CONSULTANTS' REPORT

THE ADMINISTRATION AND EVALUATION OF JAMAICAN NATIONAL FAMILY PLANNING BOARD ACTIVITIES

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PREFACE

In its continuing quest to improve the living conditions of the Jamaican people, the government of Jamaica has instituted a variety of social and economic programs. One of these efforts, the National Family Planning Program, has received a major commitment of governmental support. Evidence of this deep commitment is confirmed by the action taken in 1967 by the Jamaican government in establishing a Provisional Family Planning Board. This action culminated in the creation of a statutory body, The National Family Planning Board in October 1970. Further, the Jamaican government has provided funds to permit the development of a large scale family planning program, has arranged for assistance from the United States government, and has recruited a most dedicated and highly competent staff to conduct the family planning effort.

The National Family Planning Board has been ". . . charged with the responsibility of coordinating and executing a massive program for the spread of information and the provision of family planning services in keeping with the Government's declared policy statement."*

In vigorously pursuing its objectives, the National Family Planning Board has rapidly developed an extensive program of clinical and educational services for each parish. In developing a productive relationship with the University of the West Indies, the United States Government and the University of Pittsburgh, the Board has obtained consultation and support in specialized areas. However, the management of the Board has established the sound policy of employing Jamaican resources when these exist and developing them when they are not available locally.

The staff of the National Family Planning Board is aware that failure to achieve its objectives will have serious consequences for the citizens of Jamaica. However, there is every reason to believe that the objectives of the family planning program will be achieved inasmuch as the Jamaican program, in its present form, appears to be among the finest in the world.

* A Handbook of the Social Services of Jamaica, combined and published by the Council of Voluntary Social Services, August, 1968.

The recommendations contained in this report should serve to support and supplement the many sound organizational decisions which the Board officers have recently made. As such, it is hoped that these recommendations will contribute to the continued rational evolution of the Family Planning Program.

The authors further hope that this report will contribute in some way to the excellent work being conducted by Mr. Alton Wilson and Dr. Lee Husting which has provided the foundation from which the recommendations contained in this report derive.

We close these prefatory remarks with a personal note. It is impossible for us to adequately express our appreciation to the staff of the National Family Planning Board for their cooperation and hospitality during our stay in Kingston. Our deep respect and continuing emotional and intellectual support are sincerely granted to each of them, but are admittedly inadequate as an expression of gratitude.

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I. ADMINISTRATIVE ORGANIZATION

A. Background Comments on Administrative Organization

The Government of Jamaica has for a number of years, been deeply concerned about the problems associated with an ever-expanding population. This concern has led to aggressive Governmental action in the hope that the problems associated with rapid population growth can be alleviated.

The first action taken by the Jamaican Government in response to the problem of rapid population expansion involved the establishment of a Family Planning Unit within the Ministry of Health. However, it became apparent that unless a much more concentrated effort was made, the family planning program would not be successful.

Therefore, in 1967 the Parliament created a semi-autonomous provisional Family Planning Board, to organize and conduct a national family planning program. This Board was established as a statutory body in October 1970. In the beginning the Board had very limited resources, but they were rapidly expanded. Although the number changes from time to time as clinics are combined, discontinued or added, a peak number of 194 Family Planning Clinics has been established throughout the country. Three of these clinics were inherited from, and continue to be operated by, the Jamaica Family Planning Association, a voluntary agency. Most of the clinics operate on a sessional basis. The sessions may vary from one or two half days or full days a week to one half day a month. Wherever possible, the clinics are established in existing facilities of the Ministry of Health.

The Family Planning Clinics have been conducted by physicians, nurses, midwives, and clerks and this staff is usually recruited from among those people already working for the Ministry of Health in a general health capacity. These personnel are paid an additional sum of money per session to compensate them for their work in the family planning program.

The Medical Officers of Health (M.O.H.'s) in the twelve parishes outside the Kingston-St. Andrews Corporation have responsibility for the operation of the Family Planning Clinics in the parishes in that all communications and reports are routed through them and can be reviewed and commented upon by them (although in fact, communications are often forwarded by the M.O.H.'s without

comment). Some of the M.O.H.'s participate in the clinics as physicians, as do other physicians who may be either in private practice or working in the Ministry of Health. In the case of the M.O.H., the sessional work is considered part of his duties for which he receives an increased annual stipend. Other physicians receive a fee per session.

The Parish Nurse, who is the Senior Public Health Nurse in each parish, has been responsible for the overall nursing aspects of the Family Planning Clinics. In her regular public health duties she has related to the Bureau of Nursing in the Ministry of Health in Kingston for nursing matters, and to the Medical Officer of Health in her own parish for administrative and medical matters. She has followed this reporting relationship in family planning matters as well because of her own, and the Medical Officers' dual responsibility. In addition, she has related to other employees, both sessional and full-time, of the National Family Planning Board. These nursing relationships were modified late in 1971 as described below.

Each parish has also had a Family Planning Education Officer who is an employee of the National Family Planning Board. These officers have been responsible for conducting classes or group sessions for acceptors in the clinics, as well as carrying on informational activity and soliciting support among organizations within the parishes. The Family Planning Education Officers have had the resources of the Ministry of Health to support them in several ways. These include assistance in such matters as the preparation of graphic and educational matter, visual aids, etc. Also, the parish Family Planning Education Officers have received technical supervision from Health Education staff within the Bureau of Health Education in the Ministry of Health.

We have presented above a very brief sketch of the field organization structure of the National Family Planning Board as it existed until the summer of 1971. This organizational structure could be viewed as adequate for short intensive campaigns such as those the Government conducted successfully against malaria and yaws. The structure as it existed also could have been adequate to carry out a variety of services on a long run but routine basis. What it did not seem well designed to do is to conduct an intensive national drive, sustained over a number of years, to bring about a basic change in the rate of population expansion.

If the target is a substantial reduction in the birth rate, it cannot be reached without strong central direction; to this end some organizational changes have recently been made by the Board. The resulting increased emphasis on self-sufficiency has led some observers to comment that the Family Planning Board was trying to "go it alone". However, it is clear that this is an exaggeration. The present Board leadership recognizes that it is neither possible nor desirable for the Board to act in a vacuum, as it must make use of every available national, local governmental and voluntary resource, if it is to accomplish its objectives. However, the administration of the Board has accurately surmised that even with the best intentions the great network of influences required to achieve the stated program goals cannot be coordinated into an effective effort without strong central leadership.

