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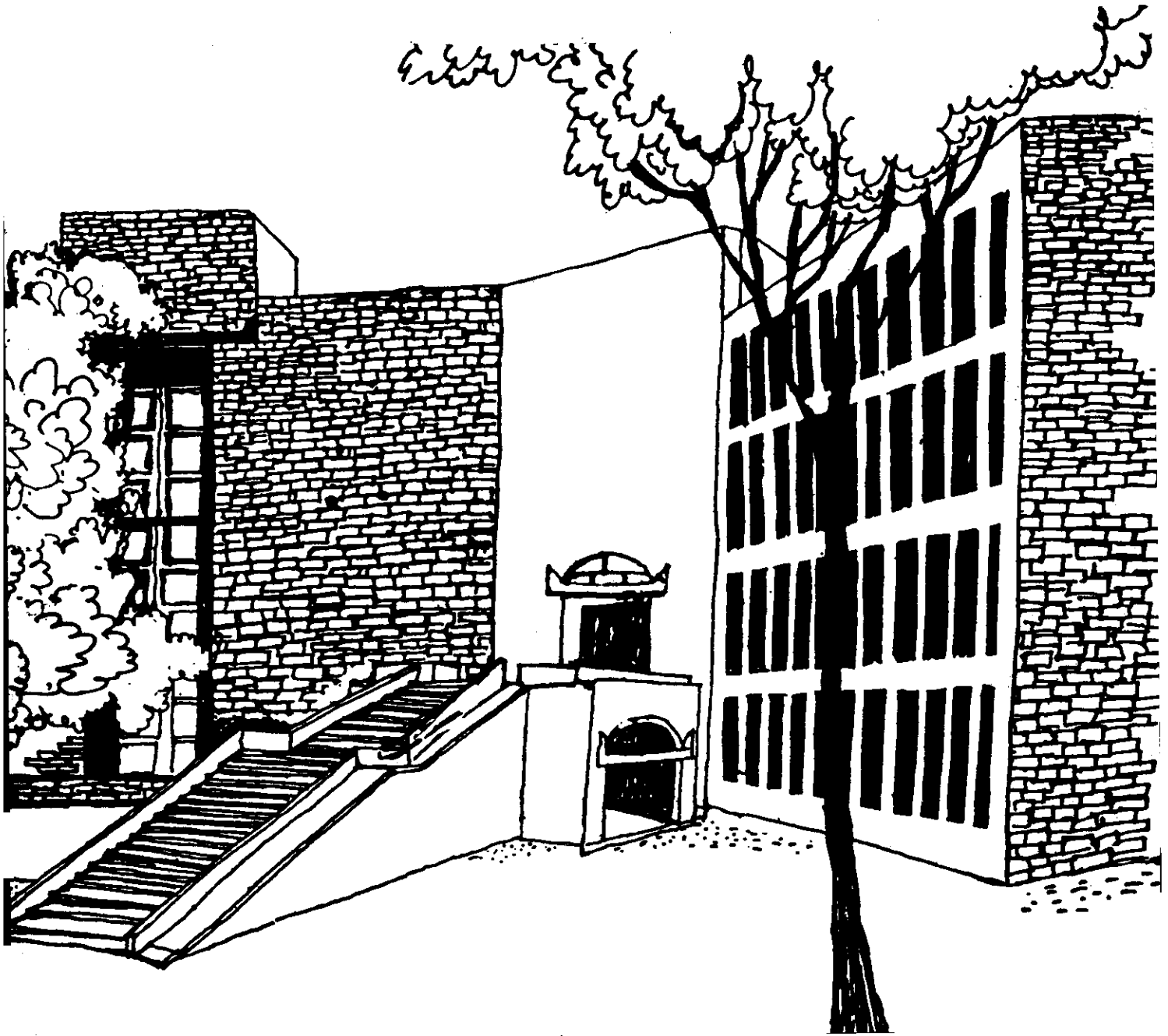

MANAGEMENT CONTRIBUTION TO POPULATION PROGRAMS: AN OVERVIEW

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INTRODUCTION

Population programs now operate in about 120 countries. However, the form and content of the programs vary; some are national efforts and others are voluntary; some are integrated programs while others are still vertically organised; some largely depend on international funding and others are mainly funded by incountry resources; some are explicitly concerned with demographic considerations while others offer family planning services as a matter of human rights. In the late 60s when programs were being established, the program managers were concerned with securing funding, setting up organisations, recruiting and training personnel, securing contraceptive supplies, opening clinics and institutionalising the program activities. However, once such programs were fully established, a number of management problems became salient. It was generally felt that if the programs were managed well their efficacy as measured by the impact on fertility levels would increase considerably.

In response to this need, management assistance efforts of many different types were organised. ICOMP was founded in 1973 with an explicit purpose to assist program managers in improving the management of population programs. Besides ICOMP, a number of international agencies started building management component in their population projects. There is now nearly a decade of experience in this field and it is worthwhile to review the

experience to identify the future needs and mechanisms necessary to meet these needs. Such a review should ideally cover management improvement efforts for both fertility reduction and population distribution. However, since management assistance efforts during the last decade mainly focussed on programs for fertility reduction, and concern with management of population distribution is quite recent, we shall confine our review to population programs primarily aimed at fertility reduction.

This paper is addressed to the following three questions:

1. What has been the contribution of the quality of management to performance of the population programs?
2. What types of management improvements have been attempted during the seventies and with what results?
3. What has been the role of management assistance efforts by agencies/organisations external to the program in bringing about such improvements? What factors contribute to success or failure of these management assistance efforts? What lessons can be derived from these experiences?

The next three sections are devoted to the discussion of these three questions. The future needs are identified in the final section.

