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AID Sector Strategy

Population

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A.I.D. POPULATION SECTOR STRATEGY

Population Sector Council
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UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
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THE ADMINISTRATOR

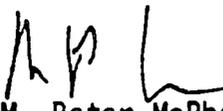
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MEMORANDUM FOR THE EXECUTIVE STAFF, AID/W AND OVERSEAS

SUBJECT: Population Sector Strategy

The attached Population Sector Strategy paper is now an approved Agency document. It provides comprehensive and flexible guidelines for the development of Bureau and country assistance programs and reflects the many useful comments on earlier drafts provided by the Population Sector Council and many Missions.

The strategy paper takes full account of the wide variation of country needs and assistance opportunities. Whatever the stage of program development in specific countries, this strategy indicates that A.I.D. can provide some useful forms of assistance that will advance the implementation of the Agency's population assistance policy. All Bureaus and Missions should ensure that their population assistance programs are fully consistent with the guidance in the strategy paper.


M. Peter McPherson

Attachment:
Population Sector Strategy

AID POPULATION SECTOR STRATEGY

This strategy provides guidance on implementation of the Agency Population Assistance Policy. It is based on recent scientific knowledge and program experience, and stresses the priority emphases of the Agency: host country policies, the private sector, institutional development and technology development and transfer.

AID has two basic population policy objectives: 1) to enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children, and 2) to encourage a rate of population growth consistent with the growth of economic progress and productivity. Service delivery, together with support for related research, are the highest priority population assistance activities. Implementation of AID's population policy involves both:

- programs in other development sectors which influence parents' desire to space or limit the number of children and enhance their ability to understand and use effectively modern methods of contraception; and
- programs to ensure the widespread availability of high quality voluntary family planning services through which couples who so wish can regulate their fertility.

In most cases, both types of effort will be more effective if they are guided and supported by strong government policies and a combination of public and private sector programs.

Neither the causes nor the consequences of rapid population growth are sector specific. Thus, efforts in all development sectors affect the demand for and use of voluntary family planning. For this reason, AID's population strategy is necessarily broader than those activities directly covered by the population account, e.g., support for family planning programs; demographic, social science, operations and biomedical research, and policy analysis.

Identification of social, cultural, and economic conditions that contribute to high birth rates and affect the implementation of voluntary family planning programs provides the context for a country-specific population strategy; these factors also suggest policy reforms and programs funded by other development sector accounts. These initiatives should be encouraged by AID, whether or not they receive AID assistance. These conditions and the strategy options to address them should form part of mission policy discussions with host governments. Below is a list of social and economic conditions and strategy options which, in addition to availability of family planning information and services, affect fertility. These areas of strategy are principally justified as initiatives to promote improved health, education, etc.; they are included in the population sector strategy because of their additional impact on the desire and ability of individuals to use family planning services effectively.

I. Social and Economic Conditions That Contribute to High Birth Rates and a Low Prevalence of Family Planning Use, including:

A. High Infant Mortality

Strategies:

- policy discussion with host government on the links between infant mortality and high birth rates, and the contribution of population programs to the reduction of infant mortality;
- health and nutrition interventions (including breastfeeding) to reduce infant mortality; and
- integrated family planning and maternal-child health services to promote child-spacing.

B. Status of Women Based on Low Educational and Income Earning Prospects, Early Age of Marriage, and High Preference for Sons

Strategies:

- programs to encourage female attendance at school through the primary grades; programs to encourage girls to return to school and consider family planning after an early pregnancy;
- training for women (particularly vocational) leading to expanded employment or income earning prospects, with emphasis on employment areas associated with lower fertility;

- family planning information and services adapted to adolescents (both sexes) where adolescent pregnancies are prevalent; family planning information and services for adult women to facilitate employment outside the home;
- programs that encourage male involvement in family planning and identify male attitudes and program biases that block changes in female roles; and
- community development programs that stress full participation of women and provide alternatives for the traditional role of child bearing in establishing female status in some communities.

C. Cultural and Social Barriers to Limiting Births

Strategies:

- policy discussion with host governments and dialogue with local community (and, where appropriate, religious) leaders on current laws and community values that discourage spacing or delaying of births;
- integration of family planning information and services and maternal-child health care;
- health services which treat infertility as well as provide family planning;
- use of a variety of family planning methods and delivery systems that respect cultural preferences.

D. Dependency on Children for Old Age Security

Strategies:

- encourage skills training and income earning opportunities, especially for women who are the most dependent in old age.

