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**OPTIONS FOR POPULATION POLICY
MIDTERM EVALUATION**

by

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Fieldwork
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Edited and Produced by

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Glossary

ADB	African Development Bank
A.I.D.	Agency for International Development
BKKBN	National Family Planning Coordinating Board
CERPOD	Research Center for Population and Development
CILSS	Commission of the Sahel
CTO	Cognizant Technical Officer
DHS	Demographic and Health Survey
IPSS	Peruvian Social Security Institute
KP	Kilimanjaro Programme
LDC	Less developed country
MBA	Masters Degree in Business Administration
NAS	National Academy of Sciences
NGO	Non-governmental organization
OPTIONS	Options for Population Policy (project)
PDD	Policy Development Division (Office of Population, A.I.D.)
PMS	Policy monitoring system
PSS	Population Sentinel System
QUIPUS	Peruvian management information system
RFP	Request for proposals
USAID	United States Agency for International Development (mission)
WPPA	World Population Plan of Action (Mexico City 1984)

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Project Identification Data

Project Title: OPTIONS FOR POPULATION POLICY 7-6-3035

Project Number: Contract No. AID DPE 3035-C-00-6062-00

Critical Project Dates: Grant Agreement October 1, 1986
Final Obligation Date September 30, 1991

Project Funding: \$10,088,089

A.I.D. Central Funds
A.I.D. Bilateral Funds [Buy-ins]
A.I.D. Regional Funds
Host country counterpart funds

Countries:

Bolivia, Botswana, Burkina Faso, Cameroon, Chad, Cote d'Ivoire, Ecuador, Haiti, Indonesia, Liberia, Madagascar, Morocco, Niger, Nigeria, Papua New Guinea, Peru, Rwanda, Senegal, Sudan, Tanzania, Togo, Uganda, Zaire, Zambia, Zimbabwe

Regional Organizations: CERPOD, CILSS, African Development Bank

Responsible AID Officials: Harry Cross, CTO
Scott Radloff, CTO

Executive Summary

Overview

The project Options for Population Policy (OPTIONS) was begun on October 1, 1986, and funded for a total of more than \$10 million under a five-year contract between the Agency for International Development (A.I.D.) and The Futures Group. The goals of OPTIONS were to encourage less developed countries (LDCs) to adopt national policy statements favorable to reduced fertility rates and to assist LDCs in developing programs to achieve this goal. OPTIONS was to go beyond earlier A.I.D.-funded policy projects by moving beyond national policy statements into what A.I.D. termed "operational policies," focusing on the programmatic aspects of family planning service delivery and increasing the allocation of resources to those services.

This report, a midterm evaluation of the project, finds that OPTIONS has performed admirably in carrying out its broad goals. Its success is demonstrated by (1) its impact on the adoption of national policy statements in four countries and the development of draft policies in five others; (2) its translation of "policy change" into measurable, concrete tasks in executing the project design; (3) its influencing increases in public expenditures on family planning services in at least two instances; and (4) its generation of effective policy tools that can be used by countries to design and implement policies.

Three other indicators also point to project success: (1) Project execution is ahead of the initial estimated schedule; (2) regional offices and overseas missions have fully bought into the project using their own resources to fund activities; and (3) information provided from surveys and other sources confirms the high value of the project from the point of view of USAID mission staff and cooperating governments.

The high volume of buy-ins, particularly from sub-Saharan Africa, indicates that OPTIONS has done a good job in conforming to A.I.D.'s concern that this region be accorded high priority. It also attests to the high regard and strong demand from missions for OPTIONS' activities. Although the result is that resources will be exhausted before the scheduled end-of-project date, this is not a serious concern. Buy-ins are a valuable means for missions to signal their demand for centrally funded projects. The uncertainty they introduce into project management and budgeting is an acceptable price to pay for such a valuable signaling mechanism.

Project Design

The OPTIONS project was designed to incorporate the broad range of actions including both national policy statements and what was termed "operational policies" in the contract. The project deserves considerable credit for its success in expanding and defining the scope of activities encompassed under "operational policies" (i.e., to include institution building, action plans, resource allocation, service delivery, resource efficiency, and monitoring and evaluation). In the process, the project has developed a new concept of what policy entails: rather than a statement of intent, "policy" is now conceptualized as a set of actions.

Research reviewed in the report supports A.I.D.'s and OPTIONS' decision to broaden the scope of policy work. In many instances, national policy statements in themselves appear neither to have had substantial bearing on increases in prevalence nor to have been the necessary precursor of family planning activities. In short, it is demonstrated that what governments say is part of what governments do. Policy statements can be an important part of government action, but they are only a part. How governments allocate resources (operational policies) is probably a more important part of what they do than are policy statements. In the absence of actual implementation, neither statements nor operational policies matter.

The OPTIONS approach is set in a conceptual framework that subsumes all the actions undertaken by the OPTIONS project within three general goals or stages. Goal 1 includes what has traditionally been thought of as policy: development of a national policy statement of intent that deals with the adoption of an official public policy statement to indicate that the government wishes to make family planning more available and/or to take actions that will reduce fertility. It also includes analysis and reform of governmental regulations affecting contraceptive availability and creation of more favorable elite opinions by increasing the awareness of the importance of family planning. Goal 2, operational policies, are actions that set up or improve institutional arrangements for providing services, action plans that bridge the gap between statements of plans and actual programs providing services, and the allocation of public funds for achieving fertility-related objectives. Goal 3, programmatic policies, are geared to increasing contraceptive availability and include actions that actually deliver services, improve the effectiveness of service delivery, and evaluate whether the program is having the desired outputs.

As suggested from the analysis of country experience, an important aspect of this framework is that the activities in the three categories should not be viewed as sequential stages. The policy process should be viewed as one in which many activities occur simultaneously. OPTIONS constitutes a healthy and positive evolution from an earlier stage of policy development in which effort focused solely on national statements, leaving to a later stage operational and programmatic policies. With OPTIONS, these latter parts of the policy process have become central concerns.

Project Impact

OPTIONS has pursued every one of the nine activities within the framework, and in the process it has learned a considerable amount about policy and the potential for assistance in the policy process. Taken together, these activities provide a set of indicators by which the project's impact can be judged (see below).

OPTIONS is viewed as having been particularly successful in areas leading to the adoption of population policy statements, the area in which it put its greatest emphasis during the early stages of the project. Its approach to awareness raising is considered both sensible and effective. Judging the project's performance in the area of laws and regulations is more difficult.

The project's success in contributing to the shift of resources to population programs, even though in a small number of countries, is viewed as a remarkable achievement. OPTIONS also deserves credit for the considerable number of countries in which it helped to build indigenous capacity to provide family planning services and to initiate action plans to implement these services.

The project has only begun to work in the area of increasing contraceptive availability. Its greatest achievements have been in Nigeria, Peru and Morocco, in each case as part of an across-the-board effort in all areas of population policy.

OPTIONS has had a limited impact in the private sector, although it appeared that project designers anticipated a serious effort in this quarter. Its most notable achievements include development of policy tools encouraging the private sector to provide services and encouragement of public-private collaboration. Part of the project's difficulty has stemmed from A.I.D.'s decision that efforts should focus on Africa, where the private sector is not well developed.

With respect to the impact of the project's seven components, OPTIONS work in creating a number of useful policy tools has made the greatest contribution to the policy process. These tools include analyses of rules and regulations that assist or inhibit fertility reduction; benefit-cost analyses; programming and budgeting methodologies; and management information systems for service delivery. There have been 35 policy tool applications in 22 countries.

The various support activities (e.g., training LDC staff, supporting observational travel, furnishing long-term advisors, supporting a fellows program, providing information on population policies, and providing assistance to missions) all appear to have made some contribution to the overall success of the project, although it is hard to measure their precise impact.

The positive findings of the evaluation were bolstered by a survey of USAID mission personnel in 15 countries. This found that the mission staff are highly supportive of OPTIONS and, in many cases, believe that OPTIONS work has been essential to the development of all three stages of the policy process.

Major Conclusions and Recommendations for Future Directions

Conclusions

The OPTIONS project has made its greatest mark to date in the area of assisting countries to adopt or draft national policy statements and, currently, many LDCs have adopted official policy statements. In most, however, there still exists substantial opportunity for improving existing operational and programmatic policies. Thus, the stage has been set for a follow-on OPTIONS II project that focuses more on the operational and programmatic aspects of policy work, and less on the promotion of policy statements. OPTIONS has shown increasing skill in the tasks associated with these policy activities that have a more clear-cut relationship to fertility decline.

Recommendations

1. Phasing in OPTIONS II

Because OPTIONS I funds will be exhausted ahead of schedule, the follow-on OPTIONS II project could begin between six months to a year earlier than originally scheduled (i.e., as early as October 1990 or six months later, on March 31, 1991). To maintain momentum for policy development, a follow-on project, OPTIONS II, should overlap with OPTIONS I during the final months of its execution.

2. Reallocation of Goals and Effort

OPTIONS should shift resources toward planning for actual family planning service delivery and technical assistance in the delivery process.

3. Special Issues

Buy-ins should continue, but for OPTIONS II, A.I.D. may wish to have a flexible expenditure ceiling so that, should mission buy-ins exceed expectations, the project will be able to respond to all legitimate requests.

OPTIONS II should have a component that helps strengthen private sector delivery of family planning services. OPTIONS II can emphasize benefit-cost analyses for social security institutes, health insurance companies, and state-owned enterprises. All of these organizations are capable of changing their policies on the availability of family planning services.

A.I.D. might wish to consider ways to reconcile what appear to be two contradictory desires: that of encouraging private sector activities and concentrating efforts in Africa.

4. Staff Requirements

OPTIONS II should continue to rely on the highly competent type of staff now involved in OPTIONS I and also include more staff members who can assist in economic and planning analyses. These persons might be MBAs, economists or policy analysts.

1. Introduction

1.1 Project Purpose and Objectives

The Options for Population Policy (OPTIONS) project began operations on October 1, 1986, under the terms of Contract No. AID DPE 3035-C-00-6062-00 between the Agency for International Development (A.I.D.) and The Futures Group. The contract provides for expenditures of \$10,088,098 over five years. This report constitutes a midterm evaluation of the project and covers the first two and one-half years of the project life through March 31, 1989 (see Appendices A and B for details on the report's preparation).

As stated in the contract, the purpose of the project is "to respond to requests for technical support from developing country institutions which promote, develop and implement population policies." Both public sector and private sector organizations were expected to use the services offered through the project.

The objective of OPTIONS as stated in the contract was to strengthen the capacity of the organizations receiving assistance "to develop and evaluate operational policies and improve the links between policy institutions and program and financial decision-makers." According to the contract, the objectives would be accomplished "by shifting the focus of current data and policy analyses to resource allocation and operational policies." At the same time, the contract specified that the contractor would continue to provide "technical support for development of national policies where national policies do not yet exist."

This project represented a departure from earlier Policy Development Division (PDD) projects. It was to move beyond assisting governments to develop national policy statements, the primary focus of early PDD efforts, into an area termed by A.I.D. "operational policies." The contract contained no clear definition of operational policies but the intent was clear: that this project should focus on the programmatic aspects of family planning service delivery and increase resource allocation to these services.

OPTIONS has interpreted the project goal as an effort to achieve the following seven set of policy outcomes:

- 1) the development of national population policies;
- 2) legal and regulatory reforms that permit couples to choose freely the number and timing of children;
- 3) increased institutional capacity to carry out population policy implementation;
- 4) increased allocation of national resources to population programs;
- 5) improvements in the capacity to plan and budget for population programs;
- 6) increases in the level and range of family planning service delivery; and
- 7) improved policy monitoring and evaluation.

1.2 Components: Quantitative Progress to Date

The OPTIONS project is implemented through seven components of population policy assistance: project development, special subprojects, policy tools, staff development, observational travel, long-term advisors, and a fellows program.

A description of each component is provided below.

1.2.1 Project Development

Project development, the precursor of any other project activity under the OPTIONS project, serves as a needs assessment that involves making country visits, assessing policy needs, and preparing country strategies. The project has devised a standard list of questions that recapitulate the elements of population policy as defined by the project. These include an analysis of the goal to be achieved (i.e., change in demographic behavior), program strategies to be used, institutional strengthening needed to carry out strategies, funds needed and source of these funds, possible negative effects of any existing laws, services to be provided, and expected means of evaluation of success or failure of the policy. These questions serve to identify institutional weaknesses and strengths in the policy system and to identify bottlenecks in the policy process.

Based on responses to the questions, OPTIONS staff develop a preliminary set of activities for the country and discuss how these activities will improve policy. Executing the country strategy generally involves using some combination of the tasks described below.

OPTIONS has exceeded life-of-project contract requirements in this area by almost 100 percent, having done exploratory work in 27 countries at the halfway mark of the project as opposed to the 15 required by the end of the project (see Figure 1.1). Missions have been exceptionally eager for assistance from the OPTIONS project, as the high level of buy-ins will attest (see Table 1.1 and Section 1.3 below).

1.2.2 Special Subprojects

Special subprojects are the actual discrete activities that occur within a given country, once a country strategy has been designed. According to the contract, these were to be designed to enable LDC leaders to engage in a policy dialogue focused on policy bottlenecks (e.g., laws or regulatory obstacles, underutilized private sector, lack of knowledge) that could be alleviated by additional information and discussion. Both public and private sector leaders were expected to participate in discussion of these issues. Subprojects were to involve two principal steps. First, OPTIONS staff would prepare research papers, short-term studies, policy development and evaluation papers, benefit-cost studies, or operational policy analyses to provide the information needed to address the bottlenecks identified. Subsequently, workshops, seminars, conferences, and other policy dialogue activities were to be held based on these special studies. To supplement the special subprojects, five regional seminars, each for 10 to 15 policy analysts, were to be held in which themes emerging through execution of country subprojects were to be explored.

Decisions to initiate special subprojects have stemmed from the original country strategy, special requests from USAID missions, requests from country nationals for assistance in a particular activity, or from the OPTIONS team itself when it saw special need or opportunity.

