



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

**GUIDANCE ON THE DEFINITION AND USE OF THE
CHILD SURVIVAL AND DISEASE PROGRAMS FUND**

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GUIDANCE ON THE DEFINITION AND USE OF THE CHILD SURVIVAL AND DISEASE (CSD) PROGRAMS FUND

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ACRONYMS & EMPHASIS AREA CODES

CHILD SURVIVAL AND DISEASE ACRONYMS

AFR Africa Bureau
ANE Asia and Near East Bureau
ARI Acute Respiratory Infection
BCI Behavior Change Interventions
BHR Bureau for Humanitarian Response
CDO Cooperative Development Organization
CHS Child Health and Survival
CSD Child Survival and Disease Programs Fund
DA Development Assistance
DCOF Displaced Children and Orphans Fund
DFA Development Fund for Africa
DOTS Directly Observed Therapy – Short Course
DP Development Planning Office
ESF Economic Support Fund
FAA Foreign Assistance Act
FFP Food for Peace
FSA FREEDOM Support Act
FY Fiscal Year
G Global Bureau
GC General Counsel
IEC Information, Education and Communication
IMCI Integrated Management of Childhood Illnesses
IPA Inter-Agency Personnel Authority
LAC Latin America and Caribbean
LIFE Leadership and Investments in Fighting the Epidemic Initiative
M/B Office of Budget, Bureau for Management
NGOs Non-Governmental Organizations
MH Maternal Health
OGC Office of General Council
PASA Participating Agency Service Agreement
PDC Policy Development Coordination
PHN Center for Population, Health and Nutrition
PLHA Persons Living with HIV/AIDS
PPC Program and Policy Coordination
PSC Personal Service Contract
PVC Private Voluntary Cooperation
R4 Results Review and Resource Request
RSSA Resource Support Services Agreement
SCT Sewage Collection and Treatment Systems
SEED Support for East European Democracy
STI Sexually Transmitted Infections
TAACS Technical Advisors in AIDS and Child Survival
TB Tuberculosis
UNICEF United Nations Children’s Fund
US United States
USAID United States Agency for International Development
USAID/W U.S. Agency for International Development/Washington
USG United States Government
VCT Voluntary HIV Counseling and Testing

PRIMARY EMPHASIS AREA CODES

AMRD Anti-Microbial Resistance
BREC Breastfeeding/CHS
CCOR Child Survival Core
EDAL Adult Literacy
EDEC Basic Education for Children
ENVC Environmental Health/CHS
ENVH Environmental Health
HCAR HIV/AIDS Care and Support
HIVA HIV/AIDS Prevention
HKID Children Affected by HIV/AIDS
IMMN Immunization
MALC Malaria/CHS
MALD Malaria
MDRO Prosthetics/Medical Rehabilitation
MHCS Maternal Health/Child Survival
MICC Other Micronutrient/CHS
MICR Other Micronutrient and Vitamin A
MSPG Maternal Health/Safe Pregnancy
MTCT Mother-to-Child Transmission
NUTM Nutrition/MH
ORPH Orphans and Displaced Children
OTID Other Infectious Diseases
PARC MCH Policy Analysis, Reform and Systems Strengthening
PARH Policy Analysis, Reform and Systems Strengthening/HIV
PARS Policy Analysis, Reform and Systems Strengthening
PLIO Polio Eradication
PNBF Breastfeeding/Population
PNNP Non-Family Planning Activities/Population
PNPD Policy Analysis and Program Development/Population
PNPS Family Planning Services/Population
SURH HIV/AIDS Surveillance
SURV Surveillance and Response
TUBD Tuberculosis
VITA Vitamin A/CHS
VKID Vulnerable Children Affected by HIV/AIDS

SECONDARY EMPHASIS AREA CODES

RESEARCH AND DEVELOPMENT

RBE Educational Research [Applied Research]
RFP Population Research [Applied Research]
RHL Health Research [Applied Research]
RDV Development Research [Development Research]

NON-GOVERNMENTAL ORGANIZATIONS [NGOs] AND PRIVATE VOLUNTARY ORGANIZATIONS [PVOs]

CDO Cooperative Development Organization
PVI Third-Country PVO or International PVO
PVL Local PVO operating in the country
PVU U.S. PVO organized in the United States

CROSS-CUTTING AND SPECIAL EMPHASIS

VOT Victims of Torture and Atrocities
TWC Trafficking in Women and Children
GEQ Gender Equality

- Authority is specified, including new authorization, appropriations and notwithstanding language. Specific 2001 legislative language is included as Appendix II. (Page 6)
- The text is organized by strategic objective and new this year, by budget category reflecting the changes made to the account in FY 2001 appropriation. Each category includes new and/or updated “special directives/targets” and other “special considerations” based on the FY 2001 legislation, lessons learned, and Agency modifications. (Page 7)
- The Child Survival Category has been expanded to specifically include Maternal Health, in keeping with the changes in the budget category. This year “other health” category, which had been used to support maternal health has been incorporated into the broader primary causes of morbidity and mortality category under Child Survival and Maternal Health. (Page 12)
- A new budget/programming category, Vulnerable Children, has been added. (Page 17)
- Due to new FY 2001 legislation, the HIV/AIDS and Infectious Diseases sections have significant changes and specific text has been added for each including:
 - A brief description of the new HIV/AIDS strategy
 - Special 2001 Directives (Page 21) include funding for mother-to-child transmission, children, including orphans affected by HIV/AIDS, microbicides, and funding through non-governmental organizations (Page 21)
 - Using funds for multi-sectoral approaches (Page 22) with Appendix III providing the full guidance.
 - Injecting Drug Users (Page 24)
 - Using funds to address HIV/AIDS in the military and the police (Page 24)
 - TB control and prevention in prisons (Page 27)
- In the past, long-term sustainability of priority CSD programs through organizational capacity and institution building and systems strengthening could be funded by the “other health” budget category. However, it is recognized that health systems and capacity strengthening, is a critical part of the Agency’s sustainability objective of assuring the long-term accessibility, efficiency, effectiveness, quality, equity and sustainability of these programs. As such, specific system strengthening and capacity building activities, as appropriate, can be funded under any of the CSD budget categories. (Page 28)
- Chapter V on “Preserving the Integrity of the CSD Programs Fund,” has been expanded and goes into considerable detail regarding planning, monitoring and evaluation, and reporting as well as directives, coding and reporting. These details are summarized in the table “Summary of Agency Objectives, Budget Categories, and Emphasis Coding.” (Pages 10 and 11)
- The Agency coding was modified in FY 2000, so the importance of budgetary coding is again stressed, and reference is made throughout the document as to which codes are to be used for which activity. The new codes are listed in Appendix IV.
- The guidance provided in Chapter VI on the procedures to follow if an operating unit is proposing to use the CSD Programs Fund for activities outside the parameters specified has been further clarified. (Page 36)

D. Scope, Definitions and Authorities

Under the CSD Programs Fund:

- Funds *must* be used for the specific Congressional directive and purpose for which they were appropriated;
- Activities *must* be consistent with the Agency results framework and the guidance specified herein;
- and Funds *must* be programmed and coded as such. Compliance requires careful planning, monitoring and reporting, with strict adherence to Congressional directives and Agency coding guidelines.

Two key criteria—“direct impact” and “optimal use of funds”—are to be used when determining whether activities are appropriated for funding under the CSD Programs Fund:

- **“Direct impact”** means that the results of an activity can be linked and measured directly to the achievement of the relevant Agency objective (objectives under Goal 3 or 4). For example: polio immunization can reduce deaths caused by polio and reduce paralysis and loss of mobility due to polio; enhancing positive behavior change among HIV high-risk populations can reduce the transmission of HIV/AIDS; and promoting birth preparedness can directly reduce maternal morbidity and mortality and the adverse outcomes to women as a result of pregnancy and childbirth.

The GC has determined that direct impact does not include economic growth activities that have as their objectives the reduction of poverty, which, in turn, would have a positive impact on infant and child nutrition. For example, an activity to encourage home gardening so that the produce would be primarily used in the home and benefit children and mothers could be direct enough to justify funding with CSD monies. Conversely, if it intended that the produce from the expanded home gardening is to be marketed so as to provide greater family income, the impact on children’s health could be too indirect to justify the use of CSD funds for such an activity.

- The **“optimal use of funds”** means ensuring that those activities which are most effective and efficient in reaching significant, critical populations and/or providing sustainable community-based services receive priority for funding. This requires determining the expected result of a planned activity and monitoring and reporting on the achievement of those results. Country factors such as the severity and magnitude of the problem, overall developmental needs, program stage or maturity, and host country and other donor resources help determine optimal use.

Adequate funds must be allocated for surveillance, monitoring and evaluation, sharing lessons learned, and assessment and reporting of results. The Agency has agreed with the Congress that in return for increased funding for CSD, USAID will closely monitor the use and impact of such funds. In addition, health systems and capacity strengthening activities are allowed for reaching the Agency’s objective of assuring the long-term accessibility, efficiency, effectiveness and quality of CSD programs.

Authorities for use of the CSD Program Fund are as follows:

- **Authorization Authority:** The CSD Program is authorized by the Foreign Assistance Act of 1961 as amended, House and Senate Conference Reports, the 2000 Global HIV/AIDS and Tuberculosis Relief Act, and the Global Malaria control Act of 2000. Relevant excerpts from this legislation are included in Appendix II.
- **Appropriation Authority:** Funds from the CSD Programs Fund are made available under the authority of the annual Appropriations Act for Foreign Operations, Export Financing, and Related Programs. In terms of the scope of the legislation, this Act authorizes CSD activities by providing “for necessary expenses...for child survival, basic education, assistance to combat tropical and other infectious diseases, and related activities...” USAID is pleased that Congress continues the highly effective CSD Programs Fund to ensure that “there will not be reductions in these vital programs as the overall bilateral assistance program is constrained. The emphasis is on programs that directly affect younger children (including basic education) and on accelerating efforts to eradicate diseases that threaten younger children and caregivers alike.” See Appendix II for the FY 2001 Appropriations Act as well as relevant Report language for definitions and further elaboration. While guidance is not expected to change dramatically, USAID staff should consult the applicable authorization and appropriation legislation each fiscal year as changes may occur.
- **Notwithstanding Authority:** A “notwithstanding” provision is found in Section 522 of the FY 2001 Appropriation Act. This authority allows USAID to initiate or continue CSD assistance notwithstanding cases where United States Government (USG) assistance to a particular country would otherwise be terminated or withheld. In other words, the notwithstanding authority overcomes country prohibitions (such as the prohibition on assistance to countries whose democratically elected head of government has been deposed), *but not* prohibitions on means of assistance (such as the restriction on providing training or advice to foreign police, prison or law enforcement personnel). Similarly, the recently enacted global HIV/AIDS and Tuberculosis Relief Act of 2000 amended section 104(c) of the Foreign Assistance Act provides a similar notwithstanding authority. Section 104(c)(6)(C)(ii) now reads, “Assistance made available under this subsection (i.e., health) and assistance made available under chapter 4 of part II to carry out the purposes of this subsection, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries.”

Please note that while notwithstanding authority allows CSD assistance to countries that would otherwise have been prohibited from receiving this assistance, assistance to such countries may raise sensitive policy issues. If operating units have questions about these provisions of law relative to CSD, please consult with the regional legal advisor or the Office of the General Counsel (GC) before providing such assistance.

This notwithstanding clause is “self-executing.” Please note, however, that as a policy matter, and not a legal one, Operating units must check with the relevant bureau or office, document their decision, and notify the appropriate GC office (the Regional Legal Advisor for the field or GC for USAID/W) and the Bureau for Policy and Program Coordination (PPC). PPC is responsible for tracking operating units that make use of the “notwithstanding” authority.

E. Points of Contact

General questions concerning this notice or overall guidance may be directed to PPC’s Senior Policy Advisor for Population, Health and Nutrition. See Appendix I for a list of individuals who may be consulted for specific policy, programmatic, and technical issues.

II. RELATIONSHIP OF THE NEW BUDGET CATEGORIES TO THE USAID STRATEGIC PLAN

Two Agency goal areas primarily encompass the objectives of the CSD activities, namely:

A. USAID Strategic Goals

1. Goal 4: “World population stabilized and human health protected,” the CSD Account covers four of the five Agency Objectives—4.2, 4.3, 4.4, and 4.5

- Infant and child health and nutrition improved and infant and child mortality reduced.
- Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth reduced.
- HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.
- The threat of infectious diseases of major public health importance reduced.

2. Goal 3: “Human capacity built through education and training,” the CSD Account substantively covers one of the two Agency Objectives—3.1

- Access to quality basic education for under-served populations, especially for girls and women, expanded.

B. New Budget Categories

In addition to the above strategic objectives, the FY 2001 House Report clearly defined the budget categories within the CSD Programs Fund account and specifically outlined how CSD funds should be allocated. The account now includes five major budget categories:

- ***Child Survival and Maternal Health***, including line items: Primary Causes of Mortality and Morbidity, Polio, Micronutrients, and Global Alliance for Vaccines and

Immunizations (GAVI). This category of funding will be allocated by M/B according to these line items and will be tagged and tracked separately. Note that the previous separate line items, “health promotion” and “child survival,” have now been collapsed under one category called “primary causes of morbidity and mortality.” These funds can be used for any discretionary child survival, maternal health and supporting health system investments as outlined in the guidelines and as supported in recent years and as supported in recent years.

- ***Vulnerable Children***, including line items: Displaced Children and Orphans Fund (DCOF), Blind Children, and HIV/AIDS-affected Children. This category will also be allocated by M/B, and the above line items will be tagged and tracked separately. Please note that funding for HIV/AIDS-affected children will also be counted within USAID’s overall HIV/AIDS level. Funds are used to support a set of programs designed to address critical needs of children at risk, needs of children in crisis, and children affected by HIV/AIDS, including orphans.
- ***HIV/AIDS***, The total HIV/AIDS level for each mission will be a combination of core HIV/AIDS funds and vulnerable children funds for children affected by HIV/AIDS. In addition, the Agency will also be required to meet directives for work with NGOs, and mother-to-child transmission (MTCT). While missions will not receive tagged funds for work with NGOs, mother-to-child transmission, or children affected by HIV/AIDS, missions may be asked to report on these activities.
- ***Infectious Diseases***, including line items for tuberculosis, malaria and other infectious diseases, including anti-microbial resistance and surveillance. Funds for TB, malaria and other infectious diseases will be tagged so that the Agency can report on specific directives for each. Note that in previous years, malaria programs were funded jointly from child survival line items and infectious disease line items. Beginning in FY 2001, malaria programs in general should be paid for by infectious disease funds. Adjustments have been made in the available funding to reflect this.
- ***Basic Education for Children***, As outlined in last year's guidance, basic education funds are to be used for basic education for *children* and not for adult literacy programs.

C. Summary Chart of Goals and Objectives, Budget Categories (with OYB Targets and Directives), and Coding

The tables on the following two pages present the relationship between Agency Goals 3 and 4 and the new budget categories along with the codes for appropriate activities within each category, after which chapters III and IV provide specific guidance on the allowable uses of the CSD Programs Fund. The guidance is presented by strategic objective, with an overlay of the budget categories.

