Mandatory Reference: 200-203
File Name: 200mav_050902_cd28
Last Revised: 05/13/2002

GUIDANCE ON THE DEFINITION AND USE OF THE FAMILY PLANNING AND REPRODUCTIVE HEALTH (FP/RH) FUNDS

MAY 1, 2002
FINAL

GUIDANCE ON THE DEFINITION AND USE OF FAMILY PLANNING AND REPRODUCTIVE HEALTH (FP/RH) FUNDS

I. INTRODUCTION

A. Purpose of the Guidance

This guidance was prepared to help ensure that the intent of Congressional directives for Family Planning and Reproductive Health (FP/RH) funds – formerly "Population Funds" – is understood and adhered to. These funds are used to contribute to achieving the Agency Objective "Unintended and mistimed pregnancies reduced." *Expanding the accessibility and availability of family planning information and services is the primary strategy for achieving this objective and thus represents the primary use of these funds*. Any funds that are counted as FP/RH (e.g., Economic Support Fund [ESF], Assistance for Eastern Europe and the Baltics [AEEB], and Freedom Support Act [FSA]) are subject to the guidance set forth here.

The guidance was developed to respond to requests from USAID Population, Health, and Nutrition (PHN) officers for greater clarification on the use of FP/RH funds at a time when project activities are increasingly integrated. The guidance identifies guiding principles and offers illustrative examples. This guidance will be updated regularly.

Decision makers for PHN programs (typically PHN Officers) – henceforth "officers" –are best positioned to make decisions on the use of FP/RH funds, through the collection, synthesis, and consideration of relevant local information (within the framework of the Agency Strategic Plan, operational unit strategic plans, and Regional Bureau guidance). Recognizing the substantial variation in needs across the diverse countries in which USAID provides FP/RH assistance, managers may prioritize activities differently in different countries. (See discussion of USAID's Core Values of empowerment and accountability, ADS 200.3.2, http://www.usaid.gov/pubs/ads/200/200.pdf). Innovations to promote family planning information and services as part of a broader package of reproductive health services are crucial to fulfilling USAID's continuing commitment to reproductive health, and are encouraged.

B. Structure of the Guidance

The guidance is organized in four sections and three annexes. Following Section I, the introduction, Section II lays out the established parameters for allowable uses of FP/RH funds and defines the criteria that must be applied to every decision about the use of FP/RH funds. There are two sub-categories of activities that may be supported with such funds. They are (1) Family Planning and System Strengthening Activities and (2) Family Planning Enhancement Activities. Section III discusses coding of FP/RH funds while Section IV provides additional guidance. The three annexes include additional information on post-abortion care, technical contacts, and co-funding requirements respectively.

C. Authority and Legislative Requirements Affecting FP/RH Funds

Authority: USAID's FP/RH Program is authorized by the Foreign Assistance Act (FAA) of 1961, as amended.[1]

Legislative and Policy Requirements: USAID supports the freedom of individuals to choose voluntarily the number and spacing of their children. Since its inception, USAID's FP/RH Program has helped affect the conditions that make it possible for individuals to exercise this fundamental freedom. Through legislated requirements and its own policies and practices, USAID has taken special measures to protect individuals against potential abuses and coercion in family planning programs.

- *Voluntarism and Informed Choice:* USAID places highest priority on ensuring that its FP/RH activities adhere to the principles of *voluntarism* and *informed choice*. The Agency considers an individual's decision to use a specific method of family planning or to use any method of family planning at all *voluntary* if it is based upon the exercise of free choice and is not obtained by any special inducements or any element of force, fraud, deceit, duress or other forms of coercion or misrepresentation. USAID defines *informed choice* to include effective access to information on family planning choices and to the counseling, services, and supplies needed to help individuals choose to obtain or decline services, to seek, obtain, and follow up on a referral, or simply to consider the matter further.[2]

