The Policy Environment Score

Measuring the Degree to Which the Policy Environment in Ogun, Bauchi, Niger and Delta States Supports Effective Policies and Programs for Reproductive Health

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Nigeria

March-June, 2018

TABLE OF CONTENTS

I. Introduction

Purpose

Policy Environment Score (PES) is an assessment that measures the degree to which the policy environment in a country/location supports the reproductive health of the population, with specific focus on access to high quality family planning services, adolescent health and other reproductive health services. PES is designed to measure the level of support and changes, resulting from policy activities, which may occur in the assessed location over a period, usually a "*one to three-year*" period.

Policy environment describes the interaction(s) of several factors affecting program performance that are beyond the complete control of program managers or implementers. 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 taken 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).

The PES was implemented by The Challenge Initiative (TCI) on behalf of the Ogun, Delta, Bauchi and Niger States Ministries of Health. PES was also conducted in Kano State which was carried out by another partner. A total of 40 respondents each participated in the survey in the states mentioned above in November 2017 and April 2018. Criteria for selection of respondents were essentially knowledge of the FP/RH situation. They were basically made up of stakeholders in the ministry of health, donor organizations that support the ministry and various interest groups like the advocacy core group and faith-based organizations, traditional and religious leaders.

This PES assessment exercise forms a baseline indication of how the policy environment supports effective policies and programs for reproductive health with emphasis on family planning, STD/AIDS, post-abortion care, safe pregnancy and adolescents in the states.

The PES was conducted with two broad aims:

- to assess the current status of the policy environment supporting reproductive health in the States; and
- to identify the strongest and weakest elements within the policy environment system in the State.

II. Conceptual Framework

It has long been established that collaborations between national, state and local governments and international donors have effectively complemented interventions targeted at improving health in low-and middle-income countries (LMICs). One important lesson from this partnership is the vital role a supportive policy environment plays in the success of programs implemented (Clinton, 1979; Freedman, 1987; Merrick, 1989). United State Agency for International Development (USAID) and other donors have consistently supported population and health policy activities for over four decades. Indeed, there now exists a large and diverse literature pool concerning the components of the policy environment and how the various elements assessed interact to affect reproductive health 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 substantial amount of background research was done in preparation for that working group. Much of the following discussion, particularly on the *Conceptual Framework*, expands on the report of this working group (Knowles and Stover; 1995).

Figure 1 presents a *Conceptual Framework* for the policy environment, which was employed in the current assessment. 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.* information education and communication (IEC), training, commodities and logistics, management), institutionalization, self-sufficiency, and demand for services.

Inputs to the policy development process include:

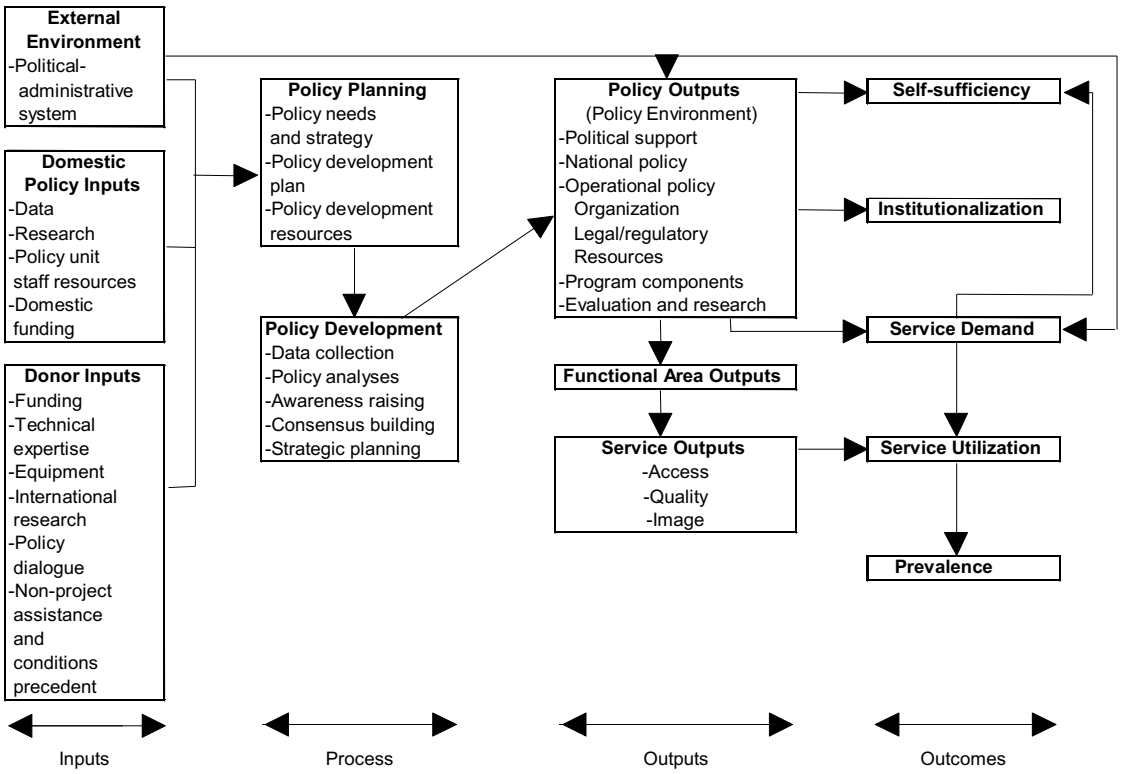
- The external environment
- Domestic policy inputs
- Donor inputs

