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Strategic Management of Population Programs

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Although descriptions of strategic planning and management may be reduced to a handful of prescriptions, the practice is often messy and frustrating — especially to managers accustomed to more precise disciplines such as medicine or evaluation. But the gains are widely accepted, making it incumbent on conscientious managers to embark on this often difficult and fractious process.

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Formal strategic planning and management appear to contribute to organizational effectiveness. Bernhart surveys the literature on strategic management in private/for-profit organizations and applies lessons from that literature to population programs.

Few would argue that population programs would not benefit from strategic planning and management, but it would be inadvisable to initiate the process when the organization is faced with a short-term crisis; during or immediately before a change in leadership; or when implementation is unlikely. Public sector programs seem to have the latitude to manage strategically.

Models available for adoption include life-cycle models, strategic issues management, stakeholder analysis, and portfolio analysis. The model selected may be a function of (1) who will use it (life-cycle/evolutionary models may be well-suited to the planning needs of donors); (2) the presence of challenges to the survival of the program or to key components of it (stakeholder analysis would find ready application in those circumstances); and (3) the relative success and stability of the program (portfolio analysis may help a program balance its activities in a stable environment whereas strategic issues management is useful in responding to a dynamic environment).

It is important to marshal top-level support, designate who will do the leg work, analyze the organization's history and current situation, assess internal strengths and weaknesses and external threats and opportunities, and summarize critical issues facing the program. Then a strategy may be developed.

Among the available approaches are: (1) scenario developments (useful for a program that senses a need to change its approach to clients); (2) critical issues analysis (useful for refining successful programs); and (3) a goal approach (useful for programs with diffuse, ill-defined objectives). There are no short-cuts, it is argued. A strategic plan typically contains (1) a mission statement that describes the social need to be addressed, what is unique about the organization, what its values are, and who the principal stakeholders are; (2) a statement of the population to be served and goals for service delivery and quality standards; (3) a service delivery strategy; (4) a financial strategy; (5) a marketing strategy; and (6) support strategies.

Most organizations will find that there is no ideal structure — all require tradeoffs — and that attention should focus on eliminating patently dysfunctional aspects of the structure.

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Glossary

AID	(U.S.) Agency for International Development
BCG	Boston Consulting Group
CBD	Community-based distribution (of contraceptives)
CYP	Couple-years of protection (against conception)
DMPA	Depoprovera
IEC	Information, education, communication
IUD	Intrauterine device
NGO	Nongovernmental organization
OR	Operations research
SWOT	Strengths, weaknesses, opportunities, and threats
TBA	Traditional birth attendant
VS	Voluntary sterilization
WID	Women in development

STRATEGIC MANAGEMENT OF POPULATION PROGRAMS

Every organization has a strategy.

This paper addresses issues in the strategic management of population programs. While there is easy agreement that improvements in the strategic management of these programs would lead to improvements in their effectiveness (Paul, 1983; Ness, 1989) the literature on the topic is relatively thin. This thinness stands in marked contrast to the extensive outpourings on strategic management of commercial/for-profit organizations and even for developed country not-for-profit organizations. Given this disparity in treatment, and the relative infancy of study on strategic management in population programs, this paper will borrow heavily from those more extensive literatures.

Every organization has a strategy. Sometimes the strategy is not articulated and sometimes it is ill-suited to the organization's resources and the opportunities and demands of the environment; nevertheless, there is still a purpose that drives the organization's activities—be it economic opportunism, altruism, or whatever. What often distinguishes more successful enterprises is that the strategy is explicit, comprehensive, and the product of a systematic process (representative of several studies on the apparent contribution of a formal management strategy to organizational effectiveness is Schoeffler et al., 1974). In arriving at a formal strategy an organization addresses a series of questions or issues; this paper will take up those issues in turn and apply them to population programs.

Question 1. Should the organization manage strategically?

1.1 One might think that, given the evident utility of good strategic management to an organization, there can be little debate on the answer to this question. Barry (1986), however, cautions that there are situations where it would be inadvisable to introduce a formal strategic management process. As examples of these *exceptions to the rule*:

1.1.1 When the organization is faced with a short-term crisis. Although a solid strategic plan would be very helpful in these circumstances, any effort initiated in the midst of a crisis is likely to be poorly conducted. As an example, an organization without cash would do well to address that problem immediately rather than embarking on a strategic planning exercise.

1.1.2 When a major leadership change is imminent or there is a leadership vacuum. Lame duck incumbents may find it tempting to leave their mark on an organization by fashioning a hasty strategic legacy; the justification given might be that the new leaders will be spared the onerous task of addressing strategic issues early in their tenure. These bequests are rarely welcomed by the new leadership which would prefer to set its own course. Further, in that the effective execution of a strategy requires strong top level commitment a strategy over which the leadership feels no ownership is ill-advised.

1.1.3 When implementation is unlikely. If there is no commitment from the organization's leaders to implement a strategic plan, any effort to produce one could lead to cynicism and further lessen the likelihood that well-thought out strategies might be developed and adopted in the future. There are certainly leaders who are convinced that their intuitive grasp of the situation is superior to any product that might arise from a formal process (and in exceptional cases they are right); clearly their lack of commitment will compromise implementation. This is a caution to donors and zealous junior management reformers who correctly perceive the advantages of strategic management, but who may not be able to impose strategic management on an unwilling senior management.

While the above may be sufficient arguments for postponing a strategic planning exercise, Bryson (1988) cautions that the exceptions be limited in number and application. He is especially skeptical of claims that the boss's intuition is superior to formal strategic management, that the costs of strategy making outweigh the benefits, and that the organization does better by muddling through. These claims may mask deeper opposition to the development of a formal strategy. In that the end of the process delimits activities and allocates resources many members of the organization may not wish their own priorities and projects be subjected to an all-encompassing review.

1.2 The ability of public sector organizations to manage strategically

It may be argued that some public sector agencies will find little room for charting their own strategy. There may be instances where this is true, where the legislative mandate is so detailed or the control exercised by a hierarchically superior agency is so absolute that there are no strategic decisions left to be made. These would seem to be very unusual cases. Paul (1983) reported in his study of successful development agencies that the mandate given to the implementing agency was broad and there was ample opportunity to tailor a strategy. Further, one part of that strategy was to earn or negotiate further autonomy in strategy setting.

A second argument concerns the ability of population programs in particular to develop and pursue an independent strategy given their often heavy dependence on donors. A strong donor, it is argued, may dictate policies to a program, and there is no lack of allegations to this effect. The answer to this is two-fold: 1) The donor is simply one of several stakeholders that seek to influence the program. Every organization, public, voluntary, or corporate, has to deal with pressures to pursue strategies deemed appropriate by groups outside of the organization—religious, professional, financial, community, etc.—and within the organization—typically employees; population programs are no exception in this regard and there is a growing literature on how to manage stakeholders. 2) If the program wishes more latitude in defining and implementing its own strategy, that becomes a priority strategic objective in itself and management undertakes activities to enlarge the sphere of its strategic autonomy much as did the managers of Paul's successful development programs.

