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GUIDANCE ON THE DEFINITION AND USE OF THE CHILD SURVIVAL AND HEALTH PROGRAMS FUND AND THE GLOBAL HIV/AIDS INITIATIVE ACCOUNT

FY 2004 UPDATE

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GUIDANCE ON THE DEFINITION AND USE OF THE CHILD SURVIVAL AND HEALTH (CSH) PROGRAMS FUND AND THE GLOBAL HIV/AIDS INITIATIVE (GAI) ACCOUNT

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ACRONYMS & EMPHASIS AREA CODES

CHILD SURVIVAL AND HEALTH ACRONYMS

ABC..... Abstinence, Be Faithful, Use Condoms
ADS..... Automated Directives System
AEEB..... Assistance for Eastern Europe and the Baltics
AFR ..... Africa Bureau
ANE..... Asia and Near East Bureau
ARI ..... Acute Respiratory Infection
ARV..... Anti-retroviral
ART ..... Anti-retroviral Treatment
BCI ..... Behavior Change Interventions
CDO..... Cooperative Development Organization
CHS ..... Child Health and Survival
CSH ..... Child Survival and Health Programs Fund
CTO ..... Cognizant Technical Officer
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
FBO ..... Faith Based Organization
FFP ..... Food for Peace
FP/RH..... Family Planning / Reproductive Health
FSA..... Freedom Support Act
FY..... Fiscal Year
GAI..... Global HIV/AIDS Initiative
GC ..... General Counsel
GFATM... Global Fund to Fight AIDS, Tuberculosis and Malaria
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
NGOs..... Non-Governmental Organizations
MH..... Maternal Health
MTCT..... Mother-to-Child Transmission
ORS ..... Oral Rehydration Salts/Solution
PAPA..... Participating Agency Program Agreement
PASA..... Participating Agency Service Agreement
PHN ..... Population, Health, and Nutrition
PLWHA... People Living with HIV/AIDS
PPC..... Bureau for Policy and Program Coordination
PPC/RA ... Office of Resource Allocation, Bureau for Policy and Program Coordination
PSC..... Personal Service Contract
PVC ..... Private Voluntary Cooperation
S/GAC ..... State/Global AIDS Coordinator's Office
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

AIDS .....HIV/AIDS
AMRD .....Anti-Microbial Resistance
BREC.....Breastfeeding/CHS
CCOR.....Child Survival Core
ENVC.....Environmental Health/CHS
IMMN .....Immunization
MALD.....Malaria/ID
MDRO .....Prosthetics/Medical Rehabilitation
MHCS .....Maternal Health/Child Survival
MICC .....Other Micronutrient/Child Survival
MICR .....Other Micronutrient and Vitamin A – Maternal Health
MHSP.....Maternal Health/Safe Pregnancy
NUTM.....Nutrition/MH
ORPH.....Orphans and Displaced Children
OTID.....Other Infectious Diseases
PARC.....Policy Analysis, Reform, and Systems Strengthening/MCH
PLIO.....Polio Eradication
PAFP.....Family Planning Services/Population
PBFL.....Breastfeeding/Population
PDAE.....Policy, Data Analysis and Evaluation/Population
PIRH .....Integrated Reproductive Health/Population
PNON.....Non-Family Planning/Reproductive Health Activities
SURV.....Surveillance and Response
TUBD.....Tuberculosis
VITA.....Vitamin A/Child Survival

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

GUIDANCE ON THE DEFINITION AND USE OF THE CHILD SURVIVAL AND HEALTH PROGRAMS FUND AND THE GLOBAL HIV/AIDS INITIATIVE ACCOUNT

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) and the Global HIV/AIDS Initiative (GAI) Account; (2) delineate special considerations and procedures for programming and reporting on CSH and GAI account funds; and (3) provide reference documents to management, technical, program, and budget officers.

B. Modifications to the May 23, 2003, Guidance on the Definitions and Use of the Child Survival and Health Programs Fund and Highlights of the 2004 Guidance

- This guidance expands and clarifies previous guidance. This guidance supersedes the May 23, 2003, Child Survival and Health (CSH) Guidance.

- The text is organized by Agency strategic objective and by budget category, reflecting the changes made to the CSH account in the FY 2004 Foreign Operations, Export Financing and Related Programs Appropriations Act (FY 2004 Appropriations Act"). Each category includes new and/or updated "special directives/targets" and other "special considerations" based on the FY 2004 Appropriations Act, lessons learned, and Agency modifications.

- The FY 2004 Appropriations Act includes a new "Global HIV/AIDS Initiative" account. Among other things, this account provides program dollars to implementing agencies of the Emergency Plan for AIDS Relief. The identified implementing agencies to date are USAID, Department of Health and Human Services (DHHS), Department of Defense (DoD), Department of Labor (DoL), and Peace Corps. The Guidance provided in this document as it pertains to HIV/AIDS activities has been cleared by the State/Global AIDS Coordinator's Office (S/GAC) and applies to HIV/AIDS activities funded by both the CSH Fund and the Global HIV/AIDS Initiative account.

- References regarding the former USAID Strategic Plan have been replaced to refer to the new Joint State/USAID Strategic Plan.

- Guidance is included regarding the implementation of certain provisions of the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, Pub. L. No. 108-25 (the "AIDS Authorization") and the FY 2004 Appropriations Act. Acquisition and

Assistance Policy Directive 04-04 provides clauses that must be included as new standard provisions for assistance agreements and contracts that include FY 2004 HIV/AIDS funds. These provisions: (i) permit recipients to not endorse, utilize or participate in a prevention method or treatment program to which the organization has a religious or moral objection; (ii) require that information provided about the use of condoms as part of projects or activities that are funded from amounts appropriated under the FY 2004 Appropriations Act be medically accurate and include the public health benefits and failure rates of such use; (iii) prohibit the funds provided under the agreement to be used to promote or advocate the legalization or practice of prostitution or sex trafficking; and (iv) require certain recipients to agree that they have a policy explicitly opposing prostitution and sex trafficking (pages 8, 33-34).

- Funds that had been designated for the United Nations Population Fund (UNFPA) and transferred to the CSH account are to be reallocated to the vulnerable children category of the CSH account to support the new Trafficking Initiative (page 25).

- Significant modifications have been made to sections of the Guidance pertaining to HIV/AIDS, particularly as it relates to the President's Emergency Plan for AIDS Relief. Notable changes include information regarding: monitoring, evaluation, and reporting; "ABC" prevention activities; commodities and the Commodity Fund; injection and blood safety; condoms, and multi-sectoral programs for HIV/AIDS (pages 10-12; 26-36).

- All HIV/AIDS codes have been consolidated into one HIV/AIDS code (AIDS). Therefore, for purposes of the Agency coding system, all HIV/AIDS activities should be coded (AIDS). In addition, in FY 2004 focus countries have been required to report to the State Global AIDS Coordinator's (S/GAC) office on a more detailed set of budget codes independent from the Agency coding system. For FY 2005, all operating units that program HIV/AIDS funds may be required to report on a slightly refined version of these new codes that have been developed by the Office of HIV/AIDS (OHA), the Department of Health and Human Services (HHS), and the S/GAC office. These draft codes for FY 2005 are located in Appendix III, Annex III (pages 80-82). At a later date this year, OHA and S/GAC will send guidance on these new HIV/AIDS reporting requirements to the field.

- Further guidance has been added that actively encourages a multi-sectoral approach to programming HIV/AIDS activities to combat HIV/AIDS and address the multiple impacts of HIV/AIDS on development. Appendix III (Annex II) describes illustrative HIV/AIDS and related activities that may be supported as part of a multi-sectoral effort to combat HIV/AIDS.