II

QUALITY OF PROGRAM MANAGEMENT AND PERFORMANCE

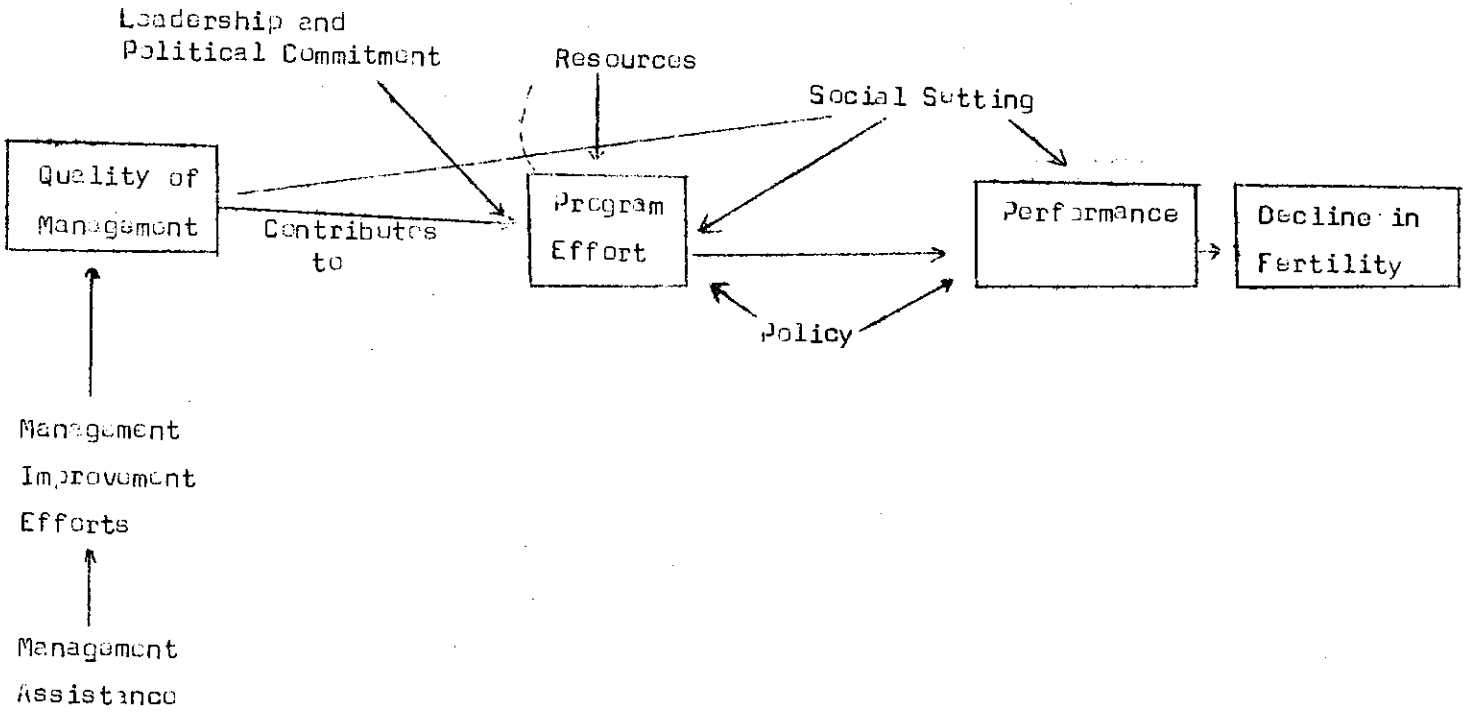
It is difficult to assess the contribution of improved quality of management to performance of population programs without sounding tautological. If the quality of management is improved then improved performance should certainly result and, conversely, if the performance is high then the programs have to be better managed. Therefore, the question needs to be reformulated as follows: At the current stage of program development, given the social setting, leadership commitment and availability of resources, is there scope for improving performance by improving quality of management? It would be useful to look at the past experiences and seek some general answers to this question.

Hypothesized Cause - Effect Relationship

The hypothesized relationship and the factors affecting it are shown in figure 1. The quality of management should affect quality of program which in turn should result in improved performance and consequently reduction in fertility. Several factors may intervene in this causal relationship. The level of resources, policy framework and leadership may affect the performance independent of the quality of management. The social setting may affect all three - quality of management, program strength, and its performance - independently and jointly. Thus, although the hypothesized relationship is simple, the nature of this relationship may be very complex.

Figure 1.

Hypothesized Cause - Effect Relationship -
Quality of Management and Program Performance



Definitional, Measurement and Methodological Issues

Many difficulties arise in examining the past experience for relating quality of management to performance. There are measurement as well as difficulties in isolating the management variable problems from other contextual variables.

It is difficult to measure both the quality of management and the performance. One can measure the quality of management by efficiency indicators, by effectiveness indicators, or by other factors such as motivation of staff, availability of supplies, and processes and systems of management such as strategic management, program control, personnel management and management information systems. Some of these processes can only be assessed subjectively. The data on many of these aspects is not reported and therefore, has to be specifically collected. In essence a management audit may be required.

The performance of the population programs also depends upon the type of population policies and resources. Is it a function of the program manager to get increased resources? Should he take a more pro-active role in generating commitment to population policies? The management function would then also encompass the larger issues of goals, policies, resources, and organisational design.

Measuring performance of population programs also poses difficulty, but perhaps, not of the same level of complexity.

Should one measure performance by output indicators or by impact on birth rates? Over what time period should this result be measured? How does one establish that the decline in fertility would not have occurred in the absence of the programs? Difficulties also arise in seeking reasons for the level of program performance, as it depends upon a variety of complex socio-cultural factors.

One may use performance indicators which are closer to the activities. Such variables are availability of supplies, willingness of people to accept family planning, quality of service delivery & IEC activities, method-mix, utilisation of facilities, proportion of staff in position and so on. But these indeed are also the functions of management. One is then back to the original problem - is it the better management of key program functions or impact on fertility behaviour that results from improved quality of management?

There is also an interaction effect. Political commitment will lead to allocation of a higher level of resources which in turn may lead to improved quality of management. The improved quality of management should result in efficient and effective use of resources, which in turn may lead to higher resource allocation and subsequently higher political commitment. Improved social setting may affect both leadership and quality of program management. Well defined population policies may contribute to improved management of activities. It is rather difficult to

examine such complex interactions and be able to isolate contribution of the quality of management to program performance.

In spite of these overwhelming problems one may ask the question - what evidence is there that improved quality of management leads to improved performance.

Review of studies

Most management improvement efforts, as we shall see later, are either evaluated in terms of their impact on some area of management or are not evaluated at all. Therefore, studies of impact of direct intervention on performance are very few. We have to rely on indirect evidence arising out of statistical studies which attempt to explain performance by relating it to inputs and environmental variables. A few of them also include some variables related to quality of management. A large number of studies examine the effect of program, demographic, and socio-economic variables on the acceptance or use of contraception and change in fertility in a geographical area. Henley and Jain (1977) review 22 selected studies in this category. Different dependent variable definitions, units of analysis and methods of analysis were used in these studies. However, two general but consistent findings emerge: (a) program efforts were found to have an effect on acceptance independent of the effect of social setting, though many of these effects are inter-related; and (b) accessibility in terms of clinic hours or distance to clinics was consistently important.

The program indicators used include inputs in terms of number of workers, expenditure, number of clinics and method of field work. If we accept the view that it is manager's job to provide these program inputs then one may conclude that the impact of good quality of management is significant.

A variety of evidence is available to illustrate that quality of management at various levels of organisation affects performance. Murthy and Satia (1976), based on a few case studies of poor performing primary health centers (clinics) in India, concluded that lack of leadership and interpersonal conflicts result in poor performance. Thus, the manager should create an organizational climate for better performance of managerial tasks. Another study in northern India (Misra et al, 1972) find that many of the couples were not visited by the extension workers. They also noticed a considerable variation in performance among the field workers. Organisational factors and a set of personal variables such as the length of employment in the job explained a significant proportion of the variation in performance. This finding suggests that organisational improvements can lead to increased performance.

