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**Evaluation Framework and
Needs Assessment Guidelines
for Family Planning Organizations**

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Evaluation Framework and Management Assessment Guidelines for Family Planning Organizations

Introduction

Family Planning Management Development (FPMD) is a five-year project designed to promote institutional development and management effectiveness in public and private family planning organizations worldwide.

The **Evaluation Framework** and the **Management Assessment Guidelines** developed by FPMD, and described in this article, assist FPMD staff and consultants in defining areas of collaboration and technical assistance between the project and family planning host country organizations, identifying the activities to be implemented, and establishing a basis for the continuing evaluation and monitoring of these activities.

The primary objective of the **Evaluation Framework** is to identify appropriate performance indicators for monitoring and evaluating project activities in the field. The **Management Assessment** is an integral part of this overall framework. The objective of the **Management Assessment** is to identify the most suitable counterpart institutions, as well as the assistance that FPMD can provide them. To this end, the **Management Assessment Guidelines** directly support FPMD's strategy of focusing its resources on those countries and organizations that show promise of improving their management capabilities. The **Guidelines** also contain criteria that will facilitate and improve the selection process.

The **Evaluation Framework** and **Management Assessment Guidelines** are designed to provide a basis for designing, conducting, and evaluating management interventions. These tools will evolve and be further refined and modified, as FPMD continues to work with and learn from the host country family planning institutions.

The Evaluation Framework and Management Assessment identifies:

- *performance indicators*
- *counterpart institutions*
- *technical assistance opportunities*

FPMD Evaluation Framework

Conceptual Basis

Four basic management components: mission, strategy, structure, and systems

The Family Planning Management Development project bases the evaluation of its interventions on a general model for organizational development and management effectiveness. According to this model, family planning organizations can be assessed by examining four basic management components: mission, strategy, structure, and systems¹.

Four Basic Management Components

- The **mission** (or policy) provides the rationale, sets boundaries, and establishes a framework for defining goals and objectives.
- An organization's **strategy** defines its approach to achieving its objectives and how to address other programmatic implications of the mission.
- **Structure** refers to the allocation of responsibilities within an organization and the interrelationship of staff and organizational units for implementing strategies.
- **Systems** are the operational components of the organization, for example, finance, personnel, management information, etc.

Organizations are in a constant state of change

This conceptual model is based on the assumption that organizations are in a constant state of change, which can be either positive or negative.

Family planning organizations begin as fragile institutions that provide limited services, and ideally evolve to become mature, sustainable², and resilient programs.

The organizational changes that make development possible can take place within the mission, strategy, structure, or system components. The changes have to do with the increasing activities of the organization, its growing resilience to external and internal shocks, and its readiness to take up new challenges.

Table 1 shows a matrix reflecting the interaction between the management components—mission, strategy, structure, and systems—and the stages of development—emergent, growth, consolidation, and maturity. Each cell of the matrix indicates general characteristics of organizations at the particular stage of development.

Table 1

Stages of Organizational Development

STAGE 1 EMERGENCE	STAGE 2 GROWTH	STAGE 3 CONSOLIDATION	STAGE 4 MATURITY
Mission			
<ul style="list-style-type: none"> ■ Vague mission statement and global goals ■ Undefined target population ■ Limited number of services ■ Lack of specific objectives 	<ul style="list-style-type: none"> ■ Mission statement directs growth ■ Target population defined ■ Specific objectives and goals for services 	<ul style="list-style-type: none"> ■ Mission expanded to consider issues of organizational sustainability ■ Emerging capability to adjust mission, goals, and objectives to changing internal and external conditions 	<ul style="list-style-type: none"> ■ Full capability to adjust mission, goals, and objectives to changing internal and external conditions ■ Mission reflects a stable organizational approach
Strategy			
<ul style="list-style-type: none"> ■ Donor-driven ■ Not clearly formalized ■ Weak focus on service delivery competence ■ Lack of planning 	<ul style="list-style-type: none"> ■ Formal strategies that are primarily donor-driven ■ Increased capability for planning ■ Focus on establishing technical competence ■ Service expansion based on the needs of target population 	<ul style="list-style-type: none"> ■ Strategies are flexible enough to ensure operationalization of mission ■ Technical competence and quality of care given priority ■ Emerging concern for increasing management effectiveness ■ Quality of care becomes part of the organization's strategy ■ Focus on gaining control over available resources 	<ul style="list-style-type: none"> ■ Organizational capability for strategic adjustments due to changing internal and external conditions ■ Strategies secure the achievement of objectives within a sustainable approach ■ Significant level of control over resources (including donor's)
Structure			
<ul style="list-style-type: none"> ■ Decision making extremely centralized ■ Functions not clearly defined ■ Too dependent on one or two leaders ■ Information monopolized by few 	<ul style="list-style-type: none"> ■ Project/Program-based structure ■ Establishment of new levels of management ■ Improvement in the description of functions and positions ■ Internal communication mechanisms are inadequate to support growing complexity of organization ■ Expanded decision making base 	<ul style="list-style-type: none"> ■ Structure reflects a significant number of functions and complex set of interactions ■ Decision making relatively decentralized ■ Existence of formal and regular communication mechanisms ■ Structure capable of supporting significant service delivery expansion ■ Objective personnel management principles applied 	<ul style="list-style-type: none"> ■ Organization has achieved a flexible structure that is consistent with strategies and the volume and complexity of services ■ Organization has the capability for structural adjustment caused by changing internal and external conditions
Systems			
<ul style="list-style-type: none"> ■ Very basic and informal 	<ul style="list-style-type: none"> ■ Marginal progress in developing systems such as service delivery, training, and logistics ■ Growth leads to imbalance between operational demands and capability of system to respond to them 	<ul style="list-style-type: none"> ■ Significant progress in developing systems such as finance and information ■ Most systems functioning at the appropriate level of complexity ■ Systems are managed and re-designed (up-graded) with organization's own resources 	<ul style="list-style-type: none"> ■ All systems in place and functioning at an appropriate level of complexity ■ Systems still can integrate further advances and new technologies

The Emergent Stage

***Interventions
depend on the
organizational stage
of development***

An organization at the emergent stage usually lacks a clear mission, has a very elementary structure, and has very basic systems. For example, its mission expresses the intention to serve segments of the population or to achieve some goal through means that are not clearly defined. Its structure may rest on the definition of a few key roles, activities may depend on the initiative of a leader, and there is little division of labor among staff. Typically, few services are provided and those that exist depend strongly on external resources. While some changes can take place at the structural and systems level, they may be rendered insignificant since the organization does not have the vision or direction to support them.

In order to move beyond this stage, an organization needs to clarify the mission of the organization and better define its strategies. It also needs to develop its planning capabilities, set clear objectives, define the resources needed to achieve these objectives, and create an appropriate balance between existing and needed resources.

