

# REPORT



 **BASICS**

**MEETING OF COOPERATING AGENCIES  
INVOLVED WITH THE  
FAMILY PLANNING MANAGEMENT  
DEVELOPMENT PROJECT**

13 February 1997

New York, New York

Robert S. Northrup

BASICS Technical Directive: 000-HT-54-001  
USAID Contract Number: HRN-6006-C-00-3031-00

2

## TABLE OF CONTENTS

### ACRONYM LIST

SUMMARY .....	1
DESCRIPTION .....	1
IMPLICATIONS AND APPLICATION FOR BASICS .....	3
FOLLOW UP .....	4

### APPENDIXES

Appendix A	Agenda
Appendix B	Overheads
Appendix C	Organizational Development/Sustainability Status Assessment Instrument
Appendix D	Beyond Supervision: Issues in Performance Management, Summary of Performance Management Activities
Appendix E	FPMD Updates
Appendix F	Continuous Quality Improvement, Latin America & the Caribbean

## ACRONYM LIST

AVSC	Association of Voluntary Surgical Contraception
BASICS	Basic Support For Institutionalizing Child Survival
CAs	Cooperating Agencies
COTR	Contracts Office Technical Representative
CTO	Cognizant Technical Officer
CQI	Continuous Quality Improvement
FFSDP	Fully Functioning Service Delivery Point
FP	Family Planning
FPMD	Family Planning Management Development
IMCI	Integrated Management for Childhood Illnesses
INTRAH	International Training in Health (USAID project)
MIS	Management Information System
PROFIT	Promoting Financial Investments and Transfers
QA	Quality Assurance
SEATS	Family Planning Service Expansion and Technical Support
TFR	Total Fertility Rate
USAID	United States Agency for International Development
WHO	World Health Organization

## SUMMARY

FPMD's management experiences and tools are highly relevant to BASICS in its efforts to improve services in a sustainable manner. BASICS should pursue collaboration with FPMD and take advantage of this highly valuable and experienced resource in an area in which BASICS has scant expertise.

## DESCRIPTION

FPMD sponsored a five hour meeting of USAID cooperating agencies, primarily agencies involved in population work, to share progress and new initiatives in management. Representatives were present from the USAID Office of Population (the FPMD COTR and the Evaluation Project COTR), SEATS, the population communication project at Johns Hopkins University, the Population Council, INTRAH, AVSC (the location of the meeting) and PROFIT, along with Northrup from BASICS and six persons from FPMD. The meeting covered five topic areas, as follows—

- ▶ Review of indices of outcome and program sustainability, based on a model of factors influencing TFR and program sustainability.
- ▶ Presentation of a new model of organizational or institutional sustainability, with review of a draft assessment instrument specifying stages of development in 11 management component areas which would contribute to sustainability. Substantial discussion of the use of this potentially very valuable tool dealt with, in particular, whether additional management components should be added to those already in the instrument, and with the question of whether more extensive field testing of the instrument, with feedback to FPMD, should commence immediately or after many other groups had an opportunity to comment and suggest revisions.
- ▶ Presentation of very early thinking in the area of human resource performance improvement, entitled "Beyond Supervision," with a proposal for other agencies to submit assessment instruments and complete a questionnaire describing experience with such instruments being used to examine various aspects of motivation, incentives, training, and other support activities used to engender employee motivation, productivity, and quality of activities.
- ▶ Review of initial experience in Bangladesh and Philippines with the concept of FFSDPs (fully functional service delivery points) and minimal or essential management packages needed to bring about quality performance of the package of services determined locally to be essential.
- ▶ Presentation of experience in Bolivia, Peru, Brazil, and Mexico with the implementation of CQI efforts in various types of health care and family planning institutions. Activities by

1

5

quality improvement teams in the institutions had led to clearly demonstrable improvements in service quality along the sequence of encounter points along the flow pathway of a patient through a clinic. These efforts had led to the generation of quality indicators for certification of clinics or hospitals. Inspections to bring about such certification were requested by the clinic when, by use of a self-assessment instrument, they had found themselves to be “ready” to be assessed externally in order to be officially certified. The experience had indicated that such recognition of accomplishments was a strong and useful incentive for practitioners to improve the quality of services.

Decisions made with regard to future efforts related to these topics include—

- ▶ Indices—No future group activity, but continued assessment by index development team. USAID is using the indices as one source of information in judging where a country is in its family planning efforts and capacity development in order to determine the need for continuing USAID funding.
- ▶ Organizational sustainability—FPMD will disseminate the current one-page instrument on its email cluster, and all attendees at this meeting will be added to the cluster subscriber list. Recipients of the instrument are asked to circulate it to appropriate persons within their organizations for trial use and/or review and submission of comments and suggestions for revision. FPMD will modify the instrument in response to external input and the results from the meeting’s discussion, and also prepare a brief booklet to accompany it in which explanatory information and suggestions for useful indicators to be assessed in examining particular management components will be provided. This will then be circulated widely and use of the instrument encouraged to provide additional field experience in various types of organizations and settings. Users are requested to document their experiences and submit them to FPMD for incorporation in future versions of the instrument and approach, as well as in their own technical assistance activities.
- ▶ Performance Management—Participants are requested to submit tools (instruments, best practices, etc.) which relate to this area, along with completing a questionnaire which documents the experience with that particular tool. These submissions will be used to develop new tools which can be employed in improving efforts to improve employee motivation and performance in health/FP institutions.
- ▶ FFSDP and MMP—FPMD encourages use of the concept by CAs, working in collaboration with various types of service delivery units, to gain experience and to begin an unstructured process of assessing the usefulness of the concept and approach and to improve it. Those using it are requested to send comments from their experience to FPMD.
- ▶ CQI—No specific followup specified. FPMD encourages others to use the same approach.

A brief conversation was held with Maria Busquets in which Dr. Northrup indicated to her the potential usefulness to health and child survival projects of having the expertise of FPMD made available to assist in management capacity and sustainability development of collaborating institutions in various countries. She indicated her support for such collaboration and suggested that BASICS meet with her, together with Al Bartlett, the COTR for BASICS.

