activities that an organization or staff member will undertake for the purpose of achieving the desired results.

**Selective Supervision:** The procedure for supervising specific items on a less frequent and rotating basis, due to time constraints.

**Session Plan:** A statement or checklist for a supervisory session which outlines the items, skills, and statistics to be monitored during each supervisory session. This plan should also include program support activities, such as collecting reporting forms and replenishing supplies, and any post-session activities to be completed by the supervisor.

**Supervisory Schedule:** A written plan of supervisory sessions showing the name of the employee involved and the date, time, and content of upcoming supervisory sessions. A supervisory schedule is used for planning purposes and for communicating to employees such upcoming supervisory activities.

**Supervisory Session:** A meeting with one or more staff members in order to review the work that has been accomplished and to make plans for future work and subsequent supervisory sessions.

**Supervisory System:** The methods and procedures used to monitor the volume and quality of work performed by subordinate staff, as well as to provide necessary support to staff. The system includes site visits, employee performance appraisals, individual and group staff meetings, reviewing reporting forms, etc.

## CHAPTER SIX

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# Training for Effective Performance

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All staff members need to be appropriately and adequately trained in order to carry out their jobs correctly and effectively. An important skill for a manager is to be able to determine when staff members need to be trained and what kind of training they need.

There are certain types of training which will always be needed. For example, newly hired staff will always need training in the basic skills required for their positions. Changing or expanding a program usually means additional training is needed for existing staff members in order to provide them with the new skills they will need. As a general rule, a staff member needs training if she or he is lacking a skill that is necessary to carry out her or his job. However, formal training is an expensive solution. Managers have to be careful not to regard training as the solution to all job performance problems. It is only one of a number of options for resolving such problems and should be used only when it is really necessary.

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*Types of training  
and when they are  
needed*

Training can be carried out in a number of different ways, both informal and formal. Informal training consists of such on-the-job instruction as having a supervisor teach file clerks how to file properly or show a new receptionist how to keep the patient log book. Much of what a supervisor does is a kind of training; constructive feedback can improve an employee's performance more effectively than formal training can. After determining that an employee does need formal training, a manager must decide how long a training course is necessary. Formal training courses can last anywhere from one day to several months, depending on the complexity of the skill being taught.

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*Refresher training has many benefits*

Managers should also keep in mind the importance of “refresher” training to reinforce skills that staff members have already acquired, and to bring staff up to date on any new developments in their field. In addition, bringing staff together allows them to exchange their ideas and experiences and can be a team-building experience. In general, staff enjoy the opportunity to receive additional training, which can serve both as a form of staff development and as a way to motivate staff.

This chapter will discuss how to determine whether a performance problem can be resolved through training or whether it requires a different solution. It will also present the steps necessary to prepare and carry out a formal training program.

### **DETERMINING WHETHER TRAINING IS NEEDED**

When a performance appraisal or a manager’s own on-the-job observations reveal unsatisfactory job performance or a performance problem, managers tend to think of training as the way to resolve the problem. While training may be an appropriate way to solve many performance problems, there are many others that will not be resolved by training but could be addressed through improved supervision. For example, performance problems that result from troubles in an employee’s personal life, from a personality conflict with clients or other employees, or from a lack of understanding of what is really expected of the employee are all problems that can be addressed by the supervisor and that would not be resolved by further training. As training can be costly, managers should seriously consider other options before deciding whether to send someone for training.

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*Using the decision tree to decide if training is necessary*

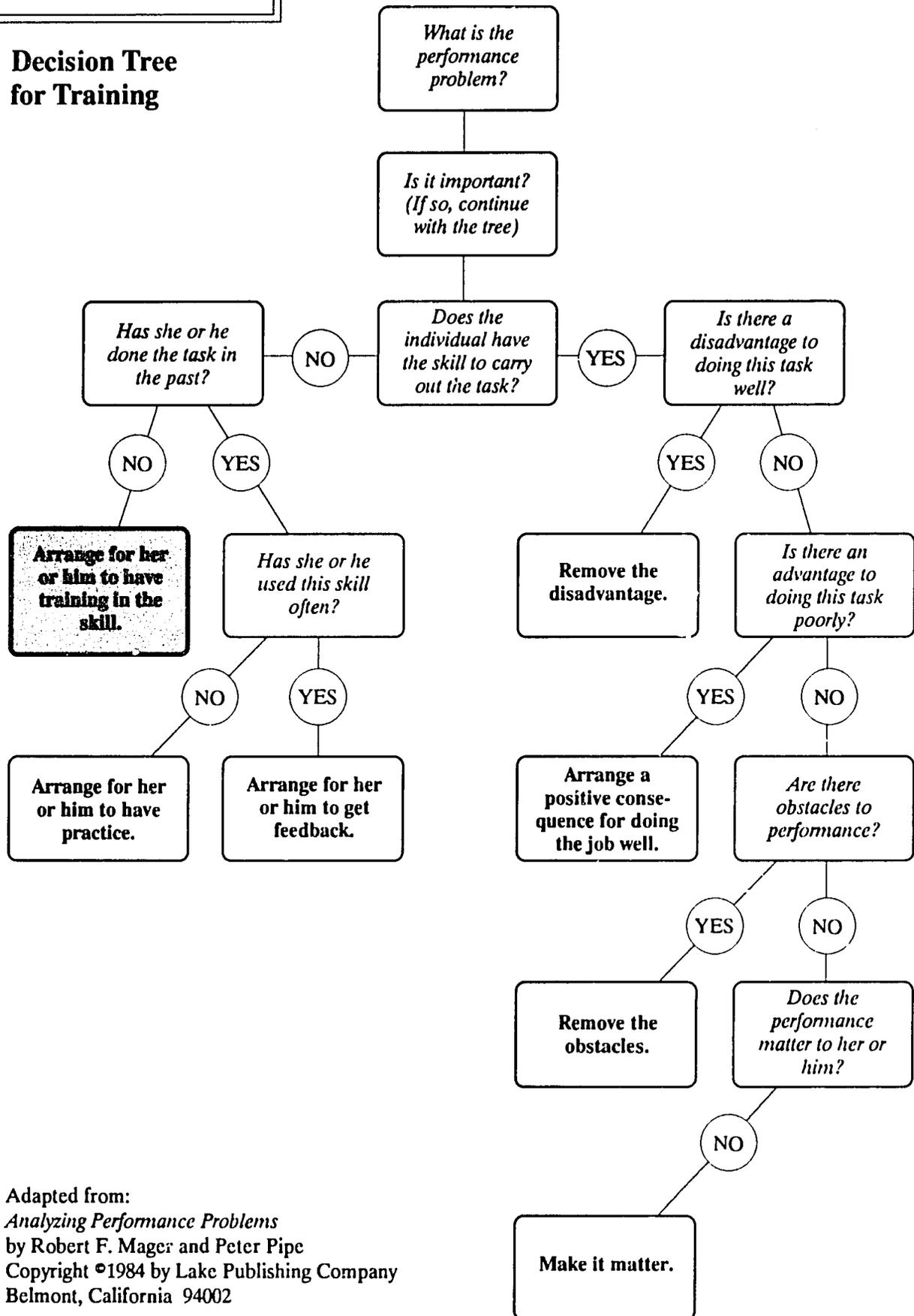
To help you to determine whether or not a problem can be resolved through training, follow the steps outlined in the “decision tree” on the next page. As you can see in this diagram, training is only one of the possible solutions and is only appropriate when the performance problem is caused by the lack of a necessary skill, such as inserting contraceptive implants or maintaining the minimum level of contraceptive commodities.

To use the decision tree, begin at the top of the diagram and state exactly what the performance problem is: What is the difference between what is supposed to be done and what is being done?

Next, determine whether the problem is important. What would happen if no training were provided?

**Tools and Techniques**

**Decision Tree for Training**



Adapted from:  
*Analyzing Performance Problems*  
 by Robert F. Mager and Peter Pipe  
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 Belmont, California 94002

Decide whether the problem is caused by a lack of skill (could the person do it if her or his life depended on it?). If the problem is **not** caused by a lack of skill, then training will not help the situation; the problem is caused by something that requires a different solution. Follow the questions on the right-hand side of the “decision tree” to determine what steps to take to correct the problem.

Even if the problem is caused by a skill deficiency, training will not always be the solution. As you will see when you follow the left-hand side of the tree, the employee may actually have the skill but may need more practice to perform effectively, or the performance may be able to be corrected by feedback from the supervisor. For example, although a nurse's aide learned how to take blood pressure as part of her overall clinical training, she spent the first three months of her employment doing community outreach and has recently returned to clinical work. She has not taken blood pressure measurements since her training and needs to practice, but she does not need further training. In another example, a nurse who had been employed by Ministry of Health clinics for ten years has recently taken a job with a private clinic. The nurse's supervisor notices, while supervising an IUD insertion, that the nurse's technique varies slightly from clinic protocol. The nurse has used this skill often and does not need further training. After receiving feedback from her supervisor, she is able to follow clinic protocol.

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*Different types of training can be used*

The manager should remember that even when training has been identified as necessary, formal training may not be appropriate. It is possible that the skill deficiency can be resolved through on-the-job training by the supervisor or by another employee. In assessing the situation, the manager should also consider whether the employee is really qualified for the job and can be trained or whether the job should be carried out by someone else.

### Vignette

#### Is Training Necessary? Case I

Nurse Rachanee, a nurse-midwife in a rural health post, was gathering the post's service statistics for her annual report to the Ministry of Health. As she compiled information on the referrals made to the health center by the program's family planning volunteers and traditional birth attendants (TBAs), she noticed that one of the TBAs who had been trained in a recent group of five had only made three referrals, while each of the others had made at least twenty. Nurse Rachanee frowned, and as she thought back to when she had trained the TBAs six months ago, she remembered that this TBA, Nuansai, had been less enthusiastic than the rest. She made a note to herself to ask Nuansai about this on her next supervisory visit.

Three weeks later, Nurse Rachanee arrived in Nuansai's village. After sharing a cool drink, Nurse Rachanee asked how things were going. Nuansai said that she had assisted in a number of successful deliveries, but that in the past two months two infants had died. “They were both very small, poor things,” said Nuansai.

Continued

Continued

Nurse Rachanee asked to watch while Nuansai conducted a client visit, and they walked to a nearby home for a post-natal visit to a mother of three children under the age of four, who had delivered the previous week. After examining the mother and the baby and talking to her about breastfeeding, Nuansai told her that for her own health and that of her children, she ought to consider waiting two years before having another. She gave the mother a clear and simple explanation of the various methods of contraception, and when the woman showed great interest, Nuansai gave her a referral slip for the health post.

As they returned to Nuansai's house, Nurse Rachanee said, "You did a very good job there. Your examination was thorough, and you emphasized the importance of breastfeeding. Your explanation of family planning was excellent. I think she really will come to the health post for contraception. But I must tell you, I am puzzled. Your presentation was so good, you are obviously very effective at referring people for family planning, and yet you have had only three referrals come to the health post in the past six months. Can you tell me why this should be?"

Nuansai looked a little uncomfortable with the question, and after a few minutes of discussion Nurse Rachanee realized that Nuansai hadn't referred many women for family planning because she felt that if the women had fewer babies, she would have less work and thus less income.

Nurse Rachanee now had to decide how to handle this performance problem. Should she send Nuansai for further training in family planning referral? She decided to use the "Decision Tree" to uncover the cause of the problem, which would determine whether training was necessary or not.

What is the performance problem?

*Nuansai is not referring eligible clients for family planning.*

Is it important?

*Yes. Some women are having children very closely spaced, so some of their children are born with low birth-weight and are more likely to die. For the health of both the mothers and the children, births should be spaced at least two years apart.*

Does Nuansai have the skill to carry out the task? (Could she do it if her life depended on it?)

*Yes. She made a very good presentation on family planning and knows how to refer women to the health post.*

Is Nuansai doing this job well? Is there a disadvantage to her doing this job well?

*No, she is not doing this job well, so this question does not apply.*

Is Nuansai doing this job poorly? Is there an advantage to her doing this job poorly?

*Yes. As Nuansai sees it, if she doesn't refer women for family planning, they will have more babies and she will have more births to attend and thus more income.*

Are there obstacles to performing the job well?

*Yes. She doesn't see the value of referring women for family planning.*

**Solution:** Remove the obstacles.

After going through this thought process, Nurse Rachanee sat down with Nuansai to discuss the issue.

"You know all the health reasons why women should space births, and I heard you explain them to your client today," said Nurse Rachanee. "I understand your concern about losing some income if your clients have fewer babies, but I think you should consider how referring eligible women for family planning can help you. If you tell mothers how spacing births can improve their health and their babies' health, they will know that you care more about their well-being and their health than you do about being paid, and they will respect you more." Nuansai looked interested, but a little doubtful. "They will probably tell their friends about this nice traditional birth attendant who cares about them and their babies," Nurse Rachanee continued, "and you will find you have even more clients. We can talk with the other TBAs and see what their experience has been. Will you give it a try?"

"Very well," said Nuansai. "If their income has not decreased, I will try it."

Continued

Continued

## Is Training Necessary? Case II

"Mrs. Fletcher," said Dr. Collins to the family planning clinic manager, "Could I speak with you for a moment?" Mrs. Fletcher invited him into her office and said, "How can I help you?"

"When will Miss Marlow be returning to her job as counselor?" asked Dr. Collins. "She's been gone almost two months now, hasn't she?"

"Her mother is still recuperating from the operation," said Mrs. Fletcher, "and when I spoke with her last week she still wasn't certain when she would be able to return to the island and come back to work. Why do you ask?"

"Well, I have seen a number of clients in the last two weeks who are recent new-comers to the family planning clinic and who have come to me with a number of questions about how their contraceptive method works and the side effects they are experiencing. I have asked them whether this was explained to them when they were counseled about family planning, and apparently they didn't get a good explanation during counseling. While looking at their records, I noticed that they were all counseled by Nurse Hamilton. If she is going to continue to fill in for Miss Marlow, I think you had better look into how good a job Nurse Hamilton is doing with counseling."

Mrs. Fletcher thanked Dr. Collins for this information and thought about the situation. Miss Marlow had had to leave the island very suddenly to take care of her mother, and since Miss Marlow hadn't known how long she would be gone, Mrs. Fletcher had asked Nurse Hamilton to counsel the new clients. Miss Fletcher had briefly discussed with Nurse Hamilton how to counsel clients, but Nurse Hamilton had had no formal training in counseling. Mrs. Fletcher now asked her to come talk with her in her office.

"How do you feel your counseling is going?" Mrs. Fletcher asked Nurse Hamilton.

"I don't really know," responded Nurse Hamilton. "I've never had to do any counseling before, and even though you told me a bit about it, I'm not at all sure that I'm doing it right."

"I spoke with Dr. Collins this morning," said Mrs. Fletcher, "and he told me he was concerned because a number of new clients have come to him with questions about their contraceptive methods and their side effects. He wondered how you were doing. Do you think you need some help with this?"

Nurse Hamilton replied, "I think that if I am going to continue to counsel, I need to know more about how to do it. I wouldn't want the clients to be dissatisfied."

"We really don't know when, or if, Miss Marlow will come back," said Mrs. Fletcher. "Would you be interested in continuing to counsel clients if you knew more about how to do it?" Nurse Hamilton said that she would. Mrs. Fletcher then had to decide what to do.

What is the performance problem?

*Nurse Hamilton is not counseling clients properly. She is not giving the clients complete information on all the available methods and the possible side effects.*

Is it important?

*Yes. Clients must receive complete information on all available methods in order to make a well-informed choice about the contraceptive method that is best for them. In addition, client satisfaction is essential to the success of the clinic.*

Does the individual have the skill to carry out the task?

*No. Nurse Hamilton has never been properly trained in counseling. She doesn't know counseling techniques or all the information that should be covered in a counseling session.*

Has she done it in the past?

*No. This is the first time she has had to do any family planning counseling.*

Using the decision tree, Mrs. Fletcher saw that the next step would be to arrange for Nurse Hamilton to be trained in counseling. As is often the case, Mrs. Fletcher found that there were other factors to take

Continued

**Continued**

into consideration. The clinic didn't have much money budgeted for training, and Miss Marlow was still expected to return at some point. But the family planning program was planning a major promotional campaign later in the year, and was expecting the number of new acceptors to increase. Even if Miss Marlow did return by then, Mrs. Fletcher thought that it would be helpful to have Nurse Hamilton doing counseling as well. She saw this training as an opportunity for staff development and thought that the training would help Nurse Fletcher in her clinical duties as well.

## DESIGNING AND PLANNING A TRAINING PROGRAM

A family planning program will have different staffing needs, and thus different training needs, in the various stages of its existence. Early in the life of a family planning program or organization, training will focus on: basic clinical skills; counseling for family planning service providers; communication techniques for providing family planning information and education to prospective clients; and basic training in the development and implementation of management support systems. As the program expands and adds new staff and services, additional training will be required. Management will need to become more efficient, and managers will need to be trained to develop and manage more sophisticated programs as the organization matures and faces increasingly complex issues such as financial sustainability, greater difficulty in attracting new acceptors, and improving the quality of services.

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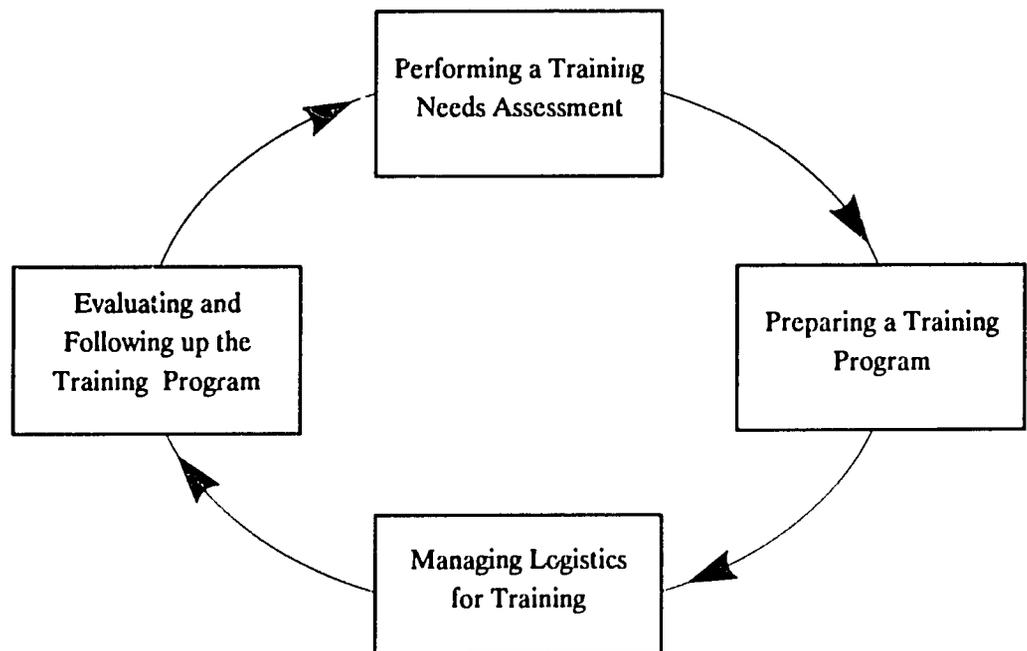
*Different types of training are needed as a program develops*

At any stage in the life of a program, formal in-depth training may be required. If the program is small and the manager happens to be an experienced trainer, she or he may do much or all of the designing and planning of the training program and much of the actual training as well. If the manager does not have much training experience, it is best to have one or more training specialists doing the designing, planning, and training. Even if you, the manager, are not closely involved in its preparation, you will probably be responsible for making sure that the training brings about the desired results and is well run. Whether or not you are a member of the training team, as a manager you need to have a good general understanding of:

- How to tell when an employee needs training;
- How to do a training needs assessment;
- How to prepare a training program;
- How to write a proposal to request funds for staff training;
- How to manage logistics for training;
- How to evaluate a training program;
- How to follow up after the training program ends.

The training process is made up of a continuous cycle of activities, as the diagram below shows.

*The training cycle*



Although you, as manager, may not be doing the training yourself, you need to understand the various activities that occur during each step of the training process, as well as the role you can play to assure that your staff training is as effective as possible. These steps will now be explained in detail.

### **Performing a Training Needs Assessment**

As was mentioned earlier in the chapter, training other than refresher training is necessary only when an employee is lacking a skill that is required to carry out either her or his current job or a new job resulting from a promotion or transfer. As the manager, you may notice such skill deficiencies during the course of your routine supervision or during performance evaluation if you have a regular evaluation process. As always, keep in mind the fact that training may not resolve the problem. For example, an employee may receive training, but program performance may not improve because the real problem is a lack of resources, a rigid organizational hierarchy that prevents good communication between departments, or inadequate supervision. Also consider that the problem may be that the employee does not have an aptitude for that task, and it may make more sense to reassign the task to another employee than to waste resources on further training for that person.

## Tools and Techniques

### Tools for Performing a Training Needs Assessment

To determine whether and what kind of training is needed, the manager or the training specialist (or both working together) should look at the current work situation, decide what skills are needed, and determine what skills the staff lack. There are two types of training needs assessments: one for basic training of new staff and one for strengthening the skills of current staff. For the first, use job descriptions or task analyses to determine the correct curriculum for initial training. For the second, use supervision or client surveys to reveal the problem areas to address in training. A variety of methods can be used in this analysis:

**An analysis of job descriptions and workplans.** Review the job description for each position and list the critical skills that are needed by the people filling that position. If any employees in that position lack a necessary skill, it should be included in the training program and the person lacking the skill should attend the relevant modules of the course. Use the work plan to ensure that organizational objectives will be addressed by the training.

**Task analysis.** To conduct a task analysis, make a list of all the tasks, large and small, which a person carries out in her or his job. Describe in detail all the activities that make up each task. Determine the skills, knowledge, attitudes, equipment, material, consequences, and risks involved in each activity. Group this information into units of related tasks requiring similar skills and knowledge, and transform these units into training objectives and methods (didactic or practical).

**On-the-job supervision and observations.** By observing the employees as they go about their routine work, you ought to be able to notice when someone does not fully understand a task, performs a task incorrectly or poorly, or is giving out incorrect information.

**Client surveys.** There are several ways to survey your clients, and the purpose of all of them is to determine whether the way in which family planning services are being provided is meeting the needs of the clients. Exit interviews can be conducted with clients to discover how services could be improved and what aspects clients were satisfied with. Exit interviews include "missed opportunity" surveys that are conducted to discover whether any opportunities were not used to advantage. For example, a mother came to have her children immunized: did anyone speak to her about family planning? Another useful method for surveying clients is the focus group, which brings together potential, current, or former family planning clients for a guided discussion on a particular issue.

The results of your needs assessment will serve as a basis for the design of your training programs.

**Example from Ghana**

### Results of a Training Needs Assessment for the Maternal and Child Health/Family Planning Division of the Ministry of Health (1986-1990)

During the 1980s, the Ministry of Health of Ghana determined that one of its top priorities was to improve primary health care and its delivery to each community in the country. The government decided to integrate family planning services with maternal and child health services within the primary health care system, in order to make these services accessible to all women and children in Ghana. In an effort to ensure that they met this objective, the Maternal and Child Health/Family Planning Division of the Ministry of Health conducted a Training Needs Assessment. They looked at their policy statement and service delivery goals and calculated how many people in the various positions would be needed to staff this effort, what skills each job position would require, and how many people required training in these skills. The result of this analysis was a document that presented the planned training activities, problems and constraints, and recommendations. Training was conducted in such areas as information, education, and communication (IEC); contraceptive technology; service delivery; and evaluation and research. The overall goal of this training plan was to strengthen the capability of the MCH/FP Division to deliver family planning services. The training plan is a working document which continues to be updated.

Activity	Status	Problems/Constraints	Recommendations
<b><i>Information, Education and Communication</i></b>			
Training of 8 health educators • Focus group study technique (3 weeks)	Completed July/Aug. 1986	Nil.	
Training of 3 national level medical staff • Materials Development (2 weeks)	Completed June/July 1987	Inadequate staff at post.	Needs to be repeated as staff move on.
Training of 60 Service Providers (Core Group), one per District Health Management Team, in IEC program management	Completed May/June 1987	Nil.	Should be repeated twice yearly to allow for staff turnover.
Training of 1,950 service providers in: • Motivation • Promotion • Interpersonal Communication	Scheduled for March-Dec. 1988	Development of training manual is necessary to maintain uniformity of training.	Should be repeated twice yearly to allow for staff turnover.
Training of 30 mass media practitioners in message development	First workshop completed Jan 1988; second scheduled for July 1988	Nil.	Should become an ongoing activity.
<b><i>Contraceptive Technology</i></b>			
Training of 250 Nurse Midwives in clinic family planning methods	Ongoing, 80 Nurse-midwives trained to date	Lack of accommodations for trainers. Delay in clearing training supplies through customs. General shortage of supplies for service delivery.	Needs to be conducted twice yearly to accommodate staff changes in method mix and to improve continuation rates.
Training of 10 gynecologists; 10 surgical nurses • Laparoscopy	Completed	Several laparoscopes need renovating before they can be put to effective use.	Needs to be conducted twice yearly to accommodate staff turnover.

**Continued**

## Example from Ghana

Continued

Activity	Status	Problems/Constraints	Recommendations
<b>Service Delivery</b>			
Training of 1,950 health center/health post personnel: <ul style="list-style-type: none"> <li>• Motivation/Counselling</li> <li>• Record Keeping</li> <li>• Supplies Management</li> <li>• Financial Management</li> <li>• Supervision</li> </ul>	Scheduled for March-Dec. 1988	Production of training manual delayed by: <ul style="list-style-type: none"> <li>• Procuring stationery;</li> <li>• Producing stencils;</li> <li>• Duplication process.</li> </ul> Training schedule delayed by slow procurement of funds.	Needs to be conducted twice yearly to accommodate staff turnover. Manuals should be made available to pre-service tutors.
Training of 340 district level personnel in: <ul style="list-style-type: none"> <li>• Supervision</li> <li>• Data Collection/Analysis</li> <li>• Supplies Management</li> <li>• Financial Management</li> <li>• Program Planning</li> <li>• Program Monitoring</li> </ul>	Ongoing, 170 district level personnel trained to date. To be completed in 1989	Production of training delayed by: <ul style="list-style-type: none"> <li>• Procuring stationery;</li> <li>• Producing stencils;</li> <li>• Duplication process.</li> </ul> Training schedule delayed by slow procurement of funds.	Needs to be conducted twice yearly to accommodate staff turnover. Manuals should be made available to pre-service tutors.
Training of 20 regional level personnel in: <ul style="list-style-type: none"> <li>• Supervision</li> <li>• Data Collation/Analysis</li> <li>• Supplies Management</li> <li>• Financial Management</li> <li>• Program Planning</li> <li>• Monitoring &amp; Evaluation</li> </ul>	Ongoing, to be completed in 1988	Nil.	Workshops should be held quarterly to ensure the transfer of knowledge gained into action programs
Training of 3 central level personnel in: <ul style="list-style-type: none"> <li>• Program Planning</li> <li>• Monitoring</li> <li>• Evaluation</li> </ul>	Not yet initiated	No suitable training program has yet been identified.	Training should be repeated to accommodate staff turnover.
Training of 2 technicians in: <ul style="list-style-type: none"> <li>• Laparoscope Maintenance</li> </ul>	Partially completed	Delivery of supplies for laparoscope repair delayed by: <ul style="list-style-type: none"> <li>• Loss of documents;</li> <li>• Lack of transportation to deliver supplies.</li> </ul>	Improved supplies management system needs to be instituted.
<b>Evaluation/Research</b>			
Regional-level personnel <ul style="list-style-type: none"> <li>• Research Methodology</li> </ul>	Not yet initiated	No suitable training program identified to date.	Should be deferred until service delivery systems have been improved.
Training of 30 regional level personnel in: <ul style="list-style-type: none"> <li>• Training Needs Assessment</li> </ul>	Not yet initiated	In-service training not yet established at district and clinic levels. Performance evaluation criteria not yet established.	Performance evaluation criteria need to be established.

## Preparing a Training Program

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### *Steps in preparing a training program*

As a family planning manager, you can be actively involved in planning the training program. This involves both educational and administrative components:

- Setting overall course objectives;
- Developing a general plan for training;
- Writing objectives for each training session;
- Determining the training approach, methodology, and techniques;
- Developing training session plans;
- Determining resource requirements;
- Developing the budget for training activities;
- Preparing the training program proposal.

If you supervise a training specialist instead of conducting the training yourself, then your role is to oversee rather than carry out these activities.

All these steps will now be described in detail, followed by a complete example.

### Setting overall course objectives

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### *Selecting objectives for the training program*

The first step is to formulate general training objectives, which are determined by the needs revealed in the needs assessment. The manager may collaborate with the training specialist in formulating the objectives, which outline the skills that the trainees should acquire by the end of the program. The objectives could also include making the participants aware of the importance of teamwork and of delivering high-quality services that are responsive to the needs of the clients. These objectives will guide the trainer as she or he selects:

- The training content (the subjects which training will cover);
- The training approach (how the content will be delivered, such as through lectures or participative exercises);
- The evaluation methods to be used during and at the end of training.

### **Developing a general plan for training**

A brief analysis of the general objectives of your training program will reveal the content areas to be covered. Training in different skill areas requires different approaches. Staff development training is best organized into sessions, each covering a different topic. In clinical areas, training would begin with basic tasks and build toward increased complexity. For clinical and management training, sessions should follow each other in a logical sequence, and completion of one session should lead easily into the beginning of the next.

Organizing training into sessions also works well in phased training, in which a training program is divided into alternating periods of organized training and on-the-job or field experience. Phased training is particularly appropriate when you want to train regional or community-level workers who are responsible for a variety of tasks, such as family planning service delivery and IEC, as well as program management and community development. It is also appropriate when you are training people who can't be away from their jobs or homes for an extended period of time.

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*Planning the types  
of training  
sessions*

### **Writing objectives for each training session**

While planning the training program, the training specialist should make up a list of specific training objectives for each training session. These objectives should flow from the general training objectives, which the manager has already established. An example of a general objective could be: "By the end of the training program, the trainees will be able to set up an accounting system for a new project." Each general training objective can be broken down into a number of concrete, specific objectives. These specific objectives should state how the trainee will be able to demonstrate the new knowledge, skill, or attitude that she or he has just learned. For example, "At the end of the session, the trainees will be able to explain the difference between cash and accrual accounting." Each training session will then encompass at least one of these training objectives.

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*Deciding what  
skills the trainees  
will learn*

In competency-based training, where trainees are taught only the skills, facts, and attitudes that directly relate to their jobs, the objectives of training must be known to the trainees. Ideally, trainees are involved in determining their learning objectives. This can be done through the needs assessment process or in the group during the first day of the training program.

You may also wish to discuss how the service provider's attitudes and values about family planning, clients, and teamwork affect the quality of the services provided.

### **Determining the training methodology and techniques**

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#### *Competency-based training*

Training programs whose purpose is to improve the task-related skills of staff members should be competency-based (teaching skills which are directly related to their jobs), and the trainees should be actively involved in the training process. In competency-based training, for example, CBD agents who distribute pills and condoms would be taught how to screen women who want to use the pill, how to instruct people on pill and condom use, and how to fill out and analyze their record forms.

The key to success for competency-based training is the active participation of the trainees. To assure this kind of participation, you should choose trainers who teach through demonstration and practice rather than through lecture alone. These trainers draw on the work experiences of the trainees and actively involve them in the training process. The role of the trainer in this case is to help the trainees to master skills that will enable them to perform their jobs more effectively.

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#### *Traditional training methods*

Knowledge can also be imparted by traditional means such as lectures, reading assignments, or by observing a film or an actual event. With traditional methods, information retention is improved by repetitive exercises, written exercises, and discussion. However, skills can only be taught through demonstration, structured exercises, and actual practice. Attitudes are most effectively taught (or awareness raised) through group discussions, role playing, feedback exercises, and actual practice followed by feedback.

Good trainers will select and use a variety of techniques appropriate to each skill which trainees must master. These techniques will help trainees to acquire knowledge, develop new skills, and reinforce the new skills and knowledge.

### **Developing the training plans**

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#### *Preparing a detailed plan*

When planning competency-based training, more time should be devoted to experiential learning and practice than to lecturing. Roughly 30 percent of the time should be spent on giving information and 70 percent on using the information and practicing the new skills. In developing a detailed training plan, trainers should establish how many times key tasks must be practiced in training to assure a basic or entry level of competence. This is especially relevant to clinical tasks such as IUD or contraceptive implant insertions, and equally important to community development and management skills such as organizing and facilitating a meeting. You should set minimum standards of trainee performance in accordance with program and governmental standards. The training design should allow adequate time for staff members to practice in order to perform competently.

For each session, a training plan should include:

- The title of the session;
- The length of time allotted for the session;
- A short description of the content of the session;
- The objectives for the session;
- An outline of the content to be covered;
- The materials that will be needed;
- The training methods and techniques to be used and the time scheduled for each;
- The evaluation procedures.

**Example from Kenya**

**Overall Course Objectives for the CBD Training Program of the Family Planning Association of Kenya**

The purpose of this program is to train the participants to become community-based distributors of family planning services in order to extend family planning services to a greater number of people.

By the end of the training program, the participants will be able to:

- Explain Kenya's population policy and growth rate;
- Discuss the national family planning program and the role of CBD agents within it;
- Discuss the benefits of family planning;
- Explain the male and female anatomy, sexually transmitted diseases and how they are transmitted, and the various family planning methods and how they work;
- Discuss rumors and misconceptions about family planning;
- Explain ways they, as agents of change, can overcome barriers to communication and how communication can be used by CBD agents;
- Explain how to conduct a community analysis and diagnosis;
- Discuss the importance of accurate record-keeping and explain how to fill out forms correctly.

**Continued**

Continued

Example from Kenya

**General Plan for Training**

<b>WEEK ONE</b>					
<b>TIME</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>8:00 10:00</b>	Opening Ceremonies  Introductions of FPAK CBD Agents	Module II: (cont.) Session II: Concept PIIC/CBD and Role Including AIDS	Module IV: (cont.) Session III: Sexually Transmitted Diseases	Module V: (cont.) Session I: (cont.) Session I: Rumors about Family Planning	Module VI: Rumors and Misconceptions
<b>10:00 10:30</b>			BREAK		
<b>10:30 12:30</b>	Discuss participants' expectations Explain purpose of workshop Administer pre-test	Module III: Concept of Family Planning Session I: Health Rationale for Family Planning Session II: Benefits of Family Planning	Module IV: (cont.) Session IV: Infertility	Module V: (cont.) Session II: Referral Methods	Module VII: Primary Health Care Session I: Immunizing Session II: Preventing Environmental Problems and Treating Diarrhea
<b>12:30 14:30</b>			LUNCH		
<b>14:30 17:30</b>	Module I: Kenya Population Policy and Growth Rate Module II: Family Planning in Kenya Session I: National Programme and Role of FPAK	Module IV: Human Anatomy and Physiology Session I: Male Anat. and Physiology Session II: Female Anatomy and Physiology	Module V: Family Planning Methods Session I: Distribution Methods	Module V: (cont.) Session II: (cont.) Session III: Nutrition	Module VII: (cont.) Session II (cont.)
<b>Evening</b>		Show Film "Human Reproduction"			Show Film "Consequences"
<b>WEEK TWO</b>					
<b>TIME</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>8:00 10:00</b>	Review Week One Introduce Week Two Module VIII: Family Life Education Session I: Youth Fertility Management	Module IX (cont.) Session III: Interpersonal Communication	Module XI: Community Analysis and Diagnosis Session I: Getting to Know Your Community	Module XI: (cont.) Session IV: Discuss Field Visits	Module XII: (cont.) Session I: (cont.)
<b>10:00 10:30</b>			BREAK		
<b>10:30 12:30</b>	Module VIII: (cont.) Session I: (cont.) Module IX: Communication Session I: Overcoming Barriers to Communication	Module X: Counseling Session I: Counseling Skills	Module XI: (cont.) Session II: Working in Your Community		Review Workshop Administer Post-Test
<b>12:30 14:30</b>			LUNCH		
<b>14:30 17:30</b>	Module IX: (cont.) Session I: (cont.) Session II: Purpose Adoption Process of Communication	Module X: (cont.) Session I: (cont.) Session II: The Steps in Family Planning Counseling	Module XI: (cont.) Session III: Field V Session I: Importance of Record Keeping	Module XII: Record Keeping	Closing Ceremony
<b>Evening</b>		Role-Play Practice Counseling about Family Planning			

Continued

Continued

**Training Plan for Module VI, Session I**

**Module VI:** Rumors and Misconceptions  
**Session I:** Rumors about Family Planning  
**Time:** 1 hour

**Objectives:**

By the end of this session, participants will be able to:

- Identify at least five common rumors about family planning which CBD agents encounter in their communities;
- Develop specific arguments to counteract rumors about the IUD, injectables, pills and the condom;
- Name five ways that CBD agents can counteract rumors.

**Summary of Content of Session:**

- Definition of rumors
- Causes of rumors
- How to counteract rumors
- How to prevent rumors in the first place
- Examples of common rumors

**Materials:**

- Blackboard and chalk
- Newsprint and markers
- Sample contraceptives

Continued

Continued

Example from Kenya

**Training Methodology and Techniques****Module VI, Session I**

<b>Time</b>	<b>Activity</b>	<b>Method/Trainers Notes</b>
20 min.	Brainstorming	<p>Ask participants to explain what a rumor is. Ask participants to list rumors that they frequently hear about family planning.</p> <p>Elaborate on what rumors are, causes of rumors, and the five ways to combat rumors:</p> <ol style="list-style-type: none"> <li>1. Tell the person that what she or he has heard is not true.</li> <li>2. Explain politely and show why it is not true.</li> <li>3. Explain what is true.</li> <li>4. Give examples of people who are satisfied users of a family planning method.</li> <li>5. Have an influential community member say that the rumor is not true.</li> </ol>
10 min.	Demonstration	Using rumors given by the participants, demonstrate how an agent might counteract these rumors.
20 min.	Debate (for/against)	Split the participants into two groups. One group says a rumor and a person from the other group tries to counteract it.
10 min.	Summary	Summarize important points.

**Determining resource requirements***Training resource requirements vary*

The resources required for training will vary with the type of training (clinical, IEC, or management) being conducted. You will need to take an inventory of all the training materials that you will need to conduct your training program.

**How to ...****Determine what you need for training****Clinical Training**

For certain contraceptive technologies (such as IUDs and injectables), clinical training programs may require settings where trainees can practice their new skills in order to meet professional standards. In countries with low contraceptive prevalence, training is only practical in the major cities; occasionally training may have to be done abroad to meet professional standards. Clinical training will require models of the reproductive systems, example of contraceptives, and other materials to simulate a clinical setting.

Good audiovisual materials are also a prerequisite for clinical training.

**Information, Education, and Communication Training**

In training for mass communication activities, easy access to mass media facilities is required. Mass communications training should permit trainees to practice with the equipment they would be using in communication projects. In general, effective communication activities require a wide variety of up-to-date production equipment in order to develop competence in using multimedia approaches in information, education, and communication programs. Staff training for individual or small group counseling should have access to target individuals and groups to provide adequate practice. Trainers should have considerable practical experience in working in the communications industry. They should be familiar with the use of mass media to influence behavioral change in the public with respect to health practices.

**Management Training Programs**

Management training does not require special facilities unless computer training is covered. An environment conducive to learning is the principal concern in choosing a training site. Efforts should be made to remove the participants from the demands of their daily work. If field work is necessary, the training site should not be too far from institutions and organizations that may be visited as part of the training.

All trainers must be adept at using experiential training methods (simulations, case studies, and group work), as this is the fundamental method by which management concepts and skills are transferred.

Basic educational equipment, such as projectors and flip charts, is all that is required. The emphasis should be placed on finding the most appropriate training materials to help the trainees understand and apply management concepts and tools. Unfortunately, local training institutions often do not have access to state-of-the-art management training materials.

*Deciding whether to train locally*

As a manager, you can choose to organize training locally or to send candidates to other sites for training. Organizing and conducting a local training program requires complex and coordinated management but is much less expensive. You can often train many staff members locally for the cost of sending one person abroad. If you decide to conduct training locally, you and your training specialist will need to carry out the following activities.



**Local Training Preparation Checklist**

Select trainers who have:

- Expertise in the clinical, educational, or management areas relevant to your training program.
- Time to participate in the design and implementation of the training program.
- Ability to work as part of a team.
- Ability to use a wide variety of training methods and techniques effectively.

Find facilities that provide:

- A comfortable space for working long hours.
- Lodging and dining facilities for participants, trainers, and staff.
- Access to transportation.

Obtain basic training material and equipment, such as:

- Materials for writing down ideas when “brainstorming,” such as large pads with an easel and marker or a blackboard and chalk.
- Name tags.
- Notebooks, pens, and pencils for the participant and training staff.
- Film projector, slide projector, overhead projector, video equipment, etc.



## Developing the budget for training activities

Once you have designed and planned your program, you can prepare your detailed budget. Although your initial planning should have been done within the constraints of your overall training budget, you now need to develop a detailed budget providing for both human and material resources.

*Budgeting human and material resources*

The following guidelines will help you to develop your budget.

## Tools and Techniques

### Budget Preparation Guidelines

#### Facilitators (Training Program Design)

1. Salaries (full time): Number of days multiplied by daily rate multiplied by number of facilitators
2. Honoraria (part time): Number of days multiplied by daily rate multiplied by number of facilitators
3. Per diem: Number of days multiplied by daily rate multiplied by number of facilitators
4. Travel: Number of trips multiplied by round trip fare multiplied by number of facilitators

#### Facilitators (Training Program Implementation, Evaluation, and Report Writing)

1. Salaries (full time): Number of days multiplied by daily rate multiplied by number of facilitators
2. Honoraria (part time): Number of days multiplied by daily rate multiplied by number of facilitators
3. Per diem: Number of days multiplied by daily rate multiplied by number of facilitators
4. Travel: Number of trips multiplied by round trip fare multiplied by number of facilitators

#### Materials, Equipment, and Facilities

1. Training materials (ordering): Number of sets multiplied by unit price
2. Training materials (shipping and customs duties)
3. Training materials (duplication):
  - a. Paper
  - b. Photocopies or stencils
  - c. Labor
4. Training supplies: Item cost multiplied by number
5. Equipment rental: Item rental multiplied by number of days
6. Facilities: Daily rent multiplied by number of days

#### Participants

1. Travel (to and from training): Round trip fare multiplied by number of participants
2. Travel (training related): Round trip fare multiplied by number of participants
3. Per diem: Daily rate (local) multiplied by number of participants
4. Per diem: Daily rate (non-local) multiplied by number of participants

#### Secretarial and Clerical

1. Secretaries
2. Secretarial supplies
3. Clerical support
4. Communication (letters, telephone calls, telexes, telegrams)
5. Refreshments
6. Special opening and closing ceremony events

#### Post-Training Activities

1. Reproduction of the Report
  - a. Typing
  - b. Reproduction
  - c. Distribution
2. Follow-up
  - a. Travel
  - b. Per diem
  - c. Salaries/Honoraria
  - d. Report preparation, duplication, distribution
3. Evaluation
  - a. Travel
  - b. Per diem
  - c. Salaries/Honoraria
  - d. Report preparation, duplication, distribution

*Getting funding  
for your training  
program*

### **Preparing the training program proposal**

The need for training may be evident, but the funds to pay for training programs may be difficult to obtain. If you can clearly and thoroughly present to senior management and donor agencies your ideas about how training could improve staff performance in your program, you will have a better chance of procuring funds for training.

Before you develop your proposal, it is a good idea to talk with the potential funder(s) about your idea. Personal contact is very important for obtaining funds and will enable you to find out whether:

- The funder is interested in funding training of the type you want to propose;
- You need to include any special considerations in the proposal;
- The funder requires a special format for the proposal.

