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Office of Population and Reproductive Health
Annual Implementing Partners' Meeting

Capitalizing on Current Global Momentum for Family Planning

January 30, 2014

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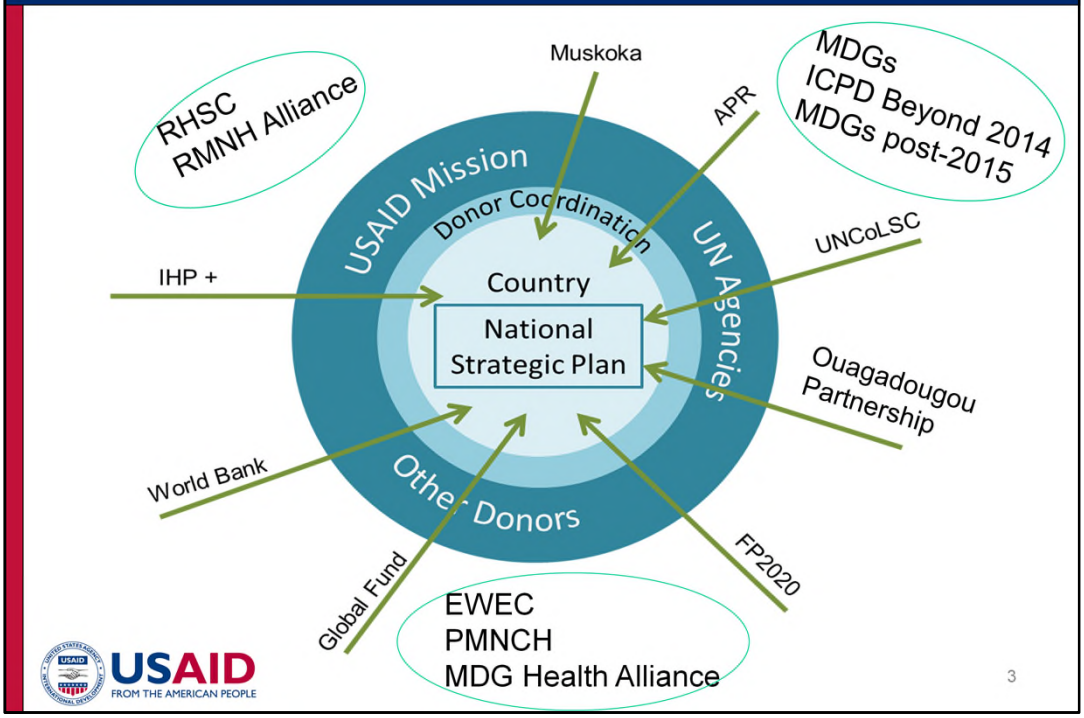
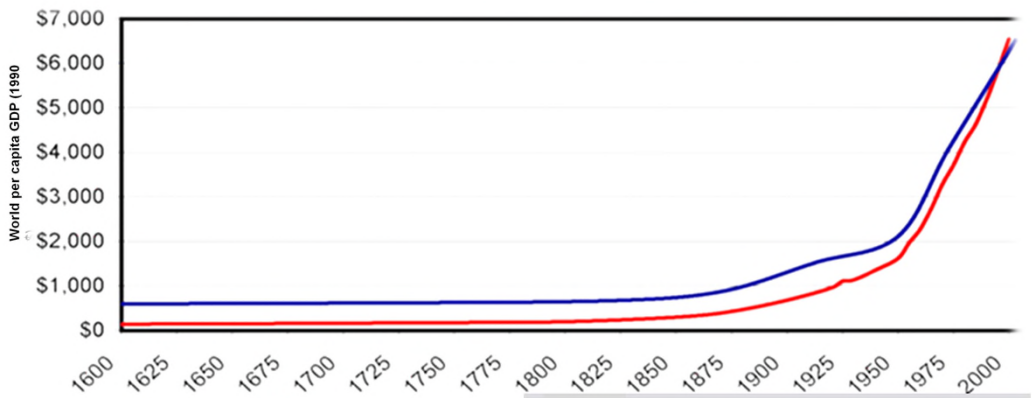
Meeting International and USG Health Goals

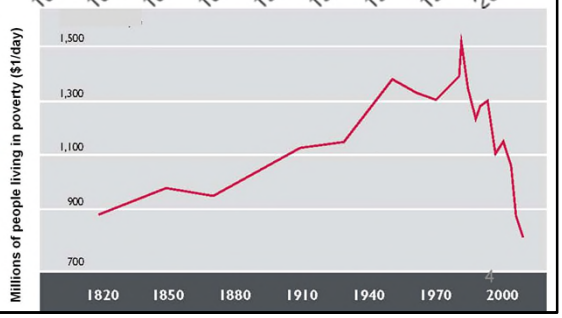
Global Health Landscape: Lots of actors



…and lots of opportunity



Unprecedented economic growth and rapid declines in extreme poverty



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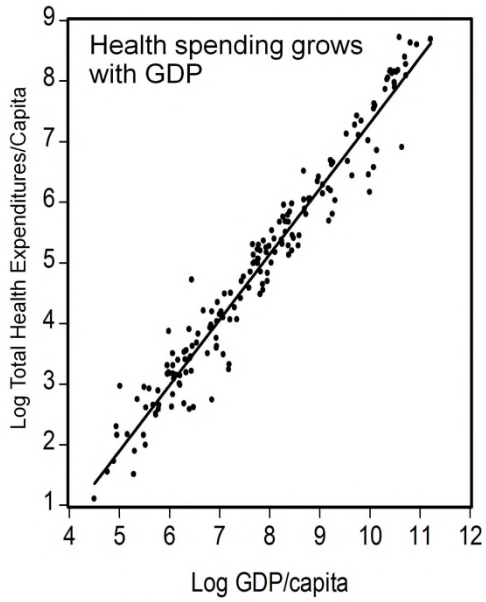
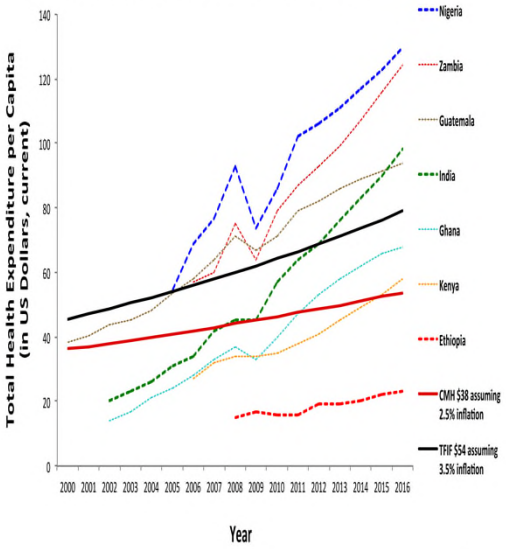


USG-assisted countries can now or soon will afford essential package of health services on their own



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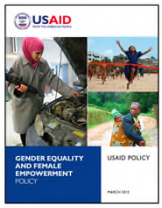
5

How is USAID responding?

- Working in partnership to foster sustainable development
- Bold visions for progress:
  - Ending extreme poverty
  - AIDS-Free Generation (AFG)
  - Ending Preventable Child and Maternal Deaths (EPCMD)
- Policies that recognize the importance to development of youth, and gender equality and female empowerment



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6

Annual Letter and 1/29/14 Town Hall

Mission: End extreme poverty

- Increase growth in agriculture to reduce hunger and malnutrition
- Double the rate of poverty reduction to lift one billion people out of poverty over the next two decades
- Speed up declines in child mortality to bring child death rates into line with the developed world

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7

Achieving an AIDS-Free Generation

An AIDS-free generation means that:

- Virtually no children are born with the virus
- As these children become teenagers and adults, they are at a far lower risk of becoming infected than they would be today
- They have access to treatment that helps prevent them from developing AIDS and passing the virus to others

- As of September 30, 2013, PEPFAR is supporting treatment for 6.7 million people, an almost four-fold increase since 2008
- In FY 2013, PEPFAR supported:
  - 17 million people with care and support, including more than 5 million orphans and vulnerable children
  - HIV testing and counseling for more than 57.7 million people

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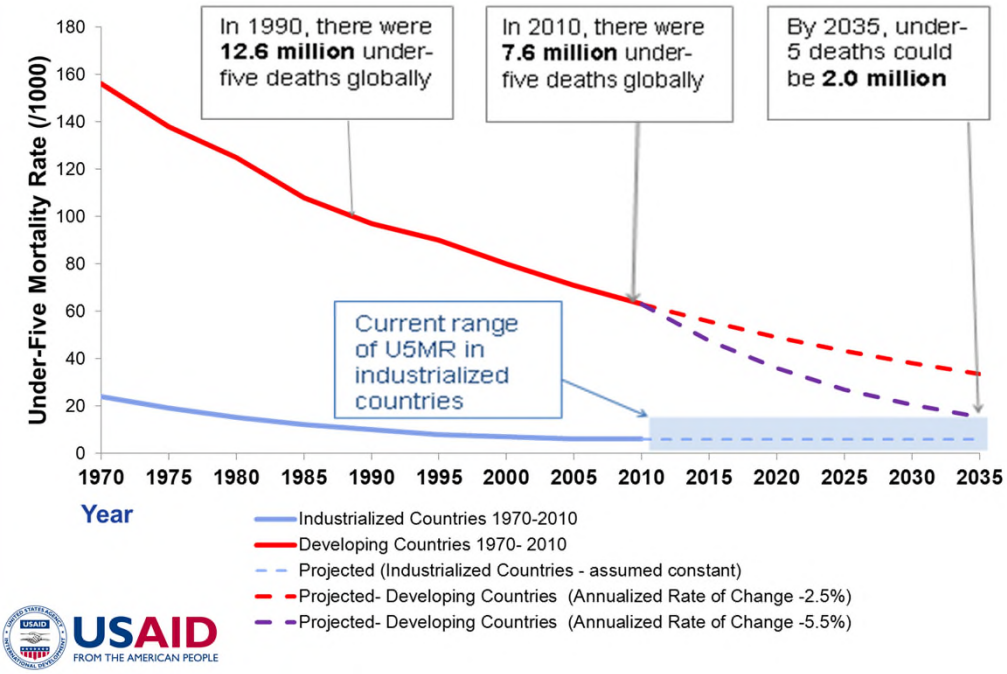
8