## **IMPLICATIONS AND APPLICATION FOR BASICS**

While the discussion of the particular indices was irrelevant to BASICS, the idea behind it (that of attempting to predict the projected TFR on the basis of various assessments and available data from a country) is highly relevant to BASICS, as we seek to reduce infant and child mortality, including neonatal mortality, bring about sustainable coverage of immunization, ensure adequate home and facility case management of sick children, etc. A meeting of BASICS/MIS staff (Eckhard Kleinau and staff) with Robert Steinglass, also with those working on these population-oriented indices, should spark creative attempts by BASICS to develop parallel indices for the countries with which we are working. These indices are helpful in population planning to indicate how far a country has come in its progress toward sustainable and desired TFRs.

The other three topics are of immense importance to BASICS in its efforts to bring about improved services to sick and well children.

- ▶ The organizational or institutional development assessment approach has direct relevance to our efforts to improve management capacities in national sick child programs, district health departments, or service points such as district or subdistrict health facilities. It offers us a first step in being able to assess such organizations relative to their long-term sustainability, both programmatic and organizational.
- ▶ The MMP approach to FFSDPs is another tool for conceptualizing and packaging, in a functional manner, inputs for improving the effectiveness of services. It is a useful packaging of tools and ideas that we currently have only in cumbersome and non-action oriented approaches.
- ▶ CQI has been discussed extensively at BASICS, but our direction is still more influenced by WHO-based external standards inspections, the old QA approach to improving quality which has been shown to be often ineffective. The institutional development described which accompanied the CQI efforts presented (because of the focus of CQI on team formation and local initiative) should be a critical target of BASICS efforts to provide a foundation for good services. While BASICS is aware of the need for this, I sense no current commitment to pursue this direction, perhaps because we are overwhelmed by the demands of just doing the inspections following inputs like IMCI courses. The more durable advances which were brought about by CQI as reported here should become BASICS goal. In making a transition

to this new way of working, we could be helped immensely by interaction with the FPMD team members who have been using the CQI approach successfully in developing countries. BASICS has been invited to meet with Marie Busquets, the FPMD CTO, who is clearly open to collaboration between FPMD and BASICS. This might be a good place to start efforts to improve our expertise in improving managerial capabilities in our counterpart institutions and to take advantage of the excellent experience FPMD has been garnering from its activities.

**FOLLOW UP: ARRANGE MEETING BETWEEN BASICS AND MARIE BUSQUETS**

The agenda and relevant handouts from the meeting are attached as appendices to this report.



**APPENDIXES**

**APPENDIX A**

**From:** Mark Nevin <mnevin@MSH.ORG>  
**To:** Basics.HQ(rnorthru),Basics.smtp("lbakamjian@avsc.o...  
**Date:** 2/5/97 1:42pm  
**Subject:** CA Service Delivery Preliminary Agenda

Family Planning Management Development  
(FPMD) Project  
Meeting with Family Planning  
Cooperating Agencies

AVSC International-79 Madison Avenue,  
New York  
Thursday, February 13, 1997  
10 AM-3 PM

#### PRELIMINARY AGENDA

#### Background

The current funding for the FPMD Project of Management Sciences for Health (MSH) began in October 1995. In December of that year, we held a meeting with a small group of the Cooperating Agencies funded through the Family Planning Services Division to brief them about our plans and to solicit their input about management areas in which we might usefully collaborate or in which the FPMD project might be of assistance to their efforts. At the end of that very productive meeting, we agreed to meet again after a year to review activities and touch base about possible additional areas of collaboration. That was the genesis of this meeting. We have expanded the group a bit this year to include some CAs/projects which were not represented last year. We look forward to everyone's full participation in discussion of the following agenda items.

Topics to be covered and presenters from FPMD

Organizational Sustainability-  
Gerry Rosenthal  
Continuous Quality Improvement-  
Edgar Necochea and Alison Ellis  
Performance Management/Supervision-  
Bea Bezmalinovic  
Service Delivery/Fully Functional  
Service Delivery Points-Sallie Craig  
Huber

We expect to spend about 30-45 minutes giving brief presentations of FPMD activities and plans on each of these topics followed by ample time for discussion and sharing from other CAs present at the meeting.

#### Logistics

We will have some breakfast-type food for you on your arrival and lunch will also be provided. For more information, please feel free to call either of us at (617) 524-7799 or 527-9202 or e-mail catherin@msh.org OR shuber@msh.org. We look forward to seeing you next week.

Catherine Crone Coburn

**APPENDIX B**

---

## Family Planning Sustainability at the Outcome and Program Levels

Rodney Knight

Amy Tsui

Parker Mauldin

February 1997

EVALUATION Project

## Purpose for Creating Sustainability Indices

---

- Monitor progress towards achieving sustainability
- Help to use resources efficiently
- Learn what influences long term success