- *Mexico City Policy:* On January 22, 2001, President Bush restored the Mexico City Policy that had been in place from 1985-1993. The Mexico City Policy requires foreign non-governmental organizations to certify that they will not perform or actively promote abortion as a method of family planning as a condition for receiving USAID assistance for family planning.[3] (See CIB 01-08 (R), Restoration of the Mexico City Policy, White House Memorandum for the Acting Administrator of the U.S. Agency For International Development, 03/28/01, (REVISED 03/29/01), (http://www.usaid.gov/procurement_bus_opp/procurement/cib/cib0108r.pdf)

---

[1] Section 104 (b) of the FAA of 1961, as amended, states that "In order to increase the opportunities and motivation for family planning and to reduce the rate of population growth, the President is authorized to furnish assistance, on such terms and conditions as he may determine, for voluntary population planning. In addition to the provision of family planning information and services, including also information and services which relate to and support natural family planning methods, and the conduct of directly relevant demographic research, population planning programs shall emphasize motivation for small families."

[2] These principles are reflected in Agency policy and legislated requirements, which are set forth in the Standard Grant Provisions for USAID family planning activities and the Standard Grant Provisions for Strategic Objective Agreements. Specifically, the Standard Provisions require that individuals served by USAID-assisted family planning programs receive information or referral to sources of information about a broad range of family planning methods and services available in the country; and prohibit the use of targets for number of births, "acceptors" of family planning or specific family planning methods and incentives for the achievement of such targets, the denial or rights or benefits based on the acceptance of family planning or a specific method of family planning; require the provision of comprehensible information to "acceptors" about the health benefits and risks, inadvisabilities and adverse side effects of the family planning method chosen and state that experimental contraceptives only be provided in the context of a scientific study in which participants are advised of potential risks and benefits (Tiahrt Amendment provisions). Further requirements that apply to voluntary sterilization include documentation of informed consent. They can be viewed at *http://www.usaid.gov/pubs/ads/300/303maa.pdf*.

[3] Note that the Mexico City Policy requires that to be eligible for the receipt of USAID funds for family planning activities under cooperative agreements and grants, foreign Non-Governmental Organizations (NGOs) must certify that they will not engage in such activities whatever the source of funding.

- *Helms Amendment:* USAID funds may not be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. [4]

- *Biden Amendment:* USAID funds may not be used to pay for any biomedical research that relates in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning. Epidemiological or descriptive research to assess the incidence, extent or consequences of abortions is not covered by the amendment and is therefore permitted.

- *Kemp-Kasten Amendment*: USAID funds may not be made available to any organization or program that, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization.

- *Lobbying*: USAID funds may not be used to lobby for or against abortion.

- *Post-abortion Care:* USAID FP/RH funds may be used to support post-abortion care activities, although no USAID funds may be used to purchase manual vacuum aspiration kits for any purpose. Foreign NGOs may also perform and promote post-abortion care without affecting their eligibility to receive USAID assistance for family planning.

II. ALLOWABLE USES OF USAID FP/RH FUNDS

A. Context of the FP/RH Program

USAID is a leader among international donors in creating and sustaining the conditions necessary for individuals to access safe, voluntary, and high quality family planning information and services. Consensus-based agreements negotiated at international conferences have highlighted the strong linkages among women's position in society, small family size, and women and children's health and well-being. As these agreements reaffirmed, family planning is a key component of an essential package of reproductive health services, which are lacking in many countries. Family planning represents the core of USAID's FP/RH program and the primary use of FP/RH funds.

B. Overarching Criteria Guiding the Use of FP/RH Funds

Officers should use the two key criteria of *direct impact* and *optimal use* to guide the use of FP/RH funds. These criteria must be applied to every decision regarding the use of FP/RH funds.

[4] The Standard Grant Provisions for USAID family planning activities and the Standard Grant Provisions for Strategic Objective Agreements specifically prohibit the use of USAID funds to finance, support, or be attributed to the following activities: (1) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (2) special fees or incentives to women to coerce or motivate women to have abortions; (3) payments to people to perform abortions or to solicit women to undergo abortions; (4) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (5) lobbying for abortion.

- **Direct Impact.** Can the results of the activity be directly linked to the achievement of the relevant Agency objective in a way that can be measured? Does the activity directly reduce unplanned pregnancies and other risks to reproductive health, while maintaining family planning as the core focus?