1.3 In sum, the answer to the first question is yes; an organization should undertake formal strategic planning and management except in the most exceptional cases. The problems encountered by public sector and population programs in pursuing an independent strategy are not unusual. And there will often be opposition from within the organization.

Question 2. Which model(s) should be used?

There are a variety of strategic planning and management models from which to select, each with different strengths and limitations. All of them bear the imprint of their corporate legacies, but many have been successfully adapted for public and third sector application. Discussed below are four that have been used by public and third sector development agencies: 1) program evolution, 2) strategic issues management, 3) stakeholder analysis, and 4) portfolio management.

2.1 Program evolution

Models developed from observation of population programs have identified the strategic concerns of organizations on the *basis of their stage in an organizational life cycle*. The commercial antecedents for this work may be found in life cycle models that describe the ways in which products and organizations age and the management challenges posed by these maturation processes (inter alia, Churchill and Lewis, 1983; Greiner, 1972; and Wasson, 1974).

It has never been clear that practitioners in the private/for-profit sector have found practical applications for stage or evolutionary theories; the theories may have offered insights for academicians but were not good guides to action for managers (Dhalla and Yuspeh, 1976; Polli and Cook, 1969). The reasons for this lack of utilization may be that application of these models requires a long time horizon and specific changes in the operating environment. A manager may lack both that time horizon and the conviction that the environment will obey the dictates of the theory. While the same limitations on the direct applicability of stage theories may hold true for population programs there is one audience for these theories that can benefit, donor agencies. A donor agency, because of the time required for project development, needs to take a long view of program development. A donor agency that is alive to the possible emergence of new demands on the resources and management capabilities of a client organization can encourage inclusion of activities and resources that would assist the recipient organization in meeting emerging challenges.

Three models will be described that are based on different assumptions regarding what differentiates the stages of a population program's development; the first is linked to expanding program coverage as measured by contraceptive prevalence rates (CPR); the second to program success in both increasing CPR and reducing fertility; and the third to resolution of the challenges posed by each succeeding stage.

2.1.1 Program evolution, growth in coverage. Indicative of the utility of such a model for donors, this stage model was developed by a donor (USAID, 1989). Five stages are identified by the level of contraceptive prevalence achieved by the national program:

Stage 1. Emergent: less than 8 percent modern method prevalence. The focus at this stage of program evolution should be on building support and credibility for family planning, training key personnel, developing policies and strategies, targeting elite urban groups and developing clinical services.

Stage 2. Launch: 8–15 percent modern method prevalence. Countries in this category need to conduct training, develop management systems, increase public knowledge and service availability, and generate demand through IEC in urban and peri-urban areas.

Stage 3. Growth: 16–34 percent modern method prevalence. Countries in the growth stage need to encourage private sector involvement, increase supply to meet demand, and add rural services.

Stage 4. Consolidation: 35–44 percent modern method prevalence. In this stage the program must turn its attention to improving service quality while targeting the rural poor.

Stage 5. Mature: over 44 percent modern method prevalence. In the final stage the program must continue to improve quality and accessibility of contraceptives while determining which sectors of the national program should receive continued government or donor support and where resources will provide the greatest social return.

Utility. Note that this model was developed with a country program in mind; a small NGO might find the advice for programs in each stage useful but not compelling. This is especially true of programs that have identified a niche (i.e., PROPATER in Brazil) and their strategy is directed toward improving their performance within that niche. An organization, whether small or a national program, might find the stages listed provide a general description of their preoccupations; however, the prescriptions are so broad as to provide only the most general orientation in a strategic planning process.

2.1.2 Program evolution, prevalence and fertility. A different set of stages was proposed from studies of NGOs (nongovernmental organizations) in Bangladesh (Bernhart, 1991). Although data on fertility levels were not available for all of the studies, fertility as well as CPR appeared to be the characteristics that distinguished the stages from one another.

Stage 1. Initiating services. The program studied in this stage found a spontaneous demand for services. The emphasis was on registering and supplying couples; little or no promotion was needed, although some education on method use was required. The critical management systems were logistics and broad canvassing to identify ready adopters. Outreach workers were primarily resupply agents (UGNPS, 1988).

Stage 2. Tapping latent demand. The program that had advanced to this stage found that once the ready adopters had been enrolled in the program, promotion was needed to recruit those couples who had not previously adopted because they clung to a few commonly held concerns—perhaps cost of supplies or social acceptability. The program had to detect those issues and address them, either through community education or individual promotion. Management had to determine what attitudinal factors were inhibiting further growth of the program and develop an appropriate response (Moslehuddin and Kabir, 1988).

Stage 3. Creating demand. A plateau in coverage is again reached after the program enrolls those couples who once held misconceptions about the safety, cost, efficacy, etc. of contraception (Mia et al., 1988). At this point the programs had to change fundamental attitudes regarding desired family size or the role of women. Perhaps more important than a hard sell, which had worked before, was resolving concerns about survival of children or what women can do. The program managers had to face the need to add new

service components oriented to child survival or economic opportunities for women; clearly such services require new management and technical skills—and new resources.

Stage 4. Overcoming marginal effectiveness. Meeting and surmounting the challenges of stage three were not the end of the story. Even when a program had reached a fairly high level of prevalence, fertility remained high (Mia and Bernhart, 1988). It appeared that many couples drifted in and out of the program (and conceived when out); the groups that remained unprotected were, unhappily, at high maternal risk. The role of outreach at this stage may be as supplier of last resort (many of the drifters were supplied by social marketing), promotion among high-risk couples, identification of migrants, and reinforcement of tepid convictions. These place special demands on canvassing, client records, flexible pricing, and promotion.

The stages of program development found in these studies may have been unique to the Bangladeshi context; programs in other countries may pass through different stages and/or a different number of stages. However, these stages do have the merit of being derived from empirical research. In any event, managers should be alert to the following lessons drawn from these studies:

1) The management challenges change with each progression to an ensuing stage. This conclusion is common to the other two life cycle models discussed here. In these OR projects, the Bangladeshi programs that began with simple supply problems soon had to provide proactive outreach and promotion, which, when successful, took the program into the stage that required provision of a new range of services, and ultimately the programs had to develop sophisticated client tracking systems.

2) Prevalence will plateau if a program does not adopt the strategy needed for the succeeding stage. In Bangladesh the continued pursuit of the activities that were successful in the past stage did not allow the program to expand coverage and there was evidence that use of the outdated strategy may even have been dysfunctional; two OR studies of 29 small programs indicated that continued reliance on an outdated strategy was accompanied by an actual decrease in prevalence (Mia et al., 1988; Mia and Bernhart, 1988).