Work methodology, type of activities carried out by the program, and operational problems also affect performance. For instance, Phillips (1978) in a multivariate analysis of continued use of contraception among Philippines family planning acceptors found that the variables representing administrative

processes were more strongly associated with continuation than socio-economic variables or demographic characteristics. Better follow up, including resupply, was needed to improve continuation of pill acceptors.

A study on "Organisational Determinants of Family Planning Clinic Performance" was conducted in Malaysia, Philippines, Republic of Korea and Singapore under the auspices of ESCAP(UNFPA,1980). The following sets of data were collected: history of program productivity and general description of the administrative structure and process; current performance in terms of input/output ratios; environmental data; clinic resource survey; and organisational characteristics of clinics.

First the effect of 'hard' data - environmental and physical facility characteristics - was isolated. Then the effect of 'soft' data - personnel resources and organisational characteristics - was considered.

The methodology used was stepwise linear regression. In Malaysia, a total of 24 to 28 percent of variance in clinic productivity was explained by environmental and clinic variables. When controlled for these variables, the background and attitude of staff variables accounted for 19 percent, contact and support variables about 8 percent and organisational characteristics (styles of leadership) for about 10 percent. The results were similar in Philippines. About 30 percent of the variance in clinic productivity was explained by environmental and clinic variables. When

controlled for these variables, an additional variance of about 25, 15 and 17 percent was explained by variables relating to background and attitude of staff, contact and support, and organisational characteristics. Thus the studies show that background and attitude of staff variables are the most significant management variables and also account for about 20 percent of the variance in productivity of the clinics. Although in absolute terms this is only a modest amount, it adds an additional 70 percent of the variance explained by the hard variables.

What is surprising in these studies is that only about 50 percent of the total variation in clinic performance can be explained by all these variables. What other factors are there which may explain the variation better? A review of research literature does not provide answer to this question. However, one may turn to literature on institution-building processes which throws some light on what types of institution are successful in introducing new technology in a community. The success of such institutions is explained by a linkage model. Four types of linkages are distinguished - enabling linkages such as provision of staff, supplies, physical facilities and other needed resources to enable the institution to function; functional linkages with complementary institutions in the community; normative linkages with the community groups who share the same value system; and diffusive linkages with client group on an individual basis. Stronger these linkages are, better will be the performance of the institutions. In family planning clinics are also institutions

seen in this light, perhaps variation in the strength of these linkages may better explain the variations in performance. But this is still speculative as no research evidence is available on it.

Duality between Quality of Management and Program Strength

Perhaps the important cross national study in this regard is of Mauldin and Berelson(1978). They use composite indices for socio-economic setting and program effort to explain reduction in crude birth rate during the period 1965-75 for 89 countries. Both social setting and program efforts individually are able to explain a large proportion of variance, about 66 and 78 percent respectively. There is a substantial joint effect of the two. Thus it reveals the difficulties in assessing the impact of quality of management and of program effort in reducing fertility.

As we have remarked earlier, a major issue is the definition of quality of management. If the definition of management tasks is extended upwards in the organizational hierarchy shown in table 1, then as one moves up the level of management, the overall contribution of the quality of management on performance would increase.

The Table 1 also shows that the program strength depends upon how well the managerial tasks are performed. Thus we have a duality between quality of management and program strength. If the quality of management is measured by how well the managerial tasks are performed then improved quality of management

Table 1

Management Tasks and Program Strength

Management Tasks	Program Effort Indicators
A. Mobilize Support for Population Policy	A. Favourable public statements by political leaders
B. Formulate population policy	B. Fertility reduction included in official planning policy
C. Mobilize financial resources	C. Government provides substantial part of family planning budget from its own resources
D. Formulate programs and allocate resources	D. Customs and legal regulations allow importation of contraceptives not manufactured locally
	Contraception readily and easily available, publicly and commercially throughout the country
	Vigorous effort to provide family planning services to all MWRA (married women of reproductive age)
	Abortion services openly and legally available to all
	Voluntary sterilisation services (male and female) openly and legally available to all
	Use of mass media on a substantial basis
E. Involve communities and other agencies	E. Vigorous effort to provide family planning services to all MWRA (married women of reproductive age)
F. Manage programs by establishing structures and processes	F. Adequate family planning administration structure
G. Manage program activities	G. Training facilities available and utilised
	Full-time home-visiting field workers
	Postpartum information, education, and service program
	Record keeping systems for clients at clinic level and for program service statistics
	Serious and continuous evaluation effort

implies strong programs. On the other hand strong program implies that managerial tasks are well performed and, therefore, quality of management is high.

Impact of Social Setting

The social setting seems to affect both the program strength and the impact of program on reduction in fertility. The table 2 shows the classification of countries in terms of social setting and program strength. Almost all countries with the lowest social setting also have weak programs but the countries with high social setting have programs ranging from weak to strong. The social setting, therefore, seems to place a limit on the quality of management that can be exercised.

What can we conclude?

In summary, the relationship between quality of program management and impact on fertility is complex. Many methodological, conceptual and measurement difficulties arise in assessing the nature of this relationship. Available evidence, in spite of these overwhelming problems, indicates that quality of management makes a difference.

As there is a strong duality between quality of program management and program strength, and strong programs do contribute to reduction in fertility, the question needs to be reframed. It is not whether improving quality of management will contribute to good performance. The question is - can management improvement efforts result in improved quality of management? and if yes - how? We now turn to this question in the next section

Table : 2

Number of Countries by Social Setting and Program Effort

Social Setting	Strong	Moderate	Weak	None	Total
High	9	5	4	6	24
Upper Middle	1	8	11	4	24
Lower Middle	1	2	8	12	23
Low	0	0	7	16	23
Total	11	15	30	38	94

Notes: Social Setting is based upon a composite index of the following: Percent adults literate, percent aged 5-19 enrolled in school, life expectancy, infant mortality, percent males aged 15-64 in non agricultural labour force, GNP per-capita in 1974, and percent population in cities of 1,00,000 +. The program effort is a composite index based upon factors listed in table 1.

III

MANAGEMENT IMPROVEMENT EFFORTS

Nature and Mode of Management Improvement Efforts

An examination of literature suggests that the efforts to improve management have taken many forms which vary in terms of dimension of management, focus on structure or process, level of management, and type of intervention. Numerous such efforts have been made during the last decade and it is difficult to list them or examine the management issues addressed and the mode used for improvement.

A random listing of a few of the management improvement efforts in Asian countries is given below.

Organisational responsibility reclassified - Philippines

Population Policy Committee reorganised - Taiwan.

Integration of contraceptive services with nutrition and agriculture - Indonesia.

