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STUDY ON THE EVALUATION OF FAMILY PLANNING PROGRAMMES

Report on a Planning Meeting

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1. Introduction

The aims of this small planning meeting, held in connexion with the Study on the Evaluation of Family Planning Programmes, were to review efforts being made in selected countries regarding the evaluation of family planning programmes including both ad hoc and continuous evaluation; to use the general WHO evaluation guidelines as a basis for drafting evaluation guidelines to specific family planning; and to design a multinational study with the objective of finalizing these specific guidelines for national use.

In her opening statement, Miss W. Haddad, Regional Officer for Family Planning, WHO Regional Office for Europe, pointed out that WHO had been requested to develop health programme evaluation further as an integral part of the health development process. The planning meeting reflected the growing interest in many countries of the Region in assessing the performance of family planning programmes. The meeting would make use of the general programme evaluation guidelines which WHO had been developing and attempt to apply them to national family planning programmes for a trial period.

The meeting elected Dr P. Vardi Chairman and Professor G. Amendt Rapporteur. A list of participants is attached as Annex III.

2. Objectives of family planning programmes

Considering the situation of family planning in the European Region, the participants agreed that activities in this field were rapidly growing. The extent and aims of family planning programmes vary considerably from country to country. Several definitions of family planning exist, each leading to a different evaluative focus. To many people, family planning is equivalent to population control or birth control. To those in the health field, family planning is a component of family health care and is one of the three important aspects of pregnancy management, the other two being prenatal care and obstetrical care.

Family planning was defined by a WHO Expert Committee in 1970 as follows:

"Family planning refers to practices that help individuals or couples to attain certain objectives; to avoid unwanted births; to bring about wanted births; to regulate the intervals between pregnancies; to control the time at which births occur in relation to the ages of the parents; and to determine the number of children in the family. Services that make these practices possible include education and counselling on family planning; the provision of contraceptives; the management of infertility; education about sex and parenthood; and organizationally related activities such as genetic and marriage counselling, screening for malignancy, and adoption services."^a

From the above, it is clear that family planning has several health objectives and that there are several mechanisms for attaining these objectives. WHO does not have a demographic mandate or objective. Its interest in family planning is thus centred on the demographic impact on health of family planning programmes.

The literature indicates that health is improved to the extent that family planning helps individuals to control their reproductive behaviour in accordance with acceptable medical practices. For example, health seems to be affected by the number of pregnancies or births, and by the timing of pregnancies and births in relation to the mother's age and duration of marriage. When a woman has too many pregnancies, pregnancies that are too closely spaced, or pregnancies very early or very late in her reproductive life, the effects on her health, the health of the foetus and the health of her family can be severe. These may include complications of pregnancy and delivery, such as placenta praevia, accidental haemorrhage, prolapsed cord, abnormal presentation or position of the foetus, rupture of the uterus and post partum uterine inertia with severe bleeding. The evidence also seems to show that, as parity increases, the nutritional status of the mother can be affected, thus resulting in anaemia, calcium deficiency and diabetes mellitus. The foetus or child may also be adversely affected by poor family planning, resulting in foetal deaths, stillbirths, perinatal mortality and infant mortality and morbidity.

Family planning intervenes in the reproduction cycle to help individuals control the numbers, intervals and timing of pregnancies and births, thereby reducing trauma and improving health. This intervention can occur at any or all stages in the reproductive cycle: from counselling and education on sexual intercourse, through the provision of services to control conception, to the interruption of the gestational process through pregnancy termination.

^a WHO Technical Report Series, No. 476, 1971

Besides these health objectives, family planning has been linked with human rights and with population planning objectives. Respect for human rights implies that individuals and couples have the right to control their reproduction. Population planning implies that they have an obligation to do so for the good of society.

The human rights objective is to allow freedom of choice in respect of pregnancies and births to ensure that each child who is born is a wanted child. This objective is socioeconomic in orientation. It means that no couple should be forced against its will to conceive a foetus, to carry an unwanted pregnancy, or to have an unwanted birth. It also implies that every couple has the right to conceive and bear children if physically able, if it so desires and if it can afford to care for the children.

