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OPTIONS

Sustainability of Family Planning Programs and Organizations: Meeting Tomorrow's Challenges

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SUSTAINABILITY OF FAMILY PLANNING PROGRAMS AND ORGANIZATIONS: MEETING TOMORROW'S CHALLENGES

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TABLE OF CONTENTS

Preface ____ 1
Introduction ____ 2
What is Sustainability? ____ 3
Elements of a Sustainable National Family Planning Program ____ 8
Elements of a Sustainable Private Voluntary Organization ____ 22
The Donor Role and Policy Options to Promote Sustainability ____ 25
Conclusion ____ 31
Appendix 1—Thailand Case Study ____ 32
Appendix 2—Indonesia Case Study ____ 34
Appendix 3—Colombia Case Study ____ 36
References ____ 38

PREFACE

OPTIONS for Population Policy II is a five-year project funded by the Office of Population of the U.S. Agency for International Development (USAID). The goal of the project is to help USAID-assisted countries formulate and implement policies that address the need to mobilize and effectively allocate resources for expanding family planning services. The project provides technical assistance to:

improve the analytic capacity of developing country institutions to design, manage, and monitor family planning programs;

assess legal and regulatory policies affecting the delivery of family planning services;

promote efficient use of public sector resources in family planning programs; and

increase private sector participation in service delivery.

The OPTIONS II Project has developed special policy approaches to promote expanded support for family planning. Technical experts have prepared working papers aimed at codifying project experience and analytic approaches. The papers are intended to provide uniform guidance to OPTIONS current and future staff, furnish USAID/W and Mission staff with analytic tools to improve program and strategic planning, and help developing country policymakers and analysts to conceptualize and critically analyze policy aspects of the population sector.

The papers are being published as part of an ongoing Policy Paper Series focusing on various aspects of operational policy in family planning. Titles in the Policy Paper Series include:

(1) Assessing Legal and Regulatory Reform in Family Planning

(2) Strategic Planning for the Expansion of Family Planning

(3) Policy Issues in Expanding Private Sector Family Planning

(4) Communicating Population and Family Planning Information to Policymakers

(5) Cost Recovery and User Fees in Family Planning

(6) Sustainability of Family Planning Programs and Organizations: Meeting Tomorrow's Challenges

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INTRODUCTION

As the world's population grows, as more couples take advantage of family planning services in order to have fewer children, and as programs strive to provide services to the people who are the hardest and most expensive to reach, the total cost of service provision will increase rapidly. At the same time, the contribution of international donors to family planning programs in developing countries is likely to shrink—in relative and perhaps absolute terms. Thus, donors, host-country governments and program managers must reassess their priorities and target their spending to achieve the greatest good for the greatest number of people. This provides a powerful incentive to move toward more "sustainable" family planning programs.

This paper, a condensed version of a larger work, provides a working definition of "sustainability" along with an overview of the actions donors, policymakers, and managers can take to ensure long-term program viability. The paper examines the experiences of programs and private voluntary organizations (PVOs) that have sustainable elements, and describes policy options and donor initiatives that can enhance the sustainability of family planning efforts. The paper also presents economic and organizational strategies that can help family planning programs and organizations respond to demand for information and services. It is not intended to serve as a step-by-step manual or prescription for international donors, national policymakers, or program managers. The issues involved are country-specific, and the "state-of-the-art" is too young for such a prescriptive effort to be feasible. Rather, it is intended to provide guidance for strengthening the sustainability of family planning programs and organizations.

The appendices contain case studies of family planning programs in Thailand, Indonesia, and Colombia. Although this document does not fully capture the difficulties involved in designing sustainable programs, it is evident from the case studies that there are success stories in programmatic and organizational sustainability. Each setting presents its own set of challenges and progress toward sustainability may be slow. However, in each of the countries, donors have provided opportunities for the recipient government or organization to best use resources to meet local needs and develop programs that will be sustainable over time.

Currently, approximately $4.5 billion (U.S.) is spent worldwide on family planning programs. This includes indirect costs for surveys, training, communication, and technical assistance. Governments and consumers in the developing world pay for about 75 percent of the costs for family planning (Conly and Speidel, 1993). Though sustainable, worldwide public and private expenditures do not meet current demand for services and fall far short of projected future requirements. An additional $1 billion to $1.4 billion is required to serve married women who are not currently using modern contraception but wish to delay or limit births and, by the year 2000, the cost of providing family planning services is projected to rise to $11.5 billion.

WHAT IS SUSTAINABILITY?

Sustainability, a term now found in much of the development literature, rarely has been defined clearly and precisely. The definition appears to vary—when designing a cost-recovery system for a PVO, for instance, or when considering the long-term national resource requirements for expanding services. In this paper, we present a somewhat narrow definition of sustainability. This was done at the risk of excluding some dimensions, but with the intention of making concrete and understandable statements about the determinants of a sustainable family planning effort.

For purposes of this paper, **sustainability** is considered to be ***the capacity of a national family planning program and the institutions within it to provide its current and potential clients with the information and services necessary to obtain the benefits of family planning—on a continuing basis and without external aid.***

Achieving sustainability is a process through which a multi-institutional program or a single organization within it moves away from dependence on external sources of financial and managerial assistance, toward self-determination and financial autonomy. It is intimately linked to the ability of a family planning program or organization to generate a steady and secure flow of resources to replace those that are expended in delivering family planning. This renewal of resources allows individuals and society as a whole to have continuous access to family planning and its benefits.

It is also useful to define **national program**, which we consider to be ***a system of policies and public and private institutions that regulate, finance, support and deliver family planning services.***

While the system as a whole may be sustainable, some of its components may require subsidies from elsewhere in the system. Consequently, we consider sustainability on two levels. We look first at sustainability of an entire national family planning program, which includes all public and private (PVO and commercial) family planning service providers, as well as institutions that conduct activities in support of service expansion. Second, we examine individual organizations and the steps they can take to provide sustainable services. At both levels, the environment for family planning is dynamic, with demand for services, goals, and objectives, costs and benefits shifting simultaneously. Thus, sustainability is viewed as an underlying goal that effective planners and managers should work toward at all times. Once sustainability is approached—or even reached—continued efforts are required to maintain it.

PROGRAMMATIC SUSTAINABILITY

As shown in Box 1 (p.4), the public sector (primarily through individual and corporate taxpayers) is generally the appropriate financier of activities that support family planning service delivery and benefit all providers. These activities may include strategic planning, medical research, national-level data collection, mass media campaigns, and formulation of policies ensuring the quality of family planning products and services. The public sector also bears responsibility for financing and/or delivering services to important segments of the population—such as adolescents and the poor—when such services benefit society and when other sources of financing and support are unavailable.

The flow of resources from the private sector (individuals and employers) is directly related to the flow of benefits. If individuals have sufficient resources and recognize the benefits of family planning, they will invest both their time and money in family planning services. In Box 2 (p. 5), this is depicted as the flow of resources (i.e., payments for services) from consumers to private voluntary and commercial services, and the flow of benefits (i.e., ability to control fertility through access to appropriate contraception) from private services to consumers.

Achieving financial independence at the programmatic level requires an impressive planning capacity, an understand-

BOX 1. THE ROLE OF GOVERNMENT

Using the principles of public finance, there are five arenas in which the government may play an important role in provision and support of family planning services.

- **The government takes the lead in strategic planning.** Taking a national perspective, public policymakers bring together key participants in the family planning program and develop a strategic plan that identifies which provider can best deliver services to particular populations.

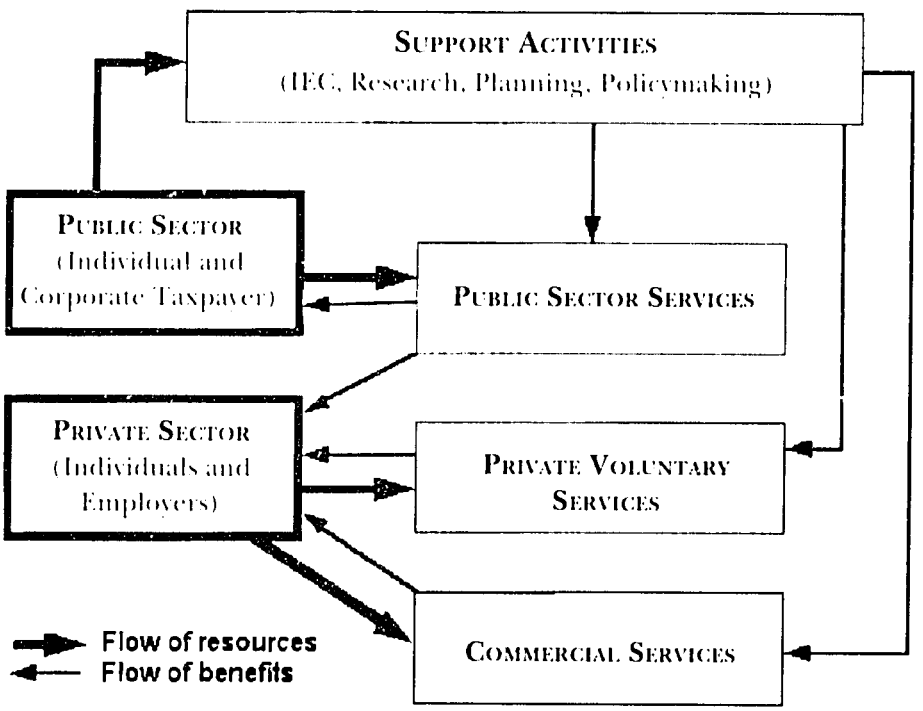
- **The government creates regulations that ensure sufficient quality of family planning goods and services.** The government has a clear role in establishing standards of quality for goods and services. It may also be appropriate for the public sector to develop and enforce laws that prohibit monopolies or other forms of unfair competition in the commercial sector. Additionally, the government may be responsible for eliminating barriers and overly-restrictive regulations that impede access or quality.

