

Data Sheet

USAID Mission:	Bangladesh
Program Title:	Integrated Family Planning and Health
Pillar:	Global Health
Strategic Objective:	388-001
Proposed FY 2004 Obligation:	\$35,000,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$35,700,000 CSH
Year of Initial Obligation:	FY 1997
Year of Final Obligation:	FY 2007

Summary: USAID's National Integrated Population and Health Program is aimed at reducing fertility and improving family health. Efforts include the following:

- Technical assistance to expand, improve and sustain a package of basic health and family planning services available from NGOs, especially to the poor;
- Technical assistance and commodity support to the Government of Bangladesh (GOB) and private sector to increase national contraceptive prevalence and contraceptive security;
- Behavior change communication for high-priority health problems, including HIV/AIDS, family planning, immunization, childhood diseases, antenatal and postnatal care, and adolescent reproductive health;
- Technical assistance for polio eradication; and
- Research, monitoring and evaluation.

Inputs, Outputs, Activities:

FY 2004 Program:

NGO health services (\$7,500,000 CSH). USAID will continue to support its NGO service-delivery program. Assistance will expand the range and quality of clinical services; increase use, especially by the poor; and influence government policy to expand the role of NGOs in health service provision. USAID has been working to strengthen NGOs' capacity to cover their own operating costs and decrease support from USAID. A new activity is planned to independently evaluate the quality of services provided. Principal grantees: Pathfinder International; others TBD.

Family planning and reproductive health (\$15,800,000 CSH). In addition to expanding family planning services at NGO clinics, USAID will fund contraceptives to a non-profit Bangladeshi company (Social Marketing Company - SMC); technical assistance to the GOB to improve family planning, health logistics and promote contraceptive security; assistance to the GOB to plan and implement expanded clinical contraceptive services, including voluntary surgical contraception; and behavior change communication activities addressing adolescent reproductive health needs. All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy. Principal prime grantees: SMC; John Snow, Inc.; EngenderHealth; Johns Hopkins University.

HIV/AIDS (\$3,700,000 CSH). Although HIV prevalence remains low, the widespread practice of high-risk behavior, high sexually transmitted infection (STI) rates, and severe epidemics in neighboring countries are a serious threat. USAID now has an approved HIV Strategy with the following objectives: 1) work with vulnerable groups to promote behavior change, improve STI services, promote condom use, and provide voluntary counseling, testing and care for those infected with HIV; 2) enhance NGO technical capacity in prevention; 3) strengthen behavioral and sero-surveillance; 4) conduct research on new prevention approaches and strategies; and 5) address policy issues and removing obstacles to expanded prevention efforts. Principal prime grantees: Family Health International; Johns Hopkins University.

Polio eradication (\$1,000,000 CSH). USAID will help keep urban areas polio-free by funding World Health Organization (WHO) assistance to the GOB in polio surveillance. USAID will continue to fund national

immunization days and provide limited support to improve routine immunization coverage. Principal grantee: WHO.

Research, monitoring and evaluation (\$7,000,000 CSH). USAID will continue an operations research program to improve the GOB's Essential Services Package, through which USAID-supported NGOs offer child survival, maternal health, and family planning services. USAID will also fund the Demographic and Health Survey and an NGO Impact Survey. Program funded personnel are also supported from this category. Principal prime grantees: International Centre for Diarrheal Disease Research, Bangladesh; Centre for Development and Population Activities; Johns Hopkins University; and The University of North Carolina at Chapel Hill.

FY 2005 Program:

NGO health services (\$10,550,000 CSH). USAID plans to continue funding local NGOs that provide quality essential services to more than 20 million Bangladeshis and help the NGOs move toward sustainability. USAID's NGO Service Delivery Program is a model for expanding the role of the NGO sector in providing quality healthcare, and other donors are keenly interested. Two new activities will provide targeted support to NGOs. Principal grantees: Pathfinder International; others TBD.

Family planning and reproductive health (\$15,000,000 CSH). USAID intends to continue support for the social marketing of contraceptives, technical support to GOB contraceptive procurement and for the expansion of long-term, voluntary clinical contraception. Same implementers as above.

HIV/AIDS (\$3,700,000 CSH). USAID will continue limited assistance for HIV/AIDS prevention. Support will be provided for behavior change and harm reduction among high-risk groups through peer education, STI treatment, and condom promotion, along with surveillance and research and include additional vulnerable groups. Principal grantees: TBD.

Polio eradication (\$1,000,000 CSH). USAID will continue limited support for polio activities in urban areas through WHO's assistance to the GOB. Principal grantees: WHO.

Research monitoring and evaluation (\$5,450,000 CSH). USAID will continue an operations research program to improve the content and implementation of the GOB's Essential Service Package. Program funded personnel will also continue to be supported from this category.

Performance and Results: USAID-supported NGOs continue to make strides on the path to sustainability. The GOB and donors look to NGOs as viable service providers to the poor. USAID-supported NGO clinics increased customer contacts by 7% this year, serving 22.9 million customers. The combined efforts of SMC and NGO clinics increased their contribution to non-surgical contraception by 16% in 2003. Efforts to promote institutional and financial sustainability led to SMC increasing total cost recovery from 43% in FY 2002 to 51% in FY 2003. USAID strengthened the GOB's clinical and surgical contraception program, tripling performance of voluntary sterilizations in 24 districts. Working against government inefficiencies and bureaucratic hurdles, USAID technical assistance in contraceptive procurement helped ensure that the national contraceptive supply will meet the country's need for the next three years. Routine immunization coverage in urban areas increased from 66% in FY 2002 to 71% in 2003, largely due to USAID efforts. USAID's investment in the development of education materials for Adolescent Reproductive Health is leveraging enthusiastic support from other donors; UNICEF support will double the size of USAID's project by funding additional media components including a T.V. series. HIV prevention activities have doubled the number of sites from last year and have begun working with additional high-risk groups. The first-ever condom campaign for HIV prevention was successfully launched with GOB approval. By program completion, a network of strong NGOs will provide an essential-services package in health and family planning. USAID support will move from service provision to technical assistance; the National Family Planning program will provide a wider range of contraceptive options, helping to restart a decline in the fertility rate; Bangladesh will remain polio free; and HIV/AIDS prevalence will continue to be under 1% in the general population.

US Financing in Thousands of Dollars

Bangladesh

	CSH	DA
388-001 Integrated Family Planning and Health		
Through September 30, 2002		
Obligations	94,210	78,137
Expenditures	57,737	72,028
Unliquidated	36,473	6,109
Fiscal Year 2003		
Obligations	24,022	0
Expenditures	22,862	3,098
Through September 30, 2003		
Obligations	118,232	78,137
Expenditures	80,599	75,126
Unliquidated	37,633	3,011
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2004 NOA		
Obligations	35,000	0
Total Planned Fiscal Year 2004		
Obligations	35,000	0
Proposed Fiscal Year 2005 NOA		
Obligations	35,700	0
Future Obligations	35,000	0
Est. Total Cost	223,932	78,137