

Mandatory Reference: 200-203
File Name: 200mab_050902_cd28
Last Revised: 05/13/2002

GUIDANCE ON THE DEFINITION AND USE OF THE CHILD SURVIVAL AND HEALTH PROGRAMS FUND

FY 2002 UPDATE



**MAY 1, 2002
FINAL**

GUIDANCE ON THE DEFINITION AND USE OF THE CHILD SURVIVAL AND HEALTH (CSH) PROGRAMS FUND

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ACRONYMS & EMPHASIS AREA CODES

CHILD SURVIVAL AND HEALTH ACRONYMS

AEEB..... Assistance for Eastern Europe and the Baltics
 AFR Africa Bureau
 ANE..... Asia and Near East Bureau
 ARI Acute Respiratory Infection
 ARV..... Anti-retroviral
 BCI Behavior Change Interventions
 BHR..... Bureau for Humanitarian Response* (see DCHA)
 CDO..... Cooperative Development Organization
 CHS Child Health and Survival
 CSD Child Survival and Disease Programs Fund* (see CSH)
 CSH Child Survival and Health Programs Fund
 DA Development Assistance
 DCHA..... Bureau for Democracy, Conflict, and Humanitarian Assistance
 DCOF Displaced Children and Orphans Fund
 DFA Development Fund for Africa
 DOTS..... Directly Observed Therapy – Short Course
 DP..... Development Planning Office
 E&E Europe & Eurasia Bureau
 EGAT..... Economic Growth, Agriculture, and Trade
 ESF Economic Support Fund
 FAA Foreign Assistance Act
 FFP Food for Peace
 FP/RH..... Family Planning / Reproductive Health
 FSA..... Freedom Support Act
 FY Fiscal Year
 G Global Bureau* (see GH, EGAT, and DCHA)
 GC General Counsel
 GH Bureau for Global Health
 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
 NGOs..... Non-Governmental Organizations
 MH Maternal Health
 PASA..... Participating Agency Service Agreement
 PDC Policy Development Coordination
 PHN..... Population, Health, and Nutrition
 PLHA..... Persons Living with HIV/AIDS
 PPC..... Policy and Program Coordination
 PPC/B..... Office of Budget, Bureau for Policy and Program Coordination
 PSC..... Personal Service Contract
 PVC Private Voluntary Cooperation
 RSSA Resource Support Services Agreement
 SCT..... Sewage Collection and Treatment Systems
 SEED..... Support for East European Democracy (see AEEB)
 STI..... Sexually Transmitted Infections
 TAACS Technical Advisors in AIDS and Child Survival
 TB..... Tuberculosis
 UNICEF... United Nations Children’s Fund
 U.S..... United States
 USAID.... United States Agency for International Development
 USAID/W USAID/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
 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* (see HKID)

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

TWC..... Trafficking in Women and Children
 GEQ Gender Equality

* These acronyms are no longer current. Acronyms for current 2002 Offices, Bureaus, and/or codes are cross-referenced where applicable.

GUIDANCE ON THE DEFINITION AND USE OF THE CHILD SURVIVAL AND HEALTH PROGRAMS FUND

I. SUMMARY

A. Purpose of the Guidance

The purpose of this document is to (1) provide comprehensive guidance to USAID operating units on the definition and use of the Child Survival and Health Programs Fund (hereafter referred to as the CSH Programs Fund); (2) delineate special considerations and procedures for programming and reporting on CSH funds; and (3) provide reference documents to management, technical, program, and budget officers.

B. Modifications to the April 23, 2001, Guidance on the Definitions and Use of the Child Survival and Disease Programs Fund

- This guidance expands and clarifies previous guidance. This guidance supercedes the April 23, 2001, Child Survival and Disease (CSD) Guidance.
- New references to statutory authorities, appropriations, and notwithstanding language have been added to this guidance. New “notwithstanding” provisions expand on previous country prohibitions by allowing USAID to carry out CSH activities “*notwithstanding any other provision of law.*” Details on this authority are found on page 6 and specific 2002 legislative language is included as Appendix II.
- The recent revision of the Agency’s HIV/AIDS Expanded Response Strategy includes establishing a condom and commodity fund to centrally finance condoms and other critical commodities for HIV/AIDS and ensure their expedited delivery to countries. This special fund is intended to increase condom availability and use for HIV/AIDS prevention by making the condoms free of charge to Missions according to select criteria (see page 29) and by freeing up Mission funds for other critical HIV/AIDS activities.
- In FY 2002, the Child Survival and Disease (CSD) Programs Fund was renamed the Child Survival and Health (CSH) Programs Fund to reflect the following updates.
 - In FY 2002, funds for Family Planning/ Reproductive Health (FP/RH) activities, which were located within the Development Assistance account, have been moved to the CSH account. Operational guidance for the use of FP/RH funds has been included both as a condensed version within the body of this document and in its entirety in Appendix IV. Informed choice and other family planning-related restrictions remain unaffected by this move and continue to apply to FP/RH activities (see page 38, 39).

- The Basic Education budget category has been altogether removed from the CSH account and has been placed in the Development Assistance account. This CSH Guidance has been amended to reflect this change.
- The line item Children Affected by HIV/AIDS, coded as VKID, has been removed from the Vulnerable Children budget category and consolidated with its similar line item within the HIV/AIDS budget category (HKID). All activities supporting children affected by HIV/AIDS will therefore be funded through the HIV/AIDS budget category and coded as HKID.
- The text is organized by strategic objective and by budget category reflecting the changes made to the CSH account in the FY 2002 appropriation. Each category includes new and/or updated “special directives/targets” and other “special considerations” based on the FY 2002 legislation, lessons learned, and Agency modifications.
- Appendix III of the Guidance, “Operational Guidelines on the Use of Child Survival and Health Programs Funds in the Context of Multi-sectoral Programs for HIV/AIDS Activities,” has been updated to reflect the new Agency-wide HIV/AIDS strategy and FY 2002 legislation.
- Chapter II, “Preserving the Integrity of the CSH Programs Fund,” has been updated to address questions which have come up over the past year regarding the appropriate use of CSH funds, including the question of using CSH funds for administrative costs. Also included is information regarding planning, monitoring and evaluation, and the new annual reporting mechanism to replace the R4. Directives, coding, and reporting have been updated and are summarized in Figure 1: “Summary of Agency Objectives, Budget Categories, and Emphasis Coding” (pages 14, 15).

C. Structure of the Guidance

This document consists of five chapters and five appendices. Chapter I defines the structure of the CSH Programs Fund Guidance and indicates modifications to the last guidance. Chapter II concerns the intent of preserving the integrity of the Congressionally mandated CSH Programs Fund, presents the approved parameters of the CSH Programs Fund as specified by Congressional directives, the budget categories and directives of the CSH Programs Fund, and coding for specific elements of this fund. Chapter III describes how the CSH Programs Fund relates to the USAID strategic plan, and more specifically to the Agency Strategic Goal, “World Population Stabilized and Human Health Protected,” as well as briefly describing the new budget categories and a table presenting these categories with their relevant Agency goals and coding for appropriate activities within these categories. Chapter IV discusses allowable uses of the CSH Programs Fund within the relevant portions of the Agency Strategic Plan related to Protecting Human Health. This chapter also addresses the guidelines for technical assistance, co-programming, and coding issues for health activities funded by other non-CSH accounts (see pages 42 – 44). Chapter V outlines procedures for operating units that propose to use the CSH Programs Fund for activities outside the described parameters of this Guidance.

Appendix I provides names of individuals to contact if you have policy, programmatic, or technical questions. Appendix II provides excerpts of relevant legislation including Section 104(c)(2) of the Foreign Assistance Act of 1961, as amended; The Global AIDS and Tuberculosis Relief Act of 2000; Excerpts from Foreign Operations, Export Financing and Related Programs; FY 2002 Appropriations Act; and excerpts from relevant House, Senate, and Conference Reports. Appendices III and IV provide the detailed operational guidance for HIV/AIDS multi-sectoral activities and Family Planning/ Reproductive Health activities respectively. Finally, Appendix V provides relevant code definitions for activities according to their respective Agency Goal and budget category.

D. Scope, Definitions, Authorities, and Prohibitions

Under the CSH 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 in this document; 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,” continue to be used when determining whether activities are appropriate for funding under the CSH Programs Fund. These criteria remain in force even when invoking “notwithstanding” provisions.

- **“Direct impact”** means that the results of an activity can be linked and measured directly to the achievement of the relevant objective under the Agency Strategic Goal, “World population stabilized and human health protected.” 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 Office of the General Counsel 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 CSH funds. Conversely, if the activity intended that the produce from the expanded home gardening be marketed to provide greater family income, the impact on children’s health could be too indirect to justify the use of CSH funds for such an activity.

- **“Optimal use of funds”** means ensuring that those activities that 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.

Congress has continued to increase funding levels within the CSH Programs Fund; with this increase comes additional scrutiny and accountability. Therefore, adequate funds must be allocated for surveillance, monitoring and evaluation, sharing lessons learned, and assessment and reporting of results. In addition, health systems and capacity strengthening activities are encouraged for reaching the Agency’s objective of assuring the long-term accessibility, efficiency, effectiveness, and quality of CSH programs.

Statutory Authorities for use of the CSH Program Fund are as follows:

- **Authorization Authority:** The CSH Program is authorized by the Foreign Assistance Act of 1961, as amended; 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 CSH 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, the 2002 Appropriations Act authorizes CSH activities by providing “for necessary expenses...for child survival, reproductive health/family planning, assistance to combat tropical and other infectious diseases, and related activities...” See Appendix II for the FY 2002 Appropriations Act as well as relevant Report language for definitions and further elaboration. To ensure compliance, USAID staff should consult the applicable authorization and appropriation legislation each fiscal year as changes may occur.
- **Notwithstanding Authority:** The “notwithstanding” authority in Section 522 of the 2002 Appropriations Act allows USAID to use CSH funds for “child survival activities or disease programs including activities relating to research on, and the prevention, treatment, and control of HIV/AIDS...*notwithstanding any other provisions of law.*” In other words, when required for program efficiency, USAID may carry out activities regardless of procurement regulations, personnel regulations, competitive process standards, or other like restrictions that would otherwise prohibit programming, in addition to country prohibitions. This provision, however, does *not* extend to the FP/RH activities. Previous legislation limited this provision to overcoming *country prohibitions only* (such as the prohibition on assistance to countries whose democratically elected head of government has been deposed).

Please note that utilizing the notwithstanding authority to provide CSH assistance may raise sensitive policy issues. If operating units have questions about certain provisions of

law related to CSH activities, please consult with the regional legal advisor or the Office of the General Counsel (GC) before providing such assistance.

As a legal matter, the notwithstanding clause is “self-executing.” As a policy matter, however, 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 AID/W) and the Bureau for Policy and Program Coordination (PPC). PPC is responsible for tracking operating units that make use of the “notwithstanding” authority.

- **Legislative Prohibitions and Policy Restrictions on CSH Programs Fund:** A number of legislative prohibitions and policy restrictions govern the use of CSH funds in certain programming areas. These prohibitions and restrictions are as follows:
 1. **Nonproject assistance:** The FY 2002 Appropriation Act directs the use of CSH funds by stating that “...none of the funds appropriated under this heading may be made available for nonproject assistance, except that funds may be made available for such assistance for ongoing health programs.” One example of such prohibited non-project assistance would be monetary payments to host country governments as part of sector reform efforts.
 2. **Contraceptives:** Funds from the Child Survival / Maternal Health (CS/MH) budget category cannot be used for the purchase of contraceptives for family planning nor used to make up for shortfalls in FP/RH funding or in any other program. The purchase of contraceptives for the purposes of family planning must be funded by the FP/RH budget category. Language from the FY 2002 House Report clearly defines the parameters of use for CS/MH funds and FP/RH funds (see Appendix II, page 49).

NOTE: Within the CSH Programs Fund, HIV/AIDS funds may be appropriately used for purchasing condoms for HIV/AIDS prevention or for dual protection programs with an *explicit HIV/AIDS component*. (See Condom and Commodity Fund, page 29.)
 3. **Commodities for needle/syringe exchange programs:** USAID funds may not be used to purchase commodities to be used in either a needle/syringe exchange program or research programs on needle/syringe exchange. (See page 30 for a list of permissible activities targeting injecting drug users.)

E. Points of Contact

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

II. PRESERVING THE INTEGRITY OF THE CHILD SURVIVAL AND HEALTH PROGRAMS FUND

As stated in Chapter I, Section D, if an operating unit uses program funds from the CSH Programs Fund,

1. Activities **must** be consistent with the Agency results framework and this guidance;
2. Funds **must** be used for the specific Congressional directive and purpose for which they were allocated; and
3. Funds **must** be programmed and coded as such.

Managers and technical and financial officers must do careful planning, monitoring, and reporting (see ADS 201-203 for detailed guidance), and must strictly adhere to Congressional directives and other Agency guidelines.

To ensure that legislative and policy guidelines are followed, the USAID Administrator has appointed the Assistant Administrator of GH to be responsible for (1) bringing issues on the CSH Programs Fund to the attention of Agency leadership, in conjunction with PPC; (2) working with the Office of Budget and regional Bureaus to ensure that CSH funds are allocated appropriately and effectively; and (3) responding to inquiries from Congress and other partners on the planning, implementing, and monitoring of the CSH Programs Funds.

A. Planning

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. The Agency does place considerable emphasis on local ownership and participation in planning and implementing programs, because these are important to effectiveness and achieving lasting results. While USAID's management structure allows the flexibility to build strong local ownership and allow front-line managers to adapt and respond to local opportunities and circumstances, it must remain within the bounds of the centrally-set framework. Proposed strategies and programs are evaluated in terms of how well they fit with the Agency Strategic Plan's overall goals and objectives, and the results that they will deliver. Within this framework, resource allocations are determined on an *annual* basis through the operating unit annual report and budget allocation process.

During the planning stage, the criteria for selecting specific interventions must stand the litmus test of having "direct impact" on the Agency's strategic objectives under the Global Health Pillar and must demonstrate an "optimal use" of funds, as outlined in the 2003 Annual Performance Plan (February 2002), and subsequently in the next Agency Strategic Plan. Managers and technical and financial officers share responsibility to ensure that this guidance is followed.

