



USAID
FROM THE AMERICAN PEOPLE

**HEALTH POLICY
INITIATIVE**

JORDAN'S REPRODUCTIVE HEALTH POLICY ENVIRONMENT SCORE

**Measuring the Degree to Which the Policy Environment in
Jordan Supports Effective Policies and Programs for
Reproductive Health**

August 2009

This publication was produced for review by the U.S. Agency for International Development | Health Policy Initiative, Task Order I, in collaboration with the Jordan Higher Population Council. It was prepared by Edward Abel of Futures Group International.

The USAID | Health Policy Initiative, Task Order I, is funded by the U.S. Agency for International Development under Contract No. GPO-I-01-05-00040-00, beginning September 30, 2005. Task Order I is implemented by Futures Group, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and Futures Institute.

JORDAN'S REPRODUCTIVE HEALTH POLICY ENVIRONMENT SCORE

**Measuring the Degree to Which the Policy Environment in
Jordan Supports Effective Policies and Programs for
Reproductive Health**

August 2009

The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development, the U.S. Government, the Government of Jordan, or the Jordan Higher Population Council.

TABLE OF CONTENTS

Acknowledgments	iv
Executive Summary	v
Introduction	1
Purpose	1
Definitions	1
Conceptual Framework	1
Composition of the PES	3
Implementation of the PES in Jordan	4
Components of Reproductive Health.....	4
Data Collection/Methodology	4
Limitations.....	4
Scoring	5
Results	5
Family Planning	7
Safe Pregnancy	9
Adolescents	11
STDs/AIDS	13
Postabortion Care	15
Conclusion and Recommendations	16
Annex A. List of Participants	18
Annex B. Policy Environment Score Questionnaire	19
References	32

ACKNOWLEDGMENTS

The USAID | Health Policy Initiative, Task Order 1, in collaboration with the Higher Population Council, is pleased to publish the Jordan Reproductive Health Policy Environment Score study (2008–2009). The study reflects the level of decisionmakers' support and response to emerging reproductive health policies within a two-year period. The study evaluates the current health policy environment and accordingly devises sustainable strengthened reproductive health strategies.

In publishing this study, we would like to acknowledge the support of the public, private, and nongovernmental respondents. We would also like to thank the Secretary General and staff of the Higher Population Council for their continual cooperation, as well as staff of the United States Agency for International Development for their continuous guidance and leadership.

EXECUTIVE SUMMARY

Background

To measure the change in Jordan's policy environment over time, USAID's POLICY Project and Health Policy Initiative, Task Order 1, have administered the Policy Environment Score (PES) on three occasions: April–August 1997, June–August 2000, and December–January 2008/2009. This report focuses on the results of the 2008/2009 family planning portion of the PES survey and compares the results of the three surveys. The report also briefly examines the results from other sections of the survey, including safe pregnancy, adolescents, sexually transmitted diseases (STDs)/AIDS, and postabortion care.

The PES is intended to measure the degree to which the policy environment in a particular country supports programs to improve the reproductive health of the population. It is designed to reflect both the level of policy support and changes that take place over a specified period.

Five separate reproductive health program areas have been included in the PES:

- Family planning: Programs to provide high-quality family planning services to men and women who wish to plan their families.
- Safe pregnancy: Programs to ensure that pregnancies are as safe as possible by providing good prenatal, post-natal, and delivery care and by identifying and treating high-risk pregnancies.
- Adolescents: Programs to enhance the reproductive health of adolescents through education and services.
- STDs/AIDS: Programs to control the spread of STDs, including HIV (the virus that causes AIDS), and to ensure the human rights of individuals affected by HIV/AIDS.
- Postabortion care: Programs to provide high-quality postabortion care to women.

The General Secretariat of the Higher Population Council (HPC), in cooperation with the USAID | Health Policy Initiative, Task Order 1, implemented the most recent PES from December 2008–January 2009. The 28 respondents of the 2008/2009 survey were chosen based on their positions and knowledge of the policy environment. Respondents included those working within and outside the national government program, representing the Ministry of Health, nongovernmental organizations, universities, reproductive health programs, and international donors.

Results

The STDs/AIDS and family planning programs received the highest scores—both in the upper middle range. The scores indicate that while the policy environment is good, there is considerable room for improvement. The score for safe pregnancy also fell into this range. Scores for the adolescent and postabortion care programs, however, fell in the lower middle range, indicating that the policy environment for these programs needs significant improvement.

The most dramatic change between 2000 and 2008 was in the area of STDs/AIDS, where the score increased from 47 to 64. The postabortion care score also increased dramatically between 1997 and 2008, increasing from 28 to 43.

- For family planning, there was a large decrease in evaluation and research. There were moderate increases for policy formulation and organization, and moderate decreases for political support, the legal and regulatory environment, and program components. Resources showed little change.

- For safe pregnancy, again there was a large decrease in evaluation and research. There were moderate decreases for political support and program components. The other components showed little change.
- For adolescents, there were large increases in policy formulation, organization, and program components. There were large decreases in political support and resources.
- For STDs/AIDS, there were large increases across the board, with the exception of the legal and regulatory environment, where there was a slight increase.
- Postabortion care was similar to STDs/AIDS, where there were large increases registered across the board (from 1997).

Summary

The results reported here are consistent with our understanding of the environment in Jordan, with only a few exceptions. They suggest the following:

- The policy environment for family planning is generally good, but there is considerable room for improvement.
- The policy environment for safe motherhood is generally good, but, again, there is room for improvement.
- The policy environment for adolescents is generally weak and has remained so since 2000.
- The policy environment for STDs/AIDS has improved dramatically since 2000 and is generally good.
- The policy environment for postabortion care, while having increased substantially since 2000, remains relatively weak.
- The evaluation and research component is consistently the lowest scored for each program, with the exception of STDs/AIDS, where it is the next to lowest component.
- The political support and policy formulation components of the majority of programs are either the strongest or second strongest component of each program.
- The legal and regulatory environment is strong in the areas of safe pregnancy, STDs/AIDS, and postabortion care.

Recommendations

The following recommendations may be useful in addressing the issues raised through the PES analysis. However, they are general and need to be developed more thoroughly so that specific actions can be taken. Ideally, the development process would be consultative, involving all stakeholders who influence the policy environment, e.g., the HPC.

- Convene a policy environment working group within the council to review the analysis' findings and develop specific recommendations to address the weaker components of the policy environment.
- Continue advocating for an improved policy environment for family planning through addressing the identified barriers to contraceptive use, engaging the private sector in policy deliberations, and conducting an in-depth analysis of the policy environment for adolescents.
- Continue advocating for an improved policy environment for other programs (safe motherhood, STDs/AIDS, adolescents, and postabortion care).

- Develop approaches to strengthen the evaluation and research functions, increasing the use of monitoring and evaluation data to support policies and programs.
- Review and make specific recommendations to modify the PES approach and methodology. This could include, for example, interviewing only experts in specific programs rather than across all programs (respondents have limited information in some components and much better information in others). This could be a function of the policy environment working group and could be based on other countries' experience with implementing the PES.

From the analysis, it appears that the policy environment remains relatively strong for family planning, safe pregnancy, and STDs/AIDS programs but still has considerable room for improvement. In addition, it appears that the policy environment may be improving overall in a few areas such as STDs/AIDS and postabortion care and has remained relatively stagnant in other areas such as family planning, safe pregnancy, and adolescents.

INTRODUCTION

Purpose

To measure the change in Jordan's policy environment over time, USAID's Policy Project and Health Policy Initiative, Task Order 1, have administered the Policy Environment Score (PES) on three occasions: April–August 1997, June–August 2000, and December–January 2008/2009. This report focuses on the results of the 2008/2009 family planning portion of the PES survey and compares the results of the three surveys. The report also briefly examines the results from other sections of the survey, including safe pregnancy, adolescents, sexually transmitted diseases (STDs)/AIDS, and postabortion care.

The PES is intended to measure the degree to which the policy environment in a particular country supports programs to improve the reproductive health of the population. It is designed to reflect both the level of policy support and changes that take place over a specified period. This score has two major purposes:

- (1) To indicate the current status of the policy environment, including the strongest and weakest elements; and
- (2) To evaluate the impact of policy activities.

