

# **Users' Guide to USAID/Washington Population, Health and Nutrition Programs**



**Center for Population, Health and Nutrition  
Bureau for Global Programs, Field Support and Research  
U.S. Agency for International Development**

*August 2002 - Interim Update*

*Electronic v2.0*



## Forward:

**Kindly note, this is an August 2002 interim update of the Users' Guide.** The main purpose of this update is to ensure you have a current project listing. Because the agency reorganization has not yet been finalized as of this writing, we plan to use the next version of the Users' Guide, to be issued in both hard copy and electronic formats, to convey information on the organizational structure and staffing of the new Bureau for Global Health.

Part I of the guide provides a basic overview of USAID's PHN program, as well as a short description of the PHN Center and the offices that comprise it. Parts II, III, IV, and V give a comprehensive listing of PHN projects, including selected regional bureau projects. The descriptions are organized by office, alphabetically within the offices by division, and alphabetically within the divisions by project title. Each project/activity description includes a short summary of the services and activities that each performs, as well as names of contractors and USAID contact persons. Additional information, such as project/activity number, agreement number, and completion date are given. Part VI of the guide includes contact lists for parties listed in this Guide, as well as other useful resources.

If you wish to pre-order hard copies of the User's Guide, please contact:

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Users' Guide online: [http://www.usaid.gov/pop\\_health/resource/phnug.htm](http://www.usaid.gov/pop_health/resource/phnug.htm)

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# Introduction to the Center for Population, Health and Nutrition (PHNC)

## The Challenge Ahead

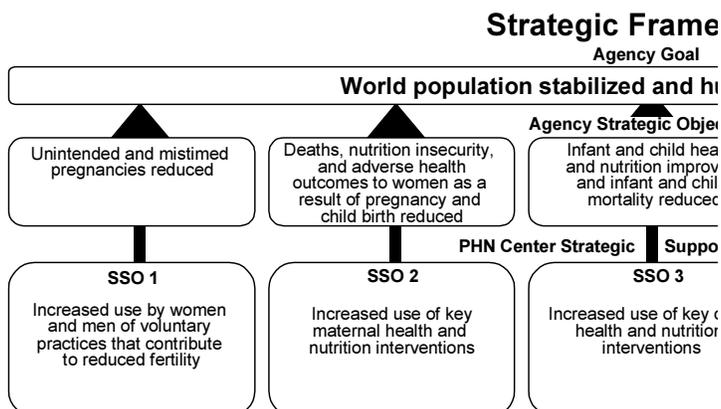
For thirty years, USAID has worked to improve the quality of life for millions of people around the world. Through its global programs in family planning and reproductive health, infectious disease prevention and control, child survival, maternal health and other life-saving areas, USAID has prevented suffering and saved countless lives. However, the current state of population, health and nutrition worldwide reveals daunting challenges:

- World population is expected to increase in 30 years from 6.0 billion today to over 8 billion, yet over 150 million women have an expressed unmet need for family planning.
- Over 580,000 women die annually from preventable pregnancy-related causes. More than 12 million children under five still die each year in the developing world.
- The total number of HIV-infected persons worldwide is expected to have reached 60 million by the end of 2000.
- Over half of all child deaths are thought to be associated with malnutrition.
- Malaria and tuberculosis are on the rise, and together claim the lives of more than 4 million people each year.

## USAID’s Strategy for Its Population, Health and Nutrition (PHN) Program

Based on these challenges and the lessons learned through its extensive development experience, USAID’s goal in the population, health and nutrition sector is to **stabilize world population and protect human health**. In order to achieve this goal, the Agency has adopted a strategy based on five objectives:

1. Unintended and mistimed pregnancies reduced.
2. Infant and child health and nutrition improved and infant and child mortality reduced.
3. Death and adverse health outcomes to women as a result of pregnancy and child birth reduced.
4. HIV transmission and the impact of the HIV/AIDS pandemic reduced.
5. The threat of infectious diseases of major public health importance reduced.



The Population, Health and Nutrition Center's (PHNC) program focuses on improving the quality, availability, and use of key services in family planning, reproductive health, child survival, HIV/AIDS, infectious diseases and other health areas, with special cross-cutting emphases on sustainability, gender and integration of interventions.

## **Funding**

USAID strongly supports PHN activities through a variety of programs in many countries. From 1985-1998, USAID provided approximately \$11.6 billion in PHN assistance to developing countries, making it the largest international donor in this sector in the world. In FY 1999, appropriations for the sector totaled \$836 million.

## **Programming and Resource Allocation**

In addition to organizing priorities around its five strategic objectives, the PHNC has focused on selected priority countries. These countries, as shown in the **Joint Programming and Planning Country (JPPC) Strategy**, are selected on the basis of program efficiency and potential impact, as well as any special considerations.

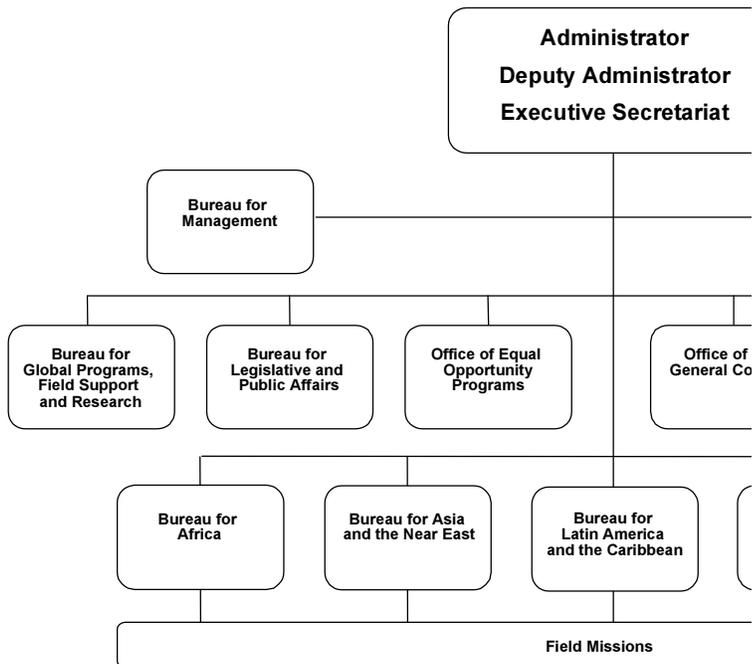
**Joint Programming** countries are those with the highest potential for worldwide (as well as local or regional) impact in the PHN arena. A significant level of PHNC resources, both in terms of technical staffing and field support, are committed to achieving results in these countries. **Joint Planning** countries are other sustainable development countries with lesser global impact, but which have important PHN sector activities and can access PHNC technical support through field support funding. Certain countries are termed **Special Circumstance** countries because of investments made to date, policy considerations, or crisis conditions.

## **Agency Structure**

Along with four Regional Bureaus (Africa; Asia & Near East; Latin America & Caribbean; and Europe & Eurasia) and the Bureau for Humanitarian Response (BHR), USAID's **Global Bureau** provides technical and programmatic expertise to USAID's field offices ("missions") overseas. Formally called the "Bureau for Global Programs, Field Support and Research," the Global Bureau is divided into five "Centers of Excellence." The PHNC is one such Center, and corresponds to one of the Agency's five focus areas.

The Global Bureau focuses on **global leadership, technical support to the field, and research and evaluation**. The PHNC performs these functions by forging strong relationships with its partners, which include USAID field missions and regional bureaus, the NGO community, host governments, multilateral organizations, foundations and other bilateral agencies.

## U.S. Agency for International Development



**Global Leadership:** USAID is a recognized world leader in the population, health and nutrition sector and has contributed to major innovations in this field, such as: new and improved contraceptive methods, improved public and private sector service delivery systems, a global Child Survival initiative, and the mobilization of the international community in response to the HIV/AIDS pandemic. The strength of the PHNC lies in its close working relationship with the field missions.

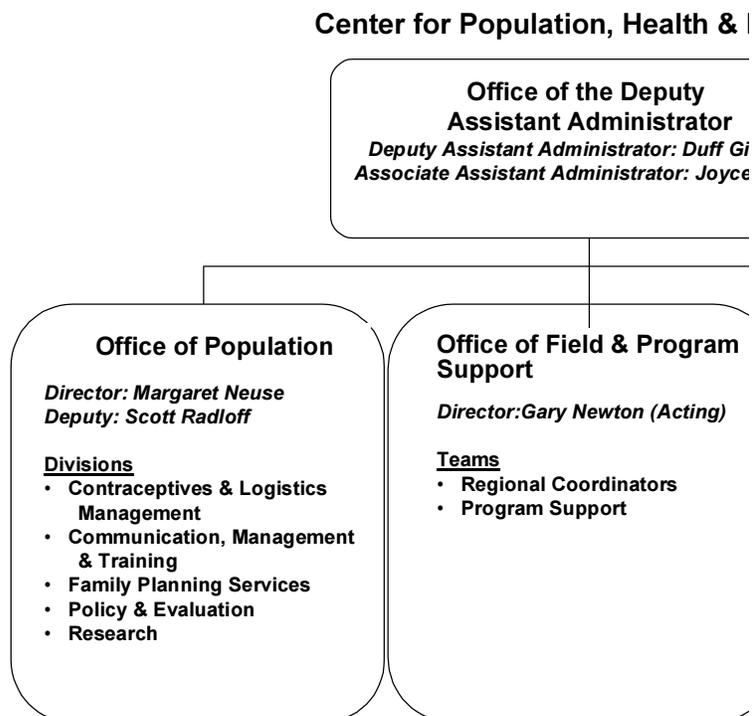
**Technical Support to the Field:** As home to the PHN technical staff, the PHNC provides support to missions and addresses a wide range of field needs, enabling missions to benefit from USAID's worldwide experience and knowledge. The PHNC has developed projects that provide access to state-of-the-art technical assistance through a network of Cooperating Agencies (CAs).

**Research and Evaluation:** In this area, a future-focused approach is essential. The results of USAID-supported biomedical, operations, demographic, evaluation, applied, and social science research form the foundation of future services and programs worldwide. The Congress, the general public, and other international agencies and partners rely heavily on these data and analyses.

The PHNC's global leadership, technical support to the field, and research and evaluation functions are closely linked. Needs are identified in the field, research is undertaken to determine how best to respond to those needs, and on-the-ground experience feeds back into program development and new initiatives.

## Structure of the PHNC

The PHNC is composed of **the Office of Population, the Office of Health and Nutrition, and the Office of Field and Program Support**, with complementary objectives and activities. Each office contributes to the Agency goal of stabilizing world population and protecting human health. The divisions and their functions are described below.



### **The Office of Population (POP):**

**Contraceptives and Logistics Management Division (CLM):** Provides a centralized system for contraceptive procurement, maintains a database on commodity assistance, and supports a program for contraceptive logistics management.

**Communication, Management, and Training Division (CMT):** Increases the awareness, acceptability, and use of family planning methods and expands and strengthens the managerial and technical skills of family planning and health personnel.

**Family Planning Services Division (FPSD):** Increases availability and quality of family planning and related reproductive health services through strengthening government programs, local private voluntary organizations, for-profit organizations, and commercial channels.

**Policy & Evaluation Division (P&E):** Collects and analyzes family planning and other reproductive health information; improves the policy environment for family planning and reproductive health services; and strengthens methodologies for evaluation of family planning and reproductive health programs.

**Research Division (R):** Supports biomedical research to increase understanding of contraceptive methods and to develop new fertility regulation technologies and conducts operations research to improve the delivery of family planning and reproductive health services.

## **The Office of Health and Nutrition (HN):**

**Child Survival Division (CS):** Provides technical guidance and assists in strategy development and program implementation in child survival, including interventions aimed at child morbidity and infant and child nutrition.

**Environmental Health Division (EH):** Assists in the design, implementation, research and evaluation of environmental health activities and issues, and infectious disease programs.

**Health Policy and Sector Reform Division (HPSR):** Assists in the design, implementation, research and evaluation of health and nutrition policy reform, management and financing issues, including health care financing, quality assurance, pharmaceuticals, private sector and data activities.

**HIV/AIDS Division (HIV-AIDS):** Provides technical guidance and assists in strategy development, program design and implementation of HIV/AIDS prevention and mitigation activities worldwide.

**Nutrition and Maternal/Infant Health Division (NMH):** Provides technical guidance and assists in strategy development and program implementation in maternal and neonatal survival, food and nutrition, and young child breastfeeding.

## **The Office of Field and Program Support (OFPS):**

This office is a service-oriented unit, focusing on translating state-of-the-art technical direction into appropriate field strategies and programs. OFPS ensures that programs achieve results both globally and at the country level. OFPS is organized into two teams, as follows:

**Regional Coordinators:** Coordinate the country teams, which consist of a country coordinator and resource persons from PHNC, as well as representatives from the Regional Bureaus. The country teams serve as the PHN liaison for the field missions. The Office also provides leadership for the Center in donor coordination, strategic planning and performance monitoring.

**Program Support:** Carries out programming and budgeting for the Center, personnel management, donor coordination, and other tasks related to the global management of PHN resources.

# Part II

## Project Directory

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# Central Contraceptive Procurement

<b>Cooperating Agency</b>	N/A
<b>Project Number</b>	936-3057
<b>Contract Number</b>	Various
<b>Duration</b>	1990-2008
<b>Geographic Scope</b>	Worldwide

**Purpose:** To provide an efficient mechanism for consolidated USAID purchases of contraceptives based on the transfer of all funds from all USAID accounts that support contraceptive procurement to a single central procurement account at the beginning of each operational year. CCP also administers the Commodity Promotion Fund, which serves HIV/AIDS prevention activities worldwide.

**Description:** This project was established in FY 1990 to provide an efficient central contraceptive procurement mechanism for all USAID offices whose programs require contraceptive supplies. Funds are transferred annually to this project through field support and OYB transfers from each of the USAID accounts that support contraceptive procurement. GH/PRH directs the use of these funds through a series of procurement contracts to provide the contraceptive supplies required by USAID programs worldwide. This project consolidates the procurement actions, but leaves responsibility for the estimation of contraceptive needs in the USAID offices that support family planning delivery systems. The central procurement system undertakes the purchase of several differently-packaged condoms; oral contraceptive pills; vaginal foaming tablets; NORPLANT® implants; the Copper T-380A IUD; female condoms; and Depo-Provera. For details on formulation, brands, prices, contract terms, and ordering procedures, please refer to GH/PRH guidance for estimating contraceptive procurement needs. All shipping and warehousing of USAID-supplied contraceptives is provided by Panalpina, Inc.

The Central Contraceptive Procurement (CCP) project also provides a mechanism for independent testing of the contraceptives purchased by USAID to monitor quality assurance of contraceptives donated to USAID programs. The contraceptive quality assurance component of CCP has two features: (1) pre-acceptance surveillance and testing of contraceptives purchased by USAID to ensure that the product complies with the contract specifications, and (2) to test contraceptives already in the field in response to complaints and/or concerns about the product quality. The quality assurance testing is implemented by Family Health International as part of the Contraceptive Technology Research Project (See the Research section of this guide).

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Contractors may change annually because of competitive contract procedures. Fiscal year 2003 contractors include:  
FEI Products, Inc.;  
Leiras Oy;  
Wyeth-Ayerst International Ltd.;  
Pharmacia;  
Female Health Company;  
Alatech Healthcare Products;  
Panalpina;  
Custom Serices International (CSI)

Please see the CA Contacts section of this guide for contact information.



# DELIVER

<b>Cooperating Agency</b>	John Snow, Inc
<b>Project Number</b>	936-3089.01
<b>Contract Number</b>	HRN-C-00-00-00010-00
<b>Duration</b>	5 years
<b>Geographic Scope</b>	Worldwide

**Purpose:** DELIVER is a five year, worldwide technical support contract focused on providing health commodity logistics support to the PHN sector. DELIVER provides commodity management support to the Agency's family planning, HIV/AIDS, child survival and other health initiatives. The efforts are intended to improve the availability of health commodities including contraceptives, condoms, and other essential drugs at service delivery points (SDPs).

**Description:** Work within the contract has the following four characteristics:

- 1) DELIVER provides to the field, basic family planning and health logistics assistance focused on the delivery of commodities to SDPs. This assistance includes capacity-building in forecasting, procurement, distribution, management, information systems, and other functions.
- 2) DELIVER offers a broad capacity for technical assistance to improve distribution of contraceptives and other health commodities in integrated health commodity environments, decentralized systems, and systems in which private sector providers have a significant role.
- 3) DELIVER provides support for resource mobilization and the coordination of available resources for commodities and logistics at the donor, lender, and country levels. In particular, this assistance is intended to address issues of contraceptive security.
- 4) DELIVER offers Missions assistance in preparing annual contraceptive procurement tables (CPTs) and supports USAID/W management of the Central Contraceptive Procurement (CCP) project as well as CCP's management information system and database.

DELIVER can accept any funding type appropriate for the work requested.

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# Improving the Performance of Primary Providers in Reproductive Health (PRIME II)

<b>Cooperating Agency</b>	INTRAH, University of North Carolina
<b>Project Number</b>	936-3093.01
<b>Agreement Number</b>	HRN-A-00-99-00022-00
<b>Duration</b>	9/99-9/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To improve the performance of primary providers in family planning and reproductive health, including safe motherhood and STD/HIV/AIDS prevention. PRIME II's focus is to develop a sustainable system for training and education that supports on-the-job performance.

**Description:** PRIME II is a worldwide project focusing on improving the performance of frontline providers in family planning, reproductive health, maternal and child health and HIV/AIDS using both training and non-training interventions (supervision, deployment, organizational development, etc.). Primary providers include nurses, midwives, health attendants, traditional birth attendants, community-based workers and, in some countries, primary care physicians. The objective of PRIME II is to improve on-the-job performance of primary providers and develop a sustainable system (training, education, and service delivery) for improved performance.

PRIME II has regional offices in West Africa (Senegal), East Africa (Kenya), Asia/Near East (India) and Latin America/Caribbean (Dominican Republic).

**Subcontractors:** Abt Associates Inc.; AVSC International; International Projects Assistance Services (IPAS); Program for Appropriate Technology in Health (PATH); Training Resources Group (TRG); and implementing institutions include the American College of Nurse-Midwives (ACNM) and Save the Children.

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# Information, Education, and Communication Support Project (IEC)

<b>Cooperating Agency</b>	Johns Hopkins University (JHU/CCP)
<b>Project Number</b>	936-3052.02
<b>Agreement Number</b>	CCP-A-00-96-90001-00
<b>Duration</b>	11/95-3/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To enhance reproductive health, support an increased demand for a wide range of family planning and other family health services including HIV/AIDS, maximize access to quality services, provide new opportunities for women and promote informed choice through a broad range of information, communication, education and behavior change programs.

**Description:** The Information, Education and Communication (IEC) Project, also known as Population Communication Services (PCS), provides technical expertise and financial support for strategic communication interventions in developing countries in the following areas: a) program analysis; b) strategy development; c) materials design, pretesting and production; d) management, monitoring and implementation; e) impact evaluation; and f) capacity building and sustainability. The project emphasizes the synergistic use of mass media, interpersonal communication/counseling and community mobilization in its strategic approach to communication and behavior change. Specifically, the project offers assistance in the following areas: 1) assessing communication needs; 2) designing communication strategies; 3) building capacity and sustainability in IEC; 4) using mass media, community mobilization, interpersonal communication/outreach and counseling effectively; 5) developing demand-side strategies for quality of care; 6) developing and pretesting materials to a variety of audience segments; 7) using the entertainment-education approach, including distance learning, strategic positioning and marketing of services; 8) IEC training and curriculum development; and 9) evaluating communication process and impact.

**Subcontractors:** Academy for Educational Development (AED); The Centre for Development and Population Activities (CEDPA); Prospect Associates; and Save the Children.

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# Information and Knowledge for Optimal Health (INFO)

<b>Cooperating Agency</b>	TBD
<b>Project Number</b>	936-3091
<b>Agreement Number</b>	TBD
<b>Duration</b>	9/02-9/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** Information, knowledge and best practices for family planning/reproductive health and other health accessed by multiple audiences.

**Description:** The INFO project is designed to provide assistance with communication, information, knowledge-sharing, publication and dissemination activities within global, regional and national health programs. Activities will employ communication tools such as journals and other publications, CD-ROMs, the Internet, and other technologies. The activities will serve as a catalyst and a tool for improved exchange of information and a more complete knowledge base. Core funds will develop and enhance knowledge communities and networks so that a worldwide and common base of knowledge for practice and policy can be created. With mission funds, the project will strengthen and enhance the capacity of local, developing country institutions; and build the skills to produce, disseminate and use FP/RH and other health information and materials that address the distinct and unique needs of local communities.

Some of the services under this award include Population Reports, *The Essentials of Contraceptive Technology* handbook, POPLINE and *International Family Planning Perspectives*, published by The Alan Guttmacher Institute. The project is also able to produce short, content specific publications or tailored CD-ROMs as desired.

**Leader with Associate Award:** This activity will be a Leader with Associate Cooperative Agreement (LWCA). The Leader Award will have one CTO located in USAID/W. While this global LWA will be similar to a traditional Cooperative Agreement (CA), this instrument is designed to facilitate participation by Missions & Regional Bureaus. As with a traditional CA, an operating unit can commit field support funding to this award. Additionally, an operating unit can chose to develop its own stand-alone cooperative agreement or grant (Associate Award) with the organization that is awarded the LWA agreement (Leader Award) under the RFA. In awarding an Associate Award the Mission or Bureau does not need to repeat the competition process, as long as the Associate cooperative agreements or grants are consistent with the general program description of the Leader Award. The Agreement Officer in the operating unit issuing the Associate Award and the GH CTO will jointly determine whether the program description of the Associate Award is consistent with the Leader Award program description. Associate Awards will be awarded to the recipient of the Leader Award; subgrantees and subcontractors are not eligible to receive stand-alone Associate Awards.

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# Management and Leadership Development (M&L)

<b>Cooperating Agency</b>	Management Sciences for Health
<b>Project Number</b>	936-3099
<b>Agreement Number</b>	HRN-A-00-00-00014-00
<b>Duration</b>	9/00-9/05
<b>Geographic Scope</b>	Worldwide

**Purpose:** To improve leadership, management, and sustainability of accessible, quality services and programs in the areas of reproductive health, HIV/AIDS, infectious disease, and maternal and child health by strengthening management systems and increasing leadership capacity; improving the performance of leaders and managers; planning and managing human resources, and building capacity to anticipate and respond effectively to changing external environments.

**Description:** M&L is designed to reach beyond previous projects to support the development of high-performing organizations that provide effective reproductive and other health services (e.g., HIV/AIDS, TB, MCH) through:

- Strengthening leadership capacity and building diversity in leadership;
- Improving management systems for key institutions;
- Conducting human resource management (HRM) assessments and providing technical assistance in HRM;
- Enabling leaders and managers to work effectively in the context of health sector reform and decentralization;
- Applying a Performance Improvement approach to achieve results and help managers and leaders understand why training alone is often not the answer for complex problems;
- Demonstrating which management and leadership interventions are most effective in improving the delivery of services;
- Developing the capacity of local or regional organizations to provide south-to-south technical assistance; and
- Communicating advances in management and leadership to the international health field.

M&L provides technical assistance and support to both governmental and non-governmental organizations worldwide. Through partnerships with south-to-south institutions, USAID CAs, private sector initiatives, foundations and donors, M&L demonstrates the most effective and comprehensive ways organizations and individuals can use tools and approaches to build effective systems –thus working toward sustainability. While helping institutions meet client needs and improve the performance of their programs, M&L also increases the body of knowledge of management and leadership and demonstrates why they are critical to improving health services.

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# Population Fellows Program (Michigan Fellows)

<b>Cooperating Agency</b>	University of Michigan
<b>Project Number</b>	936-3093.02
<b>Agreement Number</b>	HRN-A-00-00-00001-00
<b>Duration</b>	9/99-9/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To provide 1) international family planning and reproductive health programs in developing countries with professional technical expertise in family planning, reproductive health, and related areas, such as environment; 2) international training for recent master-degree graduates or mid-career professionals through fellowships both in the U.S. and overseas; and 3) a forum for policymakers to discuss the links between population growth, environmental degradation and international security conflicts.

**Description:** This project provides programs in the private and the public sectors with the skills of fellows who are recent master-degree graduates or mid-career professionals in family planning/reproductive health and development-related fields. It simultaneously provides entry level professionals with valuable field experience and training. The technical assistance and training provided covers: data collection and analysis; policy formulation and implementation; communication and education; training; management; service delivery; and program evaluation. Fellows are selected competitively on the basis of their academic and professional experience, and according to the skills required by the host institution. Fellows are placed in developing country governmental and non-governmental agencies and universities, and in national and international organizations which support population and related activities in both developing countries. The U.S. Fellowship term is 24 months.

**Population-Environment Fellows:** The Population-Environment Fellows Program has the same objectives as the Population Fellows Program. Population-Environment Fellows work primarily in the following areas: integrated community-based development programs; linked population-environment service delivery; buffer zone management; policy analysis and research of population-environment dynamics; and participatory rural analysis.

**Minority Serving Institutions Initiative:** This initiative works with students and faculty from Historically Black Colleges and Universities, Hispanic-Serving Institutions, and Tribal Colleges and Universities to increase the number of students from these institutions who pursue careers in international family planning and reproductive health. The centerpiece activity of the initiative is an internship program designed to prepare candidates for fellowships.

**Environmental Change and Security Project (ECSP):** This project is administered by the Smithsonian Institution's Woodrow Wilson Center. Through meetings, publications, and the activities of the Director, the ECSP explores a wide range of academic and policy-related topics involving the population-environment-security nexus. Through these activities, ECSP gains the attention and participation of policymakers, resulting in the consideration of population-environment-security issues in the broader context of U.S. foreign policy.

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# Population Leaders Program (PLPII)

<b>Cooperating Agency</b>	Public Health Institute
<b>Project Number</b>	936-3070
<b>Agreement Number</b>	HRN-A-00-99-00012-00
<b>Duration</b>	7/99-7/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To improve management and leadership of selected family planning/reproductive health programs by: 1) increasing technical capacity within the PHN sector through the placement and support of Fellowships; 2) improving leadership and management practices of PHN professionals through non-training and training interventions; 3) improving work processes that will target individuals and teams.

**Description:** PLPII increases technical capacity by recruiting, placing, and supporting the professional development of 40 mid- to senior-level fellows in two-year assignments in the PHN Center, Regional Bureaus, Missions, and Regional Offices. PLP fellows advise program teams, provide technical assistance to funded programs, carry out evaluations, promote collaboration among USAID partners, conduct innovative research, and spearhead priority PHN initiatives, while completing a customized professional development plan. Fellowships are guided by a scope of work developed in collaboration with the host organization. PLPII also contributes to technical capacity development by supporting State-of-the-Art (SOTA) Technical workshops and technical updates that promote knowledge acquisition and exchange. Key Sessions are packaged in CD-ROM or web-based formats for dissemination to the field.

PLPII improves leadership and management practices of PHN professionals through training in core leadership disciplines, coaching, mentoring, and team building. Activities are designed to focus on skills development that will contribute to the performance of selected individuals and teams overall.

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# Training in Reproductive Health III

<b>Cooperating Agency</b>	JHPIEGO Corporation
<b>Project Number</b>	936-3069.01
<b>Agreement Number</b>	HRN-A-00-98-00041-00
<b>Duration</b>	9/98-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** The purpose of the TRH project is to strengthen the provision of high quality services through improving the performance of RH professionals and providers. The new Training in Reproductive Health (TRH) III Project establishes integrated training systems for family planning and reproductive health by developing, disseminating and implementing national policy and service delivery guidelines; developing a network of trainers to provide expert technical and training support in the pre-service and in-service arenas; and helping ensure management support for the entire training system.

**Description:** The TRH Project builds on JHPIEGO's expertise in developing cost-effective learning approaches for low-resource settings, including self-paced learning through structured on-the-job training, computer-based training and distance learning, using emerging information technologies. These approaches are designed to meet a broad range of needs- that include support for the management of services (supervision and performance improvement); support for developing the technical skills of clinical trainers as well as support for strengthening the infrastructure that will sustain the systematic transfer of knowledge and skills whether within service delivery entities (NGO's, MOH) or through existing learning institutions (universities and technical schools).

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# ADVANCE Africa

<b>Cooperating Agency</b>	Consortium of six agencies; lead - MSH
<b>Project Number</b>	936-3101.01
<b>Contract Number</b>	HRN-A-00-00-00004-00
<b>Duration</b>	10/00-9/05
<b>Geographic Scope</b>	Africa

**Purpose:** The Family Planning/Reproductive Health (FP/RH) Services Results Package is a five-year Africa regional competitive award. It is designed to increase the use of sustainable, quality family planning and reproductive health services and healthy practices through clinical and non-clinical programs, with linkages to other sectors, as appropriate.

