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 2005 Obligation:	$120,000,000 CSH
Prior Year Unobligated:	$1,100,000 CSH
Proposed FY 2006 Obligation:	$100,600,000 CSH
Year of Initial Obligation:	1996
Estimated Year of Final Obligation:	2013

Summary: The framework for this GH strategic objective, adopted in 2003, has three intermediate results that contribute to its achievement: global leadership demonstrated in reproductive health and family planning (RH/FP) policy, advocacy and services; knowledge generated, organized and communicated in response to field needs; 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 and social science research, policy analysis and planning, and monitoring and evaluation.

Inputs, Outputs, Activities:

FY 2005 Program: Reduce unintended pregnancy and improve healthy reproductive behavior ($120 million). The FY 2005 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 $1.1 million in unobligated prior year funds to contraceptive commodity contracts.

Research and innovation ($40.1 million, of which: $15.9 million biomedical, $14.5 million operations research, $9.7 million data collection, and monitoring and evaluation): A priority investment in FY 2005 will be in utilization of results from research related to hormonal contraception and HIV acquisition. Research and development in microbicides and female barrier methods will continue. GH will explore new approaches for undertaking program and operations research, introducing new and underused contraceptive methods, and scaling up family planning programs for national-level impact. A new award for biomedical research will be competitively awarded. Efforts in census and survey data collection will explore avenues for reducing cost and increasing stakeholder participation in data dissemination and use. GH will also establish an evaluation working group to review indicator definitions and develop training modules in order to improve evaluation practices among its contractors and grantees.

Policy ($6.3M): In the policy arena, GH will award a new five-year contract for policy analysis and action. Particular emphasis will be made 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. Attention will be given to prioritizing family planning in settings where HIV/AIDS dominates the policy agenda. International collaboration at the policy level to foster and ensure contraceptive security -- the availability of affordable contraceptives for current and future users--will also be a priority.

Family planning service delivery ($73.6 million): GH investments support FP service delivery in a number of ways. GH will competitively award a new assistance mechanism for non-clinical service delivery, with a focus on community-level interventions and special attention to RH/FP needs in countries emerging from crisis. In clinical services, attention will be given to increasing availability of and access to the intrauterine device (IUD) and other long-term and permanent methods. Lessons learned regarding preservice education and best practices in training from a predecessor human capacity development

project will be incorporated into a new project that was awarded in late FY 2004. FY 2005 activities will 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. GH will also competitively award a new cooperative agreement in FY 2005 to strengthen the systems necessary for well-functioning health organizations, including managerial, financial, and information systems, as well as multiple new contracts for the production and distribution of contraceptive commodities. An assessment of programming for youth will inform decisions about whether and how to procure new youth-focused work. GH also expects to make multiple sub-awards under the grants solicitation and management activity, awarded in FY 2004. These may include awards for work in the areas of population-environment and gender-based violence, in addition to awards to strengthen country-level service delivery by non-governmental organizations (NGOs). GH will continue to look for opportunities to engage new partners and to establish public-private alliances.

Principal implementers 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 Virginia Medical School, EngenderHealth, Family Health International, Futures Group International, Georgetown University, InterChurch Medical Assistance, IntrahHealth, 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 family planning assistance agreements incorporate clauses that implement the President's directive restoring the Mexico City policy.

FY 2006 Program: Reduce unintended pregnancy and improve healthy reproductive behavior ($100.600 million, of which: $33.6 million for research, $5.3 million for policy, and $61.7 million for service delivery support). In addition to continuing activities under ongoing awards, GH may award new assistance and acquisition instruments for work in population-environment and RH/FP services for youth. 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 to be determined.

Performance and Results: In FY 2004, GH leveraged approximately $8.3 million in corporate, pharmaceutical company, NGO and other donor funds for RH/FP programs. Biomedical research leads show promise for the availability of additional contraceptive options for FP users worldwide in the coming year, such as new female barrier methods. Applied research yielded significant results that can be incorporated into program implementation to help strengthen family planning service delivery. For example, operations research demonstrated that introduction of natural family planning methods attracts women who had not previously used any method, women who had discontinued other methods, and women who had relied on other traditional methods. In FY 2004, 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 $80 million worth of contraceptive commodities to 92 recipients in 56 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: a 1% increase on average in contraceptive prevalence -- from 36.4% to 37.5% across 30 countries; an increase in the proportion of births spaced three or more years apart -- from 44.7% in 2003 to 45.3% on average across 27 countries; and a small reduction in the number of mothers who were under 18 years of age when they had their first birth -- from 24.5% to 24.3% on average across 26 countries. Success stories are beginning to emerge in Africa (notably Madagascar, Malawi, Mozambique, and Zambia), where progress has historically been slow. With successful completion of this objective, we can expect that the contribution of family planning and reproductive health to development will be understood and recognized and that country-level FP/RH programs will be applying evidence-based interventions to help individuals

and families adopt healthy reproductive behaviors.

U.S. Financing

(in thousands of dollars)

936-001

	Obligations		Expenditures		Unliquidated	
Through September 30, 2003	287,545	CSH	194,252	CSH	93,293	CSH
	270,625	DA	270,625	DA	0	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI
Fiscal Year 2004	129,402	CSH	0	CSH		
	0	DA	0	DA		
	0	ESF	0	ESF		
	0	IDA	0	IDA		
	0	TI	0	TI		
Through September 30, 2004	416,947	CSH	194,252	CSH	222,695	CSH
	270,625	DA	270,625	DA	0	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI
Prior Year Unobligated Funds	1,100	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
Planned Fiscal Year 2005 NOA	120,000	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
Total Planned Fiscal Year 2005	121,100	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
			Future Obligations		Est. Total Cost	
Proposed Fiscal Year 2006 NOA	100,600	CSH	1,228,953	CSH	1,867,600	CSH
	0	DA	0	DA	270,625	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI

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