EVALUATION Project

## Levels of Sustainability

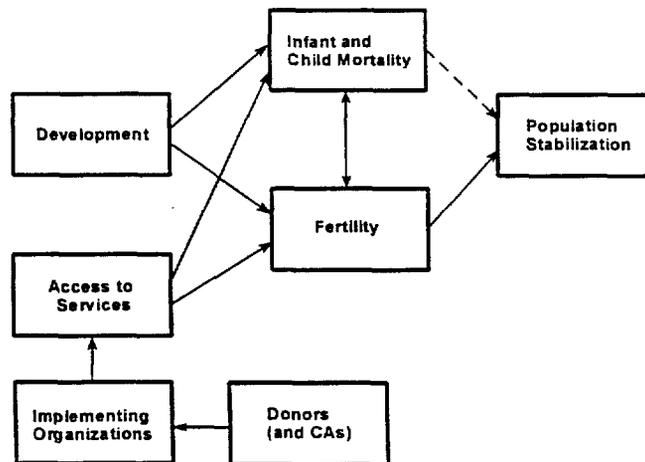
---

- Outcome
- Program
- Organization

EVALUATION Project

## Outcome Sustainability Index Analytical Framework

---



EVALUATION Project

14

## Outcome Sustainability Index Equation

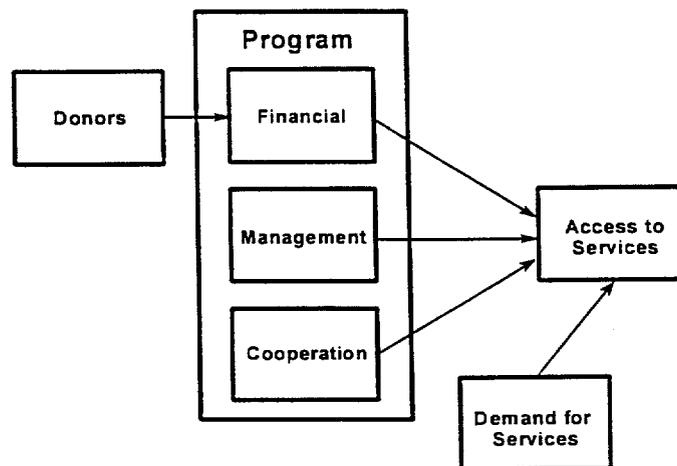
---

$$S_{o,i} = \frac{2.1}{TFR_{Pred}} * 100$$

EVALUATION Project

## Program Sustainability Index Analytical Framework

---



EVALUATION Project

15/8

## Analysis of TFR for Outcome Sustainability Index

---

Variable	Direction of Effect	Level of Significance
Program-level Index	Negative	0.002
Female Education	Negative	0.026
Male Education	Positive	NS
% in Agriculture	Positive	NS
% Urban	Negative	NS
GDP Per Capita	Negative	NS
Infant Mortality Rate	Positive	0.049
Year=1989	Positive	NS
Year=1994	Negative	NS
Constant	Positive	0.000

EVALUATION Project

## Analysis of Contraceptive Access for Program Sustainability Index

---

Variable	Direction of Effect	Level of Significance
TFR (lagged 2 years)	Negative	0.064
Management Index	Positive	NS
% FP Budget Local	Positive	0.084
USAID Funding for FP	Positive	0.071
Private Sector in FP	Positive	0.044
Other Ministries in FP	Positive	NS
Year=1989	Positive	NS
Year=1994	Positive	NS
Constant	Positive	0.002

EVALUATION Project

16

## Outcome Sustainability Index Top Ten Countries

---

Rank	Country	Index
1	Hong Kong	159.5
2	Trinidad & Tobago	104.2
3	Jamaica	96.9
4	Chile	92.0
5	Singapore	86.8
6	Mauritius	77.4
7	Panama	76.6
8	Costa Rica	76.1
9	Mexico	74.8
10	Colombia	70.1

EVALUATION Project

## Outcome Sustainability Index Bottom Ten Countries

---

Rank	Country	Index
48	Zambia	38.1
49	Bangladesh	37.9
50	Pakistan	37.6
51	Tanzania	37.0
52	Benin	36.2
53	Central African Rep.	35.9
54	Mauritania	35.3
55	Uganda	34.3
56	Mali	33.5
57	Malawi	33.4

EVALUATION Project

## Outcome Sustainability Index Joint Programming Countries

---

Rank	Country	Index
15	Philippines	60.0
18	Peru	58.8
26	Indonesia	51.3
31	Egypt	48.3
36	Morocco	45.8
38	Ghana	43.5
39	Kenya	43.4
42	Nigeria	41.5
45	India	41.1
49	Bangladesh	37.9
51	Tanzania	37.0
55	Uganda	34.3

EVALUATION Project

## Program Sustainability Index Top Ten Countries

---

Rank	Country	Index
1	Thailand	78.0
2	Jamaica	76.9
3	Indonesia	75.7
4	China	75.6
5	Mauritius	74.0
6	Tunisia	72.0
7	Turkey	68.5
8	Mexico	68.3
9	El Salvador	68.3
10	Trinidad & Tobago	67.9

EVALUATION Project

10

## Program Sustainability Index Bottom Ten Countries

---

Rank	Country	Index
48	Tanzania	41.2
49	Iran	40.7
50	Central African Rep.	40.6
51	Madagascar	38.6
52	Myanmar	37.5
53	Zambia	36.3
54	Congo	35.6
55	Benin	33.4
56	Iraq	32.6
57	Mauritania	30.3

EVALUATION Project

## Program Sustainability Index Joint Programming Countries

---

Rank	Country	Index
3	Indonesia	75.7
19	India	62.0
20	Philippines	61.6
21	Kenya	61.4
22	Morocco	60.8
23	Ghana	60.6
24	Egypt	60.3
27	Bangladesh	59.8
33	Peru	56.1
44	Uganda	43.9
45	Nigeria	43.8
48	Tanzania	41.2

EVALUATION Project

## How to Use the Sustainability Indices

---

- Look at index values over time
- Compare ranking with other countries
- Examine trends in CPR and TFR
- Consider other quantitative and qualitative data about the program

EVALUATION Project

## Data Needed for Ongoing Monitoring of Sustainability

---

- USAID expenditure data
- Fertility and mortality data from DHS
- Socio-economic data from World Bank
- Family planning effort data

EVALUATION Project

## Summary

---

- Progress towards achieving sustainability can be monitored with these indices
- Country rankings based on these indices useful in decisions about phase-out of assistance
- Routine collection of data on programs needed for indices

**APPENDIX C**

## Organizational Development/Sustainability Status Assessment Instrument

### **Objective:**

The Organizational Development/Sustainability Status (OD/SS) assessment instrument provides a consistent basis for assessing and tracking the status of development of key management components of an organization. It is based on the Institutional Development Framework utilized by the Family Planning Management Development (FPMD) project. The framework was constructed from a number of studies which identify the stages of development of business organizations and adapted specifically for family planning and reproductive health service delivery settings. The argument is that all organizations need to carry out similar management functions although the forms for doing so may differ considerably depending on factors such as the size of the organization, the nature of its markets, whether it is public or private, its profit-making status, etc.

### **Background:**

The institutional development framework was originally designed to identify key management components and provide a basis for identifying technical support priorities for the institutions with which MSH was to work as part of its FPMD activities. Using this framework as a guide, areas most in need of development could be identified and technical support designed to respond. The specification of key management components and efforts to make these elements clearer have helped us in the process of making more effective decisions about the work of FPMD in supporting management development and provide, as well, the basis for developing the current instrument.

The focus on organizational sustainability, and its implicit requirement for improvement in management, has become more central to USAID's operating priorities. In particular, the assessment and monitoring of progress is essential. The OD/SS instrument is designed to support this objective. Although the institutional development framework attributes a general property to each stage (e.g. emerging, growth, mature), the assessment instrument only focuses on establishing a clear set of ordered attributes for each management component. Its goal is to provide a simple means for determining the relative stage of development of an organization's management components.

