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RESOURCE ALLOCATION PLAN

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Introduction

Over the past seven years there has been a gradual shift in the allocation of population funds within A.I.D., away from central projects and toward bilateral projects. As the proportional levels of funding available to the S&T Office of Population decline, it becomes increasingly necessary to make hard choices among competing demands for these funds. This Resource Allocation Plan (RAP) outlines the general guidelines to be used in allocating S&T/POP resources over the next two to three years.

It is the consensus of the Population Sector Council that additional population funds are needed. Nevertheless, this paper was written with the assumption that substantial increases in funding for S&T/POP were unlikely in the near future. If significant increases are made to the S&T/POP budget, their allocation would follow the priorities presented in this paper.

The RAP is the result of a nine month analysis and review of the S&T/POP program that was undertaken in recognition of the need to establish a clear rationale for the future allocation of central population funds. It was prepared in close collaboration with the regional bureaus, USAID Missions and our cooperating agencies. It presents S&T/POP's planned allocations of funds in five program areas: policy development; IEC and training; family planning services; contraceptive technology development; and operations research.

Four broad criteria were used in establishing S&T/POP country priorities:

- 1) Population size and rate of natural increase.
- 2) A country's ability to use population funds effectively.
- 3) A country's ability and willingness to commit its own resources to population program activities.
- 4) The presence or absence of a bilateral population program.

These criteria were not defined and measured in a rigid quantitative way. Rather, they were established and used in a broad, judgmental way by population professionals with many years of experience in managing population assistance programs.

In addition to these four overall criteria, each S&T/POP division used specific criteria related to its discrete program area. While there will be differences of opinion about where an individual country falls in the ranking of a particular functional area, we are confident that the priorities that are established in the sections that follow represent a broad consensus within A.I.D.

Each S&T/POP division, was asked to prepare its own statement. This reflects the fact that no single ranking can be established for a program that is so varied in its composition. For example, the priority countries for the policy function will be quite different from those identified for heavy services support. Thus, while each functional area of the S&T/POP program has a distribution by region and by country, the Office as a whole does not.

Overall, the top priority for S&T/POP is Africa. This is a reflection of the fact that bilateral programs are least well developed and most difficult to get underway in Africa. It is also a consequence of the Agency's strong emphasis on initiating population activities in the African private sector -- an area where S&T/POP, through its multiple cooperating agency resources, has a strong capability.

Asia, which if categorized on demographic grounds alone would command the lion's share of funds, will receive a somewhat lower share because of the presence of large bilateral programs in most A.I.D. countries, the relative maturity of its programs, and the willingness of host countries and other donors to finance population programs.

In Latin America and the Caribbean, the absence of a bilateral channel in three key countries (Brazil, Mexico, and Colombia), the region's strategic importance to the United States, the weakness of public programs, and the corresponding requirement of support for private sector activities are all factors that argue for a larger percentage share than demography alone would dictate.

Finally, the share for the Near East reflects its lesser demographic importance; the presence of bilateral support, especially in Egypt; and the relatively primitive state of family planning program development in most countries of the region.

It is important to reiterate that this Office strategy is really a collection of separate functional strategies that were developed with great care and thought by the specialists in each of S&T/POP's functional areas. We have also incorporated comments from our colleagues in AID's regional bureaus and from our cooperating agencies. We believe that it represents the distilled wisdom of a staff that has many years of experience in managing population program assistance. But we do not wish to leave the impression that this is a rigid plan, locked in place for years to come. On the contrary, it is a highly dynamic document, subject to constant revision as circumstances change and as our knowledge of them improves. Thus, this second edition contains several changes in each of the Divisions' proposed allocations.

Policy Development Program

I. PDD's Role in the Policy Development Process

The Policy Development Division (PDD) program contributes to the various stages of population policy development. This includes assistance in gathering data, conducting policy-relevant analyses of the data, presenting policy analyses to decisionmakers in a useable form, and applying analyses to assessments of alternative population policies and programs. This assistance is designed to support the formulation of LDC population policies which help nations in achieving their development objectives. Once policies are formulated, assistance continues through support for implementing effective voluntary family planning programs. Finally, PDD supports evaluations of policies, which, in turn, contribute to adjustments in policies and their implementation. A brief discussion of these types of assistance follows:

Data Collection is fundamental to the entire policy development process. Production of timely and reliable data through censuses and surveys facilitates preparation of country-specific and policy-relevant research and provides an accurate basis for valid and detailed policy planning and evaluation.

Policy Research provides information on the nature, causes, and consequences of demographic change (particularly fertility and population growth) and the implications of demographic change for population policies and programs.

Research Dissemination ensures that knowledge gained through population research reaches those responsible for development planning and population policies. To be useful to policymakers, policy research findings must be made available in a timely manner and in clear and appropriate formats.

Policy Planning assistance enables policymakers to make effective use of population information and planning allows decisionmakers to carefully consider options for implementing new or improved policies.

Policy Formulation involves defining policies and specific activities for directly or indirectly achieving development objectives. The setting of a policy is an affair internal to a sovereign nation. Specific population policies are not and should not be advocated by A.I.D. The PDD program supports the development of policies by providing objective information and assistance to those responsible for policy formulation.

Policy Implementation involves organizing the financial, human, and institutional resources necessary to achieve policy objectives, including decisions about who will do what, where, when, and how. It also includes choices on the size and emphasis of program efforts.

Policy Evaluation is used to determine if a particular policy is achieving the intended results. Both the direct and indirect effects of specific policy interventions must be considered. Evaluation is a continuing process which draws from additional data collection, research, analysis, and planning work. The result of evaluation is reformation of population policies and adjustment of family planning programs (either through shifts in program orientation or in resource allocation).

II. Criteria for Establishing PDD Country Priorities

Demand for population policy assistance has been increasing in recent years at a rate which outpaces PDD's resources. As a result, PDD must choose where assistance efforts should be focused. Choices are based on a number of criteria which gauge the need for policy work and the appropriateness of AID central resources for meeting needs. These criteria are as follows:

- demographic importance: emphasis given to countries having large populations and growing at high rates;
- level of policy development: emphasis given to countries at early stages of population policy development or which have demonstrable needs at later stages; and
- history of policy activities: emphasis given to countries which have had little assistance in population policy development.
- Agency priorities: emphasis is given to countries which have a high priority for AID. These priorities are developed in collaboration with the State Department.
- existence of bilateral programs: emphasis given to countries not having bilateral programs in population; and
- external policy assistance: emphasis given to countries not currently receiving population policy assistance from other donor agencies.

III. PDD Country and Regional Priorities

Based on the above criteria, AID-assisted countries have been assigned to one of three priority categories: high, medium, and low. These assignments are based on a 1985 assessment. Because a country's status with regard to the various criteria change, these assignments may shift from one year to the next and thus will be reviewed annually. Country priority assignments are presented according to AID geographic region in Table 1.

African countries are dominant in high and medium categories. Apart from the large number of AID-assisted countries in Africa, this is due to the special circumstances of African countries: rapid population growth rates, low level of policy development, short history of policy development assistance, relative absence of bilateral assistance projects, and lack of policy assistance from non-AID sources. The need for policy assistance is equally high in countries of the Near East region; however, many of these countries have bilateral projects and support from non-AID sources and so rank lower than African countries in appropriateness for AID central project funding.

Likewise, countries in the Asia region, despite large populations, tend to rank in the medium to low priority categories, due to more advanced policies, the preponderance of bilateral projects, and availability of policy support through non-AID sources. Countries in the Latin America and Caribbean (LAC) region generally have higher growth rates than Asian countries, but smaller population sizes; policy development in LAC countries is less advanced, but like Asian countries many are supporting policy development work through bilateral and non-AID sources.