Operating units should explicitly communicate this guidance to intermediaries implementing CSH activities, particularly as it affects their planning, implementation, monitoring and evaluation. Contractors/recipients/grantees should be given documentation requirements in the program descriptions for procurement instruments. Operating units should also be sure that

scopes of work for new contracts, cooperative agreements, and grants reflect this guidance on the definitions and appropriate use and reporting of results from activities covered by CSH funds.

B. Monitoring and Evaluation

Operating units must develop monitoring and evaluation plans to accurately manage and report on the activities, projects, and results supported by the funds. Program funds must be made available to accomplish this. In appropriate situations, funds may be used to strengthen health system capacity to do monitoring and evaluation. This will help ensure the long-term efficiency, effectiveness, and quality of CSH programs. This means that operating units, in collaboration with their implementing partners, must develop performance monitoring plans in accordance with guidance in ADS 201 and 203. While not official Agency guidance, the Performance Management Toolkit (available in hard copy from PPC) contains useful instructions and worksheets to facilitate the process.

Most of the targets and indicators used by CSH programs will be developed according to the specific program's activities and goals. Many useful indicators that operating units can consider are available from GH. In addition, there are a few Agency level indicators that all GH programs should report against, if they have appropriate activities. This list is provided in the Annual Report Guidance cable, most recently disseminated by PPC in December, 2001.

Missions engaged in HIV/AIDS programming must adhere to the additional strategic plan updating, review and approval requirements approved by the Administrator in the HIV/AIDS operational plan (April 8, 2002) and the reporting requirements as laid out in the Administrator's cable (March 11, 2002: STATE #046436). To address the increasing resources and concomitant increase in visibility and scrutiny, the Agency has developed an expanded HIV/AIDS surveillance, monitoring, and reporting system to track the pandemic, manage resources, and report on progress to key constituencies. This system consists of three primary elements: (1) annual and periodic data collection, (2) use of standard indicators, and (3) reporting of data to central repositories. All Rapid Scale-up and Intensive Focus Missions must begin to implement this new system in FY 2002. Regional Bureaus may require that other Missions within their regions which program HIV/AIDS funds also follow these requirements. FY 2002 approved and FY 2003 proposed country HIV/AIDS budgets have been increased for this purpose. Some additional support (technical assistance and other help in collecting and analyzing data) for designing and implementing this system are available through the Bureau for Global Health.

C. Reporting

Specific guidance on Agency-level reporting is provided in the Annual Report Guidance cable. This specifies a number of Agency-level CSH goals that will be reported to Congress in the Agency's Annual Performance Report. Targets will be set for these performance goals, and the Agency will be held accountable for progress toward meeting these goals. The indicators and goals are also available in the 2003 Agency Performance Plan (APP).

In addition, USAID continues to report on operating unit performance and progress. Each operating unit is expected to report on each strategic objective, stating whether it exceeded, met,

or failed to meet its **targets**. The targets must be established in the Performance Monitoring Plan. It should be noted that this new language is considerably stronger than that in the previous guidance: “exceeding, meeting, or failing to meet **expectations**.” The new standard is auditable, and Missions can fail performance audits by not reporting accurately against their own indicators; by not having established a performance monitoring plan with targets and indicators; or by not having done data quality assessments on the information they report.

USAID will continue to report on overall country performance, but this is beyond the manageable interest of Missions and the Agency. The only targets are those 2007 targets developed in conjunction with other donors for HIV/AIDS efforts. Data used comes from central sources, such as the Bureau of the Census, and is not expected to come from Missions. These are generally known as ‘context’ indicators.

In addition, Cooperating Agencies report all PHN expenditures that are funded by USAID—from GH, Regional Bureaus, and from all overseas Missions. Missions also report their locally contracted 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. Once each year, the contractor contacts partners and Missions and requests that each provides a detailed summary of specific expenditures by source of funds. The contractor then disseminates a report back to Missions on their field support expenditures and compiles and distributes an annual overview of PHN sector expenditures.

Congress has requested that USAID report, not later than February 28 for the previous budget year, on the CSH funds by program, project, implementing agency and dollar amounts. In reporting budget and program activities, operating units must 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 PPC/B for complete details). To achieve 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. GH 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

The following 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, operating units are required to comply with their discrete control levels for directives or sub-categories of activities and to report accordingly. Managers as well as technical and financial officers must ensure that CSH funds are used for the purpose for which they are appropriated by following the parameters set forth in this guidance and adhering to Congressional directives, corresponding budget categories, and Agency coding. The Agency has agreed, through Congressional consultations, to break down reporting in the CSH budget categories, each of which has specific technical parameters and definitions as noted in the following guidance.

Beginning in FY 2002, the CSH Programs Fund has a slightly different structure than that of the FY 2001 CSD Guidance. The revised structure reflects certain directives and expectations of 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 five main categories and several subcategories, which are elaborated upon in the following chapters.

- Child Survival and Maternal Health
- Vulnerable Children
- HIV/AIDS
- Infectious Diseases
- Family Planning/ Reproductive Health

E. Special Consideration: Using CSH Funds for Administrative/Management Costs

The Agency rules on deciding whether a particular administrative and/or management position or related support costs should be operating expense (OE) or program funded are found in ADS 601. ADS 601 is applicable to the use of CSH funds, and Missions and SO teams must carefully review costs where there may be doubt about the proper source of funding. Regarding position funding sources, E601.5.7 states

In most instances, the appropriate funding source will be clear, particularly viewed in conjunction with the examples provided in the Mandatory References to this policy. In cases where it is not clear which funding source is to be used, the cognizant technical office or other requesting Office, after consultation with the cognizant GC or M/B [now PPC/B], as appropriate, *must document* the funding source decision. Such documentation will be in the form of a statement that the requestor has reviewed the scope of work and determined that the appropriate source of funding is [identify funding source].

If any doubt remains as to whether a position should be funded by OE or CSH funds, operating units are urged to err on the side of caution and to use OE funds for the position.

On a related note, it is important for operating units to ensure that support costs allocated to specific positions (for example, office leases and utilities, building maintenance, warehouse costs, etc.) are properly funded and that CSH bears its fair share of these costs—but no more than that (see E601.5.8b,9). Again, operating units must use caution when allocating support costs to CSH funds and must clearly document the justified funding amounts. For complete policy guidance on determining appropriate funding sources, see the following documents:

1. *ADS 601: Funding Source Policy*
(<http://www.usaid.gov/pubs/ads/600/601.pdf>)
2. *Mandatory Reference: Inherently Governmental Functions*
(<http://www.usaid.gov/pubs/ads/600/60157m1.pdf>)
3. *Mandatory Reference: Cost of Doing Business*
(<http://www.usaid.gov/pubs/ads/600/60157m2.pdf>)

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

A. Agency Strategic Goal, “World population stabilized and human health protected”

Under this Strategic Goal, the CSH Programs Fund covers all five Agency Objectives, namely

- Unintended and mistimed pregnancies reduced;
- 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; and
- The threat of infectious diseases of major public health importance reduced.

B. Revised Budget Categories

In addition to the above strategic objectives, the FY 2002 House Appropriations Committee Report clearly defined the budget categories within the CSH Programs Fund and specifically outlined how CSH funds are to be allocated. While the account still includes five major budget categories, the category for Basic Education for Children has been dropped, and the category Family Planning/ Reproductive Health has been transferred to the CSH account from the DA account. The revised categories are as follows:

- ***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 PPC/B according to these line items and will be tagged and tracked separately.
- ***Vulnerable Children***, including line items: Displaced Children and Orphans Fund (DCOF), Blind Children, and Other Vulnerable Children. This category will also be allocated by PPC/B, and the above line items will be tagged and tracked separately. Funds are used to support a set of programs designed to address critical needs of children at risk and needs of children in crisis including orphans. Please note that the line item for Children Affected by HIV/AIDS and its code, VKID, have been removed from this category. Ongoing programs to address the needs of this group of children should draw FY 2002 funds from the HIV/AIDS budget category and re-code these activities as “HKID” for reporting purposes.
- ***HIV/AIDS***. Although there are no line items within this category, the Agency will be required to meet directives for Microbicides, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), and the International AIDS Vaccine Initiative (IAVI). Additionally, based on the comments of the House Appropriations Committee and Conference Report, USAID encourages Missions to support efforts that include a focus on orphans and other vulnerable children affected by HIV/AIDS; prevent mother-

to-child transmission; and increase the emphasis on care, treatment, and support. Missions will not receive tagged funds for 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.
- ***Family Planning/Reproductive Health***. There are no line items within this budget category. However, the Agency is encouraged to undertake and implement reproductive health and family planning programs in areas where large populations threaten biodiversity and endangered species. Family planning represents the core reproductive health intervention of USAID's FP/RH program and the primary use of FP/RH funds. The Agency is reminded that all family planning programs must be free from coercion of any kind and should offer assistance appropriate to low resource settings to help individuals and couples attain their ideal family size.

***NOTE: Basic Education for Children.** Please note that this budget category has been removed entirely from the CSH account and placed in the DA account. Any programs that have ongoing Basic Education activities which have to this point been funded by CSD funds must now access DA funds for that component of the program. Accordingly, the code, EDEC, has been deleted from the list of CSH primary emphasis area codes.

C. Summary Chart of Objectives, Budget Categories (with Operating Year Budget [OYB] Targets and Directives), and Codes

Figure 1 on the following two pages presents the relationship between Agency objectives and the revised budget categories along with the codes for appropriate activities within each category.

Figure 1: Summary of Budget Categories With Corresponding Agency Objectives and Emphasis Coding

Budget Category (with OYB Targets)	Agency Objective	Primary Codes	Secondary Codes
<p>Child Survival and Maternal Health</p> <ul style="list-style-type: none"> ▪ Primary Causes of Morbidity and Mortality for Children and Mothers ▪ Polio Eradication ▪ Micronutrients 	<p>Infant and child health and nutrition improved and infant and child mortality reduced.</p> <p>Deaths, nutrition insecurity, and adverse health outcome to women as a result of pregnancy and childbirth reduced.</p>	<p>BREC Breastfeeding/CHS CCOR Child Survival Core 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 PLIO Polio Eradication VITA Vitamin A MICR Micronutrients and Vitamin A MSPG Maternal Health/Safe Pregnancy NUTM Nutrition/MH</p>	<p>Research Codes</p> <p>RFP Population Research (use <i>only</i> with Pop funds) RBE Educational Research RHL Health Research RDV Development Research</p> <p>Organization Codes</p> <p>CDO Cooperative Development Organization PVL Local PVO (in-country) PVI 3rd-party PVO (3rd-country or international PVO) PVU U.S. PVO</p>
<p>CSH Vulnerable Children</p> <ul style="list-style-type: none"> ▪ DCOF ▪ Blind Children <p>Non-CSH Vulnerable Children</p> <ul style="list-style-type: none"> ▪ Orphanages in E&E ▪ Trafficking of Women & Children 	<p>Infant and child health and nutrition improved and infant and child mortality reduced.</p>	<p>ORPH Orphans & Displaced Children</p>	<p>Cross-cutting & Special Emphasis Codes</p> <p>TWC Trafficking of Women & Children GEQ Gender Equality</p>
<p>HIV/AIDS</p>	<p>HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.</p>	<p>HIVA HIV/AIDS Prevention MTCT Mother-to-Child Transmission HCAR HIV/AIDS Care and Support HKID Children affected by HIV/AIDS PARH Policy Analysis, Reform and Systems Strengthening/HIV SURH HIV/AIDS Surveillance</p>	

Figure 1 (continued)

Budget Category (with OYB Targets)	Agency Objective	Primary Codes	Secondary Codes
Infectious Diseases <ul style="list-style-type: none"> ▪ Tuberculosis ▪ Malaria ▪ Antimicrobial Resistance, Surveillance, Other ID 	The threat of infectious diseases of major public health importance reduced.	TUBD Tuberculosis MALD Malaria/ID AMRD Anti-Microbial Resistance SURV Surveillance and Response OTID Other Infectious Diseases	Research Codes RFP Population Research (use <i>only</i> with Pop funds) RBE Educational Research RHL Health Research RDV Development Research
Family Planning/ Reproductive Health	Unintended and mistimed pregnancies reduced.	PNBF Breastfeeding/Population PNNP Non-Family Planning Services PNPD Policy Analysis & Program Development/Population PNPS Family Planning Services/ Population	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
Other		ENVH Environmental Health MDRO Prosthetics/Medical Rehabilitation PARS Policy Analysis, Reform and Systems Strengthening	Cross-cutting & Special Emphasis Codes TWC Trafficking of Women & Children GEQ Gender Equality

IV. ALLOWABLE USES OF THE CHILD SURVIVAL AND HEALTH PROGRAMS FUND FOR AGENCY PROGRAMMING PURPOSES

This chapter provides a brief explanation of allowable activities for each of the Agency objectives related to the CSH 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 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 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 inform accurately CSH program managers, Congress, and the American public how the CSH Programs Fund is utilized and what effect 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 seeks clarification or has a question about whether an activity falls within these parameters, it must contact PPC/PDC, GH, its regional Bureau technical officer, or the GC's Regional Legal Advisor as appropriate. (See Chapter VI for further details and procedures for exceptions.)

A. Child Survival and Maternal Health (CS/MH)

This budget category addresses two Agency Objectives, 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. Allowable Uses for Child Survival Programs: Agency Objective, “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 the following:

- *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 service 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; 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.

2. Allowable Uses for Maternal Health Programs: Agency Objective, “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/STIs, and others; recognition of complications; planning for emergency transport; and support for emergency care.
- *Improving management and treatment of life-threatening obstetrical complications* including family 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; postpartum and neonatal care that includes identification and treatment of postpartum complications; and postpartum 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 area emphasis 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.

3. Special 2002 Targets for Child Survival and Maternal Health Programs

Congress and USAID have established funding targets for polio, vitamin A, and other micronutrients. If CSH 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 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 the following: 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 primary area emphasis code, PLIO, for all polio activities.
- **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 breastfeeding and similar child nutrition activities to the extent that the impact of these activities on reducing micronutrient deficiencies is clear. Generally, no more than 20 percent of these integrated programs should be supported from micronutrient funds.