**Description:** This FP/RH Services agreement is expected to scale-up family planning programs through the application of proven approaches and state-of-the-art (SOTA) practices. Priorities include improving quality and access in clinical and non-clinical programs, particularly in the context of high HIV/AIDS prevalence. Possible areas of intervention include FP/RH education, adolescents, counseling and referral through non-clinical channels, women's and community empowerment and establishing public-private and NGO-private commercial partnerships as well as more traditional public sector approaches. The effectiveness of such activities will be measured, in part, by:

- Increased access to and improved quality of FP/RH clinical and non-clinical programs;
- Increased capacity for informed FP/RH decision-making by clients and communities;
- Increased capacity of the public and private sectors to sustain quality FP/RH service delivery programs.

Under this agreement, it is expected that other donor funds will be leveraged to support approximately twenty-five percent of program costs.

The Advance Africa project is composed of a consortium of six members, Management Sciences for Health (MSH), Academy for Education Development (AED), Family Health International (FHI), The Centre for African Family Studies (CAFS), the Forum for African Women Educationalists (FAWE), and Deloitte Touche Tohmatsu (DTT).

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# CARE RH Trust Fund

<b>Cooperating Agency</b>	Cooperative for Assistance and Relief Everywhere (CARE)
<b>Project Number</b>	936-3084.04
<b>Grant Number</b>	HRN-A-00-99-00009-00
<b>Duration</b>	9/99-9/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** To serve as an endowment for providing sustainable financing for CARE's global family planning/reproductive health/child survival/HIV program.

**Description:** USAID is faced with the challenge of mobilizing resources for family planning and reproductive health and must find ways to multiply its limited population assistance funds if it is to continue to play its role of global leadership and help respond to an ever-increasing demand for FP/RH services. Because of CARE's worldwide reach and demonstrated capacity to successfully deliver services and leverage previous USAID funds, the Reproductive Health (RH) Trust Fund is an ideal approach for helping USAID achieve its FP/RH goals.

The Trust Fund is designed to expand and sustain CARE's global RH portfolio by:

- ensuring access to quality family planning, maternal health, child survival and STD/HIV services among under-served populations;
- empowering targeted communities to be effective, informed, organized consumers of and advocates for family planning, maternal health, child survival and STD/HIV services; and
- increasing the capacity of national institutions (public, non-governmental, community-based and private, for-profit) to deliver appropriate, high quality, sustainable family planning, maternal health, child survival and STD/HIV services.

The Trust Fund's principal is financed through a combination of USAID funds and CARE match funds. In addition, as a cooperative agreement, the Trust Fund is designed to receive field support from USAID Missions and Regional Bureaus, as well as contributions from other donors (multilateral, bilateral, foundations, private, etc.). This mechanism will allow Missions to allocate funds for mid- and long-term RH planning and to contract technical assistance from CARE. Missions that are phasing out can also use the Trust Fund to keep programs operational after Mission close-out.

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# Commercial Market Strategies (CMS)

<b>Cooperating Agency</b>	Deloitte Touche Tohmatsu
<b>Project Number</b>	936-3085
<b>Contract Number</b>	HRN-C-00-98-00039-00
<b>Duration</b>	10/98-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To increase the use of quality family planning and other health products and services through private sector partners and commercial strategies.

**Description:** The Commercial Market Strategies (CMS) contract will achieve three intermediate results: 1) increased demand from the private sector, 2) increased supply through commercial approaches, and 3) improved environment for sustainable delivery of family planning and other health products and services through the private sector. The project works to expand quality reproductive health care delivery by the private and commercial sector, through innovative health financing programs, social marketing programs, provider networks, partnerships with the commercial sector, corporate social responsibility initiatives and policy change. CMS provides technical assistance to help service delivery NGOs achieve financial sustainability, and is mandated to help move subsidized social marketing programs toward fully commercial partnerships with pharmaceutical companies. CMS also carries out a core research agenda, and through its communications program, disseminates lessons learned about the commercial sector's contribution and potential.

Through the Summa Foundation, an independent foundation managed under CMS, financing and technical assistance are available to NGO and commercial sector clients involved in FP/RH or MCH product or service provision. Summa's micro-credit program also capitalizes loan funds for service providers through local micro-credit organizations.

By the end of the contract, CMS will have: 1) increased the role of the private and commercial sectors in providing family planning and other health products and services; 2) covered under-served, rural and urban areas and populations; 3) improved governments' abilities to rationalize resources and collaborate with the commercial sector; 4) improved knowledge on the use of the private sector to expand health coverage; and, 5) leveraged up to \$50 million from partnerships with the private and commercial sectors.

**Implementing Partners:** Abt Associates, Inc.; Meridian Development Foundation; and Population Services International (PSI).

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# CATALYST Consortium (Family Planning/Reproductive Health Services)

<b>Cooperating Agency</b>	Consortium of five agencies: Pathfinder International (lead); Academy for Educational Development (AED); Centre for Development and Population Activities (CEDPA; Meridian Group International, Inc; PROFAMILIA/Colombia
<b>Project Number</b>	936-3 101.02
<b>Contract Number</b>	HRN-A-00-00-00003-00
<b>Duration</b>	10/00-9/05
<b>Geographic Scope</b>	ANE, E&E, LAC

**Purpose:** This is a five-year multi-regional competitive award, encompassing Asia and the Near East; Latin America and the Caribbean; and Eastern Europe and Eurasia. It is designed to increase the use of sustainable, quality family planning and reproductive health services and healthy practices through clinical and non-clinical programs, with linkages to other sectors, as appropriate.

**Description:** CATALYST is designed to disseminate and help scale-up proven models of effective FP/RH service delivery. As a multi-disciplinary consortium, CATALYST provides technical assistance to identify underutilized channels and strengthen intersectoral partnerships for improved service delivery and information. Possible areas of intervention include: FP/RH education and outreach; adolescent programs; counseling and referral through non-clinical channels; women’s and community empowerment; and strengthening public-private and NGO-private commercial partnerships. Anticipated results are as follows:

- Increased access to and improved quality of FP/RH clinical and non-clinical programs;
- Increased capacity for informed FP/RH decision-making by clients and communities;
- Increased capacity of the public and private sectors to sustain quality FP/RH service delivery programs.
- Scaled-up and improved FP/RH service delivery through technical collaboration with other agency/donor foundation programs.

Consortium partners and their key areas of expertise are: Academy for Educational Development (AED) (behavior change, rural outreach, monitoring and evaluation); Centre for Development and Population Activities (CEDPA) (women’s empowerment, male involvement, community mobilization, FP/RH links to non-health programs); Meridian Group International, Inc. (commercial sector partnerships, commercial-NGO linkages); Pathfinder International (family planning/reproductive health service delivery, post-abortion care, adolescent programs, coordination with other donors); and PROFAMILIA/Colombia (south-to-south technical assistance, adolescent services and information, NGO financial planning/sustainability).

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# IPPF/WHR Endowment

<b>Cooperating Agency</b>	International Planned Parenthood Federation/ Western Hemisphere Region
<b>Project Number</b>	N/A
<b>Grant Number</b>	N/A
<b>Duration</b>	N/A
<b>Geographic Scope</b>	Western Hemisphere Region

G/PHN/POP developed two endowments under The IPPF/WHR Transition Project (1992-1997) to support the Colombia IPPF affiliate, PROFAMILIA, and to support sustainability efforts of the affiliates in the Western Hemisphere Region.

## **PROFAMILIA Endowment:**

**Purpose:** To maintain reproductive health service facilities and respond to health needs of displaced populations and other emergencies. The Colombia IPPF Affiliate, PROFAMILIA, received a six million dollar endowment upon phase-out of USAID assistance to the country.

**Description:** The endowment allows PROFAMILIA to draw on income generated to fund hard-to-reach populations and to meet emergencies. The endowment is managed by Brown Brothers and Harriman in New York and has grown to 10 million dollars by the end of 1998.

## **Endowment Fund for Sustainability (EFS):**

**Purpose:** To create a revolving loan fund to support income generating activities of the IPPF/WHR affiliates in Latin America and the Caribbean.

**Description:** The endowment provides loans of up to \$300,000 per affiliate for activities that increase the organizations' financial sustainability. Initially available to regional IPPF affiliates, this mechanism may be extended to other non-governmental organizations in LAC. IPPF/WHR received four million dollars from USAID and is contributing another one million dollars over a five-year period. This endowment is managed by U.S. Trust of New York.

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# LINKAGES: Breastfeeding and LAM, and Related Maternal and Young Child Nutrition

<b>Cooperating Agency</b>	Academy for Educational Development (AED)
<b>Project Number</b>	936-3082.01
<b>Agreement Number</b>	HRN-A-00-97-00007-00
<b>Duration</b>	11/96-10/06
<b>Geographic Scope</b>	Worldwide

**Purpose:** LINKAGES is the principal USAID initiative for improving breastfeeding (BF), Lactational Amenorrhea Method (LAM), and related maternal and child dietary practices. The focus of the program is on mainstreaming BF, LAM, and related complementary feeding and maternal dietary practices into ongoing Child Survival (CS), Maternal and Child Health (MCH), Family Planning (FP) and Emergency Relief Programs. The program also addresses Mother-to-Child Transmission (MTCT) issues in countries with high HIV prevalence, by providing accurate technical information and counseling, to enable women to make informed decisions about infant feeding.

**Description:** Principal activities include: 1) technical support to help CAs, PVOs, public sector programs, and other donors improve their BF, LAM, and related infant feeding and maternal nutrition activities; and focusing on mainstreaming these activities at all levels of service delivery, IEC, curricula, and monitoring and evaluation tools in MCH and FP programming; 2) development and testing of community-based strategies, peer counseling and other models, while linking to ongoing efforts in Baby-Friendly Hospital Initiatives (BFHI) and Integrated Management of Childhood Illness (IMCI); 3) interventions in cooperation with large PVO networks and scaling up proven strategies and technologies; 4) program-driven research such as operations research, cost-effectiveness, and country program assessments, with in-depth cross-site analysis and smaller focused studies of intervention components.

**Partners/Collaborators:** La Leche League International; Cooperative for Assistance and Relief Everywhere (CARE); Catholic Relief Services (CRS); and World Vision International (WVI).

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# Program for Voluntary Surgical Contraception and Related Services

<b>Cooperating Agency</b>	EngenderHealth (Formerly AVSC)
<b>Project Number</b>	936-3068
<b>Agreement Number</b>	HRN-A-00-98-00042-00
<b>Duration</b>	9/98-8/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To increase use of sustainable, client-oriented services in hospital and clinic settings through technical and programmatic assistance in voluntary sterilization and other long-term methods, postabortion care, integration of STI/HIV prevention into family planning programs, and in practical quality improvement approaches that address client rights and provider needs

**Description:** EngenderHealth works around the world to make safe and voluntary surgical contraception a known and accessible choice, among other family planning choices, for both women and men. EngenderHealth also works around the world to make postabortion care a known and accessible service for women suffering from the complications of miscarriage and unsafe abortion. EngenderHealth's work emphasizes high-quality, client-centered service delivery of female sterilization, vasectomy, other family planning methods, and related services such as postabortion care and STI/HIV prevention. EngenderHealth's technical assistance and training programs focus on counseling and informed choice, medical safety, low-tech infection prevention practices, and quality in service delivery from the perspective of the client. EngenderHealth's field and technical staff work in partnership with the country counterparts, USAID missions, other major donors, and cooperating agencies to establish, expand, and improve sustainable clinical contraception and related services.

EngenderHealth provides technical and other assistance to countries and donors in the following areas: conducting needs assessments and planning for clinical contraception service delivery; managing effective client-centered service delivery systems; conducting service-based training; developing service guidelines and quality assurance systems; establishing client counseling and information and education services; introducing contraceptive technologies; integrating STI/HIV prevention into family planning programs; determining medical equipment/supply needs; providing training in postabortion care; doing service-based programmatic research; and evaluating the impact of programs and activities. More recently, EngenderHealth has assisted Missions to assess the risk of violations to the Tiahrt Amendment requirement of informed choice and recommended specific actions to strengthen the overall level of informed choice within a country.

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# PVO/NGO Networks CARE MoRR

<b>Cooperating Agency</b>	Cooperative for Assistance and Relief Everywhere (CARE)
<b>Project Number</b>	936-3084.02
<b>Agreement Number</b>	HRN-A-00-98-00023-00
<b>Duration</b>	7/98-6/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To contribute to household and health security by empowering people to achieve their reproductive intentions and reproductive health.

**Description:** CARE-MoRR (Management of Reproductive Risk) is designed to empower communities to be organized, effective consumers of and advocates for family planning/reproductive health/child survival/HIV-AIDS services; to increase the capacity of a wide range of national institutions (public sector, NGOs, community-based organizations, and private, for-profit) and small and moderate international PVOs to deliver appropriate, high quality, family planning and reproductive health services; and to significantly increase the sustainability of CARE's family planning and reproductive health program.

To achieve these ends, CARE will build service delivery networks. Based on a careful analysis of reproductive health needs and the strengths and weaknesses of local institutions, CARE will construct a service delivery network of private voluntary organizations, non-governmental organizations, public sector providers, community-based organizations and for-profit providers. CARE will work closely with the network to strengthen their capacity to deliver an integrated package of family planning and other reproductive health services including maternal health, newborn care, and STD/HIV prevention activities.

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# PVO/NGO Networks ENABLE

<b>Cooperating Agency</b>	The Centre for Development and Population Activities (CEDPA)
<b>Project Number</b>	936-3084.03
<b>Agreement Number</b>	HRN-A-00-98-00009-00
<b>Duration</b>	2/98-2/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To strengthen women's capabilities for informed and autonomous decision-making to prevent unintended pregnancies and improve reproductive health.

**Description:** CEDPA's mission is to empower women at all levels of society to be full partners in development. The ENABLE project works with approximately 50 NGO partners to expand quality services, create behavior change, and increase women's reproductive health decision-making ability. In order to achieve its goal, the project addresses the underlying contextual factors which are barriers to a woman's control over her reproductive life by adopting a comprehensive, two-pronged approach:

- Expanding quality, gender-sensitive, sustainable FP/RH/CS/HIV services by increasing the capacity of NGOs; and
- Creating change in demand factors by promoting an enabling environment for women's informed and autonomous decision-making through NGOs and networks.

ENABLE will work with NGOs that have the capacity to expand coverage in multiple sites and regions. These NGOs will link family planning/reproductive health and women's empowerment through literacy, economic development, and democracy and governance activities. ENABLE NGO partners will leverage funds from other sources to directly support programs in these other sectors.

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# PVO/NGO Networks NGO Networks for Health

<b>Cooperating Agency</b>	Save the Children
<b>Project Number</b>	936-3084.01
<b>Agreement Number</b>	HRN-A-00-98-00011-00
<b>Duration</b>	3/98-3/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To increase the use of family planning/reproductive health/child survival/HIV services through enhanced capacities of PVO/NGO networks.

**Description:** NGO Networks for Health (*Networks*), a coalition of four private voluntary organizations and one technical agency, is combining efforts to build and strengthen the capacities of PVO/NGO networks in developing countries to provide family planning, reproductive health, child survival, maternal health and STI/HIV services. *Networks'* efforts will focus on expanding access to, and improving the quality of, family planning as part of community-based efforts to improve maternal and child health, and preventing the transmission of HIV/AIDS and other sexually transmitted infections. The project will work in six focus countries, with the potential to expand to additional countries through the partner organizations' existing programs.

**Partners:** Led by Save the Children, the group includes the Cooperative for Assistance and Relief Everywhere (CARE); the Adventist Development and Relief Agency (ADRA); Childreach/Plan International; and the Program for Appropriate Technology in Health (PATH)

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# YouthNet

<b>Cooperating Agency</b>	Family Health International
<b>Project Number</b>	936-3073
<b>Agreement Number</b>	GPH-A-00-01-00013-00
<b>Duration</b>	10/01 – 9/06
<b>Geographic Scope</b>	Worldwide

**Purpose:** to improve the reproductive health (RH) and HIV/AIDS prevention behaviors of young people aged 10-24.

**Description:** YOUTHNET is a new five-year cooperative agreement within the Bureau of Global Health (BGH) managed jointly by the Office of Population and the Office of HIV/AIDS. This multi-sector initiative offers a new USAID mechanism to expand and strengthen youth RH and HIV/STI prevention efforts by applying a specialized youth lens and state-of-the-art knowledge in this field. It recognizes that innovative communication and outreach approaches, which go beyond the health sector, are necessary to address young people's particular needs.

YOUTHNET seeks to (i) provide global technical leadership through research, information dissemination, and capacity building to advance the field of youth RH and HIV/STI prevention; (ii) partner with USAID missions in about five focus countries to scale-up youth activities for national impact on key youth behaviors; and (iii) provide short-term technical assistance in other countries. Key results anticipated for YOUTHNET include:

- an improved policy environment and increased community support for youth reproductive health and HIV/STI prevention;
- improved knowledge, attitudes and skills related to healthy reproductive practices, including strategies to help young people delay sexual activity; and
- expanded access for youth to quality reproductive health products and services, especially condoms.

YOUTHNET has an innovative and comprehensive design to meet the unique, complex and often wide-ranging RH needs of young people as well as those of parents and other involved adults. It recognizes the need to segment all interventions and messages for youth based on their age, sex, life stage, marital status, culture, and geographic location, among other factors. YOUTHNET will take an assets-based approach, emphasizing the energy and resilience of young people and their capacity for positive behavior change, and will seek to involve youth in all aspects of the program. In addition, YOUTHNET proposes to use an innovative social franchising approach to expand networks of youth-friendly services and programs, especially through the private sector.

Partners: CARE USA, Deloitte Touche Tohmatsu Emerging Markets, Ltd. (DTT), Margaret Sanger Center International (MSCI), Research Triangle. YOUTHNET will also involve global youth networks, such as the World Association of Girls Guides and Girl Scouts, the World Organization of the Scout Movement, and the Young Women's Christian Association in addition to global media, including Music Television (MTV) Networks International and SATELLIFE.

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# Expert Studies of Population Issues

<b>Cooperating Agency</b>	National Academy of Sciences (NAS)
<b>Project Number</b>	936-3078.03
<b>Agreement Number</b>	HRN-A-00-00-00012-00
<b>Duration</b>	10/00-9/05
<b>Geographic Scope</b>	Worldwide

**Purpose:** To support the National Academy of Sciences' Committee on Population in conducting research on population issues of special interest to the international population community.

**Description:** The Committee organizes panel studies, conferences, workshops, and meetings designed to synthesize and elicit research on macro issues in population, reproductive health, and family planning that will confront USAID and its development partners in the next decades.

The Committee's agenda is formulated on a continuing basis at its meetings, and between meetings in staff discussions with sponsoring agencies. Current topics include urban population dynamics and transitions to adulthood, including sexuality and reproductive health, union and family formation, education, and work in developing countries.

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# Global Communication Partnership Project

<b>Cooperating Agency</b>	Johns Hopkins University (JHU/CCP)
<b>Project Number</b>	936-3091.01
<b>Agreement Number</b>	GPH-A-00-02-00008-00
<b>Duration</b>	7/26/02 – 7/24/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** To employ communication effectively to change individual and community behaviors, social norms, and national policies that address the five strategic objectives of the Bureau for Global Health.

**Description:** The Global Communication Partnership (GCP) project is a follow-on activity to the Population Communication Services (PCS) project. Like its predecessor activity, GCP provides technical expertise and financial support for strategic communication interventions in developing countries, with a focus on a) program analysis; b) strategy development; c) materials design, pre-testing and production; d) capacity building and sustainability; and e) impact evaluation. Important differences between PCS and the GCP project, however, include the latter activity's readiness to work across all five of the Agency's PHN sector strategic objectives (PCS was designed to respond primarily to the communication and behavior change requirements of population/reproductive health programs); the new project's stronger focus on interventions at the level of the community, including efforts to influence social norms that relate to health practices; and the ability of USAID Missions and regional bureaus to access the cooperative agreement through "Associate Awards" that provide enhanced control and oversight options not possible in the case of buy-ins or Field Support funding.

Illustrative areas in which GCP resources can be applied include the development of national health communication strategies; promoting community action, mass media and entertainment-education to improve health practices; support for national immunization days/weeks; the "branding" of health products and services; distance education for service providers; and development of innovative ways to reach youth, reduce stigma among PLWH, and improve South-South communication and collaboration.

**Partners:** Academy for Educational Development (AED), Save the Children, International HIV/AIDS Alliance (IHAA), University of North Carolina/Chapel Hill, and the Tulane University School of Tropical Medicine and Public Health.

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# MEASURE: BUCEN Survey and Census Information, Leadership, and Self-Sufficiency (BUCEN-SCILS)

<b>Cooperating Agency</b>	U.S. Bureau of the Census (BUCEN)
<b>Project Number</b>	936-3083.04
<b>Agreement Number</b>	HRN-P-00-97-00016-00
<b>Duration</b>	9/97-9/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** The MEASURE Program is a coordinated effort to improve the collection, analysis and presentation of data for use in planning, policymaking, managing, monitoring and evaluating population health and nutrition programs. BUCEN-SCILS seeks to strengthen the capability of statistical offices in developing countries to collect, analyze, disseminate and use data to increase understanding of population structure and demographic trends and their implications for development planning and policy making.

**Description:** This PASA with BUCEN supports:

*Country-specific technical assistance to build the capacity of national statistical organizations to implement censuses and other surveys* – including technical consultations and training in census design, management procedures, data collection and processing, demographic data analysis, dissemination, and use of census data; *in-country, regional and US-based workshops and study tours* - including training activities to strengthen capacity to design and manage census and survey implementation and to analyze, disseminate and use demographic data; *centrally-coordinated activities that support worldwide efforts to improve collection, analysis and use of census and survey data*, maintenance and dissemination of the International Data Base, a web-based databank containing demographic and socio-economic data for 227 countries and areas of the world.

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# MEASURE CDC/DRH

<b>Cooperating Agency</b>	Centers for Disease Control and Prevention (CDC)
<b>Project Number</b>	936-3083.04
<b>Agreement Number</b>	HRN-P-00-97-00014-00
<b>Duration</b>	10/97-9/06
<b>Geographic Scope</b>	Worldwide

**Purpose:** The MEASURE program is a coordinated effort to improve the collection, analysis and presentation of data for use in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs. Within this context, MEASURE CDC/DRH seeks to increase understanding of the key family planning/reproductive health (RH) issues, improve the quality and availability of appropriate data on reproductive health status and service, and enhance the ability of local organizations to collect, analyze and disseminate such information.

**Description:** This PASA with the Division of Reproductive Health at CDC provides technical assistance in survey design and implementation, RH epidemiology, refugee RH and a small amount of commodity logistics management. CDC provides technical assistance with four types of surveys designed to improve information about health and fertility: Reproductive Health Surveys, Male Reproductive Health Surveys, Young Adult Reproductive Health Surveys, and Reproductive Health Program Impact Evaluation Surveys, each tailored to meet the needs of the country and RH program where it is being conducted. Special modules can be added to answer questions specific to a given country or program such as modules on young adults, domestic violence, children's school attendance, HIV/AIDS, nutrition and sterilization. New survey modules will be developed and used in countries where new areas of concern are mutually identified.

Other new features of the MEASURE CDC/DRH PASA (which is an extension of the PASA previously authorized under DELIVER) include:

- increased effort to bringing survey findings and their programmatic implications to the attention of policymakers and managers responsible for program decisions;
- linking epidemiology training more closely to translating survey and other epidemiological information into programmatic decisions;
- increased emphasis on addressing questions of prevention of unintended pregnancy and HIV/AIDS; and
- epidemiological, behavioral, and organizational research in the area of refugee RH to contribute to efforts to mitigate adverse reproductive health conditions in these particularly vulnerable populations.

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# MEASURE *Communication*

<b>Cooperating Agency</b>	Population Reference Bureau (PRB)
<b>Project Number</b>	936-3083.03
<b>Agreement Number</b>	HRN-A-00-98-00001-00
<b>Duration</b>	10/97-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** Within the context of MEASURE's coordinated effort to collect data, improve monitoring and evaluation, and disseminate information on population, health and nutrition, MEASURE *Communication* seeks to promote wider dissemination and increased use of information on population, health, and nutrition; and to strengthen capabilities of host-country and regional institutions to communicate results of data analysis and research to key audiences.

**Description:** MEASURE *Communication* provides information needs assessments, technical assistance and training, and produces materials for program and policy audiences on key issues in population, health, and nutrition. MEASURE *Communication* emphasizes dissemination of results from data collection, analysis, and monitoring and evaluation carried out under the MEASURE Results Package. Data and results from other USAID-supported projects and other sources are also communicated to meet information needs of program managers and policy makers.

Activities include:

- Working with host-country institutions, USAID Missions, media organizations, the private sector, and other CAs to plan and implement dissemination strategies for optimal use;
- Building capacity of host-country institutions to communicate information and research results effectively, through in-country, regional, and global training and technical assistance;
- Assessing information needs and maintaining feedback from global and country-specific audiences to evaluate the relevance and impact of data, research and evaluation findings; and
- Producing and disseminating global and country specific materials (print, electronic, and other formats) and synthesizing results of data analyses, in-depth research, and evaluation.

**Subcontractor:** Academy for Educational Development (AED).

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# MEASURE *DHS*+

<b>Cooperating Agency</b>	ORC Macro
<b>Project Number</b>	936-3083.01
<b>Contract Number</b>	HRN-C-00-97-00019-00
<b>Duration</b>	10/97-9/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** Within the context of MEASURE's coordinated effort to collect data, improve monitoring and evaluation, and disseminate information on population, health and nutrition, MEASURE *DHS*+ seeks to improve information through appropriate data collection, analysis, and evaluation; and to strengthen the data collection and utilization capabilities of host-country institutions.

**Description:** MEASURE *DHS*+ continues USAID's involvement in global data collection with an increased focus on country data needs and on utilization of data for evaluation and monitoring purposes. MEASURE *DHS*+ emphasizes both qualitative and quantitative data collection methods and includes non-survey data collection approaches such as information systems and service statistics. The project is also more flexible than previous data collection initiatives in terms of content and geographic coverage.

The DHS Core Questionnaire has been modified to include the following information: a five-year monthly calendar of all pregnancies, quality of care, postnatal care, vitamin A intake, sanitation practices, decision making about children's and women's health, and anemia testing for all children and women of reproductive age. The surveys also include an expanded set of questions on HIV/AIDS and STIs. New modules have been added on such topics as malaria, health expenditures, women's empowerment, and domestic violence. MEASURE *DHS*+ also collects information on the service environment through facility surveys that may be organized independently or in conjunction with the main survey.

Other activities of MEASURE *DHS*+ include:

- Developing long-term cost-effective data collection plans;
- Strengthening in-country capacity to collect and utilize data through short-term training activities, on-the-job skills transfer, formal workshops at the country or regional level, providing assistance with formal training courses in host country institutions, and web-based training sessions;
- Assisting countries to efficiently utilize data sources other than national level surveys, such as management and health information systems, censuses, sentinel surveillance, sample registration systems, and international and local databases;

**Special Requirements:** Although this contract will be in place through 9/04, FY02 will be the last year of field support taken. Missions should plan to put FY03 FS into the next DHS contract, to be awarded mid FY03.

**Subcontractors:** Population Council and The East West Center.

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# MEASURE *Evaluation*

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<b>Project Number</b>	936-3083.02
<b>Agreement Number</b>	HRN-A-00-97-00018-00
<b>Duration</b>	9/97-12/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** Within the context of MEASURE's coordinated effort to collect data, improve monitoring and evaluation, and disseminate information on population, health and nutrition, MEASURE *Evaluation* seeks to improve monitoring and evaluation coordination/partnerships at international, USAID, cooperating agency and country levels; to strengthen the monitoring and evaluation capabilities in host-country institutions; and to improve monitoring and evaluation tools and methodologies.

**Description:** The MEASURE *Evaluation* cooperative agreement emphasizes monitoring and evaluation assistance to host-country population, health and nutrition programs as well as to other cooperating agencies, international donors, USAID Missions and USAID/Washington.

Specific activities of MEASURE *Evaluation* include the following:

- Coordinating the development and implementation of comprehensive monitoring and evaluation strategies and plans (including performance monitoring plans) for interested USAID Missions and host-country PHN programs while developing in-country capacity;
- Conducting monitoring and evaluation working groups for indicator and tool development;
- Conducting in-country and U.S.-based training in monitoring and evaluation;
- Supporting qualified candidates for master's degree training in monitoring and evaluation at three regional universities (the University of Costa Rica, Mahidol University in Thailand, and the University of Pretoria in South Africa), and;
- Developing monitoring and evaluation methods that are useful for monitoring program progress on an annual or biannual basis, such as routine health information systems, facility surveys, and qualitative studies.