**Summary of Budget Categories, Agency Objectives, and Emphasis Coding
By Agency Objective and by Budget Category**

Budget Category (with OYB Targets)	Agency Objective	Primary Codes	Secondary Codes
Population/Family Planning (not for use with CSD funds)	4.1 Unintended and mistimed pregnancies reduced.	PNBF Breastfeeding/Population PNNP Non-Family Planning Services PNPD Policy Analysis & Program Development/Population PNPS Family Planning Services/ Population	Research Codes RFP Population Research (use <i>only</i> with Pop funds) RBE Educational Research RHL Health Research RDV Development Research
Child Survival and Maternal Health <ul style="list-style-type: none"> ▪ Primary Causes of Morbidity and Mortality for Children and Mothers ▪ Polio Eradication ▪ Micronutrients 	4.2 Infant and child health and nutrition improved and infant and child mortality reduced. 4.3 Deaths, nutrition insecurity, and adverse health outcome to women as a result of pregnancy and childbirth reduced.	BREC Breastfeeding/CHS CCOR Child Survival Core – <i>New*</i> ENVC Environmental Health/CHS IMMN Immunization MALC Malaria/CHS MHCS Maternal Health/Child Survival MICC Other Micronutrients/CHS PARC MCH Policy Analysis, Reform, and Systems Strengthening – <i>New**</i> PLIO Polio Eradication VITA Vitamin A – <i>New***</i> MICR Micronutrients and Vitamin A MSPG Maternal Health/Safe Pregnancy NUTM Nutrition/MH	Organization Codes CDO Cooperative Development Organization PVL Local PVO (in-country) PVI 3 rd -party PVO (3 rd -country or international PVO) PVU U.S. PVO Cross-cutting & Special Emphasis Codes TWC Trafficking of Women & Children GEQ Gender Equality VOT Victims of Torture and Atrocities
CSD Vulnerable Children <ul style="list-style-type: none"> ▪ DCOF ▪ Blind Children ▪ Children Affected by HIV/AIDS Non-CSD Vulnerable Children <ul style="list-style-type: none"> ▪ Orphanages in E&E ▪ Trafficking of Women & Children 	4.2 Infant and child health and nutrition improved and infant and child mortality reduced. 4.4 HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.	ORPH Orphans & Displaced Children VKID Vulnerable Children Affected by HIV/AIDS – <i>New</i>	

* CCOR incorporates old codes ARIN, CODD, and NUTC

**PARC incorporates PARC and old code PARM

***VITA incorporates old codes VITC and VITM

Summary of Budget Categories, Agency Objectives, and Emphasis Coding (Continued)

By Agency Objective and by Budget Category

Budget Category (with OYB Targets)	Agency Objective	Primary Codes	Secondary Codes
HIV/AIDS	4.4 HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.	HCAR HIV/AIDS Care and Support – <i>New</i> HIVA HIV/AIDS Prevention HKID Children affected by HIV/AIDS – <i>New</i> MTCT Mother-to-Child Transmission – <i>New</i> PARH Policy Analysis, Reform and Systems Strengthening/HIV SURH HIV/AIDS Surveillance	Research Codes RFP Population Research (use <i>only</i> with Pop funds) RBE Educational Research RHL Health Research RDV Development Research
Infectious Diseases <ul style="list-style-type: none"> ▪ Tuberculosis ▪ Malaria ▪ Antimicrobial Resistance, Surveillance, Other ID 	4.5 The threat of infectious diseases of major public health importance reduced.	AMRD Anti-Microbial Resistance MALD Malaria/ID OTID Other Infectious Diseases SURV Surveillance and Response TUBD Tuberculosis	Organization Codes CDO Cooperative Development Organization PVL Local PVO (in-country) PVI 3 rd -party PVO (3 rd -country or international PVO) PVU U.S. PVO
Basic Education for Children	3.1 Access to quality basic education for under-served populations, especially for girls and women, expanded.	EDEC Basic Education for Children	
Other		ENVH Environmental Health MDRO Prosthetics/Medical Rehabilitation**** PARS Policy Analysis, Reform and Systems Strengthening VVOT Victims of Torture and Atrocities – <i>New</i>	Cross-cutting & Special Emphasis Codes TWC Trafficking of Women & Children GEQ Gender Equality VOT Victims of Torture and Atrocities – <i>New</i>

****MDRO replaces old code MDRC

III. ALLOWABLE USES OF THE CHILD SURVIVAL AND DISEASE PROGRAMS ACCOUNT FOR PROTECTING HUMAN HEALTH

This chapter provides a brief explanation of allowable activities for each of the Agency objectives related to the CSD Programs Fund budget categories. In each category delineated in the narrative below, allowable activities can include interventions such as:

- *Strengthening of policy analysis, dialogue and policy initiatives.*
- *Support for direct service delivery and system strengthening in both public and private sectors.*
- *Strengthening of community participation and mobilization.*
- *Development of management capacity.*
- *Enhancement of training, quality assurance, and supervision.*
- *Support for information, education, and communication (IEC) activities.*
- *Provision of data collection and analysis.*
- *Support for pilot projects and applied research.*
- *Sustaining efforts to secure a stable and diversified resource base.*
- *Support of the rational management and use of essential drugs/commodities and commodity procurement.*
- *Sustaining strong, ongoing evaluation mechanisms to encourage continuous improvement of the management and quality of programs and systems.*

The following sections further define allowable activities in each specific category. For convenience, the relevant codes are included in the narrative below. A complete listing of relevant primary emphasis codes, by Agency goal and objective, is attached as Appendix IV. In addition, secondary emphasis codes for Research and Development as well as for Private Voluntary Organizations (PVOs) are also included in Appendix IV. The importance of correctly coding activities cannot be overemphasized, as it enables the Agency to accurately inform CSD program managers, Congress, and the American public how the CSD Programs Fund is utilized and what impact these investments have in their targeted areas. Also, correct coding and tracking can greatly influence future allocations and directives and limits the need for *ad hoc* reporting by operating units.

If an operating unit proposes to use funds for activities that do not clearly fall within the definitions described herein, it *must* obtain prior written approval from PPC and G/PHN, concurrence by regional bureau technical staff and clearance from GC. (See Chapter VI for further details and procedures for exceptions.)

A. Child Survival and Maternal Health

This budget category addresses two Agency Objectives, 4.2 and 4.3, namely “Infant and child health and nutrition improved and infant and child mortality reduced,” and “Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and child birth reduced.”

1. Child Health and Survival: Agency Objective 4.2: “Infant and child health and nutrition improved and infant and child mortality reduced.”

Allowable activities for this category are those that make a direct measurable impact on improving infant/child health and nutrition and reducing infant/child mortality. Specific interventions include:

- *Expanding access to and use of key child health interventions* that primarily focus on the prevention, treatment, and control of the five primary childhood killers, which are diarrheal disease, acute respiratory disease, malnutrition, malaria (directed primarily at children) and vaccine preventable diseases. Interventions directed toward these areas are the core of USAID’s child survival program.
- *Enhancing quality, availability, and sustainability of key child health interventions* through activities that: improve planning, organization, and management of health systems and services; build in-country capacity; promote private sector services delivery; improve the use of health sector financial resources; enhance the availability and appropriate use of health commodities; and promote positive health policies.
- *Addressing child malnutrition and improving nutritional status* through promotion of general child nutrition via nutrition policy improvement, breastfeeding, education and growth monitoring, young child nutrition, and prevention of nutritional deficiencies in children, especially through delivery of micronutrients. As a reminder, the impact on child malnutrition and improving nutritional status must be direct.
- *Developing, testing, and replicating priority environmental health interventions to prevent the spread of childhood disease* due to environmental factors, such as improving water supply and sanitation, promoting good hygiene behavior, and controlling vector-borne diseases.

Operating units can code these activities with the following Primary Emphasis Area Codes: “BREC,” “CCOR,” “ENVC,” “IMMN,” “MALC,” “MHCS,” “MICC,” “PARC,” “PLIO,” and “VITA.”

Special 2001 Targets for Child Survival and Health Programs

Congress and USAID have established funding targets for polio, vitamin A and other micronutrients. If CSD program funds are used to satisfy special directives/targets, then the activity must be consistent with the Agency directive-specific results framework and be coded for as such. Descriptions of allowable activities for each directive/target follow below.

- **Polio Eradication Activities:** USAID has joined forces with other international, bilateral and national efforts to eradicate polio. A governing principle of USAID’s polio strategy is to contribute to the eradication of polio in a way that strengthens health systems, particularly for the delivery of vaccines. Allowable activities include: developing effective partnerships to support polio eradication and vaccination; strengthening immunization support systems in the public and private sector; improving timely planning and implementation for supplemental polio vaccinations and other interventions when appropriate; improving acute flaccid paralysis surveillance and response; and improving timely dissemination and use of information to continuously improve the quality of polio eradication activities. Activities that link polio eradication with immunization and disease control activities are also allowed. However, polio eradication needs to be the primary focus of the activity. Operating units are to use the following primary emphasis area code for all polio activities: “PLIO.”

- **Micronutrient Activities:** Reducing child and maternal morbidity/mortality through improved micronutrient status is a prime focus of USAID’s overall child survival strategy. Interventions include supplementation, fortification, and dietary improvement. Expanded delivery of vitamin A is central to USAID’s micronutrient strategy because of its demonstrated cost effectiveness, relative to other proven child survival interventions, to reduce illness and deaths due to measles, diarrhea and other common childhood infections. In countries where vitamin A deficiency is prevalent, operating units are strongly encouraged to incorporate vitamin A capsule delivery as a key element of their child survival programs. Other important micronutrient interventions are those that address iron, zinc and iodine deficiencies. Operating units may use the following primary emphasis area codes for all micronutrient activities: “MICC” and “VITA.”

Micronutrient activities may be linked to and integrated within other nutrition, health, and agricultural activities, but the focus should be on *direct measurable (and reportable) impact* on specific micronutrient deficiencies. Micronutrient funds may be used for breast-feeding and similar child nutrition activities to the extent that the impact of these activities on reducing micronutrient deficiencies is clear. As a rule of thumb, no more than 20% of these integrated programs should be supported from micronutrient funds.

Special Considerations for Child Health and Survival

- **Prohibition on Purchase of Contraceptives:** Child survival budget category funds cannot be used for the purchase of contraceptives. Child spacing activities are limited to those education and service activities in which birth spacing efforts are conducted as part of a larger child survival effort with the objective of reducing infant and child mortality.

Careful planning, monitoring, coding and reporting is required to disaggregate CSD funding from population funding.

- **Integrated Approaches to Child Health (IACH):** IACH includes integrated strategies and approaches to deliver child health services. An example is the Integrated Management of Childhood Illness program which combines proven technical approaches to diarrheal diseases, acute respiratory infectious, breastfeeding promotion, immunization, vitamin A supplementation and has added new approaches for malaria and evaluation of nutrition. To code funding for an IMCI program, operating units should prorate the funding by the relevant set of technical areas, such as: “BREC,” “CCOR,” “IMMN,” “MALC,” “MICC,” and “VITA.”
- **Private Voluntary Cooperation (PVC) Child Survival Grant Program:** Allowable uses include the Bureau for Humanitarian Response/PVC-administered PVO Child Survival Competitive Grants Program, which supports 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. Though centrally administered, Missions have the opportunity for input during the review of all USPVO applications submitted to BHR/PCV for funding. BHR/PVC is responsible for programming, coding and reporting these activities.
- **Water and Sanitation:** To encourage better integration of environmental activities with infectious diseases, child survival, maternal health, and other health activities, there are special considerations for water and sanitation activities conducted under various Agency environmental objectives, including those on sustainable urbanization and water resources management. Such water and sanitation activities may be considered for funding from the CSD Programs Fund only if these programs contribute directly to child health and survival objectives. Note that water and sanitation or other environmental health activities included under PHN sector objectives, and determined by operating units to be critical in meeting such objectives are not subject to these special considerations and may be fully funded from the CSD Programs Fund.

It is recognized that the appropriate proportion of CSD Programs funds versus other funds in support of a given activity will vary from one program and setting to another. As a general rule, if the use of child survival monies exceeds thirty percent of the total funding for a water and sanitation activity, results package or objective (not included under a strictly health objective of this guidance), operating units must seek prior approval from USAID/W as outlined in Chapter VI.

Operating units should document for their files how they determined the appropriate proportion of child survival funding to use for water and sanitation activities. To determine the appropriate share of child survival budget category versus other funding, operating units should consider a variety of factors including: the degree of mortality/morbidity of children due to water and sanitation problems; expected impact on

mothers and children given the affected population and degree to which the program will directly affect children and their mothers; and percent of population under age five affected by the program. There may be other factors to consider given the nature of the program and the country context. Operating units should use commonly accepted child survival indicators related to water supply, sanitation, and hygiene to monitor and report on the outcomes of these water and sanitation activities. In general, improved access to services is a necessary but usually not sufficient condition for improved child health.

Operating units should use the primary code “ENVC” for activities encompassing those child health problems related to environmental conditions.

2. Maternal Health and Survival: Agency Objective 4.3: “Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and child birth reduced.”

Allowable activities under this objective are those that contribute directly to the strategic objective of reducing deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth. Specifically, maternal health and survival activities are primarily directed to adolescent girls and women of reproductive age and are centered on six related areas:

- *Increasing access to and use of quality maternal and reproductive health interventions at community, family and individual levels*, through educational preparation for childbearing, creating demand for services, and modification of services to become more available, culturally appropriate and effective.
- *Improving maternal nutritional status throughout the reproductive life-cycle* through nutrition education and appropriate micronutrient interventions, including iron to reduce iron deficiency anemia, vitamin A supplementation and other interventions as indicated.
- *Ensuring birth preparedness*, including: prenatal care; planning for a clean and safe delivery attended by a skilled, professional attendant; adequate nutrition for weight gain during pregnancy; micronutrient supplements; preventing, detecting and treating infections including tetanus, malaria, HIV/STDs and others; recognition of complications; planning for emergency transport; and support for emergency care.
- *Improving management and treatment of life-threatening obstetrical complications* including families and community members recognition of complications of pregnancy and of abortion and providing obstetric first aid; and timely, high quality care for obstetric complications by skilled, professional providers.
- *Ensuring safe delivery and postpartum care*, including clean delivery and elimination of harmful practices; recognition, referral and treatment of maternal complications; post-partum and neonatal care that includes identification and treatment of post-partum complications; and, post-partum and neonatal preventive care, including counseling on

proper rest, nutrition, breastfeeding and hygiene for the mother, and birth spacing (child spacing is limited, as in the past, to those activities in which birth spacing efforts are conducted as a part of a larger child survival effort with the objective of reducing infant and child mortality);

- *Improving long-term capacity of local institutions to provide quality maternal health care*, including diagnostic assessments; improved health policies; standard treatment guidelines; improved decision-making processes; quantification, costing and rational management of commodities and services; sustainable maternal health financing arrangements such as prepayment schemes, insurance and targeted subsidies; improved use of health sector financial resources; and enhanced monitoring, evaluation and quality assurance systems.

Operating units can use any of the following primary codes for these activities: “MICR,” “MSPG,” “NUTM,” and “MHCS.” If funds are used for programs involving female genital cutting (FGC) activities to eliminate harmful practices, then the FGC Coordinator in USAID/W must be notified as these funds will not be tracked or coded for separately.

Special Considerations for Maternal Health and Survival

- **Coding Considerations:** In FY 2001, the CSD Programs Fund budget structure combines child survival and maternal health under a single budget category. In addition to the primary codes listed above, maternal health activities can also be funded under other aspects of the CSD account. For example: maternal health activities related to prevention and control of malaria may be charged to MALC or MALD; as breastfeeding benefits both mother and child, breastfeeding programs may have child health as the focus and be charged to BREC, while impacting maternal health; in HIV/AIDS programs, maternal health activities may be charged to HCAR or HICA; and where activity goals are to improve child health outcomes through promotion of maternal health, MHCS may be used. Maternal health activities may also be part of reproductive health using population funds, and care should be taken to program and code the accounts separately and correctly.

B. Vulnerable Children

In the FY 2001 Appropriation, Congress directed USAID to pay special attention to vulnerable, disadvantaged or deprived children. Funds classified as “vulnerable children” are used to support a set of programs designed to address critical *needs of children most at risk* as well as *prevent disabilities* and other problems that could put children at risk. At the center of this strategy are programs addressing the needs of children in crisis, including street children; displaced children and orphans, including children affected by complex emergencies and natural disasters; children affected by HIV/AIDS; children affected by armed conflict (including child soldiers); disabled children; and children exploited by commerce. USAID activities in this category include:

- *Displaced Children and Orphans Fund Activities:* The Displaced Children and Orphans Fund (DCOF) provides financial and technical assistance for the care and protection of children who are displaced or vulnerable due to separation from their families, are at great risk of losing family care and protection, or other sources of extreme vulnerability. In the FY 2001 Appropriation, funding for DCOF activities are available “notwithstanding any other provision of law.” The DCOF focuses primarily on children affected by war, including child soldiers, children orphaned by HIV/AIDS, and street children. The emphasis is on strengthening family and community capacity for identifying and responding to the special physical, social, educational and emotional needs of these children. The end goal is to reunite children with their immediate or extended families.

Allowable activities include: documentation, tracing and reunification of unaccompanied children separated from their families during conflict; psychosocial programs; community mobilization; and vocational training and income generation projects to replace years of lost education and skills for future occupations. In the case of the child soldier, there can be special attempts to reintegrate the ex-combatants as quickly as possible after demobilization. Operating units are to use the Primary Emphasis Area Code, “ORPH,” for these activities.

- *Activities for children affected by HIV/AIDS:* Building on the models established through DCOF, allowable activities include: significant expanding care and support programs for children affected by HIV/AIDS; support to community-based organizations that increase access to education for orphans and other vulnerable children affected by HIV/AIDS. Those components of micro-enterprise or job training programs which are designed specifically for orphans or other vulnerable children affected by HIV/AIDS. In FY 2001 there is a new code to identify these activities. Operating units are to use the code “VKID” to identify these activities
- *Other activities for vulnerable children:* Allowable activities include: efforts with child combatants and children affected by war, by helping reintegrate child soldiers back into their families and communities, and providing psychosocial support for these children; and returning unaccompanied children back to their families through identification, documentation, tracing and reunification; preventing increased disabilities through treating blindness, preventing blindness among chronically vitamin A deficient populations, and preventing cognitive disabilities caused by iodine deficiency, as well as through education and testing related to other disabilities, such as hearing loss. Expanding efforts with older adolescents, such as sports and vocational training with mentoring as alternatives to violence. Preventing the trafficking of young women and children. FY 2001 does not have a separate primary emphasis code for these activities, so missions should note if vulnerable children funds are being used for these activities.