I. Recent Organizational Changes

The consultants were impressed with the soundness of a number of administrative decisions which have recently been made by the management of the National Family Planning Board. These decisions are briefly reviewed below as a basis for our recommendations, which in most cases serve as mere refinements or supplements to existing administrative patterns.

The Board has recently established a number of additional administrative positions at various administrative levels in the central office, as described below, and as a result is better able to coordinate family planning program activities in the parishes.

The present Executive Chairman combines the functions of Chairman and Executive Director of the National Family Planning Board. He has added to his staff a physician who serves as Medical Director, a Public Relations Officer, a Training Officer, and a Communications Media Officer.

Heretofore, those duties which are to be performed by the Public Relations Officer, the Training Officer, and the Communications Media Officer were among the many tasks formerly assigned to the Programme Officer. The Programme Officer's main responsibility is the planning and coordination of the educational and motivational aspects of the various Board programs. The present Programme Officer is highly experienced having served with the Family Planning Unit when it was first established in the Ministry of Health. Prior to that she had a long history of voluntary activity in the field of family planning.

The Secretary of the National Family Planning Board has been a full-time employee of the Board since its inception. He is responsible for accounts, personnel, storage and supplies, and the registry. The department heads responsible for these various activities report to him. However, his responsibility is broader than is implied by this description as he has general administrative responsibilities in relation to the technical aspects of the program. For example, he becomes involved in program planning at the stage when financial and personnel considerations are introduced in discussions of new plans or modification of existing programs.

In the central office in Kingston, two nurses have been supervising the Family Planning Clinics throughout the entire island. These two officers have been visiting each clinic on the island either routinely or to resolve special problems. A third nurse is on educational leave in the United States. When she returns three nurses will serve to oversee the operation of all the Family Planning Clinics.

Two new Assistant Family Planning Education Officers have been recruited for each parish and are presently being trained. Plans have been made and recruitment is in process for the addition of a Parish Clinic Officer in each parish who will be a nurse. The Parish Clinic Officer will have general responsibility for all clinics located within the Parish. Full-time clinics will be in operation in ten of the parishes and these full-time clinics will be staffed by a team consisting of the Parish Clinic Nurse, a Clinic Nurse, and possibly a Midwife and a clerk/receptionist. This staff will work under the administrative supervision of the M.O.H.

Understaffing of the National Family Planning Board operations in the field locations, and perhaps a more serious understaffing of the health programs in the parishes, made it essential that the efforts of an inadequate number of physicians be supplemented. Therefore, the Board intends to train nurses to perform several functions which have traditionally been carried out exclusively by physicians.

The administration has prepared an organization chart which is circular in nature and without the usual lines indicating hierarchical connections and lines of communication. The circular arrangement was designed to accomplish two objectives. First, blocked decisions may be avoided by giving leading

officers alternate routes of seeking a decision. Second, it is intended to facilitate communication and coordination among the top officers so that everyone has sufficient information about the activities of others to make his own decision intelligently. This new organizational arrangement is clear enough as a general declaration of intention, but it has created a degree of uncertainty among some of the officers as they attempt to learn how to work within the new organizational pattern.

This very brief background material is only detailed enough to make ensuing recommendations intelligible. Therefore, under each recommendation or suggestion further explanation may be needed. In any event, it should be clear that the recommendations which follow are for the consideration of the management of the National Family Planning Board, and in many cases, are quite tentative. To the extent that they are useful, at least in provoking thought, the consultants will be satisfied.

B. Recommendations for Administrative Organization

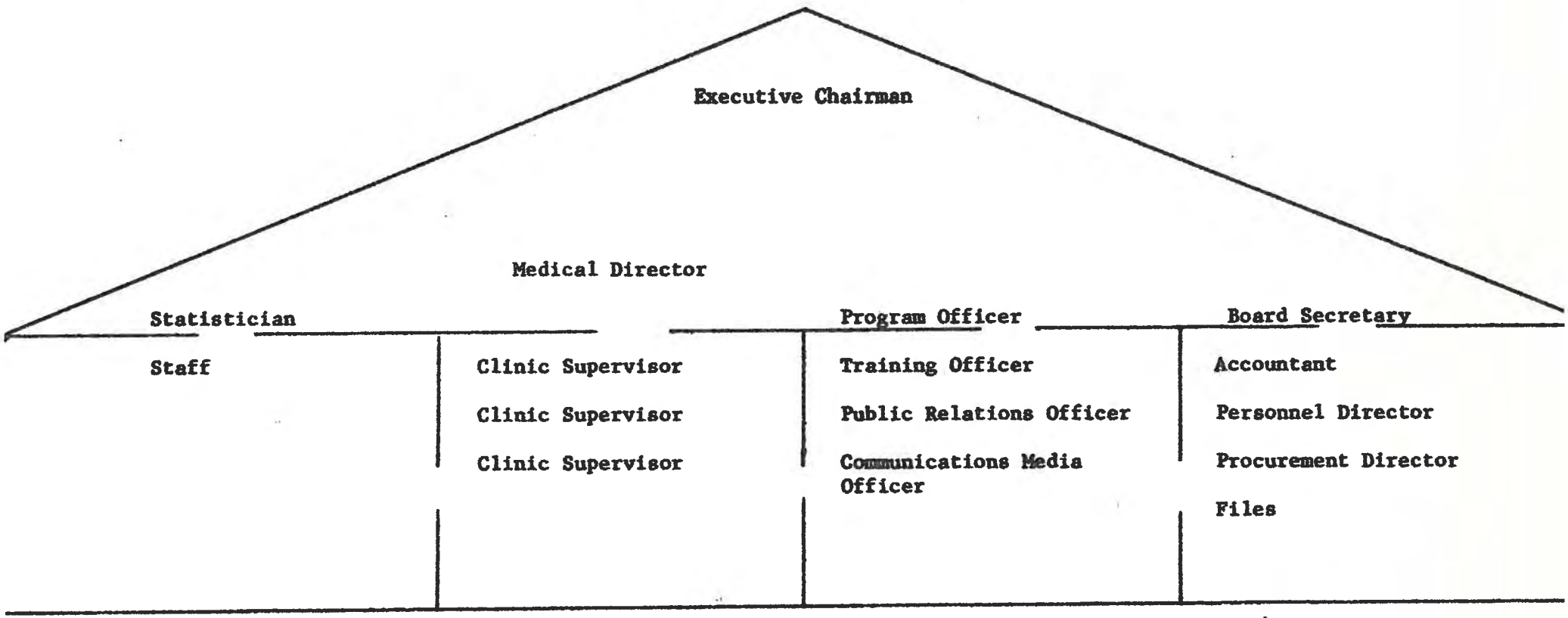
1. Decision Making and Management Groups

Wherever possible, management decisions should be made by top management groups. These management groups should be established in a way that facilitates communications continuously among the executives. The following chart indicates a way in which the management teams might be structured. (Refer to Figure 1). If at all possible, the group concept could be carried out to the level of the clerks in the Family Planning Clinics in the parishes. The format outlined in Figure 1 is drawn according to the conceptions of Rensis Likert and his group at the University of Michigan. If Likert's recommendations can be met, he would call this "participative management". Essential to this concept is that the group makes the decisions, but the group leader retains the responsibility for them. One advantage of this arrangement is that the creation of interlocking management teams introduces some structure into the organization while at the same time a flexible administrative design is maintained.

