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Service Statistics For Improving F.P. Programmes

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[Second Instalment]

SERVICE Statistics may be analysed quantitatively and qualitatively. It is also possible to undertake simple input analysis to measure the programme efficiency.

Quantitative Analysis : For quantitative analysis, having a set of working targets or objectives is essential. Few programmes are likely to succeed unless each job is properly explained to the worker concerned and a goal is set. To have a set of, predetermined "desired levels" or "critical levels" of performance is of practical value also. The stock of essential supplies coming down below the "desired reserve level" should attract immediate attention, and action should be taken for their replenishment. A vacancy rate of family planning workers exceeding the "critical level" should be seriously reviewed to discover the reasons and take remedial steps. Interpretation of the numerical data needs caution as to the size of the denominators. The changes that have occurred since the last reporting period are as important as the current programme status.

Qualitative Analysis: When the amount of performance is analysed by various socio-demographic variables, it is often possible to view the "quality" of the work. The performance or acceptance may first be analysed by place or local areas to discover the variation by locality. The urban rural differentials in the acceptance and termination of contraceptives have been so distinct that the findings have great practical value for the administrator in deciding where more efforts should be made. Poorer performance in the rural areas may simply be because of lack of facilities for services or difficulties of transportation. It is useful to correlate the performance or accepance with various socio-demographic indicators of the areas: Population density, average income, percentage of males engaged in agriculture, literacy rate etc. Analysis of these kinds, however exceed the scope of the routine analysis of service statistics.

Time is another important variable for routine analysis. The variation in the performance or acceptance by month may be due to seasonal trends or to other factor. For example; in Bangladesh sterilization performance specially vasectomy is low in the harvesting season, or when food for works programme is going on. Observation of the long-term trend of programme performance is useful in estimating the prospects of the programme. For this purpose, a simple line graph showing the month ly acceptors is helpful. The administrator will be assured of smooth programme progress if he sees that the performance of this month is better than in the last or better than in the same months in previous years.

Age, parity, and level of education are three major variables in analysing the characteristics of persons: the workers or the acceptors. Contacting women of lower education in the rural areas should have more demographic impact than contacting those of higher education in the cities, because the former would mostly be "unprotected" if there were no family planning programme. Acceptance of family planning by younger women of lower parity for spacing should have more demographic impact than acceptance by older women of higher parity for limiting, if the total effect is considered. The performance may also be analysed by the characteristics of the workers. It will be of much practical value to discover what type of workers usually do the best jobs. The results of this kind of analysis should help the administrator in deciding qualification of the workers to be recruited in the future.

The type of work accomplished, or birth control methods accepted, is another essential item for analysis. Of the home visits made by the workers,

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how many are first visits and how many are return visits; or of the total clinic visits, how many are return visits, of which how many are for complication, how many return visits, of which how many are for complication, how many are for treatment of side effects are qustions of direct programme implication. The ratio of first visits to return visits is a rough indicator of the quality of service of the workers. The analysis of acceptors by methods is important. A higher proportion of acceptors using more "reliable" methods, such as sterilization, IUD, and pills, indicates better "quality" of acceptance.

Input-output Analysis : This type of routine analysis to measure the "efficiency" of work cost-effectiveness analysis is an important example of input-output study. The input, or "effort" is usually measured by man-days of work or the amount of money spent to achieve a specified program me objective.

Improvement of service statistics: The service statistics system should be made as simple as possible. In designing the reporting forms for data collection, the evaluator should consider these four specific questions: (i) Why must the information be collected? (ii) How is it going to be used? (iii) Is it reasonably easy for worker to collect it? (iv) Is there any alternative way of obtaining it? The service statistics are intended to help the programme operation; and the collection and analysis of data should never overwhelm the programme itself. Emphasis on the need for simplicity in the service statistics system in no way reduces the importance of its being adequate for meeting the administrative purposes.

It is possible to design the forms of service statistics in such a way that important information is pre-coded. The use of pre-coded forms eliminates the process of coding, thus minimizing the chance of errors and saving the staff's time. They should be useful for both manual and mechanical processing of data.