Increased community involvement - Indonesia

Improve continuation rates by better program management systems - Korea

The health workers' status changed from temporary to regular - Korea

Combined services and training division to ensure proper coordination between training of staff and provision of services - Malaysia

Integration of health and FP - India

Computerised information feed back and contraceptive control system introduced for obtaining data on the use and distribution of contraceptives. - Pakistan

A center was established to provide coordination, developmental and training support for small local level voluntary organisations - Bangladesh

Strengthened family health administration by adding infrastructure, training, supplies and equipment, and provision of advisory support - Sri Lanka

Even such a small sample of management improvement efforts suggest that different programs concentrate on different issues. An inventory of externally funded management assistance projects has been prepared by Wickham and is available separately. The inventory provides a comprehensive survey of the magnitude of the management assistance activities, agencies and countries involved, management issues addressed and mode of providing the assistance. Therefore, we are limiting our discussion to a selective review of the management improvement efforts in major management areas below.

Commercial Distribution of Contraceptives

Since late 1960s, a number of national and private voluntary programs have used commercial sales outlets for distribution of contraceptives, mainly condoms & pills, at subsidized prices. More than 30 different commercial marketing projects have been undertaken in 27 developing countries. A recent comprehensive review (Altman & Piotrow, 1980) show that at least 12 of these projects were directly planned and initially managed by outside agencies such as USAID, Population Services International, IPPF, Westinghouse Health Systems, and the Population Council. Many others have sought technical advise in the initial phase of the program.

Bangladesh, Columbia, India, Jamaica, Sri Lanka, and Thailand have most successful commercial distribution projects. Their experience suggest that commercial distribution approach has helped improve contraceptives availability, increase sales of contraceptive products, spread knowledge of and stimulated wider use of methods promoted, and provided a substantial measure of protection against unwanted pregnancy at a low cost below that of most other programs.

There are also enough examples of projects which had to be terminated or cut back severely, i.e. Ghana, Morocco, Pakistan, Philippines, Kenya and Tunisia. The following factors were found to be important in ensuring success of such commercial distribution projects.

(1) A small, full-time professional staff with experience in commercial marketing is necessary, whether in government or private agencies.

(2) The technical experts should be given enough flexibility to respond quickly to market situation and make major marketing decisions. This depends on the extent of autonomy given to the organisation responsible for planning marketing strategies.

(3) A good and adequate promotional campaign is important for successful marketing effort.

(4) Continuous market research is essential to respond creatively to changing market conditions.

(5) Political and diplomatic as well as marketing skills are necessary, especially at the start, to build strong population and government support.

(6) The start-up costs of commercial marketing projects are generally high. But, in the long-run, with increase in sales, the costs come down considerably. Thus, it is important to provide enough financial backing even if the costs are higher at the initial stage.

(7) In most countries it has not been possible to cover more than 4.5 % of the total eligible couples through commercial distribution. This raises the question about limits of such an approach in developing countries. There is some evidence from India and Sri Lanka that free distribution of contraceptives through government and community channels have, at least temporarily, adversely affected the sales through commercial channels. Thus, there is need to analyse free and commercial distribution channels as parts of an overall distribution strategy.

Community - Based Distribution Systems.

Often both the commercial and free distribution of contraceptives through community outlets have been grouped under the Community Based Distribution (CBD) approach. However, we would like to make a distinction between professional marketing approach and the use of non-commercial community volunteers for contraceptive distribution. The most extreme example of the latter approach is the C.B.D. of oral contraceptives in Brazil (Davies & Rodrigues, 1976). Pills were given to volunteers who received no financial reward for their work. Even the educators were not paid any remuneration. It required a major community mobilization effort to involve mayors of local municipality, and through them trained teachers, priests, mothers' club members, midwives,

nurses, pharmacists, and informal opinion leaders. This effort was successful in distributing contraceptives in a highly backward community. However, many other CBD projects have provided cash incentives to volunteers. For example, in the Euiryong experiment in Korea (Park; Cho; Palmore, 1977) three different delivery systems using village-level canvassers or distributors were tried out on an experimental basis. Canvassers were selected from among the women recommended by village chiefs and other formal leaders. In all three delivery systems, house-hold distribution was found acceptable and it increased contraceptive use.

Many CBD projects have been initiated through demonstration or experimental projects assisted by foreign technical assistants, specially supported by the AID. However, some of the most successful programs have evolved out of interaction between strong local leadership and community structure. The examples which immediately come to mind are those of Mechai in Thailand (Korten, 1981), decentralized structures in East Jawa and Bali in Indonesia, and village level health workers in Jamkhed project in India (Arole & Arole, 1975).

Since most of the CBD projects were started as demonstration or experimental projects, its replication and extension to larger national populations present many difficulties. It also highlights limitations of using experimental mode of technical assistance in large countries. For example, in Bangladesh, when the Government program attempted to replicate a CBD system initially field tested in 150 villages of Matlab thana, the effect was minimal. (Rahman, Makhlisur: et.al.1980).

Another lesson that emerges from the CBD projects is that projects which provide multiple-services needed by the clients are better able to sustain higher acceptance rates and continuation rates over a longer period of time than those which offer a single service.

Who could be the effective community distributors/volunteers? Studies which relate socio-demographic background characteristics of community volunteers/workers with their program performance have concluded that there is no strong relationship between the two. The more important factors which influence performance are related to program support and field work methodology. (Bertrand, 1980; Bhatt, Maru, Prabhakar, 1981). Thus, it is important to develop management systems and processes which help sustain the community involvement and also improve program performance. Most management assistance efforts have not adequately explored this area of "appropriate management technology".

Structural Interventions.

Organizational structures of various national programs have evolved in response to changing scope and objectives of the population policy. In most countries the program structures have evolved from separate family planning organization to an integrated FP-MCH organization. Since Bucharest, a few countries are also trying to integrate population with other development activities through high level coordinating committees which include all the relevant Ministries. The most interesting

attempt at such structural reorganization is found in the Egyptian program. The Supreme Council for Population and Family Planning through its Executive Board provides a mechanism for interministerial coordination in policy and program planning. Similar coordinating structures are created at the provincial level. The Village Council is made responsible for the grassroots level integration through generation of relevant socio-economic local projects. (Maru et.al. 1979).

The Bangladesh program has been going through several structural reorganizations since 1973. An early attempt at field level integration of health and family planning in 1974 did not succeed. Therefore, in 1975, family planning was placed under a new Population Planning Division under the Ministry of Health and Population Control. However, since 1979, following a management study conducted by an ICOMP mission, dychotomy between planning and implementation functions was bridged by integrating these functions under the reorganized Population Control and Family Planning Division. The Ministry of Health and Population Control is continuing to have two different divisions, health andpopulation respectively. But the service deliveryis being integrated with the health program in the field. Miyan observes "there is a continuing problem of working out a good coordinated relationship between the two divisions within the renamed Ministry of Health and Population Control (MOHPC) but this is subsiding gradually with learning experiences of joint planning and programming

exercises." (Miyan, 1982, p.16-17). Similarly, the intersectoral coordination is achieved through coordination committees at various administrative levels and through appointment of population program officers in the other participating ministries, i.e. Agriculture, Education, Labour and Social Welfare Local Government, Rural Development and Cooperatives, and Information and Broadcasting. It seems that these multi-sectoral linkages have evolved into a stable pattern and have helped generate their involvement in the population programs. (Miyan, 1982, 17-18; Jain, Kanagaratnam, Paul. 1981).