The Public Relations Officer was included within the Programme Officer's team. However, in the interest of effective functioning, we must allow the chart to become somewhat asymmetrical in this case, because on many occasions the Public Relations Officer must be able to communicate directly with the

FIGURE 1

National Family Planning Board



Executive Chairman. We believe that the Public Relations Officer will be able to function comfortably under this dual relationship.

It would be beneficial if participative management can be achieved to some extent in the suggested management groups. However, even if in many instances the group members do not have the opportunity to participate in making specific decisions, they should be consulted to the fullest extent possible prior to the time decisions are actually made.

If the recommendations concerning management groups should be implemented, it is to be noted that there are only three steps to be taken in transmitting information between the Executive Chairman and the clerk in the sessional clinic. (Executive Chairman, Medical Director, Parish Clinic Nurse, Clerk). Each piece of information may be rapidly conveyed verbally, although it might be reinforced by written memo if desired.

2. Organization for Evaluation

At the present time, three committees have been designed which could conduct program evaluation. The first of these is the "Board Committee on Evaluation" composed of members of the Board of Directors. The second is the "On-Going Evaluation Committee" headed by the Programme Officer and consisting of: a) Statistician, b) Supervisor of Clinics, c) Communications Media Officer, d) Training Officer, and e) Public Relations Officer.

The third committee which has an evaluation function is the "Research and Special Evaluation Committee" whose members include: a) Executive Chairman, b) Medical Director, c) Dr. Karl Smith (University of the West Indies), d) appropriate Board Officers to be designated, and e) Officers from International Agencies to be designated. We suggest the following changes in the structure and operation of these committees.

The "Board Committee on Evaluation" should consider its function to interpret findings of program evaluations to the rest of the Board members. In this capacity, it would review evaluative material and translate it into terms that are meaningful to the Board in connection with its policy-making responsibilities. It might be possible to eliminate this committee if the other two evaluation committees continue to exist in some form. However, if the committee is eliminated, the Executive Chairman should take the responsibility of interpreting evaluation results to his Board Members.

The present "Research and Special Evaluation Committee" should be renamed "Planning Committee" and operate as such since its task as specified in Annexure I of the Executive Chairman's draft on organizational matters is stated as follows: "Will from time to time determine priorities, review progress, analyze findings, and utilize, where necessary, these findings toward on-going and new programs." Very little has to be added to make this explicitly a planning committee. We think that such a planning committee is needed in any institution or agency.

We would suggest the following changes in the structure of the "On-Going Evaluation Committee":

(a) The Communications Media Officer, the Training Officer, and the Public Relations Officer should not be members of this committee.

(b) The Chairman of this committee (Programme Officer) should be added as a member of the suggested "Planning Committee" (now Research and Special Evaluation Committee) so as to form a communications link between these two groups.

(c) Dr. Lee Husting of the Department of Social and Preventive Medicine of the Medical School at the University of the West Indies would be a very useful addition to the "On-Going Evaluation Committee". In addition to being able to offer expert research advice and assistance, his presence would furnish an important informal communications link because his colleague, Dr. Karl Smith is a member of the Research and Special Evaluation ("Planning") Committee and is an invited member of the "Board Committee on Evaluation" as well.

(d) The Statistician could be named co-chairman of the "On-Going Evaluation Committee" in view of the critical role she performs in the compilation and analysis of program statistics.

Detailed suggestions for the conduct of evaluation activities are presented in Section II of this report.

3. Communications and Team Relationships

If the interlocking management team concept outlined above is either not feasible or not desirable, the Evaluation Planning Committee structure which we have suggested would resolve most communication problems at the top administrative levels. However, some people would be eliminated, because some functions are being discontinued.

There should, therefore, be an Education-Information-Communication Team Committee established which would contain as its members at least the Programme Officer, the Public Relations Officer, the Training Officer, and the Communications Media Officer. One or two members outside the Board might be considered for membership on this Committee as well. They are the Director of the Bureau of Health Education in the Ministry of Health, and the Health Educator in the Department of Social and Preventive Medicine, University of the West Indies.

It should be noted that the Education-Information-Communication Committee is separate from the Evaluation-Planning network except that the Programme Officer would be a member of both groups. It should also be stated here that the support functions of the Board Secretary should be formally separated from the Evaluation-Planning network. A diagram of the Evaluation-Planning Relationships is presented in Figure 2.

A more conventional method of drawing the suggested management relationships, ignoring committee structures, is perhaps the working model that the staff actually has in mind. However, we strongly endorse the Executive Chairman's feeling that the conventional rigid hierarchical chart should not be used operationally within the agency. Just in case, however, the prior discussion of management groups and Evaluation-Planning Committees has left this document unclear, we have added a simplified version of a traditional organizational chart. (Refer to Figure 3)

4. Records, Forms and Procedures

The following suggestions may be helpful in making changes that would improve record keeping in the parishes. Some of these suggestions will be discussed later in this report in other connections.

(a) Wherever the sessional clinic is located in a Ministry of Health General Medical Building, the family planning records and the health records could be combined. In this way, the Clinic Nurse and clerk would always have available to them the family planning record to note visits outside of sessional hours by acceptors, and supplies issued to them. At the present time in some clinics the records are filed by identification number. If a client comes to the clinic without an identification card, locating her record is a difficult task and could lead to under-reporting.

(b) Alternately or in clinics located in other buildings, a simple mimeograph form could be made available to the nurse and clerk. On it they could accumulate visits and supplies issued for the period of time between sessions.

Figure 2

EVALUATION-PLANNING RELATIONSHIP

Board Evaluation Committee

Dr. G. W. Roberts, U. W. I., Chairman

Board Members

Dr. Karl Smith, U. W. I., Member

Planning Committee

(Now known as Research & Special Evaluation)

Executive Chairman	Board Members
Medical Director	Agency Members
Dr. Karl Smith, U. W. I.	Programme Officer

Evaluation Committee

Programme Officer
Statistician
] Co-Chairmen

Supervisor of Clinics

Dr. Lee Husting, U. W. I.

