

**MIDTERM EVALUATION OF THE
RESOURCES FOR THE AWARENESS
OF POPULATION IMPACTS ON
DEVELOPMENT IV (RAPID IV) PROJECT
(936-3046)**

POPTECH Report No. 94-006-009
October 1994

by

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Prepared for

U.S. Agency for International Development
Bureau for Global Programs, Field Support
and Research
Office of Population
Contract No. CCP-3024-C-00-3011
Project No. 936-3024

Edited and Produced by

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ABBREVIATIONS

AIM	AIDS impact model
AIDS	acquired immunodeficiency syndrome
BKKBN	National Family Planning Coordinating Board (Indonesia)
CAR	Central Asian Republic
CTO	cognizant technical officer (USAID)
DEMPROJ	demographic projection package
DENR	Department of the Environment and Natural Resources (Philippines)
DHS	demographic and health survey
EPAT	Environmental Policy and Training Project
EWPCOP	East-West Center Program on Population
FamPlan	computer program for modeling cost and effectiveness of family planning programs
Futures	The Futures Group
FY	fiscal year
GO	governmental organization
INPLAN	Integrated Population and Development Planning Project
IPDP	Integrated Population Development Planning
LAC	Latin America and the Caribbean
LDC	less developed country
LG	local government
LGU	local government unit
LOE	level of effort
NGO	non-governmental organization
NIHFW	National Institute of Health and Family Welfare (India)
OPTIONS	Options for Population Policy Project
MIS	management information system
NCPEA	National Council for Population and Environment Activities (Nigeria)
PARLCON II	Second Parliamentarians Conference on Population and Development
PIO/T	project implementation order/technical
PLCPD	Philippine Legislators Committee on Population and Development
POPCOM	Population Commission (Philippines)
Q contract	companion requirements contract
RAPID	Resources for the Awareness of Population Impacts on Development Project
R&D	research and development
RTI	Research Triangle Institute
SOW	Scope of Work
TDY	temporary duty
TFR	total fertility rate
TOT	training of trainers
USAID	United States Agency for International Development
USAID/Washington	United States Agency for International Development/Washington

PROJECT IDENTIFICATION DATA

1. **Project Title:** Resources for the Awareness of Population Impacts on Development IV (RAPID IV) Project
2. **Country:** Worldwide
3. **Project Number:** 936-3046
4. **Contract Number:** DPE-3046-C-00-1047-00
DPE-3046-Q-00-1048-00
5. **Project Dates:** September 1991
September 1996
6. **Project Funding:**

Central Funding: \$11,299,822
Companion Requirements Funding
as of December 31, 1993 \$ 7,327,806
7. **Mode of Implementation:** Contract between the Office of Population, Global Bureau, and the Cooperating Agency (The Futures Group)
8. **Contractor:** The Futures Group
1050 17th Street, NW, Suite 1000
Washington, DC 20036
9. **Subcontractors:** Research Triangle Institute
10. **Responsible USAID Officials:** Ellen Starbird
G/PHN/POP/P&E
11. **Previous External Evaluation:** None

EXECUTIVE SUMMARY

RAPID IV, one component of the Demographic Data Initiatives Project Paper, is a five-year project awarded in September 1991 to The Futures Group (Futures) and its subcontractor, the Research Triangle Institute (RTI). It is a follow-on project to RAPID III and overlaps with the final year of RAPID III implementation. RAPID IV has a core contract budget of \$11,299,822 and an unlimited companion requirements (Q) contract.

RAPID IV was designed to respond to requests from developing country governments for services that would

- Raise awareness among national leaders about the relationships between population growth and development and about the positive socioeconomic and health effects of lower fertility.
- Strengthen the commitment of national leaders and managers to implement voluntary family planning programs and to allocate public and private resources to increase access to services.
- Develop a consensus for policies and programs at different management and technical levels of government and in the private sector.
- Institutionalize developing countries' capability to conceive, plan, and implement their own population and development policies.

RAPID IV was to differ from earlier RAPID contracts in its emphasis. Traditional RAPID models were to receive less attention while development and presentation of financial and special issues models were to represent a greater share of staff level of effort and project resources. In addition, there was to be an increased emphasis on institutionalization and the transfer of technology and skills under RAPID IV.

Overall Performance

The RAPID IV project has done a fine job in raising awareness, strengthening commitment, and developing a consensus. The evaluation team commends Futures and RTI for their work.

There has been high demand for RAPID IV. The project provides assistance in 19 countries: 10 in Africa, six in Asia, and three in Latin America. Two more African countries will be added in the next few months. RAPID IV is active in nine of the Office of Population's 20 priority countries. Buy-ins have been received for 11 countries including six non-priority bilateral countries. Many of the 18 countries in which RAPID is not active, but which responded to the Office of Population's cable, stated they would like RAPID's assistance. RAPID IV is to be commended that, with a high level of demand, they have maintained focus, both on priority countries and on working intensively with those countries.

USAID Missions value RAPID IV very highly and indicate that the project is either extremely or very responsive to Mission needs. RAPID IV has a good reputation for getting work done and for having very productive, collaborative relationships with local institutions. Missions indicate that the RAPID IV approach has been very appropriate and staff get high marks for its skills.

USAID, developing country institutions, and RAPID IV staff identify a long list of policy needs, classified by the team into 11 issues:

- Integrating population factors into development plans.
- Building capacity to carry out advocacy activities, conducting more policy dialogue, and disseminating key information on population and family planning.
- Developing and/or promulgating national population policy.
- Creating or strengthening institutions that implement and monitor population policies including capacities to undertake policy analysis, target setting, and to develop strategic/action plans (national and sectoral).
- Decentralizing the implementation of government programs.
- Expanding family planning services and improving the quality of services (especially the range of methods).
- Removing medical, legal, and regulatory barriers to the delivery of family planning services.
- Emphasizing health, reproductive health, and child spacing as a context for providing family planning services.
- Addressing the problem of AIDS.
- Increasing the role of the private sector including the commercial sector and non-governmental organizations (NGOs) in the provision of services.
- Improving the cost-effectiveness, efficiency, and financial sustainability of family planning programs.

As in previous RAPID projects, RAPID IV is working to address the first four issues. The evaluation team concludes that the project is successful in raising awareness, strengthening commitment, and developing consensus for population policies. Moreover, at USAID Missions' requests, RAPID IV is also providing assistance and is engaged very substantially in several of the other issues identified above, including decentralization, AIDS, cost effectiveness, and emphasizing health, reproductive health, and child spacing as a context for providing family planning services.¹ The breadth and depth of RAPID IV is greater than the common, but mistaken, perception of offering simply policy presentations.²

RAPID IV has been weaker in institutionalizing capability to conceive, plan, and implement population policy, the fourth objective, and in evaluation. USAID did not adequately define the fourth objective in the project paper or the contracts; in fact, those documents equated it rather explicitly with training. Consequently, RAPID's principal activity has been training, directed to the use of RAPID models and presentation techniques. Although there has been extensive RAPID IV training, RAPID's documentation of the training process, including needs assessments, curriculum development, and evaluation, has been weak. Only recently has evaluation of the project in general been a focus. The team recommends the project continue these efforts to develop and define indicators and to collect data.

RAPID could benefit from the advice of independent experts on several topics. There is a need to consider alternatives to the Bongaarts model for forecasting. RAPID's work on specific research

¹See either Appendix A, the team's Bolivia Field Study, or Appendix B, the Philippine Field Study, for detailed examples of the range of policy issues with which RAPID IV is successfully assisting.

² However, in one area, population and the environment, RAPID IV's desire to be responsive to Mission and field demand has led RAPID into the development of a model with linear assumptions for which there are no supporting data at this time.

and design topics such as reproductive health, AIDS, and decentralization could also benefit from additional review and discussion by outside experts.

Recommendations for the Remainder of RAPID IV

Model Related

- RAPID should pursue the issue of the appropriateness of forecasting fertility using proximate determinants models. These models have recently been shown to be the least reliable in the sorts of demographic settings where RAPID is most likely to employ them. RAPID should convene a panel of outside experts familiar with these issues to assist project staff in this effort.

RAPID should modify the current approach to preparing and presenting RAPID models to make it easier to transfer modeling skills, in addition to presentation skills, to local counterparts.

Institutionalizing Capability

RAPID should think more strategically about institutionalizing capability and document in which countries and with which institutions it is providing institutional assistance beyond its traditional training activities. It should discuss to what extent it is possible, in the remainder of the project, to go through a formal, documented training cycle on all new, important training activities including assessing training needs, determining objectives, building a curriculum, selecting instructional strategies, conducting training, and evaluating training.

Evaluation

RAPID IV should continue its recent efforts to establish an evaluation framework and indicators for the project. The careful planning and documentation in Ethiopia and Tanzania are good models. At the end of the project, RAPID should document what it has learned from such evaluation efforts in these countries.

A Technical Advisory Group

- RAPID, with the Office of Population's support, should convene panels of outside experts to assist project staff with several issues including alternatives to the Bongaarts model for forecasting and specific research and development (R&D) topics such as reproductive health, AIDS, and decentralization.

Recommendations for the Future Project

Broader Policy Work

The team recommends that the purpose of the follow-on project move explicitly beyond awareness, commitment, advocacy, and institutionalizing capability to the following:

- Policy development and implementation that would include
 - * Policy analysis
 - * Program planning
 - * Communications and information dissemination strategies including advocacy and presentations
 - * Policy implementation
- Institutionalizing capability and responsibility

Merge RAPID and OPTIONS

USAID should combine the best elements of RAPID and OPTIONS into one follow-on project with a broad range of issues as the project purpose. As it does so, USAID should keep in mind several issues:

- There is great demand for policy assistance based on the current, combined workload of the two projects of 31 countries and three regions. Such an intense and growing demand can stretch a project's ability to respond. Combining these two projects will present a tremendous challenge. Perhaps it is time for the Office of Population to consider policy projects that are specific to given regions, such as the Operations Research projects for Asia, Africa, and Latin America, as one way to keep project resources more focused.
- Both RAPID and OPTIONS are implemented by a prime contractor and one or more subcontractors. USAID's past experience with merging projects indicates that some of these important actors, with invaluable experience, get cut out of the future work with a merger. It would be extremely unfortunate to lose these organizations.

RAPID-type activities will be fundamentally important to the new project. This is important to note because there are common, but mistaken, perceptions about the relative breadth and depth of the two policy projects. In fact, RAPID is engaged much more substantially in a range of policy issues than the preparation of policy presentations suggests. Further, much of OPTIONS assistance is centered on consensus building or the traditional activities which are considered RAPID. Despite the realities of each project's experience in implementation, perceptions are important. The key issue is how to package the future project to incorporate the best of both projects, in the appropriate balance, and give sufficient scope to meet developing country needs.

Model Related

Several of the issues which the team recommended the project address in the remainder of RAPID IV will continue to be issues in the follow-on project:

- It is essential, given a real focus on institutionalization in the follow-on project, that the project pass along modeling skills, in addition to presentation skills, to local counterparts. The emphasis should be on developing local capabilities as full users of all models.
- The panel of outside experts familiar with forecasting fertility using proximate determinants models and other issues should continue to meet and advise the project.

Institutionalizing Capability

USAID inadequately defined “institutionalizing capability” for RAPID IV and, in turn, RAPID IV’s performance in truly institutionalizing capability has been relatively weak. The team recommends that the Office of Population give clear and strong direction in the Project Paper and that the follow-on project emphasize both institutionalizing capability and responsibility.

In the Project Paper for the follow-on project, the Office of Population should clearly define the following:

- What it means by “institutionalizing capability to conceive, plan, and implement population policies.”
- How important such an objective is to the Office of Population.
- Which strategies to institutionalize capability, beyond human resource development and equipment transfer, are both possible and expected within the project’s mandate.
- Standards and requirements for professional planning, implementation, and evaluation of training.
- Requirements for documenting and evaluating strategies and activities in institutionalizing capability.

The team recommends that the follow-on project place a high, as well as clear, emphasis on institutionalizing capability to conceive, plan, and implement population and development policies and the responsibility for doing so. The follow-on project should tap local expertise as much as possible and use the mechanisms of less developed country (LDC) subcontracts as RAPID IV did—but at a substantially increased level.

Evaluation

The follow-on project should require more systematic and serious evaluation than either RAPID IV or OPTIONS has undertaken to date. It should assess process, performance, and impact using empirical data on both policy and institutionalization activities.

1. INTRODUCTION

1.1 Project Overview

RAPID IV is one component of the Demographic Data Initiatives Project Paper. The five-year RAPID IV project was awarded in September 1991 to The Futures Group (Futures) and its subcontractor, the Research Triangle Institute (RTI). It is a follow-on project to RAPID III and overlaps with the final year of RAPID III implementation. RAPID IV has a core contract budget of \$11,299,822 and an unlimited companion requirements (Q) contract.

RAPID IV differs from the earlier RAPID projects primarily in its emphasis. Compared to previous projects, traditional RAPID models are to receive less attention while development and presentation of financial and special issues models represent a greater share of staff effort and program resources. In addition, there is an increased emphasis on institutionalization and transfer of technology and skills under RAPID IV.

1.2 Evaluation Methodology

The RAPID IV contract called for an external evaluation to be conducted by independent experts at the project's midterm. The evaluation was to assess project organization, management, field work, significant outputs, and overall performance and impact. The evaluation team was composed of Laurel Cobb, institutional development specialist and team leader, Judith Seltzer, population policy specialist, and Eric Jensen, population economist. The evaluation Scope of Work is attached as Appendix C.

The evaluation team conducted interviews and collected data in Washington, D.C., and in the Philippines and Bolivia. In Washington the team interviewed staff from the Office of Population, the Environmental Policy and Training Project (EPAT) of USAID's Office of the Environment, Futures, and RTI. Laurel Cobb and Judith Seltzer traveled to the field and Eric Jensen studied RAPID models, presentations, and management in Washington. RAPID IV staff provided copies of all reports, documents, models, and presentations produced by the project.

As part of the evaluation team's effort to assess policy impact (related to RAPID IV's first three objectives of awareness, commitment, and consensus) in the field, a brief questionnaire was prepared based on RAPID IV's list of policy indicators (March 3, 1994). (See Appendix F for the questionnaire.) Although the team attempted to use the questionnaire, there was not sufficient time to utilize it with developing country counterparts. It would have been useful, if feasible, to have sent such a questionnaire to each of the key institutions prior to the team's visit to solicit their answers. The questionnaire was more useful with USAID, and Mission staff were very positive in their assessments.

In evaluating RAPID IV's performance in institutionalizing capability (the fourth objective), the team was less able to use RAPID IV indicators. USAID did not define this concept in either the project paper or the contracts. The Evaluation Plan for RAPID IV pays relatively little attention to institutionalizing capability and the project itself has little systematic documentation on it. The team,

therefore, organized the data on institutionalizing capability in terms of standard professional indicators.

In Bolivia and the Philippines, the team interviewed the USAID Mission staff, high-level policy-makers, and developing country counterparts in both the capital cities and in regional offices. We interviewed persons who had been recipients of RAPID study tours, training, and technical assistance and who had worked with RAPID IV staff on policy analysis, model development, and presentations at every occasion from provincial meetings to the Bolivian Consultative Meeting in Washington, D.C. (see Appendices A and B).

In addition, the team reviewed the responses from 37 USAID Missions which responded to the Office of Population's cable asking for comments on the performance and impact of RAPID IV as well as suggestions for the follow-on project. RAPID IV has been active in 19 of the 37 countries.

2. PROJECT PERFORMANCE

2.1 Project Scope of Work

RAPID IV was designed to respond to requests from developing country governments for services that would

- Raise awareness among national leaders about the relationships between population growth and development and about the positive socioeconomic and health effects of lower fertility.
- Strengthen the commitment of national leaders and managers to implement voluntary family planning programs and to allocate public and private resources to increase access to services.
- Develop a consensus for policies and programs at different management and technical levels of government and in the private sector.
- Institutionalize developing countries' capability to conceive, plan, and implement their own population and development policies.