The population program organizations in Indonesia, Malaysia and Philippines have also evolved such coordination and integration mechanisms for FP-MCH-health and population-development linkages (Jain, Kanagaratnam, Paul.1981). In Sri Lanka, interministerial and interorganizational coordination is achieved by placing the responsibility of population policy in the Ministry of Plan Implementation headed by the President. (Veerasooria, 1982).

Some other countries, such as India, have fully integrated family planning with health and MCH activities at the field level, but no interministerial supercoordinating committees have been created for multi-sectoral coordination.

While most countries reorganized program structures through internal discussion and planning, a few countries, specially Bangladesh, El Salvador, and Mexico relied partially on outside

management consultation. The El Salvador case is specially interesting as it highlights the need for process consultation in implementing coordinating structures. In 1974, El Salvador government adopted an Integrated Population Policy. The policy had to be implemented through a Technical Committee on Population, which was also the Secretariat for the National Population Commission. However, the Committee could not function effectively due to lack of clarity about the responsibilities of its members and lack of cooperation at implementation stage. A team of management consultants from the Harward University and the INCAE was called into help. It developed an intervention which included three basic components: (1) Developing through seminars an understanding of certain managerial concepts that would help them in implementing the policy; (2) application of these concepts through drawing up "institutional strategies" for policy implementation; and (3) integration and commitment through series of presentations and discussion of strategies. This process intervention helped in converting the Technical Committee into a problem - solving task-oriented group. It helped build commitment, clarify respective roles of various member organizations, identify opportunities for collaboration, and develop a work plan document (Gomez, 1977, pp.50-63). In fact, the El Salvador experience underscores an important area of management assistance which has been neglected by most countries. Structural changes have to be followed by process changes in order to institutionalise management innovations. The management science can offer help in smoothening this transitional phase. But most

national governments do not seek such process consultation, and thus, experience long period of fludity and uncertainty during the implementation of new structures.

The structural interventions must be based on specific national context and needs at a particular stage in the evolution of the program. Premature attempts at developing multi-sectoral structural mechanisms to keep with the latest world fashion at times generated more problems than the ones it attempted to solve. While MCH-FP-health integration has proved useful in most countries, we still do not have enough experience in developing workable structures for multi-sectoral integrated programs. This is an area for management assistance which should get priority in the next decade.

Management Information System

One of the crucial elements in the successful implementation of national family planning program is the management information system which supports planning, supervision, and program evaluation. The quality of such systems in different programs vary, but they seem to be improving generally.

There is an extensive body of literature but the Indonesian experience in installing an information system is perhaps the most instructive. (NFPCB, 1975).

Following the establishment of a National Family Planning Coordinating Board by the Government of Indonesia in 1970,

a rapid feed back program reporting system was designed and implimented. It was first implemented in Java-Bali program and subsequently extended to 10 outer provinces after some modification. Without going into technical details, the system is basically a service statistics reporting system with a rapid feedback. Logistics data system was also added later on by 1974.

Even after 10 years of operation, the system is able to collect highly accurate data of immediate and relevant value. A feed back report is sent within 30 days and this rapid feed back has been one of the primary determinants in establishing field cooperation and in use of data by program managers. The accurate new acceptors time trends have improved long-term target setting exercises and the projections of consumable contraceptive requirements. Using the available data, program evaluators have provided careful reviews and analyses upon which more program changes could be based.

The system cost was estimated to be about US $ 500,000, about 2 to 3 percent of the total costs of the program. About 65 percent of the total program costs were funded by external donors in 1974-75. In addition technical assistance was provided.

The IIMA has designed and implemented MIS for population program in one of the largest states of India. (Murthy & Satia 1976). Our experience suggests that the major issues in improving management information system are three:

1. It is easier to establish a new system than to bring about changes in the existing system. However, with changes in strategies the information system also need to change.

2. The information system design should match the structure

and process within the organization; often attempts are made to change the information system with the hope that other changes will follow. If other changes do not follow, a mismatch results disabling the information system.

3. Information system usually rely on quantitative information. It can help in detection of problems but corrective action can only be taken if there is supportive intra-organizational communication and adequate managerial capability for diagnosis and corrective action.

Management Training

While most established national programs have developed internal capabilities for technical and extension education training, management training for population managers is still a developing field. In a later section, we are going to describe institution building efforts in India, Bangladesh, and Latin America for developing national population management training capabilities. Except in a few countries where these efforts are well established, most other countries still rely extensively on the American and the European universities for higher level management training. For lower level managers, specific seminars or courses are held within the country in data management, evaluation, and supervisory techniques. (Jain, Kanagaratnam, Paul; 1981). Thus, there is considerable management development effort through various modes of training from short-term inservice to long-duration doctoral programs. However, it is very difficult to distill lessons from such efforts on a

cross-country basis as practically no published material is available on impact evaluation of these training programs.

Although there is a general consensus about the need for management training, most administrators tend to be sceptical of its usefulness in improving day-to-day management. While partly this may be due to inadequacy in design and methodologies of training, this uneasiness is also due to inability to concretely assess the contribution of training to performance improvement.

Since training is only one of the many inputs in program management, it is unrealistic to expect major behavioural changes after training if the organizational climate is not conducive to innovation and change. Thus, the effectiveness of training depends on many factors which are both internal and external to the training situation. In the absence of written documentation on the impact of management training, we have to limit the following observations to our own experience in India and of other colleagues at INCAE and IESA in Latin America. (Maru, 1981; Gomez,1977; Korten,1982).

1. Training can become relevant and useful if it is based on material developed from the field through case research and consulting activities. There is a synergy between training, research and consulting, if all three are undertaken within the trainees' organization. Most governmental systems contract only training activity to a management institute without providing opportunities for research and consulting.

2. Our experiences suggest that "one-shot" training is not an effective way of building management capabilities. The better way is to develop a cycle of training-application-retraining. Such a cycle can be most effective if it integrates analysis of performance and environmental data from the participants' own area with development of action plans. Such action plans can then be followed up in the retraining phase. We have developed such a methodology at the Indian Institute of Management, Ahmedabad. Some of the seminars conducted by Latin American schools also used similar training approaches.

3. As most managers of population programs are physicians by training, they perceive their role as clinicians. They have a tendency to look at each case on its own merit rather than develop community diagnosis and plan accordingly. Thus there is need to change their clinical orientation to that of a community health orientation. Once this is accomplished, it is easier to develop "managerial" perspective. Therefore, the major task of management training, at least in the initial few years, should be to develop understanding of the managerial role. This may require greater emphasis on behavioural teaching methodologies than on quantitative management methods.