The Growth Stage

During the growth stage, the organization increases its activities and services grow rapidly. This growth is usually fostered by external resources, as the organization often does not have ample resources to sustain its own growth. As a result, most managerial efforts need to be directed toward developing the organizational structure. Such structural development involves more than expanding and modifying the formal organizational chart, which is often not easy to modify.

In order to develop the capacity for expanding service delivery, the roles of the staff positions shown on the organizational chart need to be clarified. Means of communication and feedback between these positions need to be developed. Lines of accountability need to be defined. The decision-making process and leadership style need to be refined. All these improvements allow the organization to achieve a more complex division of labor and to have more control over its delivery sites. Changes at the mission and strategy level will continue but with a less intense effort. Also, some changes can be effectively introduced at the systems level, as long as the changes are consistent with structural changes.

The Consolidation Stage

In the consolidation stage, most of the managerial initiatives take place at the systems level. Growth in services during the growth stage produces a need for organization, coordination, and control of service and support activities. This is achieved by upgrading systems and increasing the organization's concern for management effectiveness³. At the consolidation stage the organization can offer more complex training, supervision, finance, information, logistics, and service delivery systems. As the systems' sophistication increases and fixed costs rise, an organization needs to find more sources of funds to sustain its services. At this stage, an organization's ability to increase its level of sustainability and gain added control over its resources is critical. As the organization becomes more sustainable, its mission, strategy, and structure can easily be adjusted in order to better meet the needs of its target population.

The Maturity Stage

Organizations at a mature stage are characterized by the ability of management to make changes at any level of the organization to adjust and integrate the four components (i.e. mission, strategy, structure, and systems) in order to meet both external and internal challenges. Modifications at the mission, strategy and structural levels are adjustments more than major changes. At the systems level, however, major changes can still be initiated.

Levels of Impact

When considering what management interventions will have the greatest impact, it is critical to consider the organization's stage of development in order to select the appropriate management component on which to focus assistance. For example, experience indicates that for organizations in the emergent stage, the most effective way to foster development is by working on the mission and strategy component. For organizations at the growth stage, the greatest impact will often be obtained through structural interventions; and for organizations in the consolidation stage, the greatest potential for change often occurs through systems development.

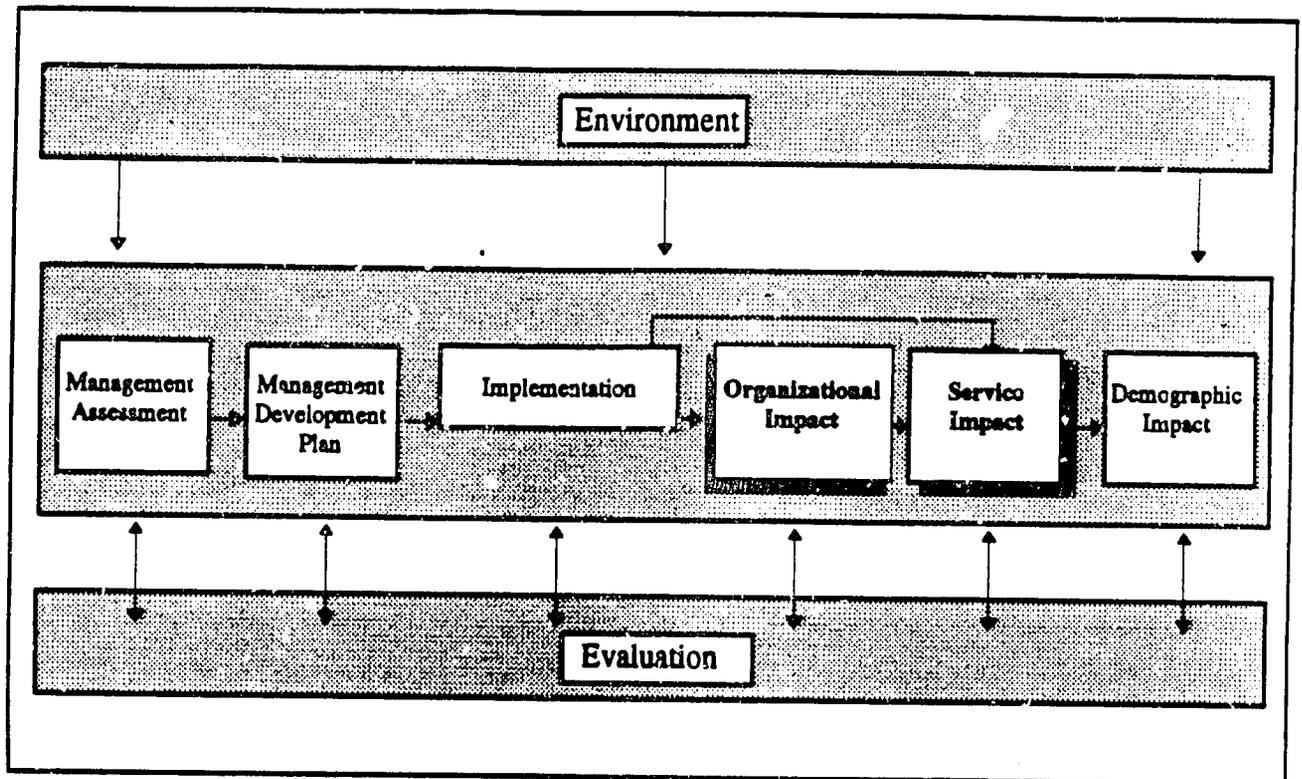
FPMD's objective is to help organizations develop from one stage to the next by providing appropriate assistance at the different stages so that organizations can provide more and better family planning services. The objective of FPMD's evaluation is to measure and document the impact of FPMD's managerial interventions. Organizational development efforts and management interventions will have impact at different levels: at the *organizational* level, at the *service delivery* level, and at the *demographic* level. Figure 1 shows the sequence of FPMD activities and their impact.

FPMD helps organizations move from one stage of development to the next

Implementation of FPMD's interventions has a direct effect on the growth and strengthening of the *organization* by improving management effectiveness and fostering organizational sustainability. Management interventions also affect the breadth and quality of *services* that are provided by the organization. Management interventions may work indirectly, through better planning, clarification of the structure, and the improvement of certain systems, or directly, for example, through measures to improve supervision or client flow.

Figure 1

Evaluation and Levels of Impact



At the *demographic* level, the expansion and improvement in the quality of services in a stronger organization can be assumed to have an impact on fertility through increased contraceptive use. In other words, more people will make use of expanded services and contraceptives. The improved quality of services that results from managerial improvements will not only attract new users but will result in more people continuing to use contraceptives, rather than dropping out because they feel dissatisfied with the available services.

Operationalizing The FPMD Evaluation Framework: Conducting the Management Assessment

The first phase of FPMD's involvement with a particular organization is to undertake a comprehensive Management Assessment and to prepare a Management Development Plan for developing the organizational capabilities to expand family planning services and to improve the quality of those services. The Management Assessment is made up of three parts.