- **The government finances and/or delivers services to individuals who would be unable to obtain services in the private sector.** This usually means that public support is provided to target groups in which society has a special interest such as the very poor and adolescents. This can be done directly, for example through Ministry of Health clinics, or indirectly through private voluntary organizations or by contracting the commercial private sector.

- **The government sponsors research.** The public sector is the appropriate entity to undertake collection of information for planning and demand-generation activities, and to sponsor medical research. The government typically has a "comparative advantage" in these areas and has an interest collecting data that would benefit all providers and for which no individual provider would be willing to pay.

- **The government supports demand-generation activities.** As with collection of information, the public sector supports important demand-generation efforts that no single provider would be willing to finance.

BOX 2. A SIMPLIFIED VIEW OF THE FLOW OF RESOURCES AND BENEFITS IN A NATIONAL FAMILY PLANNING PROGRAM



ing of good resource allocation, a finely-honed ability to collect and interpret information about population characteristics and met and unmet need, and solid organizational and political skills. In general, a program moving toward sustainability manifests the following characteristics:

- **Those who receive services contribute to the cost of producing those services.** Individuals pay for the portion that benefits them, and society bears the cost of benefits that flow to society as a whole.
- **Public funds support family planning services for target populations** who would not seek unsubsidized services and for whom reductions in fertility have significant social payoff. People in this category are often the very poor or members of high-risk populations, such as adolescents.
- **The public sector is responsible for certain appropriate support activities.** These are activities for which the public sector has a comparative advantage (e.g., data collection and IEC activities), that improve performance

of the market-based system or service provision (e.g., regulation), and/or that benefit society at large rather than identifiable individuals (e.g., contraceptive research).

- Given the needs of both those persons who can pay and those who cannot, **a range of providers is accessible, corresponding to the appropriate financing of services.** In other words, there is an adequate supply of providers supported through client payments to meet the demands of those who can pay, and an adequate supply of subsidized services for those who cannot pay.

- **Services supported by public funds are delivered efficiently.** In the provision of all publicly-financed services, costs are held to a minimum.

- **Donors contribute little or nothing to the family planning program,** *or* the benefits derived from activities that they sponsor *could* continue at current levels if donors were to reduce financial and technical support.

ORGANIZATIONAL SUSTAINABILITY

Organizational sustainability parallels programmatic sustainability in one key way: financial independence. Inherent in the ability of an organization to be financially independent is the capability to maintain a stable structure, to allocate resources efficiently, and to respond to or even generate demand for services. It is a rare organization that can achieve financial stability and independence without considerable managerial and institutional strength. Generally, the following principles hold true for sustainable organizations.

- A sustainable **public sector service delivery organization,** such as a ministry of health, is able to obtain a sufficient share of tax and other revenues to cover the costs of providing services to target populations. It is also able to charge user fees to those who can pay for a portion of service costs, which enables the organization to target government funds to those clients who cannot pay. Finally, it is also able to deliver services efficiently.

- A sustainable **private sector organization** is able to provide family planning services to the intended client population without utilizing funds or other resources from outside the organization, with the exception of client payments. Typically, this is accomplished through pricing family planning goods and services at or above the costs of production and/or through cross-subsidization of family planning services, which entails providing family planning services at below-cost prices and supporting those services with fees collected for other goods and services provided at above-cost prices.

- Obviously, **for-profit** or **commercial providers**, such as private physicians and pharmacies, are established as financially and institutionally sustainable. To these providers, sustainability (e.g., profitability) may be the *only* goal. As long as sales result in adequate revenues, services will be delivered.

- **Private voluntary organizations (PVOs)** are often established to provide services to particular target populations. For them, sustainability is of secondary importance to their main objective of

service delivery. For example, for a donor-supported, nonprofit organization whose mission is to conduct family planning outreach activities among rural poor, sustainability may be an objective secondary to its fundamental mission.

Does increasing sustainability affect the ability of organizations to serve specific target populations such as the very poor or high-risk populations?

There is a critical link between programmatic and organizational sustainability. Programmatic sustainability implies that governments can distinguish between target populations that should receive publicly-supported services and those that should pay for services themselves. If information is available about which population is being served by a specific organization, managers can decide whether public funding of the organization succeeds in targeting public funds to the appropriate population and is consistent with the strategic plan for the national program. Public funding of the organization will move the entire program toward sustainability if the subsidies reach only the target populations for whom reductions in fertility rates have significant social payoff, but who would not seek unsubsidized services.

Does this emphasis on sustainability have a negative effect on the ability of a nation to attain the central goal of reducing undesirable fertility?

The answer to this question depends on the existing demand for services. If existing demand for family planning services is weak and heavy public investment in mass media and other efforts is required just to maintain the low level of demand, governments face a daunting task in the absence of donor funding. If, on the other hand, existing demand for services is strong and widespread, policymakers at the national level can move toward a program that is both sustainable and achieves demographic and other goals through careful targeting of public funds and by fostering private sector involvement. In fact, a family planning program that is relatively independent of donor involvement may be more stable and better able to respond to local needs than one that is heavily donor-financed.

ELEMENTS OF A SUSTAINABLE NATIONAL FAMILY PLANNING PROGRAM

In this section, we take a broad look at determinants of a sustainable national program, highlighting the need for political commitment and a favorable policy environment. We emphasize the importance of involving a broad range of providers, including publicly-supported services, such as those provided by ministries of health, and services provided by PVOs and private providers and pharmacies. There is also a need for strategic planning to ensure coordination between service providers, public support for activities that promote service delivery, and targeting of resources to increase the efficiency of the national program. However, external factors beyond the control of program initiatives can affect the potential sustainability of programs and the policy environment in which they operate. Some of these external factors are presented in Box 3.

Though some aspects of the policy environment affect the family planning program *indirectly*, a large number of policies and large-scale planning activities *specifically* relate to family planning. Ranging from the development of a strategic plan for involvement of the public and private sectors to the regulation of contraceptive manufacture and distribution, these policies are powerful determinants of the long-term viability and sustainability of a national program.

BOX 3. EXTERNAL INFLUENCES ON SUSTAINABILITY

External factors affect the potential sustainability of programs and the policy environment in which they operate. While these factors cannot be influenced by donors or program managers, they must be considered in efforts to design more sustainable programs.

- The **domestic economic environment,** through such factors as inflation, overvalued exchange rates, and disproportionate income levels and distribution, can limit program sustainability. These factors erode the value of domestic currency and the purchasing power of the population, resulting in increased program costs that make contraceptive products and services too expensive for consumers.

- The **macroeconomic policy environment** may conflict with progressive family planning efforts. For example, foreign exchange controls can limit access to foreign exchange needed for the purchase of equipment and contraceptives and price controls can decrease investment in contraceptive products and services.

- The **domestic political system** can suffer from political instability and inadequate administrative capacity, which can hinder program activities.

- **Societal influences** can affect the demand and support for family planning services. These include urbanization, increases in education and literacy, improvements in health conditions and in the status of women, and political or religious opposition to family planning.

POLITICAL COMMITMENT AND A FAMILY PLANNING CONSTITUENCY

Most of the world's population lives in countries where the government is, at least on paper, committed to reducing the rate of population growth. While many countries have developed strong family planning programs without strong government support at the highest levels, political commitment strengthens a program's sustainability. When national leaders are convinced of the importance of family planning to economic development or health, they will ensure that the program has the required human, material, and financial resources. Political commitment also provides strong leadership for national programs and creates an environment for reform of policies that are impeding service delivery.

TRANSLATING POLITICAL COMMITMENT INTO SERVICES

Commitment is translated into services when governments implement policies that direct adequate resources to family planning, that allow for the participation of all sectors (public, PVO and commercial) in delivery and support of family planning services, and that promote full access to methods and service providers of choice. The government plays an essential role in coordinating program activities, implementing policies, providing services, and supporting activities, such as research and planning, for the family planning program as noted in Box 1 (p. 1).

Thus, the government provides a policy framework that influences the roles of both public and private sector service providers. This framework ensures that organizations within the program can obtain the resources they need when they need them and that the efforts of all organizations are coordinated so that resources are used in the most efficient manner. This process is called "strategic planning."

STRATEGIC PLANNING FOR PARTICIPATION OF THE PUBLIC AND PRIVATE SECTORS

Sustainability of a national family planning program critically depends on the ability of governments to target subsidies toward the populations that should receive publicly-supported services (directly or indirectly through PVOs) and to ensure that commercial providers are able to service those who can pay. Planners can work toward achieving this by using information to analyze the demand for family planning, and by developing a strategic plan to ensure that resources are targeted toward providers that service the appropriate populations. The government then implements suitable policies to support the strategic plan. Essential steps in strategic planning and a discussion of their relevance to fostering sustainability are presented below.

- **Assess the environment and outline objectives.** An analysis of information to determine current levels of contraceptive prevalence, present and desired fertility levels, met and unmet demand and service utilization patterns can identify major market segments, gaps in the program's ability to meet existing demand, and areas where increased demand generation is needed. Also, analysis of the source mix can

highlight special roles played in the program by large PVOs—and areas of overlap with the public and commercial sectors. Surveys such as the Demographic and Health Survey (DHS) and analytical tools such as the Target-Cost Model[1] can be used in this process.

