

**OVERVIEW OF USAID-SUPPORTED
FAMILY PLANNING AND REPRODUCTIVE HEALTH
PROGRAMS IN THE LATIN AMERICAN AND CARIBBEAN REGION**

AND

**ASSESSMENT FOR POSSIBLE ASSISTANCE FROM
THE ACQUIRE PROJECT**

**John P. Coury
Consultant**

July 30, 2004

CONTENTS

	Page
EXECUTIVE SUMMARY	2
I. INTRODUCTION	5
II. BACKGROUND	6
III. USAID MISSIONS IN LAC REGION PRESENTLY ASSISTED BY THE ACQUIRE PROJECT: BOLIVIA, HONDURAS.....	8
IV. USAID MISSIONS IN LAC REGION WITH POPULATION / REPRODUCTIVE HEALTH PROGRAMS NOT ASSISTED BY THE ACQUIRE PROJECT: DOMINICAN REPUBLIC, EL SALVADOR, GUATEMALA, HAITI, JAMAICA, NICARAGUA, PARAGUAY, PERU	17
V. USAID MISIONS IN LAC REGION WITH HIV/AIDS OR HEALTH PROGRAMS OTHER THAN POPULATION / REPRODUCTIVE HEALTH: BRAZIL, GUYANA, MEXICO	49
VI. CONCLUSIONS AND RECOMMENDATIONS.....	59
APPENDICES:	
A. WORLD BANK ACTIVE HEALTH SECTOR LOANS TO LAC COUNTRIES WITH A USAID PHN PROGRAM	62
B. SELECTED REFERENCES AND DATA SOURCES	63

EXECUTIVE SUMMARY

The following report provides an overview of the most recent trends in donor funding and the latest available data on the unmet need for family planning services among USAID-supported population, health and nutrition (PHN) programs in the Latin American and Caribbean (LAC) region. The purpose of this overview is to help the newly awarded ACQUIRE Project, together with its USAID Cognizant Technical Officer – CTO, identify and prioritize those LAC country programs that could benefit from assistance from ACQUIRE and its associate partners, should USAID/Washington and the respective Missions consider it appropriate.

At present, USAID has PHN programs in 13 LAC countries.¹ However, only ten of those countries have programs with population and reproductive health activities.² The Agency additionally supports regional health activities that are managed from USAID/Washington. There are also two sub-regional HIV/AIDS programs, (one for the Central American countries, presently managed from the G/CAP regional offices in Guatemala, and the other for the Caribbean countries); and a new Andean sub-regional program is under development. Only two of the LAC Missions have allocated FY2004 Field Support funds to the ACQUIRE Project for technical assistance, Bolivia (planned level \$1.7 million), and Honduras (planned level \$470,000).

Because of the long history of donor support in the LAC region for family planning, women of reproductive age have extremely high levels of knowledge of modern contraceptive methods and where they can be obtained. Recent national Demographic and Health Surveys (DHS) reveal that such knowledge is in the high 90 percentiles among those women. Surprisingly, however, clinical services are not readily accessible for the women most in need, particularly those in need of permanent methods, such as female sterilization. More surprising is the fact that, despite histories of high contraceptive knowledge rates, some Missions, such as Nicaragua, continue to allocate large amounts of funds to those USAID centrally-managed projects dedicated to the provision of communication services and not necessarily to those projects responsible for improving clinical service delivery and the technical training of clinical service providers.

Analysis of the DHS data also reveals that there is an increasingly critical need in some of the LAC countries for more and better-trained clinicians, particularly for providers of permanent contraceptive methods. The national surveys indicate that women in many of the countries still have high levels of unmet need for sterilization services, and comparison of data from prior surveys further indicates that the demand for permanent methods is increasing.

As USAID has prioritized its funding for the family planning and reproductive health needs in other regions, such as sub-Saharan Africa, the Near East, and Asia, it appears that other donors in the sector, such as the International Planned Parenthood Federation (IPPF) and the United Nations Population Fund (UNFPA), have done the same. As a result, donor funding for the LAC region has either remained constant, or has enjoyed only moderate increases. Within the past ten years USAID has either terminated, or “graduated,” its population assistance from Ecuador, Brazil, Mexico, Colombia, Chile, Costa Rica, Uruguay, Panama, and the small island nations of the English-speaking Caribbean.

¹ Bolivia, Brazil, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, and Peru.

² Bolivia, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, Paraguay, and Peru.

And it appears that this trend towards "graduation" will continue, especially in the LAC region. There had not been any such USAID population programs in Guyana, Venezuela or Argentina. However, the other international donors in the sector, owing primarily to their mandate for universal participation, continue to support activities in most of those countries.

The overview looks at only those LAC countries with a USAID-supported PHN program, with the intent of assessing areas which require possible assistance from the ACQUIRE Project. Because ACQUIRE has ongoing activities in Bolivia and Honduras and its staff there are in regular communication with the USAID Missions, the report does not presume to propose any new programmatic areas in those countries.

Of the remaining eight LAC countries with active population and reproductive health programs, two are here identified as having a possible high priority need for assistance from ACQUIRE: Guatemala and Haiti. This determination is based on findings from the national surveys, such as the unmet need for contraceptive services, particularly among those living in the rural areas and the poorest segments of the population. Another factor taken into consideration is the outlook for future and continued USAID support in the PHN sector, particularly in family planning and reproductive health. For example, although there may be a need in the Dominican Republic for the services of the ACQUIRE Project, it appears at present that the Agency has plans to close out the PRH program in the near future.

Other factors considered are information from the recent USAID Mission Annual Reports and the funding trends for each Mission, as well as the support from international donors working primarily in the area of family planning and reproductive health, i.e., the IPPF and the UNFPA.

It therefore appears that the technical services provided under the ACQUIRE Project would be most beneficial to the programs with USAID/Guatemala and USAID/Haiti. The specialized expertise that ACQUIRE offers, particularly in the areas of quality clinical care, improved access to reproductive health services, infection prevention, and training in permanent contraception, should be considered by those Missions. The ACQUIRE Project should be used to complement each Mission's large maternal and child health program, especially in order to assist in reducing the country's high maternal mortality rates and to improve the contraceptive prevalence rates.

Consideration should also be given to explore possible assistance to the programs with USAID/Paraguay and USAID/El Salvador. Until recently, the IntraHealth PRIME II Project, which has just ended, had provided assistance to each of those Mission programs. However, recent developments now indicate that USAID/Paraguay will continue to receive technical support in this area from IntraHealth, through another mechanism, the Technical Assistance and Support Contract - II (TASC-II). A similar situation has also occurred in El Salvador, where, after many years of providing technical assistance, the PRIME II Project has also ended. In that IntraHealth is an associate partner under the ACQUIRE Project, discussions should be held with EngenderHealth and IntraHealth in order to explore access to additional technical assistance in specific areas, such as permanent contraception and quality family planning and reproductive health through EngenderHealth and the other ACQUIRE associates.

There is one other country program that might be considered for possible assistance from ACQUIRE; that is Guyana. Much depends, however, on the results of the scheduled DHS in Guyana

and any subsequently identified needs for reproductive health assistance that the survey might identify. For example, there might be a role for the ACQUIRE Project in the area of linkages between HIV/AIDS, Prevention of Mother to Child Transmission, and contraception. At present, the Guyana PHN-sector program addresses only HIV/AIDS, and it has been designated as one of the two PEPFAR countries in the LAC region.

Unfortunately, for many of the LAC Missions, their future PRH funding levels most likely will be decreased or straight-lined, and any increases are expected to be very modest. Therefore, each one will have to examine its portfolio in order to accommodate any assistance from the ACQUIRE Project. Nevertheless, once initially reviewed by the ACQUIRE staff, any of the suggested areas for assistance from the ACQUIRE Project must be discussed with the CTO and with the respective Missions involved.

I. INTRODUCTION

The ACQUIRE Project (Access, Quality and Use in Reproductive Health) is a five-year (September 2003 to October 2008) USAID competitively awarded Leader-With-Associate Cooperative Agreement. It is designed to support and advance the use of quality family planning and reproductive health care, with a focus on facility-based services. The implementing partners include EngenderHealth with IntraHealth, the Adventist Development and Relief Agency (ADRA), Meridien, Inc., CARE, and the Society for Women and AIDS in Africa (SWAA).

Although ACQUIRE has a worldwide mandate, to date only two countries in the Latin American and Caribbean (LAC) region, Bolivia and Honduras, are benefiting from its services. The USAID Office of Population and Reproductive Health, which has responsibility for the ACQUIRE Project, requires that all projects, when exploring countries where they might work, must have very limited contact with the field Missions, unless they are so requested by the Mission. Put in this difficult position of having to meet the needs of the field but not being able to directly approach potential Mission-clients, the ACQUIRE Project, with the approval of its USAID Cognizant Technical Officer (CTO), requested a brief overview of the USAID-supported population, health and nutrition (PHN) programs in the LAC region. The intent of the overview is to identify those programs that might benefit from the ACQUIRE services.

