

**Emerging Population Policy  
Assistance Needs:  
A Summary of Responses to a  
USAID Survey**

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## **APPENDICES**

- A. Responses Received
- B. Questionnaire



## ABBREVIATIONS

AID	U.S. Agency for International Development
AIDS	acquired immunodeficiency syndrome
BUCEN	U.S. Bureau of the Census
CA	Cooperating Agency
CIDA	Canadian International Development Agency
DDM	Data for Decision Making Project
DHS	Demographic and Health Survey
EIS	Executive Information System
FP	family planning
G/PHN/POP	USAID's Office of Population
HIS	health information system
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development (Cairo Conference)
IEC	information, education, and communication
KAP	knowledge, attitudes, and practice
LDC	less developed country
MAQ	maximizing access and quality of care
MCH	maternal and child health
MIS	management information system
NAS	National Academy of Sciences
NGO	non-governmental organization
NRC	National Research Council (U.S.)
POLICY	Policy Analysis, Planning and Action Project
PRB	Population Reference Bureau
PVO	private voluntary organization
OPTIONS	Options for Population Policy Project
R&E	research and evaluation
RA	responding agency
RAPID	Resources for the Awareness of Population Impact on Development Project
RFP	request for proposal
RH	reproductive health
STDs	sexually transmitted diseases
TA	technical assistance
TOT	training of trainers
U.N.	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization



## EXECUTIVE SUMMARY

In May 1994, with the goal of obtaining timely input into the design of its new policy project, the Office of Population (G/PHN/POP) sent a questionnaire to approximately 40 Cooperating Agencies (CAs), donors, and USAID collaborators. The questionnaire consisted of questions in the following areas:

1. General observations
  - 1A Main policy needs
  - 1B Coordination with other donors
2. Data collection and use
  - 2A Steps in data collection and use
  - 2B Data collection problems
3. Design of policy-relevant research
  - 3A Research design
  - 3B Views and interests of various groups
4. Implementation of population policies
  - 4A Promoting implementation
  - 4B Measuring implementation
5. Sustainability and decentralization
  - 5A Promoting sustainability
  - 5B Policy and program decentralization
6. Local participation in the policy-making process
7. Linkages between population policies and policies in other areas

Thirty-three CAs, donors, and USAID collaborators responded to the questionnaire. They provided thoughtful and concerned suggestions, recommendations, and commentary. Many responded to all the questions; some responded only to the part of the questionnaire in which they felt they had expertise. In this document, respondents are referred to as responding agencies (RAs). In summary, the most frequently cited views by questionnaire subjects are as follows:

### 1. Policy Needs

The RAs presented over 50 policy issues and needs which the authors classified into the following areas:

- Program and service issues
- Program and management issues, operational policies, and sustainability
- Links with other sectors, especially primary health care
- National and sectoral policy development, development policies, and implementation plans
- Advocacy activities and constituency development

Additionally, several RAs wrote at length on population policy in a dynamic global environment where profound changes are occurring and will impact upon population programs: decentralization, popular participation, and integration. The new population policy project faces great diversity in terms of country setting, level of socioeconomic development, private-public sector mix, and stage of program development.

Additionally, the RAs clearly indicated that donor coordination is important. RAs provided suggestions on the type of activities which need to be coordinated, how coordination should take place, and at what level it should be implemented.

## **2. Data Collection**

The RAs wrote at length about data collection and its use in terms of policy, research, sustainability, participation, and decentralization. Most indicated there is a need for improvement. Some RAs highlighted the need to identify the right questions before collecting data, others wrote about indicators, and many wrote about linkages (between areas of research and between collectors and users). More attention must be paid to data for decision making. The authors use the term data for decision making not to refer to the Office of Health project, but to an approach to data collection and use which emphasizes asking the right questions, establishing appropriate indicators, collecting and analyzing data, making decisions, and taking action on the basis of that data. Many RAs recognized gaps in the current flow of such activities. Additionally, the RAs recognized that collecting data on reproductive health events (which may be rare, unrecognized, or covert) will be a challenge. Good indicators and additional/alternative methods to the Demographic and Health Survey (DHS) will be needed.

## **3. Research**

RAs repeatedly stressed the need to undertake research collaboratively with host-country counterparts and suggested opportunities for collaborative work. They also suggested research on a broad range of important topics, including:

- Impact of policy factors upon program effort and contraceptive behavior
- Impact of demand-side interventions on fertility
- Cost-effectiveness of family planning vis-à-vis other efforts to reduce fertility
- Sustainability
- Resource mobilization and allocation
- Decentralization
- Service delivery issues

The majority of respondents indicated that various groups (including women's, community, advocacy, and interest groups) have an important role to play in policy research, particularly in the development of research priorities and questions, the establishment of indicators, and the dissemination of results.

## **4. Implementation of Policies**

Many RAs offered suggestions which perhaps better responded to a different question: "How can USAID promote the implementation of population policies from their initial policy development?" While many of the replies focused on existing policies, the majority pointed to actions better taken simultaneously with, or at a minimum immediately after, initial policy development. A recurrent theme through many responses is "local ownership"; in order to receive appropriate follow-through, policies must emerge from the concerns of local constituencies.

## **5. Sustainability**

The majority of respondents wrote long, thoughtful commentary on sustainability; it is obviously an important and hot topic. Their suggestions for promoting sustainability are classified into three areas: contextual support (including donor leadership, increased political demand and a sustainable economic basis, and increased individual demand); institutional support (including the manner of USAID's and CA's work with host-country counterparts and institutional development); and research. References to the need for greater USAID investment in institutional development were made throughout RA responses to the questionnaire.

Likewise, many respondents wrote at length about decentralization. They perceive it as an important issue which USAID ought to approach with care, on a country-by-country basis. Many recognized the issue of scale: there are too many decentralized units for USAID to deal with and suggestions were made how USAID might leverage its investment in decentralization. Other respondents wrote about the need for financial decentralization to accompany programmatic decentralization. Many wrote about the need for training and good data.

## **6. Local Participation in the Policy-Making Process**

Many RAs provided suggestions on how to encourage participation from a broad range of individuals and groups, in particular women. Many respondents suggested a stakeholder analysis as a first step, then working with individuals or groups in brainstorming exercises, in-country planning exercises, policy seminars, contraceptive briefings, and directly in family planning/reproductive health programs. Respondents suggested working with both US-based, international and host-country women's groups and supporting forums, conferences, and study tours.

## **7. Linkages between Population Policies and Policies in Other Areas.**

The Office of Population was concerned with how it might encourage the demand for family planning through policies in other sectors. Many respondents provided suggestions on how to stimulate such demand. They fell into three areas: advocacy, research, and training.

Finally, many respondents expressed appreciation for USAID's including them in the design process. They share and support the Office of Population's vision on reproductive health.



## INTRODUCTION

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USAID has embarked on the development of a new, 10-year umbrella project, known as The Policy Analysis, Planning and Action (POLICY) Project, that will focus on policy-related population and reproductive health issues. The POLICY Umbrella reflects new elements in the Office of Population's policy agenda, including an expanded definition of population that encompasses reproductive health, an emphasis on broadening participation in the policy process particularly among women, and a geographic extension of USAID population and health activities into Eastern Europe and the Newly Independent States. Within the population and health strategy, the reproductive health program has three major components: family planning and related fertility services; safe pregnancy services, breastfeeding, and improved maternal nutrition; and prevention and management of human immunodeficiency virus (HIV) and sexually transmitted diseases (STDs). New, broader programmatic priorities are the following:

- Maximize access and quality of care (MAQ).
- Reduce unmet need and increase demand.
- Address the needs of adolescents.
- Reduce the tragedy of unsafe abortion.
- Add and link other selected reproductive health interventions.
- Strengthen linkages with related areas, e.g., child survival, female literacy/education, women's employment and status, and the environment.

The POLICY Umbrella will consolidate and streamline six contracts and cooperative agreements currently funded by the Office of Population under a single authorization/project description: OPTIONS, RAPID, U.S. Bureau of the Census, National Academy of Sciences, Population Reference Bureau, and East-West Center for Population. These or similar activities will remain under the new project. The new activity will **not** result in a single agreement to cover all future policy work, but rather is intended to provide a unifying framework for multiple contracting instruments.

At this early stage of project development, the Office of Population wished to incorporate ideas on project priorities, design, and implementation offered by relevant Cooperating Agencies, other donors, USAID Missions, and experts in the field. The Policy and Evaluation Division (POP/P&E) developed a structured questionnaire in seven areas with 12 questions and sent it to approximately 40 RAs and donors and to USAID Missions in May 1994. The questionnaire was structured as follows:

1. General Observations
  - 1A Main policy needs
  - 1B Coordination with other donors
2. Data collection and use
  - 2A Steps in data collection and use
  - 2B Data collection problems
3. Design of policy-relevant research
  - 3A Research design
  - 3B Views and interests of various groups
4. Implementation of population policies
  - 4A Promoting implementation
  - 4B Measuring implementation

5. Sustainability and decentralization
  - 5A Promoting sustainability
  - 5B Policy and program decentralization
6. Local participation in the policy-making process
7. Linkages between population policies and policies in other areas

The Office of Population asked the Population Technical Assistance Project (POPTECH) to analyze and summarize the responses from the 33 CAs, donors, and colleagues in the population community who provided input. POPTECH hired independent consultants Laurel Cobb and Susan Adamchak to analyze the responses and develop this summary report.

The report is organized in the same format as the questionnaire. While the remarks on many questions showed consensus among those responding, there were independent dissenting voices on many issues. The effort was made to present all positions on an issue and indicate whether the opinion or suggestion was that of one, several, or many respondents. Thus, some statements included may be the remarks of a single responding agency, some may represent a minority view, and some may be the words of one RA representing the points of view of many RAs.

# 1. GENERAL

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## 1A Main Policy Needs

**In light of USAID's 20 years of population policy development work, what are the main policy needs that still need to be addressed by USAID policy initiatives?**

Several RAs responded to this question with general, context-relevant remarks, while others offered very specific ideas on policy topics that require exploration and resolution. Both sets of responses are summarized below.