After analyzing the demand for family planning in terms of geographic needs, method mix, and socioeconomic status, an assessment can be made of the supply of family planning services. This involves analyzing all types of service provision, including public hospitals and clinics, private clinics, private physicians, nurses, midwives, pharmacists, and employer-based systems, to determine their accessibility, methods provided, efficiency, and current and appropriate client populations.

- **Identify alternative strategies to achieve program goals.** Developing alternate strategies and estimating the costs of each in human, material, and financial terms is an important step. Strategies may include determining which providers should provide services to particular populations, the resources they will need (training, materials and staff), and mechanisms to meet these provider needs. Strategies should be practical and designed to reach objectives that can be achieved at current and anticipated resource levels.

- **Select the optimal strategy for achieving program goals and ensuring commitment of key actors.** Selecting the best strategy and building support for it among the key actors (e.g., ministers, program managers, technical staff) who will actually run the program is critical. It is also important to develop an effective action plan for implementation, including resource requirements, plans for resource allocation, and evaluation criteria, and to employ a communication strategy to inform decision-makers about the strategy and the role they will play in its implementation. This is vital because not all key actors may have been involved in development of the strategic plan.

- **Evaluate program performance.** Conducting routine monitoring, evaluation and pilot testing can ensure that program goals are being reached and that new initiatives are effective. Evaluation should be conducted periodically at all levels of the program and revisions to the plan should be made where necessary to guarantee that the strategy continues to be appropriate for the changing environment.

Factors Affecting Resource Allocation to the Public Sector

The public sector has fundamental responsibilities for ensuring that family planning services and support for those services are available. To fulfill these responsibilities, significant financial investment of tax dollars is required. The ability of a program to mobilize public funds is an important determinant of its potential for independence from donors. The following factors may play a role in the way resources

[1] The Target Cost Model is an analytical tool developed by The Futures Group International. The model examines family planning requirements to meet specific fertility goals and costs associated with achieving a target total fertility rate.

are generated and allocated specifically for family planning.

- **Coordinating Agency**. Many countries have established technical units or coordinating bodies within the government hierarchy that are charged with implementing the national population policy and/or coordinating resources allocated to population activities and family planning service provision. While such agencies are not necessary for a sustainable program, an effective coordinating agency can serve as a catalyst for generating and efficiently spending public resources. It can also develop policies that foster private sector involvement and sponsor planning and research activities.

  The position of the family planning coordinating agency and the quality of leadership within the government power structure determine its effectiveness. Clearly, the closer a coordinating agency is to the highest levels of national leadership, the more visibility the program will have and the better it will fare as it competes with other sectors for government support.

- **Program Structure**. Public sector services may be established as vertical programs that deliver family planning outside of existing health services or they may be integrated programs that provide family planning as one of several maternal and child health (MCH) services. Vertical programs require a larger investment but ensure that resources are directed specifically to family planning activities. Integrating family planning into existing MCH services by adding family planning to the responsibilities of already overburdened health care providers can limit the resources that are actually allocated to family planning provision. Factors determining which of these structures is most appropriate are discussed in the section entitled *Designing a Structure that Fits the Setting*.

- **Resource Allocation Process**. Often government budgets do not include line items for the inputs required for family planning programs. This has been the case in many countries because programs have received contraceptives, training and other inputs from donors. Consequently, they have never had to budget or procure them. Line items for those inputs must be introduced into government budgets before resources can be allocated for them. While this may not ensure that financial resources will be allocated for these inputs, it does guarantee that a mechanism exists to do so.

  A related obstacle to mobilizing public sector resources is the fact that government health budgets are often developed by adding a fixed percentage to the previous year's allocations. This failure to plan strategically in allocating resources seriously impedes a program's ability to meet growing demand.

POLICIES AFFECTING PROVISION OF AND ACCESS TO FAMILY PLANNING SERVICES

Some government policies affect access by imposing regulations that deny services to specific populations, limit incentives to private provision, increase the costs of obtaining services, and deny access to clients who cannot pay higher prices. These include:

- **Prohibitions against Charging User Fees.** In many countries, access to health care is considered a universal right and public resources are directed to the delivery of free services to all clients regardless of their ability to pay. Often, governments prohibit the charging of fees in public facilities in an attempt to guarantee access and promote contraceptive use.

  Paradoxically, these policies often reduce rather than expand access. Policies that prohibit fees for health and family planning services eliminate opportunities to recover costs. They reduce possibilities for rational targeting of public subsidies and crowd private sector family planning providers out of the market. This has the distinct effect of reducing the supply and range of service providers, and hampers progress toward sustainability. Also, although no direct fee is charged for the service, clients do incur costs such as wages foregone while they wait for care in overburdened health facilities, travel costs, and the costs of accepting lower quality services.

  To foster a sustainable program, then, there should be no prohibitions on charging for services in public institutions or on modifying prices as conditions change *as long as exemption mechanisms are used to protect the poor.* Policies regarding fees for services should change over the life of a program and vary among settings. In countries where demand for family planning is low, fees for services should be minimal in order to promote demand. As demand grows, fees can be increased in order to generate resources to target hard-to-reach populations.

- **Price Controls.** Policies that establish price controls or ceilings also reduce resources available to the program by reducing incentives for the supply of services by both the commercial and private voluntary sectors. Price ceilings applied by health ministries or national pricing boards may be so low as to prevent providers from covering costs.

- **Import Restrictions and Taxes.** Other government policies eliminate opportunities for commercial providers by making the cost of providing services prohibitively high. These policies take the form of duties and taxes levied on contraceptives themselves or on the materials required for their manufacture.

- **User and Provider Restrictions.** There are many types of restrictions on who can provide which type of services and to whom. First, there may be restrictions on who may receive services, including requirements that a woman be of a certain age, parity, or marital status. Women may also be required to have the consent of her husband in order to receive family planning. Second, there may be restrictions on the distribution of contraceptives, such as policies requiring prescriptions for

It should be noted that a user fee system should only be instituted when the cost associated with collection of fees is reasonable. In general, collected fees should stay within the region or clinic. For more information on effective user fee systems, please refer to the OPTIONS Project Policy Paper Series No. 5, *Cost Recovery and User Fees in Family Planning.*

obtaining contraceptives or requiring clients to make frequent visits to health centers in order to obtain supplies. Third, there may be restrictions on who is authorized to provide services and on where commodities can be distributed.

- **Advertising Restrictions.** Restrictions on who can disseminate information include bans on advertising—by brand, method or generic information about family planning. Also, regulations may restrict the type of media that can be used to reach people.

DESIGNING A STRUCTURE THAT FITS THE SETTING

As emphasized earlier, programmatic sustainability rests largely on the ability to plan strategically, target public resources toward hard-to-reach populations (directly or indirectly), and foster the provision of commercial services for the population that can pay. This requires establishing program objectives and a strategic plan to meet them. The program objectives and strategic plan dictate the appropriate program structure, which consists of overall program management, coordination mechanisms, and the range of services delivered through a variety of modalities. The appropriate structure for the program will differ by country and will change as the program moves through stages and strives to achieve new goals. Factors that can determine program structure include density of the population, existing health care structure and opportunities to use it to provide family planning, demand for family planning, political stability, political support for the program, and program goals.

A vertical structure that is primarily dependent on public sector implementation has often been used for the introduction of family planning and the generation of demand for services. This is then gradually replaced by an integrated structure in which family planning becomes tied to the provision of MCH services. Finally, the program evolves to incorporate community organizations, including commercial and PVO providers, into the program to build community support and increase the program's sustainability. Some programs are a blend of these structures.

There are situations in which a resource-intensive program is necessary and the goal of sustainability must be subordinate to other program goals. For example, in sub-Saharan Africa, where demand is low and services are weak, a vertical structure that requires large subsidies is needed in order to build demand and put services into place. As the program develops and demand grows, a more sustainable structure may become appropriate.

Programs that require fewer public sector resources and tend to be more sustainable incorporate commercial and PVO providers into the program. Examples of public and private sector linkages that contribute to sustainability can be found in Box 4 (p. 14).

BOX 4. PUBLIC AND PRIVATE SECTOR LINKAGES THAT ENHANCE SUSTAINABILITY

Programs that require fewer public sector resources and tend to be more sustainable incorporate commercial and PVO providers into the program. Examples of public and private sector linkages that contribute to sustainability include:

- **Social Marketing of Contraceptives.** Social marketing of contraceptives—the distribution of subsidized contraceptive products and information about their use through private pharmacies and other retail outlets—allows the national program to reach key populations of potential contraceptive users at relatively low cost. It takes advantage of widespread private distribution networks and consumer preference for commercial providers.

- **Employer-based Services.** In some settings, it makes sense for large employers to directly provide or to finance family planning services for workers and their dependents, particularly within the context of existing workplace-based health care. From the employer's perspective, providing services can reduce costs associated with pregnancy and childcare (maternity leave, reproductive health care, employee absenteeism to care for children, etc.). From the government's perspective, any privately-funded care reduces the burden on the overstretched national budget (Rinehart, Blackburn and Moore, 1987).

- **Limited Support for Private Clinics.** Another way to take advantage of existing service networks is to assist private physicians and other private sector providers in obtaining training and management skills so that they can better deliver family planning services. For example, in a "community doctors" approach, a physician or midwife receives training, IEC materials, technical assistance, and support in the form of a loan for furniture and equipment. She or he also may receive rent subsidies, a per-client fee from the sponsoring agency for every low-income client or other assistance. During a set period of time—two years, for instance—the provider is required to "generate enough income to achieve a degree of financial self-sufficiency that will allow him or her to cover all of the operating costs of the clinic, pay back the loan and satisfy personal income needs" (Busquets-Moura and Istepahal, 1991, p. iii).

