Background

The challenges of decentralization were precipitated by the fact that virtually all transfer of control, resources and responsibility took place in an incredibly short period of time. Within the single year of 2001 the responsibility for public services were transferred from the central level to the local level, while two-thirds of central level civil servants were reassigned to regions, and over 16,000 service facilities that had been managed by Jakarta also changed hands. While this rapid move towards decentralization served the purpose of enabling Districts to gain considerable autonomy, the loss of centralized control had some negative effects on certain basic services, including the delivery of essential health interventions. The loss of centrally controlled inventory of supplies and equipment led to considerable disruption in the flow of these commodities, although mechanisms have now been established to rectify initial problems.

The consequence of rapid decentralization process, Indonesia is facing a series of problems – lack of qualification of human resources at local level according to new tasks; unclear responsibilities in terms of service delivery; wrong direction for health prioritization at local level, misallocation of resources (both central and local budget), which related to unclear policy support. The decentralization has affected centralized health policy-making process, which have not been adjusted into local condition. According to decentralized health services, the health policies should be based on the existing and most recent evidence, different health problem priority among districts, with also different health service facility competencies, and local government affordability. Central MOH is still using the previous centralized policies in allocating the deconcentration funds to the provinces, which should be changed with regards to local specific health problems.

The central government established a series of minimum service standards that local Governments are to recognize and abide by as obligatory functions. These ‘minimum service standards’, or Standar Pelayanan Minimal (SPM) have been developed by all eleven line Ministries whose functions were decentralized, and range from broad guidelines to highly detailed technical standards established to ensure that local governments do not neglect basic services at the community level. Indeed, there are no monitoring mechanisms in place to ensure compliance to the SPM and as such, these standards function as an ideal. In the development of a future nutrition program, it will be necessary to consider a set of minimum services that will help to guide the development of policies and programs that are appropriate for different Districts, and take into consideration the capacity of local Government to carry these out.
The term ‘policy’ encompasses a broad range of acts, laws, regulations, systems, guidelines (both for management and technical aspects). Some ‘macro’ policies have implications across most or all areas, including the health sector. Within the health sector, policies can be of broad or narrow scope. Macro policies with far-reaching implications tend to have a robust political character, even when they are advocated for their supposed technical merits. Examples of such policies are Primary Health Care, decentralization and Health Sector Reform, new financing mechanisms, etc., which affect most aspects of health service delivery. Other policies, of strictly technical nature, address narrower issues, such as the control of a communicable disease, or drug quality control.

**Why the Health Policies should be reviewed?**

The review of the health policies is needed due to several reasons (not mutually exclusive patterns):

- Policies may be old or in new clothes, but already irrelevant to the country’s changed conditions, can be vigorously advocated and even be formally adopted. *Example:* Policy on certain health intervention that centrally designed and directing to achieve national targets, but strongly rejected or ignored by local health authority or local government due to no space for local substance (i.e. policy on immunization, or on minimum service standard).

- Official policies may be patchworks of sub-sector components, often formulated by vertical programs (policies were developed during the former centralized system). *Example:* Policy on maternal, neonatal and child health according to MDG still not integrated (maternal health, child health, nutrition, immunization, referral system for birth delivery, etc.)

- Policies may have been sketched under pressure, because of the sudden opening of unforeseen circumstances with regards to decentralization process, or with new financing mechanism. *Example:* Policy on health care financing, health deconcentration fund is still the most shared to carry out health program implementation at the province and district levels – except for Jakarta. While the allocation mechanism is not appropriate to decentralization process.

- Idealized constructions detached from reality are sometimes formulated by prominent insiders. Given the reputation enjoyed by their authors, these policies may be kept in high esteem by local officials, despite their overambitious goals and patent technical drawbacks.

- In some cases, no clear policies are recognizable. “..for years policy was established by decree, no one knew what health policy really was, over
the years it had become an ad hoc collection of declarations, rather than an integrated, legal framework for government action...Policy in this period might be described as being in a state of free fall” (Macrae et al., 1994).

- Etc.