The first step is to assess the organizational capabilities

Three Steps in the Management Assessment Process

Step 1: The Country Profile — an overall description of the country from the perspective of its family planning and population issues.

Step 2: The Family Planning Sector Analysis — a description of the family planning environment, including both the public and private sectors.

Step 3: The Organizational and Service Delivery Analysis — includes a matrix that identifies the needs of the organization by looking at the existing mission, strategies, structure, systems, and an analysis of the service delivery systems, including the quality of services.

Through the Management Assessment, FPMD determines the organization's stage of development, and, consequently, defines the management components that can be improved by FPMD's intervention and what intervention will most likely have the greatest impact. The Management Assessment thus identifies the areas where FPMD's interventions can make the most important contribution to the organization. These proposed interventions are written up into a Management Development Plan (MDP) which includes a description of the management situation, objectives to be met to improve the situation, proposed interventions, and expected results. FPMD then identifies the indicators that will be used in the evaluation to measure changes before, during, and after FPMD's intervention.

The Management Assessment

Operationalizing the FPMD Evaluation Framework requires using information from the Management Assessment and other background materials. A country Management Assessment undertaken by or for FPMD provides a comprehensive analysis of family planning efforts and key fertility determinants in a designated country. The Management Assessment identifies:

- the strengths and weaknesses of the family planning program;
- the potential for future development;
- the focus and feasibility of specific interventions in the area of management and organizational development;
- the possible impact of these interventions on the populations served by family planning programs.

Identify critical management problems

The importance the FPMD project places on the Management Assessment results from its demonstrated effectiveness in identifying the most important management problems of target client organizations⁴. In addition, the Management Assessment is a necessary first step toward satisfying FPMD's evaluation mandate of improving the understanding of the success factors for management development assistance. A Management Assessment should provide a baseline analysis against which later assessments of the progress achieved can be measured. As such, the assessment is an important element of the overall Evaluation Framework of the FPMD project.

Specific Objectives of the FPMD Management Assessment

- Clearly define the organizational and management needs of existing management or operational systems and identify the potential for improving and expanding family planning services in order to help determine whether FPMD should get involved in that particular country;
- Standardize and improve capabilities for selecting organizations to receive FPMD's assistance and help to determine the appropriate level of FPMD support;
- Facilitate the selection and design of specific interventions to be applied in a particular family planning organization; and
- Provide the basis for the preparation of Management Development Plans (MDPs), which identify critical management and organizational development needs and outline an assistance strategy to meet them. The MDPs are designed in collaboration with counterpart organizations.

The Country Profile

The country profile begins with a brief description of the country (geographic location, language(s) spoken, ethnicity) and continues by specifically considering: (1) the **demography of the country**, (2) its **population and family planning policies**, and (3) other **macro indicators** associated with fertility and contraceptive prevalence.

Much of this section is prepared in FPMD's central office using existing survey and census data. Management Assessment teams are provided with most of this information before their assignments. Once in the field, the team updates and/or completes the profile if new or additional information is available.

The country profile provides a general view of the family planning environment in the country. It also considers the role of fertility and/or contraception determinants in explaining recent- and long-term changes. Finally, it provides a basis for assessing the opportunities for, and barriers to, expanding and improving family planning services, and the potential for demographic impact resulting from these interventions.

The country profile outlines the family planning environment

The country profile describes the following topics:

- the population size, trends in population growth;
- the level of fertility and trends in fertility;
- the role of the primary fertility determinants (particularly contraception) in explaining the level of fertility;
- the potential for expanding and improving family planning services;
- the potential for expanding family planning demand by responding to unmet demand, undermet demand, and the needs of potential users;⁵
- the culture and politics of family planning, including the role of population policies, official and public support for family planning, and cultural and other constraints affecting contraception;
- opportunities for providing assistance in management and organizational development.

This first stage of the assessment guides the team in its review of the overall family planning environment. It is the basis for a useful, concise description of the current demographic situation in the country which appears in the Management Assessment report. An important function of this stage of the Management Assessment is to familiarize the FPMD staff and consultants with the country situation so that they can make well-informed recommendations about management and organizational development priorities in the country.

The Family Planning Sector Analysis

The sector analysis analyzes organizations providing services

The Family Planning Sector Analysis identifies the organizations currently providing family planning services by sector (public, private non-profit, and commercial) and analyzes their relative advantages and potential for expansion and sustainability. It also considers their potential for using FPMD's technical assistance.

Sectors Providing Family Planning Services

- (a) *The public sector* includes all public institutions providing family planning services or support and generally responsible for setting standards and policies that directly affect the family planning environment. In most countries the Ministry of Health (MOH) is the major institution providing family planning services in this sector. However, Institutes of Social Security, Ministries of Social Well-Being, Planning, and the Armed Forces, and other public institutions may also be involved in providing or supporting family planning services.
- (b) *The private non-profit sector* includes non-governmental organizations (NGOs) operating under non-profit status. These are generally financed by charitable contributions, government funds, international donor grants, and user fees. While NGOs provide services under regulations established by the MOH, they also are instrumental in influencing government policies and serve as a source of innovation in the expansion of family planning services.
- (c) *The commercial sector* includes those organizations and individuals providing family planning services and supplies on a for-profit basis. The commercial sector in family planning comprises different kinds of providers: (1) private individual health practitioners providing family planning services, (2) private clinics or hospitals providing family planning services, (3) retailers providing commodities for family planning, and (4) product manufacturers and distributors.

For both the public sector and the private non-profit sector, the Management Assessment team is asked to collect key information about each organization (to the extent data are available). In addition to identifying the organization being analyzed by name and by the sector to which it belongs (public or private), the team should collect the following information: number of clients served by the organization, segment of the population served by the organization, number of service delivery sites, number of community workers, strategy for delivering services, policy role, what fees are charged for services, method mix, and source of budget.

The information to be collected regarding the commercial sector includes: its role as a source of contraceptive methods; estimates of the population served by the sector; the role of the sector in the distribution of contraceptive commodities; manufacture of contraceptives in the country; and the role of international donors in increasing retail distribution of contraceptives.

The Organizational and Service Delivery Analysis

The selection of FPMD client organizations should be guided by three criteria:

- its potential impact on the national program;
- the level of institutional commitment in the organization;
- the potential for using the management interventions to improve service delivery.

The Management Assessment identifies counterpart organizations based on their suitability according to these selection criteria and USAID Mission priorities. Identification of organizations to receive FPMD interventions should be guided by their potential for increasing management effectiveness, enhancing sustainability, and improving the quality of services⁶.

Select interventions based on potential for improvement

The organizational analysis encompasses both the process of problem identification and the identification of solutions. "Assessment" is used to refer to the broader exercise of reviewing the family planning environment, the organizations that make up the sector, and the organization(s) with which FPMD will work.