4. Special Considerations for Child Survival and Maternal Health

- **Coding Considerations:** In FY 2002, the CSH 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 CSH account. For example, maternal health activities related to prevention and control of malaria may be charged to MALC or MALD. Also, because 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 FP/RH funds, and care should be taken to program and code the activities separately and correctly. (See Chapter V for additional guidance on determining appropriate funding levels across multiple funding categories.)
- **Prohibition on Purchase of Contraceptives:** CS/MH 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. Programs wishing to provide contraceptives for integrated Child Survival / Family Planning/ Reproductive Health programs must be careful to use FP/RH funds for those appropriate portions of their programs. Careful planning is required to disaggregate Child Health and Survival funds from FP/RH funds for coding purposes.
- **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 (IMCI) program, which combines proven technical approaches to diarrheal diseases, acute respiratory infections, 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 must separate 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 Child Survival Grants Program (formerly located in the Bureau for Democracy, Conflict, and Humanitarian Assistance) now GH/PVC-administered, which is intended to enhance participation of PVOs in reducing infant, child, and maternal mortality in developing countries, and to strengthen their organizational, managerial, and technical competencies in these areas. Though centrally administered, Missions have the opportunity for input during the review of all U.S. PVO applications submitted to GH/PVC for funding. GH/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 CSH account only if these programs contribute *directly* to child survival and health 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 CSH Programs Fund.

It is recognized that the appropriate proportion of CSH 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 CS/MH funds exceeds thirty percent (30%) 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 V.

Operating units must clearly 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 (1) the degree of mortality/morbidity of children due to water and sanitation problems; (2) the expected impact on mothers and children given the affected population and degree to which the program will directly affect children and their mothers; and (3) the 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 are to use the primary code ENVC for activities encompassing those child health problems related to environmental conditions.

B. Vulnerable Children: Agency Objective, “Infant and child health and nutrition improved and infant and child mortality reduced.”

In the FY 2002 Appropriation, Congress directed USAID to pay special attention to vulnerable, displaced, or otherwise disadvantaged children, and explicitly identified two funding directives within this budget category: Displaced Children and Orphans and Blind Children.

Funds classified as “vulnerable children” are used to support a set of programs designed to address the 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 strengthening “family and community capacity in responding...to the physical, social, educational, and

emotional needs” of children in crisis such as (1) displaced children and orphans, including children affected by complex emergencies, armed conflict, and natural disasters; (2) child soldiers; (3) mentally and/or physically disabled children, including blind children and children with hearing loss; (4) children exploited by commerce; and (5) the social integration and vocational-technical training of older orphans. Operating units are to use the Primary Emphasis Area Code ORPH for these activities and should indicate to their regional DP the nature of the activities supported for tracking directives. Where applicable, the secondary code for activities targeting the trafficking of women and children, TWC, should be used.

1. Allowable Uses for Displaced Children and Orphans

The Displaced Children and Orphans Fund (DCOF) within the Vulnerable Children budget category provides financial and technical assistance for the care and protection of children who are displaced or made vulnerable due to separation from their families, or are at great risk of losing family care and protection, or other sources of extreme duress. In the FY 2002 Appropriation, funding for DCOF activities is available “notwithstanding any other provision of law.” The DCOF focuses primarily on children affected by war, including child soldiers, children with disabilities, and other disenfranchised or unaccompanied children such as 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, and the end goal is to reunite children with their immediate or extended families. The definition of children also includes adolescents. Allowable activities include the following:

- *Documenting, tracing, and reuniting unaccompanied children* separated from their families during conflict;
- *Supporting psychosocial programs* for children affected by conflict;
- *Engaging in community mobilization;*
- *Promoting and supporting appropriate mixes of education, vocational-technical training, apprenticeships, and other opportunities* to enhance income generation for vulnerable children and their families; and
- In the case of armed conflict, *reintegrating abducted children and former child combatants* as quickly as possible after demobilization.

Interested USAID Missions should contact the DCOF manager listed in Appendix I of this document.

2. Other Vulnerable Children Activities and Related Directives

In addition to the types of activities described in Section B.1. above, operating units receiving “Other Vulnerable Children” funds may elect to finance activities such as those which Congress has identified as important in assisting these disadvantaged children. These areas of interest are:

- *Blind Children:* The FY 2002 appropriations language acknowledges and encourages the activities of Helen Keller Worldwide and other organizations with a similar focus on preventing blindness among children with simple and inexpensive methods of prevention and treatment. It is anticipated that the directive for such activities will be met and programmed centrally by USAID/W.
- *Orphans in Europe and Eurasia:* Congress also continues to support USAID's programs assisting orphans in Russia and Eastern Europe. Such activities are specific to the E&E region and are to be financed by Assistance to Eastern Europe and the Baltics (AEEB) or the Freedom Support Act (FSA) funds only. Programs should focus on reducing the number of children entering state orphanages and should work in cooperation with orphanage officials to meet the immediate medical and basic needs of these children.
- *Mentally and/or Physically Disabled Children:* FY 2002 legislation encourages USAID Missions to support NGOs, such as Special Olympics, that work with children and adolescents with cognitive and/or physical disabilities, especially in regions where bilateral cooperation is limited, such as Southeast Asia.

NOTE: Under the new CSH Programs Fund, activities targeting Children Affected by HIV/AIDS (formerly coded as VKID) are *not* appropriate uses of Vulnerable Children funds. This earmark has been removed from the Vulnerable Children budget category, and all activities addressing Children Affected by HIV/AIDS must be funded by the HIV/AIDS budget category and coded as HKID.

C. HIV/AIDS: Agency Objective, “Transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.”

The President and the Secretary of State have designated USAID 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 three years, Congress has appropriated significant additional funds to USAID in the CSD/CSH 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), AEEB, or FSA.

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 toward the achievement of the following international goals by 2007:

- Reduce HIV prevalence rates among those 15-24 years of age by 50 percent 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 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.

The HIV/AIDS pandemic poses a major and growing threat to the health and development of many countries, especially poor countries. As HIV strikes primarily people in their peak productive years, this disease has especially devastating effects on a country's citizens, communities, economy, and national security. USAID's war on HIV/AIDS includes the following components:

- *More resources to more priority countries:* USAID is increasing the number of countries that receive additional assistance from 17 to 23.
- *Continued support for other critical countries and strengthened regional Offices:* USAID will continue some bilateral support to other country programs considered critical and will add staff and resources to regional Offices to complement these country programs through regional strategies and structures that focus on cross-border issues and on "hot spots" within the region, where the epidemic is expanding rapidly.
- *Increased support for field programs:* The Agency is substantially increasing the amount and share of its budget that is provided to the field to scale up prevention, care, and treatment programs and support for families and children affected by AIDS including orphans.
- *More resources for Africa:* Africa remains USAID's highest HIV/AIDS priority and receives the largest share of USAID's increased funding.
- *Increased accountability:* USAID has instituted a more comprehensive monitoring and reporting system to enable decision makers to manage programs well, track the pandemic, measure progress in reaching critical populations, and document program impacts.
- *Strengthened organizational capacity within USAID to combat the pandemic:* The Agency is upgrading its HIV/AIDS Division to Office status, appointing a Senior Agency AIDS Advisor who will report directly to the Assistant Administrator for GH, and refining the Agency's HIV strategic plan to accelerate program impacts.

USAID's HIV/AIDS strategy focuses on the programs and countries where our assistance can save the most lives. Preventing new infections is our most important objective. We focus our resources on those interventions and those countries where we can make a difference. While prevention will remain the cornerstone of USAID's program, we are also expanding programs for care, treatment, and support of people infected and affected by HIV/AIDS.

1. Allowable Uses for HIV/AIDS

Allowable activities for HIV/AIDS are those that contribute directly to reducing HIV transmission and the impact of the HIV/AIDS pandemic on those infected and affected by HIV/AIDS. These require a comprehensive, locally tailored approach that engages sufficient community, government, NGO, and donor resources in a consistent and complementary

manner. The strategies should reflect the stage of the epidemic and focus efforts on “those most likely to contract or transmit” HIV. These strategies and their relevant area codes are

- *HIV/AIDS/Prevention (HIVA)*: Prevention continues to be the most urgent priority in order to slow and ultimately reverse rising HIV infection rates.. This includes developing interventions to change or prevent high risk behavior; treating other sexually-transmitted infections; increasing demand for and access to condoms and other essential commodities; and promoting voluntary HIV counseling and testing.
- *Mother to Child Transmission of HIV (MTCT)*: Mother to child transmission of HIV can occur during pregnancy, during labor and delivery, and after birth through breastfeeding. The best way to avoid MTCT is to prevent women of reproductive age from becoming HIV-infected. However, for the millions of women who are already infected and for those who will become infected in the future, services should be available to women to help protect their infants from HIV infection. Successful programs to prevent MTCT include the following components: voluntary and confidential counseling and testing services for pregnant women; antiretroviral (ARV) prophylaxis for HIV-infected pregnant women and newborns; and counseling and support for safe infant feeding practices. In addition to these core components, preventing primary HIV infection in pregnant and lactating women and offering family planning services to HIV-infected women are essential to prevent MTCT.

In settings where pregnant women receive antenatal care, HIV/AIDS laboratory and testing facilities, health worker training and counseling and support services may need to be strengthened in order to support the addition of MTCT program elements (VCT, ARV prophylaxis, infant-feeding counseling).

- *HIV/AIDS Care, Treatment and Support (HCAR)*: Care and support for individuals infected with HIV/AIDS, their families and other vulnerable populations is an essential component of USAID assistance. This includes care and treatment for individuals infected to stabilize or improve their physical and mental health. Such care includes treating tuberculosis and other opportunistic infections; providing psychosocial and palliative care; providing adequate nutrition; working with public sector and private groups such as faith- and other community-based organizations to develop care and support systems and exploring the potential for antiretroviral drug treatment in the context of limited health resources.
- *Children Affected by HIV/AIDS (HKID)*: USAID is committed to improving the lives of children and families affected by HIV/AIDS. The emphasis is on helping communities develop and sustain strategies to meet the needs of vulnerable children by strengthening the ability of families to provide care and support; mobilizing and supporting community-based responses; helping children and adolescents meet their own needs; creating a supportive social and policy environment; and supporting research and information sharing.

Allowable activities include increasing the coverage of efforts that effectively support community activities at the individual, household and community level, such as volunteer visiting programs; material support such as food, school fees, shelter, clothing and blankets; economic strengthening activities; counseling and on-going emotional support; peer support and guidance provided by older children to younger children; supporting parents in planning for the future care of their children; protection from abuse; and interventions by which committees address the stigma that is often directed at people living with HIV/AIDS and their families.

- *Policy Analysis, Reform and System Strengthening (PARH)*: The profound impact of the HIV/AIDS pandemic requires a major effort to improve public sector policies, systems and service delivery to address issues of stigma and discrimination, carry out national HIV/AIDS prevention efforts, provide care and treatment for those infected and support those affected. Allowable activities include policy reform, quality assurance, pharmaceutical information systems, analysis of demographic and health data and planning and evaluation when these support expanded HIV/AIDS prevention and care programs. When these are carried out through integrated PHN programs, Missions should pay particular attention to the guidance on the use of HIV/AIDS funds and coding in co-programming in the section that follows on special considerations.
- *HIV/AIDS Surveillance (SURH)*: 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.

2. Special Considerations in HIV/AIDS Congressional Directives

In FY 2000, Congress passed a bill (The Global AIDS and Tuberculosis Relief Act of 2000) that covered FY 2001 and FY 2002 and established targets for children and mother-to-child transmission, microbicide research, and NGO programming. Recent FY 2002 legislation has continued to emphasize the importance of these programs by setting specific targets for microbicide research and NGO programming. While no explicit targets for children and mother-to-child transmission were established in the recent legislation, these activities continue to be important components of USAID's HIV/AIDS strategy, and Congressional interest in such activities remains unchanged. These targets with their specific directives are described below.

- **Children, Including Orphans, Affected by HIV/AIDS**: Although there is no general Congressional earmark in the CSH budget, the House Appropriations Committee urges USAID to spend "not less than \$20 million" for children affected by HIV/AIDS. Accordingly, USAID encourages Missions to program at least \$20 million to support efforts that include a focus on orphans and other vulnerable children affected by HIV/AIDS. As previously discussed, funds may be directed to

- (1) community-based efforts that impact on the protection and well-being of orphans and other children and adolescents affected by HIV/AIDS; (2) increase capacity at local and national levels for program design, implementation, monitoring and evaluation, and for sustaining effective efforts; (3) identify program models that are most effective, efficient and sustainable; and (4) share lessons learned with local, national, and with global partners.
- **Reducing Mother-to-Child Transmission (MTCT) of HIV/AIDS:** In FY 2001, 2002, and 2003, Congress, through the Global AIDS Act, set funding targets for MTCT programs. In areas where prevalence is high (exceeding 5% in pregnant women) Missions are strongly encouraged to develop and provide MTCT activities as previously described. In order to use CSH HIV/AIDS funds to improve services for pregnant and postpartum women, Missions must be able to demonstrate a direct contribution to increased access to MTCT services.
 - **Microbicide Research and Development for HIV/AIDS Prevention:** In FY 2001, and again in FY 2002, 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 the following:
 - 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;
 - Increasing social science and behavioral research on microbicides and other prevention methods;
 - Increasing 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;
 - Developing and validating 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, including clinical trials, 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. Other Special Considerations for the Use of HIV/AIDS Funds:

- **Multi-sectoral Programs for HIV/AIDS:**

“The HIV/AIDS pandemic is not just a health sector issue; it is the business of every officer in every sector in the Agency. It is imperative that USAID staff in heavily affected countries consider HIV-prevention programming in all sectors and not just as part of the Mission’s health programs.”

- Administrator Natsios, State Cable 097109

CSH 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 CSH 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 CSH funds is always governed, first by the Congressional directives, followed by the Agency’s HIV/AIDS results framework, and then 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 of HIV/AIDS Funds with Other Accounts:** HIV/AIDS funds, under the CSH Programs Fund, may be utilized under certain restrictions 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 CSH account, DA account, and/or other funding accounts (Economic Support Fund, Freedom Support Act, etc). Operating units will be required to disaggregate CSH and other activities in Congressional notifications and in annual reporting.
- **Co-programming Using Food for Peace (FFP) – P.L.480 Title II:** Operating Units are reminded that CSH 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 affects food security, the use of Title II resources to mitigate this impact may be appropriate.
- **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 CSH 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. One attempt to help

mitigate this dilemma is establishment of a condom fund (see discussion in the following bullet). Nevertheless, in responding to the AIDS epidemic, operating units are encouraged, where possible, to use CSH 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 HIV/AIDS budget category cannot be used for the purchase of contraceptives *for family planning only* nor used to make up for shortfalls in the FP/RH category activities or in any other program. However, within the CSH Programs Fund, HIV/AIDS budget category funds may be appropriately used for purchasing *condoms for HIV/AIDS prevention*; this includes purchasing condoms for dual protection programs which have an explicit HIV/AIDS component and objective.

