

## MANAGEMENT STRATEGIES FOR IMPROVING SERVICE DELIVERY

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### Case Scenario

*Mrs. Chege Conducts an Internal Evaluation to Measure Program Performance*

## Using Evaluation as a Management Tool

### Editors' Note

With the increased focus on achieving programmatic impact, managers must pay close attention to whether their programs, and the services provided through their programs, are meeting the needs of their clients, are being provided efficiently and effectively, and are contributing to the achievement of organizational and program objectives.

This issue of *The Family Planning Manager* discusses the important role of ongoing, regular internal program evaluation and gives managers advice on how to plan for and incorporate evaluation into their programs. The issue stresses the importance of regularly collecting and analyzing program data so that managers have good information for making critical management decisions. Finally, it provides examples of how managers can use the resulting information to make necessary programmatic changes and improve the effectiveness of their programs and services.

—The Editors

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Subscriptions to *The Family Planning Manager* are \$15/year in North America and Western Europe; in all other areas the publication is distributed free of charge. Second-class postage application pending at Boston, MA. Postmaster: Send address changes to: *The Family Planning Manager*, Management Sciences for Health, 400 Centre Street, Newton, MA, 02158-2084 USA.

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*The Family Planning Manager* (ISSN 1060-9172) is published quarterly in English, French, and Spanish by Family Planning Management Development (FPMD), a project of Management Sciences for Health. This publication does not represent official statements of policy by MSH or USAID.

Recommended citation: Management Sciences for Health. "Using Evaluation as a Management Tool." *The Manager* (Boston), vol. 6, no. 1 (1997): pp. 1-18.

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Published with support  
from the U.S. Agency for  
International Development.

# Understanding the Role of Evaluation in Good Management

Well-run organizations and effective programs are those that can demonstrate the achievement of results. Results are derived from good management. Good management is based on good decision making. Good decision making depends on good information. Good information requires good data and careful analysis of the data. These are all critical elements of evaluation.

Evaluation refers to a periodic process of gathering data and then analyzing or ordering it in such a way that the resulting information can be used to determine whether your organization or program is effectively carrying out planned activities, and the extent to which it is achieving its stated objectives and anticipated results.

Managers can and should conduct internal evaluations to get information about their programs so that they can make sound decisions about the implementation of their programs. Internal evaluation should be conducted on an ongoing basis and applied conscientiously by managers at every level of an organization in all program areas. In addition, all the program's participants (managers, staff, and beneficiaries) should be involved in the evaluation process in appropriate ways. This helps to ensure that the evaluation is fully participatory and builds commitment on the part of all participants to use the results to make critical program improvements.

While most evaluations are done internally, conducted by and for program managers and staff, there is still a need for larger scale, external evaluations conducted periodically by individuals from outside the program or organization. Most often these external evaluations are required for licensing or funding purposes or to answer questions about the program's long-term impact by looking at changes in demographic indicators such as fertility and mortality rates. In addition, occasionally a manager may request an external evaluation to assess programmatic or operating problems that have been identified, but which cannot be fully diagnosed or resolved through the findings of internal evaluation.

This issue of *The Family Planning Manager* discusses how internal program evaluation, conducted a regular basis, can greatly improve the management and effectiveness of your organization and its programs. It presents the differences between monitoring and evaluation, how evaluation is an integral part of regular program planning and implementation, and the kinds of information needed by managers at different levels of the organization. It explains the advantages and disadvantages of internal and external evaluations, what is involved in planning for and conducting evaluations, and finally, provides examples of how managers and staff have used the results of evaluations to improve the effectiveness of their programs.

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This issue of *The Family Planning Manager* was written by Sallie Craig Huber, Technical Director of the Family Planning Management Development (FPMD) project. Over the last 25 years she has worked in Asia, Africa, and Latin America with national and local programs and organizations to conduct internal and external evaluations, and has assisted them in applying the results to benefit their programs and clients.

### **Where Do Managers Get Good Programmatic Information? Through Evaluation!**

Evaluation is one of the most important tools available to managers. The evaluation process helps managers make critical decisions about how to improve the implementation of their programs and/or the management of their organization. It helps managers to:

- Learn whether the intended results are being achieved and what modifications should be made to improve the efficiency and/or the effectiveness of program activities;
- Determine whether current program strategies are appropriate and effective;
- Determine what type of staff are needed;
- Decide where staff should be posted;
- Supervise and guide staff in doing their work;
- Track inputs (money, human resources, time) and outputs (products, services, trainees, clients);
- Determine where to locate services;
- Decide when it is necessary to buy new equipment and what type(s) to buy;
- Determine whether the program or organization has achieved its anticipated results.
- See whether there are client needs that are not being met or whether there are potential clients who are not being reached by the program.

As a manager, you are responsible for making these types of decisions. Evaluation, when used

regularly, is a powerful management tool that can give you good information to help you make the right decisions about how to manage your program so that you can continue to provide high-quality services and meet the needs of your clients. Through the process of gathering, analyzing, and interpreting the data you have collected, the information you get from an evaluation allows you to make choices, propose alternative courses of action, and understand and consider the consequences of each proposed action. *For example, evaluating your program or a part of your program should help you to recognize what changes should be made in how the program is being managed, what new services or activities should be conducted to improve the quality of the program or services, or whether a new marketing or fundraising campaign should be introduced.*

### **Monitoring and Evaluation— What is the Difference?**

The terms “monitoring” and “evaluation” are often used interchangeably, but there are important differences between them. Monitoring generally refers to the process of regularly checking on the status of a program by comparing the actual implementation of activities against a work plan, including whether the activities are being completed as planned, whether they are being conducted within the time frame specified, whether the budget is being spent according to plan, whether any changes are needed in the management or implementation of the activities, and whether the work plan should be modified.

Evaluation, on the other hand, is directed at measuring progress toward the achievement of program objectives and the impact of the program (whether the intended long-term changes have occurred). This includes measuring the extent to which the changes that have occurred are attributable to your program’s activities. Although there are differences between monitoring and evaluation, the two processes work together to lead to the same end, which is to produce information that can be used to improve the management of a program and achieve the intended short-term objectives and long-term results.