**How the Current Health Policy Analyses Process had been carried out?**

The current health policy analyses are conducting based on policy analysis guidelines (established in November 2004), which is a very simple guideline without considering appropriate references. The guideline mentions about the reasons for health policy development and analysis such as government’s shifting roles, needs for good governance and accountability, new paradigm, and health reform. The guidelines also mentions the constraints for health policy analyses due to the recent health policies were established without considering the relevant evidence or without any policy research, mostly no research/analysis outputs had been used for decision and health policy formulation. Some of established health policies never been evaluated, it will be immediately reviewed if community express their disagreement, or when the adverse event case(s) occurred.

The technical units analyzed their own technical policies without considering other related policies. It means no analysis on policy conflict of interest; or contradictory among the existing policies.

The CHPAD established direction for health policy analysis: 1) policy analysis had been positioned between monitoring, evaluation, research and study; 2) policy analysis will more focus on rapid assessment and meta–analysis rather than comprehensive analysis.

The CHPAD defined the principle steps for policy analysis: problem identification and analysis, problem formulation and setup the priority, and policy issues analysis, policy formulation and defining policy objective, carrying out policy analysis activities (developing TOR, research instruments, data collecting and analyzing, model development and recommendation)

The priority will be given to the policy for analysis if it has large context scale for regional, national or global, related to community life, has potential impact on community, and strongly related to high–level strategic political issues.

Current policy analysis activities carried out by the CHPAD needs systematic and appropriate approach through participatory process that involved related stakeholders. Especially stakeholders from regional levels were not intensively involved in the policy analysis process, they role were as respondents for data collecting. Provincial and district levels are who will conduct policy implementation, using a set of policy instrument (standard, guidance, etc.). It
means policy recommendations should address the gaps between central and regional with regards to policy decision/ development and policy implementation. And it is expected that CHPAD could facilitate other units within MOH in adjusting central/national policies into local conditions to have the best way to implement the health policies.

What is the Policy Analysis?

Policy analysis is the process of assessing, and deciding among, alternatives based on their usefulness in satisfying one or more goals or values. (Munger, 2000:6). Policy analysis is a generic name for a range of techniques and tools that are used to dissect, breakdown, organize, evaluate, and analyze policy. There is no one generic policy analysis methodology, however. And rather how the analysis is conducted and what tools are used is left to the policy analyst.

Health policy analysis (HPA) has been defined as “the application of scientific methods in the formulation of policy options and descriptions of consequences or implications of each option”. HPA may be useful to proceed on a working definition that health policy analysis consists of both (a) the concepts, methods and techniques of policy analysis applied to selected health issues, (b) special characteristics arising from the nature of the health sector and that (c) HPA integrally includes policy oriented research thereof. These analytical profiles, backed by research and studies as necessary, try to focus on policy issues that arise in health and draw as needed from research conducted in Bio-medical, clinical, and health systems research.

There are multitudes of way to conduct policy analysis ranging from the extremely complex to the completely simplistic and subjective. Some tools are more appropriate than others given the nature of the research question. Please remind that each policy analysis tool requires a different set of questions to be answered.

What Are the Steps for Analyzing the Existing Health Policies?

Regarding to CHPAD roles and functions (refer to CHAPD assessment) The health policy analysts have to do the following steps:

1. Identification policy contexts to be analyzed. This could be the most recent issues related to community concern, or the highest health priority due to health status, global or regional health related problems, etc.

2. Collecting the related stated policies that include health and other sector related policies with regards to selected policy context. The health policies encompass the acts, laws, Minister Decrees, Director General Decrees, Health technical standards, implementation guidelines (program management and technical guidelines), etc. While other sector related policies could be the umbrella policies, supra–system, etc.
3. Describe the policy components from the existing health policies and other sector related policies. The policy components are (will be explained using the matrix):
   a. Policy issues,
   b. Policy objectives,
   c. Policy actions,
   d. Policy implementations,
   e. Policy instruments.

4. Identification of possible policy gaps. Within the existing health policies identify the gaps between:
   a. Policy issues and policy objectives using the following questions: 1) Do all identified policy issues addressed by the policy objectives; 2) Is there any policy issues were not addressed by the policy objectives; or 3) Is there any policy objectives addressed nothing (no policy issue related to this objective)?
   b. Policy objectives and policy actions using the following questions: 1) Do all identified policy objectives elaborated into policy actions; 2) Is there any policy objectives were not elaborated into policy actions; or 3) Is there any policy actions were not related to whatever policy objectives?
   c. Policy actions and policy implementation or policy instruments using the following questions: 1) Is there any policy actions were not supported with appropriate policy instruments (such standards, program management and technical guidelines, financial supports, appropriate health workforce, etc.); 2) Is there any “policy” instruments were not related to policy actions; or 3) Is there any potential implementation bias of such policy actions due to unclear policy instruments?