- New legislative excerpts have been added in Appendix II, most notably excerpts from the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

C. Structure of the Guidance

This document consists of five chapters and five appendices. Chapter I defines the structure of the CSH Programs Fund and Global HIV/AIDS Initiative Guidance and indicates modifications to the last guidance. Chapter II concerns the intent of preserving the integrity of the Congressionally mandated CSH Programs Fund and Global HIV/AID Initiative (GAI) Account, presents the approved parameters of the CSH Programs Fund and the GAI Account as specified by Congressional directives, the budget categories and directives of the CSH Programs Fund and the GAI Account, and coding for specific elements of the CSH Programs Fund and the GAI Account. Chapter III describes how the CSH Programs Fund and the GAI Account relate to the Joint State/USAID strategic plan and to the Strategic Goal, "Improve Health, Education, Environment, and Other Conditions for the Global Population", and more specifically to the Performance Goal, "Improved Global Health, including Child, Maternal, and Reproductive Health, and the Reduction of Abortion and Disease, especially HIV/AIDS, Malaria, and Tuberculosis". Chapter III also briefly describes the budget categories and provides 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 and the GAI Account within the relevant portions of the Strategic Plan related to Improving Global Health, including Child, Maternal, and Reproductive Health, and the Reduction of Abortion and Disease, especially HIV/AIDS, Malaria, and Tuberculosis. This chapter also addresses the guidelines for technical assistance, co-programming, and coding issues for health activities funded by other non-CSH and non-GAI accounts (see pages 52-54). Chapter V outlines procedures for operating units that propose to use the CSH Programs Fund and GAI Account 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 United States Leadership Against HIV/AIDS Tuberculosis, and Malaria Act of 2003; excerpts from Foreign Operations, Export Financing and Related Programs; FY 2004 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 and Global HIV/AIDS Initiative Account:

- Funds ***must*** be used for the specific Congressional directive and purpose for which they were appropriated;
- Activities ***must*** be consistent with Agency policy documents, 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 or the GAI Account. These criteria remain in force even when making use of "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 State/USAID Performance Goal, "Improved Global Health, including Child, Maternal, and Reproductive Health, and the Reduction of Abortion and Disease, especially HIV/AIDS, Malaria, and Tuberculosis." 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 active management of the third stage of labor can directly reduce maternal morbidity and mortality of women as a result of 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 and provided new funding beginning in FY 2004 for the GAI Account. 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 ensuring the long-term accessibility, efficiency, effectiveness, and quality of CSH and GAI Account programs.

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

- **Authorization Authority:** The CSH Program and the GAI Accounts are authorized by the Foreign Assistance Act of 1961, as amended, and the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (the "AIDS Authorization"), including amendments made in the 2000 Global HIV/AIDS and Tuberculosis Relief Act and the AIDS Authorization. Relevant excerpts are included in Appendix II.

  Appropriation Authority: Funds from the CSH Programs Fund and the GAI Account are appropriated in the annual Appropriations Act for Foreign Operations, Export Financing, and Related Programs. In terms of the scope of the legislation, the 2004 Appropriations Act authorizes CSH activities by providing "for necessary expenses…for child survival, health, and family planning/reproductive health activities…." The FY 2004 Appropriations Act appropriates CSH funds to remain available for obligation until September 30, 2005. This is a change from the FY 2003 Appropriations Act that appropriated all bilateral assistance funds in this account to remain available for three fiscal years. Prior to FY 2003, such funds had been appropriated to remain available until expended (i.e. no-year money). Pursuant to Section 511 of the FY 2004 Appropriation Act, Child Survival and Health Programs Funds that remain unexpended under an obligating document at the end of a program may be de-obligated and re-obligated, without USAID losing the funds, until September 20, 2009.

  The 2004 Appropriations Act authorizes the Global HIV/AIDS Initiative by providing "for necessary expenses to carry out the provisions of the Foreign Assistance Act of 1961 for the prevention, treatment, and control of, and research on, HIV/AIDS." The FY 2004 Appropriations Act appropriates Global HIV/AIDS Initiative funds to remain available until expended.

  See Appendix II for excerpts from the FY 2004 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 2004 Appropriations Act allows USAID to use 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 except for the provisions under the heading 'Child Survival and Health Programs Fund' and the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003"* as amended by section 595 of the FY 2004 Appropriations Act. In other words, when required for program efficiency, USAID may carry out activities regardless of country prohibitions or certain procurement regulations, personnel regulations, competitive process standards, or other like restrictions that would otherwise prohibit or restrict programming. This provision, however, does *not* extend to FP/RH activities. If operating units have questions about certain provisions of law related to CSH activities,

they must consult with the regional legal advisor or the Office of the General Counsel (GC) before providing such assistance.

Please note that utilizing the notwithstanding authority to provide CSH or GAI Account assistance applies specifically to provisions of law or regulation relevant to that program. Invoking notwithstanding authority provides USAID legal flexibility, but must be carefully coordinated with appropriate offices in accordance with agency policy. Operating units must request approval from the relevant Bureau or Office, obtain clearance from 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), and document the decision taken. PPC is responsible for tracking operating units that make use of the "notwithstanding" authority.

In addition to, and separate from, notwithstanding authority which addresses Federal law and regulation, attention must be also provided to any need to deviate from specific agency policies. There may be agency policies, such as those found in the ADS, which are not matters of federal law or regulation, but rather are internal operating procedures established by the agency. If deviation from an agency policy is to be considered, the procedures for deviations, as outlined in the specific reference where that policy is found, must be followed. For example, Federal law does not address the specific membership composition of technical evaluation panels for grant awards. However, ADS 303 provides that, as a matter of agency policy, USAID staff must constitute a majority of the membership on all technical evaluation committees. Because this is an agency policy, and not a federal law or regulation, notwithstanding authority cannot be used to deviate from this requirement. Rather, a deviation request must be processed, in accordance with the guidance in ADS 303 on deviations from the policies in that chapter. Invoking notwithstanding authority does not exempt the unit from compliance with agency policy, and separate procedures must be followed to address those policy issues.

- **Legislative Prohibitions and Policy Restrictions on CSH Programs Fund and the GAI Account:** A number of legislative prohibitions and policy restrictions govern the use of CSH and/or GAI Account funds in certain programming areas. These prohibitions and restrictions are as follows:

  1. **Abortion and Involuntary Sterilization**.[1] 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 abortion. USAID funds may not be used to pay for the performance of involuntary sterilizations as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations. No USAID funds may be made available to any organization or program that, as determined by the President of the United States[2], supports or participates in the management of a program of coercive abortion or involuntary sterilization. No USAID funds may be used to pay for biomedical research that relates in whole or in part, to methods of, or

[1] See FAA Section 104(f) and Section 518 of the FY 2004 Appropriations Act.

[2] This responsibility has been delegated to the Secretary of State.

the performance of, abortions or involuntary sterilization as a means of family planning. However, epidemiological or descriptive research to assess the incidence, extent, or consequences of abortion is permitted. USAID funds may not be used to lobby for or against abortion.

2. **Nonproject assistance:** The FY 2004 Appropriations 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.

3. **Contraceptives and Condoms:** 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, pages 59-60).

   NOTE: Within the CSH Programs Fund and the GAI Account, 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 Commodity Fund, page 35.) In addition, the FY 2004 Appropriations Act requires that "information provided about the use of condoms as part of projects or activities that are funded from amounts appropriated by this Act shall be medically accurate and shall include the public health benefits and failure rates of such use."

4. **Commodities for needle/syringe exchange programs:** USAID funds may not be used to purchase commodities to be used in either needle/syringe exchange programs or research programs on needle/syringe exchange. (See page 36 for a list of permissible activities targeting injecting drug users.)