Ending Preventable Child Deaths in a Generation



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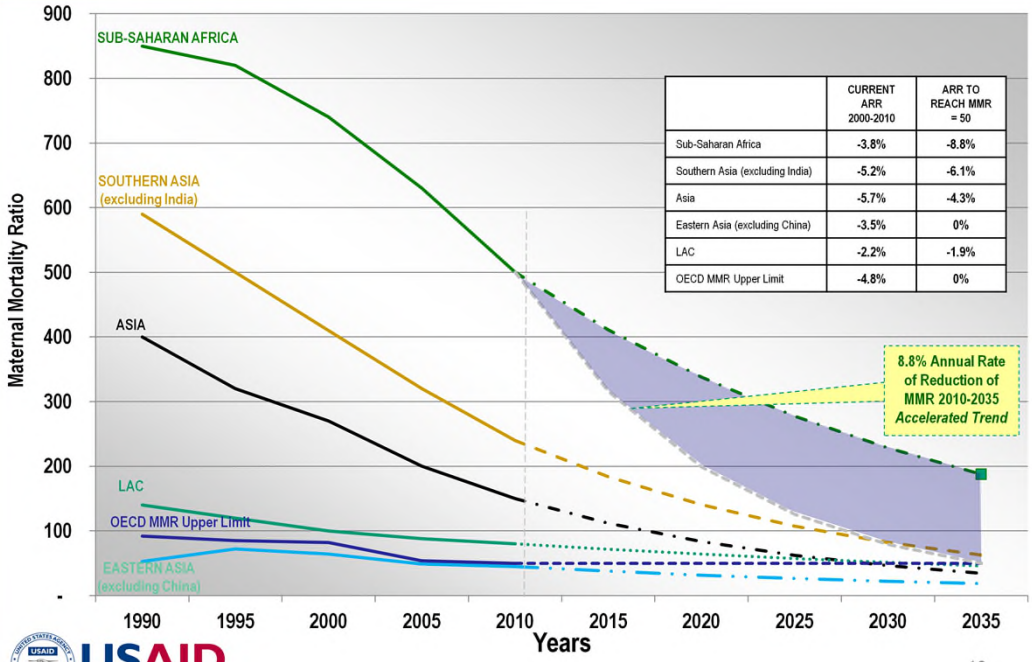
Ending Preventable Maternal Deaths Worldwide by 2035- reaching MMR = 50



	CURRENT ARR 2000-2010	ARR TO REACH MMR = 50
Sub-Saharan Africa	-3.8%	-8.8%
Southern Asia (excluding India)	-5.2%	-6.1%
Asia	-5.7%	-4.3%
Eastern Asia (excluding China)	-3.5%	0%
LAC	-2.2%	-1.9%
OECD MMR Upper Limit	-4.8%	0%

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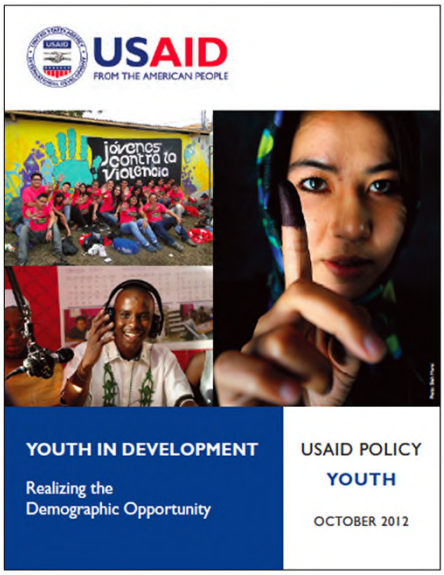
10

Youth Policy



Youth in Development:

- Strengthen youth programming, participation and partnership in support of Agency development objectives.
- Mainstream and integrate youth issues and engage young people across agency initiatives and operations

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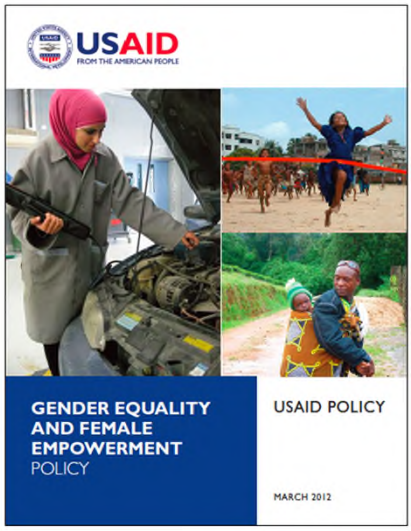
11

Gender Equality and Female Empowerment Policy



Gender Equality and Female Empowerment:

- Reduce gender disparities in access to, control over and benefit from resources, wealth, opportunities, and services.
- Reduce gender-based violence and mitigate its harmful effects on individuals and communities.
- Increase capability of women and girls to realize their rights, determine their life outcomes and influence decision making in households, communities and societies.

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12


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13

Where Is Family Planning?

- FP's contribution to AFG and EPCMD
- Field successes and challenges
- FP2020
- Future directions for PRH

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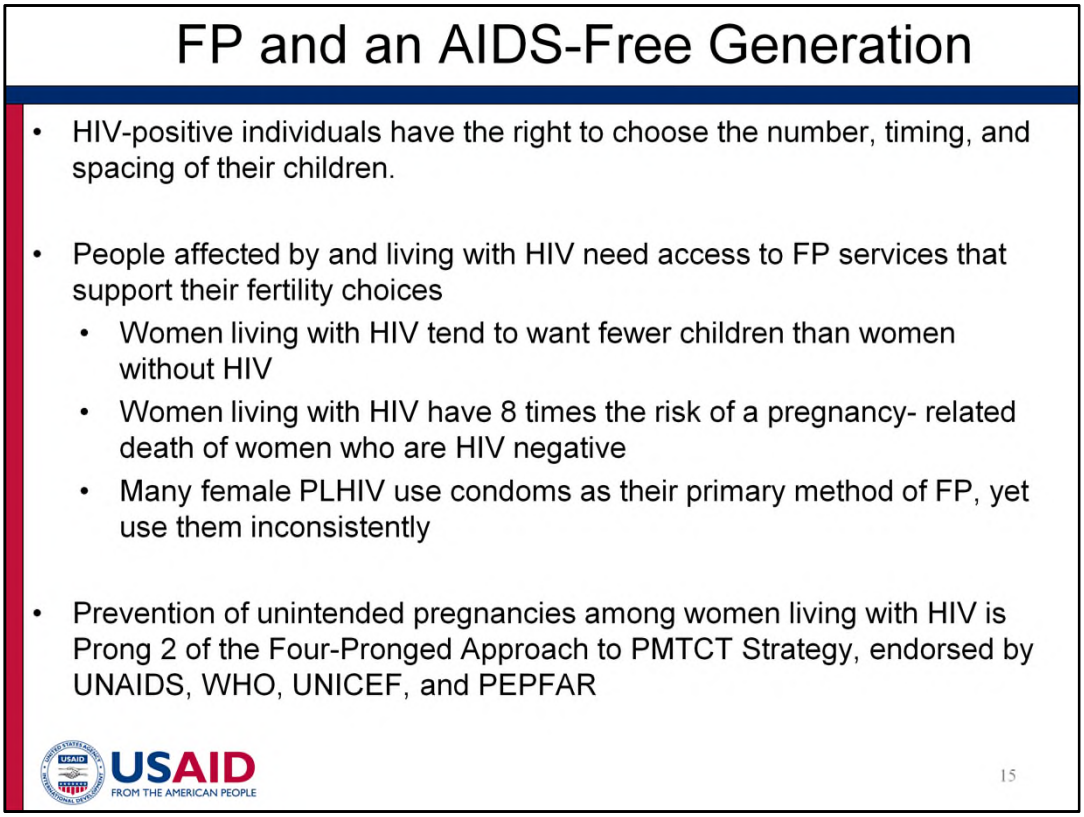
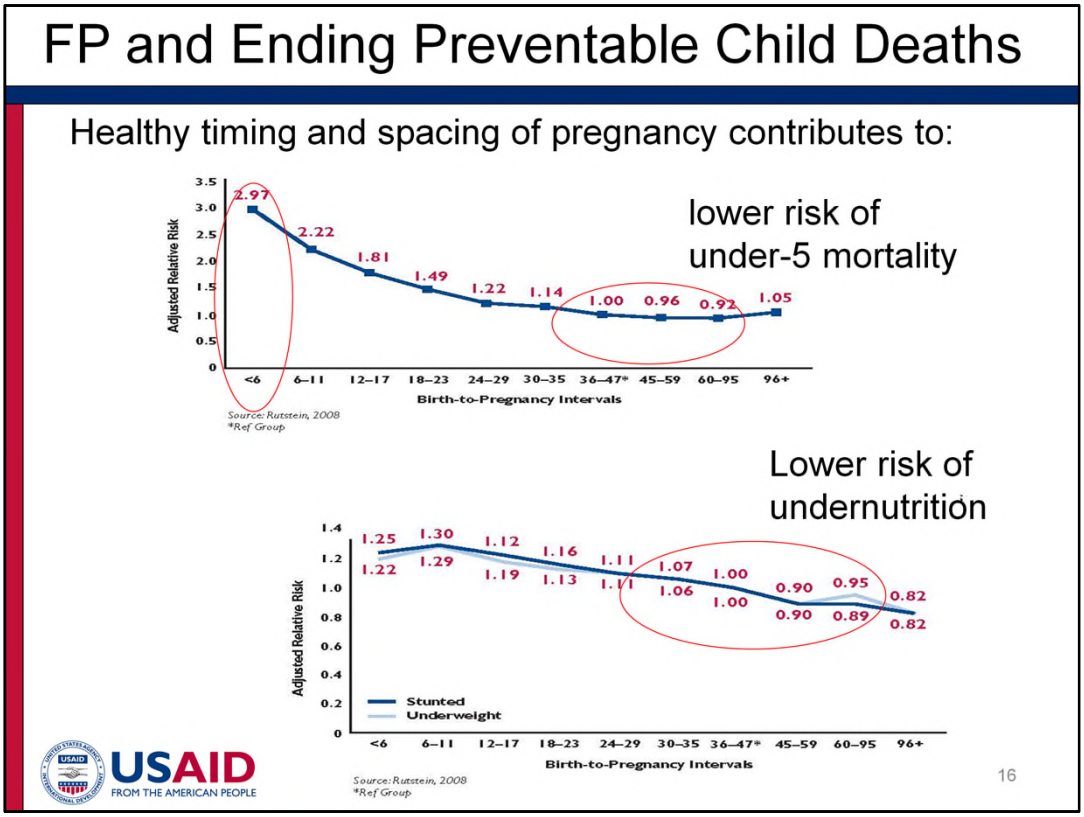