Once you have set the training program goals and objectives, developed a preliminary budget, and completed the initial planning, you can prepare a proposal requesting the necessary funds. Usually proposals are several pages in length and follow an outline similar to the one below.

#### **Program Proposal Outline**

1. Background and justification
2. Training program goal
3. Training program objective
4. Description of the program  
(including dates, schedule, site,  
participants, content, materials, etc.)
5. Proposed trainers
6. Evaluation plan
7. Training follow-up activities
8. Budget
9. Local financial participation

A clear and well-organized proposal, which justifies the need for the training program and shows how the training will positively affect the results of the overall program, will be more likely to be supported by a funding agency.

## Managing Program Logistics

The success of a training program depends not only on the quality of the training, but also on the logistics underlying the program. Participants need to be comfortable, adequately fed, and provided with the necessary transportation. If any of these factors is lacking, participants will have trouble concentrating on their training.

*Making sure the training program runs smoothly*

To ensure that things run smoothly, the work of the training team must be coordinated with that of the administrative and logistics staff. The decisions made by the training team have a direct impact on the administrative/logistics staff and require timely and effective communication, on-going feedback, and effective coordination. The manager who is responsible for the training program should prepare a work plan that identifies:

- All the activities that have to be undertaken;
- All the materials needed for each activity;
- The individuals responsible for each activity;
- The deadline for completing each activity.

### Example of a Work Plan

Activities	Materials Needed	Persons Responsible	Time Required	Deadline	Task Comp.
1 Select and reserve training room.		Training coordinator	1 day	Sept. 1	✓
2 Send out invitations.	Letterhead, envelopes	Training coordinator drafts and Secretary types	1 day	Sept. 5	✓
3 Finalize course design.		Training coordinator Trainers	1 week	Sept. 15	✓
4 Select training materials.	Training library	Training coordinator Trainers	1 week	Sept. 22	
5 Prepare participant manuals and hand-out materials.	Training manual, books, copying paper, folders or binders, pens, pencils, notebooks	Secretary	4 days	Sept. 27	
6 Arrange refreshment during breaks.	Cups, plates, coffee, tea, etc.	Secretary	1/2 day	Sept. 25	

Once the work plan has been developed, make sure that everyone has a copy of it. Use it before, during, and after the workshop to make sure everything is being done according to plan and on schedule. Keep in mind that things can go wrong even in a well-prepared program. As with all work plans, be flexible and ready to make adjustments when necessary.

## **Evaluating and Following Up the Training Program**

*Evaluation occurs during and after training*

Evaluation is an ongoing process that begins with the development of training objectives. Ideally, training programs should be evaluated at the beginning of the training program, during training, at the end of training, and again after the trainees have returned to their jobs.

At the beginning, it is useful to gather baseline data on the trainees, both on their level of knowledge and skill and on their expectations for the training. This can be done by administering a pre-test to determine the baseline skill level of each participant and to receive information on what they expect to learn from the training. This information can then be used to evaluate whether the training has succeeded in improving knowledge and skills and whether it has addressed the needs of the trainees effectively.

During the training, trainers should gather information from the participants to assess the relevance of the material presented and the effectiveness of the training techniques used. It may be useful to set up a participant evaluation committee with which the trainer can meet periodically.

Finally, the training should be evaluated both at the end of the course and after the trainees have returned to their jobs. At the end of the course, before the participants leave, the trainer may give them a post-test. This test may be the same as the pre-test; the difference in the results of the two will reveal changes in knowledge, attitudes, and skills, which will help to evaluate the effectiveness of the training. In addition, there should always be an opportunity for the participants to evaluate the skills of the trainer and the appropriateness and effectiveness of the methodologies used.

Systematic follow-up of trainees at their work site permits the manager to evaluate the effectiveness of the training, to see how well the trainees are using their new skills in their jobs, to discover gaps that still exist in performance, and to plan for additional training or on-the-job reinforcement. In addition, when trainees know that a supervisor will be making a follow-up visit, they will be more motivated to apply the skills they have just learned.

These follow-up activities are extremely important and should be viewed as an integral part of the training program. The follow-up activities should be carefully planned in advance to ensure that sufficient resources are provided in the budget. When the situation allows, they can be carried out as part of a regular supervisory visit.

After the follow-up visit, it is a good idea to prepare a report and submit it to the staff members you visited, your superiors, regional health and government officials, and the trainers.

## Tools and Techniques

### Different Methods for Evaluating Training Programs

Types of Evaluation	Suggested Methods
<b>Reaction</b>  How trainees like the program; how they perceive the value of the program; suggestions for improvement	<ul style="list-style-type: none"> <li>● Participant evaluation committee</li> <li>● Daily feedback forms</li> <li>● Final evaluation questionnaire</li> <li>● Trainee journals</li> </ul>
<b>Learning</b>  Understanding of principles, facts and techniques and the ability to apply them	<ul style="list-style-type: none"> <li>● Pre-tests and post-tests</li> <li>● Verbal and written tests</li> <li>● Observation guides for trainers to use during practice exercises</li> </ul>
<b>Behavior</b>  Change in on-the-job performance	<ul style="list-style-type: none"> <li>● Supervision reports</li> <li>● On-the-job observation</li> <li>● Questionnaires about how trainees are using new skills</li> </ul>
<b>Results</b>  Impact of training on the program and on delivery of services	<ul style="list-style-type: none"> <li>● Supervision reports that include improvements in service delivery</li> <li>● Family planning statistics</li> <li>● Focus group interviews with clients</li> </ul>

On the following pages, you will find a sample training program evaluation form. In order to assess the trainers' performance and help them better meet the needs of the participants, you may wish to develop a trainer evaluation form to be completed by the participants. This form might include such areas as the trainer's enthusiasm, knowledge of the subject, ability to explain the subject, ability to facilitate discussions, ability to summarize main ideas, and use of audio-visual aids. You may also wish to ask whether the training methodology and techniques were appropriate, what the participants liked most and least about the trainer's style, and what suggestions they have for improvement.

*Evaluating the program and the trainer*

**Tools and Techniques**

**Final Training Program Evaluation**

Course: \_\_\_\_\_ Location: \_\_\_\_\_

Director: \_\_\_\_\_ Dates: \_\_\_\_\_

**A. Educational Aspects**

1. Please evaluate each of the following aspects of the training program by circling a number on the scale below:

	Excellent	Very Good	Good	Fair	Unsatisfactory
Achievement of program objectives	5	4	3	2	1
Achievement of my personal objectives	5	4	3	2	1
Relevance of content for my job situation	5	4	3	2	1
Effectiveness of training methodology and techniques	5	4	3	2	1
Organization of the program	5	4	3	2	1
Usefulness of program materials	5	4	3	2	1
Effectiveness of the trainers	5	4	3	2	1

2. The length of the program was:

Too long     Too short     Just right

Note: This page can be modified to serve as an evaluation form for individual sessions by changing question 2 to "Was the length of the session..." and by adding the question "Which additional aspects would you like to have included in the session?" and a request for suggestions for improvements.

**Continued**

Continued

3. Please prioritize the five sessions that will be the **most** relevant to your work.  
(List the most relevant first.)
  
4. Please prioritize the five sessions that will be the **least** relevant to your work.  
(List the least relevant first.)
  
5. On which topics would you have preferred to spend more time?
  
6. Which additional topics would you like to have included in the program?

### B. Administrative Aspects

Please evaluate each of the following aspects of the program by circling a number on the scale below:

	Excellent	Very Good	Good	Fair	Unsatisfactory
Accommodations	5	4	3	2	1
Food provided	5	4	3	2	1
Training room	5	4	3	2	1
Administrative support	5	4	3	2	1
Social activities	5	4	3	2	1
Local transportation	5	4	3	2	1

Comments or suggestions:

**How to ...**

**Prepare for and conduct a follow-up visit**

To prepare for the visit:

- Determine the specific objectives for the follow-up visit.
- Obtain a copy of the training curriculum and the program from the trainers.
- If possible, have the trainers participate in the follow-up visit. Otherwise, try to meet with the trainers and discuss the program with them. See if they have any additional follow-up questions they'd like to have included.
- Identify the new skills your staff members were expected to learn.
- Review the job descriptions for the trainees and, as appropriate, include any new tasks in updated current job descriptions.
- Determine how many trainees you will visit and inform them ahead of time of your objectives for the visit.
- Prepare a standard form and use it to note the results of your visit.
- List the places you will visit, the route you will take, the amount of travel time, the means of transportation, and where you will stay.

During the follow-up visit:

- Determine whether the staff members have appropriate or sufficient support and resources to be able to apply their new skills.
- Provide additional on-the-job training to reinforce the critical skills learned in the training program.
- Help staff to overcome any professional or community resistance.

**Tools and Techniques**

**Example of a Report Form for Follow-Up Visit**

Name of Person Visited: \_\_\_\_\_

Site Visited: \_\_\_\_\_ Date: \_\_\_\_\_

Training Program Attended: \_\_\_\_\_

1. Objectives of follow-up visit:
  
2. Persons consulted:
  
3. Major learnings and applications from training program:
  
4. Assistance provided by supervisor/others:
  
5. Problems encountered on the job:
  
6. Support you provided during visit:
  
7. Additional support needed to facilitate application of new knowledge and skills:
  
8. Other recommendations:



## Training Program Checklist

Many of these tasks can be delegated by the manager to the training specialist or the administrative staff.

### Preparation Tasks

- |   |   |
|---|---|
| <input type="checkbox"/> Select dates for training workshop.  | <input type="checkbox"/> Arrange transportation for airport, train, bus pickups for special events for field trips.   |
| <input type="checkbox"/> Get necessary approval.  | <input type="checkbox"/> Order reading materials, such as relevant publications.  |
| <input type="checkbox"/> Organize workshop files.   | <input type="checkbox"/> Order training materials and supplies.   |
| <input type="checkbox"/> Reserve training space.  | <input type="checkbox"/> Arrange for equipment.   |
| <input type="checkbox"/> Select trainers and speakers.  | <input type="checkbox"/> Prepare trainer/trainee manuals and handouts.  |
| <input type="checkbox"/> Make tentative lodging arrangements.   | <input type="checkbox"/> Plan and organize opening ceremony.  |
| <input type="checkbox"/> Identify potential resource persons and special guests.  | <input type="checkbox"/> Arrange for press coverage and write press releases (if appropriate).  |
| <input type="checkbox"/> Identify potential participants.   | <input type="checkbox"/> Plan and reserve space/transport/food for special events.  |
| <input type="checkbox"/> Arrange for secretarial, administrative, and logistical support.   | <input type="checkbox"/> Make room arrangements, including large conference room with adequate seating, smaller rooms for group work, adequate ventilation/heating or air-conditioning if available, lighting, etc. |
| <input type="checkbox"/> Send invitations to participants (enclose program objectives).   | <input type="checkbox"/> Arrange for daily room clean-up.   |
| <input type="checkbox"/> Send invitations to speakers, resource persons, and special guests.  | <input type="checkbox"/> Prepare orientation packet with information on the area and the training site.   |
| <input type="checkbox"/> Send confirmation letter to participants with program summary, arrangements information (enclose travel information forms when necessary). | <input type="checkbox"/> Prepare opening ceremony agenda, name tags, program schedule, participant list.  |
| <input type="checkbox"/> Finalize lodging arrangements.   | <input type="checkbox"/> Make sure evaluation forms are prepared.   |
| <input type="checkbox"/> Make arrangements for meals, refreshments.   |   |
| <input type="checkbox"/> Order and prepare certificates.  |   |

Continued

**Continued**

**Tasks to be Undertaken During the Program**

- Monitor expenses in relation to established budget.
- Maintain workshop files.
- Arrange to have administrative/ logistics liaison person visit training site on regular basis.
- Prepare participant address list.
- Assist participants with departure arrangements.
- Arrange for daily administrative/ secretarial help for trainers.
- Optional: Arrange for group photo.

**Post-Program Tasks**

- Meet with trainers and administrative/ logistical team to discuss problems and successes and give general feedback.
- Send thank-you letters to all those who helped with the program.
- Complete or update manuals for trainers and training reference library.
- Tabulate evaluation results.
- Draft, edit, and reproduce final report and recommendations.





### Training for Effective Performance

- Conduct an analysis of community needs.
- Conduct a performance appraisal of staff knowledge, skills, and abilities.
- Determine the cause of performance problems, if any.
- Do a "decision tree" analysis.
- Conduct a training needs assessment.
- Prepare a training program:
  - Set course objectives.
  - Develop the training curriculum.
  - Determine the methodology and techniques for training.
  - Develop training session plans.
  - Determine the resource requirements.
  - Develop the budget for training.
  - Write a proposal for funding the training program.
- Plan the logistics for training: When training will occur, who will do it, and where it will be conducted.
- Prepare evaluation forms prior to training (evaluations of trainees, trainer(s), and course content).
- Follow up after training to assess any changes in employee effectiveness on the job.



## GLOSSARY OF TERMS

- Client Survey:** Research method such as an interview or a focus group discussion, used to study whether the clients' needs are being met.
- Competency-Based Training:** Training that focuses exclusively on teaching the skills, facts, and attitudes that are related to specific jobs. The content of such training is ideally pre-determined by the trainees themselves.
- Daily Feedback Forms:** Evaluation forms designed to give trainers and managers valuable feedback on the trainees' satisfaction with the training, used on a daily basis.
- Decision Tree:** A series of questions used as a tool to analyze whether training is necessary to resolve a performance problem.
- Experiential Learning:** A method of teaching which uses active participation and the applied use of new skills through role playing and on-the-job experience, in addition to lecturing.
- Exit Interview:** An interview conducted with clients as they leave the family planning clinic to assess how they felt about the services they received. The interview can be an informal conversation, or a more formal questionnaire, that focuses on a particular aspect of service delivery.
- Focus Group Discussion:** A planned and guided discussion among the participants of a selected group, for the purpose of examining a particular issue.
- Formal Training:** A course of instruction that has specific learning objectives and is conducted outside the regular workplace.
- Health Situation:** The health status of a community or population, determined by an analysis of common demographic statistics, knowledge, attitudes, and practices of the population.
- Informal Training:** Training that occurs on the job and is often accomplished through personal instruction, guidance from a supervisor, or even by observing co-workers.
- Methodology:** The means and logical procedure by which a program plan or approach is implemented, such as on-the-job-training versus formal training.
- Missed Opportunity:** An occasion that offered a chance for a beneficial activity to occur (service provision, employee feedback, etc.) but was overlooked.
- Needs Assessment:** An analysis that studies the needs of a specific group (employees, clients, managers), presents the results in a written statement detailing those needs (such as training needs, needs for health services, etc.), and identifies the actions required to fulfill these needs, for the purpose of program development and implementation.
- Observation Guides:** A form designed to help the trainer or supervisor to assess, through observation, the student's grasp of the subjects being taught.
- Phased Training:** Training conducted in stages, alternating with periods of on-the-job work experience.
- Post-tests:** Given to clients, employees, trainees, or any other specific group of people who are being evaluated after a program has been completed or during the implementation, for the purpose of measuring the progress toward planned objectives.
- Pre-tests:** Given to clients, employees, trainees, or any other specific group who are being evaluated, for the purpose of determining a baseline against which future results will be measured.

Continued

**Continued**

**Refresher Training:** Periodic training given to staff for the purpose of reinforcing skills or introducing new concepts or techniques.

**State-of-the-Art:** The current level of refinement of a particular developing technology.

**Task Analysis:** An examination of all the duties and activities which are carried out by an individual employee, for the purpose of determining the required skills, knowledge, attitudes, resources, and risks involved with each task.

## CHAPTER SEVEN

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# Managing and Using Information

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Every manager, at every level of a family planning program, needs up-to-date, reliable, and complete information about all aspects of the program in order to make well-informed management decisions about program performance and operations.

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*The need for  
timely, complete,  
and accurate  
information*

Managers rely on both informal and formal ways of obtaining the information they need to make decisions. Informal information includes rumors and unofficial discussions with colleagues. Personal experience, education, common sense, intuition, and knowledge of the political and social environment are also part of the informal means of gathering information. In contrast, formal information usually reaches managers in the form of routine statistical and management reports. These reports, which are generally standardized in format and produced on a regular basis, constitute the most visible part of what is called the management information system (MIS). Unfortunately in many organizations, both big and small, the MIS is not as effective as it could be. As a result, managers often do not receive the type of information they need, or it arrives late or in a format that is difficult to interpret.

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*Using information  
to make decisions*

A functioning management information system is particularly important in today's economic and social environment, where family planning managers need to make decisions concerning financial self-sufficiency, client satisfaction, and quality control. If the management information system does not produce complete, accurate, and timely information, managers may not be able to make decisions that will ensure the survival, expansion, and sustainability of their programs and their organizations. Such critical decisions include:

- Selecting appropriate target groups in order to meet demographic and fertility goals;
- Selecting the most appropriate mix of temporary and permanent contraceptives;
- Selecting appropriate modes of family planning service delivery, such as community-based distribution;
- Coordinating public and private sector program activities;
- Setting fees to cover the recurrent costs of programs in order to ensure sustainability;
- Setting standards for client satisfaction and service delivery.

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*How an effective  
MIS can help a  
manager*

An effective management information system will provide the information which allows managers to analyze current situations, identify immediate problems and find solutions, discover trends and patterns so they can formulate appropriate goals and objectives for the future, and make intelligent choices about using scarce human, financial, and material resources.

To see whether your management information system is effective, answer the following questions:

*Is the information collected on a regular, ongoing basis?*

*Does the MIS operate at all levels of the system?*

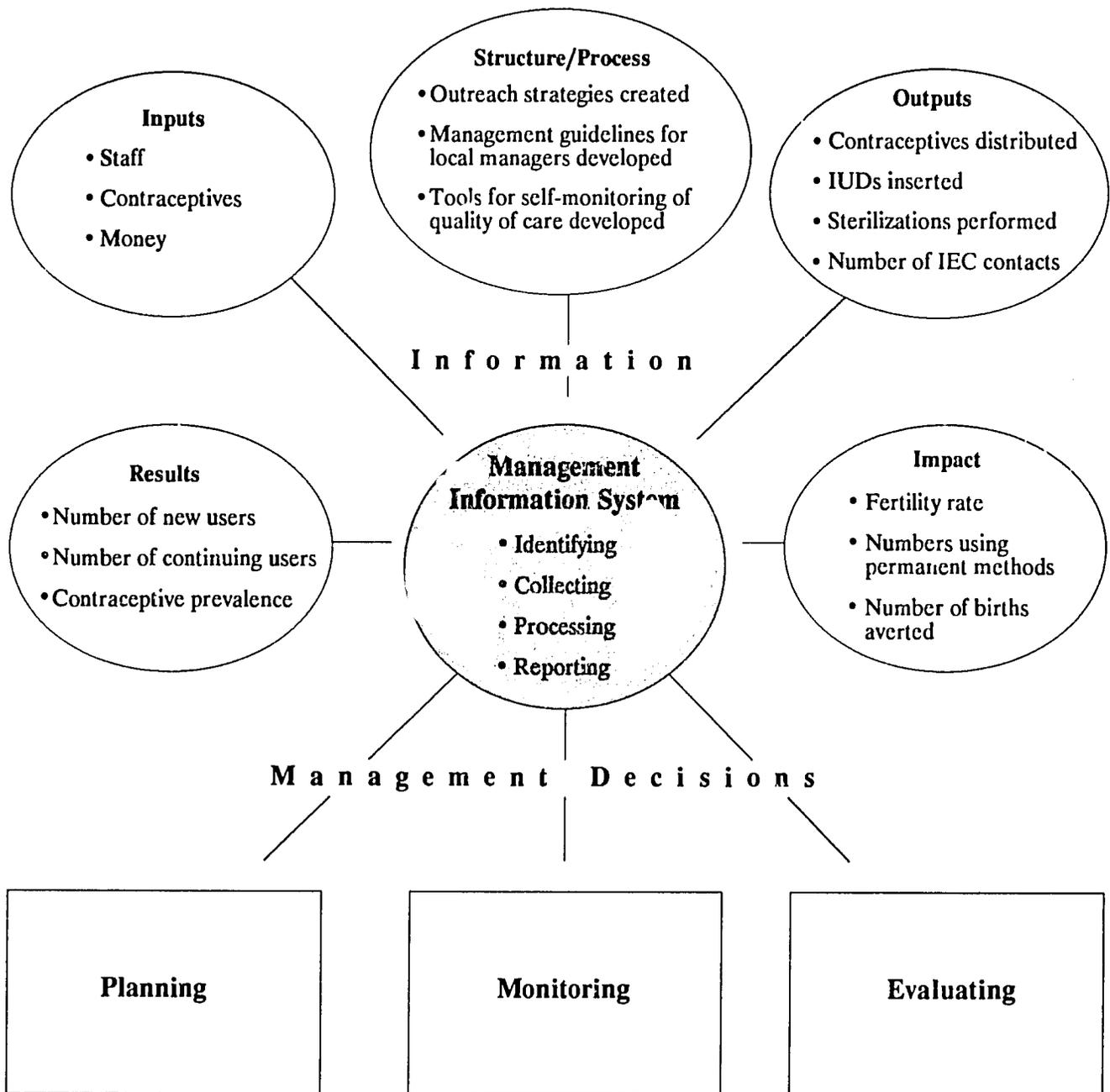
*Does the system contain a mechanism for regular feedback?*

*Are reports produced in a timely fashion?*

This chapter will guide you through the process of setting up a management information system. This includes the process of choosing the information which is most pertinent to the manager's needs, designing methods for collecting and analyzing the necessary data, and establishing procedures for reporting the information to the appropriate managers.

A management information system gathers together information on a variety of different functions in an organization in order to permit a manager to plan, monitor, and evaluate the operations and the performance of the family planning program as a whole. A management information system doesn't need to be complex. It should provide you with only the information you need to help you make decisions. The information you will need for planning, monitoring, and evaluating will come from several sources of information.

*How a management information system works*



*Where  
management  
information  
comes from*

Information is usually generated by the different “subsystems” of an organization, such as the service facilities (clinics), the personnel department, the finance department, the commodities management department, the buildings and grounds department, etc. The information comes through many different types of records, registers, forms, monthly summaries, official reports, surveys, and special studies which are prepared by staff at different levels and in different departments.

If the information is complete, timely, accurate, and can be integrated, the manager can determine whether the family planning program is meeting its objectives, whether resources are being used efficiently and appropriately, and ultimately whether the organization is on the right path in helping the country to achieve its health, demographic, and socioeconomic goals.

## **DEVELOPING AN EFFECTIVE MANAGEMENT INFORMATION SYSTEM**

It takes a great deal of effort, expertise, time, and money to create a management information system that produces comprehensive and integrated information on demand. The development or the improvement of a management information system is usually a major organizational undertaking.

However, even if your organization has not yet made a commitment to this task, you can still play an important role in improving the system so that it meets your needs. You may not be able to change records, forms, or registers, but you can make marginal changes such as improving the accuracy of data entry and the timeliness of reporting and introducing measures that help you get the most complete use of existing reports. In this way, you can actually make noticeable improvements in your management information system without having it become a major undertaking.

### **Designing or Assessing a Management Information System**

If you are a manager without special expertise in management information systems but wish to set up or improve your MIS, it is a good idea to get some initial help from your MIS manager or an MIS consultant. If the scope and size of your project are large, you may need to work closely with the MIS expert. Together you will follow a series of

steps to get an overview of the entire management information system, the way it functions, and what is needed to improve it. If the MIS project is small, you may be able to carry out these steps on your own. The results of each step will help you to determine whether any changes have to be made, as well as what changes will ensure that the management information system serves both your needs and those of your staff. The most important steps are the following:

1. Identify all those who are or should be using each type of information (volunteers, community leaders, clinical and other professional workers, fieldworkers, supervisors, administrators, and managers).
2. Assess the short- and long-term objectives of the organization, program, department, or service delivery site where you work.
3. Identify the information that is needed to help the different people in the family planning program to perform effectively and efficiently, and eliminate the information that is being collected but is not being used.
4. Determine which of the current forms and procedures for collecting, recording, tabulating, analyzing, and reporting information are not complicated or time-consuming and meet the needs of the different workers, and which forms and procedures need to be improved.
5. Revise any existing forms and procedures for collecting and recording information that need improvement, or prepare new ones.
6. Set up or improve the manual or computerized systems for tabulating, analyzing, and reporting information so that they are most useful to the different workers in the family planning program.
7. Develop procedures for confirming the accuracy of the data.
8. Train and supervise staff in using the new forms, registers, summary sheets, and other instruments to collect, tabulate, analyze, present, and use the information.

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*Steps in assessing  
your MIS*

To prepare this overview of the existing management information system, start by meeting with your staff, colleagues in other health services, community leaders, volunteers, and clients. Collect the information systematically, writing down the answers clearly so they can be reviewed later on.

**How to ...**

**Assess a management information system: What to ask, what to look at, what to check for**

**Does your information system help you to plan, monitor, and evaluate?**

		<b>What to ask:</b>		
		Does the system supply information on the following?	Does the system help you and your staff do the following?	Does the system let you look at information in the following detail?
<b>What to look at:</b>	<b>What to check for:</b>			
<b>Planning</b>	Demand for FP methods Utilization of existing services Population coverage	Set goals and objectives.	Program components Results by regions Population groups	
<b>Monitoring</b>	Reaching targets Use of methods Costs of services	Identify and solve problems.	Activity outcomes Utilization of staff Expenditures	
<b>Evaluation</b>	Number of: New users New clients Continuing users Method switchers Discontinuers	Determine where to place the program's emphasis in the future. Determine whether the program is achieving its objectives.	Results by units Aggregate results Comparative results	

**Does your information system operate efficiently and effectively?**

		<b>What to ask:</b>		
		Does the system include the following components?	Is the system easy and simple to use?	Does the system satisfy its users?
<b>What to look at:</b>	<b>What to check for:</b>			
<b>Routine information sources</b>	Client records Clinic registers Special forms	Time to fill in data. Redundancy in data collection.	Purpose of all instruments is known and considered.	
<b>Persons using information</b>	Managers Clinical staff Administrative staff Community members	Results are available regularly when needed.	Data are referred to before decisions are made.	
<b>Non-routine data collection</b>	Surveys Focus groups Exit interviews Rapid assessments	Can be conducted when specific gaps in information are identified.	Can be conducted with reasonable effort and cost by staff members.	
<b>Reporting capability</b>	Analyses Presentations Conclusions	Clarity. Accuracy. Completeness. Timeliness.	Managers and staff understand the data and interpretation.	
<b>Making information available</b>	Transmission Feedback	Sources and destination of reports.	Staff and managers have the information they need to work.	

## Analyzing the Results of Your Assessment

When you have completed the assessment, analyze the results. Here are some suggested approaches to conducting the analysis and some specific things to consider that will show you whether your management information system meets your needs.

**Consider the special information needs of your family planning program.** For example:

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*Information  
needs*

Is the program in an early stage or in a more advanced stage?  
Consider that:

- A program that is just starting out will need basic information, such as the number of new users and continuing users.
- A program that has reached all the target group members will need information to monitor the quality of services.

Is the program clinic-based or community-based? Consider that:

- A clinic-based family planning program that provides oral contraceptives, IUDs, and injectable contraceptives will need to collect information on side effects and complications.
- A community-based distribution (CBD) program will need information on the number of pill cycles and condoms distributed by each CBD worker.

Is the program completely subsidized or do clients pay fees?  
Consider that:

- A program that is subsidized will need information on the number of visits per service provider in order to set reimbursement rates.
- A program in which users pay fees will require information on all service-related costs, in order to determine fair and affordable fees. Charging for services or commodities improves the reliability of the information collected.

**Consider the type of information that is currently available in forms, registers, and records which can be used in decision-making.** For example:

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*Types of available  
information*

- Client records may provide important demographic and health information.
- Registers may provide important information about new clients, continuing users, and method switchers.

- Supervisory forms may provide important information about contraceptive supply requirements.

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*Information not currently provided*

**Consider the information you need that is not being provided by existing records, registers, and forms.** For example:

- Client records may not provide information about side effects, complications, and clients who have not continued with the program.
- Supervisory forms may not provide information about the quality of clinical services.
- Registers may not provide information to distinguish continuing users from new clients.
- Inventory forms may not provide clear information on how quickly contraceptive stocks are being used, which is necessary for determining how much should be ordered and when orders should be made.

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*Frequency of collection*

**Consider what information is needed regularly and frequently and what information is needed only periodically.** For example:

- Information on new clients and methods may be required regularly and frequently in order to monitor the program's progress in achieving objectives at the community and at the regional level.
- Information on method switchers and those who have not continued with the program may sometimes be useful to assess continuation rates and satisfaction with specific contraceptive methods.
- Financial information may be required regularly and frequently to keep track of expenditures and budgets.

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*Methods of collecting information*

**Consider simple and inexpensive methods of collecting information to supplement the information provided by records, registers, and forms.** For example:

- Rapid assessments (or small scale surveys) are useful for information on such things as method switching, clients who have not continued with the program, the effects of contraception on fertility, etc.
- Focus groups (guided discussions of specially selected persons) provide good information on reasons for the clients' satisfaction or dissatisfaction with clinical or other types of services and personnel, the effectiveness of IEC messages, the receptiveness and readiness of special groups for contraception, etc.

- Small operations research projects provide information on different methods of distributing contraceptives, or on the effectiveness of such channels of distribution as public and private sector outlets.

**Consider how the information can be used by different groups working in family planning to help them in their work. For example:**

- The community may need information on potential and current family planning clients to set up a community-based distribution program.
- The CBD workers may need information on the status of each client in order to plan counseling visits and determine the amounts of contraceptives they will need.
- Supervisors may need information on the number of clients being served by each CBD worker to determine the most effective means of providing the CBD workers with incentives and support.
- Managers may need summary information on service cost and quality, client satisfaction, and reasons for discontinuation or method switches, in order to determine how to improve program strategies and quality.

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*Analysis and interpretation*

**Consider whether you and your staff have the appropriate information in a usable form at the time when it is needed. For example:**

- CBD workers may use village maps to keep track of where family planning clients live and what kind of contraceptives they are receiving.
- Supervisors may monitor the effectiveness of individual CBD workers by using simple charts that show the results of home visits for each CBD worker they supervise.
- Clinic managers may use simple graphs and charts depicting the number of family planning clinic visits, the number of new clients, and the number of continuing users to monitor and evaluate the status of their program.

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*Format of reports and appropriate content*

**Consider how to use information to provide effective feedback to your staff. For example:**

- Supervisors can motivate their staff to work harder by allowing them to see how their performance compares with that of their colleagues.
- Feedback can be used to show the program's achievements, which can be used to generate political support.

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*Giving feedback*

**Vignette****The Importance of Accurate and Timely Information**

Mr. Alvarez, the Regional Family Planning Manager, opened a large envelope that had just been delivered from the central office. It contained the results of a mini family planning survey which a team from the local university had conducted in his region a month earlier for the Family Planning Division of the Ministry of Health. Attached was a letter from the Director of Service Statistics, saying that the survey showed a significantly lower contraceptive prevalence rate (CPR) than was indicated by the most recent regular service statistics, which were already a year old. Mr. Alvarez decided to call a meeting of all of the clinic managers in his region to find out why there was such a discrepancy between the service statistics and the mini survey results.

Mr. Alvarez opened the meeting by describing the survey findings to the clinic managers. "The survey found that the contraceptive prevalence rate for this area is 27 percent," Mr. Alvarez began, "but our service statistics last year calculated the CPR to be 43 percent. Does anyone have any ideas as to why the difference between the two is so great? What problems have you noticed with the service statistics system?"

"Perhaps the problem is that the people who fill out the forms don't know how to do it correctly," said Mrs. Garcia, one of the managers. "I have often heard complaints from the people in my office who compile the information that the forms are not filled in correctly. Information is written in the wrong places or they don't use the standard terminology in filling them out, so some information is lost."

"On some of my field visits," Mrs. Torruella said, "I have heard people complain that it takes a long time to fill in the forms, and they don't know why they have to do it or what the information is used for. I get the feeling that many of them think that the forms are too complicated, and they don't seem to care about filling them out carefully. They see it as a big chore, and they don't seem to understand the importance of submitting the forms on time."

Mr. Perez then said, "When I asked that they start collecting information on complications and side effects of the contraceptives the program offers, the clinic staff really complained. They said that they didn't have enough time as it was to collect the information, and they didn't see why it was really necessary."

"Well," said Mr. Alvarez, "We seem to have several problems here. It seems that the information we have been collecting is not very accurate or complete, and it is certainly always late. The survey has revealed that our statistics are not accurate. Both the survey and our service statistics show that the number of new family planning users has increased in recent years, but apparently we have not been doing a good job of collecting and analyzing information on the people who stop using family planning. Because the survey's figures are lower than ours, it makes it look as though our program is not doing a good job. We must make our service statistics system accurate so that this won't happen again."

"You have indicated that the people who collect and compile the information don't see why it is important," Mr. Alvarez continued. "I think you all need to meet with your program staff and try to help them to understand why it is so important that the information they collect be accurate and complete. If it is not accurate or complete, we as managers won't have a good understanding of how well the program is doing, and we won't be able to set good targets or to know whether the targets have really been met. It is also very important that the information be turned in and analyzed on time. If the only information we have to work with is a year old, we won't have an accurate picture of the current situation. We need updated information so that we can make informed decisions about planning programs and assigning funds. The program staff need to understand why it is important to do a good job collecting this information in order to take it seriously and do it well. Also, make sure to let them know when they are doing a good job. This will help them to feel that this is an important part of their work and that their good work is really appreciated."

## Taking Action to Improve the Management Information System

Your review will tell you in what areas you need to improve your MIS. There are a number of ways in which an information system can be improved. Most improvements will be made by:

- Eliminating unnecessary information;
- Improving the way you give feedback;
- Involving your staff in the regular use of the information for planning, monitoring, and evaluating their activities.

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*Simple ways to improve the MIS*

Below are examples of simple actions to take which can greatly improve the effectiveness of the management information system:

**Data Collection:** Clinic forms are often illegible because there isn't enough space to record the required information. This problem can be resolved by eliminating unnecessary information and redesigning the form, incorporating any suggestions made by the staff that fills out the form and training staff in the use of the new form.

**Data Recording:** Staff members make many mistakes in totalling information from the registers. Simple summary sheets with instructions and training in their use may help reduce these mathematical errors.

**Data Analysis and Interpretation:** The CBD program supervisors may not use the monthly information on the number of users to monitor the performance of each CBD worker because the reports are too difficult to read. A simple graph that visually illustrates the performance of each CBD worker may improve monitoring and the performance of CBD workers.

The manager should make clinical service personnel aware of the importance of accurately collecting, tabulating, and analyzing data for reporting. One of the ways to do this is to use the reports as a means of evaluating the performance of clinical service personnel and giving feedback on the basis of the reports.

**How to ...**

**Keep your MIS on the right track**

As you develop or improve your MIS, check periodically to see if you are on the right track. Apply the following criteria to verify that the management information system is meeting your needs:

- The MIS is becoming more accessible. It can be used by either you or your staff after appropriate orientation and training.
- The MIS is becoming less of a burden to staff. Staff members at all levels increasingly perceive it to be an important management tool, **not** as a set of difficult, time-consuming activities.
- The MIS is helping you to make more informed decisions.
- You have a reason for collecting each item of information.
- The information is becoming more up-to-date, reliable, and accurate.

If you agree with each of these statements as you work on improving your MIS, you can feel confident that you are on the right track.

## DETERMINING WHAT INFORMATION YOUR PROGRAM NEEDS

The first part of this chapter guided you through the basic principles of designing or assessing a management information system. This section will help you to select the information you need in order to plan, monitor, and evaluate your family planning programs.

In general, a family planning manager needs two types of information: performance information and operational information.

**Performance information** is needed for planning and evaluating family planning programs. It is used first to formulate the goals and objectives of a program and later to determine the results and impact of that program. Selecting the right performance information is important because family planning programs can have different goals and objectives, such as:

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*Performance information*

- Safeguarding maternal and child health;
- Spacing pregnancies;
- Avoiding unwanted births;
- Reducing fertility.

It is important to make sure that the information will be pertinent to the results and impact you wish to evaluate. Performance information can be grouped into six categories:

- Target group characteristics;
- Fertility characteristics of clients;
- Mixture of contraceptive methods;
- Contraceptive failure and discontinuation of use;
- Quality of services;
- Level of community participation and support.

Not all programs need to collect performance information. It is expensive to collect, and managers may judge that the time and effort needed to collect it outweigh its benefit to their programs. The table on the next page provides some examples of performance information, how it can be used, and what kinds of decisions can be made using this information.

**Tools and Techniques**

**Performance Information That Can Be Used to Measure Family Planning Program Results and Impact**

<b>Information categories</b>	<b>Data to gather</b>	<b>Using the information</b>	<b>Making decisions</b>
<b>Socio-economic characteristics of target groups</b>	<ul style="list-style-type: none"> <li>• Income levels.</li> <li>• Rural-urban breakdown.</li> <li>• Educational levels.</li> </ul>	<ul style="list-style-type: none"> <li>• Managers can determine what variables influence acceptance of family planning and utilization of services.</li> </ul>	<ul style="list-style-type: none"> <li>• Allocation of effort and resources to maximize demand for and utilization of family planning services.</li> </ul>
<b>Factors influencing fertility</b>	<ul style="list-style-type: none"> <li>• Age of marriage.</li> <li>• Parity when contraception begins.</li> <li>• Years married prior to contraception.</li> </ul>	<ul style="list-style-type: none"> <li>• Managers can determine whether the current users will influence population growth.</li> </ul>	<ul style="list-style-type: none"> <li>• Formulation of objectives and selection of target groups for maximum program impact.</li> </ul>
<b>Demand for and use of contraceptive methods</b>	<ul style="list-style-type: none"> <li>• Ratios of permanent to temporary methods.</li> <li>• Sources of supply for each method.</li> <li>• Unit costs for delivering the different methods.</li> <li>• Reasons for choosing contraceptives.</li> <li>• Reasons for practicing family planning.</li> </ul>	<ul style="list-style-type: none"> <li>• Managers can determine whether the contraceptive supply and distribution system is compatible with user needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Selection of contraceptive mix to achieve program objectives and satisfy users.</li> </ul>
<b>Discontinuation of use and contraceptive failure</b>	<ul style="list-style-type: none"> <li>• Discontinuation rates per contraceptive.</li> <li>• Failure rates per contraceptive.</li> <li>• Side effects and complications related to contraceptive use.</li> <li>• Reasons for discontinuation.</li> <li>• Results of discontinuing a method.</li> </ul>	<ul style="list-style-type: none"> <li>• Managers can determine how satisfied users are with the family planning program.</li> </ul>	<ul style="list-style-type: none"> <li>• Formulating best method mix.</li> <li>• What types of personnel to assign.</li> <li>• How to balance clinic and community services.</li> </ul>
<b>Quality of services</b>	<ul style="list-style-type: none"> <li>• Application of clinical protocols.</li> <li>• Behavior, competence, and experience of staff.</li> <li>• Physical environment of clinic.</li> </ul>	<ul style="list-style-type: none"> <li>• Managers can take action to improve existing services.</li> </ul>	<ul style="list-style-type: none"> <li>• Formulating best method mix.</li> <li>• Training and supervising staff.</li> <li>• Choosing most effective delivery system.</li> </ul>
<b>Characteristics of community participation and support</b>	<ul style="list-style-type: none"> <li>• Level of community participation.</li> <li>• Amount of community financing.</li> <li>• Approaches to follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>• Managers can use this information to decide on the best strategy to increase community involvement and motivation.</li> </ul>	<ul style="list-style-type: none"> <li>• Assess prospects for community self-financing of family planning program.</li> </ul>

**Operational information** is used to assess how well a family planning program is functioning. It provides information on the use of time, people, money, and other material resources. Having timely, accurate, and complete operational information allows you to identify quickly any problems that might prevent you from achieving your objectives.

*Operational  
information*

Operational information includes information about:

- Work plan implementation;
- Costs and expenditures;
- Staffing and supervision;
- Logistics.

The table on the next page provides some examples of operational information, how it can be used, and what kinds of decisions can be made using this information.

With so much information potentially available, how do you know which information to choose?

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*Choosing the  
information that  
you need*

In principle, since the purpose of the MIS is to help you make better decisions, the information you choose should be linked directly to the decisions you make. However, in practice, it is impossible to predict in advance all the decisions you will have to make. There will always be many important decisions that you will not be able to anticipate. Therefore, rather than trying to identify all the specific decisions you might make, a more practical approach is to think about the types of decisions you are currently making. For these types of decisions you need information that permits you to determine whether you are achieving the kind of result that you expected.

<b>Tools and Techniques</b>
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### Operational Information for Monitoring Family Planning Program Operations

<b>Information categories</b>	<b>Data to gather</b>	<b>Using the information</b>	<b>Making decisions</b>
<b>Work plan implementation</b>	<ul style="list-style-type: none"> <li>• Timing of activities.</li> <li>• Availability of personnel and material resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Managers can ensure that staff and other resources are available for planned activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Re-scheduling activities and re-deployment of staff and resources as needed.</li> </ul>
<b>Costs and expenditures</b>	<ul style="list-style-type: none"> <li>• Budgeted amounts, obligations, accruals and balances for personnel, contraceptives, supplies, equipment, infrastructure, maintenance.</li> </ul>	<ul style="list-style-type: none"> <li>• Managers can ensure that funds are available to execute planned program activities and can determine what services cost and how to price them.</li> </ul>	<ul style="list-style-type: none"> <li>• Authorizing expenditures.</li> <li>• Budget and program revisions.</li> <li>• Community participation in, versus government subsidies of, program costs.</li> </ul>
<b>Staffing and supervision</b>	<ul style="list-style-type: none"> <li>• Knowledge, attitudes, and skills of staff.</li> <li>• Educational level of staff.</li> <li>• Salaries, benefits.</li> <li>• On-the-job performance.</li> </ul>	<ul style="list-style-type: none"> <li>• Managers can motivate staff, help solve their job-related problems, and advise them on career advancement.</li> </ul>	<ul style="list-style-type: none"> <li>• Placement, additional training, promotion, disciplinary action.</li> </ul>
<b>Commodities</b>	<ul style="list-style-type: none"> <li>• Inventories, ordering and shipment status, transport and vehicle conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• Managers can ensure that contraceptive supplies regularly reach distribution points in appropriate quantities and usable condition.</li> </ul>	<ul style="list-style-type: none"> <li>• Quantities to order.</li> <li>• Dates on which to order.</li> <li>• Amount of reserves to maintain for emergency use.</li> </ul>

## Selecting Indicators

Indicators are usually numerical measures that help you to compare expected results with actual results on a periodic basis. The best indicators are those that are easy to calculate, allow for comparisons between small and large units such as a village or a region, and summarize a great deal of activity in one figure.

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*Choosing the best indicators*

You can have performance indicators as well as operational indicators. Operational indicators usually measure inputs, process, and outputs and are often numbers. Performance indicators usually measure results and impact and are often expressed as ratios or percentages. When an indicator is expressed as a ratio or a percentage, it will have a numerator and a denominator. The numerator measures a characteristic of the family planning program; the denominator measures the total population that shares this characteristic.

The most common and well-known performance indicator for family planning programs is the Contraceptive Prevalence Rate (CPR). Its numerator is the number of family planning users in the population and its denominator is the total number of potential users. Continuing User Rates, another important indicator of performance, has as its numerator the number of women practicing contraception at the end of a specified period of time and, as its denominator, all women who accepted a contraceptive within that specified time period whether or not they are still using contraception.

Because the definitions of numerators and denominators for common family planning indicators are not uniform, it is important to be clear about the definitions of the numerator and denominator for the indicators that you select. This is especially important if you use your indicator to compare your program's performance with other programs. For example, in calculating the CPR or the Continuing User Rates, the results will vary according to the denominator you choose: married couples, married women of reproductive age, or all women of reproductive age. If you are comparing the CPR in your program with that of another program, you must be sure that the numerator and denominator for CPR have the same definitions. Terms that are subject to many interpretations and therefore require careful attention to their definition include: new clients, continuing users, discontinuers, contraceptives distributed, service delivery points, referrals, revisits, and community-based distribution contacts.