Figure 1.1

**Achievement of Countries by Component
October 1, 1986 through June 20, 1989**

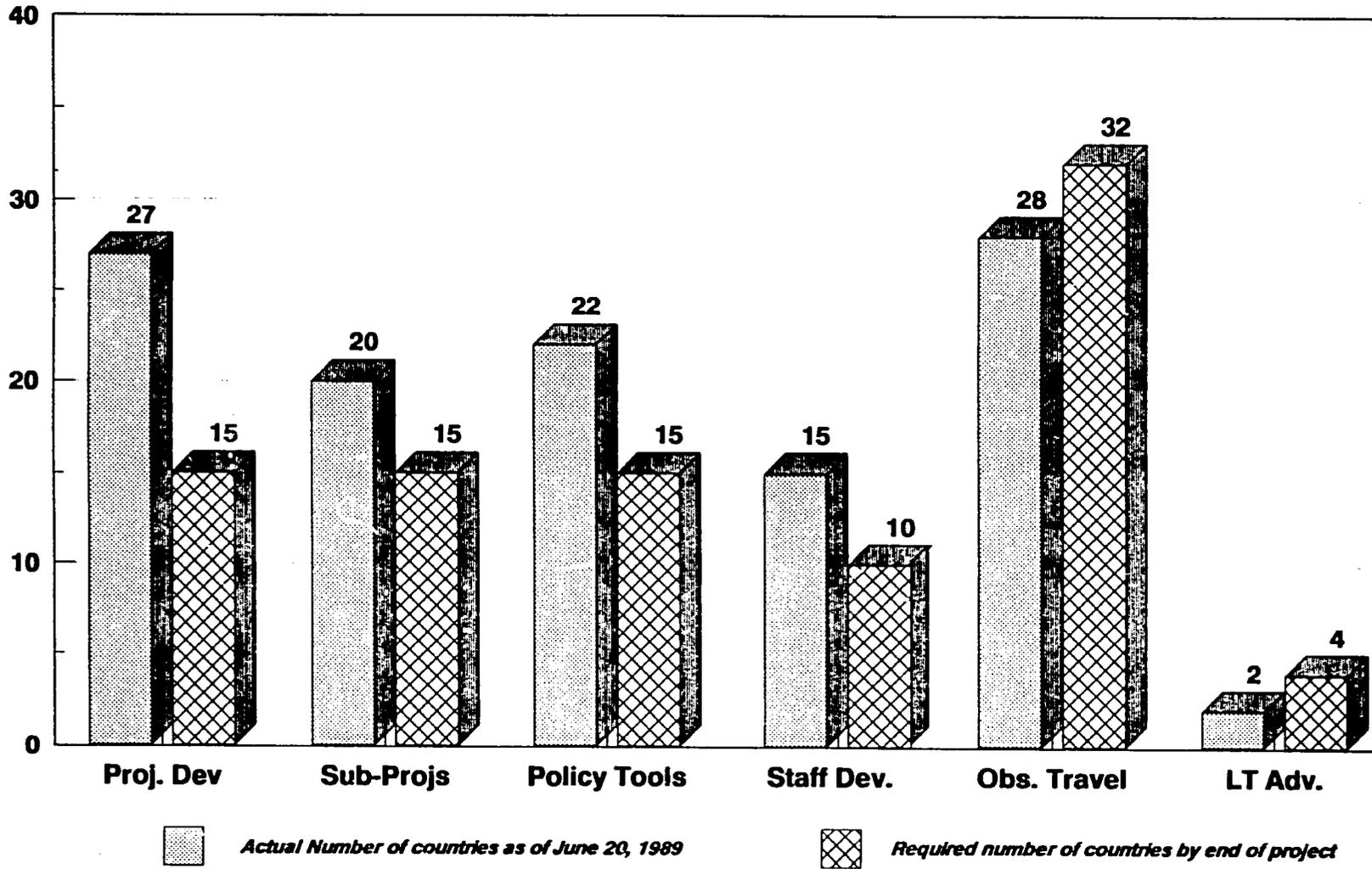


Table 1.1
Project Development

A. High level of effort under way or completed in 13 countries/organizations (policy development program investment of more than \$150,000):

Botswana	Nigeria
CERPOD	Peru
Chad	Sudan
Haiti	Togo
Madagascar	Zaire
Morocco	Zambia
Niger	

B. Moderate effort under way or completed in 11 countries/organizations (\$25,000 - \$150,000):

African Development Bank	Indonesia
Bolivia	Liberia
Burkina Faso	Papua New Guinea
Cameroon	Rwanda
Cote d'Ivoire	Senegal
Ecuador	

C. Modest level of effort (small investments have been made):

Tanzania
Uganda
Zimbabwe

Source: The Futures Group

The OPTIONS project has far exceeded anticipated outputs for this component. As of June 30, 1989, 49 subprojects in 20 countries had been completed, compared with an anticipated 30 subprojects in 15 project countries (see Table 1.2). Of five planned conferences, four have been held.

1.2.3 Policy Tools/Applications

Throughout the project period, a major focus of the project has been on the development and application of qualitative and quantitative policy tools that provide policy makers with the information they need for decision-making.

In the language of the contract, this component calls for "applying tools for analyzing policy options to policy development and for training policy-development personnel how to use the tools." A policy tool is defined as a device for assisting in the development or implementation of a population policy. Specifically, it is an analytical method for devising and weighing policy options.

Table 1.2

Special Subprojects

African Development Bank	Regional Population & Development Seminar (Oct. 1987 & Oct. 1988)
Botswana	First Conference on Population & Development for Senior Public Officials (June 1987)
Burkina Faso	Technical Assistance to UNFPA Pop/Dev Workshop (March 1989)
Cameroon	LDC Subcontract with MINPAT; Technical Assistance to National Seminar on the Cameroonian Family (Oct. 1987)
CERPOD	Population Policy Conference in Chad (Dec. 1988)
Chad	First Chadian Conference on Family Planning (Oct. 1988)
Cote d'Ivoire	2 LDC Subcontracts: 1) Ministry of Labor 2) AIBEF; Conferences: Population, Growth, Urbanization & Employment (Nov. 1987); Ivoirian Parliamentarians (Nov. 1987)
Haiti	LDC Subcontract: Haitian Child Institute; Population Strategy for USAID/PAP; Joint TIPPS/TFG Private Sector Project
Liberia	LDC Subcontract: Ministry of Planning & Economic Affairs; Second Annual Population Awareness Week (Feb. - March 1987); Orientation Workshop (Dec. 1988); Seminar on Implementation of NPP (June 1987)
Madagascar	National Seminar on Population & Development (April 21 -24, 1987); Pop/Dev Seminar for Media Leaders (Dec. 1988); Conference for Malagasy Moslem Leaders (Dec. 1988); Policy Workshop (Spring 1989)
Morocco	LDC Subcontract: ICONE
Niger	Bilateral Population Project; Dissemination of KAP Survey Seminar (Aug. 1988)
Nigeria	2 LDC Subcontracts: NCPA & NPC; Family Planning Coordinators Conference (Nov. 1987 & 1988)
Papua New Guinea	NACPP Workshop (April 1988)
Peru	3 LDC Subcontracts: INPARRES, IEPO, INANDEP; Roundtable Discussion: Benefit-Cost Analysis of FP (Aug. 1988); Programming-Budgeting for Family Planning Workshop (Sept. 1988)
Senegal	Workshop to Draft a NPP (April 1988); Technical Assistance to 2 IUSSP Conferences; CONAPO Dissemination Conference (April 27, 1987)
Sudan	Third National Population Conference (Oct. 1987); Regional Workshops (Oct./Nov. 1988); Private Sector Workshop (April 1988)
Zaire	6 LDC Subcontracts: Various Task Modifications with CECAP & CTIP of the Ministry of Plan; National Workshop on Draft Sectoral Plans; Workshop for Consolidation of Sectoral Plans; 2-week CECAP/CTIP Training Program (all Summer 1988)
Zambia	LDC Subcontract: NCPP; NCDP Launching Conference (Aug. 1989)
Zimbabwe	International Forum with USAID, IPPF, WHO, UNFPA & the World Bank (Oct. 1988)
Regional Conferences:	<ul style="list-style-type: none"> * Seminars for African Development Bank * October 1988 Chad National Family Planning Conference * December 1988 Regional Conference on Population Policy

A.I.D. expected that about one-third of the policy tools would be qualitative, e.g., compilations of regulations, and the remaining two-thirds quantitative, e.g., microcomputer models or cost-benefit programs. This mix reflected the view that whereas a goodly number of qualitative tools had been developed, a substantial need remained for quantitative tools. In a given country setting, project staff select from some 40 different policy tools that have either been developed or collected during the course of the project life. Development expenditures have totaled some \$264,000 and resulted in such original tools as the compilation of Materials for Preparing National Population Policies in African Countries and a costing module. These supplement the standard professional methodologies that OPTIONS has available (e.g., the TARGET module, benefit-cost analysis, etc.).

In the contract, the policy tools component also included the stipulation that OPTIONS would respond to requests for population policy information from A.I.D. and USAID mission staff and from the international donor community and developing country institutions.

Against an anticipated end-of-project objective of 15 countries, OPTIONS has already undertaken 35 policy tool applications in 22 countries (see Table 1.3). In addition, more than 100 requests for information from the policy files have been answered each year, compared with a contract requirement of 50 requests annually.

1.2.4 Staff Development

This task provides for training of local policymakers and policy analysts to improve their capability to develop, implement and revise population policies. This staff training occurs on a one-to-one basis and in informal workshops. It also includes the transfer of microcomputers (the contract calls for eight during the life of the project).

Training has been carried out in 14 countries and one regional institution (see Table 1.4). It has included instruction in the use of microcomputers for the TARGET and RAPID models; the use of computer software such as LOTUS; workshops in planning, programming and budgeting; and the implementation of management information systems such as QUIPUS in Peru. Twenty-one microcomputers have been transferred to five countries for use with these software programs.

1.2.5 Observational Travel

This task provides for the support of travel by high level policymakers currently considering population policies who wish to observe and learn from policy development processes in other countries. In this component, the life-of-project goal had nearly been met at the time of the evaluation. Against an anticipated 32 person trips, the project had already financed 28 person trips (see Table 1.5).

1.2.6 Long-term Advisors

This task is designed to accommodate mission buy-ins for long-term advisors in population policy development. The project has provided two long-term advisors -- one in Zaire and one in Niger. This compares with four anticipated in the contract, for a total of 24 professional staff months of home office personnel and 96 months of in-country consultant time for its execution. Any future long-term advisors will depend on mission buy-in decisions.

Table 1.3

Policy Tool Applications

African Leadership	Fertility and maternal and child survival
African Development Bank	Policy development in Africa
Bolivia	Checklist for examining laws and regulations affecting family planning
Cameroon	The Cameroonian family in the year 2000 and demographic perspectives for the 21st century; The Cameroonian family research methodology; responsible parenthood
CERPOD	Population policy in sub-Saharan Africa; Materials for preparing national population policies in African countries
Chad	Proposed contraceptive legislation to replace Article 98 of law of Chad
Ecuador	Materials for preparing a national population policy
Haiti	Haitian population development model; Target model
Indonesia	Analysis of policy regulatory constraints to expand contraceptive sector distribution through private providers
Madagascar	Fertility, maternal and child survival
Morocco	Benefit-cost analysis; Contraceptive market study; DHS Survey review; Cost-effectiveness study
Niger	Materials for preparing a national population policy
Nigeria	Sentinel system; Contraceptive supply forecasting; A vision for the future: Nigeria
Papua New Guinea	Effect of population growth on social and economic development; Background materials for use in drafting a national population policy
Peru	Benefit-cost analysis for Peru's Institute of Social Security (IPSS); QUIPUS (MIS)
Rwanda	Diagnostic studies of family planning activities in Rwanda; Lois, reglements, et directives se rapportant a la planification familiale au Rwanda
Senegal	Materials for preparing a national population policy
Sudan	Materials for preparing a national population policy
Togo	Population policy for Togo
Zaire	Development of Zaire's population policy; Planning, programming, and budgeting for the implementation of Zaire's NPP
Zambia	Programming and budgeting methodology
Zimbabwe	Presentation accompanying paper on "Establishment of a Population Policy Secretariat"

Table 1.4

Staff Development and Training

African Development Bank	Training in demographic analysis
Burkina Faso	Economic-demographic; Modeling regional (RAPID III & CERPOD)
Chad	Training of conference facilitators
Cote d'Ivoire	Training of conference facilitators
Ecuador	TIPPS presentation (Soc. Sec. Institute)
Haiti	Policy analysis; Computer training to CONAPO
Madagascar	Computer training; Policy formulation & implementation
Morocco	Computer training; Training of field survey enumerators
Niger	Facilitate Nigerians' entry to international training program
Nigeria	Federal Ministry of Health: U.S. training plus computer training for NCPA staff
Peru	Training of IPSS staff in programming/budgeting methodology; MIS; Computer training
Sudan	Computer training
Togo	Training of key technical staff
Zaire	Staff development at CECAP & CTIP; Management and donor expansion computer training
Zambia	Training in programming/budgeting methodology; Presentation training

Source: The Futures Group

Table 1.5
Observational Travel

Country of Origin	Country Visited	Purpose	Number of Participants
Sudan	Egypt	Observational travel	4
Sudan	Singapore Thailand Indonesia	Observational travel	4
Sudan	Nigeria	Observational travel	4
Sudan	Tunisia	Observational travel	4
Senegal	Zaire	Observational travel	6
Zaire	ADB	Population seminar	1
Zaire	Senegal	African Pop. Congress conference	1
Niger	Senegal	African Pop. Congress conference	1
Niger	Burkina Faso	Observational travel	1
Nigeria	U.S.	Computer training	1
Haiti	Guadeloupe St. Kitts	Develop Pop/Dev Model	1

Source: The Futures Group

1.2.7 Fellows Program

This task provides for modest support for LDC graduate students studying at U.S. universities. The support is in the form of policy experts who work with students during two annual meetings at which they present policy-related papers and discuss their research and policy analyses. Approximately 15 fellows participate in these meetings each year.

Workshops were held as scheduled, with a new cycle established to begin in June 1989, to be followed by a second-stage workshop at the Population Association of America meeting in 1990.

1.3 Project Expenditures and Buy-ins

At the time of the evaluation OPTIONS expenditures were only slightly higher than half of the total budget. Through February 28, 1989, one month less than half-way through the intended life of the project, expenditures had reached about U.S. \$5.2 million. This figure is misleading in that it appears that OPTIONS is only slightly ahead of schedule in its expenditures. Because of the time required to start up a project, however, the \$5.2 million is substantially ahead of schedule. If OPTIONS continues the level of spending of the past 12 months, the project may run out of funds at least 6 months ahead of schedule. A more likely estimate is 9 to 12 months ahead of schedule.

