

## INTERMEDIATE OBJECTIVES FOR THE MONITORING OF FAMILY PLANNING SERVICES<sup>1</sup>

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*Intermediate objectives are important for monitoring and evaluating the progress of a program in its early stages. The advantages, requirements, and limitations of such targets as managerial tools within family planning programs are discussed.*

### Introduction

One of the responsibilities of a family planning service program is to document and analyze the results of its activities. Scientific data are essential in order to demonstrate the validity of the work done, justify the utilization of resources, and stimulate increased support (social and political as well as financial) for the program. Evaluation ensures the undertaking's survival and continuation. It is a necessary mechanism and a useful tool, and it must be an integral part of a program's development and operation.

Evaluation is difficult during the early stages of an activity, since not enough time has elapsed for the desired results to occur. Indicators other than the ultimate targets are needed. The present paper addresses this problem and proposes the use of intermediate objectives for early program evaluation and monitoring. An "intermediate objective" may be regarded as a strategic position or condition that needs to be achieved before the ultimate goal can be

attained. "Monitoring" is understood here to mean those activities directed toward keeping track, regulating, and controlling the progress of a program as it moves toward the fulfillment of its stated objectives.

### Discussion

A family planning program is regarded here as a mechanism for the provision of information, education, and services aimed at guiding individual or community behavior with respect to fertility. This definition offers a frame of reference within which the factors that bear on program effectiveness can be considered.

In the first place, there is the program's capacity to affect attitudinal and behavioral change. Since one of its purposes is to motivate the individual or community to adopt a specific pattern of behavior, the mechanisms that it uses in order to inform and to educate are indispensable elements in its effectiveness (1).

Secondly, if it is to promote and sustain the expected behavior, the program must be able to enlist acceptors and keep them within its ranks. In other words, it must have a system whereby services are offered

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to the individual and the community (1, 2).

Thus, both the capacity to induce changes in behavior and the capacity to render service are directly related to the program's impact (3, 4, 5) and should be included as critical points in the evaluation strategy.

Reynolds has referred to program evaluation as "a process that includes measurement of goal achievement, feedback of information for adaptive decision-making, and examination of a wide variety of processes to determine why and how a program was or was not successful" (6). Accordingly, the strategy for evaluating a family planning program should call for both retrospective measurement and the assessment of ongoing activities.

The question of whether or not the program has been successful in achieving changes in the fertility status of the target population could be termed "ultimate program impact." However, this can only be assessed after there has been sufficient operational time and enough activities have been carried out to have an effect on the "target" population. It is an accepted fact that fertility changes in a community cannot be measured until a program has been in operation for three to five years (3). Hence such changes in the community cannot be analyzed or serve as a basis for early management and operational decisions.

On the other hand, it is possible to conduct a continuing assessment of whether or not the program is advancing in line with the anticipated trends and therefore meeting its intermediate objectives. However, this calls for the definition of measurable targets, correlated in terms of a cause-and-effect relationship.

For example, the ultimate objective of a program might be to reduce maternal and infant morbidity and mortality in the community through increased intervals be-

tween pregnancies and lower rates of fertility during the high-risk maternal years. To achieve this goal it will be necessary first to identify the individuals to be the target (intermediate objective). Second, the recruited population will be expected to adopt a specific pattern of behavior, namely utilization of effective methods of fertility regulation (intermediate objective). Third, the enrolled population will be required to sustain the adopted behavior during a specific period of time (intermediate objective) in order to achieve the desired program impact.