### 1A.1 General Observations

According to one RA, the definition of population policy may need to be broadened to emphasize general national development "attentive to reducing class, ethnic and gender disparities." The types of advocacy, research, and training activities supported by USAID in the past, and encouraged to continue in the future, will contribute to this goal.

One RA responded to the USAID questionnaire with a thoughtful essay on directions for population policy reform in a changing global environment. Its response presents eight key points, which are worth summarizing here. First, USAID and its agencies must recognize the political fact that profound changes are occurring in the developing world: decentralization, popular political participation, and a trend toward integrated programs with the implied expanding constituency for consensus building. Second, it must also be recognized that developing countries cover the entire spectrum of family planning programs and structures, from newly emerging to those that have achieved high levels of sophistication and development. Third, "a population/family planning (FP) policy project has to recognize this diversity and its implications for FP programs, and be able to respond to the needs of these different political environments."

Fourth, the concept of unmet need provides a "powerful unifying framework for policy implementation." Simply understood, it allows for the identification and measurement of potential markets for FP programs. It "has the added advantage of reflecting, in the area of FP, the more general ideology of decentralization and empowerment of actual and potential users at the local level." Fifth, sustainability is receiving stronger support from donors and less developed country (LDC) governments alike. A policy project must pay more attention to institutional development to prepare governments to decrease dependency on foreign assistance.

Related to the last point, in-depth technical assistance is needed, including comprehensive analysis of country needs and political analysis of intervention and acceptance factors. An emphasis must be placed on sustainable policy assistance, including "consistency in personnel working in a country; strategic and cost-effective interventions in institution building; and leveraging of local human resources." Seventh, some focused and well-defined policy research should be supported under the project. Finally, "the challenge of the new POLICY Umbrella will be to expand its ability to respond to a more diverse environment, without diluting the message and reducing its effectiveness."

As was noted in point two, one RA emphasized that policy needs will vary by setting. According to this RA, emergent programs will need to address institutional capacity and the role of the public sector, and will need to link FP with other health capacity building. For transitional countries, the public-private mix will be key: these countries must focus on resource mobilization, financing, the provision of services, targets of subsidies, user fees, cost recovery, and so forth. Advanced countries must address reproductive health issues, financing, and rebuilding and retraining programs and staff following weakening, and in some cases, collapse of the public sector. All programs will come to emphasize greater participation of client groups.

One RA indicated there will be a new need to address issues faced by “second generation countries” (like Taiwan and Korea and soon Thailand, Indonesia, Colombia, and Sri Lanka), such as skewed age distribution and aging populations. This respondent also emphasized the ongoing policy needs in Africa and newly emerging concerns in Indochina.

### *1A.2 Specific Policy Needs*

The vast majority of RAs approached this question as an opportunity to identify research topics—some quite broad and others very specific—that remain salient to them after two decades of policy and program reform. The listing below represents an effort to classify the many topics suggested. This does not represent a hard and fast assignment of categories—what the authors describe as program management issues others might refer to as service issues; items listed under intersectoral linkages may fit equally well under national policy development. The point is to demonstrate the wide array of topics proposed. They are not arranged in any ranked order.

One point stands out upon reviewing these categories: reproductive health and its elements are still being approached cautiously by the RAs. As is discussed in Section 2B.1 below, clear articulation and definition of USAID’s area of emphasis in this sector are needed. The positioning of family planning in the wider context of reproductive health represents a new perspective for many CAs and RAs, and they are proceeding cautiously, as, indeed, is USAID.

#### **Program and Service Issues**

- Unmet need for family planning
- Consumer orientation
- Adolescent services and policies
- Injection service delivery at pharmacies
- Quality of care
- Male needs and responsibilities
- Service policy and standards development
- Responsiveness of programs
- Safe abortion
- Availability of services
- Reasons for non-use of contraception

### **Program and Management Issues, Operational Policies, Sustainability**

- Financing, including level of public sector resources
- Cope with declining per capita subsidies: changes in services provided, more efficient and effective service delivery, differential service provision
- Involvement of private sector
- User fees
- Impact of cost recovery initiatives on availability and use of services
- Legal and regulatory climate
- Institution building and sustainability
- Cost analysis of contraceptives and reproductive health products marketing
- Pricing studies
- Market projections
- Drug registration process
- Taxation policies
- Reduction of unfair public sector competition
- Elimination of prescription requirements for low-dose pills
- Approval of advertising for specific contraceptive brands, service providers, AIDS and STD prevention
- Client reproductive health needs in times of scarce resources
- Development of communication strategies
- Decentralization
- Training, developing interest and capacity for policy research and analysis

### **Links with Other Sectors, Especially Primary Health Care**

- Developing family planning in reproductive health context; integrating services
- Policy development regarding adolescent reproductive health, STDs, abortion
- Gender and women's participation
- Enhanced status of women
- Female education
- Sex education in schools
- Policy integration, coordinated with and mutually reinforcing different sectors
- Monitoring impact of policy change on other sectors
- Sectoral coordination: public, private and commercial
- Demonstration links between population growth, development, environment
- Impact of HIV/AIDS; care and management of the AIDS population
- Provision of commodities for AIDS/HIV/STD treatment and care

### **National and Sectoral Policy Development, Development Policies; Implementation Plans**

- Revision of policy emphasis away from demographic goals; emphasis on other benefits to delayed first birth, birth spacing, small family size
- Maintenance of focus on demographic goals as intermediate markers of societal and individual well-being
- Continued development of national population policies and population action plans
- Impact of population aging
- Impact of migration
- Movement to two-child norm while maintaining spirit of volunteerism

- Elimination of policies that reward large families
- Elimination of son preference
- Promotion of later age at marriage
- Emphasis on value of reduced population growth
- Secure resources and political commitment
- Introduction of replacement fertility attainment as element of donor assistance
- Broader population policy to become development policy attentive to reducing class, ethnic, and gender disparities through increased advocacy, training, and research

### **Advocacy Activities and Constituency Development**

- Increased broad-based support for population policies
- Enhanced advocacy within private sector
- Defense of population policies from special interest groups
- Continuation of emphasis on strong and sustained political support for family planning

## **1B Coordination with Other Donors**

**How can USAID best coordinate with other donors to improve its population policy work, with respect to both family planning and reproductive health and policies in related sectors such as education, environment, economic growth, or democracy?**

The responses indicated a clear consensus that donor coordination is important. Generally, replies focused on what type of activities need to be coordinated, how coordination should take place, and where, or at what level, it should be implemented. One RA, however, indicated the need for coordination may be less urgent if USAID “embraces the program of action which emerges from Cairo [the International Conference on Population and Development (ICPD) in Cairo, Egypt, September 1994].” All donors would then be addressing the same set of interrelated population and development issues.

### *1B.1 What Types of Activities Require Coordination?*

RAs suggested coordination at both sectoral and management levels. In considering population and family planning issues, several RAs advised that USAID should take the lead among donors in addressing the linkages between population and other aspects of socioeconomic development. More specifically, several RAs indicated that USAID should emphasize its comparative advantage in policy activities and training and defer to other donors in their respective areas of expertise (these were not identified). USAID should continue its important support of policy tools and data collection, but at the same time USAID should be guided by the needs of other donors. One RA warns “coordination must be sensitive to the mandates, interests, strengths, limitations, and planning cycles of other donors.” When considering program implementation, an RA advised that the Donor Working Group should be kept small, including both high-level management representatives and technical program staff. One RA recommended that the interests and areas donors are

willing to support should be compiled in guidelines and this information conveyed to national and local donor representatives and host institutions.

One RA cited the need to coordinate new policy efforts in reproductive health. Another linked population and reproductive health and suggested that the new POLICY Umbrella serve as the overall coordinator for the family planning and population sector. USAID should also take the lead in developing better databases on service delivery and related costs for reproductive health programs.

Several RAs stressed the importance of establishing common agendas and strategies and the utility of developing a "division of labor" in carrying out population action plans so as to increase efficiencies, leverage resources, reduce duplication, and maximize impact. This generally referred to activities taking place within a country or a region, and is discussed further in Section 1B.3.

More than a few RAs complained about donors' different reporting requirements that host-country institutions must face. They questioned whether USAID could undertake the harmonization of reports in conjunction with other lead donors, easing the workloads for local programs. Along similar lines, several RAs suggested coordinating the reports of funds allocated for population assistance so that valid comparisons can be made across donors and more accurate estimates of population support can be developed.

## **1B.2 How Can Donor Coordination be Fostered?**

The underlying theme to the responses to how coordination can be fostered is communication. The modes suggested differ, but they can all be distilled to this common element.

A variety of group meetings were proposed by RAs. These included expert groups, advisory committees (with The EVALUATION Project Policy Advisory Group cited as a good example), and large, annual meetings modeled on the experience of the Maximizing Access and Quality of Care meeting. Locally convened working groups might serve to develop analysis and recommendations while also building support for policy and program changes.

One RA cited the experience of the U.S. Bureau of the Census (BUCEN) in coordinating support for population censuses in Africa. BUCEN meets on a quarterly basis with representatives from UNFPA, the International Bank for Reconstruction and Development (World Bank), USAID, and recently, the Canadian International Development Agency (CIDA), to review census programs and requests for support and technical assistance. This group has been meeting for about eight years and has evolved over time to gradually include more donors and to formalize its coordination. It has moved from the conference room to the field and is about to undertake a joint needs assessment in Mozambique. Such an effort requires time and commitment on the part of project staff. In recounting the experience of BUCEN, the respondent noted that a factor contributing to the ongoing success of the effort has been the committee's focus on a limited, well-defined goal and its practical, problem-solving emphasis.

Two RAs suggested that USAID could do more to encourage international donors to use U.S. nongovernmental organizations (NGOs) and CAs to carry out program and policy

work. One recommended developing a "buy-in" mechanism for U.N. agencies so they could easily purchase the services of existing projects and expertise.

One RA suggested seconding USAID staff members to work in the offices of key donors and cited a recent exchange between the Office of Health and the World Health Organization (WHO) as an example that might be studied.

Finally, several RAs suggested developing country-level consortiums that include private voluntary organizations (PVOs) and NGO partners as well as government representatives. Such a consortium should also include representatives of key policy constituencies, such as government leaders and women's groups. This suggestion was offered with the caveat that the gains and costs of developing such groups must be balanced and "there is a danger of having too much coordination."