5. Identification of related stakeholders according to every policy component. Please elaborate their expected roles and contribution to the policy components at all levels (central, province and district). Special interest and oppositions.

6. Identification of policy conflicts between existing health policies and other sector related policies. Please clearly describe for every policy component and its potential impact to other policy components (i.e.: policy conflict at policy action level will affect the implementation due inappropriate resource allocation, or induce some implementation bias, etc.).

7. Getting the expert inputs based of the preliminary policy components description and predicted policy gaps and policy conflicts. Furthermore, revise the preliminary policy analysis (through the matrix approach).

8. Develop the term of reference for data collecting and more in-depth policy analysis. Use the substance from the matrix as background. Please carefully identify the relevant respondents.
9. Develop appropriate questionnaire for data and information collecting (please refer to identified respondents). Please create questions based on the background (identified policy gaps and policy conflicts). Example: Good questionnaire and criteria.

10. Data and information collecting through defined methods and approaches (interview, focus group discussion, cross check, etc.). Please remind that decision will not be made by the interviewer, supervisors or policy unit will decide later.

11. Please carefully complete the matrix with the collected information from the field for all policy components.

12. Identification of evidence based policy gaps between existing health policy and evidence for every policy component (between identified policy issues and its evidence; between identified policy objectives and its evidence, etc.). It means there are two types of policy gaps, within the existing health policies and between existing policies and evidence.

13. Identification of evidence based policy conflicts between existing health policy and evidence for every policy component (between identified policy issues and its evidence; between identified policy objectives and its evidence, etc.). It means there are two types of policy conflicts, within the existing health policies and between existing policies and evidence.

14. Develop policy recommendations according to those identified policy gaps and policy conflicts.

15. Identification of policy option feasibility, which can be based on the possibility of concentration of resources, clarity of goal, flexibility according to changing conditions, realistic of achieving the goal, and its consistency.

16. Identification of needs for changes (legal framework, related system, related mechanism, related management, and related standard/guideline.

Series of workshops are needed that should involve related stakeholders from all levels. At the end roles of policy unit has to be clearly identified for follow up actions.
## TOOL FOR ANALYZING THE HEALTH SECTOR POLICY

<table>
<thead>
<tr>
<th>Policy Components</th>
<th>Existing Health Policy</th>
<th>Other Sector Policies</th>
<th>Policy Gaps</th>
<th>Policy Conflicts</th>
<th>Responsible Stakeholders</th>
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<tbody>
<tr>
<td>Policy Issues</td>
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<tr>
<td>Policy Objectives</td>
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<td>Policy Action/Strategy</td>
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<td>Policy Implementation</td>
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<td>Policy Instruments</td>
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<td></td>
</tr>
<tr>
<td>Policy Components</td>
<td>Evidence</td>
<td>Edited Policy Gaps</td>
<td>Edited Policy Conflicts</td>
<td>Policy Options</td>
<td>Responsible Stakeholders</td>
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<td>Policy Issues</td>
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<tr>
<td>Policy Instruments</td>
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</table>
**MATRIX:**

**TOOL FOR ANALYZING THE HEALTH SECTOR POLICY**

**How to use this matrix?**

This matrix as a tool for policy analysis exercise (PAE). Policy analysts have to identify the components of certain policy in carrying out policy analysis exercise. Policy components consist of:
1. Policy issues,
2. Policy objectives,
3. Policy actions,
4. Policy implementations,
5. Policy instruments.

**What is the policy issue?**

Policy issues are statements on health and/or health related situation that need solutions. The policy issues can be classified into several groups, such as:
- a. Issues at the Systems Level, it means policy issues link to the Health System; which could be National Health System, Regional or Local Health System;
- b. Issues at the Institutional and Community Levels, which relates to health service facilities accessibility and quality of services, or relates to health status or health problems; and
- c. At the Individual / Personal Level, this relates to person from such socio–economic group, person or family who never cover by health delivery system or uninsured people.

