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# USAID FLEXIBLE FUND 10-Year Program Learning Document

May 2013



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Cover photo: © 2011 Adrienne Allison/World Vision. A midwife discusses family planning at a community meeting in India.

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## ACRONYMS

ADRA	Adventist Development Relief Association	MoH	Ministry of Health
AHS	Adventist Health Service	MTI	Medical Teams International
ARC	American Red Cross	NGO	Non-governmental Organization
ASDAP	Association for the Support to the Development of Population Activities	OR	Operations Research
CA	Cooperating Agency	PDME	Program Design, Monitoring, and Evaluation
CBD	Community-Based Distribution	PHE	Peer Health Educators
CBFP	Community-Based Family Planning	PRH	Population and Reproductive Health
CCIH	Christian Connection for International Health	RH	Reproductive Health
CEDPA	Centre for Development and Population Activities	SAWSO	Salvation Army World Service
CHW	Community Health Worker	SDM	Standard Days Method
C-IMCI	Community-Integrated Management of Childhood Illness	STI	Sexually Transmitted Infection
COCIN	Church of Christ in Nigeria	USAID	U.S. Agency for International Development
CSHGP	Child Survival and Health Grants Program	VHC	Village Health Committees
DHO	District Health Office	WCS	Wildlife Conservation Society
DMPA	Depot Medroxyprogesterone Acetate	WV	World Vision
DRC	Democratic Republic of Congo		
FBO	Faith-Based Organization		
FFTS	Flexible Fund Technical Support		
FH	Food for the Hungry		
FHI	Family Health International		
FP	Family Planning		
GP/SP	Group Pivot/Sante Populations		
GSM	Grants Solicitation and Management		
HAI	Health Alliance International		
HKN	HealthKeepers Network		
HTSP	Healthy Timing and Spacing of Pregnancy		
IUD	Intrauterine Device		
IYF	International Youth Foundation		
LAM	Lactational Amenorrhea Method		
LAPM	Long-Acting and Permanent Method		
MCDI	Medical Care Development International		
MCH	Maternal and Child Health		
M&E	Monitoring and Evaluation		

## EXECUTIVE SUMMARY

The Flexible Fund grant program was created in 2002 by the U.S. Agency for International Development's (USAID) Office of Population and Reproductive Health in the Bureau for Global Health. The grant funds were set aside to strengthen U.S. and locally based non-governmental organizations (NGOs) to provide quality family planning (FP) services and engage new organizations in FP. Since many of these NGOs were already delivering community-based maternal and child health (MCH) and development services for marginalized and underserved populations around the world, they were well positioned to partner with USAID. The Flexible Fund targeted NGOs, including faith-based organizations (FBOs), and strengthened established NGOs. It also brought in new partners, fostered innovation, and enabled FP services to reach new clients in some of the most challenging environments in the world.



© 2011 Adrienne Allison/World Vision

Over 10 years, 43 Flexible Fund grantees implemented 66 projects in 32 countries and reached more than 18 million beneficiaries. Largely by adding FP service delivery to existing project platforms, the Flexible Fund minimized costs, enabled rapid startup, and strengthened existing partnerships with ministries of health (MoHs) and local NGOs. A retrospective survey was conducted of Flexible Fund grantees funded between 2004 and 2011, which drew responses from 22 grantees. Of those that responded:

- 100% integrated FP into other health or development programming.
- 75% met the USAID definition of a “new partner.”
- 56% reported hiring staff with FP expertise when their sub-award was issued, and 59% of those reported maintaining the positions post-project.
- 46% sought and secured additional FP funds from non-USAID sources or used discretionary funds for FP.
- 100% reported capacity building of local organizations and indicated that FP services continued to be provided by these local groups when the project ended.
- 33% reported that they strengthened or continued to strengthen their organization's technical capacity for FP programming.
- 78% developed FP tools or curricula as part of their grants, and 67% of those reported that these tools/curricula had been utilized by other NGO or MoH partners.

This report provides findings from a desk review of the Flexible Fund portfolio between 2002 and 2012. It presents an overview of the Flexible Fund's unique model of combining USAID leadership, a technical support program, and a grants solicitation and management program. It describes the 10-year history of the Flexible Fund by discussing the contributions made to the knowledge base of community-based family planning and looks at lessons learned and accomplishments within the Flexible Fund's six areas of strategic focus:

- 1. Increasing commitment to program learning and building a community of practice.** Through its technical support mechanism, the Flexible Fund created a culture of program learning through regular partner meetings on relevant topics to the global community-based family planning (CBFP) community, documentation of grantee experiences through case studies, and the development of tools and resources that benefited both the program's grantees and other practitioners worldwide.
- 2. Improving the policy environment.** Flexible Fund grantees contributed to policy change at a national level that improved community access to FP services in a number of countries. The Flexible Fund supported several small-scale demonstration projects, which provided the evidence needed for policymakers to approve community health worker provision of injectable contraceptives.
- 3. Integrating community-based family planning into existing health and development activities.** Flexible Fund grantees used innovative approaches to integrate FP into well-established community-level programs, including MCH, water and sanitation, and conservation.



© 2005 Babafunke Fagbemi/Courtesy of Photoshare

## EXECUTIVE SUMMARY *(continued)*

- 4. Building organizational integration and commitment to family planning.** The Flexible Fund provided funds to help strengthen organizational commitment to FP, leading several organizations to fully integrate FP into ongoing programs. Through strengthening the capacity of local NGOs, the Flexible Fund, working in close collaboration with the USAID Mission and MoH, has fostered sustained inclusion of FP in development programs.
- 5. Addressing social and cultural barriers.** In challenging settings, where FP use was very low, grantees engaged religious leaders, men, grandmothers, and early adopters of family planning to support family planning, especially for the healthy timing and spacing of pregnancies. Working with local NGO partners helped grantees sustain implementation of projects during political and social unrest.
- 6. Improving youth access to information and services.** Grantees addressed this underserved group by integrating FP and reproductive health into life skills and vocational training, recruiting teachers as allies in reducing teen pregnancy, and involving youth in defining youth-friendly services.

An important legacy of the Flexible Fund is the mobilization of organizations to implement and expand FP programs in the long term when the funding from this program ends. The Flexible Fund has supported organizations to develop and test models to include FP into privately funded integrated community development programs. Many of these programs continue to be expanded and broaden access to FP, often with non-government funds. In the retrospective survey of grantees, nearly half reported securing FP funding apart from the Flexible Fund.\* These new FP allies can be expected to make a lasting impact on increased access to voluntary FP services around the world.

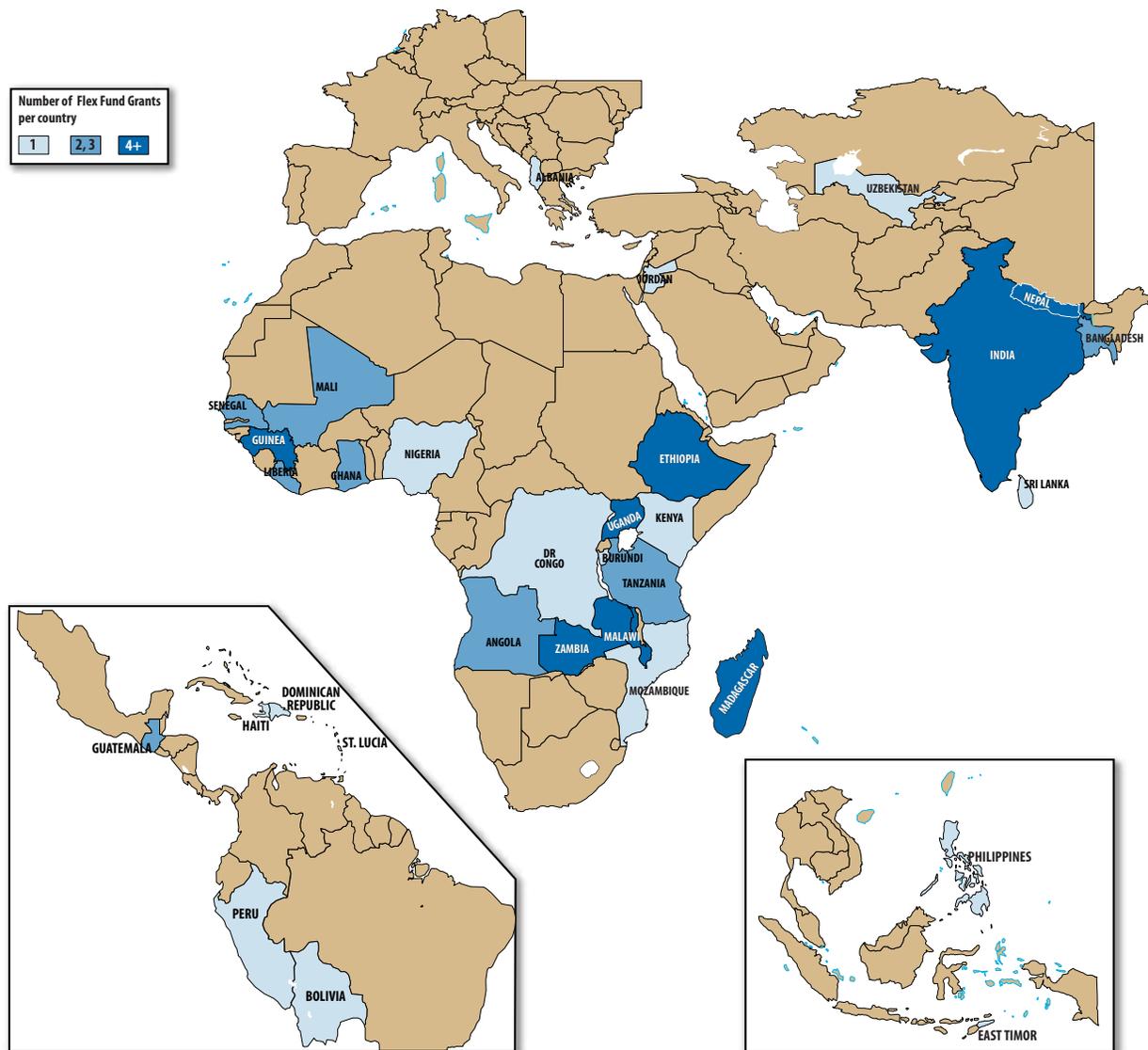
\* Flex Fund Grantee Survey, August 2012. Fourteen of 30 organizations responding to the question indicated that they had secured either non-Flexible Fund funds, non-USAID funds, or had used private/discretionary funds for FP programming.