### *1B.3 Where and at What Level Should Coordination Take Place?*

The respondents identified different levels for communication and coordination to take place. First, a number of RAs advised that communication be improved across centers and bureaus within USAID and Agency leadership be engaged "from the top down." It may be necessary to develop intra- and inter-Agency agreements on specific areas of concentration by country and by field of activity.

High-level meetings should focus on broad policy and program issues; donor technical and RA meetings should coordinate implementation strategies; and country-level meetings should coordinate local activities.

At the highest level, one RA vigorously emphasized the need for more active participation and support from U.S. delegates to international organizations. The delegates must be informed of the value of population and reproductive health issues and lobby for concerted action in international forums. One RA also noted that "coordination may be best achieved through a multilateral membership body like the UN, with USAID playing an active role based on its technical expertise."

One RA referred to the experience of the National Academy of Sciences (NAS) in convening expert groups of researchers and policy-makers. It was suggested that such activities could be undertaken with the more conscious goal of fostering dialogue on "the big issues," bringing together USAID, the World Bank, UN agencies, and major donors, such as Japan, Canada, and Germany. This mechanism may become more important as the need develops to assess research in different domains and communicate across sectoral boundaries. Previous experience has shown that the structure of the NAS and the National Research Council (NRC) makes it relatively easy to involve different sectoral units.

More frequently, and as mentioned above, RAs referred to the need for quarterly meetings on a country level, including both local implementing organizations (public, private, and commercial sector) and representatives of the international organizations. This would help foster consistency in implementation and would facilitate the identification of programs that result in unintended consequences for other activities. Convening local working groups, as were mentioned above, would contribute to developing a better understanding of local concerns and conditions, identifying more appropriate solutions to problems, reducing

duplication, developing local program ownership, and enhancing a commitment to improve local capabilities and increased sustainability.

One RA remarked that "coordination is most effective if driven by the countries themselves" and by a comprehensive country planning process. USAID and the new project should seek ways to help countries bring all major donors and technical agencies to the table simultaneously to develop national plans.

Several RAs also mentioned the need for less formal, but no less regular, contact with local representatives of WHO and U.N. organizations. This was noted to be of particular importance at the stages of needs assessments, program design and development, and evaluation. It was suggested that any new request for proposal (RFP) or other initiative should be preceded by a consultation or questionnaire survey to obtain the views of other agencies, avoid duplication, and enhance complementarity. The value of the present questionnaire and survey effort was noted and commended. One RA wrote that soliciting input from European donors and Japan at this early stage of project development may pay important dividends in the future.



## 2. DATA COLLECTION AND USE

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### 2A Steps to Improve Data Collection and Use

**USAID has historically emphasized the collection of data in order to have accurate information for policy formulation and program evaluation, and it would like to continue these efforts in the future. What steps should USAID take to improve the collection and use of data and the development of databases for policy-making purposes?**

Replies to this question can generally be grouped under three headings: data collection, including methods of data collection and topics of concern; data use and applications; and institution building.

#### 2A.1 *Data Collection*

Data Collection Methods. Most essential was one RA's admonishment to give attention to the major questions of concern before developing survey instruments. According to the respondent, these concerns include service delivery, logistics, supplies, and quality of care. Data users and recipients of services should be involved early in research design and data collection. Their engagement might be fostered through advisory groups, interviews with key individuals, or focus groups. One respondent recommended that "broad-based technical advisory committees be constituted prior to fieldwork to develop an overall strategy of data collection and to ensure that appropriate data will be collected to meet the objectives of the effort." A related suggestion is that a master plan be developed among local counterparts and RAs for "collecting data, conducting research, coordinating data collection efforts, and sharing methodological development of instruments to avoid duplication of efforts at the country level."

Several RAs mentioned that USAID should consider supporting panel studies in order to better study the individual variations that contribute to contraceptive use and non-use. Panel studies also provide a means to link reproductive intentions with fertility and health behavior. A related suggestion was to allow for a "modular" approach to research in order that components can be added later that are not anticipated when the research is first fielded. In this way, as new concerns arise—due to policy shifts or findings highlighted in earlier research stages—they can be added on to the established foundation.

One RA suggested that efforts be made to better link operations research and qualitative research results with survey data. Other kinds of qualitative research should be used more often, and efforts should be made to develop qualitative data indicators. Several RAs suggested that the project should support "less intensive data collection efforts such as rapid assessments, small group analyses, and qualitative assessments of policies." Focus groups can be used to enrich data drawn from DHS.

One RA drew attention to the need to improve service statistics in many countries, and vital statistic registration systems. Service statistics in particular are likely to be more appropriate for the collection of health indicators.

Given the increased emphasis on decentralization, there will be a growing demand for disaggregated and subnational data. This should be given attention as new data collection efforts get under way. Also, one RA advised that attention should be given to linking different types of data in a national database so that information can be easily linked to other sources.

Finally, one RA suggested that the project support the purchase and use of appropriate privately collected data sources, such as the International Marketing Survey.

Data Collection Topics. A number of respondents advocated continuing the DHS surveys. They advised encouraging similar studies in countries not included in the DHS program. Some suggested modifying the DHS to include other topics, notably to better capture the realities of family and household structures. This includes polygyny, fosterage, and varying definitions of marriage. Also one RA suggested adding more questions that capture the client's perspective on services including distance, waiting time, client-provider interactions, and reasons for discontinued use.

Increased attention must be devoted to the collection and evaluation of data pertaining to reproductive health and other factors related to fertility behavior. Information is needed on the epidemiology of infertility, the incidence and effects of female genital mutilation, reproductive tract infections, and women's perceived needs in these areas. There is still need to study the broad, underlying determinants that influence fertility and other demographic behavior.

One RA remarked that data are needed on sexual behavior in order to improve knowledge of how the HIV epidemic relates to behavioral factors.

According to one RA, the project should consider the merits of developing systematic data collection efforts in other areas central to policy-makers, including program costs, local and donor inputs, and the ability of the population to assume health care costs.

## *2A.2 Uses and Applications of Data*

Several RAs referred to the need to bridge the gap between statistical offices collecting data and the end-users (both policy-makers and program implementers). Researchers must be trained and reminded to think about the end-users and about the application of the data collected. Programs should make better use of existing software, and efforts, should be made to develop new tools in order to make data accessible to a wider range of analysts. One RA advised developing tools to use DHS data in conjunction with other data sources (such as household surveys, facility surveys, surveillance data, and cost data), and accompanying examples and models. (The respondent did not offer any specific examples of said tools.)

One RA suggested that the results of ongoing analysis of situation analysis and service availability surveys should be reviewed to answer basic questions about what can be collected successfully through these surveys and how the results can be used to inform policy decisions.

RAs noted that an ongoing emphasis should be placed on dissemination of data and data findings, the latter in policy-applicable forms. Data should be available in a timely fashion. Previous studies and secondary analysis of data should be accessible for exchange, perhaps through a database adapted from the Executive Information System (EIS).<sup>1</sup> Also, it was suggested that more systematic, effective, and less costly ways to disseminate data be explored, for example by listing data on POPLINE or a similar system. RAs should be required to include the policy impacts of their work in their different reporting devices. Project budgets should include support for cross-project dissemination.

Workshops and training should stress the use of research findings for policy and strategic planning, and for such applications as performance monitoring, testing alternative delivery systems and services, identification of gaps in services and supplies, effect of information, education, and communication (IEC), and program impact. It may be helpful to convene a biannual working group of RAs who collect policy-relevant data to report on recent findings.

The project should undertake a careful review of the existing policy databases (Population Reference Bureau [PRB], U.N., World Bank, and DHS) to determine if there is overlap in the content, advised one RA. Can they be consolidated? It was suggested that the indicators identified by The EVALUATION Project be used to establish a time series of key indicators. One RA asked, "Who will be responsible for collecting reproductive health data?"

### *2A.3 Institution Building*

RAs observed that there is a continued need for technical assistance (TA) to support institutional development and capacity building in a variety of data collection techniques. In addition, TA should be complemented by training, hardware and software transfers, and long-term commitment by donors. Host-country research and evaluation (R&E) professionals must be developed, and efforts made to strengthen R&E units. This can be carried out in part by supporting graduate training for staff and contributing to the development of graduate training in the host countries themselves. Finally, technical assistance can be provided to develop easy-to-use tools to aid in the collection, analysis, and dissemination of data and its use for policy advocacy work and programmatic decision making.

One RA suggested that DHS regional centers be developed to support more country-based data collection, archiving, and dissemination activities. They should have a publication unit addressing policy-relevant issues, substantiated with evidence from the survey data. A related recommendation suggested that the project work with national statistical institutes or census bureaus to establish uniform standards and the homogenization of procedures to facilitate regional, subregional and inter-regional dialogues.

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<sup>1</sup> An EIS is under development by the DDM project. It is an issues-oriented database that combines data and research summaries with a computer graphics interface to be easily accessed by policy-makers and program planners.

## **2B Data Collection Problems**

### **Are there any data collection problems that USAID needs to consider as it broadens the definition of population policy to include reproductive health?**

The responses to this question can be broadly classified under three topics: calls for common definitions and indicators of reproductive health; a focus on collecting data that are program relevant and address special needs; and problems that might confound data collection efforts.

#### *2B.1 Need for Definitions and Indicators*

Underlying the majority of responses to this and related questions is the recognition that reproductive health is a more complex and more comprehensive topic than family planning and that there is a need for more information about it. The respondents called for the development of a good definition of reproductive health and clarification of USAID's interests in this domain. Many of the RAs called for the definition of reproductive health indicators, citing The EVALUATION Project's recently published *Handbook of Indicators for Family Planning Program Evaluation* as a useful example. Defining indicators presents an opportunity to collaborate with the Office of Health, as it has already carried out some work on indicator development together with the Centers for Disease Control and Prevention and the World Health Organization Global Program on AIDS.