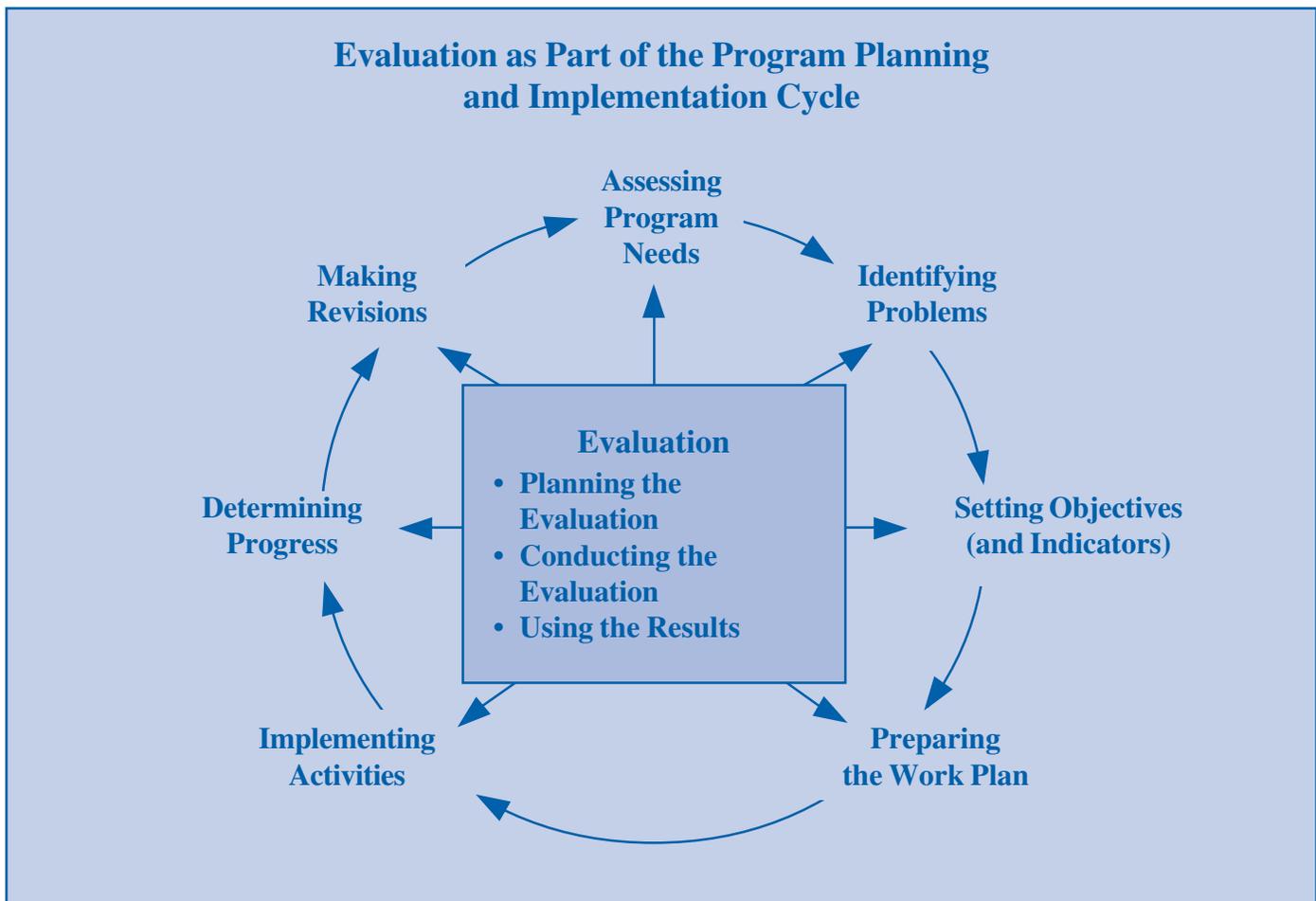
## Linking Evaluation to the Program Planning and Implementation Cycle

The steps that an organization or program goes through in managing its activities can be presented as a continuous cycle of management actions from assessing needs, to planning and implementing activities, to measuring final programmatic outcomes, the results of which feed back into the planning stage to start the cycle over again.

Whether an evaluation is conducted internally by program staff or by an external consultant, there are three main elements in any evaluation:

- planning the evaluation;
- conducting the evaluation;
- using the results.

As shown in the diagram below, these elements of evaluation are directly linked to the steps in planning and implementing your program or project.



Evaluation is part of and relates to each stage of the cycle, and, as already noted, all of the program's participants—managers, staff, and target population (beneficiaries)—should be involved throughout the process. In this way, participants involved in different

aspects of the program will understand the need to implement any necessary changes indicated by the evaluation, and will be motivated to work together to achieve the desired results.

## Incorporate Evaluation into Program Planning and Implementation

Looking more closely at the elements of evaluation and their sub-steps, you can see how important it is to think about how you will evaluate your program at the same time that you are developing your program objectives and work plan. The following chart breaks down the steps in the evaluation process and shows how they directly relate to the steps in the planning and implementation cycle.