Rationale for Defining Variables and Selecting Indicators

The organizational analysis is based on social science concepts and methods, to assess an organization's current state and to define ways to increase its effectiveness through FPMD assistance. The analysis provides a basis for comparing an organization's current state with a preferred state, and identifies necessary improvements in terms of this new standard. What the improved organization looks like depends on the organizational blueprint that is used for the analysis. The analytic framework and performance indicators presented here should be regarded as a point of departure for further discussion on how to carry out an organizational analysis.

Variables and Performance Indicators

The identified indicators provide the basis for a systematic diagnosis of an organization. These appear in the two tables that follow this section (Tables 2 and 3 on pages 20 and 21). Because the organizations with which FPMD works includes several distinct types, selected indicators vary depending on the organization's sector (i.e., public or private sector) and function (i.e., service delivery, training, policy and coordination). In addition, the selection of performance indicators is viewed as an iterative learning process, allowing for continual revision and improvement of the indicators and the measurement instruments.

Organizational Analysis

The organizational analysis examines four principal features of an organization: mission, strategy, structure, and systems. In addition, the quality of care provided by the service delivery system should be analyzed. Key diagnostic variables and performance indicators for measuring them are identified for each of the four areas. In this discussion, mission and strategy are combined.

Mission and Strategy

Examine the background of the organization

Assessing this feature requires examining the organization's background, mission, or policy⁷, and its strategies or plans. The background section considers the following aspects of the organization:

- Length of time it has been in operation and the growth experienced;
- Description of the circumstances of its emergence, its initial mission and strategies, the key people involved, and their role in the actual operation of the organization; and
- Identification of initial sponsor(s), description of their support, and their current role.

Review the organizational mission

FPMD defines "mission" or "policy" as broad Guidelines providing rationales, setting boundaries, and establishing a framework for goals and objectives. In this section, the Management Assessment focuses on the following:

- Whether the organization has a written mission or policy statement;
- Whether the mission/policy statement includes family planning services as a priority activity, and identifies the target population;
- Shared understanding of the mission/policy by the staff at different levels of the organization; and
- Consistency between mission/policy statement and activities.

Identify the program strategy

"Strategy," in turn, is defined as the approach to achieving objectives or how to address the other programmatic implications of the mission. The section of the Management Assessment on strategy includes:

- Identification of the organization's goals and objectives regarding reproductive health and family planning;
- Whether actual plans allocate resources according to the organization's priorities with respect to its goals and objectives;
- The extent to which strategies for meeting goals and objectives (which typically include service delivery) support activities in both the short and long term.

The organizational analysis concludes with recommendations for management interventions for strengthening the mission and strategy of the organization.

Structure

This section considers the structural aspects of an organization. For the purpose of the Management Assessment, "structure" is defined as the distribution of responsibilities and functions of organizational units, and the interrelationship of these functional units. As a whole, the structure provides a foundation for the organization to implement strategies. This section should provide a brief description of the structure of the organization, including:

Determine the distribution of responsibilities for implementing strategy

- **Organizational structure and the definition of roles**, including an assessment of the relationships between staff members, the participation of staff in setting and reviewing objectives at their respective levels, information flow, and the implementation of activities, including an organizational chart showing units and staff relationships;
- **The nature of organizational decision making**, including the type of leadership, concentration/decentralization of decision making, the existence and operation of feedback mechanisms, and the capacity to manage change, particularly change in leadership;
- **Personnel management**, including the existence and regular use of job descriptions with clear objectives and performance review procedures⁸;
- **Sources of funding**, which is a key indicator of the organization's financial stability;
- **Organization of services⁹**, including the definition of objectives for program subcomponents (e.g., clinical methods, CBD, training); the types of service delivery points; levels for service delivery or principal activity (central, regional/provincial/departmental, local, and community); definition of target populations; annual budgeting for the work plan; technical norms for service implementation (not relevant for non-service delivery organizations).

The structural analysis section should conclude with a specific list of problems that were identified, and recommendations for management interventions to strengthen the structure and its various elements.

Systems

The objective of this section is to describe the operational components of the organization and to assess their complexity, how well they function, and their products. The systems area is important for management interventions, especially those aimed at improving management effectiveness and quality of service.

Assess the complexity, functions, and products of the organization

An organization can be viewed as a system of components that interact to produce results that no one component could produce by itself; these components are the systems. An appropriate methodology for describing these systems is to conduct a simplified systems analysis of the organization. The

analysis should begin with a clear definition of the main objectives of the organization, then continue by looking at the whole organization as a coherent system, breaking it down into key components (or subsystems), describing how these subsystems work, identifying the expected results (outputs, outcomes, and impact) of the system, describing how the subsystems interact, and identifying the limits of the system. (See Figure 2)

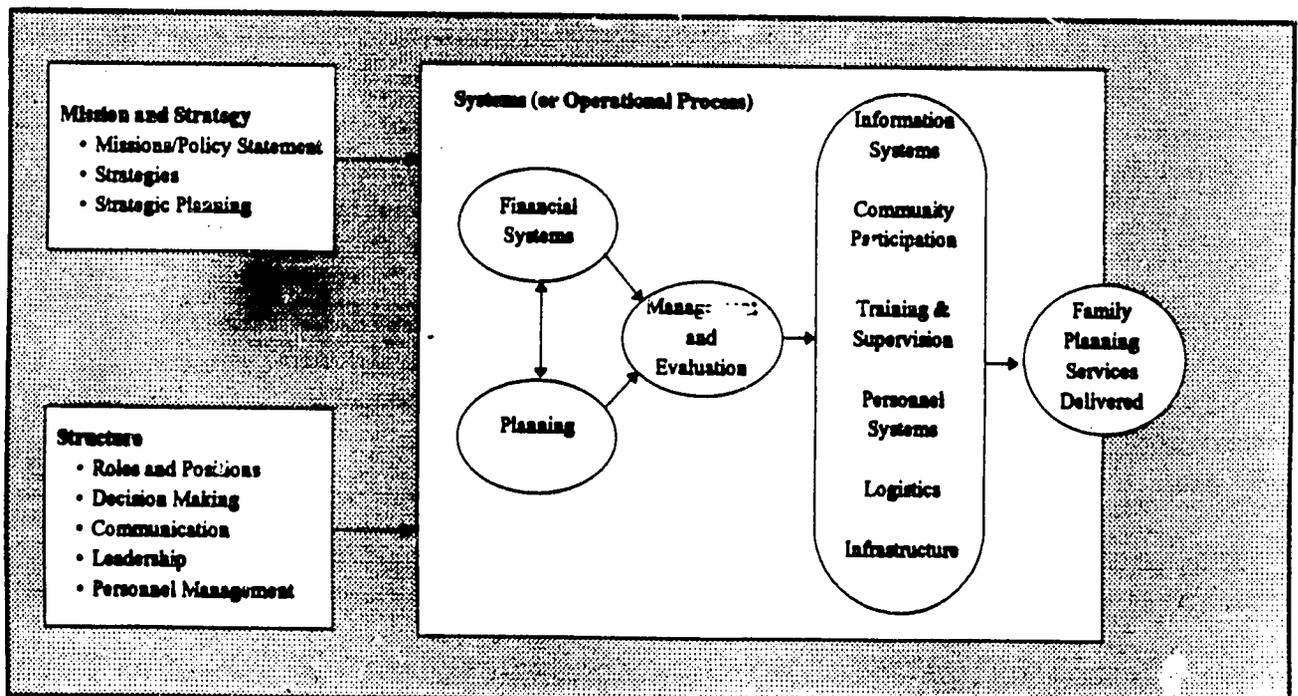
Analyze the organization as a system of interacting components