**Subcontractors:** John Snow Research and Training Institute; Macro International, Inc.; and Tulane University.

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# POLICY II

<b>Cooperating Agency</b>	The Futures Group International
<b>Project Number</b>	936-3078.02
<b>Contract Number</b>	HRN-C-00-00-00006-00
<b>Duration</b>	7/00-7/05
<b>Geographic Scope</b>	Worldwide

**Purpose:** To help build a supportive policy environment for family planning and reproductive health programs by encouraging policies and plans that promote and sustain access to quality family planning and reproductive health information and services.

**Description:** POLICY II offers policy assistance for an array of reproductive health issues, particularly family planning, HIV/AIDS, and maternal health. Assistance is available in four areas: **1) *Building and Strengthening Political and Popular Support*** by providing assistance to identify and strengthen policy champions; form and strengthen NGO coalitions; and expand the participation of NGOs (including youth, gender, and human rights representatives as appropriate) in the policy process. **2) *Improving Planning and Financing for FP/RH*** to help policymakers design policies and financial mechanisms to increase the level of available resources and to promote the most efficient and sustainable use of those resources to provide RH services. **3) *Providing Information to Inform Policy Decisions*** by making information available to support policy decision-making by conducting or commissioning country-specific research to answer key policy questions. It provides user-friendly models (e.g. GOALS, AIM, FamPlan, MTCT) and other tools for data analysis and policy dialogue and helps strengthen local capacity to choose among analysis tools; and **4) *Enhancing In-country/Regional Capacity to Carry Out Policy Work*** by training and supporting locally-hired long term advisors to promote the policy process in-country. These advisors also provide on-the-job training and support to policy analysts, advocates, and policymakers. The Project also develops new approaches to institutionalize training capacity, e.g., curriculum development at regional universities.

**Subcontractors:** The Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI).

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# Contraceptive Research and Development (CONRAD III)

<b>Cooperating Agency</b>	Eastern Virginia Medical School (EVMS)
<b>Project Number</b>	936-3095
<b>Agreement Number</b>	HRN-A-00-98-00020-00
<b>Duration</b>	8/98-8/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To develop new and improved methods of family planning and other reproductive health technologies for use in developing countries, with a particular emphasis on products designed to prevent pregnancy and the transmission of sexually transmitted infections (STI), including HIV/AIDS.

**Description:** The primary focus of the CONRAD program is on the early stages of research and development, beginning with targeted or applied research studies and progressing through the first two phases of clinical testing in humans. The program supports subprojects conducted by scientists worldwide, as well as laboratory and clinical research conducted at the Department of Obstetrics and Gynecology, EVMS. Areas of research that have been given highest priority for the development of more effective, safer and more acceptable reproductive health technologies include, but are not limited to:

1. Woman-controlled products that offer protection from both unplanned pregnancy and from STI/HIV, including microbicides
2. New barrier methods for women and men; and
3. Long-acting injectable and implantable contraceptives for women and men.

CONRAD III also supports research on the mechanisms and control of heterosexual transmission of HIV, and on the effect of contraceptive use on heterosexual transmission of HIV and other STIs. CONRAD III sponsors international workshops and technical meetings which bring together collaborating scientists and other leading experts to focus research efforts and disseminate technical information.

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# Contraceptive Technology Research (CTR)

<b>Cooperating Agency</b>	Family Health International (FHI)
<b>Project Number</b>	936-3079
<b>Agreement Number</b>	CCP-A-00-95-00022-00
<b>Duration</b>	8/95-8/05
<b>Geographic Scope</b>	Worldwide

**Purpose:** To develop, evaluate, and introduce a range of safe, effective, and acceptable contraceptive methods and reproductive health technologies to enhance the capacity of family planning and reproductive health researchers and programs in developing countries to evaluate and provide these technologies.

**Description:** The project includes the following activities: 1) developing new contraceptive methods and reproductive health technologies, and providing the documentation for regulatory approval; 2) conducting clinical trials and epidemiologic studies to evaluate the safety and efficacy of various contraceptive methods, as well as other reproductive health technologies, under different conditions; 3) assessing the acceptability and impact on users and programs of various contraceptive methods and reproductive health technologies; 4) carrying out surveillance and testing of contraceptive commodities to ensure product quality; training overseas clinicians in contraceptive and other reproductive health technologies; and collecting, analyzing, and disseminating research findings, and provides technical assistance to programs to utilize state of the art research for service delivery improvement; 5) Developing and testing tools and strategies to improve access and quality of RH services.

Priority areas are: development of new and improved barrier methods and spermicides for pregnancy and HIV-AIDS/STD prevention; improving contraceptive quality; assessing contraceptive benefits and risks; improving access to contraception through reduction of medical barriers; improving cost-effectiveness of programs; and, introducing new or under-utilized methods, such as the IUD and female condom.

This project has documented the comparative safety, efficacy, and acceptability in different developing country settings of methods such as minilap and laparoscopic sterilization, NORPLANT®, copper IUDs, low-dose oral contraceptives, post-partum IUDs, and various barrier contraceptives, including condoms.

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# Natural Family Planning & Reproductive Health Awareness (The AWARENESS Project)

<b>Cooperating Agency</b>	Georgetown University/ Institute for Reproductive Health (GU/IRH)
<b>Project Number</b>	936-3088
<b>Agreement Number</b>	HRN-A-00-97-00011-00
<b>Duration</b>	6/97-5/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** To improve and expand Natural Family Planning (NFP) services, develop new strategies and approaches to increase Reproductive Health Awareness (RHA) in developing countries; and to improve the policy environment of host country PHN programs.

**Description:** The objective of the NFP/RHA program is to improve and expand natural family planning services and develop new strategies and approaches to increase reproductive health awareness of individuals and communities in developing countries. The NFP/RHA activity will address the needs of people who are using a natural method to avoid pregnancy but lack the information and skills to do so effectively, as well as those who would choose a natural method if it were available to them.

The NFP/RHA program will expand natural family planning services and improve reproductive health through a cooperative agreement with Georgetown University/Institute of Reproductive Health (GU/IRH). NFP/RHA contains the following elements:

- developing simplified natural methods of family planning;
- mainstreaming natural family planning into existing family planning programs, where appropriate;
- increasing reproductive health awareness among communities;
- placing emphasis on the costs and cost-effectiveness of NFP and RHA services; and
- placing emphasis on capacity-building of public- and private-sector institutions to provide natural family planning services and raise reproductive health awareness.

The program is currently introducing a new simple method - the Standard Days Method (SDM), into countries world wide, and testing another method - The Two Day Method (TDM), through clinical trials. The program also focuses on empowering women and men to participate in their own reproductive health care and decision-making through disease prevention; early recognition, self-referral, and treatment of disease; and, active, informed decision-making on their own behalf. Countries interested in expanding choice to include effective habitual methods should contact either the IRH or the USAID technical admin.

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# Population Technical Assistance (POPTECH)

<b>Cooperating Agency</b>	LTG Associates, Inc.
<b>Project Number</b>	936-3024
<b>Agreement Number</b>	HRN-C-00-00-00007-00
<b>Duration</b>	8/00-8/05
<b>Geographic Scope</b>	Worldwide

**Purpose:** To provide GH/POP and USAID field missions with flexible access to the technical expertise needed to develop, monitor and evaluate program activities.

**Description:** POPTECH contracts continue to provide short-term technical assistance for GH/POP and USAID field missions. By maintaining a consultant registry database of technical experts, they are able to take on activities such as program reviews, evaluations (programmatic or thematic) and assessments; program designs and strategies; providing specialized technical assistance (including, but not limited to, needs assessments, report writing, TA for special initiatives, etc.); dissemination of lessons learned and best practices from a broad range of countries and programs in the PHN sector; and, conducting meetings and workshops both in the U.S. and overseas. Other specialized assistance include proving TA for refining SOWs and conducting background studies or papers; and the use of consultants for short- to medium-term assignments to help fill staffing shortages in overseas missions. Additional information about POPTECH can be found on their website ([www.poptechproject.com](http://www.poptechproject.com)), along with various POPTECH reports and the POPTECH Tool Series, developed in collaboration with the MEASURE Evaluation project.

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# The Population Council Program III

<b>Cooperating Agency</b>	Population Council
<b>Project Number</b>	936-3097
<b>Agreement Number</b>	HRN-A-00-99-00010-00
<b>Duration</b>	8/99-8/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** The purpose of this activity is to develop, evaluate, and bring to market new and better products for family planning (FP) and for prevention of sexually transmitted HIV/AIDS and other infections (STIs), as well as conduct demographic and social science research that is highly relevant to Agency programs and policy.

**Description:** Agency-supported research by the Population Council has resulted in the development of several long-acting contraceptive technologies, including IUDs and implants, and continues to improve these technologies as well as developing other approaches such as vaginal rings, reversible methods for male contraception, and microbicides (which may be contraceptive or not) to prevent or reduce sexual transmission of HIV. Overall, these activities aim to expand the array of contraceptive choices for both women and men and to improve reproductive health. This Agreement also supports a research program in Ghana to assess a novel approach to effectively deliver family planning and health care services in rural settings where initial demand and capacity for service delivery are low. In addition, technical assistance is also provided for research in selected high priority areas, including adolescent reproductive health and demographic studies. Additional information is also available at [www.popcouncil.org](http://www.popcouncil.org).

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# Reproductive Health Operations Research (FRONTIERS)

<b>Cooperating Agency</b>	Population Council
<b>Project Number</b>	936-3086
<b>Agreement Number</b>	HRN-A-00-98-00012-00
<b>Duration</b>	6/98-6/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To contribute to the achievement of the PHN Center strategic objectives by improving the quality, accessibility, and cost-effectiveness of family planning and other reproductive health services through operations research and technical assistance. FRONTIERS conducts research on issues of both national and global importance. It also builds the capacity of developing country organizations to use operations research as a management tool to diagnose and solve service delivery problems.

**Description:** Operations research provides the empirical base for making decisions on how best to improve family planning and other reproductive health programs. FRONTIERS is the centerpiece of GH Bureau's FP/RH service delivery research portfolio. The cooperative agreement consolidates previous regional work into one global project. FRONTIERS is testing innovative solutions to service delivery problems, assuring dissemination and utilization of results, and building OR capacity. Multi-country studies on issues of global importance, such as serving youth, integration of services, improving quality of care, and financing are a major focus of the program. Other key components include country and regional studies, capacity building, a small grants program, a focus on research utilization, and partnerships with a wide range of cooperating agencies and other organizations.

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# WHO Special Program of Research, Development and Research Training in Human Reproduction (HRP)

<b>Cooperating Agency</b>	Reproductive Health Research Department(RHR), World Health Organization (WHO)
<b>Project Number</b>	936-3067
<b>Agreement Number</b>	N/A (Grant via Memorandum of Understanding through Dept. of State)
<b>Duration</b>	Ongoing since 1993
<b>Geographic Scope</b>	Worldwide

**Purpose:** To conduct research to generate evidence for the development of reproductive health interventions, including family planning, with particular reference to the needs of individuals and couples in developing countries.

**Description:** USAID provides funds to the Human Reproduction Program (HRP) which is the main instrument within the United Nations system for research in reproductive health. HRP is cosponsored by the United Nations Development Program, the United Nations Population Fund, the World Health Organization and the World Bank. The Program brings together health-care providers, policymakers, scientists, clinicians, and consumer and community representatives to identify and address priorities for research aimed at improving reproductive health. The WHO Department of Reproductive Health and Research brings together into one Department all of WHO's work in sexual and reproductive health, thus enabling a comprehensive response of both research and support to countries to protect and promote reproductive health in a coordinated way.

The Program investigates through biomedical, operations and social science research, the extent and nature of reproductive health problems, their determinants and the interventions needed for their alleviation or resolution. While fertility regulation has remained the core area of the Program's research, the research agenda in recent years has been broadened to include other challenges in reproductive health such as maternal health and reproductive tract infections including cervical cancer. This reflects the Program's response to the wide range of issues in reproductive health identified in international fora, particularly the International Conference on Population and Development in 1994 and the Fourth World Conference on Women in 1995. The Program also carries out activities to strengthen the capabilities of developing countries to meet their own research needs and to enable them to participate in the global effort in reproductive health research.

The Program promotes the use of research results in policymaking and planning at national and international levels and contributes to the setting of norms, standards and guidelines, including ethical guidelines, in the field of reproductive health research. The Program works to ensure that gender issues, and particularly the perspectives of women, are reflected in both its research and research capability strengthening activities to foster the achievement of greater equity and sexual and reproductive rights.

**Note:** This project does not accept Field Support Funds.

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# ARIVAC

## Acute Respiratory Infections Vaccine Project

<b>Cooperating Agency</b>	Program for Appropriate Technology in Health (PATH)
<b>Project Number</b>	936-6000.04
<b>Agreement Number</b>	HRN-A-00-95-00025-00
<b>Duration</b>	9/95-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To facilitate the incorporation of promising new and improved vaccines against acute respiratory infections into the childhood immunization programs of developing countries. The project is part of USAID's Children's Vaccine Program.

**Description:** The overall objective of the project is to evaluate the impact and cost-effectiveness of introducing ARI vaccines into EPI programs in developing countries. Initially the project is focusing on Haemophilus Influenzae type b (Hib) vaccine, a vaccine whose introduction in America and Europe has led to the virtual elimination of Hib meningitis among children.

Through a process of criteria definition and prioritization, the island of Lombok in Indonesia was selected for the first study. That study is now underway in a three-way collaboration among PATH, the Association Pour l' Aide a la Medicine Preventive (AMP) in France, and the Indonesian Ministry of Health. The specific goal of the study is to analyze the impact of Hib on the incidence of pneumonia among a population of 24,000 children, using the Hib vaccine as a probe. A carriage study has already been conducted that demonstrated the presence of Hib in this population, and surveillance and referral systems in 50 study villages have been set up. The vaccine introduction phase of the study will take four years, starting in the Fall of 1998, using a vaccine from a donation to UNICEF.

The results of the study in Indonesia will assist the government in determining the appropriateness and cost/benefits of adopting the Hib vaccine into regular EPI schedules. These results should also be of interest to other developing country governments, especially in Asia. The systems are also in place on Lombok to pursue similar studies of other ARI vaccines.

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# Basic Support for Institutionalizing Child Survival II (BASICS II)

<b>Cooperating Agency</b>	Partnership for Child Health Care, Inc.
<b>Project Number</b>	936-3096.01
<b>Contract Number</b>	HRN-C-00-99-00007-00
<b>Duration</b>	6/99-6/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** The Basic Support for Institutionalizing Child Survival Activity (BASICS II) is a major component of GH's global work to implement USAID's Child Survival program. BASICS II develops innovative and improved policies and program approaches, provides technical leadership within the Agency and the international Child Survival program community, and enters into technical partnerships with field missions and other bureaus to improve the technical quality and effectiveness of programming in USAID-assisted countries.

**Description:** BASICS II is designed to incorporate state-of-the-art expertise, extensive field experience and capability in the development and implementation of Child Survival programming in developing countries. It also influences global and country policies and strategies related to child health and nutrition. It applies its expertise to assist GH – in partnership with other USAID bureaus and missions, other international health organizations, and USAID-assisted countries – in achieving the GH strategic objective of “increased use of effective, improved and sustainable child health interventions” and in contributing to the Agency's strategic objective of “improving infant and child health and nutrition and reducing infant and child mortality.” BASICS II is organized around four key technical focus areas:

1. Increased effectiveness and sustainability of child immunization;
2. Integrated approaches to child health;
3. Incorporating nutrition into Child Survival activities;
4. Neonatal survival and health.

In addition to these four technical focus areas, the project gives special attention to malaria and HIV/AIDS as it impacts on child health. BASICS II is a performance-based contract that achieves its results through the provision of technical leadership, regional and global initiatives, capacity building, and long-term country programs. BASICS II also provides expertise in operations and evaluation research, performance and results monitoring, and strategic documentation and transfer of experience, to support achievement of results in its technical focus areas and country and regional programs.

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# The CHANGE Project

## Behavior Change Innovation/State-of-the-Art Activity

<b>Cooperating Agency</b>	Academy for Educational Development (AED)/ The Manoff Group
<b>Project Number</b>	936-3096.04
<b>Agreement Number</b>	HRN-A-00-98-00044-00
<b>Duration</b>	9/98-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To provide a focused source of leadership and technical assistance on behavior change to PHN programs worldwide. The purpose of the project is to develop and apply new, state-of-the-art techniques for behavior change that will allow missions to increase the impact, sustainability, scale and cost-effectiveness of their interventions in child health, maternal health, and nutrition.

**Description:** Over 25 years of IEC (information, education, and communication) and social marketing interventions have resulted in numerous solid successes for PHN programs. However, in many programs, significant gaps between knowledge and behavior still remain, and key areas of behavior change such as at the institutional, community, and family levels are not addressed. The CHANGE Project is designed to develop and apply innovative new tools and approaches drawn from the full range of disciplines in the field of applied behavior change to help missions close “knowledge-behavior” gaps and address behavior change at many levels. Some of the new approaches being developed and applied by CHANGE include:

- tools to produce supportive policy and institutional environments through techniques of structural or organizational change;
- techniques to accomplish group and community change through normative and relational change approaches;
- improved techniques for individual behavior change;
- improved approaches to social marketing; and
- application of leading edge technologies in media and communication.

CHANGE can work with regional bureaus and field missions to implement new behavior change programs or can work with existing cooperating agencies and contractors to strengthen existing programs by introducing and supporting new approaches. CHANGE also can provide strategic review and guidance for existing programs and programs under development.

The CHANGE partnership with USAID is through a cooperative agreement and through USAID Mission contributions. CHANGE is implemented in partnership with USAID-financed collaborating agencies and can work with other international donors and both U.S. based and local PVOs. When working with PVOs, CHANGE project funds can be used to supplement existing project staffing and other direct costs to these organizations as needed within the context of a CHANGE project intervention.

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# Child Health Research: Applied Research in Child Health (ARCH)

<b>Cooperating Agency</b>	Boston University 936-5986.09
<b>Project Number</b>	HRN-A-00-96-90010
<b>Agreement Number</b>	8/96-1/04
<b>Duration</b>	Worldwide
<b>Geographic Scope</b>	

**Purpose:** The ARCH Project, a partner in the Child Health Research Project, supports policy relevant applied and operations research efforts that are initiated, designed, and managed by host country scientists and institutions. ARCH provides technical assistance to USAID Missions in problem analysis and design of health programs.

**Description:** ARCH works in four broad themes:

## **Theme I: Interventions to Improve Child Survival**

- Improving ARI and diarrheal diseases prevention and case management through testing of improved behavioral, micronutrient and clinical approaches; and,
- Improving the use of medicines, especially antimicrobials, that contribute to the emergence of antimicrobial resistance.

## **Theme II: Economic Analyses and Health:**

- Conducting burden of antimicrobial resistance on health systems and facilities;
- Assessing benefits of greater investments in expanded HIV prevention and HIV/AIDS treatment; and,
- Analyzing the impact of HIV/AIDS epidemic on private sector firms and government institutions.

## **Theme III: Understanding the Social and Economic Impact of the HIV Epidemic**

- Identifying and developing interventions to address the health needs of orphans.
- Policy analysis of the “burden shift” of the costs of responding to the epidemic among business, government, and households.

## **Theme IV: Malaria and Child Survival**

- Institutional Collaboration grant with National Malaria Control Program in Zambia
- Bilateral malaria research programs in Zambia and Nigeria

## **Selected Accomplishments:**

- Demonstrated that both small group lecture-style and interactive sessions are effective in altering and improving antimicrobial prescribing practices by health care personnel;
- Demonstrated that the beneficial effect of using a reduced salt concentration ORS for the treatment of children with acute non-cholera diarrhea
- Demonstrated that the impact of the HIV epidemic on private companies varies widely among and within firms, and most firms will have positive returns on investment on HIV treatment and prevention
- Gathered and disseminated useful information on regional differences in *in vivo* chloroquine resistance and predictors of chloroquine treatment failures.

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# Child Health Research ICDDR,B: Centre for Health and Population Research, Bangladesh

<b>Cooperating Agency</b>	ICDDR,B: Centre for Health and Population Research
<b>Project Number</b>	936-5986.06
<b>Agreement Number</b>	HRN-A-00-96-90005
<b>Duration</b>	1/96-1/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** ICDDR,B focuses on the development of cost-effective child health and survival programs by enhancing the understanding of the major causes of childhood morbidity and mortality. The ICDDR,B conducts research, maintains active training programs, develops rapid response protocols and programs and tests cost-effective public health interventions through operations research.

**Description:** The ICDDR,B, a leading international research institution located in Bangladesh, is engaged in the development, delivery and use of effective family health and child survival technologies through applied, evaluation and operations research. Emphasis is placed on south-south collaboration and developing institutional relationships with health research organizations regionally. The ICDDR,B maintains an active urban operations research initiative and a unique demographic research effort in Matlab, for epidemiological studies including cholera, epidemic surveillance, and evaluation of reproductive, maternal, and child health interventions. In addition, ICDDR,B provides training in case management, performs laboratory diagnosis, and serves as a laboratory reference center. ICDDR,B works directly with Missions. Priority activities include:

- Developing new interventions and approaches in preventing and treating diarrheal diseases (DD) and acute respiratory infections (ARI);
- Developing and testing new interventions to address malnutrition and micronutrient deficiencies;
- Reducing Neonatal morbidity and mortality by developing interventions to address low birth weight, bacterial vaginosis, and sepsis;
- Conducting surveillance, trend analyses and developing strategies to address DD, ARI antimicrobial resistance, RTI/STC, HIV/AIDS, dengue and tuberculosis; and,
- Improving health systems and delivery of family planning services through operations research.

Recent achievements and ongoing efforts include:

- Development and implementation of a successful Essential Services Package for child and reproductive health;
- Establishing the effectiveness of oral zinc in the treatment of childhood diarrhoeal disease;
- Launch of a multidisciplinary, intergenerational approach to address low birth weight and malnutrition;
- Establishment of a national response program to dengue; and
- Development of ARI antimicrobial resistance surveillance capacity in Nepal.

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# Child Health Research: Family Health and Child Survival (FHACS)

<b>Cooperating Agency</b>	Johns Hopkins School of Public Health
<b>Project Number</b>	936-5986.05
<b>Agreement Number</b>	HRN-A-00-96-90006
<b>Duration</b>	1/96-1/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** The Johns Hopkins's Family Health and Child Survival (FHACS) cooperative agreement identifies new technologies and methods for improving child survival and family health. The emphasis is on the development of effective and integrated services that impact on child survival and control of infectious diseases and nutritional deficiency in developing countries.

**Description:** FHACS develops and evaluates the feasibility and cost-effectiveness of new interventions and approaches to reducing child morbidity and mortality. It conducts applied, operations and evaluation research. Priority areas include:

- Determination of burden of disease for acute respiratory infections, diarrheal diseases and malnutrition including ascertaining risk factors;
- Reducing neonatal morbidity and mortality;
- Evaluation of vaccines and development of diagnostics for acute respiratory infections and multi-drug resistant tuberculosis;
- Development and delivery of interventions to address malnutrition and micronutrient deficiencies; and
- Development of new approaches to treat and control malaria, tuberculosis, and other infectious diseases.

Recent achievements and ongoing efforts include:

- Demonstration that zinc supplementation reduces childhood morbidity due to pneumonia and diarrhea and may also reduce all-cause mortality;
- Finding of high efficacy of pneumococcal vaccine in prevention of meningitis;
- A community-based treatment of neonatal sepsis and pneumonia;
- Recommendations for neonatal and perinatal health interventions that can be implemented into programs; and
- A new, rapid diagnostic for multi-drug resistant TB.

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# Child Health Research: International Clinical Epidemiology Network (INCLLEN)

<b>Cooperating Agency</b>	International Clinical Epidemiology Network (INCLLEN)
<b>Project Number</b>	936-5986.12
<b>Grant Number</b>	HRN-G-00-99-00003
<b>Duration</b>	3/99-1/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** INCLLEN, a network of leading host country clinical epidemiologists, health economists, social scientists, healthcare providers and applied researchers, conducts training to build capacity and utilizes state-of-the-art epidemiological research methods to identify health threats and to analyze the efficacy, efficiency, and equity of health interventions and preventive measures.

**Description:** INCLLEN's network operates in 24 developing countries including Egypt, India, Uganda, Zimbabwe, Mexico, Philippines, Thailand, Indonesia, and Brazil. INCLLEN's host country scientists conduct relevant training and research providing solutions to improve the health of people. The INCLLEN networks address country-specific, interregional, and international child survival challenges.

Currently INCLLEN assists USAID Missions and AID/W by conducting surveillance, assessments, and evaluations. INCLLEN is currently:

- Establishing surveillance approaches for malaria, tuberculosis, STIs, and other infectious diseases;
- Creating a network of sentinel surveillance sites in hospitals and in the community to monitor the magnitude of pneumococcal disease and antimicrobial resistance of ARI pathogens;
- Improving birth outcomes by establishing a reproductive health network that can better diagnose and treat group B strep and bacterial vaginosis, decreasing the incidence of prematurity and low birth weight; and
- Fostering a focused child health research network (INCLLEN ChildNET), with members from Asia, Africa and Latin America, to address outstanding health research priorities such as ARI, malaria, and nutrition.

Recent achievements and ongoing efforts include:

- Establishment of IndiaCLEN Invasive Bacterial Infection Surveillance, which demonstrated that H. influenza is the most common cause of childhood bacterial meningitis in India and suggested the use of the Hib vaccine will prevent up to 97% of all invasive haemophilus disease seen in hospitals in India;
- Surveillance of antimicrobial resistance of ARI pathogens in hospitals and in the community in India;
- Assessment of the impact of National Immunization Days for Polio on other primary care programs;
- Evaluation of short-term amoxicillin therapy for childhood pneumonia.

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# Child Health Research: World Health Organization/Child and Adolescent Health and Development (WHO/CAH)

<b>Cooperating Agency</b>	World Health Organization (WHO)
<b>Project Number</b>	936-5986.08
<b>Grant Number</b>	AAG-G-00-97-00024
<b>Duration</b>	9/96-1/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To identify, sustain, and increase the effectiveness of strategies and technologies that advance child survival in developing countries. As a partner in the Child Health Research Project, WHO/CAH refines existing technologies and develops new and cost-effective interventions to reduce mortality and morbidity associated with major childhood illnesses. Results of these efforts establish global and national guidelines, standards and policies used by health practitioners in hospitals, clinics, and community settings.

**Description:** WHO/CAH, works with global partners including applied researchers, bilateral agencies, and host countries to:

- Monitor and coordinate research that will result in new interventions, methodologies, and/or the establishment of global guidelines for case management and prevention of the major causes of neonatal and childhood mortality and morbidity - acute respiratory infections, diarrheal diseases, malaria, malnutrition and micronutrient deficiencies; low birth weight, and sepsis;
- Facilitate operations research for the implementation of best practices in case management and the development of training modules; and,
- Monitor and evaluate progress of advances in child health.

Recent achievements and ongoing efforts include:

- Implementation, adaptation, and evaluation of the Integrated Management of Childhood Illness (IMCI) approach;
- Identification and potential treatments for the major causes of infectious illness in neonates;
- Demonstration of new vaccine efficacy prior to incorporation into national vaccine programs;
- Strategies for families and health-care providers to prevent disease and increase care seeking; and,
- Reduction of infectious disease mortality – even in areas of endemic HIV – with exclusive breastfeeding.

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# Children's Vaccine Program (CVP): Vaccine Independence Initiative (VII)

<b>Cooperating Agency</b>	UNICEF
<b>Project Number</b>	936-6000.01
<b>Grant Number</b>	HRN-G-00-92-00011-00
<b>Duration</b>	1/92-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To promote the sustainability of national immunization programs by providing a mechanism for the forecasting, financing, and procurement of high-quality vaccines.

**Description:** Childhood immunization programs have been one of the great public health success stories in the past two decades, with an estimated 2.5 million child deaths now prevented annually through national Expanded Programs for Immunization (EPI). However, the sustainability of these achievements is jeopardized by the dependence of many developing countries on donations of vaccines from UNICEF and bilateral donors. Due to financial constraints of donors and concerns about sustainability, many countries that currently receive vaccines by donations are being encouraged to start purchasing at least a portion of their own vaccines. Yet many are unable to:

- accurately forecast and plan vaccine needs;
- prepare a vaccine tender and negotiate directly with manufacturers; or
- supply the hard currency that manufacturers require in advance of vaccine delivery.

USAID Children's Vaccine Initiative Project, in partnership with UNICEF, designed the Vaccine Independence Initiative (VII) to help countries overcome these obstacles. The VII is a vaccine-purchase revolving fund. It is modeled after a similar fund managed by the Pan American Health Organization that has successfully functioned in Latin America for over a decade. The potential benefits of the VII extend to all countries (outside Latin America) who are committed to buying vaccines and who need assistance in forecasting, planning, and ordering those vaccines. To participate in the VII, countries must formally commit, in written agreements with UNICEF, to purchase some or all of their vaccine needs. UNICEF will then provide technical assistance to the countries to enhance their capabilities in vaccine supply forecasting and planning. The fund allows participating countries to use soft or hard currency to purchase the high-quality vaccines on a routine basis and to pay, if necessary, upon receipt of the vaccines. Purchase of the vaccines is undertaken using the well-established UNICEF procurement system, which has successfully negotiated low prices for high-quality vaccines for many years.