3) Programs will not advance spontaneously from one stage to another; in fact, there may be organizational resistance to the major program changes required to abandon an old strategy and adopt a new one. Managers will have to recognize when they have exhausted the possibilities of their current strategy and need to begin marshalling the resources and commitment to move to the succeeding stage.

Utility. Like the preceding model, the stages are broad and the recommendations for activities within a stage are only slightly more pointed. The findings are more cautionary than indicative. The most significant of those cautions are two: the radical nature of the changes in services provided as the program moves through the final three stages and the qualified assertion that increased effort in outdated services may actually harm program performance.

2.1.3 Program evolution, resolution of challenges. Vriesendorp et al. (1989) describe a four stage model that they adapt to private and public sector organizations. This model grew out of

consulting work, initially in Latin America with private sector programs, and a review of the literature on strategic management in U.S. corporations. Unlike the preceding two models, the authors saw progression of the organization as dependent upon resolution of the issues and challenges of each successive stage; presumably there would be concomitant increases in CPR and reductions in fertility as the program matured; however, these outcomes do not define the stage of development of the program.

The stages are labeled emergence, growth, consolidation (maturity for the public sector organization), and sustainability. The authors also posit four management components that must be addressed at each stage: mission, strategies, structure, and systems. The table on the next page lists the characteristics and critical tasks for a public sector organization; a similar table for private sector organizations may be found in the referenced paper.

Utility. Because of the extent of the development of this model policy makers may find it a more useful guide to action than the preceding two. Of particular use for the private sector, the structure of the organization is addressed. Further, the explicit identification of critical tasks (strategic issues) provides an important entry point to further strategic analysis. However, it would be a rare situation where an organization could adopt major portions of this model, or any life cycle model, as its strategic blueprint.

Before leaving developmental models, the findings of Paul (1982) should be mentioned. He found in his study of six development programs that successful programs had started with a single goal or activity. Subsequently they had expanded the scope of their operations by either integrating vertically or by taking on closely related ancillary activities. In contradistinction, the peculiar political heritage of family planning has sometimes dictated an opposite approach. Population activities have sought political cover by embedding themselves in broad maternal health programs; unlike Paul's finding, their survival chances were improved through diffusion of effort and identity. If Paul is correct, this is not an ideal way to launch a social development program; the question for policy makers is whether the political opposition is strong enough to warrant the costs attendant on this diffused effort.

2.2 Strategic issues management

The evolutionary models just discussed are helpful in suggesting strategic issues that an organization must address and resolve as it matures. This focus on strategic issues is made explicit in the approach labeled strategic issues management. Going beyond the program evolution models, *this approach asks policy makers to continually identify strategic issues*, whether those arise from the life cycle of the program, the activities of competitors, shifts in demand, changes in funding patterns, or whatever. Ansoff (1980) with whom this approach is identified, wrote that the process focuses attention on . . . forthcoming developments, either inside or outside the organization, which are likely to have an important impact on the ability of the enterprise to meet its objectives" (p. 133).

In practice this approach is commonly used in two ways: as periodic monitoring of important external events and as a precursor to a comprehensive review of the strategic plan. In that many organizations undertake a comprehensive review as infrequently as every five years (Bryson, 1988), the periodic reassessment of environmental trends and strategic issues would seem well-advised. In response many organizations, in both the private and public sectors, have created

MANAGEMENT COMPONENT	STAGE 1 EMERGENCE	STAGE 2 GROWTH	STAGE 3 MATURITY	STAGE 4 SUSTAINABILITY
MISSION	<p>Same as mandate. Tentative government support. Not clear which Min./group in charge.</p> <p>Critical Task: Identify key sectors/constituents in government and public.</p>	<p>Development of broad goals and policy objectives based on mandate.</p> <p>Critical Task: Clarify mission for constituents in order to gain support.</p>	<p>Broad goals and policy objectives established by key political and public leaders.</p> <p>Critical Task: Maintain political support; develop constituencies among users.</p>	<p>Family planning supported by all. Family planning is a public good and basic right.</p> <p>Critical Task: Redefine goals and objectives as the environment changes.</p>
STRATEGIES	<p>Donor driven, politically suspect.</p> <p>Critical Tasks: Generate internal political support. Establish competence in service delivery.</p>	<p>Donor influenced, politically more acceptable.</p> <p>Critical Tasks: Increase internal political/financial support; organize for service expansion, with focus on effectiveness.</p>	<p>Reflect awareness of different pop. targets; threat of reduced funding; concern for efficiency.</p> <p>Critical Tasks: Develop market segment strategies; contain costs; explore cost recovery options; explore public-private sector roles.</p>	<p>Responsive to changing goals and objectives; responsive to needs of key constituencies.</p> <p>Critical Tasks: Maintain a strategic mindset and identify key strategic issues and formulate appropriate strategies; innovate.</p>
STRUCTURE	<p>Centralized and vulnerable to political influences; ill-defined, no clear locus for family planning.</p> <p>Critical Task: Develop and clarify roles/responsibilities of departments and bureaus.</p>	<p>Established administrative locus. Centralized, bureaucratic, subject to political influences.</p> <p>Critical Task: Align structure to support broad strategies.</p>	<p>Structure reflects major strategic directions.</p> <p>Critical Task: Develop staff capability to manage change.</p>	<p>Flexible structure, aligned with public sector trends and strategic choices.</p> <p>Critical Task: Maintain flexibility, congruence with mission and strategies.</p>
SYSTEMS	<p>Basic systems inherited from larger bureaucracy. Inadequate for informed decision-making.</p> <p>Critical Task: Meet donor requirements; provide timely contraceptive supplies.</p>	<p>Perception of inadequacies of current systems.</p> <p>Critical Task: Explore needs and develop staff capability in basic system design and use.</p>	<p>All management systems in place.</p> <p>Critical Tasks: Improve systems for monitoring, controlling, and evaluating for effectiveness and efficiency.</p>	<p>Management systems are used purposefully.</p> <p>Critical Task: Provide management information to allow appropriate innovation and change.</p>

standing committees which meet at fixed intervals to identify strategic issues (Pflaum and Delmont, 1987).

The arguments for such an approach are strong. First, early identification of a strategic issue, say an anticipated reduction in donor support, will permit the organization to respond favorably. Second, even if an organization has adopted formal strategic planning and management, issues do not neatly arise to coincide with the annual or five year strategy review process. Third, the approach is compatible with other strategic planning and management approaches. The great weakness of the approach is the lack of specificity concerning its implementation; in general, it is said to be preceded by some kind of situational analysis—typically SWOT analysis (an analysis of the strengths and weakness of the organization itself and the threats and opportunities in the organization's environment) or environmental scanning—and followed by the development of strategies (Bryson, 1988).