# INTRODUCTION

The Flexible Fund is an innovative program for advancing USAID's priorities in family planning and reproductive health through engaging NGO and FBO partners, USAID Missions, and in-country institutions to increase access to CBFP services, while establishing a global community of practice for advancing program learning and developing tools and resources that have benefited both grantees and the wider community. This report highlights some of the major accomplishments and lessons learned over the past decade within the Flexible Fund.

The Flexible Fund was created in 2002 by USAID's Office of Population and Reproductive Health in the Bureau for Global Health to strengthen the participation of U.S. and locally based NGOs in CBFP programming. The Flexible Fund has reached more than 18 million beneficiaries ages 10 to 59 in 32 countries by providing FP information and/or services.\* (Please see Annex I for a detailed list of all Flexible Fund grantees and countries.)

Map 1: Flexible Fund Projects by Country



\* As of May 2013.

## INTRODUCTION *(continued)*

The Flexible Fund has been used to build the capacity of organizations to deliver CBFP services, enabling some organizations to incorporate FP into their portfolios for the first time\* and others to expand the reach and quality of their FP programs. Drawing on the strengths of these organizations, Flexible Fund support to new and established NGO partners, including FBOs, has fostered innovation and policy change and enabled FP services to reach more women in some of the most challenging environments in the world.

This desk review of the Flexible Fund captures the major accomplishments and lessons learned over the past decade within the Flexible Fund's areas of strategic focus: increasing commitment to program learning and building a community of practice; improving the policy environment; integrating CBFP into existing health and development activities; building organizational integration and commitment to FP; addressing social and cultural barriers; and improving youth access to information and services.



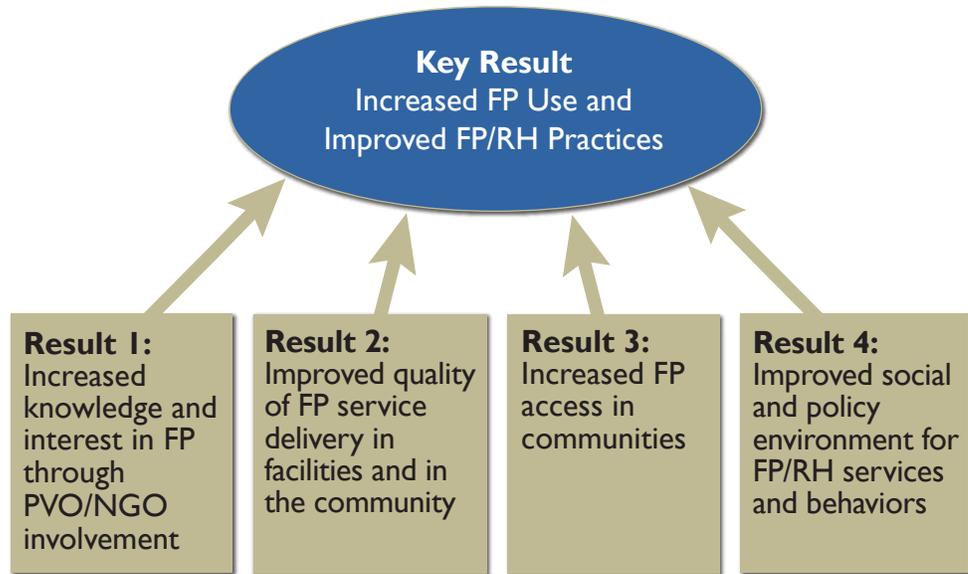
\* In the Retrospective Grantee Survey, 44% (12/27) of grantees responding to the question reported that they had not implemented FP service delivery programs in the 5 years prior to their first Flexible Fund grant.

# THE FLEXIBLE FUND:

## An Innovative Model For Advancing Community Based Family Planning

The objective of the Flexible Fund Program is to “expand family planning use and reproductive health practices worldwide through the support of NGO partnerships and program integration.”<sup>11</sup> A results framework was created for NGO programs to guide program design and activities and ensure that the program would result in updated FP services. Flexible Fund grantees were asked to address at least two of the four framework results.

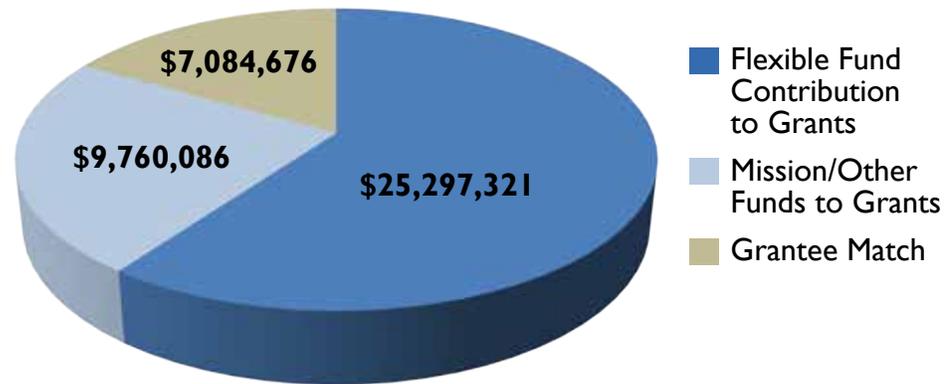
Chart 1: Flexible Fund Results Framework



### Funding to Grantees

As of May 2013, the Flexible Fund had issued 66 grants totaling more than \$35 million. As illustrated in Chart 2, the Flexible Fund contributed more than \$25 million, while Missions added the remaining \$10 million. In addition, about half of grantees contributed matching funds, which provided more than \$7 million more in funding. Flexible Fund awards were small to medium in size, ranging from \$42,000 to more than \$2 million. Chart 3 illustrates the distribution of funding across these three components of the program.

Chart 2: Flexible Fund Funding by Type



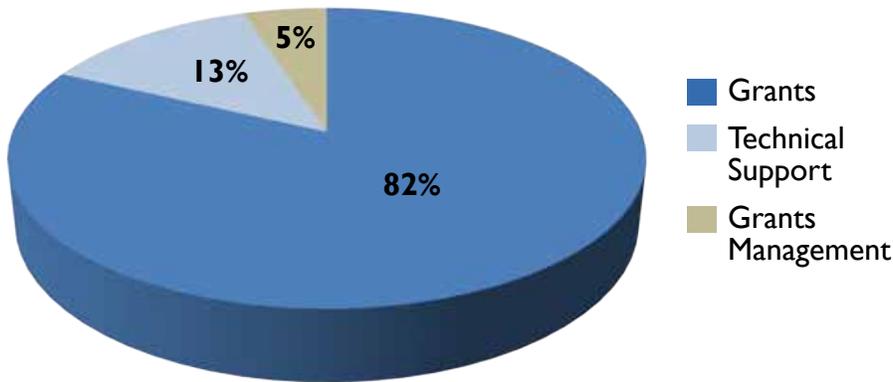
Note: Above funding numbers are as of May 2013.

(See Annex I for a list of all Flexible Fund grantees).

# THE FLEXIBLE FUND:

## An Innovative Model For Advancing Community Based Family Planning

Chart 3: Flexible Fund Expenditures by Category



Note: Above funding breakdown is as of May 2013.

In contrast to the typical 5-year USAID contract or Cooperative Agreement in which a new project often requires a year to establish offices, obtain host country government approval, and begin operations, Flexible Fund grantees already had a country presence and an established program to which family planning could be integrated. The project allowed them to innovate quickly and to efficiently introduce family planning. Seventeen of the 66 awards were for a year or less, 26 for between 1 and 3 years, and 23 were for longer than 3 years. Yet, because grantees were able to begin implementing immediately, they were able to accomplish a great deal in a short time.

The Flexible Fund looks for opportunities to support activities that increase access to FP services and information, while also seeking to contribute to the body of knowledge CBFP by supporting operations research and documenting innovative and successful approaches in case studies and technical reports.<sup>2</sup>

Specific grant solicitations were issued to integrate FP into other platforms, such as food or MCH programs, and projects that addressed policy change, for example, by advocating for community-based distribution (CBD) of injectable contraceptives by non-health workers. In addition to addressing at least two Flexible Fund results, the grantees were encouraged to address one or more of USAID's technical priorities, which include ensuring contraceptive security, promoting healthy timing and spacing of births, increasing community health worker (CHW) provision of injectable contraceptives, improving access to long-acting and permanent methods (LAPMs), reducing gender inequality, and addressing the special needs of youth.<sup>3</sup>

### Flexible Fund as a Resource to USAID Missions

At the country level, funding for FP services is almost always inadequate to address needs. The Flexible Fund provided Missions with funding to support FP activities implemented by NGOs, enabling Missions to fill a strategic niche in their country programs and expand their FP work with NGOs. The Flexible Fund was initially designed to use a variety of USAID's funding mechanisms or projects to support this work. The first grantee awards in October 2003 were made to appropriate population and reproductive health (PRH) Cooperating Agencies (CAs) and the U.S. Food for Peace Program, or through the Child Survival and Health Grants Program (CSHGP). Several CAs received Flexible Fund awards to provide technical support to grantees, to improve monitoring and evaluation (M&E), and to support operations research to measure the contribution of these activities.