OPTIONS expenditures are ahead of schedule because the number of mission buy-ins has absorbed more of the authorized project resources more quickly than A.I.D. predicted when it designed the project. Half of the \$5.2 million in expenditures has come from buy-ins (21 buy-ins from 17 countries -- see Table 1.6). Although these buy-ins will result in OPTIONS' expending project funds substantially ahead of schedule, the buy-ins also represent a positive indication of the missions' high regard for the project and vigorous demand for policy analyses. There is always the danger that buy-ins will restrict the capacity of a centrally funded project to address the priorities identified by managers in the Office of Population, but in this project there was no evidence of this. Rather, since A.I.D. identified as a major goal of the project to "respond to requests for technical support," and since by its high level of responsiveness OPTIONS has clearly carried out this purpose, it would appear that OPTIONS is meeting the priorities of the Office of Population.

OPTIONS activities have focused on Africa, in accordance with A.I.D.'s directive that half the resources of PDD should be devoted to Africa. Within the subcontinent, over half the expenditures have been in three of the countries with the most serious population problems: Nigeria, Zaire and Sudan. OPTIONS has allocated over \$500,000 to each of these three countries (see Table 1.7).

1.4 Summary of Performance

Overall, in terms of countries in which initiatives have been taken, the project is well ahead of schedule. Whereas A.I.D. had anticipated that the project would have fulfilled about 55 percent of its contract country goals, the project is well beyond the half-way point in all but one component (long-term advisors, which is exactly at the half-way point). Moreover, in three of the seven components, the project has been active in more countries than were called for by the end of the project life (project development, subprojects, and policy tools and applications).

Table 1.6
Buy-ins into OPTIONS Project
As of June 1989

Country	Amount
Botswana I	\$ 80,000
Burkina Faso	50,000
Cameroon	75,000
CERPOD	152,000
Chad	70,000
Cote D'Ivoire	100,000
Haiti I	21,000
Haiti II	32,120
Haiti III	48,062
Madagascar I	80,000
Morocco I	40,000
Morocco II	376,000
Niger	350,000
Nigeria	60,000
Papua New Guinea	35,000
Rwanda	50,000
Sudan	100,000
Togo	100,421
Zaire	500,000
Zaire	<u>180,000</u>
Zambia	102,974
Total	\$ 2,602,577

Source: The Futures Group

Table 1.7
Regional Distribution of Funding

	Expenditures Sept. 3, 1988 - Feb. 28, 1989	Cumulative Expenditures Through Feb. 28, 1989
Africa		
Regional Organizations		
African Dev. Bank	\$21,323	\$27,756
CERPOD	10,790	11,713
Africa Leadership	4,836	4,030
AI Zambia	40,070	40,070
Country		
Botswana	\$20,179	\$37,003
Burkina Paso	3,941	12,014
Cameroon	72,697	36,208
Chad	58,311	136,365
Cote D' Ivoire	91	176,387
Liberia	3,763	26,901
Madagascar	16,622	116,516
Niger	53,719	60,554
Nigeria	133,553	512,724
Rwanda	0	61,418
Senegal	589	41,353
Somalia	53	15,452
Sudan	23,449	535,834
Tanzania	1,495	3,870
Togo	52,782	162,120
Uganda	0	6,449
Zaire	62,760	517,521
Zambia	24,051	24,215
Zimbabwe	27,107	32,627
Africa Regional	<u>31,412</u>	<u>59,834</u>
Africa Subtotal	\$613,593	\$2,660,630
Latin American/Car.		
Bolivia	\$ 0	\$ 5,063
Ecuador	0	54,880
Haiti	79,262	138,092
Peru	55,026	130,993
Latin Amer. Regional		<u>1,107</u>
LAC Subtotal	\$134,288	\$330,135
Asia/NE		
Indonesia	\$ 0	\$ 16,420
Morocco	116,808	147,031
Papua New Guinea	13,160	42,322
Philippines	0	<u>3,264</u>
Asia/NE Subtotal	\$129,968	\$209,037
Country Specific Total		
	<u>\$877,849</u>	<u>\$3,199,802</u>
Non Country-Spec. Activ.		
Administration ¹	\$471,640	\$1,311,674
Fellows Program (total)	0	197,965
Observational Travel ²	0	4,414
Policy Information ²	14,718	99,004
Policy Tools ²	11,829	263,946
Project Development ²	894	97,566
Staff Development ²	<u>380</u>	<u>28,004</u>
Subtotal Non Country	\$499,461	\$2,002,573
Grand Total	<u>\$1,377,310</u>	<u>\$5,202,375</u>

Source: The Futures Group

¹Administration includes administration for countries as well as other direct costs (telephone, telex, etc.) that have not been captured under country cost. This category expands activities shift to country implementation.

²These costs reflect only local cost. The bulk of expenditures is covered by country expenditures.

2. Project Design

2.1 Background

Since early in A.I.D.'s population assistance program, the Office of Population has supported the development and implementation of population policies in developing countries. A.I.D. assumed that family planning services would expand more rapidly if countries had national population statements. These statements would provide evidence of national commitment, set forth guidelines for implementation, and furnish sectoral managers with specific objectives.

A.I.D. has had a strong inclination to view "policy" as meaning "laws and national population policy statements." The 1988 A.I.D. Policy Paper, *Population Assistance*, lists as the first two constraints on achieving population policy objectives "weak or inconsistent government policies" and "regulations which inhibit efficient distribution of contraceptives." At that point, it appears that the Office of Population perceived "policy" as primarily statements and laws.

This perspective underlay the project design of early policy projects developed by PDD. These projects analyzed laws and regulations for family planning services and supported country-specific analyses addressing priority concerns of host-country governments. These analyses brought to bear the perspectives of nationals in the country on the linkages between population growth and a wide range of local concerns, including health care, education, and the environment.

Over time, however, it became increasingly evident to PDD that national policy statements do not automatically translate into service availability and higher contraceptive prevalence. Rather, statements must be accompanied by policies that translate general policies into specific actions, and these actions should include developing institutional arrangements for service delivery and providing adequate budgets for these institutions.

At the mid-point in the implementation of the OPTIONS project, questions remain as to the most appropriate strategies to use to translate the broadened concept of policy goals into programmatic action. One major issue is how much weight OPTIONS should give to national policy statements as opposed to the newer area of "operational" policies. A second issue concerns the degree to which the OPTIONS project design embodies the "essential elements in population policy design" (see scope of work for this evaluation, Appendix A, and Appendix C for further discussion of these issues).

2.2 Relative Importance of National and Operational Policies

2.2.1 Overview

Empirical analyses of population program experience in Asia and Latin America show the wisdom of A.I.D.'s and OPTIONS' decision to broaden the scope of policy work. These analyses lead to the conclusion that national policy statements in themselves have little effect on increases in prevalence. In Africa, however, the situation is less clear. Here an argument can be made that policy statements should help in the overall effort to improve family planning services. The case is not irrefutable, however. It is possible that in Africa, too, policy statements have little bearing on what governments actually do.

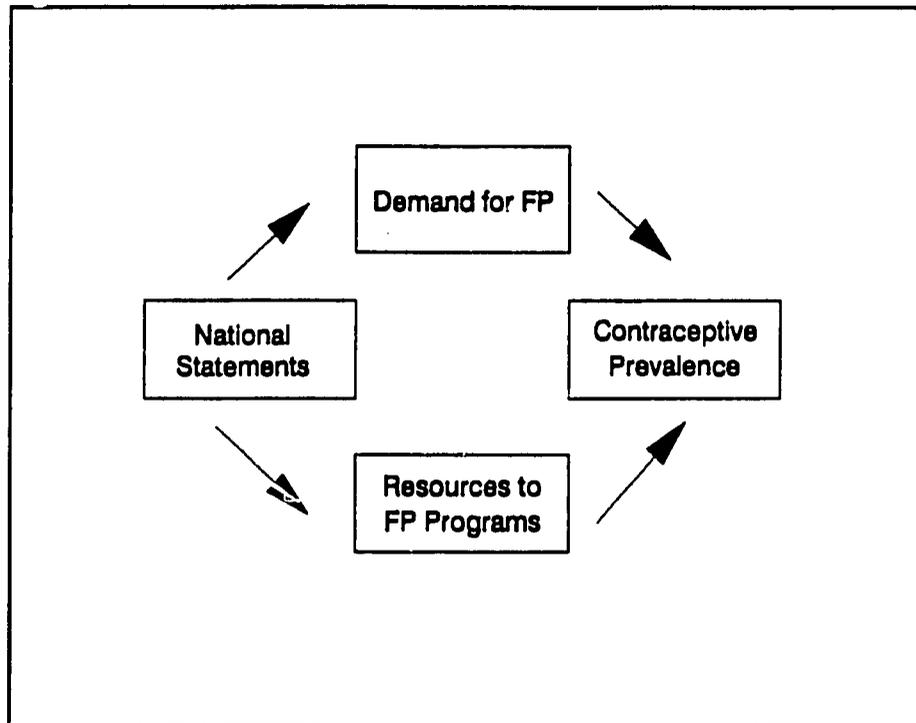
2.2.2 Case for Moving Beyond National Policy Statements/ Changes in Laws and Regulations

Empirical Evidence of Weak Link Between Policy Statements and Fertility Decline.

According to a number of authorities in the field, policy statements have relatively little effect on fertility decline. The Population Council, for example, has maintained data on policy intent of population policies for more than two decades (Nortman et al., 1972-1984). Analyses of these data found no relationship between such statements and either contraceptive prevalence or birth rate declines (Godwin, 1988). Similarly, empirical work by Lapham and Mauldin (1984) revealed that governmental population activities, defined as the availability of contraception, make a significant difference both in contraceptive prevalence and in birth rate declines. These same data, however, show no relationship between national policy statements and either prevalence or birth rate declines once availability is statistically controlled.

The finding of no significant relationship between national statements and fertility decline does not necessarily negate the importance of policy statements. National statements may lead to interim steps, including increasing demand for contraception and allocation of resources to family planning, which in turn lead to widespread service delivery and in turn to an increase in contraceptive prevalence (see Figure 2.1). This suggests that even though there is no correlation between statements and fertility declines, statements may nevertheless be important to the policy process.

Figure 2.1
A Possible Model of the Policy Process In Which
National Policy Statements Are Prerequisites to Contraceptive Prevalence



Source: Evaluation Team

Program Experience: Asia and Latin America. The history of family planning activity in the developed world as well as in Asia and Latin America has been the history of private action followed by public action and then, finally, by public policy statements. Private sector and sub-governmental activities have generally preceded national government activities; and national government activities have preceded national policy statements. This sequence can be explained in the following way. Service policies such as family planning programs are responses to potential user demand. This demand is often first met by the private sector, but at less than optimal levels. Once private sector efforts establish the existence of demand, and once it has been demonstrated that private sector efforts are insufficient, the public sector moves to provide the service. Only after the public sector programs are in place, are policy statements issued.

Changes in Laws and Regulations. As with policy statements, there is little empirical or programmatic evidence that changing laws and regulations has had any substantial impact on either contraceptive prevalence or fertility rates. This conclusion is based on the long history of funding by A.I.D. for the Law and Population project and the specific data from Lapham and Mauldin (1984). It does not gainsay that interventions to change laws and regulations that inhibit the use and distribution of a given method are not important. Indeed, there is evidence that such interventions can be helpful in enabling programs to make a particular method available within a given country. The fact remains, however, that restrictions concerning a particular contraceptive lead generally, not to lower prevalence rates, but to the woman's substituting a method she may find less preferable. In addition, specific regulations in LDCs are often honored more in the breach than in practice.

2.2.3 The Africa Situation: The Case Remains Open

Possible Need for Policy Statements. In Africa, it may well be true that national policy statements increase the demand for services and galvanize government action into providing them. This is because, in Africa, individual demand for contraceptive services may not have reached sufficient levels to make a commercial sector response likely. In addition, in Africa, it is often necessary to have governmental approval for any potentially controversial activity. Thus, the government may need to come into the picture at an earlier stage than in either Asia or Latin America, and consequently, there may be greater justification for efforts to develop national policy statements.

Even without direct empirical evidence to suggest that policy statements by themselves have an impact on either prevalence or birth rates, it is possible that work on policy statements can have substantial rewards in Africa. Developing such statements is part of an awareness-building process that can lead to improvements in service delivery. Writing a policy statement educates political leaders and other elite groups, results in formal meetings among government agency representatives to discuss population goals for the country, identifies culturally or religiously sensitive aspects of family planning programs, and provides documentation of leadership commitment to population programs.

Just as the Office of Population has historically looked to government's overt statements as indications of what they are prepared to carry out programmatically, USAID mission personnel tend to consider national policy statements as important to ultimate family planning program success. In a questionnaire sent to these persons, 57 percent of the respondents rated the development of a national policy statement as "very important"; 29 percent saw it as "important"; and only 14 percent saw it as "unimportant" (see Table 2.1).

Why the Policy Statement Phase may be Bypassed in Africa. The proposition that statements are important is based in part on the assumption that in Africa, it is inappropriate to look to the private sector to bridge the gap between early small demand and a larger demand that will result in government action. This argument ignores the realities of dealing exclusively with the

Table 2.1

**Opinions of USAID Personnel Concerning the Importance of
OPTIONS Activities and the Necessity of the Activity to
Family Planning Program Success**

Item	OPTIONS Helpfulness					Policy Importance			n
	E	V	H	S	N ¹	V	I	N ²	
	Percentage								
1. Developing a more favorable attitude toward family planning among governmental officials.	29	21	36	7	7	80	20	0	14
2. Developing a national policy statement.	50	14	29	7	0	57	29	14	14
3. Removing legal/regulatory restrictions on the range of contraceptive methods available to users.	9	0	27	18	45	21	71	7	11
4. Removing legal/regulatory barriers on who may offer family planning services.	10	10	30	10	40	43	50	7	10
5. Developing a more favorable attitude toward family planning among private sector leaders.	9	45	9	9	27	47	53	0	11
6. Increasing public sector spending for family planning services.	20	10	10	20	40	38	46	15	10
7. Improving the capacity of the government population program office to plan national family planning programs.	36	27	0	9	27	64	21	14	14
8. Improving the capacity of the government population office to implement national family planning programs.	11	22	11	11	44	62	15	23	13
9. Improving the capacity of the government population program office to evaluate national family planning programs.	0	33	11	33	22	38	46	15	13
10. Improving the policy environment overall.	21	36	29	14	0	-	-	-	-

Source: Responses to Evaluation Questionnaire to Missions

¹E: Essential; V: Very Helpful; H: Helpful; S: Somewhat Helpful; N: Not Helpful

²V: Very Important; I: Important; N: Not Important

public sector in the developing world. Even if it were the case that there is no private sector, the public sector is not a good place to make large investments. There are few examples of governments that can effectively implement a national family planning program. Second, the effectiveness of national population policy statements is suspect when the odds are strong that the national government will be replaced within a decade or less.