2.2.1 An illustration of strategic issues management. To redress that weakness, consider the following illustrative application adapted from Pflaum and Delmont (1987):

Step 1. *The program establishes one or more monitoring committees, each with a lead person. Although these groups are commonly composed of members of the organization, occasionally consultants and volunteer outsiders participate as well (Wilson, 1983). Apparently the required time involvement is short, two to three hours every three months for practiced groups; this level of time commitment is well within the possibilities of any organization.*

Step 2. *The groups are provided with or develop issue categories, commonly organized around social, economic, political, and technological themes. This is obviously a critical point for this approach; failure to define the categories broadly will exclude potentially important issues and invalidate the exercise. Among the issues and trends that a population program may wish to monitor are the following:*

- developments in contraceptive technology,
- shifts in demand for services,
- revenue availability and stability,
- security of supplies.
- political and regulatory changes, and
- emergence of alternative services or competing organizations.

A change in any of these could have profound significance for the organization. In addition to these externally driven issues, the group should examine the adequacy and utilization of current resources and the relative success of the organization in meeting its current mission and objectives. From these general areas the group defines the issues it wishes to pursue.

Step 3. *Appropriate sources of information and ideas are identified, both published and personal.*

Step 4. *Key questions are asked, such as: Is the idea or trend new? Does it contradict prevailing wisdom? Is there a pattern of events?*

Step 5. Analysis. Using commonly employed tools such as brainstorming, delphi, nominal group technique, scenario writing, or impact matrices the issues are analyzed (see Delp et al., 1977, for a description of these and other analytical approaches). There appears to be a strong preference for qualitative analysis in these exercises (Stubbart, 1985).

Step 6. Priority setting. The group places each issue identified and discussed into one of three categories: requires immediate action, merits continued monitoring, drop from further consideration.

Step 7. The *output* of the process can take five forms:

scans which are brief reports on the key elements of a trend or strategic issue,
policy papers which go into greater depth and may include recommendations,
comprehensive environmental scans which synthesize the information from individual scans,
a *seminar or forum*, and
a *newsletter* which compiles several scans or policy papers for dissemination throughout the organization.

Utility. Strategic issues management appears to be a very useful, perhaps necessary, approach to improving strategic management and planning. The need to undertake such an exercise was recognized when corporate planners acknowledged that a step was missing between the SWOT analysis of the Harvard model and the development of strategies. Program managers and policy makers undertake this type of analysis spontaneously, but without benefit of a systematic approach, consistency in application, and the use of practiced analysts. Also favoring formal adoption of strategic issues management are two additional factors: it requires few resources and permits broad involvement in the strategic process through staff participation in the monitoring groups.

2.3 Stakeholder analysis

2.3.1 The emphasis in this approach is on identifying key constituents and stakeholders and devising strategies for dealing with them. This will be an attractive approach for family planning managers, most of whom have had to deal with political challenges to their programs, and who will be quicker than their corporate counterparts to acknowledge the importance of analyzing the interests and influence of key stakeholders.

Freeman (1984), who is credited with developing this approach to strategic thinking, argued that an organization succeeds only if it can satisfy its stakeholders. There is little point insisting that a group (or individual) has no "legitimate" claim on an organization; if that group can affect the direction of the organization, management had better anticipate the stakeholder's likely actions and take measures to harness, neutralize, or defeat them (p. 45). Freeman proposes several levels of analysis; of interest to family planning managers will be identifying stakeholder concerns, assessing the relative strength and positions of stakeholders, and developing strategic responses to key stakeholders.

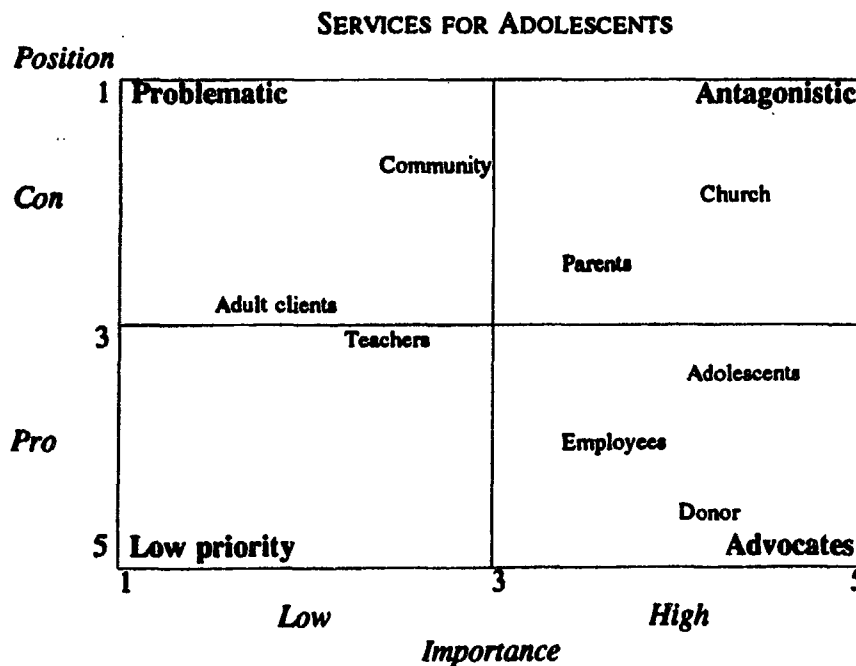
The process starting with an identification of stakeholder concerns. Program management can simplify this analysis by creating a matrix of stakeholders and issues. Such a matrix might look,

in part, like the following for a family planning program; the numbers in the cells indicate the expected level of interest in each issue by that stakeholder; a lower number means greater interest.

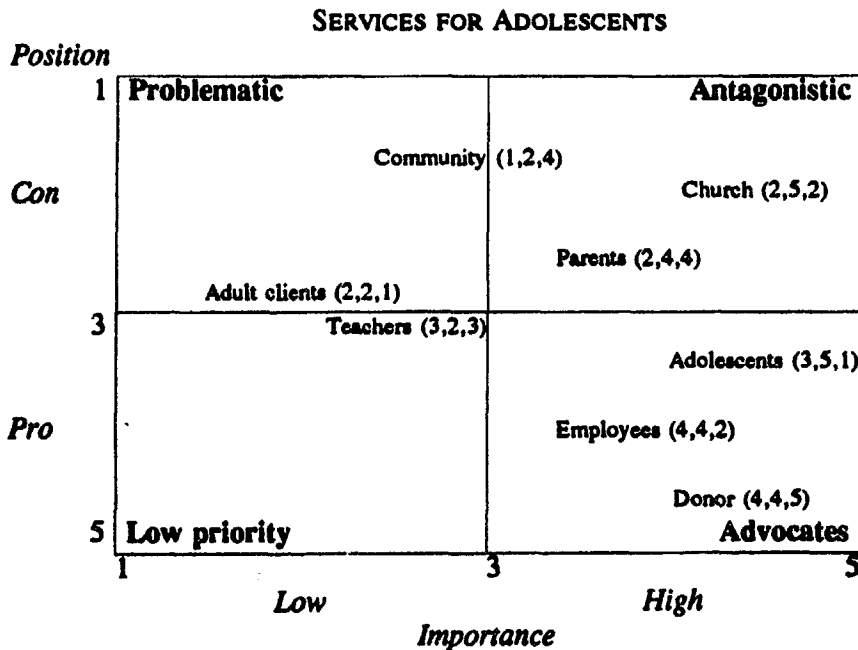
Issues	Stakeholders					
	Employ-ees	Govern-ment	Clients	Church	Medical Associa-tion	Donor
CBD	3	4	1	4	1	3
Abortion	3	2	4	1	4	1
Fees	4	5	1	5	5	4
Product safety	2	3	1	4	3	3
Supplies	2	5	1	5	5	3
Revenue	1	4	5	5	5	1

Add to these issues those of services for adolescents, sex education, and use of experimental contraceptive methods and it may be seen that the matrix grows much larger as new stakeholders also enter, say parents, teachers, adolescents, pharmaceutical companies, and so on. Once this task is accomplished and the relative importance of the issues to stakeholders has been agreed upon, program management is better able to identify sensitive issues which must be resolved.