5. **Prostitution and Sex Trafficking:** The United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, as amended by Section 595 of the FY 2004 Appropriations Act, among other things, prohibits funds under agreements for HIV/AIDS activities to be used to promote or advocate the legalization or practice of prostitution or sex trafficking; and requires certain recipients to agree that they have a policy explicitly opposing prostitution and sex trafficking. See Acquisition and Assistance Policy Directive (AAPD) 04-04: http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd04_04.pdf

E. Points of Contact

Direct general questions concerning this notice or overall guidance to Richard Cornelius, PPC's Senior Policy Advisor for 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 AND THE GLOBAL HIV/AIDS INITIATIVE ACCOUNT

Managers and technical and financial officers must do careful planning, monitoring, and reporting (see ADS Series 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 and the GAI Account to the attention of Agency leadership, in conjunction with PPC; (2) working with the PPC Office of Resource Allocation and regional Bureaus to ensure that CSH and GAI Account funds are allocated appropriately and effectively; and (3) responding to inquiries from Congress and other partners on the planning, implementing, and monitoring of CSH Programs Funds and GAI Account 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 allows 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 joint State/USAID 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 Health goal area and must demonstrate an "optimal use" of funds, as outlined in the new joint State-USAID Strategic Plan, and subsequently in the 2005 Annual Performance 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 and GAI Account activities, particularly as it affects their planning, implementation, monitoring and evaluation. Contractors/recipients/grantees should be given documentation requirements in the scope of work/program descriptions for acquisition and assistance instruments. Operating units should ensure that scopes of work/program descriptions for new awards reflect this guidance on the definitions and appropriate use and reporting of results from activities covered by CSH and GAI Account 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 and GAI 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 and GAI Account 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 Application, most recently disseminated by PPC in November, 2003.

All operating units engaged in HIV/AIDS programming are now coordinated by the Global AIDS Coordinator (S/GAC) office at the U.S. State Department. S/GAC will issue guidance to all Missions on HIV monitoring, evaluation, and reporting, and will establish a strategic information system in 2004. The strategic information system serves multiple purposes: 1) to provide program accountability; 2) to establish sound program management; and 3) to build capacity at national, sub-national, and local levels in coordination with the national program, other major donors, and international agencies.

The focus countries of the President's Emergency Plan for AIDS Relief will begin to report directly to the Global AIDS Coordinator in 2004. S/GAC core indicators were available March 31st, 2004. The core indicators are designed to measure the Emergency Plan's global targets: 2 million people on treatment, 7 million infections prevented, and 10 million people receiving care. Program level indicators are submitted to S/GAC on a semi-annual basis with the due dates of April 30th and October 30th of each year. National HIV prevalence is reported biennially (every two years). Baseline population-based survey data are required at three points within the five year strategy. The mid-point may be either a survey or an estimation exercise. Health facility indicators are required for the baseline and final years. The S/GAC strategic information framework is currently in draft form and will be made widely available at a later date this year.

S/GAC guidance for other HIV/AIDS programs will be determined mid-year 2004. Therefore, Missions that are NOT focus countries must adhere to the strategic plan updating, review and approval requirements approved by the Administrator in the HIV/AIDS operational plan (April 8, 2002); to specific guidance on development and approval of HIV/AIDS strategies (see ADS 201.3.4.6 and mandatory reference: *A Collaborative Approach to Reviewing HIV/AIDS Strategies*); and to the reporting requirements as laid out in ADS 203.3.4.4, including mandatory reference: *Guidance on the New Monitoring and Evaluation Reporting System Requirements for*

HIV/AIDS. 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. 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. See also the *Expanded Response Guide to Core Indicators for Monitoring and Reporting on HIV/AIDS Programs* www.usaid.gov/policy/ads/200/200sbk.pdf, and *Mandatory Reference: Guidance on the New Monitoring and Reporting System Requirements for HIV/AIDS Programs* http://www.usaid.gov/pop_health/aids/TechAreas/monitoreval/index.html

C. Reporting

Specific guidance on Agency-level reporting is provided in the Annual Report Guidance cable. The number and description of Agency-level CSH indicators that will be reported to Congress in the Agency's Performance and Accountability Report are listed within the Annual Report Application received by each Agency Operating Unit. Targets will be set for these performance goals, and the Agency will be held accountable for progress toward meeting these goals. Operating Units will be assessed on whether they have met, exceeded or failed to meet targets. The indicators and goals are also available in the 2005 Agency Performance Budget (APB).

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. This 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. (See ADS 203.3.5- http://www.usaid.gov/policy/ads/200/203.pdf for further information.)

USAID will continue to report on overall country performance, but this may be beyond the manageable interest of Missions and the Agency. The only targets are those 2008[3] targets developed in conjunction with other donors for HIV/AIDS efforts. Data used come from central sources, such as the Bureau of the Census, unless the operating unit chooses to report more appropriate national data provided by the country government. These data must be appropriately sourced. The indicators used for such reporting that is beyond the Mission's manageable interest 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 collection system, the PHN Projects Database (PPD), and continues to collect information

[3] The targets initially were set for 2007, but this was changed to 2008 to coincide with targets in the President's Emergency Plan for AIDS Relief.

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 March 31 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 V. If you have questions, please contact your Bureau, regional DP, or PPC/RA 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 and GAI Account 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.

The CSH Programs Fund 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

The GAI Account is specifically for HIV/AIDS programs.

E. Special Consideration: Using CSH and GAI Account 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 and GAI Account 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 PPC/RA, 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, CSH or GAI Account 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 the CSH and GAI Accounts bear their fair share of these costs—but no more than that (see E601.5.8b). Again, operating units must use caution when allocating support costs to CSH or GAI Account 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/policy/ads/600/601.pdf)
2. *Mandatory Reference: Office of Federal Procurement Policy (OFPP) Policy Letter 92-1, Inherently Governmental Functions* (http://www.arnet.gov/Library/OFPP/PolicyLetters/Letters/PL92-1.html)
3. *Mandatory Reference: Cost of Doing Business* (http://www.usaid.gov/policy/ads/600/601.pdf)

III. RELATIONSHIP OF THE BUDGET CATEGORIES TO THE STATE/USAID STRATEGIC PLAN

A. State/USAID Performance Goal, "Improved global health, including child, maternal, and reproductive health, and the reduction of abortion and disease, especially HIV/AIDS, malaria, and tuberculosis"

Under this Performance Goal, the CSH Programs Fund covers all five Agency Global Health Objectives[4], namely

- Unintended 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. 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. This has been retained in FY 2004. The categories are as follows:

- ***Child Survival and Maternal Health,*** including line items: Primary Causes of Mortality and Morbidity, Polio, Micronutrients, and the Vaccine Fund (associated with GAVI). This category of funding will be allocated by PPC/RA 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/RA, 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.

- ***HIV/AIDS.*** The Agency will be required to meet directives for Mother-to-Child Transmission (MTCT) of HIV/AIDS, Microbicides, and the International AIDS Vaccine Initiative (IAVI). The Conference Report recommends that CSH funds "will be used to support on-going programs, and that the [funds] in the Global HIV/AIDS Initiative Account will be used for new and expanded programs in 15 focus countries." The Conference Report also encourages USAID to support HIV/AIDS programs in Eastern Europe and the Independent States of the Former Soviet Union and "make available funds from this account for HIV/AIDS programs in 'ESF countries' other than those for

[4] Note that USAID's Strategic Plan for Global Health 1998-2003 has been extended through 2004.

whom funds are specifically mandated in this Act."

- ***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, including 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 USAID supported family planning programs must be free from coercion of any kind and should offer assistance appropriate to low resource settings to help people in these countries attain their desired family size.