C. HIV/AIDS Prevention, Care and Surveillance: Agency Objective 4.4: “Transmission and the Impact of the HIV/AIDS Pandemic in Developing Countries Reduced.”

USAID has been designated by the President and the Secretary of State as the lead agency for U.S.-assisted international HIV/AIDS programs. USAID is committed to enhancing the capacity of developing and transitional countries to protect their populations not yet infected by HIV and to provide services to those infected and/or affected by the epidemic.

For the past two years, Congress has appropriated significant additional funds to USAID in the Child Survival and Disease account “for activities relating to research on, and the prevention, treatment and control of, Acquired Immunodeficiency Syndrome” and for “children affected by, but not necessarily diagnosed with, HIV/AIDS.” In addition, Congress directed contributions for HIV/AIDS from the Economic Support Fund (ESF), Assistance to Eastern Europe and the Baltics (AEEB), and the Freedom Support Act (FSA). One of the other programs specifically mentioned in the Senate Report for HIV/AIDS funding is the Micro-enterprise Initiative.

These funds enable USAID to increase its efforts and impact. In 2001, USAID developed an expanded response to the Global HIV/AIDS pandemic and with other donors and host country partners is working to achieve the following international goals¹ by 2007:

- Reduce HIV prevalence rates among those 15-24 years of age by 50% in high prevalence countries
- Maintain prevalence below 1% among 15-49 year olds in low prevalence countries
- Ensure that at least 25% of HIV/AIDS infected mothers in high prevalence countries have access to interventions to reduce HIV transmission to their infants
- Help local institutions to provide basic care and psychosocial support services to at least 25% of HIV infected persons and to provide community support services to at least 25% of children affected by AIDS in high prevalence countries.

USAID’s response centers on three categories of countries:

- *Rapid scale-up countries:* Four countries have received increased resources to achieve measurable impact within one to two years.
- *Intensive countries:* 13 countries and 3 targeted sub-regions have *received* additional resources to reduce (or keep low) prevalence rates, reduce HIV transmission from mother to infant and increase support services for people living with and affected by AIDS with three to five years.
- *Basic countries:* 25 countries and several sub-regions received resources to maintain technical assistance, training and commodity support and help secure other funding to enable these countries to move toward the 2007 goals.

¹ In the expanded response, the commitment was that: 1) In high prevalence countries and regions, USAID will work *with other donors* to see that no less than 80% of **the targeted population** be provided a comprehensive package of prevention and care services within 3-5 years; 2) In low prevalence countries, USAID will work *with other donors* to see that no less than 80% of the **targeted population high risk population** in the program areas be provided a comprehensive package of prevention activities within 3-5 years. The targets are ambitious, and it should be clear that USAID is *part* of a concerted international effort to reach these goals. Therefore, in order to accurately measure progress in results, proper definitions must be developed, and appropriate baseline data must be collected.

Country classifications are based on: severity and magnitude of the epidemic; impact on economic and social sectors; risk of a rapid increase in prevalence; availability of other sources of funding; and US national interest and strength of host country partnerships. The FY 2001 Appropriations Bill directs USAID to concentrate its HIV/AIDS assistance on:

- primary prevention and education;
- voluntary testing and counseling;
- medications to prevent the transmission of HIV from mother to child; and
- care for those living with HIV or AIDS.

1. Allowable Uses of CSD Program Funds for HIV/AIDS Prevention, Care and Surveillance

Allowable activities for HIV/AIDS prevention, care, and surveillance are those that contribute directly to reducing HIV transmission and the impact of the HIV/AIDS pandemic in developing countries. This requires a comprehensive, locally tailored approach that engages sufficient community, government, NGOs, and donor resources in a consistent and complementary manner. The strategies should reflect the stage of the epidemic and the distribution of “those most likely to contract or transmit” HIV. These activities include:

- *Increasing quality, availability, and demand for information/services to change sexual risk behaviors and cultural norms to reduce HIV transmission, including a strategic mix of interpersonal and mass media interventions to build knowledge, skills and motivation for avoiding HIV risks (e.g. sexual transmission, injecting drug use), reducing HIV stigma and discrimination (voluntary HIV counseling and testing (VCT) and increasing acceptance and access to condoms.*
- *Developing, testing, and promoting HIV/AIDS prevention and care interventions including policy dialogue, community mobilization, and networking with NGOs, private sector, and expanding services to persons living with HIV and AIDS (PLHA) and promoting the dignity and human rights of vulnerable groups. Activities include the use of policy tools to leverage political and financial support for such programs and support change in social norms.*
- *Increasing NGO, community, public, and private sector organizations to prevent HIV transmission and support persons with HIV/AIDS, their caregivers, families and survivors, including activities to develop and promote effective strategies for providing basic care and support services to people living with AIDS, their families and other vulnerable groups. Examples could include NGO strengthening, establishing support networks for PLHA, selected treatments of opportunistic infections (especially tuberculosis), appropriate use of interventions to reduce mother-to-child HIV transmission, integrated and comprehensive harm reduction programs, and community-based support for orphans or children*

affected by HIV/AIDS.

- *Enhancing quality, availability, and demand for STI management and prevention services*, focusing on symptomatic men and high-risk female populations. Activities include validating syndromic management protocols, training, monitoring, supplying materials for sound clinical and counseling services, improving drug logistics, assuring quality of blood supply, and proper needle disposal.
- *Improving quality, availability, and use of evaluation and surveillance information*. Accurate, current data about HIV, STI and risk behaviors are essential for planning and evaluation. Activities can include the development of improved tools and models for collecting, analyzing, and disseminating HIV/AIDS behavioral and biological surveillance and monitoring information; assisting countries to establish and/or strengthen these systems; and defining and disseminating "best practices" to improve program efficiency and effectiveness.

Operating units should use the following primary emphasis area codes for these activities: "HCAR," "HIVA," "HKID," "MTCT," "PARH," and "SURH." Operating units can also utilize funds for children affected by HIV/AIDS under the Orphans and Displaced Children or the Vulnerable Children Affected by HIV/AIDS using codes—"ORPH" and "VKID" respectively.

2. Special 2001 Directives for HIV/AIDS Prevention, Care and Surveillance

Congress has established targets for displaced children and orphans (DCOF), mother-to-child transmission, microbicide research, and NGO programming. These targets with their specific directives are described below.

- **Children, including orphans, affected by HIV/AIDS:** Funds should be directed to community-based, faith-based, multi-sectoral and/or peer-to-peer approaches for children affected by but not necessarily diagnosed with HIV/AIDS, their caregivers, families or survivors. Allowable activities include: increasing support for orphans and highly vulnerable children; and improving community-based medical management of sick children in high HIV/AIDS prevalence areas. Funding should be used to modify treatment guidelines for children in areas with high HIV prevalence. There is currently a poor fit between traditional management of sick children and the needs of sick children in high HIV prevalence settings. Use of special IMCI protocols could improve child health, alleviate suffering and avoid costly hospital based care. Such activities would be appropriate for co-funding with other CSD budget lines. Preventing the trafficking of children, as these children are at high risk of HIV infection; support for children affected by HIV/AIDS can be covered either by: 1) using HIV/AIDS funding, in which case the "HKID" code should be used; or 2) by using Vulnerable Children/Children Affected by HIV/AIDS funding, in which case the "VKID" code should be used.

- **Reducing Mother-to-Child Transmission (MTCT) of HIV/AIDS:** Successful programs to prevent MTCT include the following components: improved antenatal services; voluntary and confidential counseling and testing services; short-course antiretroviral prophylaxis for HIV-infected pregnant women; counseling and support for safe infant feeding practices; strengthened reproductive health, and safe motherhood programs. Missions are encouraged to establish broad partnerships in the implementation of MTCT prevention programs. With regard to breastfeeding, an HIV-infected woman should receive counseling that includes information about the risks and benefits of different infant feeding options. Specific guidance should consider the availability, affordability and safety of those options. The final decision should be the woman's, and she should be supported in her choice.

- **Microbicide Research and Development for HIV/AIDS Prevention:** In FY 2001, Congress directed that funds be used for microbicide research and development. USAID/W anticipates funding microbicide efforts through central agreements. Missions may be asked to participate in relevant microbicide activities. Examples of activities include: building and strengthening research capacity at universities, hospitals and research centers in high HIV prevalence settings to increase numbers of institutions that can perform clinical microbicide trials; increased social science and behavioral research on microbicides and other prevention methods; additional pre-clinical laboratory and clinical research to optimize product characteristics, prepare possible formulations and conduct clinical trials to investigate and maximize product acceptability, safety and effectiveness; and development and validation of animal and in-vitro models to help determine best candidates to advance clinical trials. Field operating units will not be required to code for microbicides as USAID/W will be funding microbicide research and development through central agreements.

- **Use of Non-governmental Organizations for HIV/AIDS Programming:** Congress urges the continued support of private and voluntary organizations and cooperatives in the delivery of grassroots assistance that utilize the special expertise and local knowledge of PVOs and cooperatives. Thus, Congress anticipates major flows of funding and activities through private voluntary (PVO) and non-governmental organizations (NGO). Country programs should maximize the use of NGOs.

3. Special Considerations for the Use of HIV/AIDS Funds:

- **Multi-sectoral programs for HIV/AIDS:** CSD funds can be used for the HIV/AIDS components of broad sectoral or multi-sector activities that contribute directly to the Agency strategic objective "HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced." While CSD HIV/AIDS funds can be used for the HIV/AIDS-related components of broad sectoral or multi-sectoral programs, operating units must use other funds to support activities that do not have a direct and measurable impact on HIV/AIDS. The use of CSD funds is always governed, first by the

Congressional directives, followed by the Agency's HIV/AIDS results framework, and the Agency's commitment to helping meet international HIV/AIDS prevention and care goals. This requirement was made explicit in the FY 2001 House Report: "The Committee believes it is essential that increased funding for HIV/AIDS be tied to measurable results." For a more complete description of the guidelines governing multi-sectoral HIV/AIDS activities see Appendix III.

- **Co-programming using Food for Peace (FFP) – P.L.480 Title II:** Operating Units are reminded that CSD funds may be used in conjunction with Title II resources for greater impact in HIV/AIDS prevention and mitigation. Title II resources are to be utilized in support of food security objectives. Where HIV/AIDS impacts on food security, the use of Title II resources to mitigate this impact may be appropriate.
- **Co-Programming of HIV/AIDS funds with Other Accounts:** HIV/AIDS funds, under the CSD Programs Fund, may under certain restrictions be utilized with other account funds in a single integrated program. But, HIV/AIDS funds must be used for the purposes intended by Congress and must be reported and coded separately. Operating units must use clear language in defining what HIV/AIDS funds are being used for, especially when programs are jointly funded by the CSD Programs Fund, Development Assistance Account, and/or other Funding Accounts (Economic Support Fund, Freedom Support Act, etc). Operating units will be required to disaggregate CSD and other activities in Congressional notifications and in the R4 reporting.
- **Commodities:** HIV/AIDS commodities (condoms, HIV test kits and drugs) are critical for prevention, diagnosis, and treatment of opportunistic and sexually transmitted infections, including HIV/AIDS. The CSD Programs Fund may be used for commodity procurement for HIV/AIDS. However, the projection of future worldwide needs in this area is staggering and cannot be met through any single fund. In responding to the AIDS epidemic, operating units are encouraged, where possible, to use CSD and other USAID resources to leverage and mobilize other donor/local resources in order to help meet the enormous needs worldwide.

For clarification on condoms, the child survival budget category cannot be used for the purchase of *contraceptives for family planning* nor used to make up for shortfalls in population funding or in any other program. However, within the CSD Programs Fund, HIV/AIDS budget category funds may be appropriately used for purchasing *condoms for HIV/AIDS prevention*.

Missions may purchase HIV test kits and drugs provided they can demonstrate the safety and efficacy of the product, and can demonstrate that the product or commodity purchased is properly licensed, registered, or otherwise approved for use in the recipient country. Additionally, missions may purchase HIV test kits manufactured outside of US "source/origin" or US manufactured but not US FDA approved, provided that the mission

has received the appropriate approval from the Office of Procurement. An OP approval has been prepared and was issued as an Agency Notice ([March 6, 2001](#)).

- **Use of HIV/AIDS Funds for Control of Tuberculosis (TB):** Tuberculosis is a major cause of death for individuals with HIV/AIDS. Because TB is so often an opportunistic infection secondary to HIV/AIDS, posing a significant risk to the public, TB control activities related to HIV/AIDS programs may be funded with HIV/AIDS funds to the extent that these activities are primarily conducted to address persons with dual HIV and TB infection. General TB prevention and control programs should be funded with CSD/ Infectious Diseases funds earmarked for tuberculosis, not HIV/AIDS funds.
- **HIV/AIDS Prevention Programs for Injecting Drug Users (IDUs):** USAID is committed to supporting effective strategies to prevent the spread of the HIV/AIDS pandemic by injecting drug users. However, USG policy is not to use federal funds for the purchase or distribution of injection equipment (needles and syringes) for the purpose of injecting illegal drugs. Therefore, USAID funds may *not* be used to purchase the commodities to be used in either a needle/syringe exchange program or research programs on needle/syringe exchange.

Many other activities targeting IDU and HIV/AIDS reduction are acceptable in a USAID-funded program. Examples include: providing factual information about the medical risks associated with the sharing or re-use of needles, syringes, and other drug equipment; support for certain components of a comprehensive harm reduction program, including but not limited to community outreach; education about the risks of injecting drugs and sharing needles; referrals to health care and drug treatment services for IDUs; counseling and testing; condom purchase and distribution; and safer sex education. While USAID implementing agencies may cooperate with other donors and governments that fund those activities not permitted with USAID funds, in these cases, the USAID funds must be segregated and coded for separately.

“HIVA” is an appropriate code for activities to prevent the transmission of HIV/AIDS including information, education and communication activities, which support behavior change. If you have further questions, please contact G/PHN/DHIV for more detailed guidance.

- **Use of CSD Programs Fund to Address HIV/AIDS in Military, Police or other Law Enforcement Agencies:** In many HIV high-prevalence countries military and police populations are known to be high risk groups that have a direct negative influence on the HIV transmission dynamics in the general civilian population. . With HIV prevalence in some militaries estimated at 40 to 60 percent, their potential to infect others is enormous. In other countries where that prevalence is not yet high, it is essential to head off such an extreme situation before it occurs. In both cases, failure to include such groups in HIV/AIDS activities will pose a severe threat to the health of the public at large and diminish the likelihood that any HIV/AIDS prevention and mitigation program could

succeed. The CSD Programs Fund may be used to address HIV/AIDS in military, police or other law enforcement agencies, subject to compliance with legislative prohibitions on other support to such agencies. These prohibitions are described below.

Section 660 of the Foreign Assistance Act of 1961, as amended, prohibits the provision of training, advice, or any financial support for police, prisons, or other law enforcement forces subject to the exceptions of FAA Section 660. In addition, general principles of appropriation law prohibit the use of foreign assistance funds for military purposes. However, GC has ruled that these prohibitions will not apply to assistance used for the prevention, treatment and control of, and research on, HIV/AIDS in police and military forces, if the following conditions are met:

- a) The programs or activities in which the military, police or other law enforcement agencies would participate are part of a larger public health to combat HIV/AIDS, and exclusion of the police and military would impair the achievement of the initiative's public health objectives;
- b) The program for the military and police must be similar to that received by other population groups similarly situated, in terms of HIV/AIDS transmission risk and prevention; and
- c) Neither the program or activities, nor any commodities transferred under the program, can be readily adaptable for military, police or other law enforcement purposes.

Recent Congressional appropriations for the HIV/AIDS Initiative have resulted in a general increase in those activities. As a result GC has received a number of inquiries as to the inclusion of police and military groups, mostly concerning condition two above. In response GC has emphasized that the requirement for similar programs means similar in subject content, e.g. how HIV/AIDS is acquired, how it is transmitted, how transmission can be avoided. As long as the training and materials are designed to deal with such acceptable subjects they meet the test. It is not required that there be one uniform set of training materials appropriate for use by police and military forces and also by the other groups in society, say younger school children. Clearly the language, content and method of delivery could and should vary depending on the audience.

In like manner GC has advised that it would be appropriate to have particular activities that are directed only toward the police or military, as well as those directed to other groups, as long as they are designed to support HIV/AIDS prevention and combat its transmission. A conference or design workshop attended only by military or police would be appropriate to discuss frankly the extent of the problem in their midst and how to combat it in their structure, e.g. an officer's responsibility to see that his subordinates are fully informed, are discouraged from engaging in high risk behavior or from frequenting known high risk establishments. Under the same HIV/AIDS country or regional program, a conference for village health workers on avoiding mother to child

transmission may well exclude police and military personnel as not being relevant to them. Both however are in pursuit of the broader goal and thus appropriate for USAID funding.