Policy issues can be classified through several approaches, such:
- a. Health and/or nutritional status (morbidity, mortality, malnutrition, etc.);
- b. Health services accessibility and quality;
- c. Health care financing issues, such as government health financing, private health financing, health insurance system;
- d. Health workforce issues that can be in the area of human resources management (recruitment, deployment, etc.), or unmeet required competency, etc.;
- e. Health conditions related to man made problems; and

or through another grouping/classification approaches.

The following items should be considered in defining the policy issues:
- a. There must be a strong evidence base.
- b. Issues must be inter–sectors, resonating with a variety of policy areas.
- c. The problems must be amenable to change.
- d. Potential for gains in health must be apparent.
How to setup the policy objectives?

Policy objectives are statements of intended results of the collaborative policy initiative and may include the timeframes within which they are intended to be achieved.

Policy objectives should clearly convey to internal and external audiences what the policy issues actually intend to achieve.

To setup the policy objectives, here are several key guiding questions:
   a. What outputs and outcomes are hoped for that do not exist now?
   b. How would you state your policy objectives in order to achieve these intended outputs and outcomes?
   c. How would you state your objectives in order to direct policy actions in carrying out policy implementation to achieve these intended outputs and outcomes?
   d. At what stage in the public policy process is this issue/policy right now?
   e. Given the political and policy context, what are realistic, achievable policy objectives?
   f. What is a realistic time-frame within which to achieve these policy objectives?
   g. What information must be used to demonstrate achievement of policy objectives as an ex-ante assessment of related policy objectives?

What is the policy action?

Policy actions are broader strategic thinking to achieve the stated policy objectives. Several following features should be considered in establishing policy actions:
   a. Forward Looking,
   b. Outward Looking;
   c. Innovative, flexible and creative,
   d. Evidence based,
   e. Inclusive,
   f. Join-up,

The following paragraphs provide simple explanation on those features:

a. Forward Looking
The policy-making process clearly defines outcomes that the policy is designed to achieve and, where appropriate, takes a long-term view based on statistical trends and informed predictions of health trends, for at least five years into the future of the likely effect and impact of the policy. The following points demonstrate a forward-looking approach:
   • A statement of intended outcomes is prepared at an early stage,
   • Taking into account the Government's long term strategy
b. **Outward Looking**

The policy–making process takes account of influencing factors in the national, regional and international situation; draws on experience in other countries; considers how policy will be communicated with the public. The following points demonstrate an outward–looking approach:

- Looks at how other countries dealt with the issue,
- Recognize regional variation within the country,
- Communications/presentation strategy prepared and implemented

c. **Innovative, flexible and creative**

The policy making–process is flexible and innovative, questioning established ways of dealing with things, encouraging new and creative ideas; and where appropriate, making established ways work better. Risks are identified and should be actively managed. The following points demonstrate an innovative, flexible and creative approach:

- Uses alternatives to the usual ways of working (brainstorming sessions etc),
- Defines success in terms of outcomes already identified,
- Consciously assesses and manages risk,
- Takes steps to create management structures which promote new ideas and effective team working,
- Brings in people from outside into policy process.

d. **Evidence based**

The advice and decisions of policy makers are based upon the best available evidence from a wide range of sources; all key stakeholders are involved at an early stage and throughout the policy's development. All relevant evidence, including that from specialists, is available in an accessible and meaningful form to policy makers. Key points of an evidence–based approach to policy–making include:

- Reviews existing information from related researches,
- Commissions new important research(es),
- Consults relevant experts and/or used internal and external consultants,
- Considers a range of properly costed and appraised options.

e. **Inclusive**

The policy–making process takes account of the impact on and/or meets the needs of all people directly or indirectly affected by the policy; and involves key stakeholders directly. An inclusive approach may include the following aspects:

- Consults those responsible for service delivery/implementation,
- Consults those at the receiving end or otherwise affected by the policy,
- Carries out an impact assessment,
- Seeks feedback on policy from recipients and front line deliverers.
f. **Joined up**

The policy–making process takes holistic views; looking beyond institutional boundaries to the government's strategic objectives and seeks to establish the ethical, moral and legal base for policy. There is consideration of the appropriate management and organizational structures needed to deliver cross–cutting objectives. The following points demonstrate a joined–up approach to policy actions establishment:

- Cross cutting objectives clearly defined at the outset
- Joint working arrangements with other departments clearly defined and well understood
- Barriers to effective joined up clearly identified with a strategy to overcome them
- Implementation considered part of the policy making process.