ENSURING THAT THE SYSTEM RESPONDS TO LOCAL NEEDS AND DRAWS ON LOCAL RESOURCES

The ability to respond rapidly to changing consumer demand and to take advantage of local resources is fundamental to the sustainability of a program. This requires that decisions be based on timely information about the preferences of the client population and that decision-making occurs at levels within the program that are close to the point of service delivery. Decentralization, which results in greater control at the local and regional levels, can foster sustainability in the following ways.

- **Enable programs to recognize varying health and family planning needs that result from urban/rural and cultural differences.** Although centrally-organized and managed family planning programs may be designed to capitalize on economies of scale, the costs of adapting centrally-directed programs to meet local requirements can be even greater than the advantage offered by economies of scale. Decentralizing a national program allows localities to design programs to match local needs. By bringing decision-making closer to the client, the program has the potential to improve the quality of services, strengthen demand, and improve efficiency.

- **Provide incentives for sustained local participation through local resource mobilization.** When taxpayers in the locality perceive that they are benefitting directly from services supported by their taxes, they have a greater sense of participation and involvement in the program. This requires that at least a portion of local tax collections be retained at the local-government level for local expenditures. (This principle also holds true for successful user-fee systems. Clients generally understand the need to contribute when the fees they pay for services are used to benefit their clinic or regional service delivery system.)

- **Allow programs to flexibly use resources that exist within communities.** For example, if one region has a surfeit of private physicians or other private sector service providers while other areas are experiencing shortages, appropriate strategies can be used to ensure that resources are available where they are needed. In areas with many private providers, the public sector can contract with them to serve low-income populations. In areas with shortages, the public sector itself may have to take the lead in creating and staffing health care facilities.

- **Employ and develop managerial and technical skills and expertise at the local level.** Organizations that exist at the local level can be tapped to supply the managerial talent necessary to run local family planning programs.

SUSTAINING THE PROGRAM BY NURTURING DEMAND

To maintain the flow of family planning benefits over time, a steady and even an increasing number of clients must seek and use family planning services. Demand-generation and maintenance activities recruit new acceptors and users into the program, improve the quality of services provided to current users, and inform and direct users toward more appropriate contraceptive methods. Thus, demand generation and maintenance are integral to a sustainable family planning program. Responsibility for these activities falls to many institutions.

THE PUBLIC SECTOR'S ROLE IN GENERATING DEMAND

As mentioned above, the government has a comparative advantage in the collection of data and implementation of IEC campaigns. First, as the largest service provider in many settings, the ministry of health or comparable agency has a strong interest in learning about the family planning knowledge, attitudes, and practices

of a large share of the population so that it can design and deliver the most appropriate services. Second, government agencies in developing countries are usually in a better position to launch large surveys (e.g., through the census bureaus or other offices) than are private firms. Third, governments generally are in the best position to carry out IEC activities. The public sector often controls much of the mass media and can quickly introduce targeted messages. Both information gathering and IEC activities provide benefits to society at large, implying that social investment is warranted. Finally, it is unlikely that a single private provider or group of providers would be willing to pay for activities that benefit individuals who are not paying.

IEC strategies and needs will change over the life of the program. When demand is low investments in IEC are required to raise awareness and generate demand. As demand increases, IEC campaigns must shift their orientation to target messages to hard-to-reach groups and provide more detailed information about different methods in order to meet the needs of current users and generate new users. Finally, IEC campaigns can also be used to direct users to more cost-effective contraceptive methods, thereby increasing the sustainability of the program.

Quality, Consumer Satisfaction, and Sustained Demand

Demand is a function both of factors external to the program—a societal shift in attitudes toward small family size, for example, or an increase in the costs of bearing and raising children—and of characteristics of the program itself. Among the most important is the responsiveness of the family planning program to clients' perceived needs and the technical quality of services provided. Do women who visit providers receive the attention, choices, and services to satisfy them? Do the services provided offer the most appropriate method and foster correct use and follow-up to ensure good health outcomes? In short, the quality of services provided strongly determines the effectiveness of family planning method use, whether women return for care when needed, and whether they recommend family planning to friends and relatives.

While "quality" of health and family planning services is a difficult concept to define and measure, it has long been cited as one of the most important reasons for the success or failure of health and family planning programs. Seemingly small factors that have little to do with the technical quality of services, such as long waits and the gender of providers, have been shown to have major impact on family planning outcomes, such as contraceptive use. Particularly in family planning, where client motivation and continuation of method use are so closely tied to program impact, treating one client well may be more important than recruiting ten new clients (Bruce, 1989; Jain, Bruce and Kumar, 1989).

The relationship between the quality of services and the sustainability of those services is mutually reinforcing. Poor quality of care discourages use. Organizations that provide poor quality services cannot generate either the revenues from users or the support of a political constituency that are required for long-term sustainability of a family planning program. This is manifested in innumerable

public systems, where severe budget constraints have led to the decay of facilities, and low pay and lack of incentives for client-centered care have created services that fail to generate client satisfaction.

On the other hand, good quality of care can help an organization move toward sustainability. If clients receive services that respond to their felt needs, and for which the benefits are apparent, they often are willing to pay at least a portion of the costs. More indirectly, good quality family planning services can meet the needs of political constituencies and be assets to policymakers who support them.

THE ROLE OF THE PRIVATE COMMERCIAL SECTOR IN RESPONDING TO CONSUMER DEMAND

As noted earlier, the commercial sector has the defining feature of being completely (or almost completely) sustainable. Private providers and clinics that do not generate sufficient income soon find themselves out of business. The necessity of bringing in paying clients implies that for-profit family planning providers must pay considerable attention to consumer satisfaction. In particular, they must provide services that, from the client's perspective, are "better" than lower-cost alternatives, including public family planning services. Such features as closer proximity to the home, shorter waiting times, nicer facilities, more convenient hours, and greater attentiveness to good provider-client communication often are cited as reasons why clients prefer private providers to the less expensive public family planning system.

The demand for private commercial sector family planning services is evidenced by extensive use of pharmacies and other private providers in developing countries. The for-profit private sector is a provider of choice because it often provides more accessible services.

TARGETING FOR EFFICIENCY AND EQUITY

As described above, in many countries public family planning services are available to all consumers, often at little or no charge. Two basic rationales form the basis for offering highly-subsidized public family planning services. First, where rapid population growth is hampering economic growth, reduction in fertility is thought to provide tangible benefits to society at large, in addition to benefits to individuals. Therefore, the government is willing (and sometimes eager) to expend public resources to extend family planning services. Second, in many countries the government takes responsibility for providing universal subsidized health services under the assumption that this policy enhances equity, particularly in areas where people are considered to be too poor to pay for private care. Family planning is just one of many free services, and is often provided through the same outlets and by the same personnel who deliver health services, such as prenatal and well-baby care.

Increasingly, however, universal access to government-subsidized health and family planning services is being recognized as unfeasible and undesirable. Few countries possess adequate public resources to finance the entire health system, which results in a public system

suffering from deteriorating infrastructure, low morale among poorly-paid staff, and shortages of key inputs such as drugs and supplies.

Universal, subsidized health care is also undesirable because it often reinforces existing inequitable distribution of resources. While some governments may believe that it promotes equity, untargeted, free, or very low-cost public health programs actually have had the opposite effect by providing much greater access to services in urban, relatively well-off areas, at the expense of poor and rural areas. Furthermore, resources have been diverted toward high-cost, hospital-based services, which tend to benefit few, and away from lower-cost services, which benefit larger populations (Birdsall, 1989; Jimenez, 1987). Untargeted subsidies typically create opportunities and incentives for government providers to charge unofficial side payments, and/or lead to long lines at service outlets. From both efficiency and equity perspectives, then, a feasible and desirable alternative to delivery of universal free family planning services is a targeted approach whereby public funds are used to support providers who serve specific populations. Examples of targeting mechanisms can be found in Box 5.

Political considerations may make targeting difficult to implement. The ideal targeting scheme would restrict

BOX 5. TARGETING MECHANISMS

- **Self-selection by Economic Signals.** This approach uses prices and associated service characteristics to provide incentives for those who can and want to pay more to choose higher-priced, unsubsidized services. A family planning program could offer special types of services for clients willing to pay a user fee, and only basic services for non-paying clients.

- **Targeting the Poor by Aiming at Characteristics Correlated with Low Income.** This approach implies that characteristics of the poor versus the non-poor can be identified, and that those characteristics can be used to design services. In settings where the poor are concentrated in certain urban neighborhoods and/or in rural settings, the public system could provide universally free access, while charging fees (or providing no services) in areas where more affluent families live.

- **Identifying the Poor by Establishing Income Cut-offs for Subsidies and Determining Eligibility Based on Direct Measurement of Income** (self-reported by the client through tax or payroll records, or through investigation of the client). This "means-testing" approach is clearly a more difficult system to administer and must meet several criteria. First, to minimize leakage of subsidies, the means test should differentiate between those who qualify for lower charges and those who do not. Although a test could be made so tight that the non-poor never receive services free or below cost, there is probably some level of leakage that minimizes the net cost of the operation, which includes delivering the health service, paying for the means test, and losing the revenue of people who should but do not pay. Third, a targeting program (although not necessarily the means test itself) should achieve thorough coverage of the poor. Thus, someone who is poor should receive some benefit from the subsidy.

program benefits to the poor—just the population that is least likely to generate sufficient political support to attract resources to the family planning program. Thus, an economically-efficient system may not be politically feasible. Some wealthy individuals may need to have access to subsidized services in order to maintain a constituency for such services among the more powerful segments of the population. In other words, the government must help the rich to help the poor.