V. PDD Resource Allocations

By cross-tabulating PDD country attribution estimates (cumulated over all of PDD's fifteen projects) with priority rankings, an assessment of how well PDD resources are being allocated can be made. Cross-tabulations of attributions for FY 85 and 86 are presented in Tables 2 and 3 with countries grouped by AID geographic region. Resource allocations for FY 85 aggregated across priority categories are as follows:

<u>PRIORITY</u>	<u>TOT EXP. (,000)</u>	<u>PCT.</u>	<u>N</u>	<u>AVG.</u>
High	\$ 4,113	29 %	9	\$ 457
Medium	6,240	44	30	208
Low	3,717	26	21	177

These statistics show that PDD resources are being allocated to higher priority countries. On average, high priority countries receive approximately twice and three times the support given medium and low priority countries, respectively.

Based on average allocations by priority category, regional allocation goals can be calculated. PDD regional goals and estimated regional resource allocations for FY 85 and 86 (expressed in percent) are as follows:

REGION	PDD GOALS	FY 85 EST.	FY 86 EST.
Africa	50 %	38 %	45 %
Near East	13	9	12
Asia	15	24	17
LAC	22	28	26

This table shows that estimated allocations in FY 85 fall short of PDD goals in Africa and the Near East and exceed PDD goals in Asia and LAC. Estimates for FY 86, however, show regional allocations closely approaching a distribution consistent with PDD goals. Table 4 summarizes country attributions (expressed in percent) for priority and region categories by specific PDD project.)

V. Applications for PDD's Resource Allocation Plan (RAP)

The RAP is used by PDD as a management tool for identifying countries where PDD is allocating excessive resources and those where PDD has not devoted adequate resources. It serves as a useful guide for PDD staff when there are competing demands to begin new activities or expand ongoing activities.

The RAP can further be used to identify those countries where projects may be overconcentrated. In these instances, actions can be taken to consolidate policy support under fewer projects or to increase the coordination of project work.

The RAP serves as an overall guide for PDD's assistance program. Resource allocation decisions for an individual project within the PDD portfolio will consider relative needs for the particular type of assistance provided by the project. These needs will vary from country to country and region to region.

Table 1.
Country Priorities for
Policy Development Division

PRIORITY	REGION			
	AFRICA	NEAR EAST	ASIA	LAC
HIGH	Nigeria Sudan Tanzania * Uganda Zaire	Turkey	Burma	Brazil * Mexico
MEDIUM	Botswana Burkina Faso Burundi Cameroon Chad Ghana Kenya Liberia Malawi Mali Niger Senegal Somalia Zambia Zimbabwe	Algeria Egypt Jordan Morocco Yemen	Bangladesh India Indonesia Pakistan Sri Lanka	Bolivia Ecuador Guatemala Honduras Peru
LOW	Ivory Coast Lesotho Mauritania Rwanda Sierra Leone Swaziland Togo	Tunisia	Nepal Philippines Thailand	Caribbean Colombia Costa Rica Dom Repub El Salvador Haiti Jamaica Panama Paraguay Trinidad/Tob

* Activities are limited or prohibited by congressional restrictions.

Table 2a.
Country Attributions by
Region and Priority Category

REGION Country	PDD TOTALS			
	1985 (\$,000)	PCT	1986 (\$,000)	PCT
AFRICA-TOTAL	5,845	37.0%	5,224	43.6%
AFRICA-High	1,784	11.3%	1,729	14.4%
Nigeria	1,024	6.5%	519	4.3%
Sudan	320	2.0%	530	4.4%
Tanzania	20	0.1%	0	0.0%
Uganda	280	1.8%	450	3.6%
Zaire	140	0.9%	230	1.9%
AFRICA-Medium	2,885	18.3%	2,750	22.9%
Botswana	15	0.1%	10	0.1%
Burkina Faso	90	0.6%	115	1.0%
Burundi	50	0.3%	25	0.2%
Cameroon	425	2.7%	180	1.5%
Chad	85	0.5%	60	0.5%
Ghana	100	0.6%	350	2.9%
Kenya	265	1.7%	190	1.6%
Liberia	325	2.1%	55	0.5%
Malawi	100	0.6%	175	1.5%
Mali	410	2.6%	135	1.1%
Niger	135	0.9%	80	0.7%
Senegal	390	2.5%	545	4.5%
Somalia	230	1.5%	570	4.8%
Zambia	0	0.0%	0	0.0%
Zimbabwe	265	1.7%	260	2.2%
AFRICA-Low	660	4.2%	285	2.4%
Ivory Coast	130	0.8%	80	0.7%
Lesotho	0	0.0%	0	0.0%
Mauritania	10	0.1%	75	0.6%
Rwanda	55	0.3%	90	0.8%
Sierra Leone	100	0.6%	40	0.3%
Swaziland	25	0.2%	0	0.0%
Togo	340	2.2%	0	0.0%
AFRICA-Regional	516	3.3%	460	3.8%
ASIA TOTAL	3,730	23.6%	2,040	17.0%
ASIA-High	450	2.8%	230	1.9%
Burma	450	2.8%	230	1.9%
ASIA-Medium	1,335	8.5%	1,345	11.2%
Bangladesh	175	1.1%	130	1.1%
India	230	1.5%	125	1.0%
Indonesia	315	2.0%	435	3.6%
Pakistan	130	0.8%	520	4.3%
Sri Lanka	485	3.1%	135	1.1%
ASIA-Low	1,590	10.1%	295	2.5%
Nepal	675	4.3%	100	0.8%
Philippines	350	2.2%	65	0.5%
Thailand	565	3.6%	130	1.1%

Table 2b.
Country Attributions by
Region and Priority Category

REGION Country	PDD TOTALS			
	1985 (\$,000)	PCT	1986 (\$,000)	PCT
LAC TOTAL	4,335	27.4%	3,101	25.9%
LAC-High	1,645	10.4%	725	6.0%
Brazil	800	5.1%	435	3.6%
Mexico	845	5.3%	290	2.4%
LAC-Medium	1,235	7.6%	1,281	10.7%
Bolivia	395	2.5%	245	2.0%
Ecuador	175	1.1%	540	4.5%
Guatemala	80	0.5%	166	1.4%
Honduras	65	0.4%	105	0.9%
Peru	520	3.3%	225	1.9%
LAC-Low	1,230	7.8%	995	8.3%
Caribbean	0	0.0%	0	0.0%
Colombia	375	2.4%	0	0.0%
Costa Rica	40	0.3%	250	2.1%
Dominican Rep	380	2.4%	155	1.3%
El Salvador	300	1.9%	0	0.0%
Haiti	115	0.7%	55	0.5%
Jamaica	10	0.1%	20	0.2%
Panama	0	0.0%	300	2.5%
Paraguay	10	0.1%	15	0.1%
Trinidad/Tob	0	0.0%	200	1.7%
LAC-Regional	225	1.4%	100	0.8%
NEAR EAST TOTAL	1,392	8.9%	1,369	11.4%
NE-High	230	1.5%	375	3.1%
Turkey	230	1.5%	375	3.1%
NE-Medium	786	5.0%	864	7.2%
Algeria	10	0.1%	120	1.0%
Egypt	391	2.5%	70	0.6%
Jordan	125	0.8%	50	0.4%
Morocco	200	1.3%	519	4.3%
North Yemen	60	0.4%	105	0.9%
NE-Low	230	1.5%	30	0.3%
Tunisia	230	1.5%	30	0.3%
NE-Regional	146	0.9%	100	0.8%
WORLDWIDE	495	3.1%	250	2.1%
GRAND TOTAL	15,797	100.0%	11,984	100.0%

Table 3.
Summary of Country Attributions for
Priority and Region Categories

PRIORITY/ REGION	FDD TOTALS			
	1985 (\$,000)	PCT	1986 (\$,000)	PCT
HIGH (AVG)	457	29.2%	340	28.1%
MEDIUM (AVG)	208	44.4%	208	57.2%
LOW (AVG)	177	26.4%	76	14.7%
AFRICA (TOTAL)	5,845	38.2%	5,224	44.5%
ASIA (TOTAL)	3,730	24.4%	2,040	17.4%
LAC (TOTAL)	4,335	28.3%	3,101	26.4%
NE (TOTAL)	1,392	9.1%	1,369	11.7%

