

The Policy Environment Score

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

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February 1998



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I. Introduction

Purpose

The Policy Environment Score (PES) is intended to measure the degree to which the policy environment in a particular country supports the reproductive health of the population, with particular focus on access to high quality family planning and reproductive health services. It is designed to reflect both the level of support and changes that take place over a one to three year period as a result of policy activities. This score has two major purposes:

1. to indicate the current status of the policy environment including the strongest and weakest elements
2. to evaluate the impact of policy activities.

Definitions

For our purposes we define policy to be actions, customs, laws or regulations by governments or other social/civic groups that directly or indirectly, 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.

II. Conceptual Framework

Local governments and international donors have a long history of supporting activities designed to improve health in the developing world. Among the many lessons learned from this experience is that a supportive policy environment is a major factor in the success of most, but not all, national programs (Clinton, 1979; Freedman, 1987; Merrick, 1989). USAID and other donors have supported population and health policy activities for the past 25 years. There now exists a large and diverse literature base concerning the components of the policy environment and how the various elements interact to affect services and outcomes. In 1994, the USAID-funded EVALUATION Project addressed the issue for family planning activities with a working group on population policy indicators. A considerable amount of background research was done in preparation for that working group. Much of the following discussion expands on the report of this working group (Knowles and Stover; 1995).

The policy environment is defined as the factors affecting program performance that are beyond the complete control of national program managers. In addition to political

support and other expressions of national policy (e.g., a formal national policy), the policy environment includes those aspects of operational policy that involve decisions at a higher level than the program (i.e., the program's organizational structure, its legal/regulatory environment, the resources made available to it, and its use of provider and acceptor payments and fees).

Figure 1 presents a conceptual framework for the policy environment. The framework is organized according to the standard Input-Process-Output-Outcome schema and depicts policy activities of a single period as part of a continuous circular loop. The policy environment is the output of the policy process. It directly affects the various functional areas of programs (e.g., I-E-C, training, commodities and logistics, management), institutionalization, self-sufficiency, and demand for services.

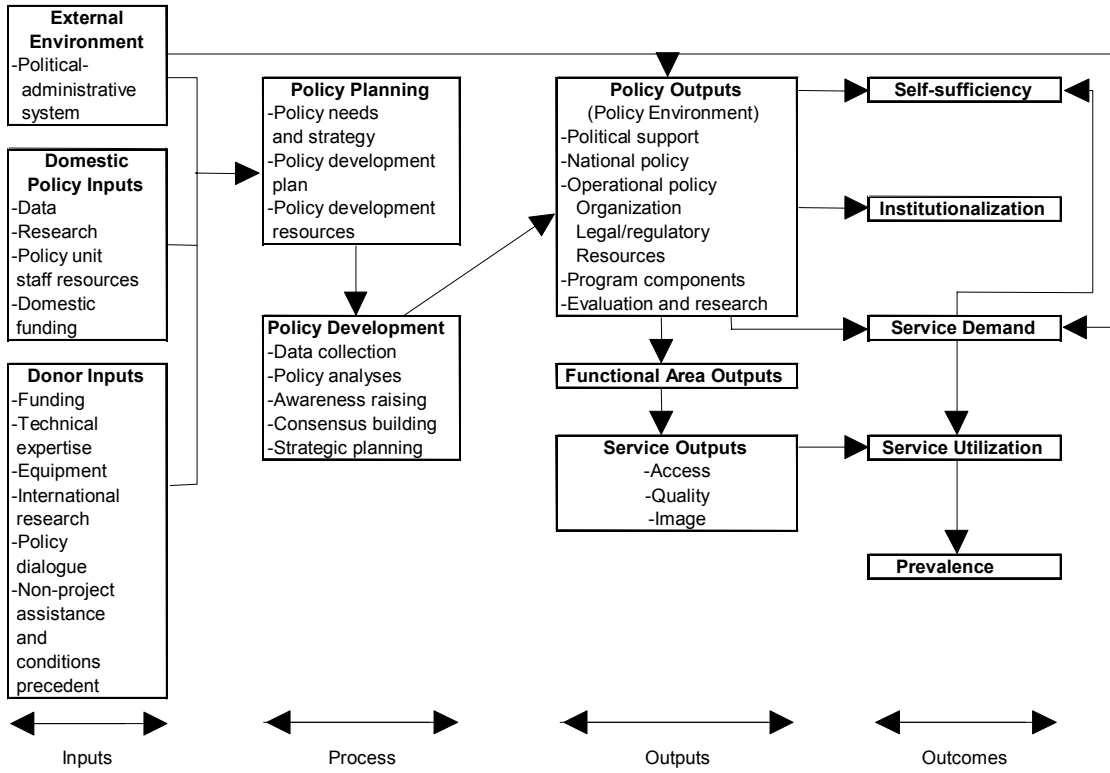
Inputs to the policy development process include:

- The external environment
- Domestic policy inputs
- Donor inputs.

The external environment includes a country's political-administrative system (PAS), its socioeconomic characteristics, and its socio-cultural environment. Domestic policy inputs include available data, existing research, staff resources of policy units, equipment (e.g., computers, audio-visual equipment), and domestic funding. Domestic inputs are enhanced over time to the extent that the institutionalization of policy development capabilities is an effect of policy work. (Figure 1, as a single-period schema, does not explicitly show the feedback effect from institutionalization in one period to levels of domestic policy inputs in the following period, but this should be considered as part of the conceptual framework.) Donor inputs to policy development include specialized technical expertise, equipment, funding, international research, policy dialogue, non-project assistance, and conditions precedent to loans and grants.