Missions may purchase HIV test kits and drugs provided they can demonstrate (1) the safety, efficacy, and quality of the product and (2) 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 U.S. "source/origin" that are listed in Tab 1 of the January 11, 2001 Action Memorandum to the Administrator or that have been subsequently approved by AA/M. This memorandum is attached to the March 6, 2001, Agency Notice and is found online (USAID intranet only) at: <http://iapp1.usaid.gov/notices/notDetail.cfm?msgID=4080>

- **Condom and Commodity Fund:** Over the last several months, the Agency has been developing an operational plan for its HIV/AIDS Expanded Response Strategy. One aspect of this plan includes establishing a condom and commodities fund to centrally finance condoms and other essential items for HIV/AIDS programs and ensure their expedited delivery to countries.

The fund is proposed at \$25 million for FY 2002. This special fund will increase condom availability and use by making all condoms for HIV/AIDS prevention free of charge to all Rapid Scale-Up, Intensive Focus, and Basic countries, as well as all Sub-Saharan countries. Any other country ordering condoms or considering whether to order condoms for HIV/AIDS prevention using FY 2002 funds will be handled on a case-by-case basis, and Missions should correspond directly with Glenn Post (GH/HIV/AIDS) and Carl Hawkins (GH/PRH/CLM).

It is recognized that condom availability and use in most countries is inadequate. The condom and commodity fund will help to fill this important gap. The purpose of making condoms for HIV/AIDS prevention free to Missions is to facilitate the expansion of condom programs. It is expected that these condoms will be additive to country programs and expand HIV/AIDS activities, and that Missions will not swap condom provision responsibilities with other donors such that availability and use remains about the same.

Because Missions, as indicated above, will no longer need to budget and allocate funds for condom shipments, more Mission funds will be available for related programmatic activities. Such activities include promoting risk-reduction behaviors such as abstinence, delayed onset of sexual relations, fidelity, partner reduction, use of services to control sexually-transmitted infections as well as condom use.

In the future, using the fund to finance other essential commodities for HIV/AIDS programs will be explored.

- **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, when necessary, be co-funded with HIV/AIDS monies to the extent that these activities are primarily conducted to address persons with dual HIV and TB infection. General TB prevention and control programs must be funded with CSH/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 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 the following:

- Providing factual information about the medical risks associated with the sharing or re-use of needles, syringes, and other drug equipment;
- Supporting certain components of a comprehensive harm reduction program, including but not limited to community outreach;
- Educating about the risks of injecting drugs and sharing needles;
- Referring to health care and drug treatment services for IDUs;
- Counseling and testing; and
- 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.

The appropriate code for activities to prevent the transmission of HIV/AIDS including information, education, and communication activities supporting behavior change is HIVA. For further coding questions, please contact GH/HIV for more detailed guidance.

- **Use of CSH 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 CSH 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 issued an opinion 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 initiative 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 HIV/AIDS 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 b) 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.

The General Counsel's Office has also 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 only 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, how to combat it in their structure (e.g., an officer's responsibility to see that his subordinates are fully informed), and to discourage personnel 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, "The threat of infectious diseases of major public health importance reduced."

1. Allowable Uses for Infectious Disease Activities

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 health activities, an infectious disease initiative was launched by USAID in 1998. Allowable activities are centered on four elements:

- *Improving tuberculosis prevention, control, and treatment (TUBD)*, 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 strong program management and oversight to ensure consistent program quality).

- *Improving malaria prevention, control and treatment (MALD)*, including (1) increased access and appropriate use of insecticide-treated bed nets¹; (2) improved use of drugs to treat malaria and reduce drug resistant strains; (3) improved recognition, diagnosis, and treatment of malaria at health facilities, at home or in the community; (4) improved prevention and management of malaria in pregnancy; (5) continued research on epidemiology/transmission of malaria; (6) new approaches/technologies for diagnosing and treating malaria including the integration of malaria with IMCI; and (7) development of a malaria vaccine.
- *Reducing antimicrobial resistance (AMRD)*, including understanding the risk factors that 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 local capacity for surveillance and response (SURV)*, 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 Primary Emphasis Area Code, OTID, for other infectious disease activities.

2. Special Considerations for Infectious Diseases

- **Special 2002 Directives and Targets:** In FY 2002 legislation, Congress has 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 surveillance issues. Operating units are to use the Primary Emphasis Area Code SURV for surveillance activities.

¹ Operating units are reminded that Infectious Disease control programs which include the use of insecticide-treated bednets are **not** able to use categorical exclusions for environmental impact analysis. Missions are encouraged to contact their mission or regional environmental officer regarding requirements for satisfying 22 CFR 216.3 (b)(1) and performing a complete environmental impact analysis.

If operating units wish to use resources to address prevention and control programs for 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. The Primary Emphasis Area Code for these kinds of activities is OTID.

Operating units should consult the detailed Agency infectious disease strategy or contact the technical coordinator (see Appendix I) for further guidance on specific interventions and activities for other infectious diseases.

- **TB 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 must 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. Family Planning/ Reproductive Health: Agency Objective, "Unintended and mistimed pregnancies reduced."

In FY 2002, FP/RH funds have been transferred from the DA account into its new budget category within the CSH account. Basic tenets of previous years' "Population" fund have not changed however, and operating units are strongly encouraged to review applicable legislation and Agency guidelines before programming this budget category. While

general operational guidance for FP/RH programming is included below, comprehensive programming guidance on the use of funds is included as Appendix V.

Operating units should use the following relevant primary emphasis area codes for FP/RH activities: PNB, PNNP, PNP, and PNPS.

1. Allowable Uses for Family Planning Activities

The vast majority of FP/RH funds should be used to support family planning activities, including integration into other reproductive health or general health activities. USAID's approach to family planning includes, but is not limited to, the following allowable activities:

- *Expanding access to and use of family planning services*, including partnerships with the commercial sector; policy development to encourage a favorable environment for providing family planning information and services; support for mass media and other kinds of public information initiatives; and initiatives focused on underserved populations, for example, use of agricultural extension agents to promote family planning.
- *Supporting the purchase and supply of contraceptives and related materials*, including the purchase of contraceptive commodities and related equipment, and commodity and logistics support.
- *Enhancing quality of family planning services*, including training, interpersonal communications, and human resource management; quality assurance; incorporation of a gender approach into family planning programs, for example, by training providers to identify signs of gender-based violence that should be addressed as part of family planning counseling; record-keeping; and monitoring and evaluation.
- *Increasing demand for family planning services*, including behavior change communications, encompassing interpersonal communications, mass media and promotion of community involvement; social marketing of contraceptive products; and policy development.
- *Expanding options for fertility regulation and the organization of family planning services*, including research to develop and introduce new options for expanding contraceptive choice; and social science research to improve the organization and quality of family planning services.
- *Integrating family planning services into other health activities*, including communications, awareness-raising, and training activities that weave family planning messages into related themes such as responsible behavior, limiting sexual partners, abstinence, birth spacing, well-baby care, parenting skills, and breastfeeding.
- *Assisting individuals and couples who are having difficulty conceiving children* by providing information and services appropriate for low resource settings. Appropriate activities for low resource settings include those aimed at increasing awareness and

knowledge of the fertile period.

2. Allowable Uses for FP/RH System Strengthening

Family planning system strengthening activities include, but are not limited to the following:

- *Fostering the conditions necessary to expand and institutionalize family planning services*, including national and local level policy development; strengthening of management systems, including information systems, human resources, supervision, training, and financial systems; and leadership training and development.
- *Contributing to the sustainability of family planning services*, including initiatives with the commercial sector and health and social insurance programs to leverage private resources for family planning; mobilization of public sector resources to finance family planning services; measures to ensure reliable supplies of contraceptives; and policy and program actions to minimize any adverse effects of health reform on family planning services.

3. Allowable Uses for Family Planning Enhancement Activities

There are two categories of family planning enhancement activities for which FP/RH funds may be used: (1) Related Reproductive Health Activities and (2) Other Health and Non-Health Activities.

a. Related Reproductive Health Activities

Reproductive health needs vary over the course of an individual's life. Therefore, FP/RH funds should be used to help countries provide women and men with the convenience of co-located or linked health services that respond to a broad set of reproductive health needs. Research suggests that linking family planning with STI, including HIV, prevention efforts or perinatal services or broader youth development efforts is associated with improved client satisfaction, higher utilization rates and sustained and satisfied use of family planning and related health or other services. Allowable activities include the following:

- *Integrating family planning and antenatal, neonatal, and postpartum care*. Activities may include safe motherhood initiatives such as community education and awareness raising about delivery complications and increasing access to emergency obstetrical care.
- *Post-abortion care*, including emergency treatment for complications of induced or spontaneous abortion; postabortion family planning counseling and services; and linking women from emergency care to family planning and other reproductive health services (see Gillespie e-mail, September 10, 2001, Annex I to Appendix IV).

- *Integrating and coordinating family planning and HIV/AIDS and STI prevention programs as well as, in some special instances, treatment programs. Illustrative activities include promotion of dual protection, encompassing condom promotion and other behavioral change efforts to reduce pregnancy and STI/HIV risk; development and introduction of microbicides; and integration of family planning counseling and services (or referral for services) into voluntary counseling and testing centers for women and men who wish to avoid future childbearing and into programs focused on mother to child transmission. (See Integration of Family Planning/MCH and HIV/STD Prevention: Programmatic Technical Guidance, December 23, 1998).*
- *Linking contraceptive information and services to broad-based youth development activities that promote self-efficacy and responsibility by strengthening life-skills (e.g. programs such as Better Life Options and It's Your Life).*
- *Eliminating female genital cutting (FGC). Typically, such activities include community education, promotion of alternative rites of passage, policy initiatives to eradicate the practice and research on effective interventions for its prevention.*

b. Other Health and Non-Health Activities

Officers are encouraged to seek opportunities to develop mutually productive linkages with other health activities and development sectors such as education, democracy and governance, environment, microenterprise and income generation programs, and to those with specific gender objectives. Such linkages can serve multiple purposes. Often, they expand the entry points for introducing family planning information and services. While FP/RH funds can be used to support the FP/RH components of multi-sectoral activities, funds from non-FP/RH sources must be used to support activities that do not directly affect FP/RH outcomes. Examples of multi-sectoral activities include the following:

- *Adding non-family planning products and promotion to a family planning social marketing campaign (e.g., adding ORS or impregnated bednets to enhance a social marketing system that delivers and promotes family planning products).*
- *Mentoring programs that help adolescent girls succeed in school while also providing them with accurate reproductive health information and counseling. These two forces combine to reduce dropout due to pregnancy.*
- *Using income-generating activities to generate resources for FP/RH activities, for example, microfinance activities to assist market women to sell condoms.*

4. Special Considerations for Family Planning/ Reproductive Health

- **Legislative and Policy Prohibitions on the Use of FP/RH Funds:** Restrictions on the use of FP/RH funds for certain activities are clearly outlined in current legislation and continue to govern programming within this new budget category in the CSH Programs

Fund.

Voluntarism and Informed Choice: USAID places highest priority on ensuring that its FP/RH activities adhere to the principles of *voluntarism* and *informed choice*. The Agency considers an individual's decision to use a specific method of family planning or to use any method of family planning at all *voluntary* if it is based upon the exercise of free choice and is not obtained by any special inducements or any element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation. USAID defines *informed choice* to include effective access to information on family planning choices and to the counseling, services, and supplies needed to help individuals choose to obtain or decline services, to seek, obtain, and follow up on a referral, or simply to consider the matter further. The Tiahrt Amendment requires that USAID-assisted family planning projects meet certain standards of voluntarism.

Mexico City Policy: On January 22, 2001, President Bush restored the Mexico City Policy that had been in place from 1985-1993. The Mexico City Policy requires foreign non-governmental organizations to certify that they will not perform or actively promote abortion as a method of family planning as a condition for receiving USAID assistance for family planning.

Helms Amendment: USAID funds may not be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.

Biden Amendment: USAID funds may not be used to pay for any biomedical research that relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiological or descriptive research to assess the incidence, extent, or consequences of abortions is permitted.

Kemp-Kasten Amendment: USAID funds may not be made available to any organization or program that, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization.

Lobbying: USAID funds may not be used to lobby for or against abortion.

Post-abortion Care: USAID FP/RH funds may be used to support post-abortion care activities, regardless of whether the abortion was legally or illegally obtained, although no USAID funds may be used to purchase manual vacuum aspiration kits for any purpose. Foreign NGOs may also perform and promote post-abortion care without affecting their eligibility to receive USAID assistance for family planning.

- **Co-funding Requirements for Integrated FP/RH Activities:** Due to the integrated nature of family planning and reproductive health programs, questions often arise about the requirements of joint funding from other CSH budget categories or from other accounts (e.g. DA). Figure 2 on the following page provides an overview of the different

types of jointly funded FP/RH activities with their accompanying co-funding requirements.

As with all other co-funded activities using CSH funds, the amount of funding contributed by individual budget categories or line items within the CSH account must be *proportionate* to the percentage breakdown of relevant activities within the larger project. Careful decision-making must be considered and justification must be clearly documented when determining the percentage breakdown of these activities. Section G.2 of this chapter provides further clarification of this process.