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*"Ease of application and immediate funding for activities, [as well as] opportunity to share lessons learned with other faith-based organizations was [sic] valuable."*

—World Relief

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*"Flex Fund enabled increased understanding among [our] global staff of the connection between family planning and health."*

—MAP  
International

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## THE FLEXIBLE FUND:

### *Innovative Model (continued)*

The Flexible Fund gives preference to programs where additional funding can be leveraged from USAID Missions or other donors and where local technical assistance can be provided. The Flexible Fund aimed to engage Missions in working with and supporting NGOs, assisting grantees to access local technical assistance, and facilitating their involvement in national-level dialogue on FP issues. The Flexible Fund sought Mission co-funding for all programs as a way to extend the resources available to fund programs, as well as to lay the groundwork for continued Mission support of successful Flexible Fund grantees after USAID/Washington funding ended.<sup>4</sup>

Twenty Flexible Fund awards received a Mission match, ranging in size from \$13,000 to \$2.1 million. Collectively, Mission contributions represented about 40% of program resources, excluding a grantee match. In some cases, the Flexible Fund enabled Missions to channel resources rapidly and efficiently to NGO programs that had a significant potential to achieve Mission results.<sup>5</sup>

### **The Grants Solicitation and Management (GSM) Program**

The initial Flexible Fund sub-awards to grantees in 2003 were made through existing USAID programs and projects, which presented some challenges. The Flexible Fund sought to create a more efficient mechanism to improve program efficiencies.<sup>6</sup> In 2004, USAID created the GSM program to ease administrative burden and reduce costs while making it easier for Missions to support NGOs working in the health sector.

GSM offers an innovative and cost-efficient grant solicitation and management process, which maximizes funds available to grantees. Because GSM's specialized staff work on a number of programs, they charge only a portion of their time to the Flexible Fund. GSM has been administered since September 2004, through a USAID Cooperative Agreement held by World Learning, a new PRH partner. In cooperation with USAID, GSM oversees the grants process from application through closeout and monitors grant recipient compliance with USAID regulations and reporting requirements. GSM not only assumes the responsibility for soliciting, reviewing, and awarding grants but also monitors the finances of grantees and provides a flexible level of grantee supervision and technical assistance in financial management, as needed.<sup>7</sup>



*A community-based distribution agent at her depot (Zambia).  
© 2008 Sadia Parveen/Child Fund*

### **Comparative Advantages of NGOs**

NGOs, including FBOs, bring unique qualities to development, offering organizational strengths and experiences not commonly found among other USAID partners. NGOs often have deep roots at the community level and already deliver a host of health, education, and social services, especially in areas where government services are weak. U.S.-based NGOs with a long-term country presence have often developed a strong relationship with the MoH. They play an important role in influencing health policies and use of best practices. In some of the poorest countries, governments rely heavily on international NGOs to implement health programs, train ministry staff, and improve data collection. NGOs have strengths in organizing and mobilizing communities, working with socially and geographically marginalized groups, educating populations about health practices, promoting positive behavior change, and empowering those with limited access to health care to demand better services. Many U.S.-based NGOs have established relationships with local NGO partners as trusted implementing partners. U.S.-based NGOs are an important channel for disseminating evidence and best practices to NGO partners in the field, and this is often the most feasible route to get essential information to the local level.

NGOs work in a variety of arenas, including youth development, environmental sustainability, and nutrition programs, which offer mutually beneficial platforms to integrate family planning. These organizations are also noted for their ability to raise significant levels of funding from private individuals and foundations and to provide non-government support to integrated community development programs. For example, World Vision, the largest NGO in the world, raised more than \$850 million in non-public funds in 2011. The Flexible Fund has responded to the keen interest within the U.S.-based NGO community to offer family planning or to expand the role of family planning in their portfolios at the community level. Flexible Fund grants aim to increase the visibility of NGO contributions and advance excellence and state-of-the-art practices.



Meeting to discuss family planning with religious leaders (Senegal).  
© 2011 Leah Elliott/ICF Macro

### Faith-Based Organizations and the Flexible Fund

Many FBOs are becoming strong supporters of family planning. As partners with USAID's Bureau for Global Health for more than 30 years, FBOs have used their unique skills, presence, and trusted relationships within communities to address the health needs of marginalized and rural populations in developing countries. More than a fourth of Flexible Fund grants were made to FBOs, enabling them to initiate or expand work in FP, implement service delivery programs, and foster local ownership of these programs. FBOs have also actively engaged in advocacy for increased national and international support of FP using non-government funding. For example, Christian Connection for International Health (CCIH) has mobilized faith-based groups around the world to raise visibility and encourage government and donor support of FP services.

The Flexible Fund has supported World Vision, an FBO with community development programs in more than 100 countries, to integrate FP into their privately funded programs. This support has also enabled World Vision to clarify its organizational policy regarding FP. The work supported by the Flexible Fund has led World Vision to integrate FP into its community health services model and to begin global scale-up.

The FBO Adventist Health Services of Malawi, with funding from USAID/Malawi and the Flexible Fund, developed and tested a model to expand access to FP by training community-based health workers and now helps the MoH to expand this practice. Other recent FBO partners include International Crisis Aid in Ethiopia; Medical Teams International (MTI) in Guatemala; Food for the Hungry (FH) and MAP International in Uganda; SIM USA in Angola; World Relief in Burundi; and the Adventist Development and Relief Agency (ADRA) in Nepal, Ethiopia, Madagascar, and Guinea. Local FBOs receiving Flexible Funds include the Church of Christ in Nigeria (COCIN) and Vohary Salama in Madagascar. Salvation Army World Service (SAWSO) is using Flexible Funding to help integrate FP into their organizational activities and create a new board policy in support of FP.

## THE FLEXIBLE FUND:

*Innovative Model (continued)*

The GSM program also offers capacity building services. While most awards are made to established organizations, GSM capacity building services makes it possible for small organizations with limited experience implementing a U.S. federal grant to participate.

### Flexible Fund Technical Support Program

Since the inception of the Flexible Fund in 2002, a support team implemented by ICF International\* has provided technical support to grantees. The support team provides overall quality control for Flexible Fund projects and serves as a central technical resource for grantees. The team created a strong technical and M&E infrastructure for the program; developed practical tools and resources for grantees, which have been adapted widely beyond the program; and created forums for grantees through partner meetings for wide diffusion of USAID and grantee technical priorities and shared learning within the global FP community. A more detailed look at these contributions can be found in the Key Learning and Contributions from the Flexible Fund section, under the first strategic focus area, Increasing Commitment to Program Learning and Building a Community of Practice.

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*"This FF was a great opportunity for our MCH project in Liberia... [We received] strong technical assistance for monitoring and evaluation."*

—Curamericas

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The technical support team works closely with the Flexible Fund management team at USAID and assists grantees to align their projects more closely with PRH technical priorities and practices identified by USAID as having a high impact on family planning. All grantees report on a common set of indicators. Key indicators include contraceptive prevalence, a couple years of protection, number of first-time contraceptive users, unmet need for contraception, measures of adequate birth spacing, and quantity of facilities reporting no stock-outs of contraceptive methods in the last quarter.

\* ICF International, formerly ICF Macro and Macro International, has led the technical support function for the Flexible Fund since 2002.

## The Role of U.S. and Locally Based NGOs in Reaching USAID's Strategic Objectives

Several factors were instrumental in the decision to work with NGOs as key partners in this initiative. USAID Missions expressed strong interest in working with NGOs and in developing the capacity of these organizations to deliver FP and RH services. U.S.-based NGOs increasingly recognized the importance of family planning to MCH and overall development and were primed to expand their FP efforts. Governments were increasingly tapping private as well as public partners, including international and domestic NGOs, to improve access to health care, especially for the poor and underserved. For these and other reasons described below, USAID viewed NGO partnerships as an opportunity to capitalize on the comparative advantages and interests of NGOs to better reach marginalized populations, including youth.

## KEY LEARNING AND CONTRIBUTIONS FROM THE FLEXIBLE FUND

The Flexible Fund was successful in bringing new players into the family planning arena. A recent survey of Flexible Fund grantees showed that 78%\* of respondents implemented a family planning strategy for the first time through their Flexible Fund grant. These organizations included large, privately funded programs that have the ability to continue broadening access to FP, and many are committed to doing so. Furthermore, through capacity building and close collaboration with the USAID Mission and the MoH in most cases, Flexible Fund awards have led to sustained improvements in access, practices and protocols, and behavior change. One-hundred percent of responding grantees who built capacity of local organizations as part of their work reported that these local organizations continued to implement FP programs after the Flexible Fund grant ended.<sup>8</sup>

Through its unique, flexible model, the Flexible Fund has made important contributions to the global landscape for CBFP since its inception. These contributions are described below in relation to the Flexible Fund's six areas of strategic focus:

1. Increasing commitment to program learning and building a community of practice.
2. Improving the policy environment.
3. Integrating CBFP into existing health and development activities.
4. Building organizational integration, capacity, and commitment.
5. Addressing social and cultural barriers.
6. Improving youth access to information and services.

\* In the Grantee Survey, 21 of 27 grantees responding to this question reported that they had implemented a FP strategy for the first time.



A community health worker gives a Depo Provera injection during a training for community-based distribution of injectables (Uganda).  
© 2012 Beatrice Bainomugisha/Wellshare

### I. Increasing Commitment to Program Learning and Building a Community of Practice

The Flexible Fund has been committed to optimizing the performance of grantees and thus has developed a number of tools designed to assist program implementers, ease reporting burden, and standardize data collection. These resources included uniform guidelines for preparing implementation plans, work plans, and annual reports, providing especially useful information for NGOs unfamiliar with USAID requirements. In addition, the Flexible Fund developed and adapted a number of training resources in response to needs in the field. These resources have been widely used both by grantees and the wider FP community.

#### **Program Design, Monitoring, and Evaluation of Family Planning Programs: Facilitator and Participant Guides.<sup>9</sup>**

The Program Design, Monitoring, and Evaluation (PDME) course is designed to give mid- and senior-

## KEY LEARNING *(continued)*

level country managers new skills in designing projects, developing a results framework, and creating a monitoring and evaluation plan. Originally developed by Save the Children, PDME was adapted for FP through the Flexible Fund.

Four workshops were conducted on PDME: one each in both Mali and Madagascar in 2005 that, combined, involved 65 participants from 25 international and local NGOs; one in Uganda in 2007 for 27 participants from 10 countries in Africa and Asia; and one in Ghana in 2009 with the participation of 24 representatives from 9 African countries.