The policy environment is modified over time through the planned implementation of policy activities (i.e., the process of policy planning and policy development). Policy planning is based on an assessment of the current policy environment in relation to program needs and of the inputs available for further policy development. Many policy development activities, or policy interventions, are designed to strengthen political support and/or to develop an effective national policy in support of reproductive health programs. As support for programs grows at the national level, policy interventions are usually directed to strengthening the operational policy environment.

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



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

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

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 of the policy environment. 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 statements of policy (e.g., national policies, national development plans) and tax and other material incentives designed to affect decisions.

Operational policy consists of three sub-dimensions that are directly related to the operation of national programs:

- *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 "Program components" item is intended to explicitly capture whether or not specific program components are included in the program by formal policy. This could be included under national policy but it seems better to separate it from the broader national policies.

The category of evaluation and research is intended to capture whether these activities are present to support the process of policy formulation.

According to Figure 1, improvements in the program policy environment should lead to stronger service delivery (access, quality, image), increased service utilization and behavior change, and enhanced institutionalization and self-sufficiency of programs. 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., statements of leaders) affect demand for services.

This framework has been used to develop the major categories for the policy environment score shown below.

Composition of the Policy Environment Score

All of the items in the conceptual framework could be included in the policy environment score. However, we have chosen to limit the PES to 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, since they do help define the environment for policy, but since they cannot be affected by policy activities their inclusion would reduce the usefulness of the score as an evaluation device.

The items included in the conceptual framework under “Domestic Policy Inputs”, “Planning,” and “Implementation” are the inputs and processes used by policy activities to affect the environment. Therefore they do not belong in a measure of the environment itself.

The items included under “Policy Outputs” represent the elements of the policy environment that policy activities attempt to influence. These items define the categories of the policy environment score.

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

A number of specific items could be included under each of these headings. The selection of items included in the PES is intended to capture the most important indicators in each category.

III. Implementation of the Policy Environment Score in Jordan

Components of Reproductive Health

For the purposes of this application, five separate reproductive health programs have been included. They are:

- 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.
- STDs/AIDS : Programs to control the spread of sexually transmitted diseases (STDs), including HIV (the virus that causes AIDS) and to ensure the human rights of individuals affected by HIV/AIDS.
- Adolescents : Programs to enhance the reproductive health of adolescents through education and services.
- Post-abortion care : Programs to provide good medical care and follow-up for women having unsafe abortions.

The policy environment score was applied separately for each component. The specific items used in the score are identical for all programs for the components of "political support", "policy formulation", "organizational structure", "program resources" and "evaluation and research". (The only exception is that there is no "organizational structure" component for the post-abortion care program, since countries rarely have vertical programs in this area.) The items are different for the components "legal and regulatory environment" and "program components", reflecting the different characteristics of each program.

In order to measure change in the policy environment, respondents were asked to rate each item twice, once for 1997 and once for 1996.

The complete instrument for all five programs is given in Appendix B.

Data Collection

The Policy Environment Score has been implemented by the General Secretariat of the National Population Commission in cooperation with the POLICY Project. There were 25 respondents in total. Appendix A lists the respondents. Participants responded to only

those programs with which they had familiarity. Thus, the number of respondents is different for each program. Respondents were chosen to be people knowledgeable about the reproductive health program, but to also represent various viewpoints. Thus respondents included those working within the national government program as well as those outside the program. Respondents included people from the Ministry of Health, NGOs, universities, reproductive health programs, and international donors.

Respondents were contacted by telephone or in person to invite them to participate. Forms were mailed or delivered to respondents. Follow-up contact ensured that all respondents completed and returned the forms. In some cases, assistance was provided to respondents in interpreting the questionnaire. The entire process took place from April to August in 1997.

Scoring

All of 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, (as shown in the PES questionnaire in Appendix B) in order to provide clear guidance to the scorer.

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 with 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

The scores for each program for both 1996 and 1997 are shown in Table 1. All the country scores fall in the lower middle to middle range from 35 to 55 percent of maximum.

Table 1 Policy Environment Scores by Program and Year

Program	1997 Score	1996 Score	Change	Number of Respondents
Family planning	60	54	6*	24
Safe pregnancy	60	56	4*	18
Adolescents	17	14	3	10
STDs/AIDS	51	47	4	15
Post-abortion care	28	27	1	9

*Indicates that the change from 1996 to 1997 is significant at .05 level

The highest scores are for family planning and safe pregnancy. These scores are in the upper middle range, indicating that the policy environment is good, but that considerable room for improvement does exist. The environment for both programs improved significantly from 1996 to 1997.

STDs/AIDS achieves a middle score while the scores for post-abortion care and adolescents are quite low.

There is a good deal of variation in the scores across respondents. The range of scores (plus or minus one standard deviation) is shown in Table 2.

Table 2 Range of Policy Environment Scores by Program

Program	Mean Score	Range
Family planning	60	48-72
Safe pregnancy	60	41-79
Adolescents	17	6-28
STDs/AIDS	51	35-67
Post-abortion care	28	2-54

Table 3 shows the 1997 scores by component for each program. It shows the large variation across components.