4. The program organization must develop a training strategy as a part of a larger Human Resources Development (HRD) policy. The HRD involves developing the necessary capabilities in the members of the organization to perform their tasks and

then creating necessary conditions that ensure continuous and effective use of these resources. A comprehensive HRD policy should include the following functions: manpower planning, selection, recruitment and other forms of job assignment; induction program; transfers; performance appraisal; job evaluation and analysis; training; reward and punishment; employee counselling and feedback; career planning and development; organizational design and institution building (Pareek & Rao, 1981).

If training policy is conceived within this broad framework of HRD, it will help to generate organizational climate conducive to the utilization of new knowledge. The HRD remains one of the least explored areas in management improvement and assistance efforts.

Organizational Development

Although the use of organizational development (OD) approach is becoming fairly wide spread in enterprises, we could find only a few illustrations of this approach in population program management literature, and we briefly describe here the experience in Thailand and Nicaragna. First, we briefly describe the OD intervention in the Training, Supervision and Education (TSE) section of the Family Health Division in Thailand. (Jain, Kanagaratnam, Paul. 1981 ,204-225.)

Objectives of the OD program were:

1. to increase the level of trust and support among organizational members;
2. to increase confrontation of organizational problems, both within and among groups;

3. to increase the openness of communications;
4. to find solutions to problems through cooperation rather than conflict;
5. to increase the level of individual and group responsibility in planning and implementing family planning training programs;
6. to encourage other sections to adopt OD program.

The OD program for TSE section began in July 1978, starting with problem identification done by interviewing and administering questionnaire to all 46 TSE section staff members. The first OD meeting was held in September 1978. Following this meeting, the TSE staff section has worked according to the plan and commitments made at the initial meeting. A new organizational structure has been implemented, staff meetings are being held regularly, and staff at all levels are now selected by agreed-upon criteria and are sent for further training as necessary to meet both personal and organizational needs. Preliminary results have been quite promising; however, the outcomes of individual follow-up interviews are not yet complete. The second OD meeting, held in July 1979, indicated the level of success of the program after the first-year efforts and helped in making necessary adjustments and replanning.

The efforts of the TSE Section have been productive in the regional MCH centers, and other divisions are planning this approach for organization development. Assisted by regional universities, the TSE Section will evaluate the OD/MD programs at all regional MCH centers, with support from UNFPA and the Thai government.

A few advantages of having outside consultants to help plan, develop, and implement OD/MD activities include: (1) consultants have a neutral stance which enables them to diagnose organizational problems more objectively, (2) staff can feel freer to express their feelings and opinions without fear, (3) consultants are able to provide ideas and various theories of management which may result in innovative interventions, and (4) consultants are in a better position to follow up, evaluate, and give direct feedback since they are outside the bureaucratic structure.

INCAE prepared a comprehensive report on Nicaraguan Program, which led to process work with the program administrators. Bergthold (1974) describes:

> A short while later, the director asked us to provide consulting help in the staff review of the program description. This we agreed to do; not as technical experts providing recommendations on how to improve the program, but as process consultants helping to determine priority problems, seeking solutions to these problems, and planning action step required to implement these solutions. The design we suggested for the staff review was a highly participative series of five meetings patterned after Beckhard's "confrontation meeting". These five meetings, held one morning every week for five weeks were set up as follows:
>
> Week 1 - A clarification of the present situation including a review of the program description and other evaluation documents.
>
> Week 2 - Description by each of the six department heads and the Director of the major problems of the organization and clarification of these problems.
>
> Week 3 - Determination of priority problems to be worked on by the group.
>
> Week 4 - Development of plans for solving priority problems.
>
> Week 5 - Continued planning and assignment of responsibilities for implementing these plans.

These meetings were very lively and there developed a very high level of participation of all department heads and an increased willingness to confront problems directly. The development of the level of trust required to conduct problem-solving meetings of this kind was largely due to the example of the Director who demonstrated with his own behaviour his desire to confront and solve problems.

The final outcome of these meetings was a re-written operating manual in which the entire top staff took part and which clearly set out for the first time all of the operating procedures and norms, and defined roles, responsibilities, and goals for every department. Significantly, an operating manual had been in the process of development for nearly two years without ever being completed, and one manual prepared by an expert consultant had been rejected six months earlier.

We have begun to see some very concrete results of the problem-solving meetings held in the Ministry of Health. Perhaps most significantly, the key staff has decided upon a common goal toward which each department will attempt to contribute and against which it will measure its own progress. This goal was to increase the number of active users served by the program, an operating objective which had been emphasized in our seminar with top managers. Measured against this goal, many of the program's norms and procedures were clearly incongruent, so the department heads completely revised the norms to contribute more clearly to the attainment of this goal.

One of the most significant outcomes of the intervention has been that the Director is playing a much more active and strong role in carrying out the managerial functions in his organization.

Both of these efforts suggest good success with such OD process work. But, like other management improvement efforts, its impact on program output has not been assessed.

Summary Observations on Management Improvement Efforts

The operational research mode for evaluating the alternative service delivery systems has perhaps been evaluated most carefully and has also been found to be most successful. Most of these efforts are, however, on a pilot project basis and there has been some loss in effectiveness when the service delivery system is expanded nationally. The development of systems for management

information, logistics, target setting and evaluation have not been evaluated carefully but are generally considered useful. The need for management training is recognized although assessment of its impact on performance poses many difficulties. However process intervention attempting to change behaviour have been limited and have not been evaluated at all.

Productivity of management improvement efforts has been limited. Often the selection of area for improvement reflects biases of program managers or of management assistance providers. Not only a careful assessment of needs is required but also a modest degree of organisational consensus regarding the priority is needed. Organizational stability in many programs tend to be low because of frequent top level changes. This leads to discontinuity in efforts. Bureaucratic opposition, difficulties in bringing about change and unrealistic expectations also lead to loss of productivity.

As the review suggests, the factors accounting for success of management improvement efforts depend both on the context and the substance of such efforts. In general, however, resources, commitment, technical competence and clear definition of problem area, and its perceived criticality may be necessary conditions for management improvement efforts to achieve their objectives.

IV

Management Assistance:

The population program managers have sought management assistance from both foreign and national institutions. While foreign technical experts have always been associated with foreign aid, in recent years, there is growing awareness of the need to develop national management resources. Thus, the World Bank, the Ford Foundation, and the ICOMP have been actively involved in developing population management capabilities in India, Bangladesh, Phillipines, and Latin America. We will first discuss some generalizations about the process of providing management assistance, and then focus specially on the institutional development mode of management assistance.

a) Management Assistance Process

Most technical assistance reports do not explicitly document the process of providing assistance. The most elaborate process account is given by Henry Gomez and his colleagues for their experiences in Central America (Gomez, 1977). Minkler (1977) has described problems of US population advisors and their relationship with the Indian program managers. Based on these two process accounts and our own experience in India (Maru, 1981), we shall first briefly describe the modes of management assistance and then draw some generalizations about the factors which seem to facilitate consultant-client relationship.