### **The logic:**

The basic argument is that the instrument identifies levels of management performance with the first stage reflecting the weakest performance (with respect to each specific management component) and higher numbered stages indicating better performance. In this sense, progress through the stages implies better management which equates with improved sustainability, defined as the ability to continue to perform in the face of various changes in the operating context--one of which is the loss of donor funding.

The management components are common to all organizations and the stage of their development can be

described in general terms that relate to all institutions. These general terms serve as reference criteria for which different indicators may be appropriate in different types of organizations. In particular, we want to make sure that progress from stage 1 reflects improved performance with respect to the management component, not simply more complexity.

For example, for all FP/RH service delivery organizations, the ability to assure supply of commodities is equally critical. However, appropriate organizational indicators of assured long-term adequacy of commodity supplies might include the presence of a complex system in a large multi-setting organization while the same level of performance could be obtained in a small single site service delivery organization with a simple acquisition and storage procedure.

We want to measure each reference criterion in ways that are applicable to the type of setting being assessed. The current version of the assessment instrument simply describes the reference criteria and leaves it up to the user to decide on the specific indicators. While we have only begun field testing, the initial indications are that when the instrument is used by a person with some familiarity with the organization, this presents no significant problems. However, as part of a wider field application, we will begin to identify the specific indicators applied by the users of the instrument. With wider use of the instrument to monitor progress of organizations over time, it may be useful to have a standard set of indicators which can be systematically applied by different individuals in a way which has demonstrated reproducibility and the ability to place organizations in the appropriate stage consistently. A form to facilitate this effort is under development and will be included in the instrument in the next stages of field application.

February 13, 1997

24



## Organizational Development/Sustainability Status Assessment Instrument

Instructions: For each management component, circle the statement that most closely reflects the status of the organization.

Management Component	1	2	3	4
<b>Mission</b>	Undefined or activities not related to mission	Focused commitment to development of FP/RH service/some idiosyncratic activities	Defined mission drives many activities	Mission drives all activities
<b>Strategy</b>	Opportunistic/spawned by single event	Strategy with some clear link to FP/RH activities	Product expansion/target markets well defined	Organizational strategies linked to mission
<b>Structure</b>	Ad hoc/project driven/hierarchical with no delegation	Discernable structure Some delegation	Formal structure Staff has some decision-making role	Policy making board/ Staff manages/ Significant delegation
<b>Systems: Collection and Use of Information</b>	No routine data collection	Ad hoc reports based on operating information	Regular flow of info generated/supports some management functions	Data acquisition routinely used to support all management functions and policy decisions
<b>Systems: Commodities</b>	Ad hoc supply management	Rudimentary supplies logistics system exists	Fully functioning logistics system dependent on external technical support	Fully functioning logistics system/no external technical support needed
<b>Systems: Financial Management</b>	Cash recording based on donor requirements	Double entry financial accounting/no costing analysis	System produces income/revenue data and cash flow analysis/focused on cost centers	Unit cost management/key information used on a regular frequent basis
<b>Systems: Revenues</b>	Single ad hoc initial source of revenues/little or no client support	Growing revenues/local sources	Multiple revenue sources/client support is significant (where applicable)	Stable revenues/long-term committed/dependable sources of funding
<b>Systems: Planning</b>	Ad hoc/individualistic	Some priorities which reflect resource availability	Annual projection of budgets and priorities/Strategic planning	Strategic plan followed and monitored and revised every 3-5 years
<b>Systems: Human Resources</b>	Project/donor driven No formal general procedures	Personnel policies exist/some job descriptions/some specialized personnel for key positions	Consistent use of personnel policies and procedures throughout the organization	Accurate and regularly revised job descriptions/all managers use same rules and procedures/PPR systems used to motivate performance



## Glossary<sup>1</sup>

<b>Organizational Development</b>	A process of implementation of organizational and management changes which increases the ability of the organization to continue effective performance in the face of changes in its operating context. Changes of importance would include loss of a major source of revenue, market shifts, changes in leadership, etc.
<b>Sustainability</b>	The ability of an organization to continue effective performance in the face of changes in its operating context. For purposes of the current application, reduced dependency on donor support is of critical interest.
<b>Stages of development</b>	Positions on a continuum of progress toward sustainability for which unique (not applicable to other defined positions) institutional attributes can be unambiguously described and observed.
<b>Management Components</b>	The basic elements used to analyse the way an organization functions. The four basic management components are mission, strategy, structure, and systems.
<b>Reference Criteria</b>	Descriptions of attributes of management components (or subcomponents) which are explicitly and uniquely associated with a specific stage of development. The reference criteria define the properties of the stages.
<b>Indicators</b>	Observable attributes of an organization which demonstrate that the institution meets a specific reference criterion
<b>The Instrument</b>	A document which specifies the reference criteria associated with each of the management components. The instrument is used by entering or mapping the current status of each institution with respect to each of the management components.

---

<sup>1</sup>The above definitions relate to the Organizational Development/Sustainability Status (OD/SS) assessment instrument. They are consistent with the more general definitions in *Family Planning Management Terms: A Pocket Glossary in Three Languages*. Family Planning Management Development Project, Management Sciences for Health. Boston 1995

## FAQ about the Organizational Development/Sustainability Status Assessment Instrument

### 1. What is the instrument for?

The Organizational Development/Sustainability Status (OD/SS) assessment instrument is designed to provide a consistent basis for assessing and tracking the status of development of key management components of a family planning/reproductive health organization. It is designed to describe the relative stage of development of each management component. Higher stages of development are associated with more effective management and, therefore, improved organizational sustainability.

### 2. Where did the definition of the management components come from?

They are based on the Institutional Development Framework utilized by the Family Planning Management Development (FPMD) project. The framework was constructed from a number of studies which identify the stages of development of business organizations and adapted specifically for family planning and reproductive health service delivery settings.