In order to identify potential LAC country programs, the following report provides a short overview of each of the 13 countries in the LAC region where USAID has ongoing PHN activities. They are organized into three groups: those two country programs which are presently assisted by the ACQUIRE Project (Bolivia and Honduras); the eight countries that have population and reproductive health programs, but are not assisted by ACQUIRE (Dominican Republic, El Salvador, Guatemala, Haiti, Jamaica, Nicaragua, Paraguay and Peru); and the three countries that have HIV/AIDS or health programs other than population and reproductive health (Brazil, Guyana and Mexico).

The overview reports on the most recent trends in donor funding and the latest available data on the contraceptive prevalence and unmet need for family planning services among USAID-supported PHN programs in the Latin American and Caribbean region. Funding information was provided from principal donors in the area of family planning and reproductive health for the LAC region: the International Planned Parenthood Federation / Western Hemisphere Region (IPPF/WHR), the United Nations Population Fund (UNFPA), and the World Bank. Reference was also made to the findings from available national Demographic and Health Surveys (DHS) or Reproductive Health Surveys for the respective countries, and to the individual Mission FY 2004 Annual Reports. Interviews were also held with USAID/Washington staff responsible for coordinating Agency programs in the LAC region.

It is envisioned that the findings and recommendations of the overview will help the ACQUIRE Project and the USAID CTO in exploring country programs that will benefit from ACQUIRE assistance, and to prioritize those programs, should ACQUIRE, USAID/Washington and the respective Missions consider it appropriate.

II. BACKGROUND

In the LAC region, because of the long history of international donor support for family planning, the national governments have continued to endorse family planning as a fundamental part of maternal health care. Despite occasional opposition from the Catholic Church and its supporters in such organizations as the Opus Dei, generations of women in Latin America have accepted modern contraceptive methods, and even today in some countries men are seeking out vasectomy services.

For years, LAC women of reproductive age have had extremely high levels of knowledge of modern contraceptive methods and where they can be obtained. Recent national Demographic and Health Surveys (DHS) reveal that such knowledge is in the high 90 percentiles among those women. Surprisingly, however, in many countries clinical services are not readily accessible for the women most in need, particularly those in need of permanent methods, such as female sterilization. Furthermore, the quality of those services can be highly questionable, and thereby easily lead to serious consequences, such as the crisis that ensued in Peru some five years ago.

More surprising, however, is the fact that, despite documented histories of high contraceptive knowledge rates, some Missions, such as Nicaragua, continue to allocate large amounts of funds to those USAID centrally-managed projects dedicated to the provision of communication services and not necessarily to those projects responsible for improving access to and quality of clinical service delivery and the technical training of clinical service providers. It would appear that in many of the USAID Missions greater effort must be made to more thoroughly analyze their national survey findings and to adjust program priorities, especially in light of ever-diminishing PRH funding levels.

Contraceptive Needs of the Poorest

Over the years, USAID and other donor institutions that work in the area of international family planning and reproductive health have attempted to better target their assistance programs for greater results and increased impact. Among other things, the donors have expressed widespread concern to provide gender equity in health care and services in the developing countries. And most recently, there has been a growing awareness of the tremendous gaps in quality of health between the richest and the poorest segments of the population. This situation is particularly evident among the Latin American countries.

National data on the prevalence of contraceptive use and other reproductive health indicators in the LAC countries easily mask the extreme differences among socio-economic groups within those countries. A recent (November 2003) World Bank analysis of data taken from various Demographic and Health Surveys reveals the serious gap between the richest and the poorest population quintiles, especially with regard to their fertility rates, and the access to and use of family planning services. The following table presents these findings for some of the LAC countries with USAID PHN-assistance programs. Unfortunately, the World Bank report covers only those countries that have conducted their national surveys under the MACRO – DHS program, and does not include the reproductive health surveys conducted through the CDC-Atlanta, Division of Reproductive Health program. As a result, countries such as El Salvador, Honduras and Paraguay are not included.

Table 1: Total Fertility Rates and Percentages of Women in Union Using Modern Contraception by Poorest, Middle and Richest Quintiles for Six LAC Countries

Country	Total Fertility Rate (Lifetime Births Per Woman)			Percent of Women in Union Using Modern Contraception		
	Poorest Fifth	Middle Fifth	Richest Fifth	Poorest Fifth	Middle Fifth	Richest Fifth
Bolivia (1998)	7.4	4.4	2.1	7	32	46
Brazil (1996)	4.8	2.1	1.7	56	74	77
Dom.Rep. (1996)	5.1	3.3	2.1	51	58	64
Guatemala (1998-99)	7.6	5.1	2.9	5	25	60
Haiti (2000)	6.8	5.0	2.7	17	26	24
Nicaragua (2001)	5.6	3.1	2.1	50	71	71
Peru (2000)	5.5	2.6	1.6	37	54	58

Source: Population Reference Bureau. "The Wealth Gap in Health: Data on Women and Children in 53 Developing Countries." Wallchart.

As seen in Table 1, the three countries with the highest Total Fertility Rates among the poorest population quintiles are: Guatemala (7.6), Bolivia (7.4), and Haiti (6.8). And those same three countries also have the lowest rates of modern contraceptive use among their poorest quintiles: Guatemala (5 percent), Bolivia (7 percent), and Haiti (17 percent). The single-digit rates for Guatemala and Bolivia are comparable to the low contraceptive rates in some of the poorest countries in sub-Saharan Africa.

Ministries of Health and donor agencies continue to establish health and family planning goals that are stated as national averages. And because of the long history of assistance from USAID and other donors to the LAC region, and the relative successes in attaining many of those goals, policy makers have recently become complacent. Although many of them speak in highly altruistic terms of assisting the poor, in fact the programs have not operationally focused on the needs of the poorest groups, which are now identified as having the greatest unmet needs for services. Furthermore, because of demographic changes within the LAC countries and growing urbanization, the "poor" are not necessarily those living only in rural areas.

Under its mandate, the ACQUIRE Project can assist the LAC countries to address those needs in reproductive health. Such assistance should be considered as being urgent, especially in view of recent Agency plans to close family planning and reproductive health assistance programs in some of those countries in the near future.

**III. USAID MISSIONS IN LAC REGION
PRESENTLY ASSISTED BY THE ACQUIRE PROJECT**

- BOLIVIA

- HONDURAS

More notable is the fact that the total demand for family planning services for those women wanting to limit future pregnancies, (i.e., not wanting any more children), increased strikingly, from 54.3 percent in 1998 to a significant 59.1 per cent in 2003. This compares to the very slight increase in demand for family planning spacing methods, from 20.1 percent in 1998 up to only 21.9 percent in 2003. These findings indicate, therefore, that there is a continued and critical need for ACQUIRE assistance to the Bolivia program. Fortunately, this is reflected in the USAID Mission planned funding allocation to ACQUIRE for FY 2004. Meanwhile, the ACQUIRE staff should continue to explore innovative approaches in order to reach those target populations most in need.

**Table 2: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

BOLIVIA

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	13,271	13,000	14,136	7,643
Child Survival, Infectious Disease, Nutrition & Other Health	5,950	6,041	5,558	6,059
HIV/AIDS	649	650	900	900
Total: Mission OYB for PHN	19,870	19,691	20,594	14,602
- Bi-lateral	14,495	14,761	17,964	10,422
- Field Support	5,375	4,930	2,630	4,180
- MAARDS	-0-	-0-	-0-	-0-

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 3: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

BOLIVIA

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	750	700	600	1,700
Contraceptives (PRH)	-0-	1,000	500	750
FRONTIERS (PRH)	300	300	270	250
AWARENESS / Georgetown (PRH)	200	200	180	180
DELIVER (PRH)	500	300	300	400
Management & Leadership (PRH)	100	300	300	300
CATALYST (PRH)	500	500	470	450
JH/PIEGO (PRH)	300	-0-	-0-	-0-
MEASURE (PRH)	-0-	300	-0-	-0-
CARE-MoRR (PRH)	1,050	800	-0-	-0-
Michigan Pop. Fellows (PRH)	200	-0-	10	-0-
PopLeaders West Consortium (PRH)	300	-0-	-0-	-0-
Sub-Total: PRH FS & MAARDS	4,200	4,400	2,630	4,030
Linkages (HIDN)	300	-0-	-0-	-0-
Maternal & Neonatal (HIDN)	400	380	-0-	-0-
BASICS (HIDN)	350	150	-0-	-0-
Quality Assurance (HIDN)	125	-0-	-0-	-0-
IMPACT (HIV)	-0-	-0-	-0-	150
Total: GH Field Support & MAARDS	5,375	4,930	2,630	4,180

* Funds transferred via MAARD are in italics.

Other Donors:

Table 4: IPPF/WHR SUPPORT TO BOLIVIA: 2001 – 2004
(In US \$)

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Bolivia	-0-	-0-	122,795	233,311	24,720	322,505	168,860	-0-

Source: IPPF/WHR, unpublished table, 7/22/04.

