



# **Korean National Family Planning Program**

**IN-JOUNG WHANG**

**EAST-WEST CENTER  
EAST-WEST TECHNOLOGY AND DEVELOPMENT INSTITUTE  
HONOLULU, HAWAII**

KOREAN NATIONAL FAMILY PLANNING PROGRAM

by

IN-JOUNG WHANG

United Nations Asian Center  
for Development Administration

Kuala Lumpur, Malaysia

CASE STUDIES IN PUBLIC POLICY IMPLEMENTATION  
AND PROJECT MANAGEMENT

East-West Technology and Development Institute

EAST-WEST CENTER  
1777 East-West Road  
Honolulu, Hawaii

1977

CASE STUDY NO. 2

## ABSTRACT

The Korean Family Planning Program is evaluated for the ten-year period from 1962 to 1971. Judged to be among the more successful of such programs in developing countries, it was established in 1961 as the principal means for implementing national population policy in the Korean Government's first Five-Year Economic Development Plan. This guided change approach must, however, share credit for the demonstrated decline in the nation's birth rate with two other factors, each operating independently--induced abortion and marriage at a later age. The medical emphasis upon contraceptive controls, evidenced in the design phase of the Family Planning Program, is weighed against the social, cultural, and political forces operating in client communities, where communication and education toward attitudinal and behavioral change demanded more attention.

Certain phenomena are identified as contributing critical input for planning and implementation in this program, with implications for other operations of like nature. For example, the program's integration with economic development planning by the central government is seen as complementing a later involvement with the nationwide community development movement at the rural or village level. Similarly, the centralization of responsibility among national planners for target definition and budgetary allocation is viewed as balancing the decentralization of specific program execution among local governments. The operational effectiveness of linkages between government offices and private organizations achieved at every level is characterized as vital to the program's success.

## THE AUTHOR

Dr. In-Joung Whang is an Expert in Development Administration at the United Nations Asian Centre for Development Administration in Kuala Lumpur, Malaysia. Born in Korea, he received his B. A. and M. P. A. degrees from Seoul National University, and his Ph. D. in Public and International Affairs from the University of Pittsburgh. He has held posts with the Economic Planning Board and the Ministry of Education in the Republic of Korea Government, and with the Graduate School of Public Administration at Seoul National University. His writings have focused on administration and economic development in Korea and on policy planning and management of development programs and projects including population, food, and urban problems. He served as Consultant at the East-West Technology and Development Institute in Honolulu in 1971.

## THE SERIES EDITOR

Dr. Leonard Mason, Professor Emeritus in Anthropology at the University of Hawaii, was Senior Fellow at the East-West Technology and Development Institute in 1976-1977.



# KOREAN NATIONAL FAMILY PLANNING PROGRAM

## TABLE OF CONTENTS

Title Page	i
Abstract	ii
Table of Contents	v
List of Figures	vii
Series Preface	ix
Introduction	1
Chapter I. Identification and Formulation of the Program	5
Chapter II. Activation and Organization	11
Rearrangement of Organizational Relationships	11
Setting Objectives and Targets	17
Resource Mobilization and Allocation	20
Chapter III. Implementation, Monitoring, and Control	27
Application of Appropriate Management Techniques	27
Coordination and Supervision	30
Establishment of Environmental Linkages	33
Chapter IV. Evaluation and Follow-up	39

Chapter V. Summary and Conclusions	41
Factors Identified as Critical Inputs	42
Flexibility and Relativity in Factor Application	42
List of References Cited in the Text	45

LIST OF FIGURES

FIGURE 1.	Organizational Chart of the National Family Planning Program in Korea	12
FIGURE 2.	Targets of Family Planning Practice by Method (1962-1971)	19

## SERIES PREFACE

The need for more effective project planning and management is emerging as a critical function in both public and private sectors in all countries. Vast resources are channeled into development projects, but the lack of viable policies coupled with poor management results in a waste of valuable resources--human, financial, and natural--in both highly industrialized and rural societies. Experience indicates that attempts to accelerate economic and social growth have often floundered due to serious problems with project planning and implementation. Experience further demonstrates that traditional (Western) project management training programs are too narrow and segmented, are not meeting needs, and often result in costly mistakes in the United States as well as in other countries. A review of educational and training programs of a number of universities in the United States and Asia as well as of international funding agencies demonstrates the fragmented nature of existing project management educational programs. There is pressing need to develop a new program which considers the entire project cycle as an integrated process.

Given this challenge, the Technology and Development Institute (TDI), with its unique East-West partnership relationships, has formulated plans for cooperative research to develop an innovative and comprehensive approach to project management education and training. The project focuses on serious (and costly) management difficulties in the United States and the nations of Asia and the Pacific in view of their common problems rooted in mutual concerns and resulting in similar consequences. The basic approach is to develop a new prototype curriculum for educating and training project managers to understand the entire project cycle as a basis for expediting the necessary decision-making to successfully implement development projects for any sector of the economy or society. It will also attempt to broaden the perspectives of international assistance policy-makers, national policy-makers, local planners, and project implementers in understanding the relationships between national goals and local project requirements. The curriculum will be founded on a balanced

combination of lectures, group discussions, seminars, management game exercises, and case study analyses, with sufficient flexibility to be adapted to the needs of training institutions in different national and cultural settings in Asia, the Pacific and the United States.

Basic to the curriculum is this series of case studies, covering agricultural, industrial, public works, and social sectors. These case studies were initiated early in the calendar year 1976. Participants from Korea, New Zealand, Philippines, Thailand, Taiwan, Malaysia, Indonesia, Iran, and the United States conducted the necessary field research as a basis for writing case study analyses of development projects in the context of an integrated project cycle. Each of the participants then came to the Institute to spend approximately one month to finalize the draft of his particular report. It is anticipated that between ten and fifteen case studies will be completed in this prototype series. The initial group includes such case studies as:

- (1) Korean National Family Planning Program,
- (2) Bangkok Metropolitan Immediate Water Improvement Program,
- (3) Laguna Rural Social Development Project (Philippines),
- (4) Pacific Islands Livestock Development, and
- (5) Community Development Project (Hawaii).

The case studies will be used extensively as a learning tool to provide relevance, practicability, and reality to both classroom discussions and the follow-up field practicum.

Case study research has been in widespread use throughout the world for many years in medical and law schools. This method of instruction has become increasingly popular in recent years in schools of business and public administration, followed more recently by schools of engineering. However, the Institute's case study approach is innovative in that it represents the first attempt to write a series of case studies based on a shared conceptualization of the project cycle as an integrated process. Carefully documented and readable case studies comprehending the entire project cycle will

prove to be extremely useful learning devices in both training and formal education programs. Each case study in this series has been developed in accordance with guidelines prepared by Dr. Dennis A. Rondinelli, (Director, Urban and Regional Planning Program, Maxwell School, Syracuse University) during his tenure as Senior Fellow at the East-West Center in 1975-76. Dr. Rondinelli's paper, "Preparing and Analyzing Case Studies in Development Project Management," is included in the series for this reason. It is necessary to note that all projects do not necessarily evolve through an identical sequence of stages in the project cycle. Rondinelli stressed this important point, and each author has been allowed flexibility in his overview of a project's history within the scope of the idealized project cycle.

This case study series is an appropriate example of the Institute's attempt to achieve the Center's goals of better relations and understanding on economic and social development problems of mutual concern to all countries, East and West, through cooperative research, study, and training activities. In this context, special thanks are conveyed to the authors of the case studies, and to their respective institutions for the splendid cooperation received. Particular acknowledgement is due to former Senior Fellow Dennis Rondinelli for his contribution in formulating the guidelines for the case writers. Acknowledgement is also due Senior Fellow Leonard Mason for his untiring efforts in final editing.

Louis J. Goodman  
Acting Director,  
East-West Technology  
and Development  
Institute

## INTRODUCTION<sup>1</sup>

The Family Planning (FP) Program in Korea was introduced in 1961 as an integral part of the national government's Five-Year Economic Development Plan, 1962-1966.<sup>2</sup> The ultimate objective of the program was to decrease the annual growth rate of population from 2.9 percent which prevailed during the period of 1955-1960 to 2.0 percent by 1971, and further to 1.5 percent by 1976.

The census data show that the annual growth rate had been reduced to 2.7 percent during the period of 1960-1966, and further to 1.9 percent during the period of 1966-1970. Also the ratio of population between age group 0-13 and the total population has decreased from 44 percent in 1960 to 41 and 39 percent respectively in 1966 and 1970. A demographic analysis of the performance of the FP program, however, reveals that the program contributed about one-third to the reduction of the total fertility rate in Korea.<sup>3</sup> Two other equally impor-

---

<sup>1</sup>This case study has been adapted by the author, with the publisher's permission, from his "Implementation of the National Family Planning Program of Korea: 1962-1971," which appears as Chapter 11 (pp. 309-336) in Gabriel U. Iglesias (editor), Implementation: The Problem of Achieving Results (Manila: Eastern Regional Organization for Public Administration [EROPA], 1976).