### 3. What is the "correct" number of stages?

There is no "correct" number. Too few stages limit the sensitivity of the instrument while too many stages make application and interpretation more difficult. Technical requirements set limits to the options. It is essential that for each management component, each stage must be uniquely associated with a reference criterion that is ordinaly linked to the other reference criteria for the component. The relationships among the stages are ordinal and meeting a particular reference criterion must imply NOT meeting the reference criteria for other stages. While more stages would permit documenting smaller levels of progress, there cannot be more stages than can meet this requirement.

The ability to specify and validate the reference criteria sets a limit on the maximum number of stages for any specific management component. At the other extreme, too few stages will result in a lack of sensitivity in the instrument since much important progress will be reflected in movement within the stage. (E.g. It will require large changes in organizational capacity to shift to the next reference criterion.) The application requirements of the instrument will set a lower limit on utility. What is desired is an instrument sensitive enough to reflect consequential (nontrivial) improvements and general enough to be easily and consistently applied in a wide variety of different programmatic and organizational settings.

### 4. What is the objective of the field testing?

**More to come**

February 13, 1997

**APPENDIX D**



## BEYOND SUPERVISION: ISSUES IN PERFORMANCE MANAGEMENT

### Summary of Performance Management Activities

#### 1. Introduction

On different occasions and with varying degrees of success, health and family planning organizations have used checklists, information systems, manuals, training and workshops, and technical assistance to address components of supervision systems and practices. However, improving supervision may be only a partial answer to performance problems. In many cases, poor supervision is symptomatic of weaknesses in other management systems, for example, performance appraisal and incentives systems. When this is the case, supervision may improve as a result of training or other interventions, but underlying contradictions between supervision and other management systems may impede lasting improvements. For example, supervisors may use extensive checklists as long as someone (such as a donor) demands this, but if other organizational systems do not support and reward the collection and use of this information, when donor funding disappears, these checklists may disappear as well. In these instances, efforts to improve supervision without considering other related concerns may only address the symptoms, not the root causes, of poor performance.

Therefore, it seems appropriate to extend our efforts beyond supervision to consider a broader array of performance management issues. At every level of the organization, managers who supervise employees are (or should be) involved in the following:

- Employee selection;
- Employee training;
- Establishment of individual performance objectives in alignment with organizational objectives;
- Supervising and monitoring activities to provide support, solve problems, provide feedback, and facilitate progress;
- Team building;
- Employee evaluations or performance appraisals;
- Determination of appropriate rewards and incentives for individual performance.

*23*  
*MSH*  
*1997*  
In this context, supervision becomes one element in a performance management system that links individual objectives and performance to related organizational systems -- human resources, training, finance, incentives, among others.

MSH has worked with organizations in every region of the world to address weaknesses in supervision and performance management systems. Based on these experiences, MSH staff have raised several questions regarding supervision and performance management:

- What tools or information do managers need to improve performance management?
- How can we encourage managers to use existing tools or systems consistently, especially when donors reduce support or when there is high turnover among senior staff?

- How can managers evaluate and improve performance management processes, including supervision, to ensure the most cost-efficient and effective approach is used?

The FPMD Performance Management cluster, in collaboration with the Maximizing Access and Quality (MAQ) group, formed to address some of these questions, to document what is being done in the area of performance management, and to make this information available, along with selected tools and processes.

### **Goals**

The objective of this cluster is to catalogue, describe and disseminate samples and examples of tools and processes related to performance management. To do this, the Performance Management Cluster will undertake the following:

### **Initial Activities**

- ▶ Survey colleagues regarding existing tools/experiences in performance management in both the developing world and the US.
- ▶ Interview colleagues to determine what needs they have identified and performance management areas and what tools/processes would best fill those needs.
- ▶ Synthesize, revise and disseminate a performance management manual including a collection of tools used by CAs.

### **Expected Outcomes**

We anticipate that one result of the cluster's work will be a published synthesis of performance management issues and approaches as well as collection of performance management tools. In addition, we expect that this information will complement an upcoming issue of FPMD's *Family Planning Manager* on performance management. Finally, if appropriate, the performance management cluster will consider the development of a self-assessment tool to help managers assess and modify their own performance management systems. Although a number of supervisory tools and checklists exist, few tools or techniques exist to help managers evaluate the overall performance management system and the "fit" between its different components. Such a tool is likely to take the form of one or a series of activities to evaluate the organization's current performance management system.

## Performance Management Questionnaire

The information collected on the attached questionnaire will be used to document what is being done in the area of performance management (as defined in the box below) and to make available this information. Once we receive the completed questionnaires along with examples of selected tools and processes, we will conduct interviews with respondents to obtain more detailed or qualitative information related to the tool/process.

**Objective:** To catalogue, describe and disseminate samples and examples of tools and processes related to performance management.

**Instructions:** Please complete this questionnaire with reference to one performance management process or tool with which you are familiar. **If possible, please return this questionnaire with a copy of the tool or a description of the process no later than February 28, 1997**

We anticipate that potential by-product of this research will be a **published synthesis of performance management issues and approaches and collection of performance management tools** that will be widely distributed. This information will be used in an **upcoming issue of FPMD's *Family Planning Manager*** on performance management. Finally, if appropriate, we will consider the **development of a self-assessment tool** to help managers assess and improve their own performance management systems.

### A NOTE ON PERFORMANCE MANAGEMENT

On different occasions and with varying degrees of success, family planning organizations have used checklists, information systems, manuals, trainings and workshops, and technical assistance to address components of supervision systems and practices. However, improving supervision may be only a partial answer to performance problems. In many cases, poor supervision is symptomatic of weaknesses in other management systems, for example, human resource and incentives systems. When this is the case, supervision may improve as a result of training or other interventions, but underlying contradictions between supervision and other management systems may impede lasting improvements. For example, supervisors may use extensive checklists as long as someone (such as a donor) demands this, but if other organizational systems do not support and reward the collection and use of this information, when donor funding disappears, these checklists and supervisions systems may disappear as well. In these instances, efforts to improve supervision without considering other related concerns may only address the symptoms, not the root causes, of poor performance.