Evidence shows that in at least two instances the African experience is following that of Asia and Latin America. Zimbabwe and Nigeria provide case studies of how programmatic action preceded national population policy statements. As early as 1970, for example, Nigeria engaged in programmatic action without an official policy statement. This action was an important factor that ultimately encouraged the country's leaders to adopt an official national population policy statement. Zimbabwe represents a country in which social and economic development have progressed to such an extent that demand for contraception is a powerful force. The national government is willing to respond to this demand through service delivery, although it also is understandably reluctant to adopt a policy that explicitly advocates a reduction in fertility rates. This reluctance should not discourage A.I.D. and its contractors from working to expand programmatic action.

Indeed, in Africa, in some instances the very avoidance of policy statements may be essential to the instigation of programmatic actions. The racial, tribal, or religious tensions that are pervasive in Africa often make it difficult for a government to recognize officially the difficulties that rapid population growth presents to economic growth.

2.3 Elements of Population Policies

2.3.1 OPTIONS' Concept

The OPTIONS project was designed to incorporate the broad range of actions including both national policy statements and what was termed "operational policies" in the contract. Furthermore, it envisioned more actions relating to operational than to statement outcomes. Of the seven policy outcomes being sought, only two related strictly to the traditionally accepted outcomes of policy projects: 1) development of national population policies and 2) legal and regulatory reforms (see Section 1.1). The five others related to the kinds of activities that would be needed to turn policies into higher prevalence: institution building, resource allocation, service delivery, resource efficiency, expansion and monitoring, and evaluation. In the process of expanding the scope of activities, the project has developed a new concept of what policy entails: rather than a statement of intent, "policy" is now conceptualized as a set of actions.

OPTIONS deserves credit for having developed this pragmatic conception of the policy process and for having set forth a series of clearly defined steps aimed directly at concrete advances in the field of family planning. All the steps are valid and needed if contraceptive prevalence and fertility rates are actually to be affected by policy assistance.

2.3.2 Model Concept of the Policy Process

It is possible to set the OPTIONS approach in a conceptual framework that subsumes all the actions used by the OPTIONS project within three general categories. This framework refines the concept of "operational policies" by breaking it into two distinct phases: operational policies and programmatic policies. The framework also expands the activities involved in the concept of policy statements and laws and regulations by adding the outcome of increased awareness of the need for family planning on the part of national elites.

The Three Goals. Within this conceptual framework, the first set of activities has the goal of changing policy statements and laws and increasing awareness. It includes what has traditionally been thought of as policy: development of a national policy statement and analysis and reform of governmental regulations affecting contraceptive availability. It also includes a third objective: to create more favorable elite opinions by increasing the awareness of the importance of family planning.

The second category of activities encompasses what was described in the contract as "operational policies," the term used in the contract to refer to shifting the focus from statements and laws to building institutional capacity, developing action plans and increasing resource allocation. These actions encompass the essential precursors of an effective family planning program.

The final category of activities comprises those directed at the goal of actually increasing contraceptive availability through programmatic actions. These activities include increasing the availability of services, making more efficient use of resources, and evaluating whether the program is having the desired outputs.

Table 2.2 shows the conceptual framework of the policy process.

As already implied by the analysis in Section 2.2, an important aspect of this framework is that the activities in categories 1, 2 and 3 should not be viewed as sequential stages. Activities in goal 3 can precede activity a in goal 1 (adopting national policy statements) and awareness raising is an activity that goes on constantly. The policy process should be viewed as one in which many activities occur simultaneously. For example, if monitoring and evaluation activities show that regulations must be changed or increased funds are essential, elites become aware of these problems and make the necessary changes. As more funds become available, service delivery can increase and the stated population policy goals may broaden. The framework also serves as a useful barometer of the OPTIONS project's impact: the nine activity areas can be viewed as the project's prime objectives and its performance, with respect to each, gives an indication of the contribution of the project in this specific area (see Chapter 3).

Awareness Raising as Part of the Policy Process. The OPTIONS project has pursued the objective of raising elite awareness of policy issues effectively and views it as an overarching goal of most of its activities. In some cases, awareness raising is viewed as a precursor of achieving a national policy statement. Before issuing such a statement, the leaders of a country must build a constituency for the program. In any setting, political leaders require at least tacit support from key elites before publicly endorsing any policy.

In other countries, however, awareness raising may serve to replace policy statements, and therefore deserves to be identified as a separate activity. The need to rely primarily on awareness raising is especially evident in many countries in sub-Saharan Africa. Because in these settings the legitimacy of government efforts to change fertility behavior remains in question, awareness raising becomes the most appropriate option. OPTIONS' approach has been to refocus the attention of the "relevant publics" (ministers, middle managers in government, concerned citizens) on those aspects of population policy for which there is broadly shared consensus rather than contentious debate. In recent years, this refocusing has concentrated on child survival, safe motherhood, environmental concerns, and resource depletion -- all as they relate to fertility, total population, and rates of population growth. In each case, the building of consensus may be a slow and arduous task as misunderstanding and suspicion are replaced with hard evidence directly representing each country context. Nonetheless, the approach has met with considerable success (see Section 3.2.3).

Survey respondents uniformly supported an emphasis on awareness raising (see Table 2.1). For example, OPTIONS' efforts to increase awareness in Zimbabwe and Nigeria were seen by USAID mission personnel as "essential" to the programmatic activity that took place in those countries. Indeed, OPTIONS' single most important goal, in the opinion of mission personnel, was to develop a more favorable attitude toward family planning among governmental officials. Eighty percent (80 percent) saw this goal as "very important."

Table 2.2

Specific Activities to Achieve Policy Goals

<p>Goal 1: Change Policy Statements and Laws</p> <p>Activity a: Adopt national policy statements Activity b: Improve regulatory framework Activity c: Create more favorable elite opinions /increase awareness</p> <p>Goal 2: Develop Operational Policies</p> <p>Activity a: Increase institutional capacity Activity b: Develop action plans to initiate or expand family planning services Activity c: Mobilize national resources for FP</p> <p>Goal 3: Increase Contraceptive Availability</p> <p>Activity a: Improve efficiency of FP Programs Activity b: Increase diversity of service delivery Activity c: Enhance monitoring and evaluation of FP</p>
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Source: Evaluation team

2.4 OPTIONS II: Greater Attention to Statements or Actions?

The brunt of the foregoing discussion leads to the conclusion that in the next phase of OPTIONS, far more emphasis should be given to operational and programmatic policies than to policy statements. From a practical standpoint, in Asia and Latin America policy statements have not proved to be necessary prerequisites to service delivery, and thus future efforts by A.I.D. to achieve such statements would be an inefficient use of resources. In Africa, although it has yet to be determined whether policy statements have sufficient value to devote substantial additional resources to them, policy statements have not always been needed for the initiation of programmatic action.

In short, what governments say is part of what governments do. Policy statements can be an important part of government action, but they are only a part. How governments allocate resources (operational policies) is probably a more important part of what they do than are

policy statements. In the absence of actual implementation, neither statements nor operational policies matter. This perspective, emphasizing actual budgets and service delivery, suggests grounds for more emphasis by OPTIONS on resource allocation and mobilization in the next phase of its work.

On the other hand, an emphasis on programmatic action rather than national population policy statements should not be interpreted as saying that elite attitudes do not matter. Students of public policy have become increasingly aware of the importance of elite consensus concerning the need for programmatic action. Major programs such as population require that elites see the value of public action in an area that has previously been in the domain of the private sector. Thus, continued efforts by the OPTIONS staff to increase elite awareness are justified as long as these efforts are broadly enough based to ensure that nationals within a country understand the importance of institutional development and program implementation (see Appendix D for additional comments on the policy process).

3. Project Impact

3.1 The Policy Process and OPTIONS Activity

Perhaps the best way to understand the OPTIONS' concept of the population policy process and how OPTIONS can assist in the encouragement of this process is to examine the efforts of OPTIONS in three of the countries in which OPTIONS has had its greatest success: Nigeria, Morocco and Peru.

In Nigeria, OPTIONS provided assistance in all three categories of the policy process. When OPTIONS efforts began in Nigeria, contraceptives were already available to a limited degree in the public, private and commercial sectors. In addition, Nigeria had a draft of a national population policy statement. In this situation, OPTIONS worked to increase elite awareness of population issues and to build constituencies for the national policy. At the same time that OPTIONS was working toward these goals, it also was assisting the Nigerian government in developing a specific plan of action to implement the new policy. OPTIONS held workshops for state and local governmental officials at which these officials adopted programmatic action plans for their jurisdictions. To ensure that the action plans were effective, OPTIONS, together with the Ministry of Health, developed a policy monitoring system (PMS) to keep track of whether programmed activities were being carried out. In addition, OPTIONS designed and implemented the Population Sentinel System (PSS) to collect data in "barometer" areas to assess policy impact in terms of contraceptive prevalence and fertility rates. OPTIONS also trained Nigerian personnel in the use of the PMS and PSS tools.

In Morocco and Peru, OPTIONS concentrated its efforts on the development of operational policies and on increasing contraceptive availability. In both countries OPTIONS used benefit-cost analysis to convince the host governments that family planning programs reduced health care costs while simultaneously improving maternal and child health and allowing couples the right to achieve their desired number of children. This effort led directly to an increased family planning budget for the Peruvian Social Security Institute (IPSS) and was responsible for the protection of the family planning program budget in Morocco. Although OPTIONS directed major efforts in these countries at operational and programmatic goals, OPTIONS continued awareness raising activities. The benefit-cost analyses themselves were an important part of the elite awareness program.

In Peru, OPTIONS provided training in planning, programming and budgeting for 31 IPSS managers. OPTIONS assisted in developing action plans for both IPSS and the Ministry of Health. In Morocco, OPTIONS assisted the national government in the development of a plan to shift family planning costs from the public to the private sector. In both countries, OPTIONS developed extensive monitoring and evaluation systems to help achieve increased program efficiency, and OPTIONS trained local personnel in the use of these tools.

It is important to note that in all of the above countries OPTIONS pursued all three categories of policy activities simultaneously. At the same time that OPTIONS was working on policy statements and laws and/or improved elite awareness, OPTIONS personnel also were developing action plans and estimating resource needs. In addition, OPTIONS was assisting in generating more efficient systems for service delivery and management and in generating methods of monitoring and evaluating these actions. OPTIONS' work in these countries shows clearly the importance of viewing "policy" as neither simply a statement nor as a series of sequential stages. Rather, "policy" is a set of interrelated actions in which there is constant feedback and change among all aspects of the process.

In the following analysis of OPTIONS' performance with respect to the nine activities identified in the policy framework (see Table 2.2), OPTIONS' flexibility in light of local conditions is very evident. Where national policy statements and laws could be changed, OPTIONS helped change them; where they could not be changed or were already in place, OPTIONS facilitated a friendlier environment for the delivery of family planning services.

3.2 Goal 1: Policy Statements, Laws and Awareness Raising

3.2.1 Development of Broad National Policy Statements

Early in the OPTIONS project, efforts leading to the adoption of national policy statements took precedence over other objectives. This occurred in large part in response to A.I.D.'s desire to have OPTIONS work in Africa, where relatively few countries had policies supporting family planning activities. OPTIONS pursued national policy statements in 13 countries and 1 regional institution. This effort included the development of policy tools such as relevant materials for assistance in preparing a policy (e.g., Ecuador, Niger, Senegal and Sudan). OPTIONS expects that tool making for this activity will be largely concluded by the end of the current project.

Twelve of the thirteen countries and the one regional institution in which OPTIONS has pursued development of national policy statements² were in Africa. Because the various countries were at different stages of readiness, OPTIONS has used different strategies, as follows:

In four countries (Ecuador, Liberia, Nigeria, and Senegal), OPTIONS assisted in the adoption of broad national population policy statements.

In two countries (Nigeria and Zaire) that had drafted population policy statements before the OPTIONS project began, project activities focused on building a consensus for the policy statement and worked to develop a set of operational policies for implementing the policy.

In five countries (Sudan, Togo, Madagascar, Papua New Guinea, and Zaire), OPTIONS assisted in the development of draft policies that are currently awaiting the formal approval of their governments.

In four countries (Botswana, Burkina Faso, Niger and Cameroon), OPTIONS developed program designs for policy statements.

In CILSS, the regional organization of nine Sahel countries, and its population component CERPOD, OPTIONS' role has been to assist in the development of the N'Djamena Program of Action on Population Development. This program specifies fertility reduction as an important goal for the Sahel countries and suggests policy activities that will reduce fertility rates. It is expected that the program of action will assist in legitimizing population activities in the member countries.

Mission personnel in four of the countries in which OPTIONS had devoted significant resources to the development of policy statements returned the evaluation questionnaire. Two respondents rated OPTIONS work as "essential," one rated the work "helpful," and the fourth rated the OPTIONS effort "somewhat helpful." The favorable perception was corroborated by African regional officers (see Table 2.1).

²The countries in which OPTIONS has pursued the objectives described throughout this chapter are provided in the Project Briefing document prepared for this evaluation: OPTIONS, 1989a.

Conclusion:

OPTIONS has been successful in the development of national policy statements. Its assistance in the adoption of four new official policies and the development of five draft policies that are currently awaiting the formal approval of their governments is exceptional.

In concentrating on this area, OPTIONS has been responsive to A.I.D.'s wishes, both those of A.I.D./Washington and USAID missions in the field. By token of this success, moreover, there are now a number of countries in which a substantial opportunity exists for developing new or improving existing operational and programmatic policies. In short, OPTIONS may have virtually completed this task and it may now be time to move on to the next one.