If this sequential scheme is to be applied effectively, the objectives must be expressed in measurable terms that specify the number of individuals to be affected and the time it will take to achieve a specific status. Thus the foregoing intermediate objectives might be formulated as follows:

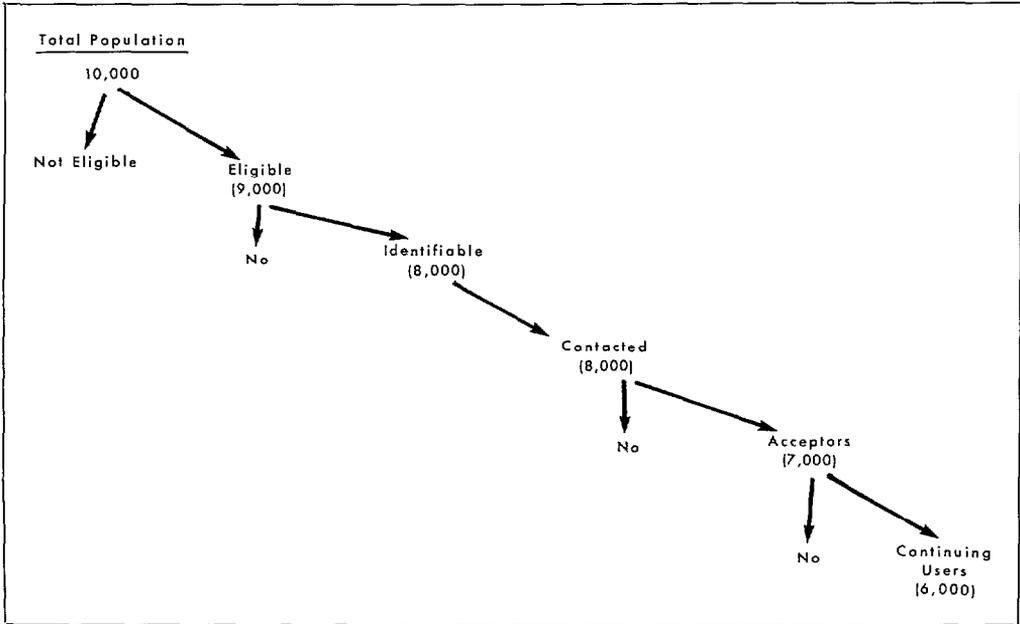
- Identification of 80 per cent of the potential acceptors of reproductive age in the female population (10,000 women) within three months;
- Establishment of contact with 100 per cent of the identifiable female population within one year of program operation;
- Recruitment of 80 per cent of the identifiable female population within one year of program operation;
- Provision of services to 80 per cent of the identifiable female population within one year of program operation; and
- Maintenance of continuous participation on the part of 60 per cent of the identifiable female population for a period of two years or more.

Figure 1 depicts these sequential targets schematically.

The ultimate objective, in turn, might be broken down into the following specific targets for a total five-year period:

- Achievement of pregnancy intervals of two years or more by 60 per cent of the women participating in the program; and

Figure 1. Sequential, specifically stated intermediate targets in a hypothetical family planning program.



- Increase of the mean age at first pregnancy to 18 years of age or more in the identifiable female population.

This approach, perhaps somewhat simplistic, is based on the assumption that intermediate objectives have a cause-and-effect relationship with regard to the ultimate objectives.

The utilization of intermediate objectives provides the opportunity to develop mechanisms for continuing analysis and also techniques that will permit monitoring to begin early in the operational phase of the program, both of which are useful tools in decision-making. The approach also helps in the mapping out of expected program progress, in this way becoming an integral part of the evaluation effort. Thus its value is not limited to the early stages of program operation.

Intermediate objectives need to be based realistically on the service capacity assumed for the program. Accordingly, estimates of

such factors as personnel service capacity, facilities, patient load, service time, and patient flow need to be built into the design. Once this is done, the intermediate objectives can serve as parameters against which the program's performance is compared (4, 5).