- **Optimal Use of Funds.** Is the activity the most effective, cost- and program-efficient way to reach significant, critical populations with family planning/reproductive health information and services or to provide sustainable community-based family planning/reproductive health services? Does it reflect USAID comparative advantages within the local context? Country factors such as the severity or magnitude of the problem, overall developmental needs, program maturity, and host country and other donor resources should help determine whether the activity represents optimal use of funds.

C. Key Family Planning and Reproductive Health Outcomes

Family planning is the core reproductive health intervention of USAID's FP/RH program. A comprehensive family planning program should serve the objective of creating the necessary conditions for women and men to have the number and spacing of children that they desire. Such a program must be free of coercion of any kind and should offer assistance appropriate to low resource settings to help individuals and couples attain their ideal family size. A comprehensive family planning program should be linked to related reproductive health services.

> *Key family planning and reproductive health outcomes for FP/RH funds include, but are not limited to* correct, voluntary use of contraceptive methods, healthy spacing of births, reduction of unmet need and total fertility rate; increased age at sexual debut and age at birth of first child; prevention of abortion as a method of fertility regulation.

D. FP/RH Activity Categories

FP/RH activities are organized under the following headings:

(1) *Family Planning Information and Services*
  (a) Family Planning Activities
  (b) System Strengthening Activities
(2) *Family Planning Enhancement*
  (a) Related Reproductive Health Activities
  (b) Other Health and Non-health Activities.

Joint funding from non-FP/RH accounts is either encouraged or required for *Family Planning Enhancement* activities. For example, the use of non-FP/RH funds is *encouraged* to help support post-abortion care activities that receive FP/RH funds. However, mentoring activities that are intended to keep girls in school by building their self-esteem while also modeling positive

reproductive health behaviors *require* joint funding from a non-FP/RH account. All decisions about the investment of FP/RH funds must satisfactorily address the criteria of "direct impact" and "optimal use of funds."

1. Family Planning Information and Services

The vast majority of FP/RH funds should be used to support family planning activities, including integration into other reproductive health or health activities.

a) Allowable Uses for Family Planning Activities

Allowable activities in USAID's approach to family planning include, but are not limited to the following:

- *Expanding access to and use of family planning information and services*, including partnerships with the commercial sector; policy development to encourage a favorable environment for providing family planning information and services; support for mass media and other kinds of public information initiatives; and initiatives focused on underserved populations, for example, use of agricultural extension agents to promote family planning.

- *Supporting the purchase and supply of contraceptives and related materials*, including the purchase of contraceptive commodities and related equipment, and commodity and logistics support. In the case of condom procurement, one must consider the purpose for which the condoms are to be used (HIV/AIDS or STI prevention versus pregnancy prevention) in determining the proper source of funds for their purchase (HIV/AIDS and/or FP/RH funds).

- *Enhancing quality of family planning information and services*, including interpersonal communications, training and human resource management; quality assurance; incorporation of a gender approach into family planning programs, for example, by training providers to identify signs of gender-based violence that should be addressed as part of family planning counseling; record-keeping; and monitoring and evaluation.

- *Increasing demand for family planning information and services*, including behavior change communications, encompassing interpersonal communications, mass media, and promotion of community involvement with special attention to stimulating demand for family planning information and services in environmentally threatened areas; and social marketing of contraceptive products.

- *Expanding options for fertility regulation and the organization of family planning information and services*, including research to develop and introduce new options for expanding contraceptive choice; and social science research to improve the organization and quality of family planning information and services. Note that FP/RH funds may be used to pay for operations research activities that include

broader health or non-health components or linkages provided that the objective of the study is to improve family planning and related reproductive health services.

- *Integrating family planning information and services into other health activities,* including communications, awareness-raising, and training activities that weave family planning messages into related themes such as responsible behavior, limiting sexual partners, abstinence, birth spacing, well-baby care, parenting skills, and breastfeeding. Integrated activities can produce economies of scale and synergistic benefits for both activities. The costs of adding family planning to another health program can be paid for with FP/RH funds alone.