Therefore, it seems appropriate to extend our efforts beyond supervision to consider a broader array of performance management issues. The following is a list of performance management areas with examples of related tools or processes in parenthesis:

- Determination of responsibility, level of authority, and level of resources (ex: job descriptions);
- Employee selection (selection criteria, recruitment procedures, interview and screening process);
- Employee training (needs assessments, training protocols, evaluation of training process/impact, pre/post test training evaluation, training follow-up);
- Establishment of individual performance objectives in alignment with organizational objectives (benchmarks; process of defining individual performance objectives)
- Supervising and monitoring activities to provide support, solve problems, provide feedback, and facilitate progress (checklists, supervision schedules, supervisory training);
- Team building (vision statements, conflict resolution);
- Employee evaluations or performance appraisals (service statistics, benchmarks, quality indicators, norms and standards);
- Determination of appropriate rewards for individual performance (incentives systems, forms of contracting or payment incentives).

In this context, supervision becomes one element in a performance management system that links related organizational systems -- human resources, training, finance, incentives, among others -- to individual objectives and performance.

If you have any questions or comments regarding this questionnaire, please do not hesitate to contact either Ann Buxbaum (617-524-7799) or Bea Bezmalinovic (617-527-9202) at Management Sciences for Health.

DRAFT  
QUESTIONNAIRE FOR COLLECTION OF PROCESSES AND TOOLS FOR PERFORMANCE MANAGEMENT

Name of Respondent \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Date \_\_\_\_\_

Name of process/tool \_\_\_\_\_

Contact person and position (if different from respondent) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**BACKGROUND INFORMATION**

1. Who developed this process/tool (individual/position/department/organization)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In what country (ies) was it developed? \_\_\_\_\_

3. When was it developed? \_\_\_\_\_

4. For what sector (type of organization) was it developed?

- Public
- NGO
- Private
- Other \_\_\_\_\_

5. Has this tool/process been used with organizations in other countries?  Yes  No

5a. If yes, in what other countries has it been used? \_\_\_\_\_  
\_\_\_\_\_

6. Has it been used in any sector (type of organization) other than the one for which it was developed?  
 Yes  No

6a. If yes, in what other sector (type of organization) has it been used?  
 Public  Private  NGO

32

7. Has it been revised or adapted since its initial use?

- Yes       No

8. Is it still in use?

- Yes       No

## DESCRIPTION

9. What area(s) of performance management are addressed by the process/tool?

- Determination of responsibility, level of authority, and level of resources (ex: job descriptions,
- Employee selection (selection criteria, recruitment procedures, interview and screening process);
- Employee training and refresher courses (needs assessments, training protocols, evaluation of training process/impact, pre/post test training evaluation, training follow-up);
- Establishment of individual performance objectives in alignment with organizational objectives (benchmarks; process of defining individual performance objectives)
- Supervising and monitoring activities to provide support, solve problems, provide feedback, and facilitate progress (checklists, supervision schedules, supervisory training);
- Team building (vision statements, conflict resolution)
- Employee evaluations or performance appraisals (service statistics, benchmarks, quality indicators, norms or standards);
- Determination of appropriate rewards for individual performance (incentives systems, forms of contracting or payment incentives).
- Other \_\_\_\_\_

10. What level of staff use this process/tool to improve the performance of their staff?

- |   |   |
|---|---|
| <input type="checkbox"/> Medical staff      | <input type="checkbox"/> Supervisors          |
| <input type="checkbox"/> Mid-level managers | <input type="checkbox"/> Nursing staff        |
| <input type="checkbox"/> Senior managers    | <input type="checkbox"/> Administrative staff |
| <input type="checkbox"/> Other _____        |   |

10a. In general, these staff using this tool/process to improve performance are located at:

- service delivery sites
- local/regional support offices
- central offices/headquarters
- other

11. Who is the target group for the tool/process?

- |   |   |
|---|---|
| <input type="checkbox"/> Medical staff      | <input type="checkbox"/> Supervisors          |
| <input type="checkbox"/> Mid-level managers | <input type="checkbox"/> Nursing staff        |
| <input type="checkbox"/> Senior managers    | <input type="checkbox"/> Administrative staff |
| <input type="checkbox"/> Other _____        |   |

11a. In general, the target group persons whose performance is under consideration are located at:

- service delivery sites
- local/regional support offices
- central offices/headquarters
- other



12. What is the format of the process/tool?

- Checklist
- Guidelines
- Training plan
- Written procedures or protocols
- Format for written report
- Manual/report
- Other \_\_\_\_\_

13. Do those who administer it need to be specially trained?

- Yes
- No

13a. If yes, please describe the training content, process, and time required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How is the information gained from this process/tool used? (Check all that apply)

- Shared with the staff member whose performance is being considered
- Entered in the staff member's personnel file
- Taken into account when training opportunities are available
- Taken into account for promotions and salary upgrades
- Other \_\_\_\_\_

15. Must the process/tool be used exactly as designed (components, sequence, level of staff?)

- Yes
- No

15a. If no, please explain how it may be adapted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. In your opinion, what are the strengths of this process/tool in improving staff performance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What do you consider to be its weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Has this process/tool ever been evaluated?

- Yes
- No

19. Please give us the name of anyone else in your organization or other organizations whom you think we should contact regarding performance management.

---

---

---

Thank you again for your help.

**PLEASE RETURN THIS COMPLETED QUESTIONNAIRE WITH A COPY OF THE TOOL/PROCESS DESCRIBED ABOVE TO:**

Bea Bezmalinovic or Ann Buxbaum  
FPMD Project  
Management Sciences for Health  
400 Centre Street  
Newton, MA 02158

**APPENDIX E**

## Update on Service Delivery Cluster Activities

### Background

The Service Delivery cluster, most recently known as the “FFSDP/MMP” cluster, is engaged in several activities simultaneously, all sharing a common thread. One statement of this common purpose is as follows:

The Service Delivery cluster is concerned with understanding and improving the management of family planning and reproductive health services at the service delivery point level in both the private and public sectors. Cluster activities include the systematic study of how services are currently managed and the development of practical tools and approaches that can help managers and providers improve the quality and impact of those services.

Historically, the cluster traces its origins to a desire to develop and field-test the concept of a “Fully Functional Service Delivery Point” or FFSDP. The original idea (formulated by Marc Mitchell) was that the goal of management in a family planning or reproductive health organization is to ensure that when providers meet clients at a service delivery point, all the services that should be available actually are available, at an acceptable level of quality and accessibility. In order for this to happen, certain things must be in place at a particular SDP at a particular point in time, including trained staff, equipment, supplies, an adequate facility, etc. It is management’s job to make this happen.