#### *2B.2 Program-Relevant Data*

RAs stressed that efforts should be made to identify common factors shared by reproductive health and family planning and the linkages among them. Several respondents stressed the need to collect data that will serve programs and help better identify unmet need, with particular emphasis on special populations and special topics. Such populations included women (never-married, post-married, postpartum, with unwanted pregnancies, dissatisfied contraceptive users, ill, and dying), men, and youth. Topics included abortion, other illnesses contributing to female morbidity and program costs. If HIV/AIDS is included in the reproductive health agenda, there continues to be a need to collect consistent and coherent data across countries.

Several RAs drew attention to the need for improved cost data. There was particular concern that as reproductive health elements are folded into population policies and programs, funds will be mingled, and it will be even more difficult to track separate resources and their impact. One RA called for the support of a World Family Planning Expenditure Survey with the goal of systematically collecting comparable family planning cost data across countries. This could possibly be undertaken with joint support from other donors.

There was also a call to strengthen support for data collection and use within services, to enhance local capabilities for monitoring, and to plan programs using local data.

### *2B.3 Problems in Collecting Data*

RAs underlined the potential problems associated with collecting data on reproductive health events, given that they may be rare, unrecognized, or covert. One respondent queried whether the National Academy of Sciences will be called upon to address this issue. One RA indicated that while there may be opportunities to expand DHS to meet some of the new data needs, the nature of the problems to be investigated implies that alternative data collection methods must be explored. These might include focus groups and other types of qualitative research and surveillance surveys. These other methods, particularly qualitative methods, will present special challenges in their analysis and presentation, given that policy-makers often resist or disbelieve even "hard," quantitative data.<sup>2</sup>

One RA warned that collecting data on reproductive health may also force consideration of ethical and ideological issues. As has been the case with HIV/AIDS, those interested in data will also have to address links with diagnosis, counseling, and treatment. Attempts to collect data pertaining to abortion, or to provide abortion-linked services, may face opposition from religious or conservative communities in this country and in the host country.

Finally, one RA warned against collecting data that will never be analyzed or used and suggested culling data from current collection efforts if they are not used now. There was also a suggestion to bring the USAID logistics and commodities systems into closer relationships with other data systems to make more use of the data included in them.

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<sup>2</sup> The authors add that there may be opportunities for collaboration with the National Center for Health Statistics or the National Institutes of Health to learn from the experiences of collecting these types of data.



### 3. DESIGN OF POLICY-RELEVANT RESEARCH

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#### 3A Research Design

**USAID has supported a broad range of research to promote policy making and program development. To be effective, research should be understood and used both for formulating new policies and for improving and refining existing policies. How can USAID best design research that will be useful in generating and specifying new policies and in improving and refining established policies?**

In responding to this question, RAs repeatedly stressed the need to undertake research collaboratively with host-country counterparts. Several suggestions were offered as to how to facilitate this process. Respondents noted the importance of disseminating research results in order to improve policies and programs, and a number of research topics were proposed. Setting a coherent research agenda was seen as important not only as a means to address policy reform but also as a way to provide useable, context-specific knowledge for translating policies into the action needed for improved program management.

##### *3A.1 Collaborative Research*

The majority of respondents emphasized that the most useful research is that which is developed collaboratively with the participation of host-country stakeholders. Collaboration is essential to foster a sense of ownership of the research and subsequent willingness to use research results for programmatic change. Collaboration must also take place early; some suggested that local experts be involved in the design of new initiatives and the development of RFPs.

Suggested collaborators ranged from policy-makers and respected local researchers to program managers and data users to the service participants themselves. One respondent noted that the involvement of indigenous NGOs is important and wrote that "By nature, PVOs ought to be pressure groups, interested in policy development or application or monitoring of progress in implementation of policies." Also, there was a call, echoed elsewhere in this report, for greater emphasis on development of local research capacities in order to strengthen in-country institutions and resources.

Of course, RAs mentioned the need to work with each other in order to identify the major policy obstacles to improved quality and access of services and to ensure that the research carried out under different projects reflects the new, broadened constituencies. While there was recognition of a continued role for expatriate input, one RA suggested that this be limited to technical support and advice. External collaborators should view themselves as "facilitators" rather than "consultants."

##### *3A.2 Developing Collaborative Processes*

Several suggestions were offered to enhance the opportunities for collaborative work. These included identifying research issues with local counterparts, convening in-country

advisory groups that include relevant stakeholders, and using host-country consultants to carry out research (and establishing a funding mechanism to do so). Several respondents cited the need to feed research results back to policy-makers continuously. One suggested fostering fuller participation of policy-makers in the research process by including them in project design, some level of implementation, or in periodic assessments of the program. Also, one respondent drew attention to the need to plan from the outset how research results will be incorporated into program planning.

### *3A.3 Dissemination*

A number of RAs highlighted the importance of disseminating research findings to ensure that these findings are used to benefit the policy process. Research should be timely and results presented in a format suitable for busy decision-makers. Suggestions included examining what methods have worked in the past in order to communicate both the objectives of research and its results. The new project should permit experimentation with new approaches to communicate findings. Also, methods, procedures, and guidelines should be developed to help users "walk through" the process of using research findings to make decisions.

### *3A.4 Research Topics for New and Improved Policies*

A number of RAs offered suggestions of research topics important in developing new policies and in refining existing ones. The topics fall into both general, large-scale national policy issues and more refined, service-specific issues.

First, RAs said that policy research should fill the gaps in current policies and programs and determine how best to meet newly recognized needs; in the words of one respondent, "ask the big questions." RAs argue that research focused on methodology or management of individual projects is often not worth the cost. One big question proposed was "What has been the impact of policy factors for program effort and contraceptive behaviors?" Case studies are needed to improve understanding of fertility decline and the evolution of family planning use over time. A respondent noted that research on child survival and its impact on fertility is particularly timely. Also, research on the cost-effectiveness of family planning programs vis-à-vis other efforts to reduce fertility is useful as a response to skeptics and critics of family planning programs.

Both health and population specialists should aid in developing research agendas. More research is needed on what is being done in the field linking reproductive health with family planning. How have services evolved? Are services in response to clients' expressed need or to providers perception of need? Case studies of sustainable programs are needed as well as studies of decentralized services and vertical versus integrated programs. The growing attention to unmet need will demand more research focus.

Second, many of the RAs involved in service delivery called for enhanced participation in the research development process, noting that to an extent there exists an artificial separation between service and research agencies. They drew upon their field experiences to identify suitable topics and offered a varied range of subjects for study, including the following:

- Impact of counseling policies and practices on contraceptive continuation
- Health and demographic outcomes of reproductive health (RH) interventions
- Family and household structure as they affect the lives of women and children
- Issues of male involvement, including male knowledge, attitudes, and practice (KAP) studies and participation in FP/RH services
- Operational barriers, including mapping public and private sector service delivery points, surveys of private practitioners, assessments of legal and regulatory frameworks, market segmentation analyses, and availability of commodities for the private sector

Finally, one respondent suggested sponsoring a biennial policy forum to present key results of studies conducted under the auspices of USAID.

At present, there is overlap in research efforts. Gains in efficiency and effectiveness can be achieved if a clear agenda of policy research is established and pursued. This would also help maximize the contribution of work carried out by BUCEN, NAS, and DHS, as their results can be systematically guided by a uniform research agenda and fed into the policy process.

### **3B Views and Interests of Various Groups**

**Like many donor agencies, USAID has become increasingly aware of the importance of conducting research that is relevant to the needs and interests of a broad array of groups. How can the views and interests of various groups (including women's groups, community groups, advocacy groups, and interest groups) best be represented in designing, conducting, analyzing, and disseminating USAID-funded research?**

The majority of respondents dealt with this question in two ways: at what phase of research should the various groups' interests be represented and how they might be involved. Many respondents saw overlap between this question and question 7, linkages between population policies and policies in other areas (see Chapter 7).

#### *3B.1 Phases of Research*

RAs broke out the various phases of research into the following categories: development of research priorities and questions, establishment of indicators, data collection, data analysis, data interpretation, and dissemination. The majority of respondents indicated that interest groups have an important role to play in the first two phases and the last phase (development of research priorities and questions, establishment of indicators, and dissemination), but not in data collection, data analysis, nor data interpretation. Several respondents indicated it was important to

bring these groups on board early in the process and recommended an ongoing dialogue between special interest groups and established institutions—which would enable not only representation in the research agenda but also dialogue in many areas. A minority of the respondents who saw an important role for interest groups in policy research went on to recommend that such groups could also be asked to carry out discrete parts of the research. One RA recommended USAID ensure that some proportion of USAID funds be allocated for policy activities by intermediaries that already have strong contacts and credibility with such interest groups.

A minority of RAs indicated that interest groups should have little or no role in policy research. One wrote, “The best research is not designed by interest groups. Research should not focus on what is politically correct at any given time. Good research must ask basic questions, not try to confirm what special interest groups wish the world to believe.”

### *3B.2 How to Involve*

The majority of RAs did believe it useful to involve stakeholders in a productive and serious way. They made the following suggestions:

- **Undertake a stakeholder analysis.** A number of RAs recommended, as a first step, a stakeholder analysis to identify significant responsible organizations representing the major stakeholders (women’s groups, reproductive health advocates, medical/health organizations, service providers, environmentalists, demographers, policy-makers, and donors) at the U.S., international, and host-country level.
- **Set up advisory committees and boards.** The respondents had many suggestions for the composition of research and policy boards:
  - \* Invite representatives of key stakeholders to join the appropriate MAQ Task Force dealing with policy and research.
  - \* Include representatives of key donors and key NGOs active in reproductive health advocacy or service delivery, facilitating both research and consensus building and coordination with groups working on sensitive issues.
  - \* Bring in such organizations as the International Women’s Health Coalition and the Boston Women’s Health Collective early in the research agenda process and stipulate in RFPs and contracts that CAs do similarly.
  - \* Establish host-country policy and research boards with senior scientists and interest groups; the board would develop priorities for research, commission studies, and act as a forum for consensus building on actions based upon the research results.

- \* Work and maintain dialogue on an ongoing basis with host-country task forces or advisory groups of non-traditional representatives. Most noted that participation would need to be systematically structured and parameters for dialogue established.
- \* Acquire “collective grassroots wisdom” by working with local people or such groups as the African Population Advisory Committee.

