

Evaluating Family Planning & Reproductive Health Program Transition from Donor Support: A Proposed Framework

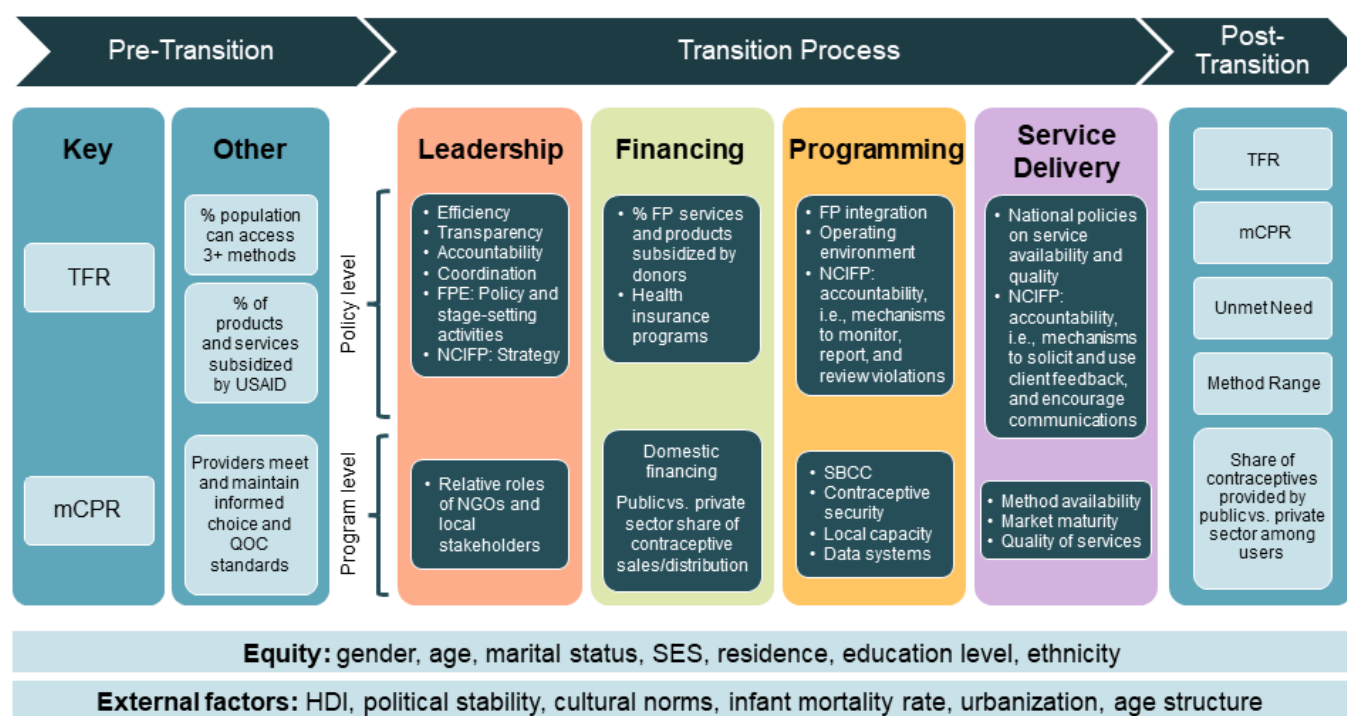
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This brief introduces a family planning (FP) transition framework intended to guide donors and local stakeholders in pre- and post-transition assessments and to support the development and monitoring and evaluation (M&E) of FP transition plans. The framework was developed by Data for Impact (D4I), a project funded by the United States Agency for International Development (USAID).

Transition of Family Planning & Reproductive Health Programs

Since the 1970s, the United States has provided funding support and technical assistance to family planning/reproductive health (FP/RH) programs in many countries; a number of them have since transitioned out of USAID’s support. The transition process has varied—since 2004, demographic screening and other indicators are used to inform USAID of a country’s readiness for a reduction in financial support and technical assistance. USAID would then work with stakeholders to assure the sustainability of program outcomes. There have been several large-scale evaluations of FP/RH programs in countries supported by USAID, for example, Bertrand et al. (2015), Chaudhry et al. (2012), Cromer et al. (2004), and USAID (2013). However, these evaluations were implemented retrospectively and ad hoc, without a priori M&E plan based on a guiding framework.