Figure 2: Co-funding Requirements for Enhanced FP/RH Activities

Activity Category	Guiding Questions	Illustrative Activities	Co-Funding Requirements
Specific Programming (within single line-item or budget category)	Family Planning <ul style="list-style-type: none"> • <i>Direct impact</i> • <i>Optimal use of funds</i> 	<ul style="list-style-type: none"> • Expanding access to and use of family planning clinics • Enhancing the quality of family planning services • Supporting the purchase and supply of contraceptives and related materials 	Co-funding: NOT REQUIRED*
	Systems Strengthening** <ul style="list-style-type: none"> • <i>Direct impact</i> • <i>Optimal use of funds</i> 	<ul style="list-style-type: none"> • Fostering the conditions necessary to expand and institutionalize family planning services • Contributing to the sustainability of family planning services 	Co-funding: NOT REQUIRED*
Intra-sectoral Programming (with multiple CSH line items and/or budget categories)	Related RH <ul style="list-style-type: none"> • <i>Direct impact</i> • <i>Optimal use of funds</i> • Does the activity have an operational synergy with ongoing family planning activities? 	<ul style="list-style-type: none"> • Integrating family planning and antenatal, neonatal, and postpartum care • Providing post-abortion care • Integrating & coordinating family planning and STI, including HIV, prevention 	Co-funding: ENCOURAGED e.g., co-funding from CS/MH, HIV/AIDS, ID, etc.
	Other Health (non-RH) <ul style="list-style-type: none"> • <i>Direct impact</i> • <i>Optimal use of funds</i> • Does the activity have an operational synergy with ongoing family planning activities? 	<ul style="list-style-type: none"> • Adding non-family planning products (e.g. ORS) to a family planning social marketing campaign 	Co-funding: REQUIRED** e.g., co-funding from CS/MH
Multi-sectoral Programming (with non-CSH)	Non-Health (non-CSH) <ul style="list-style-type: none"> • <i>Direct impact</i> • <i>Optimal use of funds</i> • Does the activity have an operational synergy with ongoing family planning activities? 	<ul style="list-style-type: none"> • Using income-generating activities to generate resources for FP/RH activities (e.g., microfinance activities to assist market women selling condoms) • Enhancing awareness-raising for environmental issues that look at a wide range of policy responses, including ones related to FP/RH 	Co-funding: REQUIRED e.g., co-funding from DA account

* Co-funding is **encouraged** for family planning and systems strengthening activities, where the activity is enhancing a broad, integrated health system including family planning.

** FP/RH activities may have *small* components devoted to related objectives that have a low "marginal" cost. For example, an activity devoted to responsible sexual behavior among youth might include promotion of other healthy behaviors. While FP/RH funds may be used to support such "marginal" cost items, joint funding is encouraged.

F. Health Systems and Capacity Strengthening: Agency Cross-cutting Theme, “Institutional and Organizational Development.”

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.

- *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 rulemaking 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.).
- *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) assured 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.

1. Allowable Uses for Systems Strengthening

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 the following:

- *Improving appropriate health sector reforms* that support and protect policies related to CSH programs.
- *Assuring quality, effectiveness, and financial sustainability* of CSH programs in the context of decentralization and health sector reform.
- *Establish fair, efficient, and equitable financing* to protect access by the poor to CSH 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 inform the making of better 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.

2. Special Considerations for Health Systems and Capacity Strengthening

- **Funding Considerations:** At this point, 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 CSH program for the purpose of that program, it can be funded with monies from FP/RH, Child and Maternal Health, Vulnerable Children, HIV/AIDS, and Infectious Disease budget categories.

G. Special Considerations for the CSH Programs Fund and General CSH Programming

- 1. Technical Assistance for CSH Activities:** Under the Agency's allowable activities, operating units can use CSH 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 Fellows Programs for the design, implementation, and evaluation of CSH programs. The funds must 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 CSH activities, then the

person's time should be coded proportionately to relevant activities. For additional information on the TAACS Program or Fellows Programs, contact the Cognizant Technical Officer.

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

1. The organization must have an international health mandate, access to public health programs in many countries, and established relationships with host governments and donor organizations;
 2. The position(s) must be critical for appropriately managing and programming USAID HIV and ID funding and meeting USAID and USG objectives;
 3. Position(s) must be for limited-time, technical staff; and
 4. Funding for the position(s) must serve as a catalyst for and not detract from other essential, country-level activities.
2. **Co-Programming:** Intra-sectoral and multi-sectoral integrated activities are an increasing component of Mission portfolios. While such integrated activities are encouraged, careful attention must be given to ensure that CSH funds are used for their intended purposes. To this end, operating units must see that funding levels from the respective budget categories and/or other accounts are *proportionate* to their relevant activities. Operating units must also clearly document how the percentage breakdown among the various types of funds was determined and how specific funds are being used. Missions are encouraged to contact USAID/W for assistance where such a breakdown might be difficult to determine.
- **Intra-sectoral Programming: Co-Programming from within Various Budget Categories of the CSH Account.** Co-programming for a single intra-sectoral health program requires joint funding from the relevant budget categories within the CSH account. For example, an antenatal clinic that also provides voluntary counseling and testing for HIV/AIDS must be proportionately funded through the Child Survival / Maternal Health and the HIV/AIDS budget categories. Roughly, if the clinic devotes approximately 75% of its resources to providing maternal and antenatal care and approximately 25% to VCT, the amount of CS/MH funds and HIV/AIDS funds must be proportionate to their respective balance of activities in the clinic and coded separately.

NOTE: Intra-sectoral Programming for Integrated FP/RH Activities. *Integrated* family planning and reproductive health activities are **encouraged**, though not required, to seek joint funding from the appropriate CSH budget category (e.g., CS/MH, HIV/AIDS, ID). However, family planning activities that incorporate other *non-reproductive health* activities are **required** to seek joint-funding from the relevant CSH budget categories. (See Figure 2, page 40, for details.)

- **Multi-sectoral Programming: Co-Programming of CSH Funds with Other Accounts.** Under certain restrictions, CSH funds may be utilized with other account funds in a single integrated program. However, CSH funds must be used for the purposes intended by Congress as detailed in this guidance, and must be accounted for and reported separately. The above proportionality rule applies to multi-sectoral programming and operating units must clearly document how the percentage breakdown among the various types of funds was determined and how CSH funds are being used. Again, where 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 CSH and other activities in Congressional notifications and in annual reporting.
 - **Co-Programming Using Food for Peace (FFP) -- P.L.480 Title II:** CSH funds may be used to provide a more complete maternal/child health, nutrition, or HIV/AIDS activity along with Title II food security resources. Operating units are encouraged to work with Agency partners to strategically program activities funded by CSH funds with those supported by Title II resources. In that effort, operating units are reminded that while the activity areas may overlap, each resource must be used within its specified activity area (either CSH or Title II). Title II resources are provided to cover the cost of commodity procurement, ocean transportation and, where applicable, inland transportation for all Title II activities. For Title II non-emergency (development) activities, operating units with both FFP and CSH activities are encouraged to consider the integration of CSH funds with those from Title II where they would be mutually supportive. Both program areas must be reported separately.
3. **Coding Non-CSH Activities for Health:** Operating units funding activities with DA/DFA, ESF, FSA, and AEEB (formerly SEED) funds must 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 definitions (see Appendix V). Review and allocate “partnership” and “primary health care” activities across appropriate Agency objectives (infant/child health, maternal health, infectious diseases, HIV/AIDS, and FP/RH).
 4. **Secondary Emphasis Area Coding:** Operating units are required to utilize secondary coding for “Research” and “Institutional Mechanisms.” Appendix IV includes further information on these secondary codes.

V. ADDITIONAL GUIDANCE: PROCEDURES FOR EXCEPTIONS TO THE ALLOWABLE USES OF THE CSH 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 in this document 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, GH, its regional Bureau technical officer, or the GC's Regional Legal Advisor as appropriate.

However, Missions considering using CSH funds for programs that are *not* clearly within this guidance must receive prior written approval from PPC/PDC and GH, concurrence by regional Bureau technical staff, and clearance from GC. PPC will coordinate the approval process as outlined below.

A request for such approval must be sent via cable, e-mail, or fax to PPC, with copies to the appropriate Regional Bureau and GH. The request must 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 GH 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 of PPC, GH, and the relevant regional Bureau based on an action memorandum of concerned parties outlining the "pros and cons" of moving ahead with the proposed activities.

APPENDIX I

Points of Contact

CONTACT PERSON/OFFICE FOR GENERAL QUESTIONS

General questions concerning this reference or overall guidance may be directed to
Richard Cornelius, Senior Policy Advisor, PPC/PDC (202) 712-4615

General questions concerning technical or programmatic issues may be directed to
Betsy Brown, Director, Office of Health, GH/HIDN (202) 712-1702

Paul Delay, Acting Director, Office of HIV/AIDS, GH/HIV (202) 712-0683

Margaret Neuse, Director, Office of Population, GH/POP (202) 712-0540

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	Mary-Ellen Stanton	(202) 712-4208
Title II	Angelique Crumbly	(202) 712-4279
FP/RH	Barbara Seligman	(202) 712-5839
TAACS	Dale Gibb	(202) 712-0753
Hopkins Child Survival Fellows Program	Dale Gibb	(202) 712-0753
Michigan Population Fellows Program	Rochelle Thompson	(202) 712-0998

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
DCHA	Lowell Lynch	(202) 712-4599
	Carolyn Kiser	(202) 712-5295
PPC	Felice Apter	(202) 712-5783
	Don Sillers	(202) 712-5151
	Mel Porter	(202) 712-5141

For legal questions, please contact GC/GH or 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 2002

As noted below, the FY 2002 Appropriations language that defines the Child Survival and Health (CSH) 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, and title I of Public Law 106-570, for child survival, reproductive health/family planning, assistance to combat tropical and other infectious diseases, and related activities, in addition to funds otherwise available for such purposes, \$1,433,500,000, 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, nutrition, water and sanitation programs which directly address the needs of mothers and children, and related education programs; (4) assistance for displaced and orphaned children; (5) programs for the prevention, treatment, and control of, and research on, HIV/AIDS, tuberculosis, malaria, polio and other infectious diseases; and (6) family planning/reproductive health: Provided further, That none of the funds appropriated under this heading may be made available for nonproject assistance, except that funds may be made available for such assistance for 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 and family planning/reproductive health, and infectious disease programs: Provided further, That the following amounts should be allocated as follows: \$315,000,000 for child survival and maternal health; \$25,000,000 for vulnerable children; \$435,000,000 for HIV/AIDS including not less than \$15,000,000 which should be made available to support the development of microbicides as a means for combating HIV/AIDS; \$165,000,000 for other infectious diseases, of which \$65,000,000 should be made available for the prevention, treatment, and control of, and research on, tuberculosis, and of which \$65,000,000 should be made available to combat malaria; \$368,500,000 for family planning/reproductive health, including in areas where population growth threatens biodiversity or endangered species; and \$120,000,000 for UNICEF: Provided further, That of the funds appropriated under this heading, up to \$50,000,000 may be made available, notwithstanding any other provision of law for a United States contribution to a global fund to combat AIDS, tuberculosis, and malaria: Provided further, That in addition to the funds made available elsewhere under this heading and subject to the regular notification procedures of the Committees on Appropriations, the President may make available up to an additional \$50,000,000, notwithstanding any other provision of law, for a United States contribution to a global fund to combat AIDS, tuberculosis, and malaria, which may be derived from funds appropriated in title II of this Act and in title II of prior Acts making appropriations for foreign operations, export financing, and related programs: Provided further, That of the funds appropriated under this heading, up to \$53,000,000 may be made available for a United States contribution to The Vaccine Fund, and up to \$10,000,000 may be made available for the International AIDS Vaccine Initiative:

[Excerpt 2]

CHILD SURVIVAL AND HEALTH PREVENTION ACTIVITIES

SEC. 522. Up to \$15,500,000 of the funds made available by this Act for assistance under the heading "Child Survival and Health 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 United States Agency for International Development for the purpose of carrying out activities under that heading: Provided, That up to \$3,000,000 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, HIV/AIDS may be made available notwithstanding any other provision of law: 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: Provided further, That of the funds appropriated under title II of this Act, \$446,500,000 shall be made available for family planning/reproductive health.

Sec. 534

(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 United States 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 and 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. 550. 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 Health 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 107-142 on the Child Survival and Health Programs Fund

DEFINITION OF THE BUDGET CATEGORIES WITHIN THE CHILD SURVIVAL AND HEALTH 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:

G. 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; and
- 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, folic acid, and zinc.

Polio eradication

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

H. 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:

- [Other accounts (e.g., Development Assistance and Economic Support Fund) support programs addressing the issues of children affected by violence and/or trafficked for illicit purposes.]
- Under the Displaced Children and Orphans Fund, children affected by war, including child soldiers, as well as orphaned, abandoned and street children;
- Blind children;
- Orphanages in Europe and Eurasia;
- Trafficking of young women and children; and
- Abusive child labor.

I. 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; and
- Reducing mother-to-child transmission of HIV/AIDS.

Care and Treatment

- 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;
- Conducting pilot programs for the care and treatment of persons living with HIV/AIDS;
- Entering into cooperative agreements and parallel financing alliances with the private sector to obtain needed commodities for sustained treatment of persons living with HIV/AIDS; and
- Establishing microcredit programs designed for communities with a high incidence of persons living with HIV/AIDS.
- Caring for infected children, and for communities severely affected by HIV/AIDS.

Surveillance

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

J. OTHER INFECTIOUS DISEASES

Tuberculosis (TB)

- 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; and
- 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; and
- Improving capacity for surveillance and response for infectious diseases, including at the local level.

K. REPRODUCTIVE HEALTH/VOLUNTARY FAMILY PLANNING

- Expanding access to, and improving the quality of Family Planning programs;
- Supporting related reproductive health services such as integrating family planning with antenatal, neonatal, and postpartum care, integrating family planning with HIV/AIDS and Sexually Transmissible Disease [STD] programs, eliminating female genital cutting, and supporting post-abortion care;
- Providing information and services for families experiencing difficulty in conceiving children, including programs to treat non-infectious diseases that impede fertility;
- Forecasting, purchasing, and supplying contraceptive commodities and other materials necessary for reproductive health programs; and
- Fostering conditions to create favorable policy environments, improve quality, strengthen systems, and contribute to the sustainability of family planning and other reproductive health programs.

NOTE: The population funds of the Child Survival and Health Programs Fund are not to be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions, or to pay for biomedical research which relates to the performance of abortion as a method of family planning (although epidemiological or descriptive research to assess the incidence, extent or consequences of abortions is permitted).

Relevant Excerpt From the House Report 107-142 on Promoting the Integrity of the Child Survival Fund

The Committee expects the current Administrator to appoint a coordinator for all child survival and health programs managed by AID, or, alternatively, to establish a separate bureau to manage central programs, provide technical support to child survival and health programs in the field, and to act as liaison with the Committee on all child survival and health programs and activities managed by AID, regardless of the funding source. ... 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 107-345 on the Child Survival and Health Programs Fund

The conference agreement appropriates \$1,433,500,000 for the Child Survival and Health Programs Fund instead of \$1,425,000,000 as proposed by the House and \$1,510,500,000 as proposed by the Senate. The conference agreement also continues limitations on the use of the Fund for non-project assistance.