Table 4C
Summary of Country Attributions for
Priority and Region Categories

PRIORITY/ REGION	PRB		DISSEMINATION		INPLAN		RAPID II		PRIORITY/ REGION
	1985	1986	1985 (\$,000)	1986	1985	1986	1985	1986	
HIGH (PCT)	0.0%	0.0%	36.7%	35.6%	21.9%	24.7%	40.9%	50.0%	HIGH (PCT)
MEDIUM (PCT)	0.0%	0.0%	54.7%	55.6%	48.5%	60.7%	50.0%	46.7%	MEDIUM (PCT)
LOW (PCT)	0.0%	0.0%	8.6%	8.9%	29.6%	14.7%	9.1%	3.3%	LOW (PCT)
AFRICA (PCT)	0.0%	0.0%	39.7%	39.0%	41.5%	40.3%	54.4%	55.0%	AFRICA (PCT)
ASIA (PCT)	0.0%	0.0%	23.7%	25.0%	34.6%	14.0%	7.4%	10.0%	ASIA (PCT)
LAC (PCT)	0.0%	0.0%	20.5%	20.0%	14.6%	30.0%	29.4%	23.3%	LAC (PCT)
NE (PCT)	0.0%	0.0%	16.1%	16.0%	9.2%	15.7%	8.8%	11.7%	NE (PCT)

Table 4D
Summary of Country Attributions for
Priority and Region Categories

PRIORITY/ REGION	DLPP		TECH SUPPORT		PRIVATE SECTOR		PRIORITY/ REGION
	1985	1986	1985	1986	1985	1986	
HIGH (PCT)	18.5%	0.0%	0.0%	33.3%	26.3%	31.3%	HIGH (PCT)
MEDIUM (PCT)	63.1%	0.0%	0.0%	60.0%	46.9%	43.8%	MEDIUM (PCT)
LOW (PCT)	18.5%	0.0%	0.0%	6.7%	26.8%	25.0%	LOW (PCT)
AFRICA (PCT)	40.6%	0.0%	0.0%	46.7%	20.1%	18.6%	AFRICA (PCT)
ASIA (PCT)	0.0%	0.0%	0.0%	13.3%	26.8%	25.0%	ASIA (PCT)
LAC (PCT)	40.6%	0.0%	0.0%	20.0%	33.0%	37.5%	LAC (PCT)
NE (PCT)	18.8%	0.0%	0.0%	20.0%	20.1%	18.6%	NE (PCT)

Information, Education, Communication (IEC)
and Training Program

I. IEC and Training Objectives

The IEC and Training program (S&T/POP/IT) helps developing countries to improve the quality and availability of family planning IEC and training. Projects within this program assist LDC governments and private organizations to offer safe, culturally acceptable information and training, to enable couples to make informed choices about family planning.

IEC

The information, education and communication (IEC) program addresses the information needs of three groups: couples of reproductive age, program and policy leaders and other population/family planning professionals. It is these groups whose understanding of population and family planning methods and issues most directly affects the success of family planning programs.

The IEC program has two principal objectives:

1. to help public and private family planning programs to plan, carry out and assess activities that inform couples about family planning and that build community acceptance of family planning;
2. to provide up-to-date, comprehensive scientific and technical information to program and policy leaders and to professionals working in population and family planning.

Training

The training program focuses on the categories of workers who design, develop and operate family planning service programs. These workers include: program leaders, administrators, managers and supervisors; physicians; nurses, midwives and auxiliary health personnel; and community and indigenous family planning and health workers. The program also helps newly trained U.S. population professionals obtain overseas working experience to complete their preparation for international careers.

S&T/POP training projects have three major objectives:

1. to meet identified needs for family planning personnel in developing countries;
2. to improve the quality of family planning services offered;
3. to strengthen the family planning training capability of LDC institutions.

II. Criteria for Establishing Priorities

Four criteria determine the ranking of countries in each region:

1. Demographic importance of the country -- including population size and growth rate.
2. Relative need for improvement in the country's current family planning IEC and training programs.
3. Absence of other sources of support for improvements in these areas. A.I.D. bilateral population funding is the principal source considered under this criterion, although some attention was given to the presence of other donors' projects in a country. This priority ranking takes into account the fact that support from division projects is often required in countries with A.I.D. bilateral or other donor population programs, when such programs could benefit from additional IEC or training. In these cases (for example Peru, Sudan, Kenya, Nepal) division projects may provide important complements to the larger bilateral or other donor programs.
4. Interest and capability of the country to use the assistance provided by division projects. Some countries received relatively lower rankings because political or economic considerations preclude a large family planning assistance program, or because there is little receptivity within the government to family planning. Examples of such countries are Ethiopia, Tanzania, Burma and Bolivia. Other countries, such as Sierra Leone and Rwanda, received a relatively higher priority ranking because opportunities for project assistance there are better in terms of both national political/economic circumstances and official receptivity to family planning programs.

One other factor also influences the rankings:

5. The current or potential usefulness of the country as a site for regional training programs. The Division's major training projects [i.e., JHPIEGO And FP Training for Paramedical, Auxiliary and Community Personnel II (PAC II)] support most of the regional training done under S&T/POP/IT auspices. The development of regional training institutions is one emphasis of the PAC II project. While it is clear that host countries for regional training institutions generally benefit from the regional training occurring in the country, the programmatic and fiscal benefits to the region and donor community are equally significant. Country rankings influenced by this factor are indicated by (R) in the country priority listings.

Finally, these priority rankings take into account the various types and levels of IEC and training assistance that are appropriate at different stages in family planning program development. For example, a program that is in the process of formation may need to gain public acceptance of the concept of family planning, and to prepare workers to introduce services. Mature programs, on the other hand, may need assistance to develop fresh communication approaches or to evaluate training programs. Division projects can respond to various program needs on the development continuum.

In all stages of program formation and implementation, however, population, family planning and health professionals need information about scientific and technical developments related to their work. The Population Information Program continues to be an important source for this information.

III. Regional and Country Priorities

The Office of Population divides its IEC and training resources among the four geographic regions as follows:

Africa	35 - 45%
Latin America	25 - 35%
Near East	10 - 20%
Asia	10 - 20%

These rankings are based on the criteria listed in section II.

Listings of country priorities are given below, by region. While there are some differences in geographic priorities among the division projects, there is enough agreement to allow for a combined overall ranking to cover both the IEC and the training programs. It is recognized, however, that if the IEC and the training programs were ranked separately, the priority rankings for each might differ somewhat from the combined ranking.

Countries included in Level 1 (high priority) are those in which IEC and training projects are currently heavily involved and are expected to continue to be heavily involved for the next several years. Countries included in Level 2 (medium priority) include those in which we expect a moderate level of involvement to continue for the next few years. Countries included in Level 3 (low priority) are expected to receive only modest assistance or no assistance from division projects.

Countries that receive bilateral population funds are listed separately from those that do not. At each priority level preference is given to countries that do not have bilateral population programs. Thus project activities in Nigeria, Turkey, Brazil and Mexico will probably receive highest priority overall for the next few years.

A. Africa (35-45% of the total division program)Countries by Level
of Priority

	<u>Non-Bilateral</u>	<u>Bilateral</u>
1. <u>High</u>	Nigeria	Ghana Kenya (R) Sudan Zaire
2. <u>Medium</u>	Burkina Faso Burundi Cameroon (R) Chad Lesotho Madagascar Malawi Mali Mauritania Togo Zambia	Liberia Rwanda Senegal (R) Sierra Leone ** Somalia ** Uganda * and ** Zimbabwe (R)
3. <u>Low</u>	Benin Botswana Central African Republic Congo Ethiopia* The Gambia Guinea Bissau Ivory Coast (R) Mauritius (R) Mozambique Niger Swaziland Tanzania * (R)	

(R) Indicates country used now for Regional Training or may be so used in near future.

* Assistance may be resumed when conditions and legislation permit.