<sup>2</sup>Republic of Korea, Summary of the First Five-Year Economic Development Plan, 1962-1966, (Seoul: 1962), p. 31; and The Second Five-Year Economic Development Plan, 1967-1971, (Seoul: 1966), p. 66.

<sup>3</sup>Kyung-Kyoon Chung, "Analytical Review of Ten Years of Family Planning Program in Korea," Journal of Population Studies, No. 13, (Seoul: Institute of Population Problems, 1971), p. 9.

tant factors in bringing the crude birth rate down from about 42 to about 30, as of 1970, are later marriage and induced abortion.<sup>4</sup> In this sense, the program was extremely important, and yet clearly not sufficient by itself to achieve the total reduction desired.

Nevertheless, the Korean case has been evaluated as one of the most successful among FP programs in developing countries. In terms of targets by family planning method, the reported gains achieved during the last ten years were 119 percent in loop insertions, 110 percent in vasectomies, 110 percent in condoms, and only 65 percent in oral pills. In terms of practice rate, approximately 80 percent of the target was achieved, but the program contributed to bringing the rate up from only 9 percent of the total eligible couples in 1964 to 25 percent in 1971.<sup>5</sup> In this respect, it might be stated that the FP program was successfully implemented, regardless of its only partial contribution to total fertility reduction.

The planning and implementation of the FP program was quite a complex process -- complex in the sense that not only medical, cultural, psychological, social, economic, administrative, and political factors and implications were involved, but also tasks and actions to be taken by managers required different approaches and techniques and were closely interrelated. Therefore, an analytical study of this process will be quite suggestive in understanding the management required to achieve results in other development projects.

Why was the Korean national FP program successful? What actions and measures were rigorously taken and how

---

<sup>4</sup>Taek Il Kim, John A. Ross, and George C. Worth, The Korean National Family Planning Program, (New York: Population Council, 1972), p. 3.

<sup>5</sup>Korean Institute for Family Planning, Korean Institute for Family Planning and Its Activities, (Seoul: August 1971).



did they work in the Korean context? What were the factors which influenced program performance? What factors might be strengthened or added for successful achievement of program targets in the future?

This study is an attempt to make an analytical assessment of the Korean National Family Planning Program, as a development project, from the perspective of the "project planning and management cycle,"<sup>6</sup> which includes:

- (1) project identification and definition;
- (2) project formulation, preparation, and feasibility analysis;
- (3) project design;
- (4) project appraisal;
- (5) project selection, negotiation, and approval;
- (6) project activation and organization;
- (7) project implementation and operation;
- (8) project supervision, monitoring, and control;
- (9) project completion or termination;
- (10) output diffusion and transition to normal administration;
- (11) project evaluation; and
- (12) follow-up analysis and action.

In the case of the FP program, however, it may be difficult to identify the planning and management cycle as such, because it is a continuing operation, and also it takes longer than one generation to introduce far-reaching changes in Korean values and perceptions regarding family size and fertility behavior. Nevertheless, as a case of development project management, it requires systematic assessment.

It seems most reasonable to evaluate the Korean FP program for the ten-year period from 1962 when the

---

<sup>6</sup>Dennis A. Rondinelli, "Preparing and Analyzing Case Studies in Development Project Management," (Honolulu: East-West Center, Technology and Development Institute, 1976).

activity was initiated to 1971 when an interim evaluation of project performance became feasible. Statistics are both available and particularly reliable during this time. In fact, this period was a most crucial one in the sense that the management pattern of the FP program was institutionalized during that decade and has remained more or less stable in the five years since.

In conducting this research, various methods and techniques were utilized to obtain data to support or reject the implicit or explicit hypotheses concerning factors affecting program implementation either directly or indirectly. A considerable amount of government documents was consulted as reference material, and interview techniques were resorted to for collecting supplementary information.

Unstructured interviews were undertaken in the case of seven officials from the Ministry of Health and Social Affairs (MHSA) and the Planned Parenthood Federation of Korea (PPFK). Interview techniques were extensively utilized in meeting with personnel from the five counties selected as sample areas from Kyung-sangpuk-do, a province which had exhibited an average degree of achievement in the FP program over the ten-year period. A loosely structured schedule was designed for interviews with provincial government officials, health center directors, FP workers, and local PPFK delegates. Finally, a structured schedule was devised for interviews with heads of the Mothers' Clubs and some women selected from the target group.

## CHAPTER I

### IDENTIFICATION AND FORMULATION OF THE PROGRAM

After the Student Revolution of April 1960, the idea of family planning (FP) was being advocated by some intellectuals. At the time of the military coup of May 1961, the Supreme Council for National Reconstruction (SCNR) was organized to take over all legislative and executive functions. Several intellectuals interested in family planning were named to SCNR advisory committees. A national population policy was drafted by the Planning Committee in collaboration with the Ministry of Health and Social Affairs, and was announced by SCNR in October 1961. The country's most powerful executive body thereby identified the FP program in Korea as the major activity for implementing the national population policy.

Although no evidence exists that adoption of the FP program in Korea was based on indepth analyses or extensive studies and research designs, some international institutions like the International Planned Parenthood Federation (IPPF) were involved in advocating the idea of such a program at that time. Some university professors who were participating actively in the making of national policy picked up the idea as a principal means of achieving population control objectives.

In addition to such political and intellectual support, the FP program from the beginning enjoyed positive support from economists working with the Economic Planning Board (EPB). EPB was a powerful ministry within the government, especially in regard to the allocation of development resources because it exercised the functions of both economic planning and central budgeting. The government made an explicit commitment to the FP program by delivery of the "Prime Minister's Memorandum" in December 1963, in which the FP program as conceived by the government was defined as a precondition to success of the economic plan and also as an essential part of the "Life Enlightenment Movement" in the rural

areas. When the first economic plan (1962-1966) was promulgated in 1961, Korea's rapid population growth was regarded by economic planners as a serious obstacle to economic development of the country. They viewed the increasing population as tending to bring about a relative decrease in availability of per capita material resources and a higher ratio of dependent population because of changing age structure.<sup>1</sup>

It is interesting to note that development of the FP concept in Korea was not at all new when the program was finally introduced. The idea had already been suggested by some intellectuals during the 1950's, but it had not been properly advocated nor was it then acceptable to policy makers in the government. Its adoption became possible only when the environment for innovation and change became more favorable among government administrators.<sup>2</sup> In fact, immediately after the military coup d'etat, the political leadership was very keen to introduce new ideas. The idea of controlling population growth was strongly supported by economic planners who became powerful after the government introduced economic planning as a major government function. Therefore, administrators who were concerned with this program at the technical level could enjoy new support in various enabling linkages,<sup>3</sup> such as the national political leadership and the central planning agency.

---

<sup>1</sup>For the numerical implications of this, see In-Joung Whang and Jae Mo Yang, "Administrative Implications of Rapid Population Growth in Korea," EROPA [Eastern Regional Organization for Public Administration] Conference on Administrative Implications of Rapid Population Growth in Asia, (May 8-14, 1971), pp. 3-4.

<sup>2</sup>H. B. Lee and A. Samonte, Administrative Reforms in Asia, (Manila: EROPA [Eastern Regional Organization for Public Administration], 1970), Ch. 1.

<sup>3</sup>Melvin G. Blase, Institution Building: A Source Book, (Washington: Agency for International Development, 1973), pp. 272-276.

To what extent was the planning process itself conducive to the program's successful implementation? This question will be examined by analyzing (a) the planning procedures adopted by policy makers and managers and (b) the content of the program plan document.

It is helpful to identify those who were primarily involved in designing the program at the technical level, because their background and perceptions were to be closely reflected in the process of project planning. In spite of the fact that the need for a Korean FP program was identified by intellectuals from various fields and supported by powerful political leaders, the primary responsibility for formulation and design of the program was assumed by officials in the Ministry of Health and Social Affairs, practically all of whom were medical doctors. This medical orientation influenced their conceptualization of the FP program in regard to its location, search for alternative courses of action, design of detailed activities, approaches to clients, mobilization of support from constituencies and community leadership during the planning stage, and other technical aspects of the endeavor.

The FP program in Korea was organized as an integral part of the public health network, because it was conceived as a significant part of the health program related to preventive medicine. Primary responsibility within the government for implementing the FP program was initially located in the Mother and Child Section of the Bureau of Public Health within the Ministry of Health and Social Affairs. Technical information inputs to the specific design of the program were oriented primarily toward medical concerns.

