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**USAID'S ESTIMATED RESOURCE COMMITMENTS AND OVERVIEW OF ACTIVITIES
FOR POPULATION, REPRODUCTIVE HEALTH AND
PROGRAMS FOR WOMEN AND GIRLS
FY 1994**

USAID's strategy for sustainable development gives particular attention to the role of women, stating that women's empowerment is essential to successful development. Improving women's health, helping them gain control over their fertility, providing access to education and to financial resources are all critically important to achieving our goals for development, particularly for addressing the problems of rapid population growth, preventable death and illness and endemic poverty.

This paper provides an overview of USAID's commitment of resources to population, reproductive health and programs addressing the needs of women and girls. It provides estimated attributions of FY 1994 resources from all accounts and for all bureaus, for family planning and reproductive health, other population programs, and other key programs such as girl's education, microenterprise assistance, and political participation for women. The report also briefly describes USAID's population, reproductive health, and programs addressing the needs of women and girls and highlights new initiatives.

I. FY 1994 USAID RESOURCE COMMITMENTS

USAID commitments in FY 1994 to population, reproductive health and programs addressing the needs of women and girls are estimated to be in the neighborhood of \$840 million¹. It is very difficult to get complete and reliable estimates of resources USAID is committing to reproductive health and programs for women and girls. In both cases, there are limitations in the data collection systems. For programs for women and girls, the difficulty largely stems from the fact that the programs cut across all sectors. For reproductive health, many activities are well integrated into others in the field, making it difficult to disaggregate different elements of USAID reproductive health program from the family planning program. As we disaggregate and examine specific elements of programs, we find that activities that have previously been categorized as family planning are now more appropriately categorized as reproductive health activities. An example of this is promotion of breastfeeding, which is a family planning, reproductive health and child health activity in USAID programs.

Programs addressing the needs of women and girls

The needs of women and girls are addressed in all strategic

¹. This level was derived from adding the non-health and population attributions for WID and the level of microenterprise loans to the family planning, reproductive health and other population total. It should be considered a rough estimate of magnitude only.

focus areas of USAID assistance. This integrated approach addresses the range of development problems facing women in society. Table 1 shows USAID's overall attributions for Women in Development (WID) Activities in all sectors for FY 1994. Total attributions for FY 1994 for women's empowerment are estimated to be \$383.7 million. It should be noted that these are attributions of funds counted elsewhere, including portions of levels appearing in Table 2.

TABLE 1 WOMEN IN DEVELOPMENT ATTRIBUTIONS FY 1994 (\$000)	
CATEGORY	EST. FY 1994 ATTRIBUTION FOR WID
Population/family planning*	125,000
HIV/AIDS*	26,400
Women health*	33,300
Child Survival*	19,000
Basic education	24,800
Other education	11,500
Agriculture	15,300
Private sector	32,500
Democracy	12,900
Environment and energy	18,000
Microenterprise loans**	65,000
TOTAL	383,700
* Portion of total commitments in areas included in Table 2 attributed to WID. ** Not included in AC/SI system	
These attributions come from projects indicated in AC/SI as benefiting women only, and those that have WID integrated components.	
NOTE: This total should NOT be added to the total in Table 2. Doing so would result in double counting of some of the categories.	

Reproductive Health and Population

Table 2 shows estimated attributions for FY 1994 in

reproductive health and other population activities, for women as well as men. The categories in this table can be grouped according to the priority program areas outlined in the Center for Population, Health and Nutrition statement on reproductive health entitled: "Reproductive Health: Objectives, Approach, and Program Priorities." These include:

Family planning and related fertility services:

- **Family planning** includes: family planning service delivery, training, information, education and communication programs, logistics management and management development, social marketing, procurement and shipment of contraceptives, (including condoms that are purchased with population funds) contraceptive research, operations research, and selected population policy activities that directly support family planning service delivery and expansion. This line item also includes most bilateral programs coded as population. However, many of these also support development of broader health delivery systems. ¹
- **Family planning/reproductive health** includes elements of family planning programs that are contributing to broader reproductive health. This may include post-abortion contraception and fertility awareness and family planning.