Table 5: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Bolivia	B	1,108	1,592	3,134	2,131	1,350

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001." "UNFPA Annual Report, 2002." "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

Over the years, the local IPPF affiliate in Bolivia, the Centro de Investigacion, Educacion y Servicios – CIES, has had problems in receiving uninterrupted funding support from IPPF. However, sizeable grants have been provided for 2003 and for 2004. The support from UNFPA to Bolivia has been provided on a regular basis.

The World Bank has an active basic health care loan to Bolivia, (Health Sector Reform – Second Phase), approved in June 2001 in the amount of \$35 million. The loan addresses child health as well as population and reproductive health.

**Table 6: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

HONDURAS

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	4,153	6,000	5,394	4,750
Child Survival, Infectious Disease, Nutrition & Other Health	3,076	3,677	3,806	3,827
HIV/AIDS	2,566	3,500	4,200	4,200
Total: Mission OYB for PHN	9,795	13,177	13,400	12,777
- Bi-lateral	4,690	7,836	7,227	7,613
- Field Support	5,105	5,341	6,173	5,164
- MAARDS	-0-	-0-	-0-	-0-

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 7: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

HONDURAS

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	550	514	350	470
Contraceptives (PRH)	1,285	1,000	1,170	732
DELIVER (PRH)	100	76	250	165
Commercial Market Strategy (PRH)	100	100	-0-	-0-
New Private Sector Award – TBD (PRH)	-0-	-0-	-0-	250
POLICY (PRH)	-0-	50	800	10
MEASURE (PRH)	100	202	33	655
JHU/Hlth. Com. Part. (PRH)	400	480	900	618
Pop. Ref. Bureau (PRH)	-0-	100	-0-	-0-
Management & Leadership (PRH)	50	64	-0-	-0-
Sub-Total: PRH FS & MAARDS	2,585	2,586	3,503	2,900
RPM Plus (HIDN)	50	-0-	-0-	-0-
Maternal & Neonatal (HIDN)	400	525	500	-0-
Environmental Health (HIDN)	40	-0-	-0-	30
BASICS (HIDN)	275	285	280	-0-
PHR – Plus (HIDN)	800	800	550	-0-
Qual. Assur. & Wkforce Devel. (HIDN)	350	364	200	295
FANTA (HIDN)	25	51	-0-	50
MOST (HIDN)	30	70	-0-	-0-
OIRH/CDC/PASA (HIDN)	50	250	-0-	-0-
CEDPA – TAACS (HIDN)	-0-	-0-	-0-	280
IMPACT (HIV)	-0-	170	300	250
AIDSMARK (HIV)	500	240	800	1,359
SYNERGY (HIDN)	-0-	-0-	40	-0-
Total: GH Field Support & MAARDS	5,105	5,341	6,173	5,164

* Funds transferred via MAARD are in italics.

Other Donors:

Table 8: IPPF/WHR SUPPORT TO HONDURAS: 2001 – 2004
(In US \$)

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Honduras	233,598	179,840	153,494	243,215	1,718	16,301	6,635	-0-

Source: IPPF/WHR, unpublished table, 7/22/04.

Table 9: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Honduras	A	759	735	2,017	1,649	1,200

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001." "UNFPA Annual Report, 2002." "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

The local IPPF affiliate in Honduras, Asociacion Hondurena de Planificacion de la Familia – ASHONPLAFA, receives regular and sizeable core grants from IPPF. Because the UNFPA has categorized Honduras as a high priority ("A") country, it has provided very substantial grants since 2002.

The World Bank has an active health system reform loan to Honduras, approved in May 2002 in the amount of \$27.1 million. Among other things, the loan addresses population and reproductive health as well as HIV/AIDS.

**IV. USAID MISSIONS IN LAC REGION
WITH POPULATION / REPRODUCTIVE HEALTH PROGRAMS
NOT ASSISTED BY THE ACQUIRE PROJECT**

- DOMINICAN REPUBLIC**
- EL SALVADOR**
- GUATEMALA**
- HAITI**
- JAMAICA**
- NICARAGUA**
- PARAGUAY**
- PERU**

**Table 10: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

DOMINICAN REPUBLIC

	FY 01	FY 02	FY 03	Planned FY 04 <i>As of 7/20/04</i>
Population and Reproductive Health	3,800	1,632	2,100	2,100
Child Survival, Infectious Disease, Nutrition & Other Health	2,892	3,900	5,108	5,300
HIV/AIDS	2,993	4,000	5,300	5,300
Total: Mission OYB for PHN	9,685	9,532	12,508	12,700
- Bi-lateral	7,597	7,403	11,691	12,371
- Field Support	1,140	1,392	682	250
- MAARDS	948	737	135	79

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 11: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

DOMINICAN REPUBLIC

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	250	250	-0-	-0-
<i>EngenderHealth (PRH)</i>	<i>-0-</i>	<i>-5-</i>	<i>-0-</i>	<i>-0-</i>
Contraceptives (PRH)	-0-	-0-	50	50
Commercial Market Strategy (PRH)	250	250	150	-0-
PRIME (PRH)	140	120	80	-0-
<i>Pop. Council- Programmatic (PRH)</i>	<i>74</i>	<i>13</i>	<i>-0-</i>	<i>-0-</i>
MEASURE (PRH)	-0-	-0-	280	-0-
<i>MACRO (PRH)</i>	<i>-0-</i>	<i>692</i>	<i>-0-</i>	<i>79</i>
DELIVER (PRH)	50	85	-0-	-0-
Sub-Total: PRH FS & MAARDS	764	1,415	560	129
RPM Plus (HIDN)	-0-	100	-0-	100
<i>RPM Plus (HIDN)</i>	<i>103</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
CHANGE (HIDN)	100	50	-0-	-0-
<i>CHANGE (HIDN)</i>	<i>-0-</i>	<i>7</i>	<i>-0-</i>	<i>-0-</i>
Environmental Health (HIDN)	-0-	-0-	122	-0-
<i>Environmental Health (HIDN)</i>	<i>460</i>	<i>20</i>	<i>135</i>	<i>-0-</i>
TB Coalition (HIDN)	-0-	-0-	-0-	100
<i>TB Coalition (HIDN)</i>	<i>270</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
IMPACT (HIV)	300	462	-0-	-0-
AIDSMARK (HIV)	50	75	-0-	-0-
<i>SYNERGY (HIV)</i>	<i>41</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
Total: GH Field Support & MAARDS	2,088	2,129	817	329

* Funds transferred via MAARD are in italics.

Other Donors:

**Table 12: IPPF/WHR SUPPORT TO DOMINICAN REPUBLIC: 2001 – 2004
(In US \$)**

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
DomRep	404,441	311,419	337,687	342,427	6,000	264,498	122,917	279,078

Source: IPPF/WHR, unpublished table, 7/22/04.

**Table 13: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)**

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Dominican Republic	C	580	905	1,082	573	650

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001." "UNFPA Annual Report, 2002." "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

The IPPF Core Grants to the Dominican affiliate, Asociacion Dominicana Pro-Bienestar de la Familia – PROFAMILIA, have gradually increased from 2002 to 2004, but are less than the high level of \$404,441 in 2001. On the other hand, annual budgets for capacity building and restricted projects fluctuate from one year to the next, depending on the availability of special funds.

The UNFPA project expenditures also vary from year to year, having reached a recent high level in 2002 of over \$1 million, but dropping down to half that amount in 2003.

The World Bank has two active health sector loans to the Dominican Republic. One, approved in June 2001 for \$25 million, is directed at HIV/AIDS prevention and control, with activities related to gender and child health. The other, approved in June 2003 for \$30 million, focuses on health reform, health system performance, HIV/AIDS and malaria.

For many years, the IntraHealth PRIME II Project has been the principal provider of reproductive health technical assistance for the Mission's program. Because PRIME II has recently closed, it is now learned that USAID/El Salvador has put in place another mechanism that will enable its program to continue receiving assistance provided by many of the former PRIME II staff. In that IntraHealth is an associate partner under the ACQUIRE Project, discussions should be held with EngenderHealth and IntraHealth in order to explore the provision of additional technical assistance in specific areas, such as permanent contraception and quality family planning and reproductive health through EngenderHealth and the other ACQUIRE associates.

