



**THE FAMILY PLANNING GRADUATION EXPERIENCE:
LESSONS FOR THE FUTURE**

EXECUTIVE SUMMARY

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ACRONYMS

APROFE	Asociación Pro-bienestar de la Familia Ecuatoriana (Association for the Well-Being of the Ecuadorian Family)
ASCOFAME	Asociación Colombiana de Facultades de Medicina (Colombian Association of Medical Schools)
BCC	Behavior change communication
BEMFAM	Sociedade Civil Bem-Estar Familiar No Brasil (Brazilian Society for Family Welfare)
CA	Cooperating agency
CBD	Community-based distribution
CCO	Operations Coordination Committee (Mexico)
CDC	Centers for Disease Control and Prevention
CEMOPLAF	Centro Médico de Orientación y Planificación Familiar (Medical Center for Family Planning and Counseling)
CEPAR	Centro de Estudios de Población y Desarrollo Social (Center for Studies in Population and Social Development)
CEPEO	Importação e Comercio de Insumos Farmaceuticos, Ltda. (Importation and Commerce of Pharmaceutical Products, Ltd.)
COESPO	Consejo Estatal de Población (State Population Council, Mexico)
CONAPO	Consejo Nacional de Población (National Population Council, Mexico)
CSM	Contraceptive Social Marketing
DHS	Demographic and Health Survey
FEMAP	Federación Mexicana de Asociaciones Privadas de Salud y Desarrollo Comunitario (Mexican Federation of Private Health and Community Development Association)
FP	Family planning
FPLM	Family Planning and Logistics Management Project
GDP	Gross domestic product
GH/PRH	Bureau for Global Health, Office of Population and Reproductive Health
GH/PRH/CSL	Bureau for Global Health, Office of Population and Reproductive Health, Commodities Security and Logistics Division
GWG	Graduation Working Group
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
HMO	Health maintenance organization
ICPD	International Conference on Population and Development (Cairo 1994)
IEC	Information, education, and communication
IMSS	Instituto Mexicano del Seguro Social (Mexican Institute of Social Security)
IMSS/RO	Instituto Mexicano del Seguro Social/Régimen Ordinario
IMSS/S	Instituto Mexicano del Seguro Social/Oportunidades
INFO	Information and Knowledge for Optimal Health Project
IPPF/WHR	International Planned Parenthood Federation/Western Hemisphere Region
ISSSTE	Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (Institute of Security and Social Services of State Workers, Mexico)
IUD	Intrauterine device
JHU/CCP	Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs
KAPS	Women's Health and Family Planning Service System (Turkey)
KIDOG	NGO Advocacy Network for Women
LAC	Latin America and the Caribbean
M&L	Management and Leadership Program
MCH	Maternal and child health
MEXFAM	Fundación Mexicana para la Planeación Familiar (Mexican Foundation for Family Planning)

MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Nongovernmental organization
ONFP	Office National de la Famille et de la Population (National Office of the Family and Population, Tunisia)
PRB	Population Reference Bureau
PRI	Institutional Revolutionary Party
PROFAMILIA	Asociación Pro-Bienestar de la Familia (The Family Welfare Association)
RH	Reproductive HEALTH
SOMARC	Social Marketing for Change
SSA	Secretaria de Salud (Health Secretariat, Mexico)
STI	Sexually transmitted infection
TFR	Total fertility rate
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USAID/LAC	Bureau for Latin America and the Caribbean
VDMS	Systematic motivational home visits
VFT	Vaginal foaming tablet
VSC	Voluntary surgical contraception
WHO	World Health Organization

EXECUTIVE SUMMARY

The U.S. Agency for International Development (USAID) has provided family planning (FP) assistance to the developing world for over 30 years. In recent years, funding for family planning has not increased or decreased, and increases are expected to be very modest in the future. With greater demand for USAID's limited resources, The Bureau for Global Health's Office of Population and Reproductive Health (GH/PRH) needs to be more proactive in managing the graduation of countries. Guidance is needed for USAID Missions in countries likely to be candidates for eventual graduation. A Graduation Working Group (GWG) has been formed to assist in this process.

To assist the GWG, the original intent of this report was to synthesize the lessons learned from the phaseout of USAID family planning support. Seven countries were to be examined: Morocco, Turkey, Tunisia, Mexico, Brazil, Colombia, and Ecuador. However, while information and data were available for the process that led up to graduation, little or no data existed to document how successful the graduate countries were in sustaining their FP programs after phaseout. Therefore, the focus of the report was changed to document the common elements among the countries and lessons learned during the graduation process. One recommendation is that in two or three years, when additional data are available, a new report should be prepared to document the factors that appear to be important predictors of a successful graduation.

All but two of the seven countries had graduation strategies, and they were considered important to the success of phaseout. The process of developing and planning the strategy forced the countries to clearly focus their final efforts and allowed buy-in by all those involved in the process. The involvement of all the stakeholders (i.e., public, private, nongovernmental organization [NGO] and commercial sectors, other donors, and advocacy groups) in the graduation strategy process was deemed important as it capitalized upon the efforts of all the organizations and the decisions made were mutually beneficial to all stakeholders.