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# HealthTech IV: Technologies for Child Health

<b>Cooperating Agency</b>	Program for Appropriate Technology in Health
<b>Project Number</b>	936-3096.07
<b>Agreement Number</b>	GPH-A-00-01-00005
<b>Duration</b>	9/01-9/06
<b>Geographic Scope</b>	Worldwide

**Purpose:** HealthTech identifies health needs that can be solved with technological solutions, then adapts, develops, tests, and introduces new health, nutrition and family planning technologies to meet those needs. The technologies are for use by primary health and family planning providers in the developing world to help stabilize populations and protect the health of women and children.

**Description:** For over 15 years, USAID has supported the development and testing of health technologies that are applicable to the prevention and treatment of disease in the developing world. Most technologies are developed in partnership with private sector companies and international health organizations such as WHO. Technologies successfully developed and already available on the market include:

- HIV Dipstick: a low-cost, simple HIV test that exceeds WHO standards;
- SoloShot: the first autodestruct syringe device, available globally through UNICEF;
- UniJect: a pre-filled, single-dose injection system usable with multiple medicaments including vaccines, injectable contraceptives, and uterotonics;
- Vaccine Vial Monitors: indicators on individual vials of oral polio vaccine (OPV) that change color with heat exposure, which can save up to \$10 million per year globally;
- Low-cost, simple diagnostic for malaria, which allows patients to be diagnosed and treated in the same day;

Other technologies under development include:

- Vaccine vial monitors for other vaccines besides OPV;
- Low-cost, simple diagnostics for tuberculosis, chlamydia, and gonorrhea;
- Inexpensive jet injectors for delivery of vaccines without a needle;
- Inexpensive test to monitor the relative vitamin A status within populations;
- Medical waste disposal technologies.

In addition, the HealthTech project offers technology-related services and assistance as requested by Missions or Bureaus. Examples of current and past activities include:

- Management of a schistosomiasis vaccine development project in Egypt.
- Training in procurement of vaccines to the Ministry of Health in Armenia.
- Assistance in technology transfer to the medical products industry in India.
- Development of health information systems and disease tracking in Ukraine.
- AIDS prevention and education programs in collaboration with NGOs in Indonesia.
- Collaboration on the creation of a website on safe injection for Global Bureau.

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# Helen Keller International (HKI)

<b>Cooperating Agency</b>	Helen Keller International (HKI)
<b>Project Number</b>	936-5122.04
<b>Agreement Number</b>	HRN-A-00-98-00013-00
<b>Duration</b>	10/97-3/03
<b>Geographic Scope</b>	Africa, Asia

**Purpose:** The overall goal of this five-year Cooperative Agreement is to contribute to sustainable reductions in micronutrient malnutrition among children and women in Africa and Asia through technical assistance to governments, private voluntary organizations (PVOs) and local non-governmental organizations (NGOs).

**Description:** HKI's nutrition programs initially focused on preventing xerophthalmia, the clinical form of vitamin A deficiency (VAD) that remains the leading cause of childhood blindness in developing countries. As the link between VAD and child mortality became clear, the nutrition program expanded to address subclinical VAD in vulnerable populations, particularly among preschool children. A recent field trial in Nepal suggests that improving the vitamin A status of women during pregnancy may also reduce maternal mortality. HKI's program has over 30 years of experience in designing, implementing, monitoring and evaluating nutrition interventions for children and women, including twenty-four projects funded by USAID. HKI is a leader in expanding and strengthening vitamin A capsule distribution systems, with documented increases in coverage and decreases in deficiency in Asia and Africa. HKI has also worked to increase consumption of a variety of plant and animal sources of vitamin A through social marketing activities in Asia and Africa. The HKI Bangladesh NGO Home Gardening and Nutrition Education Program has led to increased year-round production of fruits and vegetables and greater consumption of vitamin A-rich foods in more than 300,000 households. In the Philippines, HKI has developed a model program to strengthen decentralized management of nutrition programs at the provincial and municipal levels. In Indonesia, HKI has been conducting operations research and promoting school-based delivery of vitamin A, iron, anthelmintic and nutrition education among adolescent girls. HKI is particularly effective in building the capacity of governments and NGOs in nutritional assessment, policy and program development, training, monitoring and evaluation, and operations research.

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# International Broadcasting Bureau/Voice of America

<b>Cooperating Agency</b>	Voice of America (VOA)   IBB
<b>Project Number</b>	936-3096.10
<b>Agreement Number</b>	AAG-P-00-01-00001
<b>Duration</b>	4/01-9/05
<b>Geographic Scope</b>	Worldwide

**Description:** Through special programming developed by the Voice of America radio and TV operations, IBB has become a partner in the global effort to eradicate polio. The polio-related programming seeks to keep the world's attention on the effort through realistic reporting on the global eradication effort as well as to provide accurate health messages and news reports designed to mobilize adults to immunize children during National Immunization Days and routinely throughout the year. The Initiative also seeks to influence the media in targeted countries to continue providing coverage of National Immunization Days and to generate interest among political elites for continued support of the eradication effort. Funding under this agreement provides for travel and related activities by the Voice of America radio staff in targeted countries in Africa, South and Central Asia and the Near East where eradication is yet to be achieved. In 2001, for the first time HIV/AIDS reporting was included as part of the USAID/VOA agreement.

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# International Children’s Vaccine Training Program: Vaccine Quality Assurance Training Program

<b>Cooperating Agency</b>	Massachusetts Public Health Biologic Laboratories
<b>Project Number</b>	936-6000.05
<b>Agreement Number</b>	HRN-A-00-95-00023-00
<b>Duration</b>	9/95-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To improve the quality of vaccines used in developing counties.

**Description:** Over 60% of the Diphtheria, Tetanus and Pertussis (DTP) vaccine used worldwide is produced in developing countries. In order to help ensure that the current vaccines are of high quality, this activity has developed a program that will provide theoretical and practical training in: 1) current Good Manufacturing Practices (cGMP); 2) Vaccine Quality Assurance (QA); and 3) Quality Control procedures for Diphtheria, Tetanus and Pertussis Vaccine (QC). The program assists local manufacturers in establishing or improving their vaccine quality assurance programs. It also assists national regulatory authorities (NRAs) in understanding the requirements of GMP so that they can do a more effective job of regulating and inspecting vaccine production facilities. For countries that are procuring their vaccine rather than producing it locally, the program works with the national regulatory authority to help ensure that the vaccines they procure are of known good quality.

Developing countries are selected for training based on their commitment to strengthening or establishing a national program of regulation and control that ensures vaccines are manufactured according to world standards. In the case of non-producer countries the training program assists national authorities in controlling the quality of the vaccines they import. Training involves an intensive period of instruction, observation and practice audits in Massachusetts with follow-up site visits by training staff to assist in implementation.

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# Maternal and Child Health Technical Assistance and Support Contract (TASC)

<b>Cooperating Agency</b>	Various (See Below)
<b>Project Number</b>	936-3096.02
<b>IQC Number</b>	HRN-I-00-98-00028-00 to HRN-I-00-98-00035-00
<b>Duration</b>	9/98-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To support USAID Bureaus and Missions in the implementation of their Strategic Objectives pertaining to maternal health, child health and nutrition.

**Description:** TASC will provide Missions and Bureaus with long-term teams of resident advisors to help implement programs, short-term technical assistance, and/or support services in maternal health, child health and nutrition. TASC can support integrated MCH programs, beyond the scope of specialized Global activities.

As a Multicontractor Indefinite Quantity Contract (IQC), services will be provided to Missions by a pre-selected group of eight highly qualified cooperating agencies and their twenty-eight subcontractors, providing a wide range of state-of-the-art specialists and expertise. These cooperating agencies will respond to scopes of work developed by a Mission or Bureau, with award of each task order being made by their Contracting Officer, based on review of cost, proposed staff, and technical quality of the responses, as determined by the Mission.

**Special Restrictions:** This project cannot take Field Support funds.

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# Micronutrient Global Leadership

<b>Cooperating Agency</b>	International Life Sciences Institute Research Foundation (ILSI)
<b>Project Number</b>	936-5122.07
<b>Agreement Number</b>	HRN-A-00-98-00027-00
<b>Duration</b>	10/98-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** The Micronutrient Global Leadership Cooperative Agreement will provide scientific support to the leadership efforts of USAID to eliminate vitamin A deficiency and significantly reduce iron deficiency anemia.

**Description:** There are four components covered by the Micronutrient Global Leadership agreement. The first is the International Vitamin A Consultative Group (IVACG), which has been supported by USAID for 20 years. IVACG provides policy statements and state-of-the-art reviews of scientific questions of critical importance to the implementation of vitamin A deficiency control programs. IVACG also provides an exchange mechanism for scientific and programmatic information through its international meetings held every 18 months. The second component is the International Nutritional Anemia Consultative Group (INACG), which has also received support from USAID for 20 years. INACG provides policy guidance on issues critical to the implementation of iron deficiency anemia control programs. INACG is also involved in generating broad support for action by developing countries to control iron deficiency anemia. The third component is the VITA Global Alliance, a new approach to developing public-private partnerships to combat micronutrient malnutrition in developing countries. The private partners include U.S.-based and other food and ingredient companies, as well as nongovernmental organizations and civic groups. The final component is the use of expert panel consultations and targeted operational research to provide a better understanding of the factors that contribute to successful replication and expansion of micronutrient deficiency intervention programs.

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# Micronutrient Operational Strategies and Technologies (MOST)

<b>Cooperating Agency</b>	International Science and Technology Institute (ISTI)
<b>Project Number</b>	936-3094.02
<b>Agreement Number</b>	HRN-A-00-98-00047-00
<b>Duration</b>	9/98-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** The Micronutrient Operational Strategies and Technologies (MOST) Cooperative Agreement has as its primary purpose expanded and enhanced delivery of micronutrients to vulnerable populations through supplementation and food-based strategies, including fortification and dietary diversification. MOST will provide leadership in elevating micronutrients on the global health agenda, strengthening policies and programs, and sharing lessons learned about the most cost-effective technologies and delivery systems for alleviating micronutrient deficiencies.

**Description:** Under its mandate as USAID's flagship micronutrient project and in support of USAID's Enhanced Vitamin A Effort (VITA), MOST seeks to establish and maintain vitamin A adequacy in vulnerable populations, particularly young children and their mothers, in 5-8 countries through a combination of supplementation and food-based approaches. MOST is also committed to reducing iron deficiency anemia by 30% in 5-8 countries and contributing to the reduction of iodine deficiency disorders in selected countries by 30%. MOST takes a comprehensive approach to micronutrient deficiency reduction, targeting not only improved supply and delivery of micronutrients, but also generating and sustaining greater consumer demand. Attention is given to optimizing the mix of interventions, depending on the prevalence, distribution, and severity of micronutrient deficiencies in a country, the level of sophistication of the country's existing micronutrient programs, and the human and financial resources available. MOST seeks to engage the private sector as a partner with government, especially the food industry, to expand coverage and to establish mechanisms for sustaining successful programs. Economic analyses, as well as program evaluation, will be applied to direct the evolution of the micronutrient policy and program mix in order to realize high coverage in an affordable manner over the long term.

**Other Partners:** ISTI's partners in the MOST include: Johns Hopkins University (JHU); Helen Keller International (HKI); the Academy for Educational Development (AED); the International Food Policy Research Institute; Cooperative for Assistance and Relief Everywhere (CARE); Save the Children; Program for Appropriate Technology in Health (PATH); Population Services International (PSI); and the International Executive Service Corps (IESC).

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## Micronutrients for Health (JHU)

<b>Cooperating Agency</b>	Johns Hopkins University (JHU)
<b>Project Number</b>	936-5122.05
<b>Agreement Number</b>	HRN-A-00-97-00015-00
<b>Duration</b>	8/97-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** The main purpose of the Micronutrients for Health Cooperative Agreement (MHCA) is to conduct policy- and program-oriented research, provide global scientific leadership and advocacy, and carry out technical assistance and training in micronutrient deficiency prevention.

**Description:** The MHCA addresses key questions related to micronutrient deficiency control through population-based research. The MHCA seeks to advance knowledge and overcome constraints to developing policies and guiding programs toward effective micronutrient deficiency prevention and control. The MHCA is managed by the Center for Human Nutrition, Johns Hopkins University School of Hygiene and Public Health. Activities under the MHCA are conducted by investigators with extensive research capabilities and experience in micronutrient nutrition (including laboratory sciences), epidemiology, biostatistics, anthropology, and communications. The team of investigators has a track record that has led to long-term, productive relationships with counterpart institutions in over a dozen countries in Asia, Africa and Latin America. The MHCA research agenda includes (1) investigating the extent, severity and public health consequences of micronutrient deficiencies in high-risk populations, especially with respect to vitamin A, iron and zinc; (2) identifying determinants of micronutrient deficiencies that are likely to be responsive to interventions; (3) developing new, practical, less expensive and valid methods for targeting high-risk groups, assessing micronutrient status and intake in the community that can be used for surveys, surveillance and program monitoring; and (4) developing single and coordinated multiple-micronutrient interventions and evaluating their efficacy, effectiveness, cost, and safety.

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# UNICEF Umbrella Grant

<b>Cooperating Agency</b>	UNICEF
<b>Project Number</b>	936-3080.01
<b>Grant Number</b>	AAG-G-00-97-00021-00
<b>Duration</b>	6/95-9/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To implement activities designed to improve child and maternal health worldwide, including: worldwide polio eradication efforts; improved immunization services; introduction of IMCI programs, support for micronutrient fortification and supplementation programs (specifically iodine and vitamin A); and monitoring progress towards the world summit for children goals.

**Description:** This grant funds several activities implemented through UNICEF's country, regional and headquarter offices in support of polio eradication, EPI, IMCI, micronutrient fortification, and maternal health. Funding these multiple components provides improved integration of service delivery.

The Polio Eradication component supports USAID's five-part strategy: 1) to building effective partnerships between all interested public and private sector parties through interagency coordinating committees (ICCs) and to conduct advocacy activities to promote the program; 2) to improve routine immunization and immunization systems: cold chain refurbishment/management/logistics, vaccine forecasting, detailed planning and budgeting at the district and national levels; 3) to provide supplemental immunization through training, operational support to National Immunization Days (NIDs), social mobilization, house-to-house mop up immunization, consideration of vitamin A and other antigens; 4) surveillance and case detection for acute flaccid paralysis (AFP) and other reportable diseases such as measles, neonatal tetanus, yellow fever, and meningitis at the community and facility level; 5) information feedback and use, e.g. operations research, monitoring and evaluation, information dissemination.

The EPI component supports routine immunization program strengthening through 1) planning and management of programmatic and financial resources to assure vaccines and equipment are available on a sustained bases; 2) improved quality and cost effectiveness of immunization services, e.g. IMCI, vitamin A, cold chain, integrated disease surveillance; 3) building effective partnerships to improve coordination and collaboration; and 4) monitoring and evaluation of results.

The Integrated Management of Childhood Illness (IMCI) component supports the introduction of the program through improving the performance of health workers through in-service and on-the-job training and through improvements in household and community preventive health practices.

The micronutrient fortification and supplementation component focuses on addressing the global goal of reducing micronutrient deficiencies worldwide. Current emphasis has been focused on eliminating iodine deficiencies by increasing iodized salt consumption in specific countries in East Asia and Africa.

The maternal health component supports strengthening UNICEF expertise and providing support such that high-level experts may effectively promote maternal and neonatal nutrition, health, and survival in UNICEF-assisted countries where maternal and neonatal mortality rates are high. Emphasis is placed on transfer of knowledge and expertise to UNICEF field programs, with particular focus on evidence-based interventions in maternal nutrition, antenatal care, skilled attendance at birth, treatment of obstetric complications, postpartum and newborn care.

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# Polio Eradication and Immunization Support

<b>Cooperating Agency</b>	World Health Organization (WHO)
<b>Project Number</b>	936-3080.03
<b>Grant Number</b>	AAG-G-00-97-00019-00
<b>Duration</b>	6/95-9/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To implement activities to eradicate polio; improve immunization services; and improve disease surveillance.

**Description:** This grant supports activities implemented through WHO country offices, regional offices and headquarters in support of polio eradication in the context of strengthening immunization and disease control programs.

The grant supports USAID's five-part polio eradication strategy: 1) to build effective partnerships between all interested public and private sector parties through interagency coordinating committees (ICCs) and to conduct advocacy activities to promote the program; 2) to improve routine immunization and immunization systems: cold chain refurbishment/ management/ logistics, vaccine forecasting, detailed planning and budgeting at the district and national levels; 3) to provide supplemental immunization through training, operational support to National Immunization Days (NIDs), social mobilization, house-to-house mop up immunization, consideration of vitamin A and other antigens; 4) surveillance and case detection for acute flaccid paralysis (AFP) and other reportable diseases such as measles, neonatal tetanus, yellow fever, and meningitis at the community and facility level and to support the polio laboratory network; 5) information feedback and use, e.g. operations research, monitoring and evaluation, information dissemination, and progress towards certification.

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# Polio Eradication and Immunization Support

<b>Cooperating Agency</b>	CORE Group (A consortium of NGOs working in Child Survival)
<b>Project Number</b>	936-3080.04
<b>Agreement Number</b>	HRN-A-00-98-00053-00
<b>Duration</b>	9/98-9/06
<b>Geographic Scope</b>	Africa, Asia, Central Asia, Eastern Europe, Near East

**Purpose:** To increase PVO participation in polio eradication, immunization and vitamin A activities and to improve case detection of acute flaccid paralysis (AFP) and other reportable diseases in underserved or hard to reach populations.

**Description:** The CORE group is a network of 35 US-based private voluntary organizations that have received funding from the USAID Bureau of Humanitarian Response's child survival grants in the past for improving maternal and child health in underserved populations. This agreement strengthens the network and builds upon ongoing field programs of CORE members. This grant supports: 1) the development of community-based case detection and reporting strategies for acute flaccid paralysis and other vaccine preventable diseases. These strategies will complement and enhance the facility-based approaches being developed by other implementing agencies; 2) the training and information dissemination about polio eradication and AFP/integrated disease case detection and reporting; 3) the participation of PVOs in interagency coordinating committees and subnational planning events; and 4) PVO participation in supplemental immunization activities (NIDs, SNIDs, mop-up). CORE members from any polio endemic or recently endemic country can request funding under this agreement (via the CORE central office). Requests for funding must be coordinated with the respective national polio program. Linkages between CORE members and with local PVOs are encouraged. The CORE central office will monitor and track PVO participation in polio eradication, develop a set of indicators to measure the contribution of PVOs towards this effort; and document and disseminate the lessons learned from polio eradication in order to strengthen routine EPI and other disease control efforts in the future. Over the life of the project, CORE will integrate vitamin A activities into country-specific efforts as part of their child survival programs.

The grant supports USAID's five-part polio eradication strategy: 1) to build effective partnerships between all interested public and private sector parties through interagency coordinating committees (ICCs) and to conduct advocacy activities to promote the program; 2) to improve routine immunization and immunization systems: cold chain refurbishment/ management/ logistics, vaccine forecasting, detailed planning and budgeting at the district and national levels; 3) to provide supplemental immunization through training, operational support to National Immunization Days (NIDs), social mobilization, house-to-house mop up immunization, consideration of vitamin A and other antigens; 4) surveillance and case detection for AFP and other reportable diseases such as measles, neonatal tetanus, yellow fever, and meningitis at the community and facility level and to support the polio laboratory network; 5) information feedback and use, e.g. operations research, monitoring and evaluation, information dissemination, and progress towards certification.

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# Vaccine Endowment

<b>Cooperating Agency</b>	Ani & Narod Memorial Fund
<b>Project Number</b>	963-3096.08
<b>Agreement Number</b>	GPH-A-00-01-00018-00
<b>Duration</b>	10/01-9/06
<b>Geographic Scope</b>	Armenia

**Purpose:** an innovative public-private partnership model designed to explore an alternative approach to creating a sustainable financial source for childhood vaccines provided through National Immunization Programs.

**Description:** This activity is a community effort of the Armenian Diaspora to create an endowment that will ensure a reliable financial source for the vaccine provided through the Government of Armenia's National Immunization Program. The Ani & Narod Memorial Fund (ANMF) is spearheading a three-tier fundraising campaign targeted at the Armenian Diaspora and other donors. Given the small birth cohort in Armenia approximately \$1.4-1.6 million is needed for the endowment core, which will generate an annual income of approximately \$100,000. USAID/Yerevan and USAID/Washington have collectively contributed \$400,000. ANMF will be responsible for fundraising the matching contribution that will generate the annual income for the vaccine. ANMF is serving as a member of the Armenian Immunization Coordinating Committee and will be procuring vaccine through UNICEF in compliance with the Armenian National Immunization Plan.

This activity creates the opportunity to identify a model that:

- Addresses the gaps in financial support that occur from donor fatigue;
- Leverages funds, while releasing future USAID funds for other health activities;
- Creates a sustainable supply of vaccine to prevent childhood illness and death;
- Breaks the cycle of donor dependence;
- Uses UNICEF as a procurement agent to address concerns regarding quality assurance and delivery of vaccine; and
- Constitutes an innovative public-private partnership between USAID and a PVO, which explores a potentially replicable model to secure financial support for vaccines.

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# Environmental Health Project (EHP II)

<b>Cooperating Agency</b>	Camp Dresser & McKee International
<b>Project Number</b>	936-5994.10
<b>IQC Number</b>	HRN-I-00-99-00011-00
<b>Duration</b>	6/99-6/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To reduce environmentally-related mortality and morbidity in both urban and rural settings.

**Description:** The Environmental Health Project (EHP) has two objectives. The principal objective is to reduce mortality and morbidity in children under five or associated with infectious diseases of major public health importance, by improving environmental conditions or reducing exposure to disease agents. The second is to provide diverse interests within USAID with access to a broad range of expertise in environmental health. EHP is implemented through an IQC awarded in June 1999. An initial Task Order with a \$20M ceiling was simultaneously awarded with the contract to support activities in community-based environmental health related to child survival (including sanitation, water supply, hygiene, indoor air pollution, and vector control) and for activities which relate environmental changes to vector-borne infectious disease outcomes (including surveillance and mapping of health, entomological, and other variables leading to improved malaria prevention and control programs). Missions and Bureaus can request assistance under Task Order #1 to achieve results consistent with this scope of work. Other services can be obtained through separate task orders to the IQC.

**Subcontractors:** Associates in Rural Development (ARD); International Science and Technology Institute (ISTI); John Snow, Inc. (JSI); The Manoff Group; Research Triangle Institute (RTI); Training Resources Group (TRG); and Tulane University School of Public Health.

**Note:** Field Support funds can be directed to task order #1 for activities consistent with the scope of work of this task order.

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# Vulnerable Children and War Victims Results Package: Displaced Children and Orphans Fund

<b>Cooperating Agency</b>	N/A
<b>Project Number</b>	936-3102
<b>Agreement Number</b>	N/A
<b>Duration</b>	N/A
<b>Geographic Scope</b>	Worldwide

**Purpose:** The Displaced Children and Orphans Fund (DCOF) provides financial and technical assistance for community-based programs that assist vulnerable children who are separated or orphaned and without parental or adult supervision.

**Description:** This fund is coordinated and supported by the Office of Health, Infectious Disease and Nutrition, although most activities are implemented through USAID Mission - managed grants and agreements.

The major portion of these funds are used to support programs activities and provide technical assistance for three categories of children who are at “extreme risk,” including street children, war-affected children and children affected by HIV/AIDS.

DCOF currently supports programs in 20 countries.

As part of its oversight and managerial responsibilities for the Fund GH/HIDN maintains a technical assistance contract with the Cherry Engineering Support Services, Inc (CESSI). This contract provides technical assistance and support for field missions that are interested in developing or are actively managing field activities under the Fund.

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# Vulnerable Children and War Victims Results Package: The Patrick J. Leahy War Victims Fund

<b>Cooperating Agency</b>	N/A
<b>Project Number</b>	936-3102
<b>Agreement Number</b>	N/A
<b>Duration</b>	N/A
<b>Geographic Scope</b>	Worldwide

**Purpose:** The Patrick J. Leahy War Victims Fund (LWVF) primarily provides assistance to programs that address the needs of civilians who suffer from physical disabilities as a result of war, including amputees who have lost limbs as a result of landmine accidents.

**Description:** The LWVF is mainly concerned with the provision of orthopedic services and devices to ensure unassisted mobility for civilian war victims. Assistance includes training and institutional capacity strengthening, facilities upgrading, materials provision, and support for national disabilities policy reform and public advocacy. In addition, programs include support for the social and economic reintegration of these survivors.

This fund is coordinated and supported by the Office of Health, Infectious Disease and Nutrition, although most activities are implemented through grants and agreements that are managed by USAID Missions.

The LWVF currently supports program activities in 12 countries.

As part of its oversight and managerial responsibilities for the Fund GH/HIDN maintains a technical assistance contract with the Cherry Engineering Support Services, Inc. (CESSI). This contract provides technical assistance and support for field missions that are interested in developing or are actively managing field activities under the Fund.

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# Infectious Diseases Results Package: Centers for Disease Control and Prevention IAA

<b>Cooperating Agency</b>	Centers for Disease Control and Prevention (CDC)
<b>Project Number</b>	936-3100.01
<b>Agreement Number</b>	AAG-P-00-99-00006-00
<b>Duration</b>	9/99-9/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To strengthen the delivery of infectious disease and other health programs in developing countries by accessing technical expertise from the Centers for Disease Control and Prevention and collaborating with the CDC to address infectious disease and other health problems in the developing world.

**Description:** The umbrella interagency agreement with CDC allows USAID to access technical expertise from CDC and is a world-renowned source of specialized technical experience and expertise in the international health field. The IAA supports activities in control and prevention of infectious diseases including tuberculosis, malaria, disease surveillance and antimicrobial resistance; HIV/AIDS; and environmental health.

Specific workplans are developed with appropriate centers or divisions within CDC and activities take the form of linked series of consultancies or long term technical assistance. Activities include:

1. Technical and program support for the development and implementation of appropriate global/regional/country-level health programs and strategies;
2. Monitoring and evaluation of global/regional/country-level health activities, projects and programs; and
3. Studies, assessments, evaluation and other research activities to assist in policy dialogue, planning and formulating health programs.

Missions can access the IAA through field support for either short or long term technical assistance.

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# Infectious Diseases Results Package: NIH - Tuberculosis Research and Training

<b>Cooperating Agency</b>	National Institutes of Health (NIH)
<b>Project Number</b>	936-3100.03
<b>Agreement Number</b>	AAG-P-00-99-00004-00
<b>Duration</b>	9/99-9/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To enable USAID to access Fogarty International Center (FIC) expertise in training future public health and health research world leaders needed to confront the global tuberculosis (TB) and HIV/AIDS epidemics and to establish or strengthen model TB and HIV/AIDS clinical, operational and health services research, treatment and prevention centers in participating collaborating countries where these diseases are significant problems.

**Description:** The FIC fosters research partnerships between US scientists and international counterparts through fellowships and exchange awards and international agreements to address and better respond to new and emerging global health challenges and human resource needs. Specifically, this IAA will support efforts to strengthen capacity to carry out collaborative, multidisciplinary global health research and to increase public health capacity to address public health needs in developing countries where HIV/AIDS, TB, or both are significant problems. This capacity strengthening effort includes:

- Enhancing research training across the span of clinical science and public health practice and involving a wide range of health professionals and fostering integrated clinical, operational, and health services research;
- Strengthening public health capabilities in support of clinical trials of promising new TB and HIV/AIDS interventions and therapies;
- Strengthening laboratory infrastructure in support of future TB and HIV/AIDS surveillance and health research;
- Enhancing the capabilities of developing countries to manage TB and HIV/AIDS programs and to conduct operational research related to improving TB and HIV/AIDS prevention and control efforts.

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# Infectious Diseases Results Package: World Health Organization Umbrella Grant

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<b>Grant Number</b>	AAG-G-00-99-00005-00
<b>Duration</b>	9/99-9/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** This grant provides support to the World Health Organization to carry out collaborative activities with USAID in infectious diseases, maternal and child health and HIV/AIDS.

**Description:** The umbrella grant to WHO consolidates most of the Office of Health and Nutrition's agreements with WHO under a simplified mechanism. The grant supports broad USAID-WHO collaborations in tuberculosis, malaria and other vector borne diseases (e.g., dengue), disease surveillance, antimicrobial resistance, and HIV/AIDS -- at WHO headquarters in Geneva as well as at regional and country offices.