Definitions

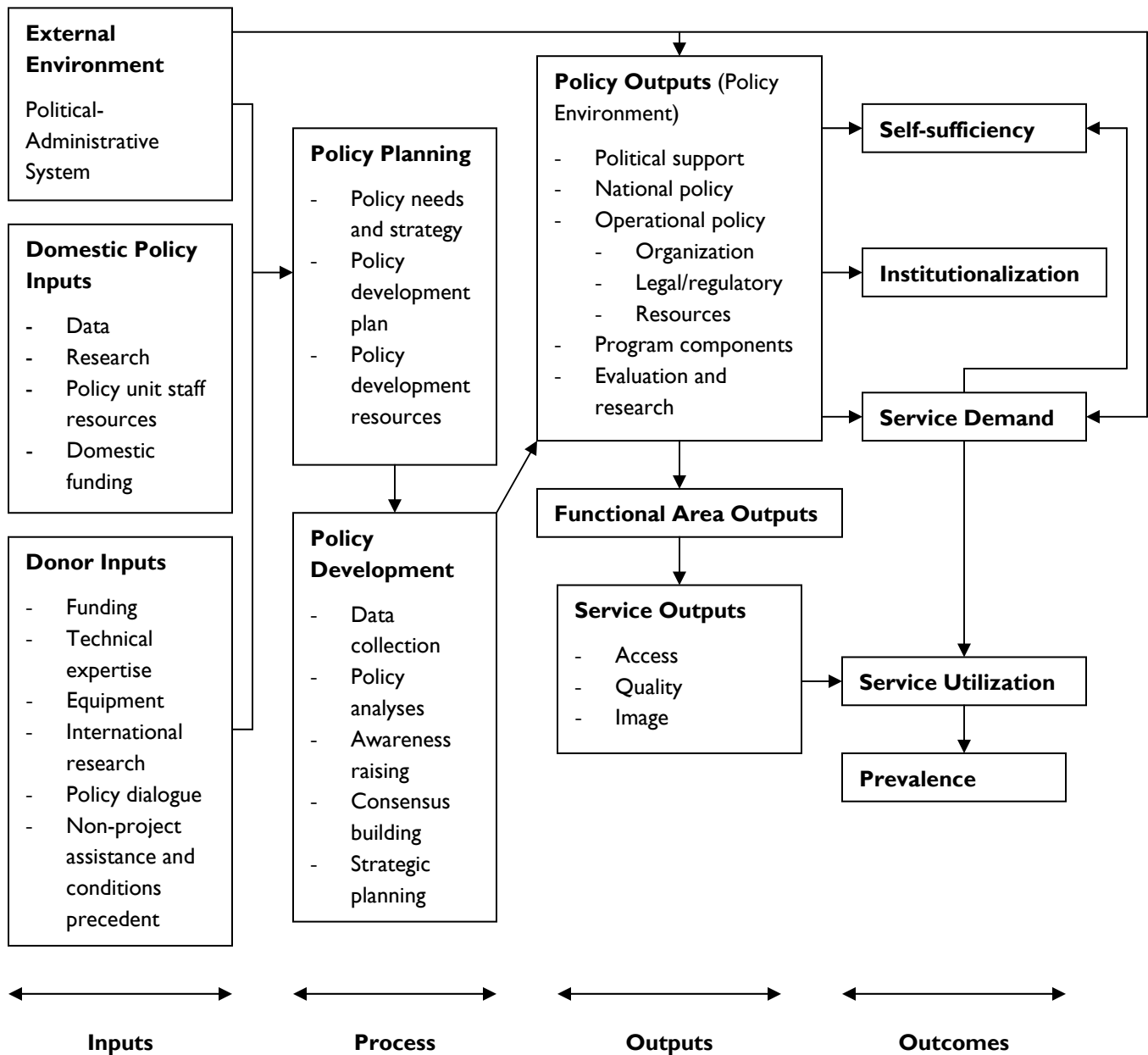
For this assessment, policy is defined as actions, policies, laws, or regulations by governments or other social/civic groups that directly or indirectly and explicitly or implicitly affect fertility, family planning, or reproductive health. This extends earlier definitions (Cross, 1988; Maguire, 1990) to recognize that policies can be direct or indirect and explicit or implicit. This definition excludes population policies affecting overall mortality, migration, and spatial distribution but includes health policies affecting all aspects of reproductive health.

CONCEPTUAL FRAMEWORK

As shown in Figure 1, the external environment (directly), other policy inputs (indirectly), and the policy development process determine a national program's policy environment. The dimensions of the program policy environment, which is the output of the policy development process, include the following:

- Political support
- National policy
- Operational policy
- Program components
- Evaluation and research

Figure 1. Conceptual Framework for the Evaluation of the Policy Environment



Political support, at the national, regional, and local levels, plays a central role in a program’s policy environment since it is an important determinant of the other dimensions. Political support can be both explicit and implicit. Explicit support may be indicated by statements made by high-level government officials and other leaders in support of reproductive health programs. Implicit political support is most often gauged by what the government actually does in the areas of national and operational policies.

National policy includes both formal policy statements (e.g., national policies, national development plans) and tax and other material incentives designed to affect decisions.

Operational policy comprises three sub-dimensions that are directly related to national program operations:

- *Organizational structure and processes*: a program's status within the government's administrative structure and its capacity to mobilize the resources of other public and private institutions.
- *The legal/regulatory environment*: taxes and other restrictions that affect the supply of commodities, particularly from the private sector, and medical barriers to service delivery and information activities.
- *Provision of resources*: financial, material, and human resources needed by programs.

The category of **program components** aims to explicitly capture whether specific components are included in the program according to formal policies.

The category of **evaluation and research** aims to capture whether these activities are implemented to support the policy formulation process.

According to Figure 1, improvements in the program policy environment should lead to stronger service delivery (access, quality, image); increased service use and behavior change; and enhanced program institutionalization and self-sufficiency. As noted above, institutionalization also affects levels of domestic policy inputs in the following period (a feedback loop). On the supply side, therefore, the policy environment contributes directly both to improved service delivery in the short run and to enhanced program sustainability in the long run. On the demand side, both the political support and national policy dimensions of the program policy environment (e.g., supportive statements from leaders) have the potential to influence the use of services and thereby affect the total demand for services.

Composition of the PES

The PES is intended to measure those items that both define the policy environment and can be influenced by policy activities. The items in the conceptual framework listed under “external environment” and “donor inputs” are assumed to be outside the potential influence of policy activities. Therefore, they are not included in the PES. It could be argued that they should be included, as they do help define the environment for policy. However, because they cannot be affected by policy activities, their inclusion would reduce the usefulness of the score as an evaluation device.

The items under “domestic policy inputs,” “planning,” and “implementation” are the inputs and processes used in implementing policy activities that affect the environment. Therefore, they should not be included in measuring the environment itself.

The items under “policy outputs” represent the elements of the policy environment that policy activities attempt to influence. These items define the categories of the PES.

- Political support
- National policy (or policy formulation)
- Organization and structure
- Resources
- Evaluation and research
- Legal and regulatory
- Program components

Numerous specific items could have been included under each heading. Those selected for the PES were intended to capture the most important indicators in each category.

IMPLEMENTATION OF THE PES IN JORDAN

Components of Reproductive Health

Five separate reproductive health program areas have been included in the PES:

- Family planning: Programs to provide high-quality family planning services to men and women who wish to plan their families.
- Safe pregnancy: Programs to ensure that pregnancies are as safe as possible by providing good prenatal, post-natal, and delivery care and by identifying and treating high-risk pregnancies.
- Adolescents: Programs to enhance the reproductive health of adolescents through education and services.
- STDs/AIDS: Programs to control the spread of STDs, including HIV (the virus that causes AIDS) and to ensure the human rights of individuals affected by HIV/AIDS.
- Postabortion care: Programs to provide high-quality postabortion care to women.

The PES was applied separately for each component. The specific items used in generating the score are identical for all programs for the components of “political support,” “policy formulation,” “organizational structure,” “program resources,” and “evaluation and research.” The items are different for the components “legal and regulatory environment” and “program components,” reflecting the specific characteristics of each program.

To measure change in the policy environment, respondents were asked to rate each item twice: once for the current year (2008) and once for the previous year (2007).

Data Collection/Methodology

The General Secretariat of the HPC, in cooperation with the USAID | Health Policy Initiative, Task Order 1, implemented the most recent survey from December 2008 through January 2009. Several initial meetings were held to explain the survey questionnaire to respondents. Of the 28 respondents (see Annex A), 13 were from the public sector and 15 were from the private sector, professional associations, and health-related projects. The respondents were chosen based on their positions and their knowledge of the policy environment. Three respondents were included in earlier PES surveys.

Respondents included those working both within and outside the national government program, representing the Ministry of Health, nongovernmental organizations, universities, reproductive health programs, and international donors. Participants responded to only those programs with which they had familiarity. Thus, the number of respondents is different for each program.

Limitations

To most accurately measure changes in the policy environment over time, the same individuals should be interviewed for each survey. Otherwise, variations caused by individual participant bias will be introduced into the analysis, making comparisons over time less meaningful. (For example, in the 2008/2009 interviews, only 3 of the 28 respondents were interviewed in an earlier survey.)

Scoring

All the items in the PES are scored on a 0–4 scale. The definition of the 0–4 scale varies somewhat depending on the category in order to provide clear guidance to the scorer (see the PES scoring sheet in Annex B).