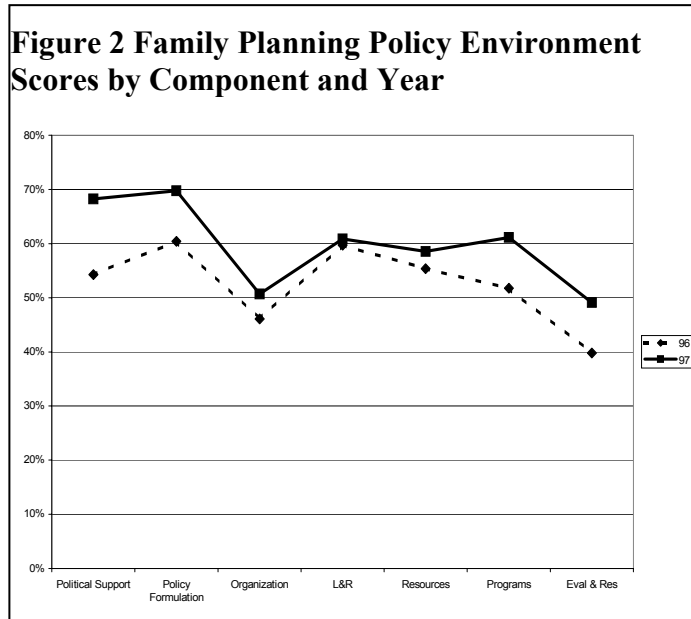
Table 3 Policy Environment Scores by Component and Program for 1997

	Political Support	Policy Formulation	Organization	Legal and Regulatory	Resources	Program Components	Evaluation and Research
Family planning	68	70	51	61	59	61	49
Safe pregnancy	68	57	55	74	62	54	44
Adolescents	41	31	22	17	21	11	5
STDs/AIDS	64	58	52	68	40	38	46
Post-abortion care	14	17		50	36	31	13

Note: Values can range from 0 to 100.

Family planning

Figure 2 shows the family planning scores by component for both 1996 and 1997. The highest rated components are "political support" and "policy formulation". Both achieved scores around 70 percent of the maximum. At the second level, scores around 60 percent of maximum were achieved by three components: "legal and regulatory", "program resources" and "program components". The lowest scores, around 50 percent, were assigned to "organizational structure" and "evaluation and research". The most improved component was "political support" increasing by about 15 points. Three other components, "policy formulation", "program components" and "evaluation and research" all improved by almost 10 points.



Policy formulation. This was the highest rated component, scoring 70 percent of maximum. The high score resulted from the fact that a favorable national policy exists that contains goals and strategies for achieving those goals.

Political support. This was the second highest rated category with a score of 68 percent. Political support is demonstrated by a high level of government commitment to the program, the lack of barriers to the use of media campaigns, and the recognition of the importance of the program by planners.

Program components. This component received a score of 61 percent. The most positive aspects were the freedom of medical practitioners to provide family planning services, the use of mass media and the lack of import duties on contraceptives. The program received low scores for the lack of outreach programs, such as CBD or home visiting workers. Such programs may be less important in a highly urbanized country like Jordan than in those countries with large rural populations.

Legal and regulatory. This component also received a score of 61 percent. The most positive aspect is the lack of barriers to the use of IUDs, pill and condoms. This is counterbalanced by barriers that restrict access to male and female sterilization. The score for this component was also affected by the lack of a firm policy to enforce the legal age at marriages. However, such a policy may not be important due to the high average age at marriage.

Resources. This component received a score of 59 percent. The positive aspects included adequate donor funding and enough service points to provide reasonable access to most clients. The negative aspects are a lack of adequate government funding and a lack of explicit priority guidelines for allocating funding.

Organizational structure. This is the second lowest component with a score of only 51 percent. The low score resulted from the fact that the private sector is not formally included in policy deliberations and that ministries other than the Ministry of Health are not mandated to participate in program implementation.

Evaluation and research. This is the lowest rated component with a score of only 49 percent. Respondents felt that the service statistics system is weak and that there is no regular system to bring evaluation and research results to the attention of program managers.

The policy environment score for family planning in Jordan is compared with the score for Egypt in late 1997 in Table 4. The total score for Egypt is 68 percent, somewhat higher than the total of 60 in Jordan. Egypt scores significantly higher in the use of evaluation and research information and somewhat higher in "political support", "organizational structure" and "legal and regulatory environment". Scores for the other categories are similar.

Table 4 Comparison of Policy Environment Score for Family Planning in Jordan and Egypt

	Political Support	Policy Formulation	Organization	Legal and Regulatory	Resources	Program Components	Evaluation and Research
Jordan	68	70	51	61	59	61	49
Egypt	77	69	67	68	61	63	70

Eleven individual items received average scores of 3 or better, indicating that respondents judged these items to be very supportive of the family planning program. These items are shown in Table 5. Respondents felt that supportive policies are in place and that there is a considerable amount of political support. Other positive aspects are the

lack of barriers to the use of the most popular family planning methods and the freedom enjoyed by the private sector to provide family planning services.