Evaluation Process	Link to Program Planning and Implementation Process
<b>Planning the Evaluation</b>	<b>Assessing Program Needs, Identifying Problems, Setting Objectives, Preparing the Work Plan</b>
<p><b>Identify the objectives of the evaluation.</b> What do you want to evaluate? Why do you want to evaluate it? Who needs what kind of information? How will they use the information and apply the results to improve the program?</p> <p><b>Decide on the scope of the evaluation.</b> Are you measuring the achievement of short-term objectives or the long-term impact of the program? Will the evaluation be conducted by a staff person or by an external consultant? How will you involve others from the organization in the evaluation? How much time and money can you afford to spend on the evaluation?</p> <p><b>Select indicators and standards for the evaluation.</b> Are they are consistent with the objectives of the evaluation and those of your program?</p> <p><b>Identify sources of data and plan for and decide how you will collect the data.</b> What methodologies will you use in the evaluation? Are these methodologies appropriate to the data you want to collect (and appropriate to use with your clients and/or staff if you are collecting data from them)?</p>	<p>In order to focus and plan the evaluation, you will need to know the main purpose of the program. What are the primary problems that the program or project intends to address?</p> <p>As you develop your strategic and operational work plans for the program, you will develop both long-term goals and short-term specific objectives. These goals and objectives should also be used as the criteria and indicators for evaluating your program, initially in internal evaluations to see if you are meeting your short-term objectives, and then in later evaluations (either internal or external) to see whether you are making progress toward achieving your long-term goals.</p> <p><i>For example, if one of the objectives of your program is to have served a total of 15,000 new users by the end of the third year of operation (2,500 in Year 1, 4,500 in Year 2, and 8,000 in Year 3), and another objective is to focus on providing these users with more reliable methods (such as pills, injectables, and IUDs), then some of your evaluation criteria at the end of Year 1 might be: actual number of new users served by the end of Year 1, with a breakdown of the types of contraceptives used by this group.</i></p> <p><i>With this information you can determine how well you are meeting your objectives, and decide whether you need to make any programmatic revisions in order to improve your ability to achieve your long-term goals at the end of Year 2 and Year 3.</i></p> <p>In addition, as part of developing your work plan, you need to decide when evaluations will be undertaken, and develop budgets and time lines for conducting them along with other program activities.</p>

*continued on next page*

Evaluation Process	Link to Program Planning and Implementation Process
<p align="center"><b>Conducting the Evaluation</b></p>	<p align="center"><b>Implementing Activities and Determining Progress</b></p>
<p><b>Carry out the data collection.</b> Who will be directly involved in collecting data? How will you keep other stakeholders informed of your progress?</p> <p><b>Organize and analyze the data.</b> How will the data be analyzed—in charts, graphs, or narrative summaries?</p>	<p>In order to conduct an evaluation, your program needs to have been implementing program activities for at least several months. Program activities include providing the services planned, regularly monitoring the implementation of activities, supervising staff, and following routine reporting procedures. Any evaluation that takes place will rely on using data from routine service statistics as well as talking to clients, staff, and supervisors.</p>
<p align="center"><b>Using the Results</b></p>	<p align="center"><b>Making Revisions and Assessing Program Needs</b></p>
<p><b>Formulate recommendations and present them with the findings.</b> How will you present the results of the evaluation (e.g., charts, graphs) and who will be involved in making the presentation(s)? What is the best way to make recommendations for change?</p> <p><b>Encourage staff to implement the recommendations and make program improvements.</b> How will you work with staff at all levels to implement the recommendations?</p>	<p>It would be difficult to know how to make revisions in a program and identify new program needs or changes that should be made to the program without evaluation. Here, the evaluation process is very closely linked to the program planning and implementation cycle.</p> <p>Whether you want to identify how you can better achieve your objectives and make a greater impact, what you could be doing differently, or what new needs may have developed in your target population since the program started, the evaluation will help you determine what you and your staff need to do and will allow you to discuss and formulate actions that can be incorporated into the next work plan.</p>

For more information about the steps in conducting an internal evaluation of one specific part of a program—the training function—please refer to Volume V, Number 3 of *The Family Planning Manager*, “Assessing the Impact of Training on Staff Performance,” Fall 1996.

## Planning the Evaluation

While pressures for information may come from many sources—the Ministry of Health or Population, the central office of the organization, local government, sponsoring organizations, donors, licensing or regulatory bodies, or clients—it is important to remember that the primary reason for evaluating your program should be to improve it. Thus, evaluation

results should focus on solutions or actions needed to revise and improve programs, not only on responding to and remedying the problems identified. It is your responsibility as a manager to make sure that evaluation results are put to good use. As the following table shows, evaluation can be focused on several different aspects of a program depending on your primary reason(s) for conducting the evaluation.

<b>Types of Evaluation Questions Depending on the Focus of the Evaluation</b>	
<b>Relevance</b>	Are the program's services and strategies appropriate to the needs they are supposed to address?
<b>Adequacy</b>	Is the program addressing all the needs it is designed to address?
<b>Progress</b>	Is the program doing what it planned to do within the planned amount of time and in accordance with the budget?
<b>Effectiveness</b>	Is the program achieving its intermediate objectives and serving the needs of its clients?
<b>Impact</b>	Has the program produced the expected long-term results?
<b>Efficiency</b>	Are the results of the program (outputs) appropriate to the use of its resources (inputs)?
<b>Sustainability</b>	Is the program/organization providing quality services to its clients, increasing or maintaining demand for services, and generating income locally, while decreasing its dependence on funds from external donors?

*Adapted from Bruckner, et al.*

Managers at different levels in a program or organization need different types of information for making decisions that concern their specific responsibilities. These decisions relate to the various stages in the planning and implementation cycle.

The types of decisions made by managers, and how these decisions fit in the planning and implementation process, are illustrated in the following figure and are further explained in the next two pages.

## Who Makes What Decisions



Adapted from Love, 1991 (By permission of Sage Publications, Inc.)

**Senior managers** need information to help them answer questions about the vision for and strategies used in the entire program. They need to collect and analyze information about how the program or organization is doing in relation to its mission (or legal mandate) and to its vision. They also need to have information about what is happening in the environment in which they operate (such as the national or local government or the social, religious, and economic setting) to determine the potential impact the external environment might have on the fulfillment of the organization's mission.

*For example, after learning that the majority of the clients contacted through their community-based distribution (CBD) program still primarily used pills and condoms, and very few had switched to longer-acting clinical methods (such as*

*injectables, IUDs, NORPLANT®, sterilization), senior management was concerned that they were not progressing toward meeting some of their long-term goals, which included increasing the use of long-acting methods. At this level, the managers were concerned about the costs of the different service delivery strategies their program implemented compared with the effectiveness of these strategies in achieving program goals. Since the CBD program was only one of the community-based programs (in some areas they had mobile clinics that also provided injectable contraceptives), the senior managers decided to look more carefully into the potential benefits of increasing the service area of the mobile clinics and decreasing the area for the CBD services.*

**Mid-level managers** need information to help them determine the extent to which their unit, program, or department is contributing to the larger goals and objectives the organization has set for itself, as well as those of their own unit or department. Middle managers also must understand and have information about trends in the larger organizational context, such as the mission of the organization and the short- and long-term objectives and goals of the organization. Having this information will help to ensure that their work and that of their staff will be consistent with the direction of the organization.