In addition to use in training Flexible Fund grantees, Project HOPE, World Vision, and CCIH used the curriculum to conduct workshops for approximately 100 staff members from around the world. Save the Children has institutionalized the training curricula for in-service and ongoing training programs worldwide.<sup>10</sup> The USAID-funded Maternal and Child Health Integrated Program adapted the PDME to train grantees in monitoring and evaluation of community-based malaria programs.<sup>11</sup>

**Basics of Community-Based Family Planning: Facilitator and Participant Guide** is a five-day, 1,000-page (combined) curriculum for middle- and senior-level managers working in or training to work in family planning. It covers the key elements of a quality family planning program in which Flexible Fund programs are grounded, including contraceptive technology and logistics, behavior change, and programming for youth. It remains a resource for grantees today. Key elements of this curriculum were adapted for inclusion in USAID's e-learning course on CBFP.

Three workshops were conducted on this training curriculum: one in Tanzania in 2006 for 13 international and local organizations from 11 countries; one in Uganda in 2007 for 27 participants from 10 different countries in Africa and Asia; and one in Ghana in 2009 with the participation from 24 representatives from 9 African countries.

The Flexible Fund also supported the development of several tools specifically aimed to support community-based family planning service providers:

- **Expanding Contraceptive Choice to the Underserved through Delivery of Mobile Outreach Services**<sup>12</sup> is a step-by-step guide

developed to help program managers provide long-acting and permanent methods LAPMs to rural and underserved populations with limited access to FP methods. The handbook offers comprehensive guidance on whether and how to arrange mobile services from a higher-level health facility to periodically provide community-based services.

- **Community-based Family Planning Toolkit**, produced in collaboration with Knowledge for Health, is an online resource for learning the basics of CBFP. It provides resources for health policymakers, program managers, and service providers on program design, behavior change communication, M&E, training, and supervision, as well as policy and advocacy.
- **Family Planning Sustainability Checklist: A Project Assessment Tool for Designing and Monitoring Sustainability of Community-based Family Planning Services**<sup>13</sup> helps family planning project planners and implementers identify key elements to incorporate in a CBFP project to increase the likelihood that services will continue beyond the project's end. This tool includes a facilitator's guide for a workshop on how to assess, analyze, and develop an action plan using the checklist.
- **Social and Behavior Change for Family Planning: How to Develop Behavior Change Strategies for Integrating Family Planning into Maternal and Child Health Programs**<sup>14</sup> is designed to be used "off-the-shelf"—which means it is not necessary to bring in an outside trainer. A local staff person or team can use this guide to run a 2.5-day training course that teaches the basics of designing for behavior change. The concepts and tools can also be applied to other topics as well, including maternal and child health, nutrition, infectious disease care and control, and sanitation.

All of the above tools are available on the Knowledge for Health website, at [www.k4health.org/toolkits/communitybasedfp](http://www.k4health.org/toolkits/communitybasedfp).

**Operations Research Training and Studies:** The Flexible Fund encouraged grantees to add to the body of knowledge about CBFP and gather evidence to support improvements in policy by conducting operations research (OR) as part of their project. To build grantee skills, Flexible Fund and the Child Survival Technical Support project collaborated with the Population Council and the CORE Group to conduct an OR



A volunteer community health worker provides a group education session on family planning (Uganda). © 2009 Philip Bowen/WellShare International

## KEY LEARNING *(continued)*

also served to identify needs in the field. For example, the idea for the manual “Expanding Contraceptive Choice to the Underserved through Delivery of Mobile Outreach Services” emerged at the June 2008 meeting “Community-Based Family Planning Strategies and Tools for Reaching Underserved Communities.” Also, the idea for the publication “Facts for Family Planning” also emerged from a partner meeting and is currently in process.

Partner meetings often included the broader FP community, as well as grantees receiving support from other USAID offices, and provided an opportunity to showcase an NGO-led program or to highlight synergies across different programs, such as FP and the environment.

**Technical Reports Highlight Priority Strategies:** Eight technical update briefs were produced between 2007 and 2010 to provide grantees and others with state-of-the-art information, resources, tools, and promising practices in the areas in which most grantees were working:

- Male involvement
- Behavior change is an essential component of CBFP
- Linking CBFP with long-acting methods
- Improving access to injectable contraceptives
- FP during the first year post-partum
- Contraceptive logistics for CBFP
- Reaching youth through community strategies
- Mobile outreach service delivery

(Please see Annex 2 for a description of each technical brief.)

**Case Studies Provide an In-depth Look at Grantee Projects:** Eleven case studies produced between 2007 and 2010 by the technical support team, in collaboration with the Core Group, documented promising practices that were disseminated widely to the global family planning community. (Please see Annex 3 for a description of each case study.)

### 2. Improving the Policy Environment

The MoH service policies and guidelines can stand in the way of efforts to expand access to quality family planning services. For that reason, improving the policy environment for FP has long been a major goal of USAID’s PRH programs. In numerous countries, particularly in Sub-Saharan Africa, the policy environment for family planning creates barriers to women seeking

Proposal Development Workshop in May 2006. Twenty-one Flexible Fund and CSHGP grantees participated. Following the workshop, at least six OR studies were carried out by Flexible Fund grantees:

- **ARC/Albania:** OR on the introduction of SDM in community-based FP programs.
- **Save the Children/Ethiopia:** OR on the impact of mobile services for DepoProvera.
- **Plan International/Guinea:** OR in collaboration with FHI to assess program sustainability through a health insurance scheme.
- **Save the Children/Mali:** OR to test cost-effectiveness of two service delivery approaches.
- **Save the Children/Guinea:** OR in collaboration with Engender Health to reintroduce the intrauterine device (IUD).
- **World Vision/India:** OR to determine if the integration of SDM LAM into an existing range of methods will result in increased contraceptive use among new mothers.

**Partner Meetings as a Forum for Diffusion and Learning:** Beginning in September 2004, the Flexible Fund brought grantees together, generally twice per year, for partner meetings to exchange ideas, provide technical updates, create opportunities for collaboration, and build a research agenda. Partner meetings typically centered on a theme relevant to CBFP, such as sustainability, organizational integration of FP, access to injectables, FP linkages to food programs, and faith-based institutions. These meetings



*A health volunteer counsels a couple on postpartum care including family planning (East Timor). © 2010 Kiyoe Narita/Health Alliance International*

### **Improving the Policy Environment for Family Planning in Nepal**

Work by the Centre for Development and Population Activities (CEDPA) in the Terai region of Nepal aimed to improve the quality of services as well as the policy environment for family planning. The project adapted a policy scoring tool designed by the USAID-funded Policy Project to measure the level of support for family planning and change over time that resulted from project advocacy and communication activities. By the end of the project, the policy score registered a 12% improvement in “policy formation” and “political support” for family planning, addressed through policy dialogues with NGOs, community leaders, religious organizations, and the private sector. The largest improvement was in the category of “program components,” which were influenced by village-level and district conferences held for youth, parents, and health workers. These conferences resulted in recommendations for more FP services for youth, increased access to methods for dual protection against HIV and pregnancy, and the abolition of child marriage and dowry, which are common practices in the region. The project also convinced the government to increase the number of days per week that family planning services were offered in district hospitals (one of which had only offered services once per week).

Source: CEDPA, Expanding the voluntary use of contraception in the Central Terai: Family Future Project, End of Project Report, April 2007-September 2009. Washington, DC, CEDPA.

#### **Lessons for Achieving Policy Change from Flexible Fund Projects**

- Small-scale operations research and demonstration projects can provide the evidence policymakers need for policy change.
- NGOs are well positioned to implement pilot projects that generate data and evidence to promote policy change.
- Well-established NGOs that have the confidence of the MoH are appropriate partners in successful policy change efforts. Private voluntary organization and NGO project efforts can be scaled up to national levels.

## KEY LEARNING *(continued)*

services. For example, a country may have a policy requiring that certain contraceptives, particularly injectable contraceptives, are delivered only by highly skilled health professionals. Such a policy is not based on the best available evidence and limits the range of methods available, particularly in rural and remote areas where highly skilled health professionals are few and far between. It may prevent those most in need of contraception from receiving the method of their choice.

Improving the policy environment begins with identifying a problem and raising awareness among policymakers and community stakeholders.<sup>15</sup> Often, these stakeholders demand more evidence that a policy solution is required. Conducting the operations research, education, and advocacy to support a change in policy can be a slow and arduous process, requiring an on-the-ground presence, long-term commitment, and trusted relationships with policymakers—qualities that often characterize NGOs.

Policy change requires multiple actors and is unlikely to be accomplished under a single grant cycle. Nevertheless, a number of Flexible Fund grantees were successful in expanding access to contraception by improving the policy environment for family planning. Flexible Fund grantees had a particular strength in building evidence for community-based distribution of injectables (i.e., Depot Medroxyprogesterone Acetate [DMPA]) through small-scale demonstration projects. Governments permitted these pilot projects to collect data and, in time found the data persuasive. Actions on the part of several grantees made a significant contribution to changes in government policy, while others improved policy environment, a step toward future policy change.