Safe pregnancy services, improvement of women's nutritional status, and the promotion of breastfeeding:

- **Maternal health** activities are those designed to reduce reproductive morbidity and mortality, improve pregnancy outcomes, for prevention and control of STDs specifically intended to reduce adverse pregnancy outcomes or prevent infertility and to improve prenatal and delivery services.²
- **Women's nutrition** includes activities directed at improving the nutritional status of adolescent girls and women of reproductive age to improve pregnancy outcomes, productivity or purchasing power, and includes activities designed to prevent iron deficiencies.³
- **Breastfeeding** activities are those designed to promote breastfeeding in order to improve child survival, health, nutrition or child spacing. Breastfeeding is considered a reproductive health activity because of its benefits for spacing children, for decreasing the risk of breast cancer, and because it aids in bringing the uterus back into place after delivery.⁴

Prevention and Management of STDs/HIV

- **HIV/AIDS** represents the Agency's entire commitment to HIV/AIDS prevention and treatment, and is defined as activities designed for HIV/AIDS prevention and control, including direct intervention, condoms purchased with AIDS

funds, prevention and control of STDs (except when intended to reduce adverse pregnancy outcomes or prevent infertility), research surveillance, modeling, and information dissemination.⁵

Other population activities include demographic and broader social science research, evaluation, and selected population policy activities.⁶

Family planning, reproductive health and other population attributions of FY 1994 levels from Population Account, Development Assistance, Development Fund for Africa, ESF and ENI funds agency-wide are estimated to be \$658.8 million.

TABLE 2		
ESTIMATED ATTRIBUTIONS FOR		
REPRODUCTIVE HEALTH AND OTHER POPULATION,		
FY 1994 (\$000)		
CATEGORY		EST. FY 1994 ATTRIBUTIONS
Family planning and related fertility services		415,200
Family planning	380,100	
Family planning/ reproductive health	35,100	
Safe Pregnancy services/women's nutrition and breastfeeding		56,900
Maternal Health	36,000	
Women's nutrition	11,600	
Breastfeeding	9,300	
Prevention and Management of STDs/HIV		138,200
Other Population		48,500
TOTAL		658,800
<p>Note: These levels do not reflect programs for women only, but reflect the entire population and HIV/AIDS program.</p>		
<p>Source: AC/SI FY 1994 OYB 6/21/94</p>		

Data limitations

Information shown in Tables 1 and 2 was derived from data in the Activity Code/Special Issue (AC/SI) system for the FY 1994

OYB. These data will be updated later in the fiscal year, and should not be considered final.

Under the AC/SI system, mission and USAID/W staff attribute 100% of all project activities to an activity code or group of activity codes, such as family planning service delivery or basic education. In addition, projects may contribute to special issue (SI) categories, such as urban-based programs, environment, or women in development. Since activities may make contributions to several objectives at the same time, SI attributions may exceed 100%.

There are some limitations in the quality and availability of the data. Some of the problems reflected in the data in this report stem from several issues:

- Missions and USAID/W offices are given an opportunity twice a year to change the coding of their projects, but in fact may not change the coding once the project is obligated. Therefore, the data presented in the above tables may not necessarily reflect recent changes in project emphases, and may also not reflect new initiatives within existing projects.
- Because the data coding system is complex, those most familiar with the projects and changes in activities do not always or only infrequently adjust the coding. This can sometimes result in incorrect attributions.
- For reproductive health, the guidance on use of AC/SI codes was modified in June 1994. The data presented here are based on old guidance, with some modifications.
- Women's empowerment attributions in particular are difficult, because this information is derived through the WID Special Issue (SI) codes counted against activity codes, and therefore may either undercount or double-count activities.

II. ADDRESSING THE NEEDS OF WOMEN AND GIRLS: OVERVIEW OF USAID ACTIVITIES

USAID's "Strategies for Sustainable Development" stress that the success of women - as workers, food producers, health providers and teachers of their children, as managers of natural resources and as participants in a democratic society - is essential to successful development. USAID activities across regions and sectors reflect a growing commitment to women's empowerment.

- Stabilizing World Population Growth and Protecting Human

Health: Examples of women's empowerment through family planning, health and nutrition projects come from cases where women have been engaged as agents of change and not only as beneficiaries of services. An USAID-supported project in Dhaka trains destitute and abandoned women to be community health workers. These women have gone from being one of the most deprived groups in Bangladesh to respected sources of health information and care.