*For example, in the program described above, the mid-level managers were concerned about whether their CBD agents were sufficiently trained to effectively counsel clients about long-acting methods, and were attempting to make referrals to the district clinics when a client showed some interest. They were also concerned about whether the referral clinics were adequately staffed with nurses who could provide the appropriate clinical methods if the demand began to increase as they intended.*

**Front-line managers** need reliable information to help them implement and supervise the activities and specific tasks of their supervisees. Having this information helps them ensure that the responsibilities, tasks, and objectives of the frontline unit are being achieved. In order to carry out their jobs effectively, frontline managers also need information regarding the future directions of the program or department, such as new services that will be provided by their unit, or new reporting requirements.

*For example, in the program described above, the CBD program and the mobile clinics are managed by staff in the district clinics who are also responsible for managing the contraceptive supplies. If the mid- and senior-level managers change the focus of the CBD services and increase the number of mobile clinics and the area covered by the mobile clinics, this will mean that the frontline*

*managers' responsibilities will change. They will need to find new clinically trained staff for the mobile clinics, stock different quantities of contraceptive supplies to respond to a potential change in demand, and make sure that they can handle an increased flow of referrals to the clinic.*

## Conducting the Evaluation

Once you have determined the purpose of the evaluation, selected the indicators and standards for the evaluation, and made plans for how you will collect the data, you are ready to conduct the evaluation by collecting and analyzing the data.

**Collecting the Data.** The data you collect may be either quantitative or qualitative. These two terms are used to refer to different data-collection approaches. Using a *quantitative* approach means that you will be collecting and using data in the form of numbers and converting the raw data into percentages, means, medians, and other figures to help you analyze and find meaning in the numbers. *Qualitative* approaches (such as conducting focus interviews with clients), provide depth and detail and serve to enrich and explain quantitative findings. In planning for an evaluation, it is important to remember that both of these approaches are valuable, and, if resources allow, it is best to use both approaches and several sources of data. Using both approaches will help confirm and reinforce your findings.

You may use a variety of data collection methods in any one evaluation. For example, when you conduct a needs assessment you may use several types of data collection. You might begin such an assessment by looking at quantitative data available from censuses, national surveys (such as a demographic and health survey [DHS]), and client/clinic data to determine the overall situation for a particular issue such as levels of fertility or use of family planning services. The findings from this quantitative data may then lead you to undertake a more detailed study of the situation using qualitative methodologies, such as clinic observation, open-ended client surveys, or focus groups, to determine precisely how to design your particular program.

Regardless of which methods are used for collecting data, their usefulness to you, the manager, depends on the data being valid (it must measure what it intends to measure), reliable (it must be consistent over time), and timely (it must be available when it is needed).

The following table summarizes different tools and methods for collecting quantitative and qualitative data, and the features of these two approaches.

<b>Methods and Features of Collecting Quantitative and Qualitative Data</b>	
<b>Quantitative</b>	<b>Qualitative</b>
<b>Methods/Tools for Collecting Data</b>	
Interviews (structured)	Results/findings usually generalizable to the population as a whole, if you have used a representative sample
Self-administered questionnaires (structured)	Outcome, impact-oriented
Client/clinic data	Counts, enumerates, involves numbers
Commodity data	Measures achievement of objectives
Financial data	Conclusion-oriented
Pre-/post-test results	Requires deductive reasoning
<b>Features</b>	
In-depth interviews (open-ended)	Results cannot be generalized
Self-administered questionnaires (open-ended)	Process-oriented
Discussions, focus groups	Explains why and how things happened
Scales-ranking, rating	Measures intangible attributes (attitudes, perceptions, concerns, experiences)
Observation	Enriches, adds depth and detail
Diaries, journals	Exploration-oriented
	Requires inductive reasoning

**Analyzing the Data.** Analyzing the data you have collected is often one of the most difficult aspects of evaluation and requires careful planning. In analyzing the data, you need to develop skills in finding patterns in the data and to have the ability to isolate critical facts and information from other information that is not so important. As the previous chart shows, how you analyze the data depends greatly on how the data

were collected. In some evaluations, your major interest may be to measure short-term progress by comparing numbers and information with different service sites within your program or organization. In other evaluations, you may want to measure your program's success by comparing your program's achievements against a baseline established by your program.

## Understanding the Difference between Data and Information

Data are raw numbers or other findings which, by themselves, are of limited value to decision makers. Information, on the other hand, is the result of organizing, processing, and interpreting data, thus transforming the findings into facts that are useful to decision makers. *For example, the number of new users your clinic serves in a month means little until you compare it with the number of new users from previous months and years to see whether there has been an increase or decrease in the trend over time.*

Data are transformed into information by:

Selection—choosing the data that are useful and adequate for answering the questions that have been posed, and ignoring the data that are useless or inadequate for that purpose.

Interpretation—analyzing the data to put them into context, uncover patterns or problem areas, and reflect on the meaning of these patterns in relation to the questions being asked.

The overall objective of converting data to information is to describe, explain, predict, and/or evaluate a program and its results.

*Adapted from a presentation by Gabriel Ojeda, PROFAMILIA, Colombia*

## Using Evaluation Information

All of the time and energy put into evaluation is useless if the results are not used to plan, support, change, correct, and/or improve your program. Therefore, to fully benefit from an evaluation you must ask the following questions about how the information will be used.

- What lessons were learned from the evaluation?
- What should/will be done differently as a result of the evaluation findings?

The following examples describe the ways in which different types of evaluation findings can be used and illustrate the importance of conducting internal program evaluations.

### **To help us to make better plans for the future.**

In the process of preparing our work plan for next year, the clinic staff and I decided to collect information from each other, as well as from our clients, to determine how well our services had been meeting the needs of our clients and to take note of concerns the staff had in providing those services. Our intention was to use this information to determine any changes and new directions the program should take in the next year.