The population planning objective is demographically oriented, particularly in relation to the number and rate of births in a given society. This objective is to control the size of the society's population to be consistent with the resources available for maintaining or improving the quality of life of that society's population. In some countries, this may mean increasing population size, while in others it may mean stabilizing or decreasing population size.

These three objectives - health, human rights, population planning - are compatible with one another. In fact, they are often mutually reinforcing. In most societies, couples would exercise their human rights to plan their families if they had the means to do so.

Preliminary results of a current study by the Regional Office on the definition of family planning (see brief description in Annex I) point to the fact that objectives of family planning programmes are highly dependent on social and private beliefs, norms and cultural attitudes, and are likely to differ between social groups in any given country. Lifestyles and norms may be enhanced or threatened by the introduction and extension of family planning services.

While in some countries, for example, consumers increasingly demand the diaphragm as a method of contraception, physicians are often reluctant to prescribe it and counsel on its proper use, since this is not perceived to be a proper medical task, such as that of prescribing contraceptive pills and monitoring their use. This is in contrast to counselling centres or clinics, where the service is more responsive to the cultural environment, lifestyle and wishes of the consumer and where the ultimate objective of family planning is to satisfy the clients.

3. Experience with the evaluation of family planning programmes in selected countries

The participants from Hungary, Portugal and Spain were asked to summarize briefly the experience gained in the field of family planning in their respective countries. It became clear that, in countries where family planning is a recently introduced health service, emphasis is being placed on the quantitative expansion and availability of services. On the other hand, in countries where family planning is a well established part of the health delivery system, evaluation is aimed more at determining the quality of given services.

It was felt that there was a general need to improve the evaluation of ongoing and future projects and programmes in family planning. The aim should be routine evaluation, so as to feed back information continuously for decision making in this field.

It was agreed that cost-benefit analysis was useful but difficult, owing to the fact that degrees of achievement of family planning objectives can rarely be assessed in monetary terms and that, moreover, political and cultural norms and values are intricately associated with family planning. Cost-effectiveness analysis may be more proper in this context. In any case, an economic analysis can only be an input to, not a substitute for, evaluation.

Evaluation must closely relate to the objectives of family planning programmes. In those cases where the objectives of family planning are not compatible, priorities should be clearly specified. While many family planning programmes are conducted by ministries of health and thus have health objectives, their evaluation is often directed towards population-planning objectives. The link between programme objectives and programme evaluation is weak in these instances. If programme evaluation is to be relevant, programme objectives need to be clarified and agreed upon. Evaluation can then focus better on the critical issues.

Evaluation will be increasingly necessary for guiding the implementation of family planning programmes; ensuring the achievement of programme goals, including consumer satisfaction; discarding unnecessary and unproductive projects and activities; and redirecting resources and programmes if necessary.

4. WHO guidelines for health programme evaluation

The participants were briefed on the guidelines contained in document WHO/MPN HD/80.7. The following is a short summary of the main points to be covered in the evaluation of (1) the health programme and (2) the process of evaluation, both of which should be covered by the study.

4.1 Health programme evaluation

Health programme evaluation is part of a broader managerial process of national health development. Indicators, i.e. variables which help to measure change, are used in the evaluation process as well as criteria, i.e. standards against which programme actions can be compared. Where no suitable indicators or criteria are available, pertinent questions concerning the programme to be evaluated will help focus the assessment.

Evaluation has to be supported by valid, relevant and sensitive information. This information support will largely come from routine information systems already in operation, but will inevitably have to be supplemented by special efforts, such as surveys, expert opinion and research. In any case, evaluation calls for an attitude of mind that is open to constructive criticism and leads to useful proposals for future action.

The evaluation of a health programme such as a family planning programme must cover a number of programme aspects. The following evaluation questions and issues derive both from the guidelines and from the discussions of the planning meeting.