3.2.2 Reforming Laws and Regulations

OPTIONS has assisted in the reform of laws and regulations relating to contraception in six countries: three in Africa (Chad, Rwanda, and Sudan), two in Latin America (Peru and Bolivia), and one in Asia (Indonesia). As with implementation of policy statements, OPTIONS used policy tool applications to implement its efforts. In this case, OPTIONS designed the tools to identify obstacles to the expansion of family planning services and to suggest alternative laws. For example, in Indonesia, OPTIONS helped analyze regulatory constraints to the rights of doctors and midwives to distribute contraceptives and was able to help bring about a change in legislation in this area; in the Sudan, OPTIONS helped to place contraceptives on the essential drug list, thereby facilitating their importation and purchase.

In the two countries in which questionnaire respondents' views were available on OPTIONS achievements in this area, both were highly enthusiastic, one describing the OPTIONS effort as "essential" and the other as "important."

Conclusion:

It was difficult to estimate the impact of OPTIONS in this area, mainly because there were insufficient data independent of those supplied by OPTIONS personnel. Despite the proviso that laws and regulations rarely affect fertility levels or contraceptive prevalence (see Section 2.2.2), judicious interventions on a case by case basis have proven to be helpful in the OPTIONS project.

3.2.3 Awareness Raising

OPTIONS' attempts to legitimize population policies through appeal to various internationally agreed upon ideas have been successful. It has turned to international standards and agreements, on the grounds of improving health and meeting existing demand, and by showing the economic development implications of fertility reduction. To bring these messages to various audiences, OPTIONS has developed policy tools that convey these messages in convincing and factual ways.

In Africa, in its work to implement policy statements, OPTIONS turned to international standards and agreements in developing its policy tool -- *Materials for Preparing a National Population Policy* -- which showed elites that excessive fertility has been recognized throughout the world as a legitimate problem and that population programs offer substantial benefits if the government can reduce these rates. This tool was based on the Kilimanjaro Programme (KP) and the World Population Plan of Action (WPPA). In various adaptations, OPTIONS has used this, too, in 8 countries and in the 1988 Sahel Population Policy Conference.

OPTIONS has also looked to the health effects of high fertility to justify the expansion of family planning services in all countries where it was active. OPTIONS prepared materials concerning this justification for use at all of its workshops for LDC leaders. In Morocco, OPTIONS used a microcomputer presentation to analyze the Demographic and Health Survey (DHS) data to show elites that there were not only negative health impacts of high fertility but that there was also a large unmet need for family planning services.

One of OPTIONS' most successful ways of legitimizing population policies is to show their financial benefit. As discussed in Section 3.1, OPTIONS has developed microcomputer benefit-cost models to stimulate greater resources and more effective implementation of family planning services in Morocco and Peru. OPTIONS has also used RAPID-type presentations to show the economic harms of high fertility rates in Haiti, Chad and Papua New Guinea.

Survey respondents had a reasonably favorable impression of OPTIONS' activities that were geared to developing a more favorable attitude toward family planning among government officials. A combined 50 percent of total respondents found OPTIONS' contributions to progress in this area either "essential" or "very important," a mid-level rating for the overall questionnaire (see Table 2.1).

Conclusion:

The above activities represent sensible and effective programs for policy development and awareness raising.

3.3 Goal 2: Operational Policies

Operational policies include increasing institutional capacity to carry out population and family planning programs, developing action plans to implement national policy statements, and increasing resources for family planning programs.

3.3.1 Institution Building

Through its considerable efforts, OPTIONS has contributed to building indigenous capacity to provide family planning services in 11 countries. In sub-Saharan Africa OPTIONS has assisted this process in Cote d'Ivoire, Liberia, Madagascar, Nigeria, Sudan, Zaire, Zambia and Zimbabwe. OPTIONS has also worked toward this goal in Morocco, Haiti and Peru.

To achieve this objective, OPTIONS has used three principal methods: 1) the training of program staff; 2) technical assistance for organization design; and 3) strengthening management systems.

Section 1.2.4 and Table 1.4 describe OPTIONS' achievements in training. These include work in 14 countries and one regional institution. OPTIONS provided technical assistance for organizational design in Haiti, Liberia, Madagascar, Nigeria, Sudan, Zaire and Zimbabwe. OPTIONS also helped establish new population policy institutions to guide and monitor policy implementation in Madagascar and Zaire. As described in Section 3.1, in Nigeria, Morocco and Peru OPTIONS has assisted in developing policy tools for the management of family planning service delivery and in the training of local personnel to use these management tools effectively.

Although there was not an exact fit between the questionnaire statements and the issue of "institutional USAID mission development," the questionnaire statement that came the closest was "improving the capacity of the government population program office to plan national family planning programs." Sixty-three percent of USAID mission respondents rated OPTIONS'

efforts as either "essential" or "very helpful." This was the second highest ranking for OPTIONS among the various activities listed.³

Conclusion:

OPTIONS' combination of approaches and the development of policy tools have proven quite successful in increasing indigenous capacity to provide family planning services, both in terms of the number of countries covered and of the evaluation by USAID personnel of those efforts. It is expected that this aspect of the project will have long-term beneficial impacts on family planning programs in LDCs.

3.3.2 The Development of Action Plans

The development of plans for initiating or expanding family planning services has been an important part of the OPTIONS' operational policy development. OPTIONS has worked toward this objective in Botswana, Egypt, Haiti, Liberia, Nigeria, Peru, Rwanda, Sudan, Zaire and Zambia. In Egypt, Liberia, Zaire and Zambia, OPTIONS worked with the national government to develop a national plan to implement the national policy statement. In other countries (e.g., Botswana, Haiti and Rwanda) in which no other official policy existed, OPTIONS has held discussions with local officials to develop an "unstated" or "implicit" policy. Also included in these discussions were policy planning exercises which assisted the governmental units involved in setting realistic demographic and programmatic objectives. OPTIONS also has worked in these countries to review and evaluate alternative service delivery strategies.

In five of the above-listed countries from which USAID mission questionnaire responses were received, respondents evaluated OPTIONS as either "essential" or "very helpful" in this effort. The Peru site visit found that all parties were extremely favorable about OPTIONS' efforts to assist in the development of action plans.

Conclusions:

Because at the time of this evaluation the action plans had not yet been implemented, it is not possible to evaluate the impact of OPTIONS in this area. Nevertheless, the number of countries in which action plans have been prepared and the responses to the questionnaire suggest that OPTIONS' work in this area will have a major impact.

The ability to work toward increasing the probability that family planning services will be implemented in differing circumstances is one of the hallmark's of a successful policy project. OPTIONS has maintained a commendably flexible approach to the kinds of activities that would be appropriate to implementing population policies in different settings. Allowing this flexibility reflects the wisdom of the initial USAID contract, which did not attempt to specify ahead of time what actions would be possible in countries with quite disparate policy environments.

3.3.3 Increasing the Resources Allocated to Family Planning

In only three countries does OPTIONS claim to have had a measurable impact on obtaining greater resources for family planning efforts: Peru, Morocco and Zaire. OPTIONS efforts also appear to have increased the likelihood that the African Development Bank (ADB) will increase investment in the population sector.

³The only area in which OPTIONS scored higher was in the development of national policy statements, for which 64 percent of responses were in the top two categories.

Section 3.1 describes OPTIONS' efforts in Peru and Morocco, and OPTIONS' claims with respect to these countries were corroborated by USAID mission personnel. The mission personnel in Morocco evaluated OPTIONS' efforts as "essential" in this area, and the site visit to Peru revealed that both mission personnel and country nationals believed that OPTIONS had played the key role in obtaining higher budgetary allocations for family planning programs.

The case of Zaire is more difficult to evaluate. OPTIONS reported that the presence of its long-term advisor led to substantial increases in the budget allocations to family planning. The USAID mission personnel reported, however, that this impact has not yet been documented.

In addition to its specific country efforts, OPTIONS also carried out a series of presentations to senior officials of the ADB to persuade them of the need for investment in the population sector. Subsequently, the Bank contracted independently with The Futures Group for assistance in improving the Bank's capacity to design and monitor loans in the population sector.

Progress in resource mobilization has been slower in sub-Saharan Africa, where incomes are lower and the economic crises of the 1980s have been devastating to fiscal resources.

Conclusion:

Although OPTIONS claims to have had a direct impact on increasing budgets in only three countries, this must be considered an excellent performance. Having such a direct impact is extremely difficult, and if OPTIONS had achieved this goal in even one country, this would have been a major accomplishment.

3.4 Goal 3: Increasing Contraceptive Availability

The final set of activities in the population policy process is the increasing of contraceptive availability. To achieve this goal, OPTIONS pursues three interrelated objectives: 1) the improvement of family planning program efficiency; 2) an increase in service delivery; and 3) the enhancement of monitoring and evaluation of family planning programs.

3.4.1 Increased Family Planning Service Delivery

OPTIONS has worked toward expanding family planning services in Botswana, Chad, Haiti, Indonesia, Niger, Nigeria, Peru and the Sudan. Much of OPTIONS' activity toward this goal was in the area of changing legal constraints on family planning program activity. For example, in Indonesia OPTIONS collaborated with the Social Marketing for Change (SOMARC) project to remove legal constraints to private sector involvement in contraceptive social marketing. These efforts were directed at allowing doctors and midwives to distribute contraceptives and to change the status of contraceptives as "ethical" products. The adoption of some of the proposed changes by the Indonesian government has substantially increased the number of delivery points for contraceptives.

3.4.2 The Improvement of Family Planning Program Efficiency

OPTIONS indicated that it had worked toward this goal in only three countries: Nigeria, Peru and Morocco. OPTIONS expects to transfer the programs developed in these three countries to other countries. OPTIONS' ability to do this will be one of the standards by which the second half of the program can be evaluated.

3.4.3 Enhancing the Monitoring and Evaluation Capacity of Family Planning Programs

In addition to its efforts in Nigeria, Peru and Morocco, OPTIONS has also assisted in program monitoring in Botswana, Rwanda and Zaire. In Rwanda, for example, OPTIONS conducted an evaluation of the national family planning program including an assessment of recurrent costs and the institutional framework of the program. In Zaire OPTIONS assisted the Ministry of Planning in developing a comprehensive data base for use in monitoring and evaluating the proposed population projects.

The USAID missions rate OPTIONS activity in this area highly. Sixty-three percent of respondents to the evaluation survey indicated that OPTIONS had been "essential" or "very helpful" in improving planning and evaluation capacity.

Conclusion:

As the above discussion indicates, OPTIONS activity toward the third goal of population policy -- increasing contraceptive availability -- has had its greatest success in Nigeria, Peru and Morocco. Because this last goal of population policy was not specified in the original USAID contract and because OPTIONS quite correctly allocated the bulk of its resources toward policy statements and operational activities, OPTIONS activity in this area is only just beginning.

3.5 Private Sector Links

Although the contract did not specify the proportion of the project resources that should go to the private sector, there is reason to believe that OPTIONS was expected to make an appreciable effort in this area. For the most part, reports supplied by OPTIONS indicate that OPTIONS has not been particularly effective in increasing private sector activity. The limited activity that has occurred has been largely in the development of policy tools that can be used in the private sector. For example, in Nigeria a special presentation tool, "A Vision for the Future," was developed for private, commercial sector audiences. Working with RAPID, OPTIONS has made population-related presentations at workshops in several countries. Finally, OPTIONS has encouraged private sector participation on governmental population committees.

The project has also encouraged dialogue with the private sector in Peru, Nigeria, Madagascar, Indonesia, Haiti, Botswana, Burkina Faso, Cameroon, and Liberia. OPTIONS staff helped enhance government awareness of the role that the private sector can play in service delivery in many of these same countries as well as in Zaire, and encouraged policies favorable to the private sector in Bolivia and Morocco.

Mission personnel were, on balance, positive toward OPTIONS' activities in this area. Fifty-four percent of respondents rated OPTIONS' activities as either "essential" (9 percent) or "very helpful" (45 percent). At the same time, however, 27 percent of the respondents indicated that OPTIONS activities had been "unhelpful" in the pursuit of this goal.

Part of OPTIONS' difficulty in this area has been the decision by A.I.D. to concentrate on Africa, where private sector activities are not well developed and efforts devoted to the private sector probably would not have substantial impacts.

Conclusion:

OPTIONS' efforts to develop a more favorable attitude toward family planning among private sector leaders has been reasonable, considering the constraints: namely, that in Africa, it may not have been feasible to do more than OPTIONS has done.

3.6 Policy Scope

As the above discussion makes clear, OPTIONS has pursued a broad array of policy activities and has expanded substantially A.I.D.'s definition of "population policy." This approach has made a real difference in numerous countries. OPTIONS has not been content to discontinue its activities in a country when a policy statement has been adopted. Rather, the project has assisted the national government in developing realistic implementation plans and has provided the necessary technical assistance to achieve program diversity and efficiency. In addition, on a selective basis, OPTIONS has been careful to encourage monitoring and evaluation activities as part of the implementation process.

Both OPTIONS and A.I.D. have learned a great deal about policy and the potential for assistance in the policy process. Beyond greater activity in the private sector, additional activities are not viewed as necessary. OPTIONS has taken the stance that the original contract included all parts of the policy process and it has adapted its assistance effectively to the various policy situations in different countries.

3.7 Impact of Project Components

3.7.1 Policy Tools

The OPTIONS project prepared 14 policy tools during the first half of the project that increased awareness of national political leaders of the substantial benefits that could be derived from a reduction of fertility rates and led, in three countries, to adoption of national population policies (see Section 3.2) and, in five others, to preparation of draft policies that were awaiting adoption at the time of the evaluation.

The OPTIONS project also prepared either benefit-cost analysis tools and/or project monitoring and evaluation tools in five additional countries. Each of these tools appears to have been important in providing the necessary technical assistance to develop efficient and effective family planning programs.

Because the tool-making for national policy statements has been largely completed, future tools should stress the operational and programmatic aspects of policy.

3.7.2 Support Activities

The OPTIONS project has been asked to provide a number of support activities that are less directly related to the policy process than is tool making but are perceived by A.I.D. to be important to the overall policy effort. These activities include providing assistance to missions (contractually subsumed under the special subprojects activity -- see Section 1.2.2), providing data on population policies (contractually viewed as part of the policy tools/applications activity -- see Section 1.2.3), training LDC staff (see Section 1.2.4), supporting observational travel (see Section 1.2.5), furnishing long-term advisors (see Section 1.2.6) and supporting a fellows program (see Section 1.2.7).