** Funded through Family Health Initiatives (FHI) Project of the Africa Bureau.

The Africa region is the major focus of IEC and training programs. Needs for assistance are high and other sources of support are often unavailable.

Nigeria receives a significant portion of division resources, both because of its size and because the AID program in Nigeria relies on centrally-funded projects. Funding requirements for IEC and training in Nigeria will most likely exceed the resources currently available.

Zaire, Sudan and Kenya are high priority bilateral countries because of their demographic importance. Training assistance to these countries will continue, and IEC activities are being developed. In addition to its demographic importance, Ghana is a high priority country because of the significant amount of centrally-funded resources required to implement its bilateral project.

Medium priority countries in Africa include small-to-moderate size countries in which ST/POP projects contribute to bilateral projects; or in which there has been some expression of interest by the government, the A.I.D. Mission or the American Embassy.

Low priority countries in Africa are those which have relatively small populations, have pronatalist policies, or have political circumstances that limit AID's involvement.

B. Latin America (25-35% of the total division program)

<u>Countries by Level of Priority</u>	<u>Non-Bilateral</u>	<u>Bilateral</u>
1. <u>High</u>	Brazil Mexico	Peru
2. <u>Medium</u>	Bolivia Colombia (R) Dominican Republic	Ecuador Guatemala Haiti Honduras El Salvador
3. <u>Low</u>	Paraguay	Caribbean Reg'l Costa Rica Jamaica (R) Panama

(R) Indicates country used now for Regional Training or may be so used in near future.

Brazil and Mexico are expected to continue to receive highest priority in Latin America, since they are large countries with no bilateral programs. Peru falls between high and medium priority. It is assigned high priority at this point because of the Mission's interest in heavy involvement by JHPIEGO, and the likelihood that technical assistance and other IEC support through the Population Communication Services (PCS) project will increase.

Among the countries assigned medium priority, assistance to Colombia is expected to decrease in the next few years. Colombia will probably continue to be a regional training site for JHPIEGO and possibly PAC training. The priority given to assistance to the Dominican Republic could vary -- up or down -- depending on whether country receptivity changes to IEC assistance and to reproductive health training, including laparoscopy. It is expected that the five countries in Level 2 receiving bilateral population assistance (Haiti, Honduras, El Salvador, Ecuador, Guatemala) will continue to both need and request modest amounts of centrally-funded project assistance in IEC and training to provide specialized technical expertise and to support small but important activities not covered under the bilateral agreements.

The countries listed as low priority have serious political constraints to assistance; mature programs and/or relatively low birthrates; or pronatalist policies.

C. Near East (10-20% of the total division program)

<u>Countries by Level of Priority</u>	<u>Non-Bilateral</u>	<u>Bilateral</u>
1. <u>High</u>	Turkey	
2. <u>Medium</u>	Jordan Yemen	Egypt (R) Morocco (R) Tunisia (R)
3. <u>Low</u>	Algeria Cyprus Portugal	

Major training assistance activities for physicians and paramedical workers are ongoing in Turkey and additional activities in both training and IEC are being developed.

(R) Indicates country used now for Regional Training or may be so used in near future.

Moderate assistance to Jordan will continue. Assistance to Tunisia will consist mainly of the regional training center, supported by JHPIEGO; training assistance for paramedical workers, through PAC II; and possibly short-term technical assistance in IEC. Morocco and Egypt will continue to be used as regional training sites. Some IEC and PAC II training assistance may be provided on a moderate scale, especially in Morocco.

D. Asia (10-20% of the total division program)

Countries by Level

<u>Priority</u>	<u>Non-Bilateral</u>	<u>Bilateral</u>
1. <u>High</u>	Sri Lanka	Nepal
2. <u>Medium</u>	Burma	India Indonesia (R) Pakistan Philippines (R) Thailand (R)
3. <u>Low</u>	Fiji Malaysia	Bangladesh

While a bilateral population project may be developed in Sri Lanka within the next two years, substantial technical assistance from centrally-funded projects, especially in IEC, may be needed. Nepal is a high priority country because of its continuing needs for specialized assistance in IEC and training which are not covered under the bilateral program.

Six Asian countries are ranked as medium priority. In India, the PCS project provides specialized IEC assistance. India ranks as a high-priority country in the area of IEC although not in the area of training. Pakistan is listed as a medium priority country because of its demographic importance and its need for improvement in current IEC and training programs. It is possible that centrally-funded IEC and training projects may provide assistance to Pakistan in the future, although none does at present. Burma receives only medium priority in

(R) Indicates country used now for Regional Training or may be so used in near future.

this ranking because of the lack of governmental interest in receiving family planning assistance. It would receive perhaps the highest priority of all Asian countries if the government's attitude became more favorable.

Although the Philippines, Indonesia and Thailand each have relatively advanced country programs and other sources of support, they are ranked as medium priority countries for two reasons. First, the Philippines is an important regional training site. Second, JHPIEGO assistance continues to be important to Indonesia and, to a lesser extent, Thailand. Assistance to the Philippines from PCS, PAC II and JHPIEGO is expected to increase in the coming year.

Bangladesh is assigned low priority primarily because the A.I.D. Mission has felt that other sources of support already fill needs for IEC and training assistance in the country program. If the Mission's position changes, moderate amounts of specialized technical assistance in IEC and paramedical training would be appropriate.

IV. Information and Training Programs: FY 1984 - FY 1987

The following tables show the allocation of division resources over the past two years, and the allocations planned for the next two years.

Data for FY 1984-FY 1987 were taken from the ABS country attribution tables. They show the total amount of S&T/POP/IT project funds obligated (FY84-FY85) or planned (FY86-FY87) for all project activities, including subprojects, technical assistance, subproject development and planning missions, cooperating agency core costs, etc.

FY 84 Obligations by Project for ST/POP/IT*
(\$000's)

	<u>NFP</u>	<u>JHPIEGO</u>	<u>PAC</u>	<u>PCS</u>	<u>PIP</u>	<u>PSIP</u>	<u>WTF</u>	<u>REGION TOTAL</u>	<u>REGIONAL PERCENTAGE</u>
AFRICA	263	2,075	2,012	1,200	410	300	330	6,590	37%
LAC	683	1,760	1,001	850	850	100	30	5,274	29%
NEAR EAST	61	1,315	859	175	312	100	0	2,822	16%
ASIA	93	550	1,263	425	728	100	40	3,199	18%
<u>PROJECT TOTAL</u>	1,100	5,700	5,135	2,650	2,300	600	400	<u>17,885</u>	<u>100%</u>

*Table does not include obligations made as buy-ins from regional bureaus or missions.

FY 85 Obligations by Project for ST/ROP/IT*
(\$000's)

	<u>JHIPEGO</u>	<u>MGT. TRAINING</u>	<u>NFP</u>	<u>PAC</u>	<u>PCS</u>	<u>PIF</u>	<u>PSLP</u>	<u>WTF TOTAL</u>	<u>REGION</u>	<u>REGIONAL PERCENTAGE</u>
AFRICA	3,355	1,222	450	3,702	1,780	957	275	290	12,031	47%
LAC	1,495	874	40	1,910	750	948	75	58	6,150	24%
NEAR EAST	1,245	525	30	1,375	300	330	75	11	3,891	15%
ASIA	505	874	237	813	595	665	75	16	3,780	14%
<u>PROJECT TOTAL</u>	6,600	3,495	757	7,800	3,425	2,900	500	375	<u>25,852</u>	<u>100%</u>

*Table does not include obligations made as buy-ins from regional bureaus or missions.