- Which problem is the family planning programme expected to solve (see section 2 - objectives of family planning programmes)? Have these problems been clearly defined and quantified? Have these problems posed a major threat to public health or to social, economic or political development? Will the problems become worse in the future unless vigorously tackled? What is the scientific evidence for the importance of the problems?

These and similar questions serve to evaluate the adequacy of the problem definition for the family planning programme. If the problem definition is evaluated as inadequate, a redefinition of problems should be recommended.

- Has the family planning programme really aimed at solving the above-mentioned problems? Have the objectives or aims of the programme clearly corresponded to a reduction in these problems rather than to the self-interest of physicians and other special interest groups? Have the family planning services and institutions themselves been prepared to face such problems and needs and to meet the demand of consumers and the community?

These and similar questions serve to evaluate the relevance of the family planning programme. If the programme is not evaluated as fully relevant, its modification should be recommended.

- Has implementation of the family planning programme been planned in a formal way or, at least, has an understanding been reached on its main modus operandi (including clientele, lines of service, financing, schedules for development and operation)?

Have the programme efforts and services been delivered to the planned or intended clientele with the expected quantity, quality and timeliness of service? Have staff, funds, equipment and supplies been used in the planned or intended way? Or have there been unforeseen circumstances which warranted a deviation from earlier plans?

These and similar questions serve to evaluate the progress of implementation of the family planning programme. If progress is evaluated as less than satisfactory, the strengthening of implementation planning (sometimes called "programming" outside WHO circles) and/or implementation on monitoring and control should be recommended.

- Have the activities of the family planning programme been conducted at the most suitable operational level (e.g. local, district, central)? Has the time of staff been wasted by duplication of efforts, unnecessary procedures, lack of key supplies, lack of proper jobs or preparation, or unclear allocation of tasks? Could some of the activities have been delegated to lower grades of staff or to the consumers and their families without loss of service quality? Have expenditures exceeded the budget or planned ceiling? Has administration of the programme used up more than a small percentage (say 3%) of the total expenditures? Have the local community and other sectors of the economy been mobilized to help in the development and operation of the programme? Have the consumers and providers of the programme had an incentive to economize on waste and unnecessary service and/or to increase the quality and coverage of family planning activities without increasing programme costs? Have these incentives been strong?

These and similar questions serve to evaluate the efficiency and cost-efficiency of the family planning programme. If efficiency or cost-efficiency is evaluated as less than satisfactory, changes in the organization, financing and/or management of the programme should be recommended.

- Have there been well-defined targets for achieving a reduction in the relevant health and other family planning problems as defined in the first set of questions? Have these targets been achieved or has progress at least been made in the right direction?

Have the main programme strategies (e.g. liberalization of abortion) been effective or, at least, aimed in the right direction? Have unforeseen political, social and cultural factors hampered the acceptability and, therefore, effectiveness of the programme? Have the expectations of the consumers, financiers, providers and politicians been met?

What has been the cost of the family planning programme? Could the family planning achievements have been realized at lower cost, with less sophisticated staff, equipment and supplies?

Would the achievement have been greater by using different channels of service (e.g. MCH services) or levels of service (e.g. the urban neighbourhood)? Could a small increase in the programme budget have been used to improve family planning achievements drastically?

These and similar questions serve to evaluate the effectiveness and cost-effectiveness of the family planning programme. If effectiveness is evaluated as less than satisfactory, a review of programme strategies and technology should be recommended.

- What have been the effects of the family planning programme on the health of the population? On the quality of life of the population? On the status of women in society? On overall demographic and socioeconomic development?

Have these effects all been in the desirable direction and, if not, why not? Could any undesirable effects on overall national development have been avoided at little effort?

Has the family planning programme contributed more resources and assets to society than it has taken from society for purposes of programme implementation? Is there evidence that action in other sectors of the economy (e.g. increasing the rights of women in society) might have brought about a similarly favourable and even more favourable impact on family planning objectives and overall national development?

By answering these and similar questions one can evaluate the impact and cost-benefit of the family planning programme. If the impact or cost-benefit is evaluated to be less than satisfactory, a review of family planning policies and objectives as well as of family planning programmes as a whole should be recommended.