Figure 1. Family Planning Transition Framework



This brief describes the FP transition framework (Figure 1), which was based on a comprehensive literature review and a pilot of a post-transition evaluation of four countries—Honduras, Indonesia, Morocco, and Peru. Detailed results of the post-transition evaluation will be available in a forthcoming report. The literature review included 147 published and unpublished articles and documents, including grey literature, reports, and presentations shared by USAID staff. The D4I team adapted the framework and domains proposed by Bao et al. (2015) for monitoring and evaluating the transition of global health programs. The pilot assessment consisted of reviews of existing survey data and semi-structured, in-depth interviews of key informants who were heavily involved in FP programs in these four countries. Detailed results of the assessment are presented in a technical report.



The FP transition framework is intended for donors' and governments' use to inform plans for the FP/RH program transition out of USAID's support, to monitor the transition process, and to evaluate the sustainability of FP outcomes. Donors and implementing partners (IPs), which are in-country organizations that implement FP strategies and programs, can develop a set of key milestones and indicators relevant to each country's FP program, as well as when a country is ready to move on to the next phase of the transition, i.e., when the majority of these indicators have been met. The indicators are quantitative and qualitative. We recognize that some indicators may be somewhat ambiguous and/or challenging to measure, such as transparency, and can be defined further in future work.

The framework also includes sub-domains, including social and behavioral change communication, FP integration, enabling environment, and ranges of methods and sources of contraceptives, that allow countries to define, operationalize, and adapt to specific activities within each country. As such, the framework allows cross-country standardization of indicators and sub-domains, while facilitating country-level adaptation. Hence, the framework does not dictate what should be monitored during and after program transitions but serves as a foundation for external donors and IPs to develop a transition plan that can be agreed upon with milestones and indicators that are appropriate and feasible for each country.

Domains and Key Indicators

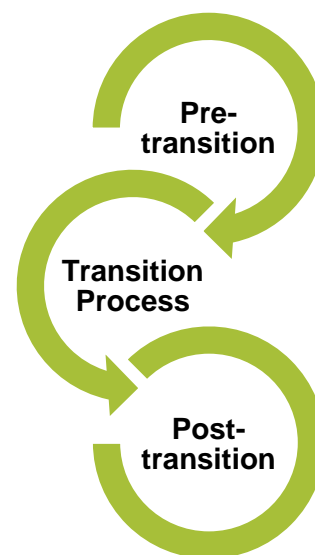
The FP transition framework includes three phases of the transition: **pre-, during, and post-transition**, each with specific domains and indicators. For example, total fertility rate (TFR) and modern contraceptive prevalence (mCPR) are among key screening indicators for the transition (Gilbert et al., 2019; O'Hanlon, 2009; Selim et al., 2016). They are also among the key indicators used to measure the outcomes of the FP program transition.

During the transition period, indicators can be grouped into four domains: **leadership, financing, programming, and provision of services and FP products**. Within each domain, there are policy- and programmatic-level indicators. Each domain also incorporates indicators to measure institutionalization, defined as processes and efforts for norms, practices, rules, and regulations to become an integral part and routinely practiced among all stakeholders, including external and in-country partners within a health system. Institutionalization requires leadership, policies, structures, and local resources and players within the system (Waiswa, 2020). All domains and indicators should also be assessed at the subnational and subgroup levels through an equity lens. Finally, the framework includes a cross-cutting domain of external factors that may contribute to or hinder the sustainability of FP programs and outcomes.

Pre-transition

Two key screening indicators and corresponding thresholds have been widely used in many countries are **TFR** and **mCPR**. O'Hanlon (2009) reported that TFR of 3.0 or less and mCPR of 48% or more among married women of reproductive age were signals that a country may be ready for a transition (Gilbert et al., 2019; O'Hanlon, 2009; Selim et al., 2016;). Other criteria for transition, including **accessibility to at least three FP methods**, the percent of **methods and services subsidized by USAID**, and that **major service providers meet and maintain standards** of informed choice and quality of care, have also been documented (Gilbert et al., 2019; O'Hanlon, 2009;). These three indicators measure the extent to which FP programs can provide accessible and quality services to individuals and couples.