- *Assisting individuals and couples who are having difficulty conceiving children* by providing information and services appropriate for low resource settings. Appropriate activities for low resource settings include those aimed at increasing awareness and knowledge of the fertile period.

b) Allowable Uses for System Strengthening Activities

Family planning system strengthening activities include, but are not limited to the following:

- *Fostering the conditions necessary to expand and institutionalize family planning information and services,* including national and local level policy development; strengthening of management systems, including information systems, human resources, supervision, training, and financial systems; and leadership training and development.

- *Contributing to the sustainability of family planning information and services,* including initiatives with the commercial sector and health and social insurance programs to leverage private resources for family planning; mobilization of public sector resources to finance family planning information and services; measures to ensure reliable supplies of contraceptives; and policy and program actions to maximize the positive effects of health reform on family planning services.

Co-funding Requirements: Activities aimed at strengthening the systems through which family planning information and services are provided may be financed with FP/RH funds. However, because family planning services are typically delivered through integrated health systems, systems strengthening activities should also be jointly supported with non-FP/RH funds.

2. Family Planning Enhancement Activities

There are two categories of family planning enhancement activities for which FP/RH funds may be used: (a) *Related Reproductive Health Activities* and (b) *Other Health and Non-Health Activities*.

To help decide whether a non-family planning activity represents an appropriate use of FP/RH funds, the activity must

- Satisfy requirements of ***direct impact*** and ***optimal use of funds****;* and
- Be programmatically linked to existing family planning activities.

a) Allowable Uses for Related Reproductive Health

Reproductive health needs vary over the course of an individual's life. Therefore, FP/RH funds should be used to help countries provide women and men with the convenience of co-located or linked health services that respond to a broad set of reproductive health needs.

Research suggests that linking family planning with STI, including HIV, prevention efforts or perinatal services or broader youth development efforts is associated with improved client satisfaction, higher utilization rates and sustained and satisfied use of family planning and related health or other services. Further, support for strengthened linkages between family planning and other reproductive health areas is consistent with the objectives of the Programme of Action adopted at the 1994 International Conference on Population and Development, which called for, *inter alia*, universal access to a full range of safe and reliable family planning methods and related reproductive health services. (See http://www.un.org/popin/icpd/conference/offeng/poa.html)

Illustrative examples of the related reproductive health activities that may be supported with FP/RH funds include, but are not limited to the following:

- *Integrating family planning and antenatal, neonatal, and postpartum care.* Activities may include safe motherhood initiatives such as community education and awareness raising about delivery complications and increasing access to emergency obstetrical care.

- *Providing post-abortion care*, including emergency treatment for complications of induced or spontaneous abortion; post-abortion family planning counseling and services; and linking women to family planning and other reproductive health services (See attached Gillespie e-mail, September 10, 2001).

- *Integrating and coordinating family planning and HIV/AIDS and STI prevention* programs as well as, in some special instances, treatment programs. Illustrative activities include promotion of dual protection, encompassing condom promotion and other behavioral change efforts to reduce pregnancy and STI/HIV risk; development

and introduction of microbicides; and integration of family planning counseling and services (or referral for services) into voluntary counseling and testing centers for women and men who wish to avoid future childbearing and into programs focused on mother to child transmission. (See Integration of Family Planning/MCH and HIV/STD Prevention: Programmatic Technical Guidance, December 23, 1998.)

- *Linking contraceptive information and services to broad-based youth development activities* that promote self-efficacy and responsibility by strengthening life-skills (e.g. programs such as *Better Life Options* and *It's Your Life*).

- *Eliminating female genital cutting* (FGC). Typically such activities include community education, promotion of alternative rites of passage, policy initiatives to eradicate the practice and research on effective interventions for its prevention (*See* http://www.usaid.gov/pubs/ads/200/200mac.pdf).