FY 86 Estimated Obligations by Project for ST/POP/IT*
(\$000's)

	<u>IEC Trng.</u>	<u>JHPIEGO</u>	<u>MGT. TRAINING</u>	<u>PAC</u>	<u>ICS</u>	<u>PIP</u>	<u>PSIP</u>	<u>WIF</u>	<u>REGION TOTAL</u>	<u>REGIONAL PERCENTAGE</u>
AFRICA	300	2,120	200	2,555	1,470	1,015	275	300	8,235	46%
LAC	84	1,495	100	1,040	700	1,006	75	10	4,510	25%
NEAR EAST	83	1,180	75	1,040	150	358	75	10	2,971	16%
ASIA	83	505	125	565	230	721	75	30	2,334	13%
<u>PROJECT TOTAL</u>	550	5,300	500	5,200	2,550	3,100	500	350	<u>18,050</u>	<u>100%</u>

*Table does not include obligations projected as buy-ins from regional bureaus or missions.

FY 87 Estimated Obligations by Project for ST/POP/IT*
(\$000's)

	<u>IEC Trng.</u>	<u>JHPIEGO</u>	<u>MGT. TRAINING</u>	<u>PAC</u>	<u>FCS</u>	<u>PIP</u>	<u>PSIP</u>	<u>WMTF</u>	<u>REGION TOTAL</u>	<u>REGIONAL PERCENTAGE</u>
AFRICA	---	2,300	1,200	1,060	1,600	845	400	230	7,635	42%
LAC	---	1,300	625	800	900	1,055	100	20	4,800	27%
NEAR EAST	---	1,205	550	570	240	400	100	20	3,085	17%
ASIA	---	495	625	270	260	700	100	30	2,480	14%
<u>PROJECT TOTAL</u>	000	5,300	3,000	2,700	3,000	3,000	700	300	<u>18,000</u>	<u>100%</u>

*Table does not include obligations projected as buy-ins from regional bureaus or missions.

Family Planning Services Program

I. Family Planning Services Program

The objectives of the Family Planning Services Program (S&T/POP/SCCD) are

1. to introduce voluntary family planning (FP) services to areas lacking them and to expand FP services where they currently exist.
2. to improve the quality and efficiency of existing FP services in LDCs in both public and private sectors.
3. to make high quality voluntary sterilization services available as an integral part of the LDC health and FP programs.

In order to achieve these objectives, the Services, Commodities, and Coordination Division (SCCD) provides funding and support to the family planning programs primarily in the PVO and profit-making private sector. SCCD presently has cooperative agreements with Family Planning International Assistance (FPIA), the Association for Voluntary Sterilization (AVS), the Pathfinder Fund and most recently with the Center for Development and Population Activities (CEDPA). The new CEDPA project will expand family planning services through the network of women managers throughout the developing world. The division recently added a matching grant with the International Planned Parenthood Federation/Western Hemisphere Region (WHR) which provides services to AID priority countries in Latin America to its portfolio. Additionally, SCCD's Population Technical Assistance Project (ISTI) and a technical assistance agreement with the Center for Disease Control is used to provide consultant services in support of our worldwide program.

More on the for-profit side, SCCD administers a Contraceptive Social Marketing project (SOMARC) which utilizes commercial marketing, promotional and distribution techniques to sell contraceptives at low prices in LDCs; and recently awarded a contract to implement the Enterprise Program, designed to incorporate family planning into private sector channels (e.g. health care delivery programs, employee benefit offerings) and to improve the financial and management skills of family planning PVOs with a view to increasing their coverage and economic efficiency.

The private sector emphasis of the SCCD program does not preclude assistance to LDC public sector programs, especially in non-bilateral countries. The provision of contraceptive supplies and technical assistance to ensure timely availability of contraceptives through bilateral programs and cooperating agency programs continues to be one of the most important functions of our family planning services program.

II. Criteria for Establishing Priorities

The regional goals set by S&T/POP for the utilization of SCCD resources in 1987 are: 35% for Africa, 30% for Latin America and the Caribbean, and 35% for Asia and the Near East. Within each geographic region, SCCD resources are to be distributed according to country priority which is primarily determined by the following three criteria:

- a. demographic importance of the country as manifested by large population or a high birth rate.
- b. absence of other sources of support for the provision and improvement of FP services such as AID bilateral funding and other donors' support. SCCD support is sometimes required in countries with AID bilateral or other donor population programs when such programs do not include adequate assistance to private sector FP programs.
- c. interest and capacity of the country to use family planning assistance. Some countries received relatively low ranking because of lack of receptivity within the government to family planning, or lack of ability to utilize assistance.

The following three factors also influence the ranking:

- d. opportunities for private sector involvement;
- e. significance of the country to U.S. strategic interest; and
- f. economic conditions.

III. SCCD Regional and Country Priorities

Table 1 describes the SCCD Country priority by AID geographic region. Table 2 presents for each country the SCCD Resource Allocation plan from 1983 to 1986. Four cooperating agencies are included in the analysis for 1983 and 1984: FPIA, Pathfinder, AVS, and IPPF. IPPF does not appear in the estimates for 1985 and 1986.

SCCD will provide intensive support to twelve high priority countries to develop and sustain population/family planning activities. Most of these are large non-bilateral countries which rely almost exclusively on S&T/POP resources for program support. A significant addition this year to the list of high priority countries is the Philippines where increased resources from SCCD will be used to stimulate greater private sector involvement in the provision of family planning services. The

share of SCCD resources devoted to these high priority countries will increase from 40% to approximately 50% in the period 1983 to 1986. Besides the estimates in Table 2, a matching grant to WHR will be devoted primarily to assisting Mexico, Brazil, and Colombia.

SCCD resources will be provided on a moderate scale to 30 medium priority countries, to provide services and technical assistance; and to create or expand FP organizations, including involvement of influential people in programs.

USAID Missions will be encouraged to plan bilateral assistance to both public and private sector programs so that SCCD can reallocate its funding to be used in other needy areas. The share of SCCD resources devoted to these medium priority countries will decrease from 49% to 41% in the period 1983 to 1986.

In the low priority countries SCCD will begin service delivery programs only when and if its resources have been adequate to provide appropriate assistance to the high and medium priority countries. The share of Division resources devoted to these countries will be reduced from 11% to 9% in the period 1983 to 1986.

IV. Recommend Actions for the Future

SCCD will encourage CAs to conform to the Division goals for regional distribution of resources by 1987.

Table 3 represents the incremental changes SCCD expects to see in the resource allocations of its cooperating agencies over the next three years.

TABLE 1
PRIORITY RANKING OF SCCD COUNTRIES BY REGION

<u>AFRICA</u>	<u>LATIN AMERICA</u>	<u>ASIA/NEAR EAST</u>
<u>High</u> Nigeria Sudan Uganda	<u>High</u> Brazil Colombia Mexico	<u>High</u> India Pakistan Sri Lanka Turkey Philippines
<u>Medium</u> Burkina Faso Cameroon Gambia Ghana Kenya Liberia Madagascar Malawi Mali Rwanda Senegal Sierra Leone Somalia Tanzania Zaire Zambia Zimbabwe	<u>Medium</u> Bolivia Dominican Republic Ecuador El Salvador Guatemala Haiti Honduras Jamaica Peru	<u>Medium</u> Bangladesh Indonesia Morocco Nepal Thailand Tunisia
<u>Low</u> Benin Botswana Burundi Central Afr. Rep. Chad Congo Djibouti Equatorial Guinea Gabon Guinea Guinea Bissau Ivory Coast Lesotho Mauritania Mauritius Mozambique Niger Sao Tome Swaziland Togo	<u>Low</u> Barbados Belize Costa Rica Panama Paraguay Uruguay Venezuela	<u>Low</u> Algeria Burma Egypt Jordan Lebanon Malaysia North Yemen

TABLE 2

SERVICES, COMMODITIES, AND COORDINATION DIVISION
COUNTRY ATTRIBUTION ESTIMATES (FY-84-FY-86)
BY REGION AND PRIORITY LEVEL *