The first step in calculating the total score is to sum the individual item scores within a category. These sub-totals are converted to averages by dividing by the number of items that were scored. (This procedure computes an average score per item scored; thus, items that were not scored by the respondent do not reduce the score.) These averages are converted into percentages by dividing by the maximum possible score for each category. This approach standardizes the categories so that the number of individual items within a category does not affect its contribution to the total score.

The sum of all the weighted category scores is the total PES. The final score is adjusted to range from 0 to 100, with 100 indicating a perfect policy environment.

Results

Each programs' score for 1997, 2000, and 2008 is shown in Table 1. All of the scores in 2008 fall within the lower middle to upper middle range from 40 to 64 percent of the maximum.

Table 1. Policy Environment Scores by Program and Year

	2008 Score	2000 Score	Change 2000-2008	1997 Score	Number of Respondents
Family planning	63	65	-3.1%	60	28/24/25
Safe pregnancy	58	63	-7.9%	60	28/24/18
Adolescents	40	40	0.0%	17	29/23/10
STDs/AIDS	64	47	36.2%	51	28/24/15
Postabortion care	43	NA	NA	28	22/NA/8

The STD/AIDS and family planning programs received the highest scores—both in the upper middle range. These scores indicate that while the policy environment is good, there is considerable room for improvement. The score for safe pregnancy also fell into this range. Scores for the adolescent and postabortion care programs, however, fell in the lower middle range, indicating that the policy environment for these programs needs significant improvement.

The most dramatic change between 2000 and 2008 was in the STD/AIDS program area, where the score increased from 47 to 64. The postabortion care score also increased dramatically between 1997 and 2008, increasing from 28 to 43.

There is great variation in the scores across respondents (see Table 2 for the range of scores for 2008, 2000, and 1997).

Table 2. Range of Policy Environment Scores by Program

Program	Mean Score 2008	Range	Mean Score 2000	Range	Mean Score 1997	Range
Family planning	63	42–86	65	53–77	60	48–72
Safe pregnancy	58	22–83	63	47–79	60	41–79
Adolescents	40	2–70	40	23–57	17	6–28
STDs/AIDS	64	40–89	47	24–70	51	27–59
Postabortion care	43	17–74	NA	NA	28	0–84

Table 3 shows the 1997, 2000, and 2008 respondents’ scores by component for each program, illustrating the large variation across components within the same year.

- For family planning, there was a large decrease in the respondents’ assessment of the level of evaluation and research. There were moderate increases for policy formulation and organization, and moderate decreases for political support, the legal and regulatory environment, and program components. Resources showed little change.
- For safe pregnancy, again, there was a large decrease in evaluation and research. There were moderate decreases for political support and program components. The other components showed little change.
- For adolescents, there were large increases in policy formulation, organization, and program components. There were large declines in political support and resources—even though the Higher Youth Council, the HPC, the United Nations Population Fund, and ZENID implemented many programs directed to youth.
- For STDs/AIDS, there were large increases across the board, with the exception of the legal and regulatory environment, where there was a slight increase.
- Postabortion care was similar to STDs/AIDS, where there were large increases registered across the board (from 1997).

Table 3. Policy Environment Scores by Component and Program for 1997, 2000, and 2008

	Year	Political Support	Policy Formulation	Organization	Legal and Regulatory	Resources	Program Components	Evaluation and Research
Family planning	2008	68	80	55	63	60	58	53
	2000	74	73	50	68	62	63	66
	1997	68	70	51	61	59	61	49
Safe pregnancy	2008	70	70	53	73	60	63	50
	2000	76	70	49	71	60	70	60
	1997	68	57	55	74	62	54	44
Adolescents	2008	63	68	63	40	35	33	33
	2000	73	57	48	42	43	22	37
	1997	41	31	22	17	21	8	2

STDs/AIDS	2008	70	78	65	70	55	58	60
	2000	60	51	51	67	45	37	50
	1997	64	58	52	68	40	38	46
Postabortion care	2008	48	43	NA	73	48	55	38
	2000							
	1997	15	18	NA	50	38	30	13

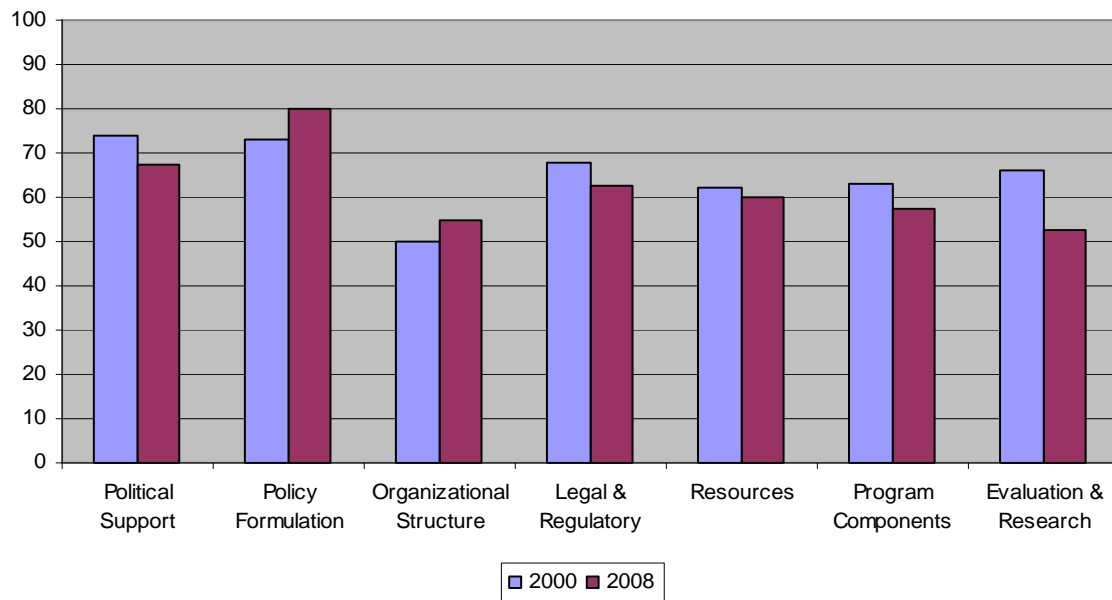
Note: Values can range from 0 to 100.

FAMILY PLANNING

The total score for family planning decreased from 65 in 2000 to 63 in 2008. As there is considerable variation among the respondents' scores, this difference is not meaningful.

Figure 2 shows the family planning scores by component for 2008. The highest rated components are "political support" and "policy formulation." The lowest scores were assigned to "evaluation and research" and "organization." The largest change was in the evaluation and research component, where the score declined by 13 points, falling from 66 to 53. There were moderate increases for policy formulation and organization, and moderate decreases for political support, the legal and regulatory environment, and program components. Resources showed little change.

Figure 2. Family Planning Scores by Component



Political Support

This was the second highest rated category, scoring 68 percent. Political support is demonstrated by high-level government commitment to the program and the lack of barriers to the use of media campaigns.

Policy Formulation

This was the highest rated component, scoring 80 percent. The high score reflects the existence of a favorable national policy and the development and implementation of a reproductive health action plan.

Organizational Structure

This is the second lowest rated component, scoring only 55 percent. The low score reflects people's perceptions that the private sector is not formally included in policy deliberations, as well as the lack of a mandate for other ministries besides the Ministry of Health to participate in program implementation.

Legal and Regulatory

This component received a score of 63 percent. The most positive finding is the lack of barriers to the use of intrauterine devices, pills, and condoms. A negative finding is the apparent barriers to male and female sterilization. The score also reflects the lack of policy implementation related to the legal age for marriage (18 years old). However, enforcing this policy may not be important due to the high average age at marriage.

Resources

This component received a score of 60 percent. The positive findings included adequate donor funding and enough service points to provide reasonable access to most clients. The negative findings included a lack of adequate government funding and a lack of explicit priority guidelines for allocating funding.

Program Components

This component received a score of 58 percent. The most positive findings were the freedom of medical practitioners to provide family planning services and the use of mass media to inform and motivate the public. The program received low scores for a lack of formal or government-sponsored outreach programs, such as community-based distribution or home visiting workers. It should be kept in mind, however, that while there are robust outreach programs in Jordan that have successfully reached over one million women, it was perceived by the respondents that no formal policy exists to ensure that these successful outreach programs continue.

Evaluation and Research

This is the lowest rated component, scoring 53 percent. Scores in each component were all weak (around 50%), with respondents indicating that there is no regular system to bring evaluation and research results to the attention of program managers.

Eighteen items received average scores of 3 or better, indicating that respondents judged these items to be very supportive of the family planning program (see Table 4). Respondents felt that supportive policies are in place and that there is a considerable amount of political support. Other positive findings included the lack of barriers to the use of the most popular family planning methods and the private sector's opportunity to provide family planning services. Items that were not given a high rating are omitted from Tables 4–12.