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 budget categories and the codes for appropriate activities within each category.

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

<table>
<tr><th>Budget Category
(With OYB Targets)</th><th>Agency Objective</th><th>Primary Codes</th><th>Secondary Codes</th></tr>
<tr><td rowspan="2">Child Survival and Maternal Health
▪ Primary Causes of Morbidity and Mortality for Children and Mothers
▪ Polio Eradication
▪ Micronutrients</td><td rowspan="2">Infant and child health and nutrition improved and infant and child mortality reduced.

Deaths, nutrition insecurity, and adverse health outcome to women as a result of pregnancy and childbirth reduced.</td><td rowspan="2">BREC Breastfeeding/CHS
CCOR Child Survival Core
ENVC Environmental Health/CHS
IMMN Immunization
MHCS Maternal Health/Child Survival
MICC Other Micronutrients/CHS
PARC Policy Analysis, Reform, and Systems Strengthening/ MCH
PLIO Polio Eradication
VITA Vitamin A
MICR Other Micronutrients & Vitamin A/MH
MHSP Maternal Health/Safe Pregnancy
NUTM Nutrition/MH</td><td rowspan="3">Research Codes

RFP Population Research (use only with Pop funds)
RBE Educational Research
RHL Health Research
RDV Development Research

Organization Codes

CDO Cooperative Development Organization
PVL Local PVO (in-country)
PVI 3rd-party PVO (3rd-country or international PVO)
PVU U.S. PVO

Cross-cutting & Special Emphasis Codes

TWC Trafficking of Women & Children
GEQ Gender Equality</td></tr>
<tr><td>CSH Vulnerable Children
▪ DCOF
▪ Blind Children

Non-CSH Vulnerable Children
▪ Orphanages in E&E
▪ Trafficking of Women & Children</td><td>Infant and child health and nutrition improved and infant and child mortality reduced.</td><td>ORPH Orphans & Displaced Children</td></tr>
<tr><td>HIV/AIDS
▪ Mother-to-Child Transmission
▪ Microbicides</td><td>HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.</td><td>AIDS HIV/AIDS</td></tr>
</table>

Figure 1 (continued)

Budget Category (With OYB Targets)	Agency Objective	Primary Codes	Secondary Codes
Infectious Diseases ▪ Tuberculosis ▪ Malaria ▪ Other Infectious Diseases (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 *only* with Pop funds) **RBE** Educational Research **RHL** Health Research **RDV** Development Research **Organization Codes** **CDO** Cooperative Development Organization **PVL** Local PVO (in-country) **PVI** 3rd-party PVO (3rd-country or international PVO) **PVU** U.S. PVO **Cross-cutting & Special Emphasis Codes** **TWC** Trafficking of Women & Children **GEQ** Gender Equality
Family Planning/ Reproductive Health	Unintended and mistimed pregnancies reduced.	**PAFP** Family Planning Services/ Population **PBFL** Breastfeeding/Population **PDAE** Policy Data Analysis & Evaluation/Population **PIRH** Integrated Reproductive Health/Population **PNON** Non-Family Planning Services	
War Victims Fund (DA)		**MDRO** Prosthetics/Medical Rehabilitation	

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 including the development, testing and introduction of new or improved interventions and delivery approaches.*
- *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 V. In addition, secondary emphasis codes for Research and Development and for Private Voluntary Organizations (PVOs) are also included in Appendix V. 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/P, GH, its regional Bureau technical officer, or the GC's Regional Legal Advisor as appropriate. (See Chapter V for further details and procedures for exceptions.)

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

This budget category addresses two objectives of the Global Health Strategic Plan, 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 primary childhood killers, which are diarrheal disease, acute respiratory disease, malnutrition, malaria[5], and vaccine-preventable diseases and diseases and conditions affecting the newborn. 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, MHCS, MICC, PARC, PLIO, and VITA.

[5] In general, malaria-related activities are supported with ID funding.

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; encouraging use of 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 folate and vitamin A supplementation, and other interventions as indicated.

- *Strengthening preparation for birth,* including antenatal 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; and planning for transport.

- *Improving management and treatment of life-threatening obstetrical complications* including family and community members' recognition of complications of pregnancy and provision of obstetric first aid; communication and emergency transport; 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 and newborn complications; postpartum and neonatal care that includes identification and treatment of complications; and postpartum and neonatal preventive care, including counseling on proper rest, nutrition, breastfeeding, hygiene, and child spacing (child spacing is limited, as in the past, to those activities in which child 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, MHSP, NUTM, and MHCS. If funds are used for programs involving female genital cutting (FGC) activities to eliminate harmful practices, then the FGC Coordinator, Abdelhadi Eltahir (aeltahir@usaid.gov), in USAID/W must be notified as these funds will not be tracked or coded for separately.

3. Special 2004 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. Intensive efforts are underway to interrupt virus transmission in endemic countries, maintain immunity in polio-free areas, and to establish or maintain certification standard surveillance in all countries. In order to achieve this global goal, Congress has requested that polio directive funds be used to directly support polio eradication activities – this is the primary purpose of the funding. However, 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. USAID has specific polio eradication objectives that include the following:

  - Developing effective partnerships to support polio eradication and vaccination (e.g. interagency coordinating committees; NGO participation);
  - Strengthening immunization delivery systems as a secondary impact of investments in polio eradication (e.g. cold chain, communications, supervision);
  - Improving timely planning, implementation and monitoring of supplemental polio immunizations (e.g. micro-planning, training, independent monitors);
  - Improving acute flaccid paralysis surveillance and response (e.g. facility and community-based surveillance and laboratory diagnosis, Expert Review Committees);
  - Supporting certification, containment and post-certification policy development;
  - 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. Missions are encouraged to contact the GH/HIDN Polio Eradication Coordinator, Ellyn Ogden (eogden@usaid.gov), to determine if specific activities that link polio and other immunization and disease control efforts are allowable under the directive. 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. Furthermore, Congress has directed USAID to make better progress in implementing micronutrient activities. 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:** 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, including infectious diseases in the case of maternal health activities related to prevention and control of malaria, which may be charged to 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 and coded AIDS. 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, including condoms. Child spacing activities are limited to those education and service activities in which child 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 CS/MH 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, MALD, MICC, and VITA.

- **Child Survival Grant Program:** Allowable uses include the Child Survival Grants Program, which is intended to enhance the participation of PVOs in implementing programs related to all of the Agency's health-related strategic objectives 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 for funding. GH 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 2004 legislation, Congress has directed USAID to pay special attention to vulnerable, displaced, or otherwise disadvantaged children, and has explicitly identified 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. 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 2004 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 recommendation 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 that assist 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 2004 legislation encourages USAID Missions to support NGOs, such as Special Olympics, that work with children and adolescents with cognitive and/or physical disabilities.

- *Anti-Trafficking Initiative:* The anti-trafficking initiative includes 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. The FY 2004 Appropriation, Sec. 567 (c), states that $25 million of the funds formerly allocated to UNFPA and transferred to the CSH account are to be reallocated for "vulnerable children" and made available to the new Trafficking Initiative to assist "young women, mothers, and children who are victims of trafficking".

For more detailed guidance on the above activities, please contact Richard Cornelius (PPC/P).

NOTE: Activities targeting Children Affected by HIV/AIDS are *not* appropriate uses of Vulnerable Children funds. All activities addressing Children Affected by HIV/AIDS must be funded by the HIV/AIDS budget category.

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

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.

For the past five years, Congress has appropriated significant additional funds to USAID in the 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, FSA, and Title II accounts.

In 2002, President Bush announced the creation of The International Mother and Child HIV Prevention Initiative, which targeted 14 countries (12 in Africa, plus Haiti and Guyana) and focuses on treatment and care for HIV infected pregnant women to reduce transmission of HIV/AIDS to infants.