Both the Central American and the Indian Management consultants used the three most generally adopted modes of management assistance:

(1) training, (2) research, and (3) consulting. However, content and design of these activities varied according to availability of local management skills and program contexts. For example, the Central American management institutions developed problem oriented seminars which brought together various functionaries concerned with that particular problem. Thus, a seminar on the creation and use of data system was attended by program managers, statisticians, and evaluators. The Indian Institute of Management, Ahmedabad (IIMA) developed a three-tier general management program for managers at three different levels in the hierarchy. The focus was on the unit head at each level and not on the team, because the main problem was of generating verticle communication and support from each level to the next level of administration. However, both the Central American and the Indian training interventions emphasized organizational diagnosis and action planning. In terms of consulting activities, Central American schools did more of process consulting, while IIMA got closely involved in designing and implementing management information system. Both the groups undertook case research for diagnostic purpose and action research to develop, test, and demonstrate new management systems.

What lessons can we draw from these experiences about the general process of management assistance, and more specifically about the consultant-client relationship? What are the aspects of this process which may help improve on effective management of this relationship? These aspects relate to both the strengths

and weaknesses of the consultant and client organizations as well as the specific socio-political and administrative context within which assistance effort has to be implemented. We will list below some of these dimensions.

1. If the assistance is given by foreign experts, it is essential to include some members in the consulting team who are intimately familiar with the local culture. Preferably, a local institution should be associated with the management assistance study. This also helps in building local management expertise.

2. The technical level of the consultants must be higher than those with whom he has to work. Minkler (1977, was told by many Indian program managers that quite often the level of technical competence of the advisors was lower than that of his Indian counterpart.

3. Not only the technical competence, but the consultant must also possess good human relations and communication skills.

4. Both the consultants and the clients must clarify expectations about their respective roles. If the consultant is hired by a donor agency, he is often subjected to contradictory expectations from the donor agency and the client. Many consultants tend to take action in their own hand rather than face the frustrations of a facilitator's role. Even clients may expect the consultant to do the job for them.

5. If Management consultants are perceived as "strings attached to monetary aid", they will face difficulties in establishing productive relationship with the client. Often request for financial aid has been responded by requiring the recipient country to hire foreign consultants.

6. Management assistance efforts have better chance of success if the request for assistance comes from the top manager. Top management interest and support are absolutely essential if process

intervention is to be implemented. The Central American management schools were able to implement process interventions in two of their assignments due to very favourable attitudes of top program managers and their willingness to be flexible in implementing organizational changes. The IIMA had to give up its plan for process intervention due to hesitation on the part of the relevant program manager.

7. The management assistance should correspond to an objective need of the receipient country program.

8. Consultant's usefulness is directly related to the capacity and the ability of the top manager and his team to take advantage of his expertise. The manager should clearly define his expectations and integrate the consultant with the work team of the organization. He should provide necessary resources and political support to implement new ideas.

9. Shorter the time of the consultancy, the more specific should be the definition of the task by the program manager. In the longer time period, the consultant can also help in clarifying the issues and tasks.

10. Constant communication with the key staff members in the client organisation is necessary to build commitment and to test feasibility of new ideas. Thus, the action research mode of consultation is far more effective than the traditional mode of analysis and report presentation.

11. The choice of mode and duration of management assistance

would depend on available management expertise; the task and the time within which it has to be accomplished; the preparedness and interest shown by the organization; and the overall socio-political climate.

12. The contextual factors such as commitment of the organizational leadership, size and age of the organization, the stage of the program, the nature of socio-political environment etc. will have major implications for choice of management assistance strategy. The Central American experience documented by Gomez relates to countries with 2 to 6 million population. Two of the programs are managed by private family planning associations. On the other hand, the Indian experience relates to the largest and the most-backward state of Uttar Pradesh which has a population of 80 million. Thus, it is necessary to be sensitive to contextual variables in designing management assistance projects.

b) Institution Development Efforts

One of the modes for providing management assistance has been that of developing institutional capability. While all other modes have been similar to those being used in other sectors, institutional development efforts have been somewhat of a unique nature and require discussion. We will base our discussion on the experiences of the following selected institution development efforts: the Indian Institute of Management, Ahmedabad as part of the World Bank Project; the Institute of Business Administration (IBA), Bangladesh; the Instituto Centroamericano De Administracion De Empresas (INCAE) in Managua, Nicaragua; and the ICOMP aided

Institutional Development Assistance Project (IDAP-PhaseI) in the ICOMP related management institutes.

The Latin American management schools have identified the following common elements which enhance effectiveness of management assistance efforts.(Gomez,1977).

a) A clear institutional strategy within the school that capitalized on the school's strengths and generated a commitment to population activities;

b) an articulate demand for management assistance from national programs that is a product of both the programs' perception of the utility of management and their ability to coherently identify priority management needs; and

c) a positive working relationship between management institutions and operating programs that recognized the needs and capabilities of both parties.

It would, therefore, be worthwhile to examine the institutional development experience as it pertains to the above three areas.

The institutional strategies adopted by different institutions varied. The Indian Institute of Management set up a group of faculty but its activities were closely tied to research, training and consulting with the World Bank Project. The Institute of Business Administration (IBA) also set up a group but its activities were not so closely tied up. Instead it was given freedom to develop its own research activities. INCAE team was free to choose its own approach.

The institutional strategies also show many similarities. Each institute decided to set up small groups. Most of the faculty

INCAE continues to carry out research, educational activities, and consulting in the field of health and population program management with emphasis on strategies for achieving broader coverage in rural areas and for incorporating these programs more fully into national plans for rural development. The Asian Institute of Management, Manila, has also expanded its concern from population management to rural development management. The IBA, Bangladesh, and the Administrative Staff College of Hyderabad, India continue to have centres working on population program management.

A review of the above institutional development efforts suggest that it has been difficult to fulfill the three conditions mentioned at the beginning of this section- clear institutional strategies, articulated demand, and good working relationship - on a sustained basis. It has been difficult to maintain teams of faculty working on these problems but by now each of these institutions have several faculty members with experience in this area. Program managers have also begun to articulate their demands. It is the third - close working relationship that has been the most difficult to achieve. One of the major reasons for the difficulty is the mobility of both program managers and thefaculty at the institutions.

Thus the institutional development strategy has succeeded but to a limited extent. Given the difficulties in achieving the ideal conditions for institutional development on a sustained basis, this is perhaps what should have been expected.

V

FUTURE NEEDS

The future program needs can be assessed in two ways: (1) derived from perceptions of program managers; and (2) from projected future needs of the programs. First, we shall list the future needs as perceived by the program managers.

Asian program managers, at the Manila meeting held in November 1980 have identified four specific priorities for population program management improvement:

(a) Policy development: Planning for policy changes and development in the decade of 1980's; analyzing the inter-relations between population and development; adaptation of contraceptive technology, etc.

(b) Program coordination: management needs are in the area of inter-agency coordination of policies and programs at all levels.