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*Defining the numerator and denominator of performance indicators*

The indicators listed on the following page, which have been developed for family planning programs over the years, can help give you ideas about what indicators to select. However, this list cannot and should not replace the task of making rational choices about the information you need. Make sure you have a good reason for choosing each indicator that you have selected.

## Tools and Techniques

### Common Indicators for a Family Planning Program

#### Inputs (Resources, Activities)

- Total funds received from donors and clients
- Total commodities (supplies, equipment, contraceptives) received
- Training and technical assistance received by project staff
- Funds expended
- Supplies and contraceptives expended (subtract inventory from amount received)
- Items in the work plan, such as people hired, etc.

#### Outputs (Services, Training, IEC)

- Number of new clients, given by choice of contraceptive method
- Number of providers trained, by type (doctors, nurses, distributors, etc.)
- Number of clinics or distribution posts opened
- Number of educational materials produced, by type
- Number of community meetings and number of people informed at meetings
- Number of referrals for clinical methods, broken down by method
- Number of revisits (for clinics)
- Number of contraceptives distributed, by contraceptive method
- Number of couple years of protection provided

#### Indicators of Quality of Care (Some of these indicators can only be measured through evaluation research, depending on the program's MIS)

- Providers' level of adherence to informed choice protocols
- Providers' level of adherence to clinical protocols for each method
- Method mix offered
- Percentage of clients referred by other clients (indicator of client satisfaction)
- Continuation rates in program (method switchers, child spacers, and clients moving out of area not counted as discontinuers)
- Percentage of clients expressing satisfaction with the service

#### Indicators of Effectiveness

- Percentage of couples of reproductive age in the catchment area served by the program
- Indicators of knowledge of, attitudes toward, and practice of family planning in program area

#### Indicators of Impact

- Contraceptive prevalence in area
- Crude birth rate in area
- Induced abortion rates in area (if available)
- Total and age-specific fertility rates in area
- Infant mortality rate
- Maternal mortality rate
- Rate of high-risk births (to women over 35 or grand multipara)

Although extremely useful, indicators may need to be supplemented with other types of information. For example, if you choose the CPR as an indicator, it is important to supplement this indicator with other information, such as the contraceptive failure rate, the rate of discontinuation in the program, or the average duration of contraceptive use. Without this supplementary information, the CPR could give a false impression of the impact of the program on fertility reduction.

*Supplementing indicators with other information*

**How to ...**

**Choose indicators systematically**

It is important to select indicators systematically. The indicators should be pertinent and provide you with enough information about the program to make well-informed decisions and take appropriate action.

As a manager, you are often concerned with monitoring and evaluation. For monitoring purposes, you can choose operational indicators based on program inputs, process, and output. To evaluate program performance, you can use indicators based on program results and impact.

Examples of indicators are presented in the table below. Use the framework to organize your thinking and select the most appropriate indicators for your program.

Category	Type of Family Planning Program			
	Clinic-Based	Community-Based	Commercial	IEC
<b>Input</b>	Ratio of staff trained in family planning to program requirements	Ratio of CBD workers to target population in the community	Number of commercial outlets distributing contraceptives	Number of IEC materials developed for the family planning program
<b>Process</b>	Number of clients seen by each service provider per day	Quantities of contraceptives distributed through contacts with target population	Number of outlets supplying information on contraceptive use along with contraceptive	Number of trained personnel using IEC materials in motivation sessions
<b>Output</b>	Percentage of clinic users satisfied with clinic service	Percentage of target population who are contacted by CBD workers who become clients	Percentage of target population obtaining contraceptives regularly from commercial outlets	Percentage of target population reached via IEC materials
<b>Result</b>	Percentage of new clients who become continuing users according to established criteria	Percentage of target population practicing contraception who receive supplies from CBD workers	Percentage of target population switching from other provider to commercial outlet	Percentage of target population who remember IEC message
<b>Impact</b>	Percentage of clients switching to permanent contraceptive methods	Percentage of target population receiving supplies from CBD workers who become continuing users	Percentage of target population using commercial outlet who indicate satisfaction	Percentage of target population taking action as a result of IEC message

*Choosing the data you need for your indicators*

Once you have selected your indicators, review your existing management information system to verify that you can obtain information for each indicator you have selected. Use the framework presented in the example below to determine what data you will need, how you will get this data, and how accurate the data must be in order to be useful. To have a useful indicator, you will need not only the required data but also an acceptable degree of accuracy and reliability.

In the table below, the framework has been used to chart the information needs of a community-based program. This framework will help you to chart your information needs and your sources of information. It will also help you to update and adjust your management information system over time.

**Tools and Techniques**

**Charting Information Needs in Community-Based Family Planning Programs**

Indicator	Data required	Source of data	Degree of accuracy and reliability
<b>INPUT</b> Ratio of CBD workers per target population	Number of staff directly involved in service delivery. Target population.	Program personnel files. Registry, map, or estimate of target population.	High
<b>PROCESS</b> Rate of CBD worker contacts with target population per month	Number of CBD workers active in the target area. Number of visits to target population in the catchment area.	Register of CBD workers. Log book of CBD worker activities.	High
<b>OUTPUT</b> Average number of new clients per CBD worker	Total number of new clients in the catchment area. Total number of active CBD workers in the catchment area.	Monthly register of contraceptives distributed per community. Activity book of CBD workers.	High
<b>RESULT</b> Percentage of continuing users in the target population	Number in target population who are resupplied by CBD workers three times in a year. Number in target population contacted by the CBD workers during the period.	Sample survey of target population. Register of clients receiving contraceptive supplies.	High
<b>IMPACT</b> Percentage of women achieving the desired total fertility rate	Number of new clients in the catchment areas. Number of continuing users. Number of continuing users planning to continue to practice contraception after two year's use.	Reports of program activities. Reports of program activities. Sample survey.	High

## MOVING AND USING INFORMATION IN YOUR ORGANIZATION

All the administrative and professional staff in your family planning program will need to use information to make better decisions. Once you have decided the kind of information each person or unit needs, you must determine the most efficient way to obtain and report the information. The movement of information within your organization is called information flow.

*Determining how information will be obtained and reported*

Information flow depends on several factors:

- **Who needs the information.** Detailed information on the project bank account should go to the finance manager.
- **How the information is used.** The program director may need to combine clinical and financial data to assess the cost-effectiveness of the services provided at different clinics.
- **What level of detail is needed.** The family planning provider may need very detailed information on the status of each client.
- **What format should be used to present the information (tables, charts, reports).** The regional program director may require tables summarizing information on continuing users by district, in order to compare family planning coverage among providers in his region.

As information moves from one user to another, the amount of detail provided and the format in which the information is presented will change. These changes in detail and format (words, numerical tables, charts, or graphs) should correspond to the needs of the user and the level at which the information will be used.

### How to ...

#### Chart information flow

To ensure that the information is moving as needed, you can prepare an information flow table. This table shows the staff who will need to use the information, how the information will be used by each staff member, how detailed the information needs to be, and what reporting needs to be done with the information you plan to collect.

This table will help you to verify whether the information is circulating appropriately, to discover what information flow problems exist, and to decide what to do to improve the situation. You can continually update this table to see how your information flow changes as the program evolves and information needs change. In the following example, the information flow chart has been filled out for a community-based distribution program.

Continued

Continued

## Charting Information Flow in a Community-Based Family Planning Program

Indicator	Users	Ways information is used	Level of detail needed	Reporting requirements:
<b>INPUT</b> Ratio of CBD workers to target population	CBD Worker	To plan the schedule of monthly visits.	Identification of individuals in target population and number of times seen.	Report to CBD supervisor on the number of visits per individual in target population.
	CBD Supervisor	To plan support visits and determine contraceptive supply for each CBD worker.	Number in target population becoming clients.	Report to program manager on the average number of individuals in target population per CBD worker.
	Area Manager	To decide on the appropriate CBD worker/population ratio to ensure effective generation of demand and user supply follow-up.	Number in target population per CBD worker and number of contacts per CBD worker per month.	
<b>PROCESS</b> Rate of CBD worker contacts with target population per month	CBD Supervisor	To monitor the activity of CBD workers and determine what support to provide.	Number of CBD worker contacts with target population per month per CBD worker, and content of each contact.	Supervisors report the percentage of CBD workers meeting the criteria established for contacts.
<b>OUTPUT</b> Average number of new clients per CBD worker	CBD Supervisor	To determine if target population is being reached through program strategy.	Number of new clients per month by method. Number of new clients per month being supplied by CBD workers.	Supervisors report the percentage of the target population accepting contraceptives; program managers report the percentage of the contraceptive prevalence objectives being reached.
	Area Manager	To set new objectives.	Areas where number of new clients is approaching target.	
<b>RESULT</b> Percentage of continuing users in the target population	CBD Supervisor	To determine which CBD workers require more intensive supervision and support.	Percentage of new clients becoming continuing users per CBD worker.	Reports data on CBD workers, new clients, continuing users, and methods to area managers. Reports contraceptive requirements, based on use and trends, to program director.
	Area Manager	To determine the contraceptive requirements of the area.	Method preferences by new client and continuing user.	
	Program Director	To determine whether the CBD strategy is cost-effective, and to plan incentive budget for new program year.	Percentage of target population becoming continuing users through CBD program.	Reports on attainment of objective to political authorities and donors.
<b>IMPACT</b> Percentage of women achieving the desired total fertility rate	Program Director	To determine new objectives for long-term planning.	Percentage of population revising their norms of family size. Percentage of population deciding on smaller family sizes. Percentage of continuing users with smaller family size goals.	Reports on achievement of population policy objectives to political authorities and donors.

## Collecting Information

After you have selected the appropriate indicators, identified the sources of information, and considered how the information will flow among your staff, you are ready to review the instruments and procedures for collecting data. A great deal of effort often goes into routine information collection, so it is important to ensure that the information is easy to collect and use.

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*Selecting  
instruments for  
collecting data*

Routine data are obtained from different sources using different types of data collection instruments. The types of instruments required will depend on the information you need to collect.

Common types of service-related data collection instruments include:

- Individual client record;
- Clinic contraceptive service register;
- Village contraceptive distribution register;
- Contraceptive service delivery register for private providers;
- Client log of family planning clinics;
- Registration and mapping of potential family planning users.

In addition, a family planning program requires administrative data, which can be collected using the following instruments:

- Contraceptive inventory form;
- Record of a supervisory session.

All data collection instruments should be thought of as a package of inter-related tools that help managers to obtain the information that they need in order to make good management decisions.

<b>Tools and Techniques</b>
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### Common Routine Data Collection Instruments and Their Uses

<b>Instrument</b>	<b>Who uses it</b>	<b>What it is used for</b>	<b>Major data to include</b>	<b>Making it easy to use</b>	<b>What you can learn</b>
<b>Client record</b>	Physician Nurse Clinical family planning provider	Identify client characteristics. Monitor side effects and complications. Monitor method changes. Monitor contraceptive efficacy.	Demographic data. Fertility history. Health problems. Contraceptive choices. Contraceptive outcomes.	Provide plenty of space for data entries. Use checklists whenever possible. Include instructions for filling in data. Limit number of entries to one page to avoid overcrowding and illegibility. Highlight data areas of particular interest for easy reference.	Simple tabulations to get average characteristics of clients. Cross tabulations of two different data items such as complications and methods.
<b>Register</b>	Nurse Auxiliary	Differentiate new clients from continuing users. Compare utilization of different methods. Compare utilization of contraceptives with inventory data. Determine service utilization and outputs.	Status of acceptors. Contraceptive selected.	Provide sufficient space for data entries. Limit number of columns on a page. Include instructions for filling in data. Provide space for periodic summaries and daily tallies.	Total number and percentages of new clients and continuing users per month. Total number and percentages of contraceptive methods per month.
<b>Inventory form</b>	Administrator  Clerical assistant	Determine monthly contraceptive needs. Determine when to place orders for contraceptives.	Opening and daily balances for each contraceptive. Quantities entered and withdrawn. Daily and final closing balances. Dates for each entry and withdrawal.	Provide separate column for each item of information. Provide instructions for entering information. Clearly distinguish between opening and closing balances.	Monthly utilization rates for each contraceptive. Safety and reserve quantities for each contraceptive.
<b>Supervisory forms</b>	Supervisor	Determine quality of staff performance and service delivery.	Tasks of provider. Availability of supplies and equipment. Upkeep and maintenance of infrastructure.	Provide checklist of items. Provide space to summarize assessment. Provide instructions for completing form.	Problems in service delivery. Problems in personnel and program management.
<b>Community-based contraceptive distribution form</b>	Local non-clinic distributor CBD worker	Monitor contraceptive supply in village or urban neighborhood.	Client names. Contraceptive method. New client or continuing user.	Provide sufficient space for data entries. Limit number of columns on a page. Include instructions for filling in data. Provide space for periodic summaries and daily tallies.	Percentage of clients in area paying for contraceptives.
<b>Map of current target population</b>	CBD worker Village family planning aide	Monitor acceptor status in village or urban neighborhood among target population.	Residences. User status. Current contraceptive method. Past contraceptive methods.	Prepare map of family planning acceptors. Use color code for acceptor status and use of different methods.	Contraceptive prevalence in a small area. New clients and continuing users. Frequency of method-switching in the area.

**How to ...****Improve routine information collection**

Examine the records, registers, and forms to see if they supply the information you need. Identify the forms that need improvement. If you can make changes to any of these forms, involve your staff in deciding how to improve the record, register, or form.

If you need to create a new record, register, or form, make sure that the design of the form makes it easy to record and tabulate the information accurately. Many records and forms tend to compress a great deal of information on one sheet of paper. The result is often illegible. If data collection instruments are illegible, the information will be ignored because staff are too busy to interpret the writing on the page. Time is wasted in filling out the form, and information is wasted because the forms are unreadable.

The table below, Improving Data Collection Instruments, identifies some common problems in data collection, the source of those problems, and how to eliminate them.

**Improving Data Collection Instruments**

<b>Kinds of problems</b>	<b>Sources of problems</b>	<b>Eliminating problems</b>
<b>Errors in recording</b>	<ul style="list-style-type: none"> <li>• Too many data items on a single page.</li> <li>• Data items unclearly labelled.</li> <li>• No instructions for data entry.</li> <li>• Data need to be re-copied several times on different forms.</li> </ul>	<ul style="list-style-type: none"> <li>• Limit number of data items per page. Use checklists wherever possible.</li> <li>• Label data items in large letters.</li> <li>• Provide instructions for each data entry.</li> <li>• Use carbons if re-copying is necessary.</li> </ul>
<b>Errors in deciphering</b>	<ul style="list-style-type: none"> <li>• Entries are illegible.</li> <li>• Data entries are abbreviated because of insufficient entry space.</li> </ul>	<ul style="list-style-type: none"> <li>• Use checklist to avoid illegible handwriting.</li> <li>• Leave sufficient space to avoid abbreviations.</li> </ul>
<b>Errors in tabulating</b>	<ul style="list-style-type: none"> <li>• Columns are too long.</li> <li>• Too many columns on a single page.</li> </ul>	<ul style="list-style-type: none"> <li>• Add summary lines in long columns.</li> <li>• Limit number of columns to five columns per page.</li> <li>• Add a sheet for page summaries.</li> </ul>

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*Working with  
forms and records  
you cannot  
modify*

When records, registers, and forms cannot be modified right away, make the best of the forms that you have by aiming for accuracy, legibility, and ease of tabulation.

After you have identified the key indicators you wish to use, you may find that all the information in the current forms and registers is useful now that you know how and why to use it. If the instruments provide more information than is necessary, prepare a supplementary tabulation sheet to obtain daily summaries of the information you require. Daily summaries will ensure that you have access to the key indicator information as it is needed.

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*Instructions for  
data collection*

When all the data collection instruments are in final form, it is advisable to prepare a short manual on how to use each instrument. The manual should describe who should fill out the forms and how often and under what circumstances they need to be filled out, and it should provide detailed instructions on how the forms should be filled out. In addition, the manual should describe the reporting format and indicate how frequently and to whom the report should be sent. The manual should also indicate examples of how the information could be used. An example of instructions from a recording and reporting system manual is shown on the next page.

## Example from Indonesia

**Data Collection Forms**

The National Family Planning Coordinating Board (BKKBN) coordinates all MIS activities in the Indonesia family planning program. Over the years, it has developed an integrated monitoring and evaluation system. At the clinic level, BKKBN uses five key forms:

The **Clinic Identification Card for Self-Sufficient User** is provided to every new clinic visitor. This identification card is prepared in duplicate; one copy goes to the contraceptive distribution headquarters of the clinic to which the client belongs, and the other copy is given to the client. It serves as an identification card for the client.

The **Clinic Client Card** is filled out for each new clinic visitor. The card has two sides. The back side (not included in the examples that follow) is used to record the examination results when the client returns to the family planning clinic for further visits. The front side is used to record clinical information on the client.

The **Clinic Register** is designed to help the clinic staff to prepare the Clinic Monthly Report. It records the clinic's day-to-day activities in contraceptive services, both in the clinic and through the mobile teams.

The **Clinic Contraceptive Register** records contraceptive stock in the clinic and is designed to make it easier for the clinic staff to prepare the Clinic Monthly Report. The register provides a line entry for daily receipts and releases of contraceptives. At the end of the month, totals of stock received, distributed, and on hand are computed. A new register page is used at the beginning of each month.

The **Family Planning Clinic Monthly Report** provides aggregate data on all activities for which information is collected and for all contraceptive stock in the clinic. The Clinic Monthly Reports are summarized at the district level for all clinics within the district.

The examples on the following pages are adapted from the current record system developed by BKKBN.

Continued

Continued

### Clinic Identification Card for Self-Sufficient User



**IDENTIFICATION  
CARD FOR  
SELF-SUFFICIENT USER**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Name of husband/wife: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date/method: \_\_\_\_\_

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Doctor/Midwife	Officer in charge	Client signature
_____	_____	_____

Clinic code number: \_\_\_\_\_      Client serial number: \_\_\_\_\_

Continued

Continued

Example from Indonesia

**Clinic Client Card**

I. Date of Visit: \_\_\_\_\_  
 Name of Client: \_\_\_\_\_  
 Name of Husband: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (For Armed Forces) Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

II. General Condition: \_\_\_\_\_ Last Menstrual Period: \_\_\_\_\_  
 Blood Pressure: \_\_\_\_\_ Weight: \_\_\_\_\_

III. To be filled out before giving pill, ask and notice the following:

	Yes	No
1. Blood pressure more than 150/100 _____		
2. Skin or eyes appear yellowish _____		
3. Lump in breast _____		
4. Swollen or throbbing varices _____		
5. Heavy or frequent menses _____		
6. Difficult breathing _____		
7. Frequent headache _____		

Explanation:

- a. Put X mark in proper column.
- b. For questions 1-4, also conduct examination.
- c. If all answers are "NO", patient can be given pill by midwife.
- d. If there is a "YES" answer, patient should be examined by a physician before being provided with pills.

IV. Internal Examination:

Position of Uterus: Retro/Anteflexy

	Yes	No
1. Sign of pregnancy _____		
2. Sign of inflammation _____		
3. Tumor _____		

Explanation:

- a. Put X mark in proper column.
- b. If all answers are "NO", IUD may be inserted.

V. Contraceptive Given:

	Yes	No
1. <input type="checkbox"/> IUD Type of IUD: _____ Difficulty in insertion <input type="checkbox"/>		
2. <input type="checkbox"/> Pill Total number of strips: _____		
3. <input type="checkbox"/> Condom		
4. <input type="checkbox"/> Vaginal cream/tablet		
5. <input type="checkbox"/> Male sterilization		
6. <input type="checkbox"/> Female sterilization		
7. <input type="checkbox"/> Injectable		
8. <input type="checkbox"/> Implant		

VI. Return Visit: \_\_\_\_\_

VII. Additional Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_

Continued





Continued

Family Planning Clinic Monthly Report

Example from Indonesia

Name of FP clinic: \_\_\_\_\_

Name of sub district: \_\_\_\_\_

Clinic status: 1. Min. of Health 2. Armed Forces 3. Other Govt. Institution 4. Private

I. Service Frequency 1. Clinic open this month: \_\_\_\_\_ days

2. Mobile FP team service this month: \_\_\_\_\_ days

II. Service Outputs

Contraceptive #	Contraceptive Method	New Acceptor (Persons)			Contraceptive Method Switches (Persons)			
		FP Clinic Hospital	Mobile FP Team	Total	FP Clinic/Hospital Mobile Team/FP Program			
1	2	3	4	5	6			
1.	IUD							
2.	Pill							
3.	Condom							
4.	Vaginal Tablet							
5.	Male Sterilization							
6.	Female Sterilization							
7.	Injectable							
8.	Implant							
TOTAL								

III. Contraceptive Distribution (Initial and Resupply)

Contraceptive #	Contraceptive Method	Contraceptive Dispensed to Acceptors (Initial and Resupply)			
		FP Clinic Hospital	Mobile Family Planning Team	VCDC*	Total
1	2	3	4	5	6
1.	Pills (cycle)				
2.	Condom (dozen)				
3.	Vaginal Tablet (tube)				
4.	Injectable (flagon)				
5.	Implant (unit)				

Note: This monthly report should be sent to Central BKKBN no later than the fifth day after the reporting month.

\*VCDC = Village Community Distribution Center

Clinic code number: \_\_\_\_\_

Sub district code: \_\_\_\_\_

Month: \_\_\_\_\_ 19 \_\_\_\_\_

IV. Counseling, Side Effects/Complications, and Failure

Contraceptive #	Contraceptive Method	Counseling		Side Effects/Complications						Failure		
		Pot. User	Cont. User	Minor		Major		Total		A	B	Tot
		3	4	A	B	A	B	A	B	11	12	13
1.	Sterilization/M											
2.	Sterilization/F											
3.	IUD											
4.	Injectable											
5.	Implant											
TOTAL												

A = Unreversible

B = Reversible

V. Contraceptive Service Outlets

Contraceptive #	Contraceptive Method	FP Clinic		Balance at VCDC* before taken to clinic
		Dispensed this month	Stock at end of month	
1	2	3	4	5
1.	IUD			
2.	Pill (Cycle)			
3.	Condom (dozen)			
4.	Injectable (flagon)			
5.	Implant (unit)			

VI. Remarks: \_\_\_\_\_

Clinic officer in charge: \_\_\_\_\_

## Using Non-Routine Information to Make Decisions

Sometimes managers will need information that is not available from the records, registers, or forms that are used routinely. Examples of non-routine information include special characteristics of clients and providers and the way family planning services are delivered. Special survey and research methods can be used to obtain this type of information. These methods may involve added expense and may require specialists to design and carry them out.

Your role as family planning manager is to identify times that you need additional information and to contact an expert to help you design and conduct these special investigations. You should ensure that both you and your staff are involved in the design and implementation of these special investigations, as well as in the analysis and interpretation of the results.

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*Collecting non-routine information*

<b>Tools and Techniques</b>
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### Non-Routine Information for Decision-Making

Method	What it is	When it is used	What to collect	When to use it	Who does it
<b>Focus group</b>	Guided in-depth discussion of a single topic by homogeneous group.	<ul style="list-style-type: none"> <li>To explore feelings of family planning users or providers.</li> <li>To obtain information on knowledge, beliefs, and practices that require probing and discussion.</li> </ul>	<ul style="list-style-type: none"> <li>Client attitudes</li> <li>Reasons for discontinuation</li> <li>Community attitudes toward family planning</li> <li>Provider attitudes</li> </ul>	If there are high discontinuation levels in the family planning program or to learn the client's perspective.	Persons who have been trained in the focus group method.
<b>Exit interview</b>	Short interview (several questions) asked of clients as they receive FP services or leave an FP clinic.	<ul style="list-style-type: none"> <li>To determine the client's immediate reaction to services.</li> <li>To identify potential problems in service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Client satisfaction</li> <li>Client dissatisfaction</li> </ul>	Whenever new services are introduced or changes made in existing services, or to determine client satisfaction with current services.	Members of the local health team who are not primarily involved in delivering family planning services.
<b>Rapid assessments</b>	Small scale surveys covering a limited geographic area.	<ul style="list-style-type: none"> <li>To verify local contraceptive prevalence rates.</li> <li>To compare different groups in the population using different family planning service alternatives.</li> <li>To identify changes in contraceptive use patterns.</li> <li>To determine the unmet demand for family planning services.</li> </ul>	<ul style="list-style-type: none"> <li>New clients</li> <li>Continuing users</li> <li>Frequency of contraceptive-related complications</li> <li>Frequency of discontinuation</li> <li>Frequency of method-switching</li> </ul>	Whenever there are unexplained or unexpected changes in family planning coverage or utilization rates.	Persons with some knowledge about the organization of surveys and sampling methods.
<b>Operations research</b>	Small research projects designed to improve the management of the family planning program.	<ul style="list-style-type: none"> <li>To identify specific operational problems relating to delivery of services or distribution.</li> <li>To test one or more solutions to specific operational problems.</li> <li>To test ways of making program operations such as supervision or logistic more effective or more cost- and resource-efficient.</li> </ul>	<ul style="list-style-type: none"> <li>Supervisory procedures</li> <li>Logistics systems</li> <li>Movement of clients in a family planning service setting</li> <li>Financial and accounting systems</li> </ul>	If program costs are high. If clients are dissatisfied. If family planning providers are dissatisfied. If there is excessive waste of contraceptives.	Persons who have been trained in research design and implementation.

**How to ...**

**Conduct a local rapid assessment for quality of care**

A local rapid assessment (LRA) is designed to provide information easily and quickly for planning and supervisory purposes. An LRA for quality of care will help you to assess the quality of the care that is provided at the clinic level. The LRA presented here has three components:

1. A specific quality assessment of family planning services that is used to compare different clinics in an area or program.
2. A rapid site assessment that provides information on the quality of the services provided at that site.
3. An organizational assessment that looks at the organization's policies and procedures to see whether they promote high-quality, client-responsive family planning services.

Any assessment of quality would be incomplete, however, if it did not take into account the clients' perception of the services. Community-based surveys, which can be done outside the clinic by surveying a sample of women in the community or through "exit interviews" of women attending the clinic, are powerful additional tools for quality of care assessment.

A client-based community survey would address such questions as:

- Where did the client go for family planning services?
- Why did the client choose this location to obtain services?
- Why did the client discontinue family planning services?
- Was the client satisfied with the services she or he received?

**Tools and Techniques**

**RAPID ASSESSMENT  
OF THE QUALITY OF CARE AT CLINICS**

**SPECIFIC QUALITY ASSESSMENT FOR FAMILY PLANNING SERVICES**

For quarterly visits

**I. DATA BASE (For the comparison of different clinics)**

- 1) Total population of target community: a) \_\_\_\_\_
- 2) Number of women aged 15-44 [usually 20% of (a)]: b) \_\_\_\_\_
- 3) Number of different women, aged 15-44, who received family  
planning services at the clinic in the past 3 months: c) \_\_\_\_\_
- 3.1) % coverage =  $\{4 \times (c)\}/(b)$ : d) \_\_\_\_\_
- 4) Number of births in community in past 3 months: e) \_\_\_\_\_
- 4.1) community birth rate =  $\{4 \times (e)\}/(a)$ : f) \_\_\_\_\_
- 5) Number of family planning return visits in past 3 months: g) \_\_\_\_\_
- 6) Number of first visits for family planning in past 3 months: h) \_\_\_\_\_
- 6.1) ratio of return visits/ first visits =  $(g)/(h)$ : i) \_\_\_\_\_
- 7) Family planning methods provided by the clinic:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Oral contraceptives | <input type="checkbox"/> Injectable contraceptives | <input type="checkbox"/> Sterilizations         |
| <input type="checkbox"/> Condoms             | <input type="checkbox"/> IUDs                      | <input type="checkbox"/> Contraceptive implants |
|  |  | <input type="checkbox"/> Other: _____           |

Number of visits for each method in past 3 months:

- Oral contraceptives \_\_\_\_\_
- Injectable contraceptives \_\_\_\_\_
- Sterilization \_\_\_\_\_
- Condoms \_\_\_\_\_
- IUDs \_\_\_\_\_
- Contraceptive implants \_\_\_\_\_
- Other \_\_\_\_\_
- TOTAL** \_\_\_\_\_

(A tally sheet to compare different clinics would follow.)

**Continued**



**Continued**

**III. ORGANIZATIONAL ASSESSMENT**

- 1) List personnel at the clinic who are doing/will do family planning activities (attach additional pages as necessary):

Name \_\_\_\_\_ Position \_\_\_\_\_

Past Training \_\_\_\_\_ F.P. Training \_\_\_\_\_ None \_\_\_\_\_

- 2) Is there a book of protocols for family planning?  Yes  No

Does it look:  Used  Unused?

- 3) Has there been a **documented** family planning supervisory visit to the clinic in the past three months?

Yes  No

If yes, explain who visited and for how long:

- 4) Are family planning activities integrated with other clinic activities?

Yes  No

Review random sample of women aged 15-44 (choose five charts or names at random from log book) seen in the past two weeks for problems other than family planning and see if there is documentation that family planning was discussed with them: \_\_\_ / 5 women

- 5) Is there a referral system for family planning problems?

Referral card seen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Filled referral card seen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Returned filled referral card seen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date on last card	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- 6) Is there a system to follow up on clients who don't return?

Yes  No

Explain:

- 7) Is there some program for the community promotion of family planning?

Yes  No

Explain:

- 8) Is there a system to facilitate return visits (for example, to pick up OCPs or get the routine injection)?

Yes  No

Explain:

## REPORTING INFORMATION

After you have charted the information needs and information flow in your organization, you need to develop an operational plan so that the information gets to the appropriate staff members in a form they can use. Your management information system needs to incorporate methods for:

- Summarizing the data collected in the records, registers, and forms;
- Analyzing the data so that it can be transformed into usable information;
- Transmitting the summarized data to others via reports that can be clearly understood;
- Drawing conclusions and making decisions based on the reported information.

Data in records, registers, and forms are extremely difficult to use in themselves. Data in client records will tell the provider what she or he needs to know about the individual client, but program managers will need a summary of this data to be able to make decisions concerning the client population as a whole rather than individual clients.

---

*Summarizing data*

Registers with long columns of data usually are not useful unless the individual items are synthesized into one or two numerical measures that provide information on the program indicator being studied.

The ability to summarize data is extremely important. The first steps in summarizing data are known as tabulations, which means adding numbers and using the totals to calculate percentages and averages. A high level of accuracy is required, and those who are responsible for this task need to have basic arithmetic skills. Since poorly designed records, registers, and forms can lead to mistakes, it is important, as noted before, to make sure that the data collection instruments help rather than interfere with the process of tabulating the data.

Tabulations of data present the first step in analyzing data. Totals, percentages, and averages usually give you basic information for your indicator measures. In many cases these summaries may be all you need to make decisions. Often totals, percentages, and averages provide sufficient information about the performance and operation of individual sites in a clinic-based program, a community-based distribution program, or a specific component of a program such as information, education, and communication.

---

*Analyzing data*

However, as a manager of a family planning program that covers a variety of sites for several types of program activities, you may need to examine the results from other perspectives in order to get the kind of information which will help in interpreting the meaning of the indicators and in making decisions.

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*Different types of data processing*

After tabulations, the main types of data processing are aggregation, disaggregation, and projection. These methods, which are explained in the chart on the following page, involve a variety of sorting techniques and mathematical skills. Small projects with few service delivery sites may be able to conduct these analyses manually. Larger projects may require some professional assistance or the help of a computer to do the analyses.

At the very least, family planning managers should always aggregate, or combine, the data if there is more than one site where activities are taking place, in order to get an overview of the program.

In aggregating the summarized data from different sites, you need to:

- Make sure the data you are aggregating come from the same type of site. Data from clinic-based programs should only be combined with data from other clinic-based programs. Similarly, data from community-based programs should only be combined with data from community-based programs.
- Make sure the aggregated information corresponds to the type of information that has been summarized from individual records, registers, or forms. If you summarize the numbers of new clients, continuing users, and contraceptive methods for each group from a clinic or community-based distribution register, you should include the exact same information from each site on the form you use to aggregate this information from the different sites. In other words, forms for aggregating information from the various program sites should be clearly related to the original information collection forms. When the forms do not match, vital information necessary for decision making will be lost.

## How to ...

## Analyze data

Processing method	What you do to the data	Where the data come from	How you get the information	How the information is presented	What you can do with the information
<b>Tabulating</b>	Add up the checks in each column of the register.	Client records, registers, surveys.	Take totals and percentages for each item in the register or survey for a given time period.	In tables, bar graphs, or pie charts.	Compare different members of the same category, such as new clients and continuing users, or use of different contraceptives.
<b>Cross-tabulating</b>	Choose two different data items to see how they are related.	Client records, registers, surveys.	Break down different items in relation to another item in the client record, register, or survey.	In special two-by-two tables in which one item is the independent variable and the other is the dependent variable.	Compare different categories of data such as age of users and methods used.
<b>Aggregating</b>	Sum up individual units to get an overall picture of a target area.	Totals from villages, family planning clinics, or family planning providers.	Take the totals on different items from each unit and add them together to get totals for a larger area.	In tables, bar graphs, or pie charts.	Compare total situation with program targets.
<b>Disaggregating</b>	Break down total situation into units.	Summary forms.	Take subtotals of particular items for specific subgroups of the population.	In tables, bar graphs, or pie charts.	Examine differences between subgroups based on age, socio-economic status, or geographical area.
<b>Projecting</b>	Forecast how major indicators will change over time.	Client records, registers, inventory forms.	Calculate rates of change in specific items during a given period in the past, and examine the impact of these rates over a given period of time in the future.	In bar or line graphs.	Predict what the project outcomes will be if the situation remains unchanged and if rates are changed.

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**Transmitting  
information**

Every time you tabulate or analyze information for your own or someone else's use, you are preparing a report. You have to plan your reporting method carefully so that the information is easily understandable and clearly relates to program performance or operational indicators. Carefully planning the tabulation and aggregation of data from the different project activities is the first step in preparing appropriate and useful reports.

In general, plan every report carefully. Using the checklist presented below will ensure that the major characteristics of a good report are present.

**Preparing a Report**

- The report is clearly dated.
- The purpose of the report is clear.
- It is clear who the recipients of the report will be and how the report will be used.
- The report addresses a specific program component or objective.
- The report specifies region, villages, clinics, or services covered.
- The report indicates the time period covered.
- The information is related to selected program indicators.
- The methods of analyzing the data are specified.
- The results of the analysis are presented.
- The amount of detail is appropriate for the recipient.
- The information is presented in an interesting and understandable way (tables, graphs, charts).
- The discussion presented in the report is necessary to explain the information.



When you prepare reports, try to use charts and graphs to present the most important information. Charts and graphs can make the information easier to understand, especially when looking at changes that occur over time (such as with the contraceptive prevalence rate) or when making a comparison, such as the use of various contraceptive methods or the acceptance of family planning among different target groups.

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*Presenting information*

Being able to understand the information easily has important benefits:

- It generates interest in the information, which promotes decision making;
- When staff members are interested in the information, they collect the data with greater attention and care and are therefore more accurate.

Reports constitute the memory of the program and the organization, so you need to make sure that everyone in your organization has easy access to them.

No reporting is complete without feedback. By letting the staff know how well the reporting has been done and how useful the information is, the manager shows appreciation of the effort which the staff have made to collect and present the information. Feedback also demonstrates the value and importance of the reports to the manager. It is one of a manager's most powerful tools for motivating staff. For example, reports can be circulated in a newsletter that presents comparisons of performance or operational achievements of the different sites in a family planning program. This newsletter can be used to motivate staff to improve their work or to maintain performance levels.

*Giving feedback*

Feedback is the way to have the management information system provide complete, timely, and accurate information for decision making. The MIS will work best if all staff members are involved in its development, if everyone is clear about its objectives, and if everyone knows that the information is being used. You, as the manager, as well as every supervisor who receives a report, must recognize the effort of the family planning workers who maintain the information system by regularly acknowledging the effort they put into this task and by providing professional assessments of the results of these efforts.

Feedback is best when it is done systematically. It is of critical importance to come full circle in the reporting process. This means that the manager must check that appropriate decisions or actions have been made based on the information provided. When reviewing reports, ask the following questions:

*Has information been reported on all the key indicators?*

*Have all gaps or insufficiencies been identified?*

*Is the information in the reports accurate and reliable?*

*Have the data been interpreted and have the conclusions been included in the report?*

*Does the report indicate decisions or actions that have been taken based on the reported information?*

As the family planning program evolves over time, you as the manager will have to revise performance and operational indicators and modify the data collection instruments. If you make changes in light of the following principle, your management information system will continue to meet your needs: **Make sure you have a reason for collecting each item of information, and make sure the information you collect is up-to-date, reliable, and accurate.**

**Managing and Using Information**

- Management information systems operate at all levels of the organization and flow into the overall MIS.
- All systems include a mechanism for providing and receiving feedback.
- The data collection instruments that collect routine information have been designed or revised to make sure all necessary information is collected, and all the information that is being collected is necessary.
- Performance and operational indicators have been developed and separated into sub-categories (inputs, outputs, process, results, impact).
- The indicators are directly related to program objectives or service delivery site targets.
- Staff members understand how indicators are used to show progress toward performance and operational objectives.
- Procedures are in place for collecting and recording information.
- A chart of the information flow has been distributed to staff.
- Reporting of information is regular, ongoing, and coordinated between systems.
- Staff have been trained to fill out the forms correctly and to use the information provided in the forms.
- Reporting forms are easy to use, in appropriate detail, and relevant to the staff members who must fill them out and to the staff members who analyze the data.
- The system has been tested to ensure that it is working and that the information that is being reported is accurate.
- The analysis of the data is accessible to the staff.

## GLOSSARY OF TERMS

**Continuing Users (also known as Active Users):** Distinguished from new clients, continuing users are contraceptive users who have continued to use a family planning method over a period of time. They are usually counted and reported on separately from new clients of a program and new users of a method.

**Continuing User Rate (also known as Active User Rate):** A key indicator whose numerator is the number of women still practicing contraception at the end of a specific period of time and whose denominator is the total number of women who accepted a contraceptive during the same specific period of time.

**Couple Years of Protection (CYP):** A measure representing the total number of years of contraceptive protection provided by a method. For each method, the CYP is calculated by taking the number of units distributed and dividing that number by a factor representing the number of units needed to protect a couple for one year.

**Impact:** The extent to which the program has made a long-term change in the attitudes, behavior, or health of the program participants.

**Impact Indicator:** A measure showing the long-term effect of the program activities on the overall population, such as changes in fertility rate.

**Input:** The resources used in a program.

**Input Indicator:** A measure of the amount of resources which are being used for a particular planned activity.

**Information Flow Table:** A chart showing the types of information (the indicators) that will be collected, how the information will be collected and reported, who will collect it, to whom it will be submitted, how it will be used, and the level of detail needed. The purpose of the chart is to ensure an appropriate flow of information in the correct sequence and to communicate to staff how the information system functions.

**Input Indicator:** A measure showing the amount of resources which are being used for a particular planned activity, over a specific period of time.

**Integrate:** To bring together information from different sources.

**Key Indicator:** The selected list of performance and operational measures which will be used for the purpose of comparing actual results with expected results for all aspects of your family planning program.

**Management Information System (MIS):** A system designed by an organization to collect and report information on a program, and which allows managers to plan, monitor, and evaluate the operations and the performance of the whole program.

**New Client (also known as First Visit or First Consultation of a Client):** Someone who receives family planning services from (an agent of) a program who has not received services from that program before.

**New User (also known as New Acceptor):** Someone who accepts a contraceptive method from (an agent of) a program for the first time. This person may be using a particular contraceptive method for the first time, or this may be the first time she/he has ever used a contraceptive method.

Continued

## Continued

**Operational Indicator:** A measure that signifies the extent to which a program is using its resources (time, money, people) and conducting activities according to the work plan.

**Operational Information:** Information that is needed to plan program activities such as the use of time, people, and money, and which is used to assess how well a family planning program is functioning.

**Output:** The type and quantities of goods and services produced by a process or a program.

**Output Indicator:** A measure showing the product or accomplishment (in numerical terms) of the activities of an individual, over a specific period of time.

**Performance Indicator:** A measure that signifies the extent to which a program is meeting its long-term family planning objectives.

**Performance Information:** Information that is needed to plan program objectives and to evaluate the impact of a program's activities on the target population.

**Potential User (also known as Potential Acceptor):** For women, a potential acceptor is any woman of reproductive age who is at risk of pregnancy, not currently using contraception, and not intending to become pregnant at this time. For men, a potential acceptor is any sexually active man not currently using contraception.

**Process Indicator:** A measure showing the activities that will be completed to achieve a specific objective, over a specific period of time.

**Rapid Assessment:** A mini-survey of your program or a component of your program, which uses a small, reliable sample, is short in duration and examines a small, select set of variables.

**Rate:** A measure of an event (numerator) within a specified population (denominator) at a specific point in time. For example, the contraceptive prevalence rate is the number of women using contraception (numerator) among all women of reproductive age (denominator) at a specific point in time.

**Ratio:** A proportion obtained by dividing one quantity by another quantity. For example, eighteen family planning nurses (numerator) divided by six clinics (denominator) is a ratio of three nurses to one clinic.

**Results Indicator:** A measure showing the immediate effect of the program activities on the target population in relation to the objectives of the program.

**System:** A set of discrete and interdependent components designed to achieve specific goals.

**Subsystem:** A system within the larger system that separates functional divisions of an organization, such as commodities, training, or service delivery, etc.

**Target Population:** The specific population intended as beneficiaries of a program. This will be either all or a subset of potential users such as adolescents, pregnant women, rural residents, or the residents of a particular geographic area.

## CHAPTER EIGHT

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# Getting Contraceptives to the Client

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Every family planning program must have safe and effective contraceptives available when they are needed. Without an adequate supply of contraceptives, family planning programs will not be able to provide quality services to their clients. Having an effective commodities management system means that the **right quantity** of the **right quality goods** are sent to the **right place** at the **right time** for the **right cost**.

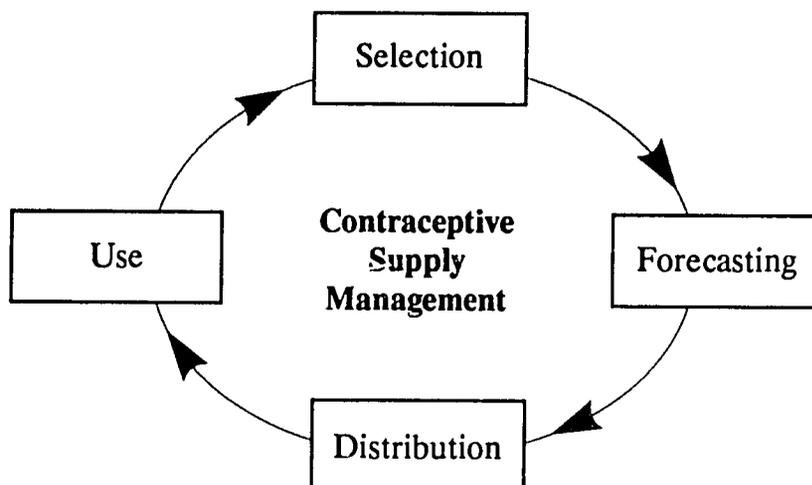
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*Effective  
commodities  
management is  
essential*

A commodities management system can be used for all types of commodities that a program uses (contraceptives, exam gloves, IEC materials, etc.). This chapter discusses the contraceptive management system specifically, as contraceptives are among the most important commodities in a family planning program. However, the process described in this chapter for managing contraceptives can be applied to almost any type of commodity that a program uses and replaces regularly.