**Table 14: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

EL SALVADOR

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	3,106	4,647	3,864	3,600
Child Survival, Infectious Disease, Nutrition & Other Health	7,815	10,506	5,436	3,050
HIV/AIDS	499	500	500	500
Total: Mission OYB for PHN	11,420	15,653	9,800	7,150
- Bi-lateral	7,106	11,837	5,469	4,187
- Field Support	3,914	3,816	4,242	2,963
- MAARDS	400	-0-	89	-0-

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 15: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

EL SALVADOR

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	-0-	-0-	-0-	-0-
Contraceptives (PRH)	885	660	500	550
POPTECH (PRH)	50	150	30	-0-
POLICY (PRH)	-0-	-0-	400	423
PRIME (PRH)	680	750	700	-0-
MEASURE – CDC (PRH)	-0-	100	262	25
DELIVER (PRH)	160	150	-0-	400
Sub-Total: PRH FS & MAARDS	1,775	1,810	1,892	1,398
BASICS (HIDN)	715	600	600	-0-
PHR Plus (HIDN)	285	850	950	725
CHANGE (HIDN)	600	356	700	600
Infec. Disease CDC-IAA (HIDN)	-0-	100	-0-	-0-
TB Coalition (HIDN)	499	-0-	-0-	240
<i>MOST (HIDN)</i>	<i>400</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
<i>CDC (HIDN)</i>	<i>-0-</i>	<i>-0-</i>	<i>89</i>	<i>-0-</i>
IMPACT (HIV)	40	-0-	-0-	-0-
AIDSMARK (HIV)	-0-	100	100	-0-
Total: GH Field Support & MAARDS	4,314	3,816	4,331	2,963

* Funds transferred via MAARD are in italics.

Other Donors:

**Table 16: IPPF/WHR SUPPORT TO EL SALVADOR: 2001 – 2004
(In US \$)**

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
El Salvador	254,562	196,013	153,494	250,762	10,000	125,231	23,521	131,500

Source: IPPF/WHR, unpublished table, 7/22/04.

**Table 17: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)**

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
El Salvador	B	561	579	1,025	843	600

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001," "UNFPA Annual Report, 2002," "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

The IPPF Core Grants to the Salvadorian affiliate, Asociacion Demografica Salvadorena – ADS, had decreased during 2002 and 2003, but in 2004 was nearly back up to the 2001 level. The annual budgets for capacity building and restricted projects fluctuated according to the availability of special funds.

The annual UNFPA country project expenditure levels in El Salvador increased from \$561,000 in 2000 to a high of \$1,025,000 in 2002, but have been falling recently.

The World Bank has an active health sector loan to El Salvador, approved in December 2001 in the amount of \$142.6 million. The loan, in response to the need for earthquake reconstruction, focuses on health services extension, as well as population and reproductive health, and decentralization.

Considering these findings from the national survey, it appears that the technical services that could be provided under the ACQUIRE Project would be most beneficial to the USAID/Guatemala program. The specialized expertise that ACQUIRE offers, particularly in the areas of quality clinical care, improved access to reproductive health services, infection prevention, and training in permanent contraception, should be considered by the Mission. The ACQUIRE Project should be used to complement the Mission's large maternal and child health program, especially in order to assist in reducing the country's high maternal mortality rates.

Furthermore, the ACQUIRE Project programs developed and underway in neighboring Honduras can provide a time-saving and cost-saving approach to the programmatic needs in Guatemala. And activities can also be coordinated with many of CARE's existing in-country programs.

**Table 18: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

GUATEMALA

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	3,975	9,500	6,528	6,750
Child Survival, Infectious Disease, Nutrition & Other Health	3,877	5,700	4,989	4,150
HIV/AIDS	499	500	500	500
Total: Mission OYB for PHN	8,351	15,700	12,017	11,400
- Bi-lateral	2,911	11,923	8,822	10,515
- Field Support	4,740	3,761	3,045	885
- MAARDS	700	16	150	-0-

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 19: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

GUATEMALA

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	-0-	-0-	-0-	-0-
Contraceptives (PRH)	1,762	339	-0-	-0-
POPTECH (PRH)	61	-0-	92	10
POLICY (PRH)	500	700	500	-0-
Management & Leadership (PRH)	-0-	410	49	-0-
Contraceptive Tech. Research (PRH)	75	-0-	-0-	-0-
FRONTIERS (PRH)	200	429	-0-	-0-
MEASURE – CDC (PRH)	160	92	-0-	25
<i>MEASURE – BUCEN (PRH)</i>	<i>-0-</i>	<i>16</i>	<i>50</i>	<i>-0-</i>
DELIVER (PRH)	170	-0-	-0-	-0-
Sub-Total: PRH FS & MAARDS	2,928	1,986	691	35
Linkages (HIDN)	50	80	-0-	-0-
Maternal & Neonatal (HIDN)	1,188	900	1,166	-0-
FANTA (HIDN)	-0-	-0-	-0-	100
Infec. Disease CDC-IAA (HIDN)	474	439	300	-0-
<i>Infec. Disease CDC-IAA (HIDN)</i>	<i>700</i>	<i>-0-</i>	<i>100</i>	<i>-0-</i>
CEDPA TAACS (HIDN)	100	250	264	-0-
PHR – Plus (HIDN)	-0-	50	174	275
IMPACT (HIV)	-0-	22	500	475
SYNERGY (HIV)	-0-	50	-0-	-0-
Total: GH Field Support & MAARDS	5,440	3,777	3,195	885

* Funds transferred via MAARD are in italics.

Other Donors:

**Table 20: IPPF/WHR SUPPORT TO GUATEMALA: 2001 – 2004
(In US \$)**

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Guatemala	245,721	189,205	230,241	384,039	3,824	283,869	73,834	67,716

Source: IPPF/WHR, unpublished table, 7/22/04.

**Table 21: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)**

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Guatemala	B	267	445	13,456	10,273	500

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001." "UNFPA Annual Report, 2002." "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

Since 2002, the IPPF annual Core Grants to the Guatemalan affiliate, Asociacion Pro-Bienestar de la Familia de Guatemala – APROFAM, have been steadily increasing. In addition, in 2002, APROFAM received a sizeable budget for capacity building and restricted projects, \$283,869, but only much smaller amounts since then.

The UNFPA annual project expenditures in Guatemala had increased up to 2002, (at more than \$13.4 million), but dropped down to \$10.27 million in 2003.

According to available information, the World Bank does not have any active health sector loans to Guatemala.

there is a role for the ACQUIRE Project in the Haiti family planning program to improve both access and quality of care.

There are other data from the "Haiti 2000 DHS" that make the case for the need in Haiti of the specific technical services of the ACQUIRE Project. At that time, 53.8 percent of women in union declared that they did not want any more children. Meanwhile, the Survey indicated that only 3 percent of women were sterilized, compared to 41 percent in the Dominican Republic, 32.4 percent in El Salvador, and even 8 percent in Paraguay and 6.5 percent in Bolivia. Furthermore, 39.8 percent of Haitian women were found to be in need of a contraceptive method, and 23.8 percent preferred a permanent method for limiting future pregnancies.

The specialized expertise that ACQUIRE offers, particularly in the areas of quality clinical care, improved access to reproductive health services, infection prevention, and training in permanent contraception, must be considered by the ACQUIRE CTO and by USAID/Haiti. The ACQUIRE Project should be used to complement the Mission's maternal and child health program, especially in order to assist in reducing the country's high maternal mortality rates, and to bring the contraceptive prevalence rates more in line with the expressed desires and needs of the Haitian women and with the rates in other countries of the region.

Furthermore, given the nature of the USAID/Haiti health sector portfolio, an opportunity also presents itself in Haiti to explore the possible use of ACQUIRE Project expertise in the area of family planning and HIV/AIDS integration, with special concern for PMTCT. ACQUIRE is working in this area in other developing countries around the world, and it could contribute to the family planning and HIV/AIDS integration activities in Haiti.

**Table 22: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

HAITI				
	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	7,480	4,855	5,803	6,500
Child Survival, Infectious Disease, Nutrition & Other Health	1,000	283	5,654	8,580
HIV/AIDS	4,350	4,000	7,750	5,200
Total: Mission OYB for PHN	12,830	9,138	19,207	20,280
- Bi-lateral	6,350	4,320	12,967	10,412
- Field Support	5,750	4,818	6,240	9,868
- MAARDS	730	-0-	-0-	-0-

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 23: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

HAITI

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	-0-	-0-	-0-	-0-
Contraceptive Commodities (PRH)	900	1,105	1,100	1,700
<i>Contraceptive Commodities (PRH)</i>	<i>130</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
<i>DELIVER (PRH)</i>	<i>300</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
POPTECH (PRH)	50	-0-	-0-	-0-
POLICY (PRH)	350	140	300	450
JHU/Hlth. Com. Part. (PRH)	-0-	-0-	600	900
Contraceptive Tech. Research (PRH)	200	-0-	-0-	-0-
JH/PIEGO (PRH)	360	350	-0-	-0-
MEASURE (PRH)	240	470	450	900
<i>MEASURE (PRH)</i>	<i>300</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
CARE-MoRR (PRH)	760	-0-	-0-	-0-
Sub-Total: PRH FS & MAARDS	3,590	2,065	2,450	3,950
CASU (PDMS)	-0-	-0-	200	250
UNICEF Umbrella (HIDN)	-0-	-0-	-0-	300
ACCESS – TBD (HIDN)	-0-	-0-	-0-	300
Linkages (HIDN)	-0-	-0-	300	200
Maternal & Neonatal (HIDN)	110	340	400	-0-
FANTA (HIDN)	80	200	200	90
MOST (HIDN)	-0-	283	100	300
Infec. Disease CDC-IAA (HIDN)	-0-	60	100	-0-
TB Coalition (HIDN)	400	200	200	200
RPM Plus (HIDN)	110	100	390	2,350
CEDPA TAACS (HIDN)	290	270	-0-	100
CHANGE (HIDN)	80	-0-	-0-	-0-
IMPACT (HIV)	1,000	1,000	1,500	950
AIDSMARK (HIV)	700	300	300	878
SYNERGY (HIV)	120	-0-	100	-0-
Total: GH Field Support & MAARDS	6,480	4,818	6,240	9,868

* Funds transferred via MAARD are in italics.

