

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Family Planning and Reproductive Health
Pillar:	Global Health
Strategic Objective:	936-001
Status:	Continuing
Planned FY 2006 Obligation:	\$108,648,000 CSH
Prior Year Unobligated:	\$1,222,000 CSH
Proposed FY 2007 Obligation:	\$84,637,000 CSH
Year of Initial Obligation:	1996
Estimated Year of Final Obligation:	2012

Summary: The framework for this global health (GH) strategic objective (SO), adjusted in 2003, has three intermediate results that contribute to its achievement: support provided to the field to implement effective and sustainable reproductive health and family planning (RH/FP) programs; global leadership demonstrated in RH/FP policy, advocacy, and services; and knowledge generated, organized, and communicated in response to field needs. GH supports the key components of effective family planning programs through service delivery, training, performance improvement, contraceptive supply and logistics, health communication, biomedical and social science research, policy analysis and planning, and monitoring and evaluation.

Inputs, Outputs, Activities:

FY 2006 Program:

Reduce unintended pregnancy and improve healthy reproductive behavior (\$108,648,000). The FY 2006 program will continue investments in improving the availability and accessibility of basic family planning services, expanding FP/HIV integration, ensuring contraceptive security, incorporating gender into RH/FP programs, implementing population-health-environment interventions in areas of threatened biodiversity, and addressing issues of health equity. GH plans to obligate approximately \$1.2 million in unobligated prior year funds to technical assistance mechanisms. These funds will be used for the same purpose previously notified as their intended use.

Research and innovation (33%, of which: 40% biomedical, 36% operations research, 24% data collection and monitoring and evaluation): A priority investment in FY 2006 will be to continue to refine and implement models of FP/HIV integration in sub-Saharan Africa. Research and development in microbicides and female barrier methods will continue. GH will explore new approaches for introducing new and underused contraceptive methods, and scaling up family planning programs for national-level impact. GH will evaluate the existing activities in operations and program research and assess future research needs and the best mechanisms to implement these activities. GH will continue to support an evaluation working group to review indicator definitions and improve training modules in order to improve evaluation practices among its contractors and grantees.

Policy (5%): In the policy arena, particular emphasis will be placed on addressing policy barriers to access to RH/FP services by the poor. GH will fund training and technical assistance to help governments prioritize their RH needs, choose interventions, and allocate funds to meet those needs. International leadership at the policy level to actively support and ensure contraceptive security will remain a priority. A particular challenge is how to ensure that FP/RH services and commodities receive adequate funding in the context of decentralization of health care systems, health sector reform, and other systemic changes.

Family planning service delivery (62%): In addition to expanding the use of best practices identified through two large service delivery projects, the new Expanding Service Delivery project has a special focus on increasing access of the poorest segments of developing country populations to FP/RH care, and improving family planning activities in fragile states. In clinical services, attention will be given to increasing availability of and access to modern contraceptive methods, including the under-utilized intrauterine device (IUD) and other long-term and permanent methods. FY 2006 activities will continue to build on the findings from a

GH-funded analysis that demonstrated the role of non-training interventions (e.g., effective supervision) in improving provider performance. Lessons learned from the YouthNet project, such as the importance of involving husbands, parents, and in-laws to delay first births among married adolescents, and the need to involve youth in the design of youth programs, will be scaled up through service delivery projects. GH expects to continue to work in population-environment, to integrate family planning with conservation and natural resource management activities, particularly in biodiversity hotspots. GH will also address the well-documented relationship between gender-based violence and reproductive health outcomes by: increasing the awareness of service providers and communities about gender based violence issues; developing and testing interventions to change norms at the community level; and helping health providers to better serve their clients by improving referral systems. GH will continue to look for opportunities to engage new partners and to establish public-private alliances. A major contract for contraceptive logistics and management will be awarded in FY 2006.

Principal implementers of the FY 2006 program for the family planning SO include: Abt Associates, Academy for Educational Development, Adventist Development and Relief Agency, American College of Nurse Midwives, American Red Cross, Casals and Associates, Center for African Family Studies, Centers for Disease Control and Prevention, Chemonics International, Conservation International, Constella Health Sciences, Deloitte-Touche, Eastern and Southern Africa Management Institute, Eastern Virginia Medical School, EngenderHealth, Family Health International, Futures Group International, Georgetown University, InterChurch Medical Assistance, International Center for Migration and Health, IntraHealth, Jane Goodall Institute, Johns Hopkins University, John Snow, Inc., Management Sciences for Health, Matrix International Logistics, ORC Macro, Program for Appropriate Technology in Health, Pathfinder, Pfizer Global Pharmaceuticals, Population Reference Bureau, Population Council, Public Health Institute, Project HOPE, Research Triangle Institute, Save the Children, University of North Carolina, University Research Corporation, World Health Organization (WHO), World Vision, World Wildlife Fund, World Learning, and various contraceptive manufacturers. All grants and cooperative agreements with foreign NGOs containing family planning assistance incorporate the clauses that implement the Mexico City Policy.

FY 2007 Program:

Reduce unintended pregnancy and improve healthy reproductive behavior (\$84,637,000, of which: 33% for research, 5% for policy, and 62% for service delivery support). In addition to continuing activities under ongoing awards, GH may award new assistance and acquisition instruments for work in biomedical research, operations and program research, and natural family planning. Efforts will be made to bring in new implementing partners from the private voluntary organization (PVO) and non-governmental organization (NGO) community and to identify promising public-private alliance opportunities. Implementers are as stated for FY 2006, plus new organizations to be determined by competitive procurements.

Performance and Results: In FY 2005 GH provided technical and programmatic leadership at a global level by collaborating with WHO to develop and update several key guidance documents, such as Medical Eligibility Criteria. Contraceptive research results show promise for the availability of additional female barrier methods for family planning (FP) users worldwide. Operations research demonstrated that community-based distribution agents can safely and effectively provide injectable contraceptives in Uganda, which confirms similar findings from other countries. Research also demonstrated that using systematic screening to identify women's needs and integrating services at the provider level increased clinic output by an average of 20% in four countries. GH support to field programs ranged from direct technical assistance to missions by GH staff for strategy development and program assessments, to the shipment of \$83 million worth of contraceptive commodities to 108 recipients in 54 countries, to creating electronic fora for the exchange of information and experience, to improving the sustainability of field programs by building local capacity. Together with mission programs, GH can take credit for measurable advances in FP/RH at a global level in USAID-assisted countries. Data from 25-30 countries show: a 1% increase on average in contraceptive prevalence from 36.0% to 37.2%; an increase in the proportion of births spaced three or more years apart from 47.7% to 48.5%; and a small reduction in the number of mothers who were under 18 years of age when they had their first birth from 23.6% to 23.3%. These data show that FP/RH has met its targets.

US Financing in Thousands of Dollars

Bureau for Global Health

936-001 Family Planning and Reproductive Health	CSH	DA
Through September 30, 2004		
Obligations	416,947	270,625
Expenditures	194,252	270,625
Unliquidated	222,695	0
Fiscal Year 2005		
Obligations	120,000	0
Expenditures	82,633	0
Through September 30, 2005		
Obligations	536,947	270,625
Expenditures	276,885	270,625
Unliquidated	260,062	0
Prior Year Unobligated Funds		
Obligations	1,222	0
Planned Fiscal Year 2006 NOA		
Obligations	108,648	0
Total Planned Fiscal Year 2006		
Obligations	109,870	0
Proposed Fiscal Year 2007 NOA		
Obligations	84,637	0
Future Obligations	1,136,146	0
Est. Total Cost	1,867,600	270,625