The commodities management system is based on a continuous series of operations that can be divided into four broad areas: product selection, forecasting, distribution, and use of contraceptives. These activities operate in a cyclical process; each activity in the cycle affects the next. For example, if calculations made in the forecasting stage are too low, then even an efficiently-operating distribution process will not provide enough contraceptives to meet program needs. If the service records are not accurately maintained or are not regularly analyzed, then the selection of contraceptives and the forecasting of contraceptive use will not be accurate. The major components of a contraceptive management system and a brief discussion of the activities of each component are described in the following pages.

## Contraceptive Supply Cycle\*



\* As the procurement of contraceptives is most often handled by donor agencies, we have not included a discussion of the procurement process in this chapter.

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### *The commodities management system*

#### **Selection**

- Determining the types of contraceptives the program will provide, based on the clients' needs and preferences.
- Selecting the contraceptive suppliers.

#### **Forecasting**

- Determining how much of each type of contraceptive will be needed at each level of the program in a given time period.

#### **Distribution**

- Receiving shipments of contraceptives.
- Storing contraceptives.
- Transporting contraceptives from the warehouse to the next distribution point.
- Managing inventory: maintaining adequate supply levels by using established systems and procedures.

#### **Use**

- Dispensing the contraceptive of choice to the client.
- Monitoring service records to track contraceptive use for forecasting future needs.

As a manager, even if you don't have direct responsibility for managing day-to-day commodities activities, you will be held accountable for any shortage of contraceptive supplies. To monitor the performance of a contraceptive supply system, all managers need to understand the components of the system and how the system works.

## SELECTING CONTRACEPTIVES

To determine which kinds of contraceptives your program will offer to clients, you must be aware of the preferences of your clients. To understand client preference, you need to periodically assess contraceptive use patterns and collect information on the methods that clients currently use and on those they would like to use.

To determine the clients' perceived and real needs, you will need to analyze the contraceptive practices and attitudes of the client population. These may vary by geographic location, age, parity, religious belief, and brand preference. Within each program, an appropriate range of contraceptive methods should be available for different types of clients: women who want to space their births, couples who want no more children, women who are breastfeeding, men, and adolescents.

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*Responding to the clients' needs and preferences*

A woman's contraceptive preference may change during her childbearing years. For example, when a woman is breastfeeding, she should be able to choose a method that is suitable for this stage of her reproductive life. Other reasons for a woman to change her contraceptive method include medical contraindications, general dissatisfaction with her current method, and a change in her reproductive intentions from spacing her children to not having any more children. In addition, some methods may not be acceptable because of the partner's preference or because the method interferes with sexual relations due to side effects or other factors. Thus, a family planning program must be flexible and able to respond to the full range of women's contraceptive needs, desires, and concerns.

Family planning clients often become accustomed to a particular contraceptive method or brand and prefer to stay with that method. If possible, when selecting suppliers, try to ensure that they continue providing the same brands of contraceptives. This may reduce the possibility of clients switching methods or stopping use of contraceptives altogether. Changes in packaging of contraceptives may have a similar effect. If you make sure the most popular methods are always available in each service delivery site or area, new clients will be more likely to become continuing users and to recommend family planning to other potential clients.

---

*Identifying  
suppliers*

There are a variety of modern contraceptive methods available through different manufacturers or suppliers. In some countries, family planning programs obtain these methods within their own country, from a manufacturer, commercial outlet, or the Ministry of Health. Other programs may receive their contraceptives from donor organizations or suppliers outside the country. Whatever potential suppliers you identify, there may be constraints in terms of the diversity of methods, brands available, and supplier reliability. Take the following factors into consideration when selecting your contraceptive supplier:

- **Record of past performance:** Does the supplier accept orders and then fail to deliver the product requested?
- **Response to inquiries and order adjustments:** Does the supplier adequately respond to all inquiries from the purchaser within a reasonable period of time? Does the supplier provide information regarding the status of outstanding orders?
- **Delivery time:** What is the average time between placing an order with the supplier and its delivery? What percentage of the shipments are late? How many days (weeks, months) late are shipments? Does the supplier give advance notice of delivery?
- **Adherence to delivery instructions:** Do shipments arrive under the proper shipping conditions (such as temperature) to maintain the quality of the contraceptives? Do shipments arrive at the correct port? Are shipments split when requested? Does the supplier ship freight pre-paid?
- **Provision of documents:** Do shipments arrive with all the required documents correctly and completely filled out and signed? Are any missing documents sent as quickly as possible?
- **Packing and labeling:** Does the supplier send the correct dosage form, packing size, and quantity? Does the external packaging protect the product during transport from damage caused by heat, humidity, or rough road conditions? Are short shipments frequent? Is labeling complete, accurate, and in the correct language?
- **Policy on product expiration:** Does the supplier send products that are nearing their expiration date?
- **Cost improvement suggestions:** Does the supplier make suggestions concerning ways in which the purchaser can reduce costs, such as altering delivery schedules or splitting orders?
- **Quality control:** Does the product conform to specified pharmaceutical standards, such as identity, purity, potency, physical appearance, shelf life, etc.? Does the supplier provide reliable quality control analysis results?

## Vignette

**Preventing Contraceptive Shortages**

Mrs. Zoukoulou arrived at the family planning clinic just as it was opening, having set out from her home two hours before. She had left her eldest daughter, who was 13, in charge of the other five children so that she could make the journey to come pick up a new supply of oral contraceptives. After waiting for half an hour, she was able to see a nurse.

"Good morning, Nurse," said Mrs. Zoukoulou. "I have almost finished the contraceptive pills you gave me six months ago, and I have come to get some more." Nurse Nzere checked Mrs. Zoukoulou's blood pressure and asked her whether she had had any side effects. Satisfied that Mrs. Zoukoulou was not having any problems, the nurse went into the store room and brought back six cycles of pills.

"Those are not the right kind. This is the kind I use," Mrs. Zoukoulou said, pulling her last cycle from her bag.

"I'm sorry. We don't have that brand right now," said Nurse Nzere. "The shipment has not yet arrived. But this brand is the same."

"But I have had no problems with the kind you gave me. Some of my friends have had problems with other kinds, so I want to keep using this one," Mrs. Zoukoulou said. "When will you have more?"

"I'm not sure," said Nurse Nzere. "We have ordered more, but the shipment hasn't arrived yet. There is a truck coming next week, but we don't know for certain whether this brand will be in the shipment."

"What am I supposed to do?" asked Mrs. Zoukoulou. "It took me two hours to walk here and I can't come again soon. I will finish my pills in six days, and I don't want to get pregnant. We are only just able to take care of our six children as it is."

"I'm very sorry this happened," said Nurse Nzere. "I can assure you that even though these pills look different from the ones you had before, you won't notice any difference. They will work just as well. Why don't you take three months' worth? We will certainly have the brand you like by then."

Mrs. Zoukoulou sighed. "You had better give me pills for six months. It is very difficult for me to come here; I don't think I'll be able to come again in three months."

On her way home, Mrs. Zoukoulou stopped at the market to buy some manioc flour. "You look like you've been walking a long way," said the vendor, a friend of Mrs. Zoukoulou's. "I have just come from the family planning clinic, and I'm a bit upset," said Mrs. Zoukoulou. "Six months ago I finally got my husband to agree to let me use birth control pills, but when I went to get more today, they didn't have my kind. I had to get a different kind, but I don't know if I really want to take them. You remember Mrs. Nde. She had terrible headaches with this kind, and I'm afraid I will too."

At the end of the day, Nurse Nzere went in to see Mrs. Molenge, the clinic manager. "Do you know when our next shipment of LoFemenal oral contraceptives will arrive?" she asked. "I have had five people this week asking for them and I have had to give them another brand instead. Many of the women seemed very concerned about having to use a different brand, and I'm afraid they may stop taking them altogether."

"Oh dear," said Mrs. Molenge, "Not another problem with our commodities system. I know that our clients get very upset when they can't get the kind of oral contraceptives they came for. We need to re-evaluate the whole commodities system, and tell the central-level managers that we must be supplied with the same brands. We must get our commodities system working effectively, because our clients must be able to get the contraceptives they want when they come to our clinic."

## FORECASTING CONTRACEPTIVE NEED

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*Determining how much of each type of contraceptive you need*

Once you have determined the types of contraceptive methods that your program will offer to clients, you need to estimate the number of clients who will use each method in a given time period, usually a year. Although it is not possible to predict changes in client demand or interruptions in supply accurately, a careful analysis of past supply and use patterns will enable you to request appropriate amounts of each type of contraceptive.

When you introduce a new method, you will have to plan for the changes in client preference that will result. For example, if you decide to increase the range of methods available to include a new contraceptive such as a contraceptive implant, you must try to anticipate changes in contraceptive preferences as clients switch from their current method to an implant or new clients come to the clinic requesting the contraceptive implant.

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*How often should forecasting be done?*

Contraceptive needs should be forecast at least annually and reviewed quarterly. Whenever there is new information that changes assumptions about client preferences, you should conduct a thorough review of your forecasts.

You can estimate contraceptive needs by using population-based, distribution-based, or service-based methods, or a combination of these. They all have their advantages and disadvantages.

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*Population-based estimates*

**Population-based** estimates use demographic information to estimate the number of clients the program intends to serve and the anticipated demand for each type of contraceptive method. To perform a population-based estimate, you need to determine:

- The population of the area to be served;
- The percentage of the population who may request contraception;
- The percentage of people using each type of contraceptive.

This information is often available from national demographic or health and family planning surveys. Population-based estimates are based on very broad statistical data which may be inaccurate when applied to smaller areas such as regions or districts. The advantage of using population-based estimates is that they are easy and quick if the data are available. Some disadvantages are that they are difficult to distinguish what proportion of the contraceptives will be provided by the private sector and what proportion by the public sector, and that population-based estimates do not take into account the use of condoms for purposes other than family planning, such as controlling the spread of sexually transmitted diseases and AIDS.

This approach should generally be used only at the earliest stages of a program. As patterns emerge in the actual amounts of contraceptives dispensed, these will become a more accurate basis for making estimates.

**Distribution-based** estimates use inventory data to determine the number and types of contraceptives that have been distributed in the program over a specified period of time. Ideally, this is based on actual quantities dispensed to users. However, when this information cannot be obtained from an appropriate service statistics system or family planning logistics management information system, data on contraceptive distribution can be used for forecasting future requirements.

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*Distribution-based estimates*

**Service-based** estimates are made by analyzing records at the service delivery level and projecting the number of clients that a program expects to serve. To perform a service-based estimate for an existing program, collect data from clinic records on how many clients are being served, what contraceptives they are receiving, and in what quantity. Adjust these numbers for any increase in services you expect to provide or any changes in client preference that you anticipate.

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*Service-based estimates*

The greatest advantage of the service-based method is that it uses data already generated by the program. The disadvantage of this method is that the data may be unreliable due to poor or inaccurate reporting.

## Tools and Techniques

### Guidelines for Estimating How Many Contraceptives to Order per Client per Year\*

When you make service-based estimates, the amount of contraceptives you will need is based on the number of clients the program expects to serve in one year. There are established guidelines for determining how many contraceptives will be required per client on an annual basis. These formulas differ depending on whether the client is a new user or a continuing user for each method.

These estimates are only guidelines of the amount of contraceptives needed per couple for a twelve-month period. An additional amount should be added for wastage. If you can obtain better figures from your own country, use them to estimate annual contraceptive usage rates.

Method	Per Continuing User	Per New User
Oral contraceptives	13 cycles	6.5 cycles
Condoms	100 pieces	50 pieces
Jelly	6 tubes (per diaphragm user)	3 tubes
Foam	6 cans	3 cans
Foaming tablets	100 tablets	50 tablets
Diaphragms	.3 pieces	1 piece
IUD	.4 pieces	1 piece
Injectables		
Depo Provera	4 doses	2 doses
Noristerat	6 doses	3 doses
Implant (Norplant -- 3.5 years protection)	.3 implants	1 implant

- \* These estimates are based on the average length of time that family planning clients actually use each method. Their potential product effectiveness is longer. For example, the Copper T-380 is effective for up to six years and Norplant for up to five. In the case of diaphragms, IUDs, and implants, which are not reissued to clients on a regular basis, use the factors indicated to calculate the quantities of these items needed to supply continuing users. Some of these numbers may be subject to modification after further research.

## DISTRIBUTING CONTRACEPTIVES

Distribution activities help to ensure that there will be a continuous supply of contraceptives available for clients at all times. These activities include:

- Receiving shipments of contraceptives;
- Storing contraceptives;
- Transporting contraceptives to the next distribution point;
- Managing inventory: maintaining adequate supply levels by using established systems and procedures.

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*Getting  
contraceptives to  
the service  
delivery site*

### Receiving Contraceptives

The distribution part of the contraceptive supply cycle begins with the notification of the dates when the supplies will be shipped and when they are expected to arrive. The supply officer then keeps track of the shipment until it arrives from the supplier, donor, manufacturer, or another warehouse. If a family planning program is receiving its contraceptives from a donor or supplier outside the country, the supply officer should be present when the contraceptives arrive at the port of entry.

Upon the arrival of any contraceptive shipment, the supply officer should conduct standardized verification procedures to confirm that the shipment is in order. When the shipment arrives at the storage facility, the contents should be counted, checked against the initial request, and checked for date of expiration, and the amount and types of contraceptives received should be recorded on inventory forms. Similar verification procedures should be applied whenever contraceptives are received at any new storage facility.

**How to ...**

**Check commodities when they arrive at the port of entry or warehouse**

**Clearance Approval**

Before the contraceptives arrive in port, obtain documentation papers from the supplier specifying shipment content and quantity. When receiving contraceptives at the port of entry, the supply officer should present this documentation to the proper authorities to confirm shipment ownership and content specifications. At this time, duty charges must be paid or documentation provided to establish the right to exemption from these charges.

**First Physical Count**

It is important to perform the physical count as soon as possible. Count the number of cartons in the shipment to confirm that the actual shipment amount matches the shipment documentation, and check for damaged cartons before leaving customs.

If it is not possible to count and inspect the contents of the shipment before leaving customs, then do it immediately after the shipment is released from customs. If there are any problems, such as incorrect quantities or damaged goods, immediately file a claim noting the quantity and condition of the contraceptives.

Be aware that if you sign the acknowledgment of receipt without examining the shipment, you may not be in a position to make any claims against the shipping agent for lost or damaged supplies.

**Transportation**

Make arrangements to ensure the prompt transportation of contraceptives to the central warehouse.

**Second Physical Count**

Once the contraceptives arrive at the central warehouse, check them again to ensure that all of the cartons sent from the port have arrived at the warehouse. The quantity of contraceptives that arrive at the central warehouse is the quantity that should be recorded on receiving records and inventory control cards.

## Storing Contraceptives

The storing of contraceptives, often referred to as warehousing, is defined as the temporary storage of contraceptives until they are requisitioned or dispensed.

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*Contraceptive storage occurs at different levels*

There are usually three levels of storage facilities:

- The **central warehouse** handles and stores all contraceptives received from sources outside the country and, depending on the situation, those produced domestically.
- The **intermediate warehouse**, usually located in various regions in a country, handles and stores contraceptives for smaller specific geographical areas.
- The **outlet facility** is a final distribution center, such as a service delivery site or clinic, where the contraceptives are given directly to the client.

At each level, the amount of stock, frequency of resupply, and distance from the end user will be different. The central warehouse usually houses commodities for a large number of programs or agencies. From the central warehouse, the contraceptives are distributed to the family planning program's intermediate warehouses or directly to outlets. Outlets request or receive supplies from the intermediate warehouse or central stores and store them until they are dispensed to the client.

**How to ...****Design a storage area large enough for your needs**

Space for storing contraceptives is defined in terms of the maximum number of months' worth of contraceptives which are to be stored at any one time. These calculations should also take into consideration possible program expansion.

To estimate the storage area needed, first determine the type and amount of each contraceptive that will be stored. The steps in estimating the amount of space needed to store a supply of contraceptives (in this case, condoms) are illustrated below.

1. Determine the number of condoms needed for one year. This is done by multiplying the number of expected users by the number of condoms needed for each user for one year. For this example, we will base the figures on an expected 3,000 new users and 3,000 continuing users for one year.

(3,000 x 50 condoms per new user per year = 150,000 condoms; 3,000 x 100 condoms per continuing user per year = 300,000 condoms; total of 450,000 condoms)

2. Add an additional 10 percent for loss or damage.

(450,000 x 1.10 = 495,000 condoms)

3. Calculate the number of cartons needed for a one-year supply of condoms. For this example, we will assume that each carton contains 6,000 condoms. Divide the total number of condoms by 6,000 to determine the number of cartons needed.

(495,000 ÷ 6,000 = 82.5 cartons, rounded up to the next full carton = 83 cartons)

4. Determine the cubic meter space needed for storing each carton. Multiply the total number of cartons by the size of each carton in cubic meters. For this example, we will assume that the size of one carton is .11 cubic meters.

(83 cartons x .11 = 9.13 cubic meters)

5. Calculate the square meter space needed for all the cartons, taking into account that 2.5 meters is the maximum height for stacking contraceptive products in order to avoid crushing cartons at the bottom of a stack. Divide the total cubic meters by 2.5 meters.

(9.13 cubic meters ÷ 2.5 meters = 3.7 square meters)

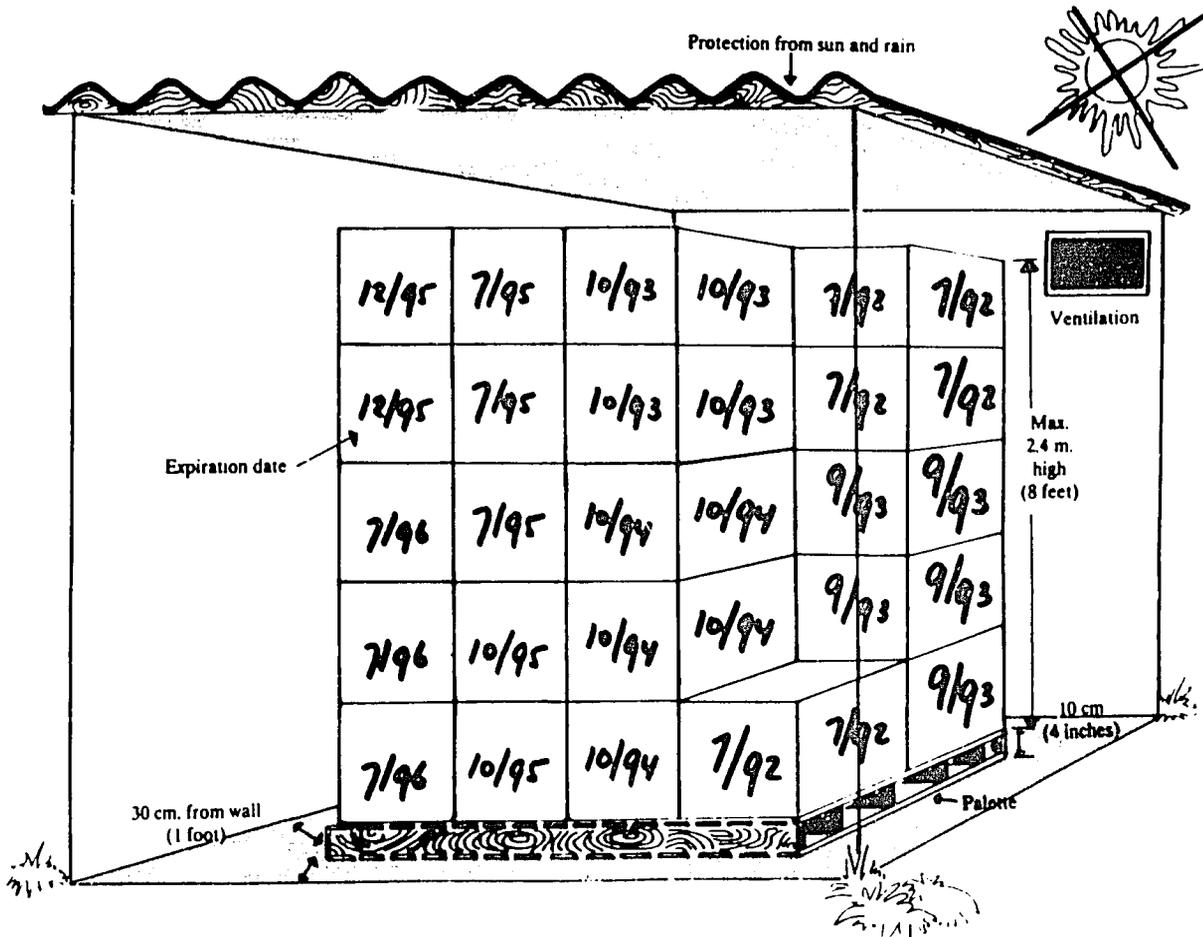
6. Add an additional 100 percent for handling space by multiplying the total square meters by 2.

(3.7 square meters x 2 = 7.4 square meters)

This final calculation will estimate the total amount of storage space needed to store a one-year supply of condoms, based on your projections.

**Continued**

Continued



When estimating the warehouse space needed, there are several factors to consider.

- Warehouses are measured in terms of square meters of usable floor space.
- Stacks of cartons should be no higher than 2.5 meters.
- The net storage space required must be increased by approximately 100 percent to allow for handling.
- The depth of shelving and the resulting walkways between shelves will often determine the additional storage space available for handling.
- Future program expansion should be taken into consideration when defining the total space requirements.



### Manager's Checklist for an Acceptable Storage Facility

- |                          |                                   |  |
|--------------------------|-----------------------------------|--|
| <input type="checkbox"/> | <b>Adequate ventilation</b>       | Prevents spoilage due to excess heat.  |
| <input type="checkbox"/> | <b>Adequate lighting</b>          | A warehouse should be well-lit so it is easy to see product identification marks and labels. Avoid direct exposure to sunlight or fluorescent light, which can reduce the shelf-life of contraceptives.  |
| <input type="checkbox"/> | <b>Dry storage area</b>           | Water destroys contraceptive supplies and their packaging. Roofs should be checked for leaks on a regular basis.   |
| <input type="checkbox"/> | <b>Use of shelves and pallets</b> | Shelving and pallets provide air circulation and facilitate movement of stock and cleaning. In addition, they protect products from damage if flooding occurs.   |
| <input type="checkbox"/> | <b>Regular cleaning</b>           | The facility should be kept neat and dust-free by cleaning roof, walls, and floors regularly.  |
| <input type="checkbox"/> | <b>Pest-free</b>                  | Pests should be prevented from getting inside the warehouse. Rodents and insects will eat oral contraceptives or shipping cartons. If necessary, the storage area may need to be disinfected and sprayed against insects on a regular basis. Insecticides and other chemicals should be stored in a separate place, away from contraceptives and medical supplies. |
| <input type="checkbox"/> | <b>Properly stacked supplies</b>  | Cartons should be stacked not more than 2.5 meters high. Supplies should also be stacked at least 10 cm. from the floor and 35 cm. from any wall.  |
| <input type="checkbox"/> | <b>Safe and secure</b>            | Valuable commodities should be stored in locked areas. Maintain a strict key control system and make sure that all doors and windows are well secured. Fire extinguishers should also be kept on the premises and located in an easy-to-reach place.   |
| <input type="checkbox"/> | <b>Good record keeping</b>        | Inventory records of supplies should be accurate and up-to-date.   |
| <input type="checkbox"/> | <b>Adequate stock levels</b>      | The quantity of contraceptives stored should be in accordance with established maximum and minimum inventory levels.   |
| <input type="checkbox"/> | <b>Assurance of quality</b>       | Contraceptives should be checked regularly to ensure product efficacy. Physical inventories should be conducted at least once a year.  |
| <input type="checkbox"/> | <b>Adequate workspace</b>         | The storage facility should provide adequate space for shipping, receiving, and administration.  |



## Transporting Contraceptives

Proper and timely transportation of contraceptive supplies is of critical importance to every family planning program. Even when staffing, equipment, and storage needs are organized efficiently, family planning programs cannot serve their clients if their shipments of contraceptives do not arrive on time because of transportation problems. Program managers must make sure to allocate adequate resources for transportation.

A family planning program has three major alternatives when planning a transportation system:

**A program-owned transportation** system purchases its own vehicle to transport contraceptives to and from the warehouse and distribution outlets. This provides:

- Greater control over receipt and delivery;
- Greater flexibility in scheduling shipments;
- A reduced need for commercial transportation in rural locations.

**A commercial transportation** system hires a commercial vehicle or uses public transportation to transport contraceptives. Its advantages are:

- Simplified administration, since the program is not responsible for operating and repairing vehicles or hiring drivers;
- Savings in capital investment in vehicles and repair facilities;
- Greater flexibility and capacity for handling different sizes of shipments.

**A combination of program-owned and commercial transportation** may have special advantages in some situations. For example, a manager could use commercial transportation to transfer large quantities of contraceptives and program vehicles to transport smaller quantities of contraceptives between regional warehouses and outlets. It may also be to the program's advantage to use commercial carriers to transport contraceptives to remote distribution points, but cheaper and easier to use project vehicles in urban areas.

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*Three types of transportation systems*

## **Managing Inventory: Maintaining Adequate Supply Levels**

Maintaining adequate supply levels to prevent the disastrous consequences of stockouts is a significant challenge for all managers at every level of the system.

Having a basic understanding of inventory management will enable managers to determine the appropriate minimum and maximum supply levels, reorder intervals, and reorder levels so that there are always adequate quantities of supplies on hand. Inventory management also helps to reduce the occurrence of contraceptive expiration or deterioration on the shelf. By using the inventory management technique First-to-Expire, First-Out (FEFO), managers can keep up-to-date, high-quality contraceptives on hand for distribution to their clients and help to prevent theft and mismanagement of supplies.

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### *Push versus pull supply systems*

The system of dispensing or receiving contraceptives from a warehouse tends to fall into one of two categories, the “push” or “pull” inventory supply system. A **push system** distributes supplies to another warehouse or outlet without receiving requisition orders. Decisions on the timing and quantity of shipments are made by higher-level managers or by the shipper. The **pull system** requires that outlets request the amount of commodities they need from the higher-level storage facilities. Decisions on the timing and quantity of shipments are made by the local-level managers or by the recipients of the products.

The main difference between the two systems lies in who makes the decision concerning the distribution of supplies. In the push system, distribution decisions are made by those who develop commodity policies. The quantities distributed are usually based on reports. Decisions are usually based on specific characteristics of the system and specific program objectives. In the pull system, the outlets are responsible for ordering supplies based on their specific requirements.

**How to ...****Choose an appropriate inventory supply system**

Three primary factors must be considered when deciding whether to use a push system, a pull system, or a combination of the two:

- The management skills of the individuals working at each level in the system;
- The information about client usage which is available at each level;
- The number and quantity of different contraceptives being offered.

**A Push System is best when:**

Data processing and analysis are conducted at the central and intermediate levels.

The contraceptive demand is greater than the amount available and central-level staff must ration contraceptives among lower-level facilities.

The staff at lower levels do not have the management skills to supervise a commodities distribution system.

The responsibility for program operations is centralized.

Few items are managed.

**A Pull System is best when:**

Data processing and analysis are conducted at the local levels.

There are no shortages in supplies.

The staff at lower levels have sufficient management skills to supervise a commodities distribution system.

The responsibility for program operations is decentralized.

Many items are managed.

It may also be advantageous to use a combination of both systems, for instance, a push system to intermediate facilities and a pull system to outlets.

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*Periodic and  
continuous review  
systems*

There are generally two methods of inventory control: the periodic review system and the continuous (or perpetual) review system. In the **periodic review** system (also called the fixed-order interval system), the inventory position is reviewed at regular intervals (usually at the time of a scheduled reorder). The inventory is counted and the order quantity is calculated by subtracting the amount of stock on hand from the desired maximum inventory. A manager using this system determines the resupply schedule by establishing a reorder interval (the number of months between orders), and places orders based on this schedule.

In the **continuous** or **perpetual review** system (also known as the variable order interval system), the inventory level is reviewed on an ongoing basis for every transaction in which stock is dispensed. When the amount of stock reaches a predetermined reorder level, an order is initiated. Each time the stock is replenished, it is for a standard quantity (usually for that amount which will raise the stock level back up to the desired maximum level). This system is based on stock levels rather than on time intervals.

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*The "Min-Max"  
system*

Many periodic review systems use minimum and maximum levels. In this system, the manager determines a basic time interval for reviewing stock levels and determines minimum and maximum inventory levels. When the stock level is reviewed, if the inventory level is at or below minimum, an order is initiated to bring the stock level back up to the maximum level. No order is initiated, even at the scheduled reorder time, if stock levels are above the minimum level. This method helps to prevent frequent orders of small quantities.

### **Setting minimum and maximum stock levels**

In order to establish stock levels which are adequate to survive fluctuations in demand and inconsistencies in delivery, managers can establish a minimum and maximum inventory level. This is called the "Min-Max" inventory control system. The **minimum stock level** is the level below which stocks should never drop without having placed an order. It is the amount of stock you will use in the time between placing and receiving an order plus the reserve or "safety" stock that is kept for emergencies and unanticipated demand or delivery delays. The **maximum stock level** is set to guard against oversupply which results in losing contraceptives to expiration before they can be dispensed. It consists of the minimum stock plus that amount of stock which is normally used between orders.

The **safety stock** is the reserve stock used to protect against stockouts due to delivery delays, product shortages at the supplier level, or when stock is dispensed at an unexpectedly high rate. The level of safety stock required is usually different for each program and should be based on past consumption data. If the data are not available, start with the amount of stock of at least one review period, and make adjustments to the safety stock as the program gains experience.

To estimate the minimum supply level, add the amount of stock you will use between placing and receiving an order to the amount of safety stock and make adjustments to this figure to take into account program growth and any possible increase or decrease in the average monthly use of contraceptives. Once you have estimated your minimum stock level, you can estimate the maximum stock level. The box below explains how to set the minimum and maximum stock levels.

## Tools and Techniques

### Setting a Minimum Stock Level

**Amount of stock you will use between placing and receiving an order (A)** = Average monthly consumption multiplied by the number of months between placing an order and its receipt (lead time).

**Safety stock (B)** = An estimate of the amount of stock you will need in reserve to prevent stockouts. In a standard Min-Max system with periodic review, the safety stock must be at least equivalent to the stock of one review period. In most cases, the safety stock should be larger than the stock of one review period to allow for increased demand or unexpected delivery delays.

**Minimum Stock Level (C)** (reorder level) = Amount of stock you will use between placing and receiving an order (A)  
+ Safety stock (B).

### Setting a Maximum Stock Level

**Amount of stock you will use between orders (D)** = Average monthly consumption multiplied by the number of months between orders (reorder interval).

**Maximum Stock Level** = Minimum stock level (C)  
+ Amount of stock you will use between orders (D).

## Calculating the number of months of supply on hand

Stock records are not very useful when the information is presented as raw numbers. For example, knowing that there are 620 cycles of Lo-Femenal oral contraceptives in stock at the end of the month does not tell you when the stock will run out. However, if stock records are expressed in terms of the number of months' supply on hand, it is clear how urgently supplies need to be reordered. For example, if the 620 cycles are instead expressed as 3.25 months' supply, then you know you must arrange to be resupplied within three months in order to avoid falling below your "minimum stock" level.

*Determining how often to reorder supplies*

The number of months' supply remaining in stock is calculated by dividing the balance on hand by the amount used in one month. Since the amount used will vary from month to month, it is common to use an average of the past six months' consumption, rather than just the last month's amount, in the calculation.

**How to ...**

**Calculate the months of supply on hand of a contraceptive method**

1. 
$$\frac{\text{Total quantity dispensed over the last six months}}{6} = \text{Average monthly quantity dispensed to clients}$$
2. 
$$\frac{\text{Balance on hand}}{\text{Average monthly quantity dispensed to clients}} = \text{Number of months of supply on hand}$$

*Minimum and maximum months' supply*

Min-Max stock levels depend on the average monthly consumption, the order interval, the lead time, and the level of safety stock you have set. The Min-Max levels in terms of months of supply will therefore vary from program to program, but typical Min-Max levels might be as follows:

Type of facility	Minimum number of months' supply	Maximum number of months' supply
Central warehouse	2-6 months	6-12 months
Intermediate warehouse	2-3 months	4-6 months
Outlet facility	1-2 months	3-5 months
Total	5-11 months	13-23 months

The maximum stock levels may also be affected by the size of the storage facilities. If the outlet storage facilities are inadequate, it may be necessary to have more frequent deliveries.

### Example from Kenya

#### “Min/Max” Inventory Control System

In order to ensure that adequate supplies of unexpired contraceptives are continuously available to Service Delivery Points (SDPs) throughout Kenya, the Division of Family Health (DFH) of the Ministry of Health is testing a new system for distributing and managing contraceptives. This new system is presented in the Ministry's Logistics Management Information System Instructions for Recording and Reporting. The principal features of this new system are:

- A new “topping up” distribution system from the district level to the field, in which contraceptive supplies will be delivered on a regular basis to each SDP by district staff, based on the amounts consumed since the previous delivery.
- A new, simplified Recording and Reporting System for contraceptives that generates a standard Quarterly Report which will be used at all levels to record the quantities on hand, quantities consumed, quantities needed, and other information on family planning clients.

Stocks at all levels of the system (central, depot, district, and service delivery point) will be managed through a Minimum/Maximum (“Min/Max”) inventory control system. In this system, stock levels of each item are reviewed each quarter, and when stock levels fall to the established minimum, enough supplies are ordered or allocated to bring the total stock level up to the established maximum.

Min/Max levels are expressed as number of months' supply on hand, calculated from the average consumption/distribution over the previous six months for each item and each facility. The initial Min/Max levels will be:

Central Stores/Depot:	6-12 months' supply
District Stores:	3-6 months' supply
Service Delivery Points:	2-5 months' supply
Total: 11-23 months' supply	

The total in-country stock will thus range from a minimum of 11 months' supply to a maximum of 23 months' supply. These Min/Max levels allow for adequate safety stocks at each level of the service system.

The new system will introduce some changes but will build upon the existing system. Resupply of the district stores by the Medical Supplies Coordinating Unit and sub-depots will be accomplished through a “requisition” system, as is currently the case. District staff will continue to be responsible for estimating their contraceptive needs and will continue to order stock from the Medical Supplies Coordinating Unit and sub-depots using an issue and receipt voucher. This is exactly the same as the current distribution procedure for the central and district levels. The only difference (and major advantage) is that the resupply period will be quarterly, rather than continuing the current ad hoc resupply system. A quarterly supply schedule will be developed. More frequent resupply will be allowed in emergency stockout situations, which might arise due to unexpected demand.

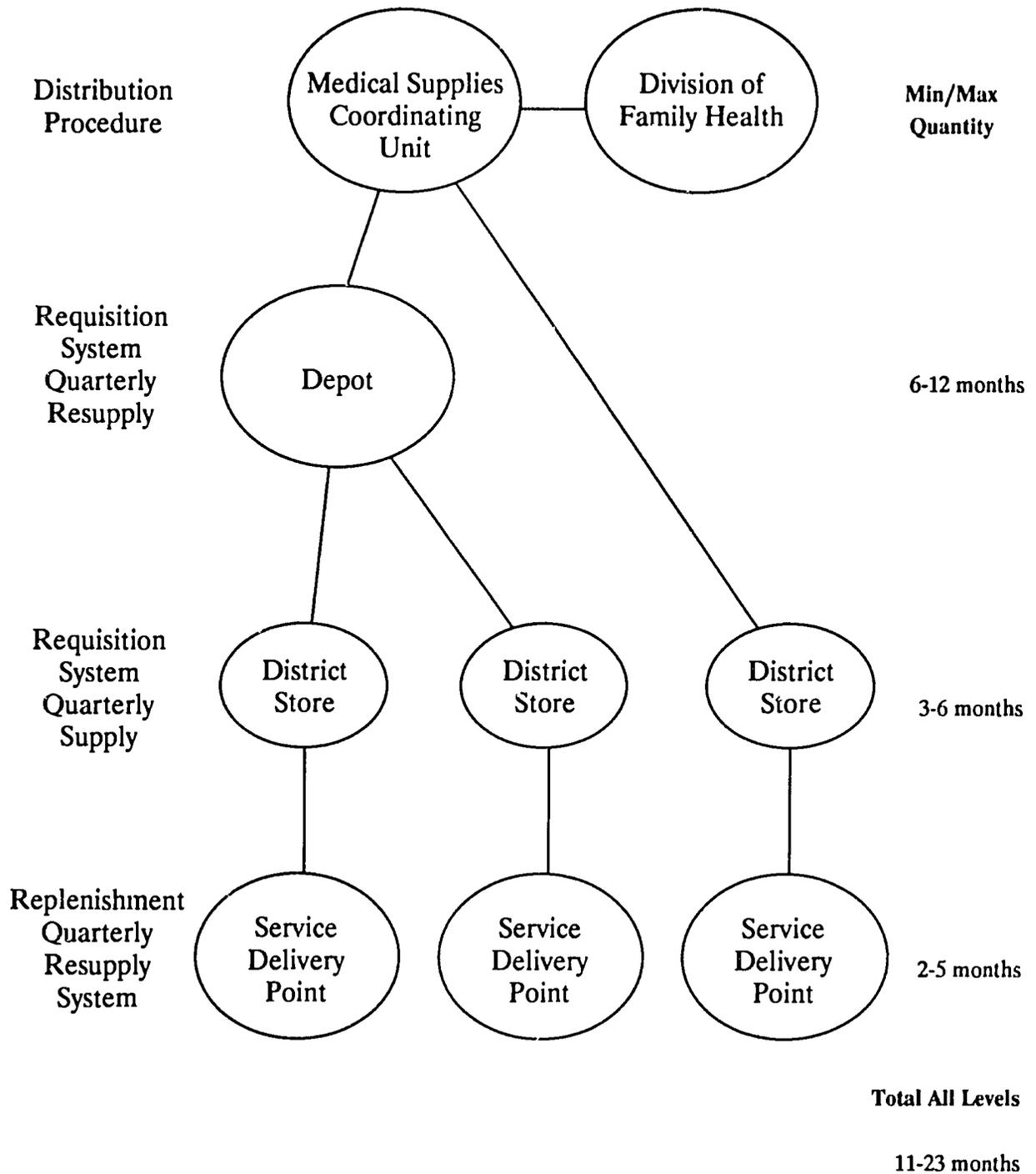
For resupply of the service delivery points, a “replenishment” system will be routinely used, in which district supervisory staff will visit each service delivery point on a fixed schedule each quarter for purposes of supervision and restocking. At these quarterly visits, district personnel will “top up” each service delivery point's stock to the established maximum level, remove any stock near expiration, and ensure that service delivery point personnel complete the required daily registers and quarterly reports.

Continued

Continued

Example from Kenya

**Commodities Management/Logistics System from the Kenya Ministry of Health**



## Reducing the loss of contraceptives due to expiration and deterioration

Manufacturers of contraceptives test their products to determine how long they can be expected to provide contraceptive protection after the time of manufacture. Each product should be stamped with an expiration date after which that product should no longer be considered to be fully effective. Manufacturers, however, are not consistent in labeling boxes with product expiration dates. Some show the date the product was manufactured while others mark the expiration date. If the expiration date is shown, record it on the box. If the manufacturing date is shown, you should determine the expiration date based on the product's shelf life (shown on page 264) and clearly mark the expiration date on the box. Expiration dates should be the standard point of reference.

*Taking notice of expiration dates*

The expiration date is based on the assumption that the product will be stored according to adequate warehousing conditions before it is dispensed to the client. Dates are generally stamped on all cartons of contraceptives as well as on each individual piece, but the date marked on cartons can be small and difficult to read if the products are stored on high shelves. Therefore, clearly label all cartons in large numerals showing the product's expiration date.

The length of time a contraceptive can be stored without losing its contraceptive protection (which is called its shelf life) varies with each product. Storage conditions such as temperature, humidity, and ventilation will affect the shelf life of contraceptive products. Sunlight and exposure to ozone (from ultraviolet light or electrical sparks from electrical motors) will also reduce the shelf life of condoms. To avoid damaging contraceptives, commodities staff must maintain optimum warehousing conditions at all times.

### How to ...

#### Prevent contraceptives from expiring on the shelf

##### First-to-Expire, First-Out (FEFO)

An easy way to ensure that the quality of the contraceptives distributed to clients is maintained and that the contraceptives have not expired on the shelf is to use the First-to-Expire, First-Out (FEFO) technique. Cartons with the earliest expiration date should be distributed first; cartons with later dates should not be distributed until all earlier-dated supplies have been exhausted.

To use this system, make sure that the cartons are clearly marked with their expiration date in large, easy-to-read numerals. Supplies should be stacked separately by year and month of expiration. When new supplies arrive, the expiration dates should be marked and added to the existing stock with corresponding dates.

*Routine quality assurance is critical*

Routine quality assurance inspections should be performed to ensure that the contraceptives are neither expired nor damaged. To do this, a random selection of contraceptives should be inspected. This selection should be made based on lot numbers. All contraceptive cartons are marked with a lot number in addition to the expiration date. The lot number refers to each different production batch at the time of manufacture. A random sample of each lot number should be inspected for quality if possible.

It is extremely important that quality assurance be conducted routinely, along with physical inventories, in order to minimize the danger of distributing damaged or expired contraceptives. If, during a quality assurance inspection, an item is found to be of questionable quality, all of the items from that lot number should be set aside until that item can be tested more rigorously. Commodities managers should establish specific procedures and standards for testing items that have been found to be of questionable quality. Quality control testing must be documented. When contraceptives are found to have deteriorated, they should be destroyed. All managers should develop protocols to dispose of unusable or expired contraceptives. Destruction of any products should be fully documented.

The following quality assurance and shelf life guidelines should be used for each contraceptive method.

## Tools and Techniques

### Contraceptive Shelf Life and Quality Assurance Guidelines

#### Oral Contraceptives

**Shelf Life: 5 years**

The first indication of deterioration of this product is a reduction in the hardness of the pill. If the pill crumbles when it is pushed through the aluminum backing, the quality is questionable. Although this is not an absolute test of quality, it is an easy and obvious way for commodities managers to check these products.

It is also extremely important that the sterile aluminum packaging for each pill be unbroken, that the pill packets be complete, and that the pills be the correct color. The accompanying product information should also conform to the pill type and dosage.

When stored at room temperature (15-30°C) in dry conditions, USAID-supplied oral contraceptives have a shelf life of five years from the date of manufacture. Locally-supplied oral contraceptives may have a different shelf life. Refer to the manufacturer's recommendations for these products.

Continued

Continued

**Condoms****Shelf Life: 3-5 years**

Prolonged exposure to sunlight, temperatures above 40°C, humidity, electric sparks (from electric motors), fluorescent light, or contact with mineral or vegetable oils will cause condoms to deteriorate very rapidly. Chemical products should not be stored in the same warehouse as condoms. The escape of petroleum vapors or various types of liquid solvents can cause chemical damage to the condoms.

Condoms should be stored in a cool, dry place. In tropical climates, there should always be adequate ventilation, as hot and humid warehouse conditions shorten the shelf life of condoms. Shelf life in typical tropical storage conditions is likely to be less than three years. During a quality assurance inspection, if the condom is found to be sticky or brittle, it is unacceptable for use.

**Diaphragms****Shelf Life: Variable**

The diaphragm should be clean and without holes or cracks. If there are holes or cracks (even very small ones), they will be visible when holding the diaphragm up to a light. The diaphragm should be packaged with an accompanying tube of contraceptive jelly and a plastic syringe applicator.

Once dispensed, the quality of the diaphragm should be checked every two years and replaced if necessary. Check for holes or cracks.

**Spermicidal Jelly****Shelf Life: 3 years**

The jelly tube should not be wrinkled or leaking. You should be able to screw the applicator easily onto the top of the tube. Make sure that the correct product information is enclosed in the package.