The search for alternatives in designing the program was limited primarily to methods of contraception. As noted above, the major emphasis in charting alternatives was placed on the medical aspects of family planning, such as condoms, sterilization, IUD (from the beginning of the program), and oral pills (only after 1968). The criteria applied in considering alternatives were all concerned with the issue of whether a proposed FP method was truly effective for the purpose, medically sound in relation to the health of mother and child, and feasible from the viewpoint of medical practice. Policy makers and managers in charge of the FP program failed to explore alternatives in other problem areas, such as communication and behavioral change, which are important for family planning beyond the bounds of medical practice. They overlooked the need to be concerned with the dynamic processes of change in human behavior relative to adopting various FP methods. Little consideration, therefore, was given to development of other courses of action for adoption as either short-term or long-term strategies, intended to bring about change in fertility behavior patterns. They also ignored other target groups than child-bearing women in recruiting clients for the FP program. Thus, they concentrated attention on a clientele of eligible women and paid little heed to community leadership and other groups influencing opinion formation. Because of the lack of interest in alternatives, major activities other than delivery of contraceptive aids were not specified for program implementation.

Conceptualization of the FP program primarily on medical grounds limited any feasibility analysis to the field of medical practice and technology. Little attention was paid to the study of social feasibility in terms of cultural resistance and political sensitivity. The same was true with respect to managerial feasibility of the program and its component activities. These omissions were partly due to the fact that sociologists and management experts either were not interested in the subject or did not have opportunity to participate in the initial stage of program planning. Furthermore,

economic planners could have considered economic costs and benefits of the program in simple terms at this point in the central planning, but there is no evidence that any vigorous cost-benefit analysis was made at that time.

As a matter of fact, the concept of "feasibility study" was not familiar to the medical people who were involved in formulating the program and designing alternatives. Such narrow consideration based on medical concerns was not helpful in developing various ways and means to overcome the obstacles of sociocultural, economic, and managerial nature which inevitably would be encountered. Also not taken into account was the necessity for active involvement of other client constituencies and community leaders in the planning process.

From this assessment of the planning process, it can be stated that the FP program at the initial stage was not adequately planned for implementation. However, later on, efforts were made constantly to modify the program at the local operational level, based on evaluation of experiences incurred after activation of the program in the field.

These inadequacies in the planning process were eventually reflected in the planning document for the program. The text of the plan was primarily a statement of program goals. The plan objective was to reduce the population growth rate in Korea from 2.9 percent in 1961 to 2.5 percent by 1966 and to 2.0 percent by 1971. This was translated into an operational objective that 45 percent of all married couples of child-bearing age from 20 to 44 years should practice family planning. To achieve this objective, three major activities were identified:

- (a) recruitment and training of FP workers and clinical doctors;
- (b) public information and education via mass media and also by individual contacts to bring about changes in people's values and attitudes; and
- (c) delivery of FP clinical services and supply of contraceptive aids, such as oral pills and condoms.

In regard to the third activity, specific targets were set for each FP method. However, specific functions and tasks for the first two activities were neither clearly identified nor further defined. In general, no systematic elaboration was made of target goals and activities (and their structural interrelationships), resources and instruments, strategies and priorities, and other relevant considerations for plan implementation.<sup>4</sup>

In sum, although the program plan adequately identified the problem to be tackled, it was only a simple statement of objectives and targets and did not contribute to the development of specific and detailed actions. The operationalization of program aims was left to be spelled out in the actual implementation process. Nevertheless, it must be recalled that the program was initiated as an integral part of both the National Reconstruction Movement and the First Five-Year Plan. Therefore, it would be carried out with the strong support of the top political leadership. The application of pressure from that source was expected to insure ultimate success for the FP program.

---

<sup>4</sup>Specific jobs to be performed in the planning stage are problem identification, preparation, and appraisal.



## CHAPTER II

### ACTIVATION AND ORGANIZATION

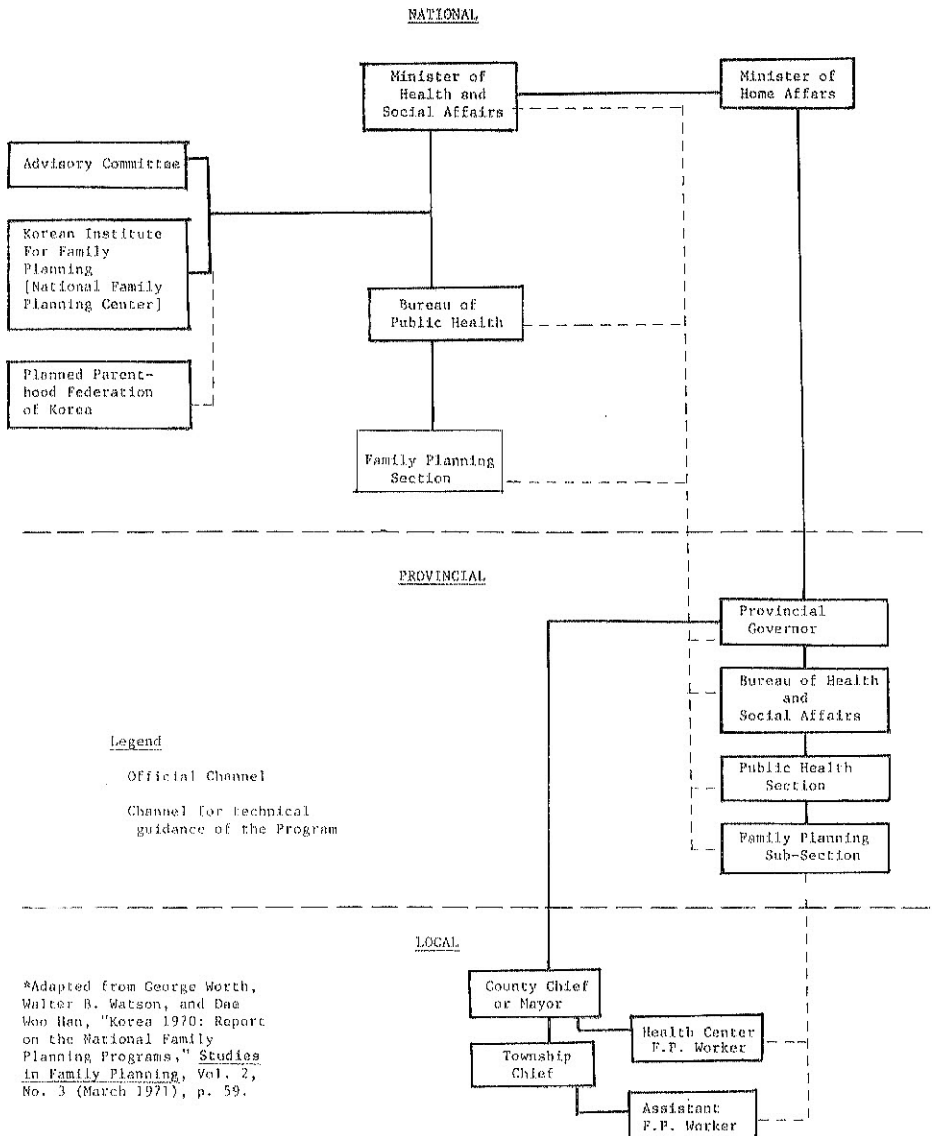
It has been noted that planning of the FP program in Korea was simply a statement of objectives and examples of targets confined to contraceptive methods. It did not cover systematic development of alternatives, indepth studies of their feasibility, nor practical appraisal of specific actions and their targets. Initial consideration of the program's activation was focused on (a) definition of the relationships among the institutions and organizations involved in implementation, (b) establishment of reasonable overall objectives and their allocation into annual and regional targets, and (c) mobilization of necessary resources.

#### Rearrangement of Organizational Relationships

What were the major organizations and institutions selected for implementing the FP program? What criteria and variables were applied in considering organizational arrangements? To what extent was the network of organizational responsibilities conducive to successful program implementation?

When the FP program was introduced into the framework of government functions in 1961, the Mother and Child Health (MCH) Section was established within the Bureau of Public Health (BPH) in the Ministry of Health and Social Affairs (MHSA) to serve as the instrumental unit for activating the program. The MCH Section was responsible for the functions of planning implementation at the national level and of monitoring performance at the local level. In 1970, another section was formed within BPH to be more

FIGURE 1  
Organizational Chart of the National Family  
Planning Program in Korea\*



specifically responsible for the new program, namely, the Family Planning Section.<sup>1</sup> At present, there are thirteen staff members working in this section. An Advisory Committee, established in 1963 under the Minister of Health and Social Affairs, has played an important role in recommending measures to adapt FP program management to the changing situation.