Other Donors:

Table 24: IPPF/WHR SUPPORT TO HAITI: 2001 – 2004
(In US \$)

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Haiti	263,704	203,052	326,955	300,229	39,615	99,587	93,002	150,000

Source: IPPF/WHR, unpublished table, 7/22/04.

Table 25: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Haiti	A	1,198	1,636	3,285	1,395	2,000

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001." "UNFPA Annual Report, 2002." "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

In 2003, the IPPF annual Core Grants to the Haitian affiliate, Association pour la Promotion de la Famille Haitienne – PROFAMIL, increased to the highest recent level, \$326,955, but has dropped to \$300,229 for 2004. In addition, in recent years PROFAMIL has received close to \$100,000 annually for capacity building and restricted projects. The UNFPA project expenditures in Haiti had increased annually up to 2002, (at nearly \$3.3 million), but dropped down to \$1.39 million in 2003.

According to available information, the World Bank does not have any active health sector loans to Haiti.

**Table 26: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

JAMAICA

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	1,996	1,796	2,393	2,250
Child Survival, Infectious Disease, Nutrition & Other Health	25	25	20	67
HIV/AIDS	1,297	1,300	1,300	1,300
Total: Mission OYB for PHN	3,318	3,121	3,713	3,617
- Bi-lateral	1,351	2,109	3,440	2,841
- Field Support	1,000	765	200	200
- MAARDS	967	247	73	576

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 27: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

JAMAICA

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	-0-	-0-	-0-	-0-
Contraceptives (PRH)	-0-	-0-	-0-	-0-
POPTECH (PRH)	-0-	80	-0-	-0-
<i>POPTECH (PRH)</i>	<i>50</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
POLICY (PRH)	70	260	100	-0-
<i>POLICY (PRH)</i>	<i>-0-</i>	<i>100</i>	<i>-0-</i>	<i>-0-</i>
MEASURE (PRH)	-0-	230	-0-	-0-
<i>MEASURE (PRH)</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>	<i>576</i>
Cont. Tech. Research (PRH)	490	-0-	100	-0-
<i>Cont. Tech. Research (PRH)</i>	<i>408</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
<i>JHPIEGO (PRH)</i>	<i>309</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
<i>FOCUS (PHR)</i>	<i>100</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
Private Sector Program (PRH)	-0-	-0-	-0-	200
Michigan Pop. Fellows (PRH)	-0-	75	-0-	-0-
Sub-Total: PRH FS & MAARDS	1,427	745	200	776
Qual. Assur. & Wkforce Devel. (HIDN)	300	70	-0-	-0-
CHANGE (HIDN)	70	-0-	-0-	-0-
H & CS Fellows (HIDN)	-0-	50	-0-	-0-
<i>H & CS Fellows (HIDN)</i>	<i>-0-</i>	<i>147</i>	<i>-0-</i>	<i>-0-</i>
IMPACT (HIV)	30	-0-	-0-	-0-
<i>IMPACT (HIV)</i>	<i>100</i>	<i>-0-</i>	<i>50</i>	<i>-0-</i>
SYNERGY (HIV)	40	-0-	-0-	-0-
<i>SYNERGY (HIV)</i>	<i>-0-</i>	<i>-0-</i>	<i>23</i>	<i>-0-</i>
Total: GH Field Support & MAARDS	1,967	1,012	273	776

* Funds transferred via MAARD are in italics.

Other Donors:

Table 28: IPPF/WHR SUPPORT TO JAMAICA: 2001 – 2004
(In US \$)

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Jamaica	100,701	77,539	84,260	104,026	7,000	36,615	11,369	-0-

Source: IPPF/WHR, unpublished table, 7/22/04.

Table 29: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Jamaica	C	197	N.A.	281	58	N.A.

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001." "UNFPA Annual Report, 2002." "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

IPPF has managed to provide continued support to its local affiliate, the Jamaica Family Planning Association, increasing annual Core Grant funds from \$77,539 in 2002 to \$104,026 in 2004.

On the other hand, the levels of UNFPA country project expenditures dropped from \$281 thousand in 2002 to only \$58 thousand in 2003; (data not available for 2004).

According to available information, there are no active World Bank reproductive health sector loans presently in Jamaica. However, in March 2002, the Bank approved a second phase HIV/AIDS prevention and control loan for \$15 million.

**Table 30: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

NICARAGUA

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	3,091	3,870	4,343	3,870
Child Survival, Infectious Disease, Nutrition & Other Health	4,517	4,100	4,987	3,435
HIV/AIDS	499	500	500	500
Total: Mission OYB for PHN	8,107	8,470	9,830	7,805
- Bi-lateral	4,327	5,660	NA	1,388
- Field Support	3,540	2,464	8,524	6,247
- MAARDS	240	346	2,475	170

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 31: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

NICARAGUA

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	-0-	-0-	-0-	-0-
Contraceptives (PRH)	900	1,200	800	800
Commercial Market Strategy (PRH)	-0-	200	-0-	-0-
PRIME (PRH)	-0-	75	-0-	-0-
MEASURE - CDC (PRH)	-0-	-0-	-0-	50
<i>MACRO (PRH)</i>	<i>-0-</i>	<i>50</i>	<i>-0-</i>	<i>-0-</i>
DELIVER (PRH)	100	30	350	150
POPTECH (PRH)	120	-0-	-0-	-0-
JHU/Hlth. Com. Part. (PRH)	649	300	1,566	97
<i>JHU/Hlth. Com. Part. (PRH)</i>	<i>-0-</i>	<i>-0-</i>	<i>1,000</i>	<i>-0-</i>
YouthNet (PRH)	-0-	-0-	200	-0-
Management & Leadership (PRH)	560	300	2,600	2,250
<i>Management & Leadership (PRH)</i>	<i>-0-</i>	<i>-0-</i>	<i>500</i>	<i>170</i>
<i>CARE (PRH)</i>	<i>-0-</i>	<i>250</i>	<i>850</i>	<i>-0-</i>
Save the Children (PRH)	771	-0-	-0-	-0-
Save the Children (PRH)	140	-0-	125	-0-
Sub-Total: PRH FS & MAARDS	3,240	2,405	7,991	3,517
RPM Plus (HIDN)	-0-	100	150	300
FANTA (HIDN)	-0-	-0-	2,000	2,100
Infec. Disease CDC-IAA (HIDN)	-0-	-0-	125	-0-
Qual. Assur. & Wkforce Devel. (HIDN)	220	134	533	250
MOST (HIDN)	220	50	-0-	-0-
<i>MOST (HIDN)</i>	<i>100</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
BASICS (HIDN)	-0-	50	-0-	-0-
<i>AED (HIDN)</i>	<i>-0-</i>	<i>21</i>	<i>-0-</i>	<i>-0-</i>
<i>CDC (HIDN)</i>	<i>-0-</i>	<i>25</i>	<i>-0-</i>	<i>-0-</i>
CEDPA – TAACS (HIDN)	-0-	25	-0-	-0-
AIDSMARK (HIV)	-0-	-0-	200	250
Total: GH Field Support & MAARDS	3,780	2,810	10,999	6,417

* Funds transferred via MAARD are in italics.

Other Donors:

**Table 32: IPPF/WHR SUPPORT TO NICARAGUA: 2001 – 2004
(In US \$)**

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Nicaragua	333,700	256,949	176,053	275,237	2,097	11,462	24,686	-0-

Source: IPPF/WHR, unpublished table, 7/22/04.

**Table 33: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)**

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Nicaragua	B	1,198	1,571	2,025	2,097	1,100

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001," "UNFPA Annual Report, 2002," "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

The IPPF Core Grants to the Nicaragua affiliate, Asociacion Pro-Bienestar de la Familia Nicaraguense - PROFAMILIA decreased from 2001 to 2003, but managed to increase to \$275,237 for 2004. On the other hand, annual budgets for capacity building and restricted projects increased from 2001 to 2003 according to the availability of special funds.

The annual project expenditures for UNFPA activities in Nicaragua have steadily increased since 2000. However, the approved ceiling for 2004 is presently at about one half of the 2003 level.

The World Bank has an active health sector loan to Nicaragua, approved in June 1998 in the amount of \$24 million. The "Health Sector Modernization Credit" focuses on, among other things, issues of gender and administrative and civil service reform.