Figure 2. Three phases of FP program transition





While the percentage of methods and services subsidized by USAID and other donors can provide an assessment of the level of the country’s dependence on external support for service provision, the other two underline key aspects of the environment that local stakeholders need to sustain in any FP program. Although O’Hanlon (2009) also

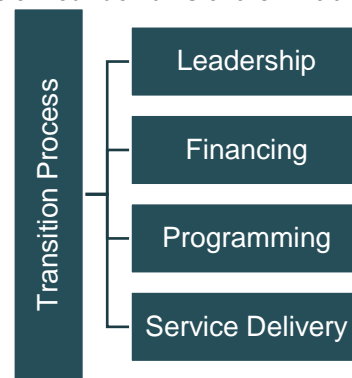
Pre-transition Indicators
Total fertility rate
Modern contraceptive prevalence rate
Percent of population that can access 3 or more methods within a reasonable distance
Percent of FP products, services, and programs offered in the public and private sectors that are subsidized by USAID
Major service providers (public sector, NGO, and private commercial sector) generally meet and maintain standards of informed choice and quality of care

reported concrete thresholds that have been used for these indicators, including: (1) 30% or more of the population have access to 3 or more FP methods within a reasonable distance, and (2) no more than 30% of FP products, services, and programs are subsidized by USAID or other external donors, our review revealed that they have not been frequently considered in making decisions about transition. Part of the reason might be that these indicators may not be readily available within existing routine data, nor are they often reported by periodic population and facility surveys.

Transition Process

Four domains are included for the monitoring of the transition process. Our retrospective post-transition assessment showed that these domains were also important to determine if a FP program was ready for transition and should be considered in a comprehensive pre-transition assessment. Each domain can be monitored at the policy and program levels. These domains are documented in other reviews as key for transitions from USAID’s support in the health sector (Chaudhry et al., 2012).

Figure 3. Four domains of the FP transition



Domain 1: Leadership

Leadership can be measured at the policy level by **efficiency, transparency, and accountability**. Efficiency has been emphasized by governments and donors to provide services with greater results while lowering costs, as development assistance for health has stagnated globally, and each country faces challenges in domestic financing regarding resources and competing priorities (Appleford and RamaRao, 2019). Increases in transparency and accountability of donors and stakeholders likely contribute to improved efficiency in FP programs. Transparency in the end goals of program transitions creates pathways to achieve these goals, rules, responsibilities, and financing, allowing local stakeholders, as well as external partners, to be accountable for their decisions and activities. Both will facilitate a transition process in which donors and local stakeholders can maintain a shared vision with clear delineations of well-aligned responsibilities, cross-sector and cross-agency communication, and local capacity to be strengthened to ensure long-term sustainability.

An essential element of this process is capacities among diverse local stakeholders, as capacity strengthening continues to be emphasized while accountability of USAID to local stakeholders is prioritized in the recently updated USAID’s policy (USAID, 2024). Unfortunately, challenges remain where transparency and accountability have typically been an afterthought of global health programs transitioning out of support (Bao et al., 2015). Additionally, wide variations in the definitions and measurements of these constructs, evident in both our review and pilot, require further work for country-specific definitions and operationalization (Bao et al., 2015; Gotsadje et al., 2019). Communication and coordination between government and nongovernmental stakeholders can create wide support for FP programs and ensure their efficiency and sustainability (Bertrand, 2015).



Finally, we can monitor strategic activities at the policy level to set the stage for other activities to be monitored under the programming and service delivery domains. Indicators can include those already in use, such as the **FP Effort (FPE) Index** (Ross and Stover, 2001) and the **National Composite Index for FP (NCIFP)** (Rosenberg, 2020). Their respective domains of policy and state-setting activities (in FPE) and strategy (in NCIFP) include indicators, mostly qualitative, that can be adapted for this purpose. For example, both FPE and NCIFP include a question about laws and regulations related to importing versus local manufacturing of contraceptives.