RAPID was to differ from earlier RAPID contracts in its emphasis. Traditional RAPID models were to receive less attention while development and presentation of financial and special issues models were to represent a greater share of staff level of effort and project resources. In addition, there was to be an increased emphasis on institutionalization and the transfer of technology and skills under RAPID IV.

The contracts state that RAPID IV activities will consist of the following integrated activities: population policy, family planning, financial, and special issue presentations; high-level seminars; and applied training. Presentations were to be given at national and subnational levels as well as be sector-specific. Technical support would be provided to high-level awareness-raising seminars and training at the organizational, country, and regional level.

2.2 Summary of Accomplishments

The RAPID IV project has done a fine job. This section summarizes the highlights.

2.2.1 Demand and Focus

RAPID IV provides assistance in 19 countries: 10 in Africa, six in Asia, and three in Latin America. Two more African countries will be added in the next few months. RAPID IV is active in nine of the Office of Population's 20 priority countries (Bangladesh, Egypt, India, Kenya, Nepal, Nigeria, the Philippines, Tanzania, and Ethiopia). Buy-ins have been received for 11 countries including six non-priority bilateral countries (Malawi, Senegal, Sri Lanka, Bolivia, Honduras, and Nicaragua).

There is high demand for RAPID IV services. Many of the 18 countries in which RAPID is not active but which responded to the Office of Population's cable, stated they would like RAPID's assistance. RAPID IV is to be commended that, with a high level of demand, they have maintained focus, both on priority countries and on working intensively with those countries.

2.2.2 Strong USAID Mission Support

USAID Missions in the 19 countries where RAPID is active value RAPID IV very highly and indicate that the project is either extremely or very responsive to Mission needs. RAPID IV has a good reputation for getting work done and for having very productive, collaborative relationships with local institutions in all developing countries where RAPID is active. USAID Missions indicate that the approach taken by RAPID IV has been very appropriate and staff get high marks for its skills.

2.2.3 Continued RAPID Work at the Highest Policy Levels

As in previous RAPID projects, RAPID IV works with and influences policy-makers at the highest levels. For example, the presidents of the Philippines and Bangladesh have seen several RAPID presentations in the last year. In the Philippines, working with legislators, RAPID IV assistance has supported the writing of a pending new population law and has been instrumental in developing support for that law.

2.2.4 Broad Policy Advocacy, Development, and Implementation

At midpoint of the RAPID IV project, the contractor has more than fulfilled the requirements for four types of presentations under the core contract and has completed a large portion for the remaining two types.³ At USAID Missions' requests, RAPID IV is also providing assistance across a broader area of policy work than might be expected. Some examples include

- Computer graphics presentations not only on the various RAPID models, but also on national population policies (Burundi, Ethiopia, and Senegal)
- Survey data on family planning knowledge and use (including Bangladesh, Bolivia, and Tanzania)
- A national population data sheet in Bangladesh
- A five-volume series of publications on family planning in Bolivia, the publication of which would have been politically impossible a few years previous.⁴

³RAPID IV has fulfilled the requirements for presentations on subnational RAPID, family planning, financial, and special issues. The other two areas are national presentations and sector-specific presentations.

⁴ RAPID III provided assistance to the Ministry of Health on the major "Maternal Health and Child Survival" policy initiative. This initiative, presented to the president and Cabinet, was eventually formulated as law and for the first time provided a legitimate basis for family planning in Bolivia.

2.2.5 Important Policy Work in New Areas

RAPID IV is assisting several countries (most notably Bolivia, the Philippines, and Nigeria) in the decentralization and devolution of population policy. The lessons learned from these efforts will be valuable to other countries beginning such structural policy change.

In Kenya RAPID IV developed an AIDS policy presentation using the AIDS impact model (AIM). USAID Missions in five other countries (Ethiopia, Nigeria, Tanzania, the Philippines, and Bolivia) have also expressed an interest in future RAPID-type presentations on population and AIDS.

2.2.6 Significant Use of Developing Country Subcontractors

RAPID has developed subcontracts with developing country institutions as an effective and efficient way to carry out planned activities and as a strategy to promote local involvement and local development. Between September 1991 and February 1994, RAPID IV entered into subcontracts with 20 LDC institutions and individual consultants in 10 countries.

2.3 Policy Development and Implementation

2.3.1 Overview of Policy Needs in Countries Assisted by RAPID

RAPID IV provides assistance to 19 countries. For all but two of these countries (Ethiopia and Nicaragua), RAPID assistance has been carried out for several years through one or more of the predecessor projects (RAPID I, II, III, IPDP, and INPLAN).⁵ This long familiarity with the various countries has helped to identify policy needs. Based on a review of country summaries prepared by RAPID for the evaluation team, cables from USAID Missions, and two sites visits, the following list summarizes current policy needs in the 19 countries:⁶

- Integrating population factors into development plans (Bolivia and Burundi)
- Building capacity to carry out advocacy activities, conducting more policy dialogue, and disseminating key information on population and family planning (Burundi, Chad, Ethiopia, Ghana, Malawi, Nigeria [constituency building], Rwanda [given recent political changes], Senegal [among health and family planning personnel as well as policy-makers], India [especially in Uttar Pradesh districts], Nepal [parliamentarians], the Philippines, Bolivia, Honduras, and Nicaragua)
- Developing and/or promulgating national population policy (Burundi, Ghana [revised policy], Malawi, Bolivia, Honduras, and Nicaragua [as part of economic development policy and defining responsibilities of government organizations (GOs), non-governmental organizations (NGOs), and donors])

⁵See section on Review of Policy Project, RAPID Evaluation Briefing Book, vol. II, for a listing of the primary activities of RAPID IV and its predecessor projects.

⁶ See RAPID Evaluation Briefing Book, vol. 1, March 1994.

- Creating or strengthening institutions that implement and monitor population policies including capacities to undertake policy analysis, target setting, and to develop strategic/action plans (national and sectoral) (Burundi, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Senegal, Tanzania, and Nepal)
- Decentralizing the implementation of government programs (Ethiopia, Ghana, Egypt, India, the Philippines, and Bolivia)
- Expanding family planning services and improving the quality of services (especially the range of methods) (Burundi, Malawi [ensuring adequate human and financial resources], Egypt, Nepal, the Philippines [especially services for young, unmarried women], and Sri Lanka)
- Removing medical, legal, and regulatory barriers to the delivery of family planning services (Burundi, Tanzania, and the Philippines)
- Emphasizing health, reproductive health, and child spacing as a context for providing family planning services (Ethiopia, Malawi, and Bolivia)
- Addressing the problem of AIDS (Ethiopia, Ghana, Kenya, and Malawi)
- Increasing the role of the private sector including the commercial sector and NGOs in the provision of services (Burundi, Kenya, Egypt, and the Philippines)
- Improving the cost-effectiveness, efficiency, and financial sustainability of family planning programs (Bangladesh, Egypt, the Philippines, Sri Lanka, and Malawi)

The list of policy needs is long and comprehensive. The first three issues are basic steps in developing and adopting policies. The remaining eight issues deal with implementing programs. Many of these issues go beyond the scope of a policy assistance project such as RAPID and necessarily involve other types of technical assistance (e.g., training in service delivery). Some policy needs have been recognized and addressed in different settings for a long time, and there is much experience from which to draw. Other policy needs (such as decentralization and sustainability) are relatively new issues for family planning, and the body of experience is less developed. RAPID IV has been addressing many of these issues to some degree over the past several years as will be evident from the discussion that follows.

2.3.2 RAPID Approach

The RAPID project's approach to policy assistance is well presented in the Evaluation Briefing Book. The approach is based on a conceptual framework that places primary importance on policy advocacy. Advocacy involves creating an awareness of the problem, an understanding of what needs to be done to address the problem, and a capacity to take action. The consequences of effective advocacy, or the "policy outputs," are strong political commitment, effective planning, and appropriate allocation of resources. These effects, in turn, are held to improve the quality of and demand for family planning services. Each of the terms in the framework is shorthand for an involved, prolonged process of working with local policy institutions. These local institutions (or in

some countries one institution) are empowered to become the change agents for the development and implementation of population policies.

Moving from RAPID's framework to the broader conceptual framework of The EVALUATION Project, RAPID sees itself addressing most of the **process** elements⁷ under "implementation or policy development:" policy analysis, awareness-raising, consensus building (and constituency building), strategic planning, and integration of demographic data into planning. However, RAPID also is clearly concerned with elements of "policy planning:" policy needs and strategies, policy development plans, and policy development resources.⁸ Key outputs of RAPID's work would be political support and national policy. What appears to be beyond the scope of RAPID is the policy output defined as operational policy (organizational structure and processes, legal/regulatory environment, etc.). This output is more closely associated with the mandate of the OPTIONS Project, RAPID's sister policy project.

In translating "policy advocacy" (RAPID project) or "policy planning and implementation" (Evaluation Project) into activities, RAPID divides its work into two broad areas: policy presentations and institution building/training. The evaluation team finds RAPID's work under the heading of policy presentations much broader than what is conveyed by this term. On the other hand, the project's work in institution building/training is mainly human resource development and equipment transfer. These distinctions are important to reflect accurately the scope of RAPID's work. A review of RAPID's assistance in 19 countries indicates that the following types of activities are being supported virtually everywhere: data analysis, model development or adaptation, presentations and information dissemination, staff development or training, and equipment transfer.⁹

The following three sections on policy presentations, model development, and institutional development review the full scope of RAPID IV activities.

2.3.3 Policy Presentations

Three of the four objectives of RAPID are addressed by the activities encompassed under the broad heading of policy presentations as well as by model development. These objectives (cited in Section 2.1) include raising awareness, strengthening the commitment of leaders, and developing a consensus for policies and programs. RAPID's reputation has been built largely because of RAPID's excellent skills in designing and delivering policy presentations that display information in a succinct and interesting way to high-level leaders.

⁷The conceptual framework has four segments: **inputs** (e.g., domestic and donor inputs), **process** (policy planning and implementation), **outputs** (program policy environment), and **outcomes** (e.g., family planning demand, service utilization). The segments of the framework will be discussed later in Section 2.6 on evaluation.

⁸The evaluation plan for RAPID IV changes the wording for some of the elements under policy planning (i.e., "policy development plan" becomes "policy implementation plan" and "policy development resources" becomes "policy implementation budget"). Also, the implementation or policy development box includes the following additional elements: information dissemination, conferences and seminars, and observational travel. For the most part these are minor, but helpful, changes.

⁹Details on RAPID's activities in 19 countries are presented in the section on Country Summaries of the Evaluation Briefing Book, vol. I.

Table 1 lists the types of policy presentations that were called for in the RAPID IV contract and have been prepared. These include national RAPID, subnational, sector specific, family planning, financial, and special issue presentations. (The Evaluation Briefing Book includes tables summarizing the deliverables that also show each country application.)

TABLE 1

SUMMARY OF PRESENTATIONS SEPTEMBER 1991–PRESENT				
PRESENTATION	# REQUIRED BY CORE	# UNDERTAKEN	# UNDERTAKEN IN Q	TOTAL
NATIONAL RAPID	8	6	4	10
SUBNATIONAL	5	6	2	8
SECTOR SPECIFIC	7	3	0	3
FAMILY PLANNING	6	12	8	20
FINANCIAL	7	8	3	11
SPECIAL ISSUE	7	9	2	11

At this midpoint of RAPID IV, the contractor has more than fulfilled the requirements for four types of presentations under the core contract and has completed a good portion of the remaining two types. When core and Q-funded presentations are combined, the greatest demand is for family planning presentations. Special issue presentations (health benefits of family planning, national population policies, and AIDS) as well as financial and national RAPID presentations are also in high demand.

Specific activities needed for effective policy presentations include the collaborative development of workplans, analysis, preparation of presentations, information dissemination, training (discussed in Section 2.5.1), and LDC subcontracting. Throughout the documentation on RAPID IV, there are numerous examples of a collaborative process of working with local institutions. Many country programs are guided by annual workplans that clearly lay out what is expected of the local institutions and RAPID staff and are presumably prepared in a collaborative fashion given the consistent comments from USAID Missions on these collaborative relations (see Section 3.4.2).

As mentioned above, grouping RAPID IV activities into a broad category such as policy presentations oversimplifies this nature of RAPID assistance. There is considerable analysis that is supported by the project that may or may not lead to a specific policy presentation or may not be recognized as a key part of the development of a presentation. Several examples of analysis help illustrate the breadth of this assistance:

- Multi-sectoral analysis of population variables and trends (all countries)
- Analysis of quality and consistency of demographic estimates and projections (all countries)
- Analysis of DHS and other survey data (Bangladesh, Bolivia, etc.)
- Preparation of background analysis for population policies and plans to expand the delivery of family planning services (Burundi, Ghana, Malawi, etc.)

- Assessment of attitudes, knowledge, and interest of local officials about family planning through structured interviews and questionnaires for those attending RAPID presentations (India)
- Assessment of the impact of decentralization of population programs (Nigeria, Philippines)

Many of the RAPID presentations are based on adaptations of basic RAPID models to a particular country and/or to states or even districts within a country. For many of the country applications, RAPID encourages the establishment of an interagency task force to review data sources and reliability, develop and approve consistent population projections, and review sectoral foci of the analysis and a draft of the presentation. RAPID is using state-of-the-art techniques for its presentations, including software such as Power Point and StoryBoard and projection panels, overheads, and notebook computers.

RAPID IV also supports a range of activities in information dissemination that may not be conveyed by the heading policy presentations. Awareness-raising presentations of the various RAPID models and analyses are the best-known and most common aspect of this work. These policy presentations are widely considered a useful and effective way to raise awareness and build support for policies and programs. Computer graphics presentations include not only the various RAPID models but also national population policies (Burundi, Ethiopia, and Senegal), survey data on family planning knowledge and use (Bangladesh, Bolivia, Tanzania, etc.), and a national family planning program (Bangladesh).

A variation on the computer graphics presentation is a video version of a RAPID presentation that has been prepared for India and is planned for Nepal and Sri Lanka. Many, if not most, RAPID analyses and presentations are accompanied by booklets which are widely distributed. Other materials have also been produced with RAPID's support: a national population data sheet (Bangladesh), advocacy publications (the Philippines), and posters and satellite maps (Egypt under RAPID III). RAPID has supported numerous conferences, workshops, and seminars as part of its information dissemination. In a number of countries (Ghana, Egypt, India, Nepal, the Philippines, Honduras, etc.), RAPID has also assisted in the development of dissemination plans or strategies. Such plans are primarily aimed at disseminating RAPID presentations but may be broader.

RAPID IV has turned to subcontracting with developing country institutions as a way not only to carry out planned activities but also to promote local involvement. Between September 1991 and February 1994, RAPID IV entered into subcontracts with 20 LDC organizations and individual consultants in 10 countries. The total value of these subcontracts is nearly \$350,000 or about two percent of the total RAPID core contract. The average budget per subcontract is about \$10,000 (the smallest was approximately \$1,000 for a local seminar and the largest was \$26,500 for publications). About two-thirds of the subcontracts (amounting to \$205,000) are supported by core funds; the remaining third (\$139,000) is supported by buy-ins. Over the life of the core project, \$250,000 was planned for LDC subcontracts, therefore RAPID IV has committed funds representing 82 percent of the planned amount. This is a very healthy rate of commitment at the project's midpoint even though the total value in terms of the overall contract is small. The types and number of activities supported through LDC subcontracts are the following:

Seminars and conferences	10
Publications	6
Development and dissemination of models	8
Staff support and local consultants	5
Training workshop	1

The Futures Group charges a 6.4 percent fee on all subcontracts, whether U.S. or LDC, however there is no direct fee on LDC subcontracts under the Q contract mechanism.

Conclusions. RAPID's policy presentations are widely considered a useful and effective way to raise awareness and build support for policies and programs. Despite several generations of policy presentations in a number of countries, there continues to be a high demand for this centerpiece of RAPID's work. The project has more than fulfilled the contractual requirements for many of types of presentations and has gone far in completing the rest. While the policy presentations have, in part, given RAPID its reputation and a clear identity, RAPID assistance involves various analysis and dissemination activities that go considerably beyond what might be assumed by the term policy presentations. RAPID has used LDC subcontracting frequently to implement an impressive number of small, discrete tasks. The cost of subcontracting in terms of the contractor's fee is very reasonable, and this mechanism is an important way to promote local involvement.