Example—Service Delivery System Model

The Family Planning Service Delivery System Model describes an *output*—the actual product of the system (measured in terms of family planning services delivered) and an *outcome*—the direct effect of the output (measured in terms of reproductive health status and contraceptive prevalence).

The model below shows the major subsystems and how they relate to one another. This example shows that in order for the system to produce the expected output, it must have professional family planning service providers (personnel subsystem) and these providers should be trained and supervised (training and supervision subsystem). In order to produce the output, the system must have contraceptives (logistics subsystem) and an appropriate environment in which to provide the services (infrastructure and community participation subsystem). To program and monitor the activities, the system must produce and use information (information subsystem). At a higher level, the operation must be managed and evaluated (management subsystem); it also must be well planned and the required resources must be secured (planning and finance subsystems).

Figure 2
A Systematic View of Family Planning Service Delivery



Within the organization, the system (or operational process) is guided by: the organization's mission, which provides the framework for setting goals and objectives; by strategies, which define the approaches to be used to achieve the objectives or to address other programmatic implications of the mission; and by the structure, which defines the rules and responsibilities for implementation. Externally, the entire operation is dependent on existing population and health policies.

A critical aspect of this approach is the inter-relationship of the different subsystems. If these interrelationships are not recognized, the whole system will be unable to perform well. Thus, the upgrading of any given subsystem must always be accompanied by a thorough assessment of the need for support from the other subsystems, as well as of the effects on the rest of the system. This can be best illustrated by an example.

Example—Subsystem Interaction

Nurses employed by a Private Voluntary Organization (PVO) are trained in IUD insertion and counseling so that the PVO will be able to expand its service delivery program. The nurses are trained and then return to their posts ready to begin inserting IUDs. However, if other subsystems are not modified to support them in their new role as IUD providers, they won't be able to use their training effectively. In order to apply their training, the logistics system must ensure that IUDs and the other materials necessary for insertion are available in the clinic in adequate quantities to meet demand. Service facilities should be sanitary and have running water, private examining areas, examination tables, etc. A referral system should be in place to handle side effects and complications arising from IUD insertions; lessons learned from the functioning of the referral system should provide input to future IUD training.

This example illustrates that without the inter-relationship and interaction of the subsystems, trained staff will return to an unchanged environment, thereby inhibiting the outcome of the training inputs.

Systems analysis facilitates the understanding of how an organization works: why and how some given inputs are converted to specific outputs. It is also instrumental in the areas of problem analysis, solution design, and application of interventions.

Systems analysis facilitates the understanding of how a system works

The systems analysis section should end with an assessment of the working of each subsystem and a specific list of problems that were identified. The assessment includes recommendations for management interventions that would strengthen the system and some of its subsystems.

Quality of Service

Interventions should improve quality of care

Improving the quality of service is a key FPMD objective. Therefore, when selecting client organizations and making recommendations for management assistance, FPMD analyzes the potential impact interventions can have on quality of care. This analysis includes both an evaluation of clinic performance and an assessment of the individual client's satisfaction with the services being provided by the organization. As in the case of the organizational analysis, generic guidelines provide a basis for assessing the quality of services (see Table 3). These Guidelines should be adapted to respond to the specific focus of the assessment.

Three key dimensions are considered in measuring and analyzing the quality of services. Jointly, they represent the interaction between the client and the provider.

Keys in Measuring and Analyzing Quality of Service

- *Service system:* how the various subsystems function that support the actual provision of services. It considers the following aspects: accessibility, supply, service conditions, and staffing.
- *Provider effectiveness:* the actual performance of the providers measured against quality assurance standards. This includes technical competence, clinical management, and attitudes toward the target population.
- *Perceived quality:* the client's satisfaction with the service. This considers the client's satisfaction with the clinical service, and the provider interactions, and assesses the result of his or her visit.

Operational definitions of quality control are expected to vary with the service delivery strategy (i.e., clinic-based, community-based, retail) and the sector (i.e., public, private). The setting where the service is provided should always be considered.

Implementing The Management Assessment

Secure commitment from all potential client organizations

The FPMD Management Assessment requires considerable effort; this effort is worth investing only in situations where FPMD is likely to have long-term involvement. For the Management Assessment to be a cost-effective investment, commitments to organizational development activities should be secured from all the major stakeholders prior to initiating the interventions. These stakeholders include national family planning program leaders, the leadership within the client organization(s), and the donor community, particularly USAID. Once these commitments are secured, implementing the

Management Assessment requires carrying out three main tasks: data collection; data processing and analysis; and defining management interventions.

Implementing the Management Assessment begins with developing an understanding of the family planning environment (guided by the **Country Profile**) and the family planning sector (**Sector Analysis**). These two activities help determine which organizations FPMD will work with and what the level of intervention will be; these are the necessary parameters for outlining the third step in the Management Assessment, the organizational analysis. Once inside the organization, FPMD plans and undertakes data collection, data processing and analysis, and defines specific management interventions. A collaborative relationship between members of the client organization and FPMD is vital to the success of intensive and long-term management interventions.

Data Collection

This section responds to the basic questions about how data are collected and by whom, in order to carry out the organizational and service delivery analyses¹⁰.

The initial visit is used to identify key management issues and opportunities for FPMD's role. During the visit, FPMD reviews the different organizations providing family planning services and support, describes their respective roles in the national program, and identifies needs for management assistance. Once FPMD's client organization has been identified and a commitment and funding are secured for a long-term relationship, FPMD uses subsequent visits to carry out a more thorough organizational assessment, which may include collecting the detailed information needed for a complete organizational analysis.

How to collect data

Example--The Family Planning Association of Kenya

In the context of the Family Planning Association of Kenya (FPAK), consider FPMD's definition of sustainability which includes an organization's ability to increase control over its resources. One operational definition of this concept is financial independence with respect to any single funding source. FPMD's activities with FPAK include expanding resources through diversification of the donor base, increasing its resources base, and establishing a working capital fund. The indicators for measuring the level of progress are: the percentage of core operational expenses covered by self-generated income, the size of the working capital fund as a percentage of total budget, and the existence of clearly defined mechanisms that respond to the organization's priorities for negotiating with donors.