	1984		1985		1986	
	(\$,000)	percent	(\$,000)	percent	(\$,000)	percent
AFRICA-TOTAL	11527	24.5%	15677	29.5%	14189	32.0%
AFRICA-High	3784	8.0%	6353	12.0%	6166	13.9%
Nigeria	2504	5.3%	3644	6.9%	3269	7.4%
Senegal	227	0.5%	417	0.8%	595	1.3%
Sudan	526	1.1%	1240	2.3%	1302	2.9%
Uganda	528	1.1%	1052	2.0%	1000	2.3%
AFRICA-Medium	6107	13.0%	7478	14.1%	6462	14.6%
Burkina Faso	43	0.1%	289	0.5%	250	0.6%
Cameroon	62	0.1%	106	0.2%	82	0.2%
Gambia	74	0.2%	86	0.2%	74	0.2%
Ghana	820	1.7%	1019	1.9%	906	2.0%
Kenya	1557	3.3%	1264	2.4%	1020	2.3%
Liberia	621	1.3%	819	1.5%	703	1.6%
Malawi	27	0.1%	31	0.1%	27	0.1%
Mal:	262	0.6%	344	0.6%	275	0.6%
Rwanda	23	0.0%	151	0.3%	332	0.7%
Sierra Leone	260	0.6%	555	1.0%	451	1.0%
Somalia	186	0.4%	311	0.6%	245	0.6%
Tanzania	859	1.8%	1020	1.9%	837	1.9%
Zaire	632	1.3%	701	1.3%	563	1.3%
Zambia	291	0.6%	472	0.9%	429	1.0%
Zimbabwe	390	0.8%	312	0.6%	268	0.6%
AFRICA-Low	1656	3.5%	1646	3.5%	1560	3.5%
Benin	179	0.4%	316	0.4%	168	0.4%
Botswana	75	0.2%	45	0.1%	39	0.1%
Burundi	130	0.3%	170	0.3%	135	0.3%
Cent Afr Rep	0	0.0%	0	0.0%	0	0.0%
Chad	0	0.0%	0	0.0%	0	0.0%
Congo	57	0.1%	84	0.2%	62	0.1%
Djibouti	0	0.0%	0	0.0%	0	0.0%
Equat Guinea	0	0.0%	0	0.0%	0	0.0%
Gabon	0	0.0%	0	0.0%	0	0.0%
Guinea	120	0.3%	93	0.2%	77	0.2%
Guinea Bissau	0	0.0%	0	0.0%	0	0.0%
Ivory Coast	112	0.2%	95	0.2%	81	0.2%
Lesotho	239	0.5%	273	0.5%	242	0.5%
Madagascar	80	0.2%	93	0.2%	80	0.2%
Mauritania	22	0.0%	28	0.1%	21	0.0%
Mauritius	137	0.3%	191	0.4%	155	0.3%
Niger	0	0.0%	0	0.0%	0	0.0%
Sao Tome	0	0.0%	0	0.0%	0	0.0%
Swaziland	136	0.3%	151	0.3%	146	0.3%
Toqo	346	0.7%	408	0.8%	333	0.8%
ASIA TOTAL	11911	25.3%	13985	26.3%	11853	26.7%
ASIA-High	3467	7.4%	4967	9.4%	4759	10.7%
India	1942	4.1%	2552	4.8%	2457	5.5%
Pakistan	905	1.9%	1694	3.2%	1618	3.6%
Sri Lanka	620	1.3%	722	1.4%	685	1.5%
ASIA-Medium	8249	17.5%	8789	16.5%	6793	15.3%
Bangladesh	2327	4.9%	2467	4.6%	1744	3.9%
Indonesia	2504	5.3%	2581	4.9%	1931	4.4%
Nepal	1018	2.2%	1119	2.1%	966	2.2%
Philippines	679	1.4%	1042	2.0%	906	2.0%
Thailand	1720	3.7%	1580	3.0%	1245	2.8%
ASIA-Low	196	0.4%	229	0.4%	301	0.7%
Burma	0	0.0%	0	0.0%	103	0.2%
Malaysia	196	0.4%	229	0.4%	198	0.4%

LAC TOTAL	18289	38.8%	18156	34.2%	14203	32.0%
LAC-High	11020	23.4%	11500	21.8%	9421	21.3%
Brazil	4970	10.6%	5217	9.8%	4537	9.8%
Colombia	3763	5.9%	2826	5.3%	2330	5.0%
Mexico	3286	7.0%	3523	6.6%	2854	6.4%
LAC-Medium	6013	12.8%	5497	10.4%	4116	9.3%
Bolivia	643	1.4%	648	1.2%	561	1.3%
Dominican Rep	1015	2.2%	1004	1.9%	709	1.6%
Ecuador	843	1.8%	810	1.5%	597	1.3%
El Salvador	736	1.6%	777	1.5%	510	1.2%
Guatemala	747	1.6%	698	1.3%	556	1.3%
Haiti	183	0.4%	239	0.5%	180	0.4%
Honduras	560	1.2%	554	1.0%	433	1.0%
Jamaica	122	0.3%	140	0.3%	109	0.2%
Peru	1158	2.5%	623	1.2%	460	1.0%
LAC-Low	1256	2.7%	1092	2.1%	666	1.5%
Barbados	127	0.3%	42	0.1%	37	0.1%
Costa Rica	236	0.5%	248	0.5%	213	0.5%
Guyana	50	0.1%	59	0.1%	51	0.1%
Nicaragua	107	0.2%	126	0.2%	108	0.2%
Panama	329	0.7%	243	0.5%	51	0.1%
Paraguay	334	0.7%	286	0.5%	132	0.3%
Uruguay	70	0.2%	50	0.2%	74	0.2%
Venezuela	0	0.0%	0	0.0%	0	0.0%
NEAR EAST TOTAL	5353	11.4%	5292	10.0%	4088	9.2%
NE-High	1073	2.9%	2012	3.8%	1739	3.9%
Turkey	1073	2.9%	2012	3.8%	1739	3.9%
NE-Medium	955	2.0%	1137	2.1%	999	2.3%
Morocco	436	0.9%	513	1.0%	466	1.1%
Tunisia	519	1.1%	623	1.2%	533	1.2%
NE-Low	3026	6.4%	2143	4.0%	1350	3.0%
Algeria	0	0.0%	0	0.0%	0	0.0%
Egypt	2061	4.4%	1250	2.4%	680	1.5%
Jordan	421	0.9%	398	0.7%	224	0.5%
Lebanon	146	0.3%	173	0.3%	148	0.3%
North Yemen	397	0.8%	322	0.6%	297	0.7%
GRAND TOTAL	47088	100.0%	53102	100.0%	44337	100.0%
AVG/PCT HIGH	1786	41.7%	2264	46.9%	2008	49.8%
AVG/PCT MEDIUM	688	45.3%	739	43.1%	592	41.4%
AVG/PCT LOW	175	13.0%	152	10.0%	111	8.7%
AVG/PCT ALL	611	100.0%	690	100.0%	576	100.0%

*The percentage breakdowns for this table were carefully prepared by last year's SCCD Cooperating Agencies. The total money allocations for this table are based on FY-84 actual expenditure and the 10/2/85 S&T/POP Population Planning Account Worksheet figures for FY-85 and FY-86. It is assumed that the new SCCD projects beginning in FY-85, and new A.I.D. priorities (e.g. movement of the Philippines to high priority; halts in funding to Nicaragua and Guyana) will effect the actual FY-85 and FY-86 country resource allocations.

TABLE 3

**Services Commodities and Coordination (SCCD)
Regional Allocations for FY-84 through FY-87***

REGION	FY-84		FY-85		FY-86		FY-87	
	expenditure (\$,000)	percent	expenditure (\$,000)	percent	expenditure (\$,000)	percent	expenditure (\$,000)	percent
AFRICA	11,527	24.5	15,675	29.5	14,187	32.0	16,940	35.0
ANE	17,264	36.7	19,275	36.3	15,940	35.9	16,940	35.0
Asia		(25.3)		(26.3)		(26.7)		(25.0)
Near East		(11.4)		(10.0)		(9.2)		(10.0)
LATIN AMERICA	18,289	38.8	18,151	34.2	14,202	32.0	14,520	30.0
TOTAL	47,808	100.0	53,101	100.0	44,337	100.0	48,400	100.0

*The total money allocations for this table are based on FY-84 actual expenditure and the 10/2/85 S&T/POP Population Planning Account Worksheet figures for FY-85 and FY-86 and estimates for FY-87. Percentage breakdowns by region for FY-84 through FY-86 are based on SCCD cooperating agency estimates made in 1984. (FPIA, Pathfinder, AVS and 1984 IPPF estimates are included, while SOMARC, the Enterprise Program and the WDR Matching Grant estimates are not). Percentage breakdowns by region for FY-87 are those proposed by SCCD.

