

**USAID/CENTER FOR
POPULATION, HEALTH AND
NUTRITION**

**RESULTS REVIEW AND
RESOURCE REQUEST (R4)**

APRIL 2, 2001

Please Note:

The attached FY 2003 Results Review and Resource Request (“R4”) was assembled and analyzed by the country or USAID operating unit identified on this cover page.

The R4 is a “pre-decisional” USAID document and does not reflect results stemming from formal USAID review(s) of this document.

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MEMORANDUM

TO: AA/G, Barbara Turner

FROM: DAA/G/PHN, Duff Gillespie

SUBJECT: FY 2003 R4 for the PHN Center

Attached for your review is the FY 2003 R4 for G/PHN. As in the past, the Center is firmly committed to managing for the best possible results. The PHN Center conducted Results Reviews during FY 2000 - 2001, which focused on the major results achieved across the divisions within each office. Emphasis was placed on the results that have been achieved with core resources and the linkages to each of PHN's five Strategic Objectives. The reviews were "forward-looking," focusing attention on the results each division would be pursuing over the coming year, which allowed the review to have a more strategic focus that fed more easily into the budget allocation process. In addition, separate reviews were held for each division to concentrate on financial and program issues.

G/PHN continues to link results reporting with program management and the budget allocation process to enable us to address key strategic planning and management issues. This process has enabled us to use the R4 process for documenting the important strategic decisions that are made during the year while helping to improve transparency.

The narrative sections of the R4 demonstrate that the Center, with the support of its partners, has achieved impressive results during FY 2000 in critical areas. As we look to the future, the Center will continue its global leadership within the international development community, its support for innovative research, and its technical support for field programs.

Workforce Concerns: Due to the rapid expansion of funding in HIV/AIDS and other infectious diseases, the Center requested and obtained an increase in its direct hire ceiling from 66 to 68 for FY 01. Further increases in funding in FY 02 and beyond are expected due to the expanded portfolio. We expect to maintain or increase our direct hire levels in '02 and '03. As our program funding continues to increase, so will our workforce.

Updates to the Management Agreement:

Update of SO1: The Population Office led a vision-setting exercise for the Agency's population program, involving field missions, cooperating agencies, key stakeholders and Washington PHN staff. The exercise identifies how the program should evolve over the next three to five years to respond to the changing needs and roles in the population sector. It has also been helpful in identifying priority activities in the core budget allocation process and may lead to changes in the SO1 strategic framework.

Update of SO2: Performance indicators and baseline/target levels for the revised SO2 strategy have been incorporated into the Center's performance monitoring plan. In FY 2000, the SO2 team started a review of its current research portfolio as an initial step toward developing a research agenda and investment strategy. A portfolio review process is also underway to assure that limited funding is concentrated in areas with the best potential for return.

Update of SO3: As indicated in last year's R4, the SO3 Team has conducted a review of the strategic framework. The purpose is to give greater coherence and technical relevance to the use of the strategic plan for actual operational and resource planning and for reporting. The SO itself remains unchanged. The last step in this process is the development of new IR-level indicators, which are reported in this year's R4.

Update of SO4: Over the past three years, the USAID budget for HIV/AIDS programs has expanded from approximately \$142 million in FY 99, to \$190 million under LIFE in FY 00, and to \$330 million under the Expanded Response in FY01. This significant increase in HIV/AIDS resources will enable USAID to mount a more intensive program of core HIV/AIDS prevention activities, as well as support an expanded program. The HIV/AIDS Division is hiring seven additional staff to increase the professional staff from 14 to 21 to provide appropriate technical guidance for program implementation and to monitor and evaluate progress.

Update of SO5: G/PHN will continue to build on and expand partnerships and support research and development of new methods and tools related to anti-microbial resistance (AMR), malaria, TB and surveillance. The surveillance portfolio is becoming more results-focused and responsive to the needs of USAID-assisted countries. G/PHN is refocusing its strategy and approach to infectious disease surveillance to strengthen health care systems and serve the needs of more focused disease-specific interventions.

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Glossary

AAD	- activity approval document
AIN	- ATENCION INTEGRAL A LA NINEZ (Integrated Child Health and Nutrition)
AMR	- antimicrobial resistance
CMS	- Commercial Market Strategies
CONRAD	- Contraceptive Research & Development
CPR	- contraceptive prevalence rate
DHS	- Demographic and Health Surveys
DMCI	- Drug Management for Childhood Illness
DOTS	- Directly Observed Therapy - short course
DRS	- Drug Resistance Surveillance
EPI	- Expanded Program on Immunizations
FHI	- Family Health International
FP/RH	- family planning and reproductive health
G/PHN	- Global Bureau's Population, Health and Nutrition Center
GAVI	- Global Alliance for Vaccines and Immunization
GHAJ	- Greater Horn of Africa Initiative
HHC	- household and community component of IMCI
IDED	- identified, evaluated and/or disseminated
IND	- Investigational New Drug
IMCI	- Integrated Management of Childhood Illness
IMR	- Infant Mortality Rate
IR	- Intermediate Results
ITN	- insecticide treated nets
MDR-TB	- multi-drug resistant - tuberculosis
MPP	- Mission Performance Plan
MPPI	- Maternal & Neonatal Program Effort Index
MTCT	- mother-to-child transmission
NIDS	- National Immunization Days
OR	- operations research
ORT	- oral rehydration therapy
PDT	- performance data table
PERSUAP	- Pesticide Evaluation Report and Safe Use Action Plan
PIH	- pregnancy induced hypertension
PMP	- performance monitoring plan
RBM	- roll back malaria
SDM	- Standard Days Method
SO	- Strategic Objective
STD	- sexually transmitted diseases
STI	- sexually transmitted infections
TAACS	- Technical Advisors for AIDS and Child Survival (also infectious diseases, population and basic education)
TEPHINET	- Trng. Progs. in Epidemiology for Public Health Interventions Ntwk.
U5MR	- Under 5 Mortality Rate
VCT	- voluntary counseling and testing

Part I. Overview and Factors Affecting Program Performance

In partnership with its cooperating agencies and USAID missions, the Global Bureau's Population, Health and Nutrition Center (G/PHN) fully met planned results and made significant contributions to achievement of Agency strategic objectives. The Center's continued strong performance stems from its focus on its three critical functions: global leadership, research and evaluation, and technical support to the field. These critical functions, reflected in the intermediate results (IRs) defined under each of the Center's five strategic objectives (SOs), represent the unique contribution (or "value-added") of G/PHN to Agency performance in our sector.

Stabilization of world population serves U.S. national interests by contributing to global economic growth, a sustainable environment, and regional security. Similarly, protecting human health and nutrition in developing and transitional countries also directly contributes to economic and social development. In addition, unhealthy conditions elsewhere in the world not only increase human suffering in the countries concerned, but can have a negative impact on U.S. public health by increasing the incidence of disease and threat of epidemics which could directly affect U.S. citizens.

G/PHN's five SOs are focused on efforts to improve public knowledge and use of highly effective health, nutrition and family planning/reproductive health services, and therefore are directly linked to attainment of Agency strategic objectives and goals in the PHN sector. These five SOs are:

- SO1: Increased use by women and men of voluntary practices that contribute to reduced fertility.
- SO2: Increased use of maternal health and nutrition interventions.
- SO3: Increased use of key child health and nutrition interventions.
- SO4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.
- SO5: Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance.

G/PHN focuses its reporting on results achieved with its core funds. However, because approximately half of the monies obligated to Global centrally-managed programs is field support funding from missions or regional bureaus, it is sometimes difficult to separate the results achieved with core funds from those achieved with field support funding. Looking across the Center's three critical functions - research and evaluation, global leadership, and technical support suggest to the field that research and evaluation results are most clearly attributable to core funding, while results in the other critical functions tend to be shared. However, in all cases these shared results could not have been achieved without G/PHN's core funding and technical expertise.

Sustainability, program integration, and donor coordination are important crosscutting themes that have received increasing attention in the PHN Center. G/PHN programs in health sector reform have resulted in significant improvements in health policies and systems, but much remains to be done. Program sustainability also has been promoted by building host country capacity to plan and manage programs through training of trainers, strengthening of management systems, and technical assistance to improve efficiency and cost recovery in partner agencies. Results indicators from these efforts are reported in the Information Annex on Institutional and Organizational Development.

Program integration makes sense when powerful synergies between programs operating under different strategic objectives strengthen the impact of all the objectives. In the development of new programs, G/PHN continues to look for opportunities to develop Center-wide cross-cutting initiatives that employ an integrated technical approach to achieve results across our strategic objectives. In doing so, the Center is careful to assure that funding for integrated activities matches the intended purpose of the account source.

G/PHN has significantly increased its engagement with major private foundations, even as the Center continues to work closely with its traditional multilateral and bilateral partners. For example, G/PHN has intensified its collaboration with the Bill & Melinda Gates Foundation on international public health issues of common interest, and in FY2000 the Gates Foundation began funding a staff person in the PHN Center to promote coordination between the two organizations. USAID and Gates, in cooperation with a number of partners from private industry and the public sector, made great progress in designing a Micronutrient Fortification Initiative to reduce micronutrient deficiencies in developing countries through increased access to vitamin-fortified foods.

FACTORS AFFECTING PERFORMANCE

SO1: In light of the devastating impacts of the HIV/AIDS epidemic, particularly in Africa, G/PHN/POP and G/PHN/HN/HIV-AIDS plan to work more closely together and with field programs to strengthen the linkages between FP/RH and HIV/AIDS programming. The planned emphasis on condom promotion under SO1 and SO4 is an example of this more coordinated effort.

Another factor affecting G/PHN/POP programming in FY01 is the re-institution of the Mexico City Policy restricting the partners with whom USAID can work. While the extent of disruption that this will cause is not yet known, there will be some communities currently served by these partner organizations whose services will be constrained or eliminated. This may have implications for our ability to meet planned goals for contraceptive prevalence.

SO2: The SO2 team is adjusting its portfolio to better enable cooperating agencies to work jointly to achieve higher levels of skilled attendance at birth. Additionally, the Center aims to partner with other donor agencies and multilateral organizations, possibly through new procurements and partnering arrangements. Changes in future funding levels and directives have the possibility to either diminish or enhance planned program results.

SO3: If the U.N. General Assembly Special Session on Children in September, 2001 generates increased demand and resources for accelerated child survival activities, SO3 will propose building on the positive experience of the Boost Immunization and VITA initiatives to initiate expanded field programming in a limited number of technical areas. Potential focus areas could include reduction of pneumonia and neonatal mortality, improved availability and use of child health drugs and commodities, and an expanded effort to increase prevention and treatment of child illness at the home and community level.

SO4: The USAID budget for HIV/AIDS programs has expanded from approximately \$142 million in FY99, to \$190 million under LIFE in FY00, to \$330 million dollars under the Expanded Response in FY01. This significant increase in HIV/AIDS resources will enable G/PHN to mount a more intensive program effort for the core HIV/AIDS prevention activities, and support an expanded program which will include home- and community-based care and support for HIV infected persons, care of children affected by AIDS, interventions to reduce mother to child transmission, blood safety, and capacity and infrastructure development. However, this rapid program expansion raises significant questions regarding the need for additional staff and resources in order to provide appropriate technical guidance for program implementation and to monitor and evaluate progress. The HIV/AIDS Division is hiring seven additional staff (GS, TAACS, Fellows and PSCs) to increase the professional staff from 14 to 21. There is the additional concern about counterpart absorptive capacity, particularly at the level of community-based NGOs with HIV/AIDS expertise. Additional training of host country program staff is planned to help address this issue.

SO5: In addition to increased funding for malaria in the FY 2001 appropriations, the "International Malaria Control Act of 2000" authorizes additional resources for the prevention and control of malaria in FY 2001 and 2002. G/PHN is working in close collaboration with regional bureaus and mission colleagues to use these additional funds during 2001 to mount a strategically focused, high-impact effort in support of expanded malaria control activities. These expanded efforts will complement ongoing malaria activities and will be focused largely in Africa, but also will include sub-regional efforts in South America and Southeast Asia.

Additionally, the 2001 appropriations provide for additional funds for TB control. G/PHN has worked closely with regional bureaus and mission colleagues to develop a strategy for use of these funds that will focus in four areas: expanded programs in key countries, continued investments in global and regional partnerships, investment in expanding cadre of TB experts, and expanded research investments. Our objective, at the country level, is to build the political commitment and local capacity to implement Directly Observed Therapy-Short Course (DOTS) programs effectively – including monitoring and reporting.

SO Text for SO: 936-001 Increased use by women and men of voluntary practices that contribute to reduced fertility

Country/Organization: Center for Population, Health and Nutrition

Objective ID: 936-001

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Self Assessment: Meeting Expectations

Primary Links to Agency Strategic Framework: **(Please Assign Percentages, Total Equals 100):**

- 1% 1.1 Critical private markets expanded and strengthened
- 0% 1.2 More rapid and enhanced agricultural development and food security encouraged
- 1% 1.3 Access to economic opportunity for the rural and urban poor expanded and made more equitable
- 1% 2.1 Rule of law and respect for human rights of women as well as men strengthened
- 0% 2.2 Credible and competitive political processes encouraged
- 1% 2.3 The development of politically active civil society promoted
- 0% 2.4 More transparent and accountable government institutions encouraged
- 1% 3.1 Access to quality basic education for under-served populations, especially for girls and women, expanded
- 0% 3.2 The contribution of host-country institutions of higher education to sustainable development increased
- 80% 4.1 Unintended and mistimed pregnancies reduced
- 5% 4.2 Infant and child health and nutrition improved and infant and child mortality reduced
- 5% 4.3 Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth reduced
- 5% 4.4 HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced
- 0% 4.5 The threat of infectious diseases of major public health importance reduced
- 0% 5.1 Threat of global climate change reduced
- 0% 5.2 Biological diversity conserved
- 0% 5.3 Sustainable urbanization including pollution management promoted
- 0% 5.4 Use of environmentally sound energy services increased
- 0% 5.5 Sustainable management of natural resources increased
- 0% 6.1 Urgent needs in times of crisis met
- 0% 6.2 Personal security and basic institutions to meet critical intermediate needs and protect human rights re-established

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Population

Secondary Link to MPP Goals (optional): Health

(Page limitations for narrative begin here):

Summary of the SO:

USAID has been the leading donor for family planning (FP) in developing countries for over thirty-five years. The G/PHN Center has four results under its SO1 that create a supportive environment and institutional framework for the provision of quality family planning and reproductive health (FP/RH) services and information in order to enhance couples' and individuals' ability to freely choose the number and spacing of their children. Its programs have had a significant impact on fertility, helping to reduce the average number of children per family in developing countries (excluding China) from over six in the 1960s to less than four currently. More than 150 million couples still have an unmet need for family planning services, and population momentum--in the form of 1.7 billion 10-24 year olds--requires continued global cooperation to support FP efforts. By improving maternal and child health and

reducing fertility, voluntary FP programs are critical to help countries meet the expressed FP/RH desires and needs of their citizens and to buy time to address other development challenges.

Key Results:

The modern contraceptive prevalence rate (CPR) among married and unmarried women--the indicators G/PHN uses to measure progress at the SO1 level--continue to show impressive gains. CPR among married women (Indicator 1.0.1) increased to 40 percent, and among unmarried, sexually active women (Indicator 1.0.2) to 51 percent. The striking difference in prevalence between married and unmarried, sexually active women is attributable principally to differences in Africa, where unmarried, sexually active women have much higher levels of modern contraceptive use than their married counterparts, suggesting a greater degree of interest in preventing pregnancy. In contraceptive research, we expected to have 39 leads under development. However, in order to tighten the portfolio and focus on products showing the most promise, only 23 leads are under development. Two rather than five leads advanced to the next stage (Indicator 1.1.1). On average, women of reproductive age know of six methods of modern contraception (Indicator 1.4.2). The following sections provide additional results and detail on program achievements during FY2000.

Performance and Prospects:

IR1.1--New and improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated and disseminated.

Research and evaluation efforts under this IR build the scientific and technological base for successful, high-quality FP/RH programs. Activities fall into three categories: contraceptive development, operations research, and data collection and evaluation technologies. FY 2000 achievements include:

A new and improved latex female condom completed two acceptability trials and will go into clinical trials in FY 2001.

□ Two new simple natural family planning methods were developed [the Standard Days Method (SDM) and the Two Day Method]. The SDM is currently in Phase II/III clinical trials. Initial results show very high effectiveness rates and high client and provider acceptability even in settings where clients are illiterate. The Two Day Method is in pilot studies and will enter clinical trials in FY2001.

□ Two novel male methods were licensed to the private sector. The first, a plastic condom, is in clinical trials supported by USAID, but will be marketed and distributed through the private sector. The second, a hormonal method for men, will be completely supported by the private sector starting in FY2001.

□ An operations research study in Bangladesh showed that introducing STD diagnosis and treatment and family planning counseling for men in traditional FP clinics that catered only to women succeeded in attracting men to the services and increased male involvement in reproductive health. This approach is currently being scaled up nationally.

□ A study conducted in public sector clinics in Kenya showed that the Government of Kenya (GOK) could charge fees for family planning services and increase financial sustainability without losing their clientele. The GOK is currently planning to pilot fees for services in some areas.

□ In the area of data collection and evaluation, Macro International developed a Web-based STAT-Compiler that has greatly speeded and facilitated access to the data contained in over 60 demographic and health surveys.

During FY 2001, G/PHN will devote particular attention to community and clinic-based studies of condom promotion as a way to prevent transmission of both sexually transmitted disease and pregnancy. A special focus will be involving men in the antenatal care services of their partners to prevent STDs during pregnancy and encourage post-partum family planning and STD preventive behaviors.

IR1.2--Improved policy environment and increased global resources for family planning programs.

G/PHN's policy role is to help bring reliable, timely information to the attention of policymakers and to enable local organizations to participate fully in the policy process. Additionally, through work with other donors, private voluntary organizations, and the commercial sector, G/PHN plays a lead role in increasing resources for FP programs. In FY2000:

- Data from population projection models and estimates of resource requirements were incorporated into laws, policies, and development plans in three states of India and four countries. These laws and policies affect the lives of some 384 million people.

- NGO Networks, a consortium of five large NGOs, met the five year matching requirement by its second year with an \$11 million contribution; a consortium member, Save the Children, raised an additional \$55 million for family planning and child health.

- The number of countries allocating increased local resources for FP/RH rose from seven in 1999 to ten in 2000.

IR1.3--Enhanced capacity for national programs to design, implement, finance and evaluate sustainable family planning programs.

IR activities help organizations self-identify problems and solutions and improve management skills for FP/RH programs. FY 2000 results include:

- A medical supervisory system, developed and instituted in the Jordanian Ministry of Health, is improving the provision of female sterilization services there.

- APROFAM, the principal national family planning organization in Guatemala, considerably improved its financial management capability, such that all 32 of its urban clinics are now fully self-financed.

- A client-driven model for creating a sustainable system of quality services at the clinic level significantly improved the quality of care in public sector clinics in two states of Brazil and has been adopted by UNFPA in a third state. The model is being adapted for service delivery improvement in Tanzania.

Two new results packages, one aimed at improving management and leadership and the other aimed at improving commodity logistics systems, were competed and awarded in FY2000. In keeping with its slogan, "No product, no program," the logistics award will focus significant effort on ensuring a reliable supply of contraceptives and other reproductive health commodities in developing countries. In FY 2001, the PHN Center will design its first Center-wide health communications activity to respond to needs for improved information, education, and behavior change in the FP/RH area.

IR1.4--Increased access to, quality of, cost-effectiveness of, and motivation to use family planning, breastfeeding, and selected reproductive health information and services.

Over the past two years, the IR1.4 portfolio has been restructured to focus more specifically on strengthening the comparative advantages of the public, commercial, and non-profit (PVO) institutions involved in FP/RH service provision in the developing world. FY2000 results include:

Pathfinder International reached over 4 million new contraceptive users in 12 countries and, through a cooperative agreement with CARE, quality FP/RH services were provided at 1,200 PVO sites in eight countries, reaching over 170,000 continuing family planning users.

- Commercial Market Strategies (CMS) supported private commercial sector service delivery in 21 countries, and increased couple years of protection, a measure of contraceptive supply, by 30% in Uganda, Madagascar, Senegal, and Morocco.

- In recognition that young people represent one-fourth of the world's population and that their FP/RH needs are enormous, G/PHN will design and award a new five-year cooperative agreement in FY 2001 to delay sexual

initiation, reduce unwanted sex, and increase the use of preventive practices and RH services--especially condoms--by young people ages 10-24 in developing countries.

Possible Adjustments to Plans:

In FY2000, the Office of Population, with participation from field missions, other AID/W units, cooperating agencies, and key outside stakeholders, developed a three-to-five year vision for USAID's population sector. The new vision makes explicit reference to linking FP/RH and STI/HIV/AIDS interventions, attending to the FP/RH needs of youth, supporting gender equity, and fostering collaborative relationships with partners. Over the coming months, G/PHN/POP will articulate its particular role in implementing the new vision, which may well result in a revised strategy for SO1.

In light of the devastating impacts of the HIV/AIDS epidemic, particularly in Africa, G/PHN/POP and G/PHN/HN/HIV-AIDS must work more closely together and with field programs to strengthen the linkages between FP/RH and HIV/AIDS programming. The planned emphasis on condom promotion mentioned above under IR1.1 will be part of this more coordinated effort.

Another factor affecting G/PHN/POP programming in FY2001 is the re-institution of the Mexico City Policy restricting the partners with whom USAID can work. While the extent of disruption that this will cause is not yet known, there will be some communities currently served by these partner organizations whose services will be constrained or eliminated. This may have implications for our ability to meet planned goals for contraceptive prevalence.

Other Donor Programs:

G/PHN is increasingly successful in leveraging funding from other donors, particularly foundations, for FP/RH programs. A specific example in FY2000 is a \$25 million grant from the Gates Foundation for microbicide development to the CONRAD Program, which USAID has invested in for 16 years. USAID's technical leadership raised awareness of the links between sexually transmitted disease and cervical cancer, leading to a \$50 million Gates Foundation grant, including support to three USAID cooperating agencies. Close coordination with UK Department for International Development (DFID) has resulted in this British development organization supplying female condoms in several countries while USAID supports the related service delivery systems for this method.

Major Contractors and Grantees:

Academy for Educational Dev., AVSC Int'l. (now called EngenderHealth), Basic Health Management Int'l., Carolina Population Center Univ. of North Carolina, Center for Disease Control & Prevention, the Centre for African Family Studies, Cooperative for Assistance and Relief Everywhere (CARE), Deloitte Touche Tohmatsu, Eastern Virginia Medical School, Family Health Int'l., the Forum for African Women Educationalists, The Futures Group Int'l., Georgetown Univ./Institute for Reproductive Health, Global Health Council, Int'l. Planned Parenthood Federation/London, Int'l. Planned Parenthood Federation/Western Hemisphere, Int'l. Science & Tech. Institute, INTRAH University of North Carolina, JHPIEGO Corporation, John Snow, Inc., John Hopkins School of Public Health, Macro Int'l, Management Sciences for Health, The National Academy of Sciences, Pal-Tech, Partnership for Child Health Care, Pathfinder Int'l., The Population Council, Profamilia/Colombia, Program for Appropriate Technology in Health, Public Health Institute, Save the Children, The Centre for Dev. & Pop. Activities, U.S. Bureau of Census, Univ. of Michigan, World Health Organization.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Objective ID: 936-001

Approved: 1995-12

Country/Organization: Center for Population, Health and Nutrition

Result Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Indicator: CPR (Modern), Married women

Disaggregated By:

Unit of Measure: Percent of women in union aged 15-49 using a modern method of contraception

Year	Planned	Actual
1994 (B)	30.9	NA
1995	31.9	32.1
1996	32.9	32.9
1997	33.9	34.4
1998	35.6	35.5
1999	36.7	37.7
2000 (T)	38.9	40.6
2001	41.5	NA
2002	42.4	NA
2003	43.3	NA
2005 (T)	45.1	NA

Source:

DHS

Indicator/Description:

Proportion of in union women of reproductive age (15-49) using or whose partner is using a "modern" contraceptive method at a particular point in time. Modern methods are condoms, Norplant implant, pill, IUD, injection, vaginal methods and voluntary surgical contraception.

Comments:

The rate of change in the indicator is based on population weighted regional (including E&E) average rates of change for countries with two or more DHS or CDC surveys in the last 15 years. The indicator value for a given country in a given year is an extrapolation (backward and forward) applying the appropriate regional average rate of change to the most recent survey-based measurement of the indicator. The global average for any given year is the population weighted average of the extrapolated values for the 54 countries that have measured the indicator through the DHS or CDC.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Objective ID: 936-001

Approved: 1995-12

Country/Organization: Center for Population, Health and Nutrition

Result Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Indicator: CPR (Modern)/Unmarried sexually active women

Disaggregated By:

Unit of Measure: Percent of sexually active unmarried women aged 15-49 using a modern method of contraception.

Year	Planned	Actual
1994 (B)	2.9	NA
1995	3.1	3.1
1996	3.2	3.2
1997	9.3	9.3
1998	9.9	10.0
1999	17.5	18.0
2000 (T)	19.5	51.8
2001	53.8	NA
2002	55.7	NA
2003	57.6	NA
2005 (T)	61.4	NA

Source:

DHS

Indicator/Description:

Proportion of unmarried sexually active women of reproductive age (15-49) using or whose partner is using a "modern" contraceptive method at a particular point in time. Modern methods are condoms, Norplant implant, pill, IUD, injection, vaginal methods and voluntary surgical contraception.