### Current Activities/Applications

The FFSDP concept was used in developing Kenya’s 5-year national plan for family planning (in 1995) and has also been applied to health service delivery in Madagascar and the Philippines. FFSDP is a kind of umbrella concept, something which helps clarify one’s thinking regarding how service delivery can best be managed. One spinoff has been the idea of “Minimum Management Packages.” To make a service delivery point “fully functional,” what are the minimum management inputs that are required? MMPs, like FFSDPs, depend upon which country one is working in as well as what level of health facility one is talking about. Work is currently underway in Madagascar to pursue this idea and to develop modules for training managers to use MMPs to improve service delivery management (this work has been accomplished by Saul Helfenbein, George Ntumba, Ann Buxbaum, and the APPROPOP team together with their counterparts).

Meanwhile, Masami Fujita (with the advice and counsel of legions of MSHers) is currently in the Philippines carrying out a field study of a sample of urban health centers. His main goal is to unravel how health centers manage information and logistics in support of family planning and child survival programs. Once he has done this, he (together with Filipino counterparts and the MSH team at the Department of Health) will try to identify appropriate MMPs and “best practices” in order to improve service delivery. One exciting possibility is that this work will help identify a set of ten or so specific actions that health centers can take in order to be certified as “Centers of Excellence” or “Family-Friendly Health Centers” by the DOH. This in turn could lead to a major improvement in the quality of service delivery at the health center and Barangay health station level, for both public and private sector

clinics. Steve Solter has also worked with Joe Rodriguez in the Philippines regarding an initiative to strengthen "management for quality" in primary health care facilities.

Sallie Craig Huber has worked with the LIP staff in Bangladesh regarding the basic service delivery package being implemented throughout the country. Together they have begun to identify the minimum management inputs required to effectively deliver 10 different MCH program components at thana level and below.

In Haiti, the MSH team together with Ministry counterparts have developed clinical standards which include required inputs (such as equipment or supplies) for particular conditions affecting women and children. They will be determining the minimum management activities needed to ensure that these inputs are made available in the appropriate places at the appropriate times.

Michael Hall will be field testing health facility tools in Paraguay. He and his colleagues have developed a simple one-page form which is filled out by every service delivery point and which identifies what services ought to be available at that site and what services are actually available. The form also helps pinpoint the missing element or elements that are necessary for the absent services to be made available to clients.

Efforts are underway to collect a number of successful clinic management tools, developed by MSH and by others, which are already in use but may not be widely available. This annotated "catalog" will update and expand a similar volume produced by FHI in 1993.

#### **Future Plans/Possibilities**

(1) Based on field work that is underway in Madagascar and the Philippines as well as early initiatives in Haiti and Bangladesh, more extensive field-testing of tools can be carried out in Paraguay, Haiti, and possibly in Bangladesh. The result can be a methodology and a "tool-kit" to help improve management at the service delivery point level, especially regarding family planning and reproductive health.

(2) Another possibility is to build upon the work MSH has done in developing health-facility based financial and costing tools by combining or integrating them with the new MMP tools being field-tested. If found to be practical at the field level, such a combined tool will help health-facility managers improve the quality and impact of the services being delivered.

(3) In addition to particular products, such as clinic self-assessment or management tools, we can develop the process of how public or private sector health managers can assist clinic managers in identifying and solving management problems at the health-facility level.

(4) An issue of the Family Planning Manager devoted to the use of the MMP concept and the use of specific tools in improving the quality of service delivery may be developed.

February 5, 1997

## Update on the Philippine field study: Improving management of family planning and child survival services at the health center level

Although the concepts of “fully functional service delivery point” and “minimum management packages” have been developed by FPMD for use by managers to focus on improving service delivery at the health center or sub-center level, there have been few opportunities for the development and field-testing of related tools in developing country settings. An opportunity, however, has arisen in the Philippines. Masami Fujita, a Japanese physician and employee of the Ministry of Health in Tokyo, has been awarded a six-month fellowship to work with MSH on one or more of its field projects. After extensive discussions with MSH staff, Dr. Fujita is currently in the Philippines trying to identify ways of improving the management of service delivery at the health center level. While working closely with MSH’s technical assistance team at the Department of Health and with DOH counterparts, Dr. Fujita is focusing on the following major objectives and activities:

- (1) Dr. Fujita is concentrating on a sample of urban health centers in order to identify how management of service delivery can be improved in the areas of logistics and use of information. Using an in-depth questionnaire, he is talking with and observing service providers regarding logistics and information use in family planning and child survival services.
- (2) The information being collected (from 12 health centers in four different cities) will be used for several practical purposes. One of these involves the development of “minimum management packages” to strengthen management at the service delivery point. Another objective utilizes the concept of “best practices.” Regarding both logistics and information management, Dr. Fujita has found that a number of health centers, on their own initiative, have developed innovative solutions to problems encountered by all health centers. These “best practices” have not been shared, so that in most cases only one health center is practicing any particular innovation. Workshops are being planned where health centers and LGUs with “best practices” will be able to share them with others facing the same problems.
- (3) An additional practical use of the information being collected will be to identify a number of features which outstanding health centers have in common but which should become more widespread. The DOH is considering a certification program whereby health centers meeting certain specified criteria will be named “Family-Friendly Health Centers” or “Centers of Excellence.” Data from Dr. Fujita’s study will be used to determine what some of the criteria should be, especially in the areas of logistics and information management.
- (4) One further objective of the field-test is to learn more about how health providers actually use information to make decisions and do a better job of managing their programs. Is the current information system designed to meet the needs of the service providers or, instead, to meet the needs of the managers of the health system at the city or province level?

Results of this field-test should be available by the end of March 1997. One possible result of the study could be a self-assessment tool that health centers could use that could be complementary to the COPE self assessment tool in its focus on management improvement.

February 11, 1997

## The Minimum Management Package

The manager who wants to make her service delivery point fully functional must carry out a series of basic management functions: a *minimum* set of functions without which the site cannot meet the criteria for a fully functional site. The ways in which management functions are defined may vary, and there may be some debate about what constitutes the minimum management requirements for different levels and types of facilities. But whatever the setting, the underlying concept of specific management functions is essential to the FFSDP.