Table 4. Highest Rated Items for Family Planning

Component	Item
Political support	<ul style="list-style-type: none"> • High-level national government support exists for effective policies and programs. • Media campaigns are permitted and used. • The problem is recognized by planning bureaus.
Policy formulation	<ul style="list-style-type: none"> • A favorable national policy exists. • Formal program goals exist. • There are specific and realistic strategies to meet program goals. • A national coordinating body exists and functions effectively. • Ministries other than the Ministry of Health are involved in policy formulation.
Legal and regulatory	<ul style="list-style-type: none"> • There are no medical barriers or eligibility barriers for intrauterine devices, pills, or condoms. • The legal age for marriage for males and females is satisfactory.
Program components	<ul style="list-style-type: none"> • The mass media is used to inform and motivate the public. • Medical practitioners are free to provide contraception.

Nine items received average scores below 1.75, indicating respondents' perceptions that these items are the weakest aspects of the policy environment for family planning (see Table 5). Respondents reported both medical and eligibility barriers to the use of permanent family planning methods and a lack of political party support for effective policies and programs. The collection and use of service statistics and research results also needs to be improved. Respondents noted that the private sector, which provides family planning services to more couples than the government, is not formally included in policy deliberations. Finally, while the legal age at marriage (18 years old) is satisfactory, the policy specifying this age is not enforced.

Table 5. Lowest Rated Items for Family Planning

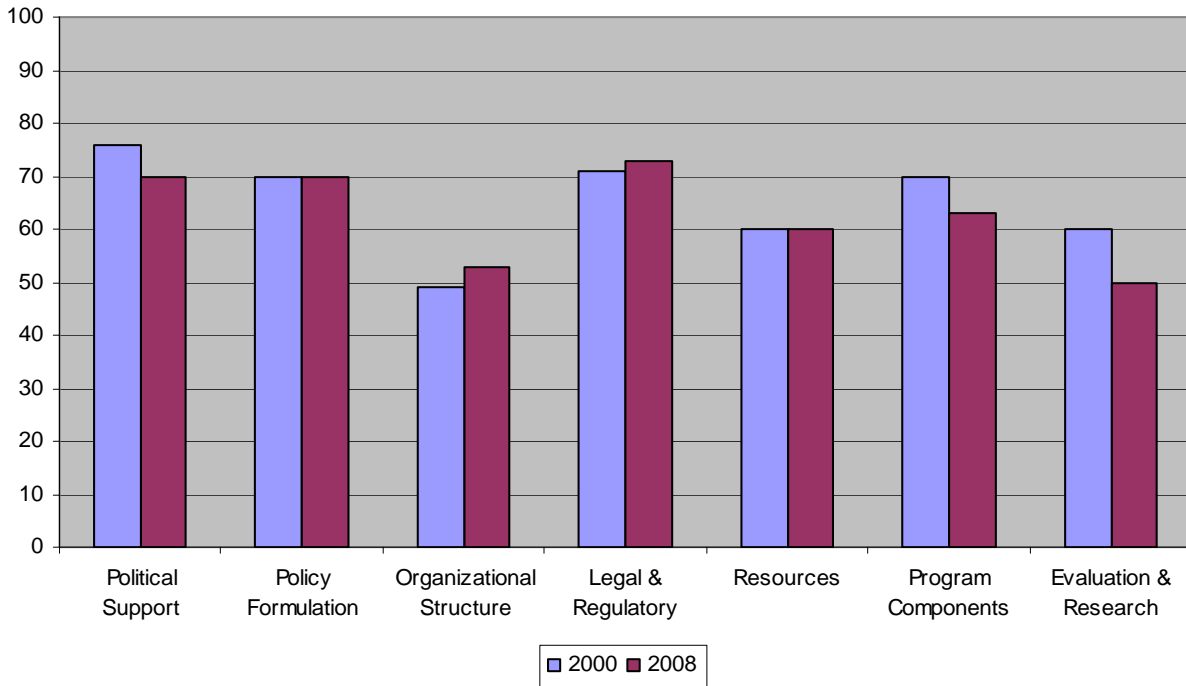
Component	Item
Political support	<ul style="list-style-type: none"> • Political parties support effective policies and programs.
Organizational structure	<ul style="list-style-type: none"> • The private sector is formally included in policy deliberations.
Legal and regulatory	<ul style="list-style-type: none"> • There are no medical barriers for vasectomy. • There are no eligibility barriers for vasectomy or tubal ligation. • A firm policy exists to enforce the legal age at marriage for males and females.
Program components	<ul style="list-style-type: none"> • Community Based Distribution and Home Visiting Workers are adequate.
Evaluation and research	<ul style="list-style-type: none"> • Existence a formal system to bring evaluation and research results to the attention of program managers.

SAFE PREGNANCY

The total score for safe pregnancy decreased from 63 in 2000 to 58 in 2008. Again, as there is considerable variation among the scores provided by each respondent, this difference is not meaningful.

Figure 3 shows the safe pregnancy scores by component for 2008. The highest rated components are “political support” and “legal and regulatory environment.” The lowest scores were assigned to “evaluation and research” and “organization.” The largest change was in the evaluation and research component, where the score declined by 10 points, falling from 60 to 50. There were small increases for the organization and legal and regulatory environment components, and moderate to large decreases for political support, program components, and evaluation and research. The policy formulation and resources scores showed no changes.

Figure 3. Safe Pregnancy Scores by Component



Five items received average scores of 3 or better, indicating that respondents judged these items to be very supportive of the safe pregnancy program (see Table 6). Respondents felt that supportive policies are in place and that there is a considerable amount of political support. Other positive findings included the existence of a favorable national policy and formal program goals. From a programmatic perspective, respondents reported the establishment of safe pregnancy service norms, including prenatal care, nutrition advice, supervised delivery by qualified personnel, maternal tetanus toxoid and iron supplements, and detection and management of high-risk pregnancies.

Table 6. Highest Rated Items for Safe Pregnancy

Component	Item
Political support	<ul style="list-style-type: none">• High-level national government support exists for effective policies and programs.• Media campaigns are permitted and used.
Policy formulation	<ul style="list-style-type: none">• A favorable national policy exists.• Formal program goals exist.
Program components	<ul style="list-style-type: none">• Safe pregnancy service norms exist, including prenatal care, nutrition advice, supervised delivery by qualified personnel, maternal tetanus toxoid and iron supplements, and detection and management of high-risk pregnancies.

Only three items received average scores below 1.75, indicating that respondents feel that these items are the weakest aspects of the policy environment for safe pregnancy (see Table 7). Respondents reported a lack of political party support for effective policies and programs and a lack of formal private sector involvement in policy deliberations. Finally, respondents do not feel that traditional birth attendants have been formally incorporated into a safe pregnancy referral system.

Table 7. Lowest Rated Items for Safe Pregnancy

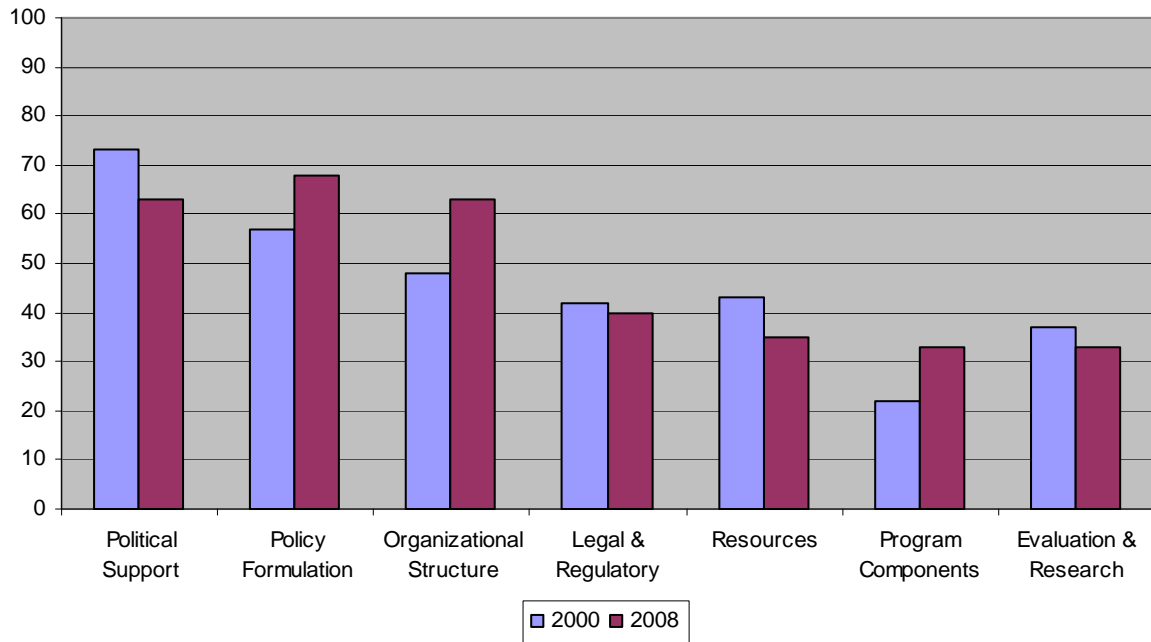
Component	Item
Political support	<ul style="list-style-type: none">• The political parties support effective policies and programs.
Organizational structure	<ul style="list-style-type: none">• The private sector is formally included in policy deliberations.
Program components	<ul style="list-style-type: none">• Traditional birth attendants are formally incorporated into a safe pregnancy referral system.