It is appropriate and legally permissible to include police and military forces in all comprehensive HIV/AIDS programs in conformance with the three legal criteria outlined above. Indeed, including those groups may well be critically important to the success of the programs. In the design and implementation of HIV/AIDS programs, it is also appropriate to have training sessions or materials focused specifically on individual groups as long as the activities are in pursuit of the overall program goal.

Use does not require a specific, written request or formal approval if this guidance is followed. However, operating units should be aware that as a policy, not legal, matter, bureaus or offices in USAID/W might require their approval before HIV/AIDS assistance is provided to the military, police and law enforcement personnel and therefore missions are asked to confirm with their bureaus. Operating units must document their decisions and, if required, check with the relevant bureaus and offices in USAID/W beforehand. If it is a close question or if you are confused about applying the three criteria above to determine whether inclusion of the military, police or other law enforcement agencies as part of a larger overall HIV/AIDS program is appropriate or authorized, please contact your regional legal advisor or GC advisors.

D. Infectious Diseases: Agency Objective 4.5: “The threat of infectious diseases of major public health importance reduced.”

Allowable activities are those that contribute directly to the Agency strategic objective to reduce the threat of infectious diseases of major public health importance. As a complement to USAID’s ongoing child survival and disease activities, an infectious disease initiative was launched by USAID in 1998. Specifically, allowable activities are centered on four elements:

- *Reducing antimicrobial resistance*, including understanding the risk factors which contribute to the spread of antimicrobial resistance; developing new methods/technologies to detect and prevent the emergence of drug resistance; and improved drug use management practices, drug use policies and other interventions such as surveillance to monitor and reduce the spread of resistance.
- *Improving tuberculosis prevention, control, and treatment*, including strengthening local capacity to implement Directly Observed Therapy/Short Course (DOTS) strategy and testing alternative approaches to DOTS or other strategies; improved surveillance of TB and of multi-drug resistant TB strains; and research to identify improved technologies/methods for TB diagnosis and treatment (including laboratory assistance in smear microscopy). (Note: Widespread TB control efforts should not be initiated in the absence of confirmable and strong program management and oversight to ensure consistent program quality).

- *Improving malaria prevention, control and treatment*, including increased access and appropriate use of insecticide-treated bed nets; improved use of drugs to treat malaria and reduce drug resistant strains; improved recognition, diagnosis and treatment of malaria at health facilities, at home or in the community; improved prevention and management of malaria in pregnancy; continued research on epidemiology/transmission of malaria; new approaches/technologies for diagnosing and treating malaria including the integration of malaria with IMCI; and development of a malaria vaccine.
- *Improving local capacity for surveillance and response*, including strengthening surveillance and response capacity by improving collaborating partnerships; improved use and quality of data for action; expanded capacity building including training and improved lab capacity; development and use of improved tools, including rapid diagnostics, policy tools, data gathering tools; and improved understanding of disease patterns and trends.

Operating units should use the following Primary Emphasis Area Codes for these activities: “AMRD,” “MALD,” “OTID,” “SURV,” and “TUBD.” Please note that malaria is now to be primarily funded out of infectious diseases budget line rather than child survival and maternal health line.

Special Considerations for Infectious Diseases

- **Special 2001 Directives and Targets:** In FY 2001 legislation, Congress directed levels for both tuberculosis and malaria. Operating units will be asked to track and code specifically for these targets.
- **Specific Country Needs:** Surveillance activities need not be limited to antimicrobial resistance, tuberculosis, or malaria, but can cover a wider range of infectious disease or public health issues. If operating units wish to use resources to address other infectious diseases not noted above (such as dengue, meningitis, yellow fever, or chagas, etc.), they may do so if such a disease presents a major public health threat in that country or region and there is a clear role for USAID. Operating units should consult the detailed Agency infectious disease strategy or contact the technical coordinator for further guidance on specific interventions and activities for other infectious diseases. Operating units should use either of the following Primary Emphasis Area Codes for these activities: “OTID” and “SURV.”
- **TB/HIV in Prisons:** The GC’s office, in a memo dated July 18, 2000, concluded that FAA section 660, which generally prohibits assistance for law enforcement forces and prisons, does not prohibit the implementation of the “Directly Observed Treatment” (DOTS) anti-tuberculosis program in prisons, under the following conditions:

- a) The programs or activities in which the prisons would participate are part of a larger public health initiative “primarily for the benefit of the general, civilian population” (not separate or stand-alone assistance to prisons) to combat TB. Exclusion of the police and military would impair the achievement of the initiative's public health objectives;
- b) The program or activities for the prisons should be the same as or similar to that for civilian groups similarly situated in terms of TB transmission risk; and “the inclusion of the [prisons] is incidental to the broader purpose;”
- c) Neither the program, activities, nor any commodities transferred under the program can be readily adaptable for military, police or other law enforcement purposes.

Caveat: Implementation of the DOTS program in new countries often includes pilot programs at demonstration and training sites. Prisons cannot be selected as the sole anti-TB pilot program in any country or region because without a follow-up anti-TB program for the general population, the pilot anti-TB program would solely benefit the prisons and thus would not meet the criteria that TB programs in prisons are part of a larger public health initiative. Prisons can be included as one of several pilot programs that are a part of implementation of a larger public health initiative.

E. Health Systems and Capacity Strengthening: “Institutional and Organizational Development.” [Agency Cross-cutting theme in the Strategic Plan]

For sustainable progress toward achieving Agency goals, operating units must seek to foster an institutional environment that is favorable to development, working closely with partner and customer organizations. In the course of planning, implementing, and appraising programs, USAID managers often find that achievement of results is constrained by either an inappropriate institutional framework or a partner organization’s lack of capacity. Increasing the capacity for institutional and organizational effectiveness promotes sustainability in all of the goal areas.

- a) *Support for the development of institutions* focuses on three areas: 1) formulation and coordination of policy (i.e., rules and norms in the policy making process); 2) rules and norms shaping efficient and effective delivery systems for goods and services; and 3) development of motivated and effective staff for rule-making and enforcement. These are largely, though not exclusively, public sector functions. They are frequently the focus of USAID’s policy reform efforts. Assistance is also provided to assure the sustainability of a policy-making process, as well as of incentive and sanction mechanisms (e.g. public budgeting and expenditure functions; transparency and accountability measures, adjudication systems, etc.)
- b) *Support to strengthen an organization’s ability to provide quality and effective goods and services, while being viable as an organization.* This means supporting an organization to be: 1) programmatically sustainable (providing needed and effective information and

services); 2) organizationally sustainable (with strong leadership and having necessary systems and procedures to manage by); and 3) assuring that it has sufficient resources (human, financial, and material) that are utilized well. Finally, this support must help the organization to understand the external environment (political, economic and social) it operates in, and to develop a relationship with it that is sufficiently stable and predictable.

Within each of the categories above, allowable activities relate to the Agency's sustainability objective of assuring the long-term accessibility, efficiency, effectiveness, quality, equity and sustainability of child health/survival, maternal health/survival, infectious diseases, and HIV/AIDS programs. Specifically, allowable activities geared towards building self-reliance include:

- *Improving appropriate health sector reforms* that support and protect policies related to CSD programs.
- *Assuring quality, effectiveness and financial sustainability* of CSD programs in the context of decentralization and health sector reform.
- *Establish fair, efficient, and equitable financing* to protect access by the poor to CSD programs by improving cost controls and rationalizing application of user fees, privatization, and health insurance programs.
- *Reorganizing health sectors* including realignment of roles within the health sector such as redefining which institutions deliver services, make policies and set standards on financing services and supplies.
- *Strengthening health information systems and resources* to better inform health policy, management decision-making, and monitoring and analysis of program activities.
- *Improving the quality of and capacity* to deliver health care services that are responsive to patient and community needs.
- *Strengthening human resources and management* with progressive decentralization and work at the community level.
- *Involving the private sector* actively in the provision of health care.
- *Improving commodity management systems* for pharmaceuticals and improving drug quality, supplies, equipment and facilities, to include use of the commercial sector more extensively for distribution of commodities.
- *Developing new and improved technologies and approaches* to effectively plan and deliver quality population, health and nutrition services.

Operating units can use any of the following primary emphasis area codes for these activities: “PARC,” “PARH,” or “PARS.”

Special Considerations for Health Systems and Capacity Strengthening

- **Funding Considerations:** At this point in time there is no directive or special budget category for health systems development or capacity strengthening. Therefore, to the extent that the activity is part of any CSD program for the purpose of that program, it can be funded with monies from Child and Maternal Health, Vulnerable Children, HIV/AIDS, and Infectious Disease budget categories.

IV. ALLOWABLE USES OF THE CHILD SURVIVAL AND DISEASE PROGRAMS ACCOUNT FOR BUILDING HUMAN CAPACITY

This section provides a brief explanation of allowable activities under the Agency Strategic Objective on building human capacity through education. Agency Objective 3.1 reads, “Access to quality basic education for under-served populations, especially for girls and women, expanded.”

According to the language in the FY 2001 House Appropriations Committee Report, these funds are for basic education of children. It is important to note that, while adult literacy [“EDAL”] programs do not qualify for funding under the CSD Programs Fund, they can be funded from other sources (e.g., DA, ESF, FSA, SEED, etc.).

A. Basic Education for Children: “Access to quality basic education for under-served populations, especially for girls and women, expanded.”

Allowable activities include those that expand access to quality basic education for under-served children, especially for girls. These activities, traditionally covered under previous basic education directives, include support for better or more accessible primary education, secondary education, and preschool/early childhood development, whether delivered in formal or non-formal settings, plus training for teachers working at any of these levels. In particular, activities aimed at expanding access to, completion of, and/or quality in any of these educational levels are included. In general, allowable activities focus on:

- *Formulating, adopting and implementing policies that promote access to quality basic education;*
- *Increasing institutional capacity to plan for, provide, and assess basic education services;*
- *Expanding and improving educational settings and technologies to promote quality basic education;*
- *Increasing community capacity to participate in educational decision-making and to support quality basic education; and*

- *Conducting applied research and pilot studies on innovative educational practices and policies that improve learning outcomes.*

To qualify for funding under the CSD Programs Fund, such activities must support basic education for children. Operating units can use the primary emphasis code “EDEC” for these activities. In contrast, support for basic education for adults, primary emphasis code “EDAL,” does not qualify for funding under the CSD Programs Fund.

V. PRESERVING THE INTEGRITY OF THE CHILD SURVIVAL AND DISEASE PROGRAMS ACCOUNT

As stated above in Chapter I, Section C, if using program funds from the CSD Programs Fund: a) activities *must* be consistent with the Agency results framework and the guidance specified herein; b) funds *must* be used for the specific congressional directive and purpose for which they were allocated; and c) funds *must* be programmed and coded as such. Compliance requires careful planning, monitoring and reporting (see ADS 200 Series for further guidance), and strict adherence to Congressional directives and Agency guidelines by managers, technical, and financial officers..

To assure adherence to legislative and policy guidelines, the USAID Administrator has appointed the Director of G/PHN’s Office of Health and Nutrition to be responsible for: bringing issues on the CSD Programs Fund to the attention of Agency leadership; in conjunction with the Policy and Program Coordination Bureau, working with the Office of Budget and regional bureaus to ensure that CSD funds are allocated appropriately and effectively; and responding to inquiries from Congress and other partners on the planning, implementation and monitoring of the CSD Programs Fund.

A. Planning

The Agency places considerable emphasis on local ownership and participation in planning and implementing programs, because these are important determinants of effectiveness and results. Achieving strong local ownership requires a management structure that enables front-line managers to adapt and respond to local opportunities and circumstances. USAID’s management structure allows this flexibility, but within the bounds of the centrally set framework. Proposed strategies and programs are evaluated in terms of their fit with the Plan’s overall goals and objectives, and the results that they aim to deliver. Within this framework, relative resource allocations are determined on an *annual* basis through the R4 and budget allocation process.

Funds must be used within the parameters set by Congress, the Agency results framework and this guidance, and then adapted to global, regional, and country needs. At the planning stage, the criteria for selecting specific interventions should stand the litmus test of having “direct impact” on the Agency’s strategic objectives 4.2 through 4.5 and 3.1 and other Congressional directives, as well as demonstrate an “optimal use of funds.” Managers, technical officers, and financial

officers share responsibility to assure that the guidance contained herein is followed.

For activities conducted by intermediaries, operating units should explicitly communicate and pass on planning, implementation, monitoring and evaluation, and documentation requirements to contractors/recipients/grantees in relevant program descriptions for procurement instruments. Operating units should be sure that scopes of work for new contracts, cooperative agreements and grants reflect this guidance on definition and appropriate use and reporting of results of CSD funds.

B. Monitoring and Evaluation

The use of CSD Programs funds for monitoring and evaluation activities is appropriate and encouraged. Health systems and capacity strengthening to permit monitoring and evaluation is included to allow for the Agency's sustainable development objective of assuring the long-term accessibility, efficiency, effectiveness and quality of CSD programs.

To ensure the appropriate use of the funds and that activities meet these criteria, operating units should develop monitoring and evaluation *plans* necessary to accurately report on the activities or projects supported by these funds (see ADS 201.3.4.13 for further guidance). To assist operating unit/contractor/recipient/grantee plans and their reporting of results, the USAID/Washington Task Group Annual Performance Plan recommended that for performance measurement there be:

- Higher level context indicators to track performance—as 5- to 10-year trends—for all countries or for all USAID-assisted countries.
- “Manageable interest” indicators to monitor performance annually both in USAID-assisted countries generally and in countries pursuing a relevant population, health and nutrition objective.

C. Reporting

Considering the advantages and limitations of alternative approaches to performance reporting, USAID will use the operating unit strategic objectives as the Agency's annual performance goals for purposes of the Performance Overview (previously known as the Annual Performance Plan and the Annual Performance Report). Targets will be set for these performance goals, and the Agency is prepared to be held accountable for progress in achieving these targets.

In addition, USAID will continue to report on *country* performance and progress, using some of the indicators that were formerly Agency performance goals. The extent of country progress and success is of interest in its own right. It reflects the overall results of cooperative development efforts, and provides important contextual information for discussions of Agency program performance. These indicators will now be referred to as “Development Performance Benchmarks.” Targets will no longer be set for these indicators, since they are beyond our manageable interest. USAID will of course continue to support and contribute to the

achievement of agreed international goals and targets.

In annual reporting USAID will aim to synthesize and summarize performance by broadly similar program clusters. These program clusters typically pertain to one or another Agency Objective. In this reporting we will use common indicators where feasible. Common indicators for clusters of programs have been referred to as “mid-level” indicators in recent Annual Performance Plans. USAID will not set targets for these mid-level indicators, nor otherwise manage against them.

In addition, Cooperating Agencies are asked to report voluntarily all PHN expenditures that are funded by USAID—from both G/PHN and from all overseas missions. Missions also report their PHN related expenditures. USAID, through a contractor (PHNI Project) developed a data collections system, the PHN Projects Database (PPD), and continues to collect information from all contractors/recipients/grantees and missions. Twice each year, the contractor contacts partners and missions and requests that each provides a detailed summary of specific expenses by source funds.

Congress has requested that USAID report, not later than February 15 for the previous budget year, on the CSD funds by program, project, implementing agency and dollar amounts. In reporting budget and program activities, operating units should pay careful attention to accurate budget coding. Accurate coding is imperative to ensure correct reporting and crediting as well as for determining future funding levels. (For a listing of Agency budget emphasis codes, see Appendix IV. If you have questions, please contact your bureau, regional DP, or M/B for complete details). To achieve a complete and useful reporting in this required report to Congress, operating units may be asked to provide supplemental information, including specific activity information, lessons learned, successes and/or problems or concerns. G/PHN is responsible for preparation and submission of this annual report, but operating units will be asked to provide input and case examples.

D. Directives, Coding and Reporting

Please note that operating units are required to comply with their discrete control levels for directive or sub-categories of activities, and to report accordingly. The above guidance is intended to offer programmatic flexibility to respond to the prevalence and magnitude of public health problems at the global or country level. However, managers, technical and financial officers must assure that CSD funds are used for the purpose for which they are appropriated.

It is imperative that operating units follow the parameters set forth in this guidance but also adhere to Congressional directives, and the corresponding budget categories and Agency coding. USAID recognizes that Agency Objectives differ from Congressional directives. However, USAID has agreed, through Congressional consultations, to break down reporting in the following categories, each of which has specific technical parameters and definitions as noted in the above guidance.

Beginning in FY 2001, the CSD Programs Fund has a slightly different structure than that of the CSD Guidance issued April 10, 2000. The new structure reflects certain directives and expectations for funding levels for specific parts of USAID's health programs. The coding structure below reflects this account and directive structure. As noted below, the account has four main categories in health, and several subcategories. It also has one main category for basic education.