Education-Information-Communication Committee

Programme Officer

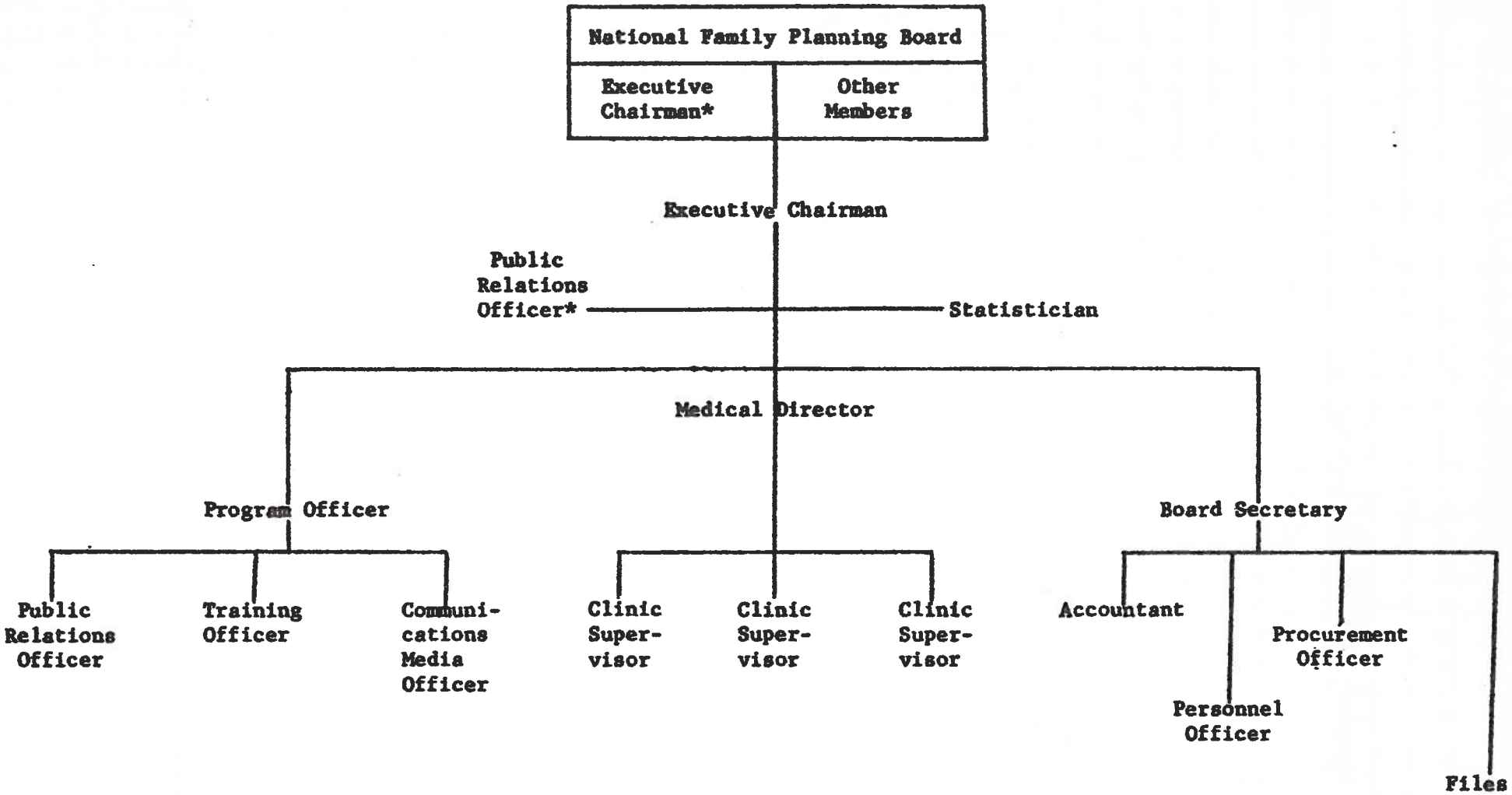
Public Relations Officer

Communications Media Officer

Training Officer

FIGURE 3

FORMAL ORGANIZATIONAL CHART



*The Positions, Executive Chairman and Public Relations Officer, appear in two locations on this chart because the functions related to them imply dual responsibility and supervision.

(c) The proposed Ministry of Health National Identification Card can be incorporated into the family planning system. If this is accomplished, maximum use should be made of the automatic printing features of the card in recording clinic visits.

(d) There is good reason to believe that many acceptors do not return to the clinics after the first visit because they continue to purchase the supplies prescribed from retail pharmacies. To the extent that this is true, the number of acceptors who continue in family planning may be very substantially under-reported. If it were possible to arrange for the retail pharmacies to use the National Health Card to record sales of contraceptives, it would be possible to incorporate these data in the family planning reporting system. Some powerful inducement might be given to the acceptors to use the card, for example, a fifty percent discount in the price they pay for supplies. We are aware that such an arrangement with pharmacies has many other implications, but we are attending at this point only to the statistical requirements.

(e) A book of coupons with the patient's identification information on each coupon, good for a certain amount and type of supply, could be used to obtain supplies in either a clinic or a pharmacy. However, the coupons would probably not be needed if the health identification card is implemented.

All aspects of clinic operations would be improved if the layout of the clinic afforded privacy for the conduct of interviews, counseling, and dispensing supplies. In many cases this would simply involve rearranging furniture.

Unfortunately, although the consultants had a very pleasant and informative interview with the Board Secretary, we did not have sufficient time to review in detail the operations of his immediate subordinates. It is quite possible that this staff has problems with which we did not become familiar. If it were possible to look at this aspect of the operation at a later date, this would probably be useful. However, it seems to us that in matters related to the refinement of office procedures, the training of clerical workers, records management and other related tasks the Board would probably benefit from the advice and consultation of one of the larger local industries. These organizations have highly trained office manpower and should be willing to review office management procedures and make recommendations without charging a fee for consultation.

At the present time a handbook, containing the administrative procedures of the National Family Planning Board is being prepared by the Board Secretary. This will be a most useful document and should be carefully reviewed by all staff.