Collecting data for the Management Assessment takes place in several phases. Jointly, FPMD and the client organization review and modify the data collection instruments, determine data collection and analysis methodologies, and plan administrative matters. Data collection methodologies include interviews, questionnaires, observations, focus group discussions, analysis of secondary data (e.g. service statistics and financial data), and workshops.

After collecting the baseline data, some interim data should be collected, generally, one year to eighteen months later. Financial and service records provide information on historical trends. Once the data have been collected, they are organized and summarized for analysis. The consultants, with assistance from the client organization, discuss and interpret the data. Finally, during the fifth stage, the consultants present their findings to the donor and the client organizations.

Who collects data

FPMD uses collaborating teams of outside organizational development experts and members of the client organization to carry out the analysis. Members of the client organization are involved through information sharing and interpretation. Their involvement helps secure their commitment to organizational development, and allows for feedback during the management development process.

As in any effort to improve management effectiveness, FPMD believes that the evaluation design and process should be a collaborative undertaking with the client organization. A collaborative approach to evaluation promotes joint ownership of the process and of the results, ensures greater involvement of key staff from the client organization in all aspects of evaluation, and increases the likelihood that the results will be applied to future organizational development efforts.

Data Processing and Analysis

Develop systematic measures of organizational effectiveness

In principle, the procedure for developing systematic measures of organizational effectiveness is identical to developing any kind of measure. After defining the desired state of organizational effectiveness for the specific organization and intervention, specific variables are identified that are considered to be indicative of effectiveness. Each variable is then given an operational definition; if the variable cannot be measured directly, key aspects of the variable are defined that can be measured. Indicators are defined and operationalized and the most relevant and useful ones are then selected.

Several caveats need to be mentioned with reference to the measurement of indicators for organizational development. Using secondary data, while cost-effective, can present problems in interpretation. The data may not have been intended to measure the phenomena that have been identified in the Evaluation Framework. Also, the interpretation of quantitative measures requires reference to relative standards. For example, is an increase from 5 to 10 percent in the percentage of core operational expenses covered by self-generated income by FPAK a poor, modest, or impressive accomplishment?

The interpretation of results is undertaken jointly by FPMD and the client organization. Together they use the results to advise ways to enhance the effectiveness of management assistance and approaches for family planning organizations. FPMD's evaluation activities contribute to the institutionalizing of effective monitoring and evaluation. A joint approach to the evaluation activities proposed here should help family planning managers to define useful indicators, as well as appropriate standards for interpreting changes in those indicators.

Defining Management Indicators

The following tables present two sets of indicators. Table 2 contains indicators selected to describe the organizational/management dimensions of a family planning institution in the public or private sector. In this set, the indicators are expected to measure the performance of 15 significant variables, which characterize the four main organizational dimensions discussed earlier in this document: mission, strategy, structure, and systems.

Define specific indicators for assessing management interventions

Table 3 refers to quality of service. In this case, the set of indicators relates to nine variables, that characterize the dimensions of the service system, provider effectiveness, and client's perception of quality. In these tables, a manager is defined as anyone who is empowered to make decisions about the organization. Leadership capacity is defined as the presence of the following qualities: persuasion, power, and authority.

Using these indicators will help to identify priority areas where assistance is required. They will help in selecting specific interventions, setting objectives, and defining results. Finally, they will also be used to develop the implementation plans and to design the evaluation component.

Table 2

Organizational Diagnostic for NGOs

Dimension	Variable	Indicator
Mission/ Strategy	1. Mission/Policy Statement	1. Existence of a formal statement or policy (written) 2. Awareness on the part of managers of the statement or policy 3. An agreement among managers about the statement or policy 4. Credibility of the statement or policy among managers 5. The Mission/Policy statement facilitates planning
	2. Planning	6. Targets and objectives are set based on performance. 7. Existence of operational and financial plans 8. Mechanism for reviewing objectives
	3. Strategy	9. Explicit rationale for defining activities 10. Strategies for service delivery contribute to mission 11. Strategies for long-term funding sustain mission
Structure	4. Leadership	12. Leadership capacity 13. Regeneration of leadership/leadership is able to survive minor crises 14. Leadership facilitates equilibrium between decision-making and participation by management
	5. Decision-making	15. Decision-making style (autocratic; multi-tiered; consensus-maximizing; informed) 16. Mechanisms for decision-making exist at different levels of the organization
	6. Structure and roles	17. Definition of relationships between different parts of the organization 18. Definition of roles for individual positions 19. Consistency between definition of roles and their practice
	7. Organization for activities/services	20. Definition of client/target population 21. Definition of range of services 22. Mechanisms for accessing external resources
Systems	8. Service delivery systems	23. Establishment of annual targets for each service 24. Mechanisms for monitoring service performance 25. Existence and implementation of service delivery norms and protocols
	9. Community participation	26. Existence of mechanisms for supporting/sustaining community participation 27. Definition of community roles (communities become involved in family planning activities through three roles: (1) partnership between community and organization's FP activities; (2) voluntarism; (3) community as a resource)
	10. Training	28. Planning for training 29. Training objectives based on analysis of service quality 30. Implementation of training activities 31. Follow up of training and relationship to supervision 32. Performance monitoring of new skills 33. Production of materials for training program
	11. Supervision	34. Plan for supervision 35. Implementation of supervisory plan and activities
	12. Financial	36. Financial information system and budget controls exist
	13. Management Information	37. Appropriateness of system (technological complexity is appropriate to support organizational needs and resources) 38. Satisfaction of information needs (timeliness and quality of information)
	14. Logistics	39. Procurement: timeliness; adequacy; existence of standardized procedures; availability of resources 40. Distribution plan 41. Appropriate implementation of distribution plan 42. Existence of a system to monitor commodities
	15. Evaluation	43. Built-in evaluation components 44. Readiness for external evaluation mechanism

Table 3

Quality of Service Indicators

DIMENSION	VARIABLE	INDICATOR
Service System	1. Accessibility 2. Fees 3. Clinic Schedule 4. Inventory 5. Equipment 6. Hygiene 7. Provision of Privacy 8. Basic Utilities 9. Clinical Staff 10. Medical Records 11. Service Statistic	1. Time spent, cost of trip, and distance, hours of operation 2. Amount paid for service 3. Days per week and hours per day services are provided for distribution of selected methods 4. Methods in stock/planned availability 5. Examining table/patients per day 6. Provider washes hands between physical exam of clients, instruments are sterile 7. Examination area: separate rooms; screen; none Counseling areas: separate rooms; screen; none 8. Running water (inside, outside, other) 9. Clinicians per client per day 10. Forms in stock/Forms are designed to collect only necessary data 11. New acceptors by methods
Provider Effectiveness	12. Technical competence 13. Organization of time 14. Personnel management system 15. Cultural and ethnic tolerance 16. Sensitivity to women's issues	12. Screening oral contraceptive users for smoking history, blood pressure, and age 13. Screen IUD users for parity and previous STD 14. Waiting time: difference between first visit and resupply visit 15. Job descriptions 16. Caring and respectful attitudes towards disadvantaged people 17. Helpful and caring attitudes towards women
Client's Perceived Quality	17. Received appropriate information 18. Decision making (client vs. provider) 19. Service received	18. Counseling perceived as useful by client and client can describe most appropriate method 19. Reasons for selecting the method 20. Prescription of appropriate method (or no method) and scheduled appointment or referral