4.2 Evaluation of the process of health programme evaluation

The guidelines call for a process of evaluation, consisting of: the terms of reference for evaluation; the collection and retrieval of information required for evaluation; the evaluation of the family planning programme itself (in terms of relevance, etc., as stated under 4.1 above); and the reporting on the conclusions of evaluation and recommendations for future action.

The guidelines on the evaluation of the evaluation process follow exactly the same outline and way of thinking as the above guidelines on health programme evaluation. The participants decided to group the issues in a different way, as follows, so as to avoid any impression of ritualism.

- What were the technical disciplines represented in the evaluation team? Were other disciplines represented by ad hoc resource persons? Was the representation well balanced and adequate to examine all aspects? If not, what were the constraints?

Was there any attempt to involve nontechnical "consumers" in the evaluation? How?

Did the evaluation use objective and scientific methods? Were their uses and limitations clearly understood by all members of the evaluation team?

How many months were required? (If possible, subdivide by discipline and by phase.) How did this relate to the planned requirements?

Did the evaluation require any specific financial resources? How much, and for what purpose? How were these resources obtained? Were they adequate?

How long did the evaluation last? How did this relate to the planned duration? Could it have been performed more quickly? Would the evaluation have been better if given a longer duration?

Were the data already existing in the service adequate for the evaluation? Were additional data requested? Were they obtained as requested? Please comment on the balance between data available and data actually used in the evaluation.

These and similar questions serve to evaluate the appropriateness and efficiency of the evaluation process.

- What method(s) of work did the evaluation team use (plenary meetings, individual assignments, etc.)? If more than one method was used, which was (were) the most productive?

Did the evaluation team have adequate access to political/administrative decision makers? Were the terms of reference of the team changed? How and why?

Were there problems about obtaining and using confidential and/or sensitive data? If so, how were they overcome?

In general, did the evaluation team encounter unforeseen technical or other obstacles? What were they and how were they overcome?

These and similar questions serve to evaluate the organization and management of the evaluation process.

- Did the report of the evaluation team recommend significant changes in the programme? The answers might be given under such major headings as: policy and objectives, strategies and technical methods/procedures, manpower (functions, task distribution, training), other resources including geographical distribution.

At a later stage, similar questions might be asked about the official approval and implementation of the recommendations.

- Did the evaluation lead to new approaches and methods of evaluation with a wider applicability?

Did it enhance the prospects for further evaluation studies in the same or other programmes? Were there major obstacles to be overcome?

Was the evaluation study worth the effort?

These and similar questions serve to evaluate the usefulness of the evaluation process.

In the lively discussions which ensued, there was agreement among the participants that the terms of the guidelines for categorizing aspects of evaluation could not easily be applied in all national situations owing to differences in service structures between countries. The guidelines proved to be too difficult for immediate application in family planning and had to be adapted to different frames of reference which were more in line with the participants' respective fields of work.

5. Draft outline of national evaluation pilot studies

The temporary advisers from the countries participating in the study were asked to prepare a first draft outline for the national pilot studies, taking into account the following four questions:

- (1) What subjects do you wish to evaluate in 1981?
- (2) Why are these important?
- (3) What indicators will you use?
- (4) What additional information do you need?

These draft outlines are attached as Annex II. They were discussed in detail and accepted in principle, subject to clearance by the governments of the Member States concerned. It was pointed out that the draft outlines did not in themselves constitute the protocols for the national pilot studies. Their preparation was neither possible nor envisaged in the short time that the planning meeting had at its disposal. This also means that the stated evaluation issues will constitute only part of the evaluation focus in the national studies. In short, the protocols need to include a great deal of additional detail on evaluation focus, methodology to be employed, information requirements, establishment of study team, reporting targets, etc.

The protocol will answer the following questions:

- (1) What will be studied?
- (2) How, when and by whom will the study be performed?
- (3) What support is required?

It was agreed that the final report on the national pilot study should contain an evaluation chapter on the evaluation of the study itself. The final report will include a description of the results and evaluation process of the national study methods.