Comments:

The rate of change in the indicator is based on population weighted regional (including E&E) average rates of change for countries with two or more DHS in the last 15 years. The indicator value for a given country in a given year is an extrapolation (backward and forward) applying the appropriate regional average rate of change to the most recent survey based measurement of the indicator. The global average for any given year is the population weighted average of the extrapolated values for the 49 countries that have measured the indicator through the DHS. In general, DHS surveys conducted in ANE do not survey unmarried women. The global indicator values reported above are based on LAC, Africa and E&E. Data for 2000 and beyond are not comparable to data for previous years. In previous years, the denominator for the calculation was all unmarried women. Beginning with 2000 data, the denominator includes only unmarried women who are sexually active.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Objective ID: 936-001

Approved: 1995-12

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 1.1 New and improved technologies and approaches for contraceptive methods and family planning identified, developed, evaluated, and disseminated

Indicator: # of new and current contraceptive leads/methods under development or evaluation and/or advancing to the next stage and approved by FDA: Under development/evaluation

Disaggregated By:

Unit of Measure: Contraceptive leads/methods: Under development/evaluation

Year	Planned	Actual
1994 (B)	NA	37
1995	NA	37
1996	37	40
1997	40	41
1998 (T)	37	28
1999	26	24
2000 (T)	39	23
2001	25	NA
2002	25	NA
2003	25	NA

Source:

Project documents (CONRAD, PopCouncil, FHI)

Indicator/Description:

Comments:

Target for 2001-2003 have been adjusted to reflect lower expectations about the number of leads that will be under development/evaluation.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Objective ID: 936-001

Approved: 1995-12

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 1.1 New and improved technologies and approaches for contraceptive methods and family planning identified, developed, evaluated, and disseminated

Indicator: # of new and current contraceptive leads/methods under development or evaluation and/or advancing to the next stage and approved by FDA: Advancing to the next stage

Disaggregated By:

Unit of Measure: Contraceptive leads/methods: Advancing to the next stage

Year	Planned	Actual
1994 (B)	NA	0
1995	NA	0
1996	5	2
1997	2	7
1998 (T)	5	9
1999	5	5
2000 (T)	5	2
2001	3	NA
2002	2	NA
2003	2	NA

Source:

Project documents (CONRAD, PopCouncil, FHI)

Indicator/Description:

Comments:

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Objective ID: 936-001

Approved: 1995-12

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 1.1 New and improved technologies and approaches for contraceptive methods and family planning identified, developed, evaluated, and disseminated

Indicator: # of new and current contraceptive leads/methods under development or evaluation and/or advancing to the next stage and approved by FDA: Under development/evaluation: Approved by FDA

Disaggregated By:

Unit of Measure: Contraceptive leads/methods: Under development/evaluation: Approved by FDA

Year	Planned	Actual
1994 (B)	NA	0
1995	NA	0
1996	1	0
1997	0	2
1998 (T)	1	0
1999	0	0
2000 (T)	2	0
2001	2	NA
2002	3	NA
2003	1	NA

Source:

Project documents (CONRAD, PopCouncil, FHI)

Indicator/Description:

Comments:

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Objective ID: 936-001

Approved: 1995-12

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 1.4 Demand for, access to and quality of family planning and other selected reproductive health information and services increased

Indicator: Mean number of modern and traditional methods known by interviewed women of reproductive age

Disaggregated By:

Unit of Measure: Number of methods

Year	Planned	Actual
1994 (B)	NA	4.6
1995	4.7	4.7
1996 (T)	5.1	4.9
1997	5.2	5.2
1998 (T)	5.5	5.8
1999	6.1	6.1
2000 (T)	6.4	6.3
2001	6.5	NA
2002	6.7	NA
2003	6.8	NA

Source:

DHS

Indicator/Description:

Derived from sum of # of modern and traditional methods known by interviewed women ages 15-49 years divided by # of women surveyed.

Comments:

The rate of change in the indicator is based on population weighted regional (including E&E) average rates of change for countries with two or more DHS in the last 15 years. The indicator value for a given country in a given year is an extrapolation (backward and forward) applying the appropriate regional average rate of change to the most recent survey based-measurement of the indicator. The global average for any given year is the population weighted average of the extrapolated values for the 37 countries that have measured the indicator through the DHS.

SO Text for SO: 936-002 Increased use of key maternal health and nutrition interventions

Country/Organization: Center for Population, Health and Nutrition

Objective ID: 936-002

Objective Name: Increased use of key maternal health and nutrition interventions

Self Assessment: Meeting Expectations

Primary Links to Agency Strategic Framework: **(Please Assign Percentages, Total Equals 100):**

- 0% 1.1 Critical private markets expanded and strengthened
- 0% 1.2 More rapid and enhanced agricultural development and food security encouraged
- 0% 1.3 Access to economic opportunity for the rural and urban poor expanded and made more equitable
- 0% 2.1 Rule of law and respect for human rights of women as well as men strengthened
- 0% 2.2 Credible and competitive political processes encouraged
- 0% 2.3 The development of politically active civil society promoted
- 0% 2.4 More transparent and accountable government institutions encouraged
- 0% 3.1 Access to quality basic education for under-served populations, especially for girls and women, expanded
- 0% 3.2 The contribution of host-country institutions of higher education to sustainable development increased
- 0% 4.1 Unintended and mistimed pregnancies reduced
- 0% 4.2 Infant and child health and nutrition improved and infant and child mortality reduced
- 100% 4.3 Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth reduced
- 0% 4.4 HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced
- 0% 4.5 The threat of infectious diseases of major public health importance reduced
- 0% 5.1 Threat of global climate change reduced
- 0% 5.2 Biological diversity conserved
- 0% 5.3 Sustainable urbanization including pollution management promoted
- 0% 5.4 Use of environmentally sound energy services increased
- 0% 5.5 Sustainable management of natural resources increased
- 0% 6.1 Urgent needs in times of crisis met
- 0% 6.2 Personal security and basic institutions to meet critical intermediate needs and protect human rights re-established

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Health

Secondary Link to MPP Goals (optional): Population

(Page limitations for narrative begin here):

Summary of the SO:

Each year, more than 500,000 women die as a result of pregnancy. Of those who survive obstetric complications, millions suffer long term disability. New global and regional maternal mortality estimates show a decline from 585,000 in 1990 to 515,000 in 1995 in annual maternal deaths and a regional shift in greatest magnitude from Asia to Africa. The new figures need to be viewed with caution since modifications in the research methodology over time make it difficult to assess the magnitude of the change. About half of the decline has been attributed to fewer births each year, with the remainder attributed to reduction in the risk associated with pregnancy.

S02 focuses primarily on improving maternal nutritional status, improving preparation for birth including antenatal care, promoting safe and clean delivery practices, improving postpartum care, and treating obstetrical complications.

S02 strategy concentrates on identification and expansion of affordable, effective interventions for women who are geographically and culturally isolated--thereby most vulnerable to obstetric tragedy.

Key Results:

A medically trained birth attendant who is skilled in safe delivery and treatment of obstetric and newborn complications is essential for improving pregnancy outcome. Over the past five years, there has been gradual gain in the key indicator of medically-trained attendance at birth; in USAID PHN-assisted countries there has been an increase from 44.7% in 1996 to 48.0% in 2000 (slightly higher than the target of 47.2%). However, the global figure does mask some regional differences. Notably the Africa region, where skilled attendance at birth is traditionally low, continues to stagnate. The ANE and LAC regions show good improvement; E&E improvement is less but rests on the highest regional rate of skilled attendance at birth of all USAID regions. In response to these trends noted in an internal portfolio review, USAID will continue current programming in regions where positive results are being shown. As a result of the stagnation in Africa, we will focus in the coming year on improving strategies for investing in Africa.

IR 2.1: Research and Evaluation

In FY 00, the SO2 team started review of its current research portfolio as an initial step in developing the SO2 research agenda and investment strategy to be completed in FY 01.

- In Tver Oblast, Russia, quality improvement knowledge and evidence-based clinical guidelines were introduced to manage pregnancy induced hypertension (PIH) resulting in no cases of early PIH progressing to convulsions, no PIH deaths, and 77% decreased hospitalization and 87% reduced costs of care due to PIH.
- In Jinotega District, Nicaragua where maternal mortality is high and essential obstetric care is of poor quality, after one year communication of clinical standards and associated midwifery training led to an increase in patient satisfaction from 58% to 87%, better compliance with national essential obstetric care standards from 3% to 83%, and reduction in maternal deaths from 10 to 3.
- In Nepal, women with night blindness in pregnancy are 4 times more likely to die in the two years after childbirth than women without the condition. USAID-funded research found that weekly vitamin A supplementation virtually eliminated this excess mortality.

IR 2.2: Policy

The S02 program aims to improve the policy environment and framework for allocation of resources--a critical determinant of the success of safe motherhood programs.

- USAID, in collaboration with PAHO and WHO, sponsored an international conference, "Managing Quality through Regulation." Participants from 35 countries focused on the creation of a policy environment that supports quality maternal care by assuring the capacity of health care providers and facilities through licensing, certification and accreditation.
- The "Cost Estimate Strategy Spreadsheet and User's Guide for Reproductive Health Commodities" has been published and widely disseminated. As a result of using this tool, commodity procurement in Kenya has improved and donor agencies were able to establish funding levels for commodities in Zambia.
- The Maternal and Neonatal Program Index developed in FY 99 was implemented in 49 PHN-assisted countries. In addition to providing cross-country comparisons on 14 key components of maternal health services, the results provide valuable information for national strategy development. Furthermore, analysis shows that the MNPI scores are correlated with published maternal mortality estimates.

IR 2.3: Community Mobilization

The S02 program focuses on empowerment and culturally-appropriate approaches to effective self-care and preparation for birth--essential for improving pregnancy outcomes.

- To build advocacy capability for safe motherhood, the global White Ribbon Campaign for Safe Motherhood started 1½ years ago now has over 159 member organizations. “Awareness, Mobilization and Action for Safe Motherhood: A Field Guide” has been published and is being disseminated globally.
- USAID hosted a “Consultative Forum on the Behavioral Dimension of Maternal Health and Survival” to examine the evidence, particularly for self-care and care-seeking; relationships between providers and clients; and building bridges between communities and services. This dialogue led to recommendations for improved programming in the area of behavior change.
- In Bihar, India, pregnant and lactating women receive less than 50% of recommended caloric intake. Through a behavior change intervention, participants increased their consumption of a corn soya blend, a major dietary supplement, from 12% to 56%. This approach will be mainstreamed into a follow-on program to reach 8.5 million beneficiaries.

IR 2.4: Maternal Health Services

Accessible, culturally-sensitive, high quality maternal health services are crucial for promoting health and nutrition and rapidly treating life-threatening obstetric complications.

- An integrated community participation and improved service delivery program for pregnant women in South Kalimantan, Indonesia, increased skilled attendance at birth from 37% to 58%.
- In seven health districts in Bolivia where women infrequently use health facilities for delivery, an intensive information campaign and training of doctors and nurses increased skilled attendance at delivery from 14% to 24%.
- A program to assist traditional birth attendants in Guatemala to identify and refer complications led to an increase in referral for postpartum care from 1% to 20% along with greater use of professional providers for postpartum care (7.5% to 39%).
- Capability for regional outreach has been established in Burkina Faso (for West Africa), Uganda (for East Africa) and Guatemala (for LAC) through development of model training centers, preparation of master trainers, updated curricula for health providers, and workshops to promote evidence-based practice.

Performance and Prospects:

There were no significant differences between planned and actual performance in the last year although skilled attendance at delivery in Africa has stagnated.

In the coming years G/PHN plans to continue its research on the effect of vitamin A and the cost-effectiveness of various intervention packages to improve pregnancy outcome. The cross-national maternal and neonatal performance index that has now been completed in 49 countries will stimulate considerable national policy dialogue about the best way to achieve gains in maternal and neonatal health. We anticipate use of innovative social mobilization activities to foster the implementation of safe motherhood programs and more effective programming approaches to achieve targeted behavior change--particularly use of skilled attendants at birth. Additional training centers for obstetric and neonatal care will be established and improved, and priority will be placed on improving pre-service curricula to ensure sustainable national scale-up of training. Institutionalization of quality assurance will be emphasized to expand and sustain accomplishments.

Possible Adjustments to Plans:

The SO2 team is adjusting the portfolio to better assist cooperating agencies to work jointly to achieve higher levels of skilled attendance at birth. Additionally, we aim to partner with other donor agencies and multilateral organizations, possibly through new procurements and partnering arrangements. Changes in funding levels and direction have the possibility to diminish or enhance program results.

Other Donor Programs:

World Health Organization, UNICEF, UNFPA, PAHO, The World Bank, non-governmental organizations, other bilateral donors, especially the Department for International Development and Japan International Cooperation

Agency, have been traditional partners. Increased effort will be made to partner with private foundations, including the Gates and UN Foundations.

Major Contractors and Grantees:

JHPIEGO Corporation, Academy for Educational Development, Johns Hopkins University, University Research Corporation, Abt Associates, and the World Health Organization are key partners in the areas of research, policy, behavior change and service delivery.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of key maternal health and nutrition interventions

Objective ID: 936-002

Approved: March 1998

Country/Organization: Center for Population, Health and Nutrition

Result Name: 2.0.1 Increased use of key maternal health and nutrition interventions

Indicator: Percent of recent live births attended by medically trained personnel.

Disaggregated By:

Unit of Measure: Percent

Year	Planned	Actual
1998 (B)	45.7	45.7
1999	46.2	46.5
2000	47.2	48.0
2001	48.9	NA
2002	49.7	NA
2003	50.5	NA

Source:

DHS and CDC RHS: denominator - US Bureau of the Census, BUCEN database

Indicator/Description:

Number of live births attended by medically trained personnel (doctors, nurses, or midwives but not trained TBAs) per 100,000 live births

Comments:

This indicator is similar to the SO-level indicator reported in previous years. However, baseline, targets and actuals have been updated using rolling, weighted average methodology across 49 countries. Previous planned and actual levels for this indicated from 2000 on have been calculated using a slightly different methodology than the one used to calculate planned and actual levels for 1998 and 1999. Thus the data for the two time periods are not strictly comparable.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of key maternal health and nutrition interventions

Objective ID: 936-002

Approved: March 1998

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 2.1 Effective and appropriate maternal health and nutrition and approaches identified, developed, evaluated and/or disseminated

Indicator: Number of maternal health and nutrition interventions and approaches under development or evaluation and/or advancing to the stage of dissemination: Planned

Disaggregated By:

Unit of Measure: Number (count) of individual research studies: Planned

Year	Planned	Actual
1999 (B)	5	5
2000	8	14
2001	8	NA
2002	8	NA
2003	8	NA

Source:

All cooperating and contracting agencies receiving SO2 funds

Indicator/Description:

Number of approaches or interventions currently under study. To be counted, the activity must have a hypothesis under study and a protocol guiding the conduct and methodology of the research activity.

Comments:

The SO2 Strategy was revised and approved in 1998. The PMP was revised in 1999 to reflect revised SO and IRs. The indicator is similar to the SO-level indicator reported in previous years. "Actual" equals "Planned" in 1999 because this is the first year in which baseline data was collected from a technical mapping of cooperating agency research activities. In the baseline year of 1999, there is more research in "ongoing" and "dissemination" categories due to the ending of the 12-year maternal health flagship in the year 2000. As anticipated in last year's R4, there has been a shift toward research in the earlier phases (i.e. "planned and "ongoing" vs. "dissemination").

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of key maternal health and nutrition interventions

Objective ID: 936-002

Approved: March 1998

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 2.1 Effective and appropriate maternal health and nutrition and approaches identified, developed, evaluated and/or disseminated

Indicator: Number of maternal health and nutrition interventions and approaches under development or evaluation and/or advancing to the stage of dissemination: Ongoing

Disaggregated By:

Unit of Measure: Number (count) of individual research studies: Ongoing

Year	Planned	Actual
1999 (B)	29	29
2000	15	31
2001	18	NA
2002	20	NA
2003	22	NA

Source:

All cooperating and contracting agencies receiving SO2 funds

Indicator/Description:

Number of approaches or interventions currently under study. To be counted, the activity must have a hypothesis under study and a protocol guiding the conduct and methodology of the research activity.

Comments:

The SO2 Strategy was revised and approved in 1998. The PMP was revised in 1999 to reflect revised SO and IRs. The indicator is similar to the SO-level indicator reported in previous years. "Actual" equals "Planned" in 1999 because this is the first year in which baseline data was collected from a technical mapping of cooperating agency research activities. In the baseline year of 1999, there is more research in "ongoing" and "dissemination" categories due to the ending of the 12-year maternal health flagship in the year 2000. As anticipated in last year's R4, there has been a shift toward research in the earlier phases (i.e. "planned and "ongoing" vs. "dissemination").

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of key maternal health and nutrition interventions

Objective ID: 936-002

Approved: March 1998

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 2.1 Effective and appropriate maternal health and nutrition and approaches identified, developed, evaluated and/or disseminated

Indicator: Number of maternal health and nutrition interventions and approaches under development or evaluation and/or advancing to the stage of dissemination: Dissemin.

Disaggregated By:

Unit of Measure: Number (count) of individual research studies: Dissemination

Year	Planned	Actual
1999 (B)	25	25
2000	19	22
2001	5	NA
2002	6	NA
2003	8	NA

Source:

All cooperating and contracting agencies receiving SO2 funds

Indicator/Description:

Number of approaches or interventions currently under study. To be counted, the activity must have a hypothesis under study and a protocol guiding the conduct and methodology of the research activity.

Comments:

The SO2 Strategy was revised and approved in 1998. The PMP was revised in 1999 to reflect revised SO and IRs. The indicator is similar to the SO-level indicator reported in previous years. Actual equals planned in 1999 because this is the first year in which baseline data was collected from a technical mapping of cooperating agency research activities. In the baseline year of 1999, there is more research in "ongoing" and "dissemination" categories due to the ending of the 12-year maternal health flagship in the year 2000. As anticipated in last year's R4, there has been a shift toward research in the earlier phases (i.e. "planned and "ongoing" vs. "dissemination").

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of key maternal health and nutrition interventions

Objective ID: 936-002

Approved: March 1998

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 2.2 Improved policy environment for maternal health and nutrition programs

Indicator: Maternal and Neonatal Program Effort Index (MNPI)

Disaggregated By:

Unit of Measure: Average composite score

Year	Planned	Actual
1998*	NA	43.3
1999*	NA	43.7
2000 (B)	NA	56.0
2001	NA	NA
2002	NA	NA
2003	61.0	NA

Source:

Standard questionnaire completed by 10-25 key informants per country

Indicator/Description:

The MNPI is a composite score (0-100) derived for each country on 81 items grouped into 14 categories that assess national level of effort toward the treatment of serious pregnancy complications, access to services, maternity and neonatal protocols, and support systems such as funding, personnel, equipment, training, health education and evaluation. The composite scores for each of 49 countries with PHN activities are summed and the average score across countries is reported in the tables.

Comments:

The MNPI was pre-tested in 1998-1999. *Data for these years and projections are preliminary (based on 4 countries) and, therefore, no planned figures are provided. Data for all 49 countries to provide a true baseline and projected targets became available in 2000 and we have now set the target for 2003. Data on this indicator will be reported every three years; therefore, there are no planned levels set for 2001 and 2002.

SO Text for SO: 936-003 Increased use of key child health and nutrition interventions

Country/Organization: Center for Population, Health and Nutrition

Objective ID: 936-003

Objective Name: Increased use of key child health and nutrition interventions

Self Assessment: Meeting Expectations

Primary Links to Agency Strategic Framework: (Please Assign Percentages, Total Equals 100):

- 0% 1.1 Critical private markets expanded and strengthened
- 0% 1.2 More rapid and enhanced agricultural development and food security encouraged
- 0% 1.3 Access to economic opportunity for the rural and urban poor expanded and made more equitable
- 0% 2.1 Rule of law and respect for human rights of women as well as men strengthened
- 0% 2.2 Credible and competitive political processes encouraged
- 0% 2.3 The development of politically active civil society promoted
- 0% 2.4 More transparent and accountable government institutions encouraged
- 0% 3.1 Access to quality basic education for under-served populations, especially for girls and women, expanded
- 0% 3.2 The contribution of host-country institutions of higher education to sustainable development increased
- 0% 4.1 Unintended and mistimed pregnancies reduced
- 100% 4.2 Infant and child health and nutrition improved and infant and child mortality reduced
- 0% 4.3 Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth reduced
- 0% 4.4 HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced
- 0% 4.5 The threat of infectious diseases of major public health importance reduced
- 0% 5.1 Threat of global climate change reduced
- 0% 5.2 Biological diversity conserved
- 0% 5.3 Sustainable urbanization including pollution management promoted
- 0% 5.4 Use of environmentally sound energy services increased
- 0% 5.5 Sustainable management of natural resources increased
- 0% 6.1 Urgent needs in times of crisis met
- 0% 6.2 Personal security and basic institutions to meet critical intermediate needs and protect human rights re-established

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Health

Secondary Link to MPP Goals (optional): Economic Development

(Page limitations for narrative begin here):

Summary of the SO:

SO3 focuses on achieving the Year 2000 goals set at the 1990 World Summit for Children, improving child health and nutrition and reducing infant and child mortality. Best available data show that globally, infant mortality has declined to about 60/1,000 live births, and under five mortality to about 90/1,000. WHO estimates that in 1999 about 2.2 million fewer children under five died than in 1990. However, the Infant Mortality Rate (IMR) and the Under 5 Mortality Rate (U5MR) are still above their Summit Goal levels, and the rate of decline in infant and child mortality is slowing, especially in Africa and southern Asia. G/PHN's SO level indicators reveal constant progress in three key interventions (immunization [3.0.1a], ORT [3.0.2a], and breastfeeding), but continued stagnation in use of ARI treatment. The U.N. estimates that, from 1990 to 2000, child undernutrition has declined globally from about 33% of children to 25%; however, undernutrition has increased in Africa. Almost half of children living in areas of vitamin A deficiency now receive at least one dose of supplemental vitamin A; polio eradication has

reduced cases of wild virus to under 3,000, half the 1999 level. These are areas where the G/PHN leadership has made major contributions. Significant challenges for child survival include sustaining progress and meeting the substantial unmet need for the basic child survival interventions, both more difficult in countries with high prevalences of HIV and AIDS. Also, the burden of disease and malnutrition disproportionately falls on the poorest families, and child survival interventions usually reach these families the least.

G/PHN's response during 2000 has been to focus its efforts on key areas most relevant to the unmet needs of child survival, such as the "Boost Immunization" and VITA initiatives and the "household and community component" of IMCI (HH/C-IMCI). To increase impact, we increasingly emphasized coordination with partners - including other G/PHN SOs, other USAID bureaus and field missions, as well as UNICEF, WHO, the World Bank, Gates and other foundations, the PVO community, and initiatives such as GAVI and Roll Back Malaria - who bring additional resources to these efforts. SO3 has also sustained its management for results: for example, major refocusing of G/PHN's breastfeeding project yielded demonstrated increases in breastfeeding rates in several countries. With the successful achievement of its original five-year I.R.-level indicators, SO3 has adopted an updated set of indicators, two of which are reported on here.

Key Results:

This section provides examples to demonstrate SO3's progress during 2000 and planned accomplishments through 2003, in relation to G/PHN's key functions of research and evaluation, technical leadership, and field support.

Research and Evaluation. During 2000, in immunization new technologies to increase injection safety were developed and tested; clinical trial of the 7-valent pneumococcal vaccine demonstrated efficacy from 77% to 87%. For IMCI, field studies identified constraints to accessing care for severely ill children; baseline surveys were completed in Uganda for the multi-year IMCI effectiveness study. In micronutrients, meta-analyses demonstrated that administering vitamin A with EPI vaccines did not diminish vaccine effectiveness, and that the child health benefits of iron in malaria-endemic areas far outweigh adverse effects on malarial illness. Studies of zinc supplementation revealed 75% reduction in mortality among low birthweight infants in India, 50% reduction in all-cause child mortality in Bangladesh, and in meta-analysis, significant overall reduction in diarrhea morbidity and mortality. For newborn survival, a multi-center study identified the major pathogens causing neonatal infections; in Bangladesh, low birthweight was found to be the most important determinant of subsequent infant growth. In health systems, a study in Kenya found quality management teams to raise health worker compliance with IMCI guidelines by 65% over two years.

Technical Leadership. In immunization, a new model for support of national immunization programs was established through a fund endowed by the Armenian diaspora to support child immunization in Armenia. G/PHN also supported development and field testing of GAVI assessment tools for immunization services and new vaccine introduction, and worked with WHO to develop a global measles mortality reduction strategy. A G/PHN-initiated working group of international organization partners and country programs developed a framework for scaling up Roll Back Malaria and IMCI implementation in the African Region. G/PHN also continued active leadership in roll-out of HH/C-IMCI, including supporting a full-time in-country coordinator in Uganda and development of a costing tool field tested with WHO and the World Bank as part of Bank program development in Nepal. In Honduras, the MOH made the G/PHN-supported "AIN" community-based growth promotion approach a national strategy, and the World Bank and other partners initiated AIN-type activities in three other LA/C countries. A USAID/WHO consultation with foundations, PVOs, and the research community identified commercially viable solutions to reduce pneumonia in young children by decreasing exposure to indoor smoke. Based on the results of G/PHN research, WHO drafted a recommendation to provide low dose vitamin A to infants in the first six months of life. Guidelines were drafted for Title II food aid in programs transitioning from relief to development, and for nutrition support for communities affected by HIV/AIDS. G/PHN also co-sponsored the first international conference on accreditation, certification, and licensing, identifying basic strategies for regulating private sector care, and developed and applied an immunization financing/costing tool to support the GAVI application process.

Field Support. In FY 2000, G/PHN collaborated with missions and bureaus to allocate "Boost Immunization" funds and provide technical assistance to countries receiving those funds (see "Success Story"). G/PHN also provided technical assistance to six African countries and two Asian countries to enable them to apply to GAVI for new vaccines. USAID support resulted in 86% of polio labs worldwide now being accredited. The VITA Initiative was expanded and cooperative vitamin A activities implemented in 13 countries, with G/PHN leading the transition from

dependence on NIDS to other approaches for delivering vitamin A supplements (Indicator 3.5.1a). In IMCI, G/PHN staff and projects directly supported implementation in 12 LAC and AFR countries, and worked with WHO and UNICEF in others (Indicator 3.2.1a); the Drug Management for Childhood Illness (DMCI) approach was adapted for use in African countries, applied in Zambia and Uganda, further adapted for Francophone Africa, and introduced in a sub-regional workshop in Tanzania; two Regional Technical Advisors are being supported to expand DMCI activities in Africa. G/PHN-supported technologies were incorporated into the DHS and applied in 16 countries, identifying the prevalence of vitamin A and iron deficiency. G/PHN breastfeeding technical support yielded increased rates of exclusive breastfeeding in USAID sites in Ghana, Madagascar, and Uttar Pradesh and Bihar states of India. Finally, newborn care assessments were completed and program planning initiated in Nigeria, Senegal, Bolivia and Bangladesh.

Performance and Prospects:

Expected Progress Through FY 2001: As the U.N. Special Session on Children approaches, G/PHN will accelerate its coordination with U.N. partners and with other U.S. organizations to promote commitment to a future agenda for children that continues to emphasize survival, health, and nutrition improvements. Specific results of SO3 investment and effort in 2001 will include further research on pneumococcal vaccine and on new rotavirus vaccines; analysis of preliminary results of the four major field trials of vitamin A on infant, child, and maternal mortality; and initiation of field tests of a community-based model for newborn care. Technical leadership will include developing the operational basis for new vaccine introduction into countries by GAVI; integrating measles mortality reduction into existing immunization programs; operationalizing the RBM/IMCI linkage in African countries, elevating the HH/C-IMCI approach to a global initiative with expanded commitment by UNICEF, WHO, and the World Bank; partnering with the Gates Foundation and others to launch a major fortification initiative in at least six countries; expanding the community growth promotion approach developed in LAC to the Africa region; and supporting production of evidence-based recommendations for newborn interventions. In field support, SO3 will expand technical support for immunization programs, including establishing long-term advisors in six "Boost" countries and continuing support to polio efforts; expanding investment in HH/C IMCI, involving PVOs and new partners such as DFID; helping priority countries develop sustainable approaches to vitamin A supplementation that do not depend on polio NIDS; working with countries and international partners to improve availability and use of basic child health drugs, based on the DMCI approach; and expanding application of G/PHN developed health sector financing approaches.