Specifically, support is provided to WHO's relevant technical and program divisions for technical input and assistance in the development, implementation and/or evaluation of health programs and studies including:

- global strategy development;
- technical analyses;
- demonstration activities and feasibility studies;
- capacity building;
- policy reform;
- project evaluation and assessments;
- monitoring and evaluation;
- workshops and conferences;
- education/information strategies.

Missions can access WHO technical expertise via field support.

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# Malaria Vaccine Development Program (MVDP)

<b>Cooperating Agency</b>	Various
<b>Project Number</b>	936-6001
<b>Contract Number</b>	Various
<b>Duration</b>	5/92-12/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To develop vaccines that will reduce malaria-associated mortality and morbidity in developing countries, especially in children.

**Description:** The MVDP focuses on addressing the major rate limiting step in malaria vaccine development: the translation of promising laboratory findings into vaccines that can be evaluated in humans. To accomplish this, the program supports the:

- scaled-up production of laboratory constructs;
- manufacture of pilot lots of vaccines for evaluation in humans;
- conduct of preclinical studies;
- application to the Food and Drug Administration for approval to conduct clinical trials;
- conduct of clinical trials; and
- conduct of field trials.

These capabilities are available to the MVDP through agreements with other domestic agencies (National Institutes of Health, Centers for Disease Control and Prevention, and the Department of Defense), U.S. private sector companies (Maxygen) and international groups and NGO's involved in the development of malaria vaccines (Commission of European Communities and the World Health Organization Special Programme for Research and Training in Tropical Disease Research and the malaria vaccine initiative at PATH).

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# NetMark Plus

<b>Cooperating Agency</b>	Academy for Educational Development (AED)
<b>Project Number</b>	936-5994.09
<b>Agreement Number</b>	HRN-A-00-99-00016-00
<b>Duration</b>	9/99-9/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** NetMark Plus is a redesign of the original NetMark project. Its new scope, while continuing its support for economically and socially sustainable promotion and delivery of insecticide treated netting (ITN) materials has been expanded to ensure maximum access to ITNs for the populations most vulnerable to malaria. To achieve this dual goal NetMark Plus focuses on building innovative partnerships with the commercial sector, social marketing NGOs and Ministries of Health.

**Description:** ITNs are one of the key components of the Roll Back Malaria (RBM) initiative to reduce mortality and morbidity due to malaria. RBM's recently published strategy for "Scaling-up ITN Programs in Africa" emphasizes the need for a coordinated, intersectoral effort to simultaneously expand the commercial sector, "prime the market" in places where the commercial sector is not yet present, and ensure equity to the most vulnerable populations. The NetMark Plus program is in perfect harmony with the RBM ITN strategy which employs cutting edge models and innovative partnerships for:

1. Geographic expansion of commercial efforts across the Africa region (and up to four countries in Latin America and/or Asia);
2. Expansion of commercial potential to include "market priming" activities in partnership with social marketing programs;
3. Linking commercial expansion and "market priming" to achieve equity-focused approaches among high risk populations, particularly pregnant women; and,
4. Playing a lead role in addressing policy issues such as the elimination of taxes and tariffs on ITNs.

**Partners:** At the heart of NetMark Plus is the partnership with 7 of the worlds largest manufactures of bednets and insecticides (multi-national and African), representing over 80% of global capacity to produce insecticide treated bednets (ITNs; social marketing NGOs and UNICEF. This mix of partners has been carefully selected to ensure a proper balance between timely stimulation of a sustainable and competitive commercial ITN market and ensuring maximum pubic health benefits to those most vulnerable to malaria infection.

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# Onchocerciasis Control Program (OCP)

<b>Cooperating Agency</b>	World Bank
<b>Project Number</b>	698-0485.01
<b>Grant Number</b>	AAG-G-00-97-00025-00
<b>Duration</b>	9/02-9/07
<b>Geographic Scope</b>	Africa Region

**Purpose:** The Onchocerciasis Control Program was authorized on September 17, 1992, to provide the U.S. financial contribution to the World Bank Onchocerciasis Trust Fund for the Africa Programme for Onchocerciasis Control (APOC), a 16 country program to extend onchocerciasis control to onchocerciasis endemic countries not covered by the West African Onchocerciasis Control Program (OCP).

**Description:** USAID's onchocerciasis project is expected to achieve the following kinds of results:

- elimination of onchocerciasis-related blindness from the approximately 16 APOC African countries where the disease is still a major public health problem;
- building sustainable community-based systems capable of annual delivery of ivermectin.
- establishment of effective collaborations between non-governmental organizations and national ministries of health in the planning and implementation of local ivermectin delivery programs.

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# Tuberculosis Coalition For Technical Assistance (TBCTA)

<b>Cooperating Agency</b>	Royal Netherlands Tuberculosis Association (KNCV) and other coalition members
<b>Project Number</b>	936-3100.05
<b>Grant Number</b>	HRN-A-00-00-00018-00
<b>Duration</b>	9/00-9/05
<b>Geographic Scope</b>	Worldwide

**Purpose:** Improve and expand the capacity of USAID to respond to the global tuberculosis epidemic by providing state-of-the-art, context-appropriate, technically sound, and cost-effective consultation and technical assistance to high-burden countries and USAID missions.

**Description:** The TB Coalition is a unique partnership of six of the leading international organizations and NGOs involved in global TB control. The Coalition includes: the Royal Netherlands Tuberculosis Association (KNCV); the International Union against Tuberculosis and Lung Disease (IUATLD); the American Lung Association (ALA); the American Thoracic Society (ATS); the Centers for Disease Control and Prevention (CDC); and the World Health Organization (WHO). As the signatory organization, KNCV will be responsible for day-to-day management and will be directly responsible to USAID.

Working through USAID and its local partners (public, private, NGO, donor) in developing countries, the TBCTA will help accelerate the implementation and expansion of DOTS (directly observed treatment, short-course) strategies through the following: providing policy and programmatic guidance at the national and local level; building institutional and technical capacity for TB control and prevention; training high quality technical assistants as well as assisting in the access to qualified TB consultants; improving the integration of TB efforts into primary care services; establishing or strengthening the linkages between TB control programs and HIV/AIDS prevention and treatment programs; guiding operations research to improve DOTS and TB services; assisting in the monitoring and reporting of processes and outcomes of DOTS expansion efforts; supporting advocacy and communication efforts for TB control and prevention.

Examples of activities undertaken by the TBCTA include: country assessments; assistance with program and project development; program review and monitoring; technical training and workshops; support for intra- and inter-country strategies; operations research; technical support to countries for applications for the Global Fund (GFATM) and Global TB Drug Facility; multiple-drug resistance activities; TB laboratory strengthening; regional TB program evaluations.

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# Data for Decision Making II: Global Health Council

<b>Cooperating Agency</b>	Global Health Council
<b>Project Number</b>	936-3098.02
<b>Agreement Number</b>	HRN-A-00-99-00018-00
<b>Duration</b>	8/99-8/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** The Global Health Council, formerly the National Council for International Health, is the primary information and outreach group providing broad representation for all international health issues of greatest importance to USAID. The purpose of this cooperative agreement is to support the overall objectives of the Global Health Council with specific support for information and capacity-building activities.

**Description:** The Council's key areas of institutional focus are to inform and educate the American public, practitioners, and political and technical decision makers engaged in delivering health and population programs around the world, and to serve as a leading forum for the exchange of information on best practices and access to technical training assistance and information.

During this five-year cooperative agreement, USAID will support the Council's efforts in organizing and completing the following activities:

- Local - global health forums
- Special events
- Congressional educational/technical briefings
- Regional forums
- Technical workshops
- The Annual International Health Conference

In addition, the Council will establish:

- A global health database
- A pilot Global Health Council affiliate

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# Data for Decision Making II: Population, Health and Nutrition Information (PHNI)

<b>Cooperating Agency</b>	Jorge Scientific Corporation
<b>Project Number</b>	936-3098.01
<b>Contract Number</b>	HRN-C-00-00-00004
<b>Duration</b>	4/00-4/05
<b>Geographic Scope</b>	Worldwide

**Purpose:** To provide population, health and nutrition technical teams in USAID, other agencies and developing countries with essential information on program needs, technologies, costs, and impacts to support accurate priority-setting, design, management, and evaluation of country programs.

**Description:** PHNI has technical expertise in three interrelated areas: information technology (IT), technical analysis, and communication.

The IT Unit provides comprehensive, state-of-the art IT solutions through supporting and developing IT systems that are easy to use and understand. The primary foci are on providing applications, databases, and web-based development, while also providing support services that include network administration, hardware support, website hosting, software training, and data administration. Through the IT unit, PHN staff will have ready access to critical information that is needed to plan and carry out programmatic mandates.

The Analysis Unit provides assistance to PHN technical staff in analyzing and presenting econdary data from a variety of sources such as DHS, WHO, UNICEF, in all of the PHN objective areas, including population, child survival, nutrition, HIV/AIDS, and infectious diseases. Additionally, data on indicators and financial trends are maintained to support USAID in reviewing program impacts and monitoring performance. PHNI analysts carefully review data to ensure quality, ensure data are current, and provide further support to G/PHN through technical and analytical reporting, including annual reports to Congress.

Using the information available through the IT and Analysis Units, and elsewhere, the Communications Unit will support USAID by effectively communicating PHN issues to various target audiences through the strategic development and production of materials for broad distribution. The Communication Unit can help Global/PHN staff to design communication approaches and reach defined audiences - including Congress, other primary constituencies, and the general public - through various channels and materials including reports, multimedia presentation, briefings, pictorial display, conferences (e.g., APHA), and community outreach.

**Subcontractors:** The Futures Group International (FUTURES) of Washington, D.C. and John Snow, Inc. (JSI) of Boston, MA.

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# Partners for Health Reform *plus* (PHR*plus*)

<b>Cooperating Agency</b>	Abt Associates, Inc.
<b>Project Number</b>	936-3104.01
<b>Contract Number</b>	HRN-C-00-00019-00
<b>Duration</b>	10/00-09/05
<b>Geographic Scope</b>	Worldwide

**Purpose:** To improve the design and implementation of health policy and systems innovations so that they contribute to improved health system performance in delivering PHN priority interventions; to improve global understanding of the elements of health policy and systems development that foster improved performance in delivering PHN priority interventions.

**Description:** The project is the principal USAID technical service resource in health policy and systems strengthening. As the flagship project in this field, PHR*plus* provides technical assistance in health system organization, health financing, health information (including National Health Accounts), and disease surveillance. PHR*plus* also provides limited technical assistance in health worker service quality and commodities. Technical assistance focuses on developing strategies, increasing stakeholder participation, building consensus, undertaking feasibility studies, developing and carrying out implementation plans, training, capacity building, monitoring and evaluation, research and information dissemination.

**Subcontractors:** University Research Corporation (URC), Program for Appropriate Technology in Health (PATH), Emory University Rollins School of Public Health, Tulane University School of Public Health and Tropical Medicine, Development Associates (DA), Social Sectors Development Strategies (SSDS), SAG Corporation, Training Resources Group (TRG) and Philoxenia International Travel.

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# Infectious Diseases Results Package: Centers for Disease Control (CDC)/Infotech

<b>Cooperating Agency</b>	Centers for Disease Control and Prevention (CDC)
<b>Project Number</b>	936-3100.01
<b>Agreement Number</b>	AAG-P-00-99-00006
<b>Duration</b>	09/99-09/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To work with host country technicians to improve the quality and accessibility of health information.

**Description:** The project develops and tests approaches to increase data-based decision making for setting public health policies and for planning, managing, and evaluating programs. The project increases the abilities of decision makers (at policy and program levels, especially at the district level in decentralized health systems) to articulate problems and information needs. Epidemiologic and other information is used to set policies and health priorities, plan programs, implement cost-effective interventions, and evaluate prevention and control efforts.

**Note:** This project is the continuation of project 936-5991.02, Agreement number DPE-5991-X-HC-1038-00.

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# Monitoring, Evaluation, and Design/Assessment Support (MEDS)

<b>Cooperating Agency</b>	LTG Associates, Inc.
<b>Project Number</b>	936-3096.03
<b>IQC Number</b>	HRN-I-00-99-00002-00
<b>Duration</b>	1/99-1/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** The Monitoring, Evaluation, and Design/Assessment Support (MEDS) activity will assist Missions and Bureaus in designing, assessing, and evaluating maternal and child health and nutrition programs. MEDS will also provide expert assistance in development of monitoring and evaluation frameworks, plans, and procedures (including identification of appropriate indicators and measurement methods) for Missions, and in designing and carrying out holistic evaluations of field programs in maternal and child health and nutrition.

**Description:** MEDS will be a Single Contractor Indefinite Quantity Contract (IQC). The contractor will not be involved with program implementation to avoid organizational conflict of interest. Specific tasks will include: systematic assessments, design of results frameworks, evaluations, lessons learned, support for technical meetings, project monitoring and analysis, proposal reviews, information dissemination, and literature reviews. MEDS will also serve as the secretariat for strategic and technical expert advisory groups. Missions and Bureaus are welcome to issue task orders to MEDS. Missions and Bureaus wishing to access MEDS by using field support funds are requested to contact the CTO. These requests will be considered on a case by case basis.

**Subcontractor:** TvT Associates, Inc.

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# Quality Assurance and Workforce Development (QAWD)

<b>Cooperating Agency</b>	University Research Company, LLC
<b>Project Number</b>	936-3104.05
<b>Contract Number</b>	GPH-C-00-02-00004-00
<b>Duration</b>	4/02-4/08
<b>Geographic Scope</b>	Worldwide

**Purpose:** To improve the capacity of health programs to achieve higher levels of quality and efficiency. Like the earlier Quality Assurance II, the QAWD Project adapts a wide range of approaches from the field of modern quality assurance (QA) for use in developing and middle income countries. The project also addresses issues related to the management of human resources that have an impact on quality of care.

**Description:** Most USAID priority services such as child health, essential obstetrical care, malaria and tuberculosis case management, HIV/AIDS-related care, and reproductive health, involve provider compliance with evidence-based guidelines. Training is a necessary but insufficient strategy for promoting high levels of compliance. Further, health systems generally have not developed effective administrative mechanisms to support services that follow such guidelines. To address these issues, the project offers specialized expertise in seven major QA strategies:

- Development of more effective guidelines, addressing feasibility and provider acceptance, as well as evidence
- Systems for monitoring quality of care, as an integral part of service delivery
- Strategies for directly promoting compliance with guidelines, including QA approaches to strengthen traditional training and supervision, and other strategies to complement these systems
- Problem solving, including the quality improvement methodology used in US medical centers, and a range of simpler generic problem solving techniques
- Re-design of health services, a systematic approach to assure that administrative procedures support rather than hinder the quality and efficiency of care
- Promoting quality in the private sector, adapting well-established strategies from developed countries, such as certification of specialty training, accreditation of facilities and training programs, licensing, and insurance reimbursement
- Expanding the evidence base for human resources management, to provide a stronger argument for improving practices in this critical but politically sensitive element of health systems.

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# Rational Pharmaceutical Management Plus (RPM Plus)

<b>Cooperating Agency</b>	Management Sciences for Health (MSH)
<b>Project Number</b>	936-3104.02
<b>Agreement Number</b>	HRN-A-00-00-00016-00
<b>Duration</b>	9/00-9/05
<b>Geographic Scope</b>	Worldwide

**Purpose:** To improve the availability of health commodities (pharmaceuticals, vaccines, supplies and equipment) of assured quality for PHN priority interventions, and promote their appropriate use in both the public and private sectors. As the primary G/PHN mechanism for commodity management systems strengthening, the RPM Plus mandate is to provide technical leadership to global initiatives such as Stop TB and Roll Back Malaria; develop and apply new, specialized tools as required to generate needed commodity-related information and improve decision making processes; actively foster operational donor coordination and strategic planning globally and at the country level to improve product availability; monitor and assess the impact of reform initiatives on access to and availability and use of essential health commodities for PHN priority interventions; and identify lessons-learned, formulate guiding principals and disseminate best practices and approaches in commodity management under health sector reform.

**Description:** RPM Plus will introduce sustainable reforms in commodity management systems and improve the availability and use of health commodities by:

- Employing state of the art diagnostic assessment methods to determine the root causes and factors contributing to poor availability and irrational use of commodities;
- Reducing financial waste and maximizing the allocation and use of existing resources;
- Promoting appropriate government policies and regulations to help assure product quality;
- Increasing overall commodity management capacity regionally, and at the national, decentralized or integrated levels of health care systems;
- Designing national strategies and intervention packages to slow the emergence and spread of Antimicrobial resistance;
- sourcing or privatization of selected drug management functions (e.g., warehousing, distribution);
- Addressing the commodity management issues of HIV/AIDS and Infectious Diseases (malaria and TB) programs and the implementation problems involved in scaling-up;
- Enhancing financing mechanisms (e.g., pharmacy benefits management, revolving drug funds) and leveraging resources from foundations and donors for commodities;
- Improving commodity selection and quantification for PHN priority interventions;
- Promoting transparent, accountable and efficient procurement policies and practices; and
- Improving drug use practices on both the demand (e.g., patient drug seeking behavior) and supply sides (e.g., providers and dispensers), including drug sellers and commercial sales.

**Subrecipients:** Academy for Educational Development (AED), Alliance for the Prudent Use of Antibiotics (APUA), Boston University, Harvard University, Health and Development Service (HANDS), Program for Appropriate Technology in Health (PATH), and University of Newcastle.

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# U.S. Pharmacopeia Drug Quality and Information (USPDQI)

<b>Cooperating Agency</b>	United States Pharmacopeia
<b>Project Number</b>	936-3104.03
<b>Agreement Number</b>	HRN-A-00-00-00017-00
<b>Duration</b>	9/00-9/05
<b>Geographic Scope</b>	Worldwide

**Purpose:** USPDQI contributes to effective drug and commodity regulatory approaches and policies; enhanced methods for drug quality assurance; increased access to unbiased drug and therapeutics information; and improved prescribing, dispensing, and patient compliance with treatment regimens.

**Description:** USPDQI can improve drug quality assurance and promote the appropriate use of medicines by:

- Developing drug and therapeutics information to support PHN Strategic Objectives. Under the previous RPM program, USP developed information packages on polio, OPV and misconceptions about immunizations, antimicrobial resistance, *misoprostol* for postpartum hemorrhage, and fixed-dose combination drugs for malaria prevention and treatment;
- Introducing the use of authoritative standards for drug quality, strength, purity and packaging and appropriate testing methods to detect counterfeit and sub-standard products;
- Assessing and upgrading quality control laboratories, including staff training as required;
- Conducting technical reviews of the quality of pharmaceutical information sources;
- Building local capacity to develop and disseminate locally relevant drug and therapeutics information and to establish national and regional drug information networks;
- Developing drug information tailored to suit local conditions and meet the needs of target audiences (e.g., patients and consumers, regulators, health care professionals, NGOs);
- Improving dispensing practices of private sector drug retailers and supporting the establishment of minimal criteria for accreditation and licensing;
- Contributing to medical textbooks, continuing education, distance-learning packages and technical update training (e.g., to improve prescribing of antimicrobial agents); and
- Supporting drug policy development and strengthening regulatory authorities, through workshops, provision of information on drugs for Essential Drugs Lists and formularies and technical assistance by USP expert committees and the FDA.

USP standards of drug strength, quality, purity, packaging and labeling have been recognized by the U.S. Congress since 1848 and are enforceable by the U.S. Food and Drug Administration (FDA). USP drug information on indications, precautions, interactions and side effects is widely recognized as an authoritative, up-to-date, and unbiased source of information for health care professionals and patients.

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# WHO Strengthening of Health Services (SHS)

<b>Cooperating Agency</b>	World Health Organization (WHO)
<b>Project Number</b>	936-5994.07
<b>Grant Number</b>	AAG-G-00-98-00008
<b>Duration</b>	09/98-09/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** To support the design, implementation, and management of health sector reforms in developing countries by supporting analyses of the generation, allocation, and management of financial resources for health.

**Description:** This grant supports policy-relevant information by focusing on four key strategies: 1) policy analysis; 2) information support and dissemination; 3) training support; and 4) advocacy and coordination with other units within WHO and with other multi-lateral and bilateral agencies. It is expected that the outcomes of the program will encourage countries to include economic considerations in their national health sector reforms and will improve resource use by health managers.

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# AIDS Social Marketing (AIDSMark)

<b>Cooperating Agency</b>	Population Services International (PSI)
<b>Project Number</b>	936-3090.03
<b>Agreement Number</b>	HRN-A-00-97-00021-00
<b>Duration</b>	9/97-9/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** The AIDSMark program is designed to implement HIV/AIDS prevention and mitigation social marketing interventions worldwide for USAID, both on a regional and country-specific basis. AIDSMark social markets essential health products and services and also develops and disseminates messages and concepts relating to behavior change.

**Description:** AIDSMark supports the Global Bureau's Population, Health and Nutrition (G/PHN) six intermediate results (IRs) under USAID's Strategic Objective (SO) 4. The AIDSMark contribution consists of 1) enhanced and expanded social marketing of barrier methods; 2) social marketing applied to STI management and prevention worldwide; 3) effective advocacy for contextual changes as a result of and in favor of social marketing; 4) strengthened and expanded private sector involvement in STI/HIV social marketing projects; 5) increased availability and use of information on the effectiveness of social marketing for STI/HIV prevention and management; and 6) worldwide leadership in social marketing for STI/HIV prevention and management.

**Subgrantees:** Family Health International (FHI); Program for Appropriate Technology in Health (PATH); Management Sciences for Health (MSH); International Center for Research on Women (ICRW); International Planned Parenthood Federation (IPPF); and DKT International.

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# Community REACH

<b>Cooperating Agency</b>	Pact, Inc
<b>Project Number</b>	936-3090.124
<b>Agreement Number</b>	GPH-A-00-01-00007-00
<b>Duration</b>	9/01-9/06
<b>Geographic Scope</b>	Worldwide

**Purpose:** Under this Leader with Associate cooperate agreement, Community REACH (*Rapid and Effective Action Combating HIV/AIDS*), the program is designed to: (1) quickly mobilize funding to organizations playing valuable roles in the fight against HIV/AIDS, including U.S. and non-U.S. based PVOs, regional and local NGOs, universities, and faith-based organizations; (2) quickly respond to immediate and longer term Mission and Bureau needs consistent with USAID's goals of "increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic."

The LWA mechanism differs from traditional USAID agreements by virtue of its flexibility. It opens a new avenue for the participation of Missions and Bureaus by allowing them to create additional cooperative agreements or grants known as Associate Awards. Associate awards may be issued until but not after the Leader award expires; they do not have to end concurrently with the Leader award and therefore can extend beyond the Leader.

**Description:** Community REACH is an umbrella grants making and grants management program supporting HIV/AIDS activities in the following areas: primary prevention and education; voluntary counseling and testing; and care and support for those living with and affected by HIV or AIDS. Leader (Bureau for Global Health core-funded): To distribute funds, Pact will issue approximately two to three request for applications a year. Each solicitation for sub-grants will vary in terms of the programmatic focus under the three broad areas. The first solicitation funded community- and home-based

HIV/AIDS care and support activities in the Rapid Scale Up and Intensive Focus Countries designated by USAID. The REACH team and BGH will work jointly to determine the geographical and programmatic focus of future solicitations with input from Missions. Grants will be awarded to PVOs and NGOs in amounts starting at \$100,000 for periods of up to three years, depending on funds availability, with unlimited potential for cost sharing from other sources.

Associate (Mission-funded): The Associate awards allow Missions/Bureaus to use the Leader to issue a separate agreement with Pact to more directly support Missions/Bureau-specific HIV/AIDS program needs. The LWA authorizes Missions/Bureaus to issue an award directly with Pact without further competition. For example, a Missions/Bureau interested in developing a grant-making program for HIV/AIDS activities can tap into Community REACH to establish a national-level umbrella grant-making program. PACT, in turn, will be responsible for competition or exceptions for competition for sub-grants at the field level. Local offices of PACT and FUTURES are not eligible to receive sub-grants under Associate Awards. Under these awards, Missions are expected to completely cover PACT administration costs and fees.

**Subcontractors:** The Futures Group International

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# Global Health Council

<b>Cooperating Agency</b>	Global Health Council
<b>Project Number</b>	936-3098.02
<b>Agreement Number</b>	HRN-A-00-99-00018-00
<b>Duration</b>	8/99-7/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** Under this cooperative agreement, the Global Health Council (GHC) will perform a key role in supporting the capacity of PVOs and NGOs in implementing USAID-sponsored HIV/AIDS activities. Through its Global AIDS Program, the Global Health Council acts as liaison, educator, and coalition builder for U.S. and indigenous private sector entities working in HIV/AIDS as well as serving as a source of varied and up-to-date information on the global AIDS pandemic.

**Description:** The Global Health Council Global AIDS Program keeps an expansive database of NGOs from around the world that work in HIV/AIDS activities, and provides information on these NGOs to interested parties, with the goal of networking and alliance building. The Global Health Council also provides support to international and regional networks of NGOs. The Global Health Council provides seminars, workshops, and special events that build awareness of the global AIDS pandemic in the United States. Through publication of its bimonthly newsletter, *AIDSLINK*, the Global Health Council provides news on the global AIDS pandemic, and publishes and disseminates lessons learned in programs of USAID funded cooperating agencies and other partner NGOs. The Global Health Council also acts as the linking partner between the U.S. global response to AIDS and the work of AIDS service organizations in the United States.

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# HIV Operations Research (HORIZONS)

<b>Cooperating Agency</b>	Population Council
<b>Project Number</b>	936-3090.01
<b>Agreement Number</b>	HRN-A-00-97-00012-00
<b>Duration</b>	8/97-7/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** Under a five-year Cooperative Agreement from the U.S. Agency for International Development, the Population Council and its partner organizations of U.S.-based and international organizations will conduct operations research (OR) to develop and identify best practices for the prevention of HIV/AIDS and other sexually transmitted diseases.

**Description:** HORIZONS will feature practical, field-based, program-oriented operations research. The overall research outcome will be the identification of “best practices” for: 1) reducing the risk of acquiring HIV; 2) preventing and managing sexually transmitted infections; 3) implementing strategies for policy analysis and advocacy; 4) providing effective and efficient care and support services for persons infected with or directly affected by HIV/AIDS; 5) ensuring effective community participation; and 6) expanding and enhancing the integration of STI/HIV services into existing maternal and child health, and family planning programs.

**Subgrantees:** Program for Appropriate Technology in Health (PATH); International Center for Research on Women (ICRW); International HIV/AIDS Alliance (London-based); the University of Alabama at Birmingham; and Tulane University.

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# Implementing AIDS Prevention and Control Activities (IMPACT)

<b>Cooperating Agency</b>	Family Health International (FHI)
<b>Project Number</b>	936-3090.02
<b>Agreement Number</b>	HRN-A-00-97-00017-00
<b>Duration</b>	9/97-9/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** Family Health International was awarded this cooperative agreement for the design, development, management, monitoring and technical support to regional and/or country specific HIV/AIDS program interventions. This project builds on over fifteen years of experience by the FHI team in program design, management and evaluation of HIV/AIDS programs in developing countries.

**Description:** Working under the HIV/AIDS Global Bureau's Strategic Objective Four, FHI and its partner organizations are available to assist Missions and regional Bureaus in implementing programs that result in reduced sexual risk of HIV acquisition, improved STI prevention and management, MTCT, minimizing contextual and policy constraints, promoting comprehensive care and support programs, increased effective linkages between prevention and care, and improved program monitoring and evaluation.

**Subgrantees:** Population Services International (PSI); Program for Appropriate Technology in Health (PATH); Management Sciences for Health (MSH); Institute of Tropical Medicine (ITM); and University of North Carolina (UNC).

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# International HIV/AIDS Alliance

<b>Cooperating Agency</b>	International HIV/AIDS Alliance
<b>Project Number</b>	936-3090.07
<b>Grant Number</b>	HRN-G-00-98-00010-00
<b>Duration</b>	1/98-09/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** Under this grant, the International HIV/AIDS Alliance will continue to mobilize indigenous NGOs and CBOs to respond to AIDS; improve the quality of their work; build capacity of local service organizations and technical support providers, and; document and share lessons about community mobilization and NGO capacity building.

**Description:** The Alliance will continue its already successful work in promoting the integration of HIV and STD work into other community development initiatives, linking prevention and care, and promoting partnerships among local NGOs and between NGOs and government services. The Alliance's national or sub-national level capacity building emphasizes the development of sustainable local NGO support organizations with functions including local and international resource mobilization, technical support in local languages, monitoring, evaluation and NGO sector policy leadership. The Alliance may be particularly useful to Missions and regional Bureaus that wish to mobilize and strengthen community responses in countries on the frontiers of the HIV epidemic, where there is not yet strong local capacity; to involve local health and development NGOs that are not yet responding to AIDS; to ensure coordination with other major bilateral and multilateral donors; to organize South-South technical support, to build a sustainable locally governed infrastructure to mobilize and support NGOs in an ongoing manner.