Appendix A Country Profile

A. The Demography of the Country¹¹:

Variable	Indicator	Measurement/Description
Total population, population growth, and spatial distribution	1. Population Size 2. Population Growth 3. Projected Population for the Year 2000 4. Population Doubling Time 5. Population in Urban Areas ¹²	Most Recent Count Rate of Growth in Last Decade (or other designated period) Number In Years $(.67/r)$ As a Percent of the Total Population
Age of the Population	6. Population Under 15 Years of Age	As a Percent of the Total Population
Level of Fertility (latest estimates)	7. National Crude Birth Rate 8. Total Fertility Rate 9. Urban Total Fertility Rate 10. Rural Total Fertility Rate	CBR, Country Level TFR, Country Level TFR, Urban Areas TFR, Rural Areas
Fertility Decline During Last Decade (or other specified period)	11. Percentage of Annual Change in Fertility	$((TFR_{t+n}-TFR_t)/TFR_t/n)$
Contraceptive Prevalence	12. Contraceptive Prevalence for Modern Methods 13. Contraceptive Prevalence for All Methods 14. Urban Contraceptive Prevalence for Modern Methods 15. Rural Contraceptive Prevalence for Modern Methods 16. Estimate of unmet demand 17. Estimate of potential users	Percentage of women of reproductive age using modern method. Percentage of women of reproductive age using any method. CPR for urban women CPR for rural women Percentage of women in reproductive age exposed to conception, not currently using contraceptives, but wanting to start using a method of contraception. Percentage of women in reproductive age exposed to conception, whose actual parity is equal to or higher than the one they desire, and who are not using contraceptives.
Infant Mortality	18. Neonatal Mortality 19. Infant Mortality 20. Child Mortality Rate	IMR (0 to 27 days) IMR (0 to 1 year) CMR (0 to 5 years)
Maternal Mortality and Abortion	21. Maternal Mortality Rate 22. Estimate of Abortion Rate	Maternal deaths per 10,000 live births Abortions per 1,000 pregnancies

Sources: Health and demographic surveys (WFS, DHS and CPS), MOH health service statistics, demographic statistics, other country-specific surveys and statistics, PRB database, UN information system.

Appendix A--Country Profile (continued)

B. Policies for Population and Family Planning

VARIABLE	INDICATOR	MEASUREMENT/DESCRIPTION
Brief History of Family Planning	1. Date of First Programmatic Effort in Family Planning 2. Sector Responsible for Initiating First Effort 3. Level of Current Public Acceptance of FP Practices	Year Public/MOH; public/other; private/NGOs; private/medical community; commercial sector No acceptance; some acceptance in small, select social groups; growing public acceptance; widely accepted
Population Policy	4. Existence of a Government Population Policy Specifically Supporting Reproductive Health and Family Planning 5. Date at which the Active Policy was Issued 6. Policy Defines Allocation of Resources for Family Planning on a Continuing Basis 7. Policy Defines an Implementing Agency	YES/NO Year; YES/NO YES/NO YES/NO
Family Planning Environment	8. Contraceptive Users ¹³ 9. Limits on Access of Contraceptives 10. Program Effort according to USAID Service Division Family Planning Strategy 11. Country according to USAID population strategy 12. Program Effort according to Lapham and Mculdin Framework ¹⁴	Total Number Restricted method/Restriction on providers Emergent/Growth/Consolidation/Maturity Big country/Small country with bilateral project/Small country without bilateral project Strong/Moderate/Weak/Very Weak
Other Political, Education and Communication factors influencing FP Activities	13. Efforts in Information, Education and Communication for Family Planning 14. Role of Major Religious Institutions or Traditional Groups Regarding FP 15. Existence of Nationalistic Movement(s) Promoting High Fertility and Population Growth	YES/NO. If Yes, Focus of Strategy - I, E or C or any combination No role; Doctrine against but inactive; Opposed but not effective; Actively opposed and marginally effective; Actively opposed and very effective in limiting FP services YES/NO
Global assessment of the phase of Family Planning Program Development	16. Phase of family planning development 17. Accessibility to Birth Control 18. Role of management interventions for improving family planning services 19. Prospect for sustainability	Emergent, Growth, Consolidation, Maturity Poor, Moderately available, Quite available Very important, Significant, Marginal Good, Medium, Nil

Sources: Country Reports; Interviews in FP Sectors; USAID Officers; Demographic Survey, (WFS, CPS and DHS); PRB database; UN information system.

Appendix A—Country Profile (continued)

C. Other Macro Variables and Indicators

VARIABLES	INDICATOR	MEASUREMENT/DESCRIPTION
Female Labor Force Participation	1. Working Women 2. Female labor force in the industrial sector 3. Female labor force in the service sector	As a percent of the total labor force As a percent of the total female labor force As a percent of the total female labor force
Women's Education	4. Educational achievement among Women over 18 years of age 5. Women over 18 years of age who read and write	Percentage of women over 18 by Elementary incomplete; Completed elementary; Secondary incomplete; Completed secondary; Higher education As a percentage of total women over 18 years of age
Religion	6. Predominant Religion(s) 7. Proportion of Followers of Major Religions	Name of religion As a percent of total population
Ethnicity (when there is evidence of discrimination or separation patterns)	8. Ethnic Groups	Percentage of population by ethnic group

Sources: Economic and Social Statistics; Country Studies; Census; International Statistics.

Appendix B—Family Planning Sectors Matrix¹⁵

A. Complexity and Size of the Public Sector and NGOs

Sector	Institution	Number of FPCs (A)	Segment Served (B)	Number of Service Delivery Sites (C)	Number of Community Workers (D)	Service Delivery Strategy (E)	Policy Role (F)	Fee-for-Service (G)	Method Mix (H)	Source of Budget (I)
Public	1. Ministry of Health									
	2. Other Ministries									
	3. Armed Forces									
	4. Other									
NGOs	1.									
	2.									
	3.									
	4.									
	5.									