One RA raised ethical questions about doing research on human subjects in poor countries, noting that there is little effective control over such research and little to compare with the institutional review boards required for research on human subjects in the United States. This respondent noted that the U.S. is way ahead of the rest of the world on this issue and should export the technology. “Perhaps USAID Missions could take the lead in organizing research review and advisory councils—deliberately going outside the usual local research and policy elites to include representatives of people the research is supposed to benefit. Of course, if they did this, then we would have to live with the results, which might be a real nuisance in the case of centrally funded projects with a core design, but the practice might be worth it. Introducing some of our best research practices would be useful in itself, again in building up institutions of civil society.



## 4. IMPLEMENTATION OF POPULATION POLICIES

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### 4A Promoting Implementation

#### **How can USAID promote the implementation of population policies that have already been developed?**

Many of the suggestions offered for this question perhaps better respond to a different question, "How can USAID promote the implementation of population policies from their initial policy development?" While many of the replies do focus on existing policies, the majority point to actions better taken simultaneously with, or at a minimum immediately after, initial policy development. A recurrent theme throughout many responses is "local ownership"; in order to receive appropriate follow-through, policies must emerge from the concerns of local constituencies.

#### *4A.1 Start Early, Stay Late*

RAs underscored early commitment as being of key importance in developing implementable policies. Implementation must be planned as policy is developed; in this way policy will guide action. The groundwork must be laid before planners embark on program strategies. Coordinated preparation of implementation plans clearly linked to a country's national policy will outline tasks and responsibilities of various ministries, facilitating follow-up. This must be coupled with long-term commitment, consistency, and persistence on the part of USAID.

#### *4A.2 Sustainable Development Policies*

Several RAs stressed the need to promote policies that emphasize sustainability (discussed in detail below). Two very thoughtful replies to the entire set of questions drew attention to the need to move away from an emphasis on population policies, *per se*, toward more comprehensive policies focused on general socioeconomic development. In order to make this shift, a greater investment is needed to conduct a comprehensive analysis of country needs, as well as a better understanding of the prevailing political and economic situation. As one RA wrote, "A better understanding is needed of the settings in which certain policies are effective and the ways in which [these policies] can be translated into action." Sustainability also implies that greater attention be paid to strategic and cost-effective institution building and leveraging of local human resources.

#### *4A.3 Local Ownership and Participation*

RAs understand that policies and their implementation plans must come from the host countries, with USAID support, in order to ensure local ownership and commitment. Local insights and sensitivities are essential in the policy and planning process. Key decision-makers must be engaged early and consulted with periodically in order to reinforce their commitment to the developing program. Mid-level personnel who will follow through with

implementation must also be incorporated into the process. This will help to strengthen local policy-making capacities, augmented by technical assistance, to translate policy objectives into concrete plans.

Several RAs advised a stronger focus on TA, emphasizing training in both strategic and long-term planning to produce action plans. They also identified a need for training in management and financial analysis. This training was seen to require an extended process. It would foster development of measurable objectives; increase attention to the links between objectives, activities, outputs, and outcomes; and improve the allocation of appropriate resources. Part of the TA may involve developing and disseminating practical guidelines on how to create policies and implement them. One RA suggested that USAID consider a broader use of resident advisors with both policy and service delivery experience and locate them in USAID Missions.

Groups representing grassroots concerns and community initiatives should be involved from the outset, both to offer input to policies and broaden the constituency concerned with (and monitoring) implementation. Program staff must also be familiar with policy and program goals and objectives, contributing to a sense of full participation and broadening further the constituent base. One respondent suggested the engagement of journalists as one means to develop a more public constituency and using a variety of media to promote policy dialogue. Another reflected that revising existing policies in light of reforms proposed at the Cairo Conference may be an effective way to renew interest in them and develop the participation of a broader set of interest groups.

#### *4A.4 Use a Strategic, Action-Oriented Approach*

One RA made the important observation that problem solving and decision making are action-oriented processes, with clear implications for all agencies involved. "Decisions are made within a policy process of people thinking together, taking joint action and making strategic decisions to achieve shared goals.... Roles, responsibilities, resources and time frames need to be thought through and clear to all concerned, and political commitment must be apparent to make change a reality. Systems to monitor or evaluate progress to completion are needed."

#### *4A.5 Barriers to Implementation*

A few RAs drew attention to the need for systematic examinations of barriers to implementation or challenges to operational policies that may be present in a country. Once identified, targeted strategies for overcoming them must be developed and then carried out collaboratively with government officials.

Finally, one RA questioned whether it was useful to measure implementation of national policies, felt to be typically driven by political concerns. If a policy is important and encouraged, its implementation and measurement will have local lobbies. If that is the case, then standard output and outcome measures can be used to monitor progress.

## 4B Measuring Implementation

### How should we measure whether or not population policies are being implemented?

The responses to this question were not as elaborate as those offered on other topics. There were two types of responses: policy implementation may not be measurable, or, if it is possible, a set of indicators such as those developed by The EVALUATION Project should be relied on for measurement.

#### *4B.1 Can We Measure Policy Implementation?*

According to some RAs, it may not be possible to measure policy implementation. At best, the achievement of process goals may be measured. Others note that it may not be a question of whether a policy is being implemented, but how well, or to what degree. According to one RA, the essential question—the bottom line—is whether there is fertility decline associated with the policy. What is the policy impact? Some policies may be easier to measure than others, compounded by the fact that the number of intervening linkages between policy and program make impact analysis difficult.

#### *4B.2 We Can Measure Policy Implementation.*

Many RAs did think that policy implementation could be measured if indicators are defined from the outset and are linked to time markers. While some advocated monitoring targets set out in national policies or developing a set of effort scores that parallel the Mauldin-Lapham Program Effort Scores, many RAs cited the work of The EVALUATION Project and the indicators the Policy Working Group developed to monitor policy implementation. Many RAs suggested further work by this project to develop monitoring guidelines. Respondents were interested in empirical testing of the guidelines in different countries. Projects need to define how data supporting the indicators would be collected and set up systems to do so. One RA wrote that the most effective indicators are resource allocation and the relaxation of key legal and regulatory barriers.

One respondent focused on program development as the indicator of policy implementation and argued that while it is difficult to track all inputs to a FP/RH program, more could be done to monitor a few significant inputs (such as person-hours of different skills levels, commodities, and buildings) to ascertain whether the supply of services is increasing or decreasing as the supply of clients grows. Tracing this over time, particularly as donor assistance inputs change, would offer a picture of policy strength and commitment to the program. The RA also suggested tracking related sectoral policies, noting that "real" policies are ultimately translated into people, buildings, and supplies. The RA noted that while Situation Analyses offer a rich picture, they must be supplemented with nationally representative trends on several crucial inputs.

One RA advocated that population policy assessments be carried out by people "of good judgment, [with] a sense of policy." Rather than rely on indicators, the RA felt it is better to start with a clear statement of policy objectives, and revisit a country periodically to determine if the objectives remain valid and are still being pursued. This sentiment was echoed by another RA which believed adequate information was obtained from Mission

reports, UNFPA country profiles, and meetings with government officials. Finally, one RA suggested using baseline and follow-up surveys of stakeholders to measure changes in policy attitudes and actions.

#### *4B.3 Who Can Measure Policy Implementation?*

Several RAs suggested that international organizations may be in a better position to monitor policy change and U.S. representatives to these organizations should advocate policy change more vigorously. At a minimum, groups other than those implementing policy projects should be used to evaluate them. Also, funds should be allocated under the new project for policy evaluation.

## 5. SUSTAINABILITY AND DECENTRALIZATION

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### 5A Promoting Sustainability

#### How can USAID best promote policies that emphasize institutional and financial sustainability?

Most of the RAs strongly supported USAID's emphasis on sustainability.<sup>3</sup> They wrote long and thoughtful suggestions on how USAID could promote sustainability. One RA said, "Service projects have typically taken the lead in efforts to improve institutional sustainability. Where policy projects have a special value added is in the area of vision and strategic planning, especially in the use of non-program data sources for design and evaluation. Policy brings into focus the totality of the family planning market, where a range of actors carry out various roles and different funding sources sustain the whole."

The RAs presented thoughts and suggestions on the factors related to sustainability that USAID should promote and how USAID should promote them. The authors classified these factors into three main areas: contextual support, institutional support, and research. At the end of this section, Table 1 summarizes the factors.

#### 5A.1 Contextual Support

Long-term Donor Leadership. Many RAs stated **long-term donor leadership on sustainability** is vital. Several RAs recommended that USAID more fully define "sustainability." Many RAs wrote that it was essential that expectations regarding sustainability be clear from the start. One RA, expressing concern about the sustainability of procurement of commodities, noted that institutional and financial sustainability can be promoted by: 1) planning for it from the outset; 2) avoiding setting unrealistic expectations; 3) adopting conservative estimates of likely resource availability from donors; and 4) begin planning for extensive phase-out of donor assistance.

Several respondents expressed two caveats: USAID should develop sustainability goals appropriate to a country's stage of program development and should maintain a long-term horizon. One respondent wrote, "Sustainability should not be a universal short-term goal. It is important to look at the economic status of the country and level of family planning program development so that a balanced approach is supported. Programs should not be pushed too far too fast so that they collapse before they are strong enough to be self-sustaining. Sustainability plans should be designed for 2005 and not 1995."

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<sup>3</sup> Two respondents dismissed the goal; one said, "It is misplaced emphasis to seek sustainability in any specific family planning program.... The Policy Division should focus on developing stronger rationales and better arguments in support of reducing population growth rather than seeking to make various family planning approaches themselves sustainable in the short run."

One RA commented the best way to insure that countries develop the capacity and will to sustain programs was for USAID to carry out all the population policy activities envisioned in the new project.

Increase Political Demand. Most RAs suggested ways to **increase political demand for family planning/reproductive health and related activities—on the basis of a sustainable national economic basis for those actives.** These respondents wrote comments on the role that host-country policies play in developing a sustainable program. The areas that received the most attention were resource mobilization and allocation and the importance of the three sectors (public, private nonprofit, and commercial) each playing an appropriate, effective, and efficient role in the national program. The RAs stated there is a need for policy analysis and advocacy of the roles and support given to the different sectors. There is a need to understand the family planning market and the dynamics of different market segments; better analysis of the equity implications of the system is essential.