Possible Adjustments to Plans:

If the U.N. Special Session on Children generates increased demand and resources for accelerated child survival activities, SO3 would propose building on the positive experience of the Boost Immunization and VITA initiatives, combining additive resources with technical guidance and assistance to initiate expanded field programming in a limited number of technical areas. Potential focus areas of such expanded efforts would include reduction of pneumonia and neonatal mortality, improved availability and use of child health drugs and commodities, and an expanded effort to increase prevention and treatment of child illness at the home and community level in partnership with U.S. PVOs and partner organizations.

Other Donor Programs:

SO3 works in close collaboration with major donors in the area including: UNICEF, WHO, and other United Nations organizations, non-governmental organizations, (NGOs), European donors, the US-Japanese Common Agenda, and the Bill and Melinda Gates Foundation and other U.S. private sector partners and foundations.

Major Contractors and Grantees:

ABT Associates, Academy for Educ. Dev., African Medical & Relief Foundation, Boston University, Camp Dresser & McKee Int'l., CARE, Center for Human Services, CDC, Clapp & Mayne, Inc., PVO CORE Group/World Vision, Global Health Council, Helen Keller Int'l., ICDDR/B, Int'l. Clinical Epidemiology Network, Int'l Science & Tech. Institute, John Hopkins School of Public Health, John Snow Inc., LTG Associates, Management Sciences for Health, Manoff Group, Massachusetts Public Health Biologic Laboratories, DHHS/OIRH, Partnership for Child Health Care Inc., PATH, Population Services Int'l., Save the Children, U.S. Bureau of Census, U.S. Pharmacopeial Convention, Inc., UNICEF, World Health Organization.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of key child health and nutrition interventions

Objective ID: 936-003

Approved: 1995-12

Country/Organization: Center for Population, Health and Nutrition

Result Name: 3.0.1a Increased use of key child health and nutrition interventions

Indicator: Percent of children fully immunized by age 1

Disaggregated By:

Unit of Measure: Children 12-23 months of age immunized by age 1

Year	Planned	Actual
1994 (B)	NA	36%
1995	NA	37%*
1996	NA	38%*
1997	40%*	38%*
1998	41%*	39%*
1999	42%*	40%*
2000 (T)	43%*	41%*
2001 (T)	44%*	NA
2002	NA	NA
2003	NA	NA
2004	NA	NA
2005	50%	NA

Source:

DHS

Indicator/Description:

Children receiving 3 doses of DPT and Polio, as well as one dose of measles before 1 year of age

Comments:

Data available for 45 countries in 2000. {*Note: Planned and actual levels have been adjusted to reflect application of an improved statistical approach to estimating trends using DHS data that make different new values available for some countries each year

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of key child health and nutrition interventions

Objective ID: 936-003

Approved: 1995-12

Country/Organization: Center for Population, Health and Nutrition

Result Name: 3.0.2a Increased use of key child health and nutrition interventions

Indicator: Percent of children under age five receiving ORS, recommended home fluids or increased fluids for diarrhea

Disaggregated By:

Unit of Measure: Children under five with diarrhea

Year	Planned	Actual
1994 (B)	NA	54%
1995	NA	55%*
1996	NA	57%*
1997	59%*	59%*
1998	61%*	61%*
1999		63%*
2000 (T)	65%*	65%*
2001 (T)	67%*	NA
2002		NA
2003		NA
2004		NA
2005	75%*	NA

Source: DHS

Indicator/Description:

Proportion of all cases of diarrhea in children under 5 treated with ORS and/or recommended home fluids or increased fluids

Comments:

Data available for 49 countries in 2000.

*[Note: Planned and Actual levels have been adjusted to reflect application of an improved statistical approach to estimating trends using DHS data that make different new values available for some countries each year]

Performance Data Table Fiscal Year: 2003

Objective Name: Increased use of key child health and nutrition interventions

Objective ID: 936-003

Approved: 0000-00-00

Country/Organization: Center for Population, Health and Nutrition

Result Name: 3.2 Prevention and appropriate treatment of diarrheal diseases, ARI, malaria, and malnutrition increased through IMCI

Indicator: Priority countries* building or expanding IMCI program implementation at health facility level

Disaggregated By:

Unit of Measure: # of countries

Year	Planned	Actual
1999		8 (a) 11 (b)
2000	10 (a) 12 (b)	10 (a) 13 (b)
2001	10 (a) 15 (b)	NA
2002	7 (a) 19 (b)	NA
2003	4 (a) 22 (b)	NA
2004	0 (a) 26 (b)	NA

Source:

WHO/PAHO, LAC Bureau, project reports

Indicator/Description:

Number of USAID priority countries in the a) early implementation phase and b) expansion Phase of facility-based IMCI implementation.

Comments:

*Priority countries include LAC/PAHO Regional IMCI Initiative target countries, BASICS program countries, and other USAID joint programming and joint planning countries identified as priority for IMCI implementation by USAID's partners including the Inter-Agency Working Group on IMCI; specific countries are:

BASICS: Bolivia, Ghana, Guinea, El Salvador, Honduras, Nicaragua, Nigeria, Senegal, and Uganda

LAC initiative: Ecuador, Peru, Guatemala, Haiti, Bolivia, El Salvador, Honduras, and Nicaragua

USAID Joint Programming Countries: Bangladesh, Egypt, India, Indonesia, Morocco, Nepal, Philippines, Ethiopia, Kenya, S. Africa, Tanzania, Ghana, Uganda, and Nigeria

Other: Madagascar, Zambia

Performance Data Table Fiscal Year: 2003

Objective Name: Increased use of key child health and nutrition interventions

Objective ID: 936-003

Approved: 0000-00-00

Country/Organization: Center for Population, Health and Nutrition

Result Name: 3.5 Increased utilization of key interventions to reduce malnutrition and its contribution to child morbidity and mortality

Indicator: Number of USAID-supported countries that have vitamin A deficiency that have instituted routine periodic vitamin A supplementation programs (at least twice annually)

Disaggregated By:

Unit of Measure: # of countries

Year	Planned	Actual
1999		6 (5)
2000	10	13 (8)
2001	16	NA
2002	19	NA
2003	22	NA
2004	25	NA

Source:

Country and project reports

Indicator/Description:

Number of USAID-assisted countries in which vitamin A deficiency is documented to be endemic, that have initiated regular vitamin A supplementation activities on a national or sub-national (i.e. regional or provincial, more than local or district level).

Comments:

Number in parentheses is the number of these programs that have achieved at least 50% coverage of children under five.

SO Text for SO: 936-004 Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Country/Organization: Center for Population, Health and Nutrition

Objective ID: 936-004

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Self Assessment: Meeting Expectations

Primary Links to Agency Strategic Framework: **(Please Assign Percentages, Total Equals 100):**

- 0% 1.1 Critical private markets expanded and strengthened
- 0% 1.2 More rapid and enhanced agricultural development and food security encouraged
- 0% 1.3 Access to economic opportunity for the rural and urban poor expanded and made more equitable
- 0% 2.1 Rule of law and respect for human rights of women as well as men strengthened
- 0% 2.2 Credible and competitive political processes encouraged
- 0% 2.3 The development of politically active civil society promoted
- 0% 2.4 More transparent and accountable government institutions encouraged
- 0% 3.1 Access to quality basic education for under-served populations, especially for girls and women, expanded
- 0% 3.2 The contribution of host-country institutions of higher education to sustainable development increased
- 0% 4.1 Unintended and mistimed pregnancies reduced
- 0% 4.2 Infant and child health and nutrition improved and infant and child mortality reduced
- 0% 4.3 Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth reduced
- 100% 4.4 HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced
- 0% 4.5 The threat of infectious diseases of major public health importance reduced
- 0% 5.1 Threat of global climate change reduced
- 0% 5.2 Biological diversity conserved
- 0% 5.3 Sustainable urbanization including pollution management promoted
- 0% 5.4 Use of environmentally sound energy services increased
- 0% 5.5 Sustainable management of natural resources increased
- 0% 6.1 Urgent needs in times of crisis met
- 0% 6.2 Personal security and basic institutions to meet critical intermediate needs and protect human rights re-established

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Health

Secondary Link to MPP Goals (optional): Population

(Page limitations for narrative begin here):

Summary of the SO:

The spread of HIV has created a human tragedy of epic proportions, which destroys families and endangers the economic and political stability of entire regions. Since the disease was first recognized in 1981, 57 million people have become infected with HIV worldwide. Nearly 22 million adults and children have already died of AIDS, including 3 million deaths in 1999 alone. Currently, 35 million people live with HIV. More than 13 million children under 15 have already lost one or both parents to AIDS and many millions more live in families affected by HIV/AIDS. By 2010, as many as 40 million children may have lost a parent to HIV/AIDS. HIV/AIDS is the fourth leading cause of death worldwide and the leading cause in sub-Saharan Africa.

Key Results:

In response to the changing face of the pandemic, USAID's HIV/AIDS strategy is designed to both expand efforts to prevent HIV transmission and to mitigate the disease's impact on people and their communities. According to the 1998 GAO report: "Despite the continued spread of HIV/AIDS in many countries, USAID has made important contributions to the fight against HIV/AIDS. USAID-supported research helped to identify interventions proven to curb the spread of HIV/AIDS that have become the basic tools for the international response to the epidemic." (GAO Report: HIV/AIDS: USAID and U.N. Response to the Epidemic in the Developing World, page 4, July, 1998).

The accompanying Performance Data Tables provide actual and planned values for key indicators. The number of condoms distributed and the reported condom use with non-regular sex partners represent two critical intermediate indicators of program impact. However, the most crucial and ultimate indicators of program success are a measurable decrease in HIV prevalence in target populations (or nationally if sufficient resources are available) and increased access to effective support and care services for affected persons and communities. Per the attached Performance Data Table, for the 2002 time frame and with existing and future proposed resources, USAID hopes to slow the increasing prevalence of HIV in sub-Saharan Africa and maintain the prevalence at the existing rates in the other three regions.

Performance and Prospects:

The strategy continues to focus on three proven approaches to HIV/AIDS prevention, each of which has had demonstrable impacts in multiple country settings: (1) reducing high-risk behavior, (2) increasing condom use and (3) treating sexually transmitted infections (STIs).

At the same time, USAID's expanded portfolio embraces new efforts to mitigate the effect of the pandemic on individual lives and communities. The expanded program includes interventions to reduce mother-to-child HIV transmission (MTCT) and selected basic care and psychosocial support for HIV-infected individuals and their survivors, particularly orphans. Currently about half of the Global Bureau's HIV/AIDS budget is directed at preventing HIV/AIDS, 30% at strengthening the capacity of host country public and private agencies to deliver services, 15% at caring for those affected and 5% on disease surveillance and monitoring program effectiveness and impact. USAID country missions and G/PHN are working in 47 countries and six regional programs around the world to achieve the following results:

Research and Evaluation

- During this past year, the HORIZONS project completed 25 operations research (OR) studies. Horizons currently supports 44 OR studies in 21 countries. A recent three-country study demonstrated that high quality HIV testing and counseling services results in sustained behavior change and is a cost-effective HIV prevention intervention.
- While antiretroviral drugs can greatly reduce the transmission of HIV from mother to child, the interventions are still difficult to implement in low resource settings. In 2000, USAID devoted approximately \$3 million to develop new approaches to improve MTCT interventions and make them increasingly accessible to women and children.

Global Leadership

- USAID also provides USAID Missions, National AIDS Programs and NGOs with assistance with "state of the art" services to directly reach individuals and communities.
- In the past year there has been a large increase in the number of VCT sites supported by USAID. Through AIDSMark, and IMPACT, USAID now supports voluntary counseling and testing sites in more than 15 countries – an increase of 10 from last reporting period.
- We have also seen an increase in Condom Social Marketing programs in 2000. Through AIDSMark, G/PHN is supporting condom social marketing programs in 12 countries. In 1999 AIDSMark-supported programs sold almost 38 million male condoms. In 2000 these programs sold 66 million male condoms – a 74% increase over the 1999 total. USAID also has introduced the female condom into several social marketing programs.
- In 1999, USAID-supported programs sold more than 870,000 female condoms, an 8% increase over the previous year.

□ The executive summary of Children on the Brink was updated for 2000 and distributed at the International HIV/AIDS Conference in Durban, South Africa. This authoritative source estimates that "...15.6 million children under 15 have already lost their mother or both parents to AIDS or other causes." USAID presently supports 40 orphan/vulnerable children projects in 18 countries.

□ Through G/PHN support, in June 2000 Peace Corps was able to considerably expand its focus on HIV/AIDS, especially in Africa. The number of requests for Peace Corps Volunteers (PCVs) to work in HIV/AIDS increased from 17 in 1999 to 76 in 2000. During 2000, 1000 Peace Corps Volunteers worked on HIV/AIDS in Africa. PCVs assisted 350 organizations, trained 70,000 country nationals and assisted 3,400 orphans.

□ USAID is a founding member of the International HIV/AIDS Alliance, which now provides capacity building assistance to local NGOs in 14 countries. In 1999, the Alliance helped improve services to 1.5 million people through nearly 400 NGOs.

Technical Support to the Field

□ In 2000, G/PHN staff has provided technical assistance to missions and regional bureaus and has managed the SO4 portfolio which received requests for assistance from more than 20 countries and all four regional bureaus.

□ The Synergy Project's website (www.synergyaids.com), launched in July 2000, serves as a resource for HIV/AIDS program managers and policymakers worldwide and features a searchable database of publications and resources gathered from USAID's HIV/AIDS portfolio. With the University of Washington, Synergy is developing a web-based best practices toolkit for HIV/AIDS program managers in developing countries.

Expected Progress through FY 2002

The USAID Expanded Response document lists several global targets which the Agency expects to achieve by 2007. By that date, USAID will assist selected countries to: (1) reduce HIV prevalence rates among 15-24 year olds by 50%, (2) ensure that at least 25% of HIV/AIDS infected mothers have access to interventions to reduce HIV transmission to their infants, (3) enable host country institutions to provide basic care and support services to at least 25% of HIV infected persons, and (4) enable host country institutions to provide community support services to at least 25% of children affected by AIDS.

Possible Adjustments to Plans:

Over the past three years, the USAID budget for HIV/AIDS programs has expanded from approximately \$142 million in FY99 to \$330 million under the Expanded Response in FY01. This significant increase in resources will enable USAID to expand its core HIV/AIDS prevention activities and support increased efforts to mitigate the social and economic effects of the pandemic. The HIV/AIDS Division is hiring seven professionals (GS, TAACS, Fellows and PSCs) to increase the staff from 14 to 21.

Other Donor Programs:

USAID is the largest donor to the UNAIDS program and also closely collaborates with other major donors, such as the World Bank, the European Union, and Donor Governments, to coordinate country programs and increase their effectiveness. For example, USAID has provided a Technical Advisor to the Council of Baltic Sea States to implement the Baltic Sea Regional HIV/AIDS Prevention Strategy. USAID, in partnership with the Elisabeth Glaser Pediatric AIDS Foundation, has increased the HIV testing of pregnant women from 48% to 80% in Uganda.

Major Contractors and Grantees:

Center for Disease Control & Prevention, Family Health International, Global Health Council, International HIV/AIDS Alliance, Joint United Nations Programme on HIV/AIDS, Population Reference Bureau, Population Services International, Program for Appropriate Technology in Health, TvT Associates, U.S. Bureau of Census, U.S. Peace Corps, U.S. Pharmacopieal Convention, Inc.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Objective ID: 936-004

Approved: 1997-01-10

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 4.1 Increased quality, availability and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV

Indicator: Percent of select group reporting barrier method use during the most recent act of sexual intercourse with a non-regular sex partner: Female

Disaggregated By:

Unit of Measure: Percent: Female

Year	Planned	Actual
1998 (B)	NA	65
1999	NA	37
2000	70	38
2001	80	NA
2002	82	NA
2003	84	NA

Source:

DHS, BSS, PSI

Indicator/Description:

Percent of select group reporting barrier method use during the most recent act of sexual intercourse with a non-regular sex partner, among the respondents who report having had at least one non-regular partner in the past 12 months.

Comments:

A non-regular partner is defined as a sexual partner with whom a person has had a sexual relationship for less than 12 months. Indicators are not data. They are weighted averages as available from different countries, different population samples, at different stages of the HIV-AIDs epidemic.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Objective ID: 936-004

Approved: 1997-01-10

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 4.2 Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Indicator: Estimated HIV prevalence rates: AFR

Disaggregated By:

Unit of Measure: Percent: AFR

Year	Planned	Actual
1997 (B)	NA	7.4
1999	NA	8.0
2000	8.6	8.8
2001	9.4	NA
2002	10.0	NA
2003	11.0	NA

Source:

UNAIDS/US Bureau of Census

Indicator/Description:

HIV prevalence rated in adults (15-49 years of age)

Comments:

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Objective ID: 936-004

Approved: 1997-01-10

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 4.2 Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Indicator: Estimated HIV prevalence rates: ANE

Disaggregated By:

Unit of Measure: Percent: ANE

Year	Planned	Actual
1997 (B)	NA	0.3
1999	NA	0.4
2000	0.4	0.3
2001	0.5	NA
2002	0.5	NA
2003	0.6	NA

Source:

UNAIDS/US Bureau of Census

Indicator/Description:

HIV prevalence rated in adults (15-49 years of age)

Comments:

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Objective ID: 936-004

Approved: 1997-01-10

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 4.2 Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Indicator: Estimated HIV prevalence rates: LAC

Disaggregated By:

Unit of Measure: Percent LAC

Year	Planned	Actual
1997 (B)	NA	0.6
1999	NA	0.7
2000	0.7	0.6
2001	0.8	NA
2002	0.8	NA
2003	0.8	NA

Source:

UNAIDS/US Bureau of Census

Indicator/Description:

HIV prevalence rated in adults (15-49 years of age)

Comments:

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Objective ID: 936-004

Approved: 1997-01-10

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 4.2 Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Indicator: Estimated HIV prevalence rates: E&E

Disaggregated By:

Unit of Measure: Percent E&E

Year	Planned	Actual
1997 (B)	NA	0.1
1999	NA	0.1
2000	0.2	0.4
2001	0.3	NA
2002	0.4	NA
2003	0.5	NA

Source:

UNAIDS/US Bureau of Census

Indicator/Description:

HIV prevalence rated in adults (15-49 years of age)

Comments:

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Objective ID: 936-004

Approved: 1997-01-10

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 4.1 Increased quality, availability and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV

Indicator: Total Volume of Condoms Sold

Disaggregated By:

Unit of Measure: Units Sold

Year	Planned	Actual
1998	NA	4.4
1999	NA	37.9
2000	50.3	65.9
2001	58.0	NA
2002	65.0	NA
2003	68.0	NA

Source:

Population Services International

Indicator/Description:

Condoms sold in AIDSMARK CSM Project

Comments:

FY 98 sales in 5 countries; FY 99 in 6 countries; FY 00 in 7 countries; FY 01 and 02 in 9 countries

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

Objective ID: 936-004

Approved: 1997-01-10

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 4.1 Increased quality, availability and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV

Indicator: Percent of select group reporting barrier method use during the most recent act of sexual intercourse with a non-regular sex partner: Male

Disaggregated By:

Unit of Measure: Percent: Male

Year	Planned	Actual
1998 (B)	NA	45
1999	NA	52
2000	55	40
2001	60	NA
2002	62	NA
2003	64	NA

Source:

DHS, BSS, PSI

Indicator/Description:

Percent of select group reporting barrier method use during the most recent act of sexual intercourse with a non-regular sex partner, among the respondents who report having had at least one non-regular partner in the past 12 months.

Comments:

A non-regular partner is defined as a sexual partner with whom a person has had a sexual relationship for less than 12 months. Indicators are not data. They are weighted averages as available from different countries, different population samples, at different stages of the HIV-AIDs epidemic.

SO Text for SO: 936-005 Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance

Country/Organization: Center for Population, Health and Nutrition

Objective ID: 936-005

Objective Name: Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance

Self Assessment: Meeting Expectations

Primary Links to Agency Strategic Framework: **(Please Assign Percentages, Total Equals 100):**

- 0% 1.1 Critical private markets expanded and strengthened
- 0% 1.2 More rapid and enhanced agricultural development and food security encouraged
- 0% 1.3 Access to economic opportunity for the rural and urban poor expanded and made more equitable
- 0% 2.1 Rule of law and respect for human rights of women as well as men strengthened
- 0% 2.2 Credible and competitive political processes encouraged
- 0% 2.3 The development of politically active civil society promoted
- 0% 2.4 More transparent and accountable government institutions encouraged
- 0% 3.1 Access to quality basic education for under-served populations, especially for girls and women, expanded
- 0% 3.2 The contribution of host-country institutions of higher education to sustainable development increased
- 0% 4.1 Unintended and mistimed pregnancies reduced
- 0% 4.2 Infant and child health and nutrition improved and infant and child mortality reduced
- 0% 4.3 Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth reduced
- 0% 4.4 HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced
- 100% 4.5 The threat of infectious diseases of major public health importance reduced
- 0% 5.1 Threat of global climate change reduced
- 0% 5.2 Biological diversity conserved
- 0% 5.3 Sustainable urbanization including pollution management promoted
- 0% 5.4 Use of environmentally sound energy services increased
- 0% 5.5 Sustainable management of natural resources increased
- 0% 6.1 Urgent needs in times of crisis met
- 0% 6.2 Personal security and basic institutions to meet critical intermediate needs and protect human rights re-established

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Health

Secondary Link to MPP Goals (optional): Environment

(Page limitations for narrative begin here):

Summary of the SO:

SO5 is an important element of USAID's overall infectious disease strategy. Consistent with the components of the Agency's overall strategy, the SO has four subcomponents: antimicrobial resistance (AMR), tuberculosis, malaria and surveillance and response. In each of these technical components, activities have been designed to achieve the four intermediate results of the SO in: 1) development and dissemination of new and improved cost-effective interventions; 2) improved policy environment at global, national and local levels; 3) enhanced knowledge of key behaviors and practices related to the prevention and management of infectious diseases; and 4) improved quality and availability of services for the prevention, control and management of infectious diseases.

Key Results:

The four indicators selected for reporting on progress for SO5 in this R4 reflect the G/PHN strategic approach of combining research with global technical leadership and partnerships to advance results at the field level. With regard to a strategic research agenda, progress has either met or exceeded expectations for the development of new and improved methods or low-cost diagnostics developed and field-tested for (a) AMR; (b) TB; and (c) malaria.

a) Activities have continued to focus on developing tools for understanding and monitoring AMR and drug use, improving drug treatment guidelines and drug use practices, and improving policies. While no results were expected for this indicator in 2000 for AMR, progress has been made in the development of hospital and community-based surveillance thus improving the ability of physicians to diagnosis and treat invasive *Haemophilus influenzae* (Hib) and *Streptococcus pneumoniae* --common childhood killers. Additionally, a standard monitoring tool for the management and outcome of non-severe pneumonia in order to determine clinical failure rate with first line antimicrobial therapy was developed and initiated.

b) In tuberculosis, expectations in the development of new methods for the rapid, low-cost detection and drug susceptibility testing of *Mycobacterium tuberculosis* in sputum have been exceeded. Two diagnostics have been developed and at least one will be field tested in the coming year. Additionally, G/PHN has partnered with the Tuberculosis Diagnostic Initiative at WHO to speed development of new diagnostic tools for TB by providing objective evaluation of new and existing diagnostic tools, and providing guidelines for appropriate use of rapid TB diagnostics to health workers in endemic areas. Although the initiative is new, they have already established a functioning specimen bank and have convened a meeting of industry, academics, donor agencies, TB experts, and representatives of endemic countries to further define their workplan and future studies.

c) In malaria, while no results were expected for 2000, research is continuing for a rapid, low cost diagnostic. To compliment this research, significant progress has been made in implementing longitudinal studies on drug combination therapy with safety and efficacy trials completed in eight countries.

In addition, through a partnership with the Walter Reed Army Institute of Research, pilot lots of a vaccine targeting the blood stages of malaria parasites has been produced, an Investigational New Drug (IND) application has been submitted to the Food and Drug Administration, and human trials have been initiated. Also, in partnership with the Naval Medical Research Center, a multicomponent DNA malaria vaccine has been advanced to human testing. The vaccine has been shown to be safe and efficacy trials are underway.

The principal global leadership result under SO5 is indicated by the development and adoption of strategic Global Action Plans for the control of antimicrobial resistance and for TB. These plans generate increased international attention to these areas and will guide and accelerate coordinated responses from all major international partners. SO5 team members have played, and will continue to play, critical roles in the development, launch, and implementation of AMR and TB global initiatives and strategies, including Stop-TB and the further development and operationalization of a global strategy for addressing AMR. G/PHN is also supporting an improved policy environment for malaria through its support of the Roll Back Malaria Initiative.

a) Targets have been met with regard to AMR with the development and dissemination of WHO's Global Strategy for the Containment of Antimicrobial Resistance. This Global AMR Strategy has been distributed widely and made available for comment. Additionally, technical reviews of state of the art knowledge of AMR were completed. These reviews included two seminal studies on cost effectiveness and nosocomial infections.

b) USAID has been instrumental in generating support for, and development of, the Stop TB Initiative. USAID resources have been directed to support activity costs of the Stop TB Secretariat, which, since its inception, has been hosted by WHO on behalf of the growing Stop TB partnership. USAID staff have been heavily engaged in working with Stop TB, WHO and other partners in the development of the Stop TB initiative and its governance structure. The Initiative has now garnered support from other bilateral donors, and has evolved from the initial four components (Global Charter, Global Action Plan, Global Drug Fund, and Global Research Agenda) as these objectives have been achieved. New priorities now include DOTS expansion at the country level, DOTS Plus for MDR -TB, HIV/AIDS and TB, new drug development, vaccine development, and TB diagnostics.

The strengthening of national and international capacity for global TB monitoring and surveillance serves to monitor the global TB epidemic, individual country performance, and quantify the impact of DOTS strategy on the transmission of TB. Targets were exceeded this year by strengthening capacity for TB monitoring in countries or sub-regions in the Philippines, India, and Uzbekistan. Additionally, G/PHN resources were directed to support the continuance of the Global Project on Anti-tuberculosis Drug Resistance Surveillance (DRS). At present, drug resistance surveillance is ongoing in 6 countries and geographical settings. While concrete results were not expected in the number of countries which are collecting data relevant to their needs in a timely manner, G/PHN continues to focus on building capacity within health sectors to better collect, analyze, interpret and use infectious disease surveillance information focusing on developing capacity at the district level and improving the ability of local health officials to identify and respond to outbreaks of infectious diseases.