PMTCT: In the context of the *Global Plan to Prevent new Pediatric Infections and Keep Mothers Alive*, PEPFAR supports a comprehensive approach that includes key activities in each of the four programmatic prongs for PMTCT. There are many entry points for FP/RH services within the PMTCT framework- to achieve both a reduction in new HIV infections and reduce unmet need for FP. Integrating HIV counseling and testing into FP clinics is an untapped entry point that can identify new HIV infections in women, thereby allowing for treatment prior to the next desired pregnancy. Integrating FP services into HIV counseling and testing sites may provide women with needed information on FP to avoid STIs and unintended pregnancy. PLHIV can be reached with FP messages during care and treatment services, within positive prevention activities and through community support groups and outreach, as well as during ANC and PP services provided in an MCH or HIV platform.



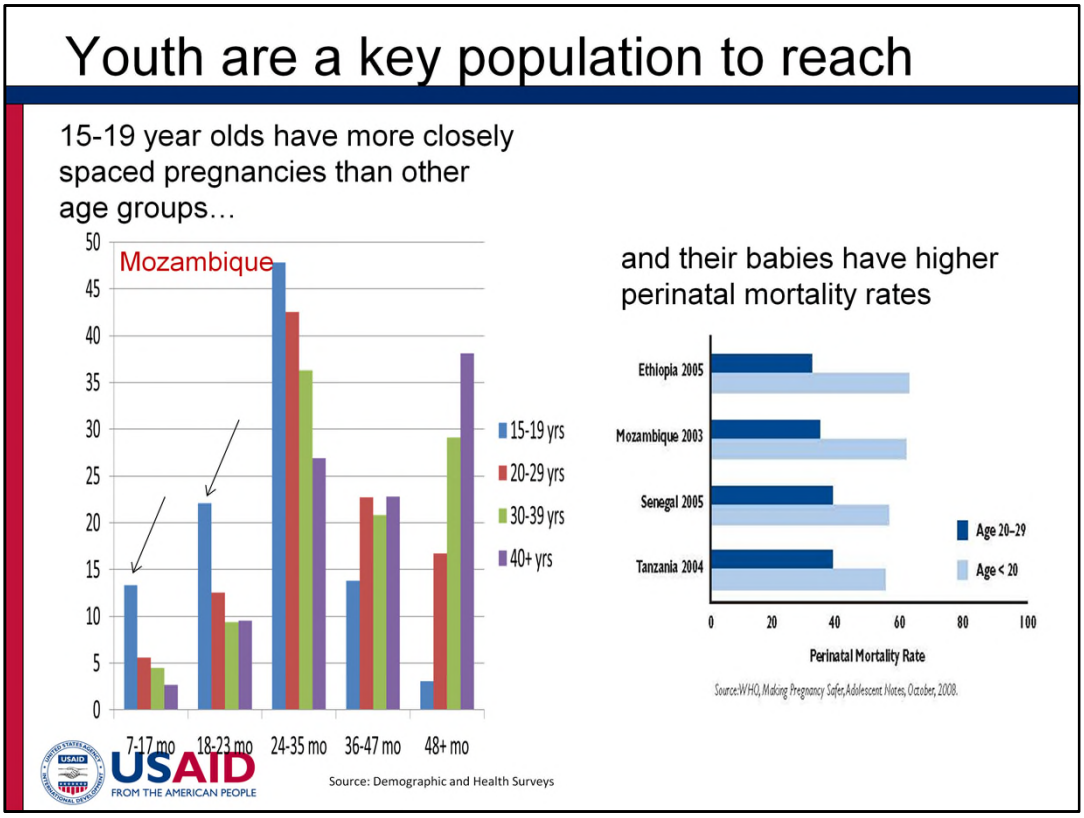
This graph shows that the risk of under-five mortality is lower among children born about three years after a preceding birth.
The graph clearly shows almost three times the risk of child mortality when the pregnancy occurs after a short interval of 6 months or less (see the far left side of the horizontal axis) compared to longer and healthier intervals of about three years or more. SPEAKER CAN STOP HERE

Additional information if needed:

- This slide presents pooled data from 52 Demographic and Health Surveys. The vertical axis presents the adjusted relative risk (adjusted for about 16 socio-economic variables and relative to the risk at 36-47 months) of under-five mortality.
- The horizontal axis presents birth to pregnancy intervals in months.
- The analysis was prepared by Shea Rutstein, Technical Director at IFC Macro.
- The under-five mortality rate is defined as: the number of children who die by the age of five, per 1000 live births per year.

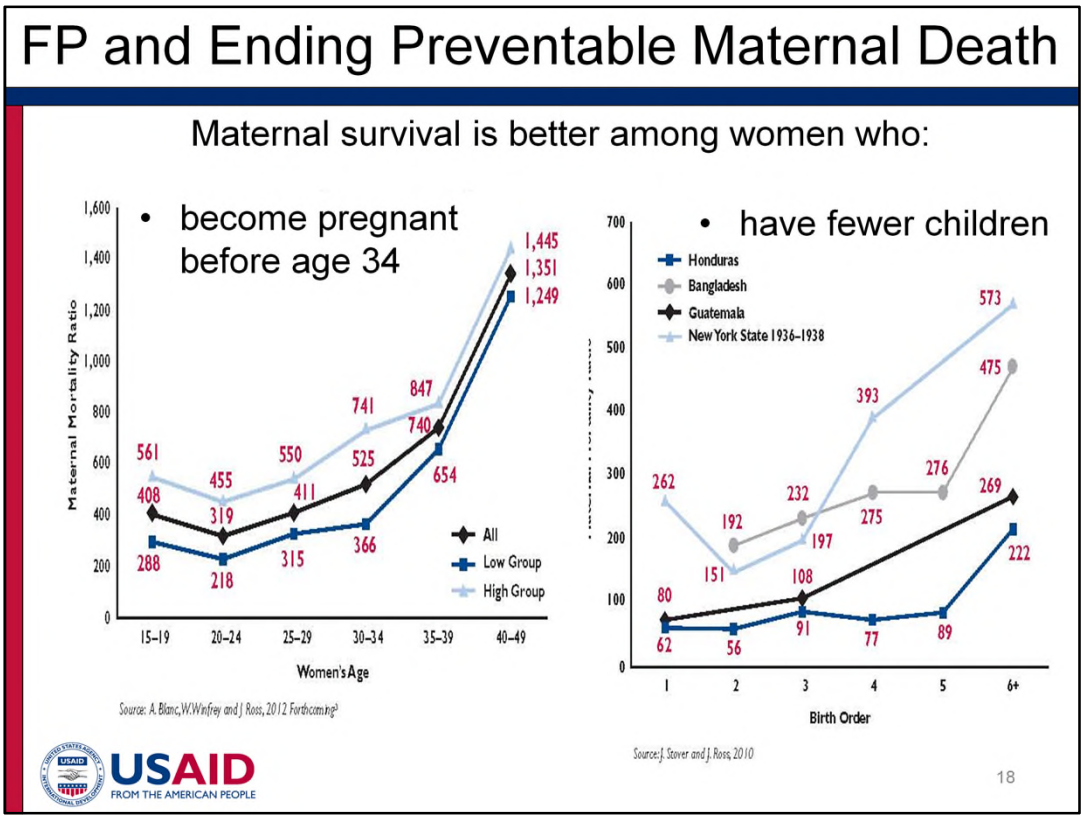
The bottom graph shows that undernutition – stunting and underweight – is lower when birth to pregnancy intervals are at least 24 months apart. Family planning helps women space their births, and in this way helps prevent undernutrition.

- The graph presents pooled data from 52 Demographic and Health Surveys.
- The vertical axis presents the adjusted relative risk (adjusted for about 16 socio-economic variables) of stunting and underweight.
- The horizontal axis presents birth to pregnancy intervals in months.
- The World Food Program defines underweight as being dangerously thin and stunting as being too short for one's age.
- The analysis was prepared by Shea Rutstein, Technical Director at IFC Macro.