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**Project Profile: *Save the Children and Wellshare contribute to policy change allowing community-based distribution of injectables in Uganda.***

In Uganda, Save the Children aimed to increase access to FP services in the central district of Nakasongola. Injectables were the preferred method, but they were only available in health centers where they were provided by staff nurses. This meant that more than half of all women had to walk a mile or more to reach a health center, which resulted in barriers to women having access to injectable contraceptives. In 2004–2005, with support from USAID, Save the Children began working collaboratively with FHI to conduct a study on

the safety and feasibility of community-based providers administering injectable contraceptives. If using CHWs to administer injectables was found to be safe, this would mean that women could have services available to them in the community. The study showed that trained CHWs were able to provide injectables as safely as nurses, and that clients of CBD agents were equally satisfied and as likely to continue using the method as clients obtaining clinic-based injections.<sup>16</sup> With this evidence, Save the Children obtained government approval and a Flexible Fund grant to pilot test CBD of injectables in two adjacent districts in 2006. The study and the pilot test were the first steps in moving the government toward a change in policy.<sup>17</sup>

Wellshare International also received a Flexible Fund award in 2006 to address low use of family planning in two other districts of Uganda.<sup>18</sup> By 2009, with CBD of other contraceptives well established, Wellshare collaborated with FHI and District health representatives in Mubende to train selected volunteer CHWs to offer injectables. This pilot study also showed a high level of satisfaction with the ease of access, privacy, and convenience of injectables provided by CBD agents.<sup>19</sup> The following year, Wellshare and Save the Children joined with FHI and others to develop an advocacy strategy, which was successful in obtaining the MoH's approval of a new policy permitting CHWs to provide injectable contraceptives. Wellshare contributed to scaling up CBD of injectables by training village health teams and documenting the experiences in their Community-Based Family Planning Best Practices Manual in 2011.<sup>20</sup> Injectables have quickly become the most popular modern FP method in Uganda, accounting for more than half of modern method use.<sup>21</sup>

FHI and Save the Children's demonstration study in Uganda was influential elsewhere in Africa. Representatives from Nigeria and Rwanda planned their own pilot studies after a visit to the demonstration site. Then in 2011, Save the Children began advocating in Guinea, first at the district level and then with the national MoH, for a policy change to permit CBD agents to administer DMPA. Save the Children recently received government approval and has begun implementing a study in two districts to demonstrate that it is safe and effective for CBD agents to administer injectable contraceptives by comparing services delivered by CBD agents with those delivered at health facilities. A change in government policy to permit CBD provision of DMPA as a result of Save the Children's advocacy and program efforts is anticipated.<sup>22</sup>

## KEY LEARNING *(continued)*

### **Key Flexible Fund Contributions to Improved Policy Environment**

Advancing policy change to permit the provision of DMPA by CHWs is only one area of policy efforts undertaken by Flexible Fund grantees. In addition, Flexible Fund programs have made significant contributions to the policy environment and to policy change in a number of other countries:

- **In Albania, the American Red Cross** convinced the MoH to allow village nurse midwives to provide FP commodities and counseling at the community level and to incorporate the Standard Days Method (SDM) as a new method into the ministry's family planning curriculum and method mix.<sup>23</sup>
- **In Liberia, the International Rescue Committee** is conducting a demonstration project to show that CHWs can safely and effectively administer DMPA and supporting efforts by the Ministry of Health and Social Welfare to increase access to CBD of injectables and revise the ministry's Community-Based Family Planning Guidelines to allow CHWs to administer DMPA.<sup>24</sup>
- **In Timor-Leste, Health Alliance International (HAI)** successfully advocated for the government to allow nurses to provide FP services, improving access to FP information and services in rural areas lacking the presence of a doctor or midwife.<sup>25</sup>
- **In Uzbekistan, Project Hope** developed an Adolescent Reproductive and Sexual Health Curriculum in collaboration with the national Adolescent Reproductive Health Center. The MoH recommended that the curriculum become the national standard for use in public schools throughout Uzbekistan.<sup>26</sup>

- **In Zambia, ChildFund** obtained approval from the MoH to continue with the CBD of injectables indefinitely, and the MoH plans to scale up, pending a formal policy change.<sup>27</sup>

*"Both of these successes resulted from pilot tests conducted by the project... This suggests that an appropriate means for a small NGO to advocate for change is by implementing a pilot project."*

—American Red Cross

### **3. Integrating Community-Based Family Planning into Existing Health and Development Activities**

As a key strategy to improve access to FP, the Flexible Fund supported the integration of FP into existing community-based platforms, including MCH, food, livelihoods, conservation, and even water and sanitation programs. All of the grantees responding to the August 2012 survey reported integrating FP into another type of health or development programming.\* Ensuring that FP information and services are available with established health and development projects offers mutually reinforcing benefits. For example, providing women FP information and services during a visit for MCH care saves them time and money, and women prefer the convenience. When FP services are easier to obtain, more women use contraceptives to prevent an unintended or mistimed pregnancy. This improves health outcomes for women and their children and ultimately

\* Flex Fund Grantee Survey, August 2012. Twenty-six of the 26 grantees responding to this question.

#### **Lessons on Integration from Flexible Fund Projects**

- Family planning services and information can be integrated cost-effectively into other health programs, particularly when they are well established and have strong management.
- Family planning should be integrated where it makes the most sense. MCH services that do not include access to FP are an obvious starting point.
- Integrating FP into non-health platforms can offer mutual benefits for health and development.
- NGOs on the ground should be allowed to be creative in developing integrated programs.
- An integrated approach should support government health goals and ideally strengthen the health system (e.g., by expanding access to FP in rural and underserved areas).
- Community-based health workers and volunteers need ongoing supportive supervision and mentoring.
- More research must be done to assess the elements of successful integration of FP into MCH and other platforms.



Community health workers perform a sketch on family planning as part of an integrated family planning and maternal child health project implemented by Africare (Zambia). © 2011 Leah Elliott/ICF Macro

benefits their families and communities. Flexible Fund programs have shown that when the base services are strong and well managed, adding FP can also be less costly than setting up a separate service.<sup>28</sup>

*“We recognize that in order to have an effective and comprehensive MCH program, FP needs to be integrated. As we are in the process of developing our program manual/guideline, Curamericas program policy [will] require an integration of FP in all MCH and HIV projects.”*

— Curamericas

FP can be integrated into a variety of programs, but MCH is a natural fit because many pregnant women or those who have recently given birth need counseling about family planning and the importance of adequate birth spacing. If this opportunity is missed women might be deprived of information that is essential to their own health and that of their infants unless these services are available to them elsewhere. A number of Flexible Fund grantees have brought evidence supporting the integration of FP and MCH to the community level.

**Project Profile: *The American Red Cross and local partners integrate family planning into community-based child health services in Albania.***

From 2003 to 2008, the American Red Cross (ARC) partnered with the Armenian Red Cross to integrate family planning at the village level into Community-Integrated Management of Childhood Illness (C-IMCI) services in Diber Prefecture. ARC added family planning to the protocol and called the approach C-IMCI+. Health teams, each comprising a MoH village nurse midwife and two community health education volunteers, were trained to provide family planning counseling and methods. Responding to women’s fear of contraceptive side effects and the low rate of exclusive breastfeeding, the project introduced SDM, a fertility awareness-based method, and the Lactational Amenorrhea Method (LAM).<sup>29</sup> At the end of the project, contraceptive use had nearly doubled to 21%.<sup>30</sup> About 30% of women who were first-time users chose SDM, primarily because it had no side-effects. Use of LAM among recent mothers increased from 2% to 24%.<sup>31</sup>

*Advantages of Flexible Fund: “Small scale, [sic] allowed integration with ongoing MCH project. Allowed creativity in implementation.”*

— MTI

\*To be effective, LAM requires exclusive breastfeeding for the first 6 months and amenorrhea.

## KEY LEARNING *(continued)*

**Project Profile: World Vision integrates a “timed and targeted” approach to family planning into maternal and child health services in India.**

In Uttar Pradesh, World Vision (WV) trained existing volunteer CHWs to use a “timed and targeted” approach to communicate health information and deliver services, based on a woman’s state of pregnancy or intention to become pregnant and the age of her children. To “reach the right people—at the right time—with the right message,” volunteers were trained to keep records on all pregnant women, their birth outcomes, and their family planning status. Volunteers visited women seven times between pregnancy and the first year post-partum, using job aids to ensure that the messages they gave about family planning, birth spacing, nutrition, and immunization were consistent and accurate. From 2003 to 2007, contraceptive use doubled in one district, tripled in another, and increased by 10 percentage points in the third. The timed and targeted approach was adopted by the Government for its nutrition programs in all Uttar Pradesh districts, and WV expanded the approach in all 28 of its programming areas in India.<sup>32</sup>

**Project Profile: Medical Care Development International integrates family planning into a water and sanitation project in Madagascar.**

In 2006, Medical Care Development International (MCDI) was awarded a Flexible Fund grant to collaborate with a local partner, Voahary Salama, to integrate FP into a water and sanitation project.<sup>33</sup> The project engaged religious leaders, policymakers, teachers, health providers, and traditional chiefs as champions to advocate for maternal and child health, clean water, and sanitation and hygiene. MCDI trained nearly 650 members of social development committees to promote family planning. Ten messages about how family planning supported clean water, sanitation, and children’s health were distributed via radio, posters, and flyers, and by community outreach workers. With partners, including Family Health International (FHI), MCDI developed a pool of regional and district trainers who could train CHWs to provide DMPA and services for adolescents. These agents greatly expanded access to DMPA in rural areas. Family planning services were also added to 33 basic health centers. At the end of 2008, contraceptive prevalence in the project area had more than doubled to 35%, and 95% of reproductive-aged women had a FP service delivery site within 5 km of home.<sup>34</sup>



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**Project Profile: The Wildlife Conservation Society of Zambia integrates family planning into its conservation program.**

The Wildlife Conservation Society (WCS) of Zambia integrated family planning into its livelihoods, food security, and conservation activities to mitigate the impact of a rapidly growing population on food security and improve understanding of the importance of birth spacing to maternal and child health. WCS worked with Community Markets for Conservation, a local organization, and the MoH to train youth and adult peer health educators (PHEs), who were selected from among lead farmers and extension officers. PHEs were trained to raise awareness of family planning and the implications of having a large family size for food security and health. The adult PHEs distributed condoms and pills, while youth PHEs provided adolescent sexual and reproductive health information and promoted dual protection against pregnancy and disease.<sup>35</sup>

## KEY LEARNING *(continued)*

### **4. Building Organizational Integration, Capacity, and Commitment**

An important role for the Flexible Fund was to expand the range of NGOs that were qualified and committed to offer FP as part of their program. The Flexible Fund aimed to build organization integration of FP among U.S.-based agencies and increase the capacity of local NGOs, including FBOs, to deliver community-based family planning services. The new organizational champions would be especially important in improving access to family planning in underserved areas where they were already engaged in health and development programs. The Flexible Fund played a critical role in creating and enhancing organizational commitment to FP by promoting family planning as a strategy consistent with health and development goals. Organizations that use private funds to implement long-term integrated community-based development programs proved to be excellent partners for increasing access to family planning information and services.