USAID's water supply and sanitation projects also focus on women as implementors of development. Women are encouraged to play leader roles in the rural village water committees in which they share responsibility for the construction and maintenance of water supply systems.

- **Building Human Capacity:** Education empowers women within their families and communities and is an investment in future generations. Female education enhances child survival and is a powerful influence on decisions to limit family size. An example of USAID's efforts in female education is the Guatemala Girls' Education Initiative which has resulted in a policy shift that gives priority to education for indigenous girls.
- **Encouraging Broad-Based Economic Growth:** Income under women's control is another critical aspect of women's empowerment. In FY 1992 and 1993 women received 86% of all USAID funded microenterprise loans, as compared to 56% in 1991. Women received 82% of all technical assistance and training, as compared to 56% in 1991. (See Figure 2, attached). Support for grass roots organizations has enabled local groups to train women entrepreneurs in marketing, financial management and other skills.
- **Building Democracy:** Participation in the democratic process at all levels is also essential to women's empowerment and attention to women's rights by policy makers. USAID programs in Asia, the Near East, Africa and the NIS support activities for women in community grass roots activism, political party building and entrepreneurship. In the West Bank/Gaza, USAID is strengthening women's leadership skills and political participation.
- **Protecting the Environment:** Environmental degradation, combined with population pressure, poses a growing threat to the physical and economic well-being of people world-wide. USAID is conducting studies examining men's and women's participation in sustainable agriculture, natural resource management, and related community institutions. The aim is to strengthen women's skills so they can more effectively play roles as managers of natural and human resources.

- **Participant Training:** Agency guidelines on participation were revised recently to eliminate constraints on female participation. The highest levels of technical training for women are in population, health, and democracy where they constitute nearly half of the trainees. Similarly women make up nearly half of the academic trainees in health and democracy. (See Figure 3.)

III. REPRODUCTIVE HEALTH AND POPULATION: AN OVERVIEW OF USAID ACTIVITIES

Reproductive health

Within the broad range of possible interventions to promote reproductive health, USAID's program focuses selectively on those which are actionable and which are the most cost-effective in promoting quality, maximizing access, and achieving public health impact. Prevention is a key element.

Gender considerations, quality of and access to care, reproductive choice, prevention of adverse cultural practices, and the recognition of the special needs of adolescents, are critical to the implementation of reproductive health programs and deserve priority attention. Policy dialogue on reproductive health will address various contributing factors such as the importance of providing education for girls and women.

Priority program components for USAID's reproductive health program are: (1) Family Planning and Related Fertility Services; (2) Safe Pregnancy Services, Improvement of Women's Nutritional Status and the Promotion of Breastfeeding; and (3) Prevention and Management of STDs/HIV.

Family planning

Fundamental to women's empowerment is their ability to control their reproductive lives and a critical element of reproductive health is family planning services. Since its inception, USAID's population program has focused on expanding the availability, quality, and use of voluntary family planning services. This program has focused on family planning, as well as what is defined as broader population activities, e.g. demographic and social science research, evaluation and policy development. In their implementation in the field, these efforts are often integrated into broader public health programs, and support is given to both public and private sector organizations.

Family planning programs have often included reproductive health components, for it has long been recognized that meeting other reproductive health needs may also enhance use of family planning. A recent survey of USAID missions and cooperating agencies (CAs) found that most missions and CAs are already incorporating various elements of reproductive health in their family planning programs. However, this has not generally been

done within a systematic reproductive health framework. Respondents identified family planning as the highest priority for the next five years, followed by protection from STDs/HIV, and adolescent reproductive health.

Operations and social science research has historically laid the groundwork for new program directions in population and health, and will be critically important in expanding reproductive health interventions. Examples of some of these efforts include:

- Operations research projects will be testing new approaches to service delivery in family planning and reproductive health
- New questions and modules on AIDS/STDs, induced abortion, maternal mortality, female genital mutilation and domestic violence will be added to the Demographic and Health Surveys.
- An expert panel of the National Academy of Sciences has been convened at the request of USAID to assess the determinants and consequences of reproductive health problems, with attention to regional variations as well as to a range of interventions.
- The Women's Studies Project, which began activities in FY 1994, is supporting social and behavioral science research on the impact of family planning on women's lives. New research will also be undertaken through the International Center for Research on Women on the economic, socio-cultural and service-related barriers to the use of family planning from women's perspective.