Table 5 Highest Rated Items for Family Planning

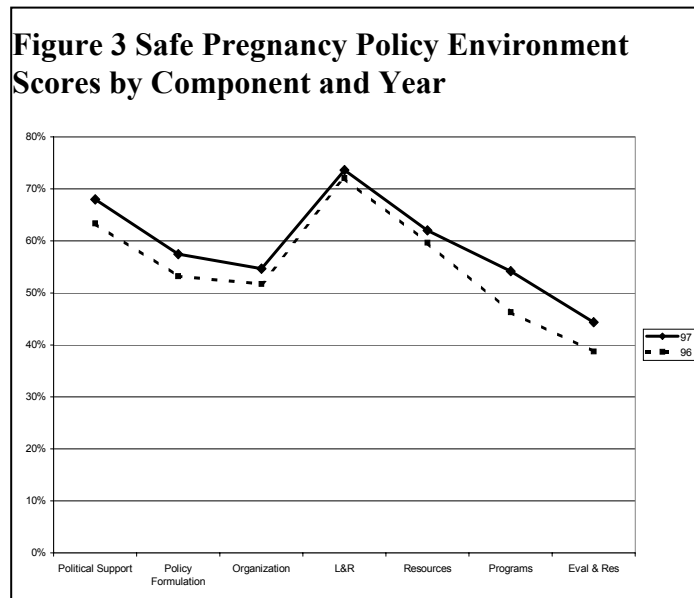
Component	Item
Policy formulation	<ul style="list-style-type: none"> • A favorable national policy exists • Formal program goals exist • There are specific and realistic strategies to meet program goals
Political support	<ul style="list-style-type: none"> • Media campaigns are permitted • The problem is recognized by top planning bureaus • High level national government support exists for effective policies and programs
Legal and regulatory	<ul style="list-style-type: none"> • There are no medical barriers for IUDs, pills, condoms
Program components	<ul style="list-style-type: none"> • Medical practitioners are free to provide contraception
Resources	<ul style="list-style-type: none"> • Funding from donor sources is generally adequate

Seven items received average scores below 1.75 indicating that respondents feel that these items are the weakest parts of the policy environment for family planning. They are listed in Table 6. Respondents felt that there is considerable room for improvement in the collection and use of service statistics and research results. Although the private sector provides family planning services to more couples than the government, it is not formally included in policy deliberations. The lack of medical barriers for IUDs, pills and condoms mentioned above as a positive aspect of the environment is countered by the presence of eligibility barriers for male and female sterilization. Finally, respondents found government funding of the family planning program to be generally inadequate.

Table 6 Lowest Rated Items for Family Planning

Component	Item
Evaluation and research	<ul style="list-style-type: none"> • Lack of a formal system to bring evaluation and research results to the attention of program managers • Lack of an adequate system of service statistics
Organizational structure	<ul style="list-style-type: none"> • The private sector is not formally included in policy deliberations
Legal and regulatory	<ul style="list-style-type: none"> • Eligibility barriers exist for male and female sterilization and condoms
Resources	<ul style="list-style-type: none"> • Funding from government sources is inadequate
Safe pregnancy	

Figure 3 shows the safe pregnancy scores by component for both 1996 and 1997. The highest rated components are "legal and regulatory environment" and "political support". Both achieved scores around 70 percent of the maximum. At the second level, scores from 54 to 62 percent of maximum were achieved by four components: "program resources", "policy formulation", "organizational structure" and "program components". The lowest score, 44 percent, is for "evaluation and research". The total score increased by only four points, but an eight-point increase took place in the "programs" component.



Legal and regulatory environment. This is the highest rated component with a score of 74 percent of maximum. It consists of a single item "Providers are free from unnecessary legal and regulatory restrictions".

Political support. This component has the second highest score at 68 percent. All items in this component were highly rated, reflecting the respondent's view that there is strong political support for safe pregnancy programs.

Resources. This component received a score of 62 percent. Respondents generally found funding and staffing to be adequate.

Policy formulation. This component received a score of 57 percent. High scores were given for the existence of a favorable national policy with formal goals and strategies. However, respondents felt that there was little participation by other ministries or NGOs in policy formulation.

Organizational structure. This component received a score of 55. The program is well placed within the government structure. However, other ministries are not mandated to help with program implementation and the private sector does not have a formal role in policy deliberations.

Program components. This is the second lowest ranked component with a score of 54. The component scored well for having established service norms for prenatal care, nutrition, supervised delivery, etc. It received low scores for not having a policy to identify and treat high-risk pregnancies and for not utilizing traditional birth attendants.

Evaluation and research. This is the lowest ranked component with a score of only 44 percent. The low score is due to a lack of good systems for collecting and using service statistics and research results.

The highest and lowest rated items are shown in Tables 7 and 8.

Table 7 Highest Rated Items for Safe Pregnancy

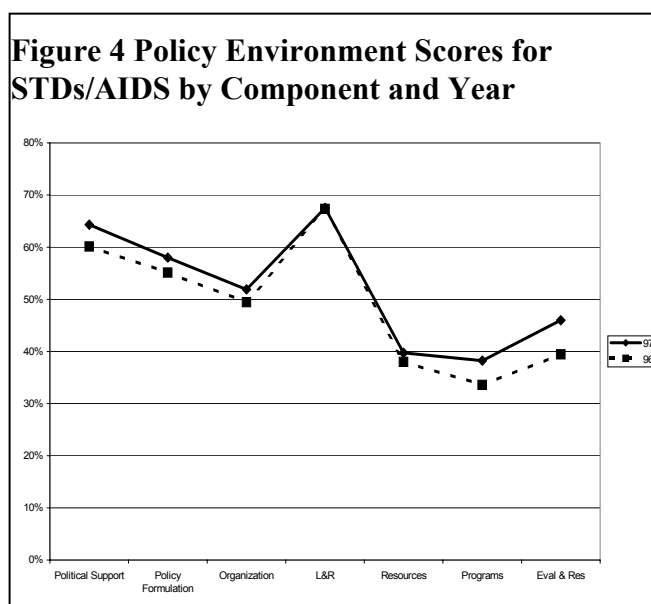
Component	Item
Legal and regulatory	<ul style="list-style-type: none">• Providers are free from unnecessary legal and regulatory restrictions
Political support	<ul style="list-style-type: none">• Media campaigns are permitted• Public opinion supports effective policies and programs• The problem is recognized by top planning bureaus• High level government support exists for effective policies and programs
Program components	<ul style="list-style-type: none">• Safe pregnancy service norms are established