The graph on the right shows, in the dark blue bars, that perinatal mortality is lower among babies born to women ages 20-29, compared to babies born to adolescents (the light blue bars). Family planning can help ensure that pregnancies among adolescents are prevented, and in this way helps prevent perinatal mortality.

- The graph on the right shows perinatal mortality rates at ages 20-29 and under age 20 in six countries. Data from additional countries are available.
- The horizontal axis presents perinatal mortality rates – the number of perinatal deaths per 1000 live births.
- In each country, as shown on the vertical axis, perinatal mortality is higher when the woman is under age 20, compared to when she is ages 20-29.
- The perinatal mortality rate is defined as the number of fetal and infant deaths, including stillbirth, from 28 weeks of gestation to the end of the neonatal period of 4 weeks after the birth, per 1000 live births, in a given period and a specific geographic region.



Introduction

Voluntary family planning contributes to maternal health by enabling women to choose if and when to become pregnant and thus:

-- prevents unintended pregnancies and reduces unmet need for contraception, and

-- helps couples achieve their desired family size.

In preventing unintended pregnancy, family planning helps prevent induced abortion, one of the underlying causes of maternal death – unintended pregnancies account for approximately 40 percent of all pregnancies.

Family planning also helps ensure that pregnancies occur at the healthiest times of women's lives -- that is:

- Between the ages of 18 and 34
- At least 24 months after a live birth (about three years between births)
- Six months after a miscarriage or induced abortion
- Below birth order 5.

Global Estimates

Researchers at Johns Hopkins and the Gates Foundation presented their findings on family planning's contribution to maternal health in *The Lancet* in June of 2012. They concluded that, in one year, family planning prevented more than 272,000 maternal deaths, a 44 percent reduction. And if all FP needs were met, an additional 104,000 maternal deaths could be prevented **annually.**

Comments on the Slide

The graph on the left shows that maternal mortality is lower among women who become pregnant before age 34. The analysis presented in this graph is being undertaken by our partners and they generously shared these data with us. The analysis is still underway, and will be shared with us when it is completed. The findings strengthen the rationale for countries to invest in LARCs and LAPMs, within the context of a broad method mix, to help prevent maternal deaths in the higher age groups, and for programs to help this group of women understand the advantages of LARCs and LAPMs. As far as we know, this is the first comprehensive analysis of advanced maternal age and maternal mortality.

The graph on the right shows that maternal mortality is lower when women have fewer children. As far as we know, this is the first comprehensive analysis of the relationship between the number of children and maternal death. These findings also strengthen the rationale for countries to invest in LARCs and LAPMs to save women's lives. This analysis is still underway and will be shared when it is completed.

Maternal mortality ratio = maternal deaths per 100,000 live births.

Opportunities and Challenges

- Postpartum FP and postabortion FP offer important opportunities for more effective linkages to end preventable maternal deaths.
- Challenges include: insufficient funding and staffing, plus organizational divisions between maternal health and family planning – both in USAID and in the health facilities and health systems that we support.
- What is within our manageable interest to overcome?

- Within USAID, we can build on our current efforts to integrate services to strengthen postpartum FP and postabortion FP.
- We can work to ensure the availability of LARCs and LAPMs, and increased coverage by providers trained to provide these methods.

Field successes and challenges

	Successes	Challenges
Pakistan Nigeria Liberia Malawi Haiti Madagascar Kenya W.Africa Uganda Zimbabwe Philippines Angola Ethiopia Guinea	- Supportive policies - Gov't budget lines & funding of contraceptives - Costed FP plans - Increased donor commitment (DFID, French, UNFPA, fdns) - Scale up of FP provision - FP/HIV integration leading to expanded access - Integration of youth - Integration of LAPM into PAC and MCH service - Institutionalization of IUD provision - LAPM uptake - Task shifting - CBD through lady health workers - CBD of injectables - Low stockouts	- Political will - Pronatalist govt - Political/economic crises - Low health sector investment - Resources - Devolution - Sustainability - Cultural & religious barriers - FP myths & misconceptions - Supply chain - Provider attrition/lack of skilled providers - Service quality - Youth-friendly services - Male involvement - Access to LARC/PM - FP/HIV integration - Scale up, incl. of HIPs - USAID earmarks

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19

Family Planning 2020

FP2020 VISION

Women and girls should have the same access to lifesaving contraceptives and services no matter where they live

FP2020 GOALS

To support the rights of 120 million additional women and girls in the world's poorest countries to use contraceptive information, services and supplies

To use family planning success to drive future momentum for the broader Reproductive Maternal Newborn Child Health (RMNCH) continuum of care

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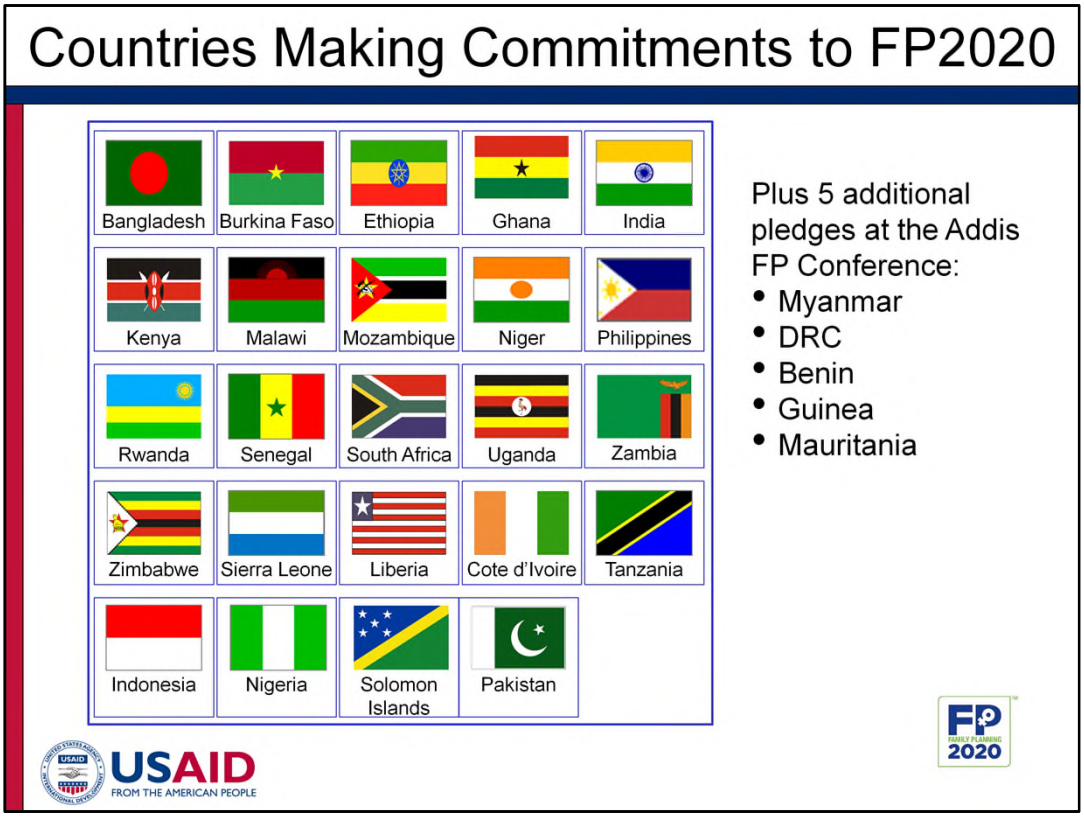
20



We are much more powerful together in confronting issues that prevent women and girls from realizing their rights and their potential than we are alone. It takes governments, donors, innovators, implementers, volunteers and advocates working together to put success within our reach. Being in a partnership amplifies all of our unique talents for the greater good.

Illustrative country & donor commitments

Illustrative examples of country commitments

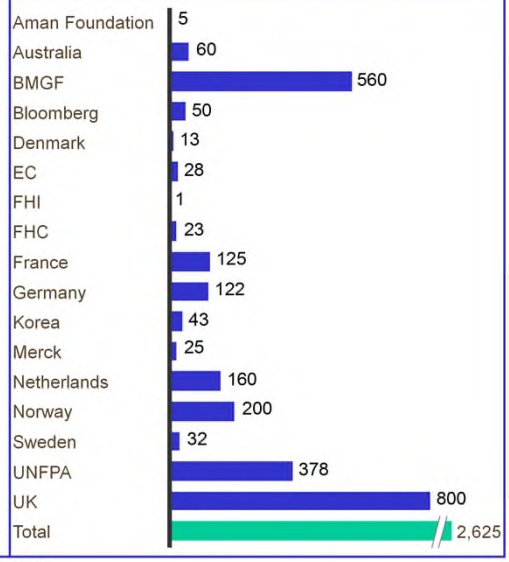
Senegal
- Increase commodity budget by 200% and doubling the overall budget for family planning
- Request to participate in an accelerated introductory project for Depo subQ
- Developed transformational action plan supported by all key country stakeholders

India
- Will include family planning in insurance plans to achieve universal coverage
- Expanding method mix to include IUDs including training 200,000 health workers for counselling and delivering
- 800,000 community workers to expand rural access

Uganda
- Increase annual FP budget allocation to $5M
- Roll out youth friendly services in all GOU health centre IVs and district hospitals
- Scale up partnerships for community level outreach

Philippines
- Establish national policy on RH and population development
- Provide FP services to poor families with zero co-pay