At the program level, a key indicator identified in the literature was the relative roles of local stakeholders in funding, technical implementation, and M&E of FP programs (e.g., Chaudry et al. 2012; Gotsadze et al. 2019; Resch & Hecht 2018; Silverman et al. 2020). Local stakeholders need to have clearly defined roles and responsibilities and the capacity to fulfill those responsibilities to institutionalize FP program design and implementation. Without the institutionalization of these responsibilities and the capacity to carry them, a country may not be ready to transition from donor support or to sustain FP programs post-transition in the long term.

Domain 2: Financing

The financing domain can be assessed and monitored at the policy level with two indicators: (1) the **percentage of FP programs subsidized by donors** (Chaudry et al., 2012; Silverman et al., 2020), and (2) the **extent to which health insurance covers FP services** (Appleford & RamaRao, 2019; Fagan et al., 2017). Both can be measured quantitatively. At the program level, financial sustainability can be monitored by the percentage of FP programs financed by domestic sources (Bao et al., 2015). Domestic funding for FP programs, however, can be a challenge as countries need to align health programs and priorities, as well as set efficiency goals and work towards them (Resch and Hecht, 2018). While competing priorities may make it difficult to decide a fair share of the budget for FP programs versus others, setting and achieving efficiency is difficult to realize because program managers often do not have the capacity or tools to measure technical efficiency (Resch and Hecht, 2018).

Leadership Indicators

Efficiency

Transparency

Accountability

Coordination and communication among governmental, external agencies, NGOs, and civil society

FPE Index: Policy and Stage Setting Activities

Government's official policy or position concerning fertility FP and rates of population growth

Favorable statements by leaders

Level of FP program leadership

Age-at-marriage policy

Import laws and legal regulations

Advertising of contraception in mass media is allowed

Other ministries or government agencies involved

In-country budget for program

NCIFP Strategy

Does the National FP Action Plan include defined objectives over a 5-to-10-year period, including quantitative targets?

Does the National FP Action Plan include objectives to reach the poorest and most vulnerable groups with quality FP information and services?

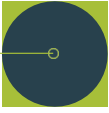
Does the National FP Action Plan include projection of the resources (material, human and financial) required to implement the strategy, as well as sets forth a plan to secure the resources?

Does the National FP Action Plan include a mechanism and funding to support meaningful participation of diverse stakeholders?

High level of seniority of the director of the national FP program and whether director reports to a high level of government.

Extent to which import laws and legal regulations facilitate the importation of contraceptive supplies or extent to which contraceptives are manufactured locally.

Relative roles of local stakeholders in funding, technical implementation, and M&E of FP programs



Financing Indicators

- Percent of FP programs subsidized by external donors, including USAID

- The extent to which health insurances covers FP methods and services

- Domestic financing for FP commodities, facility, supplies and maintenance, provider training, information/communication, research, etc.

- Public versus private versus nonprofit sector share of contraceptive sales/distribution

With these challenges in the public sector, it is widely recognized that the private, for-profit, and nonprofit sectors need to be part of FP programming and service provision. A healthy share of FP services, commodity sales, and distribution implemented by these sectors not only supports access to services and helps promote equity but also contributes to contraceptive security by ensuring supplies (e.g., Agha, et al., 2005; Cromer et al., 2004;

Foreit, 1992; Janowitz & Bratt, 1992). A critical enabling factor for these sectors to participate in FP service provision includes several activities within the leadership domain, such as regulations with regard to manufacturing and importing contraceptives, the relative roles of suppliers, and coordination across policy stakeholders.

Domain 3: Programming

The first sub-domain in the programming domain is **integration of FP** with other health programs at the policy level, which emerged from the post-transition assessment as important. Program integration can help promote FP service availability and practices as normative. On the other hand, it might lead to less visibility of FP programs and increased competition between FP and other health priorities.

The second sub-domain measures an **enabling environment** that allows the private, for-profit, and nonprofit sectors to operate in coordination with the government in the broader context of health reforms (Drake et al., 2014). We defined it as an environment that is enabling for public and private sectors to have clearly defined roles and contribute to the provision of FP commodities. How such an environment is shaped depends on the country's strategies to ensure a sustainable contraception market.