The earlier establishment of the MCH Section as the key implementation unit for family planning in the central government demonstrated that the new program was officially defined as part of MCH activities. It seemed strategic, however, to link the program with ongoing health programs in order that the FP operation could take advantage of facilities available in the existing network of the national health program. The latter could, in return, have access to new resources allocated for family planning, and thus strengthen the public health delivery system at the local level. In fact, the number of health centers in the nation suddenly increased after 1963 with the establishment of a health center in every city and county as a basic unit of the health/family planning action system.

Traditionally, administration of the public health program at the local level was controlled by local government officials. Therefore, implementation of the FP program came to be related institutionally to the local government system as well. In other words, it was built into a dual structure of organizational hierarchy within the government--

---

<sup>1</sup>Since 1973, the Family Planning Section has been under the supervision of the Deputy Director of BPH who is also in charge of the Mother and Child Health Section.

substantively under the Ministry of Health and Social Affairs and administratively under the Ministry of Home Affairs. It is necessary to note that such a dual structure tends to contribute to discontinuities between policy planning at the national or central government level and implementation at the local government level. Thus, the problem of coordinating the development of policy in the Ministry of Health and Social Affairs and the execution of policy by local governments (which were responsible to the Ministry of Home Affairs) raised a most crucial issue for the relative success of the FP program.

On the provincial level, the governor was responsible for the Bureau of Health and Social Affairs within which was located the Public Health Section. As a technical liaison office to link planning by the FP Section of MHSA at the national level with the operation of FP projects by local governments, an additional unit was established in the Public Health Section, namely an FP Subsection. This was done in every provincial and special city (Seoul and Pusan) government in Korea. Two or three staff members were working in each FP Subsection to supervise activities directed toward nationally-decided targets in the local communities. In all, there were twenty-five supervisors employed in the FP program at the provincial level in 1975.

In the initial stage, FP field projects were attached to an incomplete and still growing local structure of the public health network. In 1964, when FP field workers were employed at the township level, they were put under supervision of the township chief, who was in turn subject to control by the county chief or mayor. An unexpected administrative advantage for family planning resulted when the township chief became responsible for implementing the program. For example, when necessary he could utilize all local civil service workers to help meet the program targets for his township. As of

the end of 1971, there were in all 898 FP workers at the county-city level and 1,473 assistant FP workers at the township level.<sup>2</sup>

In view of the relative amount of FP manpower allocated between the FP Section of MHSA and the local health centers, it can be seen that the program's central administration was held to a minimum in order to direct more resources and funds into local operations sufficient to provide satisfactory FP services. In this connection, it should also be noted that the government readily drew upon available local resources. For example, the services of doctors already employed in the health centers were utilized through certain types of contracts, instead of hiring new doctors specifically for delivery of FP clinical services.

As a non-governmental institute, the Planned Parenthood Federation of Korea (PPFK) played an important role in the FP implementation process. PPFK was founded in 1961 with encouragement from the International Planned Parenthood Federation. PPFK represented the entire voluntary contribution to family planning in Korea, serving a variety of constituencies. During the last decade, its central staff grew from three persons in 1962 to more than thirty by 1969. There were also five staffers in every provincial branch. The latter supervised PPFK field workers in oral pill administration in the counties, where one worker was attached to each health center. In the initial stage, PPFK took a leading role in providing services by contracting with hospitals and doctors to perform vasectomies. As the FP program developed within the national health network, PPFK's role was altered to

---

<sup>2</sup>Kyoung-Sik Cho and Eung-Ik Kim, A Survey of Family Planning Workers, 1971 (Seoul: Korean Institute for Family Planning, 1972), p. 6. At present, three to six FP workers are serving in each of the 192 county-city health centers, and there is one assistant FP worker in each township.

interlock with the national program in performing certain functions that were delegated to it. The training of FP workers, the administration of foreign aid, information, and education through published materials, and the conduct of research and evaluation were the major functions of the Federation.

In reference to voluntary participation in the FP program, the most remarkable instrument proved to be the organization of Mothers' Clubs, an activity stimulated by PPFK. One club served two or three villages. Each club by 1968 possessed a membership of ten to twenty influential women and covered approximately 17,000 villages. By 1976, Mothers' Clubs boasted a membership of twenty to forty women, and were involved in 19,000 villages. After 1971, they had also become a multi-purpose working unit for the nationwide "New Community Movement." It is significant to note in this regard that the FP program was integrated within this broader development movement through the Mothers' Clubs at the village level. This relationship provided a basis on which the program continued to receive a strong leadership support from the top political echelon in Korea. The Mothers' Clubs still function as a very significant mechanism for oral pill distribution and for the exchange of information on family planning. In order to suggest topics for discussion and to guide meetings of the Mothers' Clubs, PPFK produced and distributed a monthly magazine, Happy Home, which carried current news and other FP information for women.<sup>3</sup>

In 1970, the National Family Planning Center was organized as a branch directly under MHSA, combining various existing units for the purpose of supplementing

---

<sup>3</sup>There are many studies on Mothers' Clubs; see, for example, D. Lawrence Kincaid, et. al., "Mothers' Clubs and Family Planning in Rural Korea: The Case of Oryu Li," (Honolulu: East-West Center, Communication Institute, 1975), and Hyung-Jong Park, et. al., Mothers' Clubs and Family Planning in Korea, (Seoul: Seoul National University, 1974).

the activities of the FP Section and PPFK. In the following year, the Center was converted into the Korean Institute for Family Planning (KIFP), an organization financed by government-invested funds but legally independent. This was done in order to provide better opportunity to attract professional people into the program and to guarantee them security in positions for which they were recruited. The principal functions of KIFP were training, research, and evaluation.

From the above discussion, it may be observed that for effective activation of the FP program it was strategically helpful to link the newly introduced activity with the existing public health system in order to make the best use of resources already at hand. It also seemed productive to minimize the overhead costs of central administration in order to allocate more material assistance for local implementation. The experience had demonstrated that coordination between the government apparatus and voluntary organizations at every level was relatively successful and contributed positively to the administrative capacity for carrying out the planned activities. The voluntary participation of client groups through a grass-roots approach, such as the Mothers' Clubs, appeared to be a very effective instrument for the program's successful development.

### Setting Objectives and Targets

How were the general goals and objectives and the specific targets determined and allocated to local government responsibility? In what terms were they defined to guide specific activities in the field?

As mentioned earlier, the program goals and objectives were not systematically elaborated into specific sub-objectives or activity targets according to means-ends analysis. Nevertheless, one of the impressive things was that program targets were stated in quantitative terms. As a target, the ratio of FP practice among all eligible couples was derived from consideration of the demographic goal to reduce the population growth rate from 2.9 percent in 1960 to 1.5 percent in 1976. These projections came about through collaboration between

economic planners and demographers when the First Five-Year Economic Development Plan was being prepared. However, there was no scientific model available for such estimates. In order to increase the FP practice rate to 45 percent by 1971, it was projected that 31.5 percent of all eligible couples would be protected from conception through government-assisted services and that another 13.5 percent would adopt family planning with their own resources. The FP acceptance targets by contraceptive method were further elaborated in quantitative terms as shown in Figure 2. In fact, as apparent in the table, the original targets were found to be unrealistic in the light of subsequent figures on actual performance, especially in the categories of self-support and IUD insertions where targets had been overestimated.

The annual national targets were set up and allocated to the provinces through the programming and budgeting process. Such allocations were based fundamentally on the number of women 20 to 44 years of age and the assumption that 79 percent of them were married. Target assignments were adjusted in some years by judgmental factors, which took into account differences in achievement rates in the provinces. However, these changes were minor. In some provinces, complaints were filed that the marriage rate would be less than 79 percent, or that travel conditions experienced by field workers in contacting clients were unusually bad. It was genuinely difficult to set targets that would be acceptable to all. There was only a limited opportunity for each provincial government to participate in target decisions at the national level, and thereby present its own estimate of the provincial situation. The approach to establishing targets was superimposed from the top echelon. The same method was followed in allocating provincial targets to the component counties.

Administration of the FP program placed major emphasis on target achievement. The specificity of targets provided a basis for easy communication between the planning and implementation levels and between the central and local governments regarding questions about what and how to do the job. Thus, centralized direction with decentralized execution was a basic management principle.