Recommendations. Since RAPID IV will easily fulfill its contractual requirements with regard to policy presentations, this issue should not influence the implementation of the remaining work of the project (even if some types of policy presentations fall short of what was anticipated in the contract). Any follow-on to RAPID should continue to support policy presentations on a variety of population-related topics. However, such a follow-on should also allow for more analysis and dissemination not so closely tied to policy presentations. RAPID should be congratulated for the level of LDC subcontracting and should be encouraged to do more. Any follow-on project should raise the anticipated level of subcontracting substantially to promote more local involvement in implementation.

2.4 Model Development

The RAPID projects have relied heavily on a set of simulation tools to convey their message. The "classic" RAPID model is geared toward real time presentation of population projections. The focus is on the cost savings in the social sector resulting from limiting population growth. DEMPROJ, a demographic projection package, underlies this model. FamPlan is geared more toward generating cost-benefit projections, although it is also capable of projecting the costs of family planning programs. It is used to develop StoryBoard presentations rather than to provide projections on the fly. Two models involving the spread of AIDS and environmental concerns have received some project attention and will also be discussed in this section.

2.4.1 RAPID Presentations and DEMPROJ

A RAPID presentation involves tailoring the basic presentation model to incorporate the data and needs of the host country. Demographic information is input, and the actual presentation is designed to focus upon sectors of particular interest. The presentation can be automated using a

script or used in a less structured fashion. The computer output of the model, in the form of tables and graphs interspersed (in scripted presentations) with computerized "slides," is projected using a projection panel and overhead projector directly to the audience.

The focus in classical RAPID models is on population growth goals. Two sets of population projections are made, with the difference between them being due to differing assumptions on total fertility rates (TFRs), life expectancy by sex, and (potentially) migration. Age-specific fertility and mortality schedules can be supplied by the user or approximated using United Nations or Coale-Demeny model tables. Data on the prevalence, distribution, and spread of AIDS can also be input. These data are common to both projections being compared. The process of creating projections is highly automated and virtually seamless. Population by sex in the base year must be entered for five-year age groups. The user then inputs the assumed total fertility rate for five-year intervals over the projection period. Given a user-input sex ratio at birth and a set of age-specific fertility rates, which are either generated using model tables (in conjunction with the assumed TFR) or input directly by the user, births are calculated. Model life tables evaluated at assumed life expectancy levels or user-input values are used to calculate mortality. Optionally, migration and AIDS information can be entered.

The model output is a set of comparisons for social sector expenditures. For example, if the total fertility rate were to decline, the associated decline over time in the number of potential users of schools or primary health care can be projected. Given cost estimates for the provision of family planning services and education or health care, the cost-benefit ratio of family planning can then be calculated. The path more often taken in the RAPID projections seems more cautious (reasonably so given the additional uncertainty attached to estimating costs). Typically, outcomes such as increases in the number of hospital beds needed to keep population/bed ratios constant or the increased need for cooking fuel at current usage levels will be presented, generally in attractive graphs such as the Tanzanian example depicted in Figure 1.

Some graphs aim at more generic summaries of information rather than being tailored to country-specific projections. These are sometimes less effective than the projection-based graphs, for example, the international comparison of the fertility effect of family planning programs (see Figure 2, also from a Tanzanian presentation). In this graph, each bar represents a different country's CBR decline. It is possible for the presenter to scroll across to each bar whereby individual country data appear [i.e., South Korea 51% CBR decline]).

FIGURE 1

TYPICAL RAPID PRESENTATION SCREEN: TANZANIA

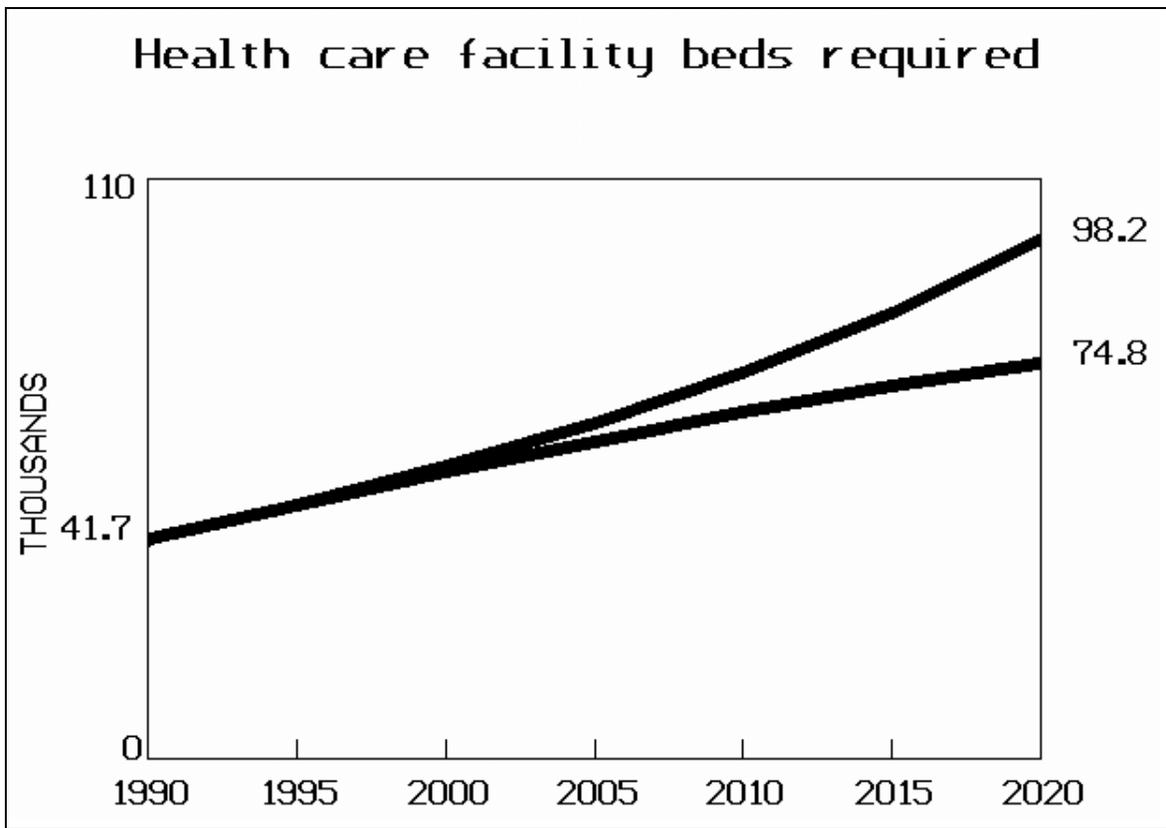
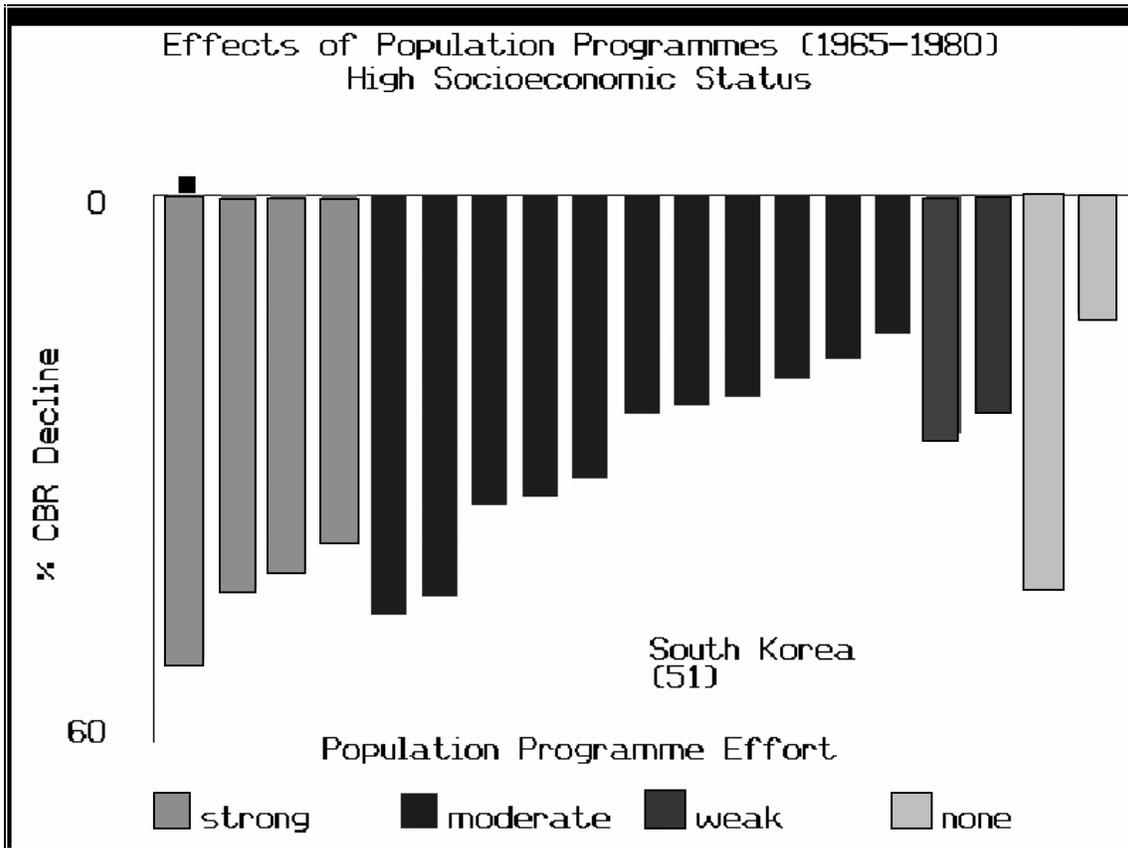


FIGURE 2

SAMPLE RAPID PRESENTATION SCREEN: TANZANIA



* Each bar represents a different country. As the dot, (seen over the first bar), moves from bar to bar the country's name appears in the middle of the graph. In this particular example, South Korea is represented.

Conclusions. The RAPID presentation is one which relies on extrapolation of current trends to reach its conclusions. For example, if a population of 10 million uses "X" quantity of a resource, a population of 20 million would be projected to use "2X" of the resource. The appropriateness of such a likely oversimplification depends on the purpose of the modeling exercise. If the goal is to raise the awareness of policy-makers to the rough long-run gains of limiting population growth, the RAPID approach seems reasonable.

If the underlying goal, however, is awareness-raising, then local "ownership" of projections and local ability to modify model assumptions seem central. To the project's credit, presentations are always developed with a team of local collaborators. It is not always apparent that local counterparts can use the tools left behind by RAPID to build their own presentations, however, and given the relatively straightforward operation of the model detailed previously, it is not clear why this is so. Generating a reasonable RAPID projection with DEMPROJ would seem to be short work for a RAPID staffer with access to demographic and health survey (DHS) data. Some simplifying assumptions might be needed to compensate for deficient data, but the model is only intended to be an illustrative tool. The issue may be one of model design. As it now stands, the model is optimized for a mid- to high-level social scientist to be able to step in and create projections. Perhaps some programming effort in a tutorial for less advanced users would be appropriate. A

good example is found in some current Windows-based commercial software where the first use of the program occurs in a tutorial designed to create the user's own file.

Recommendations. In general, RAPID presentations are very highly developed tools which effectively convey the message that current population growth will have impacts on future living standards. However, the models' implementations raise questions of focus. If they are in fact tools of persuasion rather than of forecasting, the effort spent in setting up projections seems excessive. There is scant evidence of systematic effort to pass the models' persuasive power to local owners. The team recommends that the current approach to preparing and presenting RAPID models be modified to make it easier to pass along modeling skills, in addition to presentation skills, to local counterparts. In particular, we recommend that the software be modified to make it easier for a relatively unskilled user to employ it, perhaps by moving to a Windows-based environment. Given the hardware demands of Windows, this is also a recommendation that the project continue to distribute current technology, within reason and within the capability of counterparts to master that technology, as a means of enhancing local ownership.

2.4.2 FamPlan

FamPlan is a computer program for modeling the cost and effectiveness of family planning programs. At its heart, the model relies on a Bongaarts model of proximate fertility determinants. The use of this model for forecasting purposes has recently come into question. Project staff seem aware of the problems.¹⁰

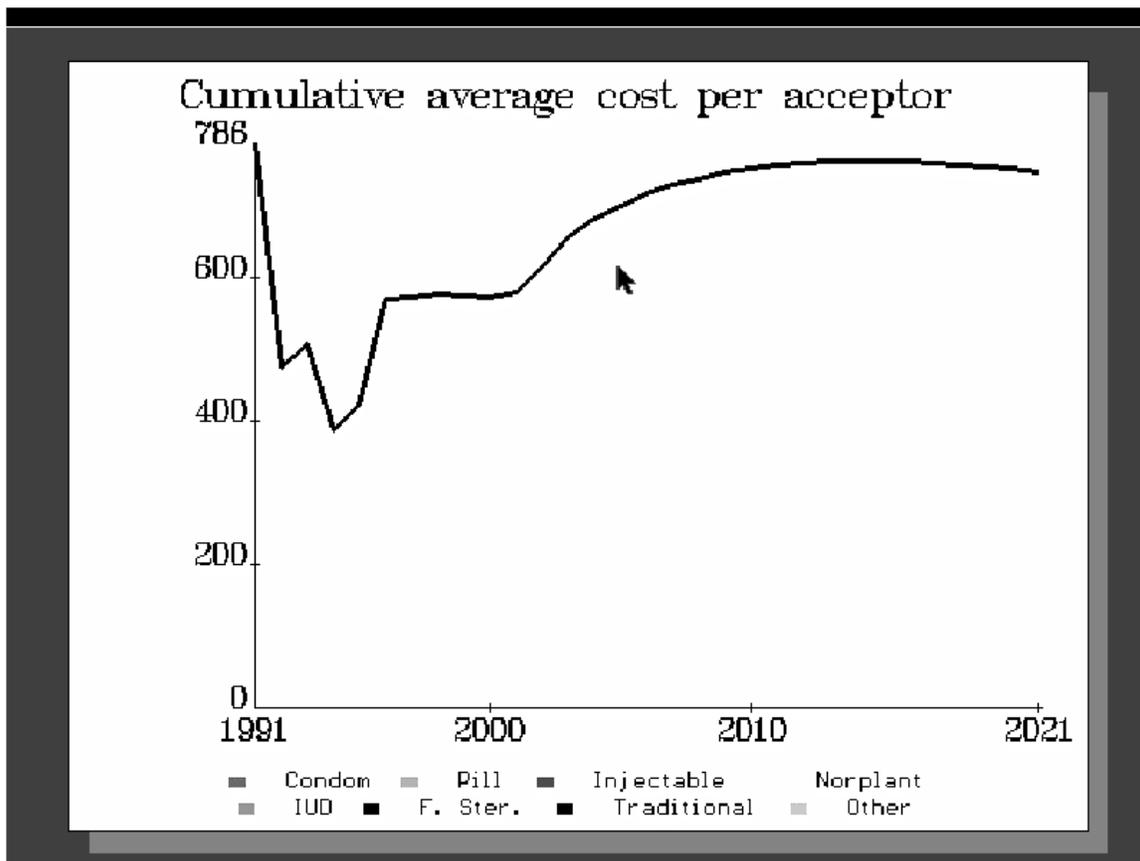
FamPlan has modules on program impact, cost, benefit, effectiveness, and financing. The benefit section is most like the standard RAPID presentation. Given projected fertility levels, or two differing projections, the demands on the education, health, or other social sectors can be calculated. In some ways, FamPlan is relatively more ambitious, calculating, for example, "quality" (apparently per-capita spending) changes in health care or education as a result of population growth, given spending assumptions. On the other hand, the output of this section of FamPlan is mostly in table form. This is no significant drawback, given the presentation quality of the standard RAPID model.