**Spermicidal Foam****Shelf Life: 3 years**

The can of foam should not be exposed to intense heat or extreme fluctuations in temperature or humidity and should be stored upright at temperatures not exceeding 49°C. Because the contents of the can are under pressure, the can should not be punctured or incinerated. Each package should contain product information on the correct use of the spermicidal foam.

**Foaming Tablet****Shelf Life: 5 years**

The information on the boxes or packages should correspond with the information printed on the tablet packaging. There should be no broken or missing tablets, no tablets of a different color, and no cracks in the foil laminate. The tablets should not feel soft or crumbly.

Continued

**Continued****IUDs****Shelf Life: 4 years**

Because IUDs are made of plastic, they should be protected from heat or direct sunlight. There should not be any breaks in the sterile packaging; any break or perforation of the sterile wrapper makes the IUD unacceptable for use. All product contents should be included in the sterile wrapper, and the insert information must be legible.

Do not become alarmed if the copper on copper-bearing IUDs darkens; this happens on all copper IUDs. This is a natural process caused by gases in the air.

**Injectables****Shelf Life: 5 years**

Vials will remain potent and stable up to the expiration date if stored at controlled room temperature (15-30°C). The vials should not be refrigerated.

**Implants****Shelf Life: 5 years**

The implants are packaged in a sealed sterile pouch. If the sterile seal is broken or some of the capsules are missing, the product is unacceptable for use. The implants must be protected from excessive heat, direct sunlight, and excessive moisture.

Norplant has a shelf life of five years from date of manufacture, provided that the sterile plastic pouch is not damaged or opened. While Norplant is very stable and can be stored at temperatures ranging from -20° to 50°C, it is essential that the product be stored in a dry location. Once inserted, the implants have five additional years of effective life.

**Conducting a physical inventory to prevent product loss**

*How often should you conduct an inventory?*

A physical inventory is a count of all the contraceptives in stock. It is conducted in order to verify that the quantity actually on the shelves is the same as the quantity listed in the stock-keeping records, and to correct the records if necessary. Commodities staff should conduct physical inventories at least once a year at all program levels. However, if frequent discrepancies occur between the actual number of contraceptives in the warehouse and the quantity on the stock record, then inventories should be conducted more frequently to maintain accurate stock levels and to determine why the counts do not match.

**How to ...****Conduct a physical inventory****Determine a cutoff date**

A date should be set for conducting the physical inventory, and the inventory should only include contraceptives that are received or shipped before that date. The cutoff date should be several days prior to the date of the physical inventory to ensure that the commodities manager prepares a report that details the location of stock and the ending balance for each contraceptive. During the period between the cutoff date and the physical inventory, no contraceptives should be shipped. Any contraceptives received during that time should be set aside and counted in the next inventory period.

**Prepare the inventory area**

Prior to the inventory date, the commodities manager should contact the warehouse personnel so that they can make sure that all pallets and cartons are neatly stacked and no other goods or materials should be present in the area. Any partial cartons should be made clearly visible and not left concealed under full cartons.

**Assign the count teams**

Two-person teams should be assigned to conduct the inventory; one person counts and calls out the tallies and the other person records the amount. Take care to avoid recording errors such as counting one item twice or calling out a count before the last item has been recorded.

**Develop clear procedures to record the count**

It is important to conduct the physical inventory count in an orderly manner. In a large warehouse, the process should start at the beginning of the aisle and continue down one side until all items on that side have been counted. The process should then be repeated on the other side of the aisle. Stacks or rows should not be skipped. If the team works slowly and carefully, going from top to bottom of the shelves, stock will not be skipped or double-counted. Any corrections to a count should be made by placing a single line through the original entry and recording the corrected amount above it.

The tops of all stacks and pallets should be inspected to ensure that there are no partial cartons. If some partial cartons are found, the items should be counted separately and not be mistaken for a full carton. Warehouse personnel should be available with equipment to move large quantities so that the cartons can be inspected easily and safely.

After completing the inventory, the team should re-inspect the area to ensure that no supplies were overlooked during the count.

**Continued**

**Continued****Record the physical counts**

Sample inventory count and summary forms are provided on page 267 and 268. When each contraceptive method is stored in one location within a single facility, the summary sheet (page 268) may be used both to record the count and to summarize the data. In this case the item description, location, expiration date, and quantity for each item counted are listed directly on the summary sheet.

If contraceptives are stored at more than one location or if the same inventory item is stored in more than one place within the same facility, the Physical Inventory Count Sheet should be used to record the count (page 267). Once all the items have been recorded on the physical inventory count sheets, they can be transferred to the Physical Inventory Summary Sheet by grouping and listing all entries for each inventory item.

Whether you have used the summary sheet for recording the count directly or have transferred this information from the physical count sheets, you now have a list that groups each inventory item on the summary sheet. Draw a line under the last entry and write the description of the inventory item counted under "item description." Total the quantities for this inventory item and record the total under "per count." Then go on to the next page and repeat the process for the next inventory item until all the items have been totaled.

Once totals for each inventory item have been recorded and checked, the amounts on the Inventory Control Cards (ICC) are entered on the summary sheet and the difference between the "per count" and "per ICC" are recorded in the column "difference." If there is a significant discrepancy, a recount should be performed for the inventory item in question and the ICC should be rechecked. The recount amount should be recorded on the summary sheet in the column "recount."

When the reconciliation activity has been completed, the physical inventory count sheets and/or the physical inventory summary sheet should be grouped together, dated, and filed to provide a permanent record of the physical inventory process.





## KEEPING TRACK OF CONTRACEPTIVE USE

Record keeping and reporting is one way that an organization can track patterns in contraceptive use among its clients. Keeping records and preparing and analyzing reports are inexpensive and effective ways to determine clients' needs and use patterns, without doing a formal program evaluation. Client use, the last element of the contraceptive supply cycle, is thus dependent on keeping up-to-date records and is critical to the success of any commodities management operation.

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*Record keeping  
and reporting*

An effective commodities management information system is particularly important because commodities management requires detailed monitoring in order to maintain a continual flow of contraceptive supplies to and from various distribution points and finally to the family planning client.

Record-keeping and reporting provides:

- Descriptive and quantitative information about contraceptive needs throughout the distribution network. Contraceptive supply levels are based on this data.
- A tool for supervising all commodities management personnel on a regular basis. Information on receipts, issues, delivery times, vehicle use, and storage conditions provides the means to assess staff performance.
- Data for evaluating the quality of supply services. In some cases, such an evaluation proves useful in demonstrating program impact, cost improvements, and the improved health status of the population.
- Assistance in projecting future supply needs in order to avoid shortages of critically-needed supplies.
- The data needed to improve the efficiency of supply services by helping to identify supply imbalances and product waste.
- Comparisons of different service delivery methods and data useful in conducting cost-effectiveness analyses.

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*What information should be collected?*

The primary information that should be collected and analyzed routinely is:

- Stock on hand at each facility (by method and brand);
- Consumption/distribution from each facility (by method and brand).

This information can be collected by using simple records, forms, and reports.

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*Kinds of documentation*

**Records:** Kept at each storage facility and outlet, these records are the “history” of the movement of supplies. These documents may also move from one unit to another to communicate specific information about supply needs, shipments, movement of supplies, etc. Copies of records are filed at various points in the distribution network, thus helping to form a “paper trail” for tracing the flow of supplies.

**Reports:** These summarize the data from records for planning and evaluation purposes. Reports are used to forecast supply requirements and to assess supply utilization.

The following examples of recording forms and reports have been provided as a guide to assist commodities managers in designing their own data collection forms. Although these forms should be viewed as generic samples, the information they request is generally required for any commodities management systems. An example of each of these forms follows the descriptions.

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*Types of recording forms*

**Inventory Control Card (ICC):** This form should be kept at all storage facilities that manage a significant number of inventory items. The purpose of the ICC is to have an up-to-date and continuous record, in one location, of all transactions for each item in the inventory. The ICC records information concerning all receipt and shipment activities, as well as supply level adjustments following physical inventories. This information will enable commodities managers to recognize any major trends in inventory levels and distribution.

There should be a separate ICC for each contraceptive item and a separate ICC card for each different brand or formula noted in the item description. Each warehouse activity or entry should be listed on a separate line even if several inventory activities occur on the same day. It is not necessary to start a new form at the beginning of each month, but the “balance” column should always show the current inventory level.

**Daily Activity Register (DAR):** This register is designed to be used where contraceptives are dispensed to family planning clients. It provides a daily log of the number of client visits, subdivided by the types and quantities of contraceptives dispensed to each client on a monthly basis. When a new month begins, service providers should begin a new DAR. The DAR should be totaled on a monthly and quarterly basis.

**Quarterly Report/Requisition:** This form serves several purposes. It provides summary information from the DAR and ICC concerning the number and types of clients served and quantities of each type of contraceptive received and dispensed over a three-month period. It also shows corresponding quantities of contraceptives requested for resupply. Copies of this form can be sent to the regional program manager, the commodities manager, or supply facility, and a copy can be kept at the service delivery site. Sometimes these reports will be sent directly to the central headquarters, where data processing staff will enter them into a computerized system.

To complete the quarterly report/requisition form, the DAR and ICC forms will need to be kept up-to-date regularly so that at the end of each quarter the data can be aggregated and entered on the quarterly report. For each method, record the number of new clients and continuing users from the DAR forms of the previous three months, and fill in the total number of clients by adding new clients and continuing users together. From the ICC, record for each method the beginning balance, the quantities received and dispensed, any adjustments made, and the ending balance. Take the ending balance and convert it into months of supply (see calculation on page 258). If you are using this form to requisition supplies, fill in the quantity requested for each contraceptive method.







## Evaluating Your Commodities Management System

As the program manager, you are responsible for evaluating the performance of the commodities management system. Often a preliminary observation of program activities will give you a good indication of how well the system is functioning. Because all the components of the commodities management system are interrelated, if a problem is found in one area, it is likely to affect other elements in the system.

An evaluation should start with a representative sample of clinics to determine whether sufficient quantities of contraceptive supplies are on hand, whether storage facilities are well-run, and whether appropriate record keeping systems are in place. This initial inspection need not be detailed. If you have a strong initial impression that, in general, the contraceptives are in good condition and are available on a continuous basis, you can assume that the system is working, even if not in the most efficient manner.

However, if the system does not appear to be working well, you need to determine where the performance problems are occurring. A lack of supply activity data, or data calculations that do not correspond to supply activities, may indicate that the system is not normally functioning as well as it appears at the time of the evaluation.

The following checklist will help you to determine whether all aspects of your contraceptives management system are in place and indicates some of the more frequent problems that affect the performance of commodities management systems.

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*Determining how well your commodities system functions*



**Getting Contraceptives to the Client**

- Commodities management staff are in place and well-trained, and a specific person is responsible for inventory control.
- The types of contraceptives offered by the program correspond to client contraceptive preferences and are adaptable to changes in contraceptive demand.
- Contraceptive suppliers have been selected and are reliable.
- Estimates are regularly made for the number of clients that will be served, and forecasts are regularly made of the number of clients that will use each type of contraceptive.
- Standard receipt and verification procedures are in place and being used, and the related documents are in the program's files.
- Storage facilities conform to acceptable standards for maintenance of contraceptive quality, thus reducing loss of contraceptives.
- An individual stock record form or card is maintained for each type of contraceptive in stock.
- Contraceptives are clearly labeled, appear to be in good condition, and are not on the shelves past their expiration dates. (First-To-Expire, First-Out rule is observed.)
- The inventory supply system (Push versus Pull) is appropriate to the service delivery system.
- "Min/Max" levels are appropriate so that stockouts or emergency orders are rare, and there aren't excessive stock levels.
- The number of months' supply on hand corresponds to Minimum/Maximum supply levels.
- The monthly quantities of contraceptives issued by the warehouse correspond, by method and brand, to the amounts received by the clinic.
- A Physical Inventory is taken on a regular basis.
- The monthly quantities of contraceptives dispensed correspond to stock levels.
- Records of client use are kept and correspond to inventory levels and service delivery activities.
- Transportation systems are functioning effectively and lead times are sufficient.



## GLOSSARY OF TERMS

- Central Warehouse:** A storage facility which handles and stores all commodities received from sources outside the country.
- Continuing Users (also known as Active Users):** Distinguished from new clients, continuing users are contraceptive users who have continued to use a family planning method over a period of time. They are usually counted and reported on separately from new clients of a program and new users of a method.
- Continuous (Perpetual) Review System (also known as Variable Order Interval System):** A system of inventory control and resupply whereby stock levels are constantly reviewed and orders are placed when the stock reaches or falls below the predetermined reorder level. In this system, the reorders are usually for standard quantities but do not occur on a scheduled basis.
- Contraceptive Supply Cycle:** The four stages of contraceptive supply that operate in a cyclical process: product selection, forecasting, distribution, and use.
- Daily Activity Register:** The daily log of the number of client visits to a clinic, sub-divided into the types and quantities of contraceptives dispensed to each client.
- Distribution-Based Forecasts:** This method of contraceptive forecasting will provide estimates on the number of contraceptives required, based on previous amounts distributed from the warehouse to the contraceptive outlet or clinic.
- Expiration Date:** The date determined by the manufacturer beyond which a contraceptive should no longer be dispensed to clients.
- Family Planning Commodities:** Refers to all of the contraceptives, medical supplies, and equipment needed to provide and deliver family planning services.
- First-to-Expire, First-Out (FEFO):** A distribution management system whereby contraceptives with the earliest expiration date are distributed first and contraceptives with later expiration dates are only distributed after the earlier-dated supplies have been issued.
- Intermediate Warehouse:** A supplies depot located in a specific region of a country. It distributes commodities only for that area.
- Inventory Control Card:** A form which records information concerning all receipt and shipment activities, as well as supply level adjustments following physical inventories, for a particular commodity or contraceptive method.
- Lead Time:** The amount of time it takes for a shipment to arrive once an order has been placed.
- Lot Number:** Refers to each different production batch (lot) of contraceptives at the time of manufacture.
- Maximum Stock Level:** The largest amount of stock the program should have in stock, usually expressed as the number of months of supply. It is the minimum stock plus that amount of stock used between orders.
- Minimum Stock Level (also known as Reorder Level):** The least amount of stock that programs should have in stock or the level which, when reached, initiates a reorder; usually expressed as the number of months of supply. It is the amount of stock used between placing and receiving an order plus the safety stock.
- Min/Max (Minimum-Maximum):** Assigned minimum and maximum stock levels designed to ensure that a program doesn't run out of contraceptive supplies and also doesn't become overstocked.

Continued

**Continued**

**New Client (also known as First Visit or First Consultation of a Client):** Someone who receives family planning services from (an agent of) a program who has not received services from that program before.

**New User (also known as New Acceptor):** Someone who accepts a contraceptive method from (an agent of) a program for the first time. This person may be using a particular contraceptive method for the first time, or this may be the first time she/he has ever used a contraceptive method.

**Outlet:** The final distribution point where clients receive their contraceptives (clinic, pharmacy, CBD workers, etc.).

**Periodic Review System (also known as Fixed Order Interval System):** A system of inventory control and resupply where stock levels are reviewed at predetermined time intervals and orders are placed based on current stock levels, safety stock level, and an established maximum. Through this method, the reorder is made on a scheduled basis, however, the quantity of the order may vary each time.

**Physical Inventory:** A count of all the contraceptives in stock to verify that the amount that is actually on the shelves is the same as the quantity listed in the stock-keeping records.

**Population-Based Forecasts:** Forecasts of contraceptive supply requirements based on the proportion of the target population that the program intends to serve and the anticipated level of demand for each contraceptive method.

**Pull System:** A supply system which requires that outlets request the amounts of commodities they need from higher-level storage facilities.

**Push System:** A supply system which allocates supplies down through the intermediate or central warehouses to the outlet level; outlets receive contraceptives without ordering them.

**Quarterly Report/Requisition:** Provides information concerning the number and types of clients served, the amount of contraceptives received and dispensed over a three-month period, and the quantities of contraceptives requested for resupply for the next quarter.

**Reorder Interval (also known as Review Period):** Used in a periodic review system, it is the predetermined amount of time between placing orders.

**Reorder Level (also known as Minimum Stock Level):** The predetermined quantity of stock which, when reached, will initiate a reorder in a continuous (perpetual) review system.

**Requisition Form:** A form for requesting additional contraceptive supplies.

**Safety Stock:** The amount of stock (number of months' supply) below the minimum level which serves as a cushion or buffer against major fluctuations in contraceptive demands or unexpected shipment delays.

**Service-Based Forecasts:** Forecasts based on an analysis of the existing program's service statistics and the projected number of clients that a program expects to serve.

**Shelf Life:** The length of time a contraceptive can be stored without losing its efficacy.

**Short Shipments:** When suppliers send incomplete shipments of contraceptives.

**Split Shipments:** Usually requested by the recipient, when a large shipment is divided into smaller shipments and sent at regular intervals to accommodate the recipient's storage space constraints.

**Stockout:** A condition under which there are not enough contraceptives in stock to meet demand.

## CHAPTER NINE

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# Managing Your Finances

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All family planning managers are responsible for ensuring that the resources of their program are used responsibly and appropriately. Every manager needs to be skilled in financial management because an important part of any manager's job is planning, monitoring, recording, and controlling the financial resources which are used to get the work done. In addition, private sector managers, as well as an increasing number of public sector managers, are developing long-term financial plans to generate enough income to cover program costs or expansion. This chapter will provide you with a working knowledge of a number of financial management concepts and skills to help you to prepare financial plans and to monitor closely and use your program's resources in the most responsible, appropriate, and cost-effective manner possible.

Financial management means managing an organization's resources to meet organizational goals and objectives as effectively as possible by using those resources to carry out planned activities. Financial management also ensures that there are adequate resources available to carry out the activities which have been outlined by the organization during the planning process.

Most family planning organizations are nonprofit and define their goals and objectives in terms of the services they provide to a community. These service objectives are usually determined periodically during the planning of the program. Once the goals and objectives have been set, the tools and techniques of financial management are used to ensure that adequate funds are available to achieve these planned objectives in the most cost-effective way.

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*What is financial management?*

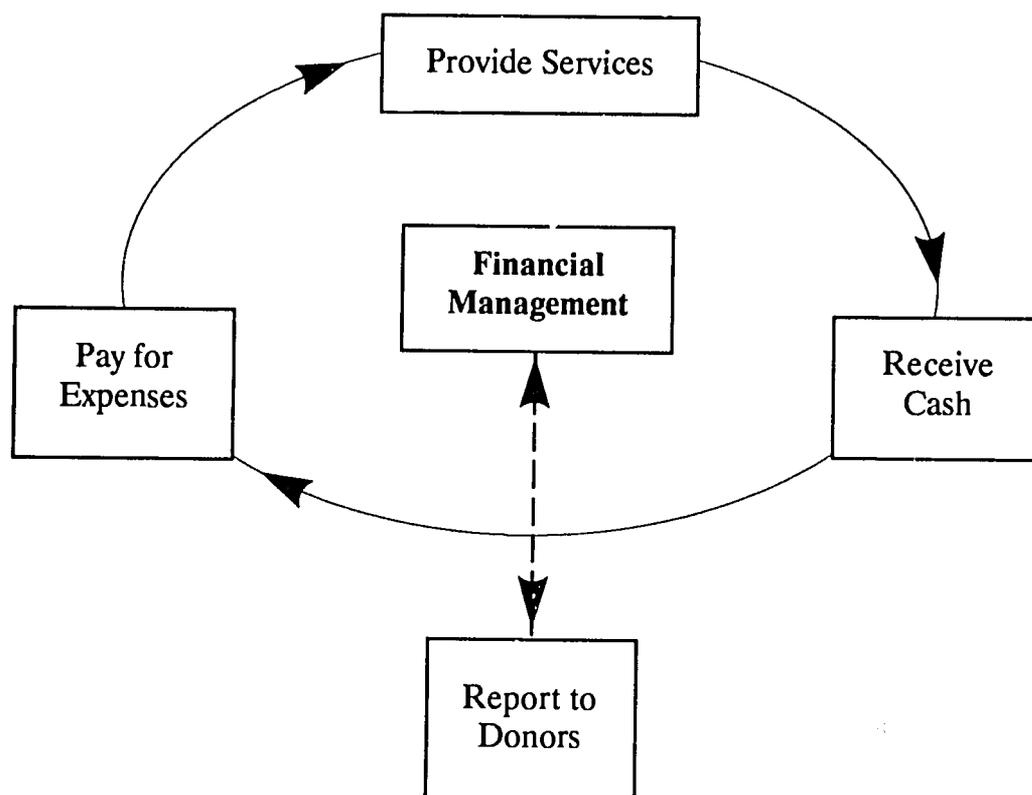
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*Good planning is the basis for financial management*

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*The financial management cycle*

The planning process serves to define service objectives and describe the activities necessary to achieve them. The expenses that are incurred in carrying out these activities are then financed either by the services that are being provided or by outside sources. The financial management cycle therefore consists of providing services, receiving cash, paying for expenses, and reporting to donors and other outside sources on the use of the funds that have been provided.



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*Basic financial management skills*

As manager of a family planning program, you will need to know enough about financial principles to be capable of:

- Preparing a budget for your work plan;
- Projecting revenues and monitoring cash flow;
- Controlling and managing funds (establishing basic standards and controls);
- Financial monitoring (comparing program results with budget projections);
- Determining and comparing the cost of services;
- Meeting both donor and institutional reporting requirements;
- Understanding and using financial reports for decision making.

These topics will be described in the following pages. They have been singled out in this handbook because many family planning program managers are being challenged to:

- Maintain or expand services in the face of reduced funding from donors or governments;
- Institute alternative financing of family planning services, which requires the development of multi-level financial management controls;
- Compare the effectiveness of different service approaches or sites within the system, which require the development of ways to measure the cost of family planning services;
- Meet the different reporting and procedural requirements of multiple funding sources.

The financial duties of managers in the public and private sector differ. In the public sector, most family planning program managers are given a fixed budget allocation. If their allocation is not sufficient, their only choices are to try and obtain an increase or to cut expenses. Often, their ability to make these adjustments is restricted, as they have limited knowledge of personnel costs, and civil service regulations give them little control over the hiring and firing of staff. Furthermore, they may be working within a set system of accounting standards, financial controls, and informational reports that they can do little to change. However, in many ministries, financial systems are becoming more decentralized, and there is increasing interest in charging fees for services to cover at least part of the cost incurred by the program. As a result, increasing numbers of public sector managers face financial management tasks that were formerly limited to the private sector, such as studying the cost-effectiveness of their clinic-based versus community-based services.

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*Financial  
management in  
the public and  
private sectors*

In the private sector, the family planning program manager's degree of control over the finances and financial systems of the organization varies widely, depending on how large and hierarchical the organization is and what position the manager holds. In general, private sector managers are freer than public sector managers to modify financial information systems, decide on strategies to increase income and cut expenses, and control staffing patterns. Private sector organizations are much more likely to generate income through sales of goods or services, as well as to need to monitor closely their progress in generating income.

Good managers in both the public and private sectors provide the greatest amount of service possible for the resources they manage, while maintaining the standards of quality described by the program.

## PREPARING A BUDGET

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### *What budgets are used for*

All budgets itemize the costs that are expected to be incurred by a set of activities; most budgets also specify the income that is expected to cover these costs. A budget can be drawn up for a single activity, such as a training workshop, or for a whole program or organization. A program or organization should use the operating budgets of all its internal operating centers (such as a regional CBD program, a department, or a clinic) in developing its own operating budget. An operating budget is based on the year's work plan and on information about centralized costs. It itemizes the cost for one year of carrying out all activities and the expected income that will pay for them.

Just as the work plan is based on the long-term plan (see Chapter One, *Planning for the Future*, and Chapter Two, *Developing and Using Work Plans*), the budget also relates to the financial plan and thus reflects the financial aspects of the long-term plan.

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### *Why budgeting is important*

Budgeting is important because:

- The exercise of preparing a budget forces managers to think each activity through in detail and commit their thoughts to paper;
- Budgets give managers essential information on the projected expenses and income associated with planned activities; this information lets managers know whether all planned activities are financially feasible and whether more income needs to be raised or costs need to be reduced;
- When developed in accordance with work plans, budgets help managers to ensure that organizational resources are spent only on planned activities;
- The planner is forced to differentiate between essential and non-essential activities and to give the essential activities a higher priority;
- By listing in detail the projected expenses and the expected funding sources, budgets help the organization to prepare to secure the resources needed to meet these expenses;
- Budgets allow managers to evaluate the actual costs of activities and thus to consider alternatives if the planned activities are too costly;
- By having a realistic, updated budget and comparing it with actual expenses, managers can be forewarned of potential shortfalls in the resources that are available for specific activities.

## Tools and Techniques

### Factors to Take into Account during Budget Preparation

- Levels of spending (current level for ongoing projects, anticipated level for new projects)
- Expected changes in costs (estimated in percentages) for salaries, drugs, etc.
- Projected changes in project activities (new clinics, new activities, etc.)
- Other relevant factors that may change, for example the population you plan to serve, changes in fertility that you expect, etc.
- Contingencies (funds set aside for unexpected additional expenses)

There are two basic steps to preparing a budget: identifying necessary resources and their costs, and determining their sources of funding.

The first step is to specify all the resources that are needed to implement the activities listed in the work plan and to assign a cost to these resources. To do this, look at each activity in the work plan and quantify the time, supplies, equipment, and other costs required to carry it out.

For example, if a district work plan for ongoing community-based distribution of family planning services states that supervisors will visit distributors every two months, then the manager who is preparing the budget has to understand what costs are incurred by this activity. Assuming that many of the distributors live in remote areas which are not accessible by public transportation, this particular activity will probably involve such costs as: the salaries of the supervisors and drivers, fuel and maintenance expenses if vehicles are used on these visits, administrative costs such as office supplies and postage in the district office, and per diem and other travel expenses for distributors and supervisors.

Most of the costs of your activities will be variable costs. These are costs that vary with the volume of service or scope of activities that you will provide. Some costs, however, will be "fixed." Fixed costs are incurred by the program no matter what the level of activity or volume of service is. Examples of fixed costs are rent and utilities, equipment leases or payments, and most salaries. Both variable and fixed costs must be included in your budget.

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*Assigning costs to resources*

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*Variable and fixed costs*

## Variable Costs Budget Worksheet

Budget by Activity		Region: Butare		Program: Family Health			Period: 1990				
Activities			Resources				Budget				
#	Activity	Prior-ity	Donor	Resources	Quantity	Unit Cost	Travel Costs	Gasoline	Vehicle	Training Costs	Total Costs
1	Medical training supervision once a month. 2 Regional office staff with car and driver.	A	USAID	Prof. staff Driver Gas Repair	24 days 12 hours 1,200 km. 1,200 km.	1,250 625 10 10	30,000 7,500	12,000	12,000		61,500
2	Conduct consultations in 4 family planning clinics once a week. 2 Regional office staff with car and driver.	C	USAID	Prof. staff Driver Gas Repair	96 hours 48 hours 4,800 km. 4,800 km.	1,250 625 10 10	120,000 30,000 150,000	48,000 48,000	48,000 48,000		246,000
3	Paramedical training for 20 employees.	B	UNFPA	Training costs	20 hours	3,000				60,000 60,000	60,000
	<b>Total</b>						187,500	60,000	60,000	60,000	367,500

The worksheet above shows how variable costs are calculated. In Activity 1, for example, the cost of monthly medical training supervision is variable because it depends on the number of supervisors, the length of their visit, the distance they will travel, and an estimate of repair costs. Note that staff time has not been included because this is considered a fixed cost to the program.

The second step in budget preparation is to determine where the resources you need will come from and which expenses will be paid for by which funding source. For many public programs, this step is simple because there is only one funding source, the government. But in private programs or in public programs that receive private money or charge fees to generate income, the task of identifying ways to finance activities is more complex.

*Determining where resources will come from*

## Tools and Techniques

### Tips for Budget Preparation

When preparing a detailed budget, you will find it helpful to sort all anticipated expenditures and revenues into the categories listed below. Included in the description of each budget category are some helpful suggestions to make the budgeting process easier and more accurate.

**Fixed Assets:** These are assets that have a useful life of longer than a year, such as land, buildings, furniture, and large pieces of equipment.

**Revenues:** Revenues from sales or fees are calculated by multiplying the anticipated number of commodities to be sold (or services to be provided) by the prices to be charged, and then deducting from the total the value of commodities and services provided free of charge. Revenues from grants should be based on the grant agreements and equal the expenses to be made under the grants. The projection of funds from donations should be based on previous experience, unless circumstances are expected to change significantly.

**Salaries and Wages:** This category includes monies to be paid to staff. To estimate personnel costs, it is useful to start by listing all staff positions, the amount of salary or wages to be paid to staff in that position, and the percentage of time that that position will be employed (100 percent, 50 percent, etc.). Private sector managers will almost always include salary costs in their budgets. However, many public sector managers will not budget for salaries since these costs are paid for by a higher level in the ministry or by another ministry altogether. Even if managers don't budget salary costs, it is a good idea to list the staff positions which are required to implement planned activities. This will allow managers to respond appropriately to any increases or decreases in staff due to changes in program activities.

**Fringe Benefits:** This category includes expenditures for benefits that are in accordance with your organization's usual policy and practice. These should include all benefits required by law, for example, social security, severance pay, annual vacation, housing allowance, medical insurance, and others. Calculate the benefits for all positions you listed under salaries and wages.

**Fees:** Examples of specialized or infrequent activities for which fees are paid instead of salaries include annual audits, design of information systems, maintenance of accounting books (in small organizations), special training for staff, design of educational materials, and surgical time. Of all of these, only surgical time is a variable cost, which you determine by calculating how long it takes to perform a procedure and related tasks, and how many users of surgical methods or IUDs you have projected for the year. You may wish to pay surgeons and doctors on the basis of how many hours they have worked rather than per procedure, as the latter practice could serve as a financial incentive to the provider to promote certain methods.

Continued

**Continued**

**Building Operating Costs:** These are fixed costs and can include minor repairs and renovation to the buildings owned or rented by the program, as well as janitorial services and the maintenance of building and grounds. Rent or mortgage and utilities are often major fixed costs in large cities.

**Vehicle Operating Costs:** These variable expenses depend on the level of use of the program's vehicles and the number of vehicles. Usually, the manager must calculate an average charge for fuel, maintenance, and repairs per kilometer travelled for those activities in the budget that require use of the vehicles. Insurance costs sometimes vary depending on the age or original value of the vehicle.

**Travel and Per Diem Expenses:** The type of travel normally included in this category is the regular and customary travel associated with the activities of the project, for example supervisory travel, staff meetings, outreach, and field visits. Some travel costs are variable and some are fixed. For example, the supervisory travel costs are usually fixed because they are the same no matter how high or low the average number of clients per distributor or health post. The travel costs for home visits, however, are variable, because they increase or decrease depending on your targets for numbers of home visits. Refer to the job description for each staff person or consultant and to the work plan. Project the number of trips, the destinations, and the duration of trips for each person. Include all estimated costs for travel, such as air fare, bus/train fare, taxis, out-of-pocket expenditures, fuel, mileage, per diem, etc.

**Depreciation:** This is the charge representing the utilization of a fixed asset during the period. Thus a vehicle with an estimated life of five years would depreciate by 20 percent of its costs (minus resale value) each year. Depreciation is probably only taken into account if the organization expects to have to replace the fixed asset itself (as opposed to having a donor replace it).

**Communications:** Postage, couriers, telephone, and cables are usually treated as fixed costs, because it is so hard to attribute increases in these costs to specific programs or activities. One exception is large mass mailings, for which you can calculate the cost per piece mailed.

**General Administrative and Maintenance Expenses:** These fixed expenses represent costs incurred in running an office. They include, but are not limited to: equipment rental, maintenance and minor repairs to office and medical equipment, data processing, copying and printing costs, office supplies, bookkeeping expenses, and insurance.

**Educational and Publicity Contracts:** This category is often a mixture of fixed and variable costs and includes items such as the purchase, printing, or copying of pamphlets, books, slide shows, and videos. Materials which service providers use repeatedly in client education are fixed costs, while materials that are given to each client or person educated are variable. Publicity costs may vary according to the number of new clients the program wants to attract; for example, in order to draw 2,500 clients, the program may print 10,000 promotional brochures or purchase advertisements in local magazines. Publicity costs may also be fixed from year to year; an example would be a standing fixed expense for radio spots on a local show.

**Medical Supplies and Equipment:** These are often variable costs, although large equipment depreciation is usually a fixed cost. The supplies most often used in family planning programs are medical supplies and equipment such as gloves, specula, and contraceptives. The quantity that will be needed can be predicted directly from the numbers of users and clients that you have projected for the year during your planning process. (See Chapter Eight, Getting Contraceptives to the Client, page 248 for guidelines on supplies needed per user of each method.) The equipment to be included in this category rather than under "Fixed Assets" consists of low-cost items that are bought fairly frequently, which therefore count as recurrent costs charged to the fiscal year in which they were bought. Surgical instruments and examination lamps are examples of equipment that you might replace frequently, such as every three years.

## PROJECTING REVENUES AND MONITORING CASH FLOW

Managers must ensure that they have adequate cash in the bank (for private sector programs) or funds in their allocation (for public sector programs) to cover all anticipated financial obligations each month. The first step in this management task is to project, during the planning process, the cash flow and the funding availability. Once the work plan and budget are completed, the manager uses both documents to analyze the timing of anticipated expenditures. By comparing these with the timing of anticipated receipts, the manager can see whether there are any periods in which there will be insufficient funds.

For example, if a new family planning clinic is scheduled to open in May, there will probably be large outlays of cash for new equipment and furniture in March or April. If the program receives equal quarterly or monthly payments, there will not be enough cash for these unusually high expenses in March or April, and unless the manager takes special measures, the clinic won't open on time or will open without adequate equipment.

There are three basic strategies for dealing with periods in which you foresee insufficient funds. As a manager, you should find that at least one of these strategies is feasible for your program.

- Adjust the timing of activities in the work plan, or cut other expenses from the budget;
- Rearrange a donor or ministry payment schedule so that large payments precede large expenditures;
- Arrange for a short-term loan (usually only possible for private sector managers).

Failure to predict cash flow accurately can cause cash shortages at crucial moments in the life of a program, leading to delays in the payment of salaries (and thus demoralization of staff and high turnover), inability to buy basic supplies when needed, and other emergencies, all of which result in the program's failure to achieve its objectives.

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*Predicting cash flow is critical to program success*

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*Strategies for anticipated cash shortages*

**How to ...****Develop a cash flow projections worksheet**

The cash flow projections worksheet is a key monitoring tool that can help a manager anticipate the amount of cash needed to cover anticipated expenditures. By projecting revenues and expenses, the worksheet shows the inflows and outflows of cash that are anticipated during a specific period of time. A manager can use the worksheet to compare actual revenues and expenditures with those which were projected, in order to ensure that sufficient funds are available at all times to meet program needs.

1. To set up your cash flow worksheet, first enter the amount of cash on hand at the beginning of the first month. This is your starting cash (section 1 in the example).
2. Next, make a list of all potential sources of cash income expected during the year that can be used to pay necessary expenses. Then figure your monthly income projections for each income category, noting the amounts and in which month(s) the cash will be available ("Income by source" in the example). Total the income in section 2 for each month.
3. List all possible categories of expenses. For each category of projected expenses, fill in the projected monthly expenses and total the expenses for each month in section 4.
4. Having estimated total projected income and expenses, the worksheet now reflects the total projected cash-in (section 2 in the example) and the projected cash-out (section 4 in the example) for each month.
5. To figure the total cash available for use during the month (3), add "Beginning cash on hand" (1) to "Total projected income" (2).
6. To determine the "Total cash on hand at the end of the month" (5), subtract "Total expenses" (4) from "Total cash available" (3).
7. Carry over the amount of cash on hand at the end of the month to the first line of the next month. Thus, the cash on hand at the end of the month (5) always matches the amount of cash on hand at the beginning of the following month (1).

### Cash Flow Projections Worksheet

(in Pesos)

Date: January 1, 19\_\_

Cash In/Out	January	February	March	April	May	June	July	August	September	October	November	December
<b>(#1) Cash on hand at beginning of month</b>	25,000	67,038	29,814	8,327	72,936	37,732	18,224	54,446	21,479	4,292	57,830	26,368
<b>Income by Source</b>												
a) Donor A	325,500	0	0	100,500	0	0	175,500	0	0	85,000	0	0
b) Ministry	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000
c) Donor B	0	0	15,050	0	0	15,050	0	0	15,050	0	0	15,050
d) Contraceptive sales	0	860	1,290	1,720	2,150	2,580	3,010	3,440	3,870	4,300	4,300	4,300
e) Laboratory Fees	0	215	301	387	473	559	645	860	946	1,075	1,075	1,075
f) Clinic Fees	0	473	645	774	946	1,075	1,376	1,505	1,720	1,935	1,935	1,935
<b>(#2) Total Income [add a through f]</b>	<b>342,500</b>	<b>18,548</b>	<b>34,286</b>	<b>120,381</b>	<b>20,569</b>	<b>36,264</b>	<b>197,531</b>	<b>22,805</b>	<b>38,586</b>	<b>109,310</b>	<b>24,310</b>	<b>39,360</b>
<b>(#3) Total cash available for the month [add 1 + 2]</b>	<b>367,500</b>	<b>85,586</b>	<b>64,100</b>	<b>128,708</b>	<b>93,505</b>	<b>73,996</b>	<b>215,755</b>	<b>77,251</b>	<b>60,065</b>	<b>113,602</b>	<b>82,140</b>	<b>65,728</b>
<b>Expenses by Budget Category</b>												
g) Salaries	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500
h) Benefits	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500
i) Travel	11,520	11,520	11,520	11,520	11,520	11,520	11,520	11,520	11,520	11,520	11,520	11,520
j) Equipment	170,338	4,452	4,452	4,452	4,452	4,452	4,452	4,452	4,452	4,452	4,452	4,452
k) Medical & FP supplies	9,505	9,505	9,505	9,505	9,505	9,505	9,505	9,505	9,505	9,505	9,505	9,505
l) Training	38,022	0	0	0	0	0	87,947	0	0	0	0	0
m) General Admin.	50,077	9,295	9,295	9,295	9,295	9,295	26,885	9,295	9,295	9,295	9,295	9,295
<b>(#4) Total Expenses [add g through m]</b>	<b>300,462</b>	<b>55,772</b>	<b>55,772</b>	<b>55,772</b>	<b>55,772</b>	<b>55,772</b>	<b>161,309</b>	<b>55,772</b>	<b>55,772</b>	<b>55,772</b>	<b>55,772</b>	<b>55,772</b>
<b>(#5) Cash on hand at end of the month [3 minus 4]</b>	<b>67,038</b>	<b>29,814</b>	<b>8,327</b>	<b>72,936</b>	<b>37,732</b>	<b>18,224</b>	<b>54,446</b>	<b>21,479</b>	<b>4,292</b>	<b>57,830</b>	<b>26,368</b>	<b>9,955</b>

Assumptions	
Exchange rate:	43 pesos = \$US 1
Donor B donations:	\$US 350/quarter
Benefits:	20% of salaries
General Administration as percent of other costs:	20%
Training conducted in months 1 and 7	
Period covered:	12 months beginning January

Note: Although the timing of the January and July payments from Donor A assure the financial manager that there will be adequate cash to pay for the training program conducted in January and July, it will be important for the financial manager to pay particular attention to the actual cash flow at the end of the first and third quarters when cash funds will be particularly low.

## CONTROLLING AND MANAGING FUNDS

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*Setting up an accounting and financial control system*

Good financial control procedures and a sound accounting system are the foundation for effective financial management. While financial managers or bookkeepers are responsible for setting up and maintaining an accounting and financial control system, the general manager bears the ultimate responsibility for a program and must know enough about the system to supervise both bookkeepers and financial managers.

### Developing Standardized Financial Controls

Accounting standards and financial management controls are the procedures, guidelines, and rules that help to ensure that:

- Funds and resources are used responsibly and appropriately;
- The financial information provides a complete and accurate picture of the inflows and outflows of resources and cash.

Specifically, financial controls ensure that:

- Receipts and disbursements are handled according to authorized procedures;
- Transactions are properly recorded so that the organization can account for its assets and prepare accurate and comprehensive financial statements;
- Access to assets is permitted only with authorization by the appropriate manager;
- Assets are physically checked at regular intervals (inventory) and appropriate action is taken when there are differences between the records and the physical count.

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*Requirements for effective financial control*

The two main principles of an effective financial control system are:

**Duties are divided among individuals in such a way that no one person can control all phases of a transaction.** For example:

- One single employee cannot request, approve, and make payments.
- Bank account reconciliations are done by an employee who doesn't sign checks, has no access to cash, and doesn't record cash transactions.
- Financial records are reviewed periodically by a responsible person other than the person who normally maintains the records.

- The person controlling commodities, equipment, and supplies is not responsible for purchase and receipt of these items.
- The person distributing salary cash or checks should not be the same person who calculates and prepares the payroll.

**Accounting and financial control procedures regulate transactions as they occur in the system.** For example:

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*Auditing your program*

- All inflows and outflows of cash or resources are documented.
- Pre-printed, serially numbered receipts and payment vouchers are used.
- Monthly bank account reconciliations are performed, and any discrepancies found are investigated.
- Time and attendance records are kept for all employees.
- When payments are made with cash rather than a check, petty cash vouchers and receipts must be submitted.
- Deposits of cash from sales or fees are made frequently.
- All grant payments must be approved in writing by the director.
- All purchases are approved before an order is placed.

Having an annual external audit is an important way for you as a manager to know whether controls and procedures are operating properly. However, it is important for the institutional audit to cover both the donor funds and the organization's own funds, so that it gives a complete picture. Audits of individual donor funds should be discouraged since they do not provide a complete picture. Instead, it is better to have donors help pay for an institutional audit.

**Vignette****Authorizing and Tracking Expenditures**

Mr. Natanbanga, a department manager of the community-based distribution programs of the National Family Planning Board, drove into the petrol station to fill up the tank of the Board's Renault sedan before leaving to visit a pilot project some 100 kilometers away. After the attendant had filled up the tank, Mr. Natanbanga handed him a Board voucher to pay for the petrol. Mr. Natanbanga waited in the hot car for several minutes and was annoyed to see the attendant returning with the voucher still in his hand.

"I'm very sorry, sir," began the attendant, "but the manager says that we cannot accept this voucher."

"What? Why not?" asked Mr. Natanbanga. "We've been doing business here for years, and I know we have an account with you. Let me speak to the manager."

Mr. Natanbanga followed the attendant into the station and became quite angry when the manager told him that he refused to accept the voucher because he had been advised by his head office that the Board had several overdue bills. Mr. Natanbanga was forced to use his per diem cash to pay for the petrol.

When Mr. Natanbanga returned to the office several days later, he had a meeting with Mr. Sylla, the finance manager, who had only been working for the National Family Planning Board for six months.

"Why has the petrol bill not been paid?" he demanded of Mr. Sylla. "Don't we have enough funds?"

"No, there haven't been any funds in the petrol budget for three months," responded Mr. Sylla.

"But that is impossible. I have only made two trips out to the pilot project this quarter and that certainly wouldn't have used all the money allocated for petrol," said Mr. Natanbanga. "What is the problem?"

"Well, sir, Mr. Ba, the head of the IEC department, has made numerous trips all over the region this quarter and he may have used a lot of the funds budgeted for petrol," replied Mr. Sylla.

"That is absurd and unfair. He can't spend all the money allocated for petrol. I need to visit my projects as well," said Mr. Natanbanga. "What kind of a financial system do we have that can allow this to happen?"

"Well, sir, we don't actually have a separate budget for each department, so a department manager doesn't know how much he can spend," responded Mr. Sylla.

"Don't we know when we are about to run out of funds?" asked Mr. Natanbanga.

"Not exactly," said Mr. Sylla, "There is no system for keeping a running total of expenses incurred and so we never really know how much we've spent and how much is still available. What's more, because we get petrol on credit, we can even spend more than the overall budget and not know it until the supplier sends us a bill."