Resource Mobilization and User Fees

The public sector responsibility for delivering or financing family planning services for a target population implies that national governments will devote a portion of tax or other revenues to supporting these services. Currently, national or host-country governments spend approximately $3.5 billion on family planning (Lande and Geller, 1991). Despite these sizable contributions, the current level of spending amounts to only 0.1 percent of total government expenditures, on average. Clearly, increasing even tiny proportions of their budgeted expenditures could go a long way toward funding program costs (Lande and Geller, 1991).

Given a growing recognition of the limitations of government resources and the competition for government funds among health, family planning and other sectors, policymakers may be willing to consider alternatives. Among the most promising is the implementation of, or increase in, user fees for at least some family planning goods and services, as long as they do not reduce overall demand or result in hardships to the poor. User fees provide several benefits. For instance:

- **User fees can generate revenues for financially-strapped health care facilities and systems.** In concept, those funds can then be used to establish services in underserved areas or to subsidize care for poorer clients. In addition, if retained at the facility, user-fee revenue can be used to improve the quality of care. It is important to mention that, while this is one outcome of a user-fee system, there is relatively limited potential for revenue generation in the realm of family planning, and far greater potential in curative services. In fact, user fees in family planning should not even be considered unless there is a widespread and well-accepted user-fee system already in place within the health system, even for basic care.

- **User fees can increase efficiency in consumption of family planning services if prices are used to encourage consumers to use the least resource-intensive sources or methods of family planning service** (e.g., health posts versus outpatient departments of hospitals, and less costly pills versus more expensive ones).

- **User fees have the potential to improve the equity of health service delivery** by freeing public funds for services for populations that traditionally have been underserved (the poor and/or those in rural areas).

- **User fees ensure that client use of family planning services is voluntary.**

A central concern when user fees are instituted is the effect on demand. How

sensitive to prices are family planning users (or potential users)? First, demand for low- or moderately-priced contraceptives is similar to that for free contraceptives Second, as price rises, the effect of price changes on demand increases. That is, there may be little change in demand as prices rise at the low end of the price range, but significantly greater change in demand as prices of more expensive goods and services rise. Third, large jumps in prices tend to have major effects on demand. Last, demand among the poor is more likely to be affected by price changes than demand among higher-income groups.

EFFICIENCY OF SERVICE PRODUCTION

In all settings there is potential to increase the efficiency, or cost-effectiveness, of family planning service provision. Staff can be reorganized and volunteers can be enlisted to increase effective outreach, commodities can be obtained in a more timely manner, and the volume of clients seen in clinic settings can be increased, thereby making the most of expensive facilities and driving down unit costs. The following principles should be considered as policymakers and program managers make the push toward sustainability.

- **Level of Outlet and Staff Mixes.** In general, programs use resources most efficiently when the least costly level of provider is used to deliver a particular method. However, no change in staffing patterns should be made that impairs the delivery of high-quality services. Also, while quality of care demands that a wide range of methods be available to the potential user, it is not necessary that all outlets provide all methods.

  Non-medical personnel—community workers and retail sales workers—can safely distribute condoms and spermicide. They also can safely resupply oral contraceptives and, if trained to screen for principal counter-indications, can safely prescribe them (different countries have different norms regulating the initial prescription of orals; however, in practice, pills are available over-the-counter in most developing countries). Any facility, including pharmacies, that routinely offers injections can administer injectable contraceptives.

  IUDs, sterilization and implants require more highly-trained personnel and minimum standards of hygiene, usually found in organized clinic settings. Nurses and midwives can be trained to insert IUDs and need only a clean table with a privacy screen, clean water, and sterile instruments. These requirements can be met in most health posts. Voluntary sterilization and implants require more extensive training and a closed surgical area.

- **Pharmaceutical Purchases.** One realm in which there typically is considerable latitude for reducing costs is in the area of pharmaceutical purchases. Some countries take advantage of services provided by international agencies that use worldwide tendering and pass on low, bulk prices to national programs. Others, however, do not use international tendering and/or have restrictions on pharmaceutical imports in an attempt to protect national industries. Still others de-

pend on donor-provided commodities. The result is tremendous variation in retail prices for contraceptive commodities. Condoms cost only $2 to $3 per 100 in China, Egypt, and Tunisia, but $15 to $30 per 100 in Costa Rica, Ecuador, and Mexico, and more than $70 per 100 in Brazil, Burundi, Myanmar, and Venezuela (World Bank, 1993).

It is in the long-term interest of the family planning program to keep commodity costs to a minimum. Depending on the setting, this may imply instituting a more effective tender and procurement process, opening the doors to foreign manufacturers, and/or encouraging local production by the commercial sector.

ELEMENTS OF A SUSTAINABLE PRIVATE VOLUNTARY ORGANIZATION

In this section, we focus on those organizations most likely to face the new challenges of providing financially- and institutionally- sustainable services—PVOs that have long been dependent on support from donors and, in some cases, host-country governments.

As mentioned earlier, we stress PVOs because they have the greatest potential for becoming sustainable, although it is important to recognize that there are limits to the ability of particular organizations to be financially independent. As stated earlier, PVO providers that primarily serve the poor or others who would not seek services in the commercial sector may be unable to continue to deliver care to those clients if donor or other public support were withdrawn. In such cases it is critical to evaluate the contribution that the organization makes to the program as a whole, and to determine whether public dollars should continue to support it.

Before judging whether a particular PVO should become financially independent, it is essential that the PVO, the government, and the donor agencies clarify the organization's mission. If the nonprofit provider is serving a segment of the population that cannot be reached through the existing public sector network, is able to provide such services in a more cost-effective manner than the public sector, *and* can serve clients who would not seek services through the commercial sector, public support of the PVO probably is warranted and should be continued.

In most cases, however, a detailed examination of a PVO's mission and capabilities will show that there is at least some room and rationale to decrease, if not eliminate, public support. Below, specific measures that such an organization might consider when faced with a decline in donor or other public sector support are discussed.

STRATEGIES TO CLOSE THE SUSTAINABILITY GAP

In the simplest terms, the "sustainability gap" for any PVO is the total cost of providing services minus the total revenue, excluding public sector support. A financially-sustainable organization that is independent of donors or the government is one in which the sustainability gap is zero, or even negative, if surplus is being generated. And, as stated earlier, long-term financial sustainability generally implies that managerial and other institutional structures are sound, reasonably efficient, and responsive to change.

When faced with the new challenge of moving toward sustainability, organizations must determine the magnitude of the existing sustainability gap, identify strategies to close it, and determine which of those strategies best fits the mission and characteristics of the organization. These are not easy tasks.

MEASURING THE SUSTAINABILITY GAP

PVOs are notoriously lax about cost accounting, and it may be difficult for them to obtain a quick estimate of the actual costs of providing family planning services. For obvious reasons, this is particularly true in cases where family planning is just one of many services that an organization provides and/or where

budgets are separated among projects sponsored by various donors and subcontracts. It may be necessary to carry out a cost study specifically for the purposes of estimating both the total and the unit costs of family planning service provision.

It may also be difficult for organizations to identify the many sources and amounts of cash and in-kind revenues that they receive. For example, PVO family planning clinics that appear to be entirely funded by donors may in fact be using buildings and supplies that belong to, or are subsidized by, a host organization or even the government. Or some personnel assigned to provide family planning may receive salaries and/or benefits from other parts of the organization. These in-kind revenues, though often invisible on the balance sheet, are important to include in an overall estimate of resources currently available to the organization because they represent expenditures that would have to be made in the absence of such contributions.

Once reasonably accurate estimates have been made of the total costs of providing family planning services and of the total revenues by source—neither of which is a simple task—a manager can estimate the difference between total annual (or monthly) costs and total non-donor, nongovernmental revenues. That difference is the sustainability gap, the total amount of funds that would have to be provided in the absence of donor and/or public sector support.

IDENTIFYING STRATEGIES TO CLOSE THE SUSTAINABILITY GAP

Several avenues are open to PVOs as they seek to close the sustainability gap and move toward a more financially-sustainable operation. They can:

- **Generate more revenue for existing or expanded family planning services.** This approach can take several forms, including imposing user fees on at least a portion of the clientele, increasing the prices currently charged for specific high-demand family planning services, and working with health insurers and/or employers to include family planning services received from the organization within a benefits package for a fixed annual fee or on a cost-reimbursement basis. The most common approach is to introduce a user fee for at least some services.

  One advantage of the user-fee (or third-party reimbursement) system is that client payments can make an organization more responsive to consumer demand. Revenues can be reinvested to improve the quality of service delivery. And, by definition, client payments will make the organization less dependent on other sources of external assistance. A disadvantage of the user-fee system is that the total revenue generated must significantly exceed the cost of administering a workable user-fee system, which may be substantial if there is an elaborate means-testing mechanism to waive fees for the poor.

  The key to a workable user-fee system in the private sector, as in the public sector, is to understand the dynamics

of consumer demand and to set prices accordingly. The prices may be applied to existing services, to new method choices, or for evening or weekend (high-demand) hours. Similarly, PVOs with large networks can consider charging higher prices in urban areas, where demand and income are likely to be higher, and keeping services low-cost in rural settings. Where demand is highly sensitive to changes in price, imposing or increasing user fees may decrease the volume of clients.