- ***Child Survival and Maternal Health***
 - Primary causes of mortality and morbidity
 - Polio
 - Micronutrients
 - Global Alliance for Vaccines and Immunizations (GAVI)

- ***Vulnerable Children***
 - Displaced Children and Orphans (DCOF)
 - Blind children (PVO financed)
 - HIV/AIDS-affected children
 - Other vulnerable children

- ***HIV/AIDS***

- ***Infectious Diseases***
 - Tuberculosis
 - Malaria
 - Anti-microbial resistance, surveillance, and other ID

- ***Basic Education for Children***

Special Considerations for the CSD Program Funds Account

- **Specific Legislative Prohibitions, Restrictions on CSD Funding**
 - 1) The child survival budget category cannot be used for the purchase of contraceptives for family planning nor used to make up for shortfalls in population funding or in any other program. However, within the CSD Programs Fund, HIV/AIDS budget category funds may be appropriately used for purchasing condoms for HIV/AIDS *prevention*.
 - 2) The FY 2001 CSD Appropriation provides that "...none of the funds appropriated under this heading may be made available for non-project assistance for health and child survival programs, except that funds may be made available for such assistance for ongoing health programs." Examples of such prohibited non-project assistance are monetary payments to host country governments as part of sector reform efforts.
 - 3) USAID funds may not be used to purchase the commodities to be used in either a needle/syringe exchange program or research programs on needle/syringe exchange.

- **Technical Assistance for CSD Activities:** Under the Agency's allowable activities, operating units can use CSD Programs funds to obtain technical expertise through a variety of mechanisms such as Personal Service Contracts (PSCs), Intergovernmental Personnel Act assignments (IPAs), Participant Agency Service Agreements (PASAs), Resource Support Services Agreements (RSSAs), the Technical Advisors in AIDS and Child Survival program (TAACS), or the Health and Child Survival Fellows program for the design, implementation, and evaluation of CSD programs. The funds should be coded according to the scope of work (e.g. HIVA code for an AIDS TAACS). If the technical expert works on a variety of CSD activities, then the person's time should be coded proportionately to relevant activities. If the advisor works on population/family planning activities, then population funds must be used for that advisor or for the proportion of the advisor's time spent on such activities. For additional information on the TAACS Program or Health and Child Survival Fellows Program, contact the Cognizant Technical Officer.

CSD Programs funds may also be used to fund limited-time, HIV/AIDS and Infectious Disease technical staff in international health organizations to temporarily address lacunas in availability of technical staff, which otherwise would limit the potential for program success for the USG effort. The following criteria should be used for determining if positions in international health organizations can be funded:

- the organization should have an international health mandate, access to public health programs in many countries, and established relationships with host governments and donor organizations;
 - the position(s) should be critical for appropriately managing and programming USAID HIV and ID funding and meeting USAID and USG objectives;
 - position(s) should be for limited-time, technical staff; and
 - funding for the position(s) should serve as a catalyst for and not detract from other essential, country-level activities.
- **Co-Programming of CSD with Other Accounts:** CSD funds may under certain restrictions be utilized with other account funds in a single integrated program. But, CSD funds must be used for the purposes intended by Congress as detailed in this guidance, and must be accounted for and reported separately. In other words, operating units can co-program activities funded from the CSD Programs Fund with programs and activities funded from other funding sources as long as activities are reported on and coded for separately. If utilizing both CSD and DA/population funds to support a single program, the amount of CSD funds must be proportionate to the relative balance of CSD related activities in the program and coded separately. For example, if approximately 25 percent of a program's activity is directed to family planning and 75 percent to CSD activities, missions must ensure that no more than 75 percent of program funds come from the CSD Programs Fund. Operating units must clearly document how the percentage breakdown among the various types of funds was determined and what CSD funds are being used for, especially when programs are jointly funded by the CSD Programs Fund, Development

Assistance Account, and/or other Funding Accounts (Economic Support Fund, Freedom Support Act, etc). Where a such a breakdown might be difficult to determine, missions are encouraged to contact USAID/W for assistance. Operating units will also be required to disaggregate CSD and other activities in Congressional notifications and in the R4 reporting.

- **Co-Programming using Food for Peace (FFP) -- P.L.480 Title II:** Operating Units are reminded that Title II resources are provided to cover the cost of commodity procurement and ocean transportation for all Title II activities. In the case of landlocked countries, additional Title II resources are provided to cover the costs associated with internal transport, storage and handling costs. For Title II non-emergency (development) activities, operating units with both FFP and CSD activities are encouraged to consider the integration of CSD funds with those from Title II where activities are mutually supportive. CSD funds may be used to provide a more complete maternal/child health, nutrition or HIV/AIDS activity along with Title II food resources. Where activities are integrated, the Title II component can also receive direct Title II support with either Section 202(e) or monetization resources when they are available. Operating units are encouraged to work with Agency partners to strategically program activities funded by Title II with those supported by CSD funds. In that effort, operating units are reminded that while CSD resources may be used to support Title II activities, Title II resources are limited to supporting the Title II component of any activity; likewise CSD funds need to be used for CSD activity. Both need to be reported separately.
- **Coding Non-CSD Activities for Health:** Operating units funding activities with DA/DFA, ESF, FSA and SEED funds should carefully review the focus of the activity and code it accordingly. It is important that all funds supporting health activities are coded properly according to Agency Budget Coding Guidance. “Partnership” and “primary health care” activities should be reviewed and allocated across the appropriate Agency objective (infant/child health, maternal health, infectious diseases, HIV/AIDS, etc.).

Secondary Emphasis Area Coding: Operating units are required to utilize secondary coding for “Research” and “Institutional Mechanisms.” Appendix IV includes detailed information on these secondary codes.

VI. ADDITIONAL GUIDANCE: PROCEDURES FOR EXCEPTIONS TO THE ALLOWABLE USES OF THE CSD PROGRAMS FUND

Please note that operating units are required to comply with their discrete control levels for directive or sub-categories of activities, and to report accordingly. The guidance herein is intended to offer programmatic flexibility to respond to the prevalence and magnitude of public health problems at the global or country level. If there is any question, then the operating unit is encouraged to seek additional guidance. If an operating unit seeks clarification or has a question

about whether an activity falls *within* these parameters, it should contact PPC/PDC, G/PHN, their regional bureau technical officer, or the GC's Regional Legal Advisor as appropriate.

However, missions considering using CSD funds for programs which are *not* clearly within this guidance must receive prior written approval from PPC and G/PHN, concurrence by regional bureau technical staff, and clearance from GC. PPC will coordinate the approval process as outlined below.

A request for such approval should be sent via cable, e-mail or fax to PPC, with copies to the appropriate Regional Bureau and G/PHN. The request should include a detailed description of the activity, how it directly contributes to the relevant Agency Objective(s), and the expected results. PPC will convene an intra-agency committee with the appropriate policy, technical, program, and budget personnel to review the request and recommend approval or disapproval. The appropriate Regional Bureau and G/PHN must agree with the recommendation, and then GC must clear before the proposed activities commence. If an agreement is not reached at the technical level, the prompt decision will be made jointly by the Assistant Administrators for both PPC and Global based on an action memorandum of concerned parties outlining the "pros and cons" on both side of the issues.

APPENDIX I Points of Contact

CONTACT PERSON/OFFICE FOR GENERAL QUESTIONS
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General questions concerning this notice or overall guidance may be directed to Felice Apter, Senior Policy Advisor, PPC/PDC (202) 712-5783 General questions concerning technical or programmatic issues may be directed to
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For specific technical questions, please contact the relevant technical coordinators:

Child Survival	Richard Greene	(202) 712-1283
Micronutrients	Frances Davidson	(202) 712-0982
Polio	Ellyn Ogden	(202) 712-5891
Displaced Children and Orphans	Lloyd Feinberg	(202) 712-5725
HIV/AIDS	Paul Delay	(202) 712-0683
Infectious Diseases	Irene Koek	(202) 712-5403
Nutrition and Maternal Health	Miriam Labbok	(202) 712-4915
Basic Education	Don Foster-Gross	(202) 712-1573
Title II	Richard Newberg	(202) 712-1828

For regional or budget questions please contact the following Central or Regional Bureau Technical Officers and/or, DP Contacts:

LAC	Carol Dabbs	(202) 712-0473
	Karen Simpson	(202) 712-4513
ANE	Douglas Heisler	(202) 712-5004
	Robert Hudec	(202) 712-4820
E&E	Mary Ann Micka	(202) 712-4781
AFR	Hope Sukin	(202) 712-0952
	Paul Knepp	(202) 712-4686
Global	Joy Riggs-Perla	(202) 712-4626
BHR	Katherine Jones	(202) 712-1444
	Miguel Luina	(202) 712-0354
	Richard Newberg	(202) 712-1828
PPC	Felice Apter	(202) 712-5783
	Don Sillers	(202) 712-5151
	Mel Porter	(202) 712-5141

For legal questions, please contact GC's Regional Legal Advisors.

[For the complete User's Guide to USAID/W Population, Health and Nutrition Programs online, visit:
http://www.usaid.gov/pop_health/resource/phnug.htm]

APPENDIX II

Relevant Excerpt From Foreign Assistance Act of 1961, as amended Section 104 (c)(2)

In carrying out the purposes of this subsection, the President shall promote, encourage, and undertake activities designed to deal directly with the special health needs of children and mothers. Such activities should utilize simple, available technologies that can significantly reduce childhood mortality, such as improved and expanded immunization programs, oral rehydration to combat diarrheal diseases, and education programs aimed at improving nutrition and sanitation and at promoting child spacing. In carrying out this paragraph, guidance shall be sought from knowledgeable health professionals from outside the Agency primarily responsible for administering this part. In addition to government-to-government programs, activities pursuant to this paragraph should include support for appropriate activities of the types described in this paragraph which are carried out by international organizations (which may include international organizations receiving funds under chapter 3 of this part) and by private and voluntary organizations, and should include encouragement to other donors to support such types of activities.

Foreign Operations, Export Financing, and Related Programs Appropriations Act 2001

As noted below, the FY 2001 Appropriations language that defines the Child Survival and Disease (CSD) Programs Fund (Account) and delineates Notwithstanding provisions.

Excerpt: 1

For necessary expenses to carry out the provisions of chapters 1 and 10 of part I of the Foreign Assistance Act of 1961, for child survival, basic education, assistance to combat tropical and other infectious diseases, and related activities, in addition to funds otherwise available for such purposes, \$963,000,000, to remain available until expended: Provided, that this amount shall be made available for such activities as: (1) immunization programs; (2) oral rehydration programs; (3) health and nutrition programs, and related education programs, which address the needs of mothers and children; (4) water and sanitation programs; (5) assistance for displaced and orphaned children; (6) programs for the prevention, treatment, and control of, and research on, tuberculosis, HIV/AIDS, polio, malaria and other infectious diseases; and (7) basic education programs for children: Provided further, that none of the funds appropriated under this heading may be made available for non-project assistance, except that funds may be made available for such assistance for basic education and ongoing health programs: Provided further, that of the funds appropriated under this heading, not to exceed \$125,000, in addition to funds otherwise available for such purposes, may be used to monitor and provide oversight of child survival, maternal health, and infectious disease programs: Provided further, that the following amounts should be allocated as follows: \$295,000,000 for child survival and maternal health; \$30,000,000 for vulnerable children; \$300,000,000 for HIV/AIDS; \$125,000,000 for other infectious diseases; \$103,000,000 for children's basic education; and \$110,000,000 for UNICEF: Provided further, That of the funds appropriated under this heading, up to \$50,000,000 may be made available for a United States contribution to the Global Fund for Children's Vaccines, up to \$10,000,000 may be made available for the International AIDS Vaccine Initiative, and up to \$20,000,000 may be made available for a United States contribution to an international HIV/AIDS fund as authorized by subtitle B, title I of Public Law 106 264, or a comparable international HIV/AIDS fund.

Excerpt: 2

CHILD SURVIVAL AND DISEASE PREVENTION ACTIVITIES

Sec. 522. Up to \$16,000,000 of the funds made available by this Act for assistance under the heading "Child Survival and Disease Programs Fund", may be used to reimburse United States Government agencies, agencies of State governments, institutions of higher learning, and private and voluntary organizations for the full cost of individuals (including for the personal services of such individuals) detailed or assigned to, or contracted by, as the case may be, the Agency for International Development for the purpose of carrying out child survival, basic education, and infectious disease activities: Provided, That up to \$1,500,000 of the funds made available by this Act for assistance under the heading "Development Assistance" may be used to reimburse such agencies, institutions, and organizations for such costs of such individuals carrying out other development assistance activities: Provided further, That funds appropriated by this Act that are made available for child survival activities or disease programs including activities relating to research on, and the prevention, treatment and control of, Acquired Immune Deficiency Syndrome may be made available notwithstanding any provision of law that restricts assistance to foreign countries: Provided further, That funds appropriated under title II of this Act may be made available pursuant to section 301 of the Foreign Assistance Act of 1961 if a primary purpose of the assistance is for child survival and related programs.

(c) Personal Services Contractors: Funds appropriated by this Act to carry out chapter 1 of part I, chapter 4 of part II, and section 667 of the Foreign Assistance Act of 1961, and title II of the Agricultural Trade Development and Assistance Act of 1954, may be used by the Agency for International Development to employ up to 25 personal services contractors in the United States, notwithstanding any other provision of law, for the purpose of providing direct, interim support for new or expanded overseas programs and activities managed by the Agency until permanent direct hire personnel are hired and trained: Provided, That not more than 10 of such contractors shall be assigned to any bureau or office: Provided further, That such funds appropriated to carry out the Foreign Assistance Act of 1961 may be made available for personal services contractors assigned only to the Office of Health and Nutrition; the Office of Procurement; the Bureau for Africa; the Bureau for Latin America and the Caribbean; and the Bureau for Asia and the Near East: Provided further, That such funds appropriated to carry out title II of the Agricultural Trade Development and Assistance Act of 1954, may be made available only for personal services contractors assigned to the Office of Food for Peace.

PROHIBITION OF PAYMENT OF CERTAIN EXPENSES

Sec. 555. None of the funds appropriated or otherwise made available by this Act under the heading "International Military Education and Training" or "Foreign Military Financing Program" for Informational Program activities or under the headings "Child Survival and Disease Programs Fund", "Development Assistance", and "Economic Support Fund" may be obligated or expended to pay for: (1) alcoholic beverages; or (2) entertainment expenses for activities that are substantially of a recreational character, including entrance fees at sporting events and amusement parks.

Relevant Excerpt From House Report 106-720 on the Child Survival and Disease Programs Fund

Excerpt: 1

DEFINITION OF THE BUDGET CATEGORIES WITHIN THE CHILD SURVIVAL AND DISEASE (CSD) PROGRAMS FUND

In order to clarify the range of activities categorized in the above allocations, the Committee, in consultation with AID, provides the following explanation:

1. Child Survival and Maternal Health

Primary causes of morbidity and mortality for children and mothers

- Supporting key child health and survival interventions that focus on prevention, treatment, and control of the five primary childhood killers: diarrheal disease, acute respiratory infection, malnutrition, malaria, (directed primarily at children) and vaccine preventable diseases
- Introducing environmental health interventions to prevent the spread of childhood diseases from environmental factors such as contaminated water
- Improving maternal health to protect the outcome of pregnancy, neonatal and young infants, and to save the lives of mothers, by improving maternal nutrition, promoting birth preparedness, improving safe delivery and postpartum care, and managing and treating life-threatening complications of pregnancy and childbirth

Micronutrients

- Supplementing, fortifying and modifying dietary behaviors to increase intake of key micronutrients, particularly vitamin A, iron, iodine, and zinc

Polio Eradication

- Partnering to strengthen polio eradication and vaccination programs
- Supplemental polio immunization campaigns and improving routine immunization
- Improving acute flaccid paralysis surveillance, response and linkages with other disease control programs

2. Vulnerable Children

Care and protection of children who are displaced or vulnerable with an emphasis on strengthening family and community capacity in identifying and responding to special physical, social, educational, and emotional needs including:

- Under the Displaced Children and Orphans Fund, children affected by war, including child soldiers, as well as orphaned, abandoned and street children;
- Children affected by but not necessarily diagnosed with HIV/AIDS;
- Blind children;
- Orphanages in Europe and Eurasia;
- Trafficking of young women and children; and
- Child labor.