Table 8 Lowest Rated Items for Safe Pregnancy

Component	Item
Evaluation and research	<ul style="list-style-type: none">• A system exists to bring evaluation and research results to management's attention• Special studies are undertaken to address leading policy issues• A regular system of service statistics exists and functions adequately• A system exists to monitor secondary data sources
Program components	<ul style="list-style-type: none">• Traditional birth attendants are formally incorporated into a safe pregnancy referral system• A program exists to identify high-risk pregnancies within local communities and to help those women reach a first-referral facility
Organizational structure	<ul style="list-style-type: none">• Ministries other than health are involved in policy formulation• NGOs are involved in policy formulation
Policy formulation	<ul style="list-style-type: none">• The private sector is formally included in policy deliberations• Ministries other than health are mandated to help with program implementation

STDs/AIDS

Figure 4 shows the STDs/AIDS scores by component for both 1996 and 1997. The highest rated components are "legal and regulatory environment" and "political support". Both achieved scores of 65-70 percent of the maximum. At the second level, scores from 50 to 60 percent of maximum were achieved by two components: "policy formulation" and "organizational structure". The remaining three components, "resources", "program components" and "evaluation and research" all received low scores around 40 percent. The total score did not increase significantly from 1996 to 1997.



The key aspects of each component are discussed below, ranked from the component with the highest score to the lowest. The component scores are shown in parentheses as a percent of the maximum possible score.

Legal and regulatory (68). The high score is due to a lack of unnecessary restrictions on imports of condoms and STD drugs and on STD services and good regulations for blood screening and confidentiality of HIV tests.

Political support (64). The high score is due to a high level of government support and the support of public opinion for effective policies and programs.

Policy formulation (58). High scores were given for the existence of a favorable national policy, formal program goals, and the involvement of ministries other than the Ministry of Health in policy formulation. However, respondents indicated a lack of involvement of NGOs, community leaders and the private sector in policy dialogue.

Organizational structure (52). Positive aspects include the involvement of ministries other than the Ministry of Health in program implementation. Negative aspects include the exclusion of the private sector from formal participation in the program.

Evaluation and research (46). Respondents indicated that there is a functioning system of statistics but no system to use evaluation and research results for program planning.

Resources (40). Respondents generally felt that resources from all sources are inadequate.

Program components (38). This is the lowest rated component. Aside from effective blood screening other program components were judged to be weak or absent.

It is interesting to compare the policy environment score for Jordan with scores for other countries where similar assessments have been made. Under the PASCA Project (*Proyecto Accion SIDA Centroamerica*) The Futures Group International conducted an assessment of the policy environment for HIV/AIDS in five countries in Central America: Honduras, Guatemala, El Salvador, Nicaragua and Panama (Murgueytio, Merino and Stover, 1997). The total score for these five countries ranged from 35 to 55, generally below the score for Jordan. The AIDS epidemic has made a more significant impact in Central America than in Jordan. Thus, these countries have been forced to confront such difficult policy issues as ensuring human rights for those affected by HIV/AIDS, supporting programs for high risk groups including homosexuals and transsexuals, government funding for expensive treatments and sex education in the schools. The policy environment might well deteriorate in Jordan if the AIDS epidemic were to become significantly worse and the need to address such issues became more urgent.

The highest and lowest rated items are shown in Tables 9 and 10.

Table 9 Highest Rated Items for STDs/AIDS

Component	Item
Legal and regulatory	<ul style="list-style-type: none"> • Minimal regulations on the importation of condoms and STD drugs • Regulations on screening blood exist and are enforced • Confidentiality of tests is guaranteed • No restrictions on who may receive STD services
Program components	<ul style="list-style-type: none"> • Blood screening is universal
Political support	<ul style="list-style-type: none"> • High level national government support exists