Programming Indicators

- FP integration

- Operating environment for the private, nongovernment sector

- Accountability measured through NCIFP's questions:
 - Are there mechanisms in place to monitor if access to FP is voluntary and non-discriminatory?
 - Does the government have mechanisms in place for reporting instances of denial of services on non-medical grounds or coercion?
 - Are violations reviewed on a regular basis?

- Social and behavioral change communication

- Contraceptive security

- Local capacity for commodities, monitoring and evaluation, policy, and advocacy

- Data systems

Indicators for this sub-domain will therefore need to be further defined at the country level. As mentioned earlier, sub-domains and indicators related to various sectors' roles in FP service delivery together measure the institutionalization aspects of FP programs, such as financial and technical parts, and their contributions to contraceptive security at the program level. Another aspect of the environment is the civil society sector. An enabling environment during donor support transition should allow civil society organizations (CSOs) to perform their roles, be accountable for them, and advocate for vulnerable populations to ensure access and equity in services (McDonough & Rodriguez, 2020).

Accountability, again, is an indicator to monitor FP programs during transition. Accountability is measured in NCIFP with three questions about the existence and operation of mechanisms to ensure that FP services are voluntary, non-discriminatory, and to report and review violations (Rosenberg, 2020).



At the program level, four key areas are proposed for M&E of FP programs during transition: (1) **social and behavioral change communication**; (2) **contraceptive commodity security**; (3) **local capacity** in a wide range of activities from designing, planning, M&E, purchasing and distributing commodities, and policy and advocacy; and (4) **data systems**. These subdomains are considered essential to increasing demands for FP services and ensuring service supplies to meet such demands. Robust data systems, including routine and non-routine data, e.g., population-based surveys, were reported by our post-transition assessment participants as critical for programs to monitor demand, supplies, and service provision, as well as inequalities, in FP programs.

Each sub-domain can be measured by multiple indicators. Bertrand et al. (2015) showed that social and behavioral change communication has been widely used for the last five decades and is a critical tool to disseminate FP/RH information, change social norms, and promote the use of voluntary FP/RH services. However, how communication strategies are designed and implemented depends on the local political and cultural contexts; thus, defined indicators need to be relevant and appropriate for each setting. Contraceptive commodity security remains a challenge in most settings because the government and private sector, as well as other external donors, have not always agreed on the roles of the latter in the provision of free or subsidized contraceptives and the impacts of policies and regulations on the private sector (Cromer et al., 2004).

Domain 4: Service Delivery

At the policy level of the service delivery domain, the **existence of policies** to ensure the availability and quality of services is critical, which guides many aspects of service delivery. **Accountability** is once again proposed as an indicator and a key indicator about the existence of national policies on quality and technical protocols. Here, the NCIFP includes two questions about mechanisms to solicit and use feedback from clients and facilitate dialogues between providers and clients (Rosenberg, 2020).

At the program level, service delivery can be measured by indicators with regard to **method availability** and **quality of services**. There are a vast number of such indicators in the field of FP, and this area of measurement continues to evolve and improve. The final indicator, **market maturity**, is defined in some studies as whether there are at least two contraceptive methods, each comprising at least 10% of the market. Selim et al. (2016), however, suggested that this indicator should be used together with the range of methods being used (discussed below). Other studies have found that if the share of contraceptives from free or subsidized sources is greater than 50%, the market may not be sustainable since it inhibits the participation of the private and commercial sectors (Mozumdar et al., 2019).

Service Delivery Indicators

National policies on quality of care and clinical protocols

Accountability measured through NCIFP's questions:

- Are there mechanisms in place at facility level to solicit and use feedback from clients?
- Is there a system encouraging dialogue and communication between users and providers about availability, accessibility, acceptability, and quality?