"This must cause problems all the time," said Mr. Natanbanga. "Can't we design a better system that would give each department some control and accountability for certain costs and expenses?"

"Since I came to work here, I have been thinking about a new system that should resolve this problem," said Mr. Sylla, "I have just finished designing a system that I think would solve many of our problems, and I would like to present it to all of the department managers. I propose two things. First, we need to have budgets for each department and each program manager must authorize every expense that is incurred. This will allow us to keep track of how much money is actually left in the budget for that department and for that type of expense. Secondly, since petrol is one of our biggest problems, I would suggest that we institute a system to issue prepaid petrol vouchers to each department each month. There would be no more buying on credit, and when a department had used all its vouchers for the month, it would not be able to get any additional vouchers until the following month. This would be a more equitable system for each department, and nobody will be able to overspend."

Mr. Natanbanga said, "That sounds like an excellent solution. There is a program managers' meeting scheduled for next week. Why don't you put yourself on the agenda to propose this new system?"

"We will also need to discuss how we are going to repay our debt to the petrol station," said Mr. Sylla. "At present, we don't have any money available to pay them."

## Authorizing Purchases

Some non-financial managers, particularly those in smaller organizations or in charge of service sites, have the responsibility for authorizing expenditures and purchases. How can they ensure that:

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*Deciding what expenditures are necessary*

- The purchase is justified;
- The cost is competitive;
- The transaction is properly documented;
- There are sufficient funds to make the purchase?

**To ensure that a purchase is justified**, the manager institutes a voucher or purchase order system, whereby purchases must be pre-approved before any checks or cash are disbursed. As a criterion for approval, the manager or financial officer can check to see whether or not the item appears in the budget and can request documentation for purchases that had not been anticipated.

**To ensure that the cost is competitive**, the manager can make sure that at least three suppliers (when available) were contacted in order to make price comparisons. In the case of supplies or a piece of equipment, it often suffices to compare prices in catalogs or through phone calls. For larger expenditures, such as a printing job or construction, it is customary to solicit bids or written estimates and to use the contractor that offers the lowest bid along with acceptable quality work.

**To ensure that the transaction is properly documented**, all checks and pre-printed, serially numbered cash receipts bear the corresponding purchase order number.

**To ensure that there are sufficient funds to cover the purchase**, the manager can check the budget performance report and the cash flow report, which monitor actual expenses and expenditures, against the budget in order to see whether a particular category is being overspent, or whether the whole budget is overspent, thus necessitating cutbacks in all categories. The budget performance report should also monitor the actual receipt of revenues against those projected in the budget and cash flow forecast, as well as whether these revenues are government allocations, service-generated revenues, or grants. If the timing of receipts is delayed, or if generated income is lower than expected, there may not be enough funds to cover a large purchase.



## **Manager's Checklist to Ensure Good Financial Control**

### **Controlling Receipts**

- Issue pre-numbered receipts for all cash received.
- Keep all cancelled receipts.
- Keep control over all receipt books that are bought and used.
- Bank all money promptly and intact. (Don't use any money received by the organization from sales or other sources before the entire sum received has been deposited in the bank.)
- Perform monthly bank reconciliations.
- Use a register to record checks received.
- Do not cash personal checks from petty cash.
- Lock up all unused receipt books.
- Use a register to record all pledges and donations to the organization.

### **Controlling Assets**

- Maintain a fixed assets register.
- Maintain up-to-date maintenance and inspection records.
- Provide permanent identification marks on all equipment.
- Protect against loss or theft with appropriate security and insurance.
- Keep usage records (log books, work tickets).
- Monitor advances and get them reimbursed within a short period of time.
- Invest cash reserves to generate the most income possible.
- Monitor Accounts Receivable to ensure that cash is received on time, and institute special procedures for overdue accounts.

**Continued**

**Continued****Controlling Expenditures**

- Obtain written bids or quotes for the costs of all purchases and file them with the purchase order.
- Use a local purchase order for all local purchases.
- Check that goods and services which have been reported as delivered have actually been received.
- Check that the quality, quantity, and price of the good or services received corresponds to what was purchased.
- Make all payments by check.
- Require supporting documentation for all purchases.
- Make sure that all expenditures are genuine, reasonable, and for the benefit of the project.
- Monitor your budget against expenditures.
- Review each expenditure. Ask, "Why are we spending this money on this item?"
- Check that funds are available.

**Controlling Liabilities**

- Keep accounts payable to a minimum.
- Maintain control of suppliers invoices; know what supplies you have paid for and when they will be delivered.

Modified from Carr Stanyer Sims and Co., Kenya



## **Managing Small Amounts of Money and Service-Generated Income**

Many managers, particularly those operating family planning service sites, are responsible for managing cash. They may be responsible for petty cash funds; some discretionary funds for programs; funds for training, transportation, and small purchases; and cash generated by payment for services or the sale of contraceptives.

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*Managing cash from fees for services or contraceptive supplies*

Understanding the principles of managing cash is especially important for programs that collect revenues in order to cover some or all costs of the program. The most important principle is to leave a "paper trail" at every level on which cash is collected. A typical CBD program that sells contraceptives to users would organize the paper trail in the following manner:

1. The CBD agent records each contraceptive sale on a numbered duplicate receipt. The receipt goes to the client and the duplicate serves as a record of contraceptive sales.
2. Every month the supervisor collects the cash and receipts from the CBD agents. The money collected by the supervisor usually equals a fixed percentage of the total amount on the receipts, since the CBD agent often receives a percentage of sales receipts as a commission.
3. The supervisor also checks the stock of contraceptives and the stock of unused receipts to ensure that contraceptives have not been sold without being recorded.
4. The supervisor issues a receipt to the CBD agent. This receipt is both proof that the agent has turned over the money which she or he collected and a record that the supervisor has received this money.
5. The supervisor writes a summary report of the amount of money received from and contraceptives issued by all her or his agents.
6. The supervisor turns the money over to a financial manager, who issues a receipt for this money.
7. The financial manager totals the amounts from all the supervisors and deposits the money in the bank, recording clearly the source, date, and amount of the money deposited.

There is good financial control in this scenario because the flow of money can be traced all the way back to the original sale of contraceptives and receipt of cash.

Example from Swaziland

### Monitoring the Receipt of Fees in a Public System

In the health system in Swaziland, the Ministry of Health uses a system of preprinted tickets to collect money in exchange for health services. Patients buy a prenumbered ticket showing the service required at the health facility. The patient exchanges the ticket for the service printed on it when she or he is attended by the nurse or doctor.

Booklets of two-part tickets are printed by the government treasury department which distributes them to the regions. Regional offices issue complete booklets to clinics, noting the serial numbers and value of tickets issued. Every two weeks, the hospital accountant visits each clinic and collects cash and the remaining portions of the tickets that have been issued. The cash collected must equal the value of the ticket stubs returned.

The hospital accountant then returns the cash and issued ticket stubs to the treasury's regional office.

<b>D</b> №. 143074	————— <b>D</b> №. 143074	SWAZILAND GOVERNMENT  <b>CLINIC FEE</b>  VALUE E1.00  <b>(E1.00)</b>
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**How to ...**

**Set up and manage a petty cash imprest fund**

Almost all offices keep some “petty cash” for expenses that are very minor or that are not conveniently paid for by check, such as bus fares and small amounts of office supplies. While most managers don’t get involved in the details of maintaining petty cash, they will be responsible for supervising a system that adequately controls and safeguards the cash. Some basic principles guide an adequate petty cash system:

- Keep the cash in a locked metal box, which can be stored in a locked cabinet or desk drawer.
- Establish a set level for petty cash that is approximately equal to the amount of petty cash expenses expected in one month.
- Pre-print serially numbered vouchers that have to be filled out and approved each time cash is withdrawn from petty cash. The vouchers need the following information: date, person receiving the money, amount, explanation of type of expense, and budget category. They also need spaces for the signature of the person receiving the money and of the person approving the payment.

<b>PETTY CASH VOUCHER</b>		Voucher No. T16521
Paid to: _____		Date: _____
Amount: _____ (d) _____		
Budget Category	Explanation	Amount
(x) _____	_____	(a) _____
(y) _____	_____	(b) _____
(z) _____	_____	(c) _____
		Total: (d) _____
Approved by: _____		
I have received the above amount: _____		

At the end of the month, the vouchers should be added up. The total of these vouchers plus the amount of cash left in the box should equal the set level that you decided on. For example, suppose that you bring your petty cash fund up to the level of Local Currency (LC)50 at the beginning of every month. If September’s vouchers add up to LC30, you should have LC20 left in the box, and you should add LC30 to the box for October. The LC30 will be reimbursed by a check drawn on the bank account. The petty cash voucher serves as the check payment voucher.

All transactions involving petty cash, the monthly deposits, and the amount of each voucher for the corresponding budget line items should be recorded in the accounting journals by your bookkeeper.

## MONITORING FINANCES: COMPARING RESULTS WITH BUDGET PROJECTIONS

When overseeing an organization's finances, a key monitoring task is to compare the actual revenues and expenses with those which were projected in the budget. This information is crucial. Most managers need to take immediate action when revenue is lower or expenses are higher than projected in the budget. Furthermore, you cannot prepare a realistic budget for the next year without comparing this year's budget with the actual results.

Financial monitoring can only be done well by working as a team with your financial manager and by looking at planning and monitoring as unified parts of the same cycle. Both financial and program managers must:

- Project expenses and revenues during the planning process;
- Compare actual revenues and expenses with projections while monitoring the program.

The financial planning and monitoring cycle usually works as follows:

- The program and financial managers work together to determine the key planning and monitoring information that is needed from the financial information system.
- The program and financial managers develop the structure of the chart of accounts, the budget, and the financial reports.
- During the planning process, the program and financial managers develop a budget that projects the next year's revenues and expenses.
- The financial managers oversee the accounting system that records the expenses incurred and the revenues generated during program implementation.
- The financial managers and/or accounting staff generate the needed reports from the accounting system at regular intervals during the program's implementation.
- Financial and program managers discuss any shortfall or excess in revenues or expenses and determine whether any adjustments are needed in program or management activities.
- Financial and program managers use the financial reports to plan for the next year's budget.

*The financial planning and monitoring cycle*

**How to ...****Create a budget performance report**

A budget performance report allows a manager to monitor actual revenues and expenses against those projected in the budget.

To create a budget performance report, such as the one on the following page, record the information as outlined below.

- Column A is the description of the category of expense or revenue. It can be as general (using only broad expense or revenue categories) or as specific (such as by line item or operating center) as you need it to be.
- In Column B, write the budgeted amount for each item.
- In Column C, write the amount actually spent or earned for this reporting period (usually every three or four months) for this item.
- In Column D, add the amount in Column C to the total expenditures or receipts for previous periods in this budget. For example, if this is the third quarterly report, you would add the amount in Column C to the Column C amount in the second quarter's report.
- In Column E, you will estimate, based on the pattern of expenditures and receipts so far, how much you will spend or receive for this item to the end of the budget period. This column may or may not correspond to the amount projected for this period in the budget, depending on whether or not you see any significant differences so far between actual and budgeted figures.
- In Column F, for each item you will add the amounts in Columns D and E, to give you an estimate of the total that you will spend or receive by the end of the budget period.
- Under expenses in Column G, you will subtract the amount in Column F from that in Column B to give you the difference between the total you had budgeted for the year and the total you estimate you will actually spend. Under revenues in Column G, you will subtract the amount in Column B from that in Column F, which will give you the difference between the total you had budgeted for the year and the total you estimate that you will actually receive.
- In your original budget, the total revenues will have either equaled or exceeded expenses. That is, in this worksheet, the total for Column B under "revenues" should be equal to or greater than the total for Column B under "expenses." In this worksheet, the totals for Column G are essential for management decisions:
  - If the total for Column G is a negative number (under either Expenses or Revenues), you will have to cut costs or increase revenues somehow for the rest of the budget period so that revenues cover expenses;
  - If the total for Column G is a positive number, you have spent less or received more than projected, so you may have money available for activities that will expand or improve your program.

**Continued**

Continued

### Budget Performance Report

Name of Program/Operating Center:	Project:
Reporting Period:	Project Number:
Prepared by:	Approved by:
	Reviewed by: _____ Accountant

I. Expenses						
Category or Line Item	Amount Budgeted	Spent this Period	Spent to Date	Projected Spendings to Year End	Total to End of Year (D+E)	Shortfall or Surplus (B-F)
A	B	C	D	E	F	G
TOTALS:						

II. Revenue						
Type or Source of Income	Amount Budgeted	Earned this Period	Earned to Date	Projected Earnings to Year End	Total to End of Year (D+E)	Shortfall or Surplus (B-F)
A	B	C	D	E	F	G
TOTALS:						

**The chart of accounts**

The budget, the chart of accounts, and the financial reports are the key elements of a unified financial planning and monitoring information system, and they must all be compatible. The chart of accounts is a numbered list of the categories and line items, which is used to record revenues and expenses; it is the link between the budget developed during the planning process and the financial monitoring system. Financial information and reports will be easy to assemble when you have a chart of accounts that uses the same categories and line items as those in the budget, thus simplifying the preparation of budgets and reports and the comparison of budgets with actual expenses. When an accounting system and its chart of accounts are not well organized, meaningful budgets and reports require extra work.

**How to ...****Develop a flexible chart of accounts**

A chart of accounts lists every possible type of asset, liability, revenue, and expense, and assigns a number to each "line item" on the list. This is one of the most basic tools of an accounting system. The chart of accounts allows the financial staff and general managers to have accurate information on the sources and uses of financial resources.

Except in very small organizations, managers usually leave the design of the chart of accounts to bookkeepers, but they must be able to judge whether or not the chart of accounts is adequate for the needs of the organization. In order to be useful, a chart of accounts must:

- Have a separate line item for each type of income or expense that needs to be tracked separately for donors and for management decision making;
- Use categories and line items that match (in terminology and level of specificity) those in the organizational and project budgets, as well as those in the financial reports required by donors or top management;
- Provide a breakdown of each expense type according to use. For example, fuel for vehicles should be a separate line item from fuel for an operating room generator.

If the chart of accounts has two line items for fuel (one for vehicles in the category of "vehicle operating costs" and the other for warehouse generators in the category of "building operating costs"), then the budget should also show line items under these same categories, thus making separate estimates for the fuel needs of vehicles and generators.

Furthermore, although you may purchase the fuel for both these purposes from the same supplier during the same transaction, your accounting system should record this purchase under the two separate categories in the financial reports, continuing to make this distinction across the financial management system.

If this rule isn't followed and your financial reporting forms have only one line item for fuel, it will take a lot of extra work to determine how much your program spends to operate its vehicles.

## Example from Liberia

**Family Planning Association of Liberia  
Community-Based Distribution Project**

**Chart of Accounts**

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
	<b>ASSETS</b>		<b>INCOME (REVENUE)</b>
110	Cash on Hand	170	Pathfinder Grant
111	Bank Account - Tradevco	171	Contraceptive Sales
112	Petty Cash	171-1	Greater Monrovia
		171-2	New Kru Town
		171-3	Gardnersville
		171-4	Paynesville
115	International Planned Parenthood Federation	171-5	West Point
116	Staff-debtors	171-6	Bassa
117	Customers	171-7	Slipway
118	Other Grants		
119	Pathfinder Grant Control		<b>OTHER INCOME</b>
		180	Registration Fees
		182-2	Laboratory Fees
		182-3	Clinical Fees
125	Contraceptives	183	Membership Dues
126	Drugs and Medical Supplies	184	Donations
127	Stationery and Supplies	185	Discount Received
	<b>INVENTORY</b>		
			<b>EQUITY</b>
135	Office Equipment - Typewriter	190	Capital Investment (Grant)
136-1	Furniture and Fixture - Cabinet	191	Retained Earnings
136-2	Furniture and Fixture - Chairs		
136-3	Furniture and Fixture - Desks		
137-1	Clinic Equip. - Exam Couch		<b>EXPENSES</b>
137-2	Clinic Equip. - Anglepoise Lamps	300	Program Officer's Salary
137-3	Clinic Equip. - Blood Pressure Apparatus	301	Accountant's Salary
137-4	Clinic Equip. - Thermometer		
137-5	Clinic Equip. - Weighing Scales		<b>BENEFITS</b>
		303-1	Program Officer's Contract Allowance
		303-2	Accountant's Contract Allowance
150	Accounts Payable	304-1	Program Officer's Social Security
151	IPPF/FPAL	304-2	Accountant's Social Security
152	Withholdings - Income Tax	305-1	Program Officer's Medical Insurance
153	Withholdings - National Reconstruction Tax	305-2	Accountant's Medical Insurance
154	Withholdings - Health Tax		
155	Withholdings - Development Tax		

Continued

Continued

Example from Liberia

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
	<b>FEES AND HONORARIA</b>		<b>CBD -- WORKERS AND TRAINERS</b>
307	Accounting Technical Support Assistance	336	Lunch Allowance
308	Evaluation Consultancy	337	Training Materials
309	Team Best Performance Prize Award	337-1	Graduation Ceremonies (Refreshments)
310	CBD Agent Best Performance Prize Award		<b>TEAM LEADERS TRAINING</b>
	<b>GENERAL ADMINISTRATION</b>	338	Lunch and Transportation Allowance
312	Postage, Telephone, Telex, Telegram	339	Training Materials
313	Accounting Books		<b>DISTRIBUTORS AND TRAINERS COURSE</b>
314	Bank Charges	340	Lunch and Transportation Allowance
315	Stationery and Supplies	341	Training Materials
316	Claim, Port, Handling Charges		<b>DEVELOPMENT OF IEC MATERIALS</b>
	<b>TRAVEL AND ASSOCIATED EXPENSES</b>	342-1	Printing Material, Brochures
318	Fuel and Travel - Central Program Staff	343	Posters for Literate and Non-Literate Audience
319	Fuel and Travel - Program Director	344	Radio Spots, Public Services
320	Fuel and Travel - Program Coordinator		<b>REFERRAL AND BACK-UP CLINIC STAFF TRAINING</b>
321	Fuel and Travel - Team Leaders	345	Lunch and Transport Allowance
322	Fuel and Travel - Distributors	346	Lunch for Facilitators
	<b>SUPPLIES AND EQUIPMENT</b>	347	Training Materials
324-1	CBD -- Badges		<b>OTHER EXPENSES</b>
324-2	CBD -- Bags	348	Tuition Fees (Study or Seminar Tour)
325	Expendable Clinic Supplies	349	Air Ticket (Flight Fare)
326	Rain Boots and Coats	350	Per Diem (Foreign)
	<b>PURCHASED SERVICES</b>	351	Sundry or Related Expenses
330	Printing Record Keeping Forms	352	Local Airfare
	<b>EDUCATION AND TRAINING</b>	353	Per Diem (Local)
	<b>SEMINAR - CBD COMMITTEE MEMBERS</b>	354	Rental Fees
331	Lunch Allowance		
332	Training Materials		
333	Transportation Allowance		
	<b>TRAINER'S WORKSHOP</b>		
334	Lunch Allowance		
335	Training Materials		

**CODES SUMMARY**

110 - 140	.....	Assets
150 - 160	.....	Liabilities
170 - 180	.....	Income
190 - 200	.....	Equity
300 - 400	.....	Expenses

## DETERMINING AND COMPARING THE COST OF SERVICES

Through a system of cost accounting, the manager can determine the actual costs of a particular service, service facility, or program. Family planning managers often find it a challenge to determine the true cost of family planning services when they are integrated with other health or education services. The cost of individual facilities in programs also includes some share of the indirect costs of the larger programs, but it is a challenge to determine how large that share should be. This information is useful for several purposes:

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*Obtaining information on how much services cost*

- In services that are trying to recover costs through charging fees, cost information is essential in order to set prices.
- When the manager wants to compare the cost and effectiveness of different facilities, providers, or service strategies, cost information is an essential basis for this comparison.

In a cost accounting system, the basic challenge is the integration of cost information with program information.

### Integrating Cost Information with Program Information

In family planning programs, there are three common obstacles to overcome in order to generate accurate cost information for the purpose of measuring cost-effectiveness or of setting fees:

**Tracking resources used in cash-based accounting systems.** Family planning programs typically use the cash-based accounting system. Cash-based systems record resources purchased rather than resources used. For example, if two years' worth of supplies are bought in Year One, analyzing costs on a cash basis alone will inflate the supplies' cost for the first year. Furthermore, the cost of donated assets and costs associated with the depreciation of fixed assets are often not recorded.

**Solution:** A modified cash-based system keeps track of receivables (money you have earned but not yet received), payables (money that you owe), depreciation, and contraceptive/medical supplies used. The latter can be tracked through conducting regular inventory of supplies.

**Separating family planning costs from the costs of other services.** When family planning services are integrated with other health or social services, the financial information does not separate family planning costs from the costs of these other services.

**Solution:** Some of the program costs, such as contraceptive supplies and surgical time for sterilizations, are clearly attributable to the family planning program. Most programs estimate the percentage of the program's resources which is devoted to family planning in order to assign the rest of the costs. In clinical programs, they arrive at this estimated percentage by counting the number of total visits versus the number of family planning visits, and in CBD programs by averaging workers' estimates of what percent of their time is spent on family planning.

**Calculating indirect costs.** If the manager wishes to compare the cost-effectiveness of different operating centers or projects, the financial information does not record the indirect costs of running an operating center within a program. For example, usually some of the administrative costs of running an operating center are incurred in a central or regional office.

**Solution:** The cost study must estimate what percentage of the administrative costs of the total program corresponds to the costs of running any one project or operating center within the program. One method that a manager might use to make this estimate is the cost method. To use this method, take the cost of one operating center and divide it by the total cost of all of the operating centers within the program. For example, if the annual budget of Clinic A is \$10,000, and the annual budgets of all ten clinics in the program amount to \$100,000, then the costs of Clinic A are 10 percent of the direct costs of the program, and 10 percent of the costs of the central office could logically be assigned to Clinic A.

## **Performing Cost-Effectiveness Studies**

A program that strives for excellence will always use some measure to evaluate the success of different strategies or service sites within the program. In most fields, success is a relative concept and is measured by comparing similar programs or service sites to see which is most or least successful. The manager will have to decide whether to drop or alter those programs which are found to be the least successful, as well as whether the most successful programs can be reproduced. This process allows the manager to make the best use of the available resources.

Cost-effectiveness studies enable the manager to make these comparisons by using quantitative measures of results that are used by all of the programs or services being studied. These studies can be used in conjunction with qualitative measures of program performance to make program decisions. For example, the cost per user of a rural service site might be higher than that of a more centralized service site, but the manager might decide to put additional resources into the rural site for political reasons or because the contraceptive prevalence is unusually high for that area.

*Comparing the effectiveness of programs, strategies, or service sites*

To perform a cost-effectiveness analysis, you must be able to:

- Assign costs to the service you are trying to assess;
- Choose a quantifiable output or result of the program that can serve as a key measure of the program's effectiveness or success;
- Identify the cost per output or result.

### Example from Bolivia

#### **PROSALUD Cost Accounting and Cost-Effectiveness Reporting**

Some organizations have developed financial management systems that track the costs of services and relate service outputs to costs. These organizations have computerized their financial information, which permits costs and costs per unit of service to be analyzed more easily. The computerized financial information system developed by PROSALUD in Bolivia for tracking and allocating costs allows the organization to allocate indirect and administrative costs to each type of service and to determine the cost of providing each service. The system is broken down into modules that can be integrated to produce a service cost report. What makes this system unique is its ability to merge information from any of the modules to produce reports on unit cost of services for each of PROSALUD's health centers and clinics. The system's features include:

- Financial transactions kept in two currencies (recording the exchange rate at the time of each transaction) to avoid problems related to inflation;
- An accounting module using standard accrual double entry accounting procedures;
- An inventory module, which uses average purchase cost to determine the cost of stock on hand;
- A service statistics module, which produces aggregate information on services provided at each health center;
- A fixed assets module using depreciation and a "revaluation" method that permits a manager to factor in the effect of inflation on depreciation;
- A payroll module, which prepares the monthly payroll and records other employee-related financial transactions such as advances, vacation accrued, etc.;
- A billing module, which monitors accounts receivable for services provided and which produces invoices for clients.

## Tools and Techniques

### Advantages and Disadvantages of Some Common Cost-Effectiveness Indicators

Indicator	Advantages	Disadvantages
Couple Years of Protection (CYPs)	<p>Easily calculated from routinely collected data on contraceptives distributed, IUD insertions, and sterilizations.</p> <p>Can serve as a proxy for number of active users, which is difficult to estimate accurately.</p> <p>It is the measure often used by social marketing or retail outlet sales programs.</p>	<p>May interfere with informed choice because there may be a bias toward providing long-term clinical methods, such as sterilization and IUDs, in order to achieve higher CYP.</p> <p>Provides no information on continuation rates.</p>
Number of New Users	<p>Easily counted from routinely collected program data.</p> <p>Provides a way to measure an increase in the acceptance of family planning.</p>	<p>Differing definitions of what constitutes a new user causes confusion.</p> <p>If users change sites within the same program, they can be counted twice as new users.</p> <p>Provides no information on continuation rates.</p>
Total Number of Users	<p>By counting continuing users, this measure gives providers an incentive to provide quality follow-up services to new users.</p> <p>Provides information on continuation rates and is thus a more accurate indicator of service quality and of program effectiveness.</p>	<p>Users who switch methods may be counted twice as new users.</p> <p>It is difficult to collect reliable information on active or continuing users.</p>
Number of Family Planning Visits (for clinics and CBD programs that make home visits)	<p>Available from routinely collected data in clinics.</p> <p>Gives equal weight to serving new and continuing users.</p> <p>Promotes informed choice by giving equal weight to all family planning methods.</p>	<p>Visits for clinical methods such as the IUD or sterilization consume much more staff time and resources than routine visits for resupply of pills or condoms and thus aren't truly comparable.</p>

## MEETING BOTH DONOR AND INSTITUTIONAL REPORTING REQUIREMENTS

Managers are asked to meet the reporting requirements of their own institutions as well as those of the institutions that support them. Often these requirements are different and require an organization to develop a system that is flexible enough to satisfy these numerous requirements without additional time and effort.

Programs or projects may have separate sources of funds, as well as separate planning and budgetary processes. Managers may be required both to consolidate financial information to determine the overall financial picture of the organization and to account separately for activities financed by different funding sources.

It is important to strike a balance between your internal information needs and the reporting requirements of donors. Failure to consider your organization's internal needs as well as the needs of the donor can lead to the following situations:

- In a decentralized management system, where lower-level managers are involved in financial planning, budgeting, controlling and reporting, it is vital that they be able to get financial information at their level. Many organizations have difficulty providing reports at this level when their financial information systems are donor-driven.
- Many organizations with several donors have a separate project budget for each donor, each covering several years, but have no consolidated information or financial plan to allow them to make organization-wide strategic decisions.

To create a system that meets both the needs of your organization and those of your funding institutions, it is helpful to:

**Negotiate with donors.** Donors demand a great many detailed financial reports that often do not correspond to either the needs of the organization or its reporting periods. In order to make it easier to prepare a consolidated financial plan, you can try to negotiate with donors so that their projects cover logical portions of the plan. For example, it can be confusing when one person's time or the costs for one operating center, such as a clinic, are being paid for by several donors. It is useful to organize donor "projects" so that they correspond to the operating centers that you have set up in your accounting system. It is also useful to try to negotiate donor reporting periods that fit in with your existing system.

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*Balancing the information needs of the program and donors*

**Sort information by funding source and operating center.** The basis for developing a unified planning and reporting system budget is an accounting system, which allocates expenses to both operating centers and sources of funding. In a computerized system, putting your financial information in a database simplifies this task. One field allows you to sort expenses and revenues by operating center, while another field allows you to sort them by funding source.

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*Sorting information by donor in a non-computerized system*

It is still possible, but more time-consuming, to organize your financial information by donor or source of revenue in a non-computerized system, by developing a numbering code for each possible source. When recording expenses, one column in the journal could be titled "account charged." Beside each expense, your bookkeeper will be able to put a number in this column for the project or grant to which this is charged. In programs that generate revenues from sales or unrestricted donations, there will always be one code for "unrestricted." In order to collect the expense information for each source of revenue into one report, the bookkeeper will have to collect it manually by reviewing each expense account and selecting those marked with the appropriate code.

Another way to produce reports on expenses by source is to have a separate set of accounting journals for each project or funding source. When the accounting system is organized this way, however, it becomes a challenge to produce financial information for the whole organization or program.

Recording revenues by source is easier for the accounting system to handle, since each source will have a separate journal or account.

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*Coping with different reporting formats*

Donors generally have differing financial reporting formats and reporting periods, which complicates the tasks of accounting and reporting. The most common problems and possible solutions are as follows:

**Donors have different reporting periods.** Some require reports every three months, some every four months, while often none of these may correspond to your organization's fiscal year.

**Solution:** Your information may need to be organized by month, so that differing reporting periods can be handled by your system.

**Variations in donor requirements create inconsistencies in the categories under which certain line items fall.** For example, some donors require office supplies to be shown under "Administrative Expenses," and other donors wish it to be shown under "Supplies" together with contraceptives.

**Solution:** A computerized sorting system is often the only way to deal with conflicting categorization of criteria for different funders.

However, the ideal solution for both problems is to have a detailed accounts structure and to negotiate with all donors to accept your standard formats and reporting periods.

## **UNDERSTANDING AND USING FINANCIAL REPORTS FOR DECISION-MAKING**

Financial reports are the main product of this financial information system, and as such they are crucial to your ability to monitor your program. Your whole financial information system, from the chart of accounts and the budget to the financial reports, should be tailored to fit your specific needs for monitoring information as a manager in your own unique context. Ideally, your system will produce information that allows you to monitor the financial health of your program and to make programmatic or financial decisions accordingly.

### **Tools and Techniques**

#### **Reports that Managers Can Develop and Use to Monitor Plans and Measure Performance Against Expectations**

Budget performance report

Balance sheet

Income and expense report

Cash flow statements

Bank reconciliations

Vehicle usage reports

Detail of accounts receivable (money owed to the organization)  
with the age of the debt noted

Summaries of liabilities and commitments

Narrative reports on program activities

Inventory report for each type of commodity, including  
information on quantity, cost, expiration date, and minimum/  
maximum level

Detail of staff advances

The design of all elements of the system can and should be reviewed regularly, because as your environment changes, your needs for financial information will change: a new donor will have different reporting requirements, or your program will begin to charge fees for the first time, or new activities will require the creation of new budget line items. Your system will need to be flexible enough to incorporate these changes.

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*Reporting financial information in the public sector*

Different types of family planning programs have very different financial monitoring needs. Usually, public sector organizations, such as ministries of health, produce budgets and expenditure reports that don't include revenues. Most public sector managers only use expenditure reports to compare actual expenditures with their budget; the reports are rarely used for any cost accounting or cost-effectiveness analysis, such as analyzing the cost per unit of service.

Since ministry accounting systems are usually on a cash basis, fixed assets and supplies are written off as expenses at the time they are purchased and are not depreciated as annual expenses over the course of their useful life. There are therefore no assets to be included in a balance sheet and such a report is not produced. However, some ministries' services do charge user fees, while others wish to use scarce resources in the most efficient and effective way possible and therefore need cost accounting information. In these cases, a switch to at least a modified accrual accounting system is in order, and full financial statements are helpful.

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*Reporting in the private sector*

In the private sector, where organizations generate revenues, there are two important financial reports which provide information about the financial status of the organization: the balance sheet and the income statement.

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*The balance sheet*

A balance sheet is designed to show the financial position of an organization at a particular point in time. It shows the assets, liabilities (debts or payables), and reserves (also known as equity). It is called a balance sheet because it must "balance," that is, the liabilities subtracted from the assets must equal the reserves. A balance sheet is used to assess the financial structure and stability of an organization, for example, to see whether its liabilities can be met. "Reserves" can be defined as the financial value of the organization after the liabilities are settled. In a commercial organization, this is generally the equity - the value of the owner's investment plus accumulated profits or income (revenues minus expenses). In a nonprofit organization, this represents the institutional "fund balance."

An income statement (also called “profit and loss statement”) is designed to show the income (profit) or deficit (loss) of an organization during a specific period of time. It shows the revenues minus the expenses and the resulting profit or loss. The income statement is used to assess the overall financial performance of the organization as well as the relative performance of departments. It is also used to compare actual with budgeted income and expenditures, in order to monitor budgetary performance and to identify where budgets need to be revised or action needs to be taken to modify activities, reduce costs, or change prices.

*The income statement*

### Example from Zimbabwe

The Zimbabwe National Family Planning Council (ZNFPC) is a parastatal institution responsible for coordinating family planning services. The ZNFPC income statement below was included in the report of the auditors. This report also contains: details of expenditures by line item and by program; a balance sheet; a contraceptive trading account, which reports on the purchase and sale of contraceptive supplies; a statement of source and application of funds; and details of donor funds received and spent for designated activities.

#### Income Statement for the Year ended 30th June, 1989

	1989	1988
<b>INCOME</b>		
Grants Receivable -- Ministry of Health	Z\$9,000,000	Z\$10,400,000
Donations	4,910,751	4,377,141
Interest	1,037,013	575,238
Medical consultation fees	40,472	35,319
Surplus on disposal of fixed assets	3,863	35,837
Sundry revenue	<u>103,391</u>	<u>51,583</u>
<b>Total Income</b>	<b>Z\$15,095,490</b>	<b>Z\$15,475,118</b>
<b>DEFICIT OF CONTRACEPTIVES SUPPLIED</b>		
Contraceptive trading account	<u>3,583,280</u>	<u>1,029,812</u>
Net Income	<u>11,512,210</u>	<u>14,445,306</u>
<b>EXPENDITURES</b>	<u>10,011,604</u>	<u>8,504,406</u>
<b>SURPLUS for the year</b>		
Transferred to General Fund	<u>Z\$1,500,606</u>	<u>Z\$5,940,900</u>

**Reporting on  
income  
generation**

For programs that generate income from sales of goods or services, the monthly sales report is an essential monitoring document that allows the manager to compare the sales performance of different service sites and to determine how total sales compare with those projected in the budget. The box below gives an adapted example of a monthly sales report from a community-based distribution program in Liberia.

**Example from Liberia****CBD Monthly Sales Report**

The manager responsible for the CBD contraceptive program of the Family Planning Association of Liberia developed a monthly sales report to compare the performance of CBD teams in Monrovia. Using the report below, the manager discussed with the different teams the reasons for the differences in performance between teams.

With this information, the financial management system can generate management reports that help managers make program adjustments to improve cost-effectiveness and program efficiency.

**Cumulative Statement of Contraceptive Revenues for Each Community****Monthly Sales Report**

Greater Monrovia	July 87	August 87	Sept. 87	July-Sept. 87	50%* of Total
Bassa Community	L\$84.00	L\$59.00	L\$71.00	L\$214.00	L\$107.00
Gardenersville	138.50	241.00	166.00	545.50	272.75
Paynesville Community	147.50	123.00	130.50	401.00	200.50
Slipway	47.00	57.50	45.50	150.00	75.00
West Point	157.00	125.50	120.50	403.00	201.50
New Kru Town	402.50	188.00	177.50	768.00	384.00
Claratown	405.50	257.50	258.00	921.00	460.50
JFK Medical Center	447.00	240.00	218.50	905.50	452.75
<b>Total</b>	<b>1829.00</b>	<b>1291.50</b>	<b>1187.50</b>	<b>4308.00</b>	<b>2154.00</b>
<b>50%</b>	<b>914.50</b>	<b>645.75</b>	<b>593.75</b>	<b>2154.00</b>	
Gardenersville Clinic			31.00	31.00	15.50
New Kru Town			50.50	50.50	25.25
Ely Clinic			6.00	6.00	3.00
<b>Total</b>					<b>43.75</b>
<b>Grand Total</b>					<b>L\$2197.75</b>

\* In this system, the CBD agents receive a commission of 50% as compensation.

There are many other types of financial reports that you may find useful. Cost and revenue information can be used by managers at many different levels to assess program performance and examine the results of any changes in program procedures, structure, or design. The system can provide such information as the cost of resources used, the cost of providing each type of service to clients, and the amount of money generated by the different types of services.

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*Managers can use  
other financial  
reports*



**Managing Your Finances**

- All accounting registers, journals, and ledgers are up to date.
- All financial reports are prepared and submitted in a timely manner.
- Procedures for the use of petty cash are properly developed.
- All expenses other than petty cash are paid by check.
- Financial activities are separated in such a way that one person alone never registers, reviews, and authorizes any complete transaction.
- Procedures for authorizing purchases are being followed.
- Security measures are in place to protect the assets, books, and registers from tampering or theft.
- A physical inventory of fixed assets and supplies is conducted at least once a year.
- The bank statement is reconciled monthly.
- There is a financial plan and/or a financial strategy leading to improved cost recovery.
- Financial administration staff are involved in the program planning and the financial planning process.
- A realistic budget for the year is developed from the work plan.
- The organization has a unified budget, as well as sub-budgets for different programs and/or donors. The accounting system adequately allocates expenses to different programs and/or donors.
- The line items in the chart of accounts, the budget, and the management financial reports correspond with each other.
- Cash flow is adequately monitored and cash flow is projected for the year, so that there are no periods of cash shortage.
- Actual expenditures are compared quarterly with the budget. Corrective action is taken as a result of these comparisons.



**GLOSSARY OF TERMS**

**Accounts Payable (also known as Payables):** Money owed by your organization according to bills or invoices already received.

**Accounts Receivable (also known as Receivables):** Money owed to your organization, corresponding to bills or invoices that have already been sent out.

**Accrual Accounting/Budgeting:** The accounting/budgeting system that records revenue when it is earned, expenses when they are incurred, and the cost of using fixed assets such as buildings or equipment, as opposed to Cash Accounting, defined below.

**Allocation of Costs:** In a cost or fund accounting system, the assignment of costs to different programs, operating centers, or types of services. For example, the accounting system may allocate 50 percent of the Training Coordinator's salary to "Overhead," and then allocate 10 percent to each of five different programs.

**Asset:** An asset is anything that has value that helps an organization provide its services to clients. Examples of assets include: cash, land, buildings, equipment, inventories (of supplies or goods for sale), furniture, and money owed to the organization ("receivables"). See "Fixed Assets" and "Current Assets."

**Balance Sheet:** The financial report that summarizes the value of the assets, liabilities, and equity (or reserves, in nonprofits) of an organization at a specific point in time.

**Bank Reconciliation:** Adjusting the balance of your bank account according to the bank statement to reflect deposits made and checks that have been drawn but not yet cleared by the bank.

**Budget Performance Report:** A report that compares actual revenues and expenses with those projected in the budget.

**Capital Costs:** Costs incurred when acquiring, constructing, or renovating long-lasting assets such as land, buildings, and large equipment.

**Cash Accounting/Budgeting:** the accounting/budgeting system that only records revenue when it is received and expenses when they are paid (as opposed to "Accrual Accounting/Budgeting").

**Cash Flow Statement:** The statement that forecasts and tracks the cash receipts and disbursements.

**Chart of Accounts:** The structure, within the accounting system that lists the programs, operating centers, and categories by which the revenues and expenses will be recorded and assigns a number to each line item.

**Consolidated Budget:** A budget that unifies information on the projected revenues and expenses from a variety of donors, programs, or facilities within the same institution.

**Controls ("Financial" or "Internal"):** All procedures and rules that guard against corruption, theft, misuse, and inappropriate utilization of funds or other resources.

**Cost-Effectiveness (also known as Cost-Benefit):** A method of measuring the effectiveness of delivering services by comparing the cost with the impact using an indicator such as Total Fertility Rate. The purpose of a cost-effectiveness study is to identify program strategies that achieve the greatest impact for the least cost.

**Couple Years of Protection (CYP):** A measure representing the total number of years of contraceptive protection provided by a method. For each method, the CYP is calculated by taking the number of units distributed and dividing that number by a factor representing the number of units needed to protect a couple for one year.

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**Current or Short-Term Assets:** Assets that are typically used within the space of a year, such as cash and office and medical supplies.

**Depreciation:** The practice of charging as an annual expense the portion of a long-lasting asset's useful life that is used up each year. For example, a \$20,000 truck with an estimated life of ten years will incur a yearly depreciation expense of \$2,000.

**Equity (also known as Reserves):** The "net worth" of the organization, calculated by subtracting the value of its liabilities subtracted from the value of its assets.

**Expenditures:** In cash accounting, actual disbursements of cash or checks.

**Expenses:** All the costs incurred in operating a program. In an accrual system, an expense is recorded in the accounting system when it is incurred, before you actually expend cash to pay the bill.

**Financial Statement:** The financial report covering a period of time (month or year) that summarizes the income and expenses ("Income and Expense Reports") and assets and liabilities ("Balance Sheet").

**Fixed Costs or Expenses:** Costs that do not vary with the quantity of people served or services delivered, such as main office expenses, insurance, rent, or interest on a mortgage.

**Fixed or Long-Term Assets:** Assets that have a useful life of longer than a year, such as land, buildings, furniture, and large pieces of equipment.

**Fund Accounting:** An accounting system that tracks expenses and revenues for different donor accounts.

**Fund Balance (also known as Equity):** In a nonprofit organization, this represents the value of the revenues minus expenses.

**Imprest Fund:** A fixed cash flow set aside for small immediate cash outlays, which is replenished periodically in accordance with the amount expended.

**Income and Expense Report (also known as Revenue and Expense Report, Income Statement, and Profit and Loss Statement):** A periodic summary report of income and expenses, showing a surplus (profit) or deficit (loss) for the period covered by the report.

**Liabilities:** The obligations or debts owed to suppliers, employees, banks, or the government.

**Line Item:** The category in a Budget, Chart of Accounts, or Financial Statement which represents an account used to record transactions for a particular type of income, expense, asset, or liability.

**Operating Center:** Any logical division of the operations of a program, such as a department, a clinic, or one region's CBD program. Many organizations find it useful to produce financial information for each operating center.

**Overhead Costs:** The operating costs of an organization which are not already directly charged to a project (for example, building maintenance and utility expenses). A portion of these costs may sometimes be charged to a project.

**Paper Trail:** Records of the movement of resources (human, financial, and material), kept to enable such movement to be traced and resources to be accounted for.

**Petty Cash:** A form of imprest fund, whereby a fixed cash flow is set aside for small immediate cash outlays and is replenished periodically as it is used.

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**Receipts:** In cash accounting, this term refers to cash received.

**Recurrent Expenses (also known as Operating Expenses):** Those costs which are incurred regularly year after year.

**Revenues:** Monies or the equivalent received from sales, services, fees, donations, and grants. In the case of grants, only the portion that has been spent is actually revenue; the balance may have to be returned to the donor. In accrual systems, revenues are recorded when they are earned, not when the actual cash or goods are received.

**Variable Costs or Expenses:** Expenses that vary according to the level of service provided or number of people served. Contraceptive expenses, for example, vary depending on the number of users of each method.

**Vehicle Usage Report:** A log that records vehicular use. It includes the date, destination, purpose of the trip, beginning and ending odometer reading, petrol purchases, and repairs. It is used to calculate the cost per mile or kilometer and to control and monitor costs.

## CHAPTER TEN

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# Making Your Program Sustainable

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Every family planning program should be concerned with making itself sustainable. A sustainable family planning program is able to continue its activities and meet its objectives year after year, to make plans for the future and fulfill those plans despite changes in the outside environment, and to develop diversified financial support so that its existence is not threatened by the loss of a single funding source.

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*What is sustainability?*

Although organizations will achieve sustainability through different means and by different routes, sustainable organizations have some common characteristics. They provide quality services to those who cannot pay the full cost of the services as well to those who can. This means that these organizations have developed mechanisms to subsidize the cost of services for the poor and underserved. Sustainable organizations are also able to adapt to changing environments and client needs. For example, a program that has traditionally served women in an urban clinic setting might tailor services to meet the needs of other client groups, such as adolescents. Finally, sustainable organizations seek to develop independent, diversified, and dependable sources of revenue while they become less and less dependent on external funds. Having a diversified and dependable source of funds gives these organizations greater control over their programs and greater flexibility and freedom to chart their own course.