The conference agreement includes language allocating \$1,430,500,000 among six program categories in the Child Survival and Health Programs Fund: \$315,000,000 for child survival and maternal health, including vaccine-preventable diseases such as polio; \$25,000,000 for vulnerable children; \$435,000,000 for HIV/AIDS; \$165,000,000 for other infectious diseases; \$368,500,000 for reproductive health/family planning; and \$120,000,000 for UNICEF. The managers 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 definition of program categories and their components can be found on pages 9 through 11 of House Report 107-142 and under the heading "Family Planning/Reproductive Health" on page 12 of Senate Report 107-58.

Within the child survival and maternal health program, authority is provided to transfer up to \$53,000,000 instead of \$60,000,000 as proposed by the House and \$50,500,000 as proposed by the Senate to The Vaccine Fund established for child immunization by the Global Alliance for Vaccines and Immunization (GAVI). The managers continue to be supportive of GAVI and again 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. Any in-kind contributions through USAID should be in addition to the \$53,000,000 contribution to The Vaccine Fund.

The managers note that the vulnerable children program is not intended to be used to assist AIDS orphans, who will be major beneficiaries of the HIV/AIDS program. Although the conference agreement does not include bill language regarding funding for blind children, the managers recommend not less than \$1,300,000 for assistance for blind children. The managers support efforts to eliminate iodine deficiency disorder, the leading cause of mental retardation, and expect that at least \$2,500,000 from the Child Survival and Health Programs Fund and \$2,225,000 from the Europe and Eurasia regional accounts be provided for the Kiwanis International/UNICEF-IDD partnership program. USAID is also encouraged to increase support for 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 managers encourage USAID to explore expanding support for NGO programs for vulnerable children and adults in Southeast Asian countries where government policies impede the establishment of a regular USAID Mission or limit government-to-government economic cooperation. The managers also direct that \$27,500,000 be provided to combat polio.

The conference agreement includes \$475,000,000 for HIV/AIDS, of which \$435,000,000 is allocated within this account and not less than \$40,000,000 in other accounts and programs. The conference agreement includes bill language on the development of microbicides. The managers expect that these funds will be managed by the director of the HIV/AIDS division at USAID. In addition, the conference agreement includes up to \$10,000,000 for a United States contribution to the International AIDS Vaccine Initiative.

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 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 USAID's strategy to implement the Act.

The managers recognize the value of innovative projects to combat the ever-growing HIV/AIDS pandemic. The managers are aware of two innovative faith-based alliances and recommend that USAID provide not less than \$2,000,000 to fund proposals by each NGO. The first is between a United States NGO and the southern African Anglican Church to provide information and communications technologies and platforms to strengthen community efforts to combat HIV/AIDS in southern Africa. The second is between Hope worldwide and a number of communities in southern Africa. The NGO seeks to replicate and extend its well-known Soweto Community Childcare program for orphans and other children affected by AIDS to other sites in Africa. The managers encourage USAID to seek out and support similar innovative programs, especially in Africa, South and Central Asia, and the Caribbean region.

Within the overall Child Survival and Health Programs Fund, authority is provided to transfer \$50,000,000 to a proposed global fund to fight AIDS, tuberculosis and malaria. Of this amount, \$10,000,000 would be transferred from the allocation for other infectious diseases, which include tuberculosis and malaria. In addition, the President may use up to \$50,000,000 from other accounts in title II of this and prior Acts for the fund, for a total of \$100,000,000 under the authorities provided in this Act.

The managers note that up to an additional \$200,000,000 is available for the proposed global fund from two other appropriations Acts a total of \$100,000,000 in the Child Survival and Disease Programs Fund under a provision of Public Law 107-20, and another \$100,000,000 from H.R. 3061, the Departments of Labor, Health and Human Services, and Education Appropriations Act, 2002. The managers further note that the President's request for the fund is \$200,000,000.

The managers expect the Secretary of State and the Secretary of Health and Human Services to report to the Committees no later than April 30, 2002 on progress toward establishment of a global fund to combat AIDS, tuberculosis and malaria. If substantial progress has not been made by August 1, 2002, in establishing a global fund on terms mutually acceptable to the Secretaries and the Committees, the managers expect that the funds intended to be contributed to the proposed global fund will be made available for obligation, as needed, for ongoing bilateral programs to fight HIV/AIDS, tuberculosis, and malaria.

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, USAID not be able to meet the Global AIDS Act's 8.3 percent MTCT funding target in fiscal year 2002. The managers expect that USAID will achieve the MTCT target by the end of fiscal year 2003.

The conference agreement allocates \$165,000,000 for other infectious diseases including \$65,000,000 to address the global health threat from tuberculosis. The managers expect that a total of at least \$75,000,000 will be provided for tuberculosis from all accounts.

The other infectious diseases program also includes \$65,000,000 for efforts to reduce the incidence of malaria and \$35,000,000 for antimicrobial resistance and infectious diseases surveillance. Proper antibiotic use and increasing global resistance have assumed a higher priority since the recent bioterrorism incidents, and the managers urge USAID to reserve

part of its increase in funding to invest in public/private partnerships and alliances that promote more prudent uses of antibiotics in developing countries.

The managers are aware that the HIV/AIDS, tuberculosis and malaria 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 assistance to combat infectious diseases and enhance the efficiency of that assistance.

The conference agreement allocates \$368,500,000 for family planning/reproductive health within the Child Survival and Health Programs Fund. The Senate amendment proposed that not less than \$395,000,000 be made available from the Child Survival and Health Programs Fund to carry out section 104(b) of the Foreign Assistance Act, regarding international population planning assistance. The House bill allocated \$358,000,000 from this account for bilateral reproductive health/family planning assistance. The conference agreement provides overall funding of \$446,500,000 for bilateral family planning/reproductive health from this account, the Economic Support Fund, and the regional accounts for Eastern Europe and the former Soviet Union in section 522.

As the managers are concerned about logging, poaching and other development harmful to the environment in regions where population pressures threaten biodiversity and endangered species, such as Indonesia, Central Africa, and parts of Latin America, the conference agreement includes Senate language that urges USAID to undertake and implement reproductive health/family planning programs in these regions.

The managers also direct USAID to continue to provide the Committees with a detailed annual report not later than February 28, 2002, on the programs, projects, and activities undertaken by the Child Survival and Disease Programs Fund during fiscal year 2001.

Funds appropriated for the Child Survival and Health Programs Fund are appropriated 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 USAID'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 \$15,500,000 to reimburse other government agencies and private institutions for professional services. Any proposed transfer of appropriations from the Fund for administrative expenses of USAID under any other authority shall be subject to section 515 of this Act.

None of the funds appropriated under this heading or the heading "Child Survival and Disease Programs Fund" in prior Acts making appropriations for foreign operations, export financing, and related programs may be allocated or reserved in USAID's operating year budget for a Global Development Alliance. Any proposed obligations for Global Development Alliance programs, projects or activities shall be subject to the regular notification procedures of the Committees on Appropriations.

**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 HEALTH 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 have U.S. government priority 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. 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.

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 Health (CSH) Programs Fund and Other Accounts (e.g., ESF, AEEB, and FSA) 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 Health Programs Fund, and this multi-sectoral guidance is included in the Automated Directive System (ADS) as a mandatory reference.

For the past two years, Congress has appropriated significant and continuously increasing funds for USAID in the Child Survival and Disease account and now the Child Survival and Health 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 provide the Agency the fiscal resources to dramatically 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.

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

- Primary prevention and education,
- Voluntary counseling and testing,
- Orphans and other vulnerable children,
- 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. While funds were located in the Vulnerable Children budget category in FY 2001, all funds for such activities in FY 2002 are now located—or programmed through—the HIV/AIDS budget category.

In an attempt to address the previous year's confusion regarding coding and funding for Vulnerable Children affected by HIV/AIDS, the FY 2002 CSH legislation and related reports are clear that the "Vulnerable Children program is not intended to be used to assist HIV/AIDS orphans, who will now be major beneficiaries of the HIV/AIDS program." To reflect this change, all FY 2002 funds for activities targeting children, including orphans, affected by HIV/AIDS have been placed within the HIV/AIDS budget category and are to be coded as HKID. The code VKID has been altogether removed from this year's CSH account.

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

HIV/AIDS program funds from the CSH 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; and
- c) CSH 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. CSH funds can be used for the HIV/AIDS education or service component, but not the full agricultural extension or transportation program. CSH 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.
- **“Optimal use of funds”** means ensuring 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 CSH 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 for 2007 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 and other vulnerable children affected by HIV/AIDS.² Measuring and reporting on progress is particularly important in multi-sectoral programs as these may be new and frequently innovative. In some cases, indicators of progress are still being tested. Detailed guidance on the monitoring and evaluation of program results has been developed (see STATE cable #046436, March 11, 2002).

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. 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.

² The international goals to be achieved by 2007 are to (1) reduce HIV Prevalence rates among those 15-24 years of age by 50 percent in high prevalence countries; (2) maintain prevalence below 1 percent among 15-49 year olds in low prevalence countries; (3) ensure that at least 25 percent of the HIV/AIDS infected women in high prevalence 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 percent of HIV infected persons; and (5) to provide community support services to at least 25 percent of children affected by AIDS in high prevalence countries. 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 percent 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 percent of the **targeted 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.

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

CSH 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 CSH 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 CSH 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 the following:

- 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;
- Mother-to-child transmission;
- 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 the following:

- 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
- 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 CSH funds for HIV/AIDS-related activities.

C. Procedures for Exceptions

Missions considering using CSH HIV/AIDS funds for programs that are not clearly within this guidance must receive advance approval. PPC will coordinate the approval process as outlined in Chapter V of the CSH Guidance.

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.

ANNEX I: Congressional Intent and Legislation Regarding The Use of CSH 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 107-142, Senate Report 107-58 ; Conference Report 107-345 and the Global AIDS and Tuberculosis Relief Act of 2000 all provide guidance to USAID on the use of CSH funds, and by reference, Other Accounts (e.g., FSA, AEEB, ESF), for HIV/AIDS activities. Relevant sections are quoted below.

[Excerpt 1: From Section 104 of the Foreign Assistance Act]

- 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...

[Excerpt 2: The House Report, Report 106-720 of July 10, 2000]

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.

[Excerpt 3: From the House Report 106-720]

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.”

[Excerpt 4: From the House Report 107-142]

The United States has long led the world’s response to HIV/AIDS and will expand its financial and leadership commitment... 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 community-based, nongovernmental organizations that have “on the ground prevention and care programs.... The Committee requests that AID report, not later than March 1, 2002 describing in detail its plans for utilizing funds allocated for HIV/AIDS programs, including its proposals for programs in countries with emerging epidemics, and the benchmarks established to measure the success of the programs.

[Excerpt 5: From the Conference Report 107-345]

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, USAID will not be able to meet the Global AIDS Act's 8.3% MTCT funding target in fiscal year 2002. The managers expect that USAID will achieve the MTCT target by the end of fiscal year 2003.”

ANNEX II: Illustrative HIV/AIDS and Related Activities

HIV/AIDS monies from the CSH 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 CSH 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 P.L. 480 – Title II [Food for Peace]). Operating units will be required to disaggregate CSH and other activities in Congressional notifications and in annual 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 children affected by HIV/AIDS. 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 direct impact and most effectively 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
- Training and support of community members and other individuals to provide support to children and their families affected by HIV/AIDS
- Procurement of drugs for opportunistic infections, and prevention of mother-to-child transmission
- Procurement of HIV/AIDS test kits
- Assessment of the impact of the epidemic on the health system
- Design of programs and policies to reduce the impact and transmission of HIV/AIDS
- Mother-to-child transmission (MTCT) prevention programs
- Voluntary counseling and testing programs (VCT)
- Ensuring linkages between MTCT and VCT and care and support programs

Permissible only with non-HIV/AIDS 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
- 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 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 specifically supporting income-generating activities
- Adding HIV/AIDS education or service components, such as voluntary counseling and testing, to employment/income generation programs
- Those components of micro-enterprise or job training programs that are designed specifically to support orphans or other vulnerable children affected by HIV/AIDS

Permissible only with non-HIV/AIDS designated funds

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

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 that protects the rights of people living with HIV/AIDS
- Supporting development and implementation of laws and policies that directly impact children affected by 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 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 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

F. Food Security Programs

Permissible HIV/AIDS funded components

- Providing agricultural agents training in HIV/AIDS prevention and care, including nutrition education for people living with HIV/AIDS (PLWHA)
- Providing health workers, community and/or village health workers, and volunteers training in HIV/AIDS prevention and care, including nutrition education for PLWHA
- Forming and supporting home based care programs for those with HIV/AIDS
- Improving nutritional status of those who are known to be HIV+ via home-based care and positive living organizations. (In countries without P.L. 480 food programs, CSH resources may be used to provide food when deemed technically appropriate and an optimal use of funds.)

Permissible only with non-HIV/AIDS designated resources (P.L.480 - Title II Food Aid)

- Providing agriculture agents training in nutrition education
- Providing health workers, community and/or village health workers and volunteers training in nutrition education
- Providing food aid under “food-for-work” schemes targeting communities heavily affected by HIV/AIDS
- Providing food aid as a direct distribution commodity in home based care, safety net or similar programs targeting communities heavily affected by HIV/AIDS (Note: Food for Peace resources cover the cost of the commodities and transportation (both to and within the country), as well as for monitoring the distribution of the commodities)
- See also, Office of Food for Peace guidelines for Development Activity Proposals

APPENDIX IV

GUIDANCE ON THE DEFINITION AND USE OF FAMILY PLANNING AND REPRODUCTIVE HEALTH (FP/RH) FUNDS

I. INTRODUCTION

A. Purpose of the Guidance

This guidance was prepared to help ensure that the intent of Congressional directives for Family Planning and Reproductive Health (FP/RH) funds – formerly “Population Funds” – is understood and adhered to. These funds are used to contribute to achieving the Agency Objective “Unintended and mistimed pregnancies reduced.” *Expanding the accessibility and availability of family planning information and services is the primary strategy for achieving this objective and thus represents the primary use of these funds.* Any funds that are counted as FP/RH (e.g., Economic Support Fund [ESF], Assistance for Eastern Europe and the Baltics [AEEB], and Freedom Support Act [FSA]) are subject to the guidance set forth here.