The central focus of FamPlan is on a different set of issues than the standard RAPID model. Given a set of user-specified assumptions on contraceptive usage, effectiveness, and cost, and further user-specified population characteristics, the program projects family planning impacts (on fertility) and needs (in terms of acceptors, commodities, and finances). It is designed for a more technical audience than the RAPID presentation model, and therefore has a wide range of choices available to tailor the model to detailed family-planning program information. Its user interface is comparable to the RAPID model.

¹⁰ It may or may not be reasonable to assume that in comparing two projections, the errors, since they appear in both projections, cancel one another. Since the index of contraception varies between the two projections, the non-independence problem (between indices) of the Bongaarts framework seems likely to persist, even in making comparisons between otherwise identical projections.

FIGURE 3

FAMPLAN OUTPUT SCREEN: BANGLADESH



An example of a cost-per-birth-averted projection for Bangladesh is shown in Figure 3. The model also allows users to disaggregate family planning program costs into fixed and recurrent components and to specify costs for differing units of analysis. As appropriate, method-specific costs may be specified as absolute quantities or as values relative to some numeraire commodity. The outcomes of the model are potentially more variable than those of the standard RAPID model in that assumptions about method use effectiveness and future method mix are used to generate values of births averted. FamPlan relies on the proximate determinants model to generate population projections.

Conclusions. In its most straightforward application, the FamPlan model is similar to DEMPROJ. Users specify current needs and a basis for population projection, and the model returns extrapolations of contraceptive usage. It can be made more credible by, for example, changing method mix over time. Still, it probably should be viewed as an advocacy tool first and a vehicle for planning second. As an advocacy tool, FamPlan aims at a different group of policy-makers than does a RAPID presentation. The question of the cost to attain a fertility limitation goal is more technical than the broad RAPID questions, and it seems reasonable to use a more complicated model to address it. It does not seem unreasonable to transfer the modeling skills required to apply the model to local counterparts. Frequent project staff visits to countries where FamPlan is being implemented (e.g., Bangladesh) make it appear that little local capability exists at present.

Recommendations. FamPlan is a well-developed device for giving rough estimates of future family planning resource needs. Aimed at relatively technical users, it permits a wide range of choices in making projections and fills a clear niche in the project by informing policy-makers of family planning program resource needs. The team recommends continued use and country-specific development of FamPlan, but, like the RAPID model, with an emphasis on developing local capability to become full users of the model.

We also recommend pursuing the issue of the appropriateness of forecasting fertility using proximate determinants models. These models have recently been shown to be the least reliable in the types of demographic settings where RAPID is most likely to employ them. A panel of outside experts familiar with these issues should be convened to assist project staff in this effort.

2.4.3 Other Models

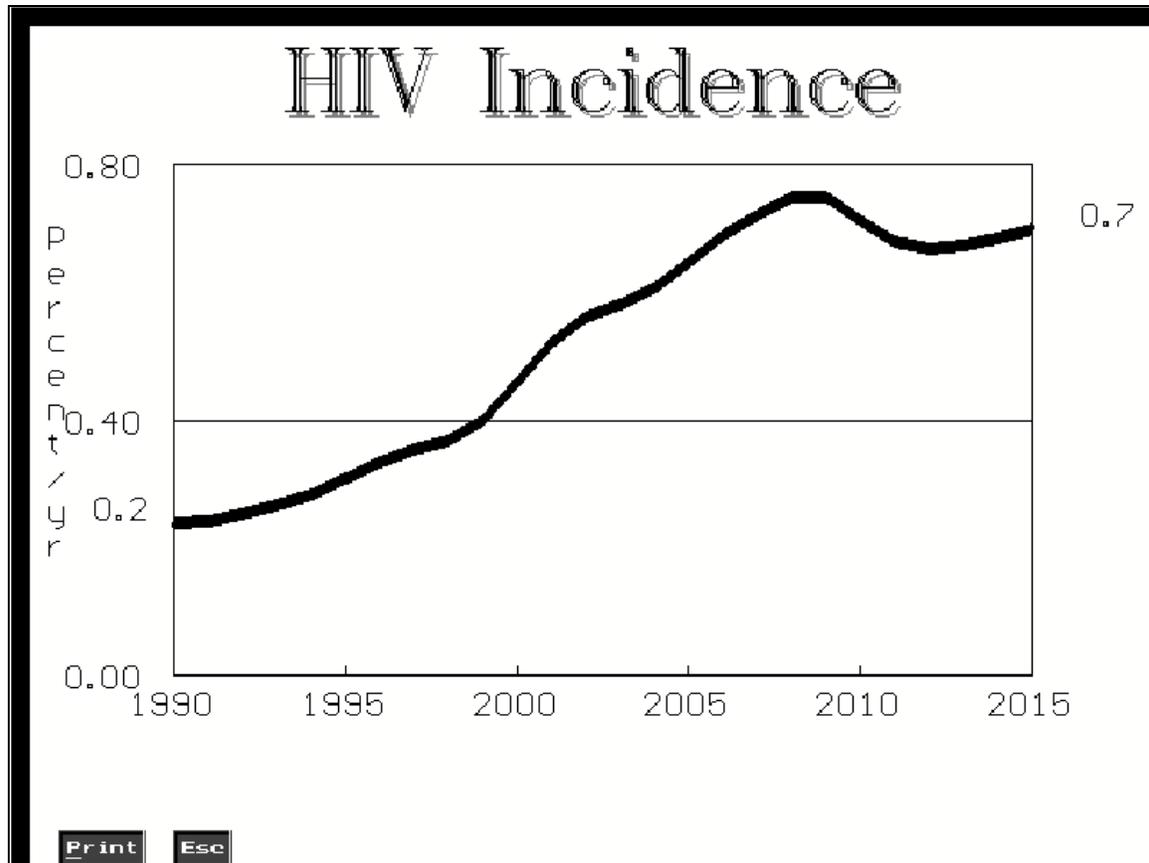
Environmental impact modeling, especially as it relates to rapid population growth, has been undertaken in RAPID III and IV. In the Philippines, the work apparently began under RAPID III and has been completed under the current project. The final product is a StoryBoard presentation showing the impacts of population growth under high and low growth projections on forest cover, agricultural cropland, coastal resources, and so forth. This exercise seems to have generated little satisfaction. Project staff expressed a sense that environmentalists only wanted to use the model for environmental ends (to the exclusion of population concerns). Local collaborators expressed dissatisfaction with the nature of the model, which they found simplistic, and with their inability to use the actual forecasting model to create alternative projections. (See a further discussion of the Philippine model in Section 2.8.3.)

The AIM model, developed under RAPID IV, has been used to forecast the spread of AIDS in Kenya. This model is similar to the RAPID model, but the competing interventions affect the spread of AIDS rather than the rate of population growth. The graphics are very good, and the model seems to be flexible in its demographic and epidemiological assumptions (See Figure 4). There is an important, and understandable, difference between the usual RAPID model and AIM. RAPID models argue for interventions which will reduce fertility and therefore reduce population growth rates, while the AIM exercise advocates interventions which will reduce mortality, and, therefore, in the absence of declining fertility, increase population growth rates.

Recommendations. The particular niche of the classic RAPID model seems to be in situations where outcomes are distinct but interventions may not be. Thus, if fertility falls, clear impacts are predicted for population size and subsequent demands on social services, but no clear means of how the decline is to be accomplished are presented. Attempting to modify this approach to serve other purposes may not be straightforward. From the environmental perspective, a specific knowledge of interventions and specific statements of desired interventions are the most useful in many contexts. The classic RAPID framework is not well adapted to such a task.

FIGURE 4

SAMPLE AIM OUTPUT SCREEN



Similarly, the AIM model is very good for taking assumed impacts upon HIV/AIDS incidence and projecting them into the future but less useful for discussing the initiating technical impacts of specific interventions on HIV incidence. The AIM model is apparently an attempt to simplify the presentation of a more complicated AIDS model. Too much effort will eventually be invested in the AIM approach to expect any fundamental change, therefore hard questions about its implementation should be put forth immediately. Is it likely that AIDS projections will be able to make use of specific information on the technical impact of various interventions upon AIDS/HIV prevalence? If so, it would seem reasonable to approach the problem in the spirit of FamPlan, by devoting attention to the question of how, on an intervention-by-intervention basis, proposed instruments are supposed to work.

2.5 Institutionalizing Developing Country Capability

2.5.1 RAPID IV's Objective

RAPID IV's fourth objective was to institutionalize developing countries' capability to conceive, plan, and implement their own population and development policies. RAPID IV was to differ from earlier RAPID team attempted projects in an increased emphasis on institutionalization and transfer of technology and skills. The team attempted to evaluate RAPID IV's success in achieving this objective and it notes that the effort is problematic. USAID did not define institutionalization in either the project paper or in the RAPID IV contracts; neither are desired strategies for achieving it identified, although the documents stress that institutionalization is to receive increased emphasis. The only input identified in these documents was human resource development (training, observational travel, and seminars). Therefore, RAPID IV has, in general, equated institutionalizing capability with human resource development, principally training.

The evaluation team discussed the importance of institutionalizing capability with four key stakeholders of such institutionalization: RAPID staff, the Office of Population, USAID Missions (in Bolivia and the Philippines), and developing country counterparts. Two levels of capability were described: first, the capability to perform presentations and modify data and second, the capability to conceptualize and plan population policy. There was a wide difference of opinion on how important the second level should be in this project:

- RAPID IV senior staff stated its goal was to develop the first level but not the second level.¹¹
- The Office of Population stated its objective was (as indicated in the project paper), after 15 years of RAPID projects, that RAPID IV increasingly develop the capability of counterparts to conceptualize and plan population policy, as well as to perform presentations and modify data.
- USAID/Bolivia and USAID/Philippines indicated that institutionalizing RAPID IV's counterparts' capability to conceive and plan had not been essential to them. In both countries, the Missions saw the need for RAPID IV to move quickly and decisively to take advantage of newly-opened windows of opportunity.¹² The priority was to change policy rather than to develop capability. In both countries, the "can-do," decisive

¹¹ A senior staff member explained during the evaluation meetings in Washington that it was a goal of the project to develop the capability to do presentations but not to develop the capability to conceptualize and plan population policy. However, later, in RAPID IV's comments on draft version of this evaluation report, RAPID wrote that "RAPID staff are trying to develop a local capability to conceptualize and plan population policy. The staff are unanimous in their belief that we should develop this capability. The comment actually referred to a discussion about the sustainability of project activities. It was meant to suggest that our focus has been on developing a capability to sustain specific RAPID activities rather than trying to develop a local capability that would eliminate the need for any outside policy or financial assistance. Sustaining a particular RAPID activity means that the local counterparts can understand, present and modify a particular analysis once the training is complete. However, outside assistance may still be needed for new activities."

¹²In the late 1980s, changes in government opened opportunities in both countries—after 25 years of repression of family planning in Bolivia and after very diminished support for family planning in the Philippines during the Aquino administration.

performing orientation of the RAPID IV staff was exactly what the Missions wanted and needed.

- Developing country counterparts in both Bolivia and the Philippines expressed appreciation for the training and development they had received to date. In both countries, however, without being asked, counterparts volunteered their wishes that RAPID IV training would go beyond software, hardware, models, and presentations. They would like training in conceptualizing and planning population policy. Bolivian counterparts would like the capability to advise high-level policy-makers, which they believe such training would enable them to accomplish. Philippine counterparts would like the capability to conduct the training for Local Government Units (LGUs) that RAPID IV staff is undertaking. In both countries, counterpart institutions indicated that they want to be able to conceive and plan population policy and that they were capable and ready for such development.

In the following sections, RAPID IV's attempt to achieve the objective of institutionalizing capability is presented. Briefing materials for this evaluation identify three approaches: 1) technical training, 2) activities for high-level policy-makers, and 3) organizational development. The team discusses its understanding of institutionalizing capability in the conclusions.

2.5.2 Technical Training

Training Topics: RAPID IV identified 87 occasions (exclusive of the East-West Summer Session) during which it provided training, classified as formal training or other. Formal training means that the training included a prepared agenda and schedule, as well as supplementary training materials and applied exercises. Other training usually means that the basic training materials included a computer model and user's manual and that the training was less structured than in the formal approach. The topics of RAPID IV's training can be classified in four areas:

- Software and hardware
- RAPID models
- StoryBoard and graphics presentations
- Other, including statistics, demography, and facilitating collaboration and coordination

The reported topics of 87 percent of all training activities were from the first three areas. Only 13 percent had a topic of a broader nature, such as demographic concepts and coordination and collaboration; of these, all but one activity was for Philippine staff.¹³

Training Process. Professional trainers speak of a training process or a training cycle which is composed of seven steps: assessing the organization, assessing training needs, determining objectives, building a curriculum, selecting instructional strategies, conducting training, and evaluating training. Although RAPID IV staff has undoubtedly gone through these steps, there is little documentation on the process to date: in general, for specific countries or for specific organizations. Both projects have not been strong in training. For RAPID there are workshop agendas and excellent participant manuals for workshops, containing materials and aids for the

¹³The one exception was training for four Nigerian staff at RTI and Futures. The topic of that training was basic demographic concepts, RAPID: Nigeria model, presentation techniques, and DEMPROJ.

participants; but there are no written needs assessments, trainers' manuals, formal lesson plans, or formal evaluations of the training.

RAPID IV staff recognized this lack of documentation when the issue was raised at the beginning of the evaluation. Three weeks later, at the end of the evaluation, staff going to the Philippines to lead a workshop on collaboration and coordination for Local Government Units reported that it was in the midst of developing a formal curriculum; it indicated the curriculum would be finalized before the workshop.

Training Context. RAPID IV provides training in a variety of contexts:

- **Formal in-country short-term training.** Sixty-four percent of the RAPID IV training occasions were formal short-term training activities in developing countries. These included events such as a model design and dissemination plan for RAPID in Chad with participants from the Population Unit and trainers from RAPID IV staff and training on the Health Planning Model and Free Lance Graphics for Windows for state-level planners in India with training conducted by Indian counterparts.

RAPID IV has not systematically kept training data on either the number of participants or the number of days (or hours) in each training event; therefore, it is not possible to estimate either the total number of participants or number of training days. Ideally, a USAID project with a large training component would maintain a computerized data bank on participants so that data would be available both on the number of participants attending formal training and the number of persons trained. The number of persons trained by RAPID IV would be smaller than the number of participants because many RAPID IV trainees attend more than one training session. For example, in the Philippines, RAPID IV is training LGU health and population offices in basic demographic techniques and also leading them in collaboration and coordination workshops.

- **On-the-job training.** Thirty-one percent of the identified RAPID IV training occasions were on-the-job training for developing country counterparts in the four areas classified above. RAPID believes such training is one of the important ways in which it helps build in-country population policy capability. However, there are data only on the number of such training occasions, not on the number of persons with whom the project worked or for how long. Such training could be anything from technical advice and training for one person for a few hours to many people for several days.
- **Short-term training in the United States.** There were seven occasions in which developing country counterparts were brought to the U.S. for short-term training. Two occasions were two-month training for Dr. Y. P. Gupta of the Indian National Institute of Health and Family Welfare (NIHFW): two months on model design and presentation preparation and two months on FamPlan and Target-cost. The other two occasions were for three Nepal counterparts on FamPlan and for three Philippine counterparts on Target-cost, for three weeks. Four Nigerians came for four weeks for training in DEMPROJ and RAPID. Six Bolivians came twice for a three week training in the use of numerous software programs.

- **Training at the East-West Center.** RAPID has provided training at the Summer Seminar on Population of the East-West Center Program on Population (EWCPOP) for the last five years. The project has sole responsibility for one of the four, four-week workshops which run concurrently at the Center, including design of the course, selection of participants, funding for RAPID staff time and travel, and tuition and travel of participants. Fifteen participants, from the Philippines, Sri Lanka, Indonesia, China, Pakistan, India, Bangladesh, and Egypt attended the 1993 workshop on Analytical Tools for Family Planning: Policy Promotion, Program Implementation, and Financial Analysis.¹⁴ In general, the participants were mid- to senior-level public sector employees with significant experience and responsibility in planning and research. The workshop content, while predominately focused on microcomputer applications (DEMPROJ, RAPID, Target-cost and FamPlan models), also included sessions on more conceptual issues of family planning policy and planning.