Safe pregnancy services, improvement of women's nutritional status, and promotion of breastfeeding

Since 1989, USAID has supported several major project activities aimed at improved maternal and neonatal health and nutrition. Addressing women's health during pregnancy, delivery and the post-partum period, these activities are aimed at developing methods to reduce preventable maternal and neonatal morbidity and mortality. During an initial phase, activities focused on a series of small, intensive demonstration projects in developing countries. By working with midwives and traditional birth attendants, these projects have witnessed an impacts maternal and child mortality and family planning acceptance. During a second phase of maternal health programming, USAID is supporting the expansion of these small demonstration projects to country-wide level--going to scale with proven interventions.

In recent years, USAID has been at the forefront of efforts to promote and expand breastfeeding for the health and well-

being of both mother and child. In the area of women's nutrition, the Agency has supported the analysis of policies and programs designed to improve women's nutritional status, strengthen countries' ability to monitor anemia and provide fortification, develop cost-effective interventions as alternatives for micronutrient sufficiency of vulnerable populations. In much of this work, an emphasis is placed on adolescent girls and on issues of intra-household distribution of resources and food.

Prevention and management of STDs/HIV

In the course of USAID's involvement in the prevention and control of HIV/AIDS, we have learned that women's status is a critical factor in the sexual transmission of HIV/AIDS. In many societies where men have greater access to economic resources, and where social/religious conventions and legal status maintain gender inequalities, women are disadvantaged in their ability to negotiate sexual relations with men. Women and girls with limited education are also less able/likely to respond to information about the disease and to take preventive measures.

In addition to promotion of safer sex through education/communication efforts and increased condom use, USAID works to lessen the impact of sexually transmitted disease on women by maximizing the availability of appropriate health services and by providing prompt treatment with highly effective drugs. Concerted efforts are made to establish STD screening, diagnosis and treatment capability at sites where women already seek health services. USAID also focuses on activities that will provide women with improved HIV prevention tools. These include the development of female controlled barrier methods and simple STD diagnostics.

IV. NEW INITIATIVES

Reproductive Health

USAID's population and health program has taken specific steps in FY 1994 to respond to the Agency's new priorities and emphasis on women's health, its greater understanding of women's reproductive health needs, and the availability of cost effective interventions. There are a number of new initiatives in reproductive health, building on our existing family planning and health programs. These include:

- The Maximizing Access and Quality (MAQ) initiative designed to improve the access to and quality of family planning and reproductive health services;
- A new project for training family planning providers (PRIME), that will include other key components of reproductive health;

- New components in family planning social marketing, communications, and service delivery projects concerned with STD/HIV/AIDS prevention and management; and
- New components in family planning service delivery projects aimed at improving post-abortion care, including contraceptive counselling and services.

New integrated reproductive health activities are coming on line as bilateral projects in a number of countries, including Egypt, Bolivia, Uganda, Ghana and the NIS, among others.

In FY 1995, a new project to address the reproductive health needs of adolescents will be launched. A new population policy project is also under development that will examine policy issues beyond family planning. Efforts are also underway to identify better reproductive health indicators.

Female Genital Mutilation Prevention

In response to growing public concern about the health and human rights issues surrounding the traditional practice of female genital mutilation (FGM), USAID senior management is encouraging field missions to support indigenous organizations engaged in FGM prevention. Thus far in FY 94, USAID has committed \$427,000 in support for two innovative prevention projects and a strategizing conference of the Inter-African Committee on Harmful Traditional Practices (IAC), the leading NGO working on FGM. One project will develop communication materials for FGM prevention. The other entails interventions that focus on the reproductive health consequences of FGM.

Girl's Education

USAID's new initiative in girl's education will build on experience in increasing female literacy and numeracy through access to and retention in high quality basic education programs. This effort will promote girls' and women's education programs in selected countries where the gender gap in primary enrollment is marked and where female education is critical for sustained success in other USAID programs.