Table 10 Lowest Rated Items for STDs/AIDS

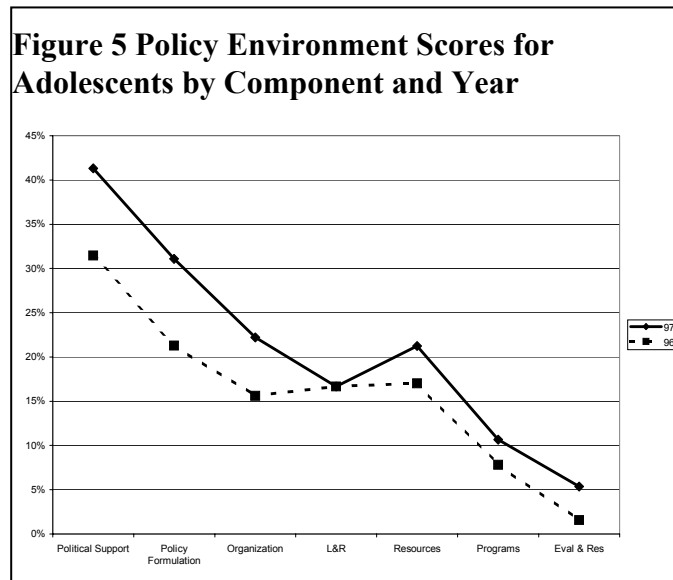
Component	Item
Program components	<ul style="list-style-type: none"> • No social marketing for condoms • No special programs for high risk groups • No family life education for youth • Lack of national treatment guidelines for STDs
Resources	<ul style="list-style-type: none"> • Funding from government sources is inadequate
Evaluation and research	<ul style="list-style-type: none"> • Lack of special studies to address policy issues
Legal and regulatory	<ul style="list-style-type: none"> • Condom advertising is restricted • Lack of anti-discrimination legislation

Adolescents

Figure 5 shows the adolescent scores by component for both 1996 and 1997. Only nine respondents rated this element and complete scores for all components are available from only seven respondents.

Therefore, only the summary results will be discussed here.

None of the components achieved scores above 50 percent. The highest rated components were "political support" and "policy formulation" at 41 and 31 percent respectively. The other components received scores from 5 to 22 percent. The lack of a supportive policy environment for adolescent reproductive health would be a serious concern if a significant number of unmarried adolescents were sexually active. However, fertility and family health surveys in Jordan only interview ever-married women. Therefore, little information exists to assess the magnitude of the problem.

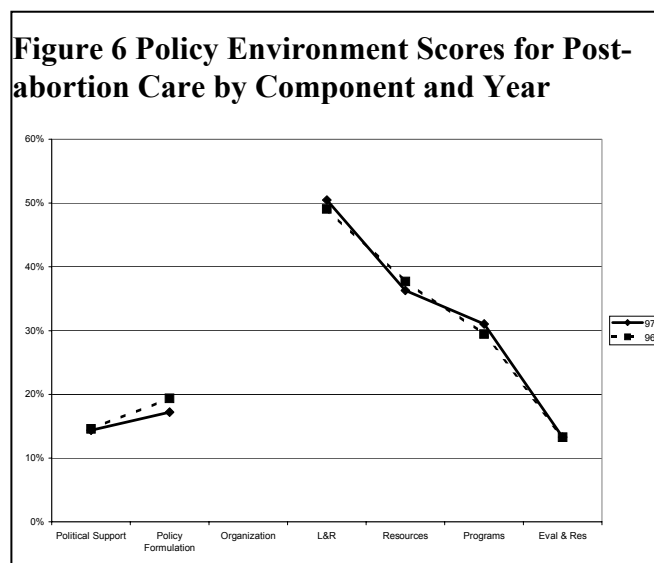


Post-abortion care

Figure 6 shows the post-abortion care scores by component for both 1996 and 1997. Only nine respondents rated this element and complete scores for all components are available from only eight respondents. Therefore, only the summary results will be discussed here.

None of the components achieved scores above 50 percent. The highest rated component, at 50 percent, was "legal and regulatory environment", indicating that medical care for abortion complications is somewhat available. Score for the other components ranged from 13 to 36.

The lack of a supportive policy environment for post-abortion care would be a serious concern there are a significant



number of unsafe abortions. However, few statistics are available to assess the magnitude of the problem.

Variation in scores

Variation in scores across individual respondents could arise from a number of factors, including:

- Normal differences of opinion about the correct score
- Differences in understanding what the item means
- Differences between groups of respondents based on their point of view
- Lack of knowledge on which to base a response

We examined the responses according to whether the respondent was from the government, NGO, university, project or donor sector (using one-way ANOVA) and found no significant difference between the groups.

In order to consider whether or not variation in responses was due to misunderstanding of certain items, we examined the items with the largest variation across respondents. To do this, we ranked ordered the items according to the standard deviation of the responses. The top items in terms of total variation for the family planning program are shown in Table 11. A number of items refer to eligibility or medical barriers to access. It may be that this concept was not well understood by all respondents. Future versions of the instrument should provide a description of eligibility and medical barriers in both English and Arabic to reduce any confusion. The other items are ones that should be readily understood. Some are compound statements, such as: "A national coordinating body exists that engages the various ministries to assist in service delivery." Some respondents may have given this item a high score because a national coordinating body does exist while others may have given it a low score because it does not coordinate service delivery. This type of variation is expected in programs that score near the middle of the possible range. There would be less variation if the policy environment were clearly poor (no coordinating body at all) or excellent (very efficient body coordinating all service delivery). This type of variation could be reduced by collecting future responses either through personal interviews (where such issues can be explained in a consistent manner by the interviewer) or through group meetings (where detailed explanations can be provided to the group).