5. Management--Executive Chairman

In reviewing the headquarters' organization, it appeared to the consultants that an executive gap exists between the Executive Chairman and the remainder of the organization. The Executive Chairman will be required more and more to devote his energies to strengthening and cultivating the governmental and voluntary relationships needed for the success of the program and assuming a role of national leadership in the Family Planning Program. As these demands upon his time increase he will find it difficult to attend to the details of managing the internal operations of the organization.

If a suitably experienced Jamaican candidate could be found to assume the position of assistant or deputy, the Executive Chairman's skills and demonstrated abilities could be used in the performance of the coordinating functions mentioned above and other broader administrative tasks. It is felt that this move should be delayed for a period of time until the Executive Chairman becomes more identified as the Executive by his staff. If some delay in recruiting an assistant or deputy is considered desirable or if an acceptable candidate cannot be quickly located, we suggest another possible course of action.

The Central Office of the NFPB would be an excellent place for an administrative preceptorship which would involve a one year commitment for an individual student. The student would probably be well received throughout the organization and therefore would have freedom of movement. He could devote his time to the resolution of three or four major (or five or six minor) administrative problems.

It would be most desirable if the student intern was a Jamaican graduate student in an appropriate management training program. Another possibility, although less desirable, would be a student in one of the administrative oriented programs in the Graduate School of Public Health, University of Pittsburgh. The graduate programs in Public and International Affairs, Social Work, and Business are additional possibilities.

6. Relations with Health Ministry Educational Program

The overall supervision by the Health Ministry of the Family Planning Education Officers would seem to lead to a real division in their minds as to

whose leadership they were to follow in performing their jobs. We had thought of suggesting that the responsible education officer, while remaining on the payroll of the Ministry of Health, be assigned to the Board and be physically located in the headquarters of the National Family Planning Board, thus promoting better planning, communication and coordination. However, when we learned that four Health Education Field Officers within the Ministry were involved, the solution became somewhat more complicated. The specific resolution which is finally reached should be an arrangement which facilitates and encourages exchange between the Board educational staff and the staff of the Ministry, and which facilitates the use of common resources.

The technical support to the educational effort in the form of writing, art layout work, audio-visual aids, etc. must, in the interests of economy, remain in the Ministry of Health. Further, the Ministry should furnish services to the Director of Communications, the Public Relations Officer, and the Director of Manpower and Development as well as the Family Planning Education Officers.

C. External Relations

We conclude Part I of this report with a few brief comments about certain external relations of the National Family Planning Board. The first of these (although not completely external) is the relation to Ministry of Health. It is probable that after an intensive semi-autonomous program for a number of years it will be desirable to reintegrate the family planning activities with general health activities. In view of this possibility, steps should not be taken at present which could make reintegration difficult. This is particularly important because the cooperation of Ministry of Health personnel can significantly contribute to the success of the Family Planning Program. Suggested below are some ongoing, projected, or possible elements that could possibly lay the foundation for future integration. These are merely illustrative of a great range of possibilities.

(a) The universal health card with unique identification number.

(b) The adequate reporting of non-sessional family planning visits by Ministry of Health personnel.

(c) The unified case record where the setting is in a health clinic.

(d) Incorporation of the family planning activity wherever possible in on-going Maternal and Child Health Clinics.

(e) The training of Health Ministry personnel in family planning by the Family Planning Board staff.

(f) The use of the technical resources of the Bureau of Health Education.

(g) A program to establish some sort of family planning service, however minimal, in every hospital in the country.

A most important set of external relations apply to the Jamaican Family Planning Association.

(a) In the short run an agreement about the respective roles of the voluntary and public agencies, minimal enough to cover the proposed saturation experiment in East and West Kingston, should be achieved. The respective roles of the two agencies in this experiment should be defined.*

(b) For the long run it would seem that a great many further conversations free of time pressures will be needed before mutual understanding of roles is complete. However, the experience of working together in the saturation program should form the basis for further role clarification.

Relations between the National Family Planning Board and the University of the West Indies appear to be highly significant in the areas of research and training. The University of Pittsburgh program should continue to provide assistance in strengthening this relationship, primarily by assisting in the development of Jamaican resources. In the future such assistance will be offered in numerous ways which could include bringing Jamaicans to Pittsburgh to train them in the practical applications of data processing and statistical analysis using data which will be brought directly to Pittsburgh from Jamaica. This would help alleviate an apparently critical shortage of research technician-research assistant level personnel in Jamaica who are well trained in basic statistics and data processing.

*It would not seem fruitful to set target rates for the demonstration by which success is to be measured. The implicit target is 100% of the eligible women as acceptors and the ultimate aim is to discover what percent of the total target population can be successfully reached by an all out drive. The usefulness of the demonstration can be decided on the basis of what the effort yields. If this mark is high enough, of course, the extension of such drives to other parts of Kingston and Jamaica might be well justified.

II. PROGRAM EVALUATION

A. Basic Principles and Assumptions of Program Evaluation

A comprehensive evaluation program is one which provides information concerning the extent to which all major program objectives are being met. It indicates in detail, areas in which the program is working smoothly and areas in which it is not. The evaluation program provides the basis for both short range and long range planning and day-to-day management, and as such, is an essential administrative task.

Although evaluation is a vital administrative function, it is often neglected by administrators for several reasons. Sound evaluative designs are difficult to create, and few are totally adequate to accomplish complete evaluation. To obtain even minimally valid and reliable information concerning program activities requires a significant investment of organizational resources to regularly and systematically collect information about major aspects of the program, and commitment on the part of personnel to make this information system work.