Co-funding Requirements: FP/RH programs that are integrated into other reproductive health activities are *encouraged* to seek joint funding from the applicable budget category funding, such as HIV/AIDS or Child Survival / Maternal Health.

b) Allowable Uses for Other Health and *Non*-Health Activities

Mutually productive linkages have been established between FP/RH and selected health areas, especially HIV and maternal and child health (MCH) (as discussed above), other health, education, democracy and governance, environment, microenterprise, and income generation programs, and to those with specific gender objectives. Officers are encouraged to seek opportunities to develop mutually productive linkages with other health activities and development sectors. Such linkages can serve multiple purposes. Often, they expand the entry points for introducing family planning information and services.

This guidance provides several illustrative examples to suggest the kinds of programming for which FP/RH funds may be used in combination with non-FP/RH funds.

- *Other Health.* Addition of non-family planning products and promotion to a family planning social marketing campaign, for example, addition of oral rehydration salts (ORS) or impregnated bednets can enhance a social marketing system that delivers and promotes family planning products. In this case, non-FP/RH funds would pay for the non-family planning products and their promotion.

- *Education.* Pregnancy and dropout among schoolgirls is typically precipitated by poor school performance. Mentoring programs that help adolescent girls succeed in school while also providing them with accurate reproductive health information and

counseling combine the two forces that are needed to reduce dropout due to pregnancy.

Note: Basic education activities must be paid for with funds that are designated for that purpose. FP/RH funds cannot be used to support basic education activities.

- *Democracy and Governance.* Education and awareness raising about reproductive issues, such as voluntarism in family planning programs, as a component of broader awareness-raising and education about women's rights.

- *Environment.* Awareness-raising activities for environmental issues that look at a wide range of policy responses, including ones related to FP/RH. Also appropriate are national environmental planning activities that include consideration of demographic factors.

- *Microenterprise and Income Generation.* Linking family planning volunteers, including peer educators, to microenterprise and income generation activities. For example, FP/RH funds may be used to subsidize small loans, training or skills development activities that are directed to family planning volunteers, or peer educators as rewards for length or quality of service. Also, using income-generating activities may help to generate resources for FP/RH activities, for example, microfinance activities to assist market women to sell condoms.

- *Gender*. Linking family planning clients to sources of legal counsel about property, custody, and other rights of women.

Co-funding Requirements: Joint funding from non-FP/RH funds is *required* for activities that combine family planning or related reproductive health outcomes with *other health* or *non-health* objectives. In other words, FP/RH funds must be used to support the FP/RH components of multi-sectoral activities, and funds from non-FP/RH accounts must be used to support activities that do not directly impact FP/RH outcomes. In circumstances where enhanced FP/RH activities have *small* components devoted to related objectives that have a low "marginal" cost (for example, an activity devoted to responsible sexual behavior among youth might include promotion of other healthy behaviors, such as avoidance of alcohol), FP/RH funds may be used. Joint funding is nonetheless *encouraged* but not required.

III. SPECIAL CONSIDERATIONS

A. Co-programming and Documentation

All USAID funds must be coded and tracked according to account, and careful attention must be given to ensure that when joint funding is used, all CSH funds are used for their intended

purposes. To this end, operating units must see that funding levels from the respective CSH budget categories and/or other accounts are *proportionate* to their relevant activities. *Operating units must also clearly document how the percentage breakdown among the various types of funds was determined and how specific funds are being used*. Missions are encouraged to contact USAID/W for assistance where such a breakdown might be difficult to determine. A matrix of co-funding requirements for FP/RH programming is found in Annex III.

1. Co-programming of FP/RH funds with Other Accounts

FP/RH funds may, under certain restrictions, be used with other account funds in a single integrated program. However, FP/RH funds must be used for the purposes intended by Congress as detailed in this guidance, and must be accounted for and reported separately.

2. Co-Programming using Food for Peace (FFP) -- P.L.480 Title II

Officers are reminded that Title II resources are provided to cover the cost of commodity procurement and ocean transportation for all Title II activities. In the case of landlocked countries, additional Title II resources are provided to cover the costs associated with inland transport. For emergency activities, Title II resources can be provided to cover costs associated with internal transport, storage, and handling (ITSH) costs. For Title II non-emergency (development) activities, officers with both FFP and FP/RH activities are encouraged to consider the integration of FP/RH funds with those from Title II where activities are mutually supportive. Where activities are integrated, the Title II component can also receive direct Title II support with either Section 202(e) or monetization resources when they are available. Officers are encouraged to work with Agency partners to strategically program activities funded by Title II with those supported by FP/RH funds. Both need to be reported separately.