**Table 34: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

PARAGUAY

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	2,420	2,525	1,959	2,325
Child Survival, Infectious Disease, Nutrition & Other Health	-0-	-0-	200	-0-
HIV/AIDS	-0-	-0-	-0-	-0-
Total: Mission OYB for PHN	2,420	2,525	2,159	2,325
- Bi-lateral	1,135	1,555	625	2,060
- Field Support	1,285	970	1,534	265
- MAARDS	--	--	--	--

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 35: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

PARAGUAY

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	-0-	-0-	-0-	-0-
Contraceptives (PRH)	50	-0-	490	50
PRIME (PRH)	700	970	1,044	-0-
MEASURE – CDC (PRH)	-0-	-0-	-0-	215
Sub-Total: PRH FS & MAARDS	750	970	1,534	265
Maternal & Neonatal (HIDN)	535	-0-	-0-	-0-
Total: GH Field Support & MAARDS	1,285	970	1,534	265

* Funds transferred via MAARD are in italics.

Other Donors:

**Table 36: IPPF/WHR SUPPORT TO PARAGUAY: 2001 – 2004
(In US \$)**

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Paraguay	182,019	140,154	168,843	263,077	2,173	35,205	77,291	-0-

Source: IPPF/WHR, unpublished table, 7/22/04.

**Table 37: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)**

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Paraguay	B	546	649	617	668	900

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001." "UNFPA Annual Report, 2002." "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

The IPPF Core Grants to the Paraguayan affiliate, Centro Paraguayo de Estudios de Poblacion - CEPEP, have increased over the past three years. Likewise, the annual budgets for capacity building and restricted projects increased in recent years. There has been a favorable response among donors to CEPEP as it has been actively expanding its administrative and clinical facilities and receiving bilateral funds from USAID/Paraguay.

The annual UNFPA project expenditures in Paraguay appear to remain at a constant level in recent years.

The World Bank is developing a new health sector loan for Paraguay.

**Table 38: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

PERU

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	12,218	14,000	12,557	8,348
Child Survival, Infectious Disease, Nutrition & Other Health	7,757	8,915	8,155	8,279
HIV/AIDS	748	750	1,000	1,000
Total: Mission OYB for PHN	20,723	23,665	21,712	17,627
- Bi-lateral	14,524	12,370	8,620	10,637
- Field Support	6,199	10,995	13,092	6,990
- MAARDS	-0-	300	-0-	-0-

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 39: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

PERU

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	-0-	-0-	-0-	-0-
Contraceptives (PRH)	2,000	2,000	1,500	-0-
AWARENESS (PRH)	-0-	50	-0-	-0-
JHPIEGO (PRH)	193	-0-	-0-	-0-
CARE – MoRR (PRH)	400	52	-0-	-0-
CATALYST (PRH)	656	5,177	5,982	1,900
POLICY (PRH)	400	1,440	1,650	1,840
FRONTIERS (PRH)	200	200	-0-	-0-
MEASURE (PRH)	1,600	520	930	1,050
DELIVER (PRH)	100	-0-	-0-	-0-
Sub-Total: PRH FS & MAARDS	5,549	9,439	10,062	4,790
CHANGE (HIDN)	250	750	1,100	-0-
Qual. Assur. & Wkforce Devel. (HIDN)	-0-	53	-0-	-0-
PHR – Plus (HIDN)	400	753	1,930	2,200
<i>Environmental Health (HIDN)</i>	<i>-0-</i>	<i>200</i>	<i>-0-</i>	<i>-0-</i>
<i>CDC/IAA (HIDN)</i>	<i>-0-</i>	<i>100</i>	<i>-0-</i>	<i>-0-</i>
Total: GH Field Support & MAARDS	6,199	11,295	13,092	6,990

* Funds transferred via MAARD are in italics.

Other Donors:

Table 40: IPPF/WHR SUPPORT TO PERU: 2001 – 2004
(In US \$)

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Peru	274,128	211,079	214,891	286,514	193,284	124,530	180,990	68,737

Source: IPPF/WHR, unpublished table, 7/22/04.

Table 41: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Peru	B	1,394	1,590	6,393	1,555	1,400

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001," "UNFPA Annual Report, 2002," "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

The IPPF Core Grants to the Peruvian affiliate, Instituto Peruano de Paternidad Responsable – INPPARES, had decreased slightly in 2002 and 2003, but the 2004 level increased to \$286,514. The annual budgets for capacity building and restricted projects also decreased in 2002, but recovered in 2003.

As reported, the annual UNFPA project expenditures in Peru for 2002 (\$6.39 million) seems unusually high and warrants closer study and/or explanation, since all other reported years average about \$1.5 million.

The World Bank has one active health sector loan to Peru. The "Health Reform: First Phase Mother/Child Insurance and Decentralization of Health Services" loan, approved in December 1999 in the amount of \$80 million, addresses child health, population and reproductive health.

**V. USAID MISSIONS IN LAC REGION
WITH HIV/AIDS OR HEALTH PROGRAMS
OTHER THAN POPULATION / REPRODUCTIVE HEALTH**

- BRAZIL

- GUYANA

- MEXICO

BRAZIL

Key Country Information and Reproductive Health Indicators:

Total Population: 176,845,000 (2003) Total Fertility Rate: 2.2 (2002)
 Percent of Women Ages 15-49 in Union Using Modern Contraception: 70 (2001)
 Percent of Women Ages 15-49 in Union Using Any Contraception: 76 (2001)
 Percent of Women Ages 15-49 in Union that are Sterilized: 40 (2001)

Mission PHN Contact: Mike Burkly

Narrative on USAID Program:

As indicated in the "USAID/Brazil FY 2004 Annual Report," the Mission's present Strategic Plan, approved in September 2002 for the six-year period FY 2003 through FY 2008, does not provide assistance for family planning or reproductive health programs. The only planned health sector-related activities are those under Strategic Objective #7: "Transmission of selected communicable diseases reduced in target areas." Assistance is provided for HIV/AIDS and tuberculosis activities.

As seen in Table 43, in recent years there have not been any Brazil Mission Field Support funds assigned to EngenderHealth or ACQUIRE. In the last phase of USAID family planning assistance, the focus for family planning activities was only on two northeastern Brazilian states, Bahia and Ceara. The Mission closed out its population / family planning programs in 2001, and presently works in the areas of HIV/AIDS and tuberculosis. Any support through USAID Cooperating Agencies is directed at those programmatic areas.

Given the nature of the USAID/Brazil portfolio, with its focus on HIV/AIDS and tuberculosis, there do not appear to be any potential areas for ACQUIRE assistance within the Mission's program.

**Table 42: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

BRAZIL

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	-0-	-0-	-0-	-0-
Child Survival, Infectious Disease, Nutrition & Other Health	3,891	4,150	4,000	3,350
HIV/AIDS	3,991	5,000	6,300	6,300
Total: Mission OYB for PHN	7,882	9,150	10,300	9,650
- Bi-lateral	1,996	4,761	8,200	7,312
- Field Support	5,886	4,389	2,100	2,338
- MAARDS	-0-	-0-	-0-	-0-

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 43: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

BRAZIL

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	-0-	-0-	-0-	-0-
Pop. Council Programmatic (PRH)	70	475	700	-0-
Management & Leadership (PRH)	1,775	200	-0-	-0-
CATALYST (PRH)	700	-0-	-0-	-0-
MEASURE (PRH)	-0-	-0-	250	-0-
Sub-Total: PRH FS & MAARDS	2,545	675	950	-0-
Health/CS Fellows (HIDN)	251	175	-0-	-0-
Infec. Disease CDC-IAA (HIDN)	500	114	-0-	818
TB Coalition (HIDN)	890	670	292	-0-
JHU Fam. Health & CH (HIDN)	400	700	-0-	370
RPM Plus (HIDN)	-0-	-0-	798	350
AIDSMARK (HIV)	1,300	2,055	-0-	-0-
SYNERGY (HIV)	-0-	-0-	60	-0-
HORIZONS (HIV)	-0-	-0-	-0-	800
Total: GH Field Support & MAARDS	5,886	4,389	2,100	2,338

* Funds transferred via MAARD are in italics.

Other Donors:

Table 44: IPPF/WHR SUPPORT TO BRAZIL: 2001 – 2004
(In US \$)

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Brazil	842,519	648,739	521,879	521,879	197,891	161,577	295,825	49,405

Source: IPPF/WHR, unpublished table, 7/22/04.

Table 45: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Brazil	O	847	1,222	854	650	500

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001." "UNFPA Annual Report, 2002." "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

The IPPF Core Grants to the Brazilian affiliate, Sociedade Civil Bem-Estar Familiar no Brasil - BEMFAM, decreased from 2001 to 2003, but managed to stay level for 2004. On the other hand, annual budgets for capacity building and restricted projects fluctuated according to the availability of special funds.