Donor increased contribution to reach 120M by 2020
USD Millions



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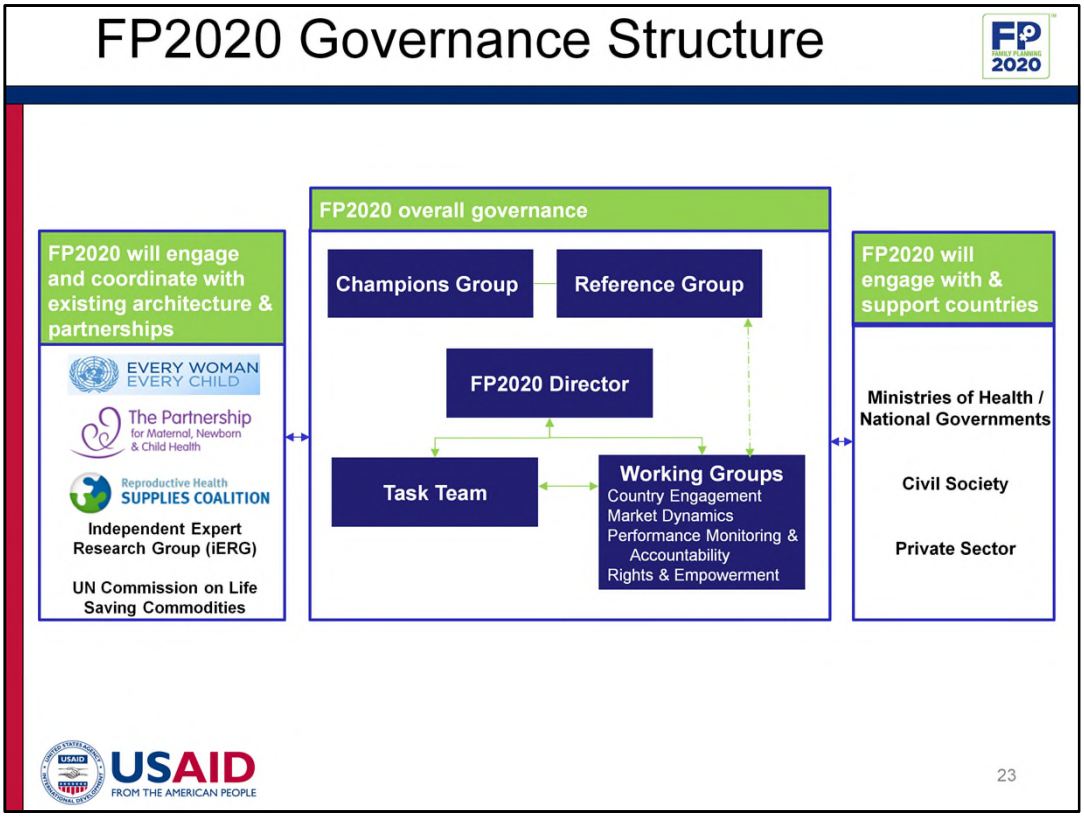
View all the commitments here:
www.familyplanning2020.org/reaching-the-goal/commitments

22



This slide explains the governance structure and reasoning behind setting up the structure:

FP2020 is governed by a Reference Group which sets the overall strategic direction and drives coordination among the partnership's stakeholders. The Reference Group has 18 members representing multi-lateral organizations, civil society, developing countries, donor governments, and the private sector and is accountable for ensuring that 120 million more women and girls have access to voluntary family planning information, services and contraceptives by the year 2020.

The day-to-day management of FP2020 is the responsibility of a Task Team. This small team is hosted by the United Nations Foundation and led by Valerie DeFillipo who reports to the Reference Group.

The Reference Group appoints Co-Leads of four Working Groups, which provide technical advice and support the coordination of stakeholder efforts in the areas of Country Engagement, Market Dynamics, Performance Monitoring and Accountability, and Rights and Empowerment. The Working Group Co-Leads develop unique work plans to advance the goals of FP2020 that are approved by the Reference Group and supported by the Task Team.

Country Engagement

Purpose:

To work with existing partners to provide additional support to countries as they develop, implement, and monitor progress against their family planning plans, building on existing country plans wherever possible, and within the context of countries' wider RMNCH and health sector plans.

Workstreams:

1. Maintaining ongoing surveillance on country programs on FP
2. Identify existing resources available and proactively mobilize TA and funding to support country FP strategies
3. Identify, collate, and disseminate success stories, high-impact practices, and innovations

Co-chairs: Ellen Starbird, USAID
Kechi Ogbuagu, UNFPA

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24

Market Dynamics

Purpose:

To improve global and national markets to sustainably ensure choice and equitable access to a broad range of high quality, affordable contraceptive methods in target countries.

Workstreams:

1. Knowledge management and data transparency
2. Develop a vision of a well-functioning market
3. Procurement and regulatory improvements

Co-chairs: John Skibiak, RHSC
Alan Staple, CHAI
USAID rep: Mark Rilling

Performance Monitoring and Accountability

Goal:

To provide technical advice and support to FP2020 for:

- progress monitoring and evaluation for reaching the FP2020 goal, and ensuring that girls' and women's rights to voluntary contraception are promoted;
- strengthening accountability for implementing financial, policy and programming commitments made by governments, donors, the UN, civil society and others

Workstreams:

1. Strengthening accountability
2. Indicators and data sources
3. Data utilization – promoting a culture of data use
4. Develop a learning agenda

Co-chairs: Zeba Sathar, Population Council/Pakistan
Marleen Temmerman, WHO
USAID Rep: Sarah Harbison

Rights and Empowerment

Goal:

To provide technical advice and support to FP2020 to:

- ensure all FP2020 activities are underpinned by a rights-based approach and that women's and girls' perspectives are observed in all programs and activities;
- support the development of approaches to address the full range of barriers that prevent and limit women's and girls' ability to make reproductive decisions/choices for modern FP methods and to act on these decisions on the basis of full, free and informed consent;
- provide the other working groups with materials, information, research, best practices and proposals for indicators that will strengthen their work

Workstreams:

1. Approaches, knowledge management and strategic communication
2. Rights and empowerment at the country level
3. Rights and empowerment in the field of market dynamics
4. Rights and empowerment and measurement

Co-chairs: Suzanne Ehlers, PAI
Siva Thanenthiran, ARROW
USAID rep: Sandra Jordan


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28

Future Directions for PRH

- Updates since 2013 Partners' Meeting
- September 2013 PRH retreat
- Post-retreat working groups

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Update: High Impact Practices

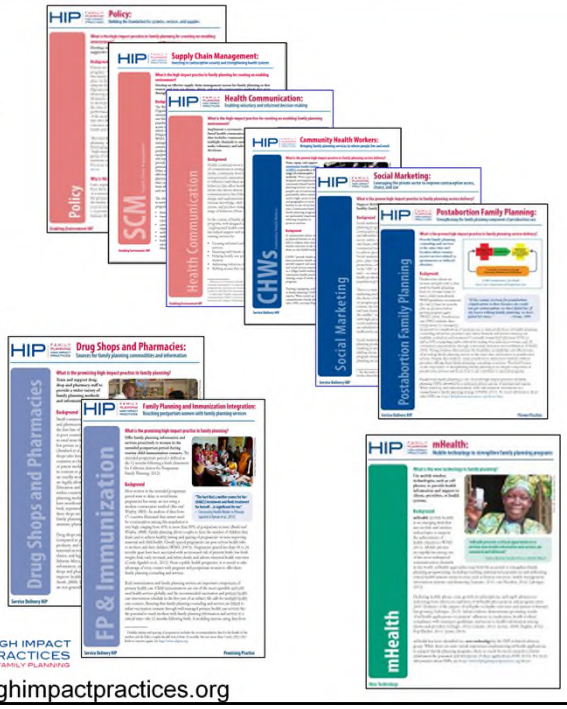
HIP series provides leadership on improving the standards of evidence for FP

Since 2012:

- Over 20 FP organizations have endorsed the HIPs

- Finalized 9 evidence-briefs
  - Coming soon
    Mobile Outreach
    Financing

We expect to see HIP work in workplans; HIP Partners Mtg February 10



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HIP HIGH IMPACT PRACTICES IN FAMILY PLANNING

www.fphighimpactpractices.org

30

Update: LARC/PM

- **LARC and PM Assessment** conducted June – Oct 2013
- Participants: PRH, GH Offices, Country Support, Regional Bureaus, Missions, CAs, Donors, Manufacturers
- Key Findings/Recommendations:
  - Improving access to LARCs and PMs continues to require attention, and is a USAID programmatic priority
  - Frame efforts to expand access to LARCs/PMs in the context of *choice and access* to a broad method mix
  - Create a communication strategy, internal and external, on LARCs/PMs and Choice
  - Measure method mix, not just CPR
  - Promote and incorporate successful strategies: mobile outreach, task shifting, social franchising, etc.
  - Orient market shaping efforts toward a mix, rather than a single product
- **We expect to see LARC/PM work in workplans**

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Update: Post-partum Family Planning

- **FACT:** 95% of women who are 0-12 months postpartum want to avoid another pregnancy in the next 24 months, but 70% are not using contraception (Ross & Winfrey 2001)
- **Knowledge gap:** Field asking for effective approaches to reach PP women with FP
- **Response:** "***Programming Strategies for Postpartum Family Planning***" document, developed by WHO, in collaboration with USAID, MCHIP and other experts
- It describes the:
  - Unique considerations for FP use among PP women
  - Timing of use of contraceptive methods based on breastfeeding status
  - Continuum of Points of Contact and evidence-based interventions for reaching PP women with FP services
- The document is available on WHO, USAID, MCHIP, and K4H websites