Table 11 Items with Highest Degree of Variation in Respondent Ratings

Item	Standard Deviation of Response
Medical barriers do not exist for vasectomy	1.61
A national coordinating body exists that engages the various ministries to assist in service delivery	1.54
Eligibility barriers do not exist for condoms	1.42
Firm policy exists to enforce legal age at marriage for males	1.40
Contraceptive advertising is permitted	1.35
Price controls on contraceptives are minor or absent	1.33
Legal age at marriage is satisfactory for females	1.29
Firm policy exists to enforce legal age at marriage for females	1.27
Ministries other than health are involved in policy formulation	1.26
Eligibility barriers do not exist for vasectomy	1.26
A national coordinating body exists and functions effectively	1.25
The director for service delivery is full-time and reports to an influential superior officer	1.23
Eligibility barriers do not exist for tubal ligation	1.22
Medical barriers do not exist for tubal ligation	1.21
The private sector is formally included in policy deliberations	1.20

Some of the variation in responses is undoubtedly due to different levels of knowledge among respondents. In other instruments similar to the PES we have experimented with the weighting of responses according to the expertise of the individual in each item. Our research to date on this issue has found little impact of weighting on improving accuracy or reducing variation.

Conclusion

The Policy Environment Score is clearly not a perfect instrument for measuring the degree to which the policy environment is supported 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 measure that may be useful for evaluating the current status of the policy environment and determining the amount and direction of change over time. The results reported here are consistent with our understanding of the environment in Jordan, with only a few exceptions. They suggest that the policy environment for family planning and safe pregnancy is generally good, although considerable room for improvement does exist. Two areas stand out as in greatest need of improvement: (1) the systematic use of service statistics and evaluation and research results for program planning and (2) participation by the private sector in policy deliberations and the participation of ministries other than the Ministry of Health in program implementation. Significant progress was made between 1996 and 1997 in both of these areas.

The score for STDs/AIDS is in the middle of the range. The positive aspects include a lack restrictive regulations on importing and distributing condoms and drugs and good regulations on the confidentiality of testing and screening of blood. The negative aspects include a lack of programs to target services to high-risk groups.

The scores for adolescents and post-abortion care are low, reflecting the official lack of emphasis in these areas. Since data on the extent of the problems in these two areas are quite limited, it is difficult to know how important it is that the policy environment in these sectors is poor.

Our current plans are to repeat this assessment in 1999 to measure the amount of change from the current levels. The repeat application may be confined to family planning and safe pregnancy, since there are few activities now underway to improve the policy environment for STDs/AIDS, adolescents or post-abortion care.

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Appendix A. List of Participants

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Dr. Makram Ishaq, Head of OBGYN, MOH and Al-Basheer Hosp.

Appendix B. Policy Environment Score Questionnaire

The POLICY Project

POLICY ENVIRONMENT SCORE

COUNTRY:

RESPONDENT NAME:

POSITION:

DATE:

GENERAL COMMENTS:

Policy Environment Score

Family Planning

I. POLITICAL SUPPORT

(Scoring: 1=weak; 5 = strong)

This Year	Last Year
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1. High level national government support exists for effective policies and programs.
2. Public opinion supports effective programs and policies.
3. Media campaigns are permitted and used.
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.
5. Ministries other than Health are involved in policy formulation.
6. Policy dialogue and formulation involves NGOs, community leaders, and representatives of the private sector and special interest groups.

III. ORGANIZATIONAL STRUCTURE

1. A high level coordinating body exists which engages various ministries to assist the service delivery program.
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 Health are mandated to help with program implementation.
5. NGOs are formally included.
6. The private sector is formally included.

IV. PROGRAM RESOURCES

1. Local budget is ____% of all funding (enter %).
2. Total funding is ____ (dollars) per capita (enter total and per capita)
3. Enough service points and providers exist for reasonable access by most clients.
4. Resources are allocated by explicit priority guidelines.

V. EVALUATION AND RESEARCH

This Year Last Year

1. A regular system of service statistics exists and functions adequately.
2. A system exists to bring evaluation and research results to management’s attention.
3. Special studies are undertaken to improve the program.

VI. LEGAL AND REGULATORY

1. Medical barriers do not exist for: (“5” means no barriers).

- a. Tubal ligation
- b. Vasectomy
- c. IUD
- d. Pill
- e. Injectable
- f. Condom
- g. Other?

2. Eligibility barriers do not exist for: (“5” means no barriers).

- a. Tubal ligation
- b. Vasectomy
- c. IUD
- d. Pill
- e. Injectable
- f. Condom
- g. Other?

3. The legal age at marriage is satisfactory for:

- a. Females (actual legal age is ____)
- b. Males (actual legal age is ____)

4. A firm policy exists to enforce these ages

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VII. PROGRAM COMPONENTS

This Year Last Year

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. Social marketing (CSM)
- d. Home visiting workers
- e. Community-based distribution (CBD)

2. The private sector is deliberately encouraged through policies that:

- 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 (attach amounts if available)

Policy Environment Score Safe Pregnancy

I. POLITICAL SUPPORT

(Scoring: 1=weak; 5 = strong)

This Last
Year Year

1. High level national government support exists for effective policies and programs.
2. Public opinion supports effective programs and policies.
3. Media campaigns are permitted and used.
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. NGOs 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 Health are mandated to help with program implementation.
4. NGOs are formally included.
5. The private sector is formally included.

IV. PROGRAM RESOURCES

1. Local budget is ____% of all funding (enter %).
2. Total funding is _____ (dollars) per capita (enter total no. and per capita figure).
3. Enough service points and providers exist for reasonable access by most clients.
4. Resources are allocated by explicit priority guidelines.