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



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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, state, 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 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 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 *Conceptual Framework* has been used to develop the major categories for the policy environment score as described in the next section.

Composition of the Policy Environment Score

All 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 define the policy environment and are also likely to 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 limit 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)
- Organizational Structure
- Program Resources
- Evaluation and Research
- Legal and Regulatory
- Program Components

Several specific items could be further included under each of these headings. However, 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 Bauchi, Delta, Niger and Ogun States

Components of Reproductive Health

For the purposes of this PES exercise, four separate reproductive health programs were assessed. These include:

- **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 Human Immunodeficiency Virus (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.

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 items are different for the components "legal and regulatory environment" and "program components", reflecting the different characteristics of each program.

To measure the current status of the policy environment in the States mentioned above, respondents were asked to rate each item in the questionnaire. The complete instrument for all four programs is given in *Appendix A*.

Data Collection

The Policy Environment Score was implemented by The Challenge Initiative (TCI) with support from the Reproductive Health Units of the States' Ministries of Health. There was a total of 180 respondents from the four states. Of the total respondents, 46(25.6%), 40(22.2%), 50(27.8%) and 44(24.4%) were from Bauchi, Delta, Niger and Ogun States respectively (**Table 1**). Participants were requested to respond to programs (and the respective questions and items) they were familiar with; hence, the total number of respondents on each program varied. Respondents were a purposive sample of people with vast knowledge and experience in reproductive health programs and related policy environment. Respondents included selected staff of the Ministry of Health (MOH), State Primary Health Care Agency, State Hospital Management Board, public and private hospitals (including teaching and specialist health centers), non-governmental organizations

(NGOs), donors, traditional and religious leaders and other implementing partners in reproductive health and family planning in the States.

Table 1: Number of Respondents by State

State	No. of Respondents	% of Total Respondents
Bauchi	46	25.6
Delta	40	22.2
Niger	50	27.8
Ogun	44	24.4
TOTAL	**180**	**100**

Respondents were contacted, and following informed consent, were interviewed in person. For respondents that could not be interviewed physically, we requested that forms be delivered and collected in subsequent visits. During follow-up visits, completed forms were collected and checked for consistency. We also guided respondents who needed assistance in completing the questionnaire.

Scoring

All the items in the PES were scored on a scale of 0 to 4, with 0 representing "*weak*" and 4 "*strong*". Although this varies slightly in some programs and items examined (refer to PES questionnaire in *Appendix A* for details).

The first step in calculating the total score was to sum the individual item scores within a category. These sub-totals were then 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 were converted into percentages by dividing by the maximum possible score for each category (in this case 4). 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

1. Overall Program Scores

Though the total number of respondents interviewed differs across the states as shown below, the overall program scores at the end of the assessment across the states indicated that STDs/AIDS had the highest score ranging from 71.9% in Delta state to 81.3% in Ogun State (**Table 2**). Meanwhile, Adolescents had the lowest scores in the states ranging from 56.6% (Delta State) to 62.4% (Ogun State). Consequently, both the lowest scores and the highest scores were found in Delta and Ogun state for the aforementioned programs. Across the states, Adolescent Programs were ranked lowest.

