

**Policy Statement of the Board of Directors of DKT International**  
**Adopted at the Directors Meeting held on May 27, 2011**  
**Reaffirmed by DKT's Board of Directors on November 17, 2020**

*This policy statement replaces and supersedes all previous DKT Policy Statements*

The following Statement of Policy is adopted by unanimous consent of the Board of Directors:

DKT International (DKT) was created in 1984 for the purpose of promoting family planning in developing countries. The founders and original Board members of the organization were Dr. Timothy R.L. Black, Robert L. Ciszewski, and Philip D. Harvey.

The current Board of Directors, comprised of Mr. Ciszewski and Mr. Harvey as well as Carlos Garcia, Chris Purdy, Dr. Matt Reeves, and Julie Stewart, wish to reaffirm the Board's commitment to these underlying principles and policies as follows:

1. DKT's policies and activities will stress voluntary fertility control as their top priority. Voluntary fertility control has been demonstrated in the late 20<sup>th</sup> and early 21<sup>st</sup> centuries to provide substantial health, humanitarian and economic impact for families in developing countries. Birth spacing results in decreases in infant and maternal mortality. The planning and spacing of births permits families to plan financially and to allocate their resources to better feed, clothe and educate family members. Safe abortion saves women's lives. Finally, access to birth control advances human liberty by giving people more control over their lives. Secondly, DKT programs will include the prevention of HIV/AIDs, relying especially on those approaches that include condom use.
2. The organization should focus on contraception, safe abortion, and HIV prevention *services and products*, rather than research or other applications which do not include the direct provision of products and services to clients. This means the sale of contraceptives and reproductive health products through social marketing and related supply chain service delivery mechanisms, the provision of abortion and sterilization services through clinic-based and other appropriate means, the provision of IUDs, injectables, implants, and all other effective contraceptives through the most appropriate mechanisms, and the provision of accurate, easy-to-understand information, education, training, and counseling to clients and health providers. There will always be plenty of organizations that specialize in research, advocacy, and "studying the problem." Our priority must be the actual provision of contraceptives, condoms for STD prevention, and safe abortion services. We must remain an organization that 'does things' rather than talking about them.
3. *Focus on the private sector.* DKT's programs should primarily be focused on and conducted in the private sector and should never, except in the most exigent

circumstances, enhance or contribute to the budgets of governments. Our programs should participate in, and strengthen private commerce. Relatedly, DKT should normally charge for its products and services. Things given away free are not valued and, with products especially, giveaways lack discipline and accountability, and cannot access commercial infrastructures.

4. *Enterprise programs* generate net profits that can provide supplementary funding for other programs. Programs in middle-income countries with relatively high CPR should be designed to become enterprise programs within a reasonable period. Generating revenue while maintaining affordability will remain an important balancing act. Net revenue generated by DKT programs will normally be used to enhance and /or expand DKT's efforts either in the country where the revenue is generated or in other DKT programs.
5. *Impact*. DKT should seek to achieve maximum impact which means focusing on those clients who are least served by other sources. This principle will sometimes conflict with the enterprise program principle. The balance may seem awkward, but should be maintained.
6. We should never expect gratitude from our clients and should not seek it.
7. DKT should seek to advance its causes in a pioneering and risk-assuming fashion. The tendency of all social-service organizations is to become more cautious with the passage of time and, particularly, with the increase in size and donor constituency which normally occurs with successful organizations in this and many other fields. It is the profound desire of the organization's Board that DKT not fall into this trap. DKT instead should maintain policies that are based on the willingness to take risks and drive innovation in the interests of providing these products and services to those who want them. This includes (but is not limited to) the aggressive promotion of contraceptives, including the use of sexual themes; promotion of mifepristone and misoprostol for early abortion even when that is controversial; and demedicalizing family planning as much as possible.
8. DKT should provide services that can be measured with hard statistical yardsticks. One of the great advantages of family planning as a developmental and a humanitarian intervention is that couple years of protection (CYPs) and cost per CYP can be used to assess the effectiveness and efficiency of such programs. In the event that DKT becomes involved in activities other than the provision of family planning services, it must focus on activities that are amenable to the same kind of hard statistical evaluation. This might include, for example, the sale of oral rehydration salts, the marketing of condoms for HIV or other STI prevention, or the sale of micronutrients. Programs which rely heavily on the dissemination of information and motivational mass-media campaigns (such as generic family planning campaigns), should include evaluation through standardized research techniques. Such activities

should also be conducted so that successful campaigns result in “hard” metrics such as clinic services provided, contraceptives/MA sold, attendance at clinics, etc. All activities should be measured rigorously by yardsticks which do not permit obfuscation.

9. While it can be expected that the culture of the organization will evolve as new persons join and others leave, we desire the following:
  - DKT should remain lean and mean. The existing structure that places a high degree of autonomy and responsibility in the field offices has worked well and should be maintained to the extent reasonable. This is exemplified by deep trust in the field offices, a highly decentralized organizational structure, and a general avoidance of un-needed bureaucracy.
  - The enterprise programs should be maintained and encouraged to increase long term sustainability. The flow of profits from truly profitable programs is a valuable resource, and provides more predictable revenue than donors. While DKT should continue to focus on very poor clients who cannot be served at a profit, the enterprise programs should still be nurtured. Profitable programs can and should become part of the economic landscape of the countries where they exist, providing jobs and models of well-run, honest enterprises, as well as providing valuable health services. Further, appropriate revenue streams should be sought in all programs, to cover at least part of operating expenses. This strategy includes cross-subsidies in low-income countries, selling more expensive brands to those who can afford them to help subsidize the low-priced items, and launching some products or line extensions whose sole purpose is to increase profits.
  - DKT should retain its “soul.” This means doing what we believe is right, rather than what others (including donors) may want us to do. It means giving up donor funds when necessary to avoid getting into activities that do not involve service provision (or the measurement of impact). It means avoiding excessive involvement in the international development swamp of meetings, symposia, and the general do-gooder trap of immersion among peers for mutual self-congratulation.
  - Success must always be measured in results achieved, not in funds raised.