There have been 55 applicants for the 1994 Workshop which will focus on Accomplishments and Challenges in Family Planning in Asia. RAPID has selected and will pay for 12 participants from this group; the East-West Center will fund another seven from non-USAID countries.

The evaluation team met with two 1993 participants in the Philippines. Although it is impossible to judge their level of competence prior to training in the Summer Session, both are presently (post-training) apparently competent and confident in population planning and policy and in the use of the various models. One individual is the director of management information systems (MIS) at the central office of the Population Commission (POPCOM) in Manila; the other is the planning officer in the regional POPCOM office in Davao City.

2.5.3 Activities for High-level Policy-makers

High-level Policy Seminars. RAPID IV states that policy conferences are an important element of the project. They provide senior policy-makers and planners an opportunity to share experiences and to be exposed to intensive technical updates on current approaches to the analysis of key population and family planning issues and/or to urgent issues needing action. In late 1993 RAPID IV sponsored two such seminars: a regional conference for Anglophone Africa and the second parliamentarians conference in the Philippines.

The RAPID IV Conference for Anglophone Africa, *Strengthening Population and Family Planning Policies for the 1990s, October 31-November 5, 1993* was attended by teams of senior government officials (36 officials) from 12 African countries. The conference focused on presenting and discussing current approaches to utilizing available data to identify, analyze, and present policy issues and promote support for population and family planning policies and programs. Each country team worked with a RAPID IV staff member to develop a microcomputer graphics policy presentation utilizing country-specific data which would subsequently be used in each country to further policy discussions.

In the Philippines, RAPID IV supported the Second Parliamentarians Conference on Population and Development (PARLCON II) held in December 1993, as well as three preparatory workshops. This important conference brought together senators, congressmen and -women, Cabinet

¹⁴ The EWCPOP used non-USAID funds to fund the participants from China and Pakistan.

members, and local government officials to develop a legislative agenda for population and development.

Observational Travel. RAPID IV uses observational travel for constituency building as a way to inform policy-makers about successful programs with relevant issues and to build human resources. In RAPID IV, two Nigerian study tours have taken place to date, and a third tour, for Filipino legislators, is scheduled for June 1994. Each study tour is accompanied by RAPID IV staff. From April 26–May 19, 1993, seven high-level Nigerians, including the deputy director of the Department of Population Activities and the emir of Dass, visited the Indonesian family planning program and participated in the Indonesian National Family Planning Coordinating Board's (BKKBN's) two-week Program for Policy-makers. Very recently (March 7-25, 1994), nine Nigerians, many of them church related, visited the family planning programs of Mexico and Brazil, two Catholic countries, to learn about the successes of these programs.

In each of these tours, as with study tours in previous RAPID projects, participants and RAPID staff are enthusiastic about the outcomes. They stress the fact that the participants are high-level persons capable of effecting policy before the study tour and are committed to such action after the tour. The report on the last Nigerian tour, written by the participants, confirms the commitment to action: it outlines a detailed action plan for the delegation, including leading seminars and workshops to develop consensus and commitment and efforts to enhance family planning and reproductive health services.

2.5.4 Organizational Development

RAPID IV identifies organizational development as its third approach to institutionalizing capability, with two components: institutional work plans and staff development. RAPID's Evaluation Briefing Book indicates that, although to date it has not undertaken any institutional work plans, it will work over the next two years in Nigeria with the Board of Directors of the National Council for Population and Environment Activities (NCPEA) to develop an institutional development work plan, including recruitment. Additionally, the recent, very carefully developed Ethiopian work plan states RAPID IV will perform an institutional assessment of the capacity of several Ethiopian institutions to carry out the required policy analyses and to develop effective advocacy activities. RAPID IV has not yet developed the tool or format for that assessment.

Staff development activities were discussed previously in Sections 2.5.2 and 2.5.3: Technical Training and Activities for High-Level Policy-Makers. Training, attendance at seminars and workshops, and observational travel are all subsets of staff development.

2.5.5 Equipment Transfer

RAPID IV has provided hardware (computers and printers) and software (RAPID models, Ami Pro, Lotus, Windows, etc.) to counterpart institutions. Data from Bolivia and the Philippines, the two countries where the team had the opportunity to discuss equipment transfer in depth, indicated the following:

- In Bolivia, equipment was provided to three institutions, each of which then had sufficient but not excessive equipment to carry out RAPID-related activities.

- In the Philippines, RAPID III and IV transferred equipment to the Metro Manila Office of the Philippine Legislators Commitment on Population and Development (PLCPD), to the central headquarters of POPCOM, and to its 13 regional offices. As in Bolivia, although the country equipment list appears lengthy for each institution, the equipment transfer is appropriate and sufficient.

The evaluation Scope of Work (SOW) asked the team to pay particular attention to the question of whether RAPID's transferring up-to-date hardware and software to developing counterparts on a regular basis was worth the investment. The team therefore asked both the Missions and counterparts to discuss this issue. Both unanimously responded that the high-tech, glossy nature of the RAPID presentations was part of their appeal—they entertain as well as educate. It is essential that such presentations be based on the most up-to-date resources available.

A number of Bolivian and Filipino counterparts did note, however, that new software is introduced with such rapidity that it had been occasionally difficult to master a software application before a new one arrived. Nevertheless, the Bolivians noted that it was essential to have the latest software because they worked collaboratively with RAPID IV on model development; it would be inconvenient and inefficient to exchange disks with RTI, for example, if RTI were using different versions of the software.

Conclusions. USAID did not define institutionalization in either the project paper or in the RAPID IV contracts; nor were strategies for achieving it identified, although the documents do stress that institutionalization is to receive increased emphasis. RAPID IV has, in general, equated institutionalizing capability with human resource development, principally training, because human resource activities were explicitly identified in those documents. However, although training activities are one strategy, they are not synonymous with institutionalization.

An institution is a system composed of interdependent parts, all of which are vitally important: **systems, culture, structure, staff, management, and physical resources**, including hardware and software. RAPID, USAID, and the follow-on project need to think about the institutional weaknesses which limit a country's or organization's capability to conceive, plan, and implement population policies and in which of those areas RAPID should address its energies.¹⁵ The recent work plan for Ethiopia, with its planned institutional assessment, indicates that RAPID IV has begun to approach institutional development from this broader perspective. This is a welcome and essential development. In some countries, RAPID appears to be asking basic institutional questions and responding affirmatively.¹⁶

¹⁵ Obviously, RAPID's strengths should be taken into consideration. RAPID would build upon institutional strengths and attempt to address appropriate (within its mandate) institutional weaknesses. Although on the surface, activities such as institutional planning, organizational mission, structure, and management may not sound like they are within RAPID's mandate, the evaluation team firmly believes they are. Activities in these areas, together with human resource development, are the means through which RAPID will institutionalize capability. RAPID staff, with its policy orientation and skills, should be working to strengthen policy institutions.

¹⁶ RAPID notes that, in addition to responding directly to institutionalize capability, it also collaborates with other donors and CAs and thereby consciously tries to leverage RAPID IV's limited resources. In cases of major institutional development, it may be more appropriate for RAPID and the Mission to ask another project to take on the institutional development. What is essential is that RAPID ask the basic question, "What are the most critical factors impeding RAPID's institutionalizing capability" and that RAPID identify how these weaknesses or problems are to be addressed—directly or through collaboration with other CAs or donors.

- Are there weaknesses in the area of **systems**, such as planning? In Nigeria the answer appears to be yes, for RAPID IV will be working with the NCPEA on work plans.¹⁷
- Are the weaknesses related to **culture and organizational mission**? Again, the answer appears to be yes, for RAPID IV will be assisting POPCOM in the Philippines in this area, as well as in planning.
- Are the weaknesses in **structure**? Certainly the answer is yes, for RAPID's help is sought in decentralization in Bolivia, the Philippines, and Nigeria.
- RAPID is clear the institutional weaknesses are related to **staff**, for staff development is RAPID IV's primary means of institutionalizing capability.
- Is **management** an issue and should RAPID help if it is? With POPCOM it is one of the issues, and the new POLICY project may be providing a long-term resident advisor.
- Does the institution lack the **equipment, including hardware and software** (or even desks and chairs), which is necessary to conceive, plan, and implement population policies on a sustainable basis? Again, the answer is yes, and RAPID IV has very intentionally built capability in this area.

The four key stakeholders in institutionalizing developing country capability (RAPID IV, the Office of Population, USAID Missions, and developing country counterparts) voice differing opinions on its relative importance. The Office of Population and developing country counterparts value it highly and desire that that capability should include the capability to conceive and plan population policy. RAPID's management and the two USAID Missions visited appear to place a lesser value on institutionalizing capability and focus on the capability to implement RAPID-related activities.

The issue here is not only USAID's objective; it is also the related role of RAPID IV staff. Are RAPID staff "performers, substitutes, teachers, or mobilizers"?¹⁸ Although the role of RAPID staff will and should vary from country to country and over time within the same country depending on the policy needs, within a country at a certain point of time, RAPID is more likely to explicitly assume the role of teacher and mobilizer if it is clear that USAID is serious about institutionalizing the capability to conceive and plan population policies. This does not have to be an either/or scenario; there is need for both performers and mobilizers. The issue is balance and USAID's intent.

A final issue of institutionalizing capability is RAPID training. From the RAPID IV Management Review of December 1992, training has been noted as an area needing more attention. This Review noted that, although training is an integral and essential component of the RAPID approach to policy development, to date there had been no systematic attempt to evaluate RAPID's training programs or materials. It concluded that such an assessment should be a priority for the coming year and recommended that a "training specialist be asked to review the protocols, conduct in-depth interviews with country team leaders in order to understand better how in-country training is

¹⁷ Additionally, the evaluation team is aware of two activities which RAPID IV terms strategic planning: work in Bangladesh and in the Philippines with the Population Office in Pangasinan Province.

¹⁸ See George Honadle and Jerry VanSant, *Implementation for Sustainability: Lessons from Integrated Rural Development*, Kumarian Press, 1985, for an excellent discussion of the roles of technical assistance.

conducted, help define process and impact indicators for evaluating training and provide feedback to the project director and R&D/POP/P&E [The Office of Population Policy and Evaluation Division].”

The training assessment was not undertaken, and the team doubts whether such an assessment would be productive at this time. Although RAPID IV has recently begun to document its planning and implementation of training, there is insufficient documentation on training at this time to permit a professional training evaluation. Although there are excellent materials for participants, there are no documented training needs assessments, training strategies, or trainers’ curriculums. Data on participants and contact hours is incomplete. There is little documented pre- and post-testing.¹⁹ The project paper should be very clear that in the follow-on project a higher standard of planning, documentation, and evaluation will be required, and it should clearly define those requirements.

Recommendations. The team recommends that RAPID IV make good use of its project staff with professional training credentials. RAPID IV should discuss to what extent it is possible, in the remainder of this project, to go through a formal, documented training cycle on all new important training activities including assessing training needs, determining objectives, building a curriculum, selecting instructional strategies, conducting training, and evaluating training. Do the possible. As a simple first step, RAPID should begin to keep better and more systematic data on the number of participants in various activities and the approximate number of contact hours.

We also recommend that RAPID think more strategically about institutionalizing capability and identify and document in which countries and with which institutions it has or is providing assistance in the areas of systems, organizational mission, structure, and management (as well as staff and equipment). The RAPID IV final report should document that assistance.

In the project paper for the follow-on project, The Office of Population should clearly define the following:

- What it means by “institutionalizing capability to conceive, plan, and implement population policies”
- How important such an objective is to the Office of Population
- Which strategies to institutionalize capability, beyond human resource development and equipment transfer, are both possible and expected within the project’s mandate
- The standards and requirements for professional planning, implementation, and evaluation of training

¹⁹ The evaluation team would like to make it clear that it does not believe the lack of documented professional planning, implementation, and evaluation of training is due to a lack of good training skills within the project. As indicated in Section 3.1, there are RAPID IV staff members with many years of solid professional training expertise. We presume that because USAID did not require such documentation, because there have been many other competing demands on staff time and energy, and because the project has placed a priority on quick and decisive actions, such documented planning, implementation, and evaluation has been of relatively little importance. It should be of greater importance for the remainder of the project, and we hope RAPID IV will make good use of the in-house skills it has to make it so.

2.6 Evaluation

2.6.1 The Approach

A RAPID working group is examining ways to assess RAPID's impact and has prepared a draft paper on the topic.²⁰ The project has approached the evaluation of its work by using the Conceptual Framework on the Evaluation of Policy developed by The EVALUATION Project. RAPID staff has also participated in the Policy Working Group of The EVALUATION Project.

RAPID's approach to evaluation looks at the different segments of the conceptual framework, i.e., inputs, process, outputs, and outcomes. The paper on evaluation lists indicators for each of the four segments as well as the expected source of the information and the level of assessment (i.e., of a specific activity, the entire project, or the country program). There are a total of 38 indicators. The list of output indicators has both quantitative and qualitative measures. The outcome indicators separate more immediate "effects" from longer-term "impacts." The project's MIS is used to monitor inputs (level of effort, expenditures, trips); process (developing presentations, training); and outputs (number of presentations, analyses, booklets, training workshops).

Only four of the 38 indicators are for institutionalizing capability. They are the following:

- Quality of training programs
Indicator: development of training activities that enhance policy activities and include selection of appropriate personnel
Data source: judgments by Mission personnel and informed USAID/Washington personnel
Level: activity
- Capacity-building
Indicator: number of capacity-building activities undertaken
Data source: project documents
Level: project, country program, level
- Quality of capacity-building activities
Indicator: judgments about the quality of the capacity-building activities undertaken by the project
Data source: judgments by the Mission personnel
Level: country program
- Ability to conceive, plan, and implement
Indicator: Capability within the government to conceive, plan, and implement population and development policies
Data source: assessment of knowledgeable individuals
Level: country program

To date, the plan does not identify indicators for the interesting work RAPID IV has begun in institutionalizing capability in the areas of institutional planning, organizational mission, structure, management, or the transfer of equipment.

²⁰ See Appendix G, Evaluation Plan for RAPID IV.

2.6.2 Country Examples

Three Country Summaries cite some work on evaluation of RAPID activities.²¹ For its work in Kenya, RAPID is developing evaluation criteria for each element of the work plan, including a list of indicators for the outcome of its work in AIDS modeling. This list includes a mix of outputs (e.g., statements by leaders) and outcomes (allocation of funds to AIDS activities). The write-up on Tanzania includes sets of performance indicators (again, a mix of outputs and outcomes) for each of the four objectives (e.g., strengthened support for population and planning issues). RAPID has also developed a list of indicators on inputs, process, and outputs for its work in Nepal, but this list does not yet include outcome indicators. RAPID staff also prepared two reporting forms on RAPID's policy activities for incorporation into USAID/Nepal's MIS. No policy indicators had been included previously. These reporting forms include lists of deliverables and quantitative indicators of outputs.

The 1994 annual work plan for RAPID IV assistance in Ethiopia (dated February 1994) includes expected outcomes for each planned task. However, the next step needs to be taken: RAPID and local staff would select indicators to assess progress in achieving the expected outcomes. Further, RAPID should ensure that the information needed to measure the outcomes is collected before and after the tasks are carried out.

The evaluation team attempted to use RAPID's list of indicators for effects and impacts during its site visit to Bolivia.²² Although the team was not successful, the experience suggests that RAPID should pursue this work, at least on a pilot basis.

Assessing the effects or impacts of RAPID's work requires that the project collect baseline information and follow up with periodic reviews to determine whether progress is being made. The paper on evaluation includes an attachment, "Assessing Knowledge and Attitudes of Population Factors Among Leadership Groups." The paper describes the process of assessing the knowledge and attitudes of its intended audiences prior to the initiation of activities. Such an effort has been carried out by RAPID in India, and the information is being used to design the assistance activities. It would appear that such an initial assessment should be a standard part of RAPID's approach whether for its presentation and dissemination work or for its institution building/training work. This information would be helpful not only in designing more appropriate activities but also in evaluating their impact.