E. Institutional Barriers to the Provision of Family Planning Services

Strategies:

- identify the improvements in human and financial resources, delivery infrastructure and management skills required for a broad range of family planning information and education activities directed at both women and men.

II. Voluntary Family Planning Programs:

High birth rates will continue in the absence of safe, effective, reliable, accessible, and affordable methods of family planning. Voluntary family planning programs provide the means by which individuals who want to space or limit the number of their children can do so. Strategies to institutionalize voluntary family planning information and service programs vary with each country's specific development needs.

More particularly, country-specific strategies must consider the relative priority of efforts addressed to (1) strengthening government commitment to volun-

tary family planning; (2) developing effective public and private family planning information and service delivery systems, especially private initiatives and initiatives which are designed to maximize cost recovery; (3) increasing utilization of family planning services; and (4) decreasing dependence on external donors for population program assistance. Establishment and institutionalization of such programs require a number of strategic choices.

In designing country-specific strategies, AID and host government planners should consider the lessons of recent program experience and a number of factors which may limit currently available options, such as:

- demographic patterns, defined by birth and death rates, migration patterns, and population composition;
- host-country political and financial decisions which determine levels of funding for population programs;
- local fertility regulation practices and attitudes towards family size and family planning, and social and economic conditions affecting the status of women;
- the availability of private and public infrastructure, management capability, and trained personnel needed for the delivery of family planning information and services;

- the capacity and willingness of family planning users to pay for services; and
- the availability of population assistance from other donors and their special capacities. Population program strategies involve assistance related to one or more of three main stages of program development; while these "stages" are useful descriptions of the process of program development, in particular countries they often overlap.

A. Initial program development, characterized by:

- relatively high birth and growth rates;
- weak or non-existent population policy;
- no significant availability of family planning services;
- few health sector professionals with family planning skills; and
- absent or weak public consensus that population growth is a problem or that family planning programs are needed.

B. Broad program assistance, characterized by:

- relatively high birth and growth rates;
- established population policies and national delivery systems for family planning services;
- an evident demand for fertility regulation;

- inadequate professional or related program resources to permit significant expansion of service delivery; and
- inability of a host country to finance the needed expansion of service delivery without external resources.

C. Phase out of external assistance, characterized by:

- birth rates approaching the low 20s and annual growth rates approaching 1 percent;
- local institutions established as sources of family planning training, service delivery and other elements of program implementation and evaluation; and
- evidence of commitment to and progress toward the support of family planning programs with host country resources.

A. In the initial stages of program development, priority should be given to AID strategies that:

- provide information about the country's demographic situation;
- build public consensus that couples have the right to choose voluntarily the number and spacing of their children;
- strengthen existing family planning information and service delivery facilities to address unmet needs for services; and

- provide training opportunities to ensure that essential program-related skills are available when a policy decision is made to expand local services.

Priority strategies:

1. Establish awareness and create consensus on the importance of population and family planning issues through:

- demographic data collection and analysis;
- studies of fertility consequences and determinants;
- studies that identify and measure the health benefits of birth spacing, fertility limitation, and the adverse consequences of current pregnancy patterns;
- observational travel by government officials to LDCs where successful family planning programs are operating, and participation in regional and international population workshops and seminars;
- increased access to information on population issues and experience in other countries;
- policy discussions to identify national health priorities and determine ways to provide family planning information and services within existing health policies and programs;
- technical assistance for development of national population policies and the identification of legal and cultural barriers to family planning; and

- policy discussions to relate demographic changes to economic and social development strategies.

2. Assist existing family planning information and service delivery systems through:

- establishment or expansion of local family planning associations, emphasizing private voluntary organizations and other private sector resources;
- support for non-clinical approaches to family planning service delivery, using local lay personnel, and demonstration family planning programs;
- training for physicians and other health personnel (modern and traditional) in family planning; and
- training for administrators in management skills.

B. In the stage of broad program assistance, priority should be given to AID strategies that:

- encourage and assist the institutionalization of broad public commitment to voluntary family planning programs; and
- support the development of effective family planning information and service delivery infrastructure in both public and private sectors, with successful implementation normally measured by an increasing prevalence of contraceptive use.

Priority Strategies:

1. Encourage and assist the institutionalization of broad public commitment to voluntary family planning programs through:

- demographic data collection and analysis, and planning studies to estimate resource needs for family planning programs;
- studies of the implications of rapid population growth for national development objectives;
- observational travel for host country opinion leaders and program administrators to study different family planning approaches in other LDCs;
- assistance to the planning ministry or other national ministries in establishing an effective national coordinating process for population programs; and
- assistance to national governments in involving subnational levels of government in the country's population policy and programs.