Contraceptive Development Program

Since a major objective is the development of new and improved methods of contraception, a good deal of the research will be carried out in developed countries, particularly the United States. Regarding developing country activities, the criteria for research support include: the quality of the investigators, the general research climate, the demographic and/or political importance, the absence of a bilateral program, and the need for information on pregnancy-related morbidity and mortality. Table I categorizes various countries within each region based upon these criteria.

I. Contraceptive Development Objectives

1. To develop new and improved methods of contraception with emphasis on increasing the variety of methods available so as to maximize individual choice.
2. To assess the efficacy, safety and degree of satisfaction of contraceptive technologies particularly in the context of developing countries.
3. To introduce and adapt contraceptive technologies to varying developing country situations.
4. To strengthen developing country capability to evaluate contraceptive technology.
5. To assess the health impact of various reproductive alternatives in developing country settings.

II. Regional Priorities

These criteria are also the basis for the "ideal" allocation of S&T funding listed below. It is clearly highly influenced by the presence of good researchers and research opportunities in Asia and Latin America. As compared to the February, 1985 RAP this ideal allocation includes a slightly higher percentage of U.S. funding. This reflects a perceived need for more "fundamental" contraceptive research:

Asia	20%
Near East	3%
Latin America	22%
Africa	12%
United States	40%
Other developed countries	3%

The "ideal" allocation includes consideration of U.S.-based core costs, which is a better indicator of overall support. As can

be seen from the summary data in Table II, the projected support for 1985, 1986 and 1987 is reasonably close to the "ideal." The 1984 numbers from the MIS which only include in-country subproject costs are somewhat unrepresentative of total support for research which utilizes a high degree of U.S.-based technical assistance and support. More detail is provided in Tables III-VI.

Country Priorities
Contraceptive Development

LATIN AMERICA

<u>High</u>	Medium	<u>Low</u>
<u>Brazil, Colombia, Mexico</u> High demographic/political importance; absence of bilateral program; good quality investigators and research climate.	<u>Jamaica, Haiti, Ecuador, Bolivia</u> High program importance; few good research opportunities.	<u>Belize, Guyana, Paraguay, Uruguay, other Caribbean</u> Relatively low program importance; little or no research opportunities
<u>Chile</u> Many excellent investigators	<u>Costa Rica, Panama, Argentina, Venezuela</u> Low program importance; good research opportunities.	
<u>Guatemala, Honduras, El Salvador, Dominican Rep., Peru</u> Relatively high demographic/political importance; reasonably good investigators, research climate.		

AFRICA

<u>High</u>	<u>Medium</u>	<u>Low</u>
<u>Nigeria, Kenya, Zimbabwe, Zambia, Sudan, Zaire, Mali, Senegal, Liberia</u> High demographic/political importance; some research capability.	<u>Ghana, Ivory, Coast, Cameroon Burkina Faso, Tanzania, Rwanda, Togo</u> Some demographic/political importance; some research potential.	<u>All others</u> Relatively limited program and research potential.

Country Priorities
Contraceptive Development (continued)

ASIAHigh

India,
Indonesia Sri Lanka,
Thailand
High demographic/political
importance; good quality
investigators and
research climate.

Philippines, Nepal,
Pakistan
High demographic and/or
political importance.
Limited quality of
investigators or
research climate.

Medium

Korea, Malaysia,
Taiwan
Low program importance;
some good investigators.

Bangladesh
High demographic/political
importance. Moderate
investigators and research
climate. Programmatic absorp-
tive capacity limited

Low

Burma
Limited climate
for research.

NEAR EASTHigh

Egypt
High demographic/political
importance. Good quality
investigators
and research climate.

Turkey
High demographic/political
importance. Fairly good
investigators and research climate.

Medium

Jordan, Morocco, Tunisia
Moderate demographic/
political importance;
some research capability.

Low

Algeria, Lebanon,
Yemen
Limited research
potential.

TABLE II
 Summary of Actual, Projected and Ideal
 Regional Funding by Percentage

	<u>Actual 1984 (MIS*)</u>	<u>Projected</u>			<u>Ideal</u>
		<u>1985</u>	<u>1986</u>	<u>1987</u>	
Asia	6.5%	18.3%	17.2%	17.6%	20%
Near East	5.3%	4.6%	3.2%	4.0%	3%
Latin America	14.7%	22.1%	20.6%	21.3%	22%
Africa	5.8%	12.4%	13.1%	13.2%	12%
United States	63.3%	39.3%	42.7%	40.6%	40%
Other Developed	4.4%	3.3%	3.2%	3.3%	3%

*1984 figures include subproject expenses only and do not include project "core costs". 1985 through 1987 includes estimates of central core costs and therefore are more indicative of overall support.

TABLE III
 Actual 1984 Support by Region and Project
 Based on MIS*

	<u>FHI</u>	<u>PARFR</u>	<u>Pop Council</u>	<u>TOTAL</u>
Asia	20.4%	0.6%	0.9%	6.5%
Near East	17.9%	0.0%	0.0%	5.3%
Latin America	25.6%	4.9%	18.6%	14.7%
Africa	19.6%	0.0%	0.0%	5.8%
United States	13.1%	88.5%	77.5%	63.3%
Other Developed	<u>3.4%</u>	<u>6.0%</u>	<u>3.0%</u>	<u>4.4%</u>
TOTAL	100.0%	100.0%	100.0%	100.0%

*includes subproject expenses only

TABLE IV

Projected 1985 Support by Region and Project

	<u>FHI</u>	<u>PARFR</u>	<u>Pop Council</u>	<u>TOTAL</u>
Asia	28.6%	11.7%	5.2%	18.3%
Near East	8.7%	0.9%	0.0%	4.6%
Latin America	26.3%	23.3%	14.6%	22.1%
Africa	19.8%	0.0%	7.3%	12.4%
United States	12.8%	60.4%	70.8%	39.3%
Other Developed	<u>3.8%</u>	<u>3.7%</u>	<u>2.1%</u>	<u>3.3%</u>
TOTAL	100.0%	100.0%	100.0%	100.0%

TABLE V

Projected 1986 Support by Region and Project

	<u>FHI</u>	<u>PARFR</u>	<u>Pop Council</u>	<u>TOTAL</u>
Asia	28.7%	11.2%	5.8%	17.2%
Near East	6.6%	1.0%	0.0%	3.2%
Latin America	25.8%	19.4%	15.0%	20.6%
Africa	22.4%	0.0%	7.5%	13.1%
United States	12.4%	64.6%	70.0%	42.7%
Other Developed	<u>4.1%</u>	<u>3.8%</u>	<u>16.7%</u>	<u>3.2%</u>
TOTAL	100.0%	100.0%	100.0%	100.0%

TABLE VI

Projected 1987 Support by Region and Project

	<u>FHI</u>	<u>PARFR</u>	<u>Pop Council</u>	<u>TOTAL</u>
Asia	26.5%	14.0%	5.7%	17.6%
Near East	7.6%	0.7%	0.0%	4.0%
Latin America	25.0%	24.8%	14.3%	21.3%
Africa	21.4%	0.0%	7.2%	13.2%
United States	14.9%	58.6%	71.4%	40.6%
Other Developed	<u>4.6%</u>	<u>2.9%</u>	<u>1.4%</u>	<u>3.3%</u>
TOTAL	100.0%	100.0%	100.0%	100.0%

OPERATIONS RESEARCH PROGRAM

I. Objectives

The operations research program, Strategies for Improving Service Delivery, is designed to help LDC researchers and program administrators improve the quality and delivery of family planning and maternal-child health services. Using operations research (OR) techniques, more acceptable and more cost-effective approaches to service delivery are empirically tested and evaluated. This program seeks to increase the capability of host country professionals to use operations research as a management tool to diagnose and solve service delivery problems.