During his 2003 State of the Union Address, President Bush announced the creation of the Emergency Plan for AIDS Relief, a five-year, $15 billion initiative to combat the global HIV/AIDS pandemic. The Emergency Plan targets $9 billion in new funding to dramatically ramp up prevention, treatment and care services in 14[6] of the most affected countries in the world. The President's Plan devotes $5 billion over five years to existing bilateral efforts to support HIV/AIDS, tuberculosis, malaria programs and research, and pledges $1 billion over five years to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. In the focus countries, the Emergency Plan will seek to provide treatment to two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. The President's International Mother and Child HIV Prevention Initiative is now included as a component of the Emergency Plan.

In May 2003, President Bush signed into law the "United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003" (Pub.L. 108-25) (the "AIDS Authorization") which authorizes the activities of the Emergency Plan, including efforts in prevention, treatment, education, program monitoring, care and support of orphans, and public-private partnerships. The Act also establishes the position of the U.S. Global AIDS Coordinator to provide oversight

[6] New funding of $9 billion over five years will focus on countries that are among the most afflicted in Africa and the Caribbean: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Nambia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. These 14 countries are also the focus of the President's International Mother and Child HIV Prevention Initiative. Per the requirement in the FY 2004 Consolidated Appropriations bill, a 15th country, Vietnam, has been selected for the Emergency Plan.

and coordination of all resources and international activities of the U.S. to combat the global HIV/AIDS pandemic.

The Emergency Plan offers a fresh opportunity to develop and implement consistent HIV/AIDS policies and programs across existing U.S. bilateral prevention, treatment and care programs. By drawing on the body of evidence collected over 20 years, new evidence-based lessons and insights from the initiatives in the focus countries, and the U.S. Government's strong field presence and technical expertise, the Office of the U.S. Global AIDS Coordinator (S/GAC) will work to harmonize policy and management in U.S. bilateral HIV/AIDS programs worldwide.

For FY 2004, Congress appropriated significant additional funds in the CSH account and in a new account, the "Global HIV/AIDS Initiative" account, to fund the new focused activities of the Emergency Plan. To date, S/GAC has provided guidance for HIV/AIDS activities in the 15 focus countries through a number of memos, cables, and Q&As. Guidance related to the focus countries is available upon request; please contact Pam Wolf, GH/OHA.

For FY 2004 base and new funds, the focus countries have prepared Country Operational Plans (COPs) with S/GAC deploying interagency teams to each of the focus countries to assist in preparing these plans. At the end of March 2004, the Ambassador in each country coordinated and submitted the COP to S/GAC for approval.

The following guidance is directed to countries that are outside of the focused initiative described above. As the Emergency Plan is implemented, S/GAC will provide ongoing policy and program direction in order to strengthen coordination, management, and accountability of programs and to ensure their consistency with the principles of the Emergency Plan.

1. Allowable Uses of Funds 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 goals 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.

NOTE: All HIV/AIDS codes have been consolidated into one HIV/AIDS code (AIDS). Therefore, for purposes of the Agency coding system, all HIV/AIDS activities should be coded (AIDS). In addition, in FY 2004 focus countries have been required to report to the State Global AIDS Coordinator's (S/GAC) office on a more detailed set of budget codes *independent* from the Agency coding system. For FY 2005, all operating units that program HIV/AIDS funds may be required to report on a slightly refined version of these new codes that have been developed by the Office of HIV/AIDS (OHA), the Department of Health and Human Services (HHS), and the S/GAC office. These draft codes for FY 2005 are located in Appendix III, Annex III (page 80). At a later date this year, OHA and S/GAC will send guidance on these new HIV/AIDS reporting requirements to the field.

Additionally, the activities represented in Appendix III, Annex III comprise HIV/AIDS-

related allowable uses of CSH and the GAI Account, as well as other HIV/AIDS funding. These activities represent the approach endorsed by the USG for addressing the pandemic. Operating units should program accordingly.

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 established targets for FY 2001 and FY 2002 for children and mother-to-child transmission, microbicide research, and NGO programming. The FY 2004 Appropriations Act has continued to emphasize the importance of these programs by setting specific targets for microbicide research and mother-to-child transmission. While no explicit targets for children were established in the recent legislation, support for children affected by HIV/AIDS continues to be an important component of USAID's HIV/AIDS strategy, and Congressional interest remains high. 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 "at least $20 million" for children affected by HIV/AIDS. Accordingly, USAID encourages Missions 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.

  Additionally, the AIDS Authorization also states that USAID should establish a pilot program of assistance for children and families affected by HIV/AIDS; such programs should: (1) build upon and be integrated into existing programs for orphans and other vulnerable children affected by HIV/AIDS; (2) reduce the stigma of HIV/AIDS and encourage vulnerable children infected with HIV or living with AIDS and their family members to avail themselves of VCT, and related programs, including treatment; (3) ensure the importance of inheritance rights of women; (4) provide the range of services for the care and treatment, including the provision of ARVs and other necessary pharmaceuticals, of children, parents, and caregivers infected with HIV or living with AIDS; (5) provide nutritional support and food security, and the improvement of overall family health; (6) work with parents, caregivers, and community-based organizations to provide children with educational opportunities; and (7) provide appropriate counseling and legal assistance for the appointment of guardians and the handling of other issues relating to the protection of children.

- **Reducing Mother-to-Child Transmission (MTCT) of HIV/AIDS**: The Mother and Child HIV Prevention Initiative, announced in June 2002, seeks to prevent the

transmission of HIV/AIDS from mothers to infants and improve healthcare delivery in Africa and the Caribbean. The initiative is expected to reach up to 1 million women annually with a combination of improved care and drug treatment and reduce mother-to-child transmission by 40 percent within five years. In the FY 2004 Appropriation, Congress has not specified a target amount of CSH funding for MTCT. Nevertheless, the Conference Report does refer to the Senate appropriation bill which includes $150 million for MTCT and further states that it is expects the funds for MTCT will be made available both from the CSH account and the Global HIV/AIDS Initiative account. In areas where prevalence is high (exceeding 5% in pregnant women), Missions are strongly encouraged to develop and provide MTCT activities. 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**: As in FY 2001, FY 2002, and FY 2003, Congress directed that funds be used for microbicide research and development in FY 2004. 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:

  - Supporting the discovery, development and preclinical evaluation of topical microbicides (alone and/or in combination);
  - Developing and assessing acceptable formulations and modes of delivery for microbicides; bridging knowledge and applications from the chemical, pharmaceutical, physical, bioengineering, and social sciences;
  - Conducting clinical studies of candidate microbicides to assess safety, effectiveness and acceptability in reducing sexual transmission of HIV and/or other STIs in diverse populations in international and domestic settings;
  - Conducting basic and applied behavioral and social science research to enhance microbicide development, testing, acceptability, and use domestically and internationally; and
  - Establishing and maintaining the appropriate infrastructure (including training) needed to conduct microbicide research domestically and internationally.

  Field operating units will not be required to code for microbicides since USAID/W will be funding microbicide research and development, including clinical trials, through central agreements.

- **Vaccine Research for HIV/AIDS**: USAID/W funds vaccine research efforts through the International AIDS Vaccine Initiative. Field operating units will not be required to code for vaccine efforts since USAID/W will be funding research and development, including clinical trials, through central agreements, but Missions may be asked to participate in relevant activities. Example of activities include: vaccine research and development including clinical trials; training of personnel in Good Clinical Practices; preparing communities for vaccine trials; training for developing

country journalists; and policy efforts to encourage national governments to establish practical and effective public policies for accelerating AIDS vaccine development and testing, and to ensure that once a vaccine is developed it is widely accessible in as short a time as possible.