Performance and Prospects:

In addition to progress on the indicators for SO5, G/PHN staff and programs working under SO5 have also made major contributions to a wide range of country and regional activities. SO5 team members were instrumental in developing partnerships with a variety of government and NGOs in the delivery of highly effective facility based treatment for Malaria through the Integrated Management of Childhood Illness (IMCI) strategy in four African countries – Benin, Kenya, Malawi and Zambia. The ongoing efforts in these countries are providing invaluable insights into household, community and facility factors that impact on child health. SO5 team members from G/PHN also provided critical support to the development of new infectious disease strategies and programs in Mexico, DR Congo, Ethiopia, Russia, and Cambodia. G/PHN programs continue to be key vehicles for infectious disease programs in India, the Philippines, Nepal, Central Asian Republics, and other countries.

In the coming years, G/PHN will continue to build on and expand partnerships, and support research and development of new methods and tools related to AMR, malaria, TB and surveillance. At the same time, there will be an increased emphasis on field implementation in the areas of AMR, TB and surveillance. For example, there will be an increased focus in AMR on the development of model programs, with G/PHN actively engaging regional bureaus and Missions in order to include AMR interventions in on-going activities. The surveillance portfolio is moving in the direction of becoming more results focused and responsive to the needs of USAID-assisted countries. Still there are critical issues to overcome in the next year such as the need for countries to identify surveillance as an area for increased development as well as the need to integrate routine disease surveillance with vertebrate disease surveillance in a way which strengthens both.

In addition to increased funding for malaria in the FY 2001 appropriations, the “International Malaria Control Act of 2000” authorizes additional resources for the prevention and control of malaria in FY 2001 and 2002. G/PHN is working in close collaboration with regional bureaus and mission colleagues to use these additional funds during 2001 to mount a strategically focused, high-impact effort in support of expanded malaria control activities. These expanded efforts will complement ongoing malaria activities and will be focused largely in Africa, but also will include sub-regional efforts in South America and Southeast Asia.

Additionally, the 2001 appropriations provide for additional funds for TB control. G/PHN has worked closely with regional bureaus and mission colleagues to develop a strategy for use of these funds that will focus in four areas: expanded programs in key countries, continued investments in global and regional partnerships, investment in expanding cadre of TB experts, and expanded research investments. Our objective, at the country level, is to build the political commitment and local capacity to implement DOTS programs effectively – including monitoring and reporting.

To better respond to field requirements in the field for TB, G/PHN has signed an umbrella agreement with the TB Coalition for Technical Assistance -- including the Royal Netherlands TB Association, the International Union Against TB and Lung Disease, American Lung Association/American Thoracic Society, WHO, and CDC. These groups represent the leading world experts in TB control. The members of the TB Coalition already have relationships in a number of countries; G/PHN resources will be used to significantly expand DOTS programs in a number of targeted countries, and to provide technical assistance to TB programs worldwide.

Possible Adjustments to Plans:

G/PHN will continue to monitor, evaluate, and modify, if necessary, its SO5 indicators to better reflect G/PHN's strategy and focus for the increased use of proven interventions to reduce the threat of infectious diseases of major public health importance.

Other Donor Programs:

The progress that has been achieved is based on a dual strategy of investing G/PHN resources where strategic partnerships can be built and where resources can be leveraged. These partnerships have ensured that an effective mix of technical and programmatic capabilities are being brought to bear on addressing issues that have expanded impact of G/PHN efforts and will support their long-term sustainability. G/PHN has developed the strategic foundation for the Agency's ID programs to build strategic partnerships among US government agencies, multi-lateral donors, NGOs, other bilaterals, and USAID collaborating agencies for reducing the threat of infectious diseases. In addition, G/PHN's collaboration with the commercial sector in some areas adds technical and program capacity that has the potential to complement and extend the reach of the public sector.

Major Contractors and Grantees:

WHO, CDC, TB Coalition for Technical Assistance, INCLEN, Johns Hopkins University, Program for Appropriate Technology in Health, Management Sciences For Health, Abt Associates, University Research Corporation, Gorgas Memorial Institute, IUATLD, Academy for Educational Development, Group Africa, Quality Assurance Project, Walter Reed Army Institute of Research, the Naval Medical Research Institute, Global Health Council, Camp Dresser & McKee, National Institutes of Health, U.S. Pharmacopieal Convention, Inc.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance
Objective ID: 936-005

Approved: Country/Organization: Center for Population, Health and Nutrition
Result Name: IR 5.1 New and improved cost-effective interventions developed, field tested and disseminated
Indicator: New and improved cost-effective interventions developed, field tested and disseminated: TB
Disaggregated By:

Unit of Measure: Number of new methods or diagnostics reaching development and/or field testing stage (numbers not cumulative)
for: TB

Year	Planned	Actual
1998	0	NA
1999	0	NA
2000	1	2
2001	1	NA
2002	1	NA
2003	1	NA

Source:
PATH reports, other project reports

Indicator/Description:
TB and AMR: new clinical, laboratory, or community-based methods or new diagnostics to detect AMR for selected diseases.
Malaria: Trials on the efficacy and usability of two new low-cost diagnostics.

Comments:
The two diagnostics reported on are Rapid Immunochromatographic Strip (ICS) Test for the Detection of Mycobacterium tuberculosis and a culture technique for diagnosis which was developed in Lima, Peru -- a country with one of the highest rates of HIV/MDR-TB morbidity and mortality.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance
Objective ID: 936-005

Approved: Country/Organization: Center for Population, Health and Nutrition
Result Name: IR 5.1 New and improved cost-effective interventions developed, field tested and disseminated
Indicator: New and improved cost-effective interventions developed, field tested and disseminated: Malaria
Disaggregated By:

Unit of Measure: Number of new methods or diagnostics reaching development and/or field testing stage (numbers not cumulative)
for: Malaria

Year	Planned	Actual
1998	2	2
1999	1	1
2000	0	NA
2001	1	NA
2002	0	NA
2003	NA	NA

Source:
PATH reports, other project reports

Indicator/Description:
TB and AMR: new clinical, laboratory, or community-based methods or new diagnostics to detect AMR for selected diseases.
Malaria: Trials on the efficacy and usability of two new low-cost diagnostics.

Comments:
USAID/WHO-sponsored consultation on appropriate use of Malaria diagnostic (winter 1999) and other trials have led to plans for global introduction activities, including determination of market and development of cost analysis tools for use of new diagnostics in different settings (to be completed in winter 2000). *1 WHO consultation held.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance
Objective ID: 936-005

Approved: Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 5.2 Improved policies and increased global, national and local resources for appropriate infectious diseases interventions

Indicator: Development and adoption of a Global Action Plan for control of antimicrobial resistance

Disaggregated By:

Unit of Measure: Number of partners and regions that have endorsed the Global Action Plan

Year	Planned	Actual
1998	NA	NA
1999	Development/ technical review of AMR strategy/action plan	See comments
2000	Dissemination of policies/ guidelines	Dissemination of Global Action Plan for comment. Completion of 2 tech. reviews
2001	NA	NA
2002	1	NA
2003	1	NA

Source:

WHO and other project/partner reporting

Indicator/Description:

AMR global strategy developed, technical reviews conducted, action plan developed and endorsed by key partners (including WHO, the World Bank, UNICEF, USAID, CDC) and global policies and guidelines disseminated. "Endorsement" means that key partners have been consulted and reached a consensus with respect to the content of the strategy and action plan.

Comments:

Development of a Global Strategy for AMR has been completed and presented by WHO. Consultative meetings were held with multiple stakeholders, including the different WHO regions, the pharmaceutical industry, and participants at the WHO/CDS MIP in June 2000, culminating in an international consultative workshop in September, which prioritized the interventions recommended for resource constrained countries to combat antimicrobial resistance.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance

Objective ID: 936-005

Approved:

Country/Organization: Center for Population, Health and Nutrition

Result Name: IR 5.2 Improved policies and increased global, national and local resources for appropriate infectious diseases interventions

Indicator: Strengthened national and international capacity for global TB monitoring and surveillance

Disaggregated By:

Unit of Measure: Number of countries or subregions within countries with improved system of recording and reporting based on international guidelines, published annually and used to analyze the global TB burden and estimate future trends (Numbers are cumulative).

Year	Planned	Actual
1998	NA	0
1999	3	3
2000	4	6
2001	5	NA
2002	7	NA
2003	9	NA

Source:

Indicator/Description:

This system will serve to monitor the global TB epidemic, individual country performances, and quantify the impact of the DOTS strategy on transmission of TB. In addition, the data will be used to improve national and international control through dissemination and action based on information gathered.

Comments:

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance
 Objective ID: 936-005
 Approved: Country/Organization: Center for Population, Health and Nutrition
 Result Name: IR 5.4 Improved quality and availability of key infectious disease services
 Indicator: Number of countries which are collecting data relevant to their program needs in a timely manner
 Disaggregated By:

Unit of Measure: Number of countries

Year	Planned	Actual
1998	NA	NA
1999	NA	NA
2000	NA	NA
2001	2	NA
2002	2	NA
2003	3	NA
2004	4	NA

Source:
 HPSS/INFACT reports

Indicator/Description:

Comments:
 The data that will be collected is determined by the design of the program.

Performance Data Table

Fiscal Year: FY2003

Objective Name: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance
Objective ID: 936-005

Approved: Country/Organization: Center for Population, Health and Nutrition
Result Name: IR 5.1 New and improved cost-effective interventions developed, field tested and disseminated
Indicator: New and improved cost-effective interventions developed, field tested and disseminated: AMR
Disaggregated By:

Unit of Measure: Number of new methods or diagnostics reaching development and/or field testing stage (numbers not cumulative)
for: AMR

Year	Planned	Actual
1998	0	NA
1999	0	NA
2000	1	2
2001	1	NA
2002	1	NA
2003	1	NA

Source:
PATH reports, other project reports

Indicator/Description:
TB and AMR: new clinical, laboratory, or community-based methods or new diagnostics to detect AMR for selected diseases.
Malaria: Trials on the efficacy and usability of two new low-cost diagnostics.

Comments:
The two diagnostic tools reported on are the development of hospital and community-based surveillance thus improving the ability of physicians to diagnosis and treat invasive Haemophilus influenzae (Hib) & Streptococcus pneumoniae and a standard monitoring tool for the management and outcome of non-severe pneumonia in order to determine clinical failure rate with first line antimicrobial therapy.

R4 Part III: Resource Request

Financial Plan: G/PHN requests a total of \$370.250 million for FY 2003 to achieve the results described in Part II of this R4. Of this amount \$148.785 million is requested from the Development Assistance (DA) account - \$144.375 million for Population and \$4.410 million for War Victims. The remaining \$221.465 million, including \$50.0 million for GAVI, is requested from the Child Survival and Diseases Fund (CSD) account. The total of \$370.250 million represents an increase of five percent over FY 2002. This is the minimum amount required to achieve the planned results. The funds are allocated by Strategic Objective (SO) as follows:

A total of \$144.375 million for SO 1, "Increased use by women and men of voluntary practices that contribute to reduced fertility." Reduced funding from the FY 2001 level of \$154.690 million would result in more limited support for expanding family planning and reproductive health services through private sector partnerships (CMS) and through private voluntary organizations (PVO Networks). It would also limit the amount of biomedical research we undertake including microbicide development.

A total of \$15.120 million is proposed for SO 2, "Increased use of key maternal health and nutrition interventions." This is the minimum required to ensure continued progress in advancing the Center's program in maternal health and nutrition. Without at least this level, we cannot be confident that we can foster continued progress in ensuring birth preparedness, skilled birth attendance and treatment of life-threatening complications, improved maternal nutritional status, better maternal health policies as well as needed research to ensure that we are supporting the optimal programs.

A total of \$99.770 million is proposed for SO 3, "Increased use of key child health and nutrition interventions." This includes \$95.36 million from the CSD account and \$4.410 million from DA account for victims of war. \$50 million of the CSD funds constitute the USG contribution to the Global Fund for Children's Vaccines. The total is approximately a two percent increase (about \$2 million) from the FY 2001 level. These essentially straightlined funding levels for SO3 will have several negative effects on the child survival portfolio. SO3 will be unable to maintain increases in funding for immunization activities which are needed to address the stagnating vaccination coverage rates in many African and Asian countries, and to pave the way for the introduction of new vaccines. In addition, SO3 will be unable to invest new resources in the research and development of approaches to address neonatal health, despite the increasing proportion globally of infant deaths which occur in the first month of life. However, under the proposed funding level, continued progress can be made in micronutrients, child nutrition, and breastfeeding; the expansion of diarrheal disease and acute respiratory infection control programs; policy reform and system strengthening; polio eradication; and other key initiatives.

A total of \$69.405 million is requested for SO 4, "Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic." This is a modest increase over the FY 2002 level of \$67.300 million and represents the resources required to sustain the G/PHN component of the expanded response to the HIV/AIDS pandemic launched FY 2001.

These funds will enable G/PHN to continue to focus on three proven approaches to HIV/AIDS prevention: 1) reducing high risk behavior through behavioral change communications; 2) increasing demand for and access to condoms, primarily through condom social marketing; and 3) treating and controlling sexually transmitted infections. In addition, G/PHN will develop and expand interventions in several new areas such as the reduction of maternal-to-child HIV transmission and the development of selected basic care and psycho-social support activities for HIV-infected individuals and their survivors, particularly orphans. Currently, half the G/PHN HIV/AIDS program is focused on preventing HIV/AIDS, 30% is devoted to strengthening the service delivery capacity of public and private agencies in host countries, 15% to caring for those affected, and 5% on disease surveillance and monitoring program effectiveness and impact.

Under the HIV/AIDS Expanded Response, G/PHN will manage new central procurements in Human Capacity Development, Commodity Procurement and the Administration of Small Grants. In addition, a special emphasis will be placed on the development of an enhanced monitoring and evaluation reporting system in all USAID funded HIV/AIDS programs.

G/PHN will also increase support to UNAIDS and the UN co-sponsors by increased funding for country level activities to improve the implementation of the International Partnership Against AIDS in Africa (IPAA) and increased support for selected UN co-sponsor (UNICEF, WHO, UNDP) country level prevention and mitigation efforts.

A total of \$40.320 million is requested for SO5, "Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance." This is a modest increase over FY 2001 level and FY 2002 request level of \$38.4 million. Given the intense interest from Capital Hill, the Agency's overall infectious disease levels should be continued at least on a level consistent with FY 2001 and 2002. With these funds, G/PHN will be able to continue partnering with regional bureaus and missions to maintain the work begun in FY 2001 as part of the Agency's Expanded Response to TB and malaria. G/PHN will continue to provide critically needed support in improving TB programs, drug management and logistics, provision of TB drugs, and development of new tools and approaches for TB and malaria. We expect many new programs to be underway by FY 2003 and assistance from G/PHN staff and programs will be crucial for their success. In partnership with USAID missions and the commercial sector, G/PHN resources will be used to continue the expansion of insecticide treated bed net use for malaria control. By FY 2002, this program will be well underway, and is expected to save as many as 100,000 lives per year. G/PHN will continue to use its resources to implement and expand the application of appropriate drug management practices to reduce the spread of antimicrobial resistance, and work with USAID missions and host countries to develop systems to routinely collect and use appropriate information for action. G/PHN will continue to invest in key areas of research, including new tools to monitor and control antimicrobial resistance, improved drug therapies for malaria and tuberculosis, rapid diagnostics, and malaria vaccine.

Field Support: Sustained levels of field support will continue to be critical to our ability to respond to field requirements. Our review of field support funding trends in the past three years indicates that the volume of field support funding coming to the Center has been fairly stable. Results expected during the planning period are based in part, on an assumption that field support will at least be maintained at the current level. A decline in field support funding would reduce the results achieved, and negatively affect the impact of G/PHN activities.

Pipeline: G/PHN carefully monitors pipelines through regular project oversight by CTOs and through semi-annual portfolio reviews to ensure that they are adequate to meet funding needs and to ensure that pipelines are, on average, within the Agency guidelines of 12 to 18 months forward funding. SO pipelines are taken into account when decisions on budget allocations are being made.

Operating Expense and Staffing

Overview: G/PHN has responsibility for providing global leadership and technical support for the PHN sector Agency-wide. This requires adequate technical, program and administrative staffing to accomplish this objective. It is imperative that USDH staffing not go below the targeted on-board level for FY 2001 of 68, and that the current non-direct hire staff level of 110 be maintained. This level of staffing is considered minimal given the size of the Center's program and the need for effective oversight of increasing program funds. Reductions below these levels will seriously diminish G/PHN's ability to achieve its stated goals and objectives, and will likely require discontinuing one or more components of our program.

Beginning in FY 2002, G/PHN will be responsible for providing resources to cover the cost of supplies and equipment. A minimum of \$14,000 is requested for these expenses. It is imperative that adequate OE funds be available to cover travel and provide an adequate level of funding for travel. Therefore, an increase of \$78,000 in OE funds from \$312,000 to \$390,000 for FY 2002 and FY 2003 is requested, including \$326,000 for travel and \$50,000 for the Manpower Contract, and \$14,000 for supplies and equipment.

Staffing: G/PHN is responsible for managing a growing CSD budget and a number of new, highly political special initiatives, including the Global Alliance for Vaccines and Immunizations (GAVI) and the HIV/AIDS and Infectious Diseases Expanded Response Initiative, among others. Enormous amounts of staff time are consumed in liaison work with other USG agencies, Congressional staffers, and other partners to ensure that these activities are properly managed. FY 2001 brought dramatic increases in the funds we are allocated for HIV/AIDS and TB. G/PHN recognizes the difficulties faced by the Agency to operate with limited OE funds and staffing levels. This is especially true for the PHN sector that has been required to undertake a number of new initiatives as well as manage

substantially increased resources. For long time sustainability and to reduce vulnerability, we request an increase of four TAACS positions in FY 2003. In addition, we request authority to retain in FY 2002 and FY 2003 the four PSC positions authorized in FY 2001. With approval of these TAACS and PCS levels, we expect to be able to fully accomplish the results set forth in the R4.

We are responding to heavy demand for TAACS in the field and regional bureaus as well as to cover our own needs. Special technical skills accessed through fellows are also critical to keeping up with demand from the field for help, especially on our newer programs such as infectious diseases, including TB. Meanwhile, our existing staff is stretched dangerously thin. However, G/PHN believes that the greatest need for additional USDH PHN positions is in our field missions. Use of non-direct hire (NDH) mechanisms, such as TAACS and fellows, helps us to meet critical technical staff needs, while maintaining needed flexibility to adjust staffing as needs change. If our request for four additional TAACS positions and maintenance of PSC levels is approved, the Center can manage its projected workload without any increase in the current USDH level of 68.

Travel: G/PHN will continue to need additional budgetary relief in FY 2001 and FY 2002 in order to provide adequate technical support to the field, for global leadership, and for project management. In view of current and projected budget limitations, a modest increase of \$59,000 is requested for FY 2002 and FY 2003 for reasons articulated below:

--With the downsizing of regional bureau and mission staff, the Agency is looking more to Global Bureau to provide field support and technical direction, assist with transition planning and project oversight. Decreases in the travel budget will reduce the likelihood of responding to all field requests, particularly as they relate to new Agency initiatives. As in the past, we are forced to rely on non-direct hire technical staff to be responsive to Missions in the absence of resources for direct hire staff.

--G/PHN staff must attend national and international meetings and conferences, such as the International Conference on HIV/AIDS annual meetings and the Population Association of America, in order to maintain its global leadership role.

--G/PHN is assuming greater responsibility in donor coordination, by reducing duplication among donors and attempting to leverage other donor funding. Examples include the work we are doing with the US-Japan Common Agenda, the European Union, and IPPF. The Center also is required to have frequent communications with multilateral agencies such as WHO, UNICEF and UNFPA, and serves on executive boards.

--G/PHN must ensure project oversight for its network of over 75 Cooperating Agencies and contractors. CTOs must periodically review technical performance in the field to insure accountability and prevent vulnerability.

To ensure that the travel funding received by the Center is used most effectively in support of the Center's and the Agency's objectives, detailed travel approval guidelines were instituted two years ago and updated yearly and analyses of travel expenditures against priorities are conducted on a quarterly basis. The travel of non-direct hire staff is also being monitored to ensure that program funds expended on travel in support of the Center's programs are being used most effectively.

CSD Sub-Directive Amounts for FY 2001 Reques

COUNTRY:		Global Bureau Office of Population Health and Nutrition								
S.O. # , Title	Total	Child Survival/Maternal Health				Vulnerable Children		Other Infectious Diseases*		
		Primary causes	Polio	Micronutrients	GAVI	DCOF	HIV/AIDS	TB	Malaria	"Other"
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.										
CSD	0		0		0			0	0	0
Other	0									
	0	0	0		0			0	0	0
SO 2: Increase use of key maternal health and nutrition interventions.										
CSD	14,317	12,667	0	1,650	0			0	0	0
Other	0				0					0
	14,317	12,667	0		0			0	0	0
SO 3: Increased use of key child health and nutrition intervention.										
CSD	88,495	22,355	5,249	9,804	48,892	2,195	0	0	0	0
Other	3,750					3,750				
	92,245	22,355	5,249		48,892			0	0	0
SO 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic										
CSD	61,131				0		61,131	0	0	0
Other	0									
	61,131	0	0		0			0	0	0
SO 5: Increased use of proven intervention to reduce the threat of infectious diseases of major public health importance.										
CSD	38,416				0			13,719	15,354	9,343
Other	0									
	38,416	0	0		0			13,719	15,354	9,343
SO 6:										
CSD	0							0	0	
Other	0									
	0	0	0		0			0	0	0
SO 7:										
CSD	0									
Other	0									
	0	0	0		0			0	0	0
SO 8:										
CSD	0									
Other	0									
	0	0	0		0			0	0	0
Total CSD	202,359	35,022	5,249		48,892			13,719	15,354	9,343
Total Other	3,750	0	0		0			0	0	0
TOTAL PROGRAM	206,109	35,022	5,249		48,892			13,719	15,354	9,343

Note: All funding for Malaria should now come from Infectious Diseases

CSD Sub-Directive Amounts for FY 2002 Request

COUNTRY:		Global Bureau Office of Population Health and Nutrition								
S.O. # , Title	Total	Child Survival/Maternal Health				Vulnerable Children		Other Infectious Diseases*		
		Primary causes	Polio	Micronutrients	GAVI	DCOF	HIV/AIDS	TB	Malaria	"Other"
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.										
CSD	0	0	0		0					
Other	0		0							
	0	0	0		0			0	0	0
SO 2: Increase use of key maternal health and nutrition interventions.										
CSD	14,400	12,800	0	1,600	0					0
Other	0		0		0					0
	14,400	12,800	0	1,600	0			0	0	0
SO 3: Increased use of key child health and nutrition intervention.										
CSD	93,200	23,151	5,249	9,800	50,000	5,000	0	0	0	0
Other	4,200		0			4,200				
	97,400	23,151	5,249	9,800	50,000	9,200		0	0	0
SO 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic										
CSD	67,300		0		0		67,300			
Other	0		0							
	67,300	0	0		0		67,300	0	0	0
SO 5: Increased use of proven intervention to reduce the threat of infectious diseases of major public health importance.										
CSD	38,400		0		0			13,453	15,604	9,343
Other	0		0							
	38,400	0	0		0			13,453	15,604	9,343
SO 6:										
CSD	0		0							
Other	0		0							
	0	0	0		0			0	0	0
SO 7:										
CSD	0									
Other	0									
	0	0	0		0			0	0	0
SO 8:										
CSD	0									
Other	0									
	0	0	0		0			0	0	0
Total CSD	213,300	35,951	5,249		50,000			13,453	15,604	9,343
Total Other	4,200	0	0		0			0	0	0
TOTAL PROGRAM	217,500	35,951	5,249		50,000			13,453	15,604	9,343

Note: All funding for Malaria should now come from Infectious Diseases
 SO 3 Includes \$50.0 mil for GAVI

CSD Sub-Directive Amounts for FY 2002 Alternate Request

COUNTRY:		Global Bureau Office of Population Health and Nutrition								
S.O. # , Title	Total	Child Survival/Maternal Health				Vulnerable Children		Other Infectious Diseases*		
		Primary causes	Polio	Micronutrients	GAVI	DCOF	HIV/AIDS	TB	Malaria	"Other"
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.										
CSD	0	0	0		0					
Other	0		0							
	0	0	0		0			0	0	0
SO 2: Increase use of key maternal health and nutrition interventions.										
CSD	14,400	12,800	0	1,600	0					0
Other	0		0		0					
	14,400	12,800	0		0			0	0	0
SO 3: Increased use of key child health and nutrition intervention.										
CSD	93,200	23,151	5,249	9,800	50,000	5,000	0	0	0	0
Other	4,200		0			4,200				
	97,400	23,151	5,249		50,000			0	0	0
SO 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic										
CSD	67,300		0		0		67,300			
Other	0		0							
	67,300	0	0		0			0	0	0
SO 5: Increased use of proven intervention to reduce the threat of infectious diseases of major public health importance.										
CSD	38,400		0		0			13,453	15,604	9,343
Other	0		0							
	38,400	0	0		0			13,453	15,604	9,343
SO 6:										
CSD	0		0							
Other	0		0							
	0	0	0		0			0	0	0
SO 7:										
CSD	0									
Other	0									
	0	0	0		0			0	0	0
SO 8:										
CSD	0									
Other	0									
	0	0	0		0			0	0	0
Total CSD	213,300	35,951	5,249		50,000			13,453	15,604	9,343
Total Other	4,200	0	0		0			0	0	0
TOTAL PROGRAM	217,500	35,951	5,249		50,000			13,453	15,604	9,343

Note: All funding for Malaria should now come from Infectious Diseases
 SO 3 Includes \$50.0 mil for GAVI