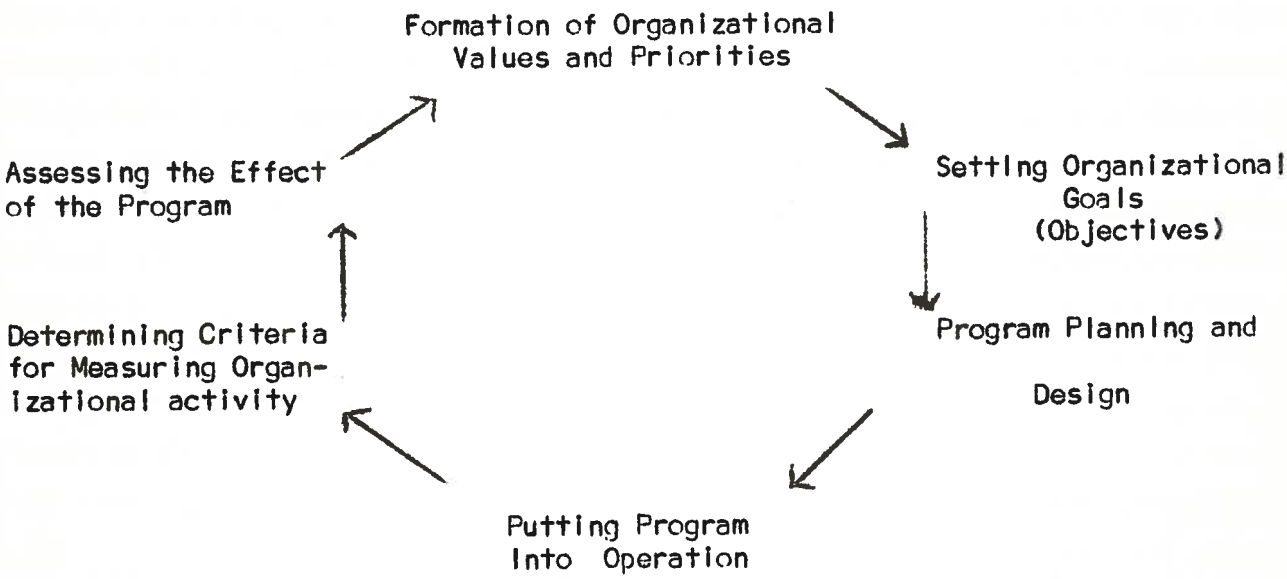
Evaluative data, once gathered, are often not used by management for a number of reasons. Evaluative reports are often prepared in a form which makes interpretation by administrators extremely difficult. Some evaluations are conducted entirely by personnel who are members of the organization being evaluated, and the evaluative report is therefore likely to lack sufficient objectivity. Other evaluative reports are prepared entirely by outsiders to the organization. These are typically short-term evaluations and are often deficient in that the evaluators do not have the time to obtain the in depth understanding required for adequate evaluation.

This discussion of an evaluative system for the National Family Planning Board is based upon a number of assumptions. First of all, evaluation must be directed to the measurement of all major program goals and functions. This requires a comprehensive design which relates all evaluation activities in a coordinated evaluation system. Second, evaluation is based upon research, and evaluation research should meet the standards and criteria of all scientific research. Third, evaluation should have inputs from both within the organization, and from "outsiders" to the organization. This blending of inputs will accomplish two purposes: the objectivity of the evaluation report should be increased as a result

of the participation of individuals who are not members of the organization, and it will assure that the evaluation report is enlightened by the in depth knowledge of those who are members of the organization. Fourth, evaluation must incorporate both qualitative and quantitative data. Quantitative data must be systematically obtained concerning all major aspects of program operation when possible. Quantitative data, however, must be supplemented with judgment and impressions, systematically obtained, from those who are knowledgeable about the operation of the program. Finally, evaluation is viewed as a dynamic process which should be an integral part of the management of an organization. The relationship of evaluation to other aspects of management is graphically portrayed below:

Figure 4

EVALUATION PROCESS*



In this view, evaluation is thought of as a process which measures the extent to which program objectives are being met, and provides for meaningful

*Adapted from: Suchman, Edward, Evaluative Research, Russell Sage Foundation, New York, 1967, p. 34.

feedback to management. This evaluation information is used to determine how well each part of the organization is working and forms the basis for the modification of program goals and basic organization values. Evaluation, thus, contributes to both short-term management and short-range and long-range program planning.

One additional comment about the purpose of evaluation research deserves emphasis. Program evaluation focuses upon the response of an organization to a problem which the organization, as a unit, is attempting to ameliorate. Program evaluation is therefore quite different from the efficiency rating of personnel in which the focus is upon how well an individual is or is not performing.

We are not, in this report, presenting a method by which the efficiency of any individual may be assessed. We are shifting our attention to the total organization and the major sub-units within it.

For example, a review of computer data about a particular clinic may reveal that a great reduction in service has occurred. This reduction, most likely, will not be related to the efficiency of the personnel who operate the clinic, and program evaluation is not designed to measure their efficiency. Rather, we expect that reductions in clinic service are normally caused by certain unusually difficult conditions under which the clinic operates, or the overall organization or location of the clinic. To carry the example one step further, program evaluation should be used by staff to analyze the problems which the clinic personnel may be facing and determine ways in which clinic personnel may be assisted.

The evaluation focus is thus not on the individual but upon the various Board sub-units and their relation to the people they are serving. It is a "positive" tool to be used by staff to improve program performance and service to clients.

B. Review of Present Organization for Evaluation and Suggested Revisions

As pointed out above in detail (refer to Section I, B.2), three committees have been designed to conduct evaluation. The existence of three committees which have evaluation as their purpose has created some confusion of effort. This confusion is a direct result of the existence of three evaluative committees, and is not related to the commitment or personalities of those individuals who are members of each committee. It is expected that increased confusion and conflict will develop under the existing committee structure and therefore we propose above several changes in the organization of evaluation activities.

If the "On-Going Evaluation Committee" is reconstituted as we have suggested above, it will continue to develop and refine the program evaluation system. Specifically, its activities would consist of the following:

1) Reports of all program activities should be reviewed and analyzed. These reports would be revised if necessary by the program committee, or their format changed in order to make them more usable by administration.

2) All operational (program research) should be planned, reviewed, and approved by this committee. This approval would consist of a review of the research design, the data gathering instruments, and the final report.

3) The evaluation committee should prepare a quarterly report for the Executive Chairman. The content of this report is suggested below:

The rationale for revising the "On-Going Evaluation Committee" and assigning to it the task of directing and reporting all evaluation activities derives from the basic assumptions which we outlined at the start of this section of the report.* The suggested evaluation committee is composed of those individuals who are responsible for the major program activities; their involvement in evaluation should, among other things, prevent superficial interpretation of evaluation reports. In addition, the suggested University representation will bring expertise in social research and additional resources required for research design, data collection and analysis. Also the participation of an "outsider" in the evaluation effort should enhance the objectivity of the evaluative program. Finally, we expect that the involvement of the top administrators in all aspects of the evaluation activity will increase the probability that the evaluation will be comprehensive and that the data will be used to make management decisions.

C. Scope and Inter-relation of Program Evaluation Activities

In this section we would like to discuss the full range of activities required for evaluation of the National Family Planning Board, and consider the relationships among these evaluation activities. The National Family Planning Board is presently engaged in five major activities. These are:

1) Delivery of clinical services (full-time, part-time and mobile).

*The effect of this reorganization upon communication among staff members has been discussed in detail in the first section of this report and will not be reviewed here.

2) The provision of educational services which would include the activities of the Family Planning Educators, and the mass media campaign.

3) The development and training of personnel who work for the National Family Planning Board.