II. Regional Priorities

The operations research program supports a series of country-specific, regional, interregional and technical umbrella projects aimed at improving family planning service delivery throughout the developing world. U.S. institutions currently under contract with A.I.D. to provide technical and financial assistance in family planning operations research are: Columbia University, Johns Hopkins University, Tulane University, University of Michigan, University Research Corporation, the Population Council, the National Academy of Sciences and the International Federation for Family Life Promotion. The distribution of OR program resources by region is summarized in Table 1.

Table 1. Fiscal Year Obligations under the Operations Research Program, by Region and Percentage

<u>Region</u>	Obligations (in percent)					<u>Avg.</u>	<u>Ideal</u>
	<u>Actual</u>	<u>Projected</u>					
	<u>FY 84</u>	<u>FY 85</u>	<u>FY 86</u>	<u>FY 87</u>			
Africa	48	57	49	45	50	50	
Asia	16	15	18	20	17	20	
Latin America and the Caribbean	31	24	26	30	28	25	
Near East	<u>5</u>	<u>4</u>	<u>7</u>	<u>5</u>	<u>5</u>	<u>5</u>	
TOTAL	100	100	100	100	100	100	
(in thousands)	(\$7,400)	(\$5,800)	(\$7,400)	(\$8,000)			

On average over the FY84-FY86 period, 50 percent of OR program obligations will be spent in Africa, 28 percent in Latin America and the Caribbean, 17 percent in Asia and five percent in the Near East. The fluctuations in percentages for Asia and the LAC region do not represent major changes in program emphasis but reflect varying obligation schedules. A new OR umbrella project for Latin America, began in FY84, and a new Asia OR project began in FY 85.

III. Regional Strategies

The general strategies to be used over the next several years in implementing family planning operations research activities in each region are outlined below:

In Africa, the primary concerns are availability, quality and accessibility of family planning services. Community-based distribution programs offering family planning and other basic health services will be emphasized. Demonstration projects of CBD programs will therefore be appropriate. Studies which focus on increasing the efficiency of clinic services will also be included. Training programs for service providers and outreach workers will be designed and evaluated. Several natural family planning projects are currently being implemented in Africa; the use and cost-effectiveness of NFP will be the focus of new operations research studies planned for the region.

In Latin America, the countries of Colombia, Brazil and Mexico are a high priority for operations research because of their demographic and political importance and because they do not have bilateral population assistance. Service delivery costs in these countries will be given extra consideration. Technical assistance will be a major emphasis in countries throughout the region. There are many skilled researchers in Latin America who, with technical assistance and funds, can conduct high-quality operations research. The private sector, which includes the family planning associations and the commercial sector, is crucial to the delivery of contraceptive services and supplies. Accordingly, the private sector will be a high priority in Latin America and the Caribbean for operations research.

In the Near East region, expanded operations research activities are needed. In Egypt, operations research should focus on the private sector as well as help diagnose why the national family planning program has not been more successful. In Morocco, the OR program will be helpful with the expansion of the VDMS project to identify weaknesses in family planning service delivery and to test corrective actions. As the family planning effort increases in Yemen, Jordan and Algeria, the operations research program will be used to understand how specific service delivery strategies function. Operations research may play an important role in Turkey where no bilateral population programs exists.

Many of the family planning programs in Asia are well established. They have adequate physical and training facilities. The primary emphasis in Asia, therefore, will be on the management, supervision and long-term financing of programs. The important issue is how to improve the quality and cost-effectiveness of the programs rather than improving access to services. In Nepal, Pakistan and Bangladesh, the family planning programs are less mature and the operations research efforts will be directed at improving the delivery systems.

IV. Country and Research Priorities

A. Selection Criteria

The criteria for establishing country priorities for operations research program assistance are outlined below:

- High:** Includes countries which have:
- . high demographic and/or political importance
 - . no A.I.D. bilateral program or low bilateral population assistance per capita
 - . high government receptivity/commitment to family planning
 - . high level of interest in and capability to use operations research assistance
 - . excellent potential for operations research activities to have an important policy and/or programmatic impact

- Medium:** Includes countries which have:
- 1) . medium to high demographic and/or political importance
 - . medium A.I.D. bilateral population assistance per capita
 - . high government receptivity/commitment to family planning
 - . moderate level of interest in and capability to use operations research assistance
 - . good potential for operations research activities to have an important policy and/or programmatic impact
- 2) . medium demographic and/or political importance
 - . no A.I.D. bilateral program or low bilateral population assistance per capita
 - . moderate government receptivity/commitment to family planning
 - . moderate level of interest in and capability to use operations research assistance
 - . good potential for operations research activities to have an important policy and/or programmatic impact

Low: Includes countries which are currently not targetted for centrally funded assistance under the operations research program for demographic, political and/or economic considerations.

Within the high and medium priority countries, operations research studies are classified according to three types:

- A: Diagnostic or demonstration projects focusing on improving the availability, quality and accessibility of FP/MCH services; OR projects will cover service delivery costs where needed.
- B: Diagnostic/demonstration projects or operations research on service delivery components; OR projects will generally cover delivery costs.
- C: Operations research on service delivery components, particularly issues of supervision, management, financing schemes and cost-effectiveness; OR projects will not cover service delivery costs.

NATURAL FAMILY PLANNING PROJECT

A new five-year natural family planning project was awarded to Georgetown University in late FY 85 at a level of \$2.3 million for the first year. The project is designed to improve knowledge, availability, acceptability and effectiveness of NFP services (including breastfeeding as a method of birthspacing) in developing countries. This represents approximately one third of the Agency's support for NFP. The projected distribution of support by regions is:

Latin America:	40%
Africa	40%
Asia	15%
Near East	5%

Table 2: Country and Research Priorities by Region and Fiscal Year

FY 84 - 87

<u>Priorities</u>	<u>AFRICA</u>	<u>ASIA</u>	<u>LATIN AMERICA & THE CARIBBEAN</u>	<u>NEAR EAST</u>
<u>High</u>	Burkina Faso (A) Nigeria (A) Senegal (A) Somalia (A) Sudan (A) Zaire (A) Zimbabwe (B)	Bangladesh (B) India (B) Indonesia (C) Pakistan (B) Sri Lanka (C)	Brazil (B/C) Colombia (C) Dom. Rep. (B/C) Mexico (B/C)	Morocco (B) Tunisia (B/C) Turkey (B) Yemen (A)
<u>Medium</u>	Botswana (A) Burundi (A) Cameroon (A) Chad Congo (A) Gambia (A) Ghana (A) Ivory Coast (A) Kenya (A) Lesotho (A) Liberia (A) Madagascar (A) Malawi (A) Mali (A) Mauritania (A) Mauritius (A) Niger (A) Rwanda (A) Sierra Leone (A) Swaziland (A) Tanzania (A) Togo (A) Uganda (A) Zambia (A)	Burma (A) Nepal (A) Philippines (B) Thailand (C)	Antigua (B) Barbados (B) Belize (B) Bolivia (A) Costa Rica (C) Dominica (B) Ecuador (B) El Salvador (B) Grenada (B) Guatemala (B) Haiti (B) Honduras (B) Jamaica (B) Panama (B/C) Peru (A/B) St. Kitts (B) St. Lucia (B) St. Vincent (B)	Algeria (A) Egypt (B) Jordan (A)
<u>Low</u>	Benin CAR Comoros Djibouti Eq. Guinea Ethiopia Gabon Guinea Guinea Bissau Sao Tome South Africa	Malaysia	Argentina Chile Guyana Nicaragua Paraguay Trinidad Uruguay Venezuela	Lebanon