CSD Sub-Directive Amounts for FY 2003 Request

COUNTRY:		Global Bureau Office of Population Health and Nutrition								
S.O. # , Title	Total	Child Survival/Maternal Health				Vulnerable Children		Other Infectious Diseases*		
		Primary causes	Polio	Micronutrients	GAVI	DCOF	HIV/AIDS	TB	Malaria	"Other"
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.										
CSD	0				0					
Other	0									
	0	0	0	0	0	0	0	0	0	0
SO 2: Increase use of key maternal health and nutrition interventions.										
CSD	15,120	13,444	0	1,676	0	0	0	0	0	0
Other	0				0					
	15,120	13,444	0	1,676	0	0	0	0	0	0
SO 3: Increased use of key child health and nutrition intervention.										
CSD	95,360	23,089	5,512	10,249	50,000	3,255	3,255	0	0	0
Other	4,410					4,410				
	99,770	23,089	5,512	10,249	50,000	7,665	3,255	0	0	0
SO 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic										
CSD	70,665	0	0	0	0	0	70,665	0	0	0
Other	0									
	70,665	0	0	0	0	0	70,665	0	0	0
SO 5: Increased use of proven intervention to reduce the threat of infectious diseases of major public health importance.										
CSD	40,320				0			14,126	16,384	9,810
Other	0									
	40,320	0	0	0	0	0	0	14,126	16,384	9,810
SO 6:										
CSD	0									
Other	0									
	0	0	0	0	0	0	0	0	0	0
SO 7:										
CSD	0									
Other	0									
	0	0	0	0	0	0	0	0	0	0
SO 8:										
CSD	0									
Other	0									
	0	0	0	0	0	0	0	0	0	0
Total CSD	221,465	36,533	5,512	11,925	50,000	3,255	73,920	14,126	16,384	9,810
Total Other	4,410	0	0		0			0	0	0
TOTAL PROGRAM	225,875	36,533	5,512	11,925	50,000	7,665	73,920	14,126	16,384	9,810

Note: All funding for Malaria should now come from Infectious Diseases

SO 3 Includes \$50.0 mil for GAVI

FY 2001 Budget Request by Program/Country

Fiscal Year: 2001 Program/Country: Global Bureau Office of Population Health and Nutrition
 Approp: DA/CSD
 Scenario:

FY 2001 Request															
S.O. # , Title	Starting Pipeline	Total	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival & Maternal Health (*)	Other Infectious Diseases (*)	HIV/AIDS (*)	Vulnerable Children (*)	Environ	D/G	Est. S.O. Expenditures	Est. S.O. Pipeline End of 2001
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.															
Bilateral	162,554	154,446					154,446	0						140,917	176,083
Field Spt		0												0	0
	162,554	154,446	0	0	0	0	154,446	0	0	0	0	0	0	140,917	176,083
SO 2: Increase use of key maternal health and nutrition interventions.															
Bilateral	17,735	14,317						14,317						22,550	9,502
Field Spt		0												0	0
	17,735	14,317	0	0	0	0	0	14,317	0	0	0	0	0	22,550	9,502
SO 3: Increased use of key child health and nutrition intervention.															
Bilateral	51,553	92,245						92,245						77,605	66,193
Field Spt		0												0	0
	51,553	92,245	0	0	0	0	0	92,245	0	0	0	0	0	77,605	66,193
SO 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic															
Bilateral	32,812	61,131								61,131				59,189	34,754
Field Spt		0												0	0
	32,812	61,131	0	0	0	0	0	0	0	61,131	0	0	0	59,189	34,754
SO 5: Increased use of proven intervention to reduce the threat of infectious diseases of major public health importance.															
Bilateral	23,391	38,416							38,416					35,435	26,372
Field Spt		0												0	0
	23,391	38,416	0	0	0	0	0	0	38,416	0	0	0	0	35,435	26,372
SO 6:															
Bilateral		0													0
Field Spt		0												0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															
Bilateral		0													0
Field Spt		0												0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															
Bilateral		0													0
Field Spt		0												0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral	288,045	360,555	0	0	0	0	154,446	106,562	38,416	61,131		0	0	335,696	312,904
Total Field Support	0	0	0	0	0	0	0	0	0	0		0	0	0	0
TOTAL PROGRAM	288,045	360,555	0	0	0	0	154,446	106,562	38,416	61,131		0	0	335,696	312,904

FY 2001 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	360,555
Environment	0
GCC (from all Goals)	0

FY 2001 Account Distribution (DA only)	
DA Program Total	158,196
CSD Program Total	202,359
TOTAL	360,555

Prepare one set of tables for each Fiscal Year (FY2001, FY2002, FY2003)
 Prepare one set of tables for each appropriation Account
 Tables for DA and CSD may be combined on one table.
 For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account

SO 3 Includes \$50.0 mil for GAVI

FY 2002 Budget Request by Program/Country

Fiscal Year: 2002 Program/Country: Global Bureau Office of Population Health and Nutrition
 Approp: DA/CSD
 Scenario:

FY 2002 Request															
S.O. #, Title	Starting Pipeline	Total	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival & Maternal Health (*)	Other Infectious Diseases (*)	HIV/AIDS (*)	Vulnerable Children (*)	Environ	D/G	Est. S.O. Expenditures	Est. S.O. Pipeline End of 2002
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.															
Bilateral	176,083	147,800	0	0	0	0	147,800	0	0	0	0	0	0	144,523	179,360
Field Spt		0												0	0
	176,083	147,800	0	0	0	0	147,800	0	0	0	0	0	0	144,523	179,360
SO 2: Increase use of key maternal health and nutrition interventions.															
Bilateral	9,502	14,400	0	0	0	0	0	14,400	0	0	0	0	0	14,429	9,473
Field Spt		0												0	0
	9,502	14,400	0	0	0	0	0	14,400	0	0	0	0	0	14,429	9,473
SO 3: Increased use of key child health and nutrition intervention.															
Bilateral	66,193	97,400	0	0	0	0	0	97,400	0	0	0	0	0	98,570	65,023
Field Spt		0												0	0
	66,193	97,400	0	0	0	0	0	97,400	0	0	0	0	0	98,570	65,023
SO 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic															
Bilateral	34,754	67,300	0	0	0	0	0	0	0	67,300	0	0	0	63,187	38,867
Field Spt		0												0	0
	34,754	67,300	0	0	0	0	0	0	0	67,300	0	0	0	63,187	38,867
SO 5: Increased use of proven intervention to reduce the threat of infectious diseases of major public health importance.															
Bilateral	26,372	38,400	0	0	0	0	0	0	38,400	0	0	0	0	38,794	25,978
Field Spt		0												0	0
	26,372	38,400	0	0	0	0	0	0	38,400	0	0	0	0	38,794	25,978
SO 6:															
Bilateral		0					0								0
Field Spt		0					0							0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															
Bilateral		0					0								0
Field Spt		0					0							0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															
Bilateral		0					0								0
Field Spt		0					0							0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral	312,904	365,300	0	0	0	0	147,800	111,800	38,400	67,300		0	0	359,503	318,701
Total Field Support	0	0	0	0	0	0	0	0	0	0		0	0	0	0
TOTAL PROGRAM	312,904	365,300	0	0	0	0	147,800	111,800	38,400	67,300		0	0	359,503	318,701

FY 2002 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	365,300
Environment	0
GCC (from all Goals)	0

FY 2002 Account Distribution (DA only)	
DA Program Total	152,000
CSD Program Total	213,300
TOTAL	365,300

SO 3 Includes \$50.0 mil for GAVI

Prepare one set of tables for each Fiscal Year (FY2001, FY2002, FY2003)
 Prepare one set of tables for each appropriation Account
 Tables for DA and CSD may be combined on one table.
 For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account.

FY 2002 ALT Budget Request by Program/Country

Fiscal Year: 2002 ALT Program/Country: Global Bureau Office of Population Health and Nutrition
 Approp: DA/CSD
 Scenario:

FY 2002 ALT Request															
S.O. #, Title	Starting Pipeline	Total	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival & Maternal Health (*)	Other Infectious Diseases (*)	HIV/AIDS (*)	Vulnerable Children (*)	Environ	D/G	Est. S.O. Expenditures	Est. S.O. Pipeline End of 2002 ALT
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.															
Bilateral	176,083	147,800	0	0	0	0	147,800	0	0	0	0	0	0	144,523	179,360
Field Spt		0												0	0
	176,083	147,800	0	0	0	0	147,800	0	0	0	0	0	0	144,523	179,360
SO 2: Increase use of key maternal health and nutrition interventions.															
Bilateral	9,502	14,400	0	0	0	0	0	14,400	0	0	0	0	0	14,429	9,473
Field Spt		0												0	0
	9,502	14,400	0	0	0	0	0	14,400	0	0	0	0	0	14,429	9,473
SO 3: Increased use of key child health and nutrition intervention.															
Bilateral	66,193	97,400	0	0	0	0	0	97,400	0	0	0	0	0	98,570	65,023
Field Spt		0												0	0
	66,193	97,400	0	0	0	0	0	97,400	0	0	0	0	0	98,570	65,023
SO 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic															
Bilateral	34,754	67,300	0	0	0	0	0	0	0	67,300	0	0	0	63,187	38,867
Field Spt		0												0	0
	34,754	67,300	0	0	0	0	0	0	0	67,300	0	0	0	63,187	38,867
SO 5: Increased use of proven intervention to reduce the threat of infectious diseases of major public health importance.															
Bilateral	26,372	38,400	0	0	0	0	0	0	38,400	0	0	0	0	38,794	25,978
Field Spt		0												0	0
	26,372	38,400	0	0	0	0	0	0	38,400	0	0	0	0	38,794	25,978
SO 6:															
Bilateral		0					0								0
Field Spt		0					0							0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															
Bilateral		0					0								0
Field Spt		0					0							0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															
Bilateral		0					0								0
Field Spt		0					0							0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral	312,904	365,300	0	0	0	0	147,800	111,800	38,400	67,300		0	0	359,503	318,701
Total Field Support	0	0	0	0	0	0	0	0	0	0		0	0	0	0
TOTAL PROGRAM	312,904	365,300	0	0	0	0	147,800	111,800	38,400	67,300		0	0	359,503	318,701

FY 2002 ALT Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	365,300
Environment	0
GCC (from all Goals)	0

FY 2002 ALT Account Distribution (DA only)	
DA Program Total	152,000
CSD Program Total	213,300
TOTAL	365,300

SO 3 Includes \$50.0 mil for GAVI

Prepare one set of tables for each Fiscal Year (FY2001, FY2002, FY2003)
 Prepare one set of tables for each appropriation Account
 Tables for DA and CSD may be combined on one table.
 For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account.

FY 2003 Budget Request by Program/Country

Fiscal Year: 2003 Program/Country: Global Bureau Office of Population Health and Nutrition
 Approp: DA/CSD
 Scenario:

FY 2003 Request															
S.O. #, Title	Starting Pipeline	Total	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival & Maternal Health (*)	Other Infectious Diseases (*)	HIV/AIDS (*)	Vulnerable Children (*)	Environ	D/G	Est. S.O. Expenditures	Est. S.O. Pipeline End of 2003
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.															
Bilateral	179,360	144,375					144,375	0						143,725	180,010
Field Spt		0					0	0						0	0
	179,360	144,375	0	0	0	0	144,375	0	0	0	0	0	0	143,725	180,010
SO 2: Increase use of key maternal health and nutrition interventions.															
Bilateral	9,473	15,120						15,120						6,000	18,593
Field Spt		0					0	0						0	0
	9,473	15,120	0	0	0	0	0	15,120	0	0	0	0	0	6,000	18,593
SO 3: Increased use of key child health and nutrition intervention.															
Bilateral	65,023	99,770						99,770						98,190	66,603
Field Spt		0					0	0						0	0
	65,023	99,770	0	0	0	0	0	99,770	0	0	0	0	0	98,190	66,603
SO 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic															
Bilateral	38,867	70,665								70,665				68,422	41,110
Field Spt		0					0	0		0				0	0
	38,867	70,665	0	0	0	0	0	0	0	70,665	0	0	0	68,422	41,110
SO 5: Increased use of proven intervention to reduce the threat of infectious diseases of major public health importance.															
Bilateral	25,978	40,320							40,320					39,404	26,894
Field Spt		0					0	0	0					0	0
	25,978	40,320	0	0	0	0	0	0	40,320	0	0	0	0	39,404	26,894
SO 6:															
Bilateral		0													0
Field Spt		0					0	0						0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															
Bilateral		0													0
Field Spt		0					0	0						0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															
Bilateral		0													0
Field Spt		0					0	0						0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral	318,701	370,250	0	0	0	0	144,375	114,890	40,320	70,665	0	0	0	355,741	333,210
Total Field Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM	318,701	370,250	0	0	0	0	144,375	114,890	40,320	70,665	0	0	0	355,741	333,210

FY 2003 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	370,250
Environment	0
GCC (from all Goals)	0

FY 2003 Account Distribution (DA only)	
DA Program Total	148,785
CSD Program Total	221,465
TOTAL	370,250

SO 3 Includes \$50.0 mil for GAVI

Prepare one set of tables for each Fiscal Year (FY2001, FY2002, FY2003)
 Prepare one set of tables for each appropriation Account
 Tables for DA and CSD may be combined on one table.
 For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account.

Washington and Overseas Workforce Tables

Org	G/PHN_							Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
End of year On-Board	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2									
FY 2001 Estimate	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
OE Funded: 1/																
U.S. Direct Hire	23.5	3.5	8	7.5	3			45.5	5					17.5	22.5	68
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	23.5	3.5	8	7.5	3	0	0	45.5	5	0	0	0	0	17.5	22.5	68
Program Funded 2/																
U.S. Citizens	1		3	2.5	2.5			9	0	0	0	0	0	1	1	10
FSNs/TCNs								0							0	0
Subtotal	1	0	3	2.5	2.5	0	0	9	0	0	0	0	0	1	1	10
Total Direct Workforce	24.5	3.5	11	10	5.5	0	0	54.5	5	0	0	0	0	18.5	23.5	78
TAACS	5	2.5	7.5	5	4			24						2	2	26
Fellows	24	2.5	5.5	5	7			44						6	6	50
NEPs								0							0	0
Subtotal	29	5	13	10	11	0	0	68	0	0	0	0	0	8	8	76
TOTAL WORKFORCE	53.5	8.5	24	20	16.5	0	0	122.5	5	0	0	0	0	26.5	31.5	154

1/ Excludes TAACS, Fellows, and NEPs

2/ Excludes 24 institutional contractors: 7 CASU, 15 Pal-tech, 2 PRB

TABLE G-PHN03R2B_WF.xls

Washington and Overseas Workforce Tables

Org	G/PHN							Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
End of year On-Board	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2									
FY 2002 Estimate	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
OE Funded: 1/																
U.S. Direct Hire	23.5	3.5	8	7.5	3			45.5	5					17.5	22.5	68
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	23.5	3.5	8	7.5	3	0	0	45.5	5	0	0	0	0	17.5	22.5	68
Program Funded 2/																
U.S. Citizens	1		3	2.5	2.5			9	0	0	0	0	0	1	1	10
FSNs/TCNs								0							0	0
Subtotal	1	0	3	2.5	2.5	0	0	9	0	0	0	0	0	1	1	10
Total Direct Workforce	24.5	3.5	11	10	5.5	0	0	54.5	5	0	0	0	0	18.5	23.5	78
TAACS	5	2.5	7.5	5	4			24						2	2	26
Fellows	24	2.5	5.5	5	7			44						6	6	50
NEPs								0							0	0
Subtotal	29	5	13	10	11	0	0	68	0	0	0	0	0	8	8	76
TOTAL WORKFORCE	53.5	8.5	24	20	16.5	0	0	122.5	5	0	0	0	0	26.5	31.5	154

1/ Excludes TAACS, Fellows, and NEPs

2/ Excludes 24 institutional contractors: 7 CASU, 15 Pal-tech, 2 PRB

TABLE G-PHN03R2B_WF.xls

Washington and Overseas Workforce Tables

Org G/PHN End of year On-Board								Total SO/SpO Staff	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2									
FY 2003 Target																
OE Funded: 1/																
U.S. Direct Hire	23.5	3.5	8	7.5	3			45.5	5					17.5	22.5	68
Other U.S. Citizens	0		0	0	0			0						0	0	0
FSN/TCN Direct Hire								0						0	0	0
Other FSN/TCN								0						0	0	0
Subtotal	23.5	3.5	8	7.5	3	0	0	45.5	5	0	0	0	0	17.5	22.5	68
Program Funded 2/																
U.S. Citizens	1		2	2.5	2.5			8	0	0	0	0	0	2	2	10
FSNs/TCNs								0						0	0	0
Subtotal	1	0	2	2.5	2.5	0	0	8	0	0	0	0	0	2	2	10
Total Direct Workforce	24.5	3.5	10	10	5.5	0	0	53.5	5	0	0	0	0	19.5	24.5	78
TAACS	5	2.5	7.5	7	6			28						2	2	30
Fellows	24	2.5	5.5	5	7			44						6	6	50
NEPs								0						0	0	0
Subtotal	29	5	13	12	13	0	0	72	0	0	0	0	0	8	8	80
TOTAL WORKFORCE	53.5	8.5	23	22	18.5	0	0	125.5	5	0	0	0	0	27.5	32.5	158

1/ Excludes TAACS, Fellows, and NEPs

2/ Excludes 24 institutional contractors: 7 CASU, 15 Pal-tech, 2 PRB

TABLE G-PHN03R2B_WF.xls

Washington and Overseas Workforce Tables

Org End of year On-Board								Total SO/SpO Staff	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff	
FY 2003 Request	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2										
OE Funded: 1/																	
U.S. Direct Hire	23.5	3.5	8	7.5	3			45.5	5					17.5	22.5	68	
Other U.S. Citizens	0		0	0	0			0						0	0	0	
FSN/TCN Direct Hire								0							0	0	
Other FSN/TCN								0							0	0	
Subtotal	23.5	3.5	8	7.5	3	0	0	45.5	5	0	0	0	0	17.5	22.5	68	
Program Funded 2/																	
U.S. Citizens	1		2	2.5	2.5			8	0	0	0	0	0	2	2	10	
FSNs/TCNs								0							0	0	
Subtotal	1	0	2	2.5	2.5	0	0	8	0	0	0	0	0	2	2	10	
Total Direct Workforce	24.5	3.5	10	10	5.5	0	0	53.5	5	0	0	0	0	19.5	24.5	78	
TAACS	5	2.5	7.5	7	6			28						2	2	30	
Fellows	24	2.5	5.5	5	7			44						6	6	50	
NEPs								0							0	0	
Subtotal	29	5	13	12	13	0	0	72	0	0	0	0	0	8	8	80	
TOTAL WORKFORCE	53.5	8.5	23	22	18.5	0	0	125.5	5	0	0	0	0	27.5	32.5	158	

1/ Excludes TAACS, Fellows, and NEPs

2/ Excludes 24 institutional contractors: 7 CASU, 15 Pal-tech, 2 PRB

TABLE G-PHN03R2B_WF.xls

USDH Staffing Requirements by Backstop, FY 2001 - FY 2004

Mission: G/PHN

please fill in mission name

Occupational Backstop (BS)	Number of USDH Employees in Backstop in:			
	FY 2001	FY 2002	FY 2003	FY 2004
Senior Management				
SMG - 01	5	5	5	5
Program Management				
Prog/Mgt Analyst - 2	21	21	21	21
Project Dvpm Officer - 94				
Support Management				
EXO - 03				
Controller - 04				
Legal - 85				
Commodity Mgt. - 92	1	1	1	1
Contract Mgt. - 93				
Sector Management				
Biologist - 10	2	2	2	2
Economics - 11	1	1	1	1
Democracy - 12				
Food for Peace - 15				
Private Enterprise - 21				
Engineering - 25				
Soc Sci Analyst - 75	3	3	3	3
Health/Pop. - 50	34	34	34	34
Education - 60	1	1	1	1
Total	68	68	68	68

GDOs: If you have a position that is currently designated a BS-12 GDO, list that position under the occupational backstop that most closely reflects the skills needed for the position.
RUDOs: do not forget to include those who were in UE-funded RUDO positions.
remaining IDIs: list under the occupational Backstop for the work they do.

Please e-mail this worksheet in Excel to: Maribeth Zankowski@HR.PPIM@aidw and to M. Cary Kauffman@HR.PPIM@aidw as well as include it with your R4 submission.

OPERATING EXPENSES

Org. Title: _____
 Org. No: _____
 OC _____

	FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
	Dollars	TF	Total									
11.1 Personnel compensation, full-time permanent	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.1 Base Pay & pymt. for annual leave balances - FNDH			0.0			0.0			0.0			0.0
Subtotal OC 11.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11.3 Personnel comp. - other than full-time permanent	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.3 Base Pay & pymt. for annual leave balances - FNDH			0.0			0.0			0.0			0.0
Subtotal OC 11.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11.5 Other personnel compensation	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.5 USDH			0.0			0.0			0.0			0.0
11.5 FNDH			0.0			0.0			0.0			0.0
Subtotal OC 11.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11.8 Special personal services payments	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.8 USPSC Salaries			0.0			0.0			0.0			0.0
11.8 FN PSC Salaries			0.0			0.0			0.0			0.0
11.8 IPA/Details-In/PASAs/RSSAs Salaries			0.0			0.0			0.0			0.0
Subtotal OC 11.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12.1 Personnel benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1 USDH benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1 Educational Allowances			0.0			0.0			0.0			0.0
12.1 Cost of Living Allowances			0.0			0.0			0.0			0.0
12.1 Home Service Transfer Allowances			0.0			0.0			0.0			0.0
12.1 Quarters Allowances			0.0			0.0			0.0			0.0
12.1 Other Misc. USDH Benefits			0.0			0.0			0.0			0.0
12.1 FNDH Benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1 * Payments to FSN Voluntary Separation Fund - FNDH			0.0			0.0			0.0			0.0
12.1 Other FNDH Benefits			0.0			0.0			0.0			0.0
12.1 US PSC Benefits			0.0			0.0			0.0			0.0
12.1 FN PSC Benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1 * Payments to FSN Voluntary Separation Fund - FN PSC			0.0			0.0			0.0			0.0
12.1 Other FN PSC Benefits			0.0			0.0			0.0			0.0
12.1 IPA/Detail-In/PASA/RSSA Benefits			0.0			0.0			0.0			0.0
Subtotal OC 12.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13.0 Benefits for former personnel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13.0 FNDH	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13.0 Severance Payments for FNDH			0.0			0.0			0.0			0.0
13.0 Other Benefits for Former Personnel - FNDH			0.0			0.0			0.0			0.0

OPERATING EXPENSES

Org. Title: _____		FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
Org. No: _____		Dollars	TF	Total									
OC													
13.0	FN PSCs	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13.0	Severance Payments for FN PSCs			0.0			0.0			0.0			0.0
13.0	Other Benefits for Former Personnel - FN PSCs			0.0			0.0			0.0			0.0
	Subtotal OC 13.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
21.0	Travel and transportation of persons	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21.0	Training Travel			0.0			0.0			0.0			0.0
21.0	Mandatory/Statutory Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21.0	Post Assignment Travel - to field			0.0			0.0			0.0			0.0
21.0	Assignment to Washington Travel			0.0			0.0			0.0			0.0
21.0	Home Leave Travel			0.0			0.0			0.0			0.0
21.0	R & R Travel			0.0			0.0			0.0			0.0
21.0	Education Travel			0.0			0.0			0.0			0.0
21.0	Evacuation Travel			0.0			0.0			0.0			0.0
21.0	Retirement Travel			0.0			0.0			0.0			0.0
21.0	Pre-Employment Invitational Travel			0.0			0.0			0.0			0.0
21.0	Other Mandatory/Statutory Travel			0.0			0.0			0.0			0.0
21.0	Operational Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21.0	Site Visits - Headquarters Personnel			0.0			0.0			0.0			0.0
21.0	Site Visits - Mission Personnel			0.0			0.0			0.0			0.0
21.0	Conferences/Seminars/Meetings/Retreats			0.0			0.0			0.0			0.0
21.0	Assessment Travel			0.0			0.0			0.0			0.0
21.0	Impact Evaluation Travel			0.0			0.0			0.0			0.0
21.0	Disaster Travel (to respond to specific disasters)			0.0			0.0			0.0			0.0
21.0	Recruitment Travel			0.0			0.0			0.0			0.0
21.0	Other Operational Travel			0.0			0.0			0.0			0.0
	Subtotal OC 21.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
22.0	Transportation of things	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
22.0	Post assignment freight			0.0			0.0			0.0			0.0
22.0	Home Leave Freight			0.0			0.0			0.0			0.0
22.0	Retirement Freight			0.0			0.0			0.0			0.0
22.0	Transportation/Freight for Office Furniture/Equip.			0.0			0.0			0.0			0.0
22.0	Transportation/Freight for Res. Furniture/Equip.			0.0			0.0			0.0			0.0
	Subtotal OC 22.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
23.2	Rental payments to others	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
23.2	Rental Payments to Others - Office Space			0.0			0.0			0.0			0.0
23.2	Rental Payments to Others - Warehouse Space			0.0			0.0			0.0			0.0
23.2	Rental Payments to Others - Residences			0.0			0.0			0.0			0.0

OPERATING EXPENSES

Org. Title: _____	FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
Org. No: _____	Dollars	TF	Total									
OC												
Subtotal OC 23.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
23.3 Communications, utilities, and miscellaneous charges	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
23.3 Office Utilities			0.0			0.0			0.0			0.0
23.3 Residential Utilities			0.0			0.0			0.0			0.0
23.3 Telephone Costs			0.0			0.0			0.0			0.0
23.3 IT Software Leases			0.0			0.0			0.0			0.0
23.3 IT Hardware Lease			0.0			0.0			0.0			0.0
23.3 Commercial Time Sharing			0.0			0.0			0.0			0.0
23.3 Postal Fees (Other than APO Mail)			0.0			0.0			0.0			0.0
23.3 Other Mail Service Costs			0.0			0.0			0.0			0.0
23.3 Courier Services			0.0			0.0			0.0			0.0
Subtotal OC 23.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24.0 Printing and Reproduction			0.0			0.0			0.0			0.0
Subtotal OC 24.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.1 Advisory and assistance services	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.1 Studies, Analyses, & Evaluations			0.0			0.0			0.0			0.0
25.1 Management & Professional Support Services			0.0			0.0			0.0			0.0
25.1 Engineering & Technical Services			0.0			0.0			0.0			0.0
Subtotal OC 25.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.2 Other services	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.2 Office Security Guards			0.0			0.0			0.0			0.0
25.2 Residential Security Guard Services			0.0			0.0			0.0			0.0
25.2 Official Residential Expenses			0.0			0.0			0.0			0.0
25.2 Representation Allowances			0.0			0.0			0.0			0.0
25.2 Non-Federal Audits			0.0			0.0			0.0			0.0
25.2 Grievances/Investigations			0.0			0.0			0.0			0.0
25.2 Insurance and Vehicle Registration Fees			0.0			0.0			0.0			0.0
25.2 Vehicle Rental			0.0			0.0			0.0			0.0
25.2 Manpower Contracts			0.0			0.0			0.0			0.0
25.2 Records Declassification & Other Records Services			0.0			0.0			0.0			0.0
25.2 Recruiting activities			0.0			0.0			0.0			0.0
25.2 Penalty Interest Payments			0.0			0.0			0.0			0.0
25.2 Other Miscellaneous Services			0.0			0.0			0.0			0.0
25.2 Staff training contracts			0.0			0.0			0.0			0.0
25.2 IT related contracts			0.0			0.0			0.0			0.0
Subtotal OC 25.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