Table 2. Policy Environment Scores by Program for 2017

Program	OGUN 2017 Score (%)	No. of Respondents	DELTA 2017 Score (%)	No. of Respondents	NIGER 2017 Score (%)	No. of Respondents	BAUCHI 2017 Score (%)	No. of Respondents
Family Planning	73.1	44	67.0	40	67.5	50	69.57	46
Safe Pregnancy	72.8	44	69.6	40	77.5	50	68.69	46
Adolescents	62.4	44	56.6	40	61.3	50	58.81	46
STDs/AIDS	81.3	44	71.9	40	78.9	50	76.09	46

Table 3: Policy Environment Scores by Component and Program for 2017

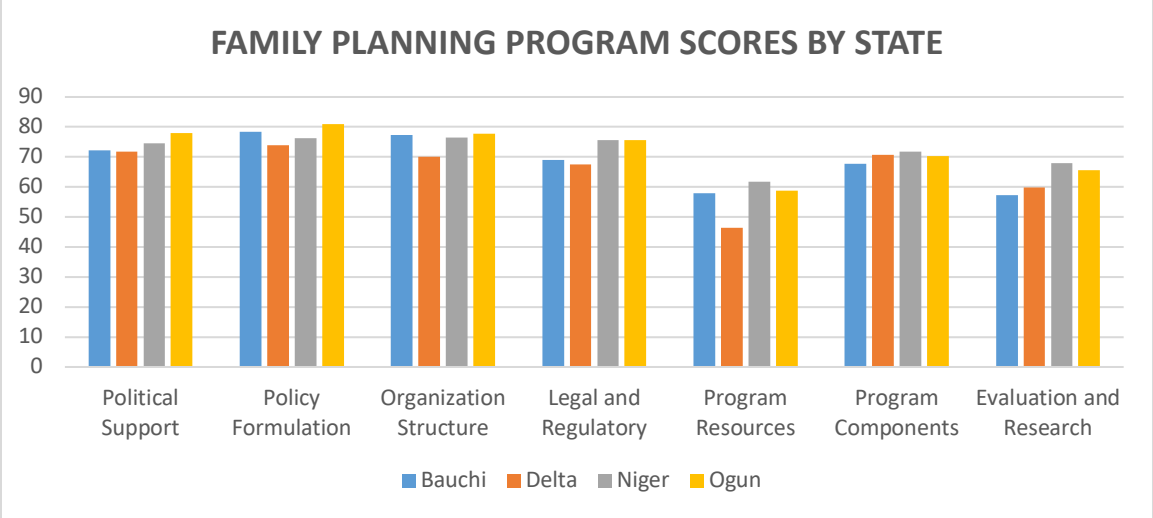
	BAUCHI				DELTA				NIGER				OGUN			
Program Areas	**Family Planning**	**Safe Pregnancy**	**Adoles-cents**	**STDs/ AIDS**	**Family Planning**	**Safe Pregnan**	**Adoles-cents**	**STDs/ AIDS**	**Family Planning**	**Safe Pregnan**	**Adoles-cents**	**STDs/ AIDS**	**Family Planning**	**Safe Pregnan**	**Adoles-cents**	**STDs/ AIDS**
Political Support	74.9	74.4	61	78.8	67.8	78.1	64.8	73.7	69.9	83.5	63	81.5	78	79.9	70.5	83.5
Policy Formulation	80.5	76.5	72.3	84.3	70.7	79.6	65	80.2	72.9	85.1	66.5	80.5	81.7	82.7	67.5	91.9
Organization Structure	76.5	77.4	68.8	86.8	64.3	74.9	62.8	77.7	71.4	81.1	67.1	86.5	78.6	77.6	65.3	89.1
Legal and Regulatory	78.3	63.9	57.7	76.1	70.4	69.3	52.1	78.6	81.4	81.8	62.2	77.4	72.03	78.4	68.3	84
Program Resources	64.7	56.1	48.8	61.9	48.5	48.7	40.6	48.3	64.4	65.4	50.3	66.8	59.7	60.1	52.2	63.2
Program Components	62.1	75.1	57.6	76.3	73.3	74.1	59.2	76.2	64.5	75.4	63.4	83.9	71.1	69.5	58.2	82.4
Evaluation and Research	57.2	57.4	45.6	68.4	56.8	62.6	51.5	68.3	69.6	70.2	56.3	75.6	70.6	61.8	54.9	74.9
AVERAGE	**70.6**	**68.7**	**58.8**	**76.1**	**64.5**	**69.6**	**56.6**	**71.9**	**70.6**	**77.5**	**61.3**	**78.9**	**73.1**	**72.9**	**62.4**	**81.3**

Note: All figures are in %

Family Planning

The scores for Family Planning across the program areas ranged from 48.5% to 81.7% across the states were PES was conducted with Ogun state having 81.7% in policy formulation (**Table 3**). Apart from Ogun (70.6%) and Niger (69.6%) in terms of research and evaluation, Delta and Bauchi has the lowest scores in this program area with 56.8% and 57.2% respectively. Meanwhile program resources were relatively low when compared with other program areas with Ogun (59.7%) and Delta having the lowest scores (48.5%) as depicted in **Table 3**.