**What is the policy instrument?**

In very broad terms, governments have three categories of policy instruments available to them when considering how they might intervene to assist public welfare or to achieve policy objectives:

- They may regulate – by statute or subsidiary legislation they may require citizens to act (or not to act) in a particular way. In this case, health sector policy could be Government Regulation, Presidential Regulation, Ministerial Decree, and provincial or district regulation. This also will consist of regulation for resources allocation, resources management.

- They may establishing the technical standards, technical guidelines, and procedures in achieving the policy objectives.

- They may fund the activities to provide goods and services, which can be for public or private sectors, or both.

- They may define the type, competency and distribution as well as provision of human resources for health.

How to review the policy instruments in accordance with policy objectives achievement? The following criteria and relevant questions can be useful in reviewing those policy instruments established:

- Appropriateness – is this a reasonable way of proceeding in this case?
- Effectiveness – can this policy instrument get the job done?
- Efficiency – will this policy instrument be cost–effective?
- Equity – are the likely consequences fair?
- Workability – is the policy instrument simple and robust, and can be it be implemented?

**How was the policy implemented?**

The policy might be already implemented with strongly considering all the available policy instruments, or ignoring all instruments; it was implemented without any policy instruments are in place.

The policy analyst has to observe appropriateness of policy implementation in accordance with the following issues:

- Does the policy implementation focus on goal attainment?
- Are there any limited implementation? And to what extend it was?
- Does the policy work and deliver the intended outputs?
- Are there any lacks of a clear policy framework because there is no policy established (or being developed)?
- Do the negative side effects offset or outweigh any positives achieved by the policy?
- Does the people charged with implementing the policy running it efficiently?
- Does the policy implementation comply with the fundamentals of our system of laws in the Country or Regional levels?
- Is it consistent with the Indonesian system of justice?
- Do the available policy instruments work appropriately, effectively, efficiently, fairly, and really workable?
- Were there any issues not addressed?
- Are there any biases of policy implementation? Why?
- Are there any conflicts of policy instruments (within health sector, and with other sectors)?
- Does the comprehensive strategy use?
- Are there any fragmented, lack of consistency and comprehensiveness in implementing the policy?
- Are there any lack of consistent responsiveness and leadership in implementing the policy?
- Is there any variability in approaches across some geographical regions?

The policy analyst should consider all the above questions together with possible policy gaps and policy conflicts found from the analytical matrix for observation purposes in the field.

Then use all information through the following diagram for the policy analysis process.
Policy Analysis Process Framework
Practical Steps in Developing Policy Option Alternatives

There are several practical steps could be used in developing alternative policy options, as below:

- Define the important problems (real health problems)
- Define the important and relevant policy issues
- Identification the policy related matters should be in place (what is in place, what is not)
- Explain why and how those matters were not appropriate or were in place
- Identification the policy needs, policy gaps and policy conflicts
- Formulation of policy options

The issues or problems should be clearly analyzed, then if those issues or problems can be addressed in other ways; for example: by establishing clearer communication channels in terms of existing policies or by developing a procedure at a lower level; then, there is no policy needs!!!

Evaluating Policy Option Alternatives

All policy option alternatives have to be evaluated to ensure appropriateness of policy implementation. The evaluation process can divided into three levels:

1. Conceptual evaluation,
2. Implementation feasibility evaluation, and
3. Public acceptability evaluation.

1. Conceptual Evaluation

Six areas that should be evaluated are:
   a. Likely effectiveness against objective
   b. Cost
   c. Unintended consequences
   d. Policy Impact
   e. Distribution
   f. Uncertainty

In conducting evaluation of each area, several questions have to developed and used.

a. Likely effectiveness against objective

   This step is to evaluate the effectiveness of the options in achieving the policy objective; the “ex–ante assessment” has to be conducted if there is possibility and method.
The example of questions to be used in this evaluation is in the matrix below:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Policy Option A</th>
<th>Policy Option B</th>
<th>Policy Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>How far this policy option could achieve the policy objective?</td>
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<td>Is there any potential implementation constraint?</td>
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<td>Etc.</td>
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<td>Etc.</td>
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</tbody>
</table>

The value of each cell can be done by scoring, or can be qualitative.

