report

DFID Department for International Development

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SYNTHESIS OF POPULATION PROJECT EVALUATIONS

A Review of DFID assistance in the population field finds it is easier to improve access to contraception than it is to reach the poorest groups, or to achieve rapid cash recovery.

MAIN FINDINGS

- Substantial unmet demand for family planning
- Financial self-sufficiency difficult to achieve; need for subsidies likely to continue
- High awareness of contraceptive methods does not guarantee high usage; intensive targeting essential
- Broader coverage of Public Sector provision offset by greater cost-effectiveness of NGOs
- Contraceptive marketing under-funded
- Projects consistent with the population strategies of DFID (then ODA) but designs often flawed
- Even NGOs do not necessarily reach the poorest

Background to the Study

Over the years family planning programmes, with donor support, have transformed fertility patterns. Contraceptive use has increased, costs have fallen and quality has improved. Yet world population still grows rapidly and may reach 12 billion before stabilising. In most developing countries there is a big gap between desired and actual family size, and 50% of couples have no access to modern contraception. Child bearing remains a major health problem.

DFID (then ODA) launched its "Children by Choice not Chance" initiative in 1991. It aimed to improve coverage and quality of reproductive health services and availability of contraceptives, give women greater control over their lives, and help countries develop population policies.

The synthesis study considers the findings and lessons from evaluations of ten population projects funded by DFID and implemented by NGOs. All were judged to have contributed to the process of declining fertility, to have achieved some of their objectives and to have generated significant benefits in relation to costs. Successes included establishment of a cost-effective social marketing programme, emergency supply of bulk contraceptives at reasonable cost, and improvements in service delivery. Women were the primary beneficiaries of improved access to fertility regulation. Common problems included the high cost of physical facilities, and the need for continuing donor support to sustain the activities. Some project weaknesses were the result of unrealistic expectations at the design stage.

The Main Conclusions

A key finding from the study is the difficulty of achieving financial self-sufficiency. Population programmes are characterised by continuing donor inputs and limited cost-recovery, even under efficient NGO management, or in middle income countries, or where target groups are not poor. In poor countries or where poor groups are targeted, it is unrealistic to expect to achieve financial self-sufficiency within the lifetime of a single project.

None of the projects examined managed to reach the poorest groups...

Public sector and NGO provision of family planning services tend to address different markets. The public sector provides broader geographical and social coverage, but its need to cover the whole population can lead to resources being spread too thinly. NGO-run projects work best when funding is direct rather than through intermediary government agencies. NGOs are often better placed to engage more professional and committed staff, provide a higher quality, more cost-effective service, and articulate an effective advocacy role, making family planning respectable in the face of a hostile political or religious environment. But NGOs cannot bridge all the gaps in public sector provision. Nor are all of their supposed advantages fully supported by the evidence. None of the projects examined managed to reach the poorest groups, nor were they able to guarantee beneficiary involvement.

National surveys continue to find a significant unmet demand for family planning. The ODA projects all contributed to improved access or wider choice of contraceptive method, a key to increased prevalence. But population projects are still not reaching the poorest groups, even though most of the projects evaluated aspired to do so. This is particularly true where there is a need to recover costs, to

use commercial outlets for social marketing, or to concentrate on urban areas.
Low usage rates can co-exist with high awareness. Programme design has tended to underestimate awareness and over-invest in information, education and communication (IEC) programmes rather than improving service delivery or attacking other causes of low prevalence rates. IEC can help raise awareness and knowledge, especially among young people, but depends on good targeting.

Subsidising the consumer may be necessary to maintain widespread access to services and rapid growth in prevalence rates.

Comparing the efficiency of different projects and contraceptive methods is difficult, but most projects evaluated were comparatively cost-effective. International experience suggests that clinic-based services are the most cost-effective, followed by community-based distribution (CBD) and contraceptive social marketing (CSM). But if other objectives are taken into account, rankings change. For example, CBD is more effective at reaching the poor, while CSM has the best cost-recovery record and more potential for sustainability. So cost-effectiveness measures need careful interpretation and supplementing with measures of quality and access.

Continued donor involvement or subsidised support may be justified by the external costs of rapid population growth, both within countries (eg slower economic growth) and outside (eg environmental impact, emigration pressures). Subsidising the consumer may be necessary to maintain widespread access to services and rapid growth in prevalence rates. Where governments cannot afford to fund existing family planning investment levels, let alone cater for rapid demand growth, donor support may well be necessary.

The report finds no evidence to suggest that projects involving subsidy or external donor support weaken the effectiveness of the private sector. On the contrary, the evidence here suggests that donors can play an important part in helping promote private sector capacity which would not otherwise have existed.

Effective project management and planning requires collection and analysis of reliable performance measures. All projects studied revealed weaknesses in this respect despite the presence of purpose-built monitoring systems. Information systems were complex but failed to collect basic data even on costs, let alone impact. Only rarely was any light thrown on issues such as cost-effectiveness or resource allocation, or was qualitative data collected to make possible the measurement of such sophisticated objectives as institutional capacity or reproductive health.

MAIN LESSONS: see over

MAIN LESSONS LEARNED

- Where awareness of and demand for contraceptives are high, donor assistance should concentrate on improving service delivery to under-served groups
- As prevalence growth levels out, emphasis needs to refocus on providing better quality service and improved access for poor and vulnerable groups
- NGOs play a key role in cost-effective service provision, especially to vulnerable groups, and can act in areas a government may hesitate to enter, but they do not guarantee success; each needs consideration on its merits
- As most countries and users will be unable to afford the full cost of contraceptives for the foreseeable future, family planning assistance requires a long term approach within an overall health sector aid strategy characterised by cost-effective approaches to such policies as setting of subsidies
- Management information systems, including performance indicators, need to be simple and focused on measuring the impact of the project's activities and outputs
- Economic appraisals are best focused on micro level benefits such as improvements to women's and children's health resulting from greater control over fertility

For further information see "A Synthesis of Population Evaluation Studies" (Evaluation Report EV598), obtainable from Evaluation Department, Department for International Development, 94 Victoria Street, London SW1E 5JL, telephone 0171-917-0243. This report will also be accessible via the Internet in due course.

The Department for International Development (DFID) is the British government department responsible for promoting development and the reduction of poverty. The government elected in May 1997 increased its commitment to development by strengthening the department and increasing its budget.

The policy of the government was set out in the White Paper on International Development, published in November 1997. The central focus of the policy is a commitment to the internationally agreed target to halve the proportion of people living in extreme poverty by 2015, together with the associated targets including basic health care provision and universal access to primary education by the same date.

DFID seeks to work in partnership with governments which are committed to the international targets, and also seeks to work with business, civil society and the research community to encourage progress which will help reduce poverty. We also work with multilateral institutions including the World Bank, UN agencies and the European Commission. The bulk of our assistance is concentrated on the poorest countries in Asia and Sub-Saharan Africa. The goal of all DFID's work is the elimination of poverty.

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