3. HIV/AIDS

Prevention

- Expanding behavior change interventions to prevent and mitigate the impact of HIV/AIDS
- Preventing and managing sexually transmitted diseases (STDs)
- Preventing and managing TB and other opportunistic diseases related to HIV/AIDS
- Reducing mother-to-child transmission of HIV/AIDS

Care

- Increasing the capacity of public and private sector organizations, particularly at the home and community level, to prevent HIV transmission and support persons living with HIV/AIDS, their caregivers, families, and survivors
- Treating opportunistic infections, primarily tuberculosis, in persons living with HIV/AIDS
- Caring for children with HIV/AIDS

Surveillance

- Increasing the quality, availability, and use of evaluation and surveillance information

4. Other Infectious Diseases

Tuberculosis

- Improving control of tuberculosis at the country level by expanding the application of the Directly Observed Therapy Short Course (DOTS) strategy and strengthening local capacity
- Developing and testing alternative approaches for TB control
- Improving Surveillance of TB and of multi-drug resistant TB strains
- Conducting research to identify improved technologies/methods for TB diagnosis and treatment
- Preventing and treating TB in persons with HIV/AIDS and their caregivers

Malaria

- Improving prevention, control and treatment of malaria and other infectious diseases that are not currently vaccine preventable

Antimicrobial resistance and infectious diseases surveillance

- Improving interventions to reduce the spread of antimicrobial resistance
- Improving capacity for surveillance and response for infectious diseases, including at the local level

5. Children's Basic Education

Expanding access to, completion of, and/or quality of basic education.

Note: In general, two key principles – “direct impact” and “optimal use of funds” – are used when determining whether activities are an appropriate use for the Child Survival and Disease Programs Fund. Within each budget category delineated above, activities can include interventions such as:

Development of management capacity and service delivery in both public and private sectors; Provider training, quality assurance, and improved supervision; Information, education and communication (IEC) activities; Data collection, analysis, and evaluations (at a reasonable cost) for decision making; Operations and applied research; Assistance in securing a stable and diversified financial base; More rational management and use of essential drugs/commodities; and Improving monitoring and surveillance capabilities.

Health systems and human capacity strengthening are inherent elements of all programming aspects. Without them, the effectiveness, quality, equity and sustainability of child survival and maternal health, HIV/AIDS and infectious disease programs are questionable.

Excerpt: 2

The Committee's effort to promote the integrity of the Child Survival and Disease Programs Fund has made some headway within AID's Office of Health and its Policy Planning Bureau. New guidance for child survival and disease activities was issued after consultation with the Committee. As a result, every AID employee, contractor, and grantee has been given direction on permissible uses of child survival and disease funds. The rules are now clear. The Administrator has appointed a coordinator of activities related to the Child Survival and Disease Programs Fund, as the Committee directed last year.

**Relevant Excerpt from House Report 106-254 on
Preserving the Integrity of the Child Survival Fund**

In order to preserve the integrity of the Child Survival and Disease Programs Fund, the Committee directs AID to separate the administration and coordination of activities in this account from those of other global activities. . . The fiscal year 2001 budget justification and 2000 notifications of changes should not combine programs, projects, and activities funded from this account with programs, projects, and activities funded from other funding sources, except with the prior agreement of the Committee. . . The Committee is again including bill language that prohibits the use of certain funds in this account for nonproject assistance, or cash grants, to governments. The provision of cash grants as general budget support for governments is no longer an appropriate development tool, given current funding constraints. To the extent that cash grants are necessary for countries in transition or for specific foreign policy goals, funds are available through the "Economic Support Fund".

**Relevant Excerpt From Conference Report 106-997 on the
Child Survival and Disease Programs Fund**

The conference agreement appropriates \$963,000,000 for the Child Survival and Disease Programs Fund instead of \$886,000,000 as proposed by the House. The Senate bill contained no provision on this matter, but included regular and emergency funds for these activities under "Development Assistance" and "Global Health". The conference agreement also continues limitations on the use of the Fund for non-project assistance.

The managers include a United States contribution to UNICEF, and AID's program to promote basic education for children, within the Child Survival and Disease Programs Fund, as proposed by the House.

The conference agreement includes language allocating \$963,000,000 among six program categories in the Child Survival and Disease Programs Fund: \$295,000,000 for child survival and maternal health, including vaccine-preventable diseases such as polio; \$30,000,000 for vulnerable children; 300,000,000 for HIV/AIDS; \$125,000,000 for other infectious diseases; \$103,000,000 for children's basic education; and \$110,000,000 for UNICEF. The conferees expect that any change proposed subsequent to the allocation as directed in bill language will be subject to the requirements of section 515 of the Act. A full definition of these program categories and their components can be found on pages 8 through 10 of House Report 106-270.

Within the child survival and maternal health program, authority is provided to transfer up to \$50,000,000 as proposed by the Senate to a fund established for child immunization by the Global Alliance for Vaccines and Immunization (GAVI). The House bill provided authority to transfer up to \$37,500,000 to GAVI. The managers are supportive of the GAVI and direct that the Committees be informed in writing 20 days prior to the obligation of any funds for GAVI on the proposed use of any U.S. contribution, particularly with regard to the amount to be donated for procurement of vaccines for children.

The managers note that a large part of the vulnerable children program assists AIDS orphans, who also benefit from the HIV/AIDS program. Although the conference agreement does not include bill language regarding funding for blind children, as proposed by the Senate, the managers recommend not less than \$1,200,000 for assistance for blind children. The managers also support a total of \$5,000,000 for the Kiwanis/UNICEF Iodine Deficiency program, with \$2,500,000 from the Child Survival and Disease Programs account and \$2,500,000 from regional Accounts for Europe and Eurasia. AID is also encouraged to provide up to \$2,000,000 to support non-governmental organizations, such as Special Olympics, That work with older children, including those with cognitive disabilities and mild mental retardation, to teach life and job skills. The vulnerable children program and AID's Office of Private Voluntary Cooperation are encouraged to provide small matching grants to American-led volunteer programs in India, and other nations that seek to remedy physical disabilities through reconstructive surgery.

The conference agreement includes \$315,000,000 for HIV/AIDS, of which \$300,000,000 is allocated within this account and not less than \$15,000,000 in other accounts and programs. The conference agreement does not include bill language concerning microbicides. However, the managers endorse the Senate report language on microbicides and direct that not less than \$15,000,000 from the HIV/AIDS program and the "Development Assistance" account be made available to the Office of Health and Nutrition for microbicide research and development. These funds are to be managed by the Director of the HIV/AIDS Division. In addition, the managers support the International AIDS Vaccine Initiative (IAVI), which seeks to accelerate the development and distribution of an effective AIDS vaccine for use in developing countries. The managers urge that not less than \$10,000,000 be provided as a contribution to the International AIDS Vaccine Initiative.

In addition, the managers direct AID to make available \$500,000 for a proposal from the University of California at San Francisco to develop detailed epidemiological HIV/AIDS profiles for priority countries and an online, searchable database of key comparative indicators. The managers also encourage AID to collaborate with the Peace Corps' HIV/AIDS initiative, especially in supporting training activities.

The expected results of funds to develop and promote the use of vaccines in developing countries will also assist international travelers to endemic areas. The managers urge the Department of State and AID to require staff, grantees, and contractors to take all feasible steps to reduce the importation of vaccine-preventable infectious diseases, such as hepatitis, into the United States.

The managers note that the Global AIDS and Tuberculosis Relief Act of 2000 (P.L. 106 264) authorized that 65 percent of the HIV/AIDS funding be provided through non-governmental organizations (NGOs).

The managers concur that NGOs, including religious institutions and faith-based organizations, provide invaluable services in the fight against HIV/AIDS. In anticipation of an increasing involvement of the public sector, particularly in the areas of treatment and the provision of interventions to reduce mother-to-child transmission, the managers agree that assistance provided through NGOs in cooperation with a foreign government or using government facilities may be counted against the 65 percent target in AID's strategy to implement the Act.

Within the HIV/AIDS program, authority is provided to transfer \$20,000,000 to the fund authorized by section 141 of the Global AIDS and Tuberculosis Relief Act. The managers expect the Secretary of the Treasury and the Administrator of the Agency for International Development to report to the Committees no later than April 30, 2001 on progress toward establishment of an international AIDS Trust Fund administered by the World Bank.

The managers urge that expanded resources be made available to mother-to-child transmission (MTCT) programs. As effective implementation of MTCT programs will take time, during which health care workers will be trained, laboratory and testing facilities established, and community based care services for HIV positive mothers developed, AID may not be able to meet the Global AIDS Act's 8.3 percent MTCT funding target in fiscal year 2001. The managers expect that USAID will achieve the MTCT target by the end of fiscal year 2002.

The conference agreement includes at least \$60,000,000 from all accounts to address the global health threat from tuberculosis, including not less than \$45,000,000 from the other infectious diseases program in the Child Survival and Disease Programs Fund. The managers urge AID to continue to work in close collaboration with organizations such as the U.S. Centers for Disease Control, the World Health Organization, the Gorgas Memorial Institute, and the Global STOP TB Initiative to implement effective tuberculosis control programs at the local level. The managers direct AID to continue and expand TB programs undertaken in cooperation with federal and state governments in Mexico, especially along Mexico's borders with Texas, California, Arizona, New Mexico, and Guatemala.

The other infectious diseases program also includes \$30,000,000 for antimicrobial resistance and infectious disease surveillance, and \$50,000,000 for international efforts to reduce the incidence of malaria. Drug resistant parasites and insecticide-resistant mosquitoes exacerbate malaria transmission and place millions throughout the world at risk of a crippling and often fatal disease. For this reason, the managers encourage USAID to designate \$2,000,000 to support the establishment of coordinated centers of excellence for malaria research, to focus on tropical and subtropical regions. The managers support and urge AID to favorably consider proposals for a concerted approach to limiting the resurgence of malaria that are submitted jointly by the University of Notre Dame's Vector Biology Laboratory, Tulane University's Department of Tropical Medicine in New Orleans, and Latin American and African counterpart institutions.

The managers are aware that the HIV/AIDS and tuberculosis crises require extraordinary efforts on the part of the U.S. Government. USAID is encouraged to use, as appropriate, its existing waiver authorities regarding financing and procurement of goods and services, and grant making, in order to expedite the provision of HIV/AIDS and tuberculosis assistance and enhance the efficiency of that assistance.

The managers support and urge AID to favorably consider proposals by Carelift International. The managers anticipate that the ongoing, multiyear collaboration between AID and Carelift International will be expanded and require \$7,000,000, including future year appropriations. The conference agreement does not include Senate language directing AID to make available to Carelift International up to \$7,000,000 from fiscal year 2001 funds only.

The managers also direct AID to continue to provide the Committees with a detailed annual report not later than February 15, 2001, on the programs, projects, and activities undertaken by the Child Survival and Disease Programs Fund during fiscal year 2000.

Funds appropriated for the Child Survival and Disease Programs Fund are intended to be used for programs, projects and activities. Funds for administrative expenses to manage Fund activities are provided in a separate account, with two exceptions included in the conference agreement: authority for AID's central and regional bureaus to use up to \$125,000 from program funds for Operating Expense-funded personnel to better monitor and provide oversight of the Fund; and, in section 522, authority to use up to \$16,000,000 to reimburse other government agencies and private institutions for professional services. Any proposed transfer of appropriations from the Fund for administrative expenses of AID under any other authority shall be subject to section 515 of this Act.

The managers support the budget request of \$20,000,000 for assistance for Cambodia through nongovernmental organizations (NGO's) and local governments, as appropriate. No support would be available to or through the central government. The managers support assistance for such activities as health (especially to combat HIV/AIDS), education, environmental protection and democratization.

Sec. 522. Child Survival and Disease Prevention Activities

The conference agreement authorizes AID to use \$16,000,000 from the "Child Survival and Disease Programs Fund" for technical experts from other government agencies, universities, and other institutions. The Senate proposed

\$10,000,000 and the House \$10,500,000 for this purpose. The managers have increased this authority on an interim basis in order to accelerate implementation of the expanded HIV/AIDS and tuberculosis activities. AID is directed to replace the additional temporary personnel as rapidly as possible with AID direct hire OE-funded personnel.

As the purpose of the general provision is to support effective implementation of the Child Survival and Disease Programs Fund, the conference agreement does not include a reference to family planning, as proposed by the Senate.

Relevant Excerpt From Sec. 103 of the 2000 Malaria Control Act Assistance For Malaria Prevention, Treatment, Control, And Elimination.

(a) ASSISTANCE-

(1) IN GENERAL- The Administrator of the United States Agency for International Development, in coordination with the heads of other appropriate Federal agencies and nongovernmental organizations, shall provide assistance for the establishment and conduct of activities designed to prevent, treat, control, and eliminate malaria in countries with a high percentage of malaria cases.

(2) CONSIDERATION OF INTERACTION AMONG EPIDEMICS- In providing assistance pursuant to paragraph (1), the Administrator should consider the interaction among the epidemics of HIV/AIDS, malaria, and tuberculosis.

(3) DISSEMINATION OF INFORMATION REQUIREMENT- Activities referred to in paragraph (1) shall include the dissemination of information relating to the development of vaccines and therapeutic agents for the prevention of malaria (including information relating to participation in, and the results of, clinical trials for such vaccines and agents conducted by United States Government agencies) to appropriate officials in such countries.

Relevant Excerpt from Sec. 111 of the Global AIDS and Tuberculosis Relief Act of 2000 Additional Assistance Authorities to Combat HIV and AIDS.

(a) ASSISTANCE FOR PREVENTION OF HIV /AIDS AND VERTICAL TRANSMISSION- Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) is amended by adding at the end the following new paragraphs:

`(4)(A) Congress recognizes the growing international dilemma of children with the human immunodeficiency virus (HIV) and the merits of intervention programs aimed at this problem. Congress further recognizes that mother-to-child transmission prevention strategies can serve as a major force for change in developing regions, and it is, therefore, a major objective of the foreign assistance program to control the acquired immune deficiency syndrome (AIDS) epidemic.

`(B) The agency primarily responsible for administering this part shall--

`(i) coordinate with UNAIDS, UNICEF, WHO, national and local governments, and other organizations to develop and implement effective strategies to prevent vertical transmission of HIV ; and

`(ii) coordinate with those organizations to increase intervention programs and introduce voluntary counseling and testing, antiretroviral drugs, replacement feeding, and other strategies.

`(5)(A) Congress expects the agency primarily responsible for administering this part to make the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) a priority in the foreign assistance program and to undertake a comprehensive, coordinated effort to combat HIV and AIDS.

`(B) Assistance described in subparagraph (A) shall include help providing--

`(i) primary prevention and education;

`(ii) voluntary testing and counseling;

`(iii) medications to prevent the transmission of HIV from mother to child; and

`(iv) care for those living with HIV or AIDS .

`(6)(A) In addition to amounts otherwise available for such purpose, there is authorized to be appropriated to the President \$300,000,000 for each of the fiscal years 2001 and 2002 to carry out paragraphs (4) and (5).

`(B) Of the funds authorized to be appropriated under subparagraph (A), not less than 65 percent is authorized to be

available through United States and foreign nongovernmental organizations, including private and voluntary organizations, for-profit organizations, religious affiliated organizations, educational institutions, and research facilities.

`(C)(i) Of the funds authorized to be appropriated by subparagraph (A), not less than 20 percent is authorized to be available for programs as part of a multidonor strategy to address the support and education of orphans in sub-Saharan Africa, including AIDS orphans.

`(ii) Assistance made available under this subsection, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries.

`(D) Of the funds authorized to be appropriated under subparagraph (A), not less than 8.3 percent is authorized to be available to carry out the prevention strategies for vertical transmission referred to in paragraph (4)(A).

`(E) Of the funds authorized to be appropriated by subparagraph (A), not more than 7 percent may be used for the administrative expenses of the agency primarily responsible for carrying out this part of this Act in support of activities described in paragraphs (4) and (5).

`(F) Funds appropriated under this paragraph are authorized to remain available until expended'.

(b) TRAINING AND TRAINING FACILITIES IN SUB-SAHARAN AFRICA- Section 496(i)(2) of the Foreign Assistance Act of 1961 (22 U.S.C. 2293(i)(2)) is amended by adding at the end the following new sentence: `In addition, providing training and training facilities, in sub-Saharan Africa, for doctors and other health care providers, notwithstanding any provision of law that restricts assistance to foreign countries'.

APPENDIX III

OPERATIONAL GUIDELINES ON THE USE OF CHILD SURVIVAL AND DISEASE PROGRAMS FUNDS IN THE CONTEXT OF MULTI-SECTORAL PROGRAMS FOR HIV/AIDS ACTIVITIES

Summary: The HIV/AIDS pandemic is eroding development gains across the board and putting millions of families and communities in jeopardy. Broad efforts to address the pandemic and its consequences deserve full U.S. government attention and support. However, as missions are increasingly considering comprehensive sectoral and multi-sectoral approaches in their response to the devastating and broad consequences of the pandemic, special care must be given to how such programs are funded. In many of these cases, multi-sectoral approaches can and should receive funding support from multiple accounts.