V. EVALUATION AND RESEARCH

This Year Last Year

1. A regular system of service statistics exists and functions adequately.
2. A system exists to bring evaluation and research results to management's attention.
3. Special studies are undertaken to improve the program.

VI. LEGAL AND REGULATORY

1. Unwarranted legal and regulatory restrictions on providers do not exist ("5" means no unwarranted restrictions).

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VII. 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 complicated pregnancies.
2. There exists a policy to identify high-risk pregnancies within local communities and to ensure that those women are taken to a first-referral facility.
3. Traditional birth attendants are formally incorporated into a safe pregnancy referral system.

Policy Environment Score Postabortion Care

I. POLITICAL SUPPORT

(Scoring: 1=weak; 5 = strong)

This Last
Year Year

1. High level national government support exists for effective policies and programs.
2. Public opinion supports effective programs and policies.
3. Media campaigns are permitted and used.
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. 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 Health are involved in policy formulation.
5. Policy dialogue and formulation involves NGOs, community leaders, and representatives of the private sector and special interest groups.

III. ORGANIZATIONAL STRUCTURE (Not applicable to postabortion care.)

IV. PROGRAM RESOURCES

1. Local budget is ____% of all funding (enter %).
2. Total funding is _____ (dollars) per capita (enter total no. and per capita figure).
3. Enough service points and providers exist for reasonable access by most clients.
4. Resources are allocated by explicit priority guidelines.

V. EVALUATION AND RESEARCH

1. A regular system of service statistics exists and functions adequately.
2. A system exists to bring evaluation and research results to management's attention.
3. Special studies are undertaken to improve the program.

This Year Last Year

VI. LEGAL AND REGULATORY

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.

VII. PROGRAM COMPONENTS

1. Ministry of Health services link family planning provision to postabortion care through regular referral of cases to a family provider.
2. Postabortion care is mandated as one component of the primary healthcare system.
3. A logistic system exists to make contraceptives readily available at the abortion treatment sites.
4. A system for ensuring confidentiality is in place.

Policy Environment Score Adolescents

I. POLITICAL SUPPORT

(Scoring: 1=weak; 5 = strong)

This Last
Year Year

1. High level national government support exists for effective policies and programs.
2. Public opinion supports effective programs and policies.
3. Media campaigns are permitted and used.
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. Policy dialogue and formulation involves NGOs, community leaders, and representatives of the private sector and special interest groups.

III. ORGANIZATIONAL STRUCTURE

1. A high level coordinating body exists which engages various ministries to assist with appropriate services.
2. Ministries other than Health are mandated to help with program implementation.
3. NGOs are formally included.
4. The private sector is formally included.

IV. PROGRAM RESOURCES

1. Local budget is ____% of all funding (enter %).
2. Total funding is _____(dollars) per capita (enter total no. and per capita figure).
3. Enough service points and providers exist for reasonable access by most clients.
4. Resources are allocated by explicit priority guidelines.

V. EVALUATION AND RESEARCH

This Last

-
1. A regular system of service statistics exists and functions adequately.
 2. A system exists to bring evaluation and research results to management's attention.
 3. Special studies are undertaken to improve the program.

Year	Year

VI. LEGAL AND REGULATORY

1. In general, there is a favorable legal and regulatory climate for ensuring that unmarried adolescents may receive services for reproductive health.
2. Pregnant adolescents are allowed to continue with their education.
3. There are no unwarranted restrictions on providers (i.e., services available to adults are available to adolescents as well).

VII. PROGRAM COMPONENTS

1. Family planning services for single adolescents are offered not only in the traditional service delivery points, but also elsewhere, such as in schools, youth centers, or other places where youth are found.
2. Government policy supports family life education and other IEC efforts for youth.
3. STD/AIDS information is an integral part of educational efforts.
4. There are no policy barriers to the availability of condoms for youth.
5. Postabortion counseling is an integral part of the program.
6. Health staff are trained to counsel youth in sexuality and reproductive health matters.
7. Community based distribution systems exist and employ youth (male and female) distributors.

Policy Environment Score AIDS

I. POLITICAL SUPPORT

(Scoring: 1=weak; 5 = strong)

**This Last
Year Year**

1. High level national government support exists for effective policies and programs.
2. Public opinion supports effective programs and policies.
3. Media campaigns are permitted and encouraged.
4. The main political parties support effective policies and programs.
5. Top planning bureaucrats recognize AIDS/STDs 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.
5. Ministries other than Health are involved in policy formulation.
6. Policy dialogue and formulation involves NGOs, 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 ACP Director is full-time and reports to an influential superior officer.
3. Ministries other than Health are involved in program implementation.
4. NGOs are formally included in the AIDS Control Program.
5. The private sector is formally included in the AIDS Control Program.

IV. PROGRAM RESOURCES

1. Total funding for AIDS control and prevention activities is ____.
2. Domestic funding accounts for ____ percent of total program funding.
3. Resources are allocated according to priority guidelines.

V. EVALUATION AND RESEARCH

This Year Last Year

1. Evaluation and research results are actively employed in policy formulation.
2. A formal evaluation unit exists within the program.
3. Special studies are undertaken as needed to improve the program.

VI. LEGAL AND REGULATORY

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 restriction on condom distribution.
8. There are no unethical AIDS laws (quarantine, incarceration, discrimination).
9. There is no officially condoned harassment of high risk groups (CSW, MSM, IVDU).
10. There are no restrictions on who may receive STD services.

VII. 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.