Graphical presentation will facilitate understanding if the results of analysis are presented not only in the form of tables, but also by graphs and charts. A line graph illustrating the monthly distribution of pill, condom, foam performance of vasectomy, tubectomy and IUD, enables the administrator to grasp quickly a general idea of the long term trend and seasonal variation of acceptance. A map indicating the rates of acceptance in each local area, shown in different colours may be prepared semi-annually or annually to see where the acceptance has been lower and more efforts are needed. Simple illustration by bar graphs of the rates of acceptance by the characteristics of acceptors, age, parity, and level of education, are useful also. It is important for the evaluator not only to be able to analyse the data, but also to present the results clearly so as to facilitate understanding by others whose statistical comprehension is not equal to his.

The services statistics should be analysed and tabulated at intervals. For some items, more frequent analysis is desirable. Number of acceptors recruited from each local area, number of clients sterilized in each thana, number of workers in the fields, amount of essential supplies in stock, amount of money received or spent, etc., may require monthly or even weekly analysis for timely action. On the other hand, analysis of some other items, such as the characteristics of acceptors or the fertility of he target population, may be made only quarterly, semi-annually or annually. These are not likely to change significantly over a shorter period of time. While "in-depth" analytical studies take time, simple marginal or cross tabulations of service statistics can be done promptly and this usually meets the administrative requirements.

It is not always necessary to analyse the information collected from all of the individuals. Analysis based on a properly drawn sample of cases may be sufficient. It is needless to stress that the sampling should be properly done so that there wil be no bias to affect the results.

The organization of a service statistics system involves a variety of different elements such as feedback reports, information and education services, forms used by field workers etc. The design of the reports must be kept simple, this is vital to the system. The critical problem is how to modify the reports so as to permit the collection of more information while keeping its design sufficiently simple not to overburden the staff. One suggestion is to have several different kinds of reports. The question to be asked through the report may be divided into two parts: core questions which will be common to all and additional questions specific to each kind of report.

Follow-up interviews of sample of acceptor are useful because the rate of response is usually higher than when the women are asked to come back to the clinic for follow-up examination. The bias from non-response; therefore, is smaller. It is suggested that the follow-up survey be under taken more frequently and at a shorter interval, to minimize the memory lapse. Generally speaking, the follow-up interview survey is a useful device for administrative purpose, but it should be done rather frequently and with a simpler questionnaire schedule.

The results of the analysis should imediately be brougtly be brought to the attention not only of the top administrator at headquarters, but also of the related programme staff at the periphery, to enable them to improve the operation. After all, the main purpose of the analysis of service statistics is to improve the programme. For this purpose, an adequate mechanism to ensure prompt feed-back of the results of analysis is essential.

Suggestions: Paramount in the design of a service statistics system should be its usefulness—viewed as its contribution to the processes of management, and evaluation, and ultimately policy making. The following suggestions are offered as a means of assessing the activities or functions of existing service statistics systems as well as to guide the establishment of new programmes. In either case, these guidelines seek to described a process for maximizing the contribution that a service statistics system can make to comprehensive family planning activities and provision of services.

Operational objectives for the programme must be specified and clearly defined to meet general programme goals. Collected data must be directly related to the operational programme decision making or that are used to measure programme effectiveness. Data collection should not be burdensome to distributors or to clients. Cross-checking of two data sources or random spot checking should be used to verefy data. Tabulation and processing of data should be rapid. Electronic data processing services, if available at low cost, may be utilized. Service statistics data should be combinbd with data from censuses and other programme to obtain adequate measures of coverage. Data must be presented so that they can be easily interpreted in terms of needed actions to increase programme efficiency and effectiveness.

Data reports should be objective and quickly distributed to the appropriate administrators and policy makers for their action. Training must be provided interpreting data so that personnel can make adequate use of the data provided. Opportunity for feedback from programme recipients should be part of the system, to make it more relevant.

The ultimate criterion for a service statistics system is whether or not managers, evaluators, and policy makers do, in fact, use the system to make decision, to improve the efficiency and effectiveness of the programme to measure the programmes goal attainment, and to restructure if necessary, the programme's operation. (Concluded)