OPERATING EXPENSES

Org. Title: _____

Org. No: _____

OC	FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
25.3	Purchase of goods and services from Government accounts			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.3	ICASS		0.0			0.0			0.0			0.0
25.3	All Other Services from Other Gov't. accounts		0.0			0.0			0.0			0.0
	Subtotal OC 25.3		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.4	Operation and maintenance of facilities			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.4	Office building Maintenance		0.0			0.0			0.0			0.0
25.4	Residential Building Maintenance		0.0			0.0			0.0			0.0
	Subtotal OC 25.4		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.6	Medical Care			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
	Subtotal OC 25.6		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.7	Operation/maintenance of equipment & storage of goods			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.7	IT and telephone operation and maintenance costs		0.0			0.0			0.0			0.0
25.7	Storage Services		0.0			0.0			0.0			0.0
25.7	Office Furniture/Equip. Repair and Maintenance		0.0			0.0			0.0			0.0
25.7	Vehicle Repair and Maintenance		0.0			0.0			0.0			0.0
25.7	Residential Furniture/Equip. Repair and Maintenance		0.0			0.0			0.0			0.0
	Subtotal OC 25.7		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.8	Subsistance & spt. of persons (by contract or Gov't.)		0.0			0.0			0.0			0.0
	Subtotal OC 25.8		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
26.0	Supplies and materials					0.0			0.0			0.0
	Subtotal OC 26.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
31.0	Equipment			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
31.0	Purchase of Residential Furniture/Equip.		0.0			0.0			0.0			0.0
31.0	Purchase of Office Furniture/Equip.		0.0			0.0			0.0			0.0
31.0	Purchase of Vehicles		0.0			0.0			0.0			0.0
31.0	Armoring of Vehicles		0.0			0.0			0.0			0.0
31.0	Purchase of Printing/Graphics Equipment		0.0			0.0			0.0			0.0
31.0	IT Hardware purchases		0.0			0.0			0.0			0.0
31.0	IT Software purchases		0.0			0.0			0.0			0.0
	Subtotal OC 31.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
32.0	Lands and structures			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		

OPERATING EXPENSES

Org. Title: _____		FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
Org. No: _____		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
OC													
32.0	Purchase of Land & Buildings (& bldg. construction)			0.0			0.0			0.0			0.0
32.0	Purchase of fixed equipment for buildings			0.0			0.0			0.0			0.0
32.0	Purchase of fixed security equipment for buildings			0.0			0.0			0.0			0.0
32.0	Building Renovations/Alterations - Office			0.0			0.0			0.0			0.0
32.0	Building Renovations/Alterations - Residential			0.0			0.0			0.0			0.0
	Subtotal OC 32.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
42.0	Claims and indemnities			0.0			0.0			0.0			0.0
	Subtotal OC 42.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL BUDGET		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Additional Mandatory Information

Dollars Used for Local Currency Purchases

Exchange Rate Used in Computations

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* If data is shown on either of these lines, you MUST submit the form showing deposits to and withdrawals from the FSN Voluntary Separation Fund.
 On that form, OE funded deposits must equal:

0.0		0.0
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Organization: _____

Foreign National Voluntary Separation Account									
Action	FY 2001			FY 2002			FY 2003		
	OE	Program	Total	OE	Program	Total	OE	Program	Total
Deposits			0.0			0.0			0.0
Withdrawals			0.0			0.0			0.0

Local Currency Trust Funds - Regular				
	FY 2001 Estimate	FY 2002 Target	FY 2003 Target	FY 2003 Request
Balance Start of Year				
Obligations				
Deposits				
Balance End of Year	0.0	0.0	0.0	0.0

Exchange Rate _____

Local Currency Trust Funds - Real Property				
	FY 2001 Estimate	FY 2002 Target	FY 2003 Target	FY 2003 Request
Balance Start of Year				
Obligations				
Deposits				
Balance End of Year	0.0	0.0	0.0	0.0

Exchange Rate _____

Cost of Controller Operations

Org. Title: _____

Org. No: _____

OC	FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
11.1	Personnel compensation, full-time permanent			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.1	Base Pay & pymt. for annual leave balances - FNDH					0.0			0.0			0.0
	Subtotal OC 11.1			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11.3	Personnel comp. - other than full-time permanent			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.3	Base Pay & pymt. for annual leave balances - FNDH					0.0			0.0			0.0
	Subtotal OC 11.3			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11.5	Other personnel compensation			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.5	USDH					0.0			0.0			0.0
11.5	FNDH					0.0			0.0			0.0
	Subtotal OC 11.5			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11.8	Special personal services payments			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.8	USPSC Salaries					0.0			0.0			0.0
11.8	FN PSC Salaries					0.0			0.0			0.0
11.8	IPA/Details-In/PASAs/RSSAs Salaries					0.0			0.0			0.0
	Subtotal OC 11.8			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12.1	Personnel benefits			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	USDH benefits			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Educational Allowances					0.0			0.0			0.0
12.1	Cost of Living Allowances					0.0			0.0			0.0
12.1	Home Service Transfer Allowances					0.0			0.0			0.0
12.1	Quarters Allowances					0.0			0.0			0.0
12.1	Other Misc. USDH Benefits					0.0			0.0			0.0
12.1	FNDH Benefits			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	* Payments to FSN Voluntary Separation Fund - FNDH					0.0			0.0			0.0
12.1	Other FNDH Benefits					0.0			0.0			0.0
12.1	US PSC Benefits					0.0			0.0			0.0
12.1	FN PSC Benefits			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	* Payments to FSN Voluntary Separation Fund - FN PSC					0.0			0.0			0.0
12.1	Other FN PSC Benefits					0.0			0.0			0.0
12.1	IPA/Detail-In/PASA/RSSA Benefits					0.0			0.0			0.0
	Subtotal OC 12.1			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13.0	Benefits for former personnel			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13.0	FNDH			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13.0	Severance Payments for FNDH					0.0			0.0			0.0
13.0	Other Benefits for Former Personnel - FNDH					0.0			0.0			0.0

Cost of Controller Operations

Org. Title: _____		FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
Org. No: _____		Dollars	TF	Total									
OC													
13.0	FN PSCs	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13.0	Severance Payments for FN PSCs			0.0			0.0			0.0			0.0
13.0	Other Benefits for Former Personnel - FN PSCs			0.0			0.0			0.0			0.0
	Subtotal OC 13.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
21.0	Travel and transportation of persons	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21.0	Training Travel			0.0			0.0			0.0			0.0
21.0	Mandatory/Statutory Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21.0	Post Assignment Travel - to field			0.0			0.0			0.0			0.0
21.0	Assignment to Washington Travel			0.0			0.0			0.0			0.0
21.0	Home Leave Travel			0.0			0.0			0.0			0.0
21.0	R & R Travel			0.0			0.0			0.0			0.0
21.0	Education Travel			0.0			0.0			0.0			0.0
21.0	Evacuation Travel			0.0			0.0			0.0			0.0
21.0	Retirement Travel			0.0			0.0			0.0			0.0
21.0	Pre-Employment Invitational Travel			0.0			0.0			0.0			0.0
21.0	Other Mandatory/Statutory Travel			0.0			0.0			0.0			0.0
21.0	Operational Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21.0	Site Visits - Headquarters Personnel			0.0			0.0			0.0			0.0
21.0	Site Visits - Mission Personnel			0.0			0.0			0.0			0.0
21.0	Conferences/Seminars/Meetings/Retreats			0.0			0.0			0.0			0.0
21.0	Assessment Travel			0.0			0.0			0.0			0.0
21.0	Impact Evaluation Travel			0.0			0.0			0.0			0.0
21.0	Disaster Travel (to respond to specific disasters)			0.0			0.0			0.0			0.0
21.0	Recruitment Travel			0.0			0.0			0.0			0.0
21.0	Other Operational Travel			0.0			0.0			0.0			0.0
	Subtotal OC 21.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
22.0	Transportation of things	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
22.0	Post assignment freight			0.0			0.0			0.0			0.0
22.0	Home Leave Freight			0.0			0.0			0.0			0.0
22.0	Retirement Freight			0.0			0.0			0.0			0.0
22.0	Transportation/Freight for Office Furniture/Equip.			0.0			0.0			0.0			0.0
22.0	Transportation/Freight for Res. Furniture/Equip.			0.0			0.0			0.0			0.0
	Subtotal OC 22.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
23.2	Rental payments to others	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
23.2	Rental Payments to Others - Office Space			0.0			0.0			0.0			0.0
23.2	Rental Payments to Others - Warehouse Space			0.0			0.0			0.0			0.0
23.2	Rental Payments to Others - Residences			0.0			0.0			0.0			0.0

Cost of Controller Operations

Org. Title: _____ Org. No: _____ OC _____												
	FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
	Dollars	TF	Total									
Subtotal OC 23.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
23.3 Communications, utilities, and miscellaneous charges	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
23.3 Office Utilities			0.0			0.0			0.0			0.0
23.3 Residential Utilities			0.0			0.0			0.0			0.0
23.3 Telephone Costs			0.0			0.0			0.0			0.0
23.3 IT Software Leases			0.0			0.0			0.0			0.0
23.3 IT Hardware Lease			0.0			0.0			0.0			0.0
23.3 Commercial Time Sharing			0.0			0.0			0.0			0.0
23.3 Postal Fees (Other than APO Mail)			0.0			0.0			0.0			0.0
23.3 Other Mail Service Costs			0.0			0.0			0.0			0.0
23.3 Courier Services			0.0			0.0			0.0			0.0
Subtotal OC 23.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24.0 Printing and Reproduction			0.0			0.0			0.0			0.0
Subtotal OC 24.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.1 Advisory and assistance services	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.1 Studies, Analyses, & Evaluations			0.0			0.0			0.0			0.0
25.1 Management & Professional Support Services			0.0			0.0			0.0			0.0
25.1 Engineering & Technical Services			0.0			0.0			0.0			0.0
Subtotal OC 25.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.2 Other services	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.2 Office Security Guards			0.0			0.0			0.0			0.0
25.2 Residential Security Guard Services			0.0			0.0			0.0			0.0
25.2 Official Residential Expenses			0.0			0.0			0.0			0.0
25.2 Representation Allowances			0.0			0.0			0.0			0.0
25.2 Non-Federal Audits			0.0			0.0			0.0			0.0
25.2 Grievances/Investigations			0.0			0.0			0.0			0.0
25.2 Insurance and Vehicle Registration Fees			0.0			0.0			0.0			0.0
25.2 Vehicle Rental			0.0			0.0			0.0			0.0
25.2 Manpower Contracts			0.0			0.0			0.0			0.0
25.2 Records Declassification & Other Records Services			0.0			0.0			0.0			0.0
25.2 Recruiting activities			0.0			0.0			0.0			0.0
25.2 Penalty Interest Payments			0.0			0.0			0.0			0.0
25.2 Other Miscellaneous Services			0.0			0.0			0.0			0.0
25.2 Staff training contracts			0.0			0.0			0.0			0.0
25.2 IT related contracts			0.0			0.0			0.0			0.0
Subtotal OC 25.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Cost of Controller Operations

Org. Title: _____

Org. No: _____

OC	FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
	Dollars	TF	Total									
25.3 Purchase of goods and services from Government accounts	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.3 ICASS			0.0			0.0			0.0			0.0
25.3 All Other Services from Other Gov't. accounts			0.0			0.0			0.0			0.0
Subtotal OC 25.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.4 Operation and maintenance of facilities	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.4 Office building Maintenance			0.0			0.0			0.0			0.0
25.4 Residential Building Maintenance			0.0			0.0			0.0			0.0
Subtotal OC 25.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.6 Medical Care												
Subtotal OC 25.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.7 Operation/maintenance of equipment & storage of goods	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.7 IT and telephone operation and maintenance costs			0.0			0.0			0.0			0.0
25.7 Storage Services			0.0			0.0			0.0			0.0
25.7 Office Furniture/Equip. Repair and Maintenance			0.0			0.0			0.0			0.0
25.7 Vehicle Repair and Maintenance			0.0			0.0			0.0			0.0
25.7 Residential Furniture/Equip. Repair and Maintenance			0.0			0.0			0.0			0.0
Subtotal OC 25.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.8 Subsistence & spt. of persons (by contract or Gov't.)			0.0			0.0			0.0			0.0
Subtotal OC 25.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
26.0 Supplies and materials			0.0			0.0			0.0			0.0
Subtotal OC 26.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
31.0 Equipment	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
31.0 Purchase of Residential Furniture/Equip.			0.0			0.0			0.0			0.0
31.0 Purchase of Office Furniture/Equip.			0.0			0.0			0.0			0.0
31.0 Purchase of Vehicles			0.0			0.0			0.0			0.0
31.0 Armoring of Vehicles			0.0			0.0			0.0			0.0
31.0 Purchase of Printing/Graphics Equipment			0.0			0.0			0.0			0.0
31.0 IT Hardware purchases			0.0			0.0			0.0			0.0
31.0 IT Software purchases			0.0			0.0			0.0			0.0
Subtotal OC 31.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
32.0 Lands and structures	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		

Accessing Global Bureau Services Through Field Support and Buy-Ins

Objective Name	Field Support and Buy-Ins: Activity Title & Number	Priority *	Duration	Estimated Funding (\$000)			
				FY 2002 Obligated by:		FY 2003 Obligated by:	
				Operating Unit	Global Bureau	Operating Unit	Global Bureau
GRAND TOTAL.....							

* For Priorities use high, medium-high, medium, medium-low, low

USAID Costs as ICASS Service Provider

Org. Title: _____		FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
Org. No: _____		Dollars	TF	Total									
OC													
11.1	Personnel compensation, full-time permanent	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.1	Base Pay & pymt. for annual leave balances - FNDH			0.0			0.0			0.0			0.0
	Subtotal OC 11.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11.3	Personnel comp. - other than full-time permanent	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.3	Base Pay & pymt. for annual leave balances - FNDH			0.0			0.0			0.0			0.0
	Subtotal OC 11.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11.5	Other personnel compensation	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.5	USDH			0.0			0.0			0.0			0.0
11.5	FNDH			0.0			0.0			0.0			0.0
	Subtotal OC 11.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11.8	Special personal services payments	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.8	USPSC Salaries			0.0			0.0			0.0			0.0
11.8	FN PSC Salaries			0.0			0.0			0.0			0.0
11.8	IPA/Details-In/PASAs/RSSAs Salaries			0.0			0.0			0.0			0.0
	Subtotal OC 11.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12.1	Personnel benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	USDH benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Educational Allowances			0.0			0.0			0.0			0.0
12.1	Cost of Living Allowances			0.0			0.0			0.0			0.0
12.1	Home Service Transfer Allowances			0.0			0.0			0.0			0.0
12.1	Quarters Allowances			0.0			0.0			0.0			0.0
12.1	Other Misc. USDH Benefits			0.0			0.0			0.0			0.0
12.1	FNDH Benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Payments to FSN Voluntary Separation Fund - FNDH			0.0			0.0			0.0			0.0
12.1	Other FNDH Benefits			0.0			0.0			0.0			0.0
12.1	US PSC Benefits			0.0			0.0			0.0			0.0
12.1	FN PSC Benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Payments to FSN Voluntary Separation Fund - FN PSC			0.0			0.0			0.0			0.0
12.1	Other FN PSC Benefits			0.0			0.0			0.0			0.0
12.1	IPA/Detail-In/PASA/RSSA Benefits			0.0			0.0			0.0			0.0
	Subtotal OC 12.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13.0	Benefits for former personnel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13.0	FNDH	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13.0	Severance Payments for FNDH			0.0			0.0			0.0			0.0
13.0	Other Benefits for Former Personnel - FNDH			0.0			0.0			0.0			0.0
13.0	FN PSCs	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13.0	Severance Payments for FN PSCs			0.0			0.0			0.0			0.0
13.0	Other Benefits for Former Personnel - FN PSCs			0.0			0.0			0.0			0.0
	Subtotal OC 13.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
21.0	Travel and transportation of persons	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21.0	Training Travel			0.0			0.0			0.0			0.0
21.0	Mandatory/Statutory Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21.0	Post Assignment Travel - to field			0.0			0.0			0.0			0.0
21.0	Assignment to Washington Travel			0.0			0.0			0.0			0.0
21.0	Home Leave Travel			0.0			0.0			0.0			0.0
21.0	R & R Travel			0.0			0.0			0.0			0.0
21.0	Education Travel			0.0			0.0			0.0			0.0
21.0	Evacuation Travel			0.0			0.0			0.0			0.0
21.0	Retirement Travel			0.0			0.0			0.0			0.0
21.0	Pre-Employment Invitational Travel			0.0			0.0			0.0			0.0

USAID Costs as ICASS Service Provider

Org. Title: Org. No: OC	FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
	Dollars	TF	Total									
21.0 Other Mandatory/Statutory Travel			0.0			0.0			0.0			0.0
21.0 Operational Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21.0 Site Visits - Headquarters Personnel			0.0			0.0			0.0			0.0
21.0 Site Visits - Mission Personnel			0.0			0.0			0.0			0.0
21.0 Conferences/Seminars/Meetings/Retreats			0.0			0.0			0.0			0.0
21.0 Assessment Travel			0.0			0.0			0.0			0.0
21.0 Impact Evaluation Travel			0.0			0.0			0.0			0.0
21.0 Disaster Travel (to respond to specific disasters)			0.0			0.0			0.0			0.0
21.0 Recruitment Travel			0.0			0.0			0.0			0.0
21.0 Other Operational Travel			0.0			0.0			0.0			0.0
Subtotal OC 21.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
22.0 Transportation of things	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
22.0 Post assignment freight			0.0			0.0			0.0			0.0
22.0 Home Leave Freight			0.0			0.0			0.0			0.0
22.0 Retirement Freight			0.0			0.0			0.0			0.0
22.0 Transportation/Freight for Office Furniture/Equip.			0.0			0.0			0.0			0.0
22.0 Transportation/Freight for Res. Furniture/Equip.			0.0			0.0			0.0			0.0
Subtotal OC 22.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
23.2 Rental payments to others	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
23.2 Rental Payments to Others - Office Space			0.0			0.0			0.0			0.0
23.2 Rental Payments to Others - Warehouse Space			0.0			0.0			0.0			0.0
23.2 Rental Payments to Others - Residences			0.0			0.0			0.0			0.0
Subtotal OC 23.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
23.3 Communications, utilities, and miscellaneous charges	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
23.3 Office Utilities			0.0			0.0			0.0			0.0
23.3 Residential Utilities			0.0			0.0			0.0			0.0
23.3 Telephone Costs			0.0			0.0			0.0			0.0
23.3 IT Software Leases			0.0			0.0			0.0			0.0
23.3 IT Hardware Lease			0.0			0.0			0.0			0.0
23.3 Commercial Time Sharing			0.0			0.0			0.0			0.0
23.3 Postal Fees (Other than APO Mail)			0.0			0.0			0.0			0.0
23.3 Other Mail Service Costs			0.0			0.0			0.0			0.0
23.3 Courier Services			0.0			0.0			0.0			0.0
Subtotal OC 23.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24.0 Printing and Reproduction			0.0			0.0			0.0			0.0
Subtotal OC 24.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.1 Advisory and assistance services	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.1 Studies, Analyses, & Evaluations			0.0			0.0			0.0			0.0
25.1 Management & Professional Support Services			0.0			0.0			0.0			0.0
25.1 Engineering & Technical Services			0.0			0.0			0.0			0.0
Subtotal OC 25.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.2 Other services	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.2 Office Security Guards			0.0			0.0			0.0			0.0
25.2 Residential Security Guard Services			0.0			0.0			0.0			0.0
25.2 Official Residential Expenses			0.0			0.0			0.0			0.0
25.2 Representation Allowances			0.0			0.0			0.0			0.0
25.2 Non-Federal Audits			0.0			0.0			0.0			0.0
25.2 Grievances/Investigations			0.0			0.0			0.0			0.0
25.2 Insurance and Vehicle Registration Fees			0.0			0.0			0.0			0.0
25.2 Vehicle Rental			0.0			0.0			0.0			0.0

USAID Costs as ICASS Service Provider

Org. Title: _____		FY 2001 Estimate			FY 2002 Target			FY 2003 Target			FY 2003 Request		
Org. No: _____		Dollars	TF	Total									
OC													
25.2	Manpower Contracts			0.0			0.0			0.0			0.0
25.2	Records Declassification & Other Records Services			0.0			0.0			0.0			0.0
25.2	Recruiting activities			0.0			0.0			0.0			0.0
25.2	Penalty Interest Payments			0.0			0.0			0.0			0.0
25.2	Other Miscellaneous Services			0.0			0.0			0.0			0.0
25.2	Staff training contracts			0.0			0.0			0.0			0.0
25.2	IT related contracts			0.0			0.0			0.0			0.0
	Subtotal OC 25.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.3	Purchase of goods and services from Government accounts	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.3	ICASS			0.0			0.0			0.0			0.0
25.3	All Other Services from Other Gov't. accounts			0.0			0.0			0.0			0.0
	Subtotal OC 25.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.4	Operation and maintenance of facilities	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.4	Office building Maintenance			0.0			0.0			0.0			0.0
25.4	Residential Building Maintenance			0.0			0.0			0.0			0.0
	Subtotal OC 25.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.6	Medical Care												
	Subtotal OC 25.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.7	Operation/maintenance of equipment & storage of goods	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.7	IT and telephone operation and maintenance costs			0.0			0.0			0.0			0.0
25.7	Storage Services			0.0			0.0			0.0			0.0
25.7	Office Furniture/Equip. Repair and Maintenance			0.0			0.0			0.0			0.0
25.7	Vehicle Repair and Maintenance			0.0			0.0			0.0			0.0
25.7	Residential Furniture/Equip. Repair and Maintenance			0.0			0.0			0.0			0.0
	Subtotal OC 25.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.8	Subsistence & spt. of persons (by contract or Gov't.)			0.0			0.0			0.0			0.0
	Subtotal OC 25.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
26.0	Supplies and materials			0.0			0.0			0.0			0.0
	Subtotal OC 26.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
31.0	Equipment	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
31.0	Purchase of Residential Furniture/Equip.			0.0			0.0			0.0			0.0
31.0	Purchase of Office Furniture/Equip.			0.0			0.0			0.0			0.0
31.0	Purchase of Vehicles			0.0			0.0			0.0			0.0
31.0	Armoring of Vehicles			0.0			0.0			0.0			0.0
31.0	Purchase of Printing/Graphics Equipment			0.0			0.0			0.0			0.0
31.0	IT Hardware purchases			0.0			0.0			0.0			0.0
31.0	IT Software purchases			0.0			0.0			0.0			0.0
	Subtotal OC 31.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
32.0	Lands and structures	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
32.0	Purchase of Land & Buildings (& bldg. construction)			0.0			0.0			0.0			0.0
32.0	Purchase of fixed equipment for buildings			0.0			0.0			0.0			0.0
32.0	Purchase of fixed security equipment for buildings			0.0			0.0			0.0			0.0
32.0	Building Renovations/Alterations - Office			0.0			0.0			0.0			0.0
32.0	Building Renovations/Alterations - Residential			0.0			0.0			0.0			0.0
	Subtotal OC 32.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
42.0	Claims and indemnities			0.0			0.0			0.0			0.0

**Washington Offices/Bureaus
Operating Expenses**

Office/Bureau: <input type="text"/>		FY 2001	FY 2002	FY 2003	FY 2003
OC	Object Class Code Title	Estimate	Target	Target	Request
11.8	Special personal services payments				
	U.S. PSCs				
	IPA/Details-In/PASAs/RSSAs Salaries				
	Subtotal OC 11.8	0.0	0.0	0.0	0.0
12.1	Personnel Benefits				
	U.S. PSCs - Benefits				
	IPA/Details-In/PASAs/RSSAs Benefits				
	Subtotal OC 12.1	0.0	0.0	0.0	0.0
21.0	Travel and transportation of persons				
	Training Travel				
	Operational Travel				
	Site Visits - Headquarters Personnel	184.4	229.6	170.4	229.6
	Site Visits - Mission Personnel				
	Conferences/Seminars/Meetings/Retreats	87.6	96.4	87.6	96.4
	Assessment Travel				
	Impact Evaluation Travel				
	Disaster Travel (to respond to specific disasters)				
	Recruitment Travel				
	Other Operational Travel				
	Subtotal OC 21.0	272.0	326.0	258.0	326.0
23.3	Communications, Utilities, and Miscellaneous Charges				
	Commercial Time Sharing				
	Other Communications, Util, and Misc. Charges				
	Subtotal OC 23.3	0.0	0.0	0.0	0.0
24.0	Printing & Reproduction				
	Subscriptions & Publications				
	Other Printing and Reproduction				
	Subtotal OC 24.0	0.0	0.0	0.0	0.0
25.1	Advisory and assistance services				
	Studies, Analyses, & Evaluations				
	Management & Professional Support Services	40.0	50.0	40.0	50.0
	Engineering & Technical Services				
	Subtotal OC 25.1	40.0	50.0	40.0	50.0
25.2	Other services				
	Non-Federal Audits				
	Grievances/Investigations				
	Manpower Contracts				
	Staff training contracts				
	Other Miscellaneous Services				
	Subtotal OC 25.2	0.0	0.0	0.0	0.0
25.3	Purchase of goods and services from Government accounts				
	DCAA Audits				
	HHS Audits				
	All Other Federal Audits				
	Reimbursements to Other USAID Accounts				
	All Other Services from other Gov't. Agencies				
	Subtotal OC 25.3	0.0	0.0	0.0	0.0
25.7	Operation & Maintenance of Equipment & Storage				
25.8	Subsistence and support of persons (contract or Gov't.)				
26.0	Supplies and Materials				
31.0	Equipment				
	IT Software Purchases	0.0	2.0	2.0	2.0
	IT Hardware Purchases	0.0	10.0	10.0	10.0
	Other Equipment Purchases	0.0	2.0	2.0	2.0
	Subtotal OC 31.0	0.0	14.0	14.0	14.0
	Subtotal	312.0	390.0	312.0	390.0
Additional Object Class Codes (If Required)					
Total Other Object Class Codes		0.0	0.0	0.0	0.0
Total Budget		312.0	390.0	312.0	390.0

Environmental Impact

- A. The G/PHN Program qualifies for a Categorical Exclusion pursuant to 22 CFR 216.2(c) (2) (viii), which states that: "Programs involving nutrition, health care or population and family planning services, except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)," generally do not require an Initial Environmental Examination, Environmental Assessment and Environmental Impact Statement. However, during the design stage of G/PHN Activity Approval Documents, each SO/AAD Team analyzes the impact of the proposed activities on the environment and monitors them to ensure compliance with the criteria for a Categorical Exclusion. An Environmental Determination signed by the Global Bureau Environmental Officer is included with each Activity Approval Document approval.

During FY 2001, PHN plans to request approval from the Bureau Environmental Officer for the TASC II activity approval documents (AAD) (936-3106).