Care must be taken to protect the poor from establishment of or increases in user fees. These strategies must be implemented with caution and experimentation. Only through careful market tests can managers and planners know how a change in fees will affect demand. It is essential to carry out pilot tests and to monitor and study the effects of changes in fees.

- **Generate revenue from related services.** Some PVOs have found it desirable to diversify the services they provide beyond just family planning services and to charge for the related services. The revenues would then be used to cross-subsidize and support the family planning activities. For example, an organization could provide and charge for lab tests, ultrasound, infertility treatment, and other services that are in high demand.

  On the positive side, availability of ancillary services can attract new clients. Pricing arrangements in which family planning services are free while other services entail a cost to clients may encourage clients to obtain family planning services. On the negative side, organizations can become overly concerned with obtaining and generating income from costly "high-tech" health inputs, overlooking a primary mission of providing high-quality family planning services. Indeed, clinicians may even have incentives to "overprescribe" ancillary tests to generate income for the organization. Payment for such tests can hinder access to family planning services.

- **Increase efficiency of service delivery.** Suggestions for improving the efficiency of service delivery in the public sector apply equally to PVOs. However, PVOs may have even more flexibility than public sector providers in organizing their service delivery.

  To reduce the unit costs of delivering family planning services, an organization can increase efficiency by shifting to a less costly mix of staff and increasing the productivity of workers. An additional approach is to lower the costs of purchasing commodities and other inputs. This can be done by making a concerted effort at competitive bidding (tenders) for supplies, and by teaming with other providers to make bulk purchases. Each organization faces unique questions about the most efficient means of achieving its goals; these questions often can be answered through careful operations research.

THE DONOR ROLE AND POLICY OPTIONS TO PROMOTE SUSTAINABILITY

Movement toward a sustainable program or organization requires concerted planning, financial, and managerial efforts. Existing donor, national, or institutional policies often run counter to such efforts and reinforce unsustainable resource flows and institutional practices.

In this section, we present guidelines for designing sustainability into projects. We also provide a matrix summarizing the determinants of sustainability at the program and organizational levels, the policy options that governments and organizations can pursue, and the donor role in supporting policy change and implementation (see Table 1, p. 29).

GUIDELINES FOR DESIGNING PROJECTS FOR PROGRAMMATIC SUSTAINABILITY

When projects involving all sectors (public, PVO, and commercial) are designed, the main task is a strategic one: to assess the current and potential roles of each type of family planning provider and seek ways to encourage the most cost-effective and appropriate mix of providers. In carrying out these tasks, the following steps can be taken.

1. CARRY OUT DEMAND AND SUPPLY STUDIES IN PREPARATION FOR THE PROJECT DESIGN

➤ **Assess the current demand for family planning services by type and method.** DHS or similar data provide rich information on who is seeking services and from whom. This gives a sense of whether demand is low or high, increasing rapidly, or holding steady. It demonstrates how large a role the various sectors (public, PVO, and commercial) currently play in providing contraceptives. This information, in turn, provides basic knowledge about the potential for moving toward sustainability. In countries or regions where demand is relatively high and/or steadily increasing and where there is considerable participation of private sector actors, the potential is high. Project designers can actively seek out ways to take advantage of the existing demand for private services and to relieve the public sector of having to deliver services to those who can pay for their own care.

A "market-segmentation" study defines the key segments of the family planning market. These include the very poor, who are candidates for publicly-sponsored services; the low- to middle-income, who may be appropriate consumers of socially-marketed contraceptives; and the upper income, who can obtain unsubsidized services from commercial providers. This sort of study is a key input to any targeting effort and provides useful information for designing services that meet the needs of each of the segments.

➤ **Assess the supply networks for family planning services.** Supply analyses examine how many public and private outlets are delivering family planning services, and describe what types of services they are providing. Again, such studies yield useful information about the potential reach of public and private providers. Clear geographic differences may appear, suggesting that there is room for dependence on private services in one region but not

in others. This is important information for targeting publicly-funded services.

- **Analyze legal and regulatory constraints.** Since the key to a sustainable program is likely to be the existence of a broad set of family planning providers, it is useful to identify any legal or regulatory constraints to participation of the private sector. Information from such an analysis can be used to develop project activities that are designed to promote regulatory reform.

- **Estimate public and private expenditures on family planning.** Using survey data and government and donor budget information, one can estimate total expenditures on public and private family planning services. This analysis indicates whether the program is broadly based or disproportionately dependent on the public sector.

2. Target Public Monies

Donor spending, like all public funding, must be carefully targeted to the population groups that would not seek unsubsidized family planning services. Using the information from the studies listed above, project designers can determine, in general, the best delivery systems to support. That is, which providers are serving important target populations *and* require outside support to continue to do so?

It is critical to note that just as host-country governments may be distorting the market with universal subsidies, international donors may be doing the same. Donors, like host-country governments, may be "crowding out" the private sector. Donation of contraceptives is the most clear example. In countries that have received large shipments of "free" contraceptive commodities, the incentives for domestic commercial manufacture and importation by commercial providers have been reduced.

3. Generate Political Support

In large projects, particularly those involving ministries of health or similar institutions, there is no chance for the project to continue without donor funding *unless* political leaders perceive that the project brings tangible benefits. This implies that such leaders should be fully informed about the successes of the project as it gets underway. Designers can build into the project a means of disseminating information, generating a political constituency, and advocating for political support.

4. Allow Host-Country Governments to Diversify their Funding

Project designs should have as few restrictions as possible on alternative sources of funding for project activities. That is, governments should be permitted and encouraged to find other donors and additional mechanisms for public support. Governments should also be allowed to generate revenues with user fees and similar mechanisms. No (or few) prohibitions should be placed on the institution of user fees, and targeted technical assistance should be provided to assist governments as they seek alternative sources of funding.

To enhance sustainability, governments should work to coordinate the support of various donor organizations and should avoid simply replacing one donor for another.

5. USE LOCAL RESOURCES

The supply analyses described above provide a picture of the existing public, PVO and commercial providers of family planning and support services. With this information, project designers should be asked to develop creative ways to use those local resources, rather than create entirely new structures. A central objective of project design should be to make investments *at the margins*. This means building on existing resources to achieve increased access to services for key population groups.

6. DEVELOP BENCHMARKS FOR SUSTAINABILITY

Even when sustainability is not a central project objective, it should be recognized as an important long-term goal. It is useful to build in a few evaluation indicators that measure the extent to which the project has increased or decreased overall dependence on external assistance.

GUIDELINES FOR DESIGNING PROJECTS FOR ORGANIZATIONAL SUSTAINABILITY

When projects for individual PVOs are designed, the main task should be to clarify the mission of the organization, ensuring that it is appropriate for public financing. The design can then enhance the organization's ability to operate independently by building in incentives for efficiency. Below are four steps that can be taken toward these ends.

1. CARRY OUT UTILIZATION AND MANAGEMENT STUDIES IN PREPARATION FOR THE PROJECT DESIGN

- **Assess the current use of family planning services by type and method.** Analyses of service statistics, household surveys, and other data show which populations are being served by the organization seeking funding. This helps to clarify whether the organization is filling a special niche or whether it is competing with the public and/or commercial sectors.

- **Assess the management capacity of the organization.** Movement toward sustainability is impossible, or at least unlikely, in the absence of functional and responsive management. Therefore, it is very useful to conduct an assessment of the extent to which current management is able to run an efficient operation, allocate resources appropriately, monitor activities, and perform other management functions. If deficiencies are noted, the project designers should carry out a cost-benefit analysis to see whether investment is merited. If the analysis indicates that the project should invest in the organization, then management-strengthening components, including appropriate technical assistance, should be designed into the project.

- **Analyze the financial status of the organization.** To the extent that data will allow, it is extremely useful to estimate the size of the "sustainability gap"—the difference between the revenues generated from non-donor sources and the costs of providing

services. In doing so, it may become apparent that there are major efficiency savings to be made, and/or that there is considerable potential for additional revenue generation.

2. Clarify the Organizational Mission

Any organization that is receiving public funding should be able to state, in concrete and quantitative terms, what target population it is serving that would not otherwise seek services, either in the existing public or the commercial sectors. The organization and the donor must be able to agree on this mission and use it to set performance targets for the duration of the project.

3. Encourage the Organization to Save Money and Diversify Its Funding

As is true at the national level, few restrictions should be placed on instituting efficiency-enhancing measures, imposing user fees, seeking other donor funding, or taking any other approach to raising money to cover operating and capital costs—as long as such steps are taken in such a way that they do not impede the organization's ability to serve the target groups identified. Toward this end, operations research and other pilot efforts designed into projects can help provide information on how to save money and take advantage of consumer demand.

4. Develop Benchmarks for Sustainability

Again, even when sustainability is not a central project objective, it should be incorporated into project monitoring and evaluation. Decreasing dependence on all types of donor funding should be recognized as a significant accomplishment. (Lack of movement toward independence should be seen as cause for concern and perhaps rethinking the project design.)