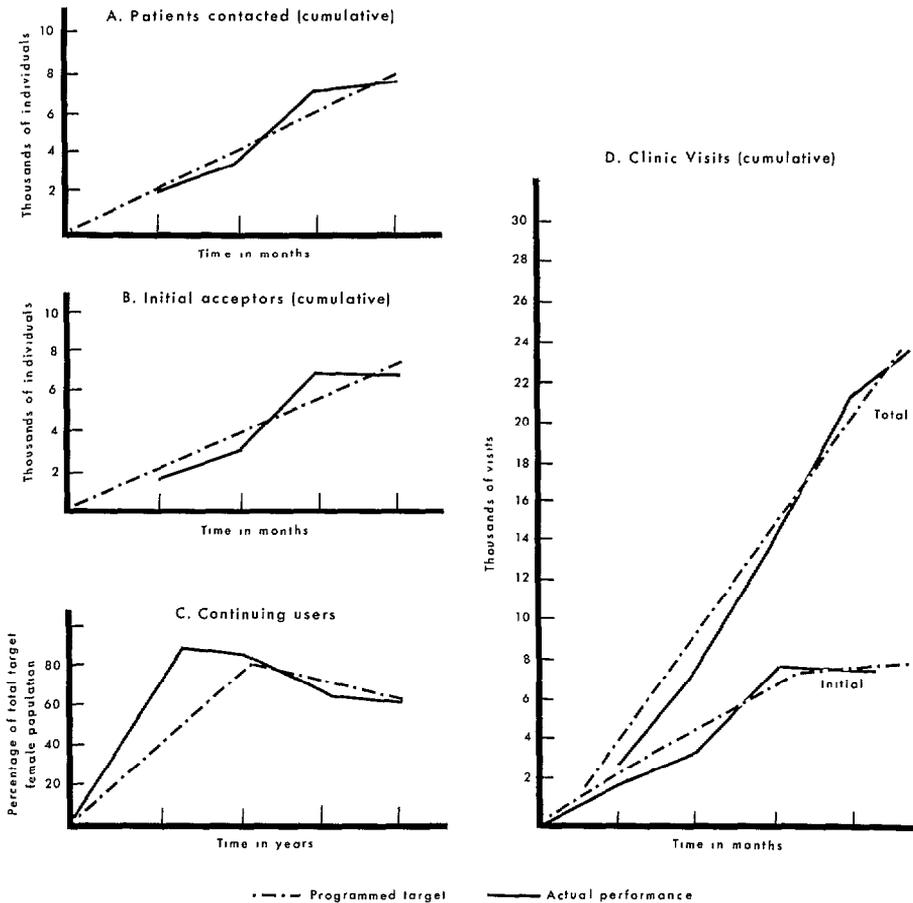
Figure 2 illustrates an example of intermediate target fulfillment in a highly efficient operation. Figure 3 offers an opposite example, in which budget overruns, unmet objectives, or system overloads will be the end result unless appropriate managerial and operational decisions are taken promptly.

While intermediate objectives seem to be a simple and useful tool for the monitoring of family planning services, certain requirements must be met.

- First, the target population must be defined numerically and the time frame decided on.

- Second, a design must be developed for

Figure 2. Example of fulfillment of intermediate objectives in a hypothetical family planning program that is being efficiently run.



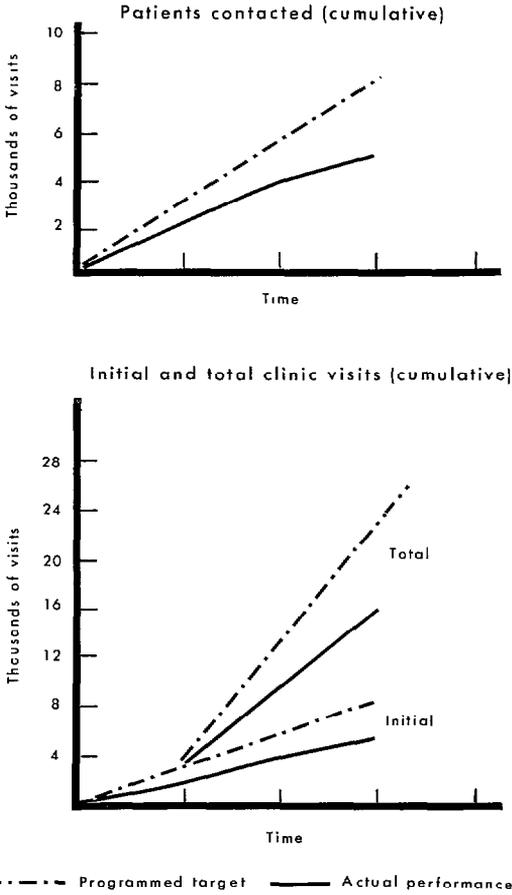
service activities. It should specify patient load, personnel performance, and service capacity.