b. Cost related issues

This step is to evaluate the cost implication related to the proposed policy options.
The example of questions to be used in this evaluation is in the matrix below:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Policy Option A</th>
<th>Policy Option B</th>
<th>Policy Option C</th>
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</thead>
<tbody>
<tr>
<td>How much the cost needed to carry out this policy option?</td>
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<tr>
<td>Does the proposed policy is the most cost effective policy option?</td>
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<td>Is there any policy or policy options that have better cost utilization?</td>
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<td>Etc.</td>
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<tr>
<td>Etc.</td>
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</tbody>
</table>

The value of each cell can be done by scoring, or can be qualitative.

c. Assessment of unintended consequences

This step is to assess the potential unintended consequences related to the proposed policy options in the period of policy implementation.
The example of questions to be used in this evaluation is in the following matrix:
The value of each cell can be done by scoring, or can be qualitative.

d. **Assessment of potential policy impacts**

This step is to assess the potential policy impacts related to the proposed policy options in the period of policy implementation; or if there is no such policy in place.

The example of questions to be used in this evaluation is in the following matrix:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Policy Option A</th>
<th>Policy Option B</th>
<th>Policy Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of such policy causes increased other public problems?</td>
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<tr>
<td>Implementation of such policy causes abuse utilization of public services</td>
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<td>Etc.</td>
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<tr>
<td>Etc.</td>
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<tr>
<td>Does the proposed policy help us to achieve the objectives of health strategic plan or the objective of the higher policy?</td>
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<tr>
<td>Does the proposed policy have significant risk?</td>
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<tr>
<td>Does the proposed policy impact other relevant area?</td>
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<tr>
<td>What are the possible impacts if the proposed policy is not in place?</td>
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<td>Etc.</td>
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</tbody>
</table>

The value of each cell can be done by scoring, or can be qualitative.
e. **Assessment of the condition of policy distribution**

This step is to assess the condition of policy distribution related to the proposed policy options in the period of policy implementation. The example of questions to be used in this evaluation is in the following matrix:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Policy Option A</th>
<th>Policy Option B</th>
<th>Policy Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the proposed policy will have equal effect to the target beneficiary groups, regions, period?</td>
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<tr>
<td>Does the proposed policy should be carried out through “Free Distribution” or “Cost-Sharing”?</td>
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<td>Etc.</td>
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<td>Etc.</td>
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</tbody>
</table>

The value of each cell can be done by scoring, or can be qualitative.

f. **Assessment of the policy uncertainty beyond the proposed policy options**

This step is to assess the policy uncertainty beyond the proposed policy options in the period of policy development and implementation. The example of questions to be used in this evaluation is in the following matrix:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Policy Option A</th>
<th>Policy Option B</th>
<th>Policy Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there any uncertainty of national macro policy?</td>
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<tr>
<td>Is there any uncertainty of national welfare policy?</td>
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<tr>
<td>Is there any uncertainty of national social security policy?</td>
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<tr>
<td>Etc.</td>
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</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The value of each cell can be done by scoring, or can be qualitative.
2. Implementation Feasibility Evaluation

There are four areas should be evaluated are:

a. Legality
b. Enforcement
c. Capacity/Capability
d. Affordability

The same approach will be applied to evaluate feasibility of the proposed policy implementation

a. **Assessment the legality of the proposed policy option**

This step is to assess the legality or any barrier related to the legal aspect in implementing such policy.

The example of questions to be used in this evaluation is in the matrix below:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Policy Option A</th>
<th>Policy Option B</th>
<th>Policy Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the proposed policy has clear legal order to be established and to be carried out?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there any legal barrier to establish or to implement the proposed policy?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The value of each cell can be done by scoring, or can be qualitative.

b. **Assessment the need for enforcement**

This step is to assess the need for enforcement or any barrier related to implement such policy.