TABLE 1. EXAMPLE OF DONOR ASSISTANCE TO MOVE FAMILY PLANNING PROGRAMS AND ORGANIZATIONS TOWARD SUSTAINABILITY

LEVEL	ELEMENT	POLICY OPTION	DONOR ROLE
Program	Host country health and family planning policies	➤ Develop explicit national population; ➤ Develop integrated vertical family planning health programs; ➤ Reform import export environment.	➤ RAPID-type and cost-benefit analyses to inform, motivate policymakers; ➤ Technical assistance, including South-to-South communication, to develop policy; ➤ Observation tours to see other country settings; ➤ Technical assistance to analyze and reform laws, regulations, and service guidelines.
	Demand generation and maintenance	➤ Sponsor mass media and other IEC activities; ➤ Focus on improved quality of service delivery; ➤ Increase access to female education, health care, and other resources.	➤ Technical assistance and funds for IEC; ➤ Training and technical assistance for expansion of method options and improvement of service delivery quality; ➤ Examinations of policies indirectly related to family planning demand.
	Resource allocation	➤ Allocate additional resources for family planning.	➤ Provide analyses to show short-, medium- and long-term demand and resource needs; ➤ Cost-benefit analyses to inform, motivate policy-makers.
	Strategic planning	➤ Plan for meeting anticipated future demand; ➤ Recognize role of private sector actors; ➤ Direct public sector services to its target market.	➤ Provide analyses to show short-, medium-, and and long-term demand and resource needs; ➤ Operations research to identify cost-effective means of service delivery; ➤ Legal and regulatory analyses to identify barriers to broad supply of services.
	Private sector participation	➤ Target public sector resources to populations in financial need; ➤ Reduce obstacles to entrepreneurs; ➤ Establish favorable environment for insurance market.	➤ Analyses of current constraints to private sector development; ➤ Technical assistance and access to commodities for private providers; ➤ Awareness-raising about value of market approach.

TABLE 1. (CONTINUED)

LEVEL	ELEMENT	POLICY OPTION	DONOR ROLE
Program	Public sector targeting, resource mobilization, and efficiency	➤ Identify target group(s) and waiver mechanism; ➤ Implement user fees with waivers; ➤ Rationalize use of service delivery points; ➤ Improve staffing mix; ➤ Decrease costs of commodity purchases.	➤ Technical assistance and applied research to develop targeting system; ➤ Technical assistance and training for design and adoption of user fee system; ➤ Technical assistance, operations research, and training for more cost-effective production of services; ➤ Technical assistance for development of tendering system.
	Decentralization	➤ Shift authority, planning, resource mobilization to regional/local level.	➤ Technical guidance to organize decentralization activities; ➤ Aid for pilot tests of decentralization strategy.
Organizational	Measuring the sustainability	➤ Estimate costs; ➤ Estimate revenues.	➤ Applied research to carry out cost and revenue studies.
	Increased revenues	➤ Impose user fees on family planning services; ➤ Impose user fees on related services; ➤ Seek alternative revenue sources; ➤ Use cross-subsidization to achieve organizational mission.	➤ Applied research to carry out demand studies; ➤ Technical ssistance to develop price schedule and waiver mechani.m; ➤ Technical assistance for financial management; ➤ Technical assistance to identify alternative funders.
	Decreased costs	➤ Improve staffing mix; ➤ Increase staff productivity; ➤ Decrease costs of commodity purchases.	➤ Training for staff and managers; ➤ Technical assistance, operations research, and training for more cost-effective production of services; ➤ Technical assistance for development of tendering system.
	Improved management capacity	➤ Plan strategically; ➤ Improve management systems (personnel, management information system, decentralized management, etc.); ➤ Increased financial management capacity.	➤ Technical assistance and training for development of management capacity.

CONCLUSION

Interest in sustainability has grown as family planning programs and organizations confront a basic fact: public sector resources in donor and host countries cannot continue to meet the increasing demand for family planning services in developing countries. National family planning programs will need to strengthen initiatives for generating resources from other sources, including family planning users, private sector health care providers, and host-country governments. Efforts will also be needed to improve program efficiency. In this paper, we have examined the elements of both a sustainable national family planning program and an important component of that program, a sustainable private voluntary organization. We have also highlighted actions donors, policymakers, and program managers can take to improve the sustainability of family planning programs.

The three case studies in the following appendices illustrate a variety of ways in which national programs can become sustainable. Although no single country experience is directly applicable to other settings, the approaches taken in these three countries demonstrate the ways in which well-run public sector service delivery and public/private partnerships can strengthen the financial and institutional autonomy of a family planning program.

- The National Family Planning Program (NFPP) of Thailand is completely supported by the Government of Thailand (GOT). While the NFPP is no longer dependent on outside donor support, it is heavily dependent on public funds. Although efforts to diversify the resource base will reduce the burden on the GOT and strengthen the long-term sustainability of the program, NFPP leaders feel strongly that publicly-subsidized services must continue to be available to the population. Thailand is one country in which strong political support has facilitated the development of a successful family planning program.

- Indonesia is another example of a program in which solid political commitment has facilitated the implementation and growth of a strong family planning program. The program has thrived under the leadership of the National Family Planning Coordinating Board (BKKBN), a coordinating body that is highly placed within the government power structure and is able to command sufficient resources for the program. The BKKBN has initiated efforts to diversify the resource base of the program by implementing a variety of initiatives to strengthen the private sector. These initiatives are gradually expanding the role of the private sector in the provision of services, as well as the use of family planning.

- The third case study summarizes the experiences of PROFAMILIA, the private voluntary organization that has been instrumental in the success of family planning in Colombia. Colombia represents a case in which the government has not always been supportive of family planning. The national program has expanded through the innovative efforts of a PVO managed by a dynamic leader and supported by donors. This organization responded to a large unmet demand for family planning and has grown into a network that provides services throughout the country. PROFAMILIA has also been successful in implementing cost-recovery activities and currently recovers over half of its costs through fees for its services.

APPENDIX 1: THAILAND CASE STUDY

The commitment of the Government of Thailand (GOT) to providing universal access to family planning services has been instrumental in achieving one of the world's most rapid fertility declines. Thailand's fertility rate has dropped from 6.3 in the early 1960s to approximately 2.4 today.

Through the early 1960s, Thailand was a pronatalist country with high fertility. Around that time, however, policymakers recognized that reducing population growth was critical to the country's economic future. That realization resulted in strong political commitment to family planning and led to the adoption of a national family planning policy and the establishment of the National Family Planning Program (NFPP). As a result of NFPP activities, knowledge of family planning is almost universal and modern contraceptive use is very high. In fact, the NFPP currently provides services to four of five family planning users in Thailand.

The success of the NFPP has been attributed to the high demand for family planning among the Thai population (Bennett et al., 1991). This demand is often attributed to increased levels of education and mobility and a decrease in infant and child mortality. Contributing to its success are the provision of quality services, the high percentage of female nurses and ambulatory medical workers, delivery of a range of methods through an extensive network of facilities, and the authorization of ambulatory medical workers to provide services and implement extensive outreach efforts. The NFPP has translated a great deal of research and market analysis into efficient service delivery to meet unfulfilled demand.

During the late 1970s, the NFPP's emphasis on meeting unfulfilled demand evolved to include demand-generation efforts, such as mass radio campaigns. The current emphasis is on improving continuation rates, increasing the cost-effectiveness of the method mix, and improving the efficiency of resource management. The 1991 development plan includes targets of 1.3 percent population growth and 6.6 million new acceptors. Promotion of family planning use among hard-to-reach populations remains a challenge for the future.

Government support has allowed the NFPP to conduct its activities without the assistance of international donors. During the first decade of its existence, international donors heavily subsidized the NFPP. However, even during this period all financial and technical support, regardless of source, was funneled to the NFPP through the Ministry of Public Health's Family Health Division (FHD). FHD control and coordination ensured that NFPP activities were appropriate for the Thai environment, which led to a strong sense of ownership of the program. In the 1980s, the GOT assumed financial ownership of the program as well. In 1982 alone, the GOT increased its share of the NFPP budget from just under 18 percent to almost 52 percent when it took over from USAID the responsibility for purchasing contraceptives (Bennett et al., 1991). When USAID funding was phased out in 1990, the GOT's share had increased to nearly 98 percent.

As long as the GOT maintains its firm commitment and is willing to provide the necessary resources, the program will remain sustainable. However, maintaining long-term sustainability solely through

direct government support is an unrealistic and extraordinary financial burden on the government of any country. Alternative sources of revenue for the program could be derived from client payments or increased private sector delivery. The GOT's commitment to ensuring access to services for all citizens, however, has prevented the NFPP from exploring these and other opportunities. If the program can rid itself of these inhibitions, it could reduce its dependence on public resources and improve its chances of long-term sustainability.

One important potential component of a self-sustaining family planning program is a user-fee system that uses means-testing to ensure that public funds reach the poor. Although the NFPP has been providing free pills and sterilizations since 1976, there are indications that Thai women will pay for family planning services. One analysis suggests that an increase in public sector fees for pills and sterilization procedures can reduce public spending for family planning services by 25 percent without reducing prevalence (Ashakul, 1989). Even a minimal fee for public sector services would provide substantial resources to the NFPP. Pricing policies can also be used to direct users toward more cost-effective and appropriate methods. The relative price of each method can be used as an incentive to shift demand away from supply methods with high recurrent costs, thus improving the cost-effectiveness of the overall method mix. In addition, changing the public sector pricing policy would reduce the "crowding-out" effect currently constraining the private sector (Sanderson and Tan, 1992). Introducing policies such as these to generate additional resources for the program would improve the efficiency of the program and allow public resources to be targeted toward harder-to-reach populations.

Another component of a more sustainable NFPP would be a thriving private sector. The private sector currently plays a limited role, providing condoms and pills through pharmacies and injectables through private clinics. Knowledge of private sector sources for family planning services is not as high as that of public sector sources. In urban areas, the underutilized private sector is the primary source for women using the pill. This is attributed to greater accessibility to private sector sources in urban areas and the increased importance of time and convenience to urban women (Siriboon and Saengtienchai, 1989). In rural areas, government health centers continue to be the main source. The increased usage of private sector facilities in urban areas indicates potential for further participation of private providers in the provision of all family planning methods and services. Shifting users to private providers would ease the financial burden on the GOT and contribute to the long-term sustainability of the NFPP.