In Madagascar, the APPROPOP Project staff is developing a package of guidelines and tools for the managers of family planning sites. The package addresses seven essential management functions identified by the APPROPOP staff:

1. To assure the provision of high-quality services
2. To plan and organize the work of the center
3. To collect appropriate information and use that information to make management decisions (MIS)
4. To manage one's own work and the work of any other members of the staff (human resources management)
5. To provide appropriate information, education, and communication to clients
6. To manage supplies and equipment efficiently (logistics management)
7. To manage all funds that come to the center.

This document is aimed at managers of sites that provide barrier methods, oral contraceptives, injectables, and IUDs; it is hoped that it will later be simplified for CBDs and adapted for higher-level facilities. The user of the package may be a nurse, midwife, or doctor. She may work alone, with one other service provider (often a spouse), or as the head of a team of providers. She may run a busy urban clinic or a small rural site, in the public, private, or NGO sector. The challenge is to make the package accessible and useful to this broad spectrum of managers.

While emphasizing that management is the integration of all the functions, the package addresses each function separately, delineating:

- The *broad description* of the function as it would be carried out at a fully functional center. This becomes the *goal* of the manager for that function.
- The *specific characteristics* of the function that will be found at a fully functional center—the manager's *objectives*.
- What the manager must do to reach the goals and objectives:
  - The *activities* to be carried out, with different options for different types and levels of centers
  - The *resources* needed to carry out those activities
  - Detailed *information* about each activity.
- Selected *materials* that will help the manager and her staff perform the function;
- *Creative solutions* other managers have found to common problems;
- A *checklist* for assessing the center's strengths and weaknesses vis-à-vis that management function, and for planning improvements.

February 12, 1997

## **Format for Developing Minimum Management Packages**

### **Family Planning Management Development Project Management Sciences for Health**

<b>Service Delivery Points</b>	<b>Services Provided at Each Level (What services are provided at each level)</b>	<b>Minimum Management Package (What management components need to be available to ensure services at each level)</b>	<b>Interventions (What needs to be done by whom to ensure MMP is put in place)</b>

AP



## Format for Developing Minimum Management Packages- LIP, Bangladesh

(As suggested by LIP staff for the case of ante-natal services)

Service Point	Services Provided	Minimum Management Package	Interventions (what needs to be done by LIP/GOB)
Family Welfare Center	<ul style="list-style-type: none"> <li>-Health education</li> <li>-Clinical exam</li> <li>-Screen for high risk</li> <li>-Refer to next level</li> <li>-Provide tetanus toxoid and other drugs</li> </ul>	<ul style="list-style-type: none"> <li>-Train/retraining staff</li> <li>-Logistics (e.g. drugs, lab items)</li> <li>-Equipment (e.g. scales)</li> <li>-Water supply</li> <li>-Facility (e.g. privacy, maintenance)</li> <li>-Record keeping system and materials</li> <li>-IEC materials</li> </ul>	<p>This column to be filled out after a field check of whether the MMP elements are present at each service point or not.</p>
Satellite Clinic	Same as above	Same as above	
Cluster Meeting	<ul style="list-style-type: none"> <li>-Identify and register pregnant women</li> <li>-Health education</li> <li>-Track pregnant women</li> <li>-Refer to next level</li> </ul>	<ul style="list-style-type: none"> <li>-Record keeping system and materials</li> <li>-IEC materials</li> </ul>	
Client's Doorstep	Same as above	Same as above	

**APPENDIX F**



## Continuous Quality Improvement (CQI) Latin America & the Caribbean

### Bolivia

**Client Organization: The Caja Nacional de Salud/Bolivian Social Security Institute.**

**Participating Polyclinics of the CNS:**

#### El Alto

**QIT Groups have been analyzing:**  
**Providing Information to clients**  
**Providing FP Information to Users**  
**Respecting Patient's Rights**  
**Medical Consultations**  
**The Transfer Process**  
**Supplying Medications**

#### 9 de Abril Polyclinic:

**An evaluation of a Pilot Plan designed to reduce waiting time resulted in the findings that 75% of users waited between 1 and 2 hours, 31% between 2 and 3 hours and 25% more than 3 hours, resulting in 64% of clients unsatisfied with the pilot plan. Based on the results of a study the Polyclinic's QIT for client waiting time will redesign the patient flow to diminish lines and waiting times.**

#### Manco Kapac:

**QIT's have been analyzing:**  
**Patient Flow**  
**Continuing Education**  
**Information to Internal and External Clients**  
**Epidemiological Follow-up.**  
**Patient Rights**  
**Loss of Clinical Records**

#### Currently:

**Developing an Accreditation Process for Participating CNS Polyclinics and their QIT's, including criteria to evaluate, indicators for evaluation, instruments and an evaluation system.**

## Peru

**Client Organization: Ministry of Health**

**CQI activities developed with four hospitals within the priority regions will be extended to pilot health centers through documentation of the methodology along with indicators.**

## Mexico

**Client Organization:           Direccion General de Salud Reproductiva/The General Directorate of Reproductive Health.**

### In Zacatecas:

**QIT groups have widened the communication flow among personnel at different levels within the state.**

**Developed diagnostics for detecting susceptible processes that can be improved within the areas of supervision, logistics, training and operations.**

### In Coahuila:

**Introduced CQI within the Hospital del Niño in Nov. 1996**

### Currently:

**Developing and Accreditation Process in Quality in Family Planning and Perinatal Health**

**The DGSR is developing a manual for evaluation of Quality in FP and Perinatal Health**

**Incorporate the CQI for Reproductive Health Model in the states of Zacatecas, Coahuila and San Luis Potosi.**

## Brazil

### In Ceará:

**With JHPIEGO and PCS:**

**Developed a Joint Action Plan to Increase access and Improve the Quality of Service Delivery within the Family Health System of the State of Ceará.**

45

# **BASICS**

A USAID-financed project administered by  
The Partnership for Child Health Care, Inc.  
Partners: Academy for Educational Development (AED),  
John Snow, Inc. (JSI), and Management Sciences for Health (MSH)  
1600 Wilson Blvd., Suite 300 · Arlington, VA 22209 USA  
Phone: 703-312-6800 Fax: 703-312-6900  
Internet: [infoctr@basics.org](mailto:infoctr@basics.org)