Annual UNFPA project expenditures in Brazil have declined steadily from the 2001 level of \$1.22 million down to \$650 thousand in 2003, and only \$500 thousand approved for 2004.

The World Bank has two active health loans to Brazil: one approved in March 2002 in the amount of \$68 million for population and reproductive health and decentralization; and the other approved in June 2003 in the amount of \$30 million for child health and improved health system performance, as part of the health system reform for the northeastern state of Bahia.

**Table 46: MISSION OPERATING YEAR BUDGET LEVELS
FOR PHN PROGRAMS*
FY01, FY02, FY03 AND PLANNED FY04
(In \$000s)**

GUYANA

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	-0-	-0-	-0-	-0-
Child Survival, Infectious Disease, Nutrition & Other Health	-0-	-0-	-0-	-0-
HIV/AIDS	798	1,000	4,200	1,700
Total: Mission OYB for PHN	798	1,000	4,200	1,700
- Bi-lateral	60	480	3,170	325
- Field Support	738	520	880	1,375
- MAARDS	-0-	-0-	150	-0-

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 47: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

GUYANA

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	-0-	-0-	-0-	-0-
Contraceptives (PRH)	-0-	-0-	-0-	-0-
MEASURE – EVAL. (PRH)	-0-	-0-	-0-	100
MEASURE – DHS (PRH)	-0-	-0-	-0-	675
DELIVER (PRH)	175	56	-0-	-0-
Michigan Pop. Fellows (PRH)	-0-	75	75	-0-
Sub-Total: PRH FS & MAARDS	175	131	75	775
H & CS Fellows (HIDN)	-0-	214	280	-0-
IMPACT (HIV)	540	175	-0-	-0-
AIDSMARK (HIV)	-0-	-0-	495	600
SYNERGY (HIV)	23	-0-	-0-	-0-
<i>SYNERGY (HIV)</i>	-0-	-0-	150	-0-
Peace Corps (HIV)	-0-	-0-	30	-0-
Total: GH Field Support & MAARDS	738	520	1,030	1,375

* Funds transferred via MAARD are in italics.

Other Donors:

Table 48: IPPF/WHR SUPPORT TO GUYANA: 2001 – 2004
(In US \$)

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Guyana	129,689	99,860	115,370	139,748	29,017	38,690	77,691	-0-

Source: IPPF/WHR, unpublished table, 7/22/04.

Table 49: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Guyana	B	282	65	193	33	N.A.

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001." "UNFPA Annual Report, 2002." "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

The annual IPPF core grants to the local affiliate, the Guyana Responsible Parenthood Association, have increased over the past three years.

Unfortunately, the amounts as reported by the UNFPA for country project expenditures for programs in Guyana appear to fluctuate widely, and therefore might suffer from inaccuracies.

The World Bank has an active loan to Guyana for HIV/AIDS prevention and control. The loan, approved in March 2004 in the amount of \$10 million, also addresses population and reproductive health.

MEXICO

Key Country Information and Reproductive Health Indicators:

Total Population: 103,296,000 (2003) Total Fertility Rate: 2.5 (2002)
 Percent of Women Ages 15-49 in Union Using Modern Contraception: 60 (2001)
 Percent of Women Ages 15-49 in Union Using Any Contraception: 69 (2001)
 Percent of Women Ages 15-49 in Union that are Sterilized: 31 (2001)

Mission PHN Contact: Edward Kadunc

Narrative on USAID Program:

Under the last USAID/Mexico family planning program, AVSC (presently EngenderHealth) played a major role in providing technical assistance, particularly for improved access and quality of clinical facilities for the delivery of permanent contraception. In FY 1998, the last year of Mexico family planning funding, AVSC received \$1.45 million in Field Support funding to work with various large Mexican public sector health services institutions.

At present, the USAID/Mexico PHN portfolio works in the areas of HIV/AIDS, and the control of tuberculosis through promotion of the DOTS (Directly Observed Treatment – Short Course) strategy. The Mission's involvement in tuberculosis control was mandated by the U.S. Congress. The Mission's family planning programs in both the public and private sectors were closed in 1999. Since FY 2002, the Mission has gradually increased its Field Support funding for GH-managed activities, but has not reached the high level as in FY 2001.

Given the nature of the USAID/Mexico health portfolio, with its focus on HIV/AIDS and tuberculosis, there do not appear to be any potential areas for ACQUIRE assistance within the Mission's program.

**Table 50: MISSION OPERATING YEAR BUDGET LEVELS
 FOR PHN PROGRAMS*
 FY01, FY02, FY03 AND PLANNED FY04
 (In \$000s)**

MEXICO

	FY 01	FY 02	FY 03	Planned FY 04 As of 7/20/04
Population and Reproductive Health	-0-	-0-	-0-	-0-
Child Survival, Infectious Disease, Nutrition & Other Health	3,991	4,009	3,000	1,500
HIV/AIDS	1,996	1,500	2,200	2,200
Total: Mission OYB for PHN	5,987	5,509	5,200	3,700
- Bi-lateral	3,315	4,179	3,155	1,463
- Field Support	1,650	1,330	2,045	2,237
- MAARDS	1,022	-0-	-0-	-0-

* Includes funding for: Bi-lateral programs, Field Support, and MAARDS (Material Acquisition and Assistance Request Documents), which may be committed to GH-managed activities.

**Table 51: FIELD SUPPORT AND MAARD* FUNDS
FOR USAID/GH MANAGED PROGRAMS
FY01, FY02, FY03 AND PLANNED FY04
(Does not include Mission Bi-Lateral)
(In \$000s)**

MEXICO

GH Program/Activity (Responsible GH Office)	FY 01	FY02	FY03	Planned FY04 (as of 7/20/04)
EngenderHealth/ACQUIRE (PRH)	-0-	-0-	-0-	-0-
POLICY (PRH)	700	500	600	700
MEASURE (PRH)	100	30	-0-	-0-
<i>MEASURE (PRH)</i>	<i>200</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
Sub-Total: PRH FS & MAARDS	1,000	530	600	700
CS & Health Grants (HIDN)	-0-	-0-	-0-	187
<i>CDC/IAA (HIDN)</i>	<i>822</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
IMPACT (HIV)	500	350	500	225
AIDSMARK (HIV)	-0-	-0-	600	1,125
Internat'l HIV/AIDS Alliance (HIV)	350	450	345	-0-
Total: GH Field Support & MAARDS	2,672	1,330	2,045	2,237

* Funds transferred via MAARD are in italics.

Other Donors:

Table 52: IPPF/WHR SUPPORT TO MEXICO: 2001 – 2004
(In US \$)

Country	IPPF CORE (Cash and Commodities)				Capacity Building & Restricted Projects			
	2001	2002	2003	2004	2001	2002	2003	2004
Mexico	703,050	541,349	429,783	429,783	30,259	9,144	212,502	20,217

Source: IPPF/WHR, unpublished table, 7/22/04.

Table 53: UNFPA COUNTRY PROJECT EXPENDITURES
(Includes Regular and Other Resources)
(In US \$000s)

Country	Present UNFPA Group Classification*	2000	2001	2002	2003	2004 Approved Ceiling Levels for Core Funds Only
Mexico	B	1,190	1,560	4,672	2,542	770

* The UNFPA classification of countries, based upon a formula of economic and social indicators, is revised every few years. Category "A" are those countries with highest priority, (Haiti and Honduras), Category "B" with medium priority, Category "C" less priority, and Category "O" (Other).

Sources: "UNFPA Annual Report, 2000," "UNFPA Annual Report, 2001." "UNFPA Annual Report, 2002." "UNFPA Annual Report, 2003," and unpublished UNFPA planning documents.

The IPPF Core Grants to the Mexico affiliate, Fundacion Mexicana para la Planeacion Familiar - MEXFAM, decreased from 2001 to 2003, but managed to stay level for 2004. On the other hand, annual budgets for capacity building and restricted projects fluctuated according to the availability of special funds.

In addition to the annual grants that it receives from UNFPA, since 1999 the Mexican government has received special funding under the Partners in Population and Development Program in order to provide south-to-south assistance to other developing countries.

The World Bank has an active basic health care loan to Mexico, approved in June 2001 in the amount of \$350 million, which addresses decentralization and improved health systems performance. A second loan to Mexico to improve health system performance in the public sector social security is in the pipeline for \$8.6 million.

VI. CONCLUSIONS AND RECOMMENDATIONS
(Countries Are Listed in Alphabetical Order)
(Asterisk * indicates a country program where ACQUIRE
is not presently working and should consider possible support).

Bolivia: The ACQUIRE Project is presently working in Bolivia. The ACQUIRE staff should continue to explore innovative approaches in order to reach those target populations most in need.

Brazil: Given the nature of the USAID/Brazil portfolio, with its focus on HIV/AIDS and tuberculosis, there do not appear to be any potential areas for ACQUIRE assistance within the Mission's program.