APPENDIX 2: INDONESIA CASE STUDY

The Indonesian family planning program is known for its innovative service delivery and IEC efforts. Indonesia has seen dramatic increases in contraceptive prevalence over the last two decades. Between 1976 and 1991, the total fertility rate fell from 5.2 to 3.0 and contraceptive prevalence doubled. These changes are especially striking in the context of Indonesia's low per capita GNP and its predominantly rural and Islamic population. Under the leadership of the National Family Planning Coordinating Board (BKKBN), Indonesia's program has made tremendous progress. However, contraceptive prevalence and fertility goals for the year 2000 are far from current levels and will require major increases in family planning users and resources over the next decade.

To ensure that it will have the resources necessary to meet these goals, the BKKBN must take steps to increase the program's sustainability. The program relies heavily on government and donor resources to finance the provision of family planning services, which has been key to the BKKBN's success. Furthermore, the distribution of subsidized services and supplies is not very cost-efficient. To be sustainable over the long term, the program must ensure large-scale Government of Indonesia (GOI) investments in order to maintain the widespread availability of heavily-subsidized public sector family planning services. However, the GOI's ability to meet growing resource requirements will likely depend on a number of factors, including oil prices, the state of the Indonesian economy, and continued donor funding. The program's capability to shift method mix away from resupply methods to more cost-effective methods and to improve the efficiency of resource allocation will also be a critical factor.

The BKKBN's initial efforts concentrated on expanding access in rural areas through community- and volunteer-based programs. These programs, designed to compensate for the inadequate reach of Ministry of Health (MOH) clinics, eventually operated in 60,000 villages. In 1980, BKKBN initiated its urban family planning program. Due to a greater willingness to pay for services among the urban population, the BKKBN and donors have supported a variety of projects to strengthen commercial and private sector providers in urban areas. The goal of these projects has been to increase demand for private sector services, as well as to expand access. Early programs included social marketing of condoms, provision of start-up funds for private clinics, distribution of free supplies to nongovernmental oraganizations (NGOs), promotion of employment-based clinics, and encouragement of private practitioners.

In the late 1980s, BKKBN increased its *KB Mandiri* ("family planning self-sufficiency") efforts. Family planning users were now expected to make a financial contribution for services. In addition, BKKBN launched the Blue and Gold Circle social marketing campaigns as part of its effort to create demand for services provided by private physicians, midwives and pharmacies. All of these efforts contributed to the growth of the urban program and expansion of the private sector's share of the family planning market.

Despite these successes, the government continues to be the major service provider. In 1991, 76 percent of contra-

ceptive users were served by the public sector. Even after large-scale, private sector promotional efforts, private sector market share increased by only four percent during 1987-1991. Also, many private sector service providers are heavily subsidized through their reliance on public sector supplies. Many NGO and factory-based clinics are subsidized because these clinics are supplied by the government, or receive funding from donors. A recent retail audit suggested that more than one third of private sector services rely on government commodities (Reynolds, 1992). Thus, the government may have to exercise better control over the flow of contraceptive supplies in order to develop a thriving, unsubsidized commercial market that actually reduces the recurrent cost burden on the government. Also, greater efforts must be undertaken to encourage users to shift to private sources. In light of Indonesia's low per capita income and population concentration in rural areas, a substantial share of users may not switch to private sources as long as relatively inexpensive public sector services are widely available.

While this analysis has focused on resource issues, other activities critical to the program's ongoing success include maintaining the high level of political support as the successor to longtime President Soeharto takes power; assuring continued dynamic and innovative leadership in the BKKBN; and ensuring that the program continues to be responsive to changes in desired family size and consumers' ability and willingness to pay for family planning.

Steps that the BKKBN can take to move toward a more sustainable program include reducing public subsidies of services used by contraceptors who can pay and targeting subsidized services to underserved groups; reducing inefficiency and waste in the allocation of resources; and shifting users who wish to limit childbearing or delay their next birth for several years from resupply methods to more cost-effective, long-term methods. Specifically, these efforts may involve providing greater support for sterilization services; introducing cost recovery into the public sector to defray program costs and maintain prevalence and equity; and reducing the flow of public contraceptives into the private market.

Much information is still needed to understand inefficiencies in BKKBN's resource configuration, "unmet demand," the extent and cost of overcoming access problems among rural and lower-income women, and the tradeoffs between prevalence and reduction in public subsidies. Similarly, it is unclear whether the private sector would be able to supply the necessary quantities of contraceptives to the family planning market if public "leakage" were to be contained. Research in these and other related areas is needed to help the BKKBN make key decisions regarding the allocation of its resources, targeting of its subsidies, and reduction of unmet need. Progress along these lines will improve the sustainability of the Indonesian family planning program by reducing the burden on public resources, diversifying the resource base, and expanding the use of family planning.

APPENDIX 3: COLOMBIA CASE STUDY

The Colombian family planning program has been quite successful. Fertility has declined from approximately 6.6 births per woman in the early 1960s to roughly 2.8 births per woman today. In 1986, the DHS found that about two-thirds of all married women of reproductive age were using contraception, compared to approximately 20 percent in the 1960s. This increase in prevalence is largely the result of a strong, sustained and dynamic family planning program that has public, private voluntary, and commercial sector components. In fact, the private sector is the predominant provider of choice for contracepting women and couples for all methods and service delivery modes.

The Colombian Association for Family Welfare (PROFAMILIA), a PVO, is the largest service provider in Colombia. More than 60 percent of Colombian couples who use modern contraceptive methods rely on PROFAMILIA for their family planning needs. Given its unique place in the Colombian family planning program and the lessons that can be learned from its progress toward sustainability, PROFAMILIA is an excellent model for PVOs that wish to become independent of government and donor resources.

In less than three decades, PROFAMILIA has become a true national network of family planning service providers. Originating from one clinic in urban Bogota, PROFAMILIA has grown to include 48 clinics in both urban and rural areas. The range of services has also expanded over the years. In the beginning, service provision was limited to IUDs, pills and family planning promotional activities. However, in the early 1970s, PROFAMILIA initiated a community-based distribution program—the first in Latin America—and a social marketing program, designed to sell internationally-donated commodities to pharmacies. Currently, PROFAMILIA's program offers clinical, surgical and counseling services, provides training, conducts research, and engages in health and family planning promotional efforts. It is estimated that PROFAMILIA has helped prevent over five million unwanted pregnancies since its inception.

In PROFAMILIA's early years, the political environment was not conducive to family planning, nor to the sustainability of family planning organizations. Colombia was then a poor, Catholic country with a weak network of public and private health care providers. There was a great deal of opposition to family planning services from the Church, left-wing opposition parties, and even some sectors of the medical establishment. Due to a lack of adequate information about contraceptives, potential clients were often hesitant to utilize PROFAMILIA's services for fear of negative health effects. In the face of these handicaps, PROFAMILIA worked to establish itself in the family planning field and to build support for its activities among political leaders and medical professionals.

Two important factors helped PROFAMILIA grow. First, there was significant unfulfilled demand for family planning services in Colombia. Large numbers of married women, particularly in urban areas, desired contraceptive services and were quick to take advantage of them once the supply was assured. The second factor was the availability of international funding, which allowed PROFAMILIA to concentrate on meeting

existing demand and creating additional demand through health and family planning promotional activities.

Today, PROFAMILIA relies on a number of funding sources, including the Government of Colombia and foreign donors. However, recognizing the limits of government and donor resources, PROFAMILIA is implementing strategies to increase its financial independence. PROFAMILIA has made concerted efforts to charge fees for services, and its organizational philosophy holds that those receiving services should pay for them. One estimate of the organization's revenues and expenditures shows that almost 50 percent of PROFAMILIA's total costs are recovered from client payments.

PROFAMILIA is successfully balancing its commitment to providing services to the poor with its need to achieve sustainability. Providers use a sliding charge scale for their poorer clientele. The organization also uses a service-based cross-subsidization scheme. For instance, in addition to standard family planning services, the organization now provides medical and surgical services. Profits from those additional services are applied to the costs of family planning. The results of one study show that 60 percent of the income generated by the organization comes from diversified services (such as those described above), 25 percent from its successful social marketing program, and 15 percent from other sources (Vernon et al., 1986).

Managerial factors also play a key role in fostering PROFAMILIA's move toward sustainability. The management structure, which provides clear lines of authority, has minimized duplication of effort and jurisdictional overlap, facilitated constant communication, and resulted in more effective and responsive decision-making. PROFAMILIA's ability to motivate its staff has enabled the organization to provide high-quality services. The organization has an excellent staff-incentive system, including relatively high salaries, good benefits, and ample opportunities for promotion and advancement. Management also reinforces the organizational culture through employee screening, training and supervision. Finally, PROFAMILIA encourages a spirit of competition among its staff and units through the publication of quarterly reports and service statistics and provision of annual prizes for performance.

The discussion above highlights some of the principal factors behind one PVO's successful efforts to provide sustainable family planning services. Some of these factors are unique to the Colombian context and are not directly transferrable to other environments. However, several of PROFAMILIA's basic techniques for survival and growth can serve any PVO seeking to increase its financial independence. PROFAMILIA's professional leadership, sound management, willingness to implement user-fee systems and successful means-testing mechanisms have enabled it to move toward sustainability.

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