4) Special research and demonstration projects and planning for short-term and long-range evaluation.

5) Administrative support for the major activities of the National Family Planning Board. These administrative functions include the procurement and delivery of supplies, personnel recruitment and management, and budgeting and accounting functions.

It is important to consider all evaluation activities and research as parts of a total evaluation system. The activities and research to which we are referring consist of the following:

1) Data about the operation of the Family Planning Clinics.

2) Data describing the efforts of the Family Planning Educators and other aspects of the educational effort including the mass media campaign evaluation.

3) Population research such as KAP studies and basic demographic research.

4) Special one time studies to measure the effects of new techniques or approaches to the delivery of services and personnel evaluations.

5) Accounting data which provides information concerning costs per unit of service and related cost information.

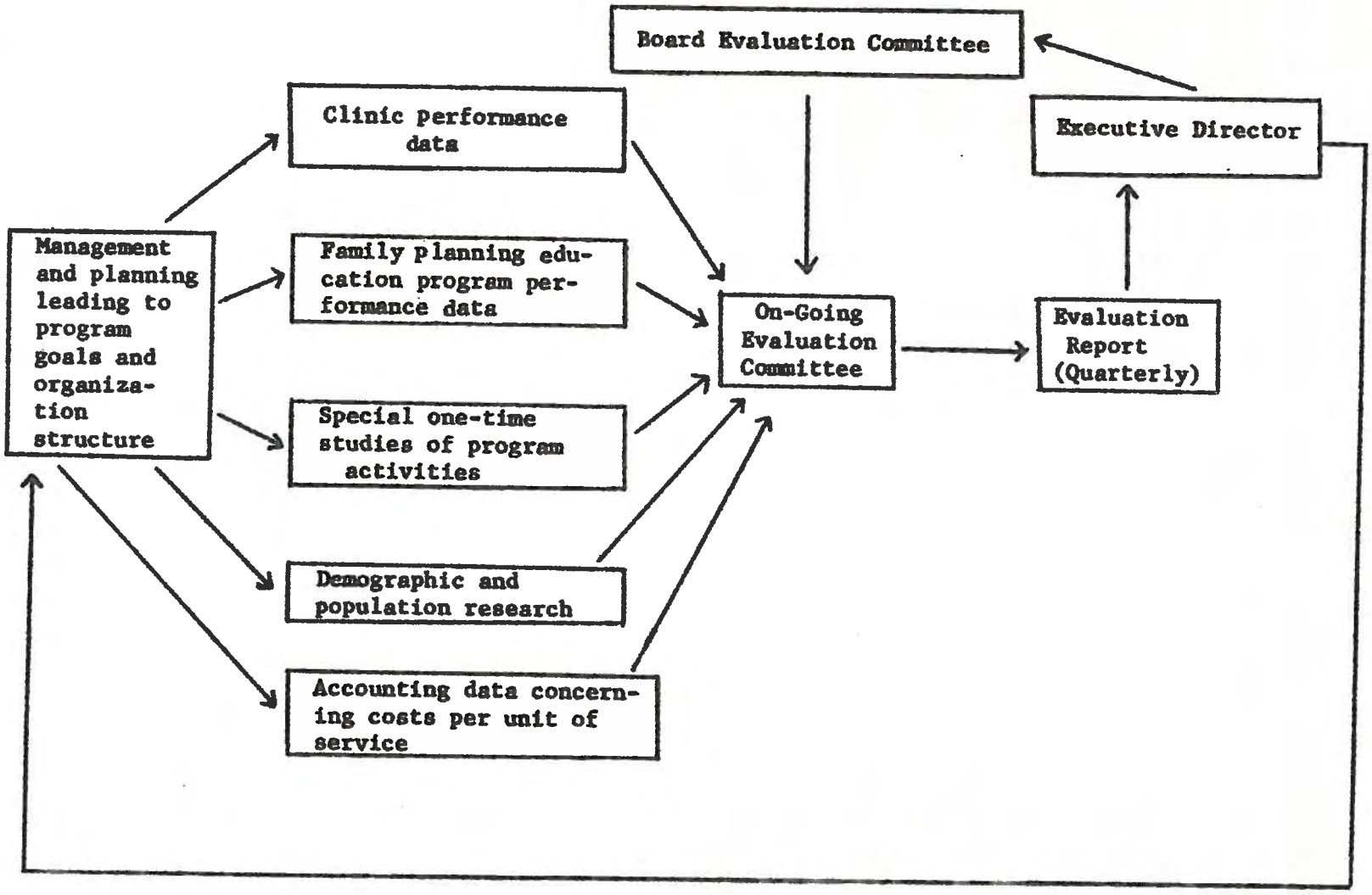
This evaluation system will continue to evolve as the Board program develops over time. The components of the evaluation system and their relations are diagrammed in Figure 5.

In Figure 5 we illustrate the relationship between management and planning which results in the formation of program goals. The Board staff then attempts to meet these goals and data are collected about program activities. These data are channeled to the "On-Going Evaluation Committee" which reviews them and attempts to assess program strengths and areas in which improvement seems to be called for. The quarterly evaluation report is forwarded to the Executive Director who, with his staff, uses it for purposes of planning and management.

FIGURE 5

NATIONAL FAMILY PLANNING BOARD

EVALUATION SYSTEM



D. Organization of Quarterly Evaluation Report

The quarterly evaluation report should be organized to present data concerning the following questions:*

1) What is the size of the population needing family planning services in each parish or parish sub-division?

2) What success has been achieved in contacting the target groups in each parish or parish sub-division?

3) What success has been achieved in enrolling clients in each parish or parish sub-division?

4) What success has been achieved in encouraging continuation in each parish or parish sub-division?

5) What is the birth rate by parish or parish sub-division?

6) What is the program costing for each new acceptor by parish or parish sub-division?

7) What indirect benefits are being experienced by Jamaicans as a result of the effort of the National Family Planning Board? (e.g. better spacing of children, improved health of children and mothers, improved economic conditions of families). Data relative to indirect benefits may not be presented quarterly but should appear at least once each year in the reporting system.

Indicators of program performance:

Indicators to provide measurement adequate to answer each of the above questions are of two general kinds. Measures of effort are descriptions of output indicating the work performed by National Family Planning Board personnel. Measures of effect are assessments and indicators of the impact which National Family Planning Board's activities are having upon the target population. A number of indicators have been suggested to Board staff as measures of both effort and effect for activities related to each question stated above. In addition, a format for the quarterly evaluation report is being suggested in correspondence with those staff members who are concerned with its preparation. We will continue to work with the staff of the National Family Planning Board until a satisfactory report, which is both concise and meaningful, is developed.