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*Characteristics of sustainable organizations*

The environment in which family planning programs operate is changing at an unprecedented pace. Managers must develop suitable strategies to cope with demographic changes, as well as changes in the source and level of funding and in consumer demands. In order to manage effectively within this complex environment, managers will need to provide stable leadership, be flexible in their approach to service delivery, respond to the changing needs of the client population, and find innovative ways to increase revenues and reduce costs.

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*What makes a program sustainable?*

Sustainability has become a priority of government agencies, private organizations, and donors, all of whom are seeking to establish a solid foundation for the future. There are three components of organizational sustainability:

- A stable organization
- A clear demand for family planning services
- The ability to exert greater control over resources

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*Organizational stability*

The first component of sustainability, organizational stability, differs from the private to the public sector. In the private sector, organizational stability means survival - the ability of the organization to provide services over time despite changes in the external environment. Because public sector family planning organizations are created by governments, their survival is not in question. Stability in a public sector organization is achieved when the organization has ensured that clients will always have access to family planning services regardless of who is providing them. Despite these different definitions, the road to organizational stability is similar for both public and private sector organizations. In both sectors, organizations must be well managed in order to achieve stability and will benefit from having committed and stable leadership.

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*Creating demand for services*

Creating demand for services is the second component of organizational sustainability. Public sector organizations work to increase universal demand for services without particular attention to which service provider will meet this demand. Private sector organizations concentrate their efforts on identifying demand within specific markets and on determining how best to serve them. In both public and private programs, ensuring client satisfaction is critical to increasing demand for services.

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*Achieving greater control over resources*

The third component for achieving sustainability is to have greater control over resources. In the private sector, organizations must be able to determine what the real cost of services are, to set realistic prices for specific services, to diversify revenues, and to make decisions on the basis of financial as well as service information. These organizations must strive to decrease their dependence on donors and increase their levels of self-financing. Public sector organizations, on the other hand, must develop ways of increasing revenues through innovative cost-sharing mechanisms. In addition, these organizations will need to develop greater local control over resources through progressive decentralization.

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*Potential barriers to sustainability*

To determine whether your organization faces any barriers to sustainability, ask yourself the following questions:

*Does your organization have a strategic plan that articulates a clear mission and charts a strategy for responding to future changes in client needs and in the environment?*

*Can your organization recruit and retain highly motivated and committed staff?*

*Do you provide high-quality services to a broad spectrum of the population, including the poor and underserved?*

*Does your organization receive funding from more than one donor?*

*Are you able to get information on how much services cost or on revenues?*

*Does your organization have a system for generating revenues from the services provided?*

*Does your organization have a mechanism for spending locally-generated revenues at the local level?*

### Vignette

#### Meeting the Challenge of a Decrease in Funding

Mr. Malek fidgeted with his pencil and looked around the table at the twelve members of the Board of Directors of the nonprofit family planning organization of which he was the executive director. He took a deep breath and began to address this group. "Thank you for all coming on such short notice. As you know, I have just returned from a meeting with our major donor. They have informed me that it is their intention to cut our funding by 20 percent this year and to decrease their support gradually over the next five years. They have made this decision not because they are unhappy with our program, but because they have a new policy whose objective is to develop family planning programs that can meet the challenges of the future with their own resources. I've asked you to meet this evening so that we can develop a strategy to continue to serve our clients."

Mr. Malek rose from his chair and stepped toward the blackboard. "Our organization has done very well in the past five years and we should be able to draw on our past experiences. But before we talk about what we can do, let's review the strengths and weaknesses of our organization, which we identified during our strategic planning process last year. I must admit that we really didn't anticipate the loss of funds from our principal donor." He drew two columns on the board, one labeled "Strengths" and the other "Weaknesses." Referring to a copy of the strategic plan, he wrote:

#### Strengths

- Success and excellent reputation for serving the poor
- Reputation for providing high-quality services
- System in place that recovers a small amount of the cost of services
- Recent renovation of 5 urban family planning clinics
- Recent client survey shows highly-satisfied clients (85%)

#### Weaknesses

- Cost recovery represents a very small fraction of operating costs - more symbolic than real
- Lack of cost control system
- Lack of effective budget controls
- Some of our clinics are underutilized
- Heavy dependence on a single donor

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"Unfortunately, we didn't anticipate this change in funding. In order to continue to provide services as we have in the past, we are going to have to make some major adjustments in the way our organization functions. It is important to keep these strengths and weaknesses in mind as we discuss the kind of changes we're going to have to make in order to serve our clients in the way we have in the past. Now I'd like to open the floor to discussion. What kind of changes do you think we can make?"

The board members looked troubled. Mr. Aziz was the first to speak. "This is a very serious problem for us. If we are to continue to exist, we will have to cut our losses. It seems to me that the easiest way to do this is to close down the clinics in areas where our clients can't pay and to increase prices in the clinics that remain open."

Mrs. Angona sat up abruptly, "We can't do that! We have a responsibility to provide services to everyone, even to those who can't pay."

Mr. Halim raised his hand to speak. "Perhaps we could use revenues generated in some of the more successful programs to subsidize our clients who are too poor to pay."

Mr. Aziz interrupted, "That won't work. People who can afford to pay will say that they can't, just to get free services."

Mr. Mollah broke in, "I agree with Mr. Halim. Look at our strategic plan. We have the best clinic facilities in town. Perhaps we could develop some services that people would be willing pay for, like comprehensive laboratory services."

Mrs. Angona turned toward Mr. Aziz. "You know, a sliding fee scale might help to collect more from those who can pay and more money overall than we are collecting now."

Mr. Halim spoke again, "I agree. People value the services we provide. They will buy contraceptives. We already have a mechanism to charge fees."

"That's a good point," Mr. Malek said. "Our problem is that we only charge a token fee. What we need is to determine what our services cost and how much we can charge for them without losing clients." He turned to Mr. Tawfik, the financial manager of the organization, and said "I know you have been working on a system to assign costs to each of the services we provide. How soon can you give us some figures?"

Mr. Tawfik replied, "This is going to be a long process. To find out what our services cost is going to require a major overhaul of our management information system. Another problem is that to institute a system for partial cost recovery, we need to keep better track of the money we generate. We need to be sure that all the money that our programs generate comes back to the organization."

Mr. Mollah said, "There is something else we should think about. Our most recent client survey showed us that we aren't very well known to a large number of the people in our service area. Furthermore, many of our current clients don't know about the other services we provide. Obviously, we need to develop better promotional materials."

Mr. Malek turned to the group and said, "We have a number of good ideas here, and having heard you talk, I think there are several things we should do. First, we have to agree that our mission is to provide high-quality services to all our clients. To do this, we need to do three things: we need to continue to serve those who can't pay, we need to broaden our resource base, and we need to improve our financial management. I suggest that we organize working groups to address each of these issues. The first could explore strategies for cross subsidization, and the second could look at new ways to generate income with particular attention to marketing and the development of new services. The third could look at how we can determine what each of our services costs and how much we can reasonably charge for them."

Mr. Malek looked around the table and asked, "Are there any other areas that we should include?"

Mrs. Angona responded, "This sounds like a good way to begin. I'm sure as we look into these areas we will come up with additional things to consider."

The working groups were formed and the board agreed to meet in one month to begin developing a detailed strategy to face the new challenges that this crisis in funding presented.

## Examples from Around the World

## Approaches to Creating Sustainability in Family Planning Programs

## Individual Organization and Country Strategies

Sustainability Components	Countries and Organizations: Non-Governmental and Public Sector Organizations			
	ECUADOR	KENYA	BANGLADESH	INDONESIA
	NGO: CEMOPLAF	NGOs (FPAK, CHAK) and Public Sector (NCPD)	Public Sector	Public Sector: BKKBN
<b>Organizational Stability</b>	Analyze new and potential markets to identify who can be served, the volume of services needed, potential for income generation and cross subsidization of low-income and underserved clients.	Articulate clear missions and motivating staff to achieve the organization's mission.	Develop policies and mechanisms for effective decentralization to motivate staff and community members to take ownership of national FP program objectives.	Develop innovative approaches at regional level through operations research activities to determine optimal service and financial models. Emphasize motivated, committed leadership and strengthening management at all levels.
<b>Meeting All Clients' Needs</b>	Assess client needs and interest in underserved areas. Establish clinics based on client characteristics. Emphasize quality assessment, assurance, and standards for all clinic services.	Develop strategies for service extension in NGOs, including more effective decentralization and integrated MIS systems for all CBD programs.	Develop a community-based FP management system that distributes responsibility for family planning use among volunteers, technical personnel, and officials.	Fine-tune marketing strategy to target different sectors of the population and develop regulatory mechanisms to set and maintain quality standards for all FP service delivery components.
<b>Achieving Greater Control over Resources</b>	Assess potential new markets for service and products by establishing real costs and pricing policy based on costs, competition and client income, and set up system for cross subsidization.	Increase self-financing through costing and pricing of services and development of institution-wide service fee structures.	Promote increased local government financial participation in the FP program by allocating a greater percentage of development and discretionary funds to family planning services.	Develop policies of cost containment through sharing of services with private commercial sector and more effective control of service costs. Strengthen support of social and political institutions.

CEMOPLAF: Centro Médico de Orientación y Planificación Familiar (Medical Center for Orientation and Family Planning)

FPAK: Family Planning Association of Kenya

CHAK: Christian Health Association of Kenya

NCPD: National Council for Population and Development

BKKBN: National Family Planning Coordinating Board

**How to ...**

**Make your organization sustainable**

**Develop Organizational Stability**

- Articulate a clear mission
- Develop strong, innovative leadership
- Recruit and reward excellent staff
- Strengthen management systems at all levels
- Be responsive to changing environments and client needs

**Increase Client Demand and Expand the Client Base to the Poor and Underserved**

- Understand client needs and how to meet them
- Provide high-quality services
- Market family planning services effectively

**Achieve Greater Control Over Resources**

- Broaden the resource base
- Find ways to reduce costs
- Develop a mechanism that provides information on program costs
- Plan and monitor expenditures
- Base decisions on actual program results

**DEVELOPING ORGANIZATIONAL STABILITY**

*What makes an organization stable?*

The first component of sustainability, organizational stability, has a number of requirements. Managers must develop the ability to think strategically, and the organization must articulate a clear mission and develop an organizational strategy based on the organization's strengths and the needs identified in the environmental analysis. Furthermore, an organization must have strong leaders, who can communicate their vision of the future and their commitment to the goals of the organization, and who have the willingness and ability to find new ways to solve old problems.

For an organization to become stable, it must have leadership that is strong, committed, innovative, and has the vision to imagine and to anticipate what may be possible. Imagining what the future could hold - new services, new markets, new sources of revenue, new ways of cutting costs - can make an organization more able to plan for future constraints and opportunities and to adjust to changing circumstances in order to ensure its survival.

*Develop strong, innovative leadership*

Stable organizations recruit the best staff and reward them for excellent performance. An organization will make great strides toward organizational stability if it develops an incentive system that motivates staff members to work toward achieving the organization's mission and objectives and that simultaneously builds team spirit and cooperation.

*Recruit and reward excellence staff*

A strong system of management is another essential element of organizational stability. Many of the management tools and techniques covered in this handbook are critical for achieving organizational stability. These include:

*Strengthen management systems*

- **Planning:** Developing policies at all levels that reflect the organization's mission and objectives and developing reasonable targets and work plans for achieving them.
- **Coordination:** Developing collaboration among different sectors to reduce the competition among providers for the same clients and the unnecessary duplication of services.
- **Staffing:** Implementing policies that reward good performance to help programs retain experienced and committed staff.
- **Supervision:** Providing supportive and timely supervision of service delivery staff to ensure quality services.
- **Management Information Systems:** Generating timely and useful information about clients, services, costs, and revenues.
- **Commodities:** Maintaining an adequate supply of appropriate contraceptives at all contraceptive distribution points.
- **Finance:** Developing financial mechanisms that make it possible to identify the cost of services, generate new sources of revenue, decrease donor dependence, and serve the hardest-to-reach, poorest, and high-risk groups.

Among all of the management activities described above, strategic planning is perhaps the most important, because it is through this process that an organization clarifies its mission, defines potential markets, and identifies strategies to create demand for services and products.

Finally, stable organizations must have the flexibility, resilience, and willingness to respond to changing environments and to new opportunities to expand their services.

*Respond to changing environment*

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*Conduct operations research to test new approaches*

Strategic planning is a powerful tool to identify changes in the environment which will affect a family planning program. Managers can test new approaches based on anticipated changes in the environment through well-designed and carefully-selected operations research. Operations research is a method for identifying service problems and developing effective solutions for them. Operations research provides managers with a practical and systematic way to improve family planning service delivery, develop program policies, and improve client satisfaction. As a tool for identifying and solving management problems and for testing innovative approaches to enable the program to respond to changes in the environment, operations research is particularly useful to managers because it focuses on factors under their control. Using operations research, managers can test new ways to deliver services and can assess the results of adding family planning services to existing health programs. In addition, they can use operations research to evaluate the overall effect of improvements made to individual program components.

**How to ...**

**Conduct operations research**

Operations research is linked to the decision-making process and requires the involvement of the managers who are responsible for making policies and for managing family planning programs. Managers must participate in many of the operations research activities, including identifying problems, planning and setting objectives for the research, and developing strategies for disseminating and implementing any new changes or innovations.

The major steps in the operations research approach for family planning are summarized below.

1. Identify service delivery problems that are related to anticipated changes in the environment.
  - Define, analyze, and prioritize the problems.
  - Select a specific problem(s) for study.
2. Develop management interventions to solve the problem.
3. Test the interventions to determine their impact.
  - Determine how you will test the impact of the proposed solution.
  - Conduct the test and collect the data required.
  - Evaluate and modify the solution as necessary.
4. Disseminate the findings of the research.
  - Inform key managers of the research findings and their potential impact on the delivery of services.
5. Apply the findings of the research to improve program planning and operations.

**Example from Ecuador****Developing and Implementing a Strategic Vision**

CEMOPLAF, a private nonprofit Ecuadorian family planning organization, was founded in 1974 by a group of professional women who wanted to provide much-needed health and family planning services within Ecuador. These women were committed to the initiation of a self-reliant and self-financing organization. Since its inception CEMOPLAF has received many donor grants, but as a matter of policy, it has always generated a significant percentage of its revenues from the sale of services.

In 1988, when it appeared likely that donor funding would be phased down, CEMOPLAF was generating 42 percent of its revenues from the national Ecuadorian market and was receiving 58 percent from international donors. Anticipating both lower international revenues and increased demand for its services, CEMOPLAF embarked on an intensive effort to make itself sustainable. The organization identified sustainability as having three interrelated organizational qualities:

- Organizational survival
- Continuing services to low-income and underserved populations
- Increased self-financing

The first step CEMOPLAF took was the preparation of a strategic plan. The strategic plan became the catalyst for generating organizational commitment to sustainability and resulted in the development of objectives, strategies, and activities to promote sustainability.

**Organizational Survival**

The leadership of CEMOPLAF had vision and the ability to share that vision with the whole organization. They worked carefully and skillfully to generate participation and ownership of the new philosophy. Each of the 22 clinics carried out its own strategic planning process and determined how it could best serve its clinic population and generate revenues. Supply and demand were analyzed and services were structured to meet demand. Staff were provided with additional training, and quality and excellence were rewarded.

**Continuing Services to Low-Income and Underserved Populations**

CEMOPLAF studied the needs and preferences of its current and potential clients, including rural underserved communities. It strengthened its client focus, began a user continuity program, and strengthened quality assessment and assurance programs. CEMOPLAF established and implemented strategies for demand generation in populations traditionally hostile to family planning, and opened new clinics in underserved areas.

**Increased Self-Financing**

Targets were set for levels of self-financing. CEMOPLAF determined what volume of services would be necessary to generate the desired revenues. The costs of all services and products were determined. Pricing policies were established on the basis of costs, prices in the market, and the client's ability to pay. Strategies for cross-subsidizing between services, clinics, and clients were developed and implemented. New financial systems for planning and controlling were developed.

Within two years, the results of this effort were apparent and extremely rewarding. CEMOPLAF expanded services by 44 percent, including significant expansion in poor and underserved areas. The level of self-financing had risen from 42 percent to 52 percent. Quality had been improved. CEMOPLAF was on its way to becoming a sustainable organization.

## **CREATING CLIENT DEMAND AND EXPANDING THE CLIENT BASE**

The second step in developing a strategy that leads to sustainability is generating client demand for family planning services and expanding the client base to include the poor and underserved. When couples believe that the use of modern contraceptives will benefit them as individuals, they will make an effort to obtain and use contraceptives effectively. Convincing clients that it is in their own best interest to use contraceptives correctly is the key to increasing client demand and is based on three fundamental marketing principles:

- Understanding client needs and trying to meet them;
- Providing high-quality services;
- Marketing services effectively.

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*Understanding client needs and trying to meet them*

Perhaps the greatest lesson that family planning managers can learn from the private commercial sector is to listen to the consumer. People who use family planning services want:

### **The largest choice of methods possible**

*Does your program provide the methods that women and men in your service area most commonly ask for?*

*If not, can you expand your services to provide these methods, or refer clients to a provider who does?*

### **An explanation of the benefits, risks, and side effects of all methods**

*Do you check to see whether the clients have received complete information on contraceptive methods by conducting exit interviews from time to time?*

*Do your service providers record whether clients received this information, and do you check periodically to see that this has been recorded?*

### **Short waiting times**

*Have you conducted a clinic flow analysis to see if there are ways to reduce waiting times for your clients?*

*Is the protocol for resupply visits designed to keep waiting times short?*

*Have you considered providing client education during the time that clients spend waiting for services?*

### **To be treated with respect and courtesy**

*Have you tried to observe, casually and unobtrusively, the way clients are treated by all members of your staff?*

*Have you conducted exit interviews with clients to determine how they feel about the way staff members have treated them?*

### **Services delivered in clean and tidy surroundings**

*Would you like to come to your clinic yourself for services?*

*If not, what needs to be changed?*

Family planning program managers can pay careful attention to their clients, anticipate their needs, and get an insight into the concerns of both current and potential family planning users by using survey techniques like focus groups and exit interviews. A suggestion box placed in the waiting room will also let you know the clients' opinions.

Another lesson that family planning managers can learn from the private commercial sector is that the investment in quality is worthwhile. Quality sells products, and satisfied customers will keep coming back. People are more willing to pay for services when they know they are of good quality. For these reasons, attention to the quality of family planning services will yield important results in increased demand and increased willingness to pay for services.

*Providing high-quality services*

### How to ...

#### **Improve the quality of family planning services**

##### **Set quality standards which are appropriate to the situation, and enforce them.**

The first step in developing a quality product or service is setting appropriate standards. Standards should take into consideration the real environment that the client faces and the medical or social consequences of standards that are too lax or too stringent. In many family planning programs, inappropriately stringent medical standards act as a barrier to obtaining services, while standards of service delivery are ignored. To ensure high-quality family planning program standards, managers must place an equal emphasis on medical standards and on those related to providing clients with counseling and information.

##### **Consider both perceived and technical quality.**

Managers can improve the technical quality of their programs as well as the client perception of service quality. Improving technical quality is fairly straightforward, for example, checking an IUD to make sure it has not deteriorated and is in its sterile package, or ensuring that a midwife has the ability to insert an IUD in a sterile and painless way. Technical quality is best evaluated by technical experts. It is more difficult to assess how the client perceives the quality of family planning services. Research has shown that a client's view of quality is influenced by the following factors:

- The choice and availability of different methods;
- The provision of complete and accurate information on methods and services;
- The perceived technical competence of service providers;

Continued

**Continued**

- Whether, in their interactions with staff, the clients feel they have been treated with respect and courtesy and that their concerns have been taken seriously;
- Whether the program follows up with its clients;
- The availability of other related services.

Managers need to review each of these elements of perceived quality to determine how each can be improved. In addition, managers must ensure that the family planning services are of the highest possible technical quality. For example, equipment must be sterilized before use, and the clinic must have the ability to obtain and use sterilized equipment. All clinic staff must be trained and have the skills to follow the clinical protocols of the program.

**Ensure that incentives do not interfere with quality.**

While incentives may be useful to build demand for family planning, if they are improperly implemented they can jeopardize the quality of services. Several examples of inappropriate incentives follow:

- A program offers a choice of contraceptive methods (which is often considered a component of program quality), but gives its providers an incentive to promote one method over the others.
- While attempting to recruit a certain number of family planning acceptors in order to reach a target, a provider is unwilling to inform possible acceptors of the potential side effects, for fear that this will scare them off.
- A program offers a prize to the family planning provider who performs the most sterilizations, which encourages the providers to emphasize the quantity of sterilizations performed over their quality.

**Monitor quality.**

Quality is difficult to measure. However, it can be monitored by using management information reports, exit interviews, and focus groups (see Chapter Seven, *Managing and Using Information*). Once you are aware of all of the factors influencing both technical and perceived quality, it is important to select the indicators that will help you to monitor the quality of the services your program provides.

Social marketing has become a key component of almost all family planning programs today. The use of mass media and of targeted face-to-face communications has proved to be of great value in disseminating family planning information. The service delivery system in the public sector can benefit from the experience of the private sector, which has been very successful at marketing its services.

*Marketing services effectively*

### How to ...

#### **Improve the marketing of family planning services**

**Know the client.** Even experienced family planning managers can have misconceptions about the popular beliefs and needs of their clients. Professional marketing begins with a comprehensive study of the characteristics of the target group that is to be reached. In developing and maintaining a high demand for family planning, managers should consider the income levels of potential clients, their access to different contraceptives and services, their preferences regarding sources of information and family planning services, and the best ways of communicating with the clients. Although market research can be expensive, it is a prerequisite for understanding the needs of the client.

**Identify the product clearly.** Family planning programs should be promoting action to space births or limit family size, not a specific contraceptive. While it is important to provide information about the various methods of contraception that are available, the marketing campaign should emphasize the concept of family planning and its potential benefits.

**Use clear, consistent messages that address consumers directly.** The purpose of marketing is to influence consumers' thinking so they will make a decision. In the case of a soft drink, the decision is to buy and drink that particular soft drink. In the case of family planning, the decision is to use contraceptives. If we are to influence consumers' thinking with a marketing message, the consumer must be able to understand that message and act accordingly. Messages must be clear, using language which the target group understands and relates to. Messages must be consistent, so that each component in the information campaign reinforces the previous idea. Messages should deal directly with fears or concerns about contraceptive use. An honest and supportive approach may persuade non-users to try the product. Messages must be carefully designed and pretested, and should have extensive follow-up to ensure that they are effective in positively motivating clients to practice family planning.

**Provide clients with real choices.** A major determinant of demand for contraceptive services is the client's perception that there is an appropriate contraceptive method conveniently available, that matches her or his needs and life-style. For this reason, family planning programs must offer the widest possible array of contraceptive products

Continued

**Continued**

and services to their clients. The choices should include not only all the methods available, but also different brands within each method and different sources for receiving services. To reach the widest possible audience, contraceptives should be offered through government clinics, private clinics, private doctors, midwives, pharmacies, field workers, private and government hospitals, and religious organizations. The wider the choice, the greater the likelihood of having satisfied acceptors. This in turn leads to more successful contraceptive use, lower fertility, and a more sustainable program.

**Present a professional image.** One of the ways to encourage people to practice contraception is to present the target group with an image of a high-quality and professionally responsible program. Brochures should be designed to be accurate, attractive, and informational. A professional approach to promotion gives the consumer confidence in the quality of the product that is being offered. The program's services, however, must live up to the high-quality image projected in the marketing approach. The family planning programs must have technically competent and committed professional staff, clean facilities which ensure privacy, and high-quality services.

## ACHIEVING GREATER CONTROL OVER RESOURCES

Achieving greater control over resources depends on a sound financial management system that permits cost and revenue accounting and often includes "alternate financing mechanisms," such as user fees and private sales of contraceptive products and services.

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*Broaden the resource base*

Program managers should seek ways of broadening their resource base by developing independent, diversified, and dependable revenue sources. Managers can consider a number of options, including:

- Fund-raising, soliciting funds from international or local charitable organizations or individuals;
- Instituting fee-for-services or co-payment schemes or soliciting voluntary contributions;
- Subsidizing programs or specific services within programs;
- Undertaking family planning-related commercial ventures;
- Selling training or technical assistance services;
- Selling educational and promotional materials.

Managers will be increasingly motivated to develop alternate financing systems if they can retain and use part or all of the money they have generated to visibly improve services. In addition, if managers introduce fee-for-service schemes, it is important to let clients see that something visible is being done with the money, such as painting the clinic or purchasing additional seating, before saving for the purchase of a vehicle.

There are a number of approaches managers can take to reduce program costs. Managers can enlist the support of staff in reducing program costs by forming a committee to identify specific strategies for cost reduction. Periodically, money saved from these operations can be reported to the organization's staff. For example, in the private sector in some countries, managers have asked their staff to look at how they operate programs and to suggest ways in which they can achieve the same results at lower cost. These committees are most successful when their suggestions are taken seriously by the top management and are implemented. It is important to acknowledge these efforts by giving praise and credit to the staff that came up with real cost-saving ideas.

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*Find ways to reduce cost*

## How to ...

### **Reduce program costs**

#### **Compare the costs of alternate program strategies**

As many family planning services are provided by medical professionals, they tend to be delivered through stationary facilities, such as clinics and health posts, which have high fixed costs in staffing, rent, and utilities. Family planning managers should look at community-based or retail outlet-based models of service delivery, which may be more cost-effective, especially in areas where the population is dispersed or where traditional healers are still the predominant source of health care.

#### **Use more para-professional staff or volunteers**

Many family planning services use highly-paid medical professionals. Research has shown that nurses can perform many of the tasks traditionally done by doctors, including sterilizations and insertion of IUDs, and community health workers can do many of the tasks assigned to nurses' aides or social workers. While initial costs may rise because of increased training needs, over the long run, lower personnel costs will significantly reduce program expenses.

Continued

**Continued****Review costs and budgets carefully**

Costs can also be cut at the planning stage by carefully reviewing the line items in all budget categories. Managers must demonstrate that each item is absolutely necessary for achieving the objectives of the program.

**Monitor costs carefully**

Managers at all levels must consistently monitor costs as they occur. Managers must be trained and willing to challenge costs that seem excessive or unnecessary. The key strategy is to create a work environment that encourages cost savings. Staff at all levels will get the message that resources are scarce and that it is important not to waste them. Each central and regional office must appoint someone to regularly review the purchase orders, vouchers, and petty cash receipts.

**Seek savings in wholesale purchasing agreements**

If you have adequate storage facilities, purchase as many supplies as possible in large quantities and try several sources to get the best possible volume discount. In addition, you can explore the possibility of coordinating with other providers to purchase supplies in bulk and share the savings.

**Use appropriate technology**

In the field of family planning, the most common violation of this principle happens in the provision of voluntary sterilization services. Some doctors prefer the more expensive procedure of laparoscopy as opposed to the more appropriate technology of minilaparotomy. Laparoscopy involves the use of expensive imported equipment, for which there are usually no spare parts in developing countries. Minilaparotomy can be done under local anesthesia and with widely available surgical instruments.

**Reduce staff turnover**

Staff turnover causes significant hidden costs to a program because resources are wasted when trained staff leave, and because additional resources must be invested in hiring and training replacements. In family planning programs, this problem is most serious among community-based family planning workers. In general, you can reduce turnover among CBD workers by choosing workers whose children are older, who are enthusiastic about the benefits of family planning, for whom the CBD program is not their primary source of income, and who are interested in playing a leadership role in their community. Other measures to reduce turnover among CBD workers include regular and supportive supervision visits and both monetary and non-monetary incentives for good performance.

Few public or private organizations know how much money they spend in a year and what they spend it on. While most organizations know exactly what was budgeted, they can seldom calculate the actual expenditures or match costs with outputs. Managers cannot reduce the per unit cost of service delivery unless they can link program costs to program outputs. Managers must put in place an accounting system for their program which can monitor the revenues earned, the cost of services delivered, and the revenues not collected. The system must allow the manager to determine the difference between expected revenues and actual revenues. By knowing exactly the amount of revenue being waived for clients who can't pay, the manager can make decisions about how to adjust the program to subsidize these clients.

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*Develop a mechanism that provides information on program costs*

Information on program costs requires good management throughout the organization, especially good financial planning and control systems. Increased revenues cannot make up for poor management. Managers must place a high priority on developing effective mechanisms for planning and monitoring expenditures (see Chapter Nine, Managing Your Finances).

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*Plan and monitor expenditures*

While efficiency can be improved by using staff more effectively and increasing revenues through alternate financing schemes, decisions concerning staff use and financial systems should not be made on the basis of theory. Make your decisions using real data on your financial situation, services delivered, and marketing research.

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*Base decisions on actual program results*

### Example from Colombia

#### **PROFAMILIA's Strategy of Diversification to Achieve Sustainability**

PROFAMILIA is a Colombian family planning organization whose mission is to serve lower income groups. In order to attain contraceptive prevalence in this group equal to that for the more advantaged clients of PROFAMILIA, the organization has created a means of subsidizing some family planning services.

To do this, PROFAMILIA has diversified the services it offers to clients to include medical-surgical services other than family planning but related to reproduction. PROFAMILIA has developed services for infertility, pap smears, pregnancy tests, gynecology, urology, diagnosis and treatment of sexually transmitted disease, clinical laboratory services, outpatient surgical services, etc. In providing these services, PROFAMILIA has been able to make a modest profit, which it has used to subsidize the delivery of family planning services.

Although PROFAMILIA is presently only 50 percent financially self-sufficient, almost 60 percent of that amount is derived from profits generated by providing diversified services, 25 percent from contraceptives sold through social marketing, and 15 percent from other sources.

**How to ...****Develop cross subsidies**

Two major goals of a sustainable organization may appear to be contradictory: increasing services to poor and underserved populations, and increasing the level of self-financing (increasing the proportion of locally-generated revenues as opposed to donor revenues). Managers may think that in order to fund programs for the poor and underserved, they must rely on donor funding. Although donor funds are usually an option, when donors reduce their level of funding, managers are required to explore other options. One option that some family planning organizations have found successful is cross-subsidizing, which means using monies generated in one area or service to cover the costs in another area or service. Essential to successful cross-subsidizing is information on the costs of services and the pricing policies for those services. Family planning organizations need to know the real costs of services, whether family planning or pediatric, and the per unit cost of delivering services in each of the service delivery points in the program. Managers then consider real costs, client incomes, and market considerations to determine appropriate prices to establish a successful cross-subsidy scheme. Three of the strategies available for cross subsidization have proven to be particularly useful for family planning organizations:

**From service to service**

Family planning organizations can subsidize family planning services by using profits generated by related services which clients want and are willing to pay for. When providing such services as sonograms, laboratory tests, and gynecological services, programs can charge fees higher than the costs of the service and can channel the profits into providing family planning services.

**From clinic to clinic**

Clinics in urban areas often serve clients who are better able to pay the full costs of their services; indeed, some clinics have been deliberately situated so as to both meet client demand and generate a profit for the organization as a whole. Profits from such clinics can be used to subsidize other clinics, usually rural, where the clients are poorer and the costs of providing quality services are higher due to additional costs of transporting staff and supplies.

**From client to client**

Sliding fee scales, which charge clients according to what they say they are able to pay, are a relatively simple way of subsidizing services for poorer clients by using fees collected from middle class clients. In Latin America, sliding fee scales have been simple and effective. The fee scale is set for each community according to the conditions there, rather than in terms of absolute income which may be difficult to estimate or verify. During the first visit, clients identify themselves as A, B, or C. "A" clients pay more than the cost of services, thus generating profits to subsidize the costs of serving poorer clients who are unable to pay the full costs of service delivery. "B" clients might pay in full or in part, while "C" clients pay nothing.

## Example from Indonesia

### **Building Sustainability in a Successful Government Family Planning Program**

The Indonesian National Family Planning Coordinating Board (BKKBN) has been a leader in developing and implementing innovative approaches to family planning. Yet precisely because of its leadership role in developing new models and strategies for wide-scale family planning program implementation, BKKBN faces what may be its most difficult challenge to date: the development of an ambitious program of self-sufficiency called “KB-Mandiri” to sustain the growth of the family planning program over the long term. The goal of KB-Mandiri is to transfer the initiative for family planning away from the government and onto the people themselves.

KB-Mandiri, which means “family planning self-sufficiency,” was launched in 1987. A joint partnership was developed between the private and public sectors and included the training of private doctors and midwives, who provide contraceptive services in their private practices, and the provision of contraceptive supplies to those providers. This was followed by the introduction of several commercial contraceptive products. Finally, community financing and commercial-based sales approaches to self-sufficiency have been tested in poorer urban localities and rural areas.

KB-Mandiri is not a new concept to BKKBN; most of the components of KB-Mandiri have been included in the family planning program from the beginning. The focus on community involvement and the use of volunteers have been a hallmark of the program from its early stages. The focus on the “small, happy, prosperous family” norm as the basis of self-reliance and sustainability has been instilled from the beginning. What is new is the specific goal of financial autonomy from the current mix of government and donor funding through the establishment of alternate revenue sources. This emphasis on the self-financing component has come as the result of the financial realities of projected decreases in both government and donor funding of family planning. However, BKKBN recognizes that sustainability will require more than just increases in revenues and strong financial management. Rather, it has recognized that sustainability will come from a long and gradual effort to shift the responsibility for contraception away from the government and on to the users.

This does not mean that all family planning acceptors will pay for services; rather it means that individuals will make family planning a high priority of their family life and will adopt behaviors and attitudes that ensure its effective use. Families who want only two children will do whatever is necessary to protect themselves against unwanted pregnancies. They will not require constant reminders from family planning fieldworkers, but will, on their own initiative, ensure they are adequately supplied and protected. The family planning program has the responsibility of providing clients with adequate access to services.

Through a variety of private sector initiatives, operations research, and pilot projects, BKKBN has developed considerable experience in the area of self-sufficiency. This experience includes:

- A highly-visible and sophisticated social marketing campaign, managed in cooperation with the private sector. Through this campaign, the population has become aware of BKKBN’s Blue Circle line of products and services and of the options available to them in choosing the contraceptive provider and product which are right for their needs.
- The distribution of Blue Circle products through commercial distribution channels. The success of this approach has demonstrated that low cost (but unsubsidized) commercial distribution of contraceptive products is viable.
- The use of private doctors and midwives throughout the country to provide contraceptive services in their private practice.

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Continued

- The use of many non-governmental organizations in the KB-Mandiri program as a way to increase participation and encourage innovation. This has included both professional organizations and many non-governmental organizations.

While this general approach to KB-Mandiri has been well established, BKKBN felt that it needed more information on the best ways to implement this strategy in the field. In order to determine what types of financial and service delivery models would work best under realistic field conditions, BKKBN is using an operations research approach to test new models of program and financial sustainability in twenty-one provinces. To ensure proper evaluation of these projects, BKKBN is using a variety of sophisticated but inexpensive survey tools developed especially for this purpose.

The timing of this stage of the KB-Mandiri approach coincides with the need for the family planning program to expand and meet the needs of the growing number of family planning acceptors. In addition, extending the program to more remote and hard-to-reach populations will require additional commitment and resources from the local communities in order for the program to continue to grow and to reduce the fertility rate. Through the introduction of KB-Mandiri, BKKBN will gradually shift the responsibility for contraceptive use to the individual client and away from the government structure, with the result that existing resources can be redirected toward reaching new acceptors and the more difficult-to-serve populations. The long-term effect will be a more sustainable program based on wide-spread individual and community support and a simultaneous freeing of resources for use in new areas. This is the goal of KB-Mandiri.

**Making Your Program Sustainable**

- Make a strategic plan for the organization.
  - Articulate a clear organizational mission and strategies.
  - Develop innovative leadership.
  - Recruit qualified and talented staff and reward them for excellent job performance.
  - Understand the client.
  - Provide a quality service.
  - Market services effectively.
  - Develop a financial management system that provides information to monitor revenues earned, the cost of services, and revenues not collected.
  - Develop policies that allow managers the flexibility to manipulate fixed costs:
    - Personnel: job categories, performance, hours, skills;
    - Contraceptives and commodities: price, source, type, quantity.
  - Provide rapid and accurate feedback to clinic and program managers on financial performance.
  - Find a balance of service and financial goals that achieves the organization's mission.
  - Institute incentive compensation systems that motivate practitioners and support personnel to provide quality services and contain costs.
  - Hire reliable and respected service providers at the community level.
  - Develop mechanisms for using revenues at the sites where they are generated.
  - Develop strategies for cost-containment.
  - Develop new strategies for generating revenue.
  - Develop joint public and private ventures and community participation to reach the poorest and high-risk populations.
  - Create cross subsidies of products and services to support the poor, the hardest-to-reach, and the high-risk groups.
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## GLOSSARY OF TERMS

**Co-Payment Scheme:** A system of paying for services rendered, whereby the client pays a portion of the fee which is supplemented by a third party such as an employer, an insurance company, or a pre-paid health plan.

**Cost-Sharing:** A system of reducing operational costs by coordinating with other organizations, such as joint volume purchasing, sharing storage facilities and costs, and sharing transportation costs.

**Cross-Subsidizing:** The system of using monies generated in one service to support the cost of another service within the same program. For example, use monies generated from sales of contraceptives in a clinic to subsidize the cost of providing services to clients who are unable to pay for services of contraceptives in that clinic or at other program sites.

**Incentive System:** A policy that rewards employees for excellent performance or special achievements and motivates employees to meet their objectives and to maintain program quality.

**Organizational Stability:** The point at which a program has the ability to withstand sudden change in the external environment and has developed a constant and reliable set of internal management controls and systems.

**Social Marketing:** An approach that promotes, distributes, and sells contraceptives at a relatively low price through existing commercial outlets. Social marketing supports the communication of family planning messages by using such commercial outlets as radio, newspaper advertisements, and television to provide family planning information, education and communication.

**Sustainability:** The ability of a program to provide quality services to its clients and expand its scope of services and client base while decreasing its dependence on funds derived from external sources and increasing reliance on income generated from the program and through local funding sources.

**User Continuity Program:** A systematic approach implemented to increase the rate of continuing users in a service delivery system. To institute a user continuity program, acceptable rates or numbers of continuing users must be determined for each service center, and activities for client follow-up must be carried out on a regular basis.

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# Consolidated Glossary

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**Accounts Payable (also known as Payables):** Money owed by your organization according to bills or invoices already received.

**Accounts Receivable (also known as Receivables):** Money owed to your organization, corresponding to bills or invoices that have already been sent out.

**Accrual Accounting/Budgeting:** The accounting/budgeting system that records revenue when it is earned, expenses when they are incurred, and the cost of using fixed assets such as buildings or equipment, as opposed to Cash Accounting, defined below.

**Activities:** Actions that will be undertaken by the program staff in order to achieve program objectives.

**Allocation of Costs:** In a cost or fund accounting system, the assignment of costs to different programs, operating centers, or types of services. For example, the accounting system may allocate 50 percent of the Training Coordinator's salary to "Overhead," and then allocate 10 percent to each of five different programs.

**Annual Work Plan:** A document that describes what the organization will do over the period of one year and links together the work plans of all the program components.

**Asset:** An asset is anything that has value that helps an organization provide its services to clients. Examples of assets include: cash, land, buildings, equipment, inventories (of supplies or goods for sale), furniture, and money owed to the organization ("receivables"). See "Fixed Assets" and "Current Assets."

**Balance Sheet:** The financial report that summarizes the value of the assets, liabilities, and equity (or reserves, in nonprofits) of an organization at a specific point in time.

**Bank Reconciliation:** Adjusting the balance of your bank account according to the bank statement to reflect deposits made and checks that have been drawn but not yet cleared by the bank.

**Baseline Survey:** A survey that is conducted early in the life of a project to establish data against which future results will be compared.

**Brainstorming:** A group activity which allows people to generate ideas, raise questions, pose solutions, and reach agreement on issues concerning many individuals.

**Budget Performance Report:** A report that compares actual revenues and expenses with those projected in the budget.

**Capital Costs:** Costs incurred when acquiring, constructing, or renovating long-lasting assets such as land, buildings, and large equipment.

**Cash Accounting/Budgeting:** the accounting/budgeting system that only records revenue when it is received and expenses when they are paid (as opposed to "Accrual Accounting/Budgeting").

**Cash Flow Statement:** The statement that forecasts and tracks the cash receipts and disbursements.

**CBD Plan:** A work plan specifically for the community-based distribution (CBD) component of the organization, usually for the period of one year.

**Central Warehouse:** A storage facility which handles and stores all commodities received from sources outside the country.

**Chart of Accounts:** The structure, within the accounting system that lists the programs, operating centers, and categories by which the revenues and expenses will be recorded and assigns a number to each line item.

**Client Survey:** Research method such as an interview or a focus group discussion, used to study whether the clients' needs are being met.

**Clinical Protocol:** The list of medical standards that staff are expected to follow, which describes in detail the medical procedures and quality of care standards that ensure the safety and health of family planning clients.

**Clinic Plan:** A work plan specifically for the clinic component of the organization, usually for the period of one year.

**Competency-Based Training:** Training that focuses exclusively on teaching the skills, facts, and attitudes that are related to specific jobs. The content of such training is ideally pre-determined by the trainees themselves.

**Co-Payment Scheme:** A system of paying for services rendered, whereby the client pays a portion of the fee which is supplemented by a third party such as an employer, an insurance company, or a pre-paid health plan.

**Consolidated Budget:** A budget that unifies information on the projected revenues and expenses from a variety of donors, programs, or facilities within the same institution.

**Continuing User Rate (also known as Active User Rate):** A key indicator whose numerator is the number of women still practicing contraception at the end of a specific period of time and whose denominator is the total number of women who accepted a contraceptive during the same specific period of time.

**Continuing Users (also known as Active Users):** Distinguished from new clients, continuing users are contraceptive users who have continued to use a family planning method over a period of time. They are usually counted and reported on separately from new clients of a program and new users of a method.

**Continuous (Perpetual) Review System (also known as Variable Order Interval System):** A system of inventory control and resupply whereby stock levels are constantly reviewed and orders are placed when the stock reaches or falls below the predetermined reorder level. In this system, the reorders are usually for standard quantities but do not occur on a scheduled basis.

**Contraceptive Supply Cycle:** The four stages of contraceptive supply that operate in a cyclical process: product selection, forecasting, distribution, and use.

**Controls ("Financial" or "Internal"):** All procedures and rules that guard against corruption, theft, misuse, and inappropriate utilization of funds or other resources.

**Coordination:** The planned collaboration of the different individuals, departments, and organizations concerned with achieving a common goal.

**Cost-Effectiveness (also known as Cost-Benefit):** A method of measuring the effectiveness of delivering services by comparing the cost with the impact using an indicator such as Total Fertility Rate. The purpose of a cost-effectiveness study is to identify program strategies that achieve the greatest impact for the least cost.

**Cost-Sharing:** A system of reducing operational costs by coordinating with other organizations, such as joint volume purchasing, sharing storage facilities and costs, and sharing transportation costs.

**Couple Years of Protection (CYP):** A measure representing the total number of years of contraceptive protection provided by a method. For each method, the CYP is calculated by taking the number of units distributed and dividing that number by a factor representing the number of units needed to protect a couple for one year.

**Cross-Subsidizing:** The system of using monies generated in one service to support the cost of another service within the same program. For example, use monies generated from sales of contraceptives in a clinic to subsidize the cost of providing services to clients who are unable to pay for services of contraceptives in that clinic or at other program sites.