To the extent that expenditures indicate priorities, support activities do not represent a major priority for OPTIONS. OPTIONS spent, through February 28, 1989, only about \$0.2 million on the fellows program and \$0.1 million on the policy information program. Most of the observational travel in the OPTIONS project (see Table 1.7 above) was paid for by the countries themselves. Because most mission assistance was related to a specific activity such as the development of a policy tool or the planning of a conference, OPTIONS has not kept financial records on this particular support activity. Given the overwhelmingly positive mission evaluations

of OPTIONS and the large number of mission buy-ins, however, it is apparent that OPTIONS has been successful in this activity.

There is no way to measure accurately the impact of any of these specific activities. The Population Reference Bureau reports a substantial demand for population policy information. Current *ad hoc* requests for information are running at an annual rate of almost 100, or double the originally anticipated rate. This information service appears to be quite cost-effective as current costs are less than \$30,000 per year (OPTIONS Project Briefing, page 33). In past projects observational travel has been shown to be useful in both increasing elite awareness and in speeding the diffusion of innovation among countries. Given the low level of expenditures and the willingness of countries to sponsor their own travel, the evaluation team believes that the past expenditures have probably been warranted.

The placing of long-term advisors has been at the request of the missions in Zaire and Niger. These advisors are expected to assist with institutionalizing policy changes and providing assistance to the USAID mission in coordinating their population programs. Questionnaire responses from these two countries were positive concerning the impact of OPTIONS.

The fellows program is a valuable part of the OPTIONS program and should be increased in size. Past programs such as the Smithsonian and Battelle population policy efforts as well as the fellows programs at Michigan, Harvard and North Carolina have had substantial long-term payoffs as many of the past fellows currently occupy positions of significant policy influence in their countries.

The various programs differ substantially in the immediacy of their payoff. Policy information, staff information and training and long-term advisors should all be useful in the near future. The payoff from observational travel depends on the purpose of the travel. For example, travel to a conference designed to increase elite awareness probably has a long-term payoff whereas travel to observe a benefit-cost analysis program for possible adoption in the traveler's own country should have a more immediate payoff. Finally, the payoff from the fellows program is clearly long term.

3.8 Conclusions

OPTIONS has exceeded A.I.D.'s expectations in all areas other than private sector involvement. By expanding the definition of "policy" to include all activities from awareness raising through resource generation, implementation and evaluation, OPTIONS has succeeded in furthering the long-term goal of increased contraceptive prevalence. Even in Africa, where contraceptive demand has not been as extensive as in other areas of the world, OPTIONS has achieved substantial success in encouraging national governments to give population programs greater consideration.

Private sector links have not been forged at the hoped-for rate in part because of OPTIONS' concentration on Africa. The private sector is weak in this area of the world and this has discouraged OPTIONS personnel from pursuing these activities.

Appendices

Appendix A
Scope of Work

Appendix A

Scope of Work

Purpose of external evaluation

The purpose of this evaluation is to determine (1) whether the underlying assumptions of the OPTIONS project are valid, its elements addressing critical needs for improving population policies, and (2) whether the project has begun to affect population policy formulation and implementation, the policies addressed by the project having the potential to affect the availability of family planning services.

Evaluation Criteria

A. Project Design

1. Assumptions: Are national and operational policies essential to increasing availability of family planning services?
2. Elements of Population Policies: Does the project design set forth a useful set of essential elements in population policy design?
3. Method: Are national policy changes sufficient, or must policy implementation assistance also be provided? Are the types of assistance set forth in the OPTIONS design adequate and comprehensive for meeting policy development needs?

B. Project Impact

1. Policy Development: Have OPTIONS activities had a direct impact on policy developments in LDCs, including the development of national policies, translating broad national policies into action plans, reforming laws and regulations affecting service delivery, and increased allocation of public and private sector resources to family planning? How important was OPTIONS assistance to these outcomes?
2. Private Sector Links: Have OPTIONS activities facilitated the collaboration between public and private sector institutions in ways that enhance the effectiveness of population policies?
3. Institution-Building: To what extent has a sustainable indigenous capacity to conceive, plan, implement and evaluate population policies been engendered through OPTIONS activities?
4. Awareness-Raising: Policy development requires support of decision-makers and key constituencies. How effective has the OPTIONS project been in focusing attention and raising commitment to population policy?
5. Policy Scope: OPTIONS has supported development of more comprehensive population policies than those of past decades, e.g., they often include concomitant implementation plans and budget outlines. Does this approach in fact make a difference, actual or potential, in increasing family planning services? Are there additional elements that need to be added?
6. Support Activities: OPTIONS undertakes a number of other activities that can have indirect effects on policy development. These are assistance to Missions, providing data on population policies, supporting a modest fellows program, training LDC staff, supporting observational travel, and furnishing long-term advisors. How do these OPTIONS activities affect policy environments in LDCs?

C. Recommendations

1. **General Issues:** Does the scope of work for the remainder of the project need any modification? Does the project need any reallocation of level of effort by project task, magnitude of effort or distribution of effort?
2. **Specific Issues:** Instituted just under three years ago, buy-ins are relatively new phenomena. Based on observations and conclusions concerning the impact of buy-ins on OPTIONS project activities, what recommendations does the team have concerning the role of buy-ins in the follow-on project?
3. **Future Directions:** Based on findings from the evaluation, what changes in the scope of work would the team recommend for a follow-on project? How might the follow-on project reallocate level of effort by task (if at all), magnitude of overall effort, distribution of effort by country, and types of activities undertaken to effect policy implementation? If so, with which sorts of tasks? Should the follow-on project have a component for public and private sector policies that stimulate private sector delivery of family planning services? If so, what should that module look like?

Appendix B

Background of the Evaluation

Appendix B

Background of the Evaluation

The Evaluation

The initial project design provided for a midterm evaluation of the OPTIONS project. The Scope of Work requires a review of (1) project design, (2) project impact, and (3) recommendations. (See Appendix A for the terms of reference of the evaluation itself.)

Composition of the Evaluation Team

The evaluation team was composed of three members.

R. Kenneth Godwin, Professor of Political Science, University of Arizona,

William Paul McGreevey, World Bank staff member, and

Alta Charo, Assistant Professor of Law and The History of Medicine at the University of Wisconsin, Madison. (At the time of the evaluation, she was a fellow of the American Association for the Advancement of Science seconded to the Office of Population.)

Conduct of the Evaluation

Beginning June 20, 1989, the evaluation team met with A.I.D. officials, project managers and staff at The Futures Group and its subcontracting organizations including the Carolina Population Center of the University of North Carolina, The Development Group, John Short and Associates, and the Population Reference Bureau. One evaluation team member conducted a field visit to Peru in August 1989. The evaluation team examined more than 50 documents submitted to it by USAID and the project managers (see the list of materials in Attachment 1) and interviewed about 30 persons familiar with the project (see the list of persons interviewed in Attachment 2).

To compensate for limited field work, the evaluation team interviewed several USAID field officers who happened to be in the Washington, D.C. area. The team also sent a questionnaire to selected USAID missions to elicit their views about the presence and impact of OPTIONS. The questionnaire had two parts: Part 1 asked respondents to evaluate the importance of a particular activity for reducing fertility and the helpfulness of OPTIONS activities in pursuing this endeavor. Part 2 requested that respondents rate potential activities for future OPTIONS activities. Perhaps because of the relatively small number of respondents, or due to the wording of some of the questions, the responses did not always seem logical or credible and thus the team agreed not to place great weight on the results of the survey. Overall, however, the survey served to give a good general impression of the missions' reaction to the OPTIONS project.

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Appendix C

Major Conclusions and Recommendations for Future Directions

Appendix C

Major Conclusions and Recommendations for Future Directions

Major Conclusions

The OPTIONS project has made its greatest mark to date in the area of assisting countries to adopt or draft national policy statements, but it has also forged the way in redefining the field of population policies by adding a number of measurable, concrete tasks in its project design. Its work in strengthening institutions involved in family planning, and its exceptional performance in actually having influenced increased expenditures in family planning services in at least two instances, deserve special attention. The project has also demonstrated that policy work can be effective at the program level.

Currently, many LDCs have adopted official policy statements and in most there exists substantial opportunity for improving existing operational and programmatic policies. OPTIONS has shown increasing skill in the tasks associated with the policy activities that have a more clear-cut relationship to fertility decline.

Thus, the stage has been set for a follow-on OPTIONS II project that focuses more on the operational and programmatic aspects of policy work, and less on the promotion of policy statements.

USAID Mission Perspectives on OPTIONS Priorities

USAID missions generally agree that OPTIONS II should step up efforts that will have a more immediate impact on family planning institutions, expenditures, and programs. True, USAID mission personnel believe that OPTIONS should continue its work in the area of population policy statements and laws. They also, however, gave very high ratings to efforts in the area of development of operational policies.

The opinions of mission personnel on future directions for OPTIONS are contained in their responses to both retrospective and prospective sections of the evaluation questionnaire. The table entitled "Opinions Concerning the Importance of OPTIONS Activities" (see Table 2.1) gives a retrospective look at what mission personnel found of policy importance and the table "Data Related to the Importance of Future OPTIONS Interventions" looks to the future (see Table C-1, next page).

Change Policy Statements and Laws

Both tables indicate that increasing awareness among elites (i.e., "developing a more favorable attitude toward family planning among government officials") was deemed the single most important activity in which OPTIONS could engage. One hundred percent of respondents found this intervention "important" and 80 percent felt that up to that time, OPTIONS' work in this area was "very important."

The level of importance ascribed by mission personnel to developing a national population statement (57 percent found it "very important" and 29 percent "important" -- see Section 2.3.1) carried over into their recommendations for the future. Again, development of these statements ranked high -- 86 percent of respondents gave it an "important" rating. This activity was, however, found less important than five other interventions.

Table C-1

**Responses of USAID Mission Personnel Regarding
Future OPTIONS Interventions**

	<u>Very Important</u>	<u>Not Important</u>
1. <u>Policy Changes</u>		
• Developing a more favorable attitude toward family planning among governmental officials.	100	0
• Developing a more favorable attitude toward family planning among private sector leaders.	100	0
• Developing action plans for population programs	93	7
• Removing legal/regulatory barriers on who may offer family planning services.	93	7
• Removing legal/regulatory restrictions on the range of contraceptive methods available to users.	92	8
• Developing a national policy statement.	86	14
• Improving the capacity of the government population program office to plan national family planning programs.	85	15
• Improving the capacity of the government population program office to evaluate national family planning programs.	84	16
• Increasing public sector spending for family planning services.	84	16
• Improving the policy environment in your country overall.	83	17
• Increasing private sector spending for family planning services.	79	21
• Removing legal/regulatory restrictions on who may use family planning services.	79	21
• Improving capacity of government population program office to implement national family planning programs.	77	23
2. <u>Policy Implementation</u>		<u>Not Important</u>
• Awareness raising presentations.	100	0
• Analyzing of population policies or programs.	100	0
• Assessing the costs and benefits of family planning.	92	8
• Preparing policy tools and manuals.	86	14
• Strengthening demographic skills of personnel.	86	14
• Assisting in the review of current policies and laws.	80	20
• Setting up observational travel for host country citizens.	79	21
• Setting up interministerial coordinating body.	78	22
• Assisting in redrafting of pertinent regulations.	73	27
• Setting up national population unit.	71	29
• Linking government and PVOs.	64	36
• Linking government and commercial providers.	62	38

Source: Responses to Evaluation Questionnaire to missions

Develop Operational Policies

With respect to policies designed to increase institutional capacity, develop action plans, and mobilize national resources, questionnaire respondents showed particular enthusiasm for making assessment of the costs and benefits of family planning an integral part of future OPTIONS efforts. This approach to mobilizing local resources for family planning received the third highest ranking among approaches suggested for policy implementation, with 92 percent of respondents calling it "important" (see Table C-1). Respondents were also clearly in favor of development of action plans for population programs, with 93 percent of respondents finding this a very important activity (see Table C-1). In the retrospective questionnaire, respondents gave their second and third highest "very important" ratings to two questions that related to institutionalization of in-country capacity to deliver services. Sixty-four percent of respondents rated as "very important" improving planning capacity and sixty-two percent rated improving implementation capacity as "very important." In short, mission personnel were impressed with the need for OPTIONS to continue its efforts in the area of developing operational policies.

Private Sector Activities

Developing a more favorable attitude toward family planning among private sector leaders was viewed as a "very important" or "important" aspect of OPTIONS II design by every respondent to the retrospective questionnaire. The questionnaire responses of USAID mission personnel suggest possible models for these services and USAID mission support for each (see Table C-2 below).

Table C-2
USAID Mission Support for Private Sector Activities

Activities	Essential/Very Helpful	Somewhat/Not Helpful
1. Changing public policy on the sale of contraceptives by someone other than a pharmacist.	69	16
2. Changing contraceptive regions regarding contraceptive imports.	66	22
3. Changing public policy on the pricing of contraceptives.	60	20
4. Mandating family planning services as part of employee benefits packages.	50	16
5. Mandating family planning services as part of social security coverage.	49	34
6. Changing corporate policy on sponsoring FP/MH campaigns.	36	27
7. Mandating family planning services as part of private insurance coverage.	36	28

Source: Responses to Evaluation Questionnaire to missions

45

Respondents hope to see policy effort in the future that would enhance private sector capacity to deliver services, advertise, and sell contraceptives. There was little support, particularly in Africa, for mandating family planning services as a part of covered health benefits, perhaps because of the limited coverage of existing insurance programs.

These responses indicate that mission personnel see the easy and inexpensive availability of contraceptives as the number one priority for improving private or commercial sector delivery. After these actions, respondents saw making family planning services part of existing health care programs as potentially effective actions. Least favored were entirely private activities such as corporate sponsorship of family planning/maternal, child health care and requiring family planning services as part of private insurance. These preference patterns certainly fit the empirical data showing the importance of contraceptive availability and they suggest that making family planning services part of semi-governmental programs such as Peru's IPSS may be an effective approach.

Components

Respondents to the questionnaire were asked to assess only two of the seven project components: preparing policy tools and manuals and observational travel.