While agreeing that the main focus of pilot evaluation should be determined on the basis of existing national priorities, the participants underlined that efforts should be made to find a common format for the national pilot studies. Maximum account should therefore be taken of the above-mentioned WHO guidelines.

6. Draft schedule for the study

The meeting agreed on the following draft schedule for the study:

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|----------------|---|
| March 1981 | - Dissemination of the report on the planning meeting |
| April 1981 | - Protocol on the national pilot study to be sent to the Regional Office by the participants from Hungary, Portugal and Spain |
| May 1981 | - Contractual agreement offers and technical comments to be sent to the study leaders in Hungary, Portugal and Spain |
| August 1981 | - EURO to remind study leaders to submit progress reports in September |
| | - Possible country visits by WHO expert |
| September 1981 | - Progress reports on the national pilot studies to be submitted, containing outline of report as well as preliminary results |
| May 1982 | - Submission of final report on the national pilot studies |
| October 1982 | - Meeting, possibly in Hungary, to review pilot study results and to formulate guidelines for general use in Europe on the evaluation of family planning programmes |

Annex I

STUDY ON THE DEFINITION OF FAMILY PLANNING

The aim of this research project, which started in 1979, is to identify the definition of family planning underlying present family planning activities in Europe.

Ultimately, definitions will be known at the levels of government, the medical professions and so-called helping professions, such as social workers and psychologists.

In the first stage of the project, data are being collected from selected Member States by interviewing representatives of various professional organizations in the field of family planning and members of government departments in charge of family planning or related activities. Preliminary results are available from study visits to Austria, Italy, Portugal, Romania and Sweden.

In the second stage of the project, questionnaires will be used to obtain data from governments of the Member States and selected teaching hospitals in the European Region. The questionnaire to governments aims at obtaining information on topics such as: the legal basis of family planning and contraception; the legal basis of professional activities in the field of family planning; financing of family planning activities; status of family planning in medical school curricula; and integration of family planning in sex education at school.

The questionnaire to heads of selected teaching hospitals poses the following questions:

- Is knowledge of contraceptive methods considered a necessity in the teaching of medical students?
- What contraceptive methods are preferably taught?
- Does cooperation exist between the medical profession and other professional groups in the field of contraceptive counselling?
- Do heads of teaching hospitals favour the idea that midwives or other semimedical personnel should acquire knowledge about inserting IUDs and prescribing the pill?
- Does an understanding exist in the medical profession of problems in contraceptive behaviour which might be traced back to the service structure of the medical profession?
- What is the medical understanding of good family planning behaviour?
- Does the medical understanding of family planning comprise aspects concerned with the culture and lifestyles of the clientele?

Although questionnaires could be sent also to social workers, midwives and psychologists, as they are increasingly involved in family planning, it has been decided not to do so. The focus will be on the medical profession because they play a major role in providing family planning services and shaping family planning policies at the national level. A second reason is the growing criticism that contraceptive counselling is offered from a purely medical point of view and neglects important questions relating to culture and lifestyle.

Annex II

PRELIMINARY DRAFT OUTLINES OF NATIONAL EVALUATION PILOT STUDIES

(a) HUNGARY

1. What subjects do you wish to evaluate in 1981?

(a) The extent to which the frequency of premature births is influenced by population policy methods, including family planning and prenatal care

(b) Effect of the teaching of family life (sex education) on the frequency of pregnancy among adolescents (14-15)

2. Why are these important?

(a) Prematurity (underweight) is very frequent in Hungary; therefore, prenatal and neonatal mortality is determined by it to a considerable extent.