We expect to see PPFP work in workplans

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Update: Gender

- PRH gender priorities: gender-integrated programming that aims to transform gender norms:
  - women/girl's reproductive empowerment
  - prevention and response to gender-based violence (especially intimate partner violence and child marriage)
  - men/boys' FP/RH engagement
- Gender priorities should be addressed throughout PRH portfolio to improve FP/RH outcomes.
  - Gender-related activities need to be based on context-specific gender analyses.
- USAID Gender Policy implementation will be assessed in 2015
  - Important to take credit for PRH gender-related work
  - New reporting requirements: GH Gender Team will provide guidance on the reporting requirements
- Gender integration is a shared responsibility
  - **We expect to see gender integration in workplans**
  - We expect CORs/AORs to be promoting its inclusion

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PRH Gender Team and Gender CoP are available for guidance

33

September 2013 Retreat

- Consider goal statement and related metrics for 2035
- Reconfirm Office priorities for 2014-2020:
  - Principles: voluntarism, informed choice, rights, equity
  - Who: Youth as a key—but not the only—target population
  - What: Focus areas
    - Method choice
    - Social and behavior change communication
    - Family planning workforce
    - Supply systems
    - Total market approach
  - How: Technical leadership, knowledge management and sharing, support to the field; partnerships
  - Where: Geographic focus on 24 priority countries & West Africa

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Post-Retreat Working Groups

- 2035 goal and metrics
- Focus areas
- Knowledge sharing approaches
- Country support
  - Focused on improving PRH staff support to priority countries
- Promoting strategic partnerships
  - Focused on donor and private sector partnerships
    - Build capacity of PRH staff to effectively engage in partnerships
    - Catalog and share information internally on existing partnerships
    - Improve strategic engagement with pvt/commercial sector stakeholders in pursuit of PRH focus areas

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35


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36


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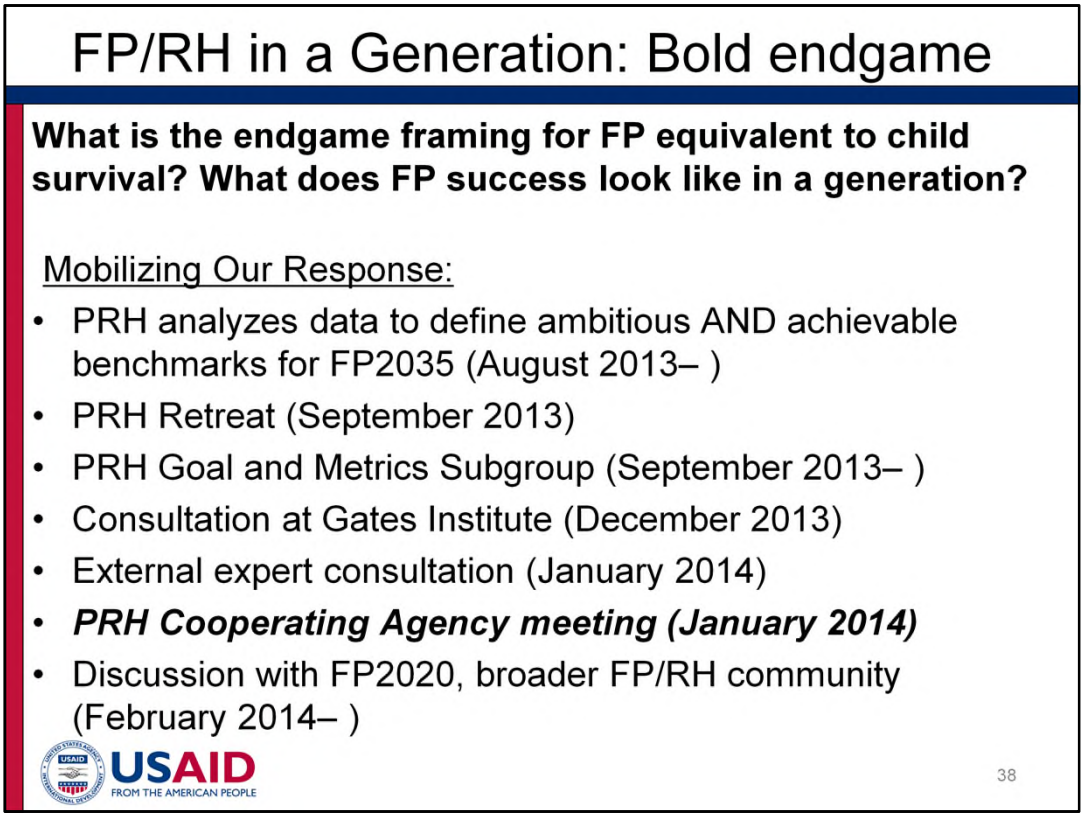
2035 Goal and Metrics for
Family Planning

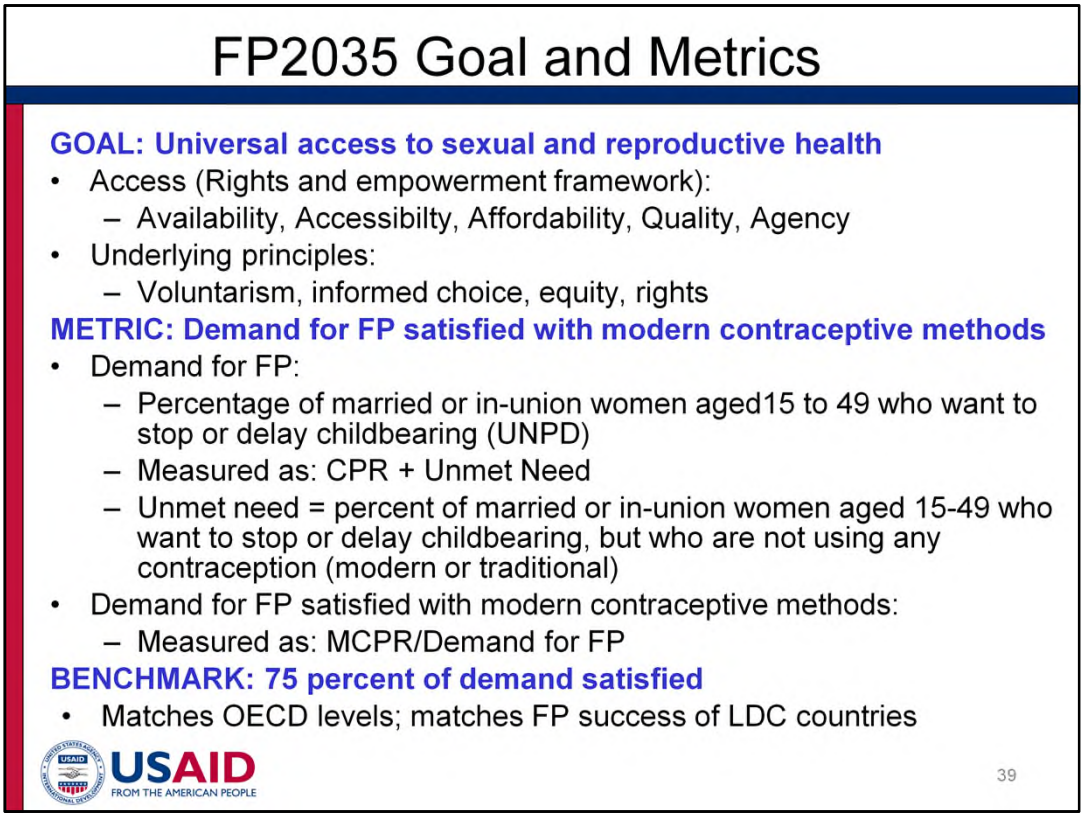


USAID's Global Health work is now being framed by two bold endgames: Ending Preventable Child and Maternal Deaths (EPCMD) and AIDS Free Generation.

In more precise terms, EPCMD is the goal of reducing child and maternal deaths in developing countries by 2035 to the levels in OECD countries today.
And AIDS Free Generation is the goal of ending AIDS through reducing HIV incidence, and also by ensuring that all HIV is treated and prevented from becoming AIDS.

Ariel Pablos-Mendez's ask of the Office of Population and Reproductive Health (RH): "What is the endgame framing for family planning equivalent to child survival?"

To answer this challenge, we've begun a consultative process drawing from in-house and external expertise, as well as from a wealth of data we have on FP needs, opportunities, and possibilities.
We wanted to take some time today to share with you where we've come…



Building from the work of FP2020, internal and external consultations, and taking into consideration data availability and alignment with other global efforts, our goal is