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*“It was very powerful to see how excited and passionate the women in Uganda were when receiving these messages. It reinforced the vital role that FP has in saving the lives of women and children and has made us advocates for FP integration in all our other programming.”*

*—Food for the Hungry*

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By providing them with seed money, the Flexible Fund enabled many organizations to expand their attention to family planning and, in some cases, to offer family planning for the first time. With a relatively small investment, the Flexible Fund facilitated internal dialogue and review of organizational policies regarding family planning, leading to the establishment of family planning policies and programs in a number of NGOs.

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*“The Flex Fund has allowed WellShare to significantly increase its capacity to deliver community-based FP services and also become recognized for its ability to do so.”*

*—Wellshare International*

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Curamericas staff conduct a baseline family planning survey (Liberia).  
© 2011 Leah McManus/Curamericas, Liberia

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#### **Project Profile: Flexible Fund facilitates organizational integration of family planning within World Vision, world’s largest NGO.**

WV serves 70 million people worldwide, making it the largest humanitarian NGO in the world, and has long integrated community-based programs in more than 70 countries around the world. The Flexible Fund has facilitated the organization’s adoption of FP education and services as part of its new worldwide health strategy. Family planning has become an important component of WV’s community development programs, and family planning services and education have been included in many humanitarian response efforts. WV’s new Global Child Health Campaign now includes FP, and healthy timing and spacing of pregnancy (HTSP) has been integrated into WV’s Area Development Programs.

The Flexible Fund has enabled WV project staff to build organizational support and political will for HTSP within national, regional, and U.S. program offices. Family planning to improve the timing and spacing of pregnancies has been widely embraced by the organization, along with the promotion of a variety of family planning methods. The Flexible Fund project director briefed WV health team leaders from a number of countries, and the Global Health and Nutrition team integrated HTSP into its strategy for programs throughout the world.<sup>36</sup>

#### **Project Profile: Save the Children integrates family planning into its adolescent child sponsorship program.**

Save the Children is known for its child sponsorship program, in which private contributions support its core

## KEY LEARNING *(continued)*

programs in early childhood development, education, school health and nutrition, and adolescent development. In 2006, Save the Children began to integrate FP into its core program for adolescents, obtaining buy-in from the Sponsorship Steering Committee and developing a model of adolescent development plus FP. Save the Children tested this model in Malawi, where fertility among adolescents is extremely high, 177 births per 1,000 girls ages 15 to 19.<sup>37</sup> Save the Children raised awareness among parents about youth reproductive health, the importance of delaying early pregnancy through family planning, and the availability of services for youth. Youth CBD agents were trained to provide information on FP, sexually transmitted infections (STIs), and HIV to their peers; distribute condoms and oral pills; and refer adolescents to the local health center for DMPA and other methods. Teen mother's clubs were established as an avenue to reach girls who were already mothers with health and family planning information.

In 2010, Save the Children expanded the model to Bangladesh, Mozambique, and Nepal. In doing so, it had to overcome internal resistance among those who felt that the FP needs of youth were too sensitive to be addressed by an organization not known for family planning. Staff also lacked knowledge and skills in FP program implementation. These obstacles were addressed, and in 2011, Save the Children began global introduction of family planning as part of its sponsorship program.<sup>38</sup>

**Project Profile: *International Youth Foundation recognizes the importance of reproductive health to its youth development mission.***

The International Youth Foundation (IYF) strengthens the capacity of a network of global partners in more than 70 countries to improve the education, health, employability, leadership, and engagement of youth. In 2007, IYF received a Flexible Fund award for its Planning

for Life Project. This project aimed to support the development of an FP module for IYF's life skills training program for youth, increase IYF's own organizational capacity to integrate youth reproductive health and family planning into youth development programs, and support IYF's networks of partners to empower youth with reproductive health information and services.<sup>39</sup> Initially, the project developed a youth FP integration tool kit, trained headquarters staff, held workshops with its Global Partners network, and launched pilot projects in India and the Philippines. In each country, an extensive training curriculum appropriate to the cultural context and needs of youth was developed and implemented.<sup>40</sup> The lessons from the pilot studies in these two countries were carried to youth development projects in Sri Lanka, Kenya, Tanzania, Senegal, Jordan, St. Lucia, and the Dominican Republic. The Planning for Life Curriculum and training guide are now offered in seven languages, adapted to the cultural context. Youth reproductive health and FP have been successfully integrated into IYF's standard life skills curricula, and the Global Partners Network now has tools and resources to integrate FP and youth reproductive health into its youth development work.<sup>41</sup>

**Project Profile: *Strengthening Local NGOs to reach the underserved in Mali, Malawi, and Ghana.***

In Mali, the Flexible Fund supported local NGO Association for the Support to the Development of Population Activities (ASDAP) from 2006 to 2009 to improve access and utilization of FP services in five districts where access was particularly low.<sup>42</sup> ASDAP's own internal capacity was built through its involvement in meetings, workshops, and conferences with the MoH and USAID. This included technical meetings with the USAID-funded Health Policy Initiative on the constructive engagement of men in reproductive health,

### ***Lessons on Organizational Integration and Capacity Building from Flexible Fund Projects***

- Privately funded organizations, including FBOs, make good allies for FP programs.
- Facilitating NGOs to integrate FP into their organizations helps sustain their commitment to FP/reproductive health (RH).
- Capacity of local NGOs must be built if their programs are to be sustained.
- With sufficient organizational capacity building and technical support, local NGOs can be directly funded to improve access to FP for the underserved.
- NGOs play a significant role in building capacity of the MoH in many countries.



Young women participate in a reproductive health life skills class as part of International Youth Foundation's Planning for Life Program (India).  
© 2009 YouthReach

### **CEDPA collaborated with three local NGOs**

In its collaboration with three local NGOs in the Terai region of Nepal, CEDPA learned that working with local NGOs allowed the project to continue implementation during regional instability, including public demonstrations and violence, road blocks, and district closures.

Source: CEDPA, Expanding the voluntary use of contraception in the Central Terai: Family Future Project, End of Project Report, April 2007–September 2009. Washington, DC, CEDPA.

#### ***Lesson Learned from Flexible Fund Projects Addressing Social and Cultural Barriers***

- The healthy timing and spacing of pregnancy is a compelling argument to gain support for FP among traditional and conservative populations.
- Religious leaders and men can become effective allies.
- The community presence and trust of locally based NGOs helps overcome barriers and facilitates ongoing implementation of projects during social unrest and other impediments.



© 2004 Arturo Sanabria/Courtesy of Photoshare

the impact of population growth, and the contribution of family planning to development. ASDAP, in turn, built capacity among health providers, coaches, and peer educators to improve access and quality of services. It worked with the community health association and community health centers to improve adherence to national policies, norms, and procedures for family planning, as well as to improve contraceptive logistics and reduce stockouts.<sup>43</sup>

In Malawi, the FBO Adventist Health Services (AHS) implemented a Flexible Fund project from 2006 to 2012 to improve quality of, access to, and use of family planning. AHS worked in 11 districts, eventually moving beyond its own 14 clinics to include government clinics, complementing government efforts to expand access to FP services in rural areas where 85% of the population live.<sup>44</sup> AHS built the capacity of its own staff through project management training and engagement with the MoH and USAID, and also conducted joint training with the district health officers (DHOs) for CBDs. Through supportive supervision visits, AHS mentored these agents to improve their skills, boost their confidence, and ensure quality of care. As a direct result of the

## KEY LEARNING *(continued)*

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*“Previously, ChildFund International was a very child-focused organization. As a result of participating in the Flex Fund, we were able to understand the impact that FP has on child development and poverty eradication. Subsequently, FP became a sub-intervention under our organizational strategy, as one of the three key core interventions for youth. Also, the organization adopted ‘reducing teen pregnancy’ as one [of] its organizational level impact indicators.”*

*—Survey respondent, ChildFund International*

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project’s responsibility to implement MoH guidelines, mobilize communities, and supervise the delivery of services, the internal capacity of the local AHS institution increased. AHS has built strong partnerships not only with the DHOs and USAID/Malawi, but also with other ministries and organizations involved in FP.<sup>45</sup> In the final year, the project reported nearly 5,000 clients per month who accessed contraceptives from community-based service providers.<sup>46</sup>

In Ghana, the HealthKeepers Network (HKN) originated as a micro-business for a health initiative piloted by the U.S.-based NGO, Freedom from Hunger. HealthKeepers are community-based sales agents, women trained by the network to sell health products, including oral pills and condoms, at affordable prices, directly to consumers in underserved rural areas of Ghana. HKN works closely with the MoH and the Ghana Health Service. HealthKeepers receive 3 days of training on family planning, including how to address myths and misperceptions about short-term family planning methods, and refer women who want other methods to a health center. They also sell insecticide-treated bed nets, soap, oral rehydration solution, and other health and personal care products, such as aspirin and Band-Aids, which are in demand in these remote areas.<sup>47</sup> The network provides the women it trains with increased income and opportunities to promote healthy behavior in the poor communities in which they live.<sup>48</sup> They also receive training to help them manage their businesses.<sup>49</sup> As of April 2012, a micro-savings program had been formed as a strategy to retain its 510 workers.<sup>50</sup>

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## KEY LEARNING *(continued)*

### 5. Addressing Social and Cultural Barriers

Distance to a health facility is only one of the factors limiting women's access to family planning. Cultural and social barriers, whether opposition from a male partner, presumed religious restrictions, or rumors and myths about family planning, are often equally as limiting. Flexible Funds enable grantees to assess these barriers and implement strategies to promote behavior change, engage with men and religious leaders, and overcome fears and rumors.

Educating communities about the importance of birth spacing to the health and survival of women and children has proved to be a very effective strategy in overcoming objections to family planning in traditionally conservative communities. Scientific evidence has clearly established that closely spaced pregnancies increase the risk of mortality and birth complications for mother and infant.<sup>51</sup> This evidence has motivated a number of Flexible Fund grantees to fully embrace family planning as an essential strategy to protect the health of infants, mothers, and families, creating new allies for family planning.