B. Coding Non-FP/RH Activities

Officers funding activities from accounts other than CSH, ESF, FSA or AEEB must carefully review the focus of the activity and code it accordingly. It is important that all funds are coded properly according to Agency Budget Coding Guidance.

IV. ADDITIONAL GUIDANCE

This guidance is intended to provide officers with programmatic flexibility to respond to the prevalence and magnitude of public health problems at the global or country level. If there is any question about the use of FP/RH funds, then the officer is encouraged to seek additional guidance. If an officer seeks clarification or has a question about whether an activity falls *within* these parameters, he or she should contact PPC/PDC, GH/POP, their regional Bureau contact, or GC/G or GC's Regional Legal Advisor as appropriate.

However, Missions considering using FP/RH funds for programs that are *not* clearly within this guidance must receive prior written approval from PPC and GH/POP, concurrence by regional

Bureau technical staff, and clearance from GC. PPC will coordinate the approval process as outlined below (also found in Chapter V of the 2002 CSH Guidance).

A request for such approval must be sent via cable, e-mail, or fax to PPC, with copies to the appropriate Regional Bureau and GH. The request must include a detailed description of the activity, how it directly contributes to the relevant Agency Objective(s), and the expected results. PPC will convene an intra-agency committee with the appropriate policy, technical, program, and budget personnel to review the request and recommend approval or disapproval. The appropriate Regional Bureau and GH must agree with the recommendation, and then GC must clear before the proposed activities commence. If an agreement is not reached at the technical level, the prompt decision will be made jointly by the Assistant Administrators of PPC, GH, and the relevant Regional Bureau based on an action memorandum of concerned parties outlining the "pros and cons" of moving ahead with the proposed activities.

ANNEX I

Gillespie e-mail regarding post-abortion care

From: Gillespie, Duff
Sent: Monday, September 10, 2001 2:34 PM
To: PHN Center Mail List; PHN Contacts Other Bureaus; PHN Missions; PHN Neps; PHN.OFPS Mail List
Subject: USAID's Post-abortion Care Program
Importance: High

Dear Colleague:

In announcing the restoration of the Mexico City Policy, President Bush acknowledged that voluntary family planning services were one of the best ways to prevent abortion. The U.S. Agency for International Development's (USAID) Population, Health and Nutrition Center places high priority on preventing abortions through the use of family planning, saving the lives of women who suffer complications arising from unsafe abortion, and linking those women to voluntary family planning and other reproductive health services that will help prevent subsequent abortions. Postabortion care should be a key component of both our Safe Motherhood and family planning programs.

It is timely to remind our field officers and Cooperating Agencies (CAs) of the Administration's support for postabortion care. The press release accompanying President Bush's Memorandum of January 22, 2001 restoring the Mexico City Policy stated that "[t]he President's clear intention is that any restrictions do not limit organizations from treating injuries or illnesses caused by legal or illegal abortions, for example, postabortion care."

Globally, complications following an unsafe abortion account for 13 percent of all maternal deaths. Many of these deaths could be prevented by postabortion care.

USAID's postabortion care program includes three critical elements: emergency treatment for complications of induced or spontaneous abortion; postabortion family planning counseling and services; and linking women from emergency care to family planning and other reproductive health services.

USAID will continue to support postabortion care activities, and foreign organizations are permitted to implement such activities without affecting their USAID family planning assistance. It should be noted that USAID does not finance the purchase or distribution of manual vacuum aspiration equipment for any purpose.

I want to take this opportunity to thank the Missions, Bureaus and Center staff that have promoted postabortion care in their programs. The Population, Health and Nutrition Center is very proud of the technical achievements made by Missions, Cooperating Agencies (CAs) and their host country colleagues. Much work remains to be done in the areas of policy development, training and service delivery, operations research and community involvement in order to expand and improve much needed postabortion care services.