Conclusions. Project staff have developed an initial set of indicators for the segments of the conceptual framework for the evaluation of policy. Attempts are being made in a few countries to apply these indicators, but the project as a whole has placed little emphasis on evaluation. Virtually no effort has been given to systematically gather baseline and follow-up information on knowledge and attitudes of intended audiences for presentations and dissemination activities or on key counterpart institutions (i.e., analysis of institutional strengths, weaknesses, needs, etc.). Without this basic information, attempts to assess impacts will be difficult if not impossible.

Continued attention to developing indicators for the fourth objective, institutionalizing capability, is necessary. In the training and institutional development literature there are more empirical and

²¹ See the Appendix G for copies of the evaluation indicators in Kenya and Tanzania.

²² See the report on the Bolivia site visit, Appendix A.

comprehensive indicators of performance than RAPID IV has identified to date. For instance, training is routinely evaluated by pre- and post-tests of competence, including performance testing six months to a year after training.

Recommendations. RAPID should carry out a systemic effort to assess needs and outcomes on a pilot basis in two or three countries. This will require collecting baseline information and following up at periodic intervals to assess changes or progress toward specific outcomes. (The work plan prepared for Ethiopia might be a good starting place.) This effort should include outcome indicators of more immediate effects as well as those of longer-term impacts.

2.7 Research and Development

There are a number of topics RAPID is addressing that are best considered part of the project's research and development. These topics are reproductive health, AIDS, population and environment, and decentralization. One other topic—sustainability—is of interest in a few settings and may also warrant attention in the future as an extension of RAPID's financial analyses of family planning programs.

2.7.1 Reproductive Health

This topic has gained salience as an expanded context for USAID's population assistance program over the past year.²³ RAPID has carried out work on this topic in Bolivia where the entire context for family planning is reproductive health. RAPID has also prepared a presentation on the health benefits of family planning by focusing on women at high reproductive risk because of age and parity.²⁴ USAID Missions in Egypt, the Cameroon, Honduras, and the Philippines have also expressed an interest in future RAPID-type presentations on integrated family planning and reproductive health services. One Mission suggested that a policy model be developed showing the marginal costs of integrating family planning into primary health care programs (including cost-benefit and effectiveness analyses).

2.7.2 AIDS

Given the increasing prevalence of AIDS in developing countries, it is not surprising that RAPID was engaged by the USAID Mission in Kenya to assist with the analysis of AIDS prevalence and advocacy for its prevention and control. As a result, an AIDS policy presentation was developed using the AIM model (discussed in Section 2.4.3). Extensive use of the AIDS presentation has been made in Kenya. USAID Missions in five other countries (Ethiopia, Nigeria, Tanzania, the Philippines, and Bolivia) have also expressed an interest in future RAPID-type presentations on population and AIDS.

²³See E.S. Maguire's address, "Family Planning and Reproductive Health," at the Office of Population's 1994 Cooperating Agencies Meeting.

²⁴See the presentation prepared for the RAPID IV Regional Conference for Anglophone Africa, "Strengthening Population and Family Planning Policies in the 1990s," 1993.

2.7.3 Environment

There is a high level of demand on the part of USAID Missions and host country counterparts for RAPID IV activities on population and the environment. Four of the 19 Mission cables responding to USAID/Washington's request for Mission review of RAPID IV performance identified the environment as a priority area.²⁵ In response to that demand, RAPID IV has devoted efforts to the relationships between population and environment through formal model development in the Philippines and through a StoryBoard presentation in Nigeria.

RAPID and DENR in the Philippines. The rewards and frustrations of trying to meet the demand for RAPID activities on population and the environment through a formal model are exemplified by RAPID III and IV activities in the Philippines—the country with the greatest RAPID investment in population and the environment. In March 1991, at the request of the Philippine Secretary of the Environment who had seen a presentation of the Madagascar RAPID model on population and the environment, RAPID III began working with the Environmental Management Bureau of the Department of the Environment and Natural Resources (DENR) using a USAID/Philippines buy-in of \$251,000. The Scope of Work included the following elements:

- The RAPID III Project will provide technical assistance to DENR in order to develop a Philippine-specific RAPID Population and Natural Resources Management Advocacy Model. This activity, which will be for a period of one year, will involve collaboration among USAID, The Futures Group, and DENR in the following areas:
 1. Identification of intended target audiences
 2. Identification of issues to be addressed in the model
 3. Data gathering and review
 4. Development of the model
 5. Preparation of technical manuals and booklets
 6. Planning a dissemination strategy
- Futures, in collaboration with DENR, will have technical responsibility and leadership for the project. Specifically, Futures will undertake the following:
 1. Consult with local and international natural resource management and other development experts in the preparation of the model.
 2. Provide DENR with the necessary microcomputer hardware and software.
 3. Train DENR staff in data entry, modification, and presentation of the model.
 4. Write the presentation model script.
 5. Commission experts to prepare technical manuals.
 6. Develop and produce the booklet which will accompany the model.
 7. Subcontract with DENR to conduct two national seminars to present the final model.
- DENR will have responsibility for the following:
 1. Identify a team of counterparts from within the organization and ensure its active collaboration in the development of the model.

²⁵ Several others among the 18 where RAPID is not active mentioned this topic, including Madagascar where there was a population-environment presentation developed several years ago.

2. Ensure the model being developed is reviewed by appropriate individuals and agencies prior to finalization.
 3. Sponsor and manage two high-level national seminars at which the RAPID model will be presented.
 4. Coordinate with POPCOM the possible presentation of the model through the regional and subregional workshops planned by POPCOM under a previous buy-in to RAPID III.
 5. Continue to present the model in appropriate forums.
- Expected outcomes were the following:
 1. A Philippine-specific version of the RAPID Population and Environment Advocacy Model
 2. Institutionalization of the capability of DENR to adapt, use, and present the model
 3. A dissemination program of the finalized model to appropriate audiences

In April 1992 a second RAPID III buy-in provided funds for continuing the activities. The funds were included in a project implementation order/technical (PIO/T) for work with three organizations (POPCOM, PLCPD, and DENR). The buy-in did not break out the funds for the three activities.

The results of these buy-ins are the following:

- A collaborative process between RAPID and DENR staff to define the issues, variables, and indicators has been established. However, because DENR staff turned over frequently, there has not been the transfer of skills normally associated with a collaborative process of several years.
- Six weeks of computer training has been completed at a Manila computer training firm for two DENR staff, one of whom is still in the office.
- A model on assumed relationships between population and agriculture, coastal resources, forestry and industry/energy has been developed.
- The model has been widely disseminated. DENR has presented it to policy-makers at six regional workshops throughout the country; the response of policy-makers has been very appreciative.

Although the response from politicians has been very favorable, there is a fundamental problem with the model which is creating problems for DENR and RAPID IV. RAPID III and IV developed a linear model for which there is no body of scientific evidence. Although many intuitively believe there is a direct relationship between population growth and environmental degradation, there are no data to support these assumptions. Research to date indicates that "population growth can have a major impact on the environment. However, the impact is never simple and direct, and human organization always moderates its effect" (Ness, 1994).²⁶ RAPID IV staff is uneasy about the linear assumptions of the model and to date have not produced the technical manuals to accompany it which were stipulated in the RAPID III buy-ins. DENR staff states that because RAPID IV staff has not given it this supporting documentation, it has had to preface its

²⁶ Gayl D. Ness, "Population and the Environment: Frameworks for Analysis," EPAT Publication No. 10, January 1994.

presentations with disclaimers when showing the model to the academic and scientific environmental community in the Philippines.

The RAPID IV Nigerian Experience. In Nigeria, in response to the request for awareness/advocacy materials on population and the environment, RAPID IV produced an appealing, pictorial StoryBoard presentation which implies direct relationships between population and the environment but does not present them numerically. The presentation has charming drawings of Nigerian women, children, families, trees, and farms, the number of which increase or diminish in accordance with fertility rates.

In contrast to the Philippine model which is a serious presentation and assumably based on hard data, the Nigerian presentation is amusing. The concluding frames compare farms after different fertility rates. One farm is tiny with many people and no modern equipment; a second farm (lower fertility) is larger with fewer people and a bicycle; and the third farm (still lower fertility) is even larger with a small family, a tractor, and a television antenna. The serious point about population and land subdivision is made without the need to justify scientific assumptions.

RAPID IV reports that the cost of developing the Nigerian presentation was approximately US\$20,000. The marginal cost of adapting it for an other country with a similar landscape and issues would be approximately \$1,000.

2.7.4 Decentralization

A growing number of developing countries have decentralized major portions of their government's functions. In the Philippines, RAPID has assisted the USAID Mission in studying the implications of the 1991 Local Government Code (LG Code). The Code transfers responsibility, authority, decision-making power, and funds to local government units. RAPID is working on pilot projects in four LGUs to test different models of assistance that will help guide future USAID assistance to approximately 130 LGUs. In Ethiopia, RAPID is responding to the decentralization of population activities to regional, zonal, and eventually community levels, by developing region-specific models. USAID in Ghana foresees the need for regional and district-level RAPID presentations as a response to that government's decentralization policy. Finally, RAPID activities in India may also be instructive for decentralization efforts. Under the USAID bilateral program, district officials in Uttar Pradesh will have a major role in implementing a revitalized family planning program. The first step has been taken which involved interviewing district-level health and development leaders on their perceptions of population growth and the family planning program. While it is too early to assess, RAPID is gaining various experiences that may facilitate decentralization.

Conclusions. While it is premature to assess the results of RAPID's work on reproductive health, AIDS, and decentralization, the work appears promising. Modeling on population and the environment has important limitations given the simplicity of the RAPID model and the lack of data on the relationships between population growth and environmental degradation.

Recommendations. RAPID's work in new areas such as reproductive health, AIDS, and decentralization should be encouraged given the importance of these issues and the apparent interest in them. The work on decentralization in the Philippines and India should be monitored carefully for lessons learned as they might emerge. Work on the topic of sustainability should be considered where it is of interest (Bangladesh, the Philippines, and Sri Lanka) as it is related to

financial analyses of family planning programs. RAPID's presentation capabilities might be put to good use in illustrating different aspects of sustainability.

RAPID should immediately address the dilemma in the Philippines. The presentation and presentation booklets should be revised to acknowledge that evidence to date. Likewise, the technical manual to be developed should clearly indicate the basis for various assumptions and indicate where, and if, there is data to support such assumptions. RAPID IV should document and evaluate the response to this revised message on the part of DENR, policy-makers, and those in the population and environmental community in the Philippines.

The Office of Population's Policy and Evaluation Division and RAPID have decided not to invest further central resources in population-environment models such as the one developed in the Philippines. The team concurs with this decision.

3. ORGANIZATION AND MANAGEMENT

3.1 Staff

RAPID IV has 49 Futures and RTI staff members working on the project in the following labor categories: program administration (2), program support (4), senior social scientists (4), population policy specialists (10), health policy specialists (5), population economists (7), demographers (5), financial analysts (4), and microcomputer specialists (10).²⁷ They are an accomplished group of mainly mid- and senior-level professionals, most of whom have worked for at least 10 years since their last academic degree. Of the 37 RAPID IV resumes available for review, there are six PhDs and 21 masters-level staff persons, three of whom have work toward a PhD. See Table 2 for a breakdown of staff members by degrees.

TABLE 2

ACADEMIC LEVEL OF RAPID IV STAFF		
ACADEMIC DEGREE	FUTURES	RTI
BA or BS	7 (29%)	3 (23%)
MA, MS, MPH	15 (62%)	6 (46%)
PhD or MD	2 (8%)	4 (31%)
TOTAL STAFF	24 (100%)	13 (100%)

A review of the 37 resumes indicates that most of the staff has done training, and some a great deal. The resumes of four persons indicate that training and facilitation of groups is one of their primary professional identifications. Two of the four (Robert Hollister and Alan Johnston) have a combined total of 35 years of professional training, including needs assessments, curriculum development, training evaluation, and training of trainers (TOT).

Most RAPID IV staff persons are members of teams in two or more countries, each of which has a country team leader who chooses the members of his/her team. The teams for the 19 countries in which RAPID IV is working are composed as follows:

²⁷ The numbers in parentheses exceed 49 because several senior staff are classified in more than one category.

- All Futures staff - four countries
- Futures staff and consultants - three countries
- All RTI staff - two countries
- Mixed Futures and RTI staff and consultants - ten countries

Most of the RAPID IV staff work part-time on the project. The average level of effort for both Futures and RTI staff without RAPID IV administrative responsibilities was approximately 20 weeks in 1994.

3.2 Project Management And Reporting

RAPID IV is directed by Thomas Goliber. In 1993, the position of deputy director was created, and this has been filled by Mary Scott. Creating the deputy director position was urged by the project CTO as a way of maintaining communication given the international travel demands placed upon project staff. By all accounts, this change has succeeded in its intent. Project work plans are notably more detailed since the deputy director came on board. James Kocher heads the effort at RTI, and Alan Johnston is his deputy. The team heard nothing but praise for the management of this project (including the CTO) in the course of the evaluation.

The project has generated a large number of booklets to accompany presentations and several user's manuals. Trip reports appear to be timely, with the exception of travel to Bangladesh and Bolivia. The project has had one annual meeting that was well received by the staff.

3.3 An Expert Advisory Group

The contract for RAPID IV calls for an expert advisory panel to guide USAID and the contractor as the project is implemented. It was assumed that such guidance would focus on technical issues related to analysis and presentation efforts. In the October 1992 management review of RAPID IV by the CTO, the potential role of the advisory panel is also discussed. Instead of having a standing advisory group that would meet occasionally and review the project's work in general, it was proposed that outside experts could usefully review project activities in priority countries or assess the project's training materials and procedures. At the time of this evaluation, an advisory panel still has not been constituted.

RAPID could benefit from the advice of independent experts on several topics. First, there is a need to review the basic DEMPROJ program and consider alternatives to the Bongaarts model for forecasting. Secondly, RAPID's work on specific research and development (R&D) topics, such as reproductive health, AIDS, and decentralization, could benefit from additional review and discussion by outside experts. To be most effective, such reviews would necessarily call for different types of expertise. Hence, a useful procedure would involve holding a series of two-day meetings with the key RAPID staff working on a particular topic (perhaps four to five people drawn from both Futures and RTI) and inviting two or more independent experts to participate in these sessions.

3.4 Relationships with USAID

3.4.1 USAID/Washington

The project has a fairly clear identity in Washington. USAID/Washington staff generally knew what the project could do and how it did it, at least in terms of the classic RAPID presentation. One USAID/Washington staffer said that those who really understood what RAPID did were those who had been in the field, because the biggest fans of RAPID reside in the USAID Missions. The team heard the suggestion that, in fact, RAPID had been effective in influencing Mission staffers outside of population in their opinions about the severity of population and the importance of family planning problems. One USAID/Washington staffer suggested that some of the same effects could be brought about with RAPID presentations to Washington-based USAID staff in environment, agriculture, and other areas outside of population.²⁸

3.4.2 USAID Missions

Based on 19 responses to a February 1994 USAID/Washington cable asking for USAID Missions' review of the performance of RAPID IV, the message is clear: RAPID IV is highly valued by USAID health and population officers.²⁹ The project is considered as being either extremely or very responsive to Mission needs. It has a good reputation for getting work done and having very productive collaborative relationships with local institutions in virtually all developing countries. The approach taken by RAPID through its presentations and models is considered very appropriate. Staff uniformly get high marks for its skills, and particular individuals working in Bangladesh, Egypt, Tanzania, and Bolivia received exceptional praise.

Several Missions made specific critical comments or suggestions for improvements:

- Senegal: The lack of training of local counterparts is perceived to have slowed the implementation of project activities.
- Nepal: Too much time between visits of RAPID staff may have slowed the momentum for carrying out planned activities.
- Honduras: The classic RAPID model places too much emphasis on population growth and its consequences to be acceptable in this setting. Also, while RAPID staff has good skills, there is not sufficient follow-up with local contacts following field visits.