(b) Adolescent pregnancy, whether ending by delivery or by interruption, is undesirable from the medical and social points of view

3. What indicators will you use?

Progress:

Rate of premature babies by marriage
Number of couples receiving counselling
Number of pregnant women receiving prenatal care
Rate of pregnancies among adolescents
Number of students receiving family life education

Efficiency and effectiveness:

Assessed according to the WHO guidelines in conjunction with the Ministry of Health, State Statistical Offices and the National Institute of Obstetrics and Gynaecology

Impact:

Decrease in levels of prenatal and neonatal mortality in connexion with prematurity
Decrease in number of unwanted pregnancies

4. What additional information do you need?

Information on statistical methods and surveys

(b) PORTUGAL

1. What subjects do you wish to evaluate in 1981?

Maternal morbidity and mortality
Infant morbidity and mortality
Perinatal mortality
Planned pregnancies and undesired pregnancies
Sexual education
Attitudes of the population to family planning
Satisfaction with services
Quality of services delivery

2. Why are these important?

Because they are closely related to national policy and general objectives

3. What indicators will you use?Progress:

Cover 8-10% of target population (15-44 years of age, female)
 Increase the number of planned pregnancies (baseline survey)
 Acceptance of contraception
 Continued use of methods

Efficiency:

No. of physicians/No. of users
 No. of nurses/No. of users
 No. of hours of consultation/No. of users
 Coverage of population
 Number and kind of contraceptive methods chosen

Effectiveness:

Decrease in number of at-risk pregnancies (detection of at-risk groups)
 Satisfaction of users with the service
 Continued use of methods
 First consultation
 Implications of the methods

Impact:

Maternal and infant rate
 Perinatal rate (morbidity and mortality)
 Planned pregnancies
 Attitudes of population
 Sex education

4. What additional information do you need?

Information on the quality of health services delivery
 Information on ways of improving communication with couples

(c) SPAIN

1. What subjects do you wish to evaluate in 1981?

Information on and assessment of sex education and procreation
 Reduction of criminal abortion
 Prevention of mental retardation
 Improvement in number of wanted pregnancies
 Improvement in individual and family health
 Infertility problems

2. Why are these important?

A very high proportion of Spanish women are practicing family planning but their information on this subject is very poor. It is necessary to increase the information available to them so as to allow correct, rational and free decisions to be made

An important objective is to reduce mental retardation

Infertility problems are a cause of poor family health. We aim to improve the number of wanted pregnancies and individual and familial health, thereby helping to achieve our principal objective, namely to improve the health situation in the country as a whole

3. What indicators will you use?Progress:

To cover 10% of the women aged between 15 and 45 years in the areas covered by our services

Efficiency:

No. of physicians/No. of users
No. of midwives/No. of users
No. of social workers/No. of users
No. of administrators/No. of users

Effectiveness:

To achieve a situation where 90% of pregnancies are wanted
To reduce mental retardation by 1% in the areas covered
To detect groups at risk for pregnancies
To ascertain consumer satisfaction with the services
To determine which methods have failed
To obtain a better knowledge of infertility problems

Impact:

To ascertain the side effects of different methods
To discover whether we are meeting consumer expectations and whether we are producing feelings of frustration
To reduce mental retardation
To contribute to a reduction in perinatal and maternal mortality

4. What additional information do you need?

To improve statistical information especially regarding the side effects of different methods
Information on special problems (through surveys)

Annex III

LIST OF PARTICIPANTS

TEMPORARY ADVISERS

- Professor G. Amendt
University of Bremen, Federal Republic of Germany (Rapporteur)
- Dr A. Leitao^a
Directorate-General of Health, Lisbon, Portugal
- Mr R. de Lione
Margaret Sanger Center, Planned Parenthood of New York City, Inc., New York, USA
- Dr M. da Purificação Costa Araujo
Directorate-General of Health, Lisbon, Portugal
- Dr P. Vardi
Ministry of Health, Budapest, Hungary (Chairman)
- Dr V. de Vincente
Ministry of Public Health and Social Security, Madrid, Spain
- Dr B. Zsolnay^a
Ministry of Health, Budapest, Hungary

WORLD HEALTH ORGANIZATION

Regional Office for Europe

- Miss W. Haddad
Regional Officer for Family Planning
- Dr I.S. Luculescu
Regional Officer for Country Health Programming
- Dr H. Zöllner
Regional Officer for Health Economics

Headquarters

- Mr S. Brögger
Division of Family Health

^a Participation expenses not paid by WHO