The best graduation plans were flexible enough to allow for changes that became necessary during the phaseout. One lesson learned from the Mexico experience was that a phaseout plan should be flexible enough to shift resources and approaches as necessary in changing political, economic, and social environments.

All four of the Latin American and Caribbean countries worked directly with NGOs to assist them in becoming sustainable. While reaching sustainability was difficult, the NGOs were able to do so through a variety of methods, including instituting user fees, developing successful social marketing programs, diversifying donor support, and collaborating with the public and commercial sectors by contracting with them to provide family planning and other services. Although the NGOs were committed to providing services to the poorest segments of the population, in efforts to reach financial sustainability, they were sometimes forced to make tradeoffs between becoming sustainable and serving the very poor.

In order to expand the availability of contraceptives and to strengthen the private sector, all of the seven countries had social marketing projects. The types of social marketing

ranged from a government operated program (Tunisia) to NGOs that began with donated products (Ecuador) to a totally commercial sector program (Morocco) to countries that had several types of programs (Turkey, Colombia, and Brazil). In six of the countries, the social marketing programs were able to continue after graduation; in Colombia, Brazil and Ecuador, they provided important revenue for NGOs. The status of the Tunisia program is not known.

The commercial sector had an important role in providing contraceptives and services in several of the countries. However, in some of the countries, government policies such as price controls, distribution of free contraceptives, and advertising restrictions created obstacles to the commercial sector in providing contraceptives. Efforts to expand the role of the commercial sector during phaseout had mixed results. For example, in Brazil, a pilot effort to encourage a large health maintenance organization (HMO) to include family planning in its benefit package failed; however, the creation of a profit-making private contraceptive supply company was successful.

All the countries worked on ensuring the availability of contraceptives after graduation. It is not known which countries have maintained successful systems for the procurement and distribution of contraceptives because of the lack of information. Based on limited information, it appears that contraceptive security may be a difficult goal to sustain. One lesson learned from the Mexico experience was that “replacing donor-funded contraceptives is one of the most challenging aspects of sustainability” (Alkenbrack, Shepherd (2004).

The countries were mixed regarding the split between having public and private sectors be the predominate provider of contraceptives and FP services. In Mexico, Morocco, Turkey, and Tunisia, the public sector provided from 60 to 75 percent of modern contraception, including sterilization. In Ecuador and Colombia, the public sector provided 27 to 38 percent of modern contraceptives. In Brazil, the public sector was the source of 43 percent of contraceptives and the private sector was the source of 54 percent. Efforts were made to increase the role of the commercial and private sectors; however, this was difficult as some of the governments did not always understand the role the private sector could have in providing FP services. This was especially true in Turkey, Morocco, Mexico, and Tunisia.

Advocacy both within the government and the NGO sector was important in most of the countries. For example, in Turkey, the public and NGO sectors worked together to bring about the procurement of contraceptives by the government after USAID’s phaseout of donated contraceptives. In Ecuador, an NGO served as a strong advocate for family planning rights and their adoption as part of the Constitution.

The following issues surfaced during the writing of this report that should be addressed by the GWG when it develops guidelines for Missions.

- Rapid and complete phaseout versus phased graduation.
- Is full NGO self-sufficiency a reasonable objective if the NGO is expected to serve the poorest segment of the population?

- What is the responsibility of USAID, the host governments, other donors, NGOs, or others to maintain social safety nets? If indicators reach a certain level, does it make sense to discontinue supporting services to underserved groups?
- Can donor resources be totally replaced?
- Is method mix a problem? What priority should be placed on trying to broaden the range of methods?

Some of the key elements deemed ideal to be in place to graduate successfully are listed below. These are the ideal to work towards; all the elements may not be completely or fully realized at the time of graduation. (For a complete list, see section 5.)

- Sustainable public sector systems that deliver quality family planning services, ensure the continuation of service providers' training, and provide a reliable supply of contraceptives
- A commercial sector and a sustainable NGO sector that can provide affordable, quality services to those that can afford to pay for them
- Population policies or laws in place that support family planning
- Laws and regulations that support the ability of the for-profit and NGO sectors to provide family planning services
- Ease of obtaining low-cost contraceptives for the various FP programs

The relationship between USAID and graduate countries need not end when family planning assistance is no longer provided. The relationship should evolve into a partnership of peers. Some recommendations include providing travel grants and conference support for counterparts in graduate countries, maintaining established data banks, and providing assistance to conduct Demographic and Health Surveys (DHSs) and other special studies.

LESSONS LEARNED

1. Data and information collected from graduate countries through DHSs and other surveys can provide USAID with valuable data that can measure how successful countries are in sustaining their family planning programs. These studies may require continued support beyond graduation, as is currently being done, for example, in Ecuador (see also recommendation 11).
2. Reports on lessons learned from the phaseout of donor support on graduate countries, such as the one on Mexico, provide valuable information for planning the phaseout of USAID assistance and for understanding how family planning programs are affected after donor phaseout.