3.5 Relationships between Prime and Subcontractor

The relationships between the prime contractor, Futures, and the subcontractor, RTI, seem harmonious, productive, and complementary.³⁰ Many persons attributed the success of the

²⁸Independently, another staffer suggested using RAPID modeling to "bring home" lessons from abroad, perhaps by using the differential fertility of migrants to project effects on future population composition in formulating Federal response to illegal aliens.

²⁹In addition, another 18 USAID Missions, where RAPID IV is not active, sent responses primarily addressing future policy needs.

³⁰The appointment of a RAPID IV deputy director, who was formerly a RAPID IV/RTI employee, seems to have enhanced those relationships.

relationship to the good and fair management of the project director, Dr. Thomas Goliber. Another contributing factor is the division of work which is far more equal than between most prime and subcontractors. Table 3 presents the 1994 level of effort (LOE) as an example.

TABLE 3

PRIME AND SUBCONTRACTOR LOE 1994						
CONTRACT	FUTURES		RTI		TOTAL	
	LOE IN WEEKS	% BY CONTRACT	LOE IN WEEKS	% BY CONTRACT	LOE IN WEEKS	% BY CONTRACT
CORE	447.0	60%	297.0	40%	744.0	100%
BUY-IN	303.5	65%	165.5	35%	469.0	100%
TOTAL	750.5	62%	462.5	38%	1213.0	100%

3.6 Conclusions

The organization, staff background, and management of this project appear excellent. Futures and RTI appear to respect what the other brings to the RAPID contract and to the characteristically high-quality RAPID IV performance. RTI needs Futures, but Futures equally needs RTI.

It would be hard to improve on the response by USAID Missions to RAPID IV. It is uniformly positive. Four Missions cited specific areas that need improvement.

RAPID has not constituted an expert advisory panel in large part because neither RAPID management nor the USAID CTO saw the value of a traditional standing panel.

3.7 Recommendations

RAPID should continue to give occasional presentations to USAID/Washington staff, both inside and outside the Office of Population.

RAPID should hold a series of meetings with independent experts in the next two years to review specific topics (forecasting models, reproductive health, AIDS, environment, and decentralization) and recommend improvements in RAPID's work on these topics.

RAPID staff should keep up the good work and also address the specific issues raised by several USAID Missions.

4. FINANCIAL MANAGEMENT

4.1 Core Funds

The core budget for RAPID IV is \$11.3 million, of which approximately \$5.0 million, or 44%, had been spent through the 27 months ending December 31, 1993. This is a slightly faster burn rate than it may appear to be because there was some overlap with RAPID III projects early in the present project's lifetime. Actual and expected obligations through FY94 total \$9.3 million, leaving \$2.0 million remaining to be obligated through the two remaining years of the project. It seems unlikely that core funds will last for the expected five-year lifetime of the project. The project has been trying for some time to reallocate line item spending away from unsolicited proposals toward equipment. The request has been held up for some time in the Contracts Office at USAID. As a result, the equipment line item is already in deficit. The Contracts Office apparently misplaced the request and anticipated "no problem" in approving it, as of April 1994. Core contract deliverables are already largely completed.

4.2 Buy-ins

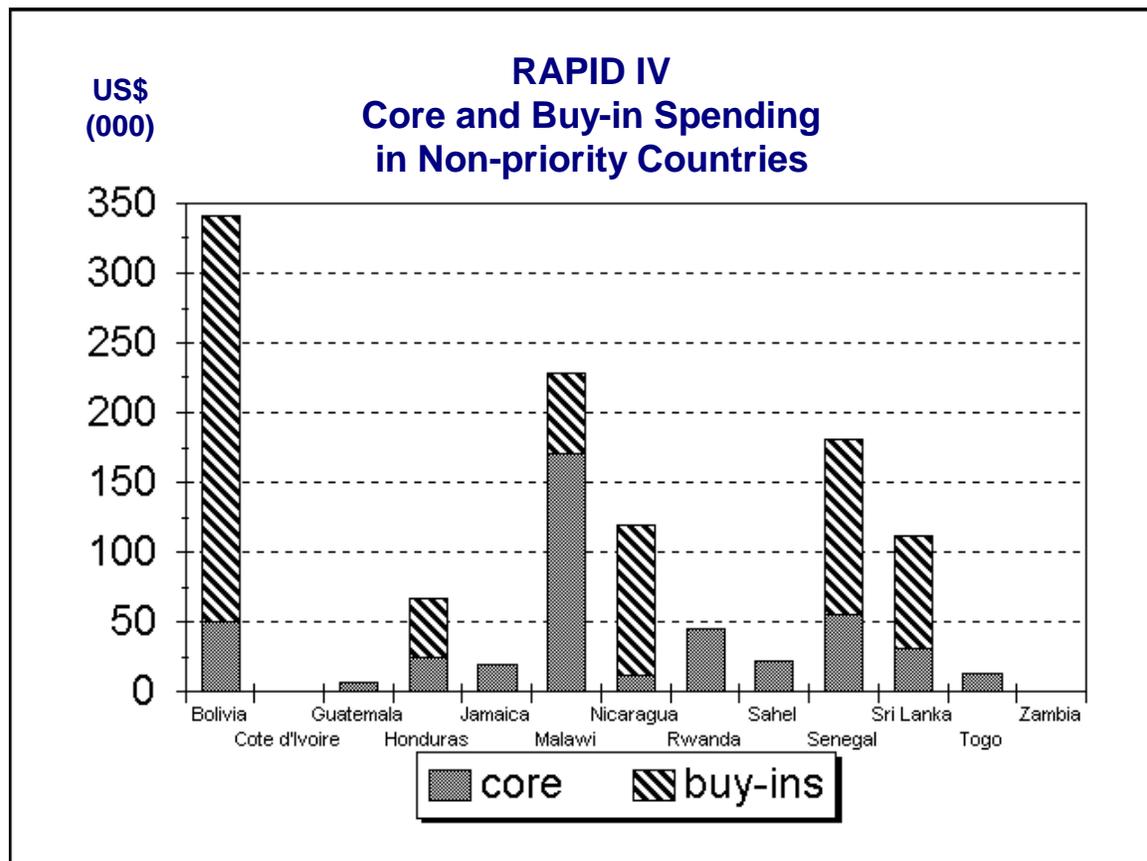
By December 31, 1993, \$3.2 million of buy-ins had been obtained, and another \$0.8 million was in the process of negotiation. The RAPID IV Project receives and implements buy-ins through the Q contract mechanism. Under this arrangement, there is no ceiling on buy-ins. A blanket contract for buy-ins is negotiated, and the actual buy-ins are just delivery orders, subject to the conditions of the blanket Q contract. In theory, the process is streamlined compared to its predecessor, but the reality of Q contracting seems to be somewhat different. No one involved with this project likes the Q contract format. The USAID Contracts Office finds Q contracts labor intensive and impossible to plan for. The CTO spends much of her time on Q contract issues, and the contractor staff finds the process burdensome (although the absence of the Z contract's buy-in ceiling was appreciated by the contractor).³¹

4.3 Priority and Non-Priority Counties

The project has operated for most of its lifetime under the Big Country Strategy. Under this strategy, core funds are to be used largely to finance activities in priority countries, while buy-ins are to be the prime source of financing for non-priority countries. A finding not unique to this project, yet perhaps not well understood, is that the combination of Q contracting for buy-ins and the Big Country Strategy do not seem to mesh well. In particular, the need to use core funds for project development in non-priority countries effectively places a ceiling on subcontract spending. The problem is that each start-up activity drains core funds.

³¹ As noted in Section 5.3, the Q contracting process has been sufficiently cumbersome and bureaucratic that RAPID has had to use core funds on non-priority countries to tide the project over between successive buy-ins or until a first buy-in comes through.

FIGURE 5



On average, for every dollar of core funds expended directly on a particular country (ignoring management, overhead, profit, and other non-attributed costs), about 50 cents of buy-ins are generated. This figure is roughly constant for priority and non-priority countries. Priority countries, on the other hand, average about \$100,000 more spending per country. Much of the difference appears to come from visits to non-priority countries which subsequently do not generate project activity, as shown in Figure 5. Spending from core was significant where work continued only in Malawi. This is intended, again, not as a criticism of this project, but as an indication of a potential flaw in the Q contracts mechanism.

Approximately 28 percent of directly attributed core funds go to activities in non-priority countries. These funds principally support exploratory and start-up activities; however, core funds are also used in non-priority countries under three additional circumstances. First, because of sometimes cumbersome bureaucratic mechanisms, long intervals can take place between successive buy-ins. For countries that have been strongly supportive of RAPID (such as Bolivia), RAPID has provided substantial amounts of “bridge” funding. Secondly, in some cases (such as Sri Lanka) Mission funding has been inadequate for proposed activities and RAPID has agreed to share costs from core funds. Thirdly, RAPID chose to honor all commitments made before adoption of the priority country strategy.

4.4 Recommendations

The project is spending funds at a rate which will deplete core funds before the expected five-year lifetime expires, but which is reflective of demand for the project and the Q contracting mechanism's drain on core funds. The Q contracting mechanism is cumbersome and a significant burden to project administration. The Contracts Office at USAID, USAID/Washington staffers, and others involved with the project were receptive to the notion of developing "modules" which would be a funding mechanism that Missions in particular settings could use as a way of generating buy-in agreements. There could be, for example, a low-prevalence Africa RAPID model without AIDS work, a RAPID model in the same setting but with AIDS work, and so forth. For each, a standard personnel, travel, and temporary duty budget could be preapproved. The project CTO could provide the necessary information to Missions.

5. IMPACT OF RAPID ASSISTANCE

Assessing the impact of RAPID IV assistance on policy development and implementation involves revisiting the conceptual framework discussed in Section 2.3.2 as well as in Section 2.6 on evaluation. The policy outputs expected from RAPID's work are: strong political commitment, effective policies and planning, and appropriate allocation of resources. While RAPID does a reasonable job of tracking process indicators (numbers of policy presentations developed, training sessions held, etc.), no systematic effort has been made to measure or collect information on outputs, let alone outcomes. The evidence on which to base an assessment of RAPID IV is unfortunately more anecdotal than empirical. This is true for both broad areas of the project's work, policy presentations and institution building/training.

Despite the above comments, USAID Missions' reviews, coupled with the evaluation team's assessment (including its field visits to Bolivia and the Philippines), show that RAPID IV is an important part of policy development and implementation in the 19 countries where it is involved and that it is having some impact. Whether the effects are as great as might be hoped is impossible to assess without a careful delineation of the expected outputs and outcomes, within the context of a conceptual framework adapted to each setting, prior to the initiation of activities.

A review of USAID Mission responses and RAPID's own country summaries gives many examples of the effects of RAPID's assistance. (See Table 4 below.) Most of these effects are in terms of increased political support, although seven of the 19 countries are also listed as showing progress toward national policies and plans. Many would say that proof of the effects is measured in terms of the allocation of resources. By this listing, so far RAPID seems to have rarely realized this result, although some of RAPID's financial analyses may eventually show such impacts. The challenge in achieving real impact is underscored by the fact that for most of the 19 countries there have been several generations of RAPID-type policy assistance.

TABLE 4

IMPACT OF RAPID ASSISTANCE				
COUNTRY	INCREASED POLITICAL SUPPORT	NATIONAL POLICIES AND PLANS	ALLOCATION OF RESOURCES	# OF GENERATIONS OF PROJECTS*
AFRICA				
BURUNDI	√	√		3
CHAD	√	1994	Beginning	3
ETHIOPIA	√	√		1
GHANA	√	√		3
KENYA	√(AIDS)	√		4
MALAWI	√	√		3
NIGERIA	√			4
RWANDA	√			3
SENEGAL	√			4
TANZANIA	√			3
ASIA/NEAR EAST				
BANGLADESH	√	√		3
EGYPT	√		√	4
INDIA		√		3
NEPAL				4
PHILIPPINES	√			3
SRI LANKA	√			3
LAC				
BOLIVIA	√			3
HONDURAS		√ [†]		3
NICARAGUA				1

* Number of generations of USAID project assistance including 1) RAPID I and IPDP/INPLAN, 2) RAPID II, 3) RAPID III, and 4) RAPID IV

[†] Related to planning in the health and human development areas

Various qualifications are helpful to interpret the information in Table 4. While "increasing political support" is necessary, it is difficult to say at what level or with which individuals' or groups' support it will be sufficient to develop and implement effective policies and plans. "National policies and plans" may mean that a process is in place that will eventually lead to the adoption of policies and plans, the formal adoption of policies, and/or their implementation. This output may also refer to countries where projections and analyses supported by RAPID have become part of official national statistics or plans. "Allocation of resources" refers to both human and financial resources. Two final caveats for interpreting the table are 1) RAPID is one of many projects providing technical assistance, and it is very difficult to attribute policy changes to the work of only one project, and 2) the process of policy development is a long, slow one subject to the vagaries of political change.

5.1 Conclusions

RAPID IV is having an impact on policy development in the 19 countries where it is active. Since the project did not collect information systematically on outputs or outcomes, it is not possible to quantify or describe with any hard evidence the actual impact or whether the impact is sufficient to bring about particular policy or program changes.

5.2 Recommendations

While policy projects have had a difficult time historically in assessing impact, sufficient progress has been made in conceptualizing the process of policy development for a concerted effort to be undertaken to develop and use indicators of outputs and outcomes. Such a systematic effort will improve the likelihood that a more definitive evaluation of impact will be possible in the future.

6. RAPID AND OPTIONS PROJECTS

RAPID IV and The Options for Population Policy (OPTIONS) II Project are both projects developed and administered by the Policy and Evaluation Division of the Office of Population. For several years, many USAID/Washington and USAID Mission staff have advocated merging the two projects because of the confusion resulting from two quite similar projects. A midterm evaluation of the OPTIONS II contract was conducted in late 1993. One recommendation was that USAID consider combining these two projects in the future, but not before RAPID IV was evaluated. There was genuine concern shared by all that none of the key elements of RAPID, or OPTIONS for that matter, be lost if the two projects were merged. This report serves as the RAPID IV evaluation. Based on the evaluations of the two projects, USAID should combine the best elements of both projects as it designs a follow-on project. This recommendation is based on the following analysis.

6.1 Project Purpose

The purpose of RAPID IV is to increase awareness among developing country leaders of the relationship between population growth and national development. The purpose of OPTIONS II is to assist developing country leaders in the formulation and implementation of policies to enhance access to voluntary family planning services. Both projects address these two purposes. The purpose of OPTIONS is considerably broader than RAPID's, however, RAPID, in fact, works on a much broader range of issues than what is described in its purpose. USAID should encompass the broader purpose in its future project.

6.2 Project Elements

RAPID was designed to achieve four objectives: raise awareness about population growth and development and about the benefits of lower fertility; strengthen political support for family planning including the allocation of public and private resources; develop consensus for policies and programs at different management and technical levels of government and in the private sector; and institutionalize local capacities to conceive, plan, and implement population and development policies.

OPTIONS was designed to help formulate national population policies, develop national plans to expand family planning, increase the allocation of public and private resources for family planning, reform laws and regulations that limit family planning services, and improve the environment for private sector service delivery through public policy changes.

These project elements are very similar and could easily be merged using the Conceptual Framework for Evaluation of Policy as a way to select elements. The desired outputs of the combination of elements selected would be political support, national policies and plans, and operational policies (including allocation of human and financial resources).

6.3 Project Inputs and Processes

Both RAPID and OPTIONS draw on similar inputs and share "policy models and tools." These inputs include technical assistance, collaborative (i.e., with local institutions) development of country work plans, various types of training (in-country, regional, short-term in the U.S.,³² high-level conferences and seminars that are country-specific or regional, and observational tours), policy analysis, policy models (national RAPID, Target-cost, FamPlan, etc.), and microcomputer software, hardware, and other types of equipment. Both projects have developed policy presentations on a range of subjects including analysis of DHS data, national population policies, and the financial aspects of family planning.

Both projects produce analysis reports and booklets as part of their respective dissemination work. Both have utilized LDC subcontracts, although RAPID IV has made much more extensive use of this mechanism. On the other hand, OPTIONS work in communication and information dissemination (inherited in large part from The IMPACT Project) has, in some settings, been much more comprehensive than that supported by RAPID. OPTIONS has placed a number of resident advisors in several countries. The new POLICY project may do the same in the Philippines.