FIGURE 2

Targets of Family Planning Practice By Method (1962-1971)\*

<u>Method</u>	<u>Original Plan (1961)</u>		<u>Revised Plan (1968)</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Oral Pill				
-- current users	---	---	350,000 <sup>a</sup>	8.5
IUD Loop				
-- wearers	1,000,000	23.8	780,000	18.9
Vasectomy				
-- operations	150,000 <sup>b</sup>	3.6		
-- protected	---	---	161,000 <sup>c</sup>	3.9
Condom				
-- recipients per month	150,000	3.6	150,000	3.6
Self-support	550,000	13.1	414,000	10.0
<hr/>				
Sub-total	1,850,000	44.1	1,855,000	44.9
Total eligible couples	4,200,000	100.0	4,139,000	100.0

\*  
Source: recompiled from data appearing in Taek Il Kim, John A. Ross, and George C. Worth, The Korean National Family Planning Program, (New York: Population Council, pp. 65, 195.

a) Oral pills were not introduced into the program before 1968.

b) Indicating the number of operations.

c) Adjusted to indicate the number of currently eligible couples who are protected by vasectomy operations. This notion was not applied in the original plan. The number of vasectomy operations was estimated as 198,000 by the Revised Plan.

The targets, however, were concerned only with end results. Since little attention was given to the process by which program activities were to be carried out, "management by objective" systems could not be introduced into the conduct of the program as a whole.<sup>4</sup>

### Resource Mobilization and Allocation

Successful implementation of the FP program required sufficient amounts of material, financial, and manpower resources and the application of adequate program technology. The major sources of financial assistance can be broken down into domestic and foreign contributions. Domestic finance was primarily supported by government budgeting because of the weak fiscal status of the private sector in the early 1960's. The central government's budget for family planning, for example, increased from 77 million won in 1963 to 172 million won in 1964, and to 561 million won in 1970.<sup>5</sup>

Foreign assistance, excluding advisor costs and overseas training costs, were calculated at US\$2.1 million, equivalent to 18 percent of the total FP budget for the period from 1962 to 1968. This went primarily to support organizational activities (29 percent) and research and demonstration projects (31 percent). In addition, the program was strengthened by useful advisory services from several foreign groups. Equally important was the overseas training of personnel, especially in research and evaluation, the cost of which was

---

<sup>4</sup> John W. Humble, Management by Objectives, (London: Industrial Educational and Research Foundation, 1967); George S. Odiorne, Management by Objectives, (New York: Pitman, 1965).

<sup>5</sup> The total contribution made through the central government amounted to 3,413 million won from 1962 through 1971. Additionally, the provincial governments contributed 555 million won from 1962 through 1969. Kim, Ross, and Worth, op. cit., pp. 72-75.

borne in part by foreign aid.<sup>6</sup>

How critical were financial resources for the FP program in Korea? The achievement potential was tied strictly to the amount of budgetary aid. Without the necessary funds to cover doctors' fees for IUD insertions and vasectomies, as well as the small payments to field workers per acceptor and to each vasectomy acceptor, the program could hardly have progressed.

Beyond the ordinary channels for annual programming and budgeting, the national leadership, acting through the Economic Planning Board (EPB), provided support to MHSA in its undertaking of responsibility for the program. In 1963, the economists gave a significant push to the program. To secure the necessary financing, the vice minister of EPB reclassified the FP program as a development investment project so that it appeared in the Economic Development Special Account.<sup>7</sup> The staff of EPB prepared the statement for expansion of the FP program, outlining what each relevant ministry could do to assist. This statement formed the basis of the "Prime Minister's Memorandum" on the subject, as noted earlier, by which ministries with related responsibilities were mobilized to support the program.

On the other hand, the strategic allocation of financial resources was also an important aspect of the

---

<sup>6</sup>Taek Il Kim and Jae Mo Yang, "Outline for Foreign Assistance to Korea," OECD [Organization for Economic Cooperation and Development] Expert Meeting, (April 1969), pp. 56-59.

<sup>7</sup>In government budgeting, priority was given to this account because it reflected the primary role of the government sector in the Five-Year Plan. Kim Hak-Yul was the vice-minister of the Economic Planning Board who within government circles was a strong advocate of the family planning idea.

program's implementation. During the period of 1962-1968, a near majority (46 percent) of available funds from all sources was used for organizational activities, such as salaries of field workers, administrative expenses, charges for vehicle operation, etc. The second largest portion of the total budget (35 percent) was allocated for the purchase of contraceptive supplies. Only 5 percent was used for public information and education.

Another important category of resources needed for the program was manpower. The conduct of field activities was heavily dependent upon what FP workers were equipped to do and how they actually performed. In 1964, the expanded program provided for an assistant FP worker in each of 1,473 townships. These persons were recruited by the local county governments. In hiring both city and county level workers, priority was given to those who had received some professional training, for example, nurses and midwives. However, no such restriction was applied in recruiting assistant FP workers at the township level. Consequently, a majority of these employees was recruited from indigenous rural communities.<sup>8</sup>

Meantime, in order to strengthen the network of rural health services, one FP field recruit was attached to each township sub-center, in addition to the regular MCH worker and TB worker. In 1967, the Ministry of Health and Social Affairs decided that these three staff members should all qualify as multi-purpose workers, namely, "nurse aides" who would be able to do FP, MCH, and TB work. This shift to the principle of multi-purpose staff qualified as nurse aides tended to bring about replacement of the indigenous, experienced, and rural-oriented assistant FP workers by younger, more educated but less experienced, and urban-oriented workers. What

---

<sup>8</sup> Everett M. Rogers, "Communication for Development in China and India: The Case of Health and Family Planning at the Village Level," Summer Program of Advanced Study on Communication and Development, (Honolulu: East-West Center, Communication Institute, July 1974).

this did to the quality of relationships between workers and their women clients in the villages was to detract from the rapport which had been achieved. Younger workers without experience were often unable to provide adequate information on contraceptives and their side effects. Further, this tended to cost more in terms of time and effort to train the newly recruited nurse aides to be acceptable to the close-minded rural people (who ordinarily were not friendly to outsiders) and to become acquainted with the particular community settings in which they would work.<sup>9</sup>

To what extent did the training program contribute to the building of capability among FP field workers? The Planned Parenthood Federation of Korea (PPFK) had been responsible for training FP staff from 1961 until the newly established Korean Institute for Family Planning (KIFP) took over that function in 1970. Pre-service training was the primary concern here.<sup>10</sup> Additionally, various kinds of training were provided, such as in-service seminars for instructors, leaders' seminars, county leaders' rallies, and seminars or lectures for other types of service related to implementation of the FP program.

Pre-service training for FP field workers was originally (from 1964) conducted at five regional centers. The 32-hour course was composed mostly of lectures about FP methods and contraceptives. Seventeen hours were set aside for this purpose. Workshops for smaller groups of twenty persons were also conducted on the same topics.

---

<sup>9</sup>In-Joung Whang, "Integration and Coordination of Population Policies in Korea," Asian Survey, Vol. XIV, No. 11 (November 1974), pp. 985-999.

<sup>10</sup>Some 2,214 FP field workers were trained during 1964. The largest number trained was 2,934 workers in 1969, mostly for general re-training after the shift was made to nurse aides as multi-purpose workers. See Kim, Ross, and Worth, op. cit., p. 101 (Table 7.1).

Programmed instruction was developed after 1969. The training focused narrowly on technical knowledge about family planning and did not go deeply into client motivation or the skills and tactics for approaching and winning over clients. One survey<sup>11</sup> indicated that assistant FP workers themselves felt they could use more training to develop skills and techniques needed to contact, communicate with, and persuade clients in their home settings.

The high turnover of FP field workers<sup>12</sup> created a constant need for training programs. According to one survey, 22 percent of the FP field workers in the health centers and 30 percent of assistant FP workers in the townships had not received any substantial training in family planning.<sup>13</sup> This would indicate that a number of them had missed training entirely or, more significantly, that inadequate preparation was provided in the face of the rapid turnover of staff.

With regard to program technology, the FP methods that were adopted included vasectomy and the use of condoms, loops, and pills produced in foreign countries. In the initial stage, it seemed unavoidable to rely on anything but foreign-made contraceptives. However, their applicability, effectiveness, and side-effects

---

<sup>11</sup>Republic of Korea, Ministry of Health and Social Affairs. Summary Report: A Study on Administrative Status and Working Conditions of Personnel at Various Levels of the National Family Planning Program, (Seoul: 1969), p. 51.

<sup>12</sup>For instance, during 1970, the turnover rate was 30 percent among FP field workers in the townships, and 49 percent among FP workers at the county-city health centers. See Kyung-Kyoon Chung, "Status and Problems of Staff Training," Proceedings of the National Family Planning Evaluation Seminar, (Seoul: Korean Institute for Family Planning, 1971), p. 47.