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

- **"ABC" (Abstinence, Be Faithful, Use Condoms) Approach**: As underscored in the Administrator's December 30, 2002 cable (State 267675) and communications from S/GAC, it is Agency strategy to promote a balanced, evidence-based approach to behavior change prevention, known as the "ABC" approach. "ABC" is an umbrella term that encompasses a range of risk-reduction behaviors, focusing on:

  - Abstinence until marriage, including delay of sexual debut among youth , "secondary abstinence"; and support for healthy choices for youth;

  - Being faithful within marriage relationships and partner reduction outside of marriage; and

  - Condom use, correct and consistent use for at-risk/non-regular partners and sexually active sero-discordant couples.

  The ABC approach represents a coherent message framework. All three of the ABC elements should be balanced and available within the country and preferably within USAID programming, especially in generalized epidemics. But the optimal mix of activities will vary according to the stage of the epidemic, societal norms, and prevalence of HIV in key target populations. The specific behavior change messages must be targeted for the different audiences within the country.

  For the general population, "AB" messages should be predominant, with abstinence (delay of sexual activity or return to abstinence) being especially important for youth, and for the most at-risk populations or high-risk activities "BC" messages (being faithful/behavior change/partner reduction and correct and consistent condom use) are most critical. Recent evidence is increasingly pointing to "B" approaches (mutual monogamy and partner reduction) as perhaps the most important interventions leading to documented success in HIV prevalence reduction. Promoting only one element for the whole program, such as abstinence only or condom social marketing only, does *not* represent an "ABC" approach. Nonetheless, consistent with the Administrator's cable of December 30, 2002 and AAPD 04-04, prospective contractors and grantees do not need to offer services in all three areas to be eligible for funding, though the total programmatic efforts of operating units should generally reflect all three approaches, especially in generalized epidemics.

Promoters of abstinence and be faithful messages who receive USAID funds will be required to be data-based and non-disparaging with respect to condoms and, conversely, those involved in "C" approaches will need be similarly data-based and non-disparaging toward abstinence and be faithful messages. It is important to note that Pub.L. 108-25 §301(d) provides that an "…organization that is otherwise eligible to receive assistance under section 104A of the Foreign Assistance Act of 1961…or under any other provision of this Act…to prevent, treat, monitor HIV/AIDS shall not be required, as a condition of receiving the assistance, to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection." It also is important to note that the FY 04 Appropriations Act requires that "information provided about the use of condoms as part of projects or activities that are funded from amounts appropriated by this Act shall be medically accurate and shall include the public health benefits and failure rates of such use." See AAPD 04-04.

Working with youth is necessary and potentially sensitive. Condoms should never be distributed indiscriminately – certainly not to younger age groups in school settings – unless there are specific known risks. If that is the case, coercive sex may be involved which should be reported or specifically addressed. Similarly, every country has particular at-risk populations that are core transmitters of the epidemic. USAID remains committed to providing appropriate "B&C" prevention messages and to meeting the needs of these at-risk populations. For more detailed guidance on implementing ABC approaches, please contact Daniel Halperin (GH/OHA).

- **Counseling and Testing**: Knowledge of HIV status is a vital tool for helping individuals avoid behaviors that place them at risk of HIV infection, leading people to protect themselves and others from HIV infection. HIV testing is a critical intervention that serves as a linchpin connecting prevention to treatment and care. For example, voluntary counseling and testing (VCT), which has been and continues to be coded as an HIV prevention activity, has expanded in scope to have a critical role as an entry point to care. The USG and its partners recognize the importance of exploring a variety of models as we rapidly scale up access to HIV testing and counseling in order to identify persons eligible for treatment. These models will include counseling and testing in clinical and other settings such as STI and TB treatment programs; expanding the range of settings in which confidential testing and counseling are offered; and encouraging the adoption of routine testing policies. Programs that support HIV testing and counseling must simultaneously consider strategies for the care, support and treatment of HIV-positive persons identified through these testing activities.

- **Injection Safety**: Transmission of HIV in the health care setting can occur through unsafe injection practices, putting patients at risk. Congress has strongly recommended that HIV/AIDS funds be used in FY 2004 to support initiatives in the focus countries to reduce the spread of HIV in health care settings by making medical injections safe. S/GAC assigned this activity to be implemented by both CDC and USAID. Through HIV/AIDS funds approved by S/GAC, USAID/W has provided central funding for medical injection safety activities. These include rapid assessments of current injection

practices, the design and implementation of programs that improve provider skills, improve procurement and management of safe injection equipment and supplies, and advocate for reduced demand for injections and improved knowledge about injection safety among the general public. USAID missions and USG country teams will be asked to be involved in activities, as responsibility and management for injection safety activities will eventually devolve to the field.

- **Blood Safety**: The risk of contracting HIV through exposure to infected blood and blood products is almost 100%. Interventions to ensure safer blood supplies are highly effective at preventing HIV transmission, making blood safety very cost-effective. Congress has strongly recommended that HIV/AIDS funds in the focus countries be used by the USG in FY 2004 to ensure the provision of safe blood and blood products.

- **Multi-sectoral[7] Programs for HIV/AIDS**:

  The President's Plan for Emergency AIDS Relief recognizes that HIV/AIDS is a multifaceted pandemic that can affect virtually every development sector. In doing so, the Emergency Plan also makes it a clear priority that health sector activities (care, treatment, and prevention) are of prime importance. In fact, the statute authorizing use of CHS funds for the focus initiative countries directs that programming be designed to reach the following goals by 2008:

  - Provide treatment to 2 million HIV-infected individuals;
  - Prevent 7 million new HIV infections; and
  - Provide care to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children.

  Any activities in the 15 focus countries that receive CSH/HIV funds must directly contribute towards the achievement of these three goals. It is important to note that the primacy of care, treatment, and prevention extends beyond the focus countries to all of the Emergency Plan –to all countries with USG supported HIV/AIDS activities. All USAID operating units implementing HIV/AIDS programs should adopt an approach that recognizes the importance of evidence-based treatment, prevention and care programs aimed at combating the HIV/AIDS pandemic.

  HIV/AIDS is a multifaceted pandemic that can affect virtually every development sector. A variety of socioeconomic factors can exacerbate the epidemic, which in turn can have multiple impacts on societies. As a result of the pandemic's extensive consequences, all

[7] Note: A multi-sectoral approach for the purposes of the CSH Guidance refers to activities undertaken in all developmental sectors including non-health specific sectors such as agriculture, education, economic growth, etc. This definition contrasts with the use of the word "multi-sectoral" in United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 where it is often (but not always) used to refer to different sectors within the health sector (referred to as "intra-sectoral" in the CSH Guidance).

USAID operating units which are implementing HIV/AIDS programs in high HIV prevalence countries[8] are strongly encouraged to adopt a multi-sectoral approach to evidence-based treatment, prevention, and care programs aimed at combating the HIV/AIDS pandemic and mitigating the negative impacts of HIV/AIDS on development. Additionally, the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 directs USAID to support prevention, treatment, education, program monitoring, care and support of orphans, and public-private partnerships.

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 the prevention, care and treatment of HIV/AIDS. The use of CSH funds is always governed, first by the Congressional directives, followed by S/GAC policy guidance and the Agency's HIV/AIDS results framework. For a more complete description of the guidelines governing multi-sectoral HIV/AIDS activities, see Appendix III.