The International HIV/AIDS Alliance has partner offices in Senegal, Burkina Faso, Philippines, Sri Lanka, India, Bangladesh, Cambodia, Ecuador, Zambia, Mexico, and Morocco. Please contact their Brighton, England Headquarters for details and contact information.

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# Joint United Nations Programme on HIV/AIDS (UNAIDS)

<b>Cooperating Agency</b>	Joint United Nations Programme on HIV/AIDS (UNAIDS)
<b>Project Number</b>	936-3090.08
<b>Grant Number</b>	AAG-G-00-97-00006-00
<b>Duration</b>	9/97-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** To strengthen the capacities of national governments for an expanded response to HIV/AIDS; to provide technical and policy leadership in the global fight against HIV/AIDS and; to facilitate international donor cooperation.

**Description:** Since 1986, USAID has been an active partner with the United Nations in the response to the global AIDS pandemic. In January 1996, the joint United Nations Program on HIV/AIDS (UNAIDS) was launched. UNAIDS brings together the efforts and resources of eight UN system organizations to help the world prevent new HIV infections, care for those already infected, and mitigate the impact of the epidemic. UNAIDS is guided by a Programme Coordinating Board with representatives of 22 countries (including the U.S.) from all geographic regions, the eight UNAIDS cosponsors (UNICEF, WHO, UNDP, UNFPA, UNDCP, UNESCO, ILO and the World Bank) and five nongovernmental organizations. USAID provides 20-25% of UNAIDS budget, including funding to individual cosponsors for activities at the country level in the Joint UNAIDS Biennium Workplan.

The UNAIDS Secretariat works in the following major areas:

**Facilitation:** UNAIDS Secretariat, at a global level, harmonizes the efforts of the eight UN cosponsors and mobilizes new partners. At country level, the UNAIDS country program advisors and the UN Theme Groups coordinate the UN response to the pandemic to assist government and civil society groups in their HIV/AIDS efforts.

**Distilling Best Practices:** plays a key role in the management and dissemination of knowledge that is fundamental to combating AIDS. It identifies and analyzes sound strategies and approaches, and produces a series of documents targeted at technical experts, program managers and policy makers.

**Tracking the epidemic:** A key function of the UNAIDS Secretariat is to gather, analyze and disseminate information on the evolving epidemic and on the global response to it.

**Advocacy:** Both internationally and within countries, UNAIDS advocates for an expanded response to the epidemic. The Secretariat works to build committed and supportive governments, donors and private companies, and to bring on board a wide range of other partners, including religious organizations, NGOs, people living with HIV/AIDS and those whose lives are otherwise affected or threatened by the epidemic.

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# The Synergy Project

<b>Cooperating Agency</b>	TvT Associates, Inc.
<b>Project Number</b>	936-3090.04
<b>Contract Number</b>	HRN-C-00-99-00005-00
<b>Duration</b>	4/99-4/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** This project will provide technical assistance to design and refine HIV/AIDS strategic objectives and results frameworks; monitor the processes, outcomes and impact of HIV/AIDS prevention and/or mitigation activities; and collect and disseminate research, implementation and evaluation findings.

**Description:** Synergy will provide the following services:

*Design:* informed technical assistance to the field (Missions and Regional Bureaus) for the design of national HIV/AIDS prevention and mitigation strategies, and Strategic Results Frameworks. The focus of the design activities will be at the SO, IR and sub-IR levels, including development of indicators, targets and gross budgets.

*Monitoring:* technical assistance to the field to design M&E systems, as well as developing a programmatic and financial database to include Mission, Regional Bureau and Global Bureau HIV/AIDS programs.

*Evaluation:* technical assistance to the field to conduct project evaluations of programs as requested.

*Lessons Learned:* the identification of lessons learned from information across the G/PHN portfolio and from Mission bilateral projects, in order to inform future design and monitoring efforts.

*Dissemination:* the gathering and dissemination of information, as well as summarization of specific information for targeted audiences and thematic focus.

In addition, Synergy will serve as the major support mechanism for other key G/PHN/HN/HIV-AIDS Division activities, such as serving as the Secretariat for the Implementation Working Group (IWG), the resource for the primary HIV/AIDS project database, the source of ongoing technical updates to the field, the source of the HIV/AIDS consultant database and the main HIV/AIDS reference library.

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# U.S. Bureau of the Census

<b>Cooperating Agency</b>	U.S. Bureau of the Census (BUCEN)
<b>Project Number</b>	936-3090.05
<b>Agreement Number</b>	HRN-P-00-98-00002-00
<b>Duration</b>	1/98-12/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** To maintain the HIV/AIDS Surveillance Data Base; provide demographic and economic models of the impact of the HIV and AIDS in urban and rural areas of the developing world and; disseminate information through a variety of publications and presentations throughout the world.

**Description:** In FY 98, G/PHN entered into an agreement with the U.S. Bureau of Census (BUCEN) for HIV/AIDS data information transfer, demographic modeling and human resources which were - and continue to be - integral to USAID's work in HIV/AIDS. BUCEN contributed to the USAID program with support to monitor the spread of HIV and to understand the potential effect the AIDS pandemic will have on development. The technical assistance from BUCEN for this work has required experience in epidemiological data base projections and population projection modeling. With its worldwide reputation for excellence, the International Programs Center (IPC) represents the preeminent U.S. source for technical expertise in this area.

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# U.S. Peace Corps

<b>Cooperating Agency</b>	U.S. Peace Corps
<b>Project Number</b>	936-3090.06
<b>Agreement Number</b>	AAG-P-00-97-00008-00
<b>Duration</b>	9/97-9/07
<b>Geographic Scope</b>	Worldwide

**Purpose:** Under this agreement, the Peace Corps will continue to promote and expand its community based efforts in HIV/AIDS prevention and care.

**Description:** There are currently 7,000 Peace Corps Volunteers working in over 90 countries around the world. The Interagency Agreement funds will assist with NGO and CBO development; integrated community health approaches to HIV/AIDS prevention and care; programs for women and girls; and programs for youth, both in and out of school. The funds from the agreement will provide technical assistance to Peace Corps Volunteers, field staff, host country officials and counterparts, NGOs and PVOs through training, project design and evaluation assistance, materials development, and dissemination of results.

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# Food and Nutrition Technical Assistance (FANta)

<b>Cooperating Agency</b>	Academy for Educational Development (AED)
<b>Project Number</b>	936-3094.01
<b>Agreement Number</b>	HRN-A-00-98-00046-00
<b>Duration</b>	8/98-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** The Food and Nutrition Technical Assistance (FANta) project is designed to leverage maximum nutritional impact of nutrition and food security-related programs implemented by USAID and its partners in developing countries.

**Description:** FANta will provide technical assistance in nutrition and food security-related program design, implementation, monitoring, and evaluation as well as nutrition and food security policy and strategy development. This program has an unprecedented opportunity to influence the nutritional and health impact of food security and Title II food aid programming, both through its role in providing direct assistance to Private Voluntary Organizations (PVOs) and Cooperates, Missions, host governments, the USAID Bureau for Humanitarian Response (BHR), and through its role in facilitating technical exchange and cooperation with other ongoing G/PHN Center activities.

FANta’s Strategic Objective is “improved food/nutrition policy, strategy and program development” with three Intermediate Results (IRs):

- IR1: USAID’s and PVOs’ nutrition and food security-related program development, analysis, monitoring and evaluation improved;
- IR2: USAID, host country governments and PVOs establish improved, integrated nutrition and food security-related strategies and policies; and
- IR3: Best practices, and “acceptable standards” in nutrition and food security-related policy and programming adopted by USAID, PVOs and other key stakeholders.

**Partners:** Cornell University; Tufts University; and Food Aid Management (FAM).

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# LINKAGES: Breastfeeding and LAM, and Related Maternal and Young Child Nutrition

<b>Cooperating Agency</b>	Academy for Educational Development (AED)
<b>Project Number</b>	936-3082.01
<b>Agreement Number</b>	HRN-A-00-97-00007-00
<b>Duration</b>	11/96-10/06
<b>Geographic Scope</b>	Worldwide

**Purpose:** LINKAGES is the principal USAID initiative for improving breastfeeding (BF), Lactational Amenorrhea Method (LAM), and related maternal and child dietary practices. The focus of the program is on mainstreaming BF, LAM, and related complementary feeding and maternal dietary practices into ongoing Child Survival (CS), Maternal and Child Health (MCH), Family Planning (FP) and Emergency Relief Programs. The program also addresses Mother-to-Child Transmission (MTCT) issues in countries with high HIV prevalence, by providing accurate technical information and counseling, to enable women to make informed decisions about infant feeding.

**Description:** Principal activities include: 1) technical support to help CAs, PVOs, public sector programs, and other donors improve their BF, LAM, and related infant feeding and maternal nutrition activities; and focusing on mainstreaming these activities at all levels of service delivery, IEC, curricula, and monitoring and evaluation tools in MCH and FP programming; 2) development and testing of community-based strategies, peer counseling and other models, while linking to ongoing efforts in Baby-Friendly Hospital Initiatives (BFHI) and Integrated Management of Childhood Illness (IMCI); 3) interventions in cooperation with large PVO networks and scaling up proven strategies and technologies; 4) program-driven research such as operations research, cost-effectiveness, and country program assessments, with in-depth cross-site analysis and smaller focused studies of intervention components.

**Partners/Collaborators:** La Leche League International; Cooperative for Assistance and Relief Everywhere (CARE); Catholic Relief Services (CRS); and World Vision International (WVI).

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# Maternal and Neonatal Health Program (MNH)

<b>Cooperating Agency</b>	JHPIEGO Corporation
<b>Project Number</b>	936-3092.01
<b>Agreement Number</b>	HRN-A-00-98-00043-00
<b>Duration</b>	10/98-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** The Maternal and Neonatal Health Program (MNH) is the principal USAID initiative for applying, testing and implementing new approaches and technologies to reduce maternal and newborn deaths in developing countries.

**Description:** The Maternal and Neonatal Health Program directly supports the Agency's goal of reducing deaths, nutrition insecurity and adverse health outcomes to women as a result of pregnancy and childbirth, and has significant impact on infant and child survival. The program provides short- and long-term technical assistance to countries to increase the use of appropriate maternal and neonatal health and nutrition practices and services. A systems approach is used in the following focus areas: 1) integration of appropriate maternal nutrition interventions into programs; 2) improved birth preparedness, including awareness, access, community planning and appropriate antenatal care; 3) improved management of complications, including obstructed labor, hemorrhage, sepsis, eclampsia, and the sequela of incomplete or unsafe abortion; and 4) improved safe delivery, postpartum and newborn care, including quality care and early recognition of complications in the postpartum and newborn period.

The program is intended to increase the demand for and supply of maternal health services through community, family, and women's participation, and to create enabling health systems through policy development and advocacy, research, human resources and management interventions, and strengthened service delivery and quality assurance practices.

**Partners:** The Centre for Development and Population Activities (CEDPA); Johns Hopkins University Center for Communication Programs (JHU/CCP); and Program for Appropriate Technology in Health (PATH).

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# UNICEF Maternal and Newborn Health

<b>Cooperating Agency</b>	UNICEF
<b>Project Number</b>	936-3080
<b>Agreement Number</b>	AAG-G-00-97-00021
<b>Duration</b>	9/98-9/03
<b>Geographic Scope</b>	Worldwide

**Purpose:** This portion of the grant is designed to promote the world wide improvement of maternal and neonatal health.

**Description:** This grant supports a USAID/PHN partnership with the United Nations Children's Fund (UNICEF). This grant will strengthen UNICEF expertise and provide support so that high level expert(s) can effectively promote maternal and neonatal nutrition, health and survival in UNICEF-assisted countries where maternal and neonatal mortality rates are high. Emphasis will be placed on transfer of knowledge and expertise to UNICEF field programs, with particular emphasis on evidence-based interventions in maternal nutrition, antenatal care, skilled attendance at birth, treatment of obstetric complications, postpartum and newborn care.

**Special Restrictions:** This activity does not accept Field Support funds.

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# WHO Maternal and Newborn Health

<b>Cooperating Agency</b>	World Health Organization (WHO)
<b>Project Number</b>	936-3100
<b>Grant Number</b>	AAG-G-00-99-00005
<b>Duration</b>	9/00-9/04
<b>Geographic Scope</b>	Worldwide

**Purpose:** This portion of the grant is designed to promote worldwide improvement of maternal and neonatal health.

**Description:** This grant supports a USAID/PHN partnership with the World Health Organization to support maternal and newborn health activities including development and promotion of the Integrated Management of Pregnancy and Childbirth (IMPAC) package; global monitoring of maternal and newborn health; estimates and analysis of direct and indirect causes of maternal death; development of standards and norms for newborn health; and support for UN interagency activity to support maternal and newborn health.

**Special Restrictions:** This activity does not accept Field Support funds.

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# Health and Child Survival Fellows (HCSF) Program

<b>Cooperating Agency</b>	Johns Hopkins University (JHU)
<b>Project Number</b>	936-3098.03
<b>Agreement Number</b>	HRM-A-00-01-0001-00
<b>Duration</b>	01/01 - 01/06
<b>Geographic Scope</b>	Worldwide

**Purpose:** Identification, placement, and supervision of Health and Child Survival Fellows and University Affiliates in field assignments and USAID/Washington.

**Description:** This program identifies, places, and supervises junior and mid-level experts in field and USAID/W assignments that contribute to the career development and commitment to international health of the experts themselves, as well as to the Agency's health and child survival programs.

The program includes:

- A national secretariat at the Johns Hopkins University Institute for International Programs (JHU/IIP), responsible for management and administration of the program, ensuring the full and effective participation of a broad range of institutions and the selection of the most qualified and committed candidates as Fellows.
- A collaborating network of Schools of Public Health and Historically Black Schools of Medicine (HBCUs), which provides a roster of applications and advisors as a basis for recruitment of Fellows.

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# Technical Advisors in AIDS and Child Survival (TAACS)

<b>Cooperating Agency</b>	See Subprojects
<b>Project Number</b>	936-5970
<b>Contract Number</b>	See Subprojects
<b>Duration</b>	See Subprojects
<b>Geographic Scope</b>	Worldwide

**Purpose:** Under this activity, CEDPA and the Department of Health and Human Services, the Centers for Disease Control and Prevention, under a full agreement, administer the placement and backstopping of approximately 140 technical advisors in USAID Missions and USAID Washington to support activities in child survival, family planning and population, HIV/AIDS control and prevention, infectious disease control and prevention, and basic education.

**Description:** Both DHHS, through OGHA, and CEDPA will continue to backstop TAACS employed under this activity. Approximately 85 TAACS have been placed since the beginning of the activity in 1987 under a continuing provision in USAID's appropriations legislation. In fiscal year 1998, the legislation broadened the TAACS authority to include basic education, and authority was expanded again in fiscal year 1999 to include other infectious diseases.

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# Office of International and Refugee Health/ Centers for Disease Control and Prevention (OIRH/CDC)

**Cooperating Agency** OIRH/CDC  
**Subproject Number** 936-5970.02  
**Agreement Number** HRN-P-00-98-00015-00  
**Duration** 5/03  
**Geographic Scope** Worldwide

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# The Centre for Development and Population Activities (CEDPA)

**Cooperating Agency** CEDPA  
**Subproject Number** 936-5970.03, 936-5970.04  
**Contract Number** HRN-C-00-98-00006-00  
**Duration** 8/03  
**Geographic Scope** Worldwide

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# Part IV

## Office of Field and Program Support

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**ANE Regional Coordinator  
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Vacant

**E&E Regional Coordinator**

Vacant

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# Program Activities Support (PAS) Support Services Contract

<b>Cooperating Agency</b>	PaL-Tech, Inc.
<b>Project Number</b>	936-3070
<b>Contract Number</b>	HRN-C-00-98-00008-00
<b>Duration</b>	7/98-7/03
<b>Geographic Scope</b>	USAID/Washington

**Purpose:** To provide administrative, programmatic and logistic support services to the Center for Population, Health and Nutrition, Global Bureau (G/PHN).

**Description:** PaL-Tech, Inc. provides administrative and project support services to the Center for Population Health and Nutrition in the Global Bureau (G/PHN), thus, contributing to the achievement of PHN and Agency goals and objectives. The three offices within the PHN Center have complementary objectives and activities: the Office of Population (G/PHN/POP), the Office of Health and Nutrition (G/PHN/HN) and the Office of Field and Program Support (G/PHN/OFPS). This contract requires the contractor to provide administrative program and logistics support to PHNC staff. Support needs are driven by quantitative and qualitative performance measures, goals and objectives of PHNC, activities carried out in support of the Agency's PHN programs, and routine assessments of support operations.

**Special Restrictions:** This project cannot take Field Support Funds.

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# Office of Field and Program Support (OFPS)

## Roles and Responsibilities

**OFPS strengthens USAID's efforts to achieve global impact in protecting health and reducing fertility by mobilizing and coordinating available population, health and nutrition resources in support of field programs. Major objectives and functions of the office are as follows:**

### **To Coordinate Strategic Planning for the PHN Center**

- Coordinates the preparation of the Center's Strategic Plan and Results Review & Resource Request (R4), with technical input from PHN/POP and PHN/HN.
- Coordinates regular reviews of Center activities and approaches to ensure consistency with the strategic plan and feasibility within existing financial and human resources.
- Coordinates PHN Center technical input to Agency Strategic Plan, Annual Performance Plan, and Annual Performance Report.
- Organizes periodic country and regional reviews for senior management to identify issues and determine progress toward meeting Agency strategic objectives.
- Organizes and serves as Secretariat for the PHN Sector Council.

### **To Assist Strategic Planning for the Field**

- Assists missions in the development of country strategies and programs, through the framework of the Joint Programming/Planning Country (JPPC) Teams.
- Elicits ideas from the field for developing and testing more effective, cost-efficient, and results-oriented initiatives and results packages in the PHN Center portfolio.
- Promotes country-level coordination in the PHN sector within the Agency and among other donors.
- Represents the field perspective in Agency PHN technical fora, including the PHN Sector Council, other Agency meetings, and external meetings with donors, NGOs, and other institutions.

### **To Provide Field Support and Coordination**

- Coordinates and provides program, technical, and logistical support to the JPPC Teams. Participates as a full member of the joint programming teams, within the JPPC team



framework.

- Coordinates the G/PHN technical review of missions' and regional bureaus' R4s, and ensures that appropriate technical staff from the PHN Center participate.
- Provides or arranges technical assistance to the field for the development, implementation, and evaluation of PHN country programs.
- Provides support to JPPC team coordinators in planning visits from field staff to USAID/W, and provides logistical support, (e.g., messages, scheduling, office support) to visiting field staff.
- Works with JPPC teams to review mission program documentation and serves as a repository for essential field documents.
- Coordinates the dissemination of policy, professional, and legislative updates and technical materials to field offices. Promotes intra-agency exchange of information, e.g., participate as a member of Agency working groups, and ensures that relevant information is transmitted to the field.
- Elicits and coordinates the preparation of selected country-specific information to senior management, including success stories, lessons learned, and technological breakthroughs.

### **To Provide Program Support and Coordination**

- Serves as the focal point in the PHN Center for guidance on all programming actions.
- Coordinates and prepares the PHN Center's portion of the Bureau Program and Budget Submissions (BPBS), Congressional Presentations (CPs), Operating Year Budget (OYB), Congressional Notifications (CN's), and rescissions.
- Serves as the PHN Center's point for recording and tracking all Field Support funding levels, based on communications with the missions and regional bureaus.
- Serves as PHN Center review and/or approval point for funding actions and implementation documents. Ensures that program design and approval documents (i.e., results packages, authorizations, etc.) developed by the PHN Center Offices are in compliance with Bureau and Agency directives.
- Acts as the PHN Center's training entity for staff training on Field Support funding policies, procedures, and systems.
- Coordinates training and operation of the Agency's funding systems (e.g., New Management Systems (NMS) computerized funding management system) for the PHN Center.
- Provides senior management of Global Bureau and the Agency with information, briefing papers, talking points, and/or memoranda on PHN programmatic and technical issues.



**To Provide Coordination for Regional Bureaus and Field Missions**

- Serves as liaison between technical offices, missions, and regional bureaus in the development and negotiation of field support requirements.
- Serves as PHN Center's liaison with the Office of Planning and Budget and the Office of Procurement. Maintains responsibility for the overall Center compliance with Agency procurement and budget policy.
- Facilitates AID/W review processes for Mission PHN program and project documents.

**To Coordinate Overall Sector and Center Performance Monitoring**

- Coordinates the standardization of global PHN performance indicators and assists the Center and the field in using these indicators to track and measure results.
- Develops and updates the Center's Performance Monitoring Plan.
- Coordinates PHN sector analyses to identify trends, determine obstacles, and propose programmatic solutions at Global, Regional and Mission levels.
- Stays abreast of Regional Bureau strategies and program trends in the various PHN subsectors.
- Identifies programming or technical issues and ensures appropriate actions are taken to address them.

**To Provide Personnel, Career Development, Communication, and Management Support**

- Identifies and tracks professional and staff requirements for the PHN Center, Bureaus, and the field. Coordinates recruitment of technically-qualified professionals to fill all vacant positions.
- Plans and implements in-service training and professional development strategy and individual development plans (IDPs).
- Manages the PHN Center's Incentive Awards Program.
- Manages available space, equipment, furniture, and supplies for the PHN Center.
- Provides technical support for the PHN Center's computer and telecommunications systems, including the Internet and the USAID intranet.



**Part V**

**Project Directory**

**Regional Bureaus & the Bureau for  
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**Africa**

Hope Sukin-Klauber

**Asia & the Near East**

Doug Heisler

**Europe & Eurasia**

Mary Ann Micka

**Latin America & Caribbean**

Carol Dabbs

**Humanitarian Response**

Sheila Lutjens

# Support for Analysis and Research in Africa II (SARA II)

<b>Cooperating Agency</b>	Academy for Educational Development (AED)
<b>Contract Number</b>	AOT-C-00-99-00237-00
<b>Duration</b>	2000-2005
<b>Geographic Scope</b>	Sub-Saharan Africa region

**Purpose:** To provide strategic expertise, services and support to Africa Bureau, Office of Sustainable Development (AFR/SD) to develop and promote adoption of policies and strategies for health and human resources development.

**Description:** The project supports AFR/SD in identifying social sector issues, developing analytical agenda and providing management assistance for analysis, dissemination and advocacy, promoting African partnerships, strengthening African capacity, and monitoring and evaluation.

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# ANE Regional HIV/AIDS Program

<b>Cooperating Agency</b>	The ANE program operates through a variety of Global Bureau Projects
<b>Duration</b>	Varied
<b>Geographic Scope</b>	Asia/Near East region

**Purpose:** To support the implementation of HIV/AIDS prevention activities from a regional perspective. The program also supports innovative pilot projects that may be replicated throughout the region and cross-border activities.

**Description:** ANE Regional funds are programmed through a variety of G/PHN projects, mostly in the G/PHN/HN/HIV-AIDS Division. Regional funds support the implementation of HIV/AIDS prevention activities at cross border sites in South and Southeast Asia to address an epidemic that is transboundary in nature. Regional HIV/AIDS funds support activities in both presence and non-presence countries and expand the capacity of centrally funded and mission bilateral prevention projects and programs in the ANE region. The Bureau's HIV/AIDS strategy has five primary objectives:

- Increase the number of cross-border HIV/AIDS prevention and sexually transmitted infection (STI) treatment programs to limit cross border HIV/AIDS infections;
- Increase the capacity of local governments or non-governmental organizations (NGOs) to undertake behavioral and epidemiological surveillance and to use that information in policy and program development;
- Increase in the number of ANE assisted implementing agencies adopting best practices or new HIV/AIDS services;
- Strengthen the capacity of communities and NGOs to provide HIV/AIDS prevention and care and support services;
- Support regional training and research efforts.

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# Health Partnerships Program

<b>Cooperating Agency</b>	American International Health Alliance (AIHA)
<b>Project Number</b>	180-0037 + 110-0004
<b>Grant Number</b>	Multiple
<b>Duration</b>	1998-2003
<b>Geographic Scope</b>	Newly Independent States and Central and Eastern Europe

**Purpose:** To establish and promote sustainable partnerships that foster more effective and efficient delivery of health services in the NIS and CEE.

**Description:** Operating under a series of cooperative agreements with USAID since 1992, the American International Health Alliance (AIHA) has created a highly successful partnership model to address local, national, and regional health care issues in the New Independent States (NIS) of the former Soviet Union and the countries of Central and Eastern Europe (CEE).

AIHA's network of partnerships promotes sustainable change in health care systems throughout the CEE and NIS, while enhancing the medical skills of thousands of health care practitioners and improving the quality of care for patients in newly emerging democracies. The program also focuses on training policy makers and administrators at all levels of government to improve health care organizations and introduce market-oriented solutions. Special initiatives include women's health and infection control. Since 1992, AIHA has supported 100 partnerships involving health care providers and educators in 23 nations of the CEE and NIS.

Historically, partnerships have generally addressed key, interrelated elements of health care reform: a reorientation toward primary care; a closer alignment of personal health and public health efforts; the development of care and resource management; an increase in the quality and availability of information; and the promotion of democratic values.

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# Hurricane Reconstruction Centers for Disease Control and Prevention

<b>Cooperating Agency</b>	United States Department of Health and Human Services/CDC
<b>Inter-Agency Agreement (IAA) Number</b>	598-0864
<b>Grant Number</b>	LAC-P-00-99-000019-00
<b>Duration</b>	5/99-5/02
<b>Geographic Scope</b>	Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua

**Purpose:** The purpose of the IAA is to “re-establish and sustain the capacity for assessment of health status and the early detection and effective response to outbreaks and changes in disease patterns” in countries damaged by hurricanes Mitch and Georges.

**Description:** The IAA contributes to the Strategic Objective. “Hurricane Reconstruction Services in the LAC Region provided.” This IAA has four Intermediate Results: (IR1) Disease surveillance rehabilitated and information used for public health decisions; (IR2) Increased availability of trained epidemiologists in the region and the training of other levels of health workers by these epidemiologists; (IR3) Infectious diseases and environmental health laboratory capacity rehabilitated; and (IR4) Capacity of the Ministries of Health to design and implement disease prevention and control programs institutionalized.

CDC’s technical assistance is designed to ensure that practical sustainable results are achieved in the seven target countries. To achieve this longer-term objective, the project is focussed on developing the national capacity for health trend analysis, early detection of change in disease patterns and effective response to outbreaks.

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# LAC Regional Health Priorities Strategic Objective

<b>Cooperating Agency</b>	Pan American Health Organization (PAHO)
<b>SO Number</b>	598-003
<b>Grant Number</b>	<i>See Grants on next page</i>
<b>Duration</b>	1996-2004
<b>Geographic Scope</b>	LAC region

**Purpose:** The purpose of this eight-year strategic objective is more effective delivery of selected health services and policy interventions.

**Description:** This Strategic Objective builds on successful efforts of prior projects with PAHO, supporting regional vaccination activities (598-0643 and 598-0786) as well as the LAC Regional Health and Nutrition Technical Services Support Project (598-0687). It provides assistance to LAC country programs through eight initiatives to strengthen quality and availability of selected health services: 1) vaccinations; 2) essential obstetric care and skilled attendance at birth; 3) integrated management of childhood illness; 4) interventions to reduce the threat of infectious diseases; 5) HIV/AIDS, 6) family planning, 7) malaria control in the Amazon basin, and 8) health sector reforms to increase equity of access to basic health care. Strategic approaches include: 1) improving service delivery; 2) improving surveillance systems; 3) increasing the sustainability of health programs; and 4) health management and financial reforms. Target countries are specific to each initiative; e.g., for vaccinations and integrated management of childhood illness, the nine LAC child survival emphasis countries receive more intense attention.

Implementation uses PAHO's recognized regional leadership and influence on policy and national programs and the cutting edge technical leadership of USAID's worldwide partners in these health technologies. USAID missions may supplement the grants to PAHO under this project to implement their programs. An IQC task order to LTG Associates Inc. Regional funds are transferred as field support to the following organizations: Center for Human Services, The Partnership for Child Health, TVT Associates, Abt Associates, Inc., Camp Dresser and McKee, Management Sciences for Health (MSH), Jorge Scientific Corporation, the International HIV/AIDS Alliance, the Centers for Disease Control, National Academy for Sciences, U.S. Pharmacopeia, Johns Hopkins University, the Centre for Development and Population Activities, and the Public Health Institute.