FIGURE 2



- **Program Components:** The component has these scores 71.1%, 73.3%, 62.1% and 64.5% in Ogun, Delta, Bauchi and Niger States respectively (Table 3). These have appreciable scores as the respondents said the family planning receiving huge attention across the state. Delta has the highest rated component at 73.3%, this may be due to the use of mass media in these settings, trainings of LARC providers by State government and implementing partners and free access to family planning and contraceptive services while Bauchi has the lowest score.
- **Policy Formulation:** This component has been recorded to have highest scores across the other program areas. This was not far fetch as respondents acknowledged the existence of a favorable national policy, with this extended to several local settings in the States. Moreover, the relatively high scores may also point to an engaging policy dialogue

and formulation process, involving NGOs, community leaders, and private sectors. With Ogun state having the highest score of 81.7% and Delta having the lowest (70.7%).

- **Legal and Regulatory Environment:** This component received scores of 72.0%, 70.4%, 78.3% and 81.4% in Ogun, Delta, Bauchi and Niger states respectively (**Figure 3**). Generally, the respondents felt there were no stringent laws opposing FP, however, some level of eligibility barriers, including age, parity, husband's consent, etc., also exist in accessing these services. Some respondents noted that legal age at marriage and policy enforcing this relatively exists. In Niger State specifically with highest score of 81.4%, respondents strongly believed that awareness campaigns on family planning services were on point as media campaigns on family planning were generally allowed in the state with no restrictions. They also reported satisfactory government commitment towards family planning as demonstrated by the readiness of the government to support effective family planning policies and programs. This level of commitment could be said to have been proven by the expression of interest by the state to be one of the TCI states in the country. Recognition for family planning issues by top planning bureaus in the state was also another positive aspect as reported by majority of the respondents. However, the respondents expressed dissatisfaction with the way political parties in the state tend to play politics with family planning policies, no matter how effective. This is also true of major religious organizations in the state as the respondents the respondents saw religious organizations more of barriers than supports to family planning policies in the state. This may be as a result of prevalent religious misconceptions around family planning services in northern Nigeria

  Political Support: This component across Ogun, Delta, Bauchi and Niger States differs with scores of 78.0%, 67.8%, 74.9% and 69.9% respectively. Based on this, seems Ogun has more political support for family planning when compared to other states above and Delta has the lowest score of 67.8%. The respondents attributed it to the fact that media campaigns are permitted in Ogun state. They were also of the opinion that high level government support (ARAYA program in Ogun) exists for effective policies and programs, public opinion supports effective policies and programs. However, the fact that political parties do not regularly support family planning policies and program was regarded as a major barrier as FP program implementation in the State is mostly dependent on donors.
- **Organizational Structure:** Rated the highest in Ogun State with a score of 78.6%, followed by Bauchi (76.5%), Niger (71.4%) and Delta (56.8%). The respondents may have attributed this (based on individual scores) to the fact that NGOs (a very important sector in reproductive health) and implementing partners were carried along in policy deliberations. Besides, the scores were also suggestive of considerable support from the government, owing to the presence of dedicated staffs who had connections with influential superior officer(s).