--Universal access to sexual and reproductive health–

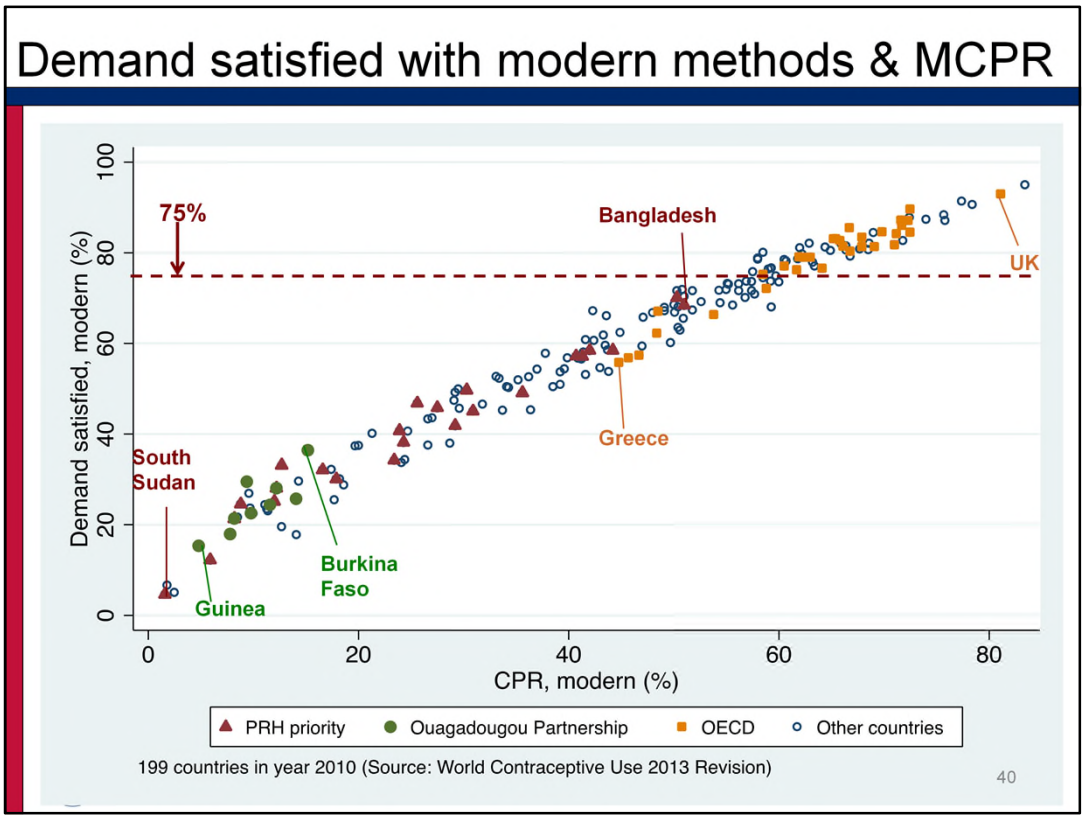
The goal substantially matches the MDG SRH goal, which seems to still have traction in post-2015 discussions. We made the strategic decision that rather than pushing to global community to adopt a different goal, we would instead press the community to adopt a common a metric and benchmark that will allow us to measure our progress towards meeting family planning needs….

Which brings us our overarching indicator and Benchmark

Demand for FP satisfied with modern contraceptive methods

In setting benchmarks for these indicators, we are committed to ensuring that family planning and reproductive health services are voluntary and based on informed choice. In practice, this means that we are committed to working with host countries to expand access to high-quality, voluntary family planning services and information so that women/couples can choose the number and spacing of their children.

- Access: AAAQA
- SRH – broad.



What do the data show…

- This figure shows data from 199 countries in 2010.
- Demand (for spacing and limiting child bearing) satisfied with modern methods is on the Y axis, and
- X axis shows MCPR.

There are two major points:
First, the two indicators are positively AND almost linearly correlated.
Second, there is great variation across countries in both demand satisfied and MCPR.

1. Among OECD countries in ORANGE, in spite of outliers like Greece, Poland, and Turkey (demand satisfied <60%),
on average 78% demand is satisfied with modern methods (n=32, Median=82, range: 56-93).

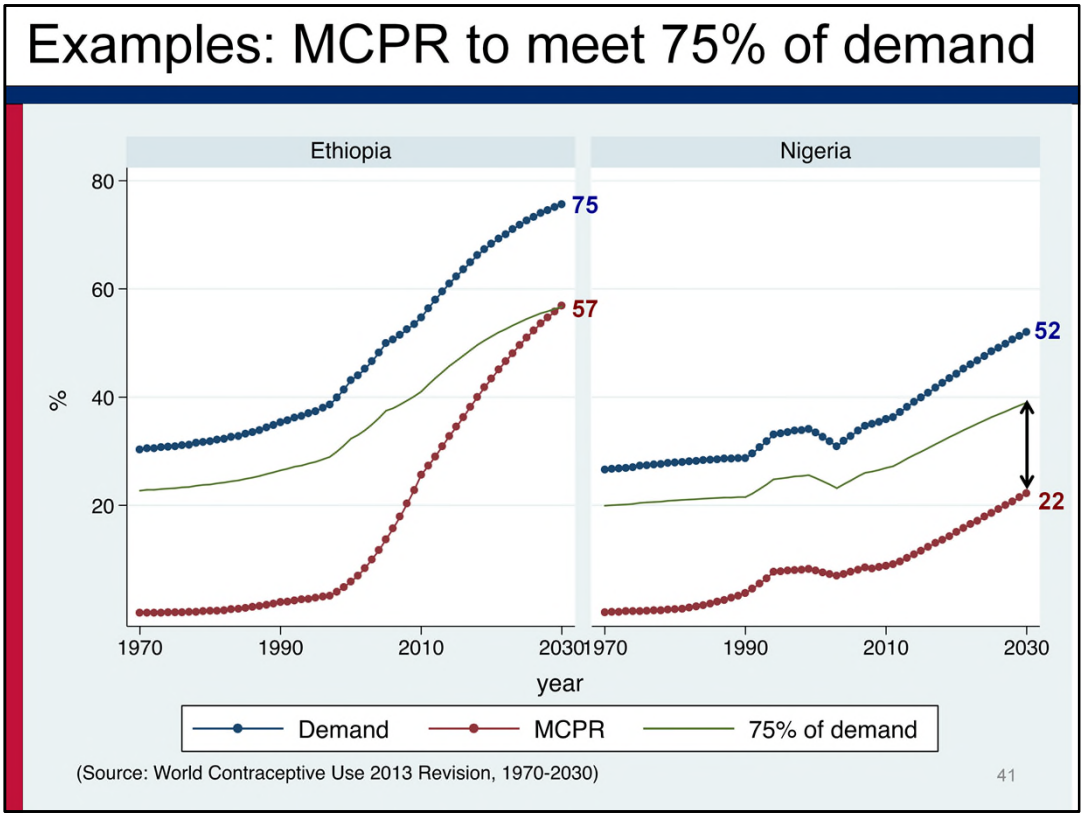
2. Ouagadougou Partnership countries in West Africa shown in GREEN have low MCPR and low demand satisfied.

3. The 24 PRH priority countries are spread widely from South Sudan to Bangladesh and India, where about 70% of demand was met with modern methods already.

Unlike child and maternal mortality in which the gap between low and high income countries is distinct and large,
The ranges of demand satisfied and MCPR do overlap between low and high income countries.

Data note, applicable to slides 40-42: World Contraceptive Use 2013 Update includes FP indicators by year and country between 1970 and 2030. Indicators are: CPR (any, modern, and traditional), unmet need, total demand, and demand satisfied. Detailed information on data source, can be found here: http://www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml. Methodology is available at http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)62204-1/abstract (Leontine Alkema, et al. “National, regional, and global rates and trends in contraceptive prevalence and

unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis", The Lancet, vol. 381 (May 2013), pp. 1642-1652).



- If we take a closer look at two examples countries, we can see what the 75% benchmark implies in terms of MCPR.
- BLUE line is demand
- RED line is MCPR
- Ethiopia and Nigeria had a similar level of demand (for spacing or limiting) and MCPR in the 1970s.
- GREEN line is 75% of the demand – the proposed benchmark to be satisfied by modern methods.
- Thus, the space between GREEN and RED – MCPR – is gap to close to meet the benchmark.

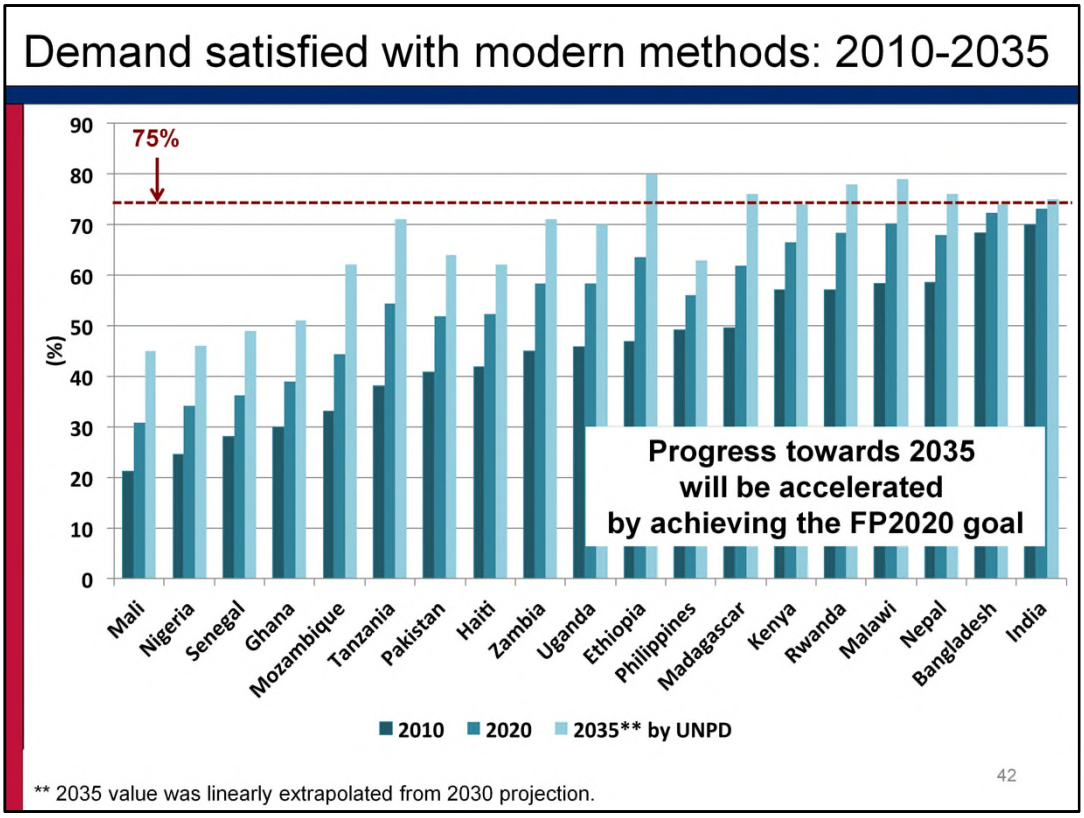
Message 1.