2.3.2 Assessing stakeholder positions. Nutt and Backoff (1987) propose that the next step be interpretation of the strength and position of the stakeholders on specific issues, thus adding one more dimension to the analysis in the preceding step. If the position of important stakeholders is not known, trial balloons may be used to assess their position and strength of feeling on the issue (Bernhart, 1981). Two-by-two tables could depict the assessments arrived at by the management group. To illustrate, a fictitious example on services for adolescents:



According to this depiction, program management has decided that religious leaders and parents are both opposed and attach importance to the issue, teachers are neutral and place relatively little importance on the issue, and community leaders are opposed but give the issue low priority. On the basis of such an analysis the elements of a winning coalition might be identified, but there is one more variable that may be added, the power of key stakeholders to influence the issue and/or the viability of the organization. Different schemes for introducing this variable might be employed; for purposes of illustration a third dimension might be added to the preceding table that represented strength to influence. Here we will add numbers (a,b,c) to designate the position taken (a), importance attached (b), and power to influence (c).



Obviously, the higher the sum of the three numbers the more useful an ally the stakeholder will be; the organization will want to mobilize the support of these allies by encouraging coalitions that include strong and wavering supporters—in the example employees and teachers—and by soliciting public declarations of support from those allies that may be influential with other stakeholders.

2.3.3 Strategic responses to stakeholders. If a stakeholder falls in the antagonistic quadrant and is influential, Freeman (1984) proposes the following:

1. Try to block coalitions of antagonistic and problematic stakeholders (e.g., the church and community leaders in the above diagram).
2. Determine which stakeholders may be kept in the dark to prevent their mobilizing opposition. In this fictitious example program management may not wish to provide early information to religious leaders of the intended activity.
3. Anticipate the nature of objections and prepare counter-arguments and defenses.
4. Bargain with selected antagonistic stakeholders to win their neutrality. Can, in the example, a group of parents be persuaded to publicly support the activity?

5. Prevent antagonistic stakeholders from undermining supporters. Insulate from or inoculate donors and employees against the arguments of religious leaders.

If a *stakeholder is problematic*, different, largely precautionary, tactics are called for:

1. Prepare defensive tactics should a coalition of problematic stakeholders form and take a public position opposing your strategy.
2. Target the moderates or wavering for special educational efforts.
3. Redefine the strategy so that it is less objectionable to strongly negative and influential elements of the problematic group.

The low priority group requires the least management. Low cost efforts might be undertaken for those near the importance boundary (e.g., teachers in the example) to mobilize them and demonstrate depth of support for your strategy.

Utility. The terms and advice offered for managing stakeholders often has a Machiavellian ring; this suggests dirty dealing that may initially repel managers. Nevertheless, it would be a rare family planning manager that had not dedicated considerable effort over the years to defending the integrity of his or her program. As a program considers controversial changes this type of strategic analysis will certainly be undertaken, whether in the fashion suggested here or in some other manner. The contribution of stakeholder analysis is that it systematized a process that all organizations go through periodically.

2.4 Portfolio analysis

As a program adds new objectives and activities, perhaps as a consequence of maturation, it becomes more important to achieve a suitable balance among those activities. Corporate planners employ portfolio analysis to parcel out objectives and resources among units on the basis of their perceived strengths; typically some units will subsidize others. This balancing approach is hardly new to family planning. Many programs have supported expensive and probably ineffective cancer detection activities to provide political cover for contraceptive services. Others have looked to commercial retail sales to boost revenues and provide counterpart financing.

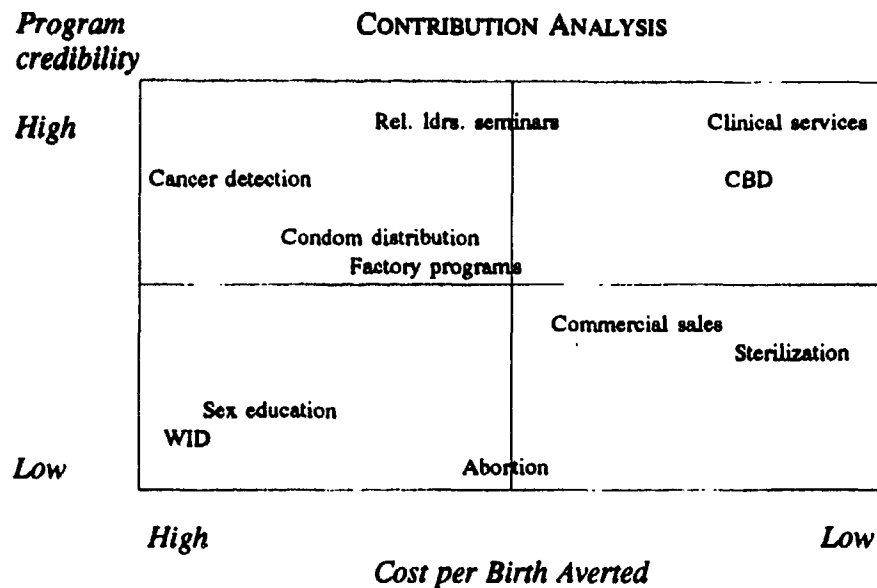
The most popular application of a portfolio approach to corporate strategy has sought to balance the sources and uses of funds (often identified with the Boston Consulting Group or BCG, see Henderson, 1979). While this might be relevant for many family planning programs, there are also applications where the dimensions include social and political factors, for example, striking a balance between activities that enhance the program's credibility with important stakeholders and activities that reduce the fertility rate. The following chart plots the positions of activities according to their contributions to the credibility of the program and to fertility reduction. Activities that make a major contribution to both, such as CBD and clinical services in this example, are the mainstays of the organization; their continuation is not in question. Low credibility, high fertility impact activities can only be undertaken if balancing activities in the diagonal quadrant can balance them—say, seminars for religious leaders in this example. And activities that make little contribution on either dimension, here sex education, are living on borrowed time.