*Adapted from S. Polgar and F. Jaffe, "Evaluation and Record Keeping for U. S. Family Planning Services," Public Health Reports, Vol. 83, No. 8, August 1968.

The new quarterly evaluation report which we are suggesting would be prepared by the "On-Going Evaluation Committee" as a brief summary of the evaluative data and reports prepared by the various Board administrative units and would serve as an overview and summary of program performance. The need for such a concise overview was expressed many times during our stay by the administrative staff of the National Family Planning Board. This quarterly evaluation report will not replace any of the existing detailed reports of the activities of the various sections. Rather it will serve to consolidate the information contained in these detailed reports and present it in a form which will provide a quick review of the overall program performance. The detailed reports are still needed for in depth analysis of problem areas and areas in which the program is functioning well.

E. Comments Concerning The Existing Data System and Priority Evaluation Needs

1. Clinic Data

The National Family Planning Board has in operation a well designed statistical system which is providing data about the operation of the Family Planning Clinics. The system has been in operation since November 1968. Monthly statistics are compiled and computer printouts report data showing the number of new acceptors for each clinic, the number of revisits by clinic and parish, the number of acceptors missing visits by clinic and parish, the types of methods accepted and certain demographic characteristics of new acceptors. These data are reported to clinic staff and headquarters staff of the National Family Planning Board.

Although this system is well conceived and, in general, functions adequately, two major problems have developed. The first of these problems concerns the form in which the data are reported to staff. The Board Statistician has been handicapped in that the computer program which was in use during our visit did not present the clinic data in the most useful format for purposes of making administrative decisions.

During the period of time in which the University of Pittsburgh consultants were in Kingston, Jamaica, a series of meetings were held to discuss changes in the reporting of the clinic data. Present at these meetings were the Board Statistician, a representative of the International Demographic Statistics Center (Washington, D. C.) and the University of Pittsburgh consultants. This group agreed upon

a number of changes in the present reporting of clinic data. These changes include: (a) Target setting for each parish and reporting of data in reference to the targets. It was not felt that targets could be reasonably set at this time for political subdivisions smaller than a parish. (b) The clinics will be ranked each reporting period on a number of factors (new acceptors, average number of clients per session, revisits, and drop-out rate). The ranking of each clinic will appear in the computer printout. (c) A basis for comparing the present performance of each clinic with its past performance will be provided in addition to the rankings. Clinics which show a significant change (either improvement or decline) will be identified on the computer printout.

A number of additional changes in the format and reporting of clinic data were recommended by the Board Statistician. These suggestions were considered excellent and will hopefully be implemented by the International Demographic Statistics Center. If these suggestions are adopted the "Quarterly Statistical Report" will become an even more useful document than it is at present.

A <u>second</u> problem concerning the clinic data information system relates to the actual computer processing of the clinic reports. The Board Statistician has been greatly handicapped in that she has been unable to quickly effect changes in the computer program by which the data are processed. The statistician must have this flexibility or she will continue to work under an unreasonable handicap. The solution to this problem is to have the electronic data processing accomplished in Kingston, preferably using an appropriate packaged program, so that changes in reporting can be made quickly and without relying upon a trained programmer. The CENTS program may be appropriate and there are three Jamaicans who have been trained to use it. An alternative packaged program would be the Statistical Package for the Social Sciences (SPSS).

At present plans are being made to transfer the data processing work from IBM to the government computer center. Top priority should be given to establishing full control of the data processing within the Jamaican government, preferably using a packaged computer program, in order that changes may be easily and quickly made in the reporting of clinic data as the Board Statistician determines needs.

2. Family Planning Education Program

The Family Planning Program has recently been expanded by the addition of two Assistant Family Planning Educators for each parish. A system for collecting data concerning the operation of the expanded program has recently been developed with the assistance of a highly qualified Health Educational Consultant. Plans should be developed to eventually report these data in the Quarterly Statistical Report which is presently being prepared by the Board Statistician.

An evaluation of the mass media campaign is being planned and will be conducted by a market research firm. It is suggested that the proposed "On-Going Evaluation Committee" review the research design which is developed and critique its methodology. The University of Pittsburgh consultants are willing to participate, if asked, in the review of any proposed design and offer suggestions for alteration if needed.

3. Population Studies

At the present time two population studies are being planned and an additional one is beginning. Of the two being planned, one is a KAP study and the other is a proposed study of male attitudes and practices using case study-observational techniques (as opposed to systematic survey techniques). Each of the three studies has merit and will be useful for Board planning and evaluation. A brief comment on the two studies being planned follows:

The KAP study will serve several purposes. It will, first of all, provide a description of what Jamaicans know, believe and do with regard to family planning at the present time. Secondly, it will provide a basis for evaluation in that the results can be compared with studies conducted in the past and those which will be conducted in the future. Third, the KAP study can be used to supplement reports of acceptors, attitudes, etc. generated by the evaluative activities and reports of the Board. Finally, the KAP study can be used as a basis for program planning and modification.

The proposed study of male attitudes and practices with regard to family planning (using case study-observational methods) should be a useful supplement to the systematic surveys. It will provide a basis for interpreting the survey data and determining its adequacy. We suspect the Jamaican males will be a dif-

ficult group from which to obtain valid and reliable survey data and case study-observational techniques may yield more in depth and better quality information than can be obtained in the surveys. The information concerning males which would be obtained would be useful in many ways in addition to its potential usefulness in interpreting survey data. For example, it could form the basis for designing effective mass media campaigns to be conducted in the future and in evaluating those which have already been implemented.

4. Research Personnel

Obviously the design and conduct of sound research requires well trained and experienced people. At the present time, in Jamaica, there are persons who have been well prepared to conduct population research. However, these individuals are fully engaged in long range, on-going research. It does not appear that the existing research capability can absorb a significant amount of new or additional research.

In the short run the University of Pittsburgh can provide some backup assistance, particularly in the area of data processing. In the long run, however, it seems important that more Jamaicans be prepared, particularly at the research assistant-technician level, to conduct population research. The role of the University of Pittsburgh in providing training for Jamaicans in research techniques is presently under review and several proposals have been presented. We expect some specific recommendations to be forthcoming soon.

Concluding Note

Our report remains open ended in that we view it as a device for initiating dialogue among those who are concerned about the administration of the National Family Planning Board. We are most pleased to have been invited to participate in this dialogue and we hope to contribute, both substantially and spiritually, in its continued evolution.