Initially, we held a staff meeting to identify and discuss the strengths and weakness of our current way of doing things and the external opportunities

and threats that might impact the success of our program. Next, we invited several groups of clients to participate in focus group discussions to solicit their opinions about current services, and identify changes they would like to see in the future, such as changes in clinic operating times or an appointment system.

By undertaking this kind of participatory evaluation of our program, we were able to benefit greatly from the input of both the service providers and the intended beneficiaries of the services. In this way, we are better prepared to formulate a new plan that will better serve the needs of our clients and resolve staff concerns about how we can improve our internal operations and clinic procedures.

**To see if our work is costing too much and achieving too little.** One of our project objectives is to provide services to 100 clients each month. Another objective is to maintain a cost of \$10.00 per client served. At the end of a recent six-month period, a review of the service statistics and financial records indicated an average of only 88 clients per month. The cost of providing services averaged \$1250.00 per month, or \$14.20 per client. Because we do not have access to additional financial resources, we have decided to take a closer look at the types of changes we could make to increase the number of clients served each month and/or to reduce expenditures so that we can achieve our objectives of serving at least 100 clients each month at an average cost of \$10.00

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per client. We decided initially to provide more information to the community about our services and to look more closely at ways in which we could streamline our services so that the clients (particularly clients who are returning for resupplies of pills and condoms) will get the same quality care without having to see as many people.

**To be able to share our experience so that other programs can benefit from it.** We started a pilot project in which village volunteers were recruited and trained to assist our clinic outreach workers to provide services to the specific areas of the community where there was a large degree of unmet need. After six months, we reviewed our service statistics and were surprised to find that program performance had improved not only in the pilot areas but also in areas that were not part of the pilot project. Because this was an unexpected result of the project, we decided to make a formal presentation at the next regional meeting of the professional nurses' association to share the results. By continuing to evaluate the effectiveness of this project and sharing the results with our colleagues, we hope that they can benefit from our experience and perhaps replicate it in their programs.

**To improve our program by comparing it with other similar programs.** For a recent district meeting of clinic managers, we were asked to come prepared to present our respective clinic's service statistics (number of new and continuing family planning clients by method) for each month during the previous year. At the meeting, we compiled the data on flip charts so that we could more easily compare the data between clinics in the district. By doing this, the clinic managers were not only able to compare their statistics with similar programs, but they also had the opportunity to discuss with their colleagues the possible reasons for the differences in performance. This proved to be an effective way for the managers to get useful information about different ways they could attract and retain clients at their own clinics, as well as ideas about how to improve the performance of their clinics and potentially serve the needs of their clients better.

At the next quarterly meeting we will compare statistics again to see if there has been an increase in

performance in the lower performing clinics and continue the discussion. We hope that this method of regularly evaluating and working with our colleagues will continue to improve our programs and address common concerns and problems.

**To see where our strengths and weaknesses lie and where to make improvements.** In an effort to determine how well clients are satisfied with our clinic services, we developed a feedback form which we encourage clients to fill out (anonymously) at the end of their clinic visits and drop in a box in the clinic waiting area. Every two months, we review the completed forms to see how well we are serving the needs of our clients and learn what we could be doing better or differently.

To follow up on the information we have received from our clients, first we commend our staff for their work in the areas where clients have made positive remarks, and make a list of some of the problem areas to see how we might address them. For the staff whom clients have considered particularly helpful, we reinforce the value of their good work by giving them special recognition in the staff meeting immediately following the review of the forms. In this meeting, we provide some details (if known) about what the client particularly liked, such as how well she was treated or how thoroughly the various methods of contraception were explained, so that other staff may learn from them. We have found that some of the complaints that clients have can be quite easily remedied, such as making a better effort to maintain the cleanliness of the clinic facility, and providing better information about clinic hours and how the appointment system works.

**To help us see where we are going and if we need to change direction.** We designed a pilot project to serve adolescent girls who are in need of information about contraceptives. We decided to provide this information through school health educators who would stay behind after school two days a week for an hour to make themselves available to the girls who wanted information. Even though the program was advertised widely in the three target schools, data showed that only a few girls had used the services during the first four months of the program.

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To determine why they were not taking advantage of this program we decided to consult the girls themselves. We invited them to attend a focus group discussion after school and learned that the two days that we had scheduled the health educators to stay after school were the same days that the girls' sports program took place at the city sports center. Also, some of the girls felt uncomfortable going to the school clinic at the designated times because they did not want their male friends and their teachers to know they were inquiring about contraception. They said they would rather have the health educators provide this information at some neutral place away from the school.

Having this information from the intended beneficiaries of the program was critical to us and allowed us to consider different options in order to serve the girls' needs better. As a result, we are considering having the health educators be available to meet with the girls at the sports center on the same two days, rather than at the school clinic.

**To learn more about the factors that have contributed most to our success.** Due to the demand for contraception and information about available methods, last year we started an experimental program in which medical students from the local university supplemented the work of mobile clinic teams and community-based agents to deliver information and counseling services to communities in the project area. Although the project seemed to be going well based on service statistics showing an increase in the numbers of contraceptives supplies being dispensed, we realized that because we paid the travel expenses for the medical students, it was costing us more money than we had anticipated.

We decided to evaluate the extent to which the medical students' work was responsible for the recent increase in contraceptive use and whether there might be some way to reduce the costs incurred by reim-

bursing the students for their expenses. To do this we interviewed clients who had been seen by the medical students to determine whether they were satisfied with the services. Surprisingly, we found that most of the clients felt that many of their questions were not adequately answered, particularly those concerning potential side effects. In addition, many of the clients who had accepted a contraceptive method had done so on a follow-up visit by the community-based agent. The clients cited that they had had a chance to think about it some more and trusted the advice of someone from the community.

From this simple internal evaluation, we learned three important pieces of information. First, that having students with advanced medical training counsel clients did not necessarily influence a client's decision to use contraception, at least not on a first visit, and that these students may be in need of some additional training in both counseling skills and in explaining potential side effects of the different methods of contraception. Second, that it may be important to provide a follow-up visit relatively soon after the first visit to answer any further questions that a client may think of after the visit. Third, that community agents are trusted and respected by other members of the community, which makes their work vitally important, particularly for clients who do not or cannot make the trip to the clinic.