ADOLESCENTS

The total score for adolescents showed no change in the policy environment between 2000 and 2008, scoring the lowest of all the programs at 40 percent.

Figure 4 shows the adolescents scores by component for 2008. The highest rated components are “political support,” “policy formulation,” and “organizational structure.” Political support, however, declined by 10 points between 2000 and 2008, while the scores for policy formulation and organizational structure increased by 11 and 15 points, respectively. The lowest scores were assigned to the remaining four components. Of these four, all the components but program components showed small declines. Program components increased by 11 points. Despite this increase, however, the adolescent program components category still received the lowest score.

Figure 4. Adolescents Scores by Component



No items in the adolescent program received an average score of 3 or better, indicating that respondents judged the policy environment around adolescents to be very weak.

Eighteen items received average scores below 1.75, indicating that respondents feel that these items are the weakest aspects of the policy environment for adolescents (see Table 8). Respondents felt that the legal and regulatory environment, program resources, program components, and evaluation and research components were all very weak for adolescents.

Table 8. Lowest Rated Items for Adolescents

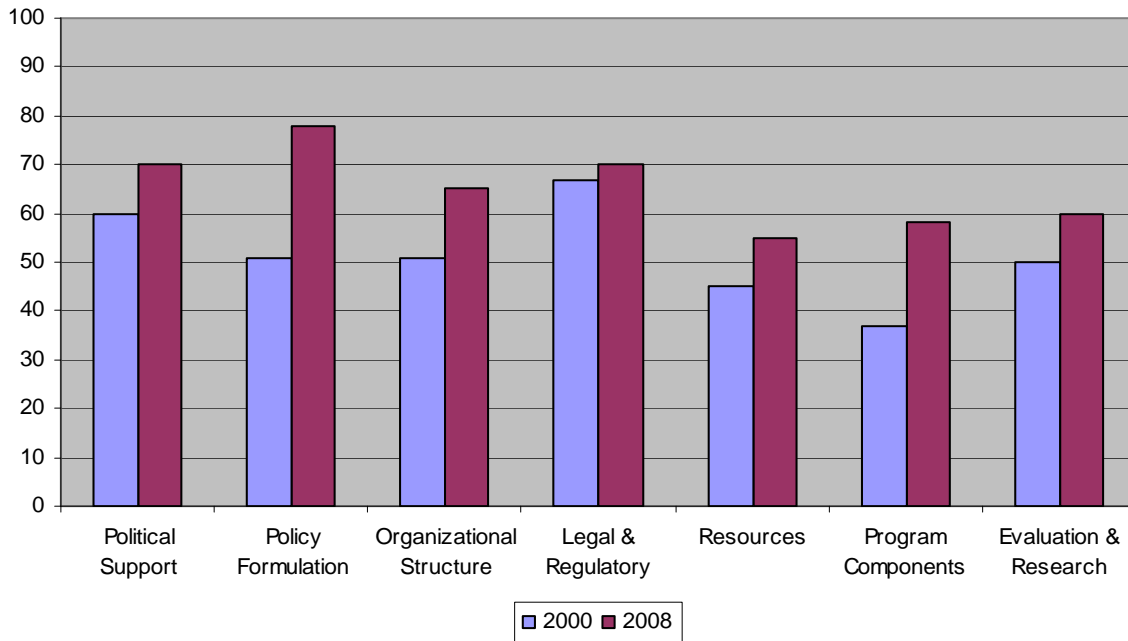
Component	Item
Organizational structure	<ul style="list-style-type: none"> • The private sector is formally included in policy deliberations.
Legal and regulatory	<ul style="list-style-type: none"> • There is a favorable legal and regulatory climate for ensuring that unmarried adolescents may receive services for family planning. • Providers are free from unnecessary legal and regulatory restrictions (i.e., services available to adults are available to adolescents as well).
Resources	<ul style="list-style-type: none"> • Funding from government sources is generally adequate. • Funding from donor sources is generally adequate. • Staffing for service provision is generally adequate. • Enough service points and providers exist for reasonable access by most clients. • Resources are allocated by explicit priority guidelines.
Program components	<ul style="list-style-type: none"> • Family planning services for single adolescents are offered not only in the usual service delivery points, but also elsewhere, such as in schools, youth centers, or other places where youth are found. • STD/AIDS information is an integral part of educational efforts. • Condoms are easily available to youth through channels that youth have access to. • Postabortion counseling is an integral part of the youth program. • Health staff are trained to counsel youth in sexuality and reproductive health matters. • Community-based distribution systems exist and employ youth (male and female) distributors.
Evaluation and research	<ul style="list-style-type: none"> • A regular system of service statistics exists and functions adequately. • A system exists to monitor secondary data sources (surveys, censuses, local studies, etc.) for the benefit of policy guidance. • A system exists to bring evaluation and research results to management's attention. • Special studies are undertaken to address leading policy issues.

STDs/AIDS

The total score for STDs/AIDS increased substantially between 2000 and 2008, increasing from 47 in 2000 to 64 in 2008.

Figure 5 shows the STDs/AIDS scores by component for 2008. The highest rated components are “political support,” “policy formulation,” and “legal and regulatory environment.” The lowest scores were assigned to “resources,” “program components,” and “evaluation and research.” The largest changes were in the policy formulation and program components areas, where the scores increased by 27 points and 21 points, respectively. There were moderate to large increases for the remaining components, except for the legal and regulatory environment, where the increase was small.

Figure 5. STDs/AIDS Scores by Component



Thirteen items received average scores of 3 or better, indicating that respondents judged these items to be very supportive of the STDs/AIDS program (see Table 9). Respondents reported the existence of supportive policies and strategies, as well as a considerable amount of political support and a strong legal and regulatory environment. From a programmatic perspective, respondents felt strongly that guidelines for medical precautions exist.

Table 9. Highest Rated Items for STDs/AIDS

Component	Item
Political support	<ul style="list-style-type: none"> • High-level national government support exists for effective policies and programs. • Public opinion supports effective policies and programs. • Media campaigns are permitted and used.
Policy formulation	<ul style="list-style-type: none"> • A favorable national policy exists. • Formal program goals exist. • Specific and realistic strategies to meet program goals exist.
Legal and regulatory	<ul style="list-style-type: none"> • Confidentiality of test results is guaranteed. • Regulations on the importation of condoms are minimal. • Regulations on the importation of STD drugs are minimal. • There are no unethical AIDS laws (quarantine, incarceration, discrimination). • There are no restrictions on who may receive STD services. • Regulations on screening of blood and blood components for transfusion exist and are enforced. (If none, enter zero.)
Program components	<ul style="list-style-type: none"> • Guidelines for medical precautions exist.

Only four items received average scores below 1.75, indicating that respondents feel these items are the weakest aspects of the policy environment for STDs/AIDS (see Table 10). Respondents noted that

political parties do not support effective policies and programs, condom advertising is not allowed, and there are no social marketing programs for condoms or STD drugs.