Dominican Republic: Because of the present uncertainties of the USAID's PHN portfolio in the Dominican Republic, it is not advisable at this time for the ACQUIRE Project to advance any proposals there for the provision of technical assistance.

***El Salvador:** The IntraHealth PRIME II Project has been the principal provider of reproductive health technical assistance for the Mission's program for many years. Since PRIME II has recently closed, USAID/El Salvador has put in place another mechanism that will enable it to continue receiving assistance provided by many of the former PRIME II staff. In that IntraHealth is an associate partner under the ACQUIRE Project, discussions should be held with EngenderHealth and IntraHealth in order to explore the provision of additional technical assistance in specific areas, such as permanent contraception and quality family planning and reproductive health through EngenderHealth and the other ACQUIRE associates.

***Guyana:** USAID/Guyana is presently working only in the area of HIV/AIDS. However, under the Mission's new Intermediate Result for "increased access to Prevention-of-Mother-to-Child-Transmission services," and given EngenderHealth's proven capabilities in this area among other countries in the region and worldwide, the ACQUIRE CTO should explore with the Mission possible future ACQUIRE assistance in linkages to improved access to and quality of reproductive health services. Of the various HIV/AIDS activities supported by USAID/Guyana, PMTCT is an area where ACQUIRE could provide valuable assistance, especially since the Ministry of Health wishes to integrate PMTCT services with ongoing Maternal and Child Health services.

The results of Guyana's first national DHS will provide valuable information regarding contraceptive prevalence and the unmet need for family planning services in the country. Once the survey findings are available, the ACQUIRE Project should be in a position to assist the Mission in addressing these needs.

***Guatemala:** Based on the findings from the national DHS surveys in Guatemala, it appears that the technical services that could be provided under the ACQUIRE Project would be most beneficial to the USAID program. The specialized expertise that ACQUIRE offers, particularly in the areas of quality clinical care, improved access to reproductive health services, infection prevention, and training in permanent contraception, should be considered by the Mission. The ACQUIRE Project should be used to complement the Mission's large maternal and child health program, especially in order to assist in reducing the country's high maternal mortality rates.

The ACQUIRE Project programs developed and underway in neighboring Honduras can provide a time-saving and cost-saving approach to the programmatic needs in Guatemala. Activities can also be coordinated with many of CARE's existing in-country programs.

***Haiti:** There is a role for the ACQUIRE Project in the Haiti family planning program to improve both access and quality of care. The specialized expertise that ACQUIRE offers, particularly in the areas of quality clinical care, improved access to reproductive health services, infection prevention, and training in permanent contraception, must be considered by the ACQUIRE CTO and by USAID/Haiti. The ACQUIRE Project should be used to complement the Mission's maternal and child health program, especially in order to assist in reducing the country's high maternal mortality rates, and to bring the contraceptive prevalence rates more in line with the expressed desires and needs of the Haitian women and with the rates in other countries of the region.

Furthermore, given the nature of the USAID/Haiti health sector portfolio, an opportunity also presents itself in Haiti to explore the possible use of ACQUIRE Project expertise in the area of family planning and HIV/AIDS integration, with special concern for PMTCT. ACQUIRE is working in this area in other developing countries around the world, and it could contribute to the family planning and HIV/AIDS integration activities in Haiti.

Honduras: The ACQUIRE Project is presently working in Honduras. There remains a definite need in Honduras for permanent methods, particularly female sterilization services. The ACQUIRE Project team should continue to work with the Mission in reviewing data from the DHS in order to focus efforts on the unmet need for contraceptive services, especially among the poor and those in rural areas.

Jamaica: In addition to its work in the area of HIV/AIDS, USAID/Jamaica's Strategic Objective related to reproductive health focuses specifically on the needs of adolescents and young adults. Because of the relatively successful efforts of prior USAID population programs in establishing a network of accessible health facilities throughout the island; and considering the nature of the Mission's present health program with its focus on HIV/AIDS and adolescent reproductive health, there does not appear to be a priority need at this time for technical assistance through ACQUIRE.

Mexico: Given the nature of the USAID/Mexico portfolio, with its focus on HIV/AIDS and tuberculosis, there do not appear to be any potential areas for ACQUIRE assistance within the Mission's program.

Nicaragua: Until there is a clearer understanding of the new direction that USAID/Nicaragua is taking with regard to reproductive health, (e.g., designation of FY 2004 Field Support funds for effective GH/PRH support), and also an indication of Mission interest to support work for improved clinical services, there does not at present appear to be a need for the technical assistance available through the ACQUIRE Project. It is not advisable to pursue initiatives with the Mission at this time.

***Paraguay:** USAID/Paraguay will continue to receive technical support from IntraHealth through the TASC-II mechanism. Since IntraHealth is an associate partner under the ACQUIRE Project, discussions should be held in order to explore the provision of additional technical assistance in specific areas such as permanent contraception and quality family planning and reproductive health through EngenderHealth and the other ACQUIRE associates.

Peru: In view of recent and expected reductions in the Mission's OYB levels for the PHN sector, and in consideration of the planned continued technical support from the CATALYST Project, it is not advisable at this time for the ACQUIRE Project to explore initiatives with USAID/Peru. At present, there do not appear to be any potential areas for ACQUIRE assistance within the USAID/Peru PHN program.

APPENDIX A

WORLD BANK ACTIVE HEALTH SECTOR LOANS TO LAC COUNTRIES WITH A USAID PHN PROGRAM (In US \$ Millions)

LAC Countries With USAID PHN Program	Project Name	Primary Themes	Approval Date	Total Amount
Bolivia	Health Sector Reform – Second Phase	Child health; Population and reproductive health	June 2001	35.0
Brazil	Bahia Health System Reform	Child health; Health system performance	June 2003	30.0
Brazil	Family Health Extension	Population and reproductive health; Decentralization	March 2002	68.0
Dom. Rep.	Health Reform Support	Health system performance; HIV/AIDS, malaria, other diseases	June 2003	30.0
Dom. Rep.	HIV/AIDS Prevention and Control	Gender; Child health	June 2001	25.0
El Salvador	Earthquake Emergency Rec. & Health Services Extension	Population and reproductive health; Decentralization	Dec. 2001	142.6
Guyana	HIV/AIDS Prevention and Control	Population and reproductive health; Other communicable diseases	March 2004	10.0
Honduras	Health System Reform	Population and reproductive health; HIV/AIDS	May 2002	27.1
Jamaica	HIV/AIDS Prevention and Control: 2nd Phase	Gender; HIV/AIDS.	March 2002	15.0
Mexico	Technical Assistance for Public Sector Social Security Reform:ISSSTE	Administrative and civil service reform; Health system performance	In Pipeline	8.6
Mexico	Basic Health Care	Decentralization; Health system performance	June 2001	350.0
Nicaragua	Health Sector Modernization Credit	Gender; Administrative and civil service reform	June 1998	24.0
Peru	Health Reform: 1 st Phase Mother/Child Insurance and Decentralization of Health Services	Child health; Population and reproductive health	Dec. 1999	80.0
Total:	--	--	--	845.3

Source: World Bank unpublished report, July 2004.

APPENDIX B

SELECTED REFERENCES AND DATA SOURCES

Centers for Disease Control, Reproductive Health Division. El Salvador – Encuesta Nacional de Salud Familiar, FESAL – 98, Informe Final. April 2000.

Centers for Disease Control, Reproductive Health Division. Guatemala – Encuesta Nacional de Salud Materno Infantil, 1998-1999. (Guatemala – National Maternal/Child Health Survey, 1998-1999.) July 1999.

Centers for Disease Control, Reproductive Health Division. Honduras – Encuesta Nacional de Epidemiologia y Salud Familiar, ENESF – 2001, Informe Final. December 2002.

Instituto Nacional de Estadística. Bolivia – Encuesta Nacional de Demografía y Salud, ENDSA – 2003. Informe Preliminar. March 2004.

Measure DHS. Haiti – Enquete Mortalite, Morbidite et Utilisation des Services, 2000. (Haiti – Mortality, Morbidity and Service Utilization Survey, 2000.)

Measure DHS. “Selected Statistics from DHS Surveys.” DHS Dimensions, (a semi-annual newsletter of the Demographic and Health Surveys project.) Vol. 6, No. 1. Spring 2004.

Pan American Health Organization, and the Population Reference Bureau. Gender, Health, and Development in the Americas – 2003. Wallchart.

Population Reference Bureau. “2003 World Population Data Sheet of the Population Reference Bureau”. Washington, D.C.

Population Reference Bureau. “Improving the Health of the World’s Poorest People,” by Dara Carr. Health Bulletin, No. 1. February 2004.

Population Reference Bureau. “The Wealth Gap in Health: Data on Women and Children in 53 Developing Countries.” Wallchart.

U.S. Agency for International Development, Bureau for Global Health. User’s Guide to USAID/Washington Population, HIV/AIDS, Health and Nutrition Programs - 2004.

U. S. Agency for International Development. USAID Missions - FY 2004 Annual Reports. (Various).