Although both RAPID and OPTIONS contracts emphasize institution building, it was a more explicit objective of RAPID. Neither project, however, really addresses this objective, in large part because USAID staff has traditionally interpreted institution building as training and equipment transfer and never called for anything more comprehensive. Both projects have been rather weak on training. RAPID has placed a greater emphasis on training in skills transfer (as reflected by the volume of training undertaken in RAPID) however, in RAPID while there have been workshop agendas and excellent participant manuals for workshops, containing materials and aids for the participants; there are no written needs assessments, trainers' manuals, formal lesson plans, or formal evaluations of the training. (Both projects undoubtedly do have good experiences, however, from which to draw that could help inform future project development in institution building.)

Key topics. Both projects are working on similar topics. These include family planning programs (use of contraception, unmet need, reproductive risk, funding, etc.). In terms of new themes (R&D in RAPID IV or emerging issues in the OPTIONS II evaluation), there again is much similarity in what the two projects are addressing: reproductive health, decentralization, and sustainability. RAPID has addressed AIDS, while OPTIONS has looked at medical barriers. It is not surprising that both projects would be addressing many of the same topics given that the demand for such work comes from similar sources: USAID/Washington, USAID Missions, and local institutions.

Evaluation. Staff of both projects has been involved in the development of a conceptual framework to evaluate population policy. Neither project has yet implemented any systematic effort in a particular country, although RAPID may be somewhat closer to carrying out pilot work in evaluation.

6.4 Countries Receiving Policy Assistance

Table 5 lists the countries that receive assistance from RAPID IV, OPTIONS II, or both projects. RAPID assists a total of 19 countries, nine of which are USAID priority countries. Of these 19, 10

³²RAPID collaborates with the East-West Center Program on Population (EWCPOP) in the annual summer seminar which has been an excellent training opportunity for Asian participants.

are in Africa, six in Asia, and three in the Latin America and Caribbean (LAC) region. RAPID has received buy-ins from 11 countries, six of which are in non-priority countries: Malawi, Senegal, Sri Lanka, Bolivia, Honduras, and Nicaragua.

OPTIONS assists 21 countries and three regions (Central Asia Republics [CAR], Sahel, and the Near East). Eleven of the 21 countries are USAID priorities. Of the 21, six are in Africa (including the Sahel region work with CERPOD), four in Asia, three in the Near East (with the addition of the Near East regional activity), one in CAR, and eight in the LAC region. OPTIONS has received buy-ins from nine countries and two regions eight of which are in non-priority countries: Madagascar, Niger, Yemen, Bolivia, Ecuador, Guatemala, Jamaica, and Haiti.

Together, the two projects provide assistance to 31 countries and 3 regions. They are working in the same settings in only eight of the 31 countries. In Bolivia and the Philippines, the projects are working on different issues and on a very different scale. These two countries, which were chosen for the RAPID evaluation field visits, not surprisingly are predominantly "RAPID" countries. It appears that for most countries, one or the other project is the dominant actor. Why one project or the other is working in a given setting seems to have as much to do with the history of the project or its predecessor projects' involvement (e.g. INPLAN in Bolivia or IMPACT and RAPID III in Ghana) or the work or skills of particular project staff (including language skills) as a given area of either RAPID's or OPTIONS's so-called domain (e.g., policy presentations for RAPID or strategic planning for OPTIONS, since both projects are involved in both types of work).³³ What is apparent is that regardless of which project is established in a country, there is generally enough flexibility in either contract to administer whatever types of policy assistance are required.

³³OPTIONS' work in strategic planning is generally considered to be more from a sectoral perspective rather than an institutional one. However, RAPID's work in financial analysis of family planning also addresses more sectoral-level issues).

TABLE 5

RAPID IV AND OPTIONS ASSISTANCE, BY COUNTRY			
	RAPID	OPTIONS	Both
AFRICA			
BURUNDI	√		
ETHIOPIA*	√		
GHANA*	√	√	√
KENYA*	√		
MADAGASCAR		√	
MALAWI	√		
NIGERIA*	√	√	√
NIGER		√	
RWANDA	√		
SENEGAL	√	√	√
TANZANIA*	√		
CERPOD		√	
SUBTOTAL	10	6	3
ASIA NEAR EAST		√	
BANGLADESH*	√	√	√
CARS		√	
EGYPT*	√	√	√
INDIA*	√	√	√
INDONESIA*		√	
MOROCCO*		√	
NEPAL*	√		
PHILIPPINES*	√	√	√
SRI LANKA	√		
TURKEY*		√	
NEAR EAST REGION		√	
SUBTOTAL	6	9	4
LAC			
BOLIVIA	√	√	√
BRAZIL*		√	
DOMINICAN REPUBLIC		√	
ECUADOR		√	
GUATEMALA		√	
HAITI		√	
HONDURAS	√		
JAMAICA		√	
MEXICO*		√	
NICARAGUA	√		
SUBTOTAL	3	8	1
TOTAL	19	23	8

*Current Office of Population priority countries

6.5 Merger Issues

Much of the previous discussion highlights the similarities between the two projects. There are also clearly differences in the emphases and modus vivendi of the two projects based on a review of the country activities, but the differences are not so great as to discourage a future merger. At the same time, USAID staff should consider these issues as it plans for the future design.

There is great demand for policy assistance based on the combined workload of two projects in 31 countries and three regions. The number and dollar amounts of buy-ins to both projects further attest to this level of demand. An intense and growing level of demand can stretch a project's ability to respond effectively (as the OPTIONS evaluation pointed out). Based on the cables from RAPID- and OPTIONS-assisted countries, the demand will be sustained in the future. Combining the two projects will present an enormous challenge: how to work effectively in over 30 settings. Perhaps it is time for the Office of Population to consider policy projects that are specific to given regions, such as the Operations Research projects for Asia, Africa, and Latin America, as one way to keep project resources more focused.

Both RAPID and OPTIONS are carried out by a prime contractor (Futures) and one or more subcontractors.³⁴ Past experience with USAID's merging of projects generally shows that some of these important actors get cut out of the future work. Most of the organizations that are implementing these two projects have worked successfully in policy development for many years and have invaluable experience. It would be extremely unfortunate to lose these organizations.

There is a general perception that RAPID is a more basic and focused policy development project (given its expertise on policy presentations and awareness raising) from which countries graduate or proceed to the type of assistance from OPTIONS. In part because of such perceptions, there is a genuine concern that the vital importance of RAPID-type activities might not be recognized in a merger. The experience based on the country summaries for both projects suggests clearly that USAID should not allow this to happen. RAPID is engaged much more substantially in a range of policy issues than the preparation of policy presentations suggests. Further, much of OPTIONS assistance is centered on consensus building or the very bread and butter of what is considered RAPID. Despite the realities of each project's experience in implementation, perceptions are important. The key issue is how to package the future project to extract the best of both projects and give sufficient scope to meet the countries' needs.

³⁴ RTI is the subcontractor for RAPID IV in what appears to be a collaborative, productive relationship. RTI carries about 40 percent of the RAPID IV level of effort. There are four subcontractors to OPTIONS: Population Reference Bureau, Urban Institute, Development Group, Inc., and the Carolina Population Center. The relationship between the OPTIONS prime and subcontractors has been less than fully satisfactory to all concerned. Several of the subcontractors are playing considerably lesser roles than originally envisioned; the OPTIONS evaluation raised several questions about the shift from the OPTIONS contract specifications.

7. RECOMMENDATIONS FOR THE REMAINDER OF RAPID IV

7.1 Refine and Document Activities

RAPID IV is a fine project and the evaluation team commends The Futures Group and RTI on their accomplishments to date. They are ahead of schedule on deliverables. Our first and primary recommendation, therefore, is that the project now move on to refine and document its work in the following areas for the remainder of the project.

7.2 Model Related

RAPID should pursue the issue of the appropriateness of forecasting fertility using proximate determinants models. These models have recently been shown to be the least reliable in the sorts of demographic settings where RAPID is most likely to employ them. RAPID should convene a panel of outside experts familiar with these issues to assist project staff in this effort.

RAPID should modify the current approach to preparing and presenting RAPID models to make it easier to transfer modeling skills, in addition to presentation skills, to local counterparts. In particular, we recommend that the software be modified to make it easier for a relatively unskilled user to employ it, perhaps by moving to a Windows-based environment. We recommend continued use and country-specific development of FamPlan, but like the RAPID model, with an emphasis on developing local capabilities as full users of the model. We also recommend that findings on the use of proximate determinants models in forecasting be applied to this model.

RAPID IV should immediately address the dilemma with the population and environment model in the Philippines. The presentation and presentation booklets should be revised to acknowledge the evidence to date. Future linear modeling on the subject should await the time when there are data to support such models.

7.3 Institutionalizing Capability

RAPID IV should make good use of its project staff with professional training credentials. Discuss to what extent it is possible, in the remainder of the project, to go through a formal, documented training cycle on all new, important training activities including assessing training needs, determining objectives, building a curriculum, selecting instructional strategies, conducting training, and evaluating training.

RAPID should think more strategically about institutionalizing capability and identify and document in which countries and with which institutions it has or is providing assistance in the areas of systems, organizational mission, structure, and management (as well as staff and equipment). The RAPID IV final report should document that assistance.

7.4 Evaluation

RAPID IV should continue its recent efforts to establish an evaluation framework and indicators for the project. The careful planning and documentation in Ethiopia and Tanzania are good models. At the end of the project, RAPID should document what it has learned from such evaluation efforts in these countries.

7.5 A Technical Advisory Group

RAPID, with the Office of Population's support, should convene panels of outside experts to assist project staff with several issues including the DEMPROJ program, alternatives to the Bongaarts model for forecasting, and specific R&D topics such as reproductive health, AIDS, and decentralization.

7.6 Contract Modules

The Office of Population should pursue the idea of developing contract "modules" which USAID Missions could use for buy-in agreements. There could be, for example, a low-prevalence Africa RAPID model without AIDS work, a RAPID model in the same setting but with AIDS work, and so forth. For each, a standard personnel, travel, and TDY budget could be preapproved.

8. RECOMMENDATIONS FOR THE FUTURE PROJECT

8.1 Broader Policy Work

In USAID-assisted developing countries, there is currently a long list of policy needs, identified by USAID, developing country institutions, and contractor staff. The team has classified these needs into 11 issues:

- Integrate population factors into development plans.
- Build capacity to carry out advocacy activities, conduct more policy dialogue, and disseminate key information on population and family planning.
- Develop and/or promulgate national population policy.
- Create or strengthen institutions that implement and monitor population policies, including capacities to undertake policy analysis and target setting and develop strategic/action plans (national and sectoral).
- Decentralize the implementation of government programs.
- Expand family planning services and improve the quality of services (especially the range of methods).
- Remove medical, legal, and regulatory barriers to the delivery of family planning services.
- Emphasize health, reproductive health, and child spacing as a context for providing family planning services.
- Address the problem of AIDS.
- Increase the role of the private sector, including the commercial sector and NGOs in the provision of services.
- Improve the cost-effectiveness, efficiency, and financial sustainability of family planning programs.

The first three issues are basic steps in developing and adopting policies. The remaining eight issues deal with implementing programs. Some of these issues go beyond the scope of a policy assistance project such as RAPID and necessarily involve other types of assistance, such as service delivery training. However, the list highlights the outstanding issues and the need for broader policy activities. We recommend that the broad purpose of the follow-on project recognize the continued importance of awareness, commitment, advocacy, and institutionalizing capability, as well as policy development and implementation that would include the following:

- Policy analysis
- Program planning
- Communications and information dissemination strategies including advocacy and presentations
- Policy implementation
- Institutionalizing responsibility

The USAID Missions, many—if not most—developing countries, and RAPID IV are already engaged in policy at this broader level, that is, at a broader range of policy than the explicit objectives of RAPID IV.

At the same time, there will continue to be a demand for awareness-raising and consensus-building activities. The future project must allow sufficient level of effort for these activities because there seems to be an on-going need for them given changes in political leadership, the vagaries of the political processes, and the number and diversity of audiences.

8.2 Merge RAPID and OPTIONS

USAID should combine the best elements of RAPID and OPTIONS into one follow-on project with such a broad range of issues as the project purpose. As it does so, USAID should keep in mind several issues:

- There is great demand for policy assistance based on current, combined workload of the two projects of 31 countries and three regions. Such an intense and growing demand can stretch a project's ability to respond effectively (as the OPTIONS evaluation pointed out). Combining these two projects will present a tremendous challenge. Perhaps it is time for the Office of Population to consider policy projects that are specific to given regions, such as the Operations Research projects for Asia, Africa, and Latin America, as one way to keep project resources more focused.
- Both RAPID and OPTIONS are implemented by a prime contractor and one or more subcontractors. USAID's past experience merging projects indicates that some of these important actors, with invaluable experience, get cut out of the future work with a merger. It would be extremely unfortunate to lose these organizations.
- RAPID-type activities will be fundamentally important in the new project. This is important to note because there are common, but mistaken, perceptions about the relative breadth and depth of the two policy projects. In fact, RAPID is engaged much more substantially in a range of policy issues than the preparation of policy presentations suggests. Further, much of OPTIONS assistance is centered on consensus building or the traditional activities which are considered RAPID. Despite the realities of each project's experience in implementation, perceptions are important. The key issue is how to package the future project to incorporate the best of both projects, in the appropriate balance, and give sufficient scope to meet developing country needs.

8.3 Model Related

Several of the issues which the team recommended the project address in the remainder of RAPID IV will continue to be issues in the follow-on project:

- It is essential, given a real focus on institutionalization in the follow-on project, that the project pass along modeling skills, in addition to presentation skills, to local counterparts. The emphasis should be on developing local capabilities as full users of all models. There should be continuing work to modify the software to make it easier for relatively unskilled users to employ it, perhaps by moving to a Windows-based environment.

- The panel of outside experts familiar with forecasting fertility using proximate determinants models and other issues should continue to meet and advise the project.

Additionally, as noted in the OPTIONS evaluation, the follow-on project should devote more attention to the Target-cost model, emphasizing verification of the model.

8.4 Institutionalizing Capability

USAID inadequately defined “institutionalizing capability” for RAPID IV and, in turn, RAPID IV’s performance in truly institutionalizing capability has been relatively weak. The team recommend, that The Office of Population give clear and strong direction in the project paper and that the follow-on project emphasize both institutionalizing capability and responsibility.

In the project paper for the follow-on project, the Office of Population should clearly define the following:

- What it means by “institutionalizing capability to conceive, plan, and implement population policies.”
- How important such an objective is to the Office of Population.
- Which strategies to institutionalize capability, beyond human resource development and equipment transfer, are both possible and expected within the project’s mandate.
- Standards and requirements for professional planning, implementation, and evaluation of training.
- Requirements for documenting and evaluating strategies and activities in institutionalizing capability.

The team recommends that the follow-on project place a high, as well as clear, emphasis on institutionalizing capability to conceive, plan, and implement population and development policies and the responsibility for doing so. Although there will always be countries and times in which an outside, quick, can-do performance orientation is necessary and appropriate, the balance in the follow-on project, after 20 years of policy projects, should be in favor of teaching and mobilizing developing country institutions and individuals to assume responsibility for policy analysis, program planning, and advocacy.

The follow-on project should tap local expertise as much as possible and use the mechanisms of LDC subcontracts as RAPID IV did—but at a substantially increased level. The staff of the follow-on project should not carry out activities that developing country institutions or individuals could carry out if they had a moderate amount of training or technical assistance. That is, the follow-on project should train and develop developing country institutions so that, over time, they will not only be capable of conceiving, planning, and implementing population policy but fully responsible for such policy work. While this is not a realistic goal for all countries in the next four years, nor for all countries for the indefinite future, countries in which there have been many years of RAPID projects, the follow-on project staff must seek to be teachers and mobilizers of population policy and implementation.

8.5 Evaluation

The follow-on project should require more systematic and serious evaluation than either RAPID IV or OPTIONS has undertaken to date. It should assess process, performance, and impact using empirical data on both policy and institutionalization activities.