The example of questions to be used in this evaluation is in the matrix below:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Policy Option A</th>
<th>Policy Option B</th>
<th>Policy Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there any enforcement needed to implement the proposed policy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there any constraint to get enforcement for implementing the proposed policy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The value of each cell can be done by scoring, or can be qualitative.

c. **Assessment the capacity of the actors**

This step is to assess the capacity and capability of the actors for implementation of such policy options in all levels. The example of questions to be used in this evaluation is in the matrix below:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Policy Option A</th>
<th>Policy Option B</th>
<th>Policy Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do the policy actors have appropriate capacity to implement the proposed policy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there is no appropriate capacity, how long the transition period needed for implementing the proposed policy?</td>
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<td></td>
<td></td>
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<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The value of each cell can be done by scoring, or can be qualitative.

d. **Assessment the affordability to implement**

This step is to assess the government and other implementer agencies affordability for implementation of such policy options. The example of questions to be used in this evaluation is in the matrix below:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Policy Option A</th>
<th>Policy Option B</th>
<th>Policy Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could government or another policy actor have appropriate affordability to implement this policy option?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there is no affordability for all policy option alternatives, what should we do?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The value of each cell can be done by scoring, or can be qualitative.
3. Public Acceptability Evaluation

The Conceptual and Implementation Feasibility evaluation steps are filtering all the proposed policy options, then the result is the most appropriate policy option. The next step is requesting public comments, or doubt, or contributions. This step could be done through web based, or public debate and public policy dialogue that probably high level policy discussion.

The highest public acceptance for such options put within the policy paper as recommendation for new policy or revised policy.

Reviewing the Draft of Policy Paper

Writing policy paper is not like writing other popular document or essay. Policy paper is not a technical working paper, not short information about certain legal aspect, not a history or journalist report.

To produce the best policy paper, the draft should be reviewed as much as possible. The review should be for the overall aspect as well as for the specific one; it will go through series of questions.

Overall Review:

- Have you identified a clear problem to address? Can you summarize it in two sentences?
- Do you have sufficiently comprehensive evidence to support your claim that a problem exists?
- Have you outlined and evaluated the possible policy options that could solve this problem? What evaluation criteria did you use?
- Have you decided on a preferred alternative?
- Do you have sufficient evidence to effectively argue for your chosen policy alternative over the others?
- Do you present arguments in a straightforward and logical manner that is easy to follow and understand by a wide range of readers (specialists and non-specialists)?
- Is the structure of the paper clear and easy to follow?
- Do sections and paragraphs logically follow on from each other?
- Is it easy to locate specific information in the paper?
- Does the system of headings and sub-headings guide readers clearly and effectively through the paper?
- Will all your readers understand the language and terminology you use in your paper?
- Can you find and take out extra words that don’t add to the meaning?
Overall Effectiveness:

- Does your paper effectively achieve its purpose of presenting an effective argument for your preferred policy option?
- Have you presented the argument in your paper in a way that will convince your primary target audience?
- Have you fulfilled the statement of intent, i.e., have you done what you intended to do in the paper?

The Title:

- Is the title interesting, clear, succinct and descriptive?
- Does it contain key words that clearly indicate the focus and problem addressed in the paper?

Table of Content:

- Does it give a clear overview of the paper?
- Is it clearly divided and formatted?
- Are headings of sections and sub-sections written effectively?

Abstract or Executive Summary:

- Is the abstract/executive summary a good representation of the paper?
- Does it contain all necessary features to represent the paper well?
- Does it generate interest in reading the whole paper?

The Introduction:

- Does the introduction convince and prepare the reader to read the whole paper?
- Is the policy problem clearly and convincingly defined?
- Is the statement of intent effective?

The Problem Description Element:

- Does your problem description convince the readers that an urgent problem exists?
- Have you included a focused description of the background and current policy environment of the problem?
- Are all aspects of the arguments sufficiently and effectively supported and developed?
- Are sources used well to support your arguments?
- Are all the secondary sources cited appropriately and consistently (following the preferred citation conventions of the publisher)?
- Is data clearly presented in tables or figures?
The Policy Options Element:

- Does the policy options element demonstrate that your chosen alternative represents the best solution to the policy problem?
- Is the basis on which you evaluated each option, i.e., the framework of analysis, clearly outlined?
- Are all possible policy alternatives presented and evaluated?
- Is your position on each alternative clearly stated and well-supported?
- Are all the secondary sources cited appropriately and consistently?

The Conclusion and Recommendations:

- Does this element clearly outline a course of action to solve the policy problem?
- Does this section give a sense of completeness to the paper?
- Are recommendations clearly written and practical in nature?
- Are recommendations easily identifiable in the text?
- If a reader only looked at the introduction and conclusion, would they get a good understanding of the paper?