Respondents were highly enthusiastic about the project's work in preparing tools, with 86 percent indicating that these were either "very important" (57 percent) or "important" (29 percent) to the long-term improvement of service delivery.

By contrast, respondents were divided in their views of the importance of observational travel. Fifty percent ranked such travel as either "very important" or "important" to policy development and implementation while an equal number ranked such travel as "unimportant."¹

Phasing in OPTIONS II

Because of the high volume of buy-ins, OPTIONS I will be completed ahead of schedule. Phasing in the follow-on project, OPTIONS II, could be accomplished according to one of two schedules suggested below:

Planned disbursement of remaining funds could be carried out in such manner as to conclude the project by March 31, 1991, rather than six months later as initially foreseen. A.I.D. should take steps to prepare a follow-on project, OPTIONS II, that could overlap with OPTIONS during the final months of its execution.

¹ Given that there were two positive categories (very important and important) and only one negative category (not important) it seems that, on balance, USAID mission personnel do not favor observational travel.

Alternatively, the project's work could be concluded even earlier, as of October 1990, with OPTIONS II to begin as soon as possible.

Reallocation of Goals and Effort

Table C-3 below provides a broad outline for recommended change in emphasis in OPTIONS II.

**Table C-3
Recommended Change in Emphasis in OPTIONS II**

Goal 1: Change Policy Statements and Laws	
Activity a: Adopt national policy statements	Much less
Activity b: Improve regulatory framework	Much less
Activity c: Create more favorable elite opinions	No change
Goal 2: Develop Operational Policies	
Activity a: Increase institutional capacity	More
Activity b: Mobilize national resources for FP	Much more
Activity c: Develop action plans	More
Goal 3: Increase Contraceptive Availability	
Activity a: Improve efficiency of FP programs	Much more
Activity b: Increase diversity of service delivery	Much more
Activity c: Enhance monitoring and evaluation of FP	No change

Source: Evaluation team

The major recommendations contained therein are as follows:

OPTIONS II should shift resources toward planning for actual family planning service delivery and assistance in that delivery -- specifically into activities aimed at mobilizing resources of local governments and non-governmental organizations, improving the efficiency of services and increasing diversity of service delivery.

Substantially less effort should be spent on assisting in the adoption of national policy statements and removing legal and regulatory barriers on contraceptive methods.

About the same level of effort should be devoted to increasing awareness and improving monitoring and evaluation of family planning programs.

Project Components

The above strategy suggests the following recommendations with regard to the seven project components:

Policy tools/applications

In OPTIONS II, tools that deal with operational and programmatic policy applications should receive priority attention over tool making dealing with policy statements or with laws and regulations relating to contraception. Where legal reform is essential, local legal experts may be good sources of consultant services.

Among tools, OPTIONS II and, indeed, other A.I.D. projects should develop benefit-cost models for both public and private sector health care institutions that show the long-term cost savings from family planning programs and that can be adapted to various situations in different countries. OPTIONS has already developed these for certain contexts and should be able to adapt these into policy tools that can be adapted to other settings. The project should also focus on planning tools such as the Sentinel system in Nigeria and the management information system prepared for Peru.

With respect to tools that relate to policy statements, OPTIONS should adapt existing tools to other countries.

OPTIONS II should build on progress under OPTIONS to identify and work with institutions that have a vested interest in reduction of health care costs or reducing the absenteeism and turnover associated with high fertility and short birth intervals and that would therefore be well served by providing family planning services to the relevant clientele. These might include institutions such as social security institutes and insurance companies.

Staff Development

Substantial increases will be required in project and staff development for those countries OPTIONS finds receptive to making the institutional changes necessary to effect family planning service delivery.

Observational Travel

OPTIONS II should retain the flexibility to offer observational travel in cases in which it would benefit project objectives. Resources for this purpose need not be increased beyond the level of allocations for the current project.

Long-term Advisors

OPTIONS II should include provision of long-term advisors as a project component. The advisors chosen should have skills and terms of reference that are broadly consistent with the overall mandate of the project.

Fellows Program

The Fellows Program should be continued and broadened to include two groups. In addition to including fellows with a strictly population-directed focus, the new approach should embrace fellows not necessarily involved in specific technical studies (those in political science, business and public administration, economics, environmental studies, public health are examples), as such individuals would better serve the longer-term goal of making these future leaders aware of population issues. One approach might be to have two groups of fellows, one concentrating on an important scientific approach to population, the other blending their scientific interests with a broader focus on population and development.

Specific Issues

Buy-ins

Buy-ins should be continued, but in view of their effect on overall project resources (see Section 1.3), OPTIONS II should have a different buy-in procedure that would allow increasing the expenditure cap on the project as missions use their own funds to pay for OPTIONS projects.

Private Sector Emphasis

Substantial additional effort should be put into stimulating private sector delivery of family planning services. OPTIONS II should have a component that is devoted to this objective.

OPTIONS II should examine all countries' contraceptive delivery systems, particularly in the private and commercial sectors, to determine if relatively simple and easily achieved actions will yield greater contraceptive availability. OPTIONS II could emphasize benefit-cost analyses for social security institutes, health insurance companies, and state-owned enterprises. All of these organizations are capable of changing their policies on the availability of family planning services.

A larger share of additional resources for resource mobilization should be devoted to these private-sector organizations. The objective would be to help such organizations recognize the value of family planning service delivery. The success of the effort would be demonstrated by the organizations' willingness to use their own resources, or to charge their users, for provision of family planning services.

Consideration should be given to developing a three-stage program to deal with these private and semi-public sector institutions.

- First, project staff must convince the leaders of these institutions that the delivery of family planning services is an experiment worth trying.
- Second, A.I.D. or some other funding institution should assist in paying the start-up costs and the expenses of providing these services for a set period of time.
- Third, the institution would then take over the entire funding itself.

African Emphasis

The desires of A.I.D. to encourage private sector activity and self-sustaining programs and to concentrate OPTIONS efforts in Africa may be contradictory. A.I.D. might wish to examine its seemingly contradictory goals and assumptions.

Two potential avenues to resolve this problem are suggested below.

The first would be to devote greater resources to Asia and Latin America. This option would have the added benefit of placing greater resources in those countries that are further along in the policy process and have a greater likelihood of using programmatic technical assistance in a cost-effective manner. One has only to look at the Mexican social security program in family planning to see how effective logistical support can be in changing prevalence rates. The Peruvian social security program may well demonstrate similar effectiveness.

The other option would be to proceed with private and commercial sector efforts in Africa while simultaneously continuing to work to improve elite attitudes and the policy environment. This alternative accepts the possibility that many African countries, despite their lower levels of socioeconomic development, are similar to Nigeria and Zimbabwe with respect to the opportunities for family planning activities that precede national policy statements.

Either or both of these alternatives can fit within the OPTIONS policy framework. If, however, A.I.D. chooses the second alternative, it should require an early evaluation of the effectiveness of programmatic efforts in African countries.

OPTIONS II Staff Requirements

The current OPTIONS staff is highly competent and its achievements have been impressive. Any follow-on project should include similar personnel. This staff should be supplemented in the following ways:

The private sector component should include persons who have sufficient language skills and technical knowledge to convince private-sector decision makers that the program is worthwhile. In addition, OPTIONS II should have access to technical advisors who can go to the countries and assist in setting up these programs. In addition, a second set of individuals must have the technical capabilities to actually adapt the policy tools to the individual institution and to assist as technical advisors in designing the service delivery system.

To implement the recommended increased efforts in resource mobilization, staff should include technical experts (economists, MBAs, and persons trained in policy analysis and public administration) who are able to present technical analyses that will demonstrate the cost advantages of family planning to organizations that control their own budgets and resources. The staff should be sufficiently flexible to operate with semi-public institutions, non-profit organizations, and large manufacturers that provide health services to employees or beneficiaries.

Appendix D

Comments on the Policy Process

Appendix D

Comments on the Policy Process

Conceptions of the Policy Process

A.I.D. in its "policy projects" has had a strong inclination to view "policy" as meaning "laws and national population policy statements." Early in its history, the Office of Population sponsored an extensive research program on population policy and law. The evaluation team is unaware of any indication that this effort resulted in any births averted. Despite this seemingly low payoff, A.I.D. designed the RAPID and OPTIONS projects with the goal of developing national population policy statements. The 1988 A.I.D. Policy Paper, *Population Assistance*, lists as the first two constraints on achieving population policy objectives "weak or inconsistent government policies" and "regulations which inhibit efficient distribution of contraceptives." Reading these documents makes it quite clear that the Office of Population perceives "policy" as statements and laws.

As we have indicated many times in this evaluation, "policy" should be conceptualized as a set of actions rather than a statement of intent. OPTIONS has made major progress in moving A.I.D. policy programs away from policy statements to policy action, and we have recommended strongly that A.I.D. emphasize the operational and implementation aspects of the policy process in its future population policy programs. In this section of the report we further analyze the policy process so that A.I.D. can better design its future policy efforts.

The Policy Process and Service Delivery Programs

Policy scholars have for some time attempted to describe the "policy process"--the manner by which the government moves to place an idea onto the political agenda, allocate resources, and then use those resources to change behavior. Obviously A.I.D. wishes to use public policy to change fertility behavior. The issue is how to achieve that outcome. To make the best possible allocation of resources A.I.D. needs to rethink its conception of how the policy process works.

An examination of A.I.D.'s documents concerning the policy process hypothesize a set of logically ordered stages. First, there is problem identification, followed by the formulation of policy proposals and then the adoption by the government of a set of rules and budgets. These rules are implemented in the manner that the decision maker intended so that changes occur in private behavior. Finally, there is the evaluation of the policy and feedback into the formulation of new policies. This conception of the policy process is clearly shown in A.I.D.'s picture of the policy development process on page 4 of its document, "Overview of A.I.D. Assistance in Population Policy Development." This diagram shows an orderly process from data collection/analysis through dissemination to policy formulation, implementation, and evaluation.

This conceptualization appeals to our common sense. Unfortunately, the conceptualization is more logical than the actual process. If we divide policies into three major categories: policy and regulatory activities, subsidies, and services we better understand how statements and rules relate to programmatic action. In regulatory policy, the policy stages outlined above are largely correct. If, the legislative or executive rules mandate clear and consistent policy objectives, the proscriptions reflect an accurate model of the causes leading to the social ill to be eliminated, there are skillful managers and a sufficient budget, and the issue has a high priority on the political agenda, then there is likely to be successful regulation. The important factor is that for regulatory policy to be successful, all of these factors must be present.

With subsidy policies the requirements for success are substantially reduced. The only necessary conditions are that the incentives provided to private individuals to change their behavior be sufficient to accomplish that change. The causal theory must be accurate, but there is less need for skillful

managers or a continued high priority. A characteristic of subsidies is that once they are in place, all the necessary political support is normally provided by those receiving them. For example, a government may subsidize the import substitution sector of its economy in order to protect it from foreign competition until it has had the opportunity to develop and adopt new technologies. When the government wishes to remove this subsidy and force competition, it will find that the recipients of that subsidy will strongly oppose the action.

With service policies, the process is again different. The relationship between policy formulation and policy implementation is interactive. Programmatic action often precedes policy statements which, then, may lead to further action. The key to service delivery is that the persons whose behavior the government wishes to change want to do so. Potential users and suppliers of the services are typically the individuals demanding the policy. The provision of potable water and immunization are examples of this process in the LDCs. The demand for potable water is pervasive and local public officials usually give it a high priority. Its provision is not dependent upon the recognition by national officials of the importance to public health of clean water. At some point the existing supply of services at the local level may force the national government to make a policy statement assigning priority to the provision of drinkable water, but this statement almost always follows the provision of the service. Immunization is perhaps a more illustrative case for the purpose of population. Immunization was brought to the LDCs through a variety of private delivery mechanisms including medical missionaries, large corporations such as United Fruit, and then, later, through public organizations such as WHO and colonial and national governments. The private suppliers of these services rarely asked for an official government policy or even governmental permission. Yet, it was this service delivery that paved the way for later public action.

In public health services, policy statements have tended to follow rather than precede programmatic action. The reason for this is that services are responses to proven demand. This demand is demonstrated through private delivery that appears suboptimal or public delivery in another region or country. De facto, "unofficial" public sector delivery is later recognized and legitimized by the government through formal policy statements and budgets.

The history of family planning activity in the developed world as well as in Asia and Latin America has been the history of private action followed by public action and then, finally, by public policy statements. While Africa may ultimately prove to be an exception to this generalization, it would be a mistake to ignore programmatic action that can be undertaken prior to a national population policy statement. Nigeria, Morocco and Zimbabwe are only three examples where important programmatic action has preceded the adoption of a formal policy.

The above discussion should not be interpreted as meaning that policy statements are unimportant. These statements legitimize past programmatic action and encourage future action on a larger scale. Perhaps more important than actual policy statements is the general awareness among elites that rapid population growth can be an obstacle to economic development and social justice.

A Model of Service Delivery Policies

Service delivery policies differ from other types of public policy in that while regulatory policies are designed to reduce the incidence of a behavior that society has deemed a social bad, service delivery policies are designed to allow persons to behave in ways that they would if they could. Regulatory policy demands that some portion of the public behave differently than they would otherwise; in service policy those who wish to make the change are demanding the policy. This critical distinction requires a different conception of the policy process. The regulatory policy process follows our commonsense image. In service policy, however, the process is distinctly different.

Service policies generally originate from mass demand for public action. Often there is some sub-optimal supply by the private sector to meet these demands and these actions encourage governmental action. This action typically comes prior to public policy statements as local, regional, or other governmental units act prior to a national policy statement. Critical stages in this process are the private supply of the service, awareness by some governmental elites that this private good is an appropriate candidate for public action, implementation in the private sphere or at local government levels, and finally national elite awareness and acceptance. Ultimately, of course, for the national policy to be successful the government must decide that monies allocated for this service are more important than alternative uses of those funds.

As can be seen in the above description, private sector and sub-national governments are important in the policy process. They show that demand exists, their activities often stimulate further demand, and they legitimize this activity as an appropriate sphere of government. An understanding of the importance of these institutions should assist A.I.D. in allocating effort in future programs by the Population Development Division.