- Third, a record system must be established and the procedures spelled out whereby information about service utilization is to be retrieved. Also, there must be a system for individual patient identification.

Since these requirements are usually met by most family planning programs, the implementation of a patient service monitoring system should be a feasible task for the interested administrator.

There are, however, changing circumstances that need to be taken into account. For example, the target population is never entirely stable. While some women are entering the fertile age range, others are leaving it. Also, people move in and out of the community. At the same time, socio-political changes may occur, such as legislation in regard to family planning, that will greatly alter the nature of the target population. Hence it is necessary to review the situation from time to time so that the intermediate objectives can be adjusted as necessary.

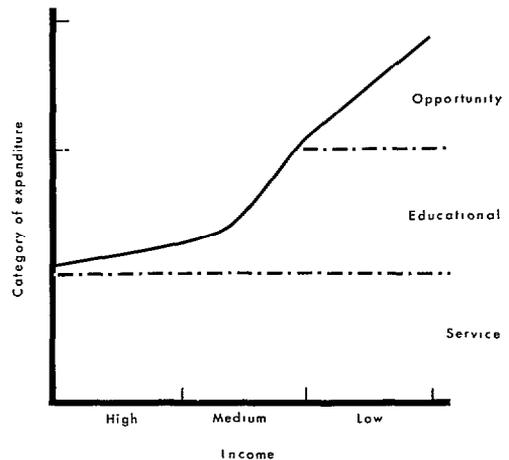
Figure 3. Example of failure to fulfill intermediate targets in a hypothetical family planning program that is destined to have problems in meeting its ultimate objectives.



Program efficiency needs to be analyzed in terms of both services rendered—measured by the number of women affected in a given time span—and cost. What is the minimum cost at which the desired services

can be provided? Naturally, costs vary from program to program. They depend on the particular activities contemplated, the scope of services offered, etc., and they also depend on the specific characteristics of the population. In particular it has been argued that services to groups that are socioeconomically less advantaged require additional education efforts that make them more costly (Figure 4). Hence each program must be analyzed on the basis of indicators which ultimately will establish its own pattern of efficiency. Once such a pattern has been standardized, activities and costs can be analyzed periodically and continually, and this process can then become a true mechanism for monitoring the efficiency of program operation.

Figure 4. Cost of a family planning program by category of expenditure and by socioeconomic level of patients served. (Unpublished data based on experiences in the Louisiana Family Planning Program.)



SUMMARY

Since progress during the early stages of a program cannot easily be measured in terms of the ultimate objectives, there is need to develop a set of intermediate indicators for purposes of necessary evaluation and monitoring.

Family planning programs suggest a series of useful intermediate objectives that have a clear cause-and-effect relationship with regard to their ultimate goals. It is important that they be expressed as specific targets. They should pro-

vide for a numerical definition of the target population; a given time frame; a service design which takes into account patient load, personnel performance, and service capacities; and a record system that can readily retrieve information about service utilization and also identify each patient individually. At the same time,

allowance should be made for periodic review and adjustment in light of modifications that are bound to occur in the composition of the target population as well as possible changes of a sociopolitical nature that might affect the program's scope.

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