As a result of this evaluation, we arranged for additional training for the students and asked the university to pay for their travel expenses if they continued to want the students to have the field experience. We also developed a follow-up system whereby a community agent visited a potential client within three weeks of the first visit, whether the first visit was conducted by a community agent or a student. Our numbers of new acceptors has continued to increase and we plan to conduct some more interviews in another six months.

## Overcoming Resistance to Evaluation

Evaluation is often viewed by managers and policy makers as a threat rather than as a useful tool. In conducting any type of evaluation, you should think about areas of potential resistance ahead of time

and try to address them before you begin the evaluation. There are usually relatively easy solutions to these potential problems. The following table provides some suggestions for how to avoid any potential resistance to evaluation.

<b>Ways to Overcome Potential Resistance to Evaluation</b>	
<b>Concern</b>	<b>How to Address the Concern</b>
To ensure that the evaluation questions are relevant to the work of policy makers and/or managers...	Engage key stakeholders (appropriate managers and policy makers) in the process, particularly when planning the evaluation, and elicit their concerns and questions.
To make sure that the evaluation findings will be useful in solving today's problems...	Focus the questions in the evaluation on current problems as identified by project managers.
To support the choice of the methodology selected for the evaluation...	Explain the strengths and weaknesses of the different evaluation methodologies to the end users and the reasons for using the one you have selected.
To gain support for the credibility of the results...	Make sure that those who are collecting and analyzing the data are acceptable to the end users of the information.
To ensure acceptance of the findings...	The findings must be conclusive and not lead to different interpretations by those who need to use the information.
To encourage the use of results even when they are negative...	Make sure that there are appropriate, fair, and feasible recommendations for change.
To make sure that the findings are used at the local frontline level...	In addition to presenting the overall findings of the evaluation, make sure that you present findings that are specific to the local level so that managers and staff at this level will be able to understand and use the findings more readily.
To make the findings accessible and understandable...	Present the results and recommendations in a summarized, clearly-presented fashion without using too much jargon so that the information is easy to read and understand.
To encourage widespread use of the results...	Disseminate the findings widely within the organization so that staff at all levels have access to them.

*Adapted from S. Sofaer, 1994*

## Deciding Whether to Conduct an Internal or External Evaluation

This issue has focused on the importance of conducting internal, participatory evaluations undertaken by you, the manager, and your staff. However, there are occasions when it is useful and important to conduct an external evaluation, such as

when you want to learn about the longer term impact of your program in relation to the broader national policy and program. Some of the advantages and disadvantages of conducting internal and external evaluations are outlined below.

### Comparing the Advantages and Disadvantages of Internal and External Evaluations

Type of Evaluator	Advantages	Disadvantages
<b>Internal Evaluator</b>	An insider who is familiar with the program can understand and interpret personal behavior and attitudes within the context of the program.	The internal evaluator may know the program too well and find it difficult to be objective.
	The internal evaluator is known and therefore poses less threat to staff, and is less likely to disrupt activities or cause anxiety.	The staff member is part of the power and authority structure and personal gain may influence his or her findings and/or recommendations.
	The internal evaluator will need less time to learn about the organization and its programs.	An insider may have no special evaluation training or experience.
<b>External Evaluator</b>	Someone who is not personally involved in the program can be more objective when collecting and analyzing data and presenting the results.	The external person may cause anxiety among program staff who are unsure of the motives of the evaluation/evaluator.
	The outsider is not a part of the power structure.	An outsider may not fully understand the goals and objectives of the program or its context.
	The external evaluator can take a fresh look at the program or organization.	An external evaluation can be expensive, time-consuming, and disruptive of ongoing progress.

## Building Evaluation into Your Program

To make sure that evaluation becomes a regular and accepted activity in your organization and is truly participatory and useful to your staff and organization, it is important to follow a few simple steps. First, planning for evaluations should become a part of the regular program planning and implementation process in your organization. Evaluation should be seen as an essential part of this process so that just as plans are made for implementing your programs, plans are also made for evaluating the process and impact of program activities. Second, when you are planning for and conducting an evaluation, you should use all available data first before considering undertaking

any special—and often expensive and time-consuming—data collection efforts, such as special surveys.

Finally, in undertaking internal evaluations, it is important to remember to focus on solutions and actions that will improve your services and the management of the program, rather than only to focus on revealing and responding to the immediate problems identified in the evaluation. It is your responsibility to make sure that the findings of an evaluation are put to good use, to improve both specific programmatic activities and the overall management, effectiveness, and efficiency of your organization and its programs.

### Reviewers' Corner

*A forum for discussing additional applications of FPM concepts and techniques*

**On making evaluation an ongoing activity.** . . . *One reviewer emphasizes,* “It is so important that evaluation be a part of the culture in an organization. Staff need to understand that it is not something separate, asked for by the donor. It is crucial to the development and growth of the organization as an ongoing activity.”

**On using evaluation to improve your information systems.** . . . *One reviewer points out,* “Periodic evaluations can help determine whether the internal data collection systems are functioning adequately and whether the information system is in fact generating the type of information needed by different types of staff in the program.”

**On using evaluation to identify potential new customers.** . . . *One reviewer stresses,* “Evaluation helps you learn not only whether you are meeting the needs of your current clients, but also whether there are other potential clients whose needs are not being met. In our program, we evaluated our clinical services and the types of clients we were serving. We found that the majority of our clients were women with three or four children. The young people under 20 years of age and the unmarried made up only 15 percent of our clients. As a result of the evaluation two separate programs were designed, an adolescent program and a program that integrates family planning in the Traditional Healers and Birth Attendant practices. We are now seeing more referrals to the clinics from these two programs.”

**On the reasons for conducting evaluations.** . . . *One reviewer explains,* “Evaluation is like small children always asking “Why?” about everything. Evaluation creates knowledge, empowers managers to make decisions, and contributes to programmatic quality. In that sense, the reasons for evaluating one’s work could become endless.”