The guidance was developed to respond to requests from USAID Population, Health, and Nutrition (PHN) officers for greater clarification on the use of FP/RH funds at a time when project activities are increasingly integrated. The guidance identifies guiding principles and offers illustrative examples. This guidance will be updated regularly.

Decision makers for PHN programs (typically PHN Officers) – henceforth “officers” –are best positioned to make decisions on the use of FP/RH funds, through the collection, synthesis, and consideration of relevant local information (within the framework of the Agency Strategic Plan, operational unit strategic plans, and Regional Bureau guidance). Recognizing the substantial variation in needs across the diverse countries in which USAID provides FP/RH assistance, managers may prioritize activities differently in different countries. (See discussion of USAID’s Core Values of empowerment and accountability, ADS 200.3.2, <http://www.usaid.gov/pubs/ads/200/200.pdf>). Innovations to promote family planning information and services as part of a broader package of reproductive health services are crucial to fulfilling USAID’s continuing commitment to reproductive health, and are encouraged.

B. Structure of the Guidance

The guidance is organized in four sections and three annexes. Following Section I, the introduction, Section II lays out the established parameters for allowable uses of FP/RH funds and defines the criteria that must be applied to every decision about the use of FP/RH funds. There are two sub-categories of activities that may be supported with such funds. They are (1) Family Planning and System Strengthening Activities and (2) Family Planning Enhancement Activities. Section III discusses coding of FP/RH funds while Section IV provides additional guidance. The three annexes include additional information on post-abortion care, technical contacts, and co-funding requirements respectively.

C. Authority and Legislative Requirements Affecting FP/RH Funds

Authority: USAID’s FP/RH Program is authorized by the Foreign Assistance Act (FAA) of 1961, as amended.⁴

Legislative and Policy Requirements: USAID supports the freedom of individuals to choose voluntarily the number and spacing of their children. Since its inception, USAID’s FP/RH Program has helped affect the conditions that make it possible for individuals to exercise this fundamental freedom. Through legislated requirements and its own policies and

⁴ Section 104 (b) of the FAA of 1961, as amended, states that “In order to increase the opportunities and motivation for family planning and to reduce the rate of population growth, the President is authorized to furnish assistance, on such terms and conditions as he may determine, for voluntary population planning. In addition to the provision of family planning information and services, including also information and services which relate to and support natural family planning methods, and the conduct of directly relevant demographic research, population planning programs shall emphasize motivation for small families.”

practices, USAID has taken special measures to protect individuals against potential abuses and coercion in family planning programs.

- *Voluntarism and Informed Choice:* USAID places highest priority on ensuring that its FP/RH activities adhere to the principles of *voluntarism* and *informed choice*. The Agency considers an individual's decision to use a specific method of family planning or to use any method of family planning at all *voluntary* if it is based upon the exercise of free choice and is not obtained by any special inducements or any element of force, fraud, deceit, duress or other forms of coercion or misrepresentation. USAID defines *informed choice* to include effective access to information on family planning choices and to the counseling, services, and supplies needed to help individuals choose to obtain or decline services, to seek, obtain, and follow up on a referral, or simply to consider the matter further.⁵
- *Mexico City Policy:* On January 22, 2001, President Bush restored the Mexico City Policy that had been in place from 1985-1993. The Mexico City Policy requires foreign non-governmental organizations to certify that they will not perform or actively promote abortion as a method of family planning as a condition for receiving USAID assistance for family planning.⁶ (See CIB 01-08 (R), Restoration of the Mexico City Policy, White House Memorandum for the Acting Administrator of the U.S. Agency For International Development, 03/28/01, (REVISED 03/29/01), (http://www.usaid.gov/procurement_bus_opp/procurement/cib/cib0108r.pdf)
- *Helms Amendment:* USAID funds may not be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.⁷
- *Biden Amendment:* USAID funds may not be used to pay for any biomedical research that relates in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning. Epidemiological or descriptive research to assess the incidence, extent or consequences of abortions is not covered by the amendment and is therefore permitted.
- *Kemp-Kasten Amendment:* USAID funds may not be made available to any organization or program that, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization.
- *Lobbying:* USAID funds may not be used to lobby for or against abortion.
- *Post-abortion Care:* USAID FP/RH funds may be used to support post-abortion care activities, although no USAID funds may be used to purchase manual vacuum aspiration kits for any purpose. Foreign NGOs may also perform and promote post-abortion care without affecting their eligibility to receive USAID assistance for family planning.

II. ALLOWABLE USES OF USAID FP/RH FUNDS

⁵ These principles are reflected in Agency policy and legislated requirements, which are set forth in the Standard Grant Provisions for USAID family planning activities and the Standard Grant Provisions for Strategic Objective Agreements. Specifically, the Standard Provisions require that individuals served by USAID-assisted family planning programs receive information or referral to sources of information about a broad range of family planning methods and services available in the country; and prohibit the use of targets for number of births, "acceptors" of family planning or specific family planning methods and incentives for the achievement of such targets, the denial or rights or benefits based on the acceptance of family planning or a specific method of family planning; require the provision of comprehensible information to "acceptors" about the health benefits and risks, inadvisabilities and adverse side effects of the family planning method chosen and state that experimental contraceptives only be provided in the context of a scientific study in which participants are advised of potential risks and benefits (Tiahrt Amendment provisions). Further requirements that apply to voluntary sterilization include documentation of informed consent. They can be viewed at <http://www.usaid.gov/pubs/ads/300/303maa.pdf>

⁶ Note that the Mexico City Policy requires that to be eligible for the receipt of USAID funds for family planning activities under cooperative agreements and grants, foreign Non-Governmental Organizations (NGOs) must certify that they will not engage in such activities whatever the source of funding.

⁷ The Standard Grant Provisions for USAID family planning activities and the Standard Grant Provisions for Strategic Objective Agreements specifically prohibit the use of USAID funds to finance, support, or be attributed to the following activities: (1) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (2) special fees or incentives to women to coerce or motivate women to have abortions; (3) payments to people to perform abortions or to solicit women to undergo abortions; (4) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (5) lobbying for abortion.

A. Context of the FP/RH Program

USAID is a leader among international donors in creating and sustaining the conditions necessary for individuals to access safe, voluntary, and high quality family planning information and services. Consensus-based agreements negotiated at international conferences have highlighted the strong linkages among women’s position in society, small family size, and women and children’s health and well-being. As these agreements reaffirmed, family planning is a key component of an essential package of reproductive health services, which are lacking in many countries. Family planning represents the core of USAID’s FP/RH program and the primary use of FP/RH funds.

B. Overarching Criteria Guiding the Use of FP/RH Funds

Officers should use the two key criteria of *direct impact* and *optimal use* to guide the use of FP/RH funds. These criteria must be applied to every decision regarding the use of FP/RH funds.

- **Direct Impact.** Can the results of the activity be directly linked to the achievement of the relevant Agency objective in a way that can be measured? Does the activity directly reduce unplanned pregnancies and other risks to reproductive health, while maintaining family planning as the core focus?
- **Optimal Use of Funds.** Is the activity the most effective, cost- and program-efficient way to reach significant, critical populations with family planning/reproductive health information and services or to provide sustainable community-based family planning/reproductive health services? Does it reflect USAID comparative advantages within the local context? Country factors such as the severity or magnitude of the problem, overall developmental needs, program maturity, and host country and other donor resources should help determine whether the activity represents optimal use of funds.

C. Key Family Planning and Reproductive Health Outcomes

Family planning is the core reproductive health intervention of USAID’s FP/RH program. A comprehensive family planning program should serve the objective of creating the necessary conditions for women and men to have the number and spacing of children that they desire. Such a program must be free of coercion of any kind and should offer assistance appropriate to low resource settings to help individuals and couples attain their ideal family size. A comprehensive family planning program should be linked to related reproductive health services.

Key family planning and reproductive health outcomes for FP/RH funds include, but are not limited to correct, voluntary use of contraceptive methods, healthy spacing of births, reduction of unmet need and total fertility rate; increased age at sexual debut and age at birth of first child; prevention of abortion as a method of fertility regulation.

D. FP/RH Activity Categories

FP/RH activities are organized under the following headings:

- (1) *Family Planning Information and Services*
 - (a) Family Planning Activities
 - (b) System Strengthening Activities
- (2) *Family Planning Enhancement*
 - (a) Related Reproductive Health Activities
 - (b) Other Health and Non-health Activities.

Joint funding from non-FP/RH accounts is either encouraged or required for *Family Planning Enhancement* activities. For example, the use of non-FP/RH funds is *encouraged* to help support post-abortion care activities that receive FP/RH funds. However, mentoring activities that are intended to keep girls in school by building their self-esteem while also modeling positive reproductive health behaviors *require* joint funding from a non-FP/RH account. All decisions about the investment of FP/RH funds must satisfactorily address the criteria of “direct impact” and “optimal use of funds.”

1. Family Planning Information and Services

The vast majority of FP/RH funds should be used to support family planning activities, including integration into other reproductive health or health activities.

a) Allowable Uses for Family Planning Activities

Allowable activities in USAID's approach to family planning include, but are not limited to the following:

- *Expanding access to and use of family planning information and services*, including partnerships with the commercial sector; policy development to encourage a favorable environment for providing family planning information and services; support for mass media and other kinds of public information initiatives; and initiatives focused on underserved populations, for example, use of agricultural extension agents to promote family planning.
- *Supporting the purchase and supply of contraceptives and related materials*, including the purchase of contraceptive commodities and related equipment, and commodity and logistics support. In the case of condom procurement, one must consider the purpose for which the condoms are to be used (HIV/AIDS or STI prevention versus pregnancy prevention) in determining the proper source of funds for their purchase (HIV/AIDS and/or FP/RH funds).
- *Enhancing quality of family planning information and services*, including interpersonal communications, training and human resource management; quality assurance; incorporation of a gender approach into family planning programs, for example, by training providers to identify signs of gender-based violence that should be addressed as part of family planning counseling; record-keeping; and monitoring and evaluation.
- *Increasing demand for family planning information and services*, including behavior change communications, encompassing interpersonal communications, mass media, and promotion of community involvement with special attention to stimulating demand for family planning information and services in environmentally threatened areas; and social marketing of contraceptive products.
- *Expanding options for fertility regulation and the organization of family planning information and services*, including research to develop and introduce new options for expanding contraceptive choice; and social science research to improve the organization and quality of family planning information and services. Note that FP/RH funds may be used to pay for operations research activities that include broader health or non-health components or linkages provided that the objective of the study is to improve family planning and related reproductive health services.
- *Integrating family planning information and services into other health activities*, including communications, awareness-raising, and training activities that weave family planning messages into related themes such as responsible behavior, limiting sexual partners, abstinence, birth spacing, well-baby care, parenting skills, and breastfeeding. Integrated activities can produce economies of scale and synergistic benefits for both activities. The costs of adding family planning to another health program can be paid for with FP/RH funds alone.
- *Assisting individuals and couples who are having difficulty conceiving children* by providing information and services appropriate for low resource settings. Appropriate activities for low resource settings include those aimed at increasing awareness and knowledge of the fertile period.

b) Allowable Uses for System Strengthening Activities

Family planning system strengthening activities include, but are not limited to the following:

- *Fostering the conditions necessary to expand and institutionalize family planning information and services*, including national and local level policy development; strengthening of management systems, including information systems, human resources, supervision, training, and financial systems; and leadership training and development.
- *Contributing to the sustainability of family planning information and services*, including initiatives with the commercial sector and health and social insurance programs to leverage private resources for family planning; mobilization of public sector resources to finance family planning information and services; measures to ensure reliable supplies of contraceptives; and policy and program actions to maximize the positive effects of health reform on family planning services.

Co-funding Requirements: Activities aimed at strengthening the systems through which family planning information and services are provided may be financed with FP/RH funds. However, because family planning services are typically delivered through integrated health systems, systems strengthening activities should also be jointly supported with non-FP/RH funds.

2. Family Planning Enhancement Activities

There are two categories of family planning enhancement activities for which FP/RH funds may be used: (a) *Related Reproductive Health Activities* and (b) *Other Health and Non-Health Activities*.

To help decide whether a non-family planning activity represents an appropriate use of FP/RH funds, the activity must

- Satisfy requirements of *direct impact* and *optimal use of funds*; and
- Be programmatically linked to existing family planning activities.

a) Allowable Uses for Related Reproductive Health

Reproductive health needs vary over the course of an individual's life. Therefore, FP/RH funds should be used to help countries provide women and men with the convenience of co-located or linked health services that respond to a broad set of reproductive health needs.

Research suggests that linking family planning with STI, including HIV, prevention efforts or perinatal services or broader youth development efforts is associated with improved client satisfaction, higher utilization rates and sustained and satisfied use of family planning and related health or other services. Further, support for strengthened linkages between family planning and other reproductive health areas is consistent with the objectives of the Programme of Action adopted at the 1994 International Conference on Population and Development, which called for, *inter alia*, universal access to a full range of safe and reliable family planning methods and related reproductive health services. (See <http://www.un.org/popin/icpd/conference/offeng/poa.html>)

Illustrative examples of the related reproductive health activities that may be supported with FP/RH funds include, but are not limited to the following:

- *Integrating family planning and antenatal, neonatal, and postpartum care.* Activities may include safe motherhood initiatives such as community education and awareness raising about delivery complications and increasing access to emergency obstetrical care.
- *Providing post-abortion care*, including emergency treatment for complications of induced or spontaneous abortion; post-abortion family planning counseling and services; and linking women to family planning and other reproductive health services (See attached Gillespie e-mail, September 10, 2001).

- *Integrating and coordinating family planning and HIV/AIDS and STI prevention* programs as well as, in some special instances, treatment programs. Illustrative activities include promotion of dual protection, encompassing condom promotion and other behavioral change efforts to reduce pregnancy and STI/HIV risk; development and introduction of microbicides; and integration of family planning counseling and services (or referral for services) into voluntary counseling and testing centers for women and men who wish to avoid future childbearing and into programs focused on mother to child transmission. (See *Integration of Family Planning/MCH and HIV/STD Prevention: Programmatic Technical Guidance*, December 23, 1998.)
- *Linking contraceptive information and services to broad-based youth development activities* that promote self-efficacy and responsibility by strengthening life-skills (e.g. programs such as *Better Life Options* and *It's Your Life*).
- *Eliminating female genital cutting (FGC)*. Typically such activities include community education, promotion of alternative rites of passage, policy initiatives to eradicate the practice and research on effective interventions for its prevention (See <http://www.usaid.gov/pubs/ads/200/200mac.pdf>).