We encourage you to support postabortion care activities in your programs. Monica Kerrigan (mkerrigan@usaid.gov) and Nicole Buono (nbuono@usaid.gov) chair the Agency's Postabortion Care Working Group. If you or your staff has any questions regarding the development or implementation of postabortion care activities, please do not hesitate to contact them.

Sincerely,

Duff Gillespie
Deputy Assistant Administrator
Population, Health and Nutrition Center

ANNEX II

Points of Contact

CONTACT PERSON/OFFICE FOR GENERAL QUESTIONS
General questions concerning this notice or overall guidance may be directed to
Barbara Seligman, Senior Policy Advisor, G/PHN/POP (202) 712-5839
Amanda Huber, Policy Advisor, PPC/PDC (202) 712-5418
General questions concerning technical or programmatic issues may be directed to
Margaret Neuse, Director, Office of Population, G/PHN/POP (202) 712-0540

For regional or budget questions please contact the following Central or Regional Bureau Technical Officers and/or, DP Contacts:

LAC	Carol Dabbs	(202) 712-0473
ANE	Douglas Heisler	(202) 712-5004
E&E	Mary Ann Micka	(202) 712-4781
AFR	Hope Sukin	(202) 712-0952
GH	Margaret Neuse	(202) 712-0540
DCHA	Sheila Lutjens	(202) 712-1444
PPC	Amanda Huber	(202) 712-5418

For legal questions, please contact:

GC/GH	Susan Pascocello	(202) 712-0559
GC	Regional Legal Advisors	

(For the complete User's Guide to USAID/W Population, Health, and Nutrition Programs online, visit http://www.usaid.gov/pop_health/resource/phnug.htm

ANNEX III: Co-funding Requirements for Enhanced FP/RH Activities

Activity Category		Guiding Questions	Illustrative Activities	Co-Funding Requirements
Specific Programming (within single line-item or budget category)	**Family Planning**	• *Direct impact* • *Optimal use of funds*	• Expanding access to and use of family planning clinics • Enhancing the quality of family planning services • Supporting the purchase and supply of contraceptives and related materials	Co-funding: **NOT REQUIRED***
	Systems Strengthening**	• *Direct impact* • *Optimal use of funds*	• Fostering the conditions necessary to expand and institutionalize family planning services • Contributing to the sustainability of family planning services	Co-funding: **NOT REQUIRED***
Intra-sectoral Programming (with multiple CSH line items and/or budget categories)	**Related RH**	• *Direct impact* • *Optimal use of funds* • Does the activity have an operational synergy with ongoing family planning activities?	• Integrating family planning and antenatal, neonatal, and postpartum care • Providing post-abortion care • Integrating & coordinating family planning and STI, including HIV, prevention	Co-funding: **ENCOURAGED** e.g., co-funding from CS/MH, HIV/AIDS, ID, etc.
	Other Health (non-RH)	• *Direct impact* • *Optimal use of funds* • Does the activity have an operational synergy with ongoing family planning activities?	• Adding non-family planning products (e.g. ORS) to a family planning social marketing campaign	Co-funding: **REQUIRED** e.g., co-funding from CS/MH
Multi-sectoral Programming (with non-CSH)	**Non-Health (non-CSH)**	• *Direct impact* • *Optimal use of funds* • Does the activity have an operational synergy with ongoing family planning activities?	• Using income-generating activities to generate resources for FP/RH activities (e.g. microfinance activities to assist market women selling condoms) • Enhancing awareness-raising for environmental issues that look at a wide range of policy responses, including ones related to FP/RH	Co-funding: **REQUIRED** e.g., co-funding from other accounts (non-CSH)

* Co-funding is **encouraged** for family planning and systems strengthening activities, where the activity is enhancing a broad, integrated health system including family planning.

** FP/RH activities may have *small* components devoted to related objectives that have a low "marginal" cost. For example, an activity devoted to responsible sexual behavior among youth might include promotion of other healthy behaviors. While FP/RH funds may be used to support such “marginal” cost items, joint funding is encouraged.