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## Checklist for Using Evaluation as a Management Tool

- Plan the evaluation process so that it meets the needs of all interested parties (program managers, staff, clients or beneficiaries) as well as those outside the program such as donors and licensing authorities.
- Make sure that staff from all levels of the program or organization are involved in some part of the evaluation so that staff feel that they have been included in the process, that their concerns have been heard, and to encourage them to apply the results of the evaluation to make necessary management improvements.
- Work with your staff and other important stakeholders (including clients, senior staff, and your donor, if applicable) to identify the objectives of the evaluation
- Decide on the scope of the evaluation including whether it will be conducted by an internal staff person or an external consultant and how much time and money can be allocated for it.
- Select the evaluation criteria, indicators, and standards for the evaluation.
- Identify sources of data and decide what methodologies you will use to collect the data. Make sure that the methodologies you choose are appropriate to the objectives of the evaluation and the people who will be involved in collecting and providing the data (particularly when you plan to collect information from other staff and/or your clients.)
- Collect the data using both quantitative and qualitative methods, as appropriate.
- Organize and analyze the data so that it is transformed into meaningful information that can be used by others in the organization to make program improvements.
- Formulate recommendations and present the findings of your evaluation in a way that is understandable and useful to all participants in the evaluation and other interested parties outside the organization.
- Allow plenty of time for reviewing and discussing the evaluation findings so that all interested parties will be committed to implementing the proposed solutions.
- Focus on finding realistic and appropriate solutions to problems identified through the evaluation.
- Encourage staff to implement the recommendations and make lasting program improvements.

*The Family Planning Manager* is designed to help managers develop and support the delivery of high-quality family planning services. The editors welcome any comments, queries, or requests for subscriptions. Please send to:



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The FPMD project is funded by the U.S. Agency for International Development. This project provides management assistance to national family planning programs and organizations to improve the effectiveness of service delivery.

The

# Family Planning Manager

CASE SCENARIOS FOR TRAINING AND GROUP DISCUSSION

## Mrs. Chege Conducts an Internal Evaluation to Measure Program Performance

Mrs. Chege was preparing for her year-end visit with Mrs. Njoroge, the State Family Planning Coordinator for Makzo State. As zonal supervisor for family planning in Zone 3, Mrs. Chege is responsible for overseeing family planning services in the zone's four clinics. The Coastal Clinic, located in Kura, a port city, is staffed by a nurse who provides all the family planning methods offered by the program—IUDs, pills, injectables, and condoms. Clients seeking sterilization services are referred to the central hospital in Kura. The clients served by the Coastal Clinic have smaller families, and a majority of the women have completed secondary school. The Highland Clinic is located in Wukali, a city with a population size close to that of Kura. The nurse there is also trained to provide all the methods offered by the program and refers clients seeking sterilization services to the hospital in Kura. Approximately half of the clients served by the Highland Clinic have recently migrated to Wukali from rural areas. The two rural clinics—the Western and Northern—were started in 1995 in an effort to reach the rural population. Both clinics serve women who tend to have large families, and who are less educated than those at the urban clinics. The nurse at each of these clinics provides pills, injectables, and condoms and refers clients seeking sterilization services to the hospital in Kura. The Western Clinic is located in a medium-size town in the largest geographic region of the zone. The roads are passable nine months of the year, but can be closed for days at a time during the rainy season. The Northern Clinic serves a region that is smaller than

that of the Western Clinic, but with a slightly larger population.

Mrs. Chege turned around when she heard a knock on her door. “Ah, Mrs. Njoroge, please come in and sit down,” began Mrs. Chege. The two women chatted for several minutes over a cool drink and then they began to discuss the program's performance during the last year.

“When we met to discuss things at the beginning of the year,” began Mrs. Njoroge, “we agreed on two long-term objectives for the program—to increase the number of clients using longer-acting methods, and to get better coverage in the rural areas. From what you know, how well do you think the program is meeting those objectives?”

“Well, as you know I've focused on evaluating our program this year,” replied Mrs. Chege. “I have reviewed all the service statistics collected since the Coastal and Highland Clinics opened in late 1993. I also asked each of the clinics to conduct exit interviews on client satisfaction, and everyone has been involved in reviewing clinic figures, so we have quite a bit of data. I've just completed another round of visits to the clinics. At each one, I've held a staff meeting to discuss how things were going and how well the staff felt their clinic was meeting the program's long-term objectives.”

“Let's look at the service statistics first to see what the overall performance has been for this year,” suggested Mrs. Njoroge. After looking over the statistics for a while, Mrs. Njoroge inquired, “What

## Case Scenario: Mrs. Chege Conducts an Internal Evaluation

did you learn about the performance of the individual clinics?”

“I am so glad that we developed baseline numbers for pill acceptors and injection users. Now we have something to measure our progress against. We anticipated that during 1996, at each of the rural clinics, we would see around 100 new pill users and 65 new injectable users,” continued Mrs. Chege. “As you can see from the data, we didn’t meet those objectives. During my meetings with the clinic staff, we discussed the findings from the various evaluation efforts, such as exit interviews, analyses of service statistics, and staff observations. The staff of the Western and Northern Clinics have just completed a month-long series of exit interviews. Their findings help to explain why they did not reach their targets. Many of the women interviewed complained about how hard it was for them to return to the clinic so often for their new pill supply or for an injection. The women served by the Western Clinic said it usually took them half a day to make the trip and that many of their friends said that they were interested in using family planning, but they didn’t have the time to make the trip to the clinic. You can see from the service statistics that performance is somewhat consistent between the two rural clinics, but not at all consistent between the two urban clinics. The performance at the Highland Clinic has been particularly poor. The staff thinks this is because they serve a large migrant population from the rural areas and they are generally not well informed about family planning

in general, and our services in particular. The Coastal Clinic is very well attended and has surpassed its targets related to family planning. However, the prevalence of STDs and AIDS is a source of great concern to the staff, as more and more cases are diagnosed each month.

“Excellent,” Mrs. Njoroge said enthusiastically, “Congratulations on your evaluation efforts. It looks like you did a thorough job of planning and implementing the evaluation. I wonder if you had a chance to hear the staff’s opinions about how to respond to these problems, and if you think we need to make any changes in the program.”