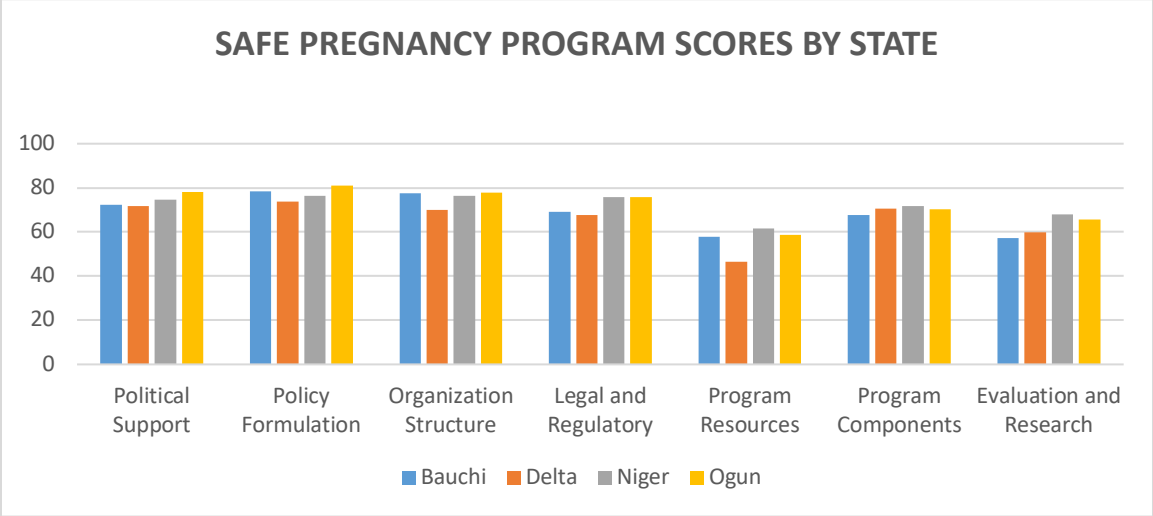
- **Evaluation and Research:** This is an important component, with Ogun having the highest score of 70.6% and Delta having 56.8% been the lowest in terms of the score. Although the respondents felt that systems and processes somewhat exist to bring evaluation and research results to management's attention, many believed that special studies (researches) needed to address leading policy issues that have not been conducted. Many also affirmed that data reporting system needs to be strengthened as reporting rates for Family Planning for the States has been consistently poor (Delta) as compared with other States. Though various avenues has been established such as HDCC, TWG, Partners forum, etc to disseminates findings and share data with the stakeholders.
- **Program Resources:** This component received scores of 59.7%, 48.5%, 64.7% and 64.4% **(Figure 2)** in Ogun, Delta, Bauchi and Niger respectively. This has been generally low except with the presence of implementing partners that actually serves as buffer to the increase in terms of the resources for family planning. Delta state commitment to FP is low (48.5%) as stated with scores given by the respondents. In which the score given was as a result of the donor funding. The discouraging aspects were lack of adequate government funding, which possibly results from a non-existing explicit priority guideline for allocating funds for family planning in the States not limited to Delta. Though some has for reproductive health component but no clear cut for family planning in terms of budgeting and allocations across the states were PES was conducted.

From this breakdown, the respondents showed that Family Planning needs considerable improvements across the program components. Essentially, Organizational Structure, Evaluation and Research, and Program Resources were the weak components of the policy environment for Family Planning (FP). Among all the states, specifically Delta should improve commitment of funds to FP as it has score below 50%.

Safe Pregnancy

The scores in Safe Pregnancy ranged from 48.7% (program resource in Delta) to 85.1% (policy formulation in Niger) as shown in **Figure 3**. Across the four states, policy formulation, political support and organizational structures for safe pregnancy looks much stronger. Meanwhile research and evaluation and program resources needs attention as the scores assigned by the respondents was low. Based on the scores, Niger state said to be doing great as scores except in the area program resources (65.4%) which was the even the highest across the states where PES was conducted.

FIGURE 3



- **Policy Formulation:** This component had the best score rating (85.1%) in Niger State which is also the overall highest scoring rate across the program components in all the four state. Ogun, Delta and Bauchi having 82.7%, 79.6% and 76.5% respectively. Specifically, realistic strategies to meet targeted goals exist, and non-health based ministries and NGOs were also consulted in policy formulation for safe pregnancy programs. Respondents believed that favorable policy for safe pregnancy program exists in the states.
- **Political Support:** This component scores 79.9%, 78.1%, 74.4% and 83.5% which is considerably high in Ogun, Delta, Bauchi and Niger States respectively but there is need to sustain this across the states. Respondents believed there is high-level state government support for safe motherhood initiatives, particularly with the unhindered support for media campaigns and free maternal program in the State.
- **Organizational Structure:** This component is also as high as the political support with Niger having the highest scores of 81.1% and Delta with 74.9%. The respondents felt service delivery was enhanced as a result of a high-level placement (or an influential superior officer) in government. In addition, the related private sector and NGOs were formally included in policy deliberations. The responses showed that there is commitment of government to safe pregnancy in the states.
- **Program Components:** This is also high with Ogun having the lowest score of 69.5%, while having Delta, Bauchi and Niger closed in terms of the scores having 74.1%, 75.1% and 75.4% respectively. The respondents identified an established safe pregnancy services that cuts across essential aspects of maternal health. In addition, traditional birth attendants were mostly reported to be formally incorporated into a safe pregnancy referral system in the States.