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## **Vaccination Initiative**

**Grant Number** LAC-G-00-97-00008-00  
**Duration** 1996-2004  
**Geographic Scope** LAC Regional  
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## **Integrated Management of Childhood Illness Initiative**

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**Duration** 1997-2004  
**Geographic Scope** LAC Regional  
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Also implemented by field support to the Partnership for Child Health

## **Maternal Mortality Initiative**

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**Duration** 1997-2004  
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Also implemented by field support to the Center for Human Services

## **Health Sector Reform**

**Grant Number** LAC-G-00-97-00007-00  
**Duration** 1997-2004  
**Geographic Scope** LAC Regional  
**CTO:** Carol Dabbs  
**Technical Advisor:** Logan Brenzel (202) 712-0146

**Grant Director**  
Daniel Lopez Acuna  
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lopezdan@paho.org

Also implemented by field support to Management Sciences for Health, Abt Associates, the Center for Human Services, and a task order to LTG Associates

## **Infectious Disease Initiative**

**Grant Number** LAC-G-00-99-00008-00  
**Duration** 1999-2004  
**Geographic Scope** LAC Regional  
**Technical Advisor/CTO:**  
Susan Bachellor (202) 712-5905

**Grant Director, AMR**  
Roxane S. Gonzalez  
T: (202) 974-3883  
F: (202) 974-3688  
gonzaler@paho.org

Also implemented by field support to CDC, Camp Dresser and McKee, and Management Sciences for Health

## **Family Planning Initiative**

**Grant Number** N/A  
**Duration** 2001-2004  
**Geographic Scope** LAC Regional  
**Technical Advisor:** Supriya Madharan

Implemented with field support by Family Health International, Population Council, and the Center for Human Services

## **HIV/AIDS Initiative**

**Grant Number** N/A  
**Duration** 2001-2004  
**Geographic Scope** LAC Regional  
**Technical Advisor:** Supriya Madharan

Implemented with field support by: TvT, Inc.

## **Amazon Malaria Initiative**

**Grant Number** LAC-G-00-99-00008-00  
**Duration** 1999-2004  
**Geographic Scope** LAC Regional  
**Technical Advisor/CTO:** Susan Bachellor (202) 712-5905

**Grant Director, AMI**  
Keith Carter, MD  
T: (202) 974-3843  
F: (202) 974-3688  
carterke@paho.org

Also implemented with field support to CDC, Management Sciences for Health, and U.S. Pharmacopeia

# PVO Child Survival Grants Program (CSGP)

<b>Cooperating Agency</b>	See Subgrants *
<b>Project Number</b>	938-0500
<b>Grant Number</b>	See Subgrants *
<b>Duration</b>	See Subgrants *
<b>Geographic Scope</b>	Worldwide

**Purpose:** The PVO Child Survival Grant Program (CSGP) is a partnership supporting effective community oriented child survival programs that measurably improve infant and child health and nutrition and contribute to the reduction of infant and child mortality.

**Description:** The objective of the CSGP is to improve the capacity of U.S.-based PVOs and their local partners to carry out effective child survival programs that measurably improve infant and child health and nutrition, and contribute to the reduction of infant and child mortality.

The PVO CSGP aims for a) increased success of the programs in the CSGP in meeting their objectives and measurably improving the health of children and mothers; b) PVOs and USAID operating units jointly programming for community health activities; c) PVOs' increased resource mobilization for CS activities; d) PVOs' increased technical and operational support to local partners/NGOs for the design and implementation of child survival programs; and e) U.S. public awareness of the success of the PVO child survival program.

DCHA/PVC invests USAID resources in well-designed, technically sound, cost-effective programs that focus on activities and strategies which are expected to have the greatest and most sustainable reductions in mortality of children under five.

\* List of subgrants has been inserted by the USAID Development Experience Clearinghouse

**AID/W**  
Sheila Lutjens(CTO)  
Susan Youll (Senior Project Officer)  
DCHA/PVC/Child Survival  
7.6D, 7th Floor, RRB  
U.S. Agency for International Development  
Washington, DC 20523-3002  
Telephone: (202) 712-5734 (Lutjens)  
Telephone: (202) 712-1444 (Youll)  
Fax: (202) 216-3041  
slutjens@usaid.gov  
syoull@usaid.gov

PVO	Agreement No.	Effective Dates		Country	AID/W	Activity Director
		From	To			
ADRA	HFP-A-00-01-00039-00	09/30/01	09/29/06	Cambodia	Sheila Lutjens (CTO) Susan Youll (Sr. Project Officer)	Becky de Graff/Jay Edison Adventist Development & Relief Agency 12501 Old Columbia Pike Silver Spring, MD 20904-6600 Telephone: (301) 680-6380 Fax: (301) 680-6370 jayedison@compuserve.com <a href="http://www.adra.org">http://www.adra.org</a>
	HFP-A-00-01-00032-00	09/30/01	09/29/06	Nicaragua		
	FAO-A-00-00-00025-00	09/30/00	09/29/04	Guinea		
	FAO-A-00-00-00026-00	09/30/00	09/29/03	Haiti		
	FAO-A-00-99-00036-01	09/30/99	09/29/03	Yemen		
	FAO-A-00-99-00037-00	09/30/99	09/29/03	Zambia		
	FAO-A-00-98-00042-01	09/30/98	09/29/02	Madagascar		
Africare	FAO-A-00-00-00031-01	09/30/00	09/29/04	Ethiopia	Sheila Lutjens (CTO) Susan Youll (Sr. Project Officer)	Alan Alemian/Malick Diara/Circe Trevant Africare, Inc. 440 R Street, NW Washington, DC 20001 Telephone: (202) 462-3614 Fax: (202) 387-1034 aalemian@africare.org <a href="http://www.africare.org">http://www.africare.org</a>
	FAO-A-00-99-00024-01	09/30/99	09/29/03	Malawi		
	FAO-A-00-99-00025-01	09/30/99	09/29/03	Uganda		
AGF	FAO-A-00-00-00033-00	09/30/00	09/29/04	Tajikistan	Sheila Lutjens (CTO) Nitini Madhav(Technical Advisor)	Terri Lukas Aga Khan Foundation 1825 K Street, NW Suite 901 Washington, DC 20006 Telephone: (202) 293-2537 Fax: (202) 785-1752 tlukas@akfusa.org
CARE	HFP-A-00-01-00038-00	09/30/01	09/29/06	Mozambique	Sheila Lutjens (CTO) Susan Youll (Sr. Project Officer)	Judiann McNulty, Sanjay Sinho CARE 151 Ellis Street, NE Atlanta, GA 30303-2439 Telephone: (404) 681-2552 Fax: (404) 577-1205 newberry@care.org/middleberg@care.org <a href="http://www.care.org">http://www.care.org</a>
	FAO-A-00-00-00030-00	09/30/00	09/29/04	Peru		
	FAO-A-00-99-00029-01	09/30/99	09/29/03	Kenya		
	FAO-A-00-99-00028-01	09/30/99	09/29/03	Nepal		
	FAO-A-00-98-00075-00	09/30/98	09/29/02	India		
	FAO-A-00-98-00076-01	09/30/98	09/29/02	Nicaragua		
	FAO-A-00-97-00060-02	09/30/97	09/30/02	Bolivia *		
CCF	FAO-A-00-98-00059-01	09/30/98	09/29/02	Angola	Sheila Lutjens (CTO) Nitini Madhav(Technical Advisor)	Mary Ann Jared Christian Children's Fund, Inc. 2821 Emerywood Parkway Richmond, VA 23261-6484 Telephone: (804) 756-2700 Fax: (804) 756-2718 <a href="http://www.ccfusa.org">http://www.ccfusa.org</a>
	FAO-A-00-98-00067-01	09/30/98	09/29/02	Senegal		
CII	FAO-A-00-00-00028-00	09/30/00	09/29/04	India	Sheila Lutjens (CTO) Nitini Madhav(Technical Advisor)	Darshna Vyas Counterpart International, Inc. 1200 18th Street, NW Suite 1100 Washington, DC 20008 Telephone: (202) 296-9676 dvyas@counterpart.org
	FAO-A-00-00-00027-00	09/30/00	09/29/04	Uzbekistan		
CRS	HFP-A-00-01-00042-00	09/30/01	09/29/06	Cambodia	Sheila Lutjens (CTO) Nitini Madhav(Technical Advisor)	Alfonso Rosales Catholic Relief Services 209 W. Fayette Street Baltimore, MD 21201-3443 Telephone: (410) 625-2220 Fax: (410) 234-3178 arosales@catholicrelief.org <a href="http://www.catholicrelief.org">http://www.catholicrelief.org</a>
	FAO-A-00-00-00037-00	09/30/00	09/29/04	Philippines		
	FAO-A-00-99-00012-01	09/30/99	09/29/03	Honduras		
CWI	HFP-A-00-01-00044-00	09/30/01	09/29/05	Rwanda	Sheila Lutjens (CTO) Nitini Madhav(Technical Advisor)	Rob Williams Concern Worldwide US, Inc. 104 East 40th Street, Room 903 New York, NY 10016 Telephone: (212) 557-8000 Fax: (212) 557-8004 rob.williams@concern-ny.org
	FAO-A-00-00-00039-00	09/30/00	09/29/04	Bangladesh		
FOCAS	FAO-A-00-97-00028-00	09/30/01	09/29/03	Haiti (Ext.)	Sheila Lutjens (CTO) Susan Youll (Sr. Project Officer)	Richard P. Taylor, Amy Metzger Foundation of Compassionate American Samaritans P.O. Box 428760 Cincinnati, OH 45242-8760 Telephone: (513) 621-5300 Fax: (513) 621-5307 focas@aol.com

PVO	Agreement No.	Effective Dates		Country	AID/W	Activity Director
		From	To			
HAI	FAO-A-00-98-00054-00	09/30/98	09/29/02	Mozambique	Sheila Lutjens (CTO) Susan Youll (Sr. Project Officer)	Mary Ann Mercer Health Alliances International 1107 NE 45th Street, Suite 410 Seattle, WA 98105 Telephone: (206) 543-8382 Fax: (206) 685-4184 hai@u.washington.edu
HKI	FAO-A-00-99-00015-00	09/30/99	09/29/03	Mali	Sheila Lutjens (CTO) Susan Youll (Sr. Project Officer)	Ian Danton Hill Helen Keller International 90 Washington Street, 15th Floor New York, NY 10006-2214 Telephone: (212) 943-0890 Fax: (212) 943-1220 ihill@hki.org http://www.hki.org
HOPE	HFP-A-00-01-00031-00	09/30/01	09/29/06	Haiti	Sheila Lutjens (CTO) Nitin Madhav(Technical Advisor)	The People-to-People Health Foundation (Proj. HOPE) Bettina Schwethelm Health Sciences Education Centre, Carter Hall Millwood, VA 22646 Telephone: (540) 837-2100 Fax: (540) 837-1813 bschweth@projhope.org http://www.projhope.org
	FAO-A-00-00-00029-01	09/30/00	09/29/03	Peru		
	FAO-A-00-99-00026-01	09/30/99	09/29/03	Uzbekistan		
	FAO-A-00-98-00017-01	08/01/98	07/31/02	Malawi		
	FAO-A-00-98-00018-00	08/01/98	07/31/02	Nicaragua		
	FAO-A-00-97-00030-00	09/30/01	09/29/05	Guatemala (Ext)		
IEF	FAO-A-00-99-00039-00	09/30/99	09/29/03	Bolivia	Sheila Lutjens (CTO) Susan Youll (Sr. Project Officer)	John Barrows International Eye Foundation 7801 Norfolk Avenue Bethesda, MD 20814 Telephone: (301) 986-1830 Fax: (301) 986-1875 jbarrows@iefusa.org
IRC	FAO-A-00-99-00011-00	09/30/01	09/29/05	Rwanda	Sheila Lutjens (CTO) Nitin Madhav(Technical Advisor)	Dr. Kamal Raj International Rescue Committee 122 East 42nd Street, 12th Floor New York, NY 10168-1289 Telephone: (212) 551-3000 Fax: (212) 551-3186 Raj@their.org irc@their.org
LWR	FAO-A-00-97-00059-01	09/30/97	3/31/02	India *	Sheila Lutjens (CTO) Nitin Madhav(Technical Advisor)	Kenlynn K. Schroeder Lutheran World Relief, Inc. 390 Park Avenue South New York, NY 10016-8803 Telephone: (212) 532-6350 Fax: (212) 213-6081 lwr@lwr.org http://www.lwr.org
MCDI	FAO-A-00-99-00023-01	09/30/99	09/30/03	Bolivia	Sheila Lutjens (CTO) Nitin Madhav(Technical Advisor)	Joseph Carter Medical Care Development Inc. 1742 R Street, NW Washington, DC 20009 Telephone: (202) 462-1920 Fax: (202) 265-4078 mcdi@mcd.org http://www.mcd.org
	FAO-A-00-98-00027-00	09/30/98	09/29/02	Madagascar		
	FAO-A-00-97-00025-00	09/30/01	09/29/05	S.Africa (Ext.)		
MCI	HFP-A-00-01-00014-00	09/30/01	09/29/06	Azerbaijan	Sheila Lutjens (CTO) Nitin Madhav(Technical Advisor)	Karla Pearcy Mercy Corps International 3030 SW First Avenue Portland, OR 97201-4796 Telephone: (503) 796-6800 Fax: (503) 796-6844 kpearcy@mercycorps.org http://www.mercycorps.org
		09/30/01	09/29/03	Honduras (E)		
PCI	HFP-A-00-01-00043-00	09/30/01	09/29/06	Ghana	Sheila Lutjens (CTO) Nitin Madhav(Technical Advisor)	Chris Bessenecker/Paul Thompson 3550 Afton Road San Diego, CA 92123 Telephone: (858) 279-9690 Fax: (858) 694-0294 cbessenecker@projectconcern.org
PFD	FAO-A-00-98-00040-00	09/30/00	03/31/04	Cambodia	Sheila Lutjens (CTO) Nitin Madhav(Technical Advisor)	John Marrkand Partners for Development 1616 N. Fort Myer Drive, 11th Floor Arlington, VA 22209 Telephone: (703) 528-8336 Fax: (703) 528-7480 pfd@jsi.com http://www.interaction.org/mb/pfd2.html

PVO	Agreement No.	Effective Dates		Country	AID/W	Activity Director
		From	To			
PLAN	HFP-A-00-01-00046-00	09/30/01	09/29/06	Mali	Sheila Lutjens (CTO) Susan Youll (Sr. Project Officer)	Jennifer Luna/Joseph Valadez PLAN International USA, Inc. (Childreach) 3260 Wilson Boulevard, Suite 11 Arlington, VA 22201 Telephone: (703) 807-0190 Fax: (703) 807-0627  lunaj@plan.geis.com josephvaladez@compuserve.com
	FAO-A-00-00-00035-00	09/30/00	09/29/04	Cameroon		
	FAO-A-00-99-00059-01	09/30/99	09/29/03	Burkina Faso		
	FAO-A-00-99-00058-01	09/30/99	09/29/03	Kenya		
	FAO-A-00-98-00025-00	09/30/98	09/29/02	Senegal		
	FAO-A-00-98-00042-00	09/30/01	09/29/06	Nepal (Ext.)		
PSBF	FAO-A-00-99-00040-02	09/15/99	09/29/03	Philippines	Sheila Lutjens (CTO) Susan Youll (Sr. Project Officer)	Linda Arborgasri Pearl S. Buck Foundation, Inc. Green Hills Farm P.O. Box 181 (620 Dublin Road) Perkasie, PA 18944-0181 Telephone: (215) 249-0100 Fax: (215) 249-9657 psbf@voicenet.com
PSI	FAO-A-00-00-00024-00	09/30/00	09/29/03	Rwanda	Sheila Lutjens (CTO) Nitin Madhav(Technical Advisor)	Andrea Fearneyhough Population Services International 1120 19th Street, NW, Suite 600 Washington, DC 20036 Telephone: (202) 785-0072 Fax: (202) 785-0120 http://www.psiwash.org
	FAO-A-00-98-00021-00	09/30/01	09/29/04	Haiti (Ext)		
SC	FAO-A-00-00-00010-00	09/30/00	09/29/04	Bolivia	Sheila Lutjens (CTO) Susan Youll (Sr. Project Officer)	Kim Wylie/David Marsh Save the Children 54 Wilton Road Westport, CT 06880 Telephone: (203) 226-7272 Fax: (203) 221-3799  kwylie@savethechildren.org dmarsh@savethechildren.org
	FAO-A-00-00-00036-00	09/30/00	09/29/03	Mozambique		
	FAO-A-00-99-00050-01	09/30/99	09/29/03	Malawi		
	FAO-A-00-99-00049-02	09/30/99	09/29/03	Nepal		
	FAO-A-00-98-00026-01	09/30/98	09/29/02	Egypt *		
	FAO-A-00-98-00022-00	09/30/98	09/29/02	Tajikistan		
	FAO-A-00-98-00024-01	09/30/98	09/29/02	Guinea		
FAO-A-00-97-00054-00	09/30/01	09/29/06	Ethiopia (Ext.)			
WRC	HFP-A-00-01-00029-00	09/30/01	09/29/06	Rwanda	Sheila Lutjens (CTO) Nitin Madhav(Technical Advisor)	Melanie Morrow World Relief Corporation P.O. Box WRC Wheaton, IL 60189 Telephone: (630) 665-0235 Fax: (630) 665-4473 mmorrow@wrc.org
	FAO-A-00-00-00050-00	09/30/00	09/29/04	Malawi		
	FAO-A-00-99-00042-01	09/29/99	09/29/03	Mozambique		
	FAO-A-00-98-00051-02	09/30/98	09/29/02	Cambodia		
WVI	HFP-A-00-01-00045-00	09/30/01	09/29/06	Kenya	Sheila Lutjens (CTO) Nitin Madhav(Technical Advisor)	Anne Henderson, Larry Casazza World Vision Relief and Development, Inc. 220 I Street, NE, Suite 270 Washington, DC 20002 Telephone: (202) 547-3743 Fax: (202) 547-4834 ahenderson@worldvision.org http://www.worldvision.org
	FAO-A-00-00-00038-00	09/30/00	09/29/03	Cambodia		
	FAO-A-00-99-00027-01	09/29/99	09/29/03	Indonesia		
	FAO-A-00-99-00043-02	09/30/99	09/30/03	S. Africa *		
	FAO-A-00-98-00041-01	09/30/98	09/29/02	India		
	FAO-A-00-97-00039-00	09/30/97	03/31/02	Philippines *		

# **Part VI**

## **PHN Information Directories**

**USAID Washington Contacts & JPPCT List Website**

**USAID Mission PHN Contacts**

**PHN Cooperating Agencies, Contractors and Grantees**

**PHN Cooperating Agency, Contractor and Grantee Field Offices**

**PHN Center Activity Reference Matrix**

# Transitional Bureau for Global Health Directory

Major revisions and office designations will be made after the reorganization package has been approved

## OFFICE OF THE ASST. ADMINISTRATOR

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Mathis, Jill	(202) 712-4817

## Strategic Planning, Budgeting & Operations

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## OFFICE OF POPULATION

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Ice, Janet	
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## Family Planning Services

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Terio, Anne	(202) 712-0624

## Policy & Evaluation

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## Research

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Harbison, Sarah	(202) 712-4536
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Keener, Tabitha	(202) 712-1841
Manning, Judy	(202) 712-1232

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Stewart, Kellie (202) 712-4548

Sommer, Marni (202) 712-1722  
Wilson, Norma (202) 712-0667

## **OFFICE OF HEALTH AND NUTRITION**

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## **Child Survival**

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Mosolf, Monique (202) 712-1083  
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## Population Health & Nutrition Joint Programming & Planning Teams (JPPT)

Region: Africa: Hope Sukin, AFR/SD Chief

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BGH Associate Regional Coordinator: TBD

BGH Regional Assistant: Nahoko Nakayama, [nnakayama@pal-tech.com](mailto:nnakayama@pal-tech.com)

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<b>Programming Countries</b>								
Ethiopia	Bessie Lee, Eunyong Chung	Ishrat Husain, Holly Dempsey	Nahoko Nakayama (acting)	Kate Crawford, Linda Sussman, Harriett Destler, Daniel Halperin	TBD, Ishrat Husain	Margaret Neuse	Mikaela Meredith AFR/EA Ken Duckworth EE/PCS	Vathani Amirthanayagam, Mary Ann Abeyta-Behnke, Albert Timpo, Anne Nolan, Eshete Yilma, Kassahun Belay
Ghana	Steve Hawkins, Carter Diggs	Holly Dempsey, Ishrat Husain	TBD	Harriett Destler, David Stanton	Buck Buckingham	Joyce Holfeld	Dennis Panther AFR/WA	Ursula Nadolny (as of 9/2/02), Lawrence Aduonum-Darko, Jane Wickstrom, Peter Wondergem
Kenya	Naomi Blumberg, Linda Sussman	Mary Ettlign	Nahoko Nakayama (acting)	Linda Sussman, Harriett Destler	Ishrat Husain	Scott Radloff	Kim Lucas AFR/AA/GHAI Chad Weinberg AFR/EA	Dana Vogel, Mike Strong, Richard Osmanski, Cheryl Sonnichsen, Victor Masbayi, Esther Ndiangui, Bedan Gichanga, Emma Mwamburi, Jerusha Karuthiru, Deryck Omuodo
Nigeria	Sara Pacque- Margolis, TBD (co-CC)	Khadijat Mojidi, Holly Dempsey	TBD	Alan Getson, Daniel Halperin	Ishrat Husain, Peter McDermott	Joyce Holfeld	Mike Karbling Vic Duarte AFR/WA	Lynn Gorton, Liane Adams, Bunmi Dosumu, Garba Abdu, Temitayo Odusote, Henrientta Oyebola, Shelagh O'Rourke
South Africa	Celeste Carr, Rochelle Thompson	Ron MacInnis	Cathy Bowes	David Stanton	Ron MacInnis, Peter McDermott	Anne Peterson	Dana Ott AFR/SD	John Crowley, Pamela Wyville-Staples, Melinda Wilson, Anita Sampson
Tanzania	Pam Wolf, Frances Davidson	Ishrat Husain, Mary Ettlign	N. Nakayama (acting)	Harriett Destler, Linda Sussman	Ishrat Husain	Scott Radloff	Ray Reddy AFR/EA	John Dunlop, Michael Mushi, Amy Cunningham, Janis Timberlake
Uganda	Krista Stewart, Maria Francisco	Holly Dempsey	Nahoko Nakayama (acting)	Linda Sussman, Harriett Destler, David Stanton	Buck Buckingham	Scott Radloff	Kimberley Lucas AFR/AA/GHAI Chad Weinberg AFR/EA	Robert Cunnane, Annie Kaboggoza-Musoke, Suzzane McQueen, Nancy Cecatiello, Jessica Kafuko, Elise Ayers
<b>Special Circumstance Countries</b>								
DR Congo	Monique Mosolf, Kris Lantis, Daniel Halperin	Connie Davis, Mary Harvey	Nahoko Nakayama (acting)	Kate Crawford, Daniel Halperin, Alan Getson	Ron MacInnis	Paul Ehmer/ Betsy Brown	Mikaela Meredith AFR/EA	Reggie Hawkins, Nancy Bolan, Eugene Nzila, Baudouin Kutuka, Imile Bongo, Amina Kanya-Ngambi, Lina Piripiri, Antoinette Kitoto, Tenley Mogk
Rwanda	Kate Crawford	Connie Davis, Mary Harvey	N. Nakayama (acting)	Kate Crawford, Alan Getson	Buck Buckingham	Paul Ehmer/ Betsy Brown	Mikaela Meredith AFR/EA	Beth Drabant, Patricia Mwanuyera, Barbara Sow
Zambia	Patricia Stephenson, Tara Lewing	Mary Ettlign	Cathy Bowes	David Stanton, Harriett Destler	TBD, Peter McDermott	Scott Radloff	Debora Mendelson (acting) AFR/SA	Robert Clay, Barbara Hughes, Steve Hodgins, Karen Shelley, Pamo Kangwa, Edna Mulenga, Perry Mwangala, Dyness Kasungami
Zimbabwe	Carl Hawkins	Peter McDermott	Cathy Bowes	Alan Getson	TBD	Scott Radloff	Kent Howard AFR/SA	Peter Halpert, Carl Henn, Patrick Osewe, Mercia Davids, Joyce Maziya, Chipo Sisimayi, Victoria James

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Country	Global Country Coordinator*	AFR/SD Technical Rep	G. Regional Coordinator	Global HIV/AIDS Advisor	AFR Bureau HIV/AIDS Advisor	Global Senior Advisor	AFR Bureau Desk Officer	Mission Contacts
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### Planning Countries

Angola	<b>John Jones,</b> Ellyn Ogden	<b>Subhi Mehdi,</b> Mary Harvey	Cathy Bowes	<b>Kate Crawford</b> <b>Daniel Halperin</b>	<b>Peter McDermott</b>	--	Kent Howard (acting) AFR/SA	<b>Jeff Ashley,</b> Heather Evans, Josefa Gomes, Alexandre Saul, Carla Queiroz
Benin	<b>John Borrazzo,</b> Hadi Eltahir	<b>Mary Harvey,</b> Connie Davis	TBD	<b>Alan Getson,</b> Kate Crawford	<b>Ron MacInnis,</b> Peter McDermott	--	Rebecca Niec AFR/WA	<b>Alicia Dinerstein,</b> Laura Hoemeke, Charles Ogouchi
Eritrea	<b>Matt Lynch,</b> Tim Quick	<b>Buck Buckingham,</b> Holly Dempsey	Nahoko Nakayama (acting)	<b>Harriett Destler</b>	<b>Buck Buckingham</b>	--	Lily Beshawred COMP/YOC/COOP Todd Lofgren AFR/EA	<b>Linda Lou Kelley,</b> Semere Gebregiorgis, David Sintasath
Guinea	<b>Sandra Jordan</b>	<b>Khadijat Mojidi,</b> Mary Harvey	TBD	<b>David Stanton</b>	<b>Ron MacInnis</b>	--	Bernard Lane AFR/WA	<b>Neil Woodruff,</b> Mariama Bah, Kathy Jacquart Aminata Camara, Sean Cantella
Madagascar	<b>TBD,</b> Eunyong Chung	<b>Mary Harvey,</b> Holly Dempsey	Nahoko Nakayama (acting)	<b>Beth St. Clair,</b> Harriett Destler	<b>Ishrat Husain</b>	--	Ray Reddy AFR/EA	<b>Susan Anthony,</b> Wendy Benazerga Benjamin Andriamitantoa, Corine Rakotomanga
Malawi	<b>Wyman Stone,</b> David Stanton	<b>Mary Ettling,</b> Ishrat Husain	Cathy Bowes	<b>David Stanton,</b> Daniel Halperin	<b>Buck Buckingham</b>	--	Sean McClure AFR/SA	<b>Mexon Nyirongo,</b> Elise Jensen, Linda Andrews
Mali	<b>TBD,</b> Nomi Fuchs	<b>Connie Davis,</b> Holly Dempsey	TBD	<b>Alan Getson</b>	<b>Ron MacInnis</b>	--	Doral Watts AFR/WA	<b>Ursula Nadolny,</b> Bamoussa Coulibaly, Madiou Yattara, Aida Lo, Salif Coulibaly
Mozambique	<b>Karen Cavanaugh,</b> Tim Quick	<b>Subhi Mehdi</b>	Cathy Bowes	<b>Kate Crawford,</b> <b>Daniel Halperin,</b> David Stanton, Harriett Destler	<b>TBD</b>	--	Deborah Mendelson AFR/SA	<b>Okey Nwanyanwu,</b> Chris Barratt
Namibia	<b>TBD,</b> Carrie Whitlock	<b>Peter McDermott</b> Ishrat Husain	Cathy Bowes	<b>Harriett Destler,</b> Daniel Halperin	<b>Ishrat Husain</b>	--	Rosalind Best EE/OM/OD	<b>Kirk Lazell</b>
Senegal	<b>Frances Davidson,</b> <b>TBD (co-CC)</b> TBD	<b>Ron MacInnis,</b> Khadijat Mojidi	TBD	<b>Alan Getson,</b> Kate Crawford	<b>Ron MacInnis</b>	--	Stephen Grant AFR/WA	<b>Felix Awantang,</b> Sara Holtz, Brad Barker

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### Regional Initiatives

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West Africa Regional Program (WARP)/FHA	<b>Nicole Buono,</b> Monique Mosolf	<b>Khadijat Mojidi,</b> Ron MacInnis	TBD	<b>David Stanton,</b> Alan Getson		TBD	Stephen Grant Teresa Vandergriff AFR/WA	<b>Felix Awantang</b> (Senegal), Sara A. Holtz ((Senegal), Jim Allman, Willibrord Shasha

### Transition Countries

Burundi	<b>Kate Crawford</b>		Nahoko Nakayama (acting)	<b>Kate Crawford</b>		--	Dominic D'Antonio AFR/EA	<b>Jim Walsh (Acting),</b> Leslie Perry
Liberia	<b>Betsy Brown,</b> Winifred Kpabar	<b>Mary Harvey,</b> Connie Davis	TBD	<b>David Stanton</b>	<b>Ron MacInnis,</b> TBD	--	Stephanie Garvey AFR/WA	<b>Adams Lincoln</b>
Sierra Leone	<b>TBD,</b> Sandra Jordan		TBD	<b>Kate Crawford</b>		--	Stephanie Garvey AFR/WA	<b>David Atteberry (starting dates TBD)</b>
Sudan	<b>Lisa Childs</b>	<b>Subhi Mehdi,</b> Nithya Mani	Nahoko Nakayama (acting)			--	Emily McPhie AFR/EA/PA	<b>Haidar Ahmed,</b> Jim Walsh