Table 10. Lowest Rated Items for STDs/AIDS

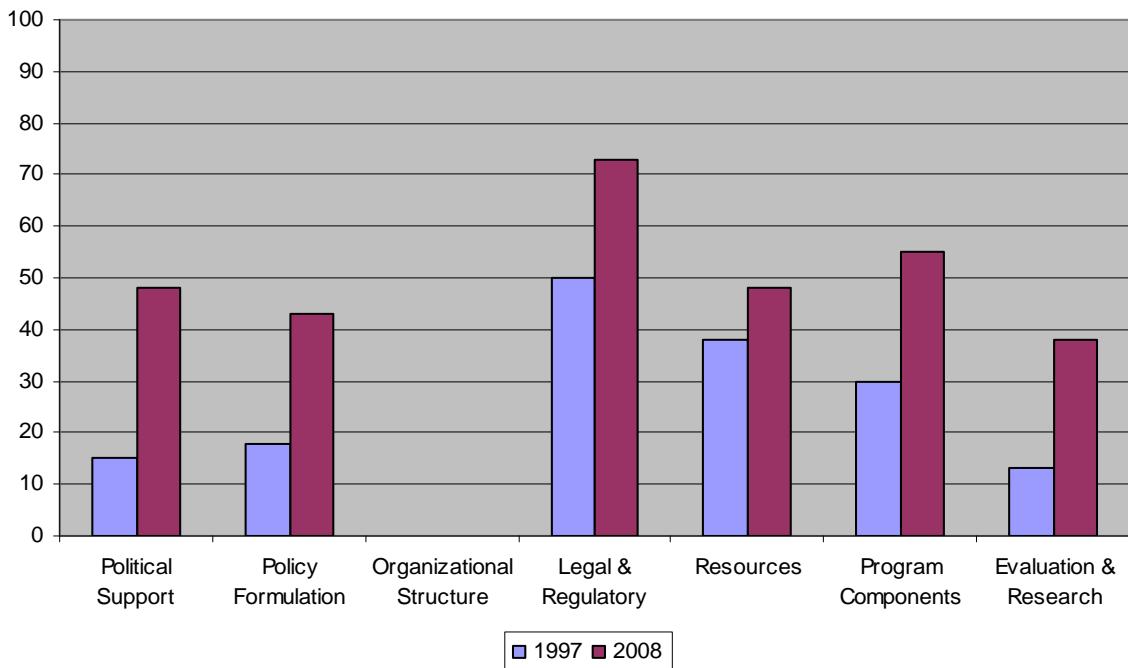
Component	Item
Political support	<ul style="list-style-type: none"> The main political parties support effective policies and programs.
Legal and regulatory	<ul style="list-style-type: none"> Condom advertising is allowed.
Program components	<ul style="list-style-type: none"> There is a social marketing program for condoms. There is a social marketing program for STD drugs.

POSTABORTION CARE

The total score for postabortion care increased substantially between 1997 and 2008, increasing from 28 in 1997 to 43 in 2008.

Figure 6 shows the postabortion care scores by component for 2008 (the organization structure component was not measured in either survey). The highest rated component is the “legal and regulatory environment.” The remaining scores ranges between 38 and 55. Increases of more than 20 percent were found for each component, except for “resources,” where the increase was only 10 percent. The “political support” component increased the most, rising by 33 points from 15 in 1997 to 48 in 2008. Despite this increase, however, the overall score of 43 for the program area was the second lowest. This indicates that although the policy environment for the program may have improved substantially over the past 10 years, the environment is still relatively weak.

Figure 6. Postabortion Care Scores by Component



Only one item received an average score of 3 or better, indicating that respondents deemed the policy environment around postabortion care to be very weak (see Table 11). On the positive side, respondents felt that regulations governing health facilities permit full medical care for incomplete or septic abortions.

Table 11. Highest Rated Items for Postabortion Care

Component	Item
Legal and regulatory	<ul style="list-style-type: none"> Regulations governing health facilities permit full medical care for incomplete or septic abortions.

On the other hand, 12 items received average scores below 1.75, indicating that respondents feel these items are the weakest parts of the policy environment for postabortion care (see Table 12).

Table 12. Lowest Rated Items for Postabortion Care

Component	Item
Political support	<ul style="list-style-type: none"> The main political parties support effective policies and programs. Major religious organizations support effective policies and programs.
Policy formulation	<ul style="list-style-type: none"> Specific and realistic strategies to meet goals exist. Ministries other than the Ministry of Health are involved in policy formulation. Policy dialogue and formulation involves nongovernmental organizations, community leaders, and representatives of the private sector and special interest groups.
Resources	<ul style="list-style-type: none"> Funding from donor sources is generally adequate. Resources are allocated by explicit priority guidelines.
Program components	<ul style="list-style-type: none"> Ministry of Health services link family planning provision to postabortion care through regular referral of cases to a family planning provider.
Evaluation and research	<ul style="list-style-type: none"> A regular system of service statistics exists and functions adequately. A system exists to monitor secondary data sources (surveys, censuses, local studies, etc.) A system exists to bring evaluation and research results to management's attention. Special studies are undertaken to address leading policy issues.

CONCLUSION AND RECOMMENDATIONS

The PES is clearly not a perfect instrument for measuring the degree to which the policy environment is supportive of effective reproductive health policies and programs. Reliance on judgments from a small group of informed individuals leads to large variation in some responses. Nevertheless, it does provide a comprehensive measure that may be useful for assessing the current status of the policy environment and getting an indication of the amount and direction of change over time. Some of the major findings of the analysis include the following:

- The policy environment for family planning is generally good, but there is considerable room for improvement.
- The policy environment for safe motherhood is generally good, but, again, there is room for improvement.

- The policy environment for adolescents is generally weak and has remained so since 2000.
- The policy environment for STDs/AIDS has improved dramatically since 2000 and is generally good.
- The policy environment for postabortion care, while having increased substantially since 2000, remains relatively weak.
- The evaluation and research component is consistently the lowest scored for each program, with the exception of STDs/AIDS, where it is the next to lowest component.
- The political support and policy formulation components of the majority of programs are either the strongest or second strongest component of each program.
- The legal and regulatory environment is very strong in the areas of safe pregnancy, STDs/AIDS, and postabortion care.

Recommendations

The following recommendations may be useful in addressing the issues raised through the PES analysis. However, they are general and need to be developed more thoroughly so that specific actions can be taken. Ideally, the development process would be consultative, involving all stakeholders who influence the policy environment (e.g., the HPC, the Ministry of Health, the nongovernmental sector, etc.).

- Convene a policy environment working group within the council to review the analysis' findings and develop specific recommendations to address the weaker components of the policy environment.
- Continue advocating for an improved policy environment for family planning through addressing the identified barriers to contraceptive use, engaging the private sector in policy deliberations, and conducting an in-depth analysis of the policy environment for adolescents.
- Continue advocating for an improved policy environment for other programs (safe motherhood, STDs/AIDS, adolescents, and postabortion care).
- Develop approaches to strengthen the evaluation and research functions, increasing the use of monitoring and evaluation data to support policies and programs.
- Because the PES is an indicator for measuring the success of Jordan's Reproductive Health Action Plan, review and make specific recommendations to modify the PES approach and methodology. This could include, for example, interviewing only experts in specific programs rather than across all programs (respondents have limited information in some components and much better information in others). This could be a function of the policy environment working group and could be based on other countries' experience with implementing the PES.

From the analysis, it appears that the policy environment remains relatively strong for family planning, safe pregnancy, and STDs/AIDS programs but still has considerable room for improvement. In addition, it appears that the policy environment may be improving overall in a few areas such as STDs/AIDS and postabortion care and has remained relatively stagnant in other areas such as family planning, safe pregnancy, and adolescents.

ANNEX A. LIST OF PARTICIPANTS

Dr. Abdel Rahman Ibdah, Assistant Secretary General Ministry of Awqaf
Dr. Mohammad Khairy, Medical Syndicate
Dr. Rowaida Rasheed, Director of Women & Child Health Department
Dr. Mahmmoud AlSarhan, Assistant Secretary General Higher Youth Council
Dr. Salma Alzoubi, Royal Medical Services Director
Dr. Ishtaiwi Abu Zaid, United Nations Relief and Works Agency Health Program Director
Ms. Layla Nafa'a, Project Director in Arab Women Association
Dr. Issam Shraideh, Chief of Ob/Gyn
Ms. Nancy Hosny, Ministry of Health /Hospital Adminstartion
Dr. Adel Albalbesi, Primary Health Care Director
Dr. Bassam Hejawi, National AIDS Program Director
Dr. Ahmad Qtaitat, Medical Specialty Department Director
Dr. Sahar Ezzat, Field Director "RH Counseling Project"
Ms. Lina Qardan, Jordan Health Communication Partnership Project
Dr. Ayman Abdel Mohsen, Health Strengthening System Project Director
Dr. Manal Tahtamony, Institute of Family Planning Care Director
Mr. Abdel Raheem Ma'aita, Japan International Cooperation Agency and Higher Population Council
Ms. Asma Fashho, Jordan Health Communication Partnership Project
Dr. Sana'a Nafa'a, World Health Organization
Dr. Malek Habashneh, Health Media and Education Department
Mr. Fathi Ainsoor, Department of Statistics
Dr. Taher Abu ElSamen, Higher Health Council
Dr. Fawaz Al Ratroot, Ministry of Social Development
Dr. Ina'am Khalaf, Nursing Faculty Dean /University of Jordan
Dr. Mahmmoud AlDabas, Royal Medical Services, Ob/Gyn
Ms. Muna Idris, United Nations Population Fund Assistant Representative
Ms. Maha Shadid, Private Sector Project for Women Health Deputy Director
Dr. Khaleel Barbarawi, Head of Ob/Gyn Association
Dr. Muntaha Graiebeh, Nursing Faculty Dean /Jordan University of Science & Technology

ANNEX B. POLICY ENVIRONMENT SCORE QUESTIONNAIRE

CONSTELLA FUTURES GROUP INTERNATIONAL

POLICY ENVIRONMENT SCORE (PES)

COUNTRY:

RESPONDENT NAME:

POSITION:

DATE:

NOTE: Five modules are included here—complete only those with which you are familiar:

Family Planning
Safe Pregnancy
Postabortion Care
Adolescents
STD/AIDS

Each module contains seven components, in the following order:

- I. Political Support
- II. Policy Formulation
- III. Organizational Structure
- IV. Legal and Regulatory Environment
- V. Program Resources
- VI. Program Components
- VII. Evaluation and Research

Objective and Structure

This instrument, the PES, is meant to measure the policy environment that surrounds a national family planning program and four other components of reproductive health: safe pregnancy, postabortion care, adolescents, and STDs/AIDS.