(For an explanation of each column, see page 26)

Codes for Columns (1) to (9) in the Sector Matrix (Appendix B)

- (A) Number of Clients Served (not number of visits) during a year.
- (B) Segment of the Population Served by the Organization: socioeconomic status (high, medium high, medium low, low, marginal); whether the population is served exclusively by one organization; the potential of the population served to pay full fees for services; likelihood of population served to seek alternatives provided by other institutions.
- (C) Number of Service Delivery Sites (clinics).
- (D) Number of Community Workers.
- (E) Typology to characterize "Delivery Strategies" for service delivery for each organization follows.
 - a) Services provided by MOH clinic networks (by health professionals, integrated health services; administered and supervised by centralized management).
 - b) Services provided in clinics, supervised from central office without intermediate health management structure; this model typifies NGOs operations in the private sector and some public-sector organizations.
 - c) Community-based delivery supervised by the MOH, other public sector organizations, or NGOs; this model includes any form of community- or village-worker-based activity.
 - d) Company/organization clinics for employees and their families only.
- (F) Typology to characterize the "role" of the organization in family planning policy making (defining policies, promoting the implementation and/or expansion of family planning services, including rules and regulations related to the expansion or improvement of FP services (women's rights, standards for services, production, provision of services, and advertising).
 - a) Defines rules and regulations and enforces them
 - b) Defines rules but cannot enforce them
 - c) Advocates and indirectly influences formulation of rules and regulations
 - d) Advocates for rules or regulations
 - e) Plays no role
- (G) Typology to characterize fees the organization charges for family planning methods.
 - a) No charge
 - b) Subsidized (token fee)
 - c) Subsidized (marginally subsidized; significant fee)
 - d) Retail charge
- (H) Method Mix: diversity of methods being offered by a particular organization under the assumption that no single contraceptive is appropriate for all users and that the more options, the more the access people will have to contraception:
 - a) All kind of contraceptive methods (including natural methods)
 - b) All modern methods including sterilization services (male and female)
 - c) All modern methods (excluding sterilization)
 - d) Selected modern methods (excluding sterilization)
 - e) One particular modern method (excluding sterilization)
 - f) Only sterilization services (male and female)
 - g) Only traditional (and natural) methods
- (I) Main source(s) of budget
 - a) USAID
 - b) Other international donors
 - c) Government funds
 - d) Fees
 - e) Private donations

Sources: Interviews with organizations' managers and review of records, and demographic survey (WFS, CPS, and DHS)

Appendix B—FP Sectors Matrix (continued)**B. Data Collection Guidelines for the Commercial Sector**

VARIABLE	INDICATOR
Percentage of users using commercial sector as source of contraceptives	<ol style="list-style-type: none"> 1. Number of private health practitioners 2. Number of private clinics/hospitals 3. Number of retailers 4. Commercial sector specific CPR
Commercial sector coverage	<ol style="list-style-type: none"> 5. Percentage of users being served by private practitioners or in private clinics
List of service/retail points	<ol style="list-style-type: none"> 6. Numbers of Clinics 7. Pharmacies/chemists 8. Non-prescription drug stores 9. Place of employment (clinic or other) 10. Market vendors 11. Other
Manufacturing of contraceptives in the country (type and number)	<ol style="list-style-type: none"> 12. Condoms 13. Pills 14. IUD 15. Other
Role of international donors in increasing retail distribution of contraceptives (donation of commodities, technical assistance, advocacy, etc.)	<ol style="list-style-type: none"> 16. A.I.D. participation 17. Other international donors' participation 18. Somarc efforts 19. Other projects' efforts
Existence of network organization facilitating interaction between private practitioners and underserved population	<ol style="list-style-type: none"> 20. Number of organizations 21. Number of practitioners included in the network 22. Estimate of number of clients

Sources: DHS Reports, Interviews of managers and records review (commercial sector's organizations, Somarc, international donors)

Endnotes

- ¹ An early version of this model was developed during the FPMT project. S. Vriesendorp, L. Cobb, S. Helfenbein, J. Levine, and J. Wolff, 1989. "A Framework for Management Development of Family Planning Program Managers. Paper presented at 1989 APHA Meeting, Chicago. This framework describes organizational change. We refer to the Office of Population's strategy, *Family Planning: Preparing for the 21st Century*, to describe population program development.
- ² Sustainability is defined as the ability of an organization to: (1) expand the delivery of uninterrupted and high-quality service, (2) adapt to the environment, and (3) increase its control over resources.
- ³ Within FPMD's framework, management effectiveness is defined as an organization's ability to accomplish its objectives; precise definitions of management effectiveness depend on the stage of the organization's development.
- ⁴ R. Wickham, B. Pillsbury and D. Logan, *The Family Planning Management Training Project: External Interim Evaluation*. Poptech, ISTI, December 1989.
- ⁵ Women at risk of childbearing who desire to control their reproduction but who are not currently using a contraceptive method are described as having an unmet need for family planning. Women who want to control their fertility but are using a contraceptive method that is not well suited to meeting their reproductive aspirations may be described as experiencing undermet need for family planning. Potential users are defined as the women in reproductive age and exposed to the risk of conception, whose actual parity is already equal to or higher than the one they desire or consider ideal, and who are not currently using a contraceptive method.
- ⁶ FPMD follows the Population Council's framework which identifies key characteristics that influence a client's perception of quality of care: (1) choice of methods; (2) information given to clients; (3) technical competence; (4) interpersonal relations; (5) follow-up and continuity mechanisms; and (6) an appropriate constellation of services.
- ⁷ In these Guidelines, we refer to "mission" in the case of NGOs or other private-sector organizations. In the case of public-sector institutions, we refer to "policy." In most instances these two terms can be used interchangeably.
- ⁸ Elements of the organizational analysis may need to be revised depending on the particular organizations.
- ⁹ For non-service organizations, the focus is on the organization of activities, for example, IE&C, advocacy and research.
- ¹⁰ Future documents will describe actual data collection and processing Guidelines (for example, survey design and use of secondary data).

- ¹¹ This section will be prepared in the central office (through the Project's 'Country Profile' PC program). Management Assessment teams will be provided with a computer output describing the demography of the country; once in the field, the team will update and/or complete the profile if new/additional information is available and obtained.
- ¹² A specific indicator regarding rural population is not recorded, since: Rural Population = Total Population – (minus) Urban Population.
- ¹³ The above indicators, 8-11, can be obtained from surveys estimates (DHS) or from service statistics. Please register the source of your figures. If none of the above are available, try to obtain Couple Years of Protection (CYP) as a measure of volume of services for each sector and the total from service statistics or sale records.
- ¹⁴ R.J. Lapham and W.P. Mauldin. "Contraceptive Prevalence: The Influence of Organized Family Planning Programs" in *Studies in Family Planning* 16:3, 1985.
- ¹⁵ Information for each organization (starting with those belonging to the public sector) must be entered separately by using one line per organization. For each organization, information concerning nine variables must be collected. Instruction and Codes (for each variable) to facilitate the recording of the data are provided in the next page.