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*"Compared to other funds, the benefits of the Flexible Fund is the technical assistance from USAID that the NGO has continually benefited from (training, sharing of tools and new data/information on FP, the USG requirements in the implementation of programs, sharing of experiences and success stories and participation in USAID partner meetings and virtual conferences)."*

—ASDAP (Translated from French)

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While nearly all Flexible Fund grantees have worked at the community level and addressed social and cultural barriers as part of their outreach, this was a central feature of the work of several grantees. Those described below primarily worked with religious leaders and other influential leaders to gain support for family planning, often in the context of birth spacing.

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#### **Project Profile: *The Adventist Development and Relief Association trains Muslim religious leaders to become family planning allies in Guinea.***

To address perceived religious opposition to family planning in Guinea, ADRA, together with the MoH, revised a family planning curriculum with extensive input

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*"Flex Fund Grants has [sic] assisted Adventist Health Services (AHS) in responding to the needs of needy rural population by taking the services into the community(ies) where FP services are needed. Through this grant, AHS has increased FP service accessibility and increased FP awareness. AHS has increased geographical coverage from 14 project impact areas to 61 project impact areas."*

—Adventist Health Services

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from representatives of the Islamic League. A total of 123 Imams from 72 villages received 5 days of training to improve their knowledge, interpersonal communication skills, and comfort in discussing family planning. The training provided evidence that modern contraceptive methods are an innovation acceptable to Islam because of their greater effectiveness in spacing pregnancies 2 to 3 years apart, which protects the health of mothers and children.<sup>52</sup> After training, the majority of Imams incorporated family planning and safe motherhood messages into their sermons and collaborated with health agents to sensitize communities about the importance of family planning to safe motherhood and family well-being.<sup>53</sup> With the increased support from religious leaders, including improved outreach and supplies, more than 4,000 new contraceptive users were registered over a 9-month period.<sup>54</sup>



© 2006 Bangladesh Center/Courtesy of Photoshare

## KEY LEARNING *(continued)*

### **Project Profile: *Health Alliance International confronts political instability and cultural and religious barriers to family planning in post-occupied East Timor.***

During the 24-year Indonesian occupation of Timor-Leste, the family planning program had been reportedly coercive, and even after independence, many Timorese remained suspicious of contraception. To address the widespread fears and rumors about contraception, HAI worked closely with the MoH to design a program that integrated promotion of healthy timing and spacing of pregnancy into maternal/newborn health.<sup>55</sup> In addition to training and supervising midwives in the provision of family planning counseling and services, HAI collaborated with the MoH to produce a film to promote acceptability of family planning in rural communities of this predominantly Catholic country. It included supportive statements from a Catholic bishop on the need for responsible parents to space their pregnancies and from a nun describing natural methods of family planning. The film was seen throughout remote parts of the region.<sup>56</sup> Acceptability of the birth spacing message to the Catholic Church has helped reposition family planning in a positive light. Within 2 years, contraceptive prevalence in the HAI project districts had increased to 26%, three times the rate found in the previous Demographic and Health Survey.<sup>57</sup>

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*“The two grants strengthened the profile and position of FPAM and this will attract more donors. Organization visibility has also improved through the advocacy project and has strengthened our partnership with government ministries and departments.”*

*—Survey Respondent, Family Planning Association of Malawi*

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*“Through the Flexible Fund grant, HKN has deepened its [sic] working relationship with government agencies and other implementation partners. HKN is now recognized as a key player in the private sector in FP program implementation. Through the FF, HKN has established and built capacity [for] the packaging of condoms and OC Pills in-house.”*

*—HealthKeepers Network*

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### **Project Profile: *Group Pivot/Sante Populations challenges harmful gender norms in Mali.***

To overcome considerable male opposition to FP in Mali, Group Pivot/Sante Populations (GP/SP) conducted outreach to improve men’s awareness and support of FP and to encourage communication between couples. Husbands and community leaders were involved in dialogues with women’s associations and FP ambassadors, and men whose wives had recently given birth were counseled by doctors and other health personnel about the health benefits of FP. GP/SP also reached out to village officials and religious leaders.<sup>58</sup> By the end of the second year, the program had identified 21,000 new users of the oral pill.<sup>59</sup>

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*“Community members, both women and men, are actively seeking out family planning services... Men are incredibly involved and supportive as well; men are regularly joining women to learn about family planning during counseling sessions and securing their own stock of condoms... In sum, negative connotations on the topic of family planning are being replaced with the understanding that family planning is about planning when to have your family, planning which can and should be a family issue.”*

*—Curamericas*

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## **6. Improving Youth Access to Information and Services**

In many societies, youth have very limited access to sexual and reproductive health information and services. In some Sub-Saharan African countries, there are high rates of early pregnancy (both within and outside of marriage/formal union), as well as high rates of STIs and HIV among youth, which have significant health, social, and economic consequences for youth, their families, and their communities. Young women who give birth before the age of 20 are twice as likely to die as women aged 20–29, and when these young women are under age 15, they are five times as likely to die. The children of adolescent mothers are also more likely to suffer illness and death than children born to women in their 20s. Early pregnancy is more likely to result in health



Youth participate in Family Planning situation analysis in Nepal.  
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## KEY LEARNING *(continued)*

and sexual health services for youth require different strategies and approaches than do services for adults. An important strategy to ensure that services are responsive to youth is to provide opportunities for them to voice their opinions and ideas on how best to obtain information and services. For example, many health services are offered during the day when young people are in school or working, or may be distant from where youth normally congregate. Youth may prefer mobile services or services that are provided in afternoons or evenings. Furthermore, there must be community acknowledgement of and support for youth access to information and services. A number of Flexible Fund grantees worked closely to obtain the support of parents, religious leaders, and teachers, who in turn educated and engaged their friends and neighbors around the critical need for youth to have access to appropriate information and services.

Even where services for youth are readily available, however, health workers and clinics are often not welcoming to youth. Service providers may be judgmental and may refuse to serve youth—or may only provide them with a limited range of services. For example, service providers may only be willing to provide condoms to youth instead of a full range of methods, including emergency contraception or long-acting methods, such as implants. Facilities may lack privacy, which compromises the confidentiality of young clients.

complications, such as pre-eclampsia, fistula, or unsafe abortion. Early pregnancy is also linked to school drop-out and fewer economic opportunities for young women.

Youth need information on sexuality and reproductive health; the opportunity to develop communication, negotiation, and decisionmaking skills; and access to age-appropriate “youth-friendly” services, including contraception and condoms, voluntary counseling and testing for HIV, treatment for HIV and STIs, and referral for other health and social services. Reproductive

### **Lessons Learned for Improving Youth Access to RH Information and Services**

- Involve youth in all aspects of the design, implementation, and evaluation of the program.
- Ensure that curricula meet youth needs within their cultural and developmental context.
- Promote community involvement, buy-in, support, and dialogue on sensitive and taboo subjects, including sexual exploitation of girls by older men and transactional sex.
- Provide life skills training as part of FP/RH information and services, as this provides young people with the skills to act on information to set life goals and demonstrate positive behaviors, helping youth make the connection between responsible FP/RH behaviors and life goals.
- Ensure that providers are youth-friendly and can communicate with youth in non-judgmental and respectful ways that facilitate privacy and confidentiality.

Adapted from Venza, Angie, IYF, Integrating-RH into Youth Development Programs, Presentation to the Core Group, 2012, and other Flexible Fund reports.

## KEY LEARNING *(continued)*

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**Project Profile: *Plan International works with teachers and CBD agents to reduce student pregnancies in Guinea.***

In the Forest Zone of Guinea, 1 in 11 secondary school-aged girls became pregnant during the 2005–2006 school year. Plan International used Flexible Funds to partner with the Association Guinéenne pour le Bien-Etre Familiale (an affiliate of International Planned Parenthood) in developing a community- and school-based approach to influence the choices and decisions of schoolgirls. Plan’s formative research showed that many of the girls who were in school had either moved away from their families or had to travel long distances to attend schools that were mostly based in urban areas. Many girls found themselves unsupervised by families or other adults, and they often ended up with additional school expenses—requiring money that they did not have or that their families could not afford. It is not uncommon in these situations for older men (“sugar daddies”) to offer to pay the expenses of these vulnerable schoolgirls in exchange for sex.

The program trained biology teachers to teach additional sessions on reproductive and sexual health in the classroom and worked with civics teachers to create clubs where girls participated in supervised social activities, including information and skills development opportunities around safer reproductive and sexual health behaviors and practices. Peer educators were also recruited and trained to disseminate information to students on abstinence and referred girls who needed contraception to Plan-trained CBD agents.