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Egypt	Bob Emrey	Clif Cortez, Alan Getson, Harriett Destler, Linda Sussman	Margaret Neuse	Raouf Youssef/ Lynn Mason ANE/MEA/E	Lily Kak, Gary Cook ANE/SPOTS	Chris McDermott, Brenda Doe, Nahed Matta, Mark White, Turhan Noury, Milly Howard, Alia El-Mohandes, Shadia Attia, Sameh El-Gayyar, Emad Yanni
India	Shanti Conly, Frances Davidson	Harriett Destler	Duff Gillespie	Nancy Eslick ANE/ESA	Billy Pick, Lily Kak ANE/SPOTS	Victor Barbiero, Sheena Chhabra, Beth Ann Moskov, Samaresh Sen Gupta, Chris Barrett, Masse Bateman, Randy Kolstad, Dora Warren (CDC)
Indonesia	Irene Koek, Mark Rilling	Alan Getson, Harriett Destler	Gary Newton (acting)	Woody Navin (Carolyn Redman - East Timor) ANE/ESA	Andrew Clements, Lily Kak ANE/SPOTS/SPTS	Molly Gingerich, Lynn Adrian, Ratna Kurniawati, Jonathan Ross, Joy Pollock, Carol Rice, Sri Durjati Boediharjo, Imran Lubis
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Nepal	Richard Greene, TBD	Harriett Destler	Duff Gillespie	Bernadette Bundy ANE/ESA	Lily Kak, Billy Pick ANE/SPOTS	Rebecca Rohrer, Cathy Thompson, Anne Peniston, Terry Murphy, Pancha Kumair Manandhar, Lyndon Brown, Pangday Yonzone, Dharpal Prasad Raman
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Pakistan	Maureen Norton, Jim Griffin		Gary Newton (acting)	Chris Brown ANE/ESA	Gary Cook, Doug Heisler ANE/SPOTS/SPTS	n/a
Afghanistan (task force)	Mary Ellen Stanton, Steve Hawkins		Gary Newton (acting)	Jeanne Pryor ANE/ESA	Gary Cook, Doug Heisler ANE/SPOTS/SPTS	Elisabeth Kvitashuili (GDO), Ellen Lynch (Health Advisor)
West Bank/Gaza	Lisa Childs		Margaret Neuse	Curt Wolters/ Linda LeDuc ANE/MEA/WB/G	Doug Heisler, Gary Cook ANE/SPOTS/SPTS	Sherry Carlin, Suzy Srouji, Taroub Faramand

**Planning Countries**

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Jordan	Bob Emrey, Maureen Norton	Clif Cortez, Alan Getson, Harriett Destler	--	Meredith Scovill ANE/MEA/JL, Elaine Scott ANE/MEA/MOR	Doug Heisler, Gary Cook ANE/SPOTS/SPTS	Bill Goldman, Salwa Bitar Qteit, Sana Naffa
Yemen	Lisa Childs		--	Vernita Fort ANE/MEA	Gary Cook, Doug Heisler ANE/SPOTS	Fawzia Youssef

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Country	Mission Contacts	Desk Officer	Bureau Contacts	Global Technical Advisors
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### **Injectables:**

**Pharmacia & Upjohn Worldwide**  
(Depo-Provera) 100 Route 206 North  
Peapack, NJ 07977

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### **Female Condoms:**

**The Female Health Company**  
875 North Michigan Avenue  
Suite 3660  
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### **Condoms:**

**Alatech Healthcare Products**  
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Fax: (770) 488-1318 (*TAACS*)  
<http://www.cdc.gov>

Division of Reproductive Health  
**Centers for Disease Control & Prevention (CDC)** (*FPLM/CDC*)  
4770 Buford Highway, NE, MS K-22  
Atlanta, GA 30341  
Telephone: (770) 488-6200  
Fax: (770) 488-6242  
<http://www.cdc.gov>

The Centre for Development  
**and Population Activities (CEDPA)**  
1400 16th Street, NW, Suite 200  
Washington, DC 20036  
Telephone: (202) 667-1142  
Fax: (202) 332-4496  
<http://www.cedpa.org>

**Christrian Children's Fund, Inc. (CCF)**  
2821 Emerywood Parkway  
Richmond, VA 23261-6484  
Telephone: (804) 756-2700  
Fax: (804) 756-2718  
<http://www.christianchildrensfund.org>

**Clapp and Mayne, Inc.**  
8401 Colesville Road, Suite 425  
Silver Spring, MD 20910  
Telephone: (301) 495-9572  
Fax: (301) 495-9577  
<http://www.cmusa.com>

**Concern Worldwide US, Inc.**  
104 East 40th Street, Room 903  
New York, NY 10016  
Telephone: (212) 557-8000  
Fax: (212) 557-8004

**Cooperative for Assistance and Relief  
Everywhere (CARE)**  
151 Ellis Street, NE  
Atlanta, GA 30303-2439  
Telephone: (404) 681-2552  
Fax: (404) 577-1205  
<http://www.care.org>

**Counterpart International, Inc.**  
1200 18th Street, NW, Suite 1100  
Washington, DC 20008  
Telephone/Fax: (202) 296-9676

**Deloitte Touche Tohmatsu**  
1001 G Street, NW  
Suite 400 West  
Washington, DC 20037  
Telephone: (202) 879-4961  
Fax: (202) 220-2189  
<http://www.deloitte.com>  
<http://www.cmsproject.com/>

Office of International and Refugee Health  
**Department of Health and Human  
Services (OIRH/DHHS)**  
Parklawn Building  
5600 Fishers Lane, Room 90  
Rockville, MD 20857  
Telephone: (301) 443-1774  
Fax: (301) 443-0742  
<http://www.dhhs.gov>

**Development Associates, Inc. (DAI)**  
1730 North Lynn Street  
Arlington, VA 22209  
Telephone: (703) 276-0677  
Fax: (703) 276-0432

CONRAD  
**Eastern Virginia Medical School (EVMS)**  
1611 North Kent Street, Suite 806  
Arlington, VA 22209  
Telephone: (703) 524-4744  
Fax: (703) 524-4770  
<http://www.conrad.org/>

**EngenderHealth**  
440 Ninth Avenue  
New York, NY 10001  
Telephone: (212) 561-8000  
Fax: (212) 779-9489  
[www.avsc.org](http://www.avsc.org)

**Esperanca, Inc.**

1911 West Earl Drive  
Phoenix, AZ 85015  
Telephone: (602) 252-7772  
Fax: (602) 340-9197

**Family Health International (FHI)**

*(Contraceptive Technology)*

P.O. Box 13950  
Research Triangle Park, NC 27709  
Telephone: (919) 544-7040  
Fax: (919) 544-7261  
<http://www.fhi.org/>

**Family Health International (FHI)**

*(Impact, YouthNet)*

2101 Wilson Boulevard, Suite 700  
Arlington, VA 22201  
Telephone: (703) 516-9779  
Fax: (703) 516-9781  
<http://www.fhi.org>

**Foundation of Compassionate American Samaritans**

P.O. Box 428760  
Cincinnati, OH 45242-8760  
Telephone: (513) 621-5300  
Fax: (513) 621-5307

**The Futures Group International**

1050 17th Street, NW, Suite 1000  
Washington, DC 20036  
Telephone: (202) 775-9680  
Fax: (202) 775-9694  
<http://www.tfgi.com/>

Institute for Reproductive Health

**Georgetown University Medical Center**

Room 3004, PHC Building  
3800 Reservoir Road, NW  
Washington, DC 20007  
Telephone: (202) 687-1392  
Fax: (202) 687-6846  
<http://www.georgetown.edu>

**Global Health Council (GHC)**

1701 K Street, NW, Suite 600  
Washington, DC 20006  
Telephone: (202) 833-5900  
Fax: (202) 833-0075  
<http://www.globalhealthcouncil.org/>

**Harvard Institute for International Development (HIID)**

**Harvard University** (*CHR: ARCH*)

Health Office  
14 Story Street  
Cambridge, MA 02138  
Telephone: (617) 495-9791  
Fax: (617) 495-9706  
<http://www.hiid.harvard.edu>  
<http://ih.jhsph.edu/chr/chr.htm>

**Harvard School of Public Health**

**Harvard University** (*Data for Decision Making*)

665 Huntington Avenue  
Boston, MA 02115  
Telephone: (617) 432-4620  
Fax: (617) 432-2181  
<http://www.hsph.harvard.edu/organizations/ddm/homepage.html>

**Health Alliances International**

1107 NE 45th Street, Suite 410  
Seattle, WA 98105  
Telephone: (206) 543-8382  
Fax: (206) 685-4184

**Helen Keller International (HKI)**

90 Washington Street, 15th Floor  
New York, NY 10006-2214  
Telephone: (212) 943-0890  
Fax: (212) 943-1220  
<http://www.hki.org>

**International Centre for Diarrhoeal  
Disease Research, Bangladesh  
(ICDDR,B)**

Center for Health and Population Research  
Mohakhali, Dhaka 1000  
Telephone: 880-2-882-3031  
Fax: 880-2-882-3116  
<http://www.icddrb.org>  
<http://www.childhealthresearch.org>

**International Clinical Epidemiology  
Network (INCLEN)**

3600 Market Street  
Philadelphia, PA 19104-2644  
Telephone: (215) 222-7700  
Fax: (215) 222-7741  
<http://www.inclen.org>  
<http://www.childhealthresearch.org>

**International Eye Foundation**

7801 Norfolk Avenue  
Bethesda, MD 20814  
Telephone: (301) 986-1830  
Fax: (301) 896-1875

**International HIV/AIDS Alliance**

Queensbury House  
104-109 Queens Rd.  
Brighton BN1 3XF, UK  
Telephone: 44-12-7371-8900  
Fax: 44-12-7371-8901

Human Nutrition Institute

**International Life Sciences Institute (ILSI)**

1126 16th Street, NW  
Washington, DC 20036  
Telephone: (202) 659-0524  
Fax: (202) 659-3617  
<http://www.ilsa.org>

**International Planned Parenthood  
Federation (IPPF)**

Regent's College, Inner Circle  
Regent's Park  
London, NW1 4NS, UK  
Telephone: 44-171-487-7900  
Fax: 44-171-487-7864  
<http://www.ippf.org/>

**International Planned Parenthood  
Federation/Western Hemisphere Region  
(IPPF/WHR)**

120 Wall Street, 9th Floor  
New York, NY 10005-3902  
Telephone: (212) 214-0246  
<http://www.ippfwhr.org>

**International Rescue Committee**

122 East 42nd Street, 12th Floor  
New York, NY 10168-1289  
Telephone: (212) 551-3000  
Fax: (212) 551-3186

**International Science and Technology  
Institute (ISTI)**

1820 North Fort Myer Drive, Suite 600  
Arlington, VA 22209  
Telephone: (703) 807-0236  
Fax: (703) 807-0278  
<http://www.mostproject.org>

**JHPIEGO**

Brown's Wharf  
1615 Thames Street, Suite 200  
Baltimore, MD 21231-3492  
Telephone: (410) 614-2288 (*Maternal &  
Neonatal Health*)  
Telephone: (410) 955-8558 (*Training in  
Reproductive Health*)  
Fax: (410) 614-6643 (*Maternal & Neonatal  
Health*)  
Fax: (410) 614-3458 (*Training in  
Reproductive Health*)  
<http://www.mnh.jhpiego.org> (*Maternal &  
Neonatal Health*)  
<http://www.jhpiego.jhu.edu/> (*Training in  
Reproductive Health*)

**John Snow, Inc. (JSI)**

1616 North Fort Myer Drive, 11th Floor  
Arlington, VA 22209  
Telephone: (703) 528-7474  
Fax: (703) 528-7480  
<http://www.jsi.com/>  
<http://www.mothercare.jsi.com/>

Department of International Health  
Johns Hopkins School of Public Health  
**Johns Hopkins University (JHU)**  
615 North Wolfe Street  
Baltimore, MD 21205-2179  
Telephone: (410) 955-3934 (*CHR: FHACS*)  
Telephone: (410) 955-2061 (*Micronutrients  
for Health*)  
Fax: (410) 955-7159 (*CHR: FHACS*)  
Fax: 410-955-0196 (*Micronutrients for  
Health*)  
<http://ih.jhsph.edu/chr/fhacs/fhacs.htm>  
(*CHR: FHACS*)  
<http://www.childhealthresearch.org>  
(*CHR: FHACS*)  
<http://www.jhu.edu/www/research/>  
(*Micronutrients for Health*)

Center for Communication Programs  
Johns Hopkins School of Public Health  
**Johns Hopkins University (JHU)**  
(*IEC/PCS & PIP projects*)  
111 Market Place, Suite 310  
Baltimore, MD 21202-4024  
Telephone: (410) 659-6300  
Fax: (410) 659-6266  
<http://www.jhuccp.org>

Institute for International Programs  
**Johns Hopkins University (JHU)**  
(*HCS Fellows*)  
103 East Mount Royal Avenue, Suite 2B  
Baltimore, MD 21202  
Telephone: (410) 659-4108  
Fax: (410) 659-4118  
<http://ih.jhsph.edu/hcsfp>

**Joint United Nations Programme  
on HIV/AIDS (UNAIDS)**  
World Health Organization  
1211 Geneva 27, Switzerland  
Telephone: 41-22-791-4510  
Fax: 41-22-791-4179  
<http://www.us.unaids.org/>

**Jorge Scientific Corporation**  
600 13th Street N.W., Suite 700  
Washington, DC 20005  
Telephone: (202) 393-9001  
Fax: (202) 939-9018  
<http://www.phnip.com>

**LTG Associates, Inc.**  
1101 Vermont Avenue, NW  
Suite 900  
Washington, DC 20005  
Telephone: (202) 898-9040  
Fax: (202) 898-9057

**Lutheran World Relief, Inc. (LWF)**  
390 Park Avenue South  
New York, NY 10016-8803  
Telephone: (212) 532-6350  
Fax: (212) 213-6081

**Macro International, Inc. (ORC Macro)**  
11785 Beltsville Drive, Suite 300  
Calverton, MD 20705-3119  
Telephone: (301) 572-0200  
Fax: (301) 572-0999  
<http://www.macrint.com/>

**Management Sciences for Health (MSH)**  
1515 Wilson Blvd., Suite 710  
Arlington, VA 22209  
Telephone: (703) 524-6575  
Fax: (703) 524-7898  
<http://www.msh.org>

**Management Sciences for Health (MSH)**  
MSH Headquarters  
891 Centre Street  
Boston, MA 02130  
Telephone: (617) 524-7766  
Fax: (617) 524-1363  
<http://www.msh.org>

**Map International**  
2200 Glynco Parkway  
Brunswick, GA 31525-5000  
Telephone: (912) 265-6010  
Fax: (912) 265-6170

**Massachusetts Public Health Biologic  
Laboratories (MPHBL)**

305 South Street  
Jamaica Plain, MA 02130  
Telephone: (617) 983-6400  
Fax: (617) 983-9081

**Medical Care Development International  
(MCDI)**

1742 R Street, NW  
Washington, DC 20009  
Telephone: (202) 462-1920  
Fax: (202) 265-4978

**Mercy Corps International**

3030 SW First Avenue  
Portland, OR 97201-4796  
Telephone: (503) 796-6800  
Fax: (503) 796-6844  
<http://www.mercycorps.org>

**Minnesota International Health  
Volunteers (MIHV)**

122 West Franklin Avenue, Suite 621  
Minneapolis, MN 55404-2480  
Telephone: (612) 871-3759  
Fax: (612) 871-8775

Committee on Population, HA172  
**National Academy of Sciences (NAS)**

2101 Constitution Avenue, NW  
Washington, DC 20418  
Telephone: (202) 334-3167  
Fax: (202) 334-3768  
<http://www2.nas.edu/cpop/>

**National Cooperative Business  
Association (NCBA)**

1400 16th Street, NW, Box 25  
Washington, DC 20036  
Telephone: (202) 328-5180  
Fax: (202) 328-5175  
<http://www.cooperative.org>

Fogarty International Center  
**National Institutes of Health (NIH)**

Building 31, Room B2CO8  
31 CENTER DR MSC 2220  
Bethesda, MD 20892-2075  
Telephone: (301) 496-2075  
Fax: (301) 594-1211  
<http://www.nih.gov>

**PaL-Tech, Inc.**

1201 Pennsylvania Avenue, NW, Suite 250  
Washington, DC 20004  
Telephone: (202) 661-0364  
Fax: (202) 783-2767  
<http://www.pal-tech.com/>

**PanAmerican Health Organization**

525 23rd Street, NW  
Washington, DC 20037-2895  
<http://www.paho.org>

**Partners For Development (PFD)**

1616 N. Fort Meyer Drive, 11th Floor  
Arlington VA 22209  
Telephone: (703) 528-8336  
Fax: (703) 528-7408  
<http://www.partnersfordevelopment.org>

BASICS

**The Partnership for Child Health Care,  
Inc.**

1600 Wilson Boulevard, Suite 300  
Arlington, VA 22209  
Telephone: (703) 312-6800  
Fax: (703) 312-6900  
<http://www.basics.org>

**Pact, Inc.**

1200 18<sup>th</sup> Street NW  
Suite 350  
Washington, DC 20036  
Telephone: (202) 466-5666  
Fax: (202) 226-5669

**PATH**

1455 N.W. Leory Way  
Seattle, WA 98107-5138  
Telephone (206) 285-3500  
Fax: (206) 285-6619  
jmaynard@path.org  
<http://www.path.org>

**Pathfinder International**

*(Family Planning Services)*

9 Galen Street, Suite 217  
Watertown, MA 02172-4501  
Telephone: (617) 924-7200  
Fax: (617) 924-3833  
<http://www.pathfind.org>

**Pathfinder International** *(FOCUS project)*

1201 Connecticut Avenue, NW, Suite 501  
Washington, DC 20036-2605  
Telephone: (202) 835-0818  
Fax: (202) 835-0282  
<http://www.pathfind.org>

**The Pearl S. Buck Foundation (PSBF)**

Green Hills Farm  
P.O. Box 181 (620 Dublin Road)  
Perkasie, PA 18944-0181  
Telephone: (215) 294-0100  
Fax: (215) 249-9657

**The People-to-People Health Foundation**

Health Sciences Education Centre, Carter Hall  
Milwood, VA 22646  
Telephone: (540) 837-2100  
Fax: (540) 837-1813  
<http://www.projhope.org>

**PLAN International USA, Inc.****(Childreach)**

3260 Wilson Blvd. Suite 11  
Arlington VA 22201  
Telephone: (703) 807-0190  
Fax: (703) 807-0627  
<http://www.childreach.org>

**Population Council*****(FRONTIERS & HORIZONS)***

4301 Connecticut Avenue, NW, Suite 280  
Washington, DC 20008  
Telephone: (202) 237-9400  
Fax: (202) 237-8410  
<http://www.popcouncil.org/>

**Population Council** *(Pop Council Program)*

One Dag Hammarskjold Plaza  
New York, NY 10017  
Telephone: (212) 339-0500  
Fax: (212) 755-6052  
<http://www.popcouncil.org/>

**Population Reference Bureau (PRB)**

1875 Connecticut Avenue, NW, Suite 520  
Washington, DC 20009  
Telephone: (202) 483-1100  
Fax: (202) 328-3937  
<http://www.prb.org>  
<http://www.measurecommunication.org/>

**Population Services International (PSI)**

1120 19th Street, NW, Suite 600  
Washington, DC 20036  
Telephone: (202) 785-0072  
Fax: (202) 785-0120  
<http://www.psiwash.org>

**Professional Resource Group****International (PRGI)**

DCOF/WVF Contract  
North Tower, #405  
1300 Pennsylvania Avenue, NW  
Washington, DC 20004  
Telephone: (202) 789-1500  
Fax: (202) 789-1601

**Program for Appropriate Technology  
in Health (PATH)**

4 Nickerson Street, Suite 300  
Seattle, WA 98109-1699  
Telephone (206) 285-3500  
Fax: (206) 285-6619  
<http://www.path.org>

**Project Concern International (PCI)**

3550 Afton Road  
San Diego, CA 92123  
Telephone: (858)279-9690  
Fax: (858) 694-0294

**Public Health Institute (PHI)**

219 High Street  
Santa Cruz, CA 95060-3713  
Telephone: (831) 427-4981  
Fax: (831) 458-3659

**Public Health Institute (PHI)**

2168 Shattuck Avenue, #300  
Berkeley, CA 94704-1307  
Telephone: (510) 845-6214  
Fax: (510) 649-7894

**Royal Netherlands Tuberculosis  
Association (KNCV)**

Riouwstaat 7  
PO Box 146  
2501 CC The Hague  
The Netherlands  
Telephone: 31-70-416-72-22  
Fax: 31-70-358-40-04

**Save the Children**

1620 I Street, NW, Suite 900  
Washington, DC 20006  
Telephone: (202) 955-0070  
Fax: (202) 955-1105  
<http://www.savethechildren.org>

**TvT Associates**

1101 Vermont Avenue, NW  
Suite 900  
Washington, DC 20005  
Telephone: (202) 842-2939  
Fax: (202) 842-7646

**UNFPA**

220 East 42<sup>nd</sup> St.  
New York, NY 10017  
Telephone: (212) 297-5232  
Fax: (212) 297-5145  
<http://www.unfpa.org>

**UNICEF**

3 United Nations Plaza  
New York, NY 10017  
Telephone: (212) 824-6313  
Fax: (212) 824-6460  
<http://www.unicef.org>

School of Public Health

**University of Michigan**

Ann Arbor, MI 48109  
Telephone: (734) 763-9456  
Fax: (734) 647-0643  
<http://www.sph.umich.edu/pfaps/>

**Carolina Population Center****University of North Carolina (MEASURE)**

211 W. Cameron Ave  
Chapel Hill, NC 27516-3997  
Telephone: (919) 966-7482  
Fax: (919) 966-2391  
<http://www.cpc.unc.edu/measure>

**INTRAH****University of North Carolina (PRIME II)**

School of Medicine  
1700 Airport Road, Suite 301  
Campus Box 8100  
Chapel Hill, NC 27599-8100  
Telephone: (919) 966-5636  
Fax: (919) 966-6816  
<http://www.intrah.org/prime/>

**University Research Company**

7200 Wisconsin Avenue, Suite 500  
Bethesda, MD 20814-4204  
Telephone: (301) 654-8338  
Fax: (301) 941-8427  
<http://www.urc-chs.com>

**International Programs Center****U.S. Bureau of the Census (BuCen)**

Washington Plaza 2, Room 309  
Washington, D.C. 20233-8860  
Telephone: (301) 457-1406 (**HIV/AIDS**)  
Telephone: (301) 457-1444 (**MEASURE**)  
Fax: (301) 457-3034 (**HIV/AIDS**)  
Fax: (301) 457-3033 (**MEASURE**)  
<http://www.census.gov>

**U.S. Peace Corps (HIV/AIDS)**

Center for Field Assistance and  
Applied Research  
1111 20th Street, NW  
Washington, DC 20526  
Telephone: (202) 692-2629  
Fax: (202) 692-2601  
<http://www.peacecorps.gov>

**U.S. Peace Corps (HRS II)**

OTAPS/Health  
1990 K Street, NW  
Washington, DC 20526  
Telephone: (202) 692-2666  
Fax: (202) 606-3298  
<http://www.peacecorps.gov>

**U.S. Pharmacopeia Convention, Inc.**

12601 Twinbrook Parkway  
Rockville, MD 20852  
Telephone: (301) 816-8161  
Fax: (301) 816-8374  
<http://www.usp.org/>

**Voice of America**

300 Independence Ave, SW  
Washington, DC  
Telephone: (202) 619-1638  
Fax: (202) 401-2861

**World Bank**

1818 H Street, NW  
Room J10-047  
Washington, DC 20433  
Telephone: (202) 473-4400  
Fax: (202) 522-3157  
<http://www.worldbank.org>

Department of Child and Adolescent Health  
and Development

**World Health Organization**

*(Child Health Research)*  
1211 Geneva 27, Switzerland  
Telephone: 41-22-791-266  
Fax: 41-22-791-4853  
<http://www.who.int/chd>  
<http://www.childhealthresearch.org>

Children's Vaccine Initiative  
**World Health Organization**  
*(Children's Vaccination)*

1211 Geneva 27, Switzerland  
Telephone: 41-22-791-4511  
Fax: 41-22-791-4888  
<http://www.who.ch>

General Management

**World Health Organization**

*(Infectious Diseases)*  
1211 Geneva 27, Geneva  
Telephone: 41-22-791-2363  
Fax: 41-22-791-4751  
<http://www.who.ch>

**World Health Organization**

*(NMH Reproductive Health)*  
1211 Geneva 27, Switzerland  
Telephone: 41-22-791-3380  
Fax: 41-22-791-4171  
<http://www.who.ch>

Health Technologies/Vaccines and Biologics

**World Health Organization (Polio)**

Telephone: 41-22-791-4419  
Fax: 41-22-791-4193  
<http://www.who.ch/>

Department of Reproductive Health and  
Research

**World Health Organization**

*(Research Training in RH)*  
1211 Geneva 27  
Switzerland  
Telephone: 41-22-791-3380  
Fax: 41-22-791-4171  
<http://www.who.int/hrp/>

Evidence and Information for Policy Cluster

**World Health Organization (WHO/SHS)**

1211 Geneva 27, Switzerland  
Telephone: 41-22-791-2527  
Fax: 41-22-791-0746  
<http://www.who.ch>  
<http://www.worldrelief.org>

**World Relief Corporation**

P.O. Box WRC

Wheaton, IL 60189

Telephone: (630) 665-0235

Fax: (630) 665-4473

**World Vision Relief and Development, Inc.**

220 I Street, NE, Suite 270

Washington, DC 20002

Telephone: (202) 547-3743

Fax: (202) 547-4834

<http://www.worldvision.org>

# PHN COOPERATING AGENCY, CONTRACTOR AND GRANTEE FIELD OFFICES

## AFRICA

### REGIONAL

Michael Welsh  
**FHI - Africa Region**  
 The Chancery, 2nd Floor, Valley Road,  
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 Telephone: 254-2-713913 to 15  
 Fax: 254-2-726130  
 fhi-kenya@fhi.or.ke/mwelsh@fhi.or.ke

Alle Diop  
**The Futures Group/POLICY - CERPOD**  
 70 Rue du Docteur Theze et  
 Felix Faure  
 Dakar, SENEGAL  
 Telephone: 221-823-9748  
 Fax: 221-823-9747  
 alediop@telecomplus.sn

Justin Tossou  
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 02 B.P. 1400  
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 Fax: 229-306-315/229-350-255  
 jytossou@intnet.bj

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 REDSO/RLI  
 Division of Primary Health Care  
 Old Mgagathi Road, P.O. Box 46556  
 Nairobi, KENYA  
 Telephone: 254-2-716812/3  
 Fax: 254-2-716814

**Partnership for Child HealthCare, Inc.**  
 West Africa Region  
 VDN X Route du Front de Terre  
 BP 3746  
 Dakar, SENEGAL  
 Telephone: 221-827-34-89  
 Fax: 221-827-34-91

Ayorinde Ajayi  
**Population Council/FRONTIERS (ESA)**  
 P.O. Box 17643  
 General Accident House  
 Ralph Bunche Road  
 Nairobi, KENYA  
 Telephone: 254-2-713480  
 Fax: 254-2-713-479  
 aajayi@popcouncil.or.ke

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 128 Sotrac Mermoz  
 P.O. Box 21027  
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 Telephone: 221-824-1993  
 Fax: 221-824-1998  
 tgandaho@pcdakar.org

**PSI - West Africa Region**  
 22 B.P. 1356  
 Abidjan 22, COTE D'IVOIRE  
 Telephone: 225-47-1018/1022  
 Fax: 225-47-7135/1728

**UNC/INTRAH - East and Southern Africa Region**  
 Kijabe Street  
 P.O. Box 44958  
 Nairobi, KENYA  
 Telephone: 254-2-211820  
 Fax: 254-2-226824  
 intrah@africaonline.co.ke

**UNC/INTRAH - West, Central and North Africa Region**  
 BP 5238  
 Dakar - Fann, Senegal  
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# PHN Center Activity Reference Matrix

The PHN Center Activity Reference Matrix is an overview of all Users' Guide projects displayed in spreadsheet format. You may download the Activity Reference Matrix from the Users' Guide website:

[http://www.usaid.gov/pop\\_health/resource/phnug.htm](http://www.usaid.gov/pop_health/resource/phnug.htm)

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