<sup>13</sup>Summary Report (1969), op. cit., p. 133.

tended to create problems among Korean clients, even though the villagers agreed about the desirability of small families and adoption of fertility controls. Therefore, development of an adequate program technology for Korea would appear to demand high priority on the production of contraceptives in Korea for use by Koreans in the long-run policy concern for a successful program.

## CHAPTER III

### IMPLEMENTATION, MONITORING, AND CONTROL

#### Application of Appropriate Management Techniques

No matter how excellent the original planning is, an implementation scheme should be designed to develop a certain amount of detail for its effective performance. Management must work to ensure that all of the component tasks and activities are accomplished according to the implementation schedule. Therefore, an effective implementation involves both the designing of an implementation scheme and the monitoring of work performance. Two questions then arise. What management techniques were adopted for implementing the FP program in Korea? To what extent were these utilized for both system design and implementation monitoring?

Management techniques are defined as instrumental devices used in determining goals and objectives and for providing effective communication, coordination, supervision, and feedback during implementation of the project. The administrative system of Korean bureaucracy may be characterized as oriented toward the achievement of tasks and performance. The budgetary reform of 1961 was an attempt to improve the system from line-item budgeting to "program and performance budgeting."<sup>1</sup> The long-term economic planning system was introduced in 1961 and eventually it produced the dominant perspective for bureaucratic actions in the 1960's. Since 1961, the so-called "programming

---

<sup>1</sup>Hahn-Been Lee, "Three Serial Budget Reforms: A Korean Experience," in H.B. Lee and A.G. Samonte (eds.), Administrative Reforms in Asia, (Manila: EROPA [Eastern Regional Organization for Public Administration], 1970), pp. 85-87.



system"<sup>2</sup> was applied in all of the government ministries and agencies for annual operation of their activities and projects. Simultaneously, a planning and coordination unit in support of the new system was established in each ministry.<sup>3</sup> The management techniques used in the annual programming system had significant implications both for the programming of individual projects on an operational basis and for internal control and monitoring of performance. A form of Gantt chart modified by adding some relevant information was introduced to apply to programming, execution, and review of operating projects.

An implementation scheme must be readily communicated to those responsible for its execution. All factors working in an action system at the technical level should be taken into account in the designing. The general form, which was used for implementation of the Korean FP program, covers the following items:

- (1) list of component projects and activities,
- (2) target of individual projects, in quantitative terms,
- (3) budget amounts required or authorized to perform the projects,
- (4) amount of funding on a quarterly basis (if necessary, on a monthly, weekly, or daily basis),
- (5) quarterly or monthly targets to be matched with budgetary resources required or authorized (in a Gantt chart form),
- (6) related agencies for coordination and cooperation in performing the projects or activities,

---

<sup>2</sup>Suk-Choon Cho, "Two Reforms Under the Military Regime in Korea: A Comparative Analysis," *Ibid.*, pp. 143-148.

<sup>3</sup>In-Joung Whang, "Leadership and Organizational Development in the Economic Ministries of the Korean Government," *Asian Survey*, Vol. XI, No. 10 (October 1971), pp. 999-1000.

- (7) whether the project is a new or a continued one,
- (8) remarks on: (a) priorities, (b) relation to major policies or development plan, (c) commitment to foreign institutions or linked with foreign donations, (d) special emphasis by the President, and (e) others.

This general form was applied indiscriminately and with little variation to all agencies in the central as well as local governments. The technical feasibility of individual tasks and activities and also the practicality of the program as a whole could be examined in a comprehensive perspective by recourse to this procedure as reflected in the form. The items covered are not sufficient to provide a specific action plan or detailed scheme as a guide to execution.<sup>4</sup> However, it may be judged, as in the case of the FP program, that the rough and somewhat simpler method applied by local administrators could produce better results than procedures requiring highly sophisticated data-processing methods for handling many variables.

The form also served as an indicative guide for internal control on the part of implementers as well as for monitoring of task performance by the supervisors. The flow of management data through the monthly, quarterly, and annual reporting of performance, as indicated in this form, created a basis for easy communication between planners and implementers. The form listing provided certain information for project managers about their tasks and about other agencies which could be related to performance of the tasks. This is necessary if managers are to maintain coordination with other organizations. The form was a particularly helpful instrument for managing target achievement because the programming system was linked with budgetary control.

---

<sup>4</sup>For further details, see United Nations Industrial Development Organization, Programming and Control of Implementation of Industrial Projects in Developing Countries, (New York: 1970), pp. 7-8.

In spite of this helpful system of communication, the accuracy of data inputs tends to be a problem. Because of the overemphasis on program performance as related to individual responsibility, managers of the program at local levels, such as the health center heads and the FP officials in the provincial governments, sometimes exaggerated their performances in the reporting process. This would likely mislead the policy makers in coming to decisions regarding program implementation. However, surveys and researches conducted by university people and independent institutions (like the Korean Institute for Family Planning) gave opportunities to check on official reports and thus discourage the submission of inaccurate or inflated data.

As an efficient device for modern management, the applicability of PERT (Program Evaluation and Review Technique) was suggested for implementation design and monitoring of the FP program.<sup>5</sup> This technique was intended to help in comprehending the general flow of activities, forms and reports, as well as the preceding and subsequent situations with respect to adoption of the four FP methods. Although PERT was theoretically regarded as a more effective tool for program implementation, it had limited application in Korea because it was not yet widely understood among government officials.

### Coordination and Supervision

According to leadership theory, the major functions of leadership are coordination, motivation of staff members, supervision, and resource mobilization. Other functions include setting up external linkages to obtain environmental support for decisions, control over environmental constraints, and critical decision-making for creative and adaptive change. In the case of the FP program in Korea, to what extent was leadership exercised in regard to these functions?

---

<sup>5</sup>Kim, Ross, and Worth, op. cit., pp. 204-210.

It is difficult to state in a single sentence who played what roles of leadership in performing certain functions. Approximately, however, administrative leadership was exercised by the Ministry of Health and Social Affairs (MHSA) with technical support from the Family Planning Section. Important decisions, such as target settings, were made by both formal and informal groups composed of MHSA staffers, FP Advisory Committee members, and leaders in the Planned Parenthood Federation of Korea (PPFK).

Implementation of the national FP program demanded close cooperation and participation of the many ministries concerned. Within the government sector, the program relied upon MHSA all the way from policy-making to evaluation. The Ministry of Education had an important role to play in regard to changing the reproductive mores of the people. The Ministry of Culture and Public Information could also play a significant role in the diffusion and adoption of information. During the initial period, inter-ministerial coordination was adequately carried out on the basis of the "Prime Minister's Memorandum" of 1963. The strong leadership commitment at the top level had stimulated the coordinated use by the FP program of resources and instruments available from the Ministries of Education, Justice, Defense, Government Administration, Public Information, Economic Planning, as well as the Ministry of Health and Social Affairs (MHSA) and the Ministry of Home Affairs (MHA).

Throughout the period under study, MHSA enjoyed excellent cooperation from PPFK and the universities sector, especially in regard to training, research, and evaluation. It is an achievement worth noting that close working ties between the government and PPFK at every level contributed much to program implementation, as in staff training, public information and education, and research and evaluation. More recently, this cooperation extended to the establishment of mobile teams for supply of materials and clinical service to Koreans living in 600 doctorless

townships.<sup>6</sup> Because FP field workers were attached to local governments, which were under the control of the Ministry of Home Affairs, MHSA could exercise only a limited role in motivating the workers and encouraging their active and positive participation in decision-making in the Health Centers. Coordination of activities between MHSA and the local governments, therefore, was a most critical area for program implementation.

Various channels for supervision were available. Technical guidance and supervision of the entire process of program operation was exercised by the MHSA staff. Within this framework of general direction, local government exercised administrative supervision and control over the lower level units of the program. In order to achieve the centrally determined targets, a thorough field review of the activities of field workers had to be institutionalized. However, only when the latter came to the county health centers each month to make their reports and receive their pay, did they have a chance to discuss their performance and problems with their supervisors. As observed in one study, "structured supervision and guidance is lacking and inadequate for the following reasons:

- (a) the health center nurses are preoccupied by their professional responsibilities of patient intake and services such as baby clinics,
- (b) they have little time to visit the FP workers in the field and give them the individual on-the-job help that new workers need,
- (c) bad roads, poor bus service, and severe winter weather hinder [field workers] travel, and
- (d) the chief nurses at the health centers have usually not been given any special training for their supervisory role."<sup>7</sup>

---

<sup>6</sup> Twenty percent of the country's eligible couples were living in this sector. Ibid., p. 142.

<sup>7</sup> Ibid., p. 108.