This guidance addresses the specific and sometimes difficult question of when it is and when it is not appropriate to use the funds provided by Congress under the Child Survival and Disease (CSD) Account for HIV/AIDS activities in broad sectoral or multi-sectoral programs. This guidance augments and is consistent with the Agency's Guidance on the Definition and Use of the Child Survival and Disease Programs Fund, and this multi-sectoral guidance is included in the Agency Directive System (ADS) as a mandatory reference [2001 update to be released April 2001].

For the past two years, Congress has appropriated significant additional funds for USAID in the Child Survival and Disease account "for activities relating to research on, and the prevention, treatment and control of, Acquired Immune Deficiency Syndrome" and for "children affected by, but not necessarily diagnosed with, HIV/AIDS." These additional funds give the Agency the opportunity to increase support for HIV/AIDS activities. Accordingly, Congress will closely monitor USAID's use of these funds, and future funding levels will depend on the Agency's ability to respond adequately to this increased oversight. The FY 2001 Conference Report also includes the requirement that USAID support HIV/AIDS activities with additional funds from "other accounts and programs." In addition, Congress directs contributions for HIV/AIDS from the Economic Support Fund (ESF), Assistance to Eastern Europe and the Baltics (AEEB), and the Freedom Support Act (FSA). One of the other programs specifically mentioned in the Senate Report for HIV/AIDS funding is the Micro-enterprise Initiative.

Specific language in the FY 2001 appropriations bill directs USAID to concentrate its HIV/AIDS assistance toward:

- primary prevention and education;
- voluntary testing and counseling;
- medications to prevent the transmission of HIV from mother to child; and
- care for those living with HIV or AIDS.

In FY 2001, Congress required USAID to devote special attention to meeting the needs of AIDS orphans and other children affected by HIV/AIDS. [Further guidance on this aspect of the HIV/AIDS program is included in the 2001 CSD Guidance.] Only part of the funding for vulnerable children is earmarked specifically for children affected by HIV/AIDS. There is greater latitude with these funds to support broader community-based approaches, which provide care, food, education, and other support for children affected by HIV/AIDS. For the Vulnerable Children funds, USAID managers must make investment decisions, which reflect the large numbers of children at risk and the fact that even with declines in HIV incidence, these numbers will remain substantial for another decade or longer. Coverage and long term sustainability are critical concerns.

More generally, the CSD legislation and related reports are quite specific about:

- the uses of monies for HIV/AIDS and Vulnerable Children affected by HIV/AIDS;
- the need to protect the integrity of the Child Survival Account; and
- the requirements for meeting specific targets in reducing HIV/AIDS prevalence, preventing mother-to-child

transmission, and helping orphans affected by HIV/AIDS.

In short, the Agency must ensure that its HIV/AIDS funds are used for activities, which most directly affect the pandemic, and represent the most efficient and effective use of limited resources.

A. Criteria for the Use of the Child Survival and Disease Account

HIV/AIDS program funds from the CSD account and Other Accounts (e.g., ESF, AEEB, and FSA) defined in the directive must be used within the parameters set by Congress, the Agency results framework, and those described in this guidance. Specifically:

- a) Funds *must* be used for the specific Congressional directive and purpose for which they were allocated [Note that these include specific earmarks for mother-to-child transmission, care of orphans and other vulnerable children, microbicides, and vaccine research];
- b) activities *must* be consistent with the Agency results framework and this guidance;
- c) CSD requirements for tracking and coding these funds *must* be followed.

Operating units may fund only those activities with direct impact and which give priority to activities representing the optimal use of funds:

- **“Direct impact”** means that the results of an activity can be linked (and measured) directly to the prevention, treatment and control of HIV/AIDS or to the care and protection of vulnerable children. For example, making information and condoms available to workers through an agricultural extension or transportation project can have a direct impact on behavior change and reduced HIV/AIDS transmission. CSD funds can be used for the HIV/AIDS education or service component, but not the full agricultural extension or transportation program. CSD funds can also be used to strengthen NGOs or other community groups caring for individuals with HIV/AIDS or orphans and other vulnerable children affected by the pandemic.
- The **“optimal use of funds”** means seeing that those activities, which are most effective and efficient in reaching critical populations, slowing transmission and/or providing sustainable, community-based care to those affected by HIV/AIDS receive priority for funding. This requires determining the expected results of a planned investment (and establishing and implementing monitoring or evaluation systems, which document and report on the achievement of these results.) For example, will the activity reach a significant or important population in a way that reduces risk or improves care, or yields important information for managers and service providers? Care has to be taken with demonstration or pilot activities to be sure that the outcomes are carefully tracked, documented, and shared, and that it would be feasible to expand such programs, if successful. Country factors such as the severity and magnitude of the pandemic, the nature and size of the target population, host country and other donor resources and program stage help determine optimal use.

In all HIV/AIDS programs funded under the CSD account, adequate funds must be allocated for surveillance, monitoring and evaluation, sharing lessons learned, and assessment and reporting of results. The Agency has agreed with the Congress that in return for increased funding for HIV/AIDS, USAID will closely monitor the use and impact of such funds. This monitoring includes reporting on progress in meeting international targets in reducing or keeping prevalence low, providing access for HIV infected pregnant women to interventions that will reduce mother-to-child transmission and increasing support to orphans affected by HIV/AIDS.² Measuring and reporting on progress is

² The international goals are to: 1) Reduce HIV Prevalence rates among those 15-24 years of age by 50% in high prevalence countries; 2) Maintain prevalence below 1 % among 15-49 year olds in low prevalence countries; 3) Ensure that at least 25% of the HIV/AIDS infected women in high prevalence c countries have access to interventions to reduce HIV transmission to their infants; 4) Help local institutions provide basic care and support services to at least 25% of HIV infected persons; and 5) To provide community support services to at least 25% of children affected by AIDS in high prevalence countries. In the expanded response, the commitment was that: 1) In

particularly important in multi-sectoral programs as these are new and frequently innovative. In some cases, indicators of progress are still being tested. Detailed guidance on the monitoring and evaluation of program results is being developed.

Although operating units are asked to pay careful attention to accurate budget coding and reporting, the Agency Budget Emphasis Code System currently does not accommodate secondary coding for HIV/AIDS. Over the next few months the Agency will work to solve this shortcoming. Nevertheless, because it will be important to capture all our efforts for HIV/AIDS, operating units may be asked to provide supplemental information, including specific activities, lessons learned, successes and/or problems with multi-sectoral programming. As there will be an administrative burden for tracking multi-sectoral programming, operating units will be asked to provide input on the most sensible and appropriate way to approach the tracking of funds for HIV/AIDS multi-sectoral programs.

B. Appropriate Uses of CSD Funds for HIV/AIDS within Multi-sectoral Programs

CSD funds can be used for the HIV/AIDS components of broad sectoral or multi-sector activities that contribute directly to the Agency strategic objective “HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.” While CSD HIV/AIDS funds can be used to support the HIV/AIDS-related components of broad sectoral or multi-sectoral programs, operating units must use other funds to support activities that do not have a direct and measurable impact on HIV/AIDS. The use of CSD funds is always governed, first by the Congressional directives, followed by the Agency’s HIV/AIDS results framework, and the Agency’s commitment to helping meet international HIV/AIDS prevention and care goals. This requirement was made explicit in the FY 2001 House Report: “The Committee believes it is essential that increased funding for HIV/AIDS be tied to measurable results.”

Primary prevention is still the major focus for USAID’s HIV/AIDS program. First priority in the use of HIV/AIDS funds must be given to prevention interventions, and then to focused care programs. Appropriate prevention activities include (but are not limited to): improving the policy environment; promoting behavioral change through information, education and communication in high risk³ and general populations; expanding affordable access to condoms; STD case management; blood safety; voluntary testing and counseling; stigma reduction, community based care programs for those infected and affected by the pandemic; surveillance, research and monitoring activities; and improving capacity of NGOs, community, public and private sector organizations to prevent HIV transmission. Funds might also be directed to support: policy makers or NGO leaders working on strengthening national HIV/AIDS policy; HIV/AIDS information or service delivery within health or other sector programs; strengthening community participation and mobilization for HIV/AIDS activities; HIV/AIDS training for managers, service providers or other key individuals working with HIV/AIDS programs; and the HIV/AIDS components of research or data collection activities. Other innovative programs with the potential to have a significant impact on HIV/AIDS prevention and care as well as support for orphans and other children affected by HIV/AIDS can be funded as long as their impact on prevention and care is measurable and represents the optimal use of funds in that situation.

Annex II provides additional examples of when it may or may not be appropriate to use CSD funds for HIV/AIDS-

high prevalence countries and regions, USAID will work *with other donors* to see that no less than 80% of **the targeted population** be provided a comprehensive package of prevention and care services within 3-5 years; 2) In low prevalence countries, USAID will work *with other donors* to see that no less than 80% of the **targeted population high risk population** in the program areas be provided a comprehensive package of prevention activities within 3-5 years. The above targets are ambitious, and it should be clear that USAID is *part* of a concerted international effort to reach these goals. Therefore, in order to accurately measure progress in results, proper definitions must be developed, and appropriate baseline data must be collected.

³ High risk populations include, for example: babies at risk of infection through mother-to-child transmission, mobile populations, youth, commercial sex workers, men who have sex with men, injecting drug users, refugees and displaced persons, uniformed personnel, and demobilized child/adult soldiers.

related activities.

C. Procedures for Exceptions

Missions considering using CSD HIV/AIDS funds for programs which are not clearly within this guidance or within the CSD Guidance must receive advance approval. PPC will coordinate the approval process as outlined below.

A request for such approval should be sent via cable, e-mail or fax to PPC, with copies to the appropriate Regional Bureau and G/PHN/HN/HIV/AIDS. The request should include a detailed description of the activity, how it directly contributes to Agency Objective "HIV Transmission and the Impact of HIV/AIDS Pandemic in Developing Countries Reduced," and the expected results along with the indicators which will be used to monitor HIV/AIDS impact. PPC will convene an intra-agency committee with the appropriate policy, technical, program, and budget personnel to review the request and recommend approval or disapproval. The appropriate Regional Bureau and G/PHN must agree with the recommendation, and then GC must clear before the proposed activities commence. If an agreement is not reached at the technical level, the prompt decision will be made jointly by the Assistant Administrators for both PPC and Global based on an action memorandum of concerned parties outlining the "pros and cons" on both side of the issues.

ANNEX 1: Congressional Intent and Legislation Regarding The Use of CSD Funds for HIV/AIDS including Vulnerable Children

The Foreign Assistance Act of 1961, as amended; the Foreign Operations, Export Financing and Related Programs Appropriation Act 2001, House Report 106-720, House Report 106-254; Conference Report 106-997 and the Global Aids and Tuberculosis Relief Act of 2000 all provide guidance to USAID on the use of CSD funds, and by reference, Other Accounts (e.g., FSA, AEEB, ESF), for HIV/AIDS activities. Relevant sections are quoted below.

Section 104 of the Foreign Assistance Act "is amended by adding the following new paragraphs:

- "Congress recognizes the growing international dilemma of children with human immunodeficiency virus (HIV) and the merits of intervention programs aimed at this problem. Congress further recognizes that mother-to-child transmission prevention strategies can serve as a major force for change in developing regions and it is, therefore, a major objective of the foreign assistance program to control the ...AIDS epidemic."
- "The agency primarily responsible for administering this part shall
 - a) coordinate with UNAIDS, UNICEF, WHO, national and local governments to develop and implement effective strategies to prevent vertical transmission of HIV and
 - b) Coordinate with these organizations to increase intervention programs and introduce voluntary counseling and testing, antiretroviral drugs, replacement feeding and other strategies."
- "Congress expects the agency...to make HIV and AIDS a priority in the foreign assistance Program and to undertake a comprehensive, coordinated effort to combat HIV and AIDS."
- "Assistance ...shall include help providing:
 - primary prevention and education
 - voluntary testing and counseling
 - medications to prevent the transmission of HIV from mother to child and
 - Care for those living with HIV or AIDS."
- "In addition, providing training and training facilities in sub-Saharan Africa for doctors and other health care providers..."

The House Report, Report 106-720 of July 10, 2000 comments on the relationship between support for CSD funding and other USAID activities as follows:

“As popular as the Child Survival and Disease Program Fund is with the American people, the Committee has resisted appeals to increase its funding faster. The Child Survival account is only one part of U.S. efforts to help others work toward standards of living most Americans have already achieved.”

House Report 106-720 defines the range of activities for the use of HIV/AIDS funds under the CSD Fund as follows:

“Prevention

- Expanding behavior change interventions to prevent and mitigate the impact of HIV/AIDS;
- Preventing and managing sexually transmitted diseases (STDs);
- Preventing and managing TB and other opportunistic diseases related to HIV/AIDS; and
- Reducing mother-to-child transmission of HIV/AIDS”

Care

- Increasing the capacity of public and private sector organizations, particularly at the home and community level, to support persons living with HIV/AIDS, their caregivers, families and survivors;
- Treating opportunistic infections, primarily tuberculosis, in persons living with HIV/AIDS; and
- Caring for children with HIV/AIDS.

Surveillance

- Increasing the quality, availability, and use of evaluation and surveillance information.”

“All AID country strategies for HIV programs must include components to encourage behavioral, cultural and social change.”

The report describes the purpose of funding for Vulnerable Children as: “Care and protection of children who are displaced or vulnerable with an emphasis on strengthening family and community capacity in identifying and responding to special physical, social, educational and emotional needs including: Under the Displaced Children and Orphans Fund, children affected by war... Children affected by but not necessarily diagnosed with HIV/AIDS; Blind children; Orphanages in Europe and Eurasia; Trafficking of young women and children, and Child Labor.”

In terms of future funding levels, the Report notes: “The United States has long led the world’s response to HIV/AIDS and will expand its financial commitment as effective methods of halting and reversing the worsening pandemic emerge... Priority uses for the additional resources include microbicides, mother-to-child transmission, support for affected orphans, and TB. As in the past years, AID should utilize to the maximum extent feasible community-based, nongovernmental organizations that have “on the ground prevention and care programs.”

“The Committee believes it is essential that increased funding for HIV/AIDS be tied to measurable results. Among the five year goals proposed by the Administration and UNAIDS, the Committee is especially supportive of two:

1. That by 2005, 50 percent of HIV infected pregnant women in developing countries will have access to interventions to reduce mother-to-child HIV transmission, and
2. That by 2005, orphans affected by HIV/AIDS will have access to education and food on an equal basis with their non-orphaned peers.⁴

The Committee requests that AID report, not later than March 15, 2001 on progress to date in achieving these and other measurable results in its HIV/AIDS and related child survival and disease programs and the Agency’s expectations as to whether and when these goals will be met.”

⁴ Note: Goals proposed in the House Report are extremely ambitious and progress cannot be tracked without proper definitions and baseline data.

The Conference Report 106-997 includes the following:

“The managers urge that expanded resources be made available to mother-to-child transmission (MTCT) programs. As effective implementation of MTCT programs will take time, during which health workers will be trained, laboratory and testing facilities established and community based care services for HIV positive mothers developed, AID may not be able to meet the Global AIDS Act 8.7 percent MTCT funding target in 2001. The managers expect that USAID will achieve the MTCT target by the end of fiscal year 2002.

ANNEX II: Illustrative HIV/AIDS and Related Activities

HIV/AIDS monies from the CSD Fund, may be used with other account funds in a single integrated program. But, HIV/AIDS funds must be used for purposes intended by Congress and must be reported and coded separately. Operating units must use clear language in defining what the funds are being used for, especially when programs are jointly funded by the CSD Programs Fund and/or other Funding Accounts (e.g., Development Assistance, Economic Support Fund, Freedom Support Act, Assistance for Eastern Europe and the Baltics, and Food for Peace, etc). Operating units will be required to disaggregate CSD and other activities in Congressional notifications and in the R4 reporting.

This annex lists some illustrative activities that operating units, especially field missions should consider as part of a multi-sectoral effort to combat HIV/AIDS or help vulnerable children. Please note that the purpose of this list is to provide examples. It does not list all the activities that can or cannot be funded, nor does it recommend specific activities. Missions must use their own best professional judgement and knowledge of host country circumstances to determine which activities will have the most impact and best meet the goals of preventing transmission, caring for those infected, and helping orphans and other vulnerable children affected by HIV/AIDS.

A. Health Programs

Permissible HIV/AIDS funded components

- Training of doctors and other health workers to provide HIV/AIDS prevention and care;
- Procurement of drugs for opportunistic infections, and prevention of mother-to-child transmission,
- Procurement of test kits;
- Assessment of the impact of the epidemic on the health system;
- Design of programs and policies to reduce the impact;
- Mother-to-child transmission prevention programs;
- Voluntary counseling and testing programs.

Permissible only with non-HIV/AIDS or non-Vulnerable Children designated funds

- Construction of clinics;
- Basic training of manpower;
- General strengthening or restructuring of the health system, not related to HIV/AIDS service delivery.