Each module of the PES includes seven categories to assess the policy environment: political support, policy formulation, organizational structure, legal and regulatory environment, program resources, program components, and evaluation and research. The seven categories are similar for the five modules, but the items under each category vary somewhat. Therefore, the five modules appear separately, in sequence, with two or three pages devoted to each.

The PES aims to assess the current environment as well as year-to-year changes. Many items will change little over a one-year period; nevertheless, this process allows aspects of the policy environment to be systematically assessed at regular intervals.

A scale of **0 to 4** is to be assigned to each item. In every case, 4 means a better or more satisfactory rating. Some items may seem to require just a yes or no response, but even these may be more or less satisfactory, so adhere to the 0 to 4 rating scale. Enter a **“DK”** for don't know when you have little or no information about it. Do not leave the box blank.

Normally, scoring will be done by several observers, who can assess the policy environment from different vantage points. Their scores can be compared in detail for the insight they provide and be averaged as an overall measure.

An alternate approach is to obtain ratings from a small group of experts who meet to seek consensus through discussion. A variation is for each person to complete the form first to record an independent set of ratings prior to the discussion. Either approach may be used within a workshop format to alert officials and donor personnel to policy issues.

How to Score

Read each item carefully, and then judge its current and last year status and enter a number from **0 to 4** in each box (2 is the midpoint).

Please return the questionnaire either to the HPC/General Secretariat or the Health Policy Initiative.

Policy Environment Score: Family Planning

I. POLITICAL SUPPORT (Scoring: 0=weak; 4 = strong)	Status Now	Status 1 Year Ago
1. High-level national government support exists for effective policies and programs.		
2. Public opinion supports effective policies and programs.		
3. Media campaigns are permitted.		
4. Political parties support effective policies and programs.		
5. The problem is recognized by top planning bureaus.		
6. Major religious organizations support effective policies and programs.		
II. POLICY FORMULATION		
1. A favorable national policy exists.		
2. Formal program goals exist.		
3. Specific and realistic strategies to meet goals exist.		
4. A national coordinating body exists and functions effectively. (If none, enter zero.)		
5. Ministries other than the Ministry of Health are involved in policy formulation.		
6. Policy dialogue and formulation involves nongovernmental organizations, community leaders, and representatives of the private sector and special interest groups.		
III. ORGANIZATIONAL STRUCTURE		
1. A national coordinating body exists that engages various ministries to assist the service delivery program. (If none, enter zero.)		
2. The service delivery program has a high-level placement in government.		
3. The director for service delivery is full-time and reports to an influential superior officer.		
4. Ministries other than the Ministry of Health are mandated to help with program implementation.		
5. Nongovernmental organizations are formally included in policy deliberations.		
6. The private sector is formally included in policy deliberations.		
IV. LEGAL AND REGULATORY ENVIRONMENT		
I. <u>Medical</u> barriers do not exist for: (“4” means no barriers)		
a. Tubal ligation		
b. Vasectomy		

c. Intrauterine device		
d. Pill		
e. Injectable		
f. Condom		
g. Other? Specify _____		
2. <u>Eligibility</u> barriers do not exist for: (“4” means no barriers) (Examples: age, parity, husband’s consent, etc.)		
a. Tubal ligation		
b. Vasectomy		
c. Intrauterine device		
d. Pill		
e. Injectable		
f. Condom		
g. Other? Specify _____		
3. The legal age at marriage is satisfactory for:		
a. Females		
b. Males		
4. A firm policy exists to enforce these ages for:		
a. Females		
b. Males		
V. PROGRAM RESOURCES		
1. Funding from government sources is generally adequate.		
2. Funding from donor sources is generally adequate.		
3. Staffing for service provision is generally adequate.		
4. Enough service points exist for reasonable access by most clients.		
5. Resources are allocated by explicit priority guidelines.		
VI. PROGRAM COMPONENTS		
1. By formal policy, each of the following components is included in the program:		
a. Use of mass media to inform and motivate		
b. Postpartum provision of family planning		
c. Contraception social marketing		
d. Home visiting workers		
e. Community-based distribution		

2. The private sector is deliberately encouraged through policies in which:		
a. Contraceptive advertising is permitted.		
b. Import duties are minor or absent (attach amounts if available).		
c. Medical practitioners are free to provide contraception.		
d. Price controls on contraceptives are minor or absent.		
VII. EVALUATION AND RESEARCH		
1. A regular system of service statistics exists and functions adequately. (If none, enter zero.)		
2. A system exists to monitor secondary data sources (surveys), censuses, local studies, etc.) for the benefit of policy guidance.		
3. A system exists to bring evaluation and research results to management's attention.		
4. Special studies are undertaken to address leading policy issues.		

Comments:

Policy Environment Score: Safe Pregnancy

I. POLITICAL SUPPORT (Scoring: 0=weak; 4 = strong)	Status Now	Status 1 Year Ago
1. High-level national government support exists for effective policies and programs.		
2. Public opinion supports effective policies and programs.		
3. Media campaigns are permitted.		
4. Political parties support effective policies and programs.		
5. The problem is recognized by top planning bureaus.		
6. Major religious organizations support effective policies and programs.		
II. POLICY FORMULATION		
1. A favorable national policy exists.		
2. Formal program goals exist.		
3. Specific and realistic strategies to meet goals exist.		
4. Ministries other than Health are involved in policy formulation.		
5. Nongovernmental organizations are involved in policy formulation.		
III. ORGANIZATIONAL STRUCTURE		
1. The service delivery program has a high-level placement in government.		
2. The director for service delivery is full-time and reports to an influential superior officer.		
3. Ministries other than the Ministry of Health are mandated to help with program implementation.		
4. Nongovernmental organizations are formally included in policy deliberations.		
5. The private sector is formally included in policy deliberations.		
IV. LEGAL AND REGULATORY ENVIRONMENT		
1. Providers are free from unnecessary legal and regulatory restrictions.		
V. PROGRAM RESOURCES		
1. Funding from government sources is generally adequate.		
2. Funding from donor sources is generally adequate.		
3. Staffing for service provision is generally adequate.		
4. Enough service points exist for reasonable access by most clients.		
5. Resources are allocated by explicit priority guidelines.		
VI. PROGRAM COMPONENTS		
1. Safe pregnancy service norms are established to include prenatal care, nutrition advice, supervised delivery by qualified personnel, maternal tetanus toxoid and iron		

supplements, and detection and management of high-risk pregnancies.		
2. A policy exists to identify high-risk pregnancies within local communities and to help those women reach a first-referral facility.		
3. Traditional birth attendants are formally incorporated into a safe pregnancy referral system.		
VII. EVALUATION AND RESEARCH		
1. A regular system of service statistics exists and functions adequately. (If none, enter zero.)		
2. A system exists to monitor secondary data sources (surveys, censuses, local studies, etc.)		
3. A system exists to bring evaluation and research results to management's attention.		
4. Special studies are undertaken to address leading policy issues.		