With respect to the mobilization of resources for the program, the national leadership and the administration exercised at the ministerial level played complementary roles. In collaboration with the Planned Parenthood Federation of Korea, the Ministry of Health and Social Affairs obtained a considerable amount of foreign aid, in various forms, from the Population Council, the International Planned Parenthood Federation, the United States Agency for International Development, the Swedish International Development Authority, and more recently the United Nations Fund for Population Activities. Also, fortunately, the understanding and support evidenced by the national leadership represented a strong institutional commitment to the mobilization of essential budgetary and other resources, as in arranging for inclusion of the FP program in the Economic Development Special Account.

As the program developed, changes in leadership emphasis did take place. During initiation of the program in 1961-1962, the administrative leadership exercised by the Ministry of Health and Social Affairs occupied a critical role. In the later diffusion of the program between 1963 and 1967, which converted the FP activities into a nation-wide movement, the political leadership facilitated by officials of the Economic Planning Board and other top national figures was combined effectively with the administrative management. As institutionalization of the program progressed toward more efficient implementation after 1967, cooperation on a voluntary basis was also forthcoming from the private sector.

#### Establishment of Environmental Linkages

One of the reasons for successful implementation of the FP program was related to environmental support, control over environmental constraints, and cooperation with client groups at the local level. It was considered desirable to cultivate and maintain a favorable climate among those clients on whom short-term achievement of targets depended or who could contribute to

future progress. Because the program had implications of a government-wide nature, it was important to identify linkages beyond the specific activity relationships that might influence the program. "Linkages are points of interaction with environment. . . . They can be classified into four categories: enabling, functional, normative, and diffused linkages."<sup>8</sup>

Functional linkage for program output was established with the task environment, including PPFK, university research institutes, hospitals, and doctors. More importantly, a linkage to support critical input was arranged with EPB officials.

A fruitful enabling linkage with power centers had been well established from the beginning and was maintained for a substantial period, especially with the Supreme Council for National Reconstruction and with the Prime Minister and EPB leaders.<sup>9</sup> The enabling linkage ensured and protected the organizational authority in its operation, its access to resources, and its power to achieve results. It also promoted inter-ministerial coordination toward an integrated effort. The Minister of Health and Social Affairs (MHSA) had built up a legitimate power base for the program, and maintained a satisfactory rapport in cases of conflicts with other government agencies and programs.

With regard to diffused linkages, the family planning idea was incorporated early into the "Life Enlightenment Movement" conducted in the rural communities.

---

<sup>8</sup>The concepts of linkages employed hereafter are adopted from Milton J. Esman and Hans C. Blaise, "Institution-Building Research: The Guiding Concept," (Pittsburgh: Inter-University Research Program in Institution-Building, 1966). Blaise suggests an additional linkage, namely, "competitive linkage," for which see his "The Institution Building Process," (Honolulu: East-West Center, Technology and Development Institute, April 1972).

<sup>9</sup>Support from EPB in the budgeting process seems to have diminished more recently.

The program promoted identification with popular slogans and themes on FP behavior.<sup>10</sup> The themes, reflecting the essence of the FP idea and evoking sympathetic responses, linked the FP program with the forward-looking spirit and change-oriented notions of the national development movement. Along with this movement, the national leadership made a strong commitment to the program. The mass media were also readily cooperative. Both government and private radio, involving sixty-five transmitting stations dispersed throughout the country, played a most important role in advocating the FP theme and FP methods and in disseminating relevant information to the general public. In addition, newspapers, films, magazines, and television augmented the network of diffused linkages. The collaboration between MHSA and PPFK in setting up mobile clinics, and the distribution of the magazine Happy Home to Mothers' Clubs by PPFK also aided the linkage establishment. Clientele motivation and participation in the program were promoted, most effectively, through the Mothers' Clubs organized in the rural villages.

On the matter of normative linkages, the program enjoyed little support from the general social environment, primarily due to the presence of cultural bias. For example, it is traditionally regarded as impolite for Koreans to talk about birth control behavior, which by its very nature is related to sex. An FP method like vasectomy was hardly acceptable to the indigenous culture because its acceptors were perceived not only as valueless humans, whose potential progeny were not allowed to be born, but also as no longer man-like. The demand for sons to carry on the family line has been a dominant value in Korean society. Such attitudes as these imposed major constraints on the process of program implementation. Individuals' attitudes and motivations concerning family planning were shaped considerably by the social values of the community in which

---

<sup>10</sup>For a more rigorous campaign toward targets in the 1970's, a new slogan was devised for identification with the new idea. It was: "Daughter, Son, Without Distinction--Stop At Two and Bring Them Up Well."



they identified themselves as members. A far-reaching change in the value system of the general public was, therefore, as important to the adoption of FP behavior as a more immediate change in the values of the eligible couples themselves. The normative linkage established with the Ministry of Education was only rather loosely structured. Consequently, innovative values related to FP behavior could be expected to take a long time before they were integrated within the value system of the Korean society.

Fertility control behavior of the client groups, especially of the eligible women, was affected by their socio-economic background. According to a recent study in Korea, it was found that women with more education tended to have fewer children, and that induced abortion and use of contraceptives were more prevalent among them. The differences between urban and rural orientation, as well as in socio-economic status, were clearly reflected in the FP behavior of client groups.<sup>11</sup> Different social backgrounds affected their perception of the social environment accordingly. People who were educated, urbanized and distinguished by higher socio-economic status tended to perceive their environment as more receptive to and supportive of behavior associated with birth control, innovation, and a disregard of fatalism.<sup>12</sup> In a similar vein, women who possessed values that were more development-oriented tended to react more favorably toward the idea of family planning.<sup>13</sup>

In this context, the implementation of the FP program was much influenced by the socio-economic background of the client groups. The program was in fact

---

<sup>11</sup>Bum-Mo Chung et. al., Psychological Perspectives: Family Planning in Korea, (Seoul: Korean Institute for Research in the Behavioral Sciences, 1972), pp. 33-38.

<sup>12</sup>Ibid., p. 42.

<sup>13</sup>Ibid., pp. 24-25.

skewed in that it served the rural areas and the poor disproportionately. The fertility rate continued to be higher in these communities. However, during the period under study, the rate did decline as rapidly in the rural areas as in those that were urbanized.

## CHAPTER IV

### EVALUATION AND FOLLOW-UP

Because the family planning program in Korea was conceived as a long-term operation that would continue for several generations, there was no notion of "project completion" nor of "evaluation" after termination. However, it is of interest from the management viewpoint to raise one or two questions. Was there a constant process of project evaluation? If so, to what extent did it contribute to improvement of management in the on-going FP program, so that ultimate objectives would eventually be achieved?

Gantt chart techniques provided somewhat relevant data required for a simple review and analysis by comparison of targets and actual achievement with respect to FP acceptance. However, this did not provide much information regarding the management process itself or about the various environmental factors which managers and administrators had to contend with. Accordingly, there was no systematic evaluation of the program in terms of the number of FP acceptances as related to the annual process of programming and budgeting. Sufficient efforts were not made to consider either long-term or short-term impacts of the program upon the fertility rate of the Korean population beyond the limits of the acceptance targets.

In view of the generally complex process of FP program implementation, it was necessary to evaluate performance from a multi-disciplinary perspective, including an analysis of the organization and management process and an examination of the program's impact upon the community in the reinforcement of changes achieved in fertility control behavior. However, no system of evaluative research was built into the administration of the Korean operation. Frequent seminars, attended by personnel from the FP program and from other government and private sectors as well as representatives from research institutions, were organized to make some

interim evaluations of program performance. The scheduling of seminars for this purpose seems to have had some advantages in the sense that they provided opportunity for researchers and administrators to communicate with each other, and thus to attempt clarification of the ideas and issues discussed.

As to the content of seminar discussions, there seemed to have been no objective criteria or perspective for making a systematic evaluation of program performance, except for the examination of target achievement and certain selected aspects of the operation on an ad hoc basis.

Any systematic follow-up after evaluation was not institutionalized. It depended rather on the personal sensitivity and receptivity of individual managers and senior administrators who attended the evaluation seminars. Fortunately, because of the strong interest of top political leaders in the program, the administrators who held responsibility for its operation were stimulated constantly to improve their record of achievements, and they were ready for that reason to follow-up on suitable ideas and suggestions made to them.

## CHAPTER V

### SUMMARY AND CONCLUSIONS

The Korean National Family Planning Program was established to introduce change in the values and attitudes of people with respect to family size and the spacing of children, and thereby eventually to adoption of birth control practices. All activities of the program were concerned mainly with change-producing and change-maintaining services. It was a nation-wide, far-reaching program for guided change in the Korean society. What then have we learned from the ten-year experience in the implementation of the program?