ACTIVITY ANALYSIS

<i>Program credibility</i>		
<i>High</i>	Rel. Idrs. seminars Cancer detection Condom distribution Factory programs	Clinical services CBD
<i>Low</i>	Commercial sales Sex education WID	Sterilization Abortion
	<i>Low</i>	<i>High</i>
	<i>Fertility Reduction</i>	

The great strength of this approach is that it directs attention to the trade offs among activities and objectives and encourages a conscious effort to strike a balance among them. The obvious weakness is that, unlike in the corporate sphere, the dimensions are not obvious. For example, it might be productive to recreate the above table where the horizontal axis represents cost-effectiveness as measured in cost per birth averted or cost per CYP. When that is done, some shifting of the activities occurs. In the example below note that the contribution of abortion is reduced and women-in-development (WID) activities become almost irrelevant.

These shifts highlight the strengths and limitation of portfolio analysis. The limitation is evident: if there is no consensus on the priorities of the organization it will be impossible to find agreement on which are the relevant dimensions for assessing the contributions of activities. The two-by-two chart permits two dimensions—in effect, two objectives; other techniques, such as multiple criteria utility assessment (see Delp et al., 1977), allow consideration of nearly unlimited activities and objectives but suffer the disadvantage that they mask trade-offs and make balancing of activities more difficult which is the heart of the portfolio approach. The strengths of the approach are equally evident. First, it directs attention to the question of priorities. Second, once priorities are agreed upon, it provides a systematic approach to asking one of the more basic strategic questions, what contribution does this activity make to program objectives?



Utility. Managers of complex programs may find this a pragmatic and systematic approach to consideration of the alternative courses of action available to them. Recall that one of the tasks of programs in advanced stages of development is that of determining which activities to support.

2.5 The answer to the question on choice of model is, predictably, "it depends." Three factors that would typically emerge in the decision on choice of model are 1) who is using the model, 2) what are the urgent preoccupations of the organization, and 3) where in the strategic planning/managing process does the organization find itself. If the user is a donor, the evolutionary models may prove useful. If the user is a program that finds itself politically embattled, stakeholder analysis may find ready application. If the user is a program that has already developed a formal strategy, strategic issues management may be an appropriate choice. Finally, any program could benefit from an analysis of its portfolio of activities.

Question 3. What is the process for defining a strategy?

Again, many approaches have been developed; here a generic approach will be proposed (adapted from Barry, 1986):

3.1 Secure sponsorship of the effort. The benefits of strategic management are not universally accepted. The task of gaining broad top level support can be circuitous but it brings many benefits (Delbecq, 1977, in Bryson, 1988):

Broad sponsorship dispels concerns that the effort is a power play of one faction. It provides the occasion for setting the agenda and timetable.

It is a valuable resource to the group spearheading the effort as it provides them with legitimate control over the agenda of planning sessions.

3.2 Designate who will do the leg work. Once sponsorship has been obtained it is hoped that senior management involvement will be forthcoming. Less certain is who will do the leg work that must accompany the start up of such an exercise. If strategic management is to be more than an arm chair exercise, someone will have to collect and sift data, produce reports, bring people together, scan the literature, draft scenarios and recommendations, and assist with monitoring of implementation. In the corporate world this need for manpower dedicated to the task has given rise to strategic planning or research units. The disadvantage of such units is that the process is removed from senior management and could take on an independent, and organizationally irrelevant, life of its own. To guard against this danger the director of a population program may wish to chair the group that shepherds the organization through the process.

3.3 Orient senior and middle management. If all senior managers were not involved during step one, they should be brought on board now. Middle management should also be included at this point because of the decisive role middle managers play in implementing the strategy. Consultants are commonly brought in to "sell" strategic management to these two groups.

3.4 Conduct a situation analysis. This is one of the most critical steps of the process. One contributor to this step was discussed above under issues management, environmental scanning. The situation analysis will include the following elements:

3.4.1 *A description of the history of the organization and its present situation.* This description would cover—

past trends and current status of coverage, financing, introduction of different delivery mechanisms (CBD, clinical services, commercial sales) and contraceptive methods,
past and current status of financial resources, supply sourcing, and perhaps management systems,
critical events such as the enactment of anti-natal legislation or the withdrawal of a method in the face of opposition,
a listing of current programs, resources, and activities, and
values that have persisted over time (e.g., voluntarism, service to the most needy, free service, etc.)

3.4.2 *A review of the organization's mission, if one has been formally articulated.* The mission statement should express what the program wishes to accomplish in the long run and who the target group or beneficiaries are. For example:

Our mission is to serve as the principal provider of temporary and permanent methods in the _____ area with the goal of reducing fertility, increasing the time interval between births, and reducing illegal abortions. Our clients are urban men and women who lack the economic resources to obtain similar services from private care providers.

There is a tendency over time for mission statements to grow in length and become laden with specific activities. Activities belong in the strategic plan. Some authors feel it useful to include mention of key stakeholders, what is unique about the organization, and what

its principal values are. If there is no mission statement, this would be the point to develop one.

3.4.3 Assess opportunities and threats. One of the early contributions to strategic analysis was SWOT analysis, an acronym for internal Strengths and Weaknesses of an organization and external Opportunities and Threats. Environmental scanning, as described under strategic issues management above, provides a good start on identifying opportunities and threats in the social, economic, political, and technological areas. To these should be added explicit consideration of clients, stakeholders, competitors, and allies. Surprisingly, social programs, either public or private, frequently have competition. Questions to be asked at this stage include:

- What are the current and emerging needs of our clients?
- With whom do we compete for clients, funds, regulatory approval?
- Who are our natural allies in achieving our mission?
- Are there demographic, social, and cultural changes that affect our mission or the demand for our services?
- Are there changes in legislation, leadership, or political support that affect us?
- Are there changes in funding patterns or aggregate levels?
- Are there technological changes that affect our service or support systems?

3.4.4 Assess strengths and weaknesses. In light of its current mission an organization must identify its assets and liabilities. Consideration should be given to personnel, facilities, management capability, and capital structure. Population programs, like many social programs, often find that they outgrow old resources. For example, the clinics that were important during the early years become an extravagance later as CBD, mobile units and commercial sales become dominant service delivery modes. Similarly, as de-medicalization of services proceeds, expensive physicians must be found new employment within the program or out-placed.

3.4.5 Summarize the critical issues facing the program. This, the end point of this step, is unfortunately the least well defined. Presumably the steps taken to this point will indicate a handful of critical issues—Barry (1986) recommends keeping the number between four and eight—that the program must address. It may be helpful to state each issue in the form of a question; for example, “How will we compensate for projected reductions in donor support over the next two years?”

3.5 Develop a strategy.

Three basic methods are recommended: 1) scenarios, 2) critical issues, and 3) goals.