3. The time needed to develop and implement graduation strategies may be rather lengthy. Time is needed for NGOs to reach self-sufficiency, for governments to develop systems that are sustainable, and for activities to be completed and institutionalized. Graduation might be partial, with continuing support for specific activities; this may mean as long as eight or nine years.
4. All stakeholders (i.e., the public, NGO, private, and commercial sectors; other donors; cooperating agencies [CAs]; and advocacy groups) should be involved in the graduation process (i.e., planning and implementation).
5. New activities initiated during the graduation phase need sufficient time to have an impact and to be institutionalized.
6. It is necessary to clarify to governments and NGOs that USAID is serious about phasing out; the dates of graduation should not be changed unless all parties are in agreement. Everyone connected with USAID, other donors, and CAs should give consistent messages about graduation.
7. Midterm assessments during the phaseout period can be useful in validating the priorities and assumptions of the graduation strategy and recommending new activities or directions.
8. Graduation plans should be flexible enough to shift resources and approaches as necessary in changing political, economic, and social environments.
9. Initially, the NGOs in the four Latin American and Caribbean countries in this report had important roles in introducing the concept of family planning, in advocating for family planning, and in providing services to the poor.
10. A wide variety of mechanisms exists for NGOs to become sustainable; however, it is not an easy process.
11. In implementing programs to become sustainable, the client base of NGOs often shifts from the poor to the more affluent. It is unclear whether in every country some entity (e.g., the government) is prepared to take charge.
12. The attitude, management capabilities, and culture of NGOs were important in how NGOs approached sustainability and how successful they were.
13. Endowment or sustainability funds have been important in assisting NGOs to reach and maintain sustainability, although endowments are no longer permitted by USAID.
14. Social marketing programs can expand the market for contraceptives and, if successful, can become a source of income for NGOs.
15. Government policies, laws, and regulations can be obstacles for the involvement of the commercial sector in the supply of contraceptives and services and for ensuring contraceptive security.

16. The for-profit sector, under the right circumstances, can be an important provider of family planning services and contraceptives.
17. Even when political support is strong, financial commitment by governments may be difficult due to competition from other programs.
18. Planning and managing contraceptive phaseout is difficult, and organizations in both the public and private sectors need assistance in procuring contraceptives.
19. Engaging the for-profit sector in the provision of family planning services is not always easy and the graduate countries were not always successful.
20. The private and public sectors have not always agreed on the issue of contraceptive security. Governments do not always understand the important roles the commercial and NGO sectors can have in providing contraceptives. Also, they do not always understand the impact of policies that ensure the provision of free or subsidized contraceptives on the private sector.
21. Nongraduate countries need to expand the role of the private and commercial sectors in the provision of family planning services and contraceptives.
22. Advocacy within the government and NGO sectors can have an important role in obtaining government support for family planning, changing policies and laws, and ensuring the survival of family planning programs. Advocacy is an important component in any family planning program but especially in a phaseout plan. In addition, it is important to ensure that advocacy for these programs will continue after graduation.

RECOMMENDATIONS

1. Two years from now, when additional DHS and other survey data are available, reexamine the idea of determining the lessons learned from the experiences of the seven graduate countries and perhaps others as well. If GH/PRH decides to reexamine this issue, it would be useful to write two or three graduate country lessons learned reports similar to the one recently completed by the POLICY Project on Mexico.
2. Implement the recommendation in the *USAID Regional LAC Contraceptive Security Feasibility Study* that the five countries in the study develop phaseout or contraceptive security plans. Also, other countries that have not developed graduation strategies or contraceptive security plans should do so as soon as possible.
3. The Graduation Working Group should explore further the issue of the seemingly conflicting objectives of NGOs serving the poor and reaching sustainability (see also section 4.2).
4. GH/PRH should explore whether sustainability or investment funds for NGOs are feasible under current USAID regulations.

5. At least three to five years in advance of contraceptive phaseout, Missions should begin to develop and institutionalize new procurement systems to replace USAID's donated contraceptives.
6. In planning for phaseout, Missions should do the necessary analyses and support discussions among the NGO, commercial, and public sectors to identify the roles of the sectors within a whole market framework.
7. Missions need to build sustainable capacities in advocacy partners (governments, NGOs, and civil society organizations) to act as monitors after the phaseout of USAID family planning assistance.
8. For selected countries, rather than fully phasing out family planning assistance, USAID should fund limited activities in the public sector and/or the private sector that address the unmet needs of the poor, rural, or other groups.
9. Implement a graduate country initiative, as suggested in the Indonesia graduation plan, to assist USAID in maintaining contact with countries that have graduated from USAID assistance.
10. USAID should participate in maintaining the data banks of experts that have been developed by various organizations.
11. Rather than fully phasing out family planning assistance, USAID should provide limited assistance to graduate countries to conduct DHSs, reproductive health (RH) surveys, or to add RH riders to existing surveys.
12. Expand the Global Exchange for Reproductive Health activity under the Management and Leadership Program (M&L) to include all graduated countries. Include the expanded Global Exchange component in the follow-on project to M&L. Open LeaderNet to all graduated countries.



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