(c) Service delivery: management needs in field supervision, logistics and supplies, community mobilization, etc.

(d) Research and training; utilization of research and management of research to ensure relevant outputs for better organization and method, training programs; preparation of management training kits and performance appraisal systems.

The Latin American group identified eight major areas of population management needs and problems.

(a) Logistics and operations management

(b) Supervision and motivation

(c) Planning and Programming

(d) Design and use of information systems

(e) Personnel development

(f) Intra and inter-institutional coordination

(g) Research and evaluation

(h) Managing community participation

The views of African program managers were expressed at the annual ICOMP Conference held at Nairobi in July 1979. Two specific requests were made of ICOMP:

(a) ICOMP should support management training for middle managers of population programs in the regions, and

(b) ICOMP should support regional meetings and interactions of top managers and relevant management institutions.

The above listing clearly indicates different stages at which the programs are and therefore different priorities. The programs in Africa are in formative stages and their needs are management training and development of institutional capability for management assistance. The programs in Asia are well established and have varied needs. But there is more concern with what policies are needed to achieve desired reductions in fertility in the eighties. The programs in Latin America are relatively more successful, and would like to expand and improve quality of services. They do not perceive demand as such a serious constraint. Their managerial concerns are therefore classical enterprise type-supplies, logistics, personnel, planning, supervision, evaluation and inter-institutional coordination.

It is perhaps difficult to devise a universal list of future management needs. Nevertheless, such an attempt was made by a group of managers and experts which met at Kaula Lumpur in July 1981 to discuss issues relating to management development in population programs. (Jain, Kanagaratnam, Paul-1981). They came up with the following list:

1. Need to convert role perceptions and expectations

of population program managers from "maintenance orientation" to "development orientation."

2. Need to clarify program objectives and goals specially in relation to the problems caused by the uneven progress between the population and other developmental and human services programs.

3. Need to develop suitable arrangements for effective intraagency and intersectoral coordination and coordination of foreign assistance from varied sources.

4. Need to improve the design, operation, and use of management information systems (MIS).

5. Need to improve personnel planning, recruitment, retention, development, motivation performance, and employee relations.

6. Need to create a suitable climate for the proper delegation of powers to subordinate levels.

7. Need for improved system of inventory (supplies) procurement, management, and distribution.

8. Need to consolidate and improve demand for family planning services.

9. Need for improving field operations.

10. Need for steady decrease in reliance on donor agencies.

11. Need to protect the programs from frequent shifts in strategies, tactics, approaches, emphasis, organization, and leadership.

The first four issues - need for "development orientation" of managers, goal-setting, coordination and management information system were considered most critical.

Population programs are at a new juncture in their history. The need is to move from present levels of performance to higher levels of performance for achieving desired reduction in fertility. Several actions would be needed which include, inter alia-

- the population programs would have to be increasingly integrated with development programs;

- a large number of couples would have to be reached who have been higherto difficult to access; the service delivery systems will not only have to expand but also diversify;

- the method-mix would have to be diversified which would require different types of delivery systems for different methods;
- the IEC activities would have to be considerably improved both in quantity and quality;
- the productivity of program efforts would have to increase as the available resources may not continue to expand in proportion to the needed increase in performance.

The programs would have to continuously modify their strategies to respond to changed environmental conditions. For successful implementation of the strategies, structure and processes of planning, control, human resources and information handling would also have to be appropriately modified. This task is likely to be more difficult as the structures are now well established and the existing processes have been internalized by organizations.

The above discussion suggests that needs vary among countries and for the same country at different points in time. Therefore, rather than deal with specific issues, the future needs can be best discussed in terms of types of management improvement efforts needed and management assistance processes required.

A review of management assistance suggests that considerable efforts have been made in the following areas - management information system, management training, commercial and community-based distribution of contraceptives, logistics and organization restructuring. Both the awareness of the need for and skills in improving management have increased. This process has also resulted in a creation of resource persons competent in providing assistance in these areas.

However the review also suggests that a large number of such efforts have achieved their objectives in a limited way. The reasons are several. But the major lacuna has been that these efforts were not specifically directed towards improving program performance. Often, therefore, such efforts were partial and fragmented. They did not focus on the critical variables which affect performance. For example, improved storage, procurement and inventory procedures may indeed improve the availability of contraceptives at service point, but if the skill and motivation of field personnel is inadequate, the performance may improve only marginally.

A change in focus from improving a subsystem to improving performance of the program would result in a careful diagnosis of the bottlenecks and a set of integrated critical interventions. Increasingly external assistance agencies are undertaking careful need assessment surveys.

There is also now nearly a decade of experience with improving institutional capabilities for providing management assistance. The experience suggests that it is difficult to institutionalize such groups or management institutes. In some institutions no such groups exist. In a few others population management activities have begun to merge with broader concerns of social development management.

What the decade of effort has yielded is a number of professionals who are familiar with and have experience of working on problems of population program management. But the programs do not report use of consultants in any systematic way. Partly, this may be due to

the fact that despite recognition of the need to use management consultants from developing countries, funding agencies tend to rely more on experts from the developed countries of the West. To that extent the ability to utilize consultants on the part of program management and ability of consultants to provide assistance which is perceived to be of tangible benefit need to be further developed. In summary, the following needs emerge:

The management improvement efforts need to be made more productive. As the management improvement efforts in the past have often had only limited impact, it is necessary to concentrate on making them more productive. As remarked earlier, a variety of actions would be needed including performance improvement orientation, adequate diagnosis of the problem, commitment on the part of manager, stability in the organization, availability of technically competent personnel to provide assistance, supportive organizational climate and appreciation of time frame necessary for implementation.

There is a need to bring together programs and appropriate management assistance resources. A considerable amount of management assistance resources have been developed and the need for management improvement is also appreciated by the managers. But there is need for catalytic efforts to bring them together.

The knowledge in areas, where a considerable amount of work has been done, needs to be crystalized. The areas are management information system, logistics, commercial distribution, training of trainers, and management audit or need assessment. Although

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disseminate knowledge, preparation of manuals, and collection and compilation of materials. The mechanism needed would vary depending upon the topic. For instance, preparation of manuals would be needed for MIS and management audit or need assessment. Workshop and collection of materials may be needed for commercial distribution of contraceptives.

Generation of new knowledge is critical if the challenges of the 80's are to be met. The major issues are the following:

Policy Development - What more needed to achieve the goals of birth rates? What changes in policy, strategy, structure and process may be necessary?

Community Participation - How to secure and retain community participation?

Coordination of Agencies - How to coordinate planning and implementation of activities by various agencies?

Productivity of the Programs - How to increase productivity of program resources?

ICOMP need to support research and technical assistance efforts in these areas.

ICOMP should perform all the four above roles - disseminator, catalyst or constraint remover for bringing together receivers and providers of management assistance, and assistor in crystalization and generation of new knowledge - to meet its objectives of contributing to improvements in quality of management of population programs.

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