2. Support the development of effective family planning information and service delivery infrastructure in the public and private sectors through:

- support to existing public and private health delivery systems to provide family planning services;
- design, implementation, and evaluation of community-based family planning delivery systems for urban poor

- and rural populations not adequately served by existing public service systems;
- expansion of non-clinical contraceptive information and services through commercial institutions;
- identification of development activities in other sectors into which family planning information and services can be integrated;
- provision of subsidized commodities that permit the sale of contraceptives at affordable prices, and adaptation of modern marketing techniques;
- provision of funds for commodities, including contraceptives, surgical equipment, communications equipment and vehicles where local resources do not permit purchase of such commodities;
- strengthening local institutional capacity to develop and produce family planning information, education and communications materials and programs; and
- establishment or strengthening of in-country training institutions for all types of personnel involved in the implementation of family planning programs, including training in financial and other management aspects of service delivery programs.

3. Improve existing services which are underutilized or where there are high discontinuation rates through:

- operations research to improve the efficiency and ef-

- fectiveness of family planning service delivery systems; evaluation of causes of discontinuation rates;
- enhanced client counseling and improved contraceptive use monitoring; assessment of client needs and evaluation of whether services satisfy them;
 - provision of a wider range of contraceptive choices, including, where appropriate, natural family planning and voluntary sterilization;
 - when appropriate, combination of family planning services with other, well accepted; development activities in other sectors and peer group networks (e.g., mothers' clubs, agricultural coops) which support interest in and ability to use available family planning services;
 - education and services directed toward men as well as women;
 - distribution of some types of contraceptives by familiar, trusted community members with medical back up and appropriate training consistent with host country medical norms; and
 - distribution of contraceptives through the commercial sector, where legal and culturally acceptable.

C. In the stage of phase-out of external assistance, priority should be given to AID strategies that:

- facilitate a transition to national program selfreliance, without damaging fam-

- ily planning service delivery during the transition period; and
- encourage host country institutions and population professionals to share local program expertise with other developing countries.

Priority Strategies:

- development of a mutually agreed-upon plan with the host country for the phase down of external assistance, including identification of conditions that facilitate phase out;
- formulation of a feasible schedule for increased local funding of program components receiving external assistance;
- involvement of the private sector in expansion of community-based distribution and commercial sale of contraceptives, fee-for-service, local fund-raising, and other cost recovery mechanisms;
- technical assistance to program administrators to help them allocate resources more effectively;
- initiation of loan funding for population programs;
- identification of potential for local contraceptive manufacture and/or processing, which prove feasible and will contribute to self-reliance;
- adaptation of U.S. technology for local production of contraceptives; and
- support for increased technical cooperation among LDCs.

III. Strategies to Advance Scientific and Technological Knowledge in Support of Voluntary Family Planning Programs:

1. Research

a. Biomedical research:

- give priority to contraceptive research for products in the final stages of development i.e., where a usable product may become available for use in programs within about 5 years;
- involve local research institutions and universities in international fertility regulation research to test the acceptability, effectiveness, and use of new and improved contraceptive methods in LDC settings; and
- include consumer needs and preferences in decisions on contraceptive development and the adaptation of information materials on new contraceptives.

b. Social Science and Demographic Research:

- study of local patterns of fertility regulation and country demographic indicators;
- study the determinants of contraceptive use at the local level;
- study the impact of different government policies and development efforts in other sectors on fertility attitudes and behavior; and
- study the consequences of long-term population growth on social and economic development.

c. Operations Research:

- examine management and supervision issues and alternative means to provide more cost effective and accessible family planning services;
- study factors affecting service demand, e.g., contraceptive pricing policies, and the capacity and willingness of users to pay for services;
- analyze contraceptive use problems as a function of service delivery, user needs and preferences; and
- determine effective strategies for the provision of contraceptive services, including natural family planning methods.

2. Technology Development and Transfer:

- develop and transfer technology and methodologies for data analysis, program management and evaluation;
- transfer new technologies and training methodologies associated with new fertility regulation methods, such as improved methods of surgical contraception; and
- encourage U.S. private firms to develop the manufacturing and distribution of contraceptives in LDCs where there are long-term commitments for procurement and resources for local production.

Concluding Overview:

The preceding population sector strategy offers comprehensive and flexible guidelines for the design of specific country assis-

tance strategies. Country needs and assistance opportunities vary widely. AID experience shows that, at all stages of country program development, some useful forms of assistance can be offered that will contribute to the implementation of AID population assistance policy.