- Depending on the demand, the 75% benchmark implies different MCPR that's needed across countries AND within a country over time.
- When demand increase is slow (like in Nigeria), the benchmark implies that MCPR to satisfy 75% of the demand is only around 40% in 2035, implying importance of demand creation.

Message 2.

- While Ethiopia is projected to meet the benchmark slightly before 2030 – IF the projected MCPR trend holds
- Nigeria will need to substantially accelerate their MCPR growth in order to satisfied 75% of the demand.
- i.e., to close the gap between GREEN and RED lines.
- With current MCPR projection, only 55% of demand will be met by 2030.

See slide 40 for note on data source.

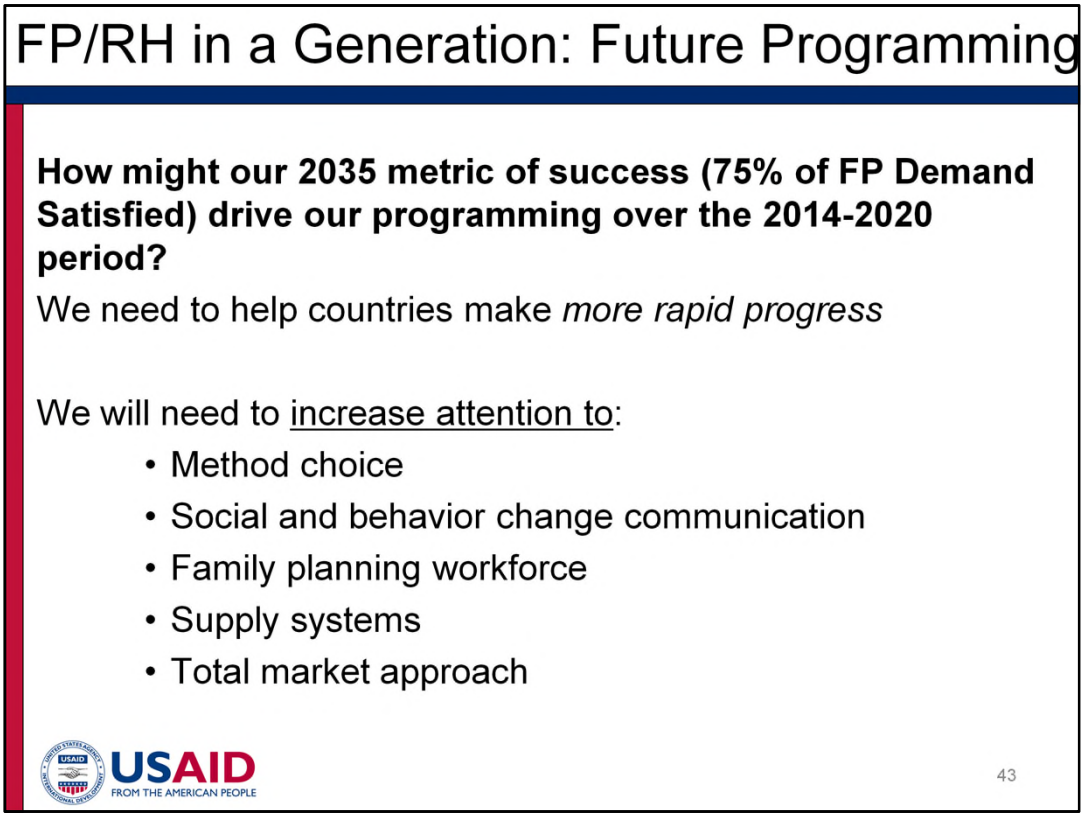


- So, what is current prospects for FP/RH priority countries to meet the benchmark (75% RED DOTTED LINE)?
- The figure shows 19 of the 24 PRH priority countries.
- Again, the data came from the World Contraceptive Use 2013 update.

- Countries are sorted by 2010 MCPR estimates (in DARK BLUE) in ascending order.
- According to UN projection (lighter BLUE bars), demand satisfied will be close to or exceed 75% in 8 countries by 2035. (Ethiopia and beyond, except Philippines).
- On the other hand, we would need to extra effort to accelerate progress in many countires – in particular those on the left.

- It is important to remind ourselves that our work will build upon FP2020.
- If the FP2020 goal is achieved, significant progress towards the 2035 benchmark will be made, bending the currently projected curve.

See slide 40 for note on data source



And this brings us to our five new focal areas.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PRH Focus Areas
Where did they come from?

Where are they now? Unpacking

What next?

The PRH Focus Areas

Method Choice

Social & Behavior Change Communication (SBCC)

Family Planning Workforce

Supply Systems

Total Market Approach (TMA)

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Method Choice

- High quality, highly effective provider and client approaches provide a broad range of contraceptive information, products and services in ways that *help clients choose and correctly use* the contraceptives that meet their lifestyle and reproductive needs for delaying, spacing, or limiting.

- Bolstered by:
  - *SBCC/IEC*
  - *Human resources for health*
  - *Supply chain/logistics management information systems*
  - *Total market approach*
  - *Policies*
  - *Gender considerations*

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Method Choice – Illustrative Priorities

- Multiple Approaches: Mobile outreach, task shifting, CBD, PPFP, SBCC, social marketing, etc.

  Specific to the method(s): LARCs; PMs; short acting, including NFP; new methods

  And key population(s): youth, limiters, post-partum and post-abortion women, men, poor

  Implemented across sectors: public and private

- Monitoring, Data Analyses, Research
  - Quality: dis/continuation, implant removals, barriers, management of side effects
  - Method mix trends: across countries, method use CPR, CYP updates
  - Procurement: patterns/pipelines, vis-a vis service delivery capacity
- Best Practices
  - Evidence: build, document, share findings, Medical Eligibility Criteria updates
  - Support: introduce and scale up best practices among and within countries

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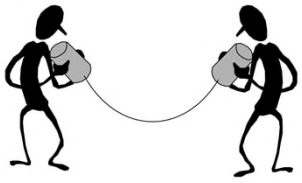
Social & Behavior Change Communication

- SBCC is the use of communication strategies—mass media, community-level activities, and interpersonal communication (IPC)—to influence individual and collective behaviors that affect health
  - Theory-driven
  - Grounded in a socio-ecological model
  - Following a proven process
  - Interactive



- SBCC can:
  - Create informed demand for FP
  - Increase correct utilization
  - Change non-clinical behaviors
  - Improve client-provider interaction
  - Shift social norms

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SBCC – Illustrative Priorities

Expansion of the evidence base

- Impact evaluations – multi-channel SBCC, community-level SBCC, inter-personal communication at scale, social change interventions

Application of and adherence to best practices

- Audience segmentation and tailoring of SBCC messages/outputs
- Attention to full range of behavioral barriers
- Explicit focus on social and normative factors

Capacity strengthening (CS)

- Integration of CS and SBCC design and implementation
- Results-oriented CS that balances technical and operational skills building to enhance capacity at individual, institutional, and systems levels
- Research and evaluation of CS interventions

Innovation

- Exploration and application of proven and emergent practices from across behavioral and communication disciplines

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Family Planning Workforce

Ensuring a FP workforce that has:

- Adequate numbers of the appropriate mix of providers
- With up-to-date FP knowledge and skills
- Deployed to serve populations in need
- In a supportive work environment that promotes productivity and encourages retention in the workforce

This leads to:

- Increased number and quality of providers
- Increased access to and quality of FP services

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Family Planning Workforce – Illustrative Priorities

- Task sharing/introduction of new cadres/dedicated workers
- Pre-service, in-service and continuous professional development systems
- Training and support for strong positive provider behaviors (supervision, performance standards, job descriptions)
- Promoting gender equality and women's empowerment
- Professionalization of supply chain management workforce
- Strengthening human resources management systems

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Supply Systems

Ensuring the long-term availability for clients of quality-assured contraceptives and other FP/RH supplies through public and private services

"Availability" = on the shelf

- Global supply
- National supply systems
- Enabling environments

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Supply Systems – Illustrative Priorities

Global Supply

- In-bound supply for today
- Secure product pipelines for the future

National Supply Systems

- Human resources & leadership
- Data visibility
- Strategic design of supply systems

Enabling Environments

- Commitment, leadership, engaged stakeholders
- Financing
- Governance & supportive policies

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Total Market Approach (TMA)

- A lens for viewing/analyzing a health system by assessing actors and interventions in all three social sectors:
  - Public
  - Nonprofit
  - Commercial
- Applying TMA lens to family planning information, products and service delivery within a health system means that publicly funded projects and policies promote and enhance contributions from all sectors and the contribution of each to achieving health goals is recognized by all stakeholders
- May be used to enhance equity, access and sustainability
- Relies on market segmentation

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Total Market Approach – Illustrative Priorities

Global Learning

- Research/learning agenda to document and test effects of TMA planning and implementation on the FP market and use
- Test/implement demand side (e.g., vouchers) or supply side (e.g., insurance) for voluntary family planning to reduce financial barriers to access and to maximize use of available resources

Field Programming

- Increased number of USAID Missions implementing a total market approach
- Subsidize mobile outreach for LARCs/PMs for youth, poor, rural, etc.
- Expand the role of the commercial sector

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What do the 5 focus areas mean for you?

Within the context of your agreement/contract:

- Promote high-impact practices in the field
- Propose work in the 5 focus areas in 2014 core budget requests
  - FY14 budget guidance coming next week
    - Format similar to previous years
  - July 2014-September 2015 workplan timeframe NEW
  - Submissions due to COR/AORs in 4 weeks

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What next?

Lunch, then your thoughts!

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