3.5.1 The scenario approach. Here the managers conducting the exercise are asked to place themselves a few years into the future and imagine alternative descriptions of what the organization might look like. As examples, the following future states might be proposed:

Sole national provider of contraceptive services.

Sole provider of urban services and managing supplies for rural government program.

Targeted only at the most needy and high risk clients, urban and rural.

And so on.

These scenarios are then rated on criteria such as fit with the mission, responsiveness to client needs, financial feasibility, and fit with the current resource base. Further refinement is often needed as the strategy is elaborated.

The advantage of the scenario approach is that it is quick, holds people's interest, and is especially useful in directing thinking toward major strategic shifts. Organizations that find themselves being crowded out of a market or need to radically alter their approach to service delivery might try developing scenarios.

3.5.2 Critical issues approach. The issues identified in section 3.4.5 above are the bases for this approach. The management team first places the issues into a logical sequence. This sequence might start with service delivery issues first, then financial ones, and finally administrative support issues; presumably such a sequence would reduce the need to revisit already resolved issues as later ones are addressed. Each issue is then addressed in turn and proposals are made to resolve it. After this has been done the entire package needs to be reviewed for internal consistency and clarity.

The advantage of the critical issues approach is that it addresses current concerns of the organization. It is useful when the organization needs to strengthen its current, largely successful, strategy.

3.5.3 Goal approach. This approach is often useful for corporations that can reduce their objectives to a few central goals such as profitability or market share. Population programs are somewhat unique among development programs in being able to similarly define a limited number of quantifiable objectives. For example, the program may set a goal of reducing fertility to 3.5 within ten years; strategies may then be elaborated for achieving that goal and detailed work plans can be formulated for implementing each strategy.

There are several advantages to this approach. First, it provides a unifying focus for strategic thinking. Second, it forces managers to ask the necessary question, does this activity contribute to goal achievement? Third, it can be used with either or both of the two other approaches, usually last.

3.6 The answer to the question of how to proceed in defining a strategy, is easy to state, often arduous to implement. Preliminary steps include gaining top-level support, designating who will do the leg work, bringing senior and middle management on board, analyzing the history and current situation of the organization, and assessing the strengths, weakness, opportunities, and threats confronting the organization. Once all of these steps have been taken, the organization may develop a strategy, selecting from one of three approaches. The scenario approach is well-suited to programs that sense a need for making a radical change in their current service delivery approach. The critical issues approach may work well for stable programs that want to refine and improve upon what is basically a successful strategy. And the goal approach

is useful for organizations that have permitted the accretion of activities over the years to diffuse the basic purpose of the organization.

Question 4. What should the strategic plan contain?

4.1 Components of a strategic plan

It is sometimes difficult to develop a strategy when the nature of the product has never been experienced. At a minimum an organization's strategy should contain the following:

4.1.1 A mission statement that identifies *the social need* to be addressed, *what is unique* about the organization, what its values are, and who its *principal stakeholders* are.

The mission of ABC is to assist poor urban couples in maintaining a family size consistent with their economic means. ABC is a voluntary, nonprofit agency whose first responsibility is to its clients, second to the larger society, and third to its employees. ABC provides its services free to all qualifying men and women and strives to provide the safest and most accessible forms of fertility regulation possible.

Note that while much of this is fairly general, it also ties the program to certain activities and goals. For example, implicit in the statement to bring family size in line with economic ability is a major promotional effort to reduce desired family size.

4.1.2 A statement of the *population to be served and numerical goals for service delivery and quality standards*.

ABC will provide a full range of contraceptive services to 80 percent of the urban poor, 550,000 couples. ABC will always have a modern method available for clients and in the event of method failure will offer pregnancy termination. ABC will also provide care for all clients experiencing method related problems.

Again, the implications of this statement are far reaching. A 100 percent service level is promised ("... always have a modern method available"); that is, the program will never be completely without some kind of contraceptive for distribution and, logically, it will have the systems for getting those supplies to clients. As an example, if oral contraceptives run short, the program will respond with condoms or DMPA (Depoprovera) injections, and there will be no interruption in coverage. These points underline the importance of adopting a strategy that is realistic if it is to remain a meaningful guide to organizational behavior.

4.1.3 A service delivery strategy that states *the services to be offered and the vehicles* for providing those services. An example of this is probably not required. Service levels and targeted coverage for each method might also be stated.

4.1.4 A *financial strategy* that specifies sources and probable levels of support. Obviously this is not an area where wishful thinking is permitted. While there may be a tendency to slightly inflate future coverage goals as an incentive to program personnel, financial targets should be

realistically stated and even underestimated during periods of uncertainty. In the latter instance a program may choose to develop alternative strategies for best case, average case, and worst case conditions.

4.1.5 A marketing strategy that specifies the attributes of target groups, how promotional efforts will reach them, their product or service preferences, and a link to the service delivery strategy. Greatly abbreviated:

Promotion will focus on four groups:

Currently pregnant. These will be contacted through TBAs, government prenatal clinics, and post-natal visits to maternity wards. Permanent and nonrenewable methods will be promoted, primarily through postpartum IUD and VS provision.

Young, low parity. Renewable methods will be offered via CBD. Field workers, during monthly visits, will stress the economic benefits of delaying pregnancy and the number of viable reproductive years left the couple.

And so on.

4.1.6 Support strategies to include logistics, training, control (information and supervision), and planning.

Question 5. Is there a short-cut?

The strategic management literature is rife with typologies and categories of strategies. This may give rise to the forlorn hope that a population program may plot, in deterministic fashion, its strategy and avoid the tedious and error prone task of building a strategy from the ground up. The reader may find these off-the-shelf strategies provocative but will soon realize that their utility resides primarily in labeling a strategy once it has been developed, rather than indicating the path that strategy makers should follow. One small advantage of reviewing the broad range of general strategies in use is that it may open a manager's thinking to consideration of alternative courses of action. However, in effect, *there are no short-cuts.*

Question 6. What are the structural implications?

6.1 Factors that influence the structure

The consistency of the structure with the chosen strategy has long occupied writers who ultimately concede that the fit is important but contingent on so many factors that a prescription cannot be offered. Among the contingent factors mentioned are the following:

6.1.1 Degree of turbulence in the environment. Political turbulence would encourage increased centralization; economic or social turbulence might dictate decentralization to increase the flexibility of response.

6.1.2 Complexity of the operating environment. Increased diversity of the operating environment is commonly used as an argument for decentralization.

6.1.3 Technological complexity. A program that employs several disparate technologies may find a flat organizational structure suited to its needs.

6.1.4 Maturity of the organization. A young organization would be entrepreneurial (Ickis, 1987) while a more mature one would be highly differentiated and more bureaucratic. Vriesendorp et al. (1989) chart the evolution of the organizational structure as the program passes through four stages of development.

6.1.5 Density of the client population. A more densely grouped client population may encourage vertical population programs while programs integrated with other health activities may be more cost-effective for serving dispersed clients.