Microenterprise

USAID's 1994 microenterprise initiative is committed to a focus on women and the poor, assisting implementing organizations in reaching greater numbers of people, sustainability and financial self-sufficiency, and partnerships with local organizations. The three primary goals of the initiative are: 1) to assist the efforts of the poor to increase their income and assets, 2) to increase skills and productivity to enhance economic growth, and 3) to facilitate the development of "economic democracy" in the form of participatory community-based organizations such as village banks and credit unions.

Democracy

USAID has launched a new initiative with the Partners of the Americas to promote democratic skills and increase citizen participation in civic organizations and agencies that promote open and free societies. The project specifically targets women-led civic organizations where women are the main beneficiaries. Women will be involved in building their own organizations and strengthening their ability to reach out to their constituents and the public at large. In addition, the project will seek to strengthen the network of women's civic organizations, building on experiences of the League of Women Voters in the U. S.

V. NEXT STEPS

Programmatic steps:

Missions and central bureaus are developing strategies to ensure that gender issues and women's empowerment are addressed and monitored in their program strategies. In particular, they will ensure that their portfolios reflect the new strategies and the emphasis on reproductive health. The Global Bureau will support this effort and provide technical leadership. Each of the centers in the Bureau is developing a strategy for this effort.

The Population, Health and Nutrition Center has begun the process of reviewing its portfolio to determine how to make the best use of resources, reduce gaps and overlaps, and to have the greatest impact. Results from the recent reproductive health survey will help guide this effort. PHN Center staff, along with other Global Bureau staff will continue to work with missions to implement a more systematic approach to reproductive health that best addresses women's needs while helping to achieve the Agency's strategic goals in this area.

Improve Data Gathering Systems:

The existing management information systems are not currently designed to collect all the required data on what USAID is doing in reproductive health. As a result of the recent guidance on the use of population funds, two new activity codes have been developed to capture activities in population/reproductive health, and population/non-family planning. Guidance is currently going to the field so that these codes can be included in the FY 1996 budget planning document. We are also adding new reproductive health categories to our population expenditure database. Discussions are underway on integrating and coordinating budget tracking databases in population and health to more accurately represent reproductive health funding. In addition, a survey of USAID missions and cooperating agencies has just been completed asking about their current reproductive health activities. Over the next several months and years, our ability to track and report on these activities will be improved.

ENDNOTES

1. In the Activity Code/Special Issue code (AC/SI) system, there are three population/family planning codes: PNSD, family planning service delivery; PNPB, family planning program development; and PNCN, contraceptives. It was assumed that most funds attributed to PNSD and all PNCN activities be categorized as family planning. Some funds attributed to PNPB were also attributed to family planning. G/PHN/POP projects currently coded under PNSD were adjusted to reflect information gathered from recent surveys showing that projects are undertaking some other reproductive health activities. Some funding was attributed to broader reproductive health.

Funds attributed by missions to PNCN, family planning contraceptives were also treated as family planning services, although these activities should be recoded under many bilateral programs. All the agency contraceptives for FY 1994 appear under the G/POP central contraceptive procurement project, and for Asia/Near East and Latin America, funds for contraceptives came from the Agency Reserve, not bilateral programs. It is assumed that missions will use the funds initially coded for contraceptives for other family planning activities, and code them accordingly.

2. Includes activities attributed to the Maternal Health (HEMH) activity code.

3. The data presented here are from the old Nutrition of Women (NUWO) code. With the current budget cycle, this code will be dropped. Instead, Other Nutrition (NUTR), will be used. This code applies to men as well as women, and a special interest code for female beneficiaries will have to be put against this to distinguish gender benefits.

4. This levels reflects funds attributed to the Breastfeeding (NUBF) code, and adjusted to make some corrections in the data.

5. Includes data attributed to the HIV/AIDS (HEHA) code.

6. For activities coded Family Planning Program Development (PNPD), some were assumed to be family planning, and others assumed to be other population activities such as demographic research, policy development, evaluation and health system support. Activities were categorized in one area or the other based on knowledge of the programs, assumed level of activity for demographic research and policy support, and names and descriptions of the programs. While some broad assumptions were necessary, it is likely that on average the levels attributed to each area are in general correct.