- Current or Short-Term Assets:** Assets that are typically used within the space of a year, such as cash and office and medical supplies.
- Daily Activity Register:** The daily log of the number of client visits to a clinic, sub-divided into the types and quantities of contraceptives dispensed to each client.
- Daily Feedback Forms:** Evaluation forms designed to give trainers and managers valuable feedback on the trainees' satisfaction with the training, used on a daily basis.
- Decision Tree:** A series of questions used as a tool to analyze whether training is necessary to resolve a performance problem.
- Depreciation:** The practice of charging as an annual expense the portion of a long-lasting asset's useful life that is used up each year. For example, a \$20,000 truck with an estimated life of ten years will incur a yearly depreciation expense of \$2,000.
- Distribution-Based Forecasts:** This method of contraceptive forecasting will provide estimates on the number of contraceptives required, based on previous amounts distributed from the warehouse to the contraceptive outlet or clinic.
- Effectiveness:** The extent to which a program has made desired changes or met its objectives through the delivery of services.
- Efficiency:** The extent to which a program has used resources appropriately and completed activities in a timely manner.
- Equity (also known as Reserves):** The "net worth" of the organization, calculated by subtracting the value of its liabilities subtracted from the value of its assets.
- Evaluation:** A process of gathering and analyzing information for the purpose of determining whether a program is carrying out the activities that it had planned and the extent to which the program is achieving its stated objectives (through these activities). The evaluation is used as a tool to learn how the program is most effective and/or what modifications should be made to improve services.
- Exit Interview:** An interview conducted with clients as they leave the family planning clinic to assess how they felt about the services they received. The interview can be an informal conversation, or a more formal questionnaire, that focuses on a particular aspect of service delivery.
- Expenditures:** In cash accounting, actual disbursements of cash or checks.
- Expenses:** All the costs incurred in operating a program. In an accrual system, an expense is recorded in the accounting system when it is incurred, before you actually expend cash to pay the bill.
- Experiential Learning:** A method of teaching which uses active participation and the applied use of new skills through role playing and on-the-job experience, in addition to lecturing.
- Expiration Date:** The date determined by the manufacturer beyond which a contraceptive should no longer be dispensed to clients.
- External Coordination:** The process of identifying the common goals and functions of different organizations and of collaborating among organizations to implement activities to reach these common goals. Frequently, the allocation of activities and responsibilities among organizations is determined by the specific strengths of each organization.
- External Environment:** The prevailing conditions in the country or region that affect family planning program development, including: culture, policy, economy, health, market, sources of funding and commodities, and demographics.
- Family Planning Commodities:** Refers to all of the contraceptives, medical supplies, and equipment needed to provide and deliver family planning services.
- Feedback:** The process that allows for two-way communication between the field and the office (or an employee and a supervisor), for the purpose of modifying, correcting, and strengthening performance and results.

**Financial Statement:** The financial report covering a period of time (month or year) that summarizes the income and expenses ("Income and Expense Reports") and assets and liabilities ("Balance Sheet").

**First-to-Expire, First-Out (FEFO):** A distribution management system whereby contraceptives with the earliest expiration date are distributed first and contraceptives with later expiration dates are only distributed after the earlier-dated supplies have been issued.

**Fixed Costs or Expenses:** Costs that do not vary with the quantity of people served or services delivered, such as main office expenses, insurance, rent, or interest on a mortgage.

**Fixed or Long-Term Assets:** Assets that have a useful life of longer than a year, such as land, buildings, furniture, and large pieces of equipment.

**Focus Group Discussion:** A planned and guided discussion among the participants of a selected group, for the purpose of examining a particular issue.

**Formal Training:** A course of instruction that has specific learning objectives and is conducted outside the regular workplace.

**Functional Allocation:** An activity which presents, in chart form, the names of collaborating organizations and their primary responsibilities in various functional areas, for the purpose of revealing duplication of or gaps in services.

**Fund Accounting:** An accounting system that tracks expenses and revenues for different donor accounts.

**Fund Balance (also known as Equity):** In a nonprofit organization, this represents the value of the revenues minus expenses.

**Gantt Chart (also known as a Chronogram):** The summary of a work plan, presented in the form of a chart showing the major activities planned in their chronological sequence, as well as the week or month in which they will be conducted and the person responsible for carrying them out. It sometimes includes the resources that will be necessary to carry out the activities.

**Goals:** The proposed long-range benefits of the program for the selected population, defined in general terms.

**Grade:** In job descriptions, the standard level or rank on which the salary scale is based. It is determined, in part, by the skills and qualifications required to perform the job.

**Grievance Policy:** The standard policy, usually stated in a personnel manual, describing the formal procedure through which employee complaints are submitted, processed, and resolved.

**Health Situation:** The health status of a community or population, determined by an analysis of common demographic statistics, knowledge, attitudes, and practices of the population.

**IEC Plan:** A work plan specifically for the information, education, and communication (IEC) component of the organization, usually for the period of one year.

**Impact:** The extent to which the program has made a long-term change in the attitudes, behavior, or health of the program participants.

**Impact Indicator:** A measure showing the long-term effect of the program activities on the overall population, such as changes in fertility rate.

**Imprest Fund:** A fixed cash flow set aside for small immediate cash outlays, which is replenished periodically in accordance with the amount expended.

**Incentive System:** A policy that rewards employees for excellent performance or special achievements and motivates employees to meet their objectives and to maintain program quality.

**Income and Expense Report (also known as Revenue and Expense Report, Income Statement, and Profit and Loss Statement):** A periodic summary report of income and expenses, showing a surplus (profit) or deficit (loss) for the period covered by the report.

**Indicator:** An observable phenomenon which can be measured and analyzed for the purpose of establishing baseline information and measuring program change.

**Informal Training:** Training that occurs on the job and is often accomplished through personal instruction, guidance from a supervisor, or even by observing co-workers.

**Information Flow Table:** A chart showing the types of information (the indicators) that will be collected, how the information will be collected and reported, who will collect it, to whom it will be submitted, how it will be used, and the level of detail needed. The purpose of the chart is to ensure an appropriate flow of information in the correct sequence and to communicate to staff how the information system functions.

**Input:** The resources used in a program.

**Input Indicator:** A measure of the amount of resources which are being used for a particular planned activity.

**Integrate:** To bring together information from different sources.

**Intermediate Warehouse:** A supplies depot located in a specific region of a country. It distributes commodities only for that area.

**Internal Coordination:** The logical organization of and communication about activities within an organization, such that all staff members are aware of the roles and responsibilities of each department and the interaction between departments.

**Inventory Control Card:** A form which records information concerning all receipt and shipment activities, as well as supply level adjustments following physical inventories, for a particular commodity or contraceptive method.

**Job Description:** A document that lists the job title and the responsibilities of a particular job and the skills and qualifications required of the employee.

**Key Indicator:** The selected list of performance and operational measures which will be used for the purpose of comparing actual results with expected results for all aspects of your family planning program.

**Lead Time:** The amount of time it takes for a shipment to arrive once an order has been placed.

**Liabilities:** The obligations or debts owed to suppliers, employees, banks, or the government.

**Line Item:** The category in a Budget, Chart of Accounts, or Financial Statement which represents an account used to record transactions for a particular type of income, expense, asset, or liability.

**Lot Number:** Refers to each different production batch (lot) of contraceptives at the time of manufacture.

**Management Information System (MIS):** A system designed by an organization to collect and report information on a program, and which allows managers to plan, monitor, and evaluate the operations and the performance of the whole program.

**Maximum Stock Level:** The largest amount of stock the program should have in stock, usually expressed as the number of months of supply. It is the minimum stock plus that amount of stock used between orders.

**Merit Awards:** Promotions or financial rewards given to employees in recognition of outstanding performance.

**Methodology:** The means and logical procedure by which a program plan or approach is implemented, such as on-the-job-training versus formal training.

**Minimum Stock Level (also known as Reorder Level):** The least amount of stock that programs should have in stock or the level which, when reached, initiates a reorder; usually expressed as the number of months of supply. It is the amount of stock used between placing and receiving an order plus the safety stock.

**Min/Max (Minimum-Maximum):** Assigned minimum and maximum stock levels designed to ensure that a program doesn't run out of contraceptive supplies and also doesn't become overstocked.

**Missed Opportunity:** An occasion that offered a chance for a beneficial activity to occur (service provision, employee feedback, etc.) but was overlooked.

**Mission Statement:** A brief general statement of the type of organization, its main purpose, and its values.

**Monitoring:** The process of regularly checking the status of the program, by observing whether planned activities have been conducted and completed and whether they are generating the desired change.

**Needs Assessment:** An analysis that studies the needs of a specific group (employees, clients, managers), presents the results in a written statement detailing those needs (such as training needs, needs for health services, etc.), and identifies the actions required to fulfill these needs, for the purpose of program development and implementation.

**New User (also known as New Acceptor):** Someone who accepts a contraceptive method from (an agent of) a program for the first time. This person may be using a particular contraceptive method for the first time, or this may be the first time she/he has ever used a contraceptive method.

**New Client (also known as First Visit or First Consultation of a Client):** Someone who receives family planning services from (an agent of) a program who has not received services from that program before.

**NGO:** A Non-Governmental Organization which is usually locally based.

**Objectives:** The anticipated results or outcomes of a program, representing changes in the knowledge, attitudes and behavior of the program's clients, described in measurable terms and indicating a specific period of time during which these results will be achieved.

**Observation Guides:** A form designed to help the trainer or supervisor to assess, through observation, the student's grasp of the subjects being taught.

**Operating Center:** Any logical division of the operations of a program, such as a department, a clinic, or one region's CBD program. Many organizations find it useful to produce financial information for each operating center.

**Operational Indicator:** A measure that signifies the extent to which a program is using its resources (time, money, people) and conducting activities according to the work plan.

**Operational Information:** Information that is needed to plan program activities such as the use of time, people, and money, and which is used to assess how well a family planning program is functioning.

**Organizational Stability:** The point at which a program has the ability to withstand sudden change in the external environment and has developed a constant and reliable set of internal management controls and systems.

**Organizational Structure:** The formal system of working relationships within an organization, showing the reporting relationships between different functions and positions of the management and staff. This structure is often represented in the form of a diagram or chart.

**Outlet:** The final distribution point where clients receive their contraceptives (clinic, pharmacy, CBD workers, etc.).

**Output:** The type and quantities of goods and services produced by a process or a program.

**Output Indicator:** A measure showing the product or accomplishment (in numerical terms) of the activities of an individual, over a specific period of time.

**Overhead Costs:** The operating costs of an organization which are not already directly charged to a project (for example, building maintenance and utility expenses). A portion of these costs may sometimes be charged to a project.

**Paper Trail:** Records of the movement of resources (human, financial, and material), kept to enable such movement to be traced and resources to be accounted for.

**Performance Appraisal:** An established procedure for evaluating employee performance, conducted at pre-determined intervals, usually annually or semi-annually.

**Performance Indicator:** A measure that signifies the extent to which a program is meeting its long-term family planning objectives.

**Performance Information:** Information that is needed to plan program objectives and to evaluate the impact of a program's activities on the target population.

**Performance Objectives:** The end results that are expected to be achieved by an organization or an individual employee. Performance objectives determine the type and scope of activities that an organization or staff member will undertake for the purpose of achieving the desired results.

**Periodic Review System (also known as Fixed Order Interval System):** A system of inventory control and resupply where stock levels are reviewed at predetermined time intervals and orders are placed based on current stock levels, safety stock level, and an established maximum. Through this method, the reorder is made on a scheduled basis, however, the quantity of the order may vary each time.

**Personnel Manual:** A document that details the personnel policies and administrative procedures of an organization, including a description of the organizational structure and duties of key staff positions.

**Petty Cash:** A form of imprest fund, whereby a fixed cash flow is set aside for small immediate cash outlays and is replenished periodically as it is used.

**Phased Training:** Training conducted in stages, alternating with periods of on-the-job work experience.

**Physical Inventory:** A count of all the contraceptives in stock to verify that the amount that is actually on the shelves is the same as the quantity listed in the stock-keeping records.

**Planning:** A continuing process of analyzing program data, making decisions, and formulating plans for action in the future, aimed at achieving program goals.

**Pooling:** Combining resources, expertise, equipment, etc., for use toward a common purpose. This helps to save scarce resources and reduces the possibility of duplication of or gaps in services.

**Population-Based Forecasts:** Forecasts of contraceptive supply requirements based on the proportion of the target population that the program intends to serve and the anticipated level of demand for each contraceptive method.

**Post-tests:** Given to clients, employees, trainees, or any other specific group of people who are being evaluated after a program has been completed or during the implementation, for the purpose of measuring the progress toward planned objectives.

**Potential User (also known as Potential Acceptor):** For women, a potential acceptor is any woman of reproductive age who is at risk of pregnancy, not currently using contraception, and not intending to become pregnant at this time. For men, a potential acceptor is any sexually active man not currently using contraception.

**Pre-tests:** Given to clients, employees, trainees, or any other specific group who are being evaluated, for the purpose of determining a baseline against which future results will be measured.

**Process Indicator:** A measure showing the activities that will be completed to achieve a specific objective, over a specific period of time.

**Program Components:** Functional units of an organization that provide services aimed at accomplishing organizational goals, such as a CBD component, a clinic component, or an IEC component.

**Pull System:** A supply system which requires that outlets request the amounts of commodities they need from higher-level storage facilities.

**Push System:** A supply system which allocates supplies down through the intermediate or central warehouses to the outlet level; outlets receive contraceptives without ordering them.

**PVO:** A Private Voluntary Organization which is usually an international organization.

**Quality of Care (or Quality Care):** Quality of care refers to the provision of high-quality family planning services to all clients. It can be judged according to the following elements: the range of choice of contraceptive methods, the completeness of the information given to clients, the technical competence of the provider, the quality of the

interpersonal relations, whether mechanisms exist to encourage continuity of contraceptive use, and whether appropriate services are offered.

**Quarterly Report/Requisition:** Provides information concerning the number and types of clients served, the amount of contraceptives received and dispensed over a three-month period, and the quantities of contraceptives requested for resupply for the next quarter.

**Rapid Assessment:** A mini-survey of your program or a component of your program, which uses a small, reliable sample, is short in duration and examines a small, select set of variables.

**Rate:** A measure of an event (numerator) within a specified population (denominator) at a specific point in time. For example, the contraceptive prevalence rate is the number of women using contraception (numerator) among all women of reproductive age (denominator) at a specific point in time.

**Ratio:** A proportion obtained by dividing one quantity by another quantity. For example, eighteen family planning nurses (numerator) divided by six clinics (denominator) is a ratio of three nurses to one clinic.

**Receipts:** In cash accounting, this term refers to cash received.

**Recurrent Expenses (also known as Operating Expenses):** Those costs which are incurred regularly year after year.

**Refresher Training:** Periodic training given to staff for the purpose of reinforcing skills or introducing new concepts or techniques.

**Remuneration:** Payment for goods provided, services rendered, or losses incurred.

**Reorder Level (also known as Minimum Stock Level):** The predetermined quantity of stock which, when reached, will initiate a reorder in a continuous (perpetual) review system.

**Reorder Interval (also known as Review Period):** Used in a periodic review system, it is the predetermined amount of time between placing orders.

**Requisition Form:** A form for requesting additional contraceptive supplies.

**Resources:** The means available for use in conducting the planned activities, such as people, objects, and money.

**Results Indicator:** A measure showing the immediate effect of the program activities on the target population in relation to the objectives of the program.

**Revenues:** Monies or the equivalent received from sales, services, fees, donations, and grants. In the case of grants, only the portion that has been spent is actually revenue; the balance may have to be returned to the donor. In accrual systems, revenues are recorded when they are earned, not when the actual cash or goods are received.

**Safety Stock:** The amount of stock (number of months' supply) below the minimum level which serves as a cushion or buffer against major fluctuations in contraceptive demands or unexpected shipment delays.

**Selective Supervision:** The procedure for supervising specific items on a less frequent and rotating basis, due to time constraints.

**Service-Based Forecasts:** Forecasts based on an analysis of the existing program's service statistics and the projected number of clients that a program expects to serve.

**Session Plan:** A statement or checklist for a supervisory session which outlines the items, skills, and statistics to be monitored during each supervisory session. This plan should also include program support activities, such as collecting reporting forms and replenishing supplies, and any post-session activities to be completed by the supervisor.

**Shelf Life:** The length of time a contraceptive can be stored without losing its efficacy.

**Short Shipments:** When suppliers send incomplete shipments of contraceptives.

**Social Marketing:** An approach that promotes, distributes, and sells contraceptives at a relatively low price through existing commercial outlets. Social marketing supports the communication of family planning messages by using

such commercial outlets as radio, newspaper advertisements, and television to provide family planning information, education and communication.

**Split Shipments:** Usually requested by the recipient, when a large shipment is divided into smaller shipments and sent at regular intervals to accommodate the recipient's storage space constraints.

**Staff Development:** The activities of an organization or supervisor, such as training, providing constructive feedback, job rotation, etc., which are designed to improve the skills, motivation, and qualifications of employees.

**State-of-the-Art:** The current level of refinement of a particular developing technology.

**Stockout:** A condition under which there are not enough contraceptives in stock to meet demand.

**Strategic Planning:** Long-range planning, covering a period of three to five years, that includes setting goals, strategies, and objectives for your program.

**Strategies:** The methods that the organization will use to deliver services and implement activities in order to achieve its goals.

**Subsystem:** A system within the larger system that separates functional divisions of an organization, such as commodities, training, or service delivery, etc.

**Supervisory Schedule:** A written plan of supervisory sessions showing the name of the employee involved and the date, time, and content of upcoming supervisory sessions. A supervisory schedule is used for planning purposes and for communicating to employees such upcoming supervisory activities.

**Supervisory System:** The methods and procedures used to monitor the volume and quality of work performed by subordinate staff, as well as to provide necessary support to staff. The system includes site visits, employee performance appraisals, individual and group staff meetings, reviewing reporting forms, etc.

**Supervisory Session:** A meeting with one or more staff members in order to review the work that has been accomplished and to make plans for future work and subsequent supervisory sessions.

**Sustainability:** The ability of a program to provide quality services to its clients and expand its scope of services and client base while decreasing its dependence on funds derived from external sources and increasing reliance on income generated from the program and through local funding sources.

**System:** A set of discrete and interdependent components designed to achieve specific goals.

**User Continuity Program:** A systematic approach implemented to increase the rate of continuing users in a service delivery system. To institute a user continuity program, acceptable rates or numbers of continuing users must be determined for each service center, and activities for client follow-up must be carried out on a regular basis.

**SWOT Analysis:** The process of analyzing an organization's or program's internal strengths and weaknesses, as well as the opportunities and threats that exist outside the organization or program.

**Target Population:** The specific population intended as beneficiaries of a program. This will be either all or a subset of potential users such as adolescents, pregnant women, rural residents, or the residents of a particular geographic area.

**Targets:** Objectives that have been broken down into smaller units and restated in numerical terms. They pertain to a specific program component, such as a clinical IEC component, and encompass a specific period of time such as a quarter, month, or week.

**Task Analysis:** An examination of all the duties and activities which are carried out by an individual employee, for the purpose of determining the required skills, knowledge, attitudes, resources, and risks involved with each task.

**Tasks:** Activities broken down into specific assignments or duties.

**Termination Policy:** The standard policy, usually stated in a personnel manual, describing the grounds for employee dismissal and the rights of an employee upon dismissal.

**“To Do” Lists:** Informal lists of activities and tasks to be carried out over a short period of time, usually less than one month. “To do” lists are revised regularly to incorporate new activities that replace those that have been completed.

**Variable Costs or Expenses:** Expenses that vary according to the level of service provided or number of people served. Contraceptive expenses, for example, vary depending on the number of users of each method.

**Vehicle Usage Report:** A log that records vehicular use. It includes the date, destination, purpose of the trip, beginning and ending odometer reading, petrol purchases, and repairs. It is used to calculate the cost per mile or kilometer and to control and monitor costs.

**Work Plan:** A document developed by the manager and the staff, covering a specified period of time, which lists all planned activities, the date by which they will be accomplished, the resources that they will require, and the people responsible for carrying them out.

**Work Planning (also known as Operational Planning):** A process through which an organization decides what activities will be conducted, which department or staff will carry them out, the resources that will be needed, and the time frame for completing the activities. Work planning usually covers a period of a year or less.

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# Annotated References and Bibliography

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Family planning managers who are interested in exploring the management topics covered in this book may find the materials listed below useful for further study.

Anthony, Robert N. *Essentials of Accounting*. Reading, Massachusetts: Addison-Wesley Publishing Co.; 1984; 188 pp.

This self-teaching book is an introduction to accounting which teaches the ideas and terminology that are essential to an understanding of balance sheets and income statements. It focuses on the user of accounting information. The book contains a programmed learning text and workbook, post-tests with answers, and a glossary/index of terms.

Anthony, Robert N., and David Young. *Management Control in Nonprofit Organizations*. Homewood, Illinois: Richard D. Irwin, Inc.; 1975; 680 pp.

This text on financial management and control was written specifically to improve the skills of individuals working in nonprofit organizations. Although written to apply to all types of nonprofit organizations, including governmental entities, the book can easily be adapted for a course that focuses on health care by selecting appropriate cases from the forty-eight which are included. The text can be used as a whole or to focus on a specific skill such as accounting, budgeting, pricing decisions, cost analysis, cost benefit analysis, reporting, and evaluation.

Austin, James E. *Managing in Developing Countries: Strategic Analysis and Operating Techniques*. New York, New York: Free Press, A Division of MacMillan, Inc., New York; 1990; 465 pp.

This book presents a complete and comprehensive analysis of the dynamics of the business environment in the developing world. Following an introductory section on the "Management Challenge in Developing Countries," the author presents a Framework for Environmental Analysis. He illustrates how this field-tested analytical tool can be used to examine the economic, political, cultural, and demographic factors at all levels. The next section details the most critical strategic issues and operating problems faced by managers in developing countries, including illustrations of the techniques and experiences of multi-national companies. In the concluding chapters, the author shows managers how to use the Environmental Analysis Framework to determine the scale and scope of their activity in a given country. Though the book focuses on the business environment, the lessons it contains should be valuable to other sectors.

Barry, Bryan W. (Management Support Services, Amherst H. Wilder Foundation). *Strategic Planning Workbook for Nonprofit Organizations*. New York, New York: Publishing Center for Cultural Resources; 1986; 81 pp.

This workbook provides a thorough, clear, step-by-step guide to aid nonprofit organizations in developing a strategic plan. It is divided into three sections. Section I is an overview of strategic planning that defines the process,

discusses the need for it and its limitations, and describes how to develop a plan. Section II is a guide for developing, implementing, and updating a strategic plan. This section also includes a sample strategic plan for a community health center and has worksheets that can be used in developing a work plan. The format allows the reader to develop skills in the planning process by using worksheets that provide an opportunity to practice planning skills.

Berge, Noel, and Marcus D. Ingle and Marcia Hamilton. *Microcomputers in Development: A Manager's Guide*. West Hartford, Connecticut: Kumarian Press; 1986; 157 pp.

This guide is written for managers of development projects or institutions who are interested in acquiring knowledge or expanding their use of microcomputers. The guide includes an overview of computing equipment and applications; potential applications of microcomputers in the management of development projects and institutions; a description of microcomputer software programs and hardware components; suggestions for assessing the need for a microcomputer, including the advantages and disadvantages of microcomputers in developing country situations; the strengths and limitations of microcomputers; future trends; and a computer glossary. Seven detailed case histories of the application of microcomputers in the management of development projects are provided to illustrate some of the successes and problems that might be anticipated.

Bok, Kim Shin, Ph.D. *Personnel Administration for Family Planning Programme Managers*. Kuala Lumpur, Malaysia: Asian and Pacific Development Administration Centre; 1978; (Family Planning Programme Management Module Series; Number 7); 85 pp.

This is a three-unit course on human resource management for family planning program managers. The units cover such topics as the development of personnel management, including management functions; recruitment by job analysis; compensation; performance evaluation and career development; and human relations. Each unit has objectives, a self-test and discussion questions, and exercises.

Bouzidi, Mohammed, and Rolf Korte, eds. *Family Planning for Life: Experiences and Challenges for the 1990s*. London, England: International Planned Parenthood Federation (IPPF) and German Agency for Technical Cooperation (GTZ); 1990; 240 pp.

This publication contains the proceedings from a conference on Management of Family Planning Programmes, which was jointly sponsored by IPPF and GTZ. Among the topics addressed in the five sections of the book are: a Review of Family Planning Programmes and Trends; Appropriate Approaches to Family Planning Service Delivery, including Integration of Family Planning and Mother and Child Health Programmes, Community-based Distribution Programmes, Social Marketing Programmes, and Special Target Groups; Management Issues; and a Contraceptive Update.

Bryson, John M. *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement*. San Francisco, California: Jossey-Bass Publishers, 1989; 311 pp.

This practical book is written for leaders, policy makers, managers, and planners who are responsible for strategic planning at all levels of government, public, and nonprofit organizations. The book includes a review of why strategic planning can help in improving performance, as well as a review and critique of various private sector approaches to strategic planning. The author also presents an effective new strategic planning process for public and nonprofit organizations and offers detailed guidance on applying the process, providing examples of successful and unsuccessful strategic planning processes. The book also includes valuable resources, such as sample strategic planning worksheets, methods for managing a strategic issue, and ideas for establishing an "Effective Organizational Vision for the Future."

Center for Development and Population Activities. *Manual on Planning Implementation and Management of Development Projects*. Washington, D.C.: CEDPA; 1986; 50 pp.

The purpose of this manual is to help managers in the developing world to improve their skills in planning, implementing, and managing projects. The manual is divided into two chapters. The first chapter discusses Project Planning and Proposal Development, and the second two discusses Project Monitoring. A detailed description of each step of the process is given, along with examples of the family planning projects. Chapter One specifically addresses needs assessment, problem identification and selection, data collection and analysis, proposal preparation, work plan development, projection of staffing needs, and development of the project budget. Chapter Two discusses establishing a record-keeping system, reporting on project progress; and financial monitoring and reporting.

Centers for Disease Control. *Family Planning Methods and Practice: Africa*. Atlanta, Georgia: Centers for Disease Control; 1983; 329 pp.

This comprehensive book is a technically-oriented reference on family planning methods and practices in Africa. It is written for students in the medical profession, trainers, health personnel, program directors, politicians, and international organizations. Divided into four parts, the book opens with a detailed analysis of family planning in the African context. Part II describes the important physiological aspects of contraception. Part III details contraceptive technology, with a chapter on each method. The final section is on family planning service delivery. The book contains numerous illustrations and tables that supplement the text.

Centers for Disease Control. *Logistics Guidelines for Family Planning Programs*. Atlanta, Georgia: Centers for Disease Control: Center for Health Promotion and Education: Division of Reproductive Health; 1987; 72 pp.

This manual is written for family planning program managers in developing countries. It contains guidelines for those individuals who are responsible for procuring family planning supplies and ensuring that they reach their ultimate destination. Divided into five sections, the manual addresses the following topics: the definition of logistics, logistics systems management, evaluation of the logistics system, supply data analysis, and forecasting. The manual also contains sample forms and checklists for use in logistics management.

Chamnong, Vudhichai. *Coordination in the Implementation of Family Planning Programs*. Kuala Lumpur, Malaysia: Asian and Pacific Development Administration Centre (APDAC); 1978; Family Planning Programme Management Module Series Number 4; 91 pp.

This module contains four units on coordinating the implementation of family planning programs. The units are designed to provide readers with the skills to analyze the complex problems of inter-personal, inter-unit, and inter-organizational relations, as well as to be able to develop ways to increase coordination between and among organizational units and organizations. The units contained in the module are entitled: 1) Basic Concepts of Coordination; 2) Analyzing the Task Environment; 3) Toward Communication Strategies; and 4) Human Relation Skills in Coordination. Each unit contains objectives, questions, and exercises.

Edmunds, Marilyn, and Deirdre Strachan and Sylvia Vriesendorp. *Implementing Client-Responsive Family Planning Programs: A Manual for Service Personnel*. Watertown, Massachusetts: The Pathfinder Fund; 1987; 89 pp.

Written for family planning program managers and project directors, this handbook explores how elements of family planning programs can be changed to improve client satisfaction. The handbook contains three sections. Section I describes five key program elements that contribute to client satisfaction. Section II focuses on management and suggests tools and techniques that can be used to alter programs to make them more responsive to client needs. The third section includes seven appendices containing sample forms and questions, suggested resource materials, and a mini-case, which enhance the other sections.

Family Planning International Assistance, *Working Towards Self-Sufficiency*. New York, New York: FPIA; 1986; 58 pp.

This manual was designed by FPIA to document their experience in projects working toward self-sufficiency, to present some ideas for generating income, and to describe how to account for the income once it has been generated. Sections of the manual cover: planning to achieve self-sufficiency, keeping project costs to a minimum, improved agency performance, selling contraceptives, family planning experiences, selling training and/or technical assistance services, selling IEC materials, raising funds through non-family planning related ventures, generating income, and accounting for income that is generated. To aid in the planning process, questions and assessment criteria accompany each of these sections. Well-documented examples of projects from around the world are presented to illustrate the various strategies available for achieving self-sufficiency.

Favin, Michael, and Wayne Stinson and Bennie Bradford and Robert Clay. *Family Planning for Maternal and Child Health: An Annotated Bibliography and Resource Directory*. Dianne B. Bendahmane, editor. Geneva, Switzerland: The World Federation of Public Health Associations, February, 1986.

Designed as a quick reference, this resource guide is aimed at field staff and program officials who are not family planning specialists. It summarizes recent literature on family planning and maternal health. The guide contains ten chapters. Chapters One through Five focus on different family planning issues, and the remaining chapters direct the reader to relevant sources of information.

Fisher, Andrew, and John Laing and John Stoeckel. *Handbook for Family Planning Operations Research Design*. New York, New York: The Population Council; 1983; 64 pp.

This handbook was written to serve as a basic guide for operations research projects. It is designed to assist readers in the development of a complete family planning research proposal and takes the reader systematically through each step of the process. Containing fourteen chapters, the handbook begins with problem identification and includes chapters on the following: Justification for Selecting the Research Problem, Objectives and Hypotheses, Operational Definitions, Study Design, Sampling, Data Collection, Tabulation and Analysis of Data, Reporting Research Findings, Limitations of the Study, Study Work Schedule, Appendices, and Developing the Title Page and Abstract. In addition to the handbook's utility as a text, it can also serve as a reference for family planning managers when preparing a research proposal.

Hatcher, Robert A., M.D. *Contraceptive Technology: International Edition*. Atlanta, Georgia: Printed Matter, Inc.; 1989; 460 pp.

This international edition of *Contraceptive Technology* provides contraceptive and reproductive health information that is timely, thorough, intellectually honest, and practical. It is intended as a reference for providers of family planning information and services. The book examines the benefits and practices of family planning around the world. The book explores the status of family planning in international societies, updates the management of sexually transmitted diseases including human immunodeficiency virus (AIDS), describes the selection and administration of the contraceptive methods, and offers guidelines for managing family planning services.

Hellriegel, Don, and John Slocum, Jr. *Management (Fourth Edition)*. Reading, Massachusetts: Addison-Wesley Publishing Co.; 1986; 796 pp.

This comprehensive management text presents the principles of management in a clear and well-organized format. Examples and case studies are used extensively to illustrate the problems faced by actual managers and describe how the management principles are applied to these problems. Each chapter contains a section entitled "International Focus," which brings an international perspective to the principles described in the chapter. The book is divided into seven major headings: an Overview of Management, Environmental Forces, Decision-Making and Planning, Organizing, Leading, Controlling, and Change. In addition, supplemental materials are available, including an Instructor's Manual, a Student Study Guide, and an Experiential Exercises Book.

Hersey, Paul, and Ken Blanchard. *Situational Leadership*. (The Center for Leadership Studies) San Diego, California: University Associates, Inc.; 1983; 10 pp.

This package includes a reading on situational leadership and an exercise to perform an analysis of individual leadership styles. The reading explains basic concepts, different leadership styles, and levels of leadership. The resource guide lists other training materials available on situational leadership.

Ho, Theresa. *Managing Health and Family Planning Service Delivery Through A Management Information System*. Washington, D.C.: World Bank Paper; April, 1985; PHN Technical Note 85-3; 54 pp.

Prepared as a World Bank technical note, the paper includes two main sections. The first is a discussion of the uses of a management information system, particularly as a tool for management and planning. The second provides guidelines for setting up a management information system for a large-scale (national) health delivery system, including: the main elements of an MIS, designing the MIS, and implementing the MIS. All discussions center around the experience of two World Bank projects in India.

Hutchings, Jane, and Lyle Saunders. *Assessing the Characteristics and Cost-Effectiveness of Contraceptive Services*. Seattle, Washington: PIACT; 1985; (PIACT Paper No. 10); 66 pp.

This paper presents a practical approach to assessing and comparing the cost-effectiveness of various contraceptive methods and delivery systems. The paper covers such topics as method attributes, delivery systems, use-effectiveness, and the costs involved. The reader is guided through a series of steps to estimate cost-effectiveness. Sample forms are provided to facilitate the calculations.

Ickis, John C., and Edilberto de Jesus and Rushikesh Maru. *Beyond Bureaucracy: Strategic Management of Social Development*. West Hartford, Connecticut. Kumarian Press, Inc.; 1986; 256 pp.

This work presents new concepts of social development management such as strategic management, empowerment, and environmental analysis. Using examples from projects around the world, the contributors

examine the problems and opportunities inherent in the application of these concepts to achieve the goals of social development programs - to advance poor communities.

John Snow, Inc., and the Centers for Disease Control. *Family Planning Logistics Management Training Curriculum*. Arlington, Virginia: Family Planning Logistics Management Project, John Snow, Inc.; 1990; 200 pp.

This is a core training curriculum designed to improve technical logistics knowledge and skills of family planning personnel, to strengthen the commitment of family planning and AIDS control program managers to further improve their logistics systems, and to motivate and improve the self-image of the logistics worker. The core curriculum is targeted at mid-level family planning managers, but is tailored to address all levels and the needs of specific countries. The curriculum consists of the following ten modules: Introduction to Contraceptive Logistics Systems, Logistics System Assessment, Logistics Management Information Systems, The Contraceptive Logistics Pipeline, Assessing Supply Status, Maximum-Minimum Inventory Control, Forecasting Contraceptive Requirements, Contraceptive Storage, Quality Control of Contraceptives, and the Logistics Management Simulation Exercise.

Kerrigan, John E., and Jeff S. Luke. *Management Training Strategies for Developing Countries*. Boulder, Colorado: Lynne Rienner Publishers; 1987; (Studies in Development Management); 239 pp.

The premise of this book is that management training and education are crucial ingredients in the development process. The book is divided into four parts. Part I discusses the need for management training and provides a conceptual framework. In Part II, four different approaches to management training are described in detail, including formal and non-formal training methods, as well as on-the-job-training and action training methods. Part III is an "Assessment Training for Enhancing Managerial Talent," and Part IV discusses "Implications and Directions for the Future."

Kim, Kwang Woong. *Management Planning for Implementation of Family Planning Programs*. Kuala Lumpur, Malaysia: Asian and Pacific Development Administration Center (APDAC), 1978; (Management Planning Program Management Series Number 3); 160 pp.

This module is part of series of training materials on various aspects of Family Planning Program Management. This module focuses on the planning process and contains the following units: 1) an introduction to planning; 2) problem solving and decision-making; 3) analyzing tasks and activities; 4) PERT network analysis; and 5) evaluation. Each unit contains clearly written objectives, exercises, and a self-test.

Kubr, Milan, ed. *Managing a Management Development Institution*. Geneva, Switzerland: International Labour Office; 1985.

Designed as a five-day course, this manual contains twenty nine sessions. For each session, the manual contains a session guide, background reading material, sample lesson plans, handouts, and some visual aid displays. The manual is organized in a very systematic format that is easy for both the beginning and the master trainer to follow. This manual is a valuable resource for anyone who will be designing and conducting training.

Kumar, Sushii, and Anrudh Jain and Judith Bruce. *Assessing the Quality of Family Planning Services in Developing Countries*. New York, New York: The Population Council; 1989; Working Paper Number 2, Programs Division; 44 pp.

This paper presents an approach for assessing the quality of services provided through organized family planning programs. Three levels at which the quality of services can be assessed are: the policy level, the service point level, and the client level. For each of the elements of care, the paper specifies the quality issues to be assessed, the indicators of quality, and the items that pertain to each indicator and lists the specific data that need to be collected. A few applications of the assessment process are also identified and discussed.

Lapham, Robert J., and George Simmons, eds. *Organizing for Effective Family Planning Programs*. Washington, D.C.: National Academy Press; 1987; 706 pp.

The chapters in this comprehensive volume describe specific program elements and their contribution to the effectiveness of organized family planning programs in the developing world. Divided into seven sections, the authors address the following: the environment of family planning programs, program management and program elements, special modes of delivery, client-provider transactions, and methodological issues. This collection of papers represents a multi-disciplinary assessment of the different elements contributing to family planning program effectiveness.

Manoff, Richard K. *Social Marketing: New Imperative for Public Health*. New York, New York: Praeger; 1985; 293 pp.

This comprehensive book is written to help the reader apply social marketing methods to problems of public health and nutrition practices. Based on experiences in developing countries, the book includes the following: methods for tailoring health education to the perceptions of the target audience; techniques for finding "resistance points"; tools for designing effective messages; a discussion of special research approaches, including focus groups; planning tips to encourage public and private cooperation; and case studies exploring the applications of social marketing principles.

Morrissey, George. *Management by Objectives and Results for Business and Industry*. Reading, Massachusetts: Addison-Wesley Publishing Co.; 1984; 252 pp.

This is a detailed how-to book using examples from the work environment to illustrate all facets of management by objectives and results. It is written to serve both as a text for a training program and as a manual for individual use. Content areas addressed in the text include: mission statement and objectives; setting, writing, and evaluating objectives; preparing action plans; establishing controls; communications; and implementation. A companion workbook and audio cassette are also available.

Paul, Samuel. *Training for Public Administration and Management in Developing Countries: A Review*. Washington, D.C.: International Bank for Reconstruction; July 1983; (World Bank Staff Working Papers: No. 584; Management and Development Series: No. 11); 113 pp.

This World Bank paper reports the results of a survey of the trends, developments, and problems in public administration and management training (PAMT) in developing countries. The survey is based largely on published information and is limited to the training of mid- and upper-level personnel in government, including those in public enterprises. The patterns of growth and impact of PAMT in developing countries in the past thirty years are examined in the first part of the paper. The reasons for the limited impact of training in many countries, the lessons to be learned from the more successful training institutions, and recent innovations in training designs and methods are among other aspects highlighted in the paper.

Phillips, Steven R., and William H. Berquist. *Solutions - A Guide to Better Problem-Solving*. San Diego, California: University Associates, Inc., 1987; 127 pp.

This is a participative workbook combining narrative and exercises designed to improve the reader's problem-solving skills. A series of problems are described and the readers are involved in the process of finding solutions. Different approaches to problem-solving are presented and the reader is given an opportunity to apply and practice problem-solving skills and techniques.

Quick, Jonathan, ed. *Managing Drug Supply: The Selection, Procurement, Distribution, and Use of Pharmaceuticals in Primary Health Care*. Boston, Massachusetts: Management Sciences for Health, 1986; 592 pp.

Available in English, French, and Spanish, this book is designed to serve as a comprehensive manual on drug supply. It was written to provide explanations of fundamental supply concepts, definitions of basic terms, and practical ideas for designing and implementing changes in drug supply. The manual is divided into sections that address the following topics: 1) selection, including what to buy and how much; 2) procurement, including how to buy, who to buy from to ensure quality assurance, financing options, and local production opportunities; 3) distribution, including inventory control, importation and port-clearing, design and operation of storage facilities, and delivery strategies; 4) use, including promoting rational drug prescribing, establishing good dispensing practices, and encouraging appropriate drug use by patients; and 5) managing the system, including organizing drug supply, reducing costs, security, and designing training programs to improve logistics. Each chapter contains a one-page summary that can be used to gain a rapid overview of all aspects of drug supply. Throughout the text there are also single-page country summaries to illustrate points in the text. The book also includes chapter appendices, sample forms, reference lists, and a glossary of terms.

Rao, T.V., and J.K. Satia. *Managing Family Planning at the Clinic Level*. Kuala Lumpur, Malaysia: The Asian and Pacific Development Administration Centre; 1978; Family Planning Program Management Module Series, Number 2; 274 pp.

This module is designed to improve the management capability of family planning clinic managers. It contains self-learning material on family planning activities at the clinic level and covers such topics as: the managerial role in

implementing programs; identifying clients and agents for Information, Education, and Communication activities; identifying target groups; how to plan activities and mobilize resources; how to motivate, supervise and communicate with clinic staff; how to improve coordination; how to design a management information system and a monitoring system for clinic activities; and how to evaluate clinic performance.

Reinke, William. *Health Planning for Effective Management*. New York, New York: Oxford University Press; 1988; 288 pp.

This practical and informative book explores the concepts and methods used in health planning, emphasizing practical considerations in the implementation of primary health care programs. It is organized into three, well-coordinated parts. Part I covers policy issues and the conceptual framework for planning, management, and evaluation. Part II reviews essential methods for effective implementation. Part III discusses specific tools and techniques in program management. The book addresses the challenging task of providing essential health services to rural populations in developing countries with limited resources.

Ross, John A., and Marjorie Rich and Janet P. Molzan. *Management Strategies for Family Planning Programs*. Center for Population and Family Health, School of Public Health, Columbia University, New York, New York; 1989; 64 pp.

Available in English, French, Spanish, and Arabic, this concise booklet presents a variety of management strategies used in four different family planning components. These strategies include availability and accessibility, target groups, contraceptive methods, and various different program components. The material is presented in an easy-to-understand format, accompanied by charts and graphs.

Zschock, Dieter, K. *Health Care Financing in Developing Countries*. Washington, D.C.: American Public Health Association/International Health Programs (APHA/IHP); Monograph Series Number 1; 1982; 82 pp.

In this monograph, the author provides an overview of basic issues regarding health care financing, in terms easily understandable to non-economists. The author looks at important questions relating to determinants, resources, and alternatives.

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## About the Editors

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James A. Wolff served as the Director of Special Projects for the Family Planning Management Training Project at Management Sciences for Health. For the past twelve years he has been actively involved in assisting both public and private sector health and family planning organizations in countries throughout the world to improve their management. Dr. Wolff is an adjunct associate professor of Health Services at Boston University School of Medicine and has been a consultant with USAID, the World Health Organization (WHO), and the World Bank. He received a B.A. from Harvard College, a B.M.S. from Dartmouth Medical School, an M.D. from Columbia University College of Physicians and Surgeons, and an M.A.T. and M.P.H. from Harvard University. In addition to his management work and teaching, Dr. Wolff practices emergency medicine in Concord, Massachusetts.

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## About the FPMT Project

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The Family Planning Management Training Project (FPMT) was a five-year project funded by the Office of Population of the United States Agency for International Development. The FPMT Project was managed by Management Sciences for Health (MSH) in collaboration with The Centre for Development and Population Activities (CEDPA), The Pathfinder Fund, and LASPAU. The project provided assistance to family planning program leaders worldwide to help them face the challenge of meeting the growing demand for family planning services. The FPMT Project worked in collaboration with program leaders in more than 25 countries to identify and resolve the wide range of management problems limiting the availability and expansion of safe and effective family planning services. FPMT offered training and technical assistance in many management areas including policy formation, strategic planning and goal setting, long range financial planning, budgeting and financial control, human resource management, marketing, management information systems, and program monitoring and evaluation.

In September 1990, the Family Planning Management Training Project ended and Management Sciences for Health was awarded a new five-year contract, The Family Planning Management Development Project (FPMD). This project builds on the experience of the Family Planning Management Training Project, but has a broader approach. The new project will work in both the private and public sector focusing on management issues such as sustainability, quality of care, information management, and coordination between public and private sectors to improve organizational effectiveness.

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