One RA wrote, “USAID should take a more critical look at subsidized providers (government, NGOs) and allow their roles to change over time, including total phase-out of some operations unless private funds can be raised to substitute for public monies.” One person wrote that sustainability did not mean all currently existing (and subsidized) service providers would have to survive. Another person, writing on the commercial sector, said, “Policy advocacy is also needed to develop trust within the private sector. Efforts need to be aimed at reducing unfair competition on the part of the government by limiting subsidies to certain products only.... Product dumping strategies that do not always benefit the poor, but which undermine the overall program must be eliminated.... The new policy project can work with governments and the commercial sector to encourage improved, pro-active cooperation.”

One RA wrote, “family planning/reproductive issues have to be mainstreamed in the ongoing health reform movement so that [such issues] will be considered an integral part of [the movement]. We need to draw on, [and] make sure that family planning/reproductive health are included in the health finance/reform work being done in a variety of settings.” This person wrote that integration of family planning and reproductive health with other health delivery programs (private and public) was essential to their sustainability.

People also referred to a supportive legal and regulatory climate, including work on the income tax system and tax breaks for donations to PVOs.

Increase Individual Demand. Many RAs suggested ways to **increase individual demand for family planning/reproductive health and related activities** and indicated that demand is the basis of sustainability. One RA wrote, “The key element in ensuring institutionally and financially sustainable programs is for people and governments to feel that they are receiving value for money, that family planning and reproductive health are essential and worth the cost.”

Others recommended the empowerment of women and gender equality. “Promote policies and frameworks to create conditions conducive to voluntary fertility decline—for example, give priority attention to girls’ education, increase women’s access to and

control of valued resources, reduce childhood mortality and morbidity, and distribute cost-benefits of children more equitably between parents.” Another person suggested, “Consider subsidizing programs that will stimulate demand. For example, a general education project would receive no population funds, a program focused on the education of women would receive a five percent subsidy, a rural female adult literacy program with self determination of family size as part of the content might get a ten percent subsidy.”

Another respondent wrote, “In the past, USAID’s policy development efforts in population have focused on promoting strong political commitment to sustaining programs and public funding. The new umbrella project should add efforts to strengthen demand for reproductive health services by promoting female empowerment and supportive socio-economic change (e.g., through female education). Although population program resources are insufficient to support these areas directly, the policy projects should use their advocacy skills and analytical tools to help decision makers understand how cost-effective it is to invest additional resources in areas such as female education.”

Several respondents identified program quality as a key factor in sustainability. One respondent quoted Dr. Haryono Suyono, indicating that programs which empower local communities and women are more sustainable than those that do not.

## *5A.2 Institutional Support*

Working with Host-Country Counterparts. Many RAs indicated that **the manner in which USAID and Cooperating Agencies worked with host-country counterparts** was a key factor in sustainability. They recommended that CAs go beyond mere collaboration with counterparts. CAs should leverage local human and institutional resources as more equal partners in a variety of ways, including participation in policy studies, a greater role in planning, and responsibility for subcontracts. As one RA wrote, “An essential ingredient in developing sustainable programs is developing commitment and ownership of the program by USAID’s country counterparts. Country counterparts must be more equal partners in the planning process. Thus, USAID should work to have the country counterparts drive the planning and implementation of multi-year programs rather than have the planning process be driven largely by USAID staff and teams of external consultants.”

“Without giving up the flexibility to respond to very specific requests from Missions or country institutions, the new policy project should consider a strategy of more sustainable policy assistance. Elements of this strategy should include more comprehensive analysis of intervention and acceptance factors, consistency in personnel working in a country, looking for strategic and cost-effective interventions in institution-building and leveraging of local human resources.” One respondent commented that USAID had invested heavily in institutions in developing countries in the past and that it is time to use their expertise more effectively in those countries.

The RAs recommended a number of ways to leverage host-country human and institutional resources. They included subcontracts for policy research, training and

training of trainers (TOT); “twinning” institutions to undertake policy studies, and stipulating in the project papers and RFP that leveraging/subcontracting occur. **Develop Key Host-Country Institutions.** **Development of host-country institutions** was identified by most respondents as an essential factor in sustainability. While almost all respondents recommended human resource development, many went beyond it to recommend explicit institution building or development, including assistance in strategic planning, decentralization, finance, management information systems (MIS), health information systems (HIS), and equipment transfer, as well as human resource development. As one respondent questioned, “The policy projects have done well in providing training and collaborative research opportunities for individuals, for mutual benefit, but I wonder if we shouldn’t get more in the way of institutional development out of our efforts.” One person noted that, along with USAID, governments of less developed countries are giving stronger support to sustainability, and, therefore, it behooves a policy project to pay more attention to institutional development.

Another RA wrote, “ Institutional development and capacity building in developing vital statistics, demographic and service statistics systems needs to be emphasized by USAID. This includes training of recipient country statisticians and demographers; supporting the acquisition of the necessary computer hardware and software; providing in-country technical advisors and most importantly, making a long term commitment to this endeavor.” The respondents stressed training and technical assistance in data for decision making.<sup>4</sup>

Several respondents recommended that major institution-building efforts be undertaken with other donors due to the level of effort involved. One person said, “The only sure way for a country to have the institutional capability to operate its own family planning and reproductive health programs is to see to the establishment of the necessary institutions at the time programs are undertaken. This will be best accomplished by collaboration among donors so that USAID is not solely bearing the burden of helping establish institutions.” One RA indicated that USAID should emphasize what it perceived to be USAID’s areas of comparative advantage (human resource development and strategic planning) in institutional development.

The authors have organized RA suggestions on institutional development for sustainability in terms of the eight management elements (mission, strategies, organizational structure, human resources, finance, information, monitoring and evaluation, and logistics) identified in the *Handbook of Indicators for Family Planning Program Evaluation*, developed by The EVALUATION Project.<sup>5</sup> The RAs provided an identical suggestion for supporting mission and strategies, extensive suggestions for

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<sup>4</sup> In using the term “data for decision making” the authors do not refer to the USAID health project. Rather, the authors refer to a training or technical assistance approach which emphasizes developing the right questions, establishing appropriate indicators, collecting and analyzing data, and making decisions and taking action on the basis of that data. As indicated in Section 2A, many RAs recognized gaps in the current flow of such activities.

<sup>5</sup> Institutional development and management are obviously not synonymous, however, management is usually viewed, as the Handbook states, as having “primary responsibility for, given a set of inputs and constraints, the production or generation of program-level output and population-level outcome.” The goal of institutional development is to increase those outputs and outcomes.

human resources and finance, and little in the area of institutional monitoring and evaluation. The authors have not elaborated upon or developed their input.

### 5A.3 Research

Many respondents recommended research on various components of sustainability and broad dissemination of the results:

- The best mix of public, private nonprofit, and commercial sector service provision under different scenarios (level of economic development, contraceptive prevalence, and so forth)
- Resource mobilization and allocation, including cost containment, cost recovery and income generation in the public sector; effects of subsidies to the public sector on the private sector; and effects of NGO cost recovery on service delivery
- Decentralization in different contexts

One RA indicated that good research, solid data collection, and timely presentation of data that provide reassurance to policy-makers on the effectiveness of programs is the best way to ensure that adequate resources will be available for population programs. This person cited the examples of Southeast Asian and Latin American countries gradually assuming responsibility for their programs as they became convinced they have succeeded and indicated that these examples show confidence that “this is the way things generally will go in the future.”

TABLE 1

<b>Sustainability</b>	
<b>What to Promote</b>	<b>How to Promote</b>
<b>1. Contextual Support</b>	
1A Provide long-term leadership on sustainability	<ul style="list-style-type: none"> <li>• Define sustainability in project papers and workshops</li> <li>• Provide a consistent message to all involved from the outset</li> <li>• Maintain a long-term horizon</li> </ul>
1B Increase political demand for FP/RH and related activities and for a sustainable national economic basis for those activities	<ul style="list-style-type: none"> <li>• Continue awareness, commitment, and advocacy activities</li> <li>• Extend to policy-makers in sectors not previously targeted (Ministers of Finance, Development, and Education)</li> <li>• Educate and train policy-makers in resource mobilization and allocation (including cost-benefit and cost-effectiveness analyses) and the organization and financing of health programs</li> <li>• Develop consensus (policy-makers and FP/RH sector participants) on the appropriate and distinct roles of the public, private nonprofit, and commercial sectors in financing and delivering family planning services and assist local stakeholders to identify the policy framework that would encourage and enable each sector to perform an effective and efficient role (through national strategic planning, among other activities)</li> <li>• Include FP/RH in health finance/reform work</li> <li>• Support awareness, commitment and advocacy on a supportive legal and regulatory climate, including income tax system and tax breaks for donations to PVOs</li> </ul>
1C Increase individual demand for FP/RH and related activities	<ul style="list-style-type: none"> <li>• Make linkages with policy-makers in other sectors</li> <li>• Support awareness, commitment, and advocacy for investment in corollary investments (female education, child survival, women's access to and control over resources, etc.) that influence fertility</li> <li>• Provide targeted, leveraging funds for programs (like female education) that will stimulate demand</li> <li>• Research the impact of sector-specific activity on achieving changes in fertility desires</li> <li>• Support concentrated training programs on the relationship between development activities and demographic behavior</li> </ul>

<b>Sustainability, continued</b>	
<b>What to Promote</b>	<b>How to Promote</b>
<b>2. Institutional Support</b>	
2A Leverage host-country human and institutional resources	<ul style="list-style-type: none"> <li>• Subcontract host-country institutions and individuals to work as partners with CAs; develop subcontracts for policy research, training, and TOT</li> <li>• “Twin” institutions to undertake policy studies</li> <li>• Specify the above in project papers and include as criteria for RFP award</li> </ul>
2B Develop key host-country institutions	<p>In general:</p> <ul style="list-style-type: none"> <li>• Identify key policy institutions to strengthen</li> <li>• Support long-term advisors under special circumstance</li> <li>• Provide training and TA</li> <li>• Make a long-term commitment</li> </ul> <p>Specifically in the following areas:</p> <ul style="list-style-type: none"> <li>• <u>Mission and strategies</u>: support strategic planning</li> <li>• <u>Organizational structure</u>, particularly decentralization: provide training, TOT, and TA to decentralizing programs and fund studies to evaluate decentralization in different contexts</li> <li>• <u>Human resources</u>: support long-term and short-term training: demography, statistics, economics, planning, problem solving, management, marketing, policy analysis, political presentations, quality, data for decision making, and use of microcomputers; and support observational travel, study tours, and participation in seminars and conferences</li> <li>• <u>Finance</u>: provide training in financial planning and management and fund studies on and evaluations of cost containment, cost recovery, and income generation</li> <li>• <u>Information</u>: provide training in data for decision making (MIS and HIS) and provide hardware and software; conduct solid data collection and timely presentation of data on program effectiveness to generate and maintain solid sustainable program support</li> <li>• <u>Monitoring and evaluation</u>: develop research evaluation professionals through graduate studies</li> <li>• <u>Logistic systems</u>: provide TA on a sound system, including procurement of contraceptives on the open market</li> </ul>
<b>3. Research and Dissemination</b>	<ul style="list-style-type: none"> <li>• Best mix of public, private, and commercial sector service provision, under different scenarios</li> <li>• Resource mobilization and allocation</li> <li>• Decentralization</li> </ul>

## **5B Policy and Program Decentralization**

### **How should USAID approach the issue of policy and program decentralization?**

The RAs responded to this question in five areas. Each area is discussed below and summarized in Table 2 at the end of this section.