Co-funding Requirements: FP/RH programs that are integrated into other reproductive health activities are *encouraged* to seek joint funding from the applicable budget category funding, such as HIV/AIDS or Child Survival / Maternal Health.

b) Allowable Uses for Other Health and Non-Health Activities

Mutually productive linkages have been established between FP/RH and selected health areas, especially HIV and maternal and child health (MCH) (as discussed above), other health, education, democracy and governance, environment, microenterprise, and income generation programs, and to those with specific gender objectives. Officers are encouraged to seek opportunities to develop mutually productive linkages with other health activities and development sectors. Such linkages can serve multiple purposes. Often, they expand the entry points for introducing family planning information and services.

This guidance provides several illustrative examples to suggest the kinds of programming for which FP/RH funds may be used in combination with non-FP/RH funds.

- *Other Health.* Addition of non-family planning products and promotion to a family planning social marketing campaign, for example, addition of oral rehydration salts (ORS) or impregnated bednets can enhance a social marketing system that delivers and promotes family planning products. In this case, non-FP/RH funds would pay for the non-family planning products and their promotion.
- *Education.* Pregnancy and dropout among schoolgirls is typically precipitated by poor school performance. Mentoring programs that help adolescent girls succeed in school while also providing them with accurate reproductive health information and counseling combine the two forces that are needed to reduce dropout due to pregnancy.

Note: Basic education activities must be paid for with funds that are designated for that purpose. FP/RH funds cannot be used to support basic education activities.

- *Democracy and Governance.* Education and awareness raising about reproductive issues, such as voluntarism in family planning programs, as a component of broader awareness-raising and education about women's rights.
- *Environment.* Awareness-raising activities for environmental issues that look at a wide range of policy responses, including ones related to FP/RH. Also appropriate are national environmental planning activities that include consideration of demographic factors.

- *Microenterprise and Income Generation.* Linking family planning volunteers, including peer educators, to microenterprise and income generation activities. For example, FP/RH funds may be used to subsidize small loans, training or skills development activities that are directed to family planning volunteers, or peer educators as rewards for length or quality of service. Also, using income-generating activities may help to generate resources for FP/RH activities, for example, microfinance activities to assist market women to sell condoms.
- *Gender.* Linking family planning clients to sources of legal counsel about property, custody, and other rights of women.

Co-funding Requirements: Joint funding from non-FP/RH funds is *required* for activities that combine family planning or related reproductive health outcomes with *other health* or *non-health* objectives. In other words, FP/RH funds must be used to support the FP/RH components of multi-sectoral activities, and funds from non-FP/RH accounts must be used to support activities that do not directly impact FP/RH outcomes. In circumstances where enhanced FP/RH activities have *small* components devoted to related objectives that have a low "marginal" cost (for example, an activity devoted to responsible sexual behavior among youth might include promotion of other healthy behaviors, such as avoidance of alcohol), FP/RH funds may be used. Joint funding is nonetheless *encouraged* but not required.

III. SPECIAL CONSIDERATIONS

A. Co-programming and Documentation

All USAID funds must be coded and tracked according to account, and careful attention must be given to ensure that when joint funding is used, all CSH funds are used for their intended purposes. To this end, operating units must see that funding levels from the respective CSH budget categories and/or other accounts are *proportionate* to their relevant activities. *Operating units must also clearly document how the percentage breakdown among the various types of funds was determined and how specific funds are being used.* Missions are encouraged to contact USAID/W for assistance where such a breakdown might be difficult to determine. A matrix of co-funding requirements for FP/RH programming is found in Annex III.

1. Co-programming of FP/RH funds with Other Accounts

FP/RH funds may, under certain restrictions, be used with other account funds in a single integrated program. However, FP/RH funds must be used for the purposes intended by Congress as detailed in this guidance, and must be accounted for and reported separately.

2. Co-Programming using Food for Peace (FFP) -- P.L.480 Title II

Officers 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 inland transport. For emergency activities, Title II resources can be provided to cover costs associated with internal transport, storage, and handling (ITSH) costs. For Title II non-emergency (development) activities, officers with both FFP and FP/RH activities are encouraged to consider the integration of FP/RH funds with those from Title II where activities are mutually supportive. 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. Officers are encouraged to work with Agency partners to strategically program activities funded by Title II with those supported by FP/RH funds. Both need to be reported separately.

B. Coding Non-FP/RH Activities

Officers funding activities from accounts other than CSH, ESF, FSA or AEEB must carefully review the focus of the activity and code it accordingly. It is important that all funds are coded properly according to Agency Budget Coding Guidance.

IV. ADDITIONAL GUIDANCE

This guidance is intended to provide officers with programmatic flexibility to respond to the prevalence and magnitude of public health problems at the global or country level. If there is any question about the use of FP/RH funds, then the officer is encouraged to seek additional guidance. If an officer seeks clarification or has a question about whether an activity falls *within* these parameters, he or she should contact PPC/PDC, GH/POP, their regional Bureau contact, or GC/G or GC's Regional Legal Advisor as appropriate.

However, Missions considering using FP/RH funds for programs that are *not* clearly within this guidance must receive prior written approval from PPC and GH/POP, concurrence by regional Bureau technical staff, and clearance from GC. PPC will coordinate the approval process as outlined below (also found in Chapter V of the 2002 CSH Guidance).

A request for such approval must be sent via cable, e-mail, or fax to PPC, with copies to the appropriate Regional Bureau and GH. The request must 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 GH 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 of PPC, GH, and the relevant Regional Bureau based on an action memorandum of concerned parties outlining the "pros and cons" of moving ahead with the proposed activities.

ANNEX I

Gillespie e-mail regarding post-abortion care

From: Gillespie, Duff
Sent: Monday, September 10, 2001 2:34 PM
To: PHN Center Mail List; PHN Contacts Other Bureaus; PHN Missions; PHN Neeps; PHN.OFPS Mail List
Subject: USAID's Post-abortion Care Program
Importance: High

Dear Colleague:

In announcing the restoration of the Mexico City Policy, President Bush acknowledged that voluntary family planning services were one of the best ways to prevent abortion. The U.S. Agency for International Development's (USAID) Population, Health and Nutrition Center places high priority on preventing abortions through the use of family planning, saving the lives of women who suffer complications arising from unsafe abortion, and linking those women to voluntary family planning and other reproductive health services that will help prevent subsequent abortions. Postabortion care should be a key component of both our Safe Motherhood and family planning programs.

It is timely to remind our field officers and Cooperating Agencies (CAs) of the Administration's support for postabortion care. The press release accompanying President Bush's Memorandum of January 22, 2001 restoring the Mexico City Policy stated that "[t]he President's clear intention is that any restrictions do not limit organizations from treating injuries or illnesses caused by legal or illegal abortions, for example, postabortion care."

Globally, complications following an unsafe abortion account for 13 percent of all maternal deaths. Many of these deaths could be prevented by postabortion care.

USAID's postabortion care program includes three critical elements: emergency treatment for complications of induced or spontaneous abortion; postabortion family planning counseling and services; and linking women from emergency care to family planning and other reproductive health services.

USAID will continue to support postabortion care activities, and foreign organizations are permitted to implement such activities without affecting their USAID family planning assistance. It should be noted that USAID does not finance the purchase or distribution of manual vacuum aspiration equipment for any purpose.

I want to take this opportunity to thank the Missions, Bureaus and Center staff that have promoted postabortion care in their programs. The Population, Health and Nutrition Center is very proud of the technical achievements made by Missions, Cooperating Agencies (CAs) and their host country colleagues. Much work remains to be done in the areas of policy development, training and service delivery, operations research and community involvement in order to expand and improve much needed postabortion care services.

We encourage you to support postabortion care activities in your programs. Monica Kerrigan (mkerrigan@usaid.gov) and Nicole Buono (nbuono@usaid.gov) chair the Agency's Postabortion Care Working Group. If you or your staff has any questions regarding the development or implementation of postabortion care activities, please do not hesitate to contact them.

Sincerely,

Duff Gillespie
Deputy Assistant Administrator
Population, Health and Nutrition Center

ANNEX II
Points of Contact

CONTACT PERSON/OFFICE FOR GENERAL QUESTIONS

General questions concerning this notice or overall guidance may be directed to
Barbara Seligman, Senior Policy Advisor, G/PHN/POP (202) 712-5839
Amanda Huber, Policy Advisor, PPC/PDC (202) 712-5418
General questions concerning technical or programmatic issues may be directed to
Margaret Neuse, Director, Office of Population, G/PHN/POP (202) 712-0540

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
ANE	Douglas Heisler	(202) 712-5004
E&E	Mary Ann Micka	(202) 712-4781
AFR	Hope Sukin	(202) 712-0952
GH	Margaret Neuse	(202) 712-0540
DCHA	Sheila Lutjens	(202) 712-1444
PPC	Amanda Huber	(202) 712-5418

For legal questions, please contact:

GC/GH	Susan Pascocello	(202) 712-0559
GC	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)

ANNEX III: Co-funding Requirements for Enhanced FP/RH Activities

Activity Category	Guiding Questions	Illustrative Activities	Co-Funding Requirements
Specific Programming (within single line-item or budget category)	Family Planning	<ul style="list-style-type: none"> Expanding access to and use of family planning clinics Enhancing the quality of family planning services Supporting the purchase and supply of contraceptives and related materials 	Co-funding: NOT REQUIRED*
	Systems Strengthening**	<ul style="list-style-type: none"> Fostering the conditions necessary to expand and institutionalize family planning services Contributing to the sustainability of family planning services 	Co-funding: NOT REQUIRED*
Intra-sectoral Programming (with multiple CSH line items and/or budget categories)	Related RH	<ul style="list-style-type: none"> Integrating family planning and antenatal, neonatal, and postpartum care Providing post-abortion care Integrating & coordinating family planning and STI, including HIV, prevention 	Co-funding: ENCOURAGED e.g., co-funding from CS/MH, HIV/AIDS, ID, etc.
	Other Health (non-RH)	<ul style="list-style-type: none"> Adding non-family planning products (e.g. ORS) to a family planning social marketing campaign 	Co-funding: REQUIRED e.g., co-funding from CS/MH
Multi-sectoral Programming (with non-CSH)	Non-Health (non-CSH)	<ul style="list-style-type: none"> Using income-generating activities to generate resources for FP/RH activities (e.g. microfinance activities to assist market women selling condoms) Enhancing awareness-raising for environmental issues that look at a wide range of policy responses, including ones related to FP/RH 	Co-funding: REQUIRED e.g., co-funding from other accounts (non-CSH)

* Co-funding is **encouraged** for family planning and systems strengthening activities, where the activity is enhancing a broad, integrated health system including family planning.

** FP/RH activities may have *small* components devoted to related objectives that have a low "marginal" cost. For example, an activity devoted to responsible sexual behavior among youth might include promotion of other healthy behaviors. While FP/RH funds may be used to support such "marginal" cost items, joint funding is encouraged.

APPENDIX V

Relevant Primary Emphasis Area Code Definitions For the Child Survival and Health 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 wastewater, 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 improve 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. This includes 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.

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 Affected by HIV/AIDS:** Activities to promote effective strategies for providing basic care for children infected and affected 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. This includes 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 CSH 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. This includes 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.

[For further explanation concerning the Emphasis Area Code Definitions, visit the following internal web address: <http://inside.usaid.gov/AFR/hps2000/> (for USAID intranet users only). There is also a web-based PowerPoint presentation at: <http://inside.usaid.gov/AFR/hps2000/hpsadmin.ppt> (for USAID intranet users only).]

Relevant Special Emphasis Secondary Codes, Research and Development, and Non-governmental/Private Voluntary Organizations Codes and Definitions for the Child Survival and Health 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 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 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) that

- 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 must be coded using one of the four codes below:

CDO: Cooperative Development Organization - A private association of people 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

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 situations, 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 boys may be included.

Subject: FY 2002 Update of the Guidance on the Definition
and Use of the Child Survival and Health Programs
Fund (CSH Guidance)

The process of updating the CSH Guidance for FY 2002 has been completed and is now located in ADS Series 200 as a Mandatory Reference. The CSH Guidance is an annually-updated document intended to (1) provide comprehensive guidance to USAID operating units on the definition and use of the Child Survival and Health Programs Fund (hereafter referred to as the CSH Programs Fund); (2) delineate special considerations and procedures for programming and reporting on CSH funds; and (3) provide reference documents to management, technical, program, and budget officers.

Major modifications to the April 23, 2001, Guidance on the Definitions and Use of the Child Survival and Disease Programs Fund are as follows:

- In FY 2002, the Child Survival and Disease (CSD) Programs Fund was renamed the Child Survival and Health (CSH) Programs Fund.
- New references to statutory authorities, appropriations, and notwithstanding language have been added to this guidance. New "notwithstanding" provisions expand on previous country prohibitions by allowing USAID to carry out CSH activities "notwithstanding any other provision of law." Details on this authority are found on page 6 and specific 2002 legislative language is included as Appendix II.
- The recent revision of the Agency's HIV/AIDS Expanded Response Strategy includes establishing a condom and commodity fund to centrally finance condoms and other critical commodities for HIV/AIDS and ensure their expedited delivery to countries. This special fund is intended to increase condom availability and use for HIV/AIDS prevention by making the condoms free of charge to Missions according to select criteria and by freeing up Mission funds for other critical HIV/AIDS activities.
- In FY 2002, funds for Family Planning/ Reproductive Health (FP/RH) activities, which were located within the Development Assistance account, have been moved to the CSH account. Informed choice and other family planning-related restrictions remain unaffected by this move and continue to apply to FP/RH activities. Operational guidance for the use of FP/RH funds has been included both as a condensed version within the body of this document and in its entirety in Appendix IV. The FP/RH Guidance will also be included in the ADS Series 200 as a stand-alone reference.
- Chapter II, "Preserving the Integrity of the CSH Programs Fund," has been updated to address questions which have come up over the past year regarding the appropriate use of CSH funds, including the question of using CSH funds for administrative costs. Also included is information regarding planning, monitoring and evaluation, and the new annual reporting mechanism to replace the R4. Directives, coding, and reporting have been updated and are summarized in Figure 1: "Summary of Agency Objectives, Budget Categories, and Emphasis Coding."

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