Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Population and Reproductive Health
Pillar:	Global Health
Strategic Objective:	936-001
Proposed FY 2004 Obligation:	$130,000,000 CSH
Prior Year Unobligated:	$511,000 CSH
Proposed FY 2005 Obligation:	$125,000,000 CSH
Year of Initial Obligation:	1996
Year of Final Obligation:	2013

Summary: The Bureau for Global Health's (GH) Population and Reproductive Health SO was revised to focus more explicitly on the unique contributions of the Bureau to the achievement of Agency health objectives. The revised SO statement is to advance and support voluntary family planning and reproductive health (RH/FP) programs worldwide. Three intermediate results support this objective: global leadership demonstrated in RH/FP policy, advocacy and services; knowledge generated, organized and disseminated; and support provided to the field to implement effective and sustainable RH/FP programs. GH supports the key components of effective family planning programs-service delivery, training, performance improvement, contraceptive availability and logistics, health communication, biomedical/social science research, policy analysis and planning, and monitoring and evaluation.

Inputs, Outputs, Activities:

FY 2004 Program:
GH continues to explore ways to both advance the "state-of-the-art" and serve field missions most effectively. Investments in research related to microbicides, female barrier methods, and expansion of new natural family planning methods will continue. In addition, strategies for improving the use of research results and data-based decision making will be implemented, the results of which will expand method choices and improve service delivery and quality in developing countries. Data collection will be initiated under the new Demographic and Health Surveys (DHS) contract. Monitoring and Evaluation (M&E) work will increasingly focus on equity, or lack thereof, in the distribution of health improvements.

GH policy support will increasingly focus on ensuring the sustainability of RH/FP services and overcoming policy barriers. For example, GH will fund training and technical assistance to help governments prioritize their RH needs, and choose interventions and allocate funds to meet those needs. GH will also consolidate the lessons learned from the FY 2003 work on operational policy barriers and apply them more broadly to improve access to RH/FP services. GH will develop, test, and apply approaches to integrate reproductive health and sexually transmitted infections and HIV policies and services and to ensure an adequate and predictable long-term supply of contraceptive commodities.

In the area of capacity building, GH will use FY 2004 funds to support management and human resource assessments of national family planning and reproductive health institutions as one component of a performance improvement approach to overcoming obstacles to improved service delivery. GH will continue its emphasis on improving provider performance through the design of more efficient supervision systems. In FY 2004, GH will begin implementation of a new competitive award to assist field missions to strengthen private commercial service provision. It will focus on public-private partnerships for service provision and assistance to the public sector to effectively target subsidies to the poor.

In the PVO and commercial sectors and selected activities in performance improvement and service delivery in FY 2004, GH will assure a smooth transition between activities that are ending and their successors. Two new awards (a cooperative agreement and a multiple-award IQC) are planned. One

will strengthen private sector provision. The second will be designed to strengthen human capacity for expanded service provision. In addition, a new competitive award planned for FY 2004 will facilitate field-level access to PVOs for service-delivery support and gender activities. We expect this mechanism to make it easier to work with new development partners.

Priority areas of FY 2004 investment for this SO include, first, planning for graduation from USAID reproductive health/family planning assistance in selected countries, with an emphasis on ensuring strong institutional capacity and contraceptive security. Second, as more USAID missions choose to implement their RH/FP programs through country-specific rather than central mechanisms, it becomes increasingly important to be able to learn from their experiences. We capture those lessons and ensure that effective approaches are incorporated into all field-based programs. Third, operationalizing FP/HIV integration becomes imperative, particularly in Africa, as HIV continues to dominate the policy and programmatic agenda in health. We will continue to invest in tools and approaches for incorporating family planning into VCT and PMTCT activities.

Principal contractors, grantees, and agencies include: Academy for Educational Development, ADRA, American College of Nurse Midwives, American Red Cross, Center for African Family Studies, Casals and Associates, CDC, Conservation International, Constella Health Sciences, Deloitte-Touche, Eastern Virginia Medical School, EngenderHealth, Family Health International, Futures Group International, Georgetown University, IntrahHealth, Jane Goodall Institute, John Snow, Inc., Johns Hopkins University, Management Sciences for Health, ORC Macro, Path, Pathfinder, Population Reference Bureau, Population Council, Public Health Institute, Project Hope, Research Triangle Institute, Save the Children, University of North Carolina, World Health Organization, World Vision, World Wildlife Fund, and various contraceptive manufacturers.

Family planning assistance and aquisition agreements either already include or will include standard clauses to implement the Mexico City Policy.

FY 2005 Program:
In FY 2005, GH plans to give greater emphasis to the health benefits of family planning by focusing, for example, on the contribution of birth spacing to improving maternal and child health, the impact of family planning on reducing abortion and of post-abortion care on maternal mortality and morbidity, and offering family planning as a component of Prevention of Mother-to-Child Transmission of AIDS(PMTCT) programming. We will also further strengthen public/private partnerships. To improve prospects for sustainability, some GH programs will transition to a more commercial or “manufacturer’s model” of social marketing. In other cases, GH will combine funds and influence with other organizations to increase the profile of particular global issues. GH plans to continue to develop and strengthen initiatives to engage individuals, families, communities, and nations in healthy decision-making and to address gender issues in order to improve family planning use and health outcomes.

Performance and Results: The following is a partial list of accomplishments in FY 2003: 1) In response to Congressional interest, GH expanded access to RH/FP services in biodiversity hotspots through partnerships with Conservation International, the World Wildlife Fund, and the Jane Goodall Institute. 2) led efforts in forging international consensus on updated clinical standards, reflected in WHO’s Medical Eligibility Criteria, which expand access to FP by reducing barriers to IUD use and add the Standard Days natural FP method as a modern method. 3) A new cervical barrier device was approved by the Food and Drug Administration (FDA) and a 2-rod hormonal method received FDA approval to extend use from three to five years; both were developed with USAID support. 4) Development, production, and distribution of new FP/HIV Integration Technical Guidelines for the Field resulted in global recognition of family planning's role in more effective HIV and PMTCT programming. 5) Eight evidence-based best practices, developed and tested with GH core funds, are being applied and scaled-up, and use documented in Egypt to strengthen integrated health programming. These include use of: a comprehensive post-abortion care model; a pregnancy checklist to screen new FP users; optimal birth-spacing guidelines in MOH norms, training, and IEC materials; an incentive system using quality of care indicators; support for women’s empowerment through micro-credit and literacy programs linked to RH/FP; adolescent RH services; and, performance improvement tools.

US Financing in Thousands of Dollars

Bureau for Global Health

936-001 Population and Reproductive Health	**CSH**	**DA**
Through September 30, 2002		
Obligations	150,556	270,625
Expenditures	112,063	270,625
Unliquidated	38,493	0
Fiscal Year 2003		
Obligations	136,989	0
Expenditures	82,189	0
Through September 30, 2003		
Obligations	287,545	270,625
Expenditures	194,252	270,625
Unliquidated	93,293	0
Prior Year Unobligated Funds		
Obligations	511	0
Planned Fiscal Year 2004 NOA		
Obligations	130,000	0
Total Planned Fiscal Year 2004		
Obligations	130,511	0
Proposed Fiscal Year 2005 NOA		
Obligations	125,000	0
Future Obligations	1,335,156	0
Est. Total Cost	1,878,212	270,625