- **Legal and Regulatory Environment:** Niger (81.8%) and Bauchi (63.9%) having the highest and lowest respectively. According to the scores by the respondents these depict good legal and regulatory environment for safe pregnancy. This component had a single item that was based on perceptions regarding legal and regulatory restrictions in the States. Most respondents scored this above average, suggesting that many providers were free from unnecessary legal and regulatory restrictions regarding care of pregnant women.
- **Evaluation and Research:** This component has an average score of 63.0% across the four states (**Figure 3**). As noted under Family Planning program, system exists to bring evaluation and research results to management's attention, but the respondents felt the needed researches to address leading policy issues on safe pregnancy were rarely conducted. Moreover, there is yet an established system to monitor routine collation secondary data on reproductive health.
- **Program Resources:** This was ranked lowest at 48.7% (Delta) which was the lowest scores across all the states where PES was conducted. Among all the program components, this has the lowest scores with an average score of 57.6% Respondents clearly identified insufficient government funding as a major setback, with this reflecting in the inadequate and poorly motivated staffing for health service provision particularly maternal and child health.

Although the overall score for Safe Pregnancy was relatively high when compared with other programs, the respondents still show that the program needs considerable improvements in two components—Program Resources which has average score of 57.6% while Delta (48.7%) having scored lower than the average scores across the four states. Secondly, Evaluation and Research need to be improve upon to ensure effective delivery services, data management and use.

Adolescents

The scores for Adolescents Reproductive Health program were relatively low, ranging from 40.6% in Delta to 72.3% in Bauchi (**Figure 4**). Policy Formulation had the highest scores in Bauchi (72.3%) and Delta (65%), whereas organizational structure (67.1%) and political support (70.5%) had the highest scores in Niger and Ogun states respectively. However, program resources had the lowest scores in Delta (40.6%), Niger (50.3%) and Ogun (52.2%). Finally, Research and Evaluation had the lowest score in Bauchi with a below-average score of 45.6%.

Table 4. Adolescents' Program Scores by State

Program Components	BAUCHI	DELTA	NIGER	OGUN
Political Support	61	64.8	63	70.5
Policy Formulation	72.3	65	66.5	67.5
Organization Structure	68.8	62.8	67.1	65.3

Legal and Regulatory	57.7	52.1	62.2	68.3
Program Resources	48.8	40.6	50.3	52.2
Program Components	57.6	59.2	63.4	58.2
Evaluation and Research	45.6	51.5	56.3	54.9
AVERAGE	**58.8**	**56.6**	**61.3**	**62.4**

- **Policy Formulation**: This component was rated at 72.3%, 65%, 66.5% and 67.5% for Bauchi, Delta, Niger and Ogun respectively. Respondents reported (based on the scores) that a favorable national policy exists, with this particularly supporting family life education and other IEC efforts for the youth in the society. Additionally, many respondents believed the private sector, NGOs, community leaders, and representatives of special interest groups were involved in policy deliberation and formulations. In Niger State, although the respondents believed that formal program goals exist, they had some doubts regarding the existence of specific strategies to achieve these goals.
- **Political Support:** Political support was rated the highest in Ogun State with a score of more than 70%, followed by Delta (64.8%), Niger (63%) and Bauchi (61%). Although media campaigns were well-supported, respondents expressed (through their scores) concerns about the poor support from political parties toward enacting policies and programs for adolescents. Besides, major religious organizations were also less supportive of relevant policies and programs for adolescents, perhaps because they believed they were relatively too young to get exposed to "sensitive" issues like reproductive health. Interestingly, major religious organizations were reported to be well supportive of relevant policies and programs for adolescents in Niger State.
- **Organizational Structure:** This was ranked at 68.8%, 62.8%, 67.1% and 65.3% for Bauchi, Delta, Niger and Ogun respectively. This was attributed to the fact that respondents believed a national coordinating body exists that engages various ministries, including NGOs and other private sectors in policy deliberations and service delivery.
- **Program Components**: The ratings for Program Components could be said to be low or average across the states. Niger had a score of 63.4%, followed by Delta with 59.2%, Ogun with 58.2% and Bauchi with 57.5%. This could be attributed to the fact that respondents felt counselling and family planning services were not provided for single adolescents, especially in places such as schools and youth centers, where youths are normally found. In Niger, moreover, the participants felt that post-abortion counseling was not an integral part of the youth program.
- **Legal and Regulatory Environment**: This component had an average score of 60.1% from all the states. Ogun had 68.3% which is the highest for all the states. This is followed by Niger (62.2%), Bauchi (57.7%) and Delta (52.1%). Respondents did report that

providers were relatively free from unnecessary legal and regulatory restrictions, with services available to adults also made available to adolescents as well in some settings. However, one of the low points of this component was the lack of favorable legal and regulatory environment that ensured unmarried adolescents receive family planning services, and also allowed pregnant adolescents to continue their education without any discrimination.

- **Evaluation and Research**: This component had an average score of 52.1% across the four states. The highest score for the component was obtained in Niger (56.3%) while lowest score was reported in Bauchi (45.6%). Generally, a regular system of routine data collation and health statistics do not exist. The findings of the little research conducted were rarely brought to the management's attention, with this implying most policy actions were not evidence-based.
- **Program Resources*:*** This component was rated relatively poorly by the respondents across all the states. Bauchi, Delta, Niger and Ogun had scores of 48.8%, 40.6%, 50.3% and 52.2% respectively. Although funding from donor sources exists for adolescents, as identified in other programs, funding from the government was largely inadequate and there were issues around releasing of the allocated funds for adolescent programs. Related reproductive health workforce was most affected due to this poor funding. Respondents in Niger reported that, the little resources available were not allocated based on specific priority guidelines and that, funding from other donors was reported to be inadequate.

With a relatively low overall score across the states, the respondents clearly show that Adolescents Reproductive Health programs need extensive improvements. Essentially, two components— Program Resources and Evaluation and Research were the weak links of the Adolescents policy environment.

STDs/AIDS

The scores for STDs/AIDS program were relatively high with a component securing a score of 91.9% in Ogun State (**Table 3**). Organizational Structure had the highest scores in Bauchi (86.8%) and Niger (86.5%), whereas Policy Formulation had the highest scores in Delta (80.2%) and Ogun (91.9%). However, Program Resources had the lowest scores across the states, going to as low as 48.3% in Delta State.

Table 5. STIs/AIDS Program Scores by State

Program Components	BAUCHI	DELTA	NIGER	OGUN
Political Support	78.8	73.7	81.5	83.5
Policy Formulation	84.3	80.2	80.5	91.9

Organization Structure	86.8	77.7	86.5	89.1
Legal and Regulatory	76.1	78.6	77.4	84
Program Resources	61.9	48.3	66.8	63.2
Program Components	76.3	76.2	83.9	82.4
Evaluation and Research	68.4	68.3	75.6	74.9
AVERAGE	**76.1**	**71.9**	**78.9**	**81.3**

- **Policy Formulation:** This was ranked very high across the states with the highest score from Ogun at about 92%. Bauchi, Niger and Delta rated Policy Formulation for STI/AIDS at 84.3%, 80.5% and 80.2% respectively. Respondents specifically noted that a favorable national policy exists for AIDs and STI programs, and that the private sector, community leaders and NGOs are actively involved in policy dialogues and formulations.
- **Legal and Regulatory Environment:** This component was rated 76.1% in Bauchi, 78.6% in Delta, 77.4% in Delta and 84% in Ogun (**Table 3**). This also had all assessed items ranked high. Respondents noted that there were no restrictions on who may receive STDs services, and confidentiality of test results was guaranteed, with this preventing any undue stigmatization. They also noted that were no unethical laws hindering free movements of AIDS patients and encouraging importation regulation exists for HIV commodities.
- **Organizational Structure:** This also recorded high scores in all the states, ranging from 77.7% in Delta State to 89.1% in Ogun State. All items here were generally ranked high. Notably, the AIDS Control Program received high priority within the government structures, and relevant NGOs have been formally included in the program.
- **Program Components:** Program components got very high scores in Niger (83.9%) and Ogun (82.4%). Bauchi and Delta had scores of 76.3% and 76.2% respectively. Respondents noted confidential testing was available on demand, and an active program component to promote accurate reporting by the media also exist. Some respondents also felt national treatment guidelines for STDs do exist, but many expressed concerns on the availability of a social marketing program for STD drugs.
- **Political Support:** Niger and Ogun States had a very high score for Political support at 83.5% each. This is followed by Bauchi with a score of 78.8% closely followed by Delta with 73.7%. Respondents believed high level national government support exists for effective policies and programs on STDs/AIDS. Many noted that media campaigns were permitted, and that top planning bureaucrats recognized AIDS as a priority problem in the States.
- **Evaluation and Research:** This component had scores of 68.4%, 68.3%, 75.6% and 74.9% for Bauchi, Delta, Niger and Ogun States respectively. Unlike in other programs,

respondents recognized that a system exists to monitor secondary data sources on STDs/AIDS for the benefit of policy guidance. Additionally, they also noted that national evaluation and research results on STDs/AIDS were top on the management's priority list (this was in clear contrast to findings in other programs).

- **Program Resources:** This had relatively low scores with the lowest score of 48.3% in Delta State. The score were 61.9%, 66.8% and 63.2% for Bauchi, Niger and Ogun respectively. Like in other programs, funding from donor sources was generally thought to be adequate. However, funding from government sources has, over the years, remained inadequate.