- **Prostitution and Sex Trafficking**: Section 301 of the AIDS Authorization entitled, "Assistance to Combat HIV/AIDS," includes certain restrictions on the use of HIV/AIDS funds relating to prostitution and sex trafficking.[9] Specifically, Section 301 of the AIDS Authorization entitled, "Assistance to Combat HIV/AIDS" prohibits HIV/AIDS funds to be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Section 301 also requires non-U.S. non-governmental organizations[10] and certain Public International Organizations[11] receiving HIV/AIDS funds to agree that they have a policy explicitly opposing, in their activities outside of the United States, prostitution and sex trafficking. Both U.S. and non-U.S. organizations that receive HIV/AIDS funds must certify before receiving such funds that they are in compliance with the applicable standard provisions included in Acquisition and Assistance Policy Directive 04-04. See Acquisition and Assistance Policy Directive (AAPD) 04-04:

[8] at least 5% of adults 15-49 years old infected

[9] Section 301includes the following provisions:
(e) LIMITATION. – No funds made available to carry out this Act, or any amendment made by this Act, may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and when proven effective, microbicides.
(f) LIMITATION. – No funds made available to carry out this Act, or any amendment made by this Act, may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking."

[10] The Office of Legal Counsel, U.S. Department of Justice in a draft opinion determined that this provision only may be applied to foreign non-governmental organizations and public international organizations because of the constitutional implications of applying it to U.S. organizations.

[11] The FY 04 Appropriations Act amends Section 301(f) of the AIDS Authorization by exempting the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization, the International AIDS Vaccine Initiative and any "United Nations agency" from that section. The Statement of Managers states that the conferees "intend that for purposes of this provision, the World Health Organization includes its six regional offices: The Americas (PAHO); South-East Asia (SEARO); Africa (AFRO); Eastern Mediterranean (EMRO); Europe (EURO); and Western Pacific (WPRO)."

http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd04_04.pdf

- **Condoms**: The AIDS Authorization permits recipients of HIV/AIDS funds not to endorse, utilize or participate in a prevention method or treatment program to which the organization has a religious or moral objection.

  The FY 04 Appropriations Act provides that "information provided about the use of condoms as part of projects or activities that are funded from amounts appropriated by this Act shall be medically accurate and shall include the public health benefits and failure rates of such use." For further information regarding HIV/AIDS and condoms, see:
  http://www.usaid.gov/our_work/global_health/aids/TechAreas/condoms/condomfactsheet.html

  Clauses implementing these provisions must be included in HIV/AIDS assistance awards and contracts. See Acquisition and Assistance Policy Directive (AAPD) 04-04:
  http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd04_04.pdf

- **Co-Programming of HIV/AIDS Funds with Other Accounts**: HIV/AIDS funds, under the CSH Programs Fund, may be utilized under certain circumstances with other account funds in a single integrated program. HIV/AIDS funds must still 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) – Pub.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 commodity 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*.

Missions may purchase HIV test kits and pharmaceuticals, provided they can demonstrate (1) the safety, efficacy, and quality of the product or the product meets the standards of the Food and Drug Administration (FDA) or other U.S. controlling authority 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://www.usaid.gov/policy/ads/300/updates/iu3-0101.pdf. Missions interested in purchasing pharmaceuticals for HIV/AIDS-related programs, including antiretroviral drugs, should refer to ADS 312.5.3c. S/GAC is exploring a mechanism to assist Missions in procuring pharmaceutical products (including antiretrovirals and associated drug management and logistics support) and medical supplies. Contact Gerald Jennings (GH/OHA) for more information.

Commodity Fund (CF): Condom availability and use in most countries is inadequate, especially for those most at risk. The Commodity Fund helps to fill this important gap. The fund has received $27.8 million in FY 2004 to centrally fund condoms for HIV/AIDS and to ensure their expedited delivery to countries. This fund is intended to increase condom availability and use by making condoms for HIV prevention free of charge to Missions to expand access to HIV/AIDS condoms, according to CF resource availability and the program need, as indicated below. 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 remain unchanged. Missions with questions regarding male condoms should correspond directly with Bonita Blackburn (GH/PRH/CSL). Missions with questions concerning female condoms should correspond directly with Doris Anderson (GH/PRH/CSL) and Nancy Lowenthal (GH/OHA).

The FY 2004 CF level has been held flat at the FY 2003 funding level. Therefore, any Mission whose HIV ABC prevention activities will require more male or female condoms in CY 2004 than are presently on order (as of June 30, 2004), and in CY 2005 than were centrally-funded by the CF in CY 2003, may need to budget and pay for the fully-loaded cost of the additional condom quantities.

Mission annual needs for condoms change as programs launch, start, expand, focus, etc. To manage the total CF funding and USAID production contracts for the maximum benefit of all Missions, Missions should advise Bonita Blackburn (GH/PRH/CSL) of any revision to their their best estimate of the condom quantities needed by their programs in CY2004 and CY2005.

If the Mission has an insufficient CF level, other funding constraints, and limited other options for obtaining the requested/needed condoms, please advise Bonita Blackburn. There may be some flexibility on a country-by-country basis to assist in a limited way. Missions should not reduce their orders at this time based on funding issues but correspond with Bonita about program needs and funding constraints.
If a Mission anticipates that significant increased quantities will be needed to meet program needs for CY 2005 delivery, it would be prudent to begin seeking alternative sources of supply for that increase now, rather than waiting until next year. There is a long lead-time in this process of obtaining supplies from other sources and time is running out. Please let Bonita Blackburn know if we can assist you in this effort.

HIV/AIDS Health Commodities: Due to limited resources in CY 2004, the CF will not provide HIV test kits or ARVs (this restriction only applies to the CF). Missions can send field support or MAARD funding to either the DELIVER or RPM Plus projects for their assistance with the procurement of these health commodities through incremental funding of the instrument. If this approach is used, the instrument types of DELIVER and RPM Plus provide that the CTO for that central instrument becomes the CTO for those funds, and the Mission cedes authority to the USAID/W CTO to negotiate and administer dollars and activities associated with the MAARD funds. Please contact Carl Hawkins (GH/PRH/CSL) for DELIVER or Tony Boni (GH/HIDN/HS) for RPM Plus for more information on this process. Missions can also procure these commodities through other Cooperating Agency (CA) partners, or undertake their own procurement, in accordance with USAID procurement regulations. Because Missions, as indicated above, will no longer need to budget and allocate funds for condoms, funds allocated to operating units will be available for related programmatic activities. Such activities include promoting risk-reduction behaviors such as abstinence, delayed onset of sexual relations, fidelity and partner reduction as well as condom use and use of services to control sexually-transmitted infections (especially for those most at risk of HIV/AIDS).

- **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 commodities to be used in either a needle/syringe exchange program or research programs on needle/syringe exchange. See the Administrator's December 30, 2002 cable (State 267675).

  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 program components of a comprehensive risk 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;
- Condom purchase and distribution;
- Substance abuse treatment; and
- Safe sex education.

While USAID implementing agencies may cooperate with other donors and governments that fund those activities not permitted to be funded by USAID, in these cases, the USAID funds must be segregated and coded separately. For further programmatic questions, please contact David Stanton GH/OHA for more detailed guidance.

- **Use of CSH Programs Fund to Address HIV/AIDS in Military, Police, Prisons 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 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 Program Funds and GAI Account funds may be used to address HIV/AIDS in military, police, prisons or other law enforcement agencies, subject to the following guidance.

  1. Assistance to police, prison, or other law enforcement personnel. Section 522 of the FY 2004 Appropriations Act provides USAID, when required for program efficiency, with "notwithstanding" authority to overcome the prohibition on providing training or advice or financial support for police, prisons, or other foreign law enforcement forces found in Section 660 of the Foreign Assistance Act of 1961, as amended (FAA.)