#### *5B.1 Country-by-Country Basis, With Thought*

Although many RAs appeared to perceive decentralization as good in and of itself, a number of other respondents wrote of the importance of considering decentralization carefully, on a country-by-country basis. Several respondents wondered whether USAID had the resources to significantly examine the question of decentralization in the many different contexts it occurs. One RA cautioned, “USAID should be careful about not becoming an uncritical advocate of the decentralization of health and family planning services in developing countries. Decentralization is not necessarily a better approach in all circumstances, and even if decided upon as a policy, country strategies will vary widely in content.” Another RA wrote, “the concept of decentralization should not govern by itself but should be encouraged to the degree and in the mode most effective for economical and successful family planning service.”

One RA wrote, “Policy and program decentralization is a question that each country will have to wrestle with itself. We are not sure that USAID’s central resources can really help very much with the examination of the question of decentralization in the many different national contexts at issue here. Furthermore, we are not convinced there is a model that is universally desirable. Some programs that are highly centralized work quite well, while others that are strongly decentralized are also very effective, and vice-versa.”

Most respondents indicated that, with prudence on a country-by-country basis, USAID has much to contribute. One person wrote, “Policy projects can help to plan and analyze decentralization initiatives by bringing to bear national and international experience with decentralization and by assisting the legal and regulatory framework required, center versus peripheral roles, the role of stakeholders, and donor roles.”

#### *5B.2 Financial Decentralization*

A number of respondents identified the vital importance of financial decentralization accompanying policy and programmatic decentralization. One RA wrote, “Financial reform is also key; decentralized responsibility without resources will cause system to collapse. Political support of local leader groups is important for decentralization to work; there is also a need to get the finance/planning ministries on board, because they control the flow of funds from center to provinces and districts.” Several persons wrote about user fees and policies allowing local service providers to retain a substantial portion, if not all of the user fees collected.

### 5B.3 With Whom and How—Leveraging

All respondents who addressed the issue of scale indicated that there are far too many decentralized units for USAID to work directly with them all. USAID must develop strategies for the levels of government with which it should work, how it should work, and how it might leverage its investment. One RA described tiers (national, state, and local) of administration in a decentralized service delivery system (Nigeria) and indicated that technical assistance is needed at all tiers among NGOs and the private commercial sector. This person suggested that USAID could support successful decentralization through the following means:

#### National level.

- Strategies to monitor and evaluate the national program to understand the impact of decentralization on service delivery. USAID assistance would include helping to identify data source requirements and selecting indicators and methodologies to measure change.
- Funding and technical support packages to understand the impact of alternative technical support packages provided to different local government authorities. Again, USAID could help with data source requirements, indicators, and methods of analysis.
- Identification of the need for and training to lower levels of government, including regions, states, and districts (local governments).

State level. USAID could support the development of state-level capacity to supervise and provide guidance to districts or local government authorities. Areas of training could include constituency building, supervision, planning, management, coordination, quality of care measures, and monitoring and evaluation.

Local level. It is impossible for USAID to directly assist all districts. Policy analyses are needed to test alternative packages of technical support in those locales that have the greatest potential to expand services.

RAs identified a number of ways for USAID to leverage its investment:

- Working in pilot areas. “Similarly, USAID can work in pilot areas to provide a model for application to other regions and localities. The pilot areas can also provide a laboratory for the training of counterparts in decentralization skills. In reality, decentralization is often implemented function by function, which makes both the training and pilot area approaches readily adaptable.”
- Training of trainers
- Use of local, national, or regional consultants to carry out activities under subcontracts

- Dissemination of lessons learned through workshops, observational travel and publications, including model manuals on issues across subunits.

Although most people responded to this question in terms of the public sector, several respondents identified NGO issues, particularly related to sustainability. The suggestion was made that USAID should consider shifting its support, on a national level, away from NGOs to government programs at a fairly early stage. The rationale was that local governments would be in a position to support decentralized public sector programs and presumably would not support local NGO programs.

### *5B.5 Training*

The majority of respondents addressed the critical need for training to support successful decentralization. As one wrote, “Probably the single most important obstacle to successful decentralization is the management and administrative capacity of regional, provincial and local staff. The training needs are enormous to increase their capacity for planning and implementation.”

One RA wrote, “Since it is impractical for expatriate experts to provide direct inputs to policy development at a subnational level, greater emphasis will need to be placed on developing host-country institutional capacity to carry out policy development and implementation at a subnational level. This will entail more training and greater use of host-country subcontracts in future projects. It may also be cost-effective to use developing country personnel from one country (or from regional institutions) to provide assistance in other developing countries (i.e., South-South cooperation).”

Another RA commented on the need for new training techniques in light of the massive training needs and suggested that training with computerized programs or other modern interventions would be useful.

The respondents identified a number of areas for training:

- Advocacy and constituent building
- Management including resource and financial management
- Strategic planning
- Quality
- Training of trainers

### *5B.6 Data for Decision Making*

With regard to decentralization, several respondents wrote about the need for good population data for decision making. (See footnote 4 on the term “data for decision making.”) Data are needed at the national, regional, district, and subdistrict level. One person noted that “the beauty and complexity of decentralization is that every area has its own priority needs and available service base. Decentralization allows for these to go together in locally-appropriate ways.” One RA indicated that we now have the software to make population data easily accessible through microcomputers and that in two years the situation will be even better.

TABLE 2

<b>Decentralization</b>	
<b>Key issues</b>	<b>How to Approach</b>
<p><b>1. Significant Country Differences</b></p> <p><b>2. Financial Decentralization/Reform</b></p> <p><b>3. Leverage USAID Investment</b></p> <p><b>4. Training</b></p> <ul style="list-style-type: none"> <li>• Advocacy and constituent building</li> <li>• Management, including resource and financial management</li> <li>• Strategic planning</li> <li>• Data for decision making</li> <li>• Use of microcomputers</li> <li>• Quality</li> <li>• Training of trainers</li> </ul> <p><b>5. Data for Decision Making</b></p>	<ul style="list-style-type: none"> <li>• Develop country-specific approaches, with care</li> <li>•</li> <li>• Fund awareness, commitment, and advocacy activities with finance and planning ministries</li> <li>• Fund awareness, commitment, and advocacy activities with local leaders</li> <li>• Support cost studies and advocacy on local retention of locally generated revenues</li> <li>•</li> <li>• Work in pilot areas to provide and test models</li> <li>• Support studies on alternative technical support packages to different government levels in the process of decentralization</li> <li>• Support monitoring and evaluation of the impact of decentralization</li> <li>• Provide training of trainers</li> <li>• Develop local, national, or regional subcontracts</li> <li>• Support South-South technical assistance</li> <li>• Disseminate lessons learned: <ul style="list-style-type: none"> <li>* Observation study tours</li> <li>* Workshops</li> <li>* Publications</li> <li>* Manuals on issues</li> </ul> </li> <li>•</li> <li>• Develop host-country institutional capacity to provide training</li> <li>• Provide training through TOT, when feasible</li> <li>• Provide training through host-country subcontracts, when appropriate</li> <li>•</li> <li>•</li> <li>• Provide training</li> <li>• Support widespread use of microcomputers</li> </ul>



## 6. LOCAL PARTICIPATION IN THE POLICY-MAKING PROCESS

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**USAID’s new population strategy fosters greater participation in the policy-making process by local opinion leaders and end-users, particularly women. How can USAID encourage participation from a broad range of individuals and groups and in particular by women in developing and implementing population policies?**

There was considerable overlap in responses to this question and to question 3B. (See the section on composition of advisory boards in 3B.) Respondents commented on involving individuals, groups, and NGOs.

### 6.A Individuals, Particularly Women

A number of respondents indicated that one way to increase the participation of women in developing and implementing policies is to increase the number of highly trained women. They suggested that USAID increase its funding for training programs, particularly in maternal and child health (MCH) and family planning programs. A second way is to employ qualified women directly in family planning and reproductive health programs from the highest levels to middle and operational levels.

### 6.B Groups, Particularly Women’s Groups

The RAs had many suggestions on how participation from a broad range of groups, particularly women’s groups, might be fostered. Many RAs suggested a stakeholder analysis as a useful first step to determine what groups exist, who their constituents are, and what their interests and concerns include. Building upon this assessment, the following suggestions are given:

- Convene grassroots and special interest leaders to facilitate brainstorming to identify ways of harnessing their support and structuring their involvement to establish and achieve common goals. Open up country planning exercises to representatives of these groups or set up special consultations with them at various stages. Invite representatives from women’s and consumer groups to policy seminars, contraceptive updates, briefings and so forth.
- Work with both US-based and host-country women’s groups, supporting national and international forums, conferences, workshops, and study tours where ideas could be exchanged and developed. Abroad, USAID could support such forums at two levels: large national population conferences and smaller meetings at the district—or even village—level.
- Engage local institutions, particularly those that have received previous support from USAID and are now ready to provide technical assistance on their own, to carry out projects. In countries where no such institutions exist, hire local consultants to work with the CA. One RA suggested working

with local NGOs, many of whom have received USAID support. Another RA suggested that women's groups and NGOs could be supported (through subcontracts) to act as advocacy groups for expanded reproductive health programs. Policy projects could support them with technical assistance, training, and materials.