- B. Other G/PHN activities continue to be in compliance with the Categorical Exclusion or have minimal adverse effect on the environment.

However, the AIDS Prevention and Control Program's Initial Environment Examination approved by the Global Bureau Environmental Officer on September 25, 1997, was again reviewed in FY 2000 because of the addition of insecticide treated nets (ITN) to country activities under the AIDSMark cooperative agreement. An IEE analysis suggested that the use of insecticides for the treatment and retreatment of bednets would result in only a modest potential for undesirable environment and human health impacts. Little, however, is known about the country specific interventions under AIDSMark. Each separate country program may choose a different approach, product, and or supply. Prior to the distribution of any insecticides, it was agreed that AIDSMark prepare a Pesticide Evaluation Report and Safe Use Action Plan (PERSUAP) for each country program that extends into the marketing of ITNs. The PERSUAP will examine the packaging and labeling of insecticides as proposed in that country, and a detailed action plan for ensuring safe handling and disposal of all insecticides and their monitoring will be developed. The Global Bureau Environmental Officer has cleared this approach.

Information Annex Topic: E&E R4 Detailed Budget Information

FY00 Climate Change Reporting Guidance - Data Tables

*Please fill in the **YELLOW** cells to complete the table.*

Table 1.0 - Background Information

	Country, Region, Office, or Program Reporting: (Type in the exact spelling of the appropriate entry from table below)	
	Telephone number:	
Name of person(s) & IR Teams completing tables:	Name #1:	
	SO Team Name and number1	
	Name #2:	
	SO Team Name and number2	
	SO Team Name and number3	
Contact	Address (1):	
	Address (2):	
	Street:	
	City, Address Codes:	
	Telephone number:	
	Fax number:	
	Email address:	
	Other relevant information:	

Country / Region / Office / Program Reference Table

AFR/SD – CARPE	G/ENV/UP	Mozambique
AFR/SD – FEWS	G/ENV/ENR	Nepal
Albania	G/ENV/GCC	Nicaragua
Armenia	G/ENV/UP	NIS Regional
Bangladesh	Georgia	Panama
Bolivia	Guatemala	Paraguay
Brazil	Guinea	Peru
Bulgaria	Honduras	Philippines
CEE Regional	India	Poland
Central America (G-CAP)	Indonesia	RCSA
Central Asia Republics	LAC/RSD	Romania
East Asia Environmental Initiative	Lithuania	Russia
Ecuador	Macedonia	South Africa
EGAD	Madagascar	South Asia Regional Initiative
Egypt	Malawi	Uganda
G/ENV/EET	Mali	Ukraine
G/ENV/ENR	Mexico	US-AEP
G/ENV/GCC	Moldova	

Please fill in the YELLOW cells to complete the table.

TABLE 1.1

Result 1: Increased Participation in the UNFCCC

Indicator 1: Policy Development Supporting the Framework Convention on Climate Change

PLEASE SEE DEFINITIONS BELOW

Policy Measure	STEP 1: Policy Preparation and Presentation	STEP 2: Policy Adoption	STEP 3: Implementation and Enforcement	List Activities Contributing to Each Policy Category	SO Number for Activity	CN/TN Number for Activity
Ex: Integration of climate change into national strategic, energy, and sustainable development strategies	1	1		Gov't-established interagency group has completed all necessary analysis and preparation to develop NEAP. The government has also signed Annex b of the FCCC.	3.2	CN-23-222
Integration of climate change into national strategic, energy, and sustainable development strategies						
Emissions inventory						
Mitigation analysis						
Vulnerability and adaptation analysis						
National Climate Change Action Plan						
Procedures for receiving, evaluating, and approving Activities Implemented Jointly (AIJ) proposals						
Procedures for monitoring and verifying greenhouse gas emissions						
Growth baselines for pegging greenhouse gas emissions to economic growth						
Legally binding emission reduction targets and timetables						
Other (describe)						
Other						
Other						
Other						
Other						
Sub-total (number of policy steps achieved):	0	0	0			
	TOTAL (number of policy steps achieved):					
			0			

Definitions: Policy Steps Achieved	
Policy Measure	"Policy measures" may include documentation demonstrating a legal, regulatory, or other governmental commitment to a defined course of action. Thus, for example, "policy measures" would include: a national, state, provincial, or local law; a regulation or decree; guidance issued by an agency, ministry, or sub-national body; a land use plan; a National Environmental Action Plan; a Climate Change Action Plan; or a National Communication to the IPCC. The term "policy measures" does not include technical documentation, such as technical reports or land use maps, nor site-specific activities reported under Indicators 1 and 2 (e.g., legal demarcation of individual site or granting of community access to single location).
Policy Preparation and Presentation (Step 1)	Draft bill, policy or regulation, vetted through relevant stakeholders in government, non-government, the private sector and civil society, and introduced for debate in appropriate legislative, regulatory, or governmental body.
Policy Adoption (Step 2)	Policy intervention is approved and adopted by the appropriate administrative agency or legislative body. Can take the form of the voting on a law; the issuance of a decree, etc.
Policy Implementation and Enforcement (Step 3)	Actions that put the policy interventions into effect, such as agency personnel trained in procedures, appropriate institutions created or strengthened, or legislation implemented through the appropriate government agency.
Definitions: Types of Activities	
Adaptation	Adjustments in practices, processes or structures of systems to projected or actual changes of climate (may be spontaneous or planned).
Emissions inventory	Detailed listing of GHG sources and sinks.
Growth Baselines	An approach that would link countries' emissions targets to improvements in energy efficiency.
Joint Implementation (JI)	The process by which industrialized countries can meet a portion of their emissions reduction obligations by receiving credits for investing in GHG reductions in developing countries.
Mitigation	An action that prevents or slows the increase of greenhouse gases (GHGs) by reducing emissions from sources and sinks.
National Climate Change Action Plan	Plans that delineate specific mitigation and adaptation measures that countries will implement and integrate into their ongoing programs. These plans form the basis for the national communications that countries submit to the UNFCCC Secretariat.

Please fill in the YELLOW cells to complete the table.

TABLE 1.2					
Result 1: Increased Participation in the UNFCCC					
Indicator 2: Increased capacity to meet requirements of the UNFCCC					
	Types of Support Provided (Enter the number of Training/TA activities for each category)				
Categories	Training	Technical Assistance	List the Activities that Contribute to Each Capacity Building Category	SO Number for Activity	CN/TN Number for Activity
Ex: Support for joint implementation activities	1	3	Provided training and assistance in the economic and financial evaluation of energy efficient projects for consideration in JI activities.	2.4	CN-23-222
Monitoring and verifying GHG emissions					
Growth baselines for pegging GHG emissions to economic growth					
Development of emissions reduction targets and timetables					
Support for joint implementation activities					
Support for Vulnerability and Adaptaion Activities					
Other (describe)					
Other					
Total number of points for Training/Technical Assistance:	0	0			

Codes for Land Use and Forestry Sector									
Principal Activities:		Predominant Vegetation Type:				Predominant Managed Land Type:		Codes for Additional Information:	
1	Conservation of natural ecosystems (may include protected area management, extraction of non-timber products, etc. but <i>not</i> timber harvesting.)	A	Tropical evergreen forest	H	Tropical grassland and pasture	1	Agricultural systems: Less than 15% of the area under trees	1	Maps
2	Sustainable forest management for timber using reduced-impact harvesting (non-timber forest products may also be harvested)	B	Tropical seasonal forest	I	Temperate grassland and pasture	2	Agroforestry systems: Greater than 15% of the area under trees	2	Geo-referenced site coordinates
3	Afforestation/reforestation/plantation forests	C	Temperate evergreen forest	J	Tundra and alpine meadow	3	Plantation Forests: At least 80% of the area under planted trees	3	Biomass inventory
4	Agroforestry	D	Temperate deciduous forest	K	Desert scrub	4	Protected areas	4	Rainfall data
5	Sustainable agriculture	E	Boreal forest	L	Swamp and marsh			5	Soil type data
		F	Temperate woodland	M	Coastal mangrove				
		G	Tropical open forest / woodland	N	Wetlands				

Definitions: Natural Ecosystems	
Natural Ecosystems	Any areas that have not experienced serious degradation or exploitation of biomass, and without significant harvest of biomass. This includes protected areas, areas used for the extraction of non-timber forest products, and community-managed forests with minimal timber extraction. Areas where non-timber forest products are harvested can be counted in this category but not those that are managed for timber. The latter are included in 2b below. The distinction is important as different approaches are employed in estimating carbon for "natural areas" (2a) and "managed areas" (2b). Natural areas include: (1) protected areas; (2) areas where non-timber forest products are extracted if significant biomass is not removed (often managed as community-based forest management areas); and (3) any other areas which exclude larger-scale biomass harvest from a management regime including many areas managed by communities and/or indigenous groups.
Definitions: Managed Lands Categories	
Sustainable Forest Management for Timber using Reduced Impact Harvesting (RIH)	A timber management activity will be considered to have a positive impact on carbon (relative to conventional methods) if it employs RIH practices and/or other key criteria. RIH is a package of practices proven to minimize environmental damage and carbon emissions during the logging of natural tropical forest. To be included, an activity must include most of the following practices: <ul style="list-style-type: none"> - tree inventorying, marking and mapping; - careful planning and marking of skidder trails; - vine cutting prior to harvest, where appropriate; - directional felling of trees; - appropriate skidding techniques that employ winching and best available equipment (rubber tired skidder/animal traction) to minimize soil - proper road and log deck construction; - a trained work force and implementation of proper safety practices; - fire mitigation techniques (fire breaks); - existence of a long-term management plan. Report on the area where government, industry or community organizations are carrying out forest management for commercial timber using the techniques above, or forest management areas that have been "certified" as environmentally sound by a recognized independent party. Only the area where sound planning and harvesting is being currently practiced should be included (not the whole concession or forest).
Agroforestry	Agroforestry covers a wide variety of land-use systems combining tree, crop and/or animals on the same land. Two characteristics distinguish agroforestry from other land uses: 1) it involves the deliberate growing of woody perennial on the same unit of land as agricultural crops and/or animals either spatially or sequentially, and 2) there is significant interaction between woody and non-woody components, either ecological or economical. To be counted, at least 15 percent of the system must be trees or woody perennials grown for a specific function (shade, fuel, fodder, windbreak). -- Include the area of land under an agroforestry system in which a positive carbon benefit is apparent (i.e., through the increase in biomass, litter or soil organic matter). Do not include agroforestry systems being established on forestlands that were deforested since 1990.
Reforestation/ Afforestation	The act of planting trees on deforested or degraded land previously under forest (reforestation) or on land that has not previously been under forest according to historical records (afforestation). This would include reforestation on slopes for watershed protection; mangrove reforestation or reforestation to protect coastal areas; commercial plantations and community tree planting on a significant scale, and/or the introduction of trees in non-forested areas for ecological or economic purposes. -- Include the area under reforestation or afforestation (i.e., plantation forests and/or community woodlots). Do not include natural forested areas that have been recently deforested for the purpose of planting trees. Do not include tree planting in agroforestry systems (include this under agroforestry).
Sustainable Agriculture	Agricultural systems that increase or maintain carbon in their soil and biomass through time by employing certain proven cultural practices known <ul style="list-style-type: none"> - no-tillage or reduced tillage - erosion control/soil conservation techniques, especially on hillsides - perennial crops in the system - higher crop yields through better nitrogen and soil management - long-term rotations with legumes - the use of organic mulches, crop residues and other organic inputs into the soil - better management of agrochemicals, by stressing careful fertilizer management that will increase yields while minimizing the use of petro-based
Special Instructions: Creating a Copy of this Spreadsheet	
Step 1	Finish filling any cells you are working on and hit " Return " or " Enter ".
Step 2	Click on " Edit " in the menu bar, above. Go down and click on " Move or Copy Sheet! ". The "Move or Copy" dialog box will open. (NOTE: You may also open this dialog box by using the right button on your mouse to click on the "T4-2.1 Land Use" tab near the bottom of the screen.)
Step 3	Next, scroll down in the dialog box and click on " T2.1 Land Use! ".
Step 4	Next, click on the box at bottom to Create a copy .
Step 5	Hit " OK ". A new copy of T2.1 Land Use will appear in the row of tabs near the bottom of the screen. PLEASE NOTE: Some cells may not retain all the original text when the sheet is copied, especially in the definitions sections.

Please fill in the YELLOW cells to complete the table.

TABLE 2.3							
Result 2: Reduced Net Greenhouse Gas Emissions from the Land Use/Forest Management Sector							
Indicator 3: National/sub-national policy advances in the land use/forestry sector that contribute to the preservation or increase of carbon stocks and sinks, and to the avoidance of greenhouse gas emissions							
PLEASE SEE DEFINITIONS BELOW		Enter the number of separate steps for each measure					
Policy Measure	Scope (N or S)	STEP 1: Policy Preparation and Presentation	STEP 2: Policy Adoption	STEP 3: Implementation and Enforcement	List Activities Contributing to Each Policy Category	SO Number for Activity	CN/TN Number for Activity
Ex: Facilitates establishment and conservation of protected areas	N	2	1		Two studies completed on national protected areas law for the Environment Min., including recommendations for legal reform; revised National Protected Areas Law adopted, Min. Decree No. 1999/304.	3.1	TN-556-27
Facilitates improved land use planning							
Facilitates sustainable forest management							
Facilitates establishment and conservation of protected areas							
Improves integrated coastal management							
Decreases agricultural subsidies or other perverse fiscal incentives that hinder sustainable forest management							
Corrects protective trade policies that devalue forest resources							
Clarifies and improves land and resource tenure							
Other (describe)							
Other							
Other							
Other							
Other							
Sub-total(number of policy steps achieved)		0	0	0			
Total (number of policy steps achieved):				0			

Definitions: Scope	
National Policies (N)	Policies that influence issues on a countrywide level.
Sub-national Policies (S)	Policies that affect a tribal nation, province, state or region that are neither national nor site specific in impact.
Definitions: Policy Steps Achieved	
Policy Measure	"Policy measures" may include documentation demonstrating a legal, regulatory, or other governmental commitment to a defined course of action. Thus, for example, "policy measures" would include: a national, state, provincial, or local law; a regulation or
Policy Preparation and Presentation (Step 1)	Draft bill, policy or regulation, vetted through relevant stakeholders in government, non-government, the private sector and civil society, and introduced for debate in appropriate legislative, regulatory, or governmental body.
Policy Adoption (Step 2)	Policy intervention is approved and adopted by the appropriate administrative agency or legislative body. Can take the form of the voting on a law; the issuance of a decree, etc.
Policy Implementation and Enforcement (Step 3)	Actions that put the policy interventions into effect, such as agency personnel trained in procedures, appropriate institutions created or strengthened, or legislation implemented through the appropriate government agency.

Please fill in the YELLOW cells to complete the table.

TABLE 2.4

Result 2: Reduced Net Greenhouse Gas Emissions from the Land Use/Forest Management Sector
Indicator 4: Value of Public and Private Investment Leveraged by USAID for Activities that Contribute to the Preservation or Increase of Carbon Stocks and Reduction of Greenhouse Gas Emissions

PLEASE SEE DEFINITIONS BELOW

Activity	Source of Leveraged Funds	Methodology for determining amount of funding	Direct Leveraged Funds	Indirect Leveraged Funds	SO Number for Activity	CN/TN Number for Activity
National Nature Conservation Fund	National Government	Figure reflects direct, in-kind contribution of national government.	\$572,800		3.3	TN-556-27
Big Forest Climate Change Action Project	The Nature Conservancy and the Friends of Nature Foundation	NGOs initiated independent activity with separate funding, building on earlier USAID conservation project.		\$1,700,000	3.3	CN-23-222
Total:			\$0	\$0		

Definitions: Funding Leveraged	
Direct Leveraged Funding	Funding leveraged directly in support of current USAID activities and programs, including: - funding leveraged from partners for joint USAID activities; - funding for activities in which USAID developed enabling policies, regulations, or provided pre-investment support (prorated); - obligated or committed funding for direct follow-on MDB loan programs (prorated); - obligated or committed funding for direct follow-on private-sector funded programs that reach financial closure (prorated); - joint implementation investments; - Development Credit Authority investments.
Indirect Leveraged Funding	Funding dedicated by other donors or governments to replicate programs that USAID initiated, but which USAID does not or will not itself fund.

Please fill in the **YELLOW** cells to complete the table.

TABLE 2.5a				
Result 2: Reduced Net Greenhouse Gas Emissions from the Land Use/Forest Management Sector				
Indicator 5a: Increased Capacity to Address Global Climate Change Issues				
Types of institutions strengthened to address GCC issues	Number of Institutions Strengthened	Names of Associations, NGOs, or other Institutions Strengthened	SO Number for Activity	CN/TN Number for Activity
Ex: NGOs	3	Friends of Nature Foundation, SITA, Sustainable Forests Unlimited	3.2	CN-23-222
NGOs				
Private Institutions				
Research / Educational Institutions				
Public Institutions				
Total Number of Institutions Strengthened:	0			

Please fill in the YELLOW cells to complete the table.

Table 2.5b					
Result 2: Reduced Net Greenhouse Gas Emissions from the Land Use/Forest Management Sector					
Indicator 5b: Technical Capacity Strengthened through Workshops, Research, and/or Training Activities					
Category	Types of Support Provided (Enter the number of Training/TA activities for each category)		List the Activities that Contribute to Each Capacity Building Category	SO Number for Activity	CN/TN Number for Activity
	Training	Technical Assistance			
Ex: Advancing sustainable forest management	1	3	Presentation of nursery & reforestation studies; US training on resource mgmt; env'l impact assessment law training; forest restoration & recovery workshop. TA for fire prevention.	3.3	CN-23-222
Advancing improved land use planning					
Advancing sustainable forest management					
Advancing establishment and conservation of protected areas					
Advancing integrated coastal management					
Advancing decreases in agricultural subsidies or other perverse fiscal incentives that hinder sustainable forest management					
Advancing the correction of protective trade policies that devalue forest resources					
Advancing the clarification and improvement of land and resource tenure					
Other (describe)					
Other					
Number of categories where training and technical assistance has been provided:	0	0			

Please fill in the YELLOW cells to complete the table.

TABLE 3.1												
Result 3: Reduced Net Greenhouse Gas Emissions from the Energy Sector, Industry and Urban Areas												
Indicator 1: Emissions of Carbon Dioxide Equivalents Avoided, due to USAID Assistance (Measuring Carbon Dioxide, Methane, and Nitrous Oxide)												
PLEASE SEE FUEL TYPE CODES BELOW	3.1 A - CO2 Emissions avoided through renewable energy activities			3.1 B - CO2 emissions avoided through end use energy efficiency improvements			3.1 C - CO2 emissions avoided through energy efficiency improvements in generation, transmission, and distribution (including new production capacity)			SO number for Activity	CN/TN Number for Activity	
	Activity	3.1A: MW-h produced in electricity generation	3.1A: BTU's produced in thermal combustion	3.1A: Fuel type replaced (use codes)	3.1B: MW-h saved	3.1B: BTU's saved in thermal combustion	3.1B: Fuel type saved (use codes)	3.1C: MW-h saved	3.1C: BTU's saved in thermal combustion			3.1C: Fuel type saved (use codes)
Renewable Energy Production Prog.	512,258		J								2.1	CN-120-97
Steam & Combustion Efficiency Pilot Proj.					1,832,144	J					2.1	CN-120-97
Power Sector Retrofits							912,733			T	2.1	CN-120-97
Totals:	0	0		0	0		0	0	0			

PLEASE SEE FUEL TYPE CODES BELOW	3.1 D - CO2 emissions avoided as a result of switching to cleaner fossil fuels (including new production capacity)				3.1 E - Methane emissions captured from solid waste, coal mining, or sewage treatment	3.1 F - Tonnes of nitrous oxide emissions avoided through improved agriculture	SO number for Activity	CN/TN Number for Activity
	Activity	3.1D: MW-h produced in electricity generation	3.1D BTUs produced in thermal combustion	3.1D Old fuel type (use codes)	3.1D New fuel type (use codes)	3.1E: Tonnes of methane		
Clean Fuels Program	4,551		H	FF			2	CN-120-97
Municipal Landfill Proj.					450		2	CN-120-97
Sust. Ag. & Devt. Proj.						575	2	CN-120-97
Totals:	0	0			0	0		

Codes for Fuel Type			
Fuel Types		Code	Fuel Name
Liquid Fossil	Primary Fuels	A	Crude oil
		B	Orimulsion
		C	Natural gas liquid
	Secondary Fuels	D	Gasoline
		E	Jet kerosene
		F	Other kerosene
		G	Shale oil
		H	Gas/diesel oil
		J	Residual fuel oil
		K	LPG
		L	Ethane
		M	Naphtha
		N	Bitumen
		O	Lubricants
		P	Petroleum coke
		Q	Refinery feedstocks
		R	Refinery gas
S	Other oil		
Solid Fossil	Primary Fuels	T	Anthracite (coal)
		U	Coking coal
		V	Other bituminous coal
		W	Sub-bituminous coal
		X	Lignite
		Y	Oil shale
		Z	Peat
	Secondary fuels/ products	AA	BKB & patent fuela
		BB	Coke oven/gas coke
		CC	Coke oven gas
		DD	Blast furnace gas
Gaseous Fossil		EE	Natural gas (dry)
Biomass		FF	Solid biomass
		GG	Liquid biomass
		HH	Gas biomass

Please fill in the YELLOW cells to complete the table.

TABLE 3.3

Result 3: Decreased Net Greenhouse Gas Emissions from the Energy Sector, Industry, and Urban Areas

Indicator 3: National/sub-national policy advances in the energy sector, industry and urban areas that contribute to the avoidance of greenhouse gas emissions

PLEASE SEE DEFINITIONS BELOW

Policy Measure	Scope (N or S)	STEP 1: Policy Preparation and Presentation	STEP 2: Policy Adoption	STEP 3: Implementation and Enforcement	List Activities Contributing to Each Policy Category	SO Number for Activity	CN/TN Number for Activity
Example: Facilitates improved demand side management or integrated resource planning	N	2	1		Mission supported introduction of two decrees for energy tariff reforms (pursuant to National Energy Reform Law) in the national parliament; one decree was adopted.	2.4	CN-577-92
Facilitates improved demand side management or integrated resource planning							
Facilitates competitive energy markets that promote market-based energy prices, decrease fossil fuel subsidies, or allow open access to independent providers							
Facilitates the installation of energy efficient or other greenhouse gas reducing technologies, including improved efficiencies in industrial processes							
Facilitates the use of renewable energy technologies							
Facilitates the use of cleaner fossil fuels (cleaner coal or natural gas)							
Facilitates the introduction of cleaner modes of transportation and efficient transportation systems							
Promotes the use of cogeneration							
Other (describe)							
Other							
Other							
Other							
Other							
Sub-total (number of policy steps achieved):		0	0	0			
Total (number of policy steps achieved):						0	

Definitions: Scope	
National Policies (N)	Policies that influence issues on a countrywide level.
Sub-national Policies (S)	Policies that affect a tribal nation, province, state or region that are neither national nor site specific in impact.
Definitions: Policy Steps Achieved	
Policy Measures	"Policy measures" may include documentation demonstrating a legal, regulatory, or other governmental commitment to a defined course of action. Thus, for example, "policy measures" would include: a national, state, provincial, or local law; a regulation or decree; guidance issued by an agency, ministry, or sub-national body; a land use plan; a National Environmental Action Plan; a Climate Change Action Plan; or a National Communication to the IPCC. The term "policy measures" does not include technical documentation, such as technical reports or land use maps, nor site-specific activities reported under Indicators 1 and 2 (e.g., legal demarcation of individual site or granting of community access to single location).
Policy Preparation and Presentation (Step 1)	Draft bill, policy or regulation, vetted through relevant stakeholders in government, non-government, the private sector and civil society, and introduced for debate in appropriate legislative, regulatory, or governmental body.
Policy Adoption (Step 2)	Policy intervention is approved and adopted by the appropriate administrative agency or legislative body. Can take the form of the voting on law; the issuance of a decree, etc.
Policy Implementation and Enforcement (Step 3)	Actions that put the policy interventions into effect, such as agency personnel trained in procedures, appropriate institutions created or strengthened, or legislation implemented through the appropriate government agency.

Please fill in the YELLOW cells to complete the table.

TABLE 3.5						
Result 3: Reduced Net Greenhouse Gas Emissions from the Energy Sector, Industry and Urban Areas						
Indicator 5: Value of Public and Private Investment Leveraged by USAID for Activities that Reduce Greenhouse Gas Emissions						
PLEASE SEE DEFINITIONS BELOW						
Activity	Source of Leveraged Funds	Methodology for determining amount of funding	Direct Leveraged Funds	Indirect Leveraged Funds	SO Number for Activity	CN/TN Number for Activity
National Renewable Energy Program	Dept. of Energy, World Bank-GEF	DOE direct buy-in to USAID. In FY99, GEF funded replication of NREP activity begun in FY98.	\$120,000	\$2,500,000	2	CN-577-92
Total:			\$0	\$0		

Definitions: Funding Leveraged	
Direct Leveraged Funding	Funding leveraged directly in support of USAID activities and programs, including: - funding leveraged from partners for joint USAID activities; - funding for activities in which USAID developed enabling policies, regulations, or provided pre-investment support (prorated); - obligated or committed funding for direct follow-on MDB loan programs (prorated); - obligated or committed funding for direct follow-on private-sector funded programs that reach financial closure (prorated); - joint implementation investments; - Development Credit Authority investments.
Indirect Leveraged Funding	Funding dedicated by other donors or governments to replicate programs that USAID initiated, but which USAID does not or will not itself fund.

Please fill in the **YELLOW** cells to complete the table.

TABLE 3.6a

Result 3: Reduced Net Greenhouse Gas Emissions from the Energy Sector, Industry and Urban Areas

Indicator 6a: Increased Capacity to Address Global Climate Change Issues

Types of institutions strengthened to address GCC issues	Number of Institutions Strength-ened	Names of Associations, NGOs, or other Institutions Strengthened	SO Number for Activity	CN/TN Number for Activity
Ex: NGOs	3	Center for Cleaner Production, Association of Industrial Engineers, National Solar Energy Foundation, Clean Air Alliance, Institute for Industrial Efficiency	2.4	CN-577-92
NGOs				
Private Institutions				
Research/Educational Institutions				
Public Institutions				
Total Number of Institutions Strengthened:	0			

Please fill in the YELLOW cells to complete the table.