Empirical Support for the Above Models

Is the above description of population policy as a service delivery model supported by the empirical data? Yes. The history of individual countries in the policy process and the relationships among policy statements, programmatic action, and contraceptive prevalence support the idea that programmatic action precedes national policy statements. If we trace this history of policy development in all LDCs using the Nortman and Hofstatter *Population and Family Planning Factbooks*, we find that, in most countries, population policy followed the service delivery model. In almost every case, private sector and sub-governmental activities preceded national government activities and national government activities preceded national policy statements. These official statements were sometimes followed by expanded national action.²

In addition to the historical pattern of policy statements following programmatic action, the data concerning predictors of contraceptive prevalence and fertility decline clearly show that programmatic action is important but policy statements are not. Substantial cross-national research has been carried out concerning the relationship between fertility declines and national statements and laws. After controlling for the number of access points for contraceptive delivery, with the exception of abortion policy in more industrialized countries, **there is no relationship between policy statements and laws and either contraceptive prevalence or fertility declines.**³ Conversely, there is substantial evidence linking the number of access points for obtaining contraceptives (either public or private) and both contraceptive prevalence and fertility decline.

The above paragraph might be objected to either on the basis that it is impossible for aggregate measures to capture the complexity of the policy process or on the basis of personal experience in one or a few countries where policy statements appeared to lead to programmatic action. Personal experience is important in understanding the richness of the policy process; and, after all, the plural of

² Two cases that differ substantially from this pattern are China and India. In China population policy has become a regulatory policy and national action has largely followed national policy statements. In India, some population programs are subsidy policies. In both cases action has followed statements. India is quite different from China, however, in that India began with a typical service policy and continues to vacillate between a subsidy policy and a service policy.

³ Although the A.I.D. *OPTIONS Management Review* cites the work of Lapham and Mauldin (1984) as showing the importance of policy statements in family planning delivery, this is mistaken. After controlling for the number of access points there is no relationship between statements and either contraceptive prevalence or fertility decline.

"anecdote" is "data." Nevertheless, we would argue that after 20 years experience with policy statements in Asia and Latin America that if no statistical relationship can be observed in these regions between policy intent or legal rules and contraceptive prevalence, there probably is no relationship.

A possible response to the argument that programmatic action is generally unrelated to national population policy statements above is that while programmatic action need not follow a national population policy statement where there is a relatively strong private sector, this experience cannot be transferred to less industrialized countries where there is little or no private sector.

This argument ignores several factors, the first of which is the absence of any empirical relationship between contraceptive prevalence and national population policy statements. Even when looking only at LDCs, statements are more likely to follow than precede programmatic action. If tomorrow there were national population policy statements in all high-fertility countries, the fertility rates would remain high because statements are rarely translated into action. Second, even if it were the case that there is no private sector, the public sector is not a good place to make large investments. There are few examples outside of Asia of governments effectively implementing a national family planning program. Third, the effectiveness of a national population policy statement is suspect when the odds are strong that the national government will be replaced within a decade or less. Does it really make sense to have a national population policy statement in the Sudan? And finally, to the extent that A.I.D. policy relies on voluntary action, the most appropriate model is one of service delivery. We can see this clearly in several African countries.

Zimbabwe and Nigeria provide case studies of how programmatic action precedes national population policy statements. Often racial, tribal, or religious tensions make it difficult for a government to officially recognize the difficulties that rapid population growth presents to economic growth. In this situation governments are often willing to provide family planning as part of basic health services. As early as 1970, Nigeria engaged in programmatic action without an official policy statement. This programmatic action expanded substantially and was an important factor that ultimately encouraged the country's leaders to adopt an official national population policy statement.

Zimbabwe represents a country where social and economic development have progressed to such an extent that demand for contraception is a powerful force. The national government is willing to respond to this demand through service delivery, but the government is understandably reluctant to adopt a policy that explicitly advocates a reduction in fertility rates. This reluctance should not discourage A.I.D. and its contractors from working to expand programmatic action.

The Importance of Elite Awareness

Our emphasis on programmatic action rather than national population policy statements should not be interpreted as saying that elite attitudes do not matter. Students of public policy have become increasingly aware of the importance of elite consensus concerning the need for programmatic action. Major programs such as population require that elites see the value of public action in an area that has previously been in the domain of the private sector. For example, OPTIONS' efforts to increase awareness in Zimbabwe and Nigeria were seen by A.I.D. mission personnel as "essential" to the programmatic activity that took place in those countries. The evaluation team believes that continued efforts by the OPTIONS staff to increase elite awareness are justified and the team recommends that these efforts be broadly based so that nationals within a country understand the importance of institutional development and program implementation.

The Life Cycle of Policy Issues

Studies of public policy in the U.S. and abroad have reached the somewhat frightening realization that policy issues have a definite life cycle. New issues reach the agenda and then peak. This peak is often followed by not only less attention from elites, but also smaller budgets. Unfortunately, we

have seen that in the U.S. the importance to governmental officials of reducing world-wide population growth has declined. The budgets of population agencies have not continued to expand and have, in many cases, declined in real dollar terms. A.I.D. must devote substantial effort to insure that this does not occur in the LDCs.

Ways of extending the life cycle of a policy idea (or in today's terminology, "extending the window of policy opportunity") are to recruit new elites to the population issue and to keep the issue visible through international conferences and travel. OPTIONS programs such as staff development, observational travel, and the fellows program facilitate this process. We encourage A.I.D. to continue these efforts in OPTIONS II.

OPTIONS II: Greater Attention to Statements or Actions?

Although the exceptional flexibility and responsiveness of OPTIONS to the A.I.D. conception of population policy and to various country needs speaks well of the project, these activities leave unanswered the question of how A.I.D. should set priorities among alternatives. As indicated above, A.I.D. draws attention to both policy statements and operational policies in its Work Statement. OPTIONS has added still another policy category, programmatic action. In examining the budget allocations of OPTIONS, it is clear that far greater resources have been spent on obtaining national population policy statements and on generating population awareness than on programmatic action. The underlying rationale for this allocation appears to be that A.I.D. perceives that a national population policy statement is necessary prior to programmatic action. The evaluation team believes that this belief is mistaken for most of the world, and we suggest that, from a cost-effectiveness point of view, the concentration on national population policy statements is inefficient and ineffective.

Summary

In this appendix we have argued that to have the greatest impact on contraceptive prevalence and fertility rates, A.I.D. must have a better awareness of how service policies such as contraceptive delivery are developed and improved. We have argued that in Asia and Latin America policy statements are not necessary prerequisites to service delivery, and that future efforts by A.I.D. to achieve such statements would be an inefficient use of resources. Even in Africa, policy statements are not necessary preconditions for programmatic action.

Although the evaluation team recommends that a decreasing share of future OPTIONS funding be spent to achieve policy statements, we nevertheless see an important role for OPTIONS activity to increase and maintain elite attention to population issues. Elite attention should also be directed toward improvements in operational and programmatic policies that lead directly to family planning services.

Appendix E

Additional Comments from Evaluation Team Member, Alta Charo

Appendix E

Additional Comments from Evaluation Team Member, Alta Charo

Are national and operational policies essential to increasing the availability of family planning services?

Findings: National policy statements are not essential to increasing service availability. Morocco's fairly advanced family planning program has been developed in the absence of a policy, while Kenya's strong policy statement has not been translated into effective action. However, in the course of writing a policy statement, a number of important tasks can be accomplished: educating political leaders and other elite groups; organizing formal meetings among government agency representatives to discuss population goals for the country; identifying culturally or religiously sensitive aspects of family planning programs; and providing documentation of leadership commitment to population programs for use by journalists and lower level agency personnel

Development of a national policy statement is not the only process by which to educate and persuade elite groups of the need to support family planning services. In some countries, other means may be more effective (conferences, magazine articles, observational travel). Further, once elite groups have been educated and persuaded, it may be wise to cease efforts to write a formal political statement, as it has become superfluous. Nevertheless, one cannot dismiss national policy statements as a tool of policy reform.

A.I.D.'s field experience bears this out. Of the 12 countries responding to the evaluation questionnaire, 9 listed developing a policy statement as a very important (6) or important (3) component of the follow-on project. Generally, developing a more favorable attitude among government officials was listed as very important by all respondents. Operational policy statements, by contrast, generally do appear to be useful. These documents go far beyond simplistic declarations of political support. They are blueprints for agency action. To be effective, they must list the precise goals and duties of various line agencies. For example, they would list the number of physicians and nurses to be trained by a ministry of health in the techniques of contraceptive delivery, the number of clinics in which services would be begun, the funds to be allocated for training and service delivery by region, the timetable for meeting these goals, and the sources of technical and financial assistance expected. Thus, the operational policy statement can become a key consensus document, representing the best advice from all divisions within an agency concerning needs and capabilities.

Operational policy statements also provide an opportunity to resolve conflicts among agencies. In Niger, for example, proposed changes in the structure of the family planning program may lead to some conflict concerning whether the Ministry of Social Affairs and the Promotion of Women or the Ministry of Health will oversee activities. Such a conflict might best be resolved in the course of writing an operational policy statement, e.g., by delegating service delivery to the Ministry of Health, which generally trains health care personnel and manages clinics, and reserving to the social affairs ministry all educational activities, such as literacy training, that use family planning materials as part of the curriculum.

Conclusions: The new project design should emphasize operational policy statements more than national statements. Such a trend has already begun under The Futures Group and should be encouraged. Seven respondents said OPTIONS was essential (4) or very helpful (3) at developing such action plans in their countries, and all but two said they would be important or very important in OPTIONS II.

Does the project design set forth a useful set of essential elements in population policy design?

Findings: The Futures Group has developed a six-pronged approach to policy design: (1) adoption of a national policy; (2) increasing institutional capacity; (3) increasing allocation of resources to population/family planning programs; (4) increased efficiency in resource use; (5) legal and regulatory reform; and (6) increased magnitude and diversity of service delivery (not necessarily in that order of priority).

Conclusions: To this list should be added the task of increasing female literacy, which consistently has been shown to be associated with higher contraceptive prevalence, lower birth rates, and improved maternal and infant health. This is particularly crucial in countries where the public sector is still pronatalist. The respondent from Abidjan specifically suggested working on status of women, and attitudes among private sector and religious leaders, rather than futilely pursuing public sector policy change. The respondent from Lomé echoed this sentiment, calling for presentations to political leaders to focus on family planning's ability to enhance individual choice and encourage women's participation in development, rather than on macro-economic arguments for reducing fertility rates. While the OPTIONS Project cannot take on the task of female literacy on its own, it can make an effort to coordinate with literacy projects for mutual advantage. For example, as mentioned above, family planning literature can be provided for literacy classes. Literacy teachers supported by other projects to staff schools or to visit rural areas could be made familiar with available family planning services so that they could refer students to nearby clinics or health workers. In general, the link among literacy, employability, and ability to exercise choice in family size should be reinforced in the minds of teachers, health care workers, students, and contraceptive users.

Are national policy changes sufficient, or must policy implementation assistance also be provided? Are the types of assistance set forth in the OPTIONS design adequate and comprehensive for meeting policy development needs?

Findings: As noted above, national policy statements are only one element in overall policy reform. Policy implementation assistance is crucial for translating statements into service delivery. The trickier problem is choosing forms of policy implementation assistance and setting relative levels of effort.

The evaluation team was impressed with the guidance OPTIONS has provided to CERPOD and the resulting capability for Sahelian countries to call on local experts for help in collecting and using demographic data. Similarly, the observational travel program and the support for Zairois experts who could travel to other Francophone countries appeared excellent ways to create indigenous pools of skilled family planners who could advise one another as each nation searches for the best institutional structure for its family planning program.

While lengthy training in particular disciplines, such as data analysis, might best be done in the States under the Fellows program (where materials, equipment, and facilities may be cheaper and more controllable), this networking of local experts is essential when it comes to resolving the political or logistical difficulties of creating efficient service delivery programs.

Conclusions: The follow-on project might be designed to emphasize developing local expertise at policy implementation, by specifically requesting that additional effort be placed on developing local institutions such as CERPOD. These institutions could then be expected to provide much of the long-term advising on policy implementation. Some respondents suggested working with local universities to help create institutional ability to enter into policy debate and reform.

In addition, a renewed emphasis might be placed on developing manuals for policy implementation, under the heading of policy tools. These might be as simple as documenting successful efforts at family planning campaigns by government (Indonesia) or private sponsors (Mexico, Philippines); family planning program reorganizations (Kenya); and private sector initiatives (Zimbabwe, Mexico). Preparing policy tools was viewed as a very important (6) or important (3) part of OPTIONS II design by two-thirds of the respondents.

It would appear that long-term advisors are crucial to policy implementation assistance, which often requires extended discussions and mediation among competing government agencies. The evaluation team recommends that the labor-intensive requirements of policy implementation assistance be reflected in a project that works in fewer countries but with local (or at least regional) advisors for nearly all countries.

An additional component for the project should be extending observational travel to union leaders and high-level business managers, as part of the increased effort to facilitate private sector investment in MCH/FP services, whether by on-site service delivery or insurance coverage. Observational travel as a component of the follow-on project was supported by two-thirds of the respondents.

Status of Women

OPTIONS II will need to acknowledge more frequently the interplay among contraceptive demand, effective service delivery, and the status of women. The key to service delivery is that the persons whose behavior the government wishes to change want to make that change. Primarily, this means women.

To generate demand for contraceptives, women must have some reason to want fewer children or be free to act upon that desire. Often this means they must be freed from cultural restrictions that require them to have large families in order to preserve their marriages and financial security. Creating desire to have fewer children often requires that they have the education to appreciate the health benefits to themselves and their children of birth spacing. The desire may be enhanced by the prospect of employment or educational opportunities otherwise not available to them. While there will always be some inherent demand for family planning services, that demand can only be maximized by enhancing the political, economic and educational status of women.

Field respondents noted this phenomenon and asked OPTIONS II to direct more attention to working with religious and political leaders so that they better understand the benefits of increasing the status of women and the resulting further improvement in women's lives that come with smaller family sizes.

Recommendation. While OPTIONS II cannot by itself work to improve the political, economic, and educational status of women, it should make every effort to coordinate its activities with those projects that have this focus. This could mean helping to develop literacy training materials that carry a family planning message; working with women's businesses to provide FP/MCH service cost-benefit analyses; or developing local capabilities to do the policy and legal research necessary to identify the religious and civil rules that prevent women from making autonomous choices about contraception. These and other efforts could be made within the "special subprojects" category of the OPTIONS II list of tasks.

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