The factors and variables described in this study are not necessarily related directly to the achievement of results nor linearly functional to it. A vast quantitative undertaking is required to assess the full extent of their contributions and interrelationships.<sup>1</sup> However, some administrative implications in the form of hypotheses can be drawn from examination of this case study. These seem to be the most significant for understanding the implementation process in development projects, in constructing strategies for successful performance, and in assessing administrative feasibilities. The implications are here classified into two groups of hypotheses: (a) factors identified as critical inputs to implementation (static analysis), and (b) the relative change of these factors over time and their interactions (dynamic analysis).

---

<sup>1</sup>For a methodological explanation of the task involved, see John E. Laing, "Research for Management of Population Programs," Eighth UNESCO National Commission Biennial Conference, (Manila: September 6-8, 1973), pp. 8-13.

### Factors Identified as Critical Inputs

(1) Functional integration of the program within the five-year economic development plans on the national level and also within the nation-wide community development movement on the rural level contributes to the effectiveness of resource mobilization, leadership support, and establishment of linkages with relevant environmental elements.

(2) The centralization of target setting and budget allocation and the decentralization of program execution create a complementary role arrangement between central and local governments in administration of the development program.

(3) Throughout the sequence from planning to implementation and to evaluation of the program, close coordination and collaboration between the government and private organizations (such as universities, Planned Parenthood Federation of Korea, and Mothers' Clubs) provide a firm base for carrying out the nation-wide program successfully.

(4) The detailed description of specific task elements in the annual programming-budgeting process can serve as the design for the implementation scheme of the program.

(5) Adequate establishment of institutional linkages with environmental elements contributes to resource mobilization, clientele support, diffusion of project results, and continued support from the national leadership.

### Flexibility and Relativity in Factor Application

(1) When the project is only loosely planned and inadequately specified, the annual operational targets should be stated in numerical terms and a detailed description should be included in the annual programming process.

(2) When the program goal is characterized as behavioral change in the society, environmental linkages should be established to ensure national leadership support and commitment.

(3) When political leadership support is critical for a successful operation, the program should be functionally integrated within the major national development plan or movement.

(4) When the environmental forces tend to resist changes implied in the program, well-trained human resources should be secured to influence voluntary participation of the population.

(5) When popular participation and support are important for successful implementation, the program director should establish adequate linkages with voluntary organizations by identifying, fostering, and utilizing them.

(6) When one critical stage of program performance (that is, initiation, diffusion, or institutionalization) is succeeded by another over time, the relevant sources of leadership at each stage should be identified and developed.

(7) When the immediate results are critical for continuation of the program, essential program technology from foreign countries that has proved to be effective should be imported. However, as diffusion of the program idea becomes institutionalized, the technology should be adapted locally to suit the relevant community context.

(8) When the immediate results of program implementation are critical during the initial stage, material resources should be relatively available and in sufficient supply. However, at the stage of institutionalization of program values within the culture, more consideration should be devoted to development of competent human resources.

## LIST OF REFERENCES CITED IN THE TEXT

- Blaise, Hans C. "The Institute Building Process," (Honolulu: East-West Center, Technology and Development Institute, April 1972).
- Blase, Melvin G. Institution Building: A Source Book, (Washington: Agency for International Development, 1973).
- Cho, Kyoung-Sik and Eung-Ik Kim. A Survey of Family Planning Workers, 1971, (Seoul: Korean Institute for Family Planning, 1972).
- Cho, Suk-Choon. "Two Reforms Under the Military Regime in Korea: A Comparative Analysis," H.B. Lee and A.G. Samonte (eds.), Administrative Reforms in Asia, (Manila: EROPA [Eastern Regional Organization for Public Administration], 1970), pp. 125-164.
- Chung, Bum-Mo, et. al. Psychological Perspectives: Family Planning in Korea, (Seoul: Korean Institute for Research in the Behavioral Sciences, 1972).
- Chung, Kyung-Kyoon. "Analytical Review of Ten Years of Family Planning Program in Korea," Journal of Population Studies, No. 13, (Seoul: Institute of Population Problems, 1971).
- Chung, Kyung-Kyoon, "Status and Problems of Staff Training," Proceedings of the National Family Planning Evaluation Seminar, (Seoul: Korean Institute for Family Planning, 1971).
- Esman, Milton J. and Hans C. Blaise. "Institution-Building Research: The Guiding Concept," (Pittsburgh: Inter-University Research Program in Institution-Building, 1966).
- Humble, John W. Management by Objectives, (London: Industrial Educational and Research Foundation, 1967).
- Kim, Taek Il, John A. Ross, and George C. Worth. The Korean National Family Planning Program, (New York: Population Council, 1972).



- Kim, Taek Il and Jae Mo Yang. "Outline for Foreign Assistance to Korea," OECD [Organization for Economic Cooperation and Development] Expert Meeting, (April 1969).
- Kincaid, D. Lawrence, et. al. "Mothers' Clubs and Family Planning in Rural Korea: The Case of Oryu Li," (Honolulu: East-West Center, Communication Institute, 1975).
- Korea (Republic of). Summary of the First Five-Year Economic Development Plan, 1962-1966, (Seoul: 1962).
- Korea (Republic of). The Second Five-Year Economic Development Plan, 1967-1971, (Seoul: 1966).
- Korea (Republic of), Ministry of Health and Social Affairs. Summary Report: A Study on Administrative Status and Working Conditions of Personnel at Various Levels of the National Family Planning Program, (Seoul: 1969).
- Korean Institute for Family Planning. Korean Institute for Family Planning and Its Activities, (Seoul: August 1971).
- Laing, John E. "Research for Management of Population Programs," Eighth UNESCO National Commission Biennial Conference, (Manila: September 6-8, 1973).
- Lee, Hahn-Been. "Three Series Budget Reforms: A Korean Experience," H.B. Lee and A.G. Samonte (eds.), Administrative Reforms in Asia, (Manila: EROPA [Eastern Regional Organization for Public Administration], 1970), pp. 76-94.
- Lee, H.B. and A.G. Samonte (eds.). Administrative Reforms in Asia, (Manila: EROPA [Eastern Regional Organization for Public Administration], 1970).
- Odiorne, George S. Management by Objectives, (New York: Pitman, 1965).
- Park, Hyung-Jong, et. al. Mothers' Clubs and Family Planning in Korea, (Seoul: Seoul National University, 1974).

- Rogers, Everett M. "Communication for Development in China and India: The Case of Health and Family Planning at the Village Level," Summer Program of Advanced Study on Communication and Development, (Honolulu: East-West Center, Communication Institute, July 1974).
- Rondinelli, Dennis A. "Preparing and Analyzing Case Studies in Development Project Management," (Honolulu: East-West Center, Technology and Development Institute, 1976).
- United Nations Industrial Development Organization. Programming and Control of Implementation of Industrial Projects in Developing Countries, (New York: 1970).
- Whang, In-Joung. "Integration and Coordination of Population Policies in Korea," Asian Survey, Vol. XIV, No. 11 (November 1974), pp. 985-999.
- Whang, In-Joung. "Leadership and Organizational Development in the Economic Ministries of the Korean Government," Asian Survey, Vol. XI, No. 10 (October 1971), pp. 992-1004.
- Whang, In-Joung and Jae Mo Yang. "Administrative Implications of Rapid Population Growth in Korea," EROPA [Eastern Regional Organization for Public Administration] Conference on Administrative Implications of Rapid Population Growth in Asia, (May 8-14, 1971).

**THE EAST-WEST CENTER** is a national educational institution established in Hawaii by the United States Congress in 1960. Its purpose is to promote better relations and understanding between the United States and the nations of Asia and the Pacific area through cooperative study, training, and research. Since 1975, the Center has been administered by a public, nonprofit educational corporation, officially known as the "Center for Cultural and Technical Interchange Between East and West, Inc." An international Board of Governors consisting of distinguished scholars, business leaders, and public servants guides Center policies.

Each year more than 1,500 men and women from more than 60 nations and dependencies in the region participate in Center programs that seek cooperative solutions to problems of mutual consequence to East and West. Working in research and development projects with the Center's multidisciplinary and multicultural staff, participants include visiting scholars and researchers; leaders, policy-makers, and other professionals; and graduate degree students, most of whom are also enrolled at the University of Hawaii. For each Center participant from the United States, two participants are sought from the Asian-Pacific area.

Center programs are conducted by five institutes addressing problems of communication, culture learning, food, population, and technology and development. A limited number of open grants are awarded each year for degree education and innovative research in areas not encompassed by institute programs.

The U.S. Congress provides basic funding for Center programs and a variety of awards to participants. Because of the cooperative nature of Center programs, financial support and cost-sharing are also sought from Asian and Pacific governments, public and private sectors, and individuals. The Center campus is on land adjacent to and provided by the University of Hawaii.