

USAID's FP/RH Programming

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DIRECTIONS AND FOCUS FOR USAID PRH OFFICE

PRH Objective: Advance and support voluntary FP/RH programs worldwide

- PRH priorities:
 - Principles: voluntarism, informed choice, rights, equity
 - Who: Youth as a key population
 - What: Technical focus areas:
 - Method choice
 - Supply systems
 - Behavior change communication
 - Total market approach (TMA)
 - Family planning workforce
 - Gender as a cross-cutting issue

Underpinned by policy, research, and M&E

- How: Technical leadership, knowledge management and sharing, support to the field; partnerships
- Where: Geographic focus on 24 priority countries and West Africa

FP/RH PRIORITY, ASSISTED, AND GRADUATED COUNTRIES

Yemen

FP/RH 24 Priority Countries

DRC Malawi Zambia Mozambique Ethiopia Nigeria Afghanistan Nepal Haiti Pakistan Bangladesh Philippines India Rwanda Ghana Senegal* South Sudan Kenya Tanzania Liberia

Uganda

Madagascar

Ouagadougou Partnership Countries

Benin Guinea Niger
Burkina Faso Mali* Senegal*
Cote d'Ivoire Mauritania Togo

Other Assisted Countries

Mali*

Angola Timor Leste
Cambodia Ukraine
Guatemala Zimbabwe

Graduated Countries

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DR	Honduras	Paraguay
Ecuador	Indonesia	Peru
(Egypt)	Jamaica	Russia
El Salvador	Nicaragua	South Africa

^{*} Indicates country is both a PRH Priority country and a Ouagadougou Partnership country

Global Goals for FP/RH

USAID Goals for FP/RH

2016: Accelerate progress towards FP2020 and 2030 goals

- Help countries get onto MCPR trajectory needed to reach FP2020 goals
- GFF investment cases advance FP2020 goals
- Maintain or increase global funding for FP/RF

2016: Accelerate progress towards FP2020 and 2030 goals

- Maintain progress in high performing countries; improve progress in low performers
- Develop financing strategy for FP/RH
- Deepen engagement with FP2020
- Advance and track inclusion of FP in UHC schemes



Using the S-curve as an analytical tool

Population Characteristics: Maj of MWRA in Stage 3 and 5 Declining % youth across categories

Slow growth

Angola
Benin
DR Congo
Guinea
Mali
Mauritania
Niger
Nigeria
South Sudan

Avg mCPR: 10 MWRA needing FP: 16.3M % Pop. under 25: 64%

Entering period where rapid growth can occur

Afghanistan
Burkina Faso
Cote D'Ivoire
Ghana
Liberia
Mozambique
Senegal
Togo

Avg mCPR: 20 MWRA needing FP: 10.3M %Pop. under 25: 63%

In the period where most rapid growth usually occurs

Burundi
Ethiopia
Haiti
Madagascar
Pakistan
Philippines
Tanzania
Timor-Leste
Uganda
Yemen

Avg mCPR: 33 MWRA needing FP: 47.2M % Pop. under 25: 61%

Exiting period of rapid acceleration

Cambodia Guatemala Jordan Nepal Rwanda Zambia

Avg mCPR: 47 MWRA needing FP: 10.6M % Pop. under 25: 57%

Growth starting to level off

Bangladesh
Egypt
India
Kenya
Malawi
Zimbabwe

Avg mCPR: 57 MWRA needing FP: 204.3M (Excl India: 40.9M) % Pop. under 25: 55%



2016: Focus area progress

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Method Choice	 Updated chapters in FP Handbook Implants Removal Task Force created Implant price reduction extended Publications on measuring access & choice, 10 yrs of vasectomy work, 20 yrs of PAC
SBCC	 1st ever Global SBCC Summit Sharing of experience in scaling up community-based normative change Tools for designing SBC interventions; counseling in order of effectiveness SBCC RFAs on the street
FP Workforce	 Call to Action on importance of task sharing for FP Dissemination of resources produced by LMG project
Supply systems	 Smooth transition from DELIVER to GHSC-PSM Developed roadmap and recommendations with UNFPA for end-to-end supply chain visibility
TMA	 Development of simplified tool to measure relative wealth of pgm beneficiaries TMA landscape assessment guide, M&E Handbook, e-learning developed
Cross- cutting	 Youth Policy Toolkit developed and available on K4H Demonstrated that economic/educational incentives can delay marriage Launched cross-GH Bureau male engagement task force Working to ensure gender focus in demand generation and SBC activities Financing framework for family planning drafted

Develop, promote and implement best practices and standards-setting for youth

Services for Youth

- Apply Positive Youth Development framing and methodologies to services
- Scaling YFS in Private and Public sector
- Apply concepts, tools and models of "Age and Stage" across services
 - First Time Parents
 - Very young adolescents
 - HIV + adolescents
 - Sexually active unmarried adolescents and youth
 - PAC



- Expand method choice to include LARCs
- Address gender and social norms that limit access to services and contraception
- Identify new platforms (employment, environment)