6.2 The search for the perfect structure

It is not unlikely that these, and other unlisted factors, will generate mutually incompatible recommendations for the organization's structure. In that the structure of an organization will represent a combination of what is technically best suited to the task (mediated by countless contingencies), the history of the program, and strong personalities, it would seem that any advice here would be a counsel of despair. Not quite. Personal experience leads me to conclude that there are two common fallacies regarding structure; if these are recognized, the organization has a better chance of dealing effectively with structural problems:

6.2.1 First, that it is fixed. As Ickis (1987) observed, it is not fixed; it is a variable that management may influence, even in the public sector. Paul's (1983) comments on the linkages forged by successful development programs is consistent with this. Management must accept that it can influence structure.

6.2.2 Second, that there is one structure ideally suited to the requirements of the organization. An organization that enjoys any complexity at all will find logical arguments for several different combinations of functions and activities. As one simple example: field workers rely on clinical backup and should be supervised by clinic personnel, yet field workers perform promotion and should be closely linked to other IEC activities. The search for organizational clarity through simple hierarchical ordering is elusive; the messy business of lateral coordination will always be present. As Bryson (1988, p. 206) notes, structure is no substitute for leadership. Managers must accept that structure is not a panacea and not invest in a fruitless quest for structural perfection; a structure that is not patently dysfunctional may suffice.

6.3 The answer to this last question—on structure—is that *management should be alert to practical features of the organization that impede strategy implementation and effective operations.* On the other hand, management should not expect the structure to be free of compromises; *there is no ideal structure that will replace the need for day-to-day coordination and management.*

Conclusion

The literature on strategic management is confessedly frustrating to read. Perhaps due to the infancy of the discipline, terms are used inconsistently, simple concepts are over-explained, and difficult steps are left for the reader to solve on his or her own. Despite the reduction of the process to six questions here, the process will be iterative, often messy, and the manager will be left with only vague, almost platitudinous, recommendations on how to proceed. This will be especially frustrating for managers and donors accustomed to more precise disciplines such as medicine, evaluation or economics. Nevertheless, the benefits of improved strategic management are widely accepted, obliging the conscientious manager to engage in an often difficult and fractious process.

Appendix: Typologies of strategies

As noted in the text of the paper, it is often difficult to comprehend an abstraction in the absence of concrete examples. Organizational strategies are particularly difficult in this regard since examples are usually specific to the organization for which they are developed. As a partial aid in overcoming this difficulty, below find four sets of comprehensive strategies or typologies. The authors of these typologies have attempted to capture the main features that differentiate among the strategies they list. These lists are not presented with the intent that they might be adopted directly by a given population program. Rather, the reader may obtain a better grasp of the various elements that comprise a strategy through perusal of the following.

A.1 Pearce (1982) proposed 12 grand strategies that he found useful in categorizing the behavior of for-profit commercial organizations. The following seven may be relevant to a population program.

Concentration. The most common corporate strategy. The enterprise directs its resources to the profitable growth of a single market in a single product and with a single technology. A single method (e.g., male sterilization) organization might fall into this category.

Market Development. This consists of marketing present products, with only minor changes, to clients by adding distribution channels or changing the promotional approach or content. This is a common strategy for programs that have steadily enlarged their geographic coverage without changes in the methods offered.

Horizontal Integration. Here growth is based on the addition of related activities (businesses). Programs that have incorporated related health or development services have followed this general strategy. Paul (1983) notes that this is found in successful development programs which package more related services together.

Vertical Integration. The firm acquires businesses that supply or use the firm's outputs. A program that adds manufacturing of contraceptives would be undertaking vertical integration. The benefits are more often improved control over supply and distribution than an improvement in cost-effectiveness.

Joint Venture. Cooperative arrangements between two firms to succeed in a competitive environment. There is a long history of family planning organizations teaming up with pharmaceutical suppliers and distributors that exemplify this strategy.

Concentric Diversification. This is the creation or acquisition of a line of business that is related to the organization's products, technology, or markets. Family planning programs that have moved into adolescent counseling or sex education have been following this strategy. Success with this strategy depends upon the existence of synergies among the diverse lines of activity.

Retrenchment. Efforts undertaken to reverse declining profits, typically accomplished through cost reduction or asset reduction.

A.2 Wechsler and Backoff (1987) identified three general strategic approaches in their study of state agencies, developmental, political, and protective. These have the advantage that they are derived from observations of the sector in which most population programs operate.

A *developmental* strategy seeks to enhance the organization's status, capacity, resources, and influence.

There are two variations on *political* strategies. One simply attempts to accommodate the balance of power among external forces. The second views the organization as an instrument of political jockeying and the vehicle for rewarding supporters and key constituents.

A *protective* strategy is found where the environment is hostile and the organization has limited capacity for strategic action; the strategy seeks to accommodate strong external pressures while preserving the status quo.

A.3 Rubin (1988) developed a typology of public strategies on the two bases of the temporal horizon and the nature of contextual change. Regrettably, the labels employed convey little.

<i>Contextual Change</i>	<i>Anticipated</i>	Ventures 1. Targets 2. Trials 3. Compacts/portfolios	Quests 4. New agenda 5. Grand vision 6. Alternative course
	<i>Disruptive</i>	Parlays 10. Hedging 11. Leveraging 12. Advancing	Sagas 7. Restorative 8. Reformative 9. Conservatory
		<i>Short</i>	<i>Long</i>
<i>Temporal horizon</i>			

Ventures attempt to create a new and different future in a short time frame.

These differ from *quests* where the time frame is longer.

Sagas are patterns of actions taken over the long term to preserve or restore institutions, values, or goals that are believed central to the identity of the organization and are in danger of being lost. Family planning organizations that have become accepted as part of the health fraternity, yet long to return to their pioneering days, may embark on a *saga* strategy.

Parlays are efforts to achieve a desired position while reducing risk. For example, leveraging refers to strategic negotiation where areas of low interest are negotiated to gain leverage in areas of high interest.

A.4 Barry (1986) proposed nine strategies that he had observed in his work with not-for-profit organizations. These are intuitively easy to grasp and apply to population programs.

Grow. By becoming larger and diversifying funding sources, organizations had increased their control over their environments.

Team up. Merging or entering into joint ventures with other organizations permitted small organizations to undertake activities they could not have with their own resources or achieve synergistic combinations that improved cost-effectiveness.

Downsize. It is often necessary to reduce the scale of activities to bring them within financial or other constraints.

Focus or specialize. Niche strategies, popular in the corporate world, can also serve social agencies, permitting them to exploit their special competence.

Become entrepreneurial. Also known as cross-subsidizing, the organization can undertake new activities that support old ones.

Contracting. Governments or other organizations may let full cost contracts.

Professionalize. Increase staff skills and credentials.

De-professionalize. Provide services using volunteers, para-professionals, client-to-client methods, and so on.

Liquidate. An organization can go out of business if the service is no longer needed or is being more effectively provided by another organization.

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