  In utilizing "notwithstanding' authority for this purpose, operating units need to carefully review the facts of any proposed activity to ensure that the activity falls only within the scope of HIV/AIDS activities permitted by this guidance. If an operating unit decides to utilize "notwithstanding" authority, the clearance procedures described below must be followed.

  Moreover, operating units should be aware that certain activities involving prisoners, as opposed to prison personnel, may not fall within the prohibition of Section 660 at all, and therefore would not require the use of "notwithstanding" authority to fund. If in doubt about the applicability of Section 660, contact your Regional Legal Advisor or GC for assistance.

  2. Assistance to foreign military. Section 531(e) of the FAA and general principles of appropriation law prohibit the use of economic assistance funds for military purposes, and "notwithstanding" authority cannot overcome these prohibitions. However, GC has determined that these prohibitions will not apply to assistance used only for the

prevention, treatment, and control of, and research on, HIV/AIDS in the military, if the following conditions are met:

a) The programs or activities in which the military would participate are part of a larger public health initiative to combat HIV/AIDS, and exclusion of the military would impair the achievement of the initiative's public health objectives;

b) The program for the military 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 purposes.

GC has emphasized that the requirement for similar programs (b above) means similar in subject content, e.g., how HIV/AIDS is acquired, how it is transmitted, and 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 military 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 military 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 personnel may be funded for the frank discussion of HIV/AIDS among the military and how to combat it (e.g., an officer's responsibility to see that his subordinates are fully informed and are discouraged from engaging in high risk behavior or from frequenting known high risk establishments). Under the same HIV/AIDS country or regional program, a conference for village health workers on avoiding mother to child transmission may well exclude military personnel as not being relevant to them. Both, however, are in pursuit of the broader goal and thus appropriate for USAID funding.

Therefore, it is appropriate and legally permissible to include military personnel in 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.

3. Clearances. Because utilizing "notwithstanding" authority to provide assistance to prisons, police, or other law enforcement personnel may raise sensitive policy issues, operating units must request approval from the relevant Bureau or Office, document the decision taken, and notify the appropriate GC Office (the Regional Legal Advisor for the

field or GC for USAID/W) and the Bureau for Policy and Program Coordination (PPC), which is responsible for tracking operating units that make use of the "notwithstanding" authority.

From a legal standpoint, use of CSH funds or GAI Account funds to provide HIV/AIDS assistance to the military 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 matter, the approval of Bureaus or Offices in USAID/W might be required before HIV/AIDS assistance is provided to the military; therefore, Missions are asked to confirm procedures with their Bureaus. Regardless of whether or not formal Bureau or Office clearance is required, operating units must document the decision to include military personnel in HIV/AIDS activities; such documentation should show how the legal criteria discussed above have been applied and how any Bureau approval procedures have been followed. If it is a close question or if you are confused about applying the three criteria above to determine whether inclusion of the military 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 Funds

Allowable activities are those that contribute directly to the Agency health strategic objective to reduce the threat of infectious diseases of major public health importance. Allowable activities are centered on four main elements:

a. Tuberculosis (TUBD): In implementing TB programs, it is critically important that Missions coordinate with the National TB Program in-country in identifying the most important role for USAID. USAID's strategy is composed of four elements, and centered on the DOTS (Directly Observed Treatment/Short Course) strategy. For a more complete description of activities supported by the agency please refer to the document entitled *USAID Expanded Response to Tuberculosis* (September 2003) at the following link:
http://www.usaid.gov/our_work/global_health/id/tuberculosis/tbexpanded03.pdf

- *Expand and strengthen DOTS:* DOTS is a proven intervention for TB treatment and control and includes 5 elements: (1) political commitment; (2) diagnosis through smear microscopy; (3) directly observed treatment using a standard treatment regimen; (4) reliable supply of anti-TB drugs; and (5) monitoring and reporting using standard formats. Missions can use CSH/Infectious Diseases funds to support activities in any or all of these areas. Examples might include: development of norms and guidelines for TB treatment and control, advocacy, strengthening of the information and

surveillance system and laboratory network for TB, community education, monitoring and evaluation of program performance, and improvements in the procurement, management and monitoring of high-quality TB drugs. In addition, Missions can also support activities that strengthen TB and DOTS implementation within overall health system strengthening. USAID's strategy also emphasizes expanding the involvement of private providers and PVOs/NGOs in DOTS implementation.

- *Increase and strengthen human resource capacity:* Including support for training of personnel in all aspects of DOTS, and for personnel at all levels of the health care system; and strengthening of management and supervision skills.

- *Development and dissemination of new tools and approaches:* Including operations research and pilot studies to improve the management and delivery of TB-control mechanisms; and development and dissemination of tools (such as diagnostics or improved treatment regimens) that can improve the delivery of TB control in resource poor settings.

- *Adapt DOTS to address special challenges,* particularly MDR (Multi-Drug Resistant) TB, and TB and HIV/AIDS co-infection: To address MDR TB, activities can include strengthening the implementation of DOTS to improve compliance with treatment regimens, improve the treatment of MDR TB, such as monitoring, expanding laboratory capacity to monitor MDR TB, and support for DOTS Plus programs where appropriate. For HIV/AIDS and TB, activities can include increasing access to TB services for people infected with HIV; increasing and improving the quality of information on TB/HIV co-infections; and increasing access to HIV testing and other services for those infected with TB.

- *Support the Development of Quality Proposals, Build Capacity to Support Implementation, and Test Best Practice Approaches for Inclusion in Proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM):* Missions can assist countries in applying to the Global Fund to develop proposals to combat tuberculosis, build technical, administrative and organizational capacity of entities responsible for implementation and reporting on results of Global Fund programs, and adapt and test best practice approaches developed for tuberculosis control programs that could be scaled up with Global Fund support. Operating units that support Global Fund applications should ensure that funds are coded proportionally relative to the relevant activities supported, that is, for HIV/AIDS (AIDS), Tuberculosis (TUBD), and Malaria (MALD) (see pages 52-53 for further explanation on co-programming).

b. Malaria: Improving malaria prevention, control and treatment **(MALD)**, including:

- Increased access to and appropriate use of insecticide-treated bed nets[12] and, where appropriate, indoor residual spray;
- Improved use of effective drugs for effective treatment of malaria and reduction of the emergence and spread of drug resistant strains;
- Improved recognition, diagnosis, and treatment of malaria at health facilities, at home or in the community;
- Improved prevention and management of malaria in pregnancy;
- Support the development of quality proposals, build capacity to support implementation, and test best practice approaches for inclusion in the application of malaria programs to the GFATM;
- Research and development of new approaches/technologies for preventing, diagnosing and treating malaria, including the integration of malaria into child health programs; and
- Development of a malaria vaccine.

c. Reducing Antimicrobial Resistance (AMRD), including:

- Activities at the country, regional or global levels to improve drug policies, drug management, infection control, case management, and drug use practices in the public, private and informal sectors;
- Support for improved regulatory policies and practices and to ensure availability of high quality drugs;
- Support for improved drug resistance surveillance and drug use information for public health decision-making;
- Studies and operations research to gain a better understanding of the multiple risk factors that contribute to the emergence and spread of antimicrobial resistance; and development of methods to detect and monitor drug resistance;
- Development and implementation of targeted communication strategies for providers and consumers to improve drug use behaviors; and,
- Global/Country level advocacy about the threat to public health posed by drug resistance.

d. 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;

[12] Operating units are reminded that Infectious Disease control programs which include the use of insecticide-treated bed nets or other insecticide-treated materials 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. For further information regarding insecticide-treated materials and environmental assessment/documentation requirements see: http://www.afr-sd.org/documents/iee/docs/32AFR2_ITM_PEA.doc

- Expanding capacity building including training and improved laboratory capacity; and
- Development and use of improