

ADDRESSING POPULATION IN POVERTY REDUCTION STRATEGIES

by Lori S. Ashford

Poverty reduction strategies form the basis of World Bank and International Monetary Fund (IMF) assistance in the poorest developing countries. The detailed guidelines, or poverty reduction strategy papers (PRSPs), are prepared in the host country and influence the investments made in most sectors of development. While population programs have promoted family planning for decades as part of development efforts, family planning has received less attention and dedicated funding since the advent of PRSPs. Therefore, those who support continued investments in family planning need to understand the process through which the strategies are developed and monitored and stay engaged to ensure that support for population and family planning programs is sustained.

What Are PRSPs and How Are They Developed?

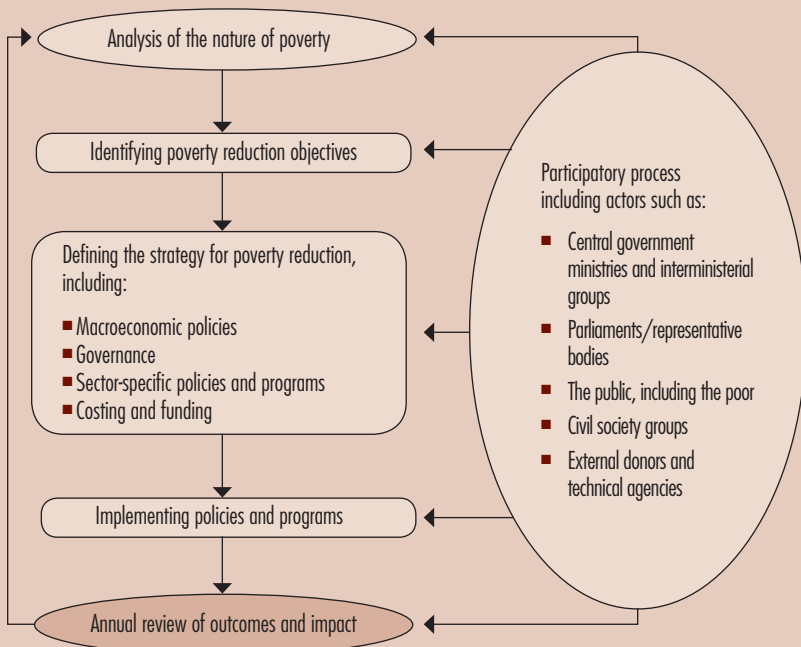
Since 2000, the World Bank and IMF have required poverty reduction strategy papers as the basis for providing assistance to the world's poorest and heavily indebted countries. The strategies are intended to be nationally owned, highly participatory processes that address comprehensive development issues including the economic, social, institutional, and environmental aspects of development.¹ According to World Bank guidelines, the strategies should:

- Be country-driven and country-owned.
- Focus on benefiting the poorest segments of society.
- Address the multiple causes and effects of poverty.
- Include collaboration with development partners, including civil society.
- Demonstrate long-term planning for reducing poverty.

PRSPs must include a description of the participatory process for preparing the paper, an analysis of who suffers most from poverty and the key factors contributing to poverty, a list of proposed policies and programs to reduce poverty, and plans for monitoring and evaluating progress (see figure). Once the paper is finalized, a joint staff assessment by the World Bank and IMF is attached to it and sent for approval to the executive boards of these institutions. PRSPs typically cover a three- to five-year period.

In poor, heavily indebted countries, PRSPs underpin the operations of the World Bank and IMF and provide a mechanism for other donors to coordinate their assistance. The PRSP is also linked to the World Bank's Country Assistance Strategy (CAS), a roadmap that guides all of the Bank's activities and resource allocation—loans, grants, technical assistance, analytical work, and advice—that take place in the host country. Since 2002, all CASs in these countries have been based on a PRSP.

THE PROCESS FOR DEVELOPING A PRSP



ADAPTED FROM: Jeni Klugman, "Overview," in *A Sourcebook for Poverty Reduction Strategies*, ed. Jeni Klugman (Washington, DC: The World Bank, 2002), accessed online at www.worldbank.org, on Aug. 3, 2007.

In countries that are not among the poorest or heavily indebted, the World Bank requires only a CAS. This strategy, or work plan, also includes a diagnosis of the country's development challenges and receives input from a range of development partners.² Thus, CASs also present opportunities for local participation in the policymaking process of middle- and higher-income developing countries.

Why Should Population and Family Planning Be Included in These Strategies?

High fertility (having many children) is intertwined with poverty, though the precise relationship between the two has been debated for decades. High fertility and poor maternal and child health are often symptoms of poverty and at the same time prevent families from escaping poverty. Several important arguments can be made for investing in family planning programs as part of an overall strategy to raise living standards:

- By helping women avoid unintended pregnancies, family planning reduces maternal and child deaths that result from women having too many births and births spaced too closely together. Reducing maternal and child deaths contributes to two of the eight Millennium Development Goals, which aim to reduce poverty worldwide.
- Family planning allows families to conserve resources and invest more in their children, particularly in their education.
- Delaying and limiting childbearing gives women greater educational and employment opportunities, which can increase household incomes.
- Fewer pregnancies and births enable governments to redirect funds toward better quality maternal and child health care, education, and other social services.
- A lower birth rate reduces the youth “dependency burden” (that is, fewer youth for working people to support), providing a window of opportunity for increased investments in technology and skill-building—thereby boosting prospects for economic growth.

PRSPs in most countries discuss population trends, reproductive health, and their linkages with development at a broad conceptual level. With regard to family planning, an analysis of 45 PRSPs in 2005 found that most mentioned family planning, but only 11 noted details related to financing or specific program actions.³ In some countries, such as Yemen and Niger, the PRSPs mention high fertility as a key barrier to reducing poverty and recommend specific actions to reinvigorate family planning programs.⁴ But these countries are exceptional. Of those countries that have prepared strategies, only a few include a budget line item for family planning in their implementation and expenditure plans.⁵ Some examples of countries that successfully included family planning in their PRSPs are described in the box.

Have the PRSPs Met Their Aims?

An internal World Bank evaluation of PRSPs conducted in 2003 found wide variation in progress among countries that had them in place for several years.⁶ According to the assessment, the initiative had added the most value in countries where leadership and management capacity were already strong, and had less effect in countries with weak capacity to implement programs.

COUNTRIES THAT SUCCESSFULLY INCORPORATED FAMILY PLANNING INTO PRSPS

The PRSP for Ghana, 2006 to 2009, includes a section titled “Population Management” that discusses the strong relationship between population growth and poverty. It identifies five program priorities: promoting access to and use of family planning services (including detailed, decentralized actions for making counseling and contraceptives available); educating youth on sexual and reproductive health issues; promoting sexual health and delaying marriage and childbearing; promoting compulsory education for girls through secondary school; and improving the coverage of birth and death registrations. The paper identifies the agencies responsible for these actions, and the Millennium Development Goals (goals 1, 3 and 5) to which these actions will contribute.¹

Few country strategies identify a specific budget line item for family planning because it is usually incorporated in public-sector maternal and child health services. But in Bangladesh, where the government has been concerned about a leveling off of contraceptive use, the PRSP mentions the “subsidized provision of birth control supplies” as part of the poverty reduction strategy. Assessments before the development of the strategy had pointed to delays in government procurement of contraceptives as hindering family planning service delivery. Hence, there is a specific focus on family planning in the “essential services package” of the health sector plan.²

Azerbaijan's PRSP, developed for 2003 to 2005, provided an extensive description of family planning program implementation, calling for improved access to services for families living far from cities and hospitals, including refugees and internally displaced persons, and low-income people. It called for equipment and contraceptives to be distributed in seven health centers, in joint efforts with international organizations.³ The PRSP has been followed by a country assistance strategy through 2010 that monitors economic and social indicators, including the total fertility rate and infant and maternal mortality rates.⁴

REFERENCES

- ¹ Republic of Ghana, Growth and Poverty Reduction Strategy (GPRS II 2006-2009), National Development Planning Commission, November 2005, accessed at www.worldbank.org on August 3, 2007.
- ² Caroline Quijada, Tania Dmytraczenko, Beaura Mensah, Ensuring Contraceptive Security Within New Development Mechanisms, (Bethesda, MD: Abt Associates, Partners for Health Reform plus, 2004): 12-13.
- ³ Anita Bhuyan et al, A Guide for Incorporating Family Programs into Poverty Reduction Strategy Papers: 19.
- ⁴ The World Bank, Country Partnership Strategy for Azerbaijan, FY07-10, (2006), accessed at www.worldbank.org on August 6, 2007.

A 2004 study, conducted by reproductive health specialists at the World Bank, found the scope and quality of the reproductive health components of PRSPs to vary enormously among countries.⁷ One reason is that the participation of key reproductive health advocates in the PRSP process has been uneven, and much more can be done to make the process better represent the interests of women, youth, and the poor. An assessment by the nonprofit group Oxfam came to similar conclusions about the need to ensure greater participation of the poor.⁸

On the positive side, the PRSPs are results-oriented and do engage participants in identifying indicators and benchmarks against which programs—and ultimately the government—will be held accountable.⁹ Also, the dialogue that takes place among many actors involved in development has led to a more comprehensive planning process that links the work of various sectors together.

How Can People Influence the PRSP Process?

Because the PRSP and country assistance strategy follow a fairly regular process (see figure on page 1), all those who have an interest or expertise in population and family planning—including researchers, program managers, women's groups and other nongovernmental organizations, and the media—have several opportunities for analysis, advocacy, and participation:

- During the poverty analysis, often conducted by World Bank staff and a key ministry (such as Finance) in the host country, program advocates should present evidence showing how poor reproductive health and high fertility make reducing poverty more difficult. Data from demographic and health surveys showing breakdowns of health statistics and family planning use by wealth categories (quintiles) are useful for this analysis.
- During the participatory process for defining the strategy before the paper is written and during the annual review of the paper, people with expertise in population matters, reproductive health, women's status, and family planning need to be actively involved. Family planning advocates should make the case that investments in reproductive health,

family planning, and girls' education have economic benefits. A number of donor agencies may be willing to support the costs of such participation.

- When an implementation plan with expenditures is developed to support priority actions, advocates should ensure that family planning is included among these actions, and should also give details on the components of the programs that need additional support (such as contraceptive commodities, health providers trained and working in family planning, and demographic and health surveys).
- The monitoring and evaluation plan for PRSPs should include key indicators that hold local governments accountable for outcomes related to family planning and reproductive health. Key indicators might include the total fertility rate, use of modern contraceptive methods, or unmet need for family planning.¹⁰

What Are Some Strategies for Getting Involved?

The PRSP process takes place in many stages; thus, those who wish to be involved need to research the status of family planning programs and the PRSP, attend meetings, present sound data and evidence, and stay engaged over the long term. Recent experiences in the field reveal the following tips for effective involvement:¹¹

- Identify influential leaders who can participate in the PRSP process as stakeholders and are willing to advocate for family planning.
- Conduct analysis of the current fertility and family planning situation and present it to stakeholders, explaining linkages with poverty and how family planning contributes to achieving the Millennium Development Goals.
- Enlist allies among NGOs, the private sector, and donor agencies.
- Get involved early (ideally) in the preparation process and stay involved through the annual review process.
- Create a task force or coalition that will continue to meet and monitor the PRSP and family planning programs.
- In decentralized health and development systems, pay attention to planning and budgeting at the district level.

For More Information

This policy brief is on the PRB website: www.prb.org. To obtain printed copies of this policy brief, contact:

Population Reference Bureau
1875 Connecticut Ave., NW
Suite 520
Washington, DC 20009 USA
E-mail: prborders@prb.org
www.prb.org

The World Bank, *A Sourcebook for Poverty Reduction Strategies* (Washington, DC: The World Bank, 2002). Copies of country PRSPs and their timetables can found on the Bank's website at www.worldbank.org/poverty.net.

The World Bank, *Bank Procedures for Preparing a Country Assistance Strategy* (Washington, DC: The World Bank, 2005). Copies of CASs and their timetables can be found in the Projects and Operations section of the Bank's website, www.worldbank.org.

Anita Bhuyan, Maria Borda, and William Winfrey, *Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs Into Poverty Reduction Strategy Papers* (Washington, DC: Constella Futures, USAID/Health Policy Initiative, 2007).
Website: www.healthpolicyinitiative.com.

The World Bank, *Population Issues in the 21st Century: The Role of the World Bank* (Washington, DC: The World Bank, 2007).

- Track progress (through selected indicators) at the subnational level, so as to monitor progress among the neediest populations.

Donor countries should offer, and host-country organizations should request, technical assistance in conducting the necessary research, navigating the process, and advocating effectively.

References

¹ Jeni Klugman, "Overview," in *A Sourcebook for Poverty Reduction Strategies*, ed. Jeni Klugman (Washington, DC: The World Bank, 2002), accessed online at www.worldbank.org, on Aug. 3, 2007.

² The World Bank, "What Is a Country Assistance Strategy?" accessed online at www.worldbank.org, on Aug. 6, 2007.

³ Anita Bhuyan, Maria Borda, and William Winfrey, *Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs Into Poverty Reduction Strategy Papers* (Washington, DC: Constella Futures, USAID/Health Policy Initiative, 2007): 19.

⁴ The World Bank, *Population Issues in the 21st Century: The Role of the World Bank* (Washington, DC: The World Bank, 2007): 45-49

⁵ Sandhya Sundaram et al., *A Review of Population, Reproductive Health, and Adolescent Health and Development in Poverty Reduction Strategies* (Washington, DC: The World Bank, 2004); and Bhuyan, Borda, and Winfrey, *Making Family Planning Part of the PRSP Process*: 18-20.

⁶ The World Bank, *The Poverty Reduction Strategy Initiative: Findings From 10 Country Case Studies of World Bank and IMF Support* (Washington, DC: World Bank Operations Evaluation Department, 2005): 4-5.

⁷ Sundaram et al., *A Review of Population, Reproductive Health, and Adolescent Health and Development in Poverty Reduction Strategies*: 5-6.

⁸ See "From 'Donorship to Ownership? Moving Towards PRSP Round Two,'" *Oxfam Briefing Paper 51*; and "Kicking the Habit," *Oxfam Briefing Paper 96*, accessed online at www.oxfam.org, on Aug. 3, 2007.

⁹ The World Bank, *The Poverty Reduction Strategy Initiative: Findings From 10 Country Case Studies*.

¹⁰ Unmet need is defined as the proportion of married, fecund women who say they prefer to stop childbearing or wait at least two years before becoming pregnant, but are not using a contraceptive method. The indicator is included in Demographic and Health Surveys (DHS) and other similar surveys.

¹¹ Bhuyan, Borda, and Winfrey, *Making Family Planning Part of the PRSP Process*: 21-29; and Caroline Quijada, Tania Dmytraczenko, and Beaura Mensah, *Ensuring Contraceptive Security Within New Development Assistance Mechanisms* (Bethesda, MD: The Partners for Health Reform Plus Project, Abt Associates Inc., 2004): 15-17.

Acknowledgments

Lori S. Ashford is technical director of policy information at the Population Reference Bureau. Tom Merrick, a Fred H. Bixby Visiting Scholar at PRB, contributed substantially to this brief. The author also would like to thank several reviewers: Anita Bhuyan, Maria Borda, John Coury, Jay Gribble, Mai Hijazi, John May, Rhonda Smith, and Richard Skolnik.

Funding for this policy brief was provided by the U.S. Agency for International Development, under the BRIDGE Project (Cooperative Agreement GPO-A-00-03-00004-00).



PRB

POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW, Suite 520, Washington, DC 20009 USA

Tel.: 202-483-1100 ■ Fax: 202-328-3937 ■ E-mail: popref@prb.org ■ Website: www.prb.org