Table 3.6b					
Result 3: Reduced Net Greenhouse Gas Emissions from the Energy Sector, Industry and Urban Areas					
Indicator 6b: Technical Capacity Strengthened through Workshops, Research, and/or Training Activities					
	Types of Support Provided (Enter the number of Training/TA activities for each category)				
Category	Training	Technical Assistance	List the Activities that Contribute to Each Capacity Building Category	SO Number for Activity	CN/TN Number for Activity
Example: Use of renewable energy technologies	1	3	Developed sustainable markets for renewable energy technologies. Over 200 renewable energy systems installed. Training for utilities, government officials, NGOs. Study on renewable energy applications	2.4	CN-577-92
Improved demand-side management or integrated resource planning					
Competitive energy markets that promote market-based energy prices, decrease fossil fuel subsidies, or allow open access to independent providers					
Installation of energy efficient or other greenhouse gas reducing technologies, including improved efficiencies in industrial processes					
Use of renewable energy technologies					
Use of cleaner fossil fuels (cleaner coal or natural gas)					
Introduction of cleaner modes of transportation and efficient transportation systems					
Use of cogeneration					
Other (describe)					
Other					
Total number of points for Training/Technical Assistance:	0	0			

Please fill in the YELLOW cells to complete the table.

Table 4								
Result 4: Reduced Vulnerability to the Threats Posed by Climate Change								
Indicator: USAID Programs that Reduce Vulnerability to Climate Change								
PLEASE SEE DEFINITIONS BELOW								
Key Area	Country	Budget	Duration	Type of Program (see codes below)	Description	SO Name	SO Number for Activity	CN/TN Number for Activity
Example:	ii South Africa	\$1,200,000	FY96-FY99	3	Technical assistance to Rand Water Board to address water resources planning for water shortages	Increased Access to Environmentally Sustainable Housing and Urban Services for the HDP	SO6	

Definitions: Key Areas	
Coastal Zones	Number of programs that are reducing the vulnerability of coastal populations, infrastructure, habitats and living resources to accelerated sea level rise or other environmental changes associated with climate change (e.g., water availability, resource availability, temperature).
Emergency Preparedness	Number of programs that are increasing ability to cope with and minimize the damage from natural disasters (e.g., drought, famine, disease outbreaks) through surveillance, early warning, emergency preparedness, capacity building, etc.
Agriculture and Food Security	Number of programs that are increasing adaptability and resilience of agriculture and food systems to changes in temperature, water availability, pest and pathogen presence or prevalence, soil moisture and other changes in environmental parameters (e.g., crop diversification, water conservation and delivery, flexible market and trade systems).
Biodiversity/Natural Resources	Number of programs that are increasing the adaptability of natural ecosystems and levels of biodiversity to changes in temperature, water availability, pest and pathogen presence or prevalence, soil moisture and other changes in environmental parameters (e.g., establishment of biological corridors, habitat conservation, preservation of ex situ germplasm).
Human Health and Nutrition	Number of programs that are reducing vulnerability to climate change through improved access to and quality of health services, vector control, nutrition and environmental health interventions.

	Key Area Codes	Codes for Type of Programs
Coastal Zones	i	1. Urban/Infrastructure
		2. Natural Resource
Emergency Preparedness	ii	1. Early Warning System
		2. Humanitarian Response
		3. Capacity Building
Agriculture & Food Security	iii	1. Research and Development
		2. Policy Reform
		3. Extension/ Demonstration
Biodiversity/Natural Resources	iv	1. Preservation of Biodiversity
		2. Forest Conservation
Human Health and Nutrition	v	1. Improved Quality of Health Services
		2. Vector Control
		3. Improved Nutrition

Greater Horn of Africa Initiative-FY 2000

G/PHN received \$5,275,000 in GHAI funding for FY 2000. Some project activities have not yet reached the stage of results or intermediate benchmark activities. Among the major activities carried out during this period are:

1. The Linkages project conducted nutrition advocacy training workshops in three countries in the region to promote improved nutrition and food security policies. Based on this activity, the Tanzania Food and Nutrition Centre developed a similar series of workshops and presentations, and continues to work with the Measure/Communication Project to develop new advocacy and information materials.
2. Linkages also sponsored a study tour to Madagascar for nutrition advisors from Uganda and Mozambique, which resulted in adaptation of improved strategies for pre-service curricula reform and essential nutrition actions. Also in Uganda, a Linkages-supported advisor to the Regional centre for Quality in Health Care (RCQHC) at Makerere University, developed and presented a course on maternal and young child nutrition to regional participants.
3. The Maternal and Neonatal Health Project has placed a full-time maternal health care advisor at the RCQHC, where she will provide technical assistance in the region to help reduce maternal mortality.
4. The Change Project has formed a regional working group as the initial step in developing a program to strengthen the behavioral change component of regional organizations working on HIV/AIDS.
5. The CDC IAA supports an African expert in malaria at the RCQHC, including support for travel in the region and technical assistance from CDC/Atlanta.
6. The Fanta Project conducted a review of current practices in the region for targeting food in complex emergencies, including a field assessment of household food economy to monitor food security in refugee camps. As part of this effort, Fanta developed a checklist to guide managers at food aid emergency sites, with information on logistics, nutrition, and links to resources.
7. The JHPIEGO Training in Reproductive Health Project supported development of a diploma course in quality of health care, helped develop and implement a course in innovative training, and continues to support a Reproductive Health Advisor at the Centre.
8. The Quality Assurance Project is completing a field study of a systematic methodology for planning the integration of refugee health services with those of the indigenous population, in three districts of the West Nile area of Uganda. This integration is frequently initiated on the basis of political resentment of the perceived privileged status of refugee services, but without systematic planning.
9. The Quality Assurance Project has supported the introduction of modern quality assurance approaches into the Kenya Community-Based Nutrition Program and the Tanzania National Vitamin A Program. In preparation for the field applications, the project provided training to regional nutrition leaders in the full range of modern quality assurance approaches.

These activities address the GHAI operational framework elements of African ownership, regional perspectives, linking relief and development, and promoting stability.

Success Stories

S0 2

Improving the Quality of Obstetrical Care in Rural Nicaragua

In the districts of Jinotega and Matagalpa, Nicaragua, maternal mortality was seven times that in neighboring Costa Rica. With USAID assistance modern quality assurance techniques, adapted from the US health system, were introduced to make better use of limited resources. Less than a year after the program began, the annual number of maternal deaths has fallen from ten to five. It is too soon to know if this drop will be sustained, but improvements in care are well established.

Initially, providers were largely unaware of national standards for obstetrical care—an essential component of a quality assurance system that promotes uniformity and excellence in care. Prior to USAID involvement, standards of care were adhered to only 3% of the time in the project sites. Ten months after introducing quality assurance, care met standards 80% of the time, patient satisfaction increased from 58% to 87%, detailed medical records were being kept for the first time, and waiting time for pregnancy-related services was reduced from over two hours to less than 30 minutes.

Recently a USAID team was visiting a clinic when a woman with obstetrical emergency happened to be brought in. The woman had delivered a healthy baby at home, but experienced a retained placenta and was in danger of a fatal hemorrhage. A number of steps had to be carried out effectively to save this woman's life and they were: the traditional birth attendant recognized the problem promptly, the woman was brought directly to the clinic, and at the clinic, the national standards for her care were followed. By the time that the USAID team was ready to leave the clinic, she was resting comfortably, breastfeeding her new baby.

Advances for Safer Motherhood in Bolivia

Bolivia has the second highest maternal mortality in the region of the Americas, with a ratio of 390,000/1,000,000 live births. More than 90 % of these deaths occur in geographically remote areas of extreme poverty. The majority of these women, owing to circumstances and cultural preferences, delivers at home alone or assisted by their husbands or other family members.

In an environment of political and social reform that includes a National Security Insurance Plan with coverage for all maternal services, USAID assisted the government to implement a program to improve demand and access to high quality maternity services. Activities were carried out in rural and peri-urban areas of Cochabamba and La Paz (estimated population 650,000). Information was provided to communities through multimedia (posters, pamphlets and a highly popular radio serial drama). Based upon qualitative research in the communities, maternity services instituted culturally desired, mother-friendly policies that ensured privacy, warmth and freedom to choose position for birth. Doctors, nurses and nurse auxiliaries received a four-week in-service training in evidence-based care. In addition, a survey of maternal syphilis was conducted among pregnant women.

The capability of women and their families to recognize potentially life-threatening obstetric complications is of critical importance when most births take place at home. Following the serial drama, women who heard it were more likely to spontaneously mention the most severe obstetric complications than those who had not.

Supplementation of pregnant women with the recommended dose of 90 tablets of iron/folate increased three-fold. Over a three-year period, deliveries in institutions increased from 14 to 24% and clinical skills and confidence of services providers improved significantly. Results from the syphilis survey found a prevalence of 4.3% in pregnant women and 23 % with stillbirth leading the Ministry of health to develop a national plan for syphilis control in pregnancy now being implemented in Bolivia and a model for other countries in the region.

On the Road to Healthier Mothers and Newborns in Indonesia

In the past 25 years Indonesia has made impressive gains in reducing fertility and infant mortality. However, maternal mortality has remained unacceptably high with an estimated ratio of 390,000/1,000,000 live births—higher

than other neighboring countries. Homebirth continued to be the norm with many births assisted by traditional birth attendants (TBAs). The government of Indonesia set out to address this problem by training over 50,000 midwives to be posted at the village level.

USAID was asked to assist the government in developing strategies for delivery of maternal care in South Kalimantan as a model for the outer islands of the country. The focus was on the village midwives who were young, inexperienced and geographically distanced from other village midwives and supervisors. In collaboration with the Ministry of Health, USAID implemented a program that included competency-based training in normal maternal and newborn care and life-saving skills; interpersonal communications training; and a peer review and continuing education program through local chapters of the Indonesian Midwives Association. In addition, a perinatal audit system was established and a communications program was developed to help women and their families learn how to recognize and prepare for emergencies.

In the program districts, births attended by a skilled attendant rose from 37% to 58%. Through effective partnering with TBAs, the proportion of home births attended by skilled attendants increased from 10 to 53%--primarily through increased use of the village midwife. The knowledge skills and confidence of the village midwives as well as midwives in the health centers and hospitals improved significantly and were sustained for at least three years. Furthermore, the village-based midwives implemented a new postpartum program and exceeded expectations in averaging more than four recommended home visits, including one within six hours of birth.

SO 3

Boost Immunization Initiative

In response to stagnant or declining levels of child immunization in many countries – especially those with weaker health systems – G/PHN led the Agency in developing the “Boost Immunization” Initiative. For the first year of this initiative, USAID had two objectives: 1) increasing Agency funding for immunization, and 2) planning enhanced vaccination programs in as many countries as possible (with the understanding that it will take several years to see concrete gains in vaccination coverage in targeted countries). Through Boost, in FY 2000 USAID reversed years of flat or declining funding for immunization programs and increased its allocations by about \$9 million. The increase brought total immunization funding from about \$25 million to about \$34 million, not including ongoing funding for polio eradication. As a result, USAID Missions in Africa have now designed new or enhanced immunization programs in the Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Madagascar, Mali, Mozambique, Nigeria, Senegal, Uganda, and Zambia. In Latin America and the Caribbean, immunization programs in the Dominican Republic and Guatemala has received support from the Boost Initiative, and in Asia, Cambodia has received assistance. In five of these countries, USAID Missions are funding immunizations for the first time. Combined, these 14 countries represent an annual birth cohort of over 14.7 million children, of whom, according to UNICEF, only 43 percent become fully immunized. In these countries, impacts in terms of sustainable increases in immunization coverage and reduced disease burden can be expected within two to three years.

SO 4

Uganda

Uganda has become a model for curbing the HIV pandemic in developing countries. USAID-supported HIV/AIDS activities in Uganda include upgrading the skills of health care providers in preventing and treating STIs and in HIV testing and counseling. USAID has supported activities such as condom social marketing, voluntary counseling and testing, a mass media public awareness campaign, and a comprehensive community health education program. As a result, USAID efforts have contributed significantly to increases in condom use, a decline in infection rates among 15- to 19-year-old girls from 22 percent in the early 1990s to 8 percent by 1998, and a reduction of national HIV/AIDS prevalence from about 14 percent in the early 1990s to 8.3 percent at the end of 1999.

SO 5

Profiles of Successful Programs

In El Salvador, USAID assisted 59 Ministry of Health laboratories across the nation in obtaining improved diagnostic equipment and better supervisory and technical skills among lab personnel. These improvements resulted in a higher number of diagnosed cases, and lead to follow-up treatments increasing from 66% in 1998 to 84% in 2000.

USAID collaborated with the Government of Kazakhstan (GOK) in 1998 to develop the first policy on tuberculosis treatment in the region consistent with the DOTS approach. The GOK initiated DOTS in 21 sites nationwide, and by 2000 14 of these sites achieved cures in at least 75 % of their TB patients. Tuberculosis deaths decline by 29.1 % from 1998 to 2000.

Recognizing the importance of an expanded involvement of the commercial sector, USAID, at the end of 1999 launched NetMark – an exciting and innovative approach to the promotion and distribution of ITN services through the commercial sector. At the heart of NetMark is the partnering of USAID with private industry and Group Africa, an African consumer products promoter. A special feature of this partnership is that the commercial sector will use their own financial resources to procure and package netting and insecticide and distribute them through local commercial channels. USAID resources will be used to promote appropriate and safe use of these services, monitor their health and environmental impact and create broad consumer demand for affordable, safe and effective bednet and insecticide services. The combining of USAID and private industry is of great mutual benefit: It will greatly expand NetMark's market reach, and USAID's investments to create market demand for ITNs provides commercial partners with the necessary "push" to commit itself to the long-term delivery of ITN services.

Through hospital and community-based surveillance in urban and rural Bangladesh, the International Centre for Diarrheal Disease Research is improving the ability of physicians to diagnose and treat these childhood killers. This effort is also yielding evidence of rising antimicrobial resistance to commonly used drugs, information that will guide prescribing practices and drug policies. The results will lead to improved ARI treatment guidelines for Bangladesh.

In the Krygz Republic USAID helped create a model surveillance framework to prevent and control hepatitis. Three sites to verify, report and track hepatitis cases were established. As a result, the region's first infectious disease reference laboratory has verified hepatitis cases and developed quality control standards (reference panels) for diagnosing the various types of hepatitis. USAID also helped set the official practice guidelines on hepatitis for all health care workers.

USAID supports the Training Programs in Epidemiology for Public Health Interventions Network (TEPHINET), a private sector organization providing field epidemiology and outbreak investigation training to developing countries. In September of 2000, Saudi Arabia was reporting an outbreak of a lethal disease of unknown origin with a very high case fatality rate in the southwestern province of Jazan. There were also reports of the spread of this outbreak into Yemen. TEPHINET mobilized local graduates of its Field Epidemiology Training Program in Egypt to investigate the outbreak. Their work revealed that this was the first known occurrence of Rift Valley Fever outside of Africa. The timely response, promoted by the surveillance capacity introduced by TEPHINET, led to rapid application of improved case management and subsequently a reduction in the case fatality rate from 75% to 5%. The result was a savings of hundreds of lives and an improved surveillance capability in the region.

Updated Results Framework Annex

SO 1 INCREASED USE BY WOMEN AND MEN OF VOLUNTARY PRACTICES THAT CONTRIBUTE TO REDUCED FERTILITY

- I.R. 1.1 New and Improved technologies and approaches for contraceptive methods and family planning programs.
- I.R. 1.2 Improved policy environment and increased global resources for family planning programs.
- I.R. 1.3 Enhanced capacity for public, private NGO and community-based organizations to design, implement and finance sustainable family planning programs.
- I.R. 1.4 Increased access to quality of and motivation for use of family planning and other selected reproductive health information and services.

SO 2 INCREASED USE OF KEY MATERNAL HEALTH AND NUTRITION INTERVENTIONS

- I.R. 2.1 Effective and appropriate maternal health and nutrition interventions and approaches identified, developed, evaluated and/or disseminated (IDED).
- I.R. 2.2 Improved policy environment for maternal health and nutrition.
- I.R. 2.3 Improved capabilities of individuals, families and communities to protect and enhance maternal health and nutrition**
- I.R.2.4 Increased access to and availability of quality maternal health and nutrition programs and services.

SO 3 INCREASED USE OF KEY CHILD HEALTH AND NUTRITION INTERVENTIONS

I.R. 3.1: Coverage for current EPI vaccines and appropriate new vaccines and the control of vaccine-preventable diseases of children increased.

- I.R. 3.1.1 - Immunization delivery systems strengthened
- I.R. 3.1.2 – Vaccine and technology development accelerated
- I.R. 3.1.3 – New vaccines introduced into strengthened national programs
- I.R. 3.1.4 – Disease control and eradication programming implemented

I.R. 3.2: Prevention and appropriate treatment of diarrheal diseases, ARI, malaria, and malnutrition increased through IMCI

- I.R. 3.2.1 - Delivery of preventive and therapeutic interventions to under-served children increased in at least 10 countries
- I.R. 3.2.2 – Key components of quality of care for children improved
- I.R. 3.2.3 – District level implementation of child health services improved
- I.R. 3.2.4 – Additional technical elements to increase impact developed, evaluated, and implemented

I.R. 3.3 Preventive, health promoting, and therapeutic approaches and interventions to reduce ARI and diarrheal disease morbidity and mortality developed, evaluated, and introduced

- I.R. 3.3.1 - Vaccines to reduce mortality from major causes of infant/child diarrhea and pneumonia developed, field tested, and evaluated
- I.R. 3.3.2 - Environmental and behavioral interventions to prevent childhood diarrheal disease and ARI developed, field tested evaluated, and implemented
- I.R. 3.3.3 - Nutritional interventions to reduce childhood mortality and morbidity from diarrhea and ARI developed, field tested, and evaluated

I.R. 3.4: Burden of malaria-associated mortality and morbidity reduced

- I.R. 3.4.1 - Malaria infection and illness prevented
- I.R. 3.4.2 - Effective treatment of malaria illness increased
- I.R. 3.4.3 - Pregnant women protected from complications due to malaria infection
- I.R. 3.4.4 - Emergence and spread of drug-resistant malaria reduced

I.R. 3.5: Increased utilization of key interventions to reduce malnutrition and its contribution to child morbidity and mortality.

- I.R. 3.5.1 - Intake of vitamin A and other micronutrients improved in deficient populations
- I.R. 3.5.2 – Prevalence of optimal breastfeeding practices improved
- I.R. 3.5.3 – Nutrition and food security interventions improved

I.R. 3.6: Interventions with high impact on survival and health of newborns identified, developed, evaluated, and brought to scale

- I.R. 3.6.1 - A package of effective interventions for neonatal health and survival defined and delivered
- I.R. 3.6.2 - New or improved cost-effective interventions to promote neonatal survival and health developed and evaluated

I.R. 3.7: Health system performance in the sustainable delivery of child survival services increased

- I.R. 3.7.1- Improved policies, organization of services, and management for child survival increased
- I.R. 3.7.2 - Health workers deliver child health services of higher quality
- I.R. 3.7.3 - Commodities including drugs, vaccines, and supplies are available and appropriately used for child survival services
- I.R. 3.7.4 - Financing for child health services is increased and more effectively used
- I.R. 3.7.5- Information for child survival services is available and appropriately used by policymakers, managers, and consumers

I.R. 3.8: Effective tools and approaches to ensure individual and collective behaviors for increased child survival and the necessary support of institutions and policies to enable these behaviors developed and applied

- I.R. 3.8.1- New tools and approaches to increase demand for and use of preventive and care seeking behaviors for populations at risk developed and applied
- I.R. 3.8.2 - New tools and approaches to increase the use of and demand for health services among the hard to reach and at risk populations developed and applied
- I.R. 3.8.3 empirically based advocacy programs developed for child health initiatives
- I.R. 3.8.4 Innovative approaches for mass media developed and tested

SO 4 INCREASED USE OF IMPROVED, EFFECTIVE, AND SUSTAINABLE RESPONSES TO REDUCE HIV TRANSMISSION AND TO MITIGATE THE IMPACT OF THE HIV/AIDS PANDEMIC

I.R. 4.1 Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV.

- I.R. 4.2 Enhanced quality, availability, and demand for STI management and prevention services.
- I.R. 4.3 Develop and promote approaches that address key contextual constraints and opportunities for prevention and care
- I.R. 4.4 Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services.

- I.R. 4.5 Improved availability of, and capacity to generate and apply, data to monitor and evaluate HIV/AIDS/STI prevalence, trends and program impacts
- I.R. 4.6 Develop and strengthen mechanisms to provide quality and timely assistance to partners (Regional Bureaus, Missions, Other Donors, etc.) to ensure effective and coordinated implementation of HIV/AIDS programs.

SO 5 INCREASE USE OF EFFECTIVE INTERVENTIONS TO REDUCE THE THREAT OF INFECTIOUS DISEASES OF MAJOR PUBLIC HEALTH IMPORTANCE

I.R. 5.1 New and improved cost effective infectious disease interventions developed field tested and disseminated.

I.R. 5.2 Policies improved and global, national and local resources for appropriate infectious diseases interventions increased.

I.R. 5.3 Knowledge, beliefs and practices related to effective prevention and management of infectious disease enhanced.

I.R. 5.4 Quality and availability of key infectious disease services and systems improved.

Part B. New Indicator Reporting. Provide a report of indicators from the Operating Unit’s Performance Monitoring Plan that the Operating unit proposes to report on in next year’s R4 submission which are different from the indicators currently being reported.

**This applies to on-going strategies only. Indicators that will be used next year as part of a newly approved strategy need not be listed here.

SO Name

Indicator Level: Strategic Objective

Current Indicator Name

Proposed Indicator Name

	Actual	Planned
Baseline Year		
Target 2002		
Target 2003		

SO Name

Indicator Level: Strategic Objective

Current Indicator Name

Proposed Indicator Name

	Actual	Planned
Baseline Year		
Target 2002		
Target 2003		

SO Name

Indicator Level: Strategic Objective

Current Indicator Name

Proposed Indicator Name

	Actual	Planned
Baseline Year		
Target 2002		
Target 2003		

SO Name

Indicator Level: Strategic Objective

Current Indicator Name

Proposed Indicator Name

	Actual	Planned
Baseline Year		
Target 2002		
Target 2003		

SO Name

Indicator Level: Strategic Objective

Current Indicator Name

Proposed Indicator Name

	Actual	Planned
Baseline Year		
Target 2002		
Target 2003		

SO Name

Indicator Level: Strategic Objective

Current Indicator Name

Proposed Indicator Name

	Actual	Planned
Baseline Year		
Target 2002		
Target 2003		

SO Name

Indicator Level: Strategic Objective

Current Indicator Name

Proposed Indicator Name

	Actual	Planned
Baseline Year		
Target 2002		
Target 2003		

SO Name

Indicator Level: Strategic Objective

Current Indicator Name

Proposed Indicator Name

	Actual	Planned
Baseline Year		
Target 2002		
Target 2003		

Information Annex Topic: Institutional and organizational development

What the information annex will be used for: prepare the cross-cutting theme chapter of the FY 2000 Performance Overview. The 2000 revision of the Agency Strategic Plan includes five cross-cutting themes in addition to the six Agency goals and the management goal. It also includes a commitment to report on one of the themes in depth in the Performance Overview each year. Institutional and organizational development has been chosen as the theme to be reported on in the 2000 Performance Overview.

The Performance Overview chapter aims to document the following points, based on the information requested:

- * support for institutional and organizational development is systematically programmed in results frameworks for the majority of Agency OUs;
- * support for institutional and organizational development systematically cross-cuts Agency goal areas in OU programs;
- * institutional and organizational development support is provided to public sector, private for-profit and private non-profit organizations consistent with program objectives;
- * a variety of types of capacity-building (e.g., financial accountability and sustainability, management and

Guidelines for Identifying Institutional Capacity Development. An institutional development IR should contain two elements: (1) the name of the overarching institution concerned and (2) the change taking place. IRs Institutions are defined as the "rules of the game" and the measures for enforcing those rules. In other words, for our purposes, institutions refer to the broad political and economic context within which development processes take place. These include policies, laws, regulations, and judicial practices. They also refer to less tangible practices like corruption, presence or lack of transparency and accountability. The rules and norms we are concerned with are political and economic, not social. Not every IR about policy is to be called institutional development. If the IR is about adopting/implementing a specific policy, it is not institutional development-- it falls under the goal area for the sector it addresses. Include only IRs about changing the

Guideline for Identifying Organizational Capacity Development IRs. The IR should have these elements: (1) It must name or allude to a specific organization or type of organization (an organization is a group of individuals bound by some common purpose to achieve objectives) and (2) it has to how or what action is being done to develop the organization.

Global Bureau
Office of Population Health and Nutrition

Verification	Objective ID	IR No.	IR name	Indicators	Public sector	Private for profit	Private non-profit
Y	936-001	IR 1.2	Improved policy environment and increased global resources for family planning programs	# of countries with increase local resources (public or private) for FP/RH	Y	Y	Y
Y	936-001	IR 1.3	Enhanced capacity for public, private NGO and community-based organizations to design, implement and finance sustainable family planning programs	Number of organizations with enhanced capacity	Y	Y	Y
Y	936-002	IR 2.2	Improved policy environment for maternal health and nutrition programs	Index	Y	Y	Y
Y	936-003	IR 3.2	Prevention and appropriate treatment of diarrheal disease, ARI malaria and malnutrition increased	Priority countries building or expanding IMCI program implementation at health facility	Y	Y	Y
Y	936-003	IR 3.5	Increased utilization or key intervention to reduce malnutrition and its contribution to child morbidity and mortality	Number of USAID-supported countries that have vitamin A deficiency that have instituted routine periodic vitamin A supplementation program	Y		Y
Y	936-004	IR 4.1	Increase quality, availability and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV	# of organization which provide prevention information and/or services	Y	Y	Y
Y	936-004	IR 4.4	Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services	# of people receiving quality HIV/AIDS services from private sector	Y	Y	Y
Y	936-004	IR 4.5	Improved availability of, and capacity to generate and use, data to monitor and evaluate HIV/AIDS/STI prevalence, trends and program impacts	# of countries with operational HIV surveillance systems	Y		
Y	936-005	IR 5.2	Improved policies and increased global, national and local resources for appropriate infectious diseases interventions	5.2.1 Development and adoption of a Global Action Plan for control of antimicrobial resistance; Development of the Stop TB Initiative. 5.2.2 Strengthened national and international capacity for global TB monitoring and surveillance. 5.2.3 Increased number of countries that exempt bednets and insecticides from import and VAT tax.	Y	Y	Y
Y	936-005	IR 5.3	Knowledge, beliefs and practices related to effective prevention and management of infectious disease enhanced	5.3.1 Proportion of health providers that provide care givers with essential information regarding use of antimicrobial drugs. 5.3.2 Model centers of excellence for TB developed. 5.3.3 Percent of pregnant women who received appropriate malaria chemoprophylaxis during pregnancy. 5.3.4 Increased proportion of ITMs retreated within appropriate time frame. 5.3.5 Epidemiological technical capacity increased at the country level.	Y	Y	Y

X - This IR has been changed, modified, or dropped.							
Public sector, private for profit, and private non-profit							
Codes:							
Y - Yes							
N - No							