Method availability

Quality of services

Market maturity: two or more methods, each comprising at least 10% if the market

Transition Outcomes

The first three indicators—**TFR**, **mCPR**, and **unmet need**—are outcomes of the transition that are well understood by national and local leaders and are often readily measured in periodic, population surveys. The proportion of demand for contraception satisfied by modern contraceptive use, the number of women of reproductive age who need contraception and are using a modern contraceptive method, divided by the total number of women ages 15–49 in need of contraception, is a useful measure of FP outcomes (Choi et al., 2015; Ewerling et al., 2018), but it is not often reported by many population-based surveys. Additionally, it is complementary to mCPR and unmet need,



already included in the framework. Thus, we do not include it as a key indicator in the framework.

The other two indicators, **contraceptive method range** and **shares of different sectors' sources of contraceptives among users**, are proposed to monitor the sustained use of contraception in the population, as they measure the extent to which a variety of methods are used and accessible from different sources. A skewed method range may also indicate insufficient access to alternate methods or provider biases, which could be due to personal

preferences or policies and regulations (Bertrand et al., 2014). Previous assessments of sustainability after transition from donor support indicated that it was possible to maintain the shares of non-public sectors in contraceptive use, but it would depend on several factors, including the level of contraceptive use, the commitment, and the relative roles of non-public versus public sectors (e.g., Agha, Do, & Armand, 2005).

Equity Considerations

All components of the framework should also be assessed through an equity lens at the subnational and sub-population levels. At a minimum, FP program transitions should be monitored by gender, age, ethnicity, marital status, socio-economic status, and urban/rural residence to identify groups that may have been differentially impacted by the transitions. Such disparities may indicate that FP outcomes are not sustainable or that some vulnerable groups may remain underserved. At the policy level, indicators may include the extent to which policies and regulations support FP services and commodity provision to vulnerable groups, such as adolescents, unmarried women, and the economically disadvantaged. Policies and policymakers' positions regarding men's involvement in FP/RH are also important to create an enabling environment for couples to access FP/RH information and services. At the program level, indicators can include administrative barriers and providers' attitudes, beliefs, and behaviors towards providing FP/RH services to certain groups to monitor accessibility and quality of services among vulnerable groups.

External Contributing Factors

Finally, we included a cross-cutting domain of external factors that should be taken into consideration when developing M&E plans for FP program transitions and long-term sustainability, even if it may not be practical and/or feasible to monitor them frequently. These factors can change quickly for many reasons and are often outside of the scope of FP programs, yet they can have important implications for FP policies and programs, as well as fertility and other outcome measures. For example, the Human Development Index (HDI) is a summary measure of development achievement, constructed by life expectancy, education of adults ages 25 or above, the expected number of years of schooling for children of school entering age, and income per capita (UNDP, n.d.). While it may have associations with FP outcomes, HDI can be impacted by many factors and can impact FP/RH programs. A recent work by Goodkind et al. (2021) indicated some correlations between HDI and the timing of transition in most countries. Cultural norms, infant mortality rate, and urbanization have been widely documented to have influences on an individual's fertility desires and demand for FP, while a population's age structure could influence FP service demands at the population level. Finally, political stability at the national and sub-national levels could directly affect the functioning of the government, local agencies, and organizations, influencing their capacity and abilities to implement health programs.

Post-transition Outcome Indicators

Total fertility rate

Modern contraceptive prevalence rate

Unmet need

Contraceptive method range

Shares of contraceptives provided by public versus private versus non-profit sectors among users



Conclusions

The FP transition framework can be used from before the transition for planning purposes to after the transition for sustainability evaluation. It guides a key first step, an agreed-upon transition framework, for donors and governments to establish plans and mechanisms to ensure transparency and accountability in the transition (Gotsadze et al., 2019; McDade et al., 2020). However, there is no one-size-fits-all approach to evaluating transitions. The proposed framework allows a level of standardization of key indicators and sub-domains for M&E across countries while facilitating country-level adaptation. Some domains and sub-domains may be more important and/or more clearly defined in some contexts than others, so they will need to be operationalized depending on specific activities within those domains in a country. Donors and local stakeholders can adapt the framework by identifying and defining indicators to reflect each domain and sub-domain as needed. Once donors and local stakeholders agree upon a framework, domains and related indicators allow donors and governments to develop clear and explicit transition approaches ahead of time, accurately assess progress, align program components with government and nongovernment structures, and strengthen local capacity to ensure a successful and sustainable transition of FP programs.

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