Comments:

Policy Environment Score: Postabortion Care

I. POLITICAL SUPPORT (Scoring: 0=weak; 4 = strong)	Status Now	Status 1 Year Ago
1. High-level national government support exists for effective policies and programs.		
2. Public opinion supports effective policies and programs.		
3. Media campaigns are permitted.		
4. Political parties support effective policies and programs.		
5. The problem of postabortion care is recognized by top planning bureaus.		
6. Major religious organizations support effective policies and programs.		
II. POLICY FORMULATION		
1. Postabortion care is explicitly addressed in national health policies.		
2. Formal program goals exist.		
3. Specific and realistic strategies to meet goals exist.		
4. Ministries other than the Ministry of Health are involved in policy formulation.		
5. Policy dialogue and formulation involves nongovernmental organizations, community leaders, and representatives of the private sector and special interest groups.		
III. ORGANIZATIONAL STRUCTURE (Not applicable to postabortion care.)		
IV. LEGAL AND REGULATORY ENVIRONMENT		
1. Regulations governing health facilities permit full medical care for incomplete or septic abortions.		
2. Regulations governing postabortion care undergo periodic review and actions are taken to improve regulations.		
3. Regulations permit provision of contraceptive assistance to postabortion cases.		
V. PROGRAM RESOURCES		
1. Funding from government sources is generally adequate.		
2. Funding from donor sources is generally adequate.		
3. Staffing for service provision is generally adequate.		
4. Enough service points exist for reasonable access by most clients.		
5. Resources are allocated by explicit priority guidelines.		
VI. PROGRAM COMPONENTS		
1. Ministry of Health services link family planning provision to postabortion care through regular referral of cases to a family planning provider.		
2. Postabortion care is mandated as one component of the primary healthcare system.		
3. A logistics system exists to make contraceptives readily available at abortion		

treatment sites.		
4. A system for ensuring confidentiality is in place.		
VII. EVALUATION AND RESEARCH		
1. A regular system of service statistics exists and functions adequately. (If none, enter zero.)		
2. A system exists to monitor secondary data sources (surveys, censuses, local studies, etc.)		
3. A system exists to bring evaluation and research results to management's attention.		
4. Special studies are undertaken to address leading policy issues.		

Comments:

Policy Environment Score: Adolescents

I. POLITICAL SUPPORT (Scoring: 0=weak; 4 = strong)	Status Now	Status 1 Year Ago
1. High-level national government support exists for effective policies and programs.		
2. Public opinion supports effective policies and programs.		
3. Media campaigns are permitted.		
4. Political parties support effective policies and programs.		
5. The problem is recognized by top planning bureaus.		
6. Major religious organizations support effective policies and programs.		
II. POLICY FORMULATION		
1. A favorable national policy exists.		
2. Formal program goals exist.		
3. Specific and realistic strategies to meet goals exist.		
4. Ministries other than the Ministry of Health are involved in policy formulation.		
5. Policy dialogue and formulation involves nongovernmental organizations, community leaders, and representatives of the private sector and special interest groups.		
6. Government policy supports family life education and other information, education, and communication efforts for youth.		
III. ORGANIZATIONAL STRUCTURE		
1. A national coordinating body exists that engages various ministries to assist with appropriate services. (If none, enter zero.)		
2. Ministries other than the Ministry of Health are mandated to help with program implementation.		
3. Nongovernmental organizations are formally included in policy deliberations.		
4. The private sector is formally included in policy deliberations.		
IV. LEGAL AND REGULATORY ENVIRONMENT		
1. There is a favorable legal and regulatory climate for ensuring that unmarried adolescents may receive services for family planning.		
2. Pregnant adolescents are allowed to continue with their education.		
3. Providers are free from unnecessary legal and regulatory restrictions (i.e., services available to adults are available to adolescents as well).		
V. PROGRAM RESOURCES		
1. Funding from government sources is generally adequate.		
2. Funding from donor sources is generally adequate.		
3. Staffing for service provision is generally adequate.		

4. Enough service points and providers exist for reasonable access by most clients.		
5. Resources are allocated by explicit priority guidelines.		
VI. PROGRAM COMPONENTS		
1. Family planning services for single adolescents are offered not only in the usual service delivery points, but also elsewhere, such as in schools, youth centers, or other places where youth are found.		
2. STD/AIDS information is an integral part of educational efforts.		
3. Condoms are easily available to youth through channels that youth have access to.		
4. Postabortion counseling is an integral part of the youth program.		
5. Health staff are trained to counsel youth in sexuality and reproductive health matters.		
6. Community-based distribution systems exist and employ youth (male and female) distributors. (If no system exists, enter zero.)		
VII. EVALUATION AND RESEARCH		
1. A regular system of service statistics exists and functions adequately.		
2. A system exists to monitor secondary data sources (surveys, censuses, local studies, etc.) for the benefit of policy guidance.		
3. A system exists to bring evaluation and research results to management's attention.		
4. Special studies are undertaken to address leading policy issues.		

Comments:

Policy Environment Score: STDs/AIDS

I. POLITICAL SUPPORT (Scoring: 0=weak; 4 = strong)	Status Now	Status 1 Year Ago
1. High-level national government support exists for effective policies and programs.		
2. Public opinion supports effective policies and programs.		
3. Media campaigns are permitted.		
4. The main political parties support effective policies and programs.		
5. Top planning bureaucrats recognize AIDS as a priority problem.		
6. Major religious organizations support effective policies and programs.		
II. POLICY FORMULATION		
1. A favorable national policy exists.		
2. Formal program goals exist.		
3. Specific and realistic strategies to meet program goals exist.		
4. A national coordinating body exists and functions effectively. (If none, enter zero.)		
5. Ministries other than the Ministry of Health are involved in policy formulation.		
6. Policy dialogue and formulation involves nongovernmental organizations, community leaders, and representatives of the private sector and special interest groups.		
III. ORGANIZATIONAL STRUCTURE		
1. The AIDS Control Program is placed high in the government structure.		
2. The AIDS Control Program Director is full-time and reports to an influential superior officer.		
3. Ministries other than the Ministry of Health are involved in program implementation.		
4. Nongovernmental organizations are formally included in the AIDS Control Program.		
5. The private sector is formally included in the AIDS Control Program.		
IV. LEGAL AND REGULATORY ENVIRONMENT		
1. Condom advertising is allowed.		
2. Anti-discrimination regulations exist.		
3. There are no mandatory testing requirements.		
4. Confidentiality of test results is guaranteed.		
5. Regulations on the importation of condoms are minimal.		
6. Regulations on the importation of STD drugs are minimal.		
7. There are no restrictions on condom distribution.		
8. There are no unethical AIDS laws (quarantine, incarceration, discrimination).		
9. There is no officially condoned harassment of high-risk groups (sex workers, men who		

have sex with men, injecting drug users).		
10. There are no restrictions on who may receive STD services.		
11. Regulations on screening of blood and blood components for transfusion exist and are enforced. (If none, enter zero.)		
V. PROGRAM RESOURCES		
1. Funding from government sources is generally adequate.		
2. Funding from donor sources is generally adequate.		
3. Staffing for service provision is generally adequate.		
4. Resources are allocated according to priority guidelines.		
VI. PROGRAM COMPONENTS		
1. Blood screening is universal.		
2. Guidelines for medical precautions exist.		
3. There is an active program component to promote accurate reporting by the media.		
4. There is a functioning logistics system for STD drugs.		
5. There is a social marketing program for condoms.		
6. There is a social marketing program for STD drugs.		
7. There are national treatment guidelines for STDs.		
8. There are special prevention programs for high-risk groups.		
9. There is a program to make confidential testing available on demand.		
10. Family life education for youth is included in the program.		
VII. EVALUATION AND RESEARCH		
1. A regular system of service statistics exists and functions adequately.		
2. A system exists to monitor secondary data sources (surveys, censuses, local studies, etc.) for the benefit of policy guidance.		
3. A system exists to bring evaluation and research results to management's attention.		
4. Special studies are undertaken to address leading policy issues.		

Comments:

REFERENCES

Cross, Harry E. 1988. "AID's Population Assistance and the Policy Development Process: Twenty Years of Progress." *Population Association of America Annual Meeting Collected Papers 2*: 206–229.

Maguire, Elizabeth. 1990. "The Evolution of United States Agency for International Development and Other Donor Assistance in Population Policy." *International Transmission of Population Policy Experience*, pp. 40–56. New York: U.N. Department of International Economic and Social Affairs.

Additional Resources

Clinton, Richard L., and R. Kenneth Godwin. 1979. "Linkages between Political Commitment, Administrative Capability and the Effectiveness of Family Planning Programs." *Family Planning Program Effectiveness: Report of a Workshop*. Report No. 1, pp. 89–121. Washington, DC: U.S. Agency for International Development.

Freedman, Ronald. 1978. "The Social and Political Environment, Fertility, and Family Planning Program Effectiveness." *Organizing for Effective Family Planning Programs*, edited by Robert J. Lapham and George B. Simmons, pp. 37–57. Washington, DC: National Academy Press.

Knowles, James C., and John Stover. 1995. *Working Group on the Evaluation of Population Policy Activities: Final Report*. Chapel Hill, NC: The EVALUATION Project.

Merrick, Thomas W. "The Evolution and Impact of Policies on Fertility and Family Planning: Brazil, Colombia, Mexico." *Population Association of America Annual Meeting Collected Papers 8*: 312–41.

Health Policy Initiative, Task Order I
Futures Group International
One Thomas Circle, NW, Suite 200
Washington, DC 20005 USA
Tel: (202) 775-9680
Fax: (202) 775-9694
Email: policyinfo@futuresgroup.com
<http://ghiqc.usaid.gov>
<http://www.healthpolicyinitiative.com>