B. Education Programs

Permissible HIV/AIDS funded components

- Introducing life skills, health and HIV education into school curricula;
- Assessing the impact of HIV/AIDS on the capacity of the education sector and on students and their learning capacity;
- Generating commitment among senior government officials and other leaders to initiate policy dialogue and/or change in regard to providing information on HIV/AIDS, and initiating HIV/AIDS activities or programs for youth;

- Protecting students and teachers from the spread of HIV/AIDS;
- Providing teacher training in HIV/AIDS information and prevention.

Permissible Vulnerable Children funded components

- Support to community-based organizations that increase access to education for orphans and other vulnerable children affected by HIV/AIDS.

Permissible only with non-HIV/AIDS or non-Vulnerable Children-designated funds

- Strengthening the primary school system to reach communities in high HIV/AIDS transmission areas;
- Teacher training programs to replace the high teacher attrition rates due to HIV/AIDS.

C. Microenterprise and Income Generation Programs

Permissible HIV/AIDS funded components

- Assessing the impact of HIV/AIDS on microenterprise and microfinance programs;
- Providing HIV/AIDS information and education to those working in NGOs supporting income-generating activities;
- Adding HIV/AIDS education or service components, such as voluntary counseling and testing, to employment generation programs;
- Using income-generating activities to generate resources for direct HIV/AIDS prevention, care and support programs (e.g., micro-financing for market women to sell condoms).

Permissible Vulnerable Children funded components

- Those components of micro-enterprise or job training programs which are designed specifically for orphans or other vulnerable children affected by HIV/AIDS.

Permissible only with non-HIV/AIDS or non-Vulnerable Children designated funds

- Improving general access to microenterprise lending programs among HIV/AIDS affected communities;
- Employment generation programs.

D. Democracy and Governance Programs

Permissible HIV/AIDS funded components

- Supporting the drafting of national HIV/AIDS policies with government or NGO groups including drafting and promoting legislation and regulation which protects the rights of people living with HIV/AIDS;
- Developing public service announcements or special programming on HIV/AIDS for television, radio or the print media;
- Strengthening the capacity of local NGOs to engage in prevention, care and support programs for HIV+ individuals;
- Developing local government or NGO forums on HIV/AIDS.

Permissible only with non-HIV/AIDS designated or non-Vulnerable Children funds

- Creation and support of general policy units groups in government and the private sector;
- Strengthening the general administrative and management capacity of all NGOs and civil society organizations in HIV/AIDS affected areas;
- General public administration or finance training.

E. Agricultural Programs

Permissible HIV/AIDS funded components

- Assessing the impact of HIV/AIDS on agriculture and developing long-range plans to mitigate its impact;
- Generating commitment among senior government officials and other leaders to initiate policy dialogue and/or change in regard to providing information on HIV/AIDS, and initiating HIV/AIDS activities or programs for farmers;
- Protecting agricultural extension agents and farmers from the spread of HIV/AIDS;
- Providing agricultural agents training in HIV/AIDS information and prevention.

Permissible only with non-HIV/AIDS designated or non-Vulnerable Children funds

- Strengthening the general administrative and management capacity of NGOs working in agriculture that have deteriorated due to the impact of HIV/AIDS;
- General training of agricultural workers to replace manpower lost to HIV/AIDS;
- Strengthening a ministry of agricultural to offset losses due to AIDS.

APPENDIX IV

Relevant Primary Emphasis Area Code Definitions For the Child Survival and Disease Account

(Note: The following code definitions are correct as of November 2000. When coding, be sure to use the latest version of the coding guidance.)

Agency Goal 4: [World's Population Stabilized] and Human Health Protected in a Sustainable Fashion

Agency Objective 4.2: Sustainable Reduction in Child Mortality and Morbidity

[Strategic Plan language: “Infant and child health and nutrition improved and infant and child mortality reduced.”]

Primary Codes

- BREC** **Breastfeeding/Child Survival:** Activities designed to promote breastfeeding in order to improve child health, nutrition, and child spacing.
- CCOR** **Child Survival Core:** Activities designed to: 1) prevent, control or treat Acute Respiratory Infections; 2) prevent, control or treat diarrheal disease, including production and distribution of oral rehydration therapy (ORT) or other commodities, hygiene and health education, and dietary management to reduce incidence of or complications of diarrheal disease; and 3) improve the nutritional status of children, in order to raise health status. **Note: This code excludes Micronutrients, Vitamin A, and immunizations.**
- ENVC** **Environmental Health/Child Survival:** Activities encompassing those health problems related to environmental conditions including untreated waste water, exposure to air pollutants, poor food hygiene, and hazardous materials. Also includes solid waste management, occupational health and injury prevention, prevention of vector-borne diseases, and water and sanitation activities to improve health and nutrition.
- IMMN** **Immunization:** All activities related to the production, testing, quality control, distribution and delivery of vaccines, including maternal tetanus toxic immunization. **Note: Excludes polio eradication; use polio/PLIO code below.**
- MALC** **Malaria/Child Survival:** Malaria prevention, control and treatment activities.
- MHCS** **Maternal Health/Child Survival:** Activities whose primary purpose is to impact on child health and survival by promoting the health of adolescent girls and women of reproductive age, improving pregnancy outcomes and reducing adverse pregnancy outcomes, improving prenatal and delivery services and neonatal care to promote healthy births.
- MICC** **Other Micronutrient/CHS:** Activities to control and prevent micronutrient deficiencies, including iodine, iron, zinc, etc. either singly or in combination. **Note: Excludes Vitamin A; see VITA code below.**

- ORPH** **Orphans and Displaced Children:** Activities to support and assist orphaned or displaced children, including street children and refugees. **Note: Also use this code for: (1) Displaced Children and Orphans Fund, (2) Blind Children programs, and (3) E&E orphanages.**
- PARC** **MCH Policy Analysis, Reform and Systems Strengthening:** Activities to improve or enhance functioning of general PHN, and/or maternal health systems, including sector reform, quality assurance, pharmaceutical, information systems, monitoring/ analysis of demographic and health data, program improvements such as policy, evaluation, strategic planning and resource allocation, and health care financing mechanisms, such as cost control, user fees, privatization and health insurance programs.
- PLIO** **Polio Eradication:** Activities designed to eradicate polio, maintain polio free status and contribute to the development of sustainable immunization and disease control programs in conjunction with polio eradication activities.
- VITA** **Vitamin A/CHS:** Activities to support the control and prevention of Vitamin A deficiencies.
- VKID** **Vulnerable Children Affected by HIV/AIDS:** Activities specifically directed at promoting or improving services that address the special needs of children, including orphans, whose care and support has been affected by HIV/AIDS. Activities may also include building community support for children living with families affected by AIDS.

Agency Objective 4.3: Sustainable Reduction in Maternal Mortality

[Strategic Plan language: “Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and child birth reduced.”]

Primary Codes

- MICR** **Other Micronutrient and Vitamin A:** As part of a maternal health effort, activities to control and prevent micronutrient deficiencies in adolescent girls and women, including Vitamin A for women, iodine, iron, zinc, etc. either singly or in combination.
- MSPG** **Maternal Health/Safe Pregnancy:** Activities designed to promote health of adolescent girls and women of reproductive age, reduce reproductive morbidity and mortality and improve pregnancy outcomes. Activities include antenatal services, planning for birth, recognition of complications, emergency planning, clean and safe birth, treatment of obstetrical complications, and postpartum care.
- NUTM** **Nutrition/MH:** As part of a maternal health effort, activities that improve the nutritional status of adolescent girls and women to raise health status, improve pregnancy outcomes, and improve productivity and purchasing power. **Note: This code does not include Micronutrients; see MICR.**

Agency Objective 4.4: Sustainable Reduction in STI/HIV Transmission Among Key Populations

[Strategic Plan language: “HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.”]

Primary Codes

- HCAR** **HIV/AIDS Care and Support:** Activities to develop and promote effective strategies for providing basic care and support services to people living with AIDS, their families and other vulnerable groups.

- HIVA** **HIV/AIDS Prevention:** Activities to prevent the transmission of HIV/AIDS including information, education and communication activities, which support behavior change and promote condom use; and activities to increase access to and the use of STI services.
- HKID** **Children Afflicted by HIV/AIDS:** Activities to promote effective strategies for providing basic care for children infected by HIV/AIDS, including orphans. Activities may also include building community support services and other related activities.
- MTCT** **Mother to Child Transmission:** Activities to prevent Mother to child transmission of HIV are those that seek to minimize transmission during pregnancy, labor and delivery, or breastfeeding as well as those activities that target pregnant and lactating women for primary HIV prevention.
- PARH** **Policy Analysis, Reform and Systems Strengthening/HIV:** Activities to improve or enhance functioning of general PHN systems in support of HIV/AIDS prevention and care, including sector reform, quality assurance, pharmaceutical, information systems, monitoring/analysis of demographic and health data, program improvements such as policy, evaluation, strategic planning and resource allocation, and health care financing mechanisms, such as cost control, user fees, privatization and health insurance programs.
- SURH** **HIV/AIDS Surveillance:** Activities designed to establish/strengthen HIV/AIDS surveillance, monitoring, and evaluation systems.

Agency Objective 4.5: Threat of Infectious Diseases Reduced

[Strategic Plan language: “The threat of infectious diseases of major public health importance reduced.”]

Primary Codes

- AMRD** **Anti-Microbial Resistance:** Activities to combat the emergence and spread of anti-microbial resistance including drug resistant strains of pneumonia, bacterial dysentery, and sexually transmitted infections as well as other diseases. Activities can include improved technical guidelines, policies, management and usage of antimicrobials, monitoring for antimicrobial resistance and continued drug efficacy, and vaccine development, particularly for pneumonia and diarrheal diseases.
- MALD** **Malaria/ID:** Prevention, control, and treatment of malaria within the general population including activities to address drug resistant strains of malaria.
- OTID** **Other Infectious Diseases:** Activities to prevent, control, or treat other infectious diseases of significant public health impact, such as dengue, meningitis, leishmaniasis, etc., other than those included under child survival programs.
- SURV** **Surveillance and Response:** Activities to improve national, regional and international capacity and systems for surveillance of major communicable and infectious diseases and of drug resistance.
Note: Excludes surveillance activities counted under polio.

TUBD **Tuberculosis:** Activities to prevent, control or treat tuberculosis, including research and interventions to address drug resistant strains of tuberculosis.

Agency Objective 4.6: Special Public Health Programs

NOTE: For activities funded by Non-Pop DA, ESF, FSA, and SEED accounts, use the codes below

Primary Codes

ENVH **Environmental Health:** Activities encompassing those health problems related to environmental conditions that are not specifically covered by the CSD account and benefit broader segments of the population. Activities include: untreated wastewater, exposure to air pollutants, poor food hygiene, and hazardous materials. Also included are solid waste management, occupational health and injury prevention, prevention of vector-borne diseases, and water and sanitation activities designed to improve health and nutrition.

MDRO **Prosthetics/Medical Rehabilitation:** Activities to promote or improve community capacity for medical rehabilitation, including provision of prosthesis, training of technicians, vocational rehabilitation, administrative support and facility improvements. **Note: Uses this code for activities supported by the War Victims Fund.**

PARS **Policy Analysis, Reform and Systems Strengthening:** Activities designed to improve or enhance functioning of general health systems, including general health sector reform, quality assurance, pharmaceutical, information systems, monitoring/analysis of demographic and health data, program improvements such as policy, evaluation, strategic planning and resource allocation, and health care financing mechanisms, such as cost control, user fees, privatization and health insurance programs.

VVOT **Victims of Torture and Atrocities:** Activities directed at promoting or improving services that address the special needs of victims of torture. Activities may include physical treatment, psychological counseling, vocational training, and training for health, education, law, and other professionals to build community capacity.

Agency Goal 3: Human Capacity Built through Education & Training

Agency Objective 3.1: Access to Quality Basic Education For Under-served Populations, Especially for Girls and Women, Expanded

[Strategic Plan language: “Access to quality basic education for under-served populations, especially for girls and women, expanded.”

Primary Code

EDEC **Basic Education for Children:** Activities (including teacher training) that support pre-primary, primary and secondary education. **Note: Use this code for reporting the Basic Education Congressional Earmark.**

[For further explanation concerning the Emphasis Area Code Definitions, visit the following internal web address: <http://inside.usaid.gov/AFR/bps2000/>. There is also a web-based PowerPoint presentation at: <http://inside.usaid.gov/AFR/bps2000/bpsadmin.ppt>]

Relevant Special Emphasis Secondary Codes, Research and Development, and Non-governmental/Private Voluntary Organizations Codes and Definitions For the Child Survival and Disease Account

(Note: The following code definitions are correct as of November 2000. When coding, be sure to use the latest version of the coding guidance.)

A. Research and Development

Research is a mandatory annual reporting requirement. The following research codes have been revised to conform to the Agency's Strategic Plan. Please note that the subcategories of applied, basic and development research are externally required.

Definition of Research (Agency Policy on Research, 1997): Research is defined as the systematic investigation of a well-defined problem. USAID supports research that is intended to produce knowledge that will offer solutions to specific development challenges. The research process incorporates a well-defined hypothesis, a defined methodology for the gathering of information, analysis of data and interpretation of the data to formulate conclusions. This definition *includes* research, experimentation and product development in all fields. This definition *excludes*: routine product testing; quality control; geographic mapping; collection of general purpose data and statistics; routine monitoring and evaluation of operational programs; experimental production; research for the sole purpose of training scientific and technical personnel; and routine activities that contribute to project design of assessment. Surveys (including DHS) and routine data collection are included unless a component of a research activity.

Although there are three (3) externally required categories of applied, basic and development research, USAID funded research is only captured by Applied Research and Development Research codes.

The sum of these secondary codes must equal 100% of the research and development supported in a given activity.

Most USAID funded research is captured by Applied Research.

Applied Research Codes

RBE Educational Research: Research and experimentation in support of basic education systems and systems management, including sector assessments, policy analysis, development of planning models and experimentation with education technologies.

RHL Health Research: Research in support of child survival, nutrition, improved nutrition (including micronutrient), maternal/neonatal health and decreasing HIV/AIDS and infectious diseases. This includes environmental health, vaccine development, and etiology of diseases as well as new methods, approaches and technologies that treat, cure or prevent human disease. Behavioral, social science, and operations research (including controlled field trials) are included as relevant to improvement in human health.

Development Research Code

RDV Development Research: The systematic application of knowledge toward the production of useful materials, devices, systems, or methods including design, development and improvement of prototypes and new processes to meet specific requirements.

B. Non-Governmental Organizations (NGOs) and Private Voluntary Organizations (PVOs):

An NGO is defined as a non-governmental organization, organized either formally or informally, that is independent of government (although, for coding purposes, the term excludes for-profit enterprises and religious institutions except for religiously affiliated development organizations). **Note: USAID does not propose to establish a code for NGOs because the category would be too broad to be helpful.**

A PVO is defined as a private non-governmental organization (but not a university, college, accredited degree-granting institution of education, private foundation, institution engaged solely in research or scientific activities, labor union, political party, a church or other organization engaged exclusively in religious activity) which

- is organized under the laws of a country;
- receives funds from private sources;
- is nonprofit with appropriate tax exempt status, if the laws of the country grant such status to nonprofit organizations;
- is voluntary in that it receives voluntary contributions of money, staff time, or in-kind support from the public; and
- is engaged in voluntary charitable or development assistance activities, other than religious, or anticipates doing so.

For coding purposes, PVO also includes cooperative development organizations (CDOs) i.e. cooperatives, which are considered "not-for-profit" organizations rather than "nonprofits".

All funding via PVOs should be coded using one of the four codes below:

CDO: Cooperative Development Organization - A private association of persons joined together to achieve a common economic objective. It is an enterprise owned jointly by those who use its facilities or services and where any profits are returned to those same users.

PVL: A local PVO operating in the country under whose laws it is organized.

PVI: A third country PVO or international PVO not included in PVU or PVL above/below.

PVU: U.S. PVO organized in the United States, whether or not registered with USAID.

C. Other Relevant Codes

VOT: Victims of Torture and Atrocities: For activities already attributed to another primary code other than VVOT, which also have some impact on victims of torture and other atrocities. This includes democracy and governance, economic growth, education and/or vocational training, and health related activities.

GEQ: Gender Equality: Activities specifically designed to promote more equal access by women and men to socially and economically valued goods, opportunities, resources and rewards, including those that address gender inequality as a development constraint or a human rights issue.

TWC: Trafficking in Women and Children: Activities that curtail the recruitment transportation, purchase, sale, transfer, or harboring of women or children within or across national borders into sexually or economically oppressive situation, as well as illegal activities, such as forced domestic labor, clandestine employment, false adoption and marriage, slavery and involuntary abduction into armed conflict. Examples include awareness and prevention, repatriation/rehabilitation and advocacy programs. Although trafficking usually involves women and girls, interventions that address trafficking in male children may be included.