An essential strategy of the program was to provide a forum for parents, religious leaders, officials, and village elders in this conservative region of Guinea to openly discuss the taboo subject of adolescent pregnancy, learn about the health and social consequences of early pregnancy, and agree that relations between schoolgirls and older men should not be tolerated. During the 3.5-year project, reported pregnancies among students fell by two-thirds, to less than 3% of girls, and the number of family planning users (youth) increased nearly tenfold.<sup>60</sup>

**Project Profile: *IYF integrates reproductive health into livelihood programs for youth in India, the Philippines, and beyond.***

Child marriage remains common in India. IYF and its Indian NGO partner, YouthReach, implemented a pilot program to integrate RH information into four vocational training programs for poor youth. IYF developed comprehensive, participatory, and culturally relevant reproductive health and life skills educational materials for both boys and girls. Topics included

puberty, managing strong emotions, gender roles, male responsibility, marriage, and contraception. In 2008, each vocational program incorporated the material into their training curriculum. YouthReach has since incorporated these materials into other youth development projects in India and has received funding from another donor (Can Assist Society) to integrate the materials into other youth development programs.<sup>61</sup>

In the Philippines, IYF worked with a local implementing partner, the Consuelo Foundation, to adapt the materials for minority Muslim youth.<sup>62</sup> IYF has found that key life skills include self-awareness and respect, as well as decisionmaking and conflict resolution; the promotion of these skills form a good base for the development of positive reproductive health skills and behaviors. In many conservative communities, starting with life skills helps to increase comfort levels and build rapport before more sensitive topics are introduced.<sup>63</sup>

**Project Profile: *Save the Children involves youth in improving access to youth-friendly services in Ethiopia.***

Ethiopia also has high rates of early marriage and childbearing, and Save the Children’s Initiative to Save the Young Generation’s Health Today project aimed to improve reproductive health knowledge, practices, and access to services among in-school and out-of-school youth in semi-urban and rural areas of Addis Ababa and the Oromiya regions. The project trained more than 1,000 health care providers and support staff in government health facilities to provide youth-friendly services. To ensure that this youth-friendly approach was institutionalized within health centers, each health facility established a quality improvement team, which included community youth. Youth contributed to defining quality youth-friendly services, and the teams monitored the services against these definitions, improving services as needed. Service data showed substantial increases in the uptake of family planning services and STI treatment among youth. In the last 2 years of the project, more than 100,000 youth visited youth-friendly facilities for voluntary counseling and testing.<sup>64</sup>

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*Community-based distribution agents at a family planning meeting (Zambia). © 2007 Sadia Parveen/Child Fund International*

## CONCLUSION

The Flexible Fund has benefited from bringing new partners to the table, enabling many U.S. and locally based NGOs to use their country presence, existing platforms, and program expertise to expand access to quality CBFP programs in underserved areas of Africa, Asia, Latin America, and Eastern Europe. The Flexible Fund promoted ongoing in country collaboration, including with USAID Missions, and leveraged opportunities for grantees to draw on expertise from other USAID funded programs. Largely by funding additions or extensions to existing projects, the Flexible Fund minimized costs, enabled rapid startup, and strengthened existing partnerships with the MoH and local NGOs.<sup>65</sup> By building the capacity of local NGOs, the Flexible Fund helped ensure the sustainability of results.

The Flexible Fund has had an impact in 32 countries, most of them among the 49 least developed countries in the world. Flexible Fund grants have helped men and women in the most underserved and remote areas plan their families, space their pregnancies, and protect and improve their health. The Flexible Fund has also enabled a number of implementing organizations, including the world's largest NGO, to integrate family planning as a key institutional and programmatic approach to improving the health of women and children. These new allies will continue to make a lasting impact on increased access to voluntary family planning around the world.

## ANNEX I: Flexible Fund Grantees and Countries

Grantee Name	Country	Grant Date
Adventist Development and Relief Agency (ADRA)	Guinea	2005–2006
	Ethiopia	2003–2006
	Madagascar	2003–2007
	Nepal	2004–2009
	Guinea	2000–2005
Adventist Health Services (AHS)	Malawi	2006–2013
	Malawi	2010–2012
Africare	Zambia	2011–2012
American Red Cross (ARC)	Albania	2003–2008
Association for the Support to the Development of Pop Activities	Mali	2006–2009
Catalyst	India	2003–2005
Center for Development and Population Activities (CEDPA)	Nepal	2007–2009
ChildFund International	Guatemala	2011–2012
	Zambia	2010–2012
	Zambia	2006–2008
	Angola	
Christian Connections for International Health (CCIH)	USA	2012–2013
COCIN (CEDPA)	Nigeria	2004–2006
CORE Group	USA	2003–2008
		2010–2012
Curamericas Global	Liberia	2011–2012
Fair Foundation	Bangladesh	2006–2009
Family Planning Association of Malawi (FPAM)	Malawi	2010–2013
FHI 360	Liberia/ Senegal/USA	2012
Flex Fund Technical Support (FFTS)/ICF Macro	USA	2003–2005
	USA	2008–2010
	USA	2010–2012
Food For the Hungry	Uganda	2011–2012
Groupe Pivot Sante Populations (GP-SP)	Mali	2006–2008
Health Alliance International (HAI)	East Timor	2005–2011
HealthKeeps Network	Ghana	2010–2013
Health Right International	Nepal	2011–2012
HOPE	Uzbekistan	2003–2007
IRC	Liberia/USA	2012
International Youth Foundation <i>(continued on next page)</i>	India	2007–2009
	Philippines	
	Tanzania	
	St. Lucia	2010–2012
	India	

## Flexible Fund Grantees and Countries *(continued)*

Grantee Name	Country	Grant Date
International Youth Foundation	Jordan	2010–2012
	Kenya	
	Peru	
	Dominican Republic	
	Sri Lanka	
	Senegal, Tanzania	2012–2013
JHUCCP	Nepal	2003–2006
Madagascar Faith Based Organizations (SAF/FJKM)	Madagascar	2006–2009
Marie Stopes International	Ghana	2010–2012
MEASURE Project	USA	2003
Medical Assistance Program (MAP) International	Uganda	2012–2013
Medical Care Development and Relief Agency (MCDI)	Madagascar	2006–2009
Medical Teams International	Guatemala	2011–2012
PLAN	Ethiopia	2004–2006
	Guinea	2006–2009
Population Leadership Program	USA	2003–2005
PSI	DR Congo	2004–2009
Salvation Army World Service Office	Global & Tanzania	2012–2013
Save the Children	Ethiopia	2003–2006
	Guinea	2002–2006
	Mali	2004–2009
	Guatemala	2006–2009
	Bangladesh	2010–2011
	Mozambique	
	Nepal	2006–2012
	Uganda	
	Guinea	2006–2008
	Malawi	2006–2008
	Global	2012–2013
Malawi	2011–2016	
SIM USA, Inc.	Angola	2012–2013
Vohary Salama	Madagascar	2003–2005
WellShare International (Formerly Minnesota Health Volunteers)	Uganda	2006–2011
	Uganda	2012–2013
Wildlife Conservation Society	Zambia	2011–2012
World Relief	Burundi	2012–2013
World Vision, Inc.	India	2003–2008
	East Africa	2012–2013
	Senegal, India, Haiti	2007–2012

## ANNEX 2: Technical Briefs

Title	Description
Male Involvement	Constructive male engagement is a USAID priority. This brief highlights the important role that men play in CBFP and provides resources and tools, as well as promising practices, for engaging men to use and support women's use of contraception.
Behavior Change Is an Essential Component of CBFP	This brief includes steps for identifying behavior change objectives and incorporating behavior change communication into program design and implementation.
Linking CBFP with Long-Acting Methods	LAPM are often not available in rural and remote community settings. This brief provides tools and resources to integrate LAPM into CBFP.
Improving Access to Injectable Contraceptives	Increasing access to injectable contraceptives has been shown to increase contraceptive prevalence rates. This brief focused on the experiences of Flexible Fund grantees and others in making injectables available at the community level. It offers information on research, resources and requirements for CBD of injectables.
FP During the First Year Post-partum	FP during the first year following a birth is essential to prevent a subsequent closely spaced pregnancy. This brief suggests integration opportunities and program considerations for providing FP information and counseling as part of maternal and child health care.
Contraceptive Logistics for CBFP	Stock-outs of contraceptives undermine the success of CBFP programs. This brief highlights how CBFP programs can establish a reliable and sustainable supply chain to ensure that women have a method of their choice.
Reaching Youth Through Community Strategies	The critical reproductive health needs of youth often go unmet. This brief makes the case for investing in youth RH and offers strategies and resources to reach youth through community-based services and to mobilize support for adolescent sexual and reproductive health among parents, health providers, and religious leaders.
Mobile Outreach Service Delivery	Family planning, including LAPM, can be provided in areas with limited or no FP services through periodic visits from a mobile health team. This brief provides strategies and considerations for implementing mobile outreach services.

## ANNEX 3: Case Studies

Case Study	Description
Cell Phone Hotline Spreads Family Planning Information in DR Congo	Population Services International introduced the use of cell phone technology to disseminate family planning messages and knowledge in sparsely populated areas of the DRC.
The Right Message—to the Right People—at the Right Time	World Vision’s strategy to deliver appropriately timed and targeted family planning messages to women during pregnancy and the post-partum period reached more than seven million beneficiaries in India.
Reaching Out to Youth: Youth-friendly Sexual and Reproductive Health Services Through Schools, Clinics, and Communities	Project HOPE worked with schools, parents, community leaders, and the health system in five pilot subdistricts of Uzbekistan to offer FP information through teachers and services through youth-friendly clinics and youth-friendly rooms within clinics.
Family Planning Implementation Teams: Building Sustainable Community Ownership in Rural Uganda	In an area of high unmet need and low access to FP, Wellshare International formed multi-sectoral FP teams to foster behavior change and increase demand for FP as part of its program to encourage improved birth spacing in Uganda.
Introducing a Natural Family Planning Method in Albania	The American Red Cross addressed distrust of modern methods in rural Albania by training community-based health workers to offer the SDM as part of its child survival program.
Village Health Committees (VHC) Drive Family Planning Uptake	Save the Children’s VHC, including trained CBD agents and religious and community leaders, worked with district health teams in Guinea to foster behavior change and build demand for contraception, including the IUD. (Also in French.)
Reaching out to Teen Mothers in Malawi	Save the Children’s work with more than 2,000 teen mothers through Teen Mothers Clubs helped young women receive access to FP methods and information, reenroll in school, and complete their secondary education.
Preventing Student Pregnancy in Guinea’s Forest Region	Plan’s intervention aimed to prevent teen pregnancy in schools with high pregnancy-related dropout rates. Educators were trained to offer information and CBD agents to provide modern methods and referrals to youth, women, and men. School pregnancies in the project area declined significantly. (Also in French.)
Integrating Reproductive Health into Livelihoods Programs in India	IYF worked with local partners to develop and test a youth reproductive and sexual health curriculum within four vocational training programs for youth.
Improving Family Planning by Creating Community-Service Provider Partnerships in Guatemala	In an isolated region with poor health indicators, Save the Children used its Partnership Defined Quality methodology to help health providers and communities collaborate in improving FP demand and services.
Integrating Child Spacing with Maternal Care in Timor-Leste	HAI’s work to integrate FP into maternal and newborn care in a post-conflict setting still undergoing civil unrest was challenging. Film and other behavior change strategies to engage the community were successful in overcoming religious and cultural barriers to family planning.

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