Of all programs, STDs/AIDS had the highest overall score, suggesting a relatively favorable policy environment for STDs/AIDS programs in the states. The presence of existing, relatively organized, and fairly supported initiatives/programs with strong partner presence/support in previous years may be largely responsible. However, the minimal resources and funds committed by the government, as identified in other programs, remain a huge challenge.

Table 6. Overall Policy Environment Score by Components

Program Components	BAUCHI	DELTA	NIGER	OGUN
Political Support	72.3	71.1	74.5	78.0
Policy Formulation	78.4	73.9	76.3	81.0
Organization Structure	77.4	69.9	76.5	77.7
Legal and Regulatory	69.0	67.6	75.7	75.7
Program Resources	57.9	46.5	61.7	58.8
Program Components	67.8	70.7	71.8	70.3
Evaluation and Research	57.2	59.8	67.9	65.6
AVERAGE	**68.6**	**65.6**	**72.1**	**72.4**

Summary and Conclusion

The Policy Environment Score presents findings across the various assessed components with a view to guiding the state to make informed decision relating to reproductive health implementation in Bauchi, Delta, Niger and Ogun States. Across the different program areas, STI/AIDS has the highest scores across the program components, followed by safe pregnancy, family planning and adolescent health as shown in table 2. Adolescents' health had the least scores (56.6%), this broadly reflects the low priority and support given to this population group, and a range of restrictions in accessing reproductive health services across settings. Youth participation in health programs through multi-sectoral groups involved in developing youth policies and strategic plans can help accelerate the development of the adolescent program in the States.

Looking at the various components, Policy formation had remarkably high scores across all the program areas in contrast to program resources that ranked low across the assessed areas. It is imperative that government take responsibility and ownership of the health of its people as overreliance on donor agencies to fund reproductive health programs may be counter-productive and not good for the health system.

Routine monitoring and collation of relevant health data through an efficient health management information system remain essential to direct evidence-based policies and reproductive health responses in the State.

In conclusion, to optimize population and reproductive health outcomes in Bauchi, Delta, Niger and Ogun States, it is important that adequate resources—human, material and financial—are directed towards existing and ongoing reproductive health initiatives in the State. In addition, routine monitoring and collation of relevant health data through an efficient health management information system remain essential. It is largely through this that the necessary researches needed to direct evidence-based policies and public health responses in the State may be regularly conducted.

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Appendix A. Policy Environment Score Questionnaire

Environment Score: Family Planning			
I	**POLITICAL SUPPORT (Scoring: 0=weak; 4 = strong)**	**Status**	
		Current	1 Year Ago
1.	High-level state 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 State policy exists.		
2.	Formal program goals exist.		
3.	Specific and realistic strategies to meet goals exist.		
4.	A State coordinating body exists and functions effectively. (If none, enter zero.)		

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 state 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 Health are mandated to help with program implementation.		
5.	NGOs are formally included in policy deliberations		
6.	The private sector is formally included in policy deliberations		

IV	LEGAL AND REGULATORY ENVIRONMENT		
	Medical barriers do not exist for: ("4" means no barriers). a. Tubal ligation b. Vasectomy c. IUD d. Pill e. Injectable f. Condom g. Emergency Contraception h. Voluntary Termination of Pregnancy i. Other? Specify _____		
	Eligibility barriers do not exist for: ("4" means no barriers). (Examples: age, parity, husband's consent, etc.) a. Tubal ligation b. Vasectomy c. IUD d. Pill e. Injectable f. Condom g. Other? Specify _____		
	The legal age at marriage is satisfactory for: a. Females b. Males		
	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 (CSM) d) Home visiting workers e) Community-based distribution (CBD)		
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)**		
1.	High-level state 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.	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 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: Adolescents			
I	**POLITICAL SUPPORT** **(Scoring: 0=weak; 4 = strong)**		
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.	Policy dialogue and formulation involves NGOs, community leaders, and representatives of the private sector and special interest groups.		
6.	Government policy supports family life education and other IEC 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 Health are mandated to help with program implementation.		

3.	NGOs 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.	Contraceptives are provided for single adolescents in the usual service delivery points, as well as in schools, youth centers and other places where youth are found.	.	
2.	Counselling services in family planning 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.		
3.	STD/AIDS information is an integral part of educational efforts.		
4.	Condoms are easily available to youth through channels that youth have access to, e.g. pharmacies, clinics, vendors.		
5.	Postabortion counseling is an integral part of the youth program.		
6.	Health staff are trained to counsel youth in sexuality and reproductive health matters.		
7.	Peer counselling is an active component of the youth program.		
8.	Community-based distribution (CBD) systems exist and employ youth (male and female) distributors. (If no CBD 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)**		
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 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.	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 (CSW, MSM, IVDU).		
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:		