- Also, involve adolescents and men, who have different needs and perspectives from middle-aged women, in policy dialogue.

## **6.C NGOs**

One RA wrote at length about assisting grassroots NGOs to become population policy advocates and suggested three ways USAID could support such development:

- Make resources available in two areas, information and technology:
  - \* Information: Organizations need quick, reliable, and well-digested information, such as the information PRB provides U.S. NGOs. NGOs need access to census data, disaggregated to the local level. This respondent recommended the information be free of charge and that NGOs be tied into information channels which publish and distribute population information.
  - \* Technology: NGOs need reliable means of communicating with each other and their public. The means may vary, but often computers are the best investment.
- Help, improve NGO skills and strategy with the assistance of U.S. NGOs through the following:
  - \* Local and regional workshops on political strategies, local organizing, grassroots network support, media work and so forth.
  - \* Formal training in group dynamics and volunteer nurturing.
- Facilitate learning from and between host-country NGOs through the following:
  - \* International grassroots organizers' conferences
  - \* County grassroots population policy advocacy conferences
  - \* Individual lecture tours

## **6.D Other Thoughts**

One RA noted that local participation increases when local groups feel that they are being recognized for the contributions and ideas they offer. Another person noted that helping governments with decentralization fosters participation from a broad range of people. Finally, one RA cautioned, "While broadened participation is an important initiative, USAID should recognize that the Agency is unlikely to achieve as much consensus on its programs, either abroad or at home, as it would like."

## **7. LINKAGES BETWEEN POPULATION POLICIES AND POLICIES IN OTHER AREAS**

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**How can USAID encourage the development and use of population and other social sector policies that stimulate the demand for family planning and reproductive health services?**

The response to this question was quite light and diverse. Responses fell about equally into three different camps: some respondents provided suggestions on how to stimulate demand through other sectors; others wrote that demand already exists and the issues now are unmet demand, quality, and integration; and a third group wrote about continuing RAPID- and OPTIONS-types of presentations which point out the impact of population growth upon other sectors.

### **7.A How to Stimulate Demand through Other Sectors**

The RAs suggested activities in three areas: advocacy, research, and training.

#### *7.A.1 Advocacy*

A number of respondents recommended that USAID acknowledge, advocate, and support investment in social sectors, such as education and health. One RA wrote, “To focus only on family planning and unmet need, and not to acknowledge the importance of corollary investments that influence desired family size, would be shortsighted and self-defeating of AID.” Another RA recommended linking more closely with health and education programs and ensuring compatibility with those programs, particularly those for adolescents and youth.

One RA commented that there had been a widespread belief in the population community that supply-side interventions are a more cost-effective approach to lowering fertility than are demand-side interventions. However, if population funds are used for advocacy to leverage and promote additional investments in demand-side interventions, such as female education, demand-side interventions may be as cost-effective as more traditional supply-side interventions. Advocacy activities should emphasize the synergistic benefits of combining both supply- and demand-side interventions.

One respondent suggested that strong USAID support for modern national population policies would result in support to key factors influencing demand, such as female, infant, and child mortality. This person indicated that, although many governments have failed to give much attention to the policies once developed, if USAID and other donors encourage governments to stimulate their family planning programs by engaging in the other social programs identified in national population policies, it is possible they will do so.

### *7.A.2 Research*

Research was also identified as important in stimulating demand. Several respondents recommended that The Policy Project identify and document the impact of sector-specific activities on achieving changes in fertility desires. Several RAs suggested that USAID require “population impact statements” (similar to environmental impact statements) be undertaken during the development of projects in other sectors. These statements would assess the impact which the proposed project’s activities would have on access to and use of family planning and health services. Such population impact statements would also examine whether the sector’s policy (ies) were consistent with and promoted the country’s population policy, among other indicators.

### *7.A.3 Training Programs*

One RA identified the need for concentrated training programs for development professionals to understand and identify links between development activities and demographic behavior. One RA wrote that the population field needs to develop credible stories (case studies) that will show those in other sectors that a population perspective is indeed important to their own strategic agendas. The RA went on to say that training on linkages should include how to make those linkages in a cost-effective manner. Many managers think that the current effort is too time/resource intensive for the resulting benefits.

## **7.B Demand Exists**

A number of RAs wrote that they believed demand does exist. The problem in many countries is to meet unmet demand and to improve access and quality in cost-effective ways rather than to increase demand. One RA expressed concern that until there are adequate contraceptives and commodities, it may prove unwise to increase demand significantly.

## **7.C Population’s Impact on Other Sectors**

Many respondents recommended that USAID continue the RAPID- and OPTIONS-type activities which raise awareness about the impact of population on other sectors. One RA commented that, with the family planning mandate already enlarged to include reproductive health, USAID would unlikely possess extensive resources to address the reverse (the impact of other sectors upon population).

## 8. CONCLUSIONS

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In this report, the authors have tried to be faithful recorders of RA opinion, question by question. In this concluding section, the authors would like to comment on the proposed POLICY Umbrella and address three themes which underlay the RAs' commentary: breadth, depth, and change.

### 8.A Breadth

The proposed new project is much broader than previous policy projects. The mandate is being expanded from family planning/population to reproductive health with three priority components:

- Family planning and related fertility services
- Safe pregnancy services, improvement of women's nutrition status, and the promotional of breast feeding
- Prevention and management of STDs/HIV

New programmatic priorities are broader than before:

- Maximizing access and quality of care
- Reducing unmet need and increasing demand
- Addressing the needs of adolescents
- Reducing the tragedy of unsafe abortion
- Adding and linking other selected RH interventions
- Strengthening linkages with related areas, e.g., child survival, female literacy/education, women's employment and status, and the environment

### 8.B Depth

The proposed new project will be a richer and deeper project. While previous projects have traditionally worked with policy elites, the new project intends to open up participation to groups previously left out of the policy arena, particularly women's groups. The project proposes, and the RAs concur, that policy making is not just the domain of a few but the right of the many affected by those policies.

While many of the respondents explicitly acknowledged and applauded the greater breadth and depth of the proposed new project, many implicitly or explicitly expressed concern about the change. Concerns include the following:

- Whether USAID would have sufficient funds for all the activities
- Comparative advantage—both USAID's and the CAs'
- Who would do what
- Clear direction from AID

The authors believe concern is a natural human response to change and would like to offer thoughts on change in general and on The POLICY Umbrella specifically.

## 8.C Change

Change is a process and changes as substantial as those being addressed by the new POLICY Umbrella are, in the breadth and depth of project activities, likely to involve a lengthy process. USAID, other donors, foundations, and Cooperating Agencies have gained experience and some measure of wisdom in family planning—after almost 30 years and over four billion dollars of international support to family planning programs. The development and implementation of a successful global reproductive health program will also take time. Mutual recognition of this reality might ease some of the concern.

The participation of key stakeholders in change facilitates the change process. The Office of Population has demonstrated through this questionnaire on the new project that it seeks RA participation and input. Many RAs noted and appreciated being asked to participate at this point. There will be years of continuing dialogue and the Cairo Conference will be an opportunity for intense hearing/learning in the very near future.

One way to facilitate both participation and the change process itself would be to emphasize participatory monitoring and evaluation. There is much to be learned, and the reproductive health community might shortcut the learning curve if all stakeholders over the next five years were to place a greater emphasis on systematically documenting, monitoring, evaluating, and disseminating both the process and outcomes of new activities. It would be well worth USAID's money to receive frequent input from a variety of stakeholders (relevant U.S. contractors and subcontractors, host-country subcontractors, host-country policy-makers and institutions, international and national women's groups, and service providers) before, during, and after formal midterm and final evaluations. This input could be obtained in a number of ways, including interviews, focus groups, and surveys, and conducted with a broad range of collaborators, including international and national (both U.S. and host-country) women's groups, service providers, and host-country research, policy, and management institutes.

A final thought on change: the Office of Population's expanded vision on reproductive health—a vision shared and supported by a majority of the respondents to this questionnaire—builds upon USAID's and its collaborators' best wisdom and ideals in terms of human rights, quality, access, equity, and participation. The Office of Population should invest the money and time to share that vision broadly.

## **APPENDICES**

**APPENDIX A**  
**RESPONSES RECEIVED**

Population Council, George Brown  
National Academy of Science, John Haaga  
Futures, OPTIONS, Janet Smith  
Futures, SOMARC, Santiago Plata  
Futures, RAPID IV  
PRB, Alene Gelbard  
Abt, Joan Kaufman  
Macro, Shea Rutstein  
FHI, Theodore King  
FHI, Women's Study Project, Nancy Williamson  
FHI, AIDSCAP, Peter Lamptey  
Carolina Population Center, EVALUATION Project, Ami Tsui  
Johns Hopkins, PCS, Phyllis Piotrow  
Johns Hopkins, JHPIEGO, Clayton Ajello  
Harvard School Public Health, DDM, Julia Walsh  
U. North Carolina, INTRAH, James Lea  
AVSC, Terrence Jezowski  
AVSC, Hugo Hoogenboom  
University of Michigan, Population Fellows Program, Alison McIntosh  
PATH, Elaine Murphy  
Deloitte & Touche, PROFIT  
RTI, Oleh Wolowyna  
IPPF/WHR, Marcia Townsend  
Georgetown, Institute for Reproductive Health, Victoria Jennings  
East-West Center, Program on Population, Andrew Mason  
JSI, SEATS, Joy Benn  
Phil Claxton  
Nancy Wallace (formerly with Sierra Club)  
Rockefeller Foundation, Steven Sindling  
World Bank, Tom Merrick  
WHO, Mark Belsey  
WHO, Iqbal Shah