“At each clinic we spent some time talking about what changes the staff would like to see in the future,” said Mrs. Chege. “During our discussions at the Western Clinic, the staff suggested starting a community-based distribution program to respond to the concerns clients have expressed about getting to the clinic. I think it is certainly something for us to consider if we want to meet our goal of providing better coverage in the rural areas. The staff at the urban clinics suggested more client education and outreach, in particular about STDs and AIDS. They have also had women asking if we offered NORPLANT®.”

Mrs. Chege brought out a summary table (see the case insert) showing the service statistics collected for the past three years and the two women discussed the future of the program.

## Case Discussion Questions: Mrs. Chege Conducts an Internal Evaluation

- 1. Reviewing the information provided in the case and the data Mrs. Chege has presented, what factors would Mrs. Chege and Mrs. Njoroge consider when deciding whether to design and implement a community-based distribution (CBD) program? What additional information should they get in order to make this decision?**
- 2. Looking at the summary data, what issues might Mrs. Chege discuss when making her next supervisory visit to the Highland Clinic?**
- 3. What is important about how Mrs. Chege has implemented the evaluation process?**

## Case Analysis: Mrs. Chege Conducts an Internal Evaluation

### 1. Reviewing the information provided in the case and the data Mrs. Chege has presented, what factors would Mrs. Chege and Mrs. Njoroge consider when deciding whether to design and implement a community-based distribution (CBD) program? What additional information should they get in order to make this decision?

The staff of the two rural clinics—the Western and Northern Clinics—have suggested introducing a CBD program. They have collected qualitative data from the exit interviews conducted at both clinics indicating that women are complaining about having to return so often for a pill resupply or Depo Provera injection, and about the amount of time it takes to travel to the clinic. The quantitative data in the service statistics suggest that in addition to having problems reaching baseline objectives, new clients are not returning for contraceptive resupply. A CBD program would be able to serve clients who are now unable to make the long trip to the clinic. A CBD program could also provide education about other services such as STDs and AIDS, possibly reaching people who will migrate to the urban areas at some point in the future.

Setting up a new CBD program requires a major commitment of financial and human resources. Mrs. Njoroge will have to review her budget carefully to see if she can find additional resources. She may also want to see whether there are any state or local funding sources available to support the program. Together, Mrs. Chege and Mrs. Njoroge might decide to shift some resources from one clinic to another. The current staff of the Northern and Western Clinics may need to be expanded to adequately serve the potential increase created by the CBD referrals. CBD has generally been found to be expensive because of the cost of supervision needed to maintain a high standard of service, so the clinic staff will need to develop a strategy for supervising the program. Mrs. Chege may also want to talk with staff of other programs who have implemented CBD services in order to learn from their experience. There are a number of factors to consider when setting up a CBD program. These include the:

- availability of a cadre of potential CBD agents;
- type, ease, and cost of transportation for the CBD volunteers in their districts;
- availability of qualified staff to supervise the new CBD volunteers;
- means for recording and reporting service statistics by CBD workers;
- capability of the program to provide supplies to the volunteers reliably;
- training resources that are available for CBD training and refresher courses;
- availability of appropriate IEC materials;
- local laws and regulations pertaining to contraceptive distribution.

## Case Analysis: Mrs. Chege Conducts an Internal Evaluation

### 2. Looking at the summary data, what issues might Mrs. Chege discuss when making her next supervisory visit to the Highland Clinic?

In comparing the data for the two urban clinics there are a number of differences between their performance. During a supervisory visit to the Highland Clinic, Mrs. Chege might want to examine the clinic closely to see whether:

- the population is too transient to be reached by the current program (are people moving on to another location before making a return visit?);
- there are rumors spreading that could be negatively affecting the Highland Clinic (is misinformation about the side effects of certain contraceptives being discussed outside the clinic?);
- clients are being counseled about contraceptive choices (are new clients being counseled on the full range of contraceptive choices before making their final selection?);
- the nurse is comfortable with performing IUD insertions (is refresher training required?);
- contraceptive supplies are always adequate (are they experiencing stockouts?);
- there are other sources for obtaining condoms (are they available at a full-service health center, local pharmacies, at the work place?);
- there is a competing program (are clients getting family planning services or contraceptives elsewhere?).

### 3. What is important about how Mrs. Chege has implemented the evaluation process?

The program has set two long-term objectives and during the course of the evaluation has been collecting data that will help Mrs. Chege and Mrs. Njoroge measure the program's progress in meeting those objectives. By using multiple approaches—service statistics analyses, exit interviews, staff meetings, individual observations—more information is being collected and a number of different perspectives are being considered, which is likely to produce more feasible, well thought out solutions.

The process Mrs. Chege has used is highly participatory. She involves the staff responsible for implementing the program, creating a sense of ownership and responsibility. Clinic staff have generated a number of good ideas that are being seriously considered by their supervisors. The way in which Mrs. Chege has implemented the evaluation process shows that she is receptive to learning from the staff and that she values their ideas and experience. The rapport she has established with staff will be extremely valuable when trying to implement changes to the program.

## Case Insert: Mrs. Chege Conducts an Internal Evaluation

Summary Service Statistics for Zone 3 1994-1996												
	Urban Clinics						Rural Clinics					
	Coastal			Highland			Western			Northern		
Services	1994	1995	1996	1994	1995	1996	1994	1995	1996	1994	1995	1996
IUD Insertions	18	57	107	14	34	57	NA	NA	NA	NA	NA	NA
IUD Removals	2	4	12	1	5	9	NA	NA	NA	NA	NA	NA
Baseline objective for IUD insertions	15	40	80	15	40	80	NA	NA	NA	NA	NA	NA
New pill users	68	139	268	47	83	129	NA	27	53	NA	36	69
# cycles distributed	437	1505	4225	297	1040	2018	NA	125	431	NA	191	693
Baseline objective for new pill users	50	125	200	50	125	200	NA	40	100	NA	40	100
New injectable users	46	82	133	40	60	95	NA	20	37	NA	26	47
# injections	81	332	994	69	567	476	NA	31	119	NA	41	245
Baseline objective for new injectable users	40	75	125	40	75	125	NA	35	65	NA	35	65
STDs treated	15	41	111	9	36	81	NA	5	5	NA	3	5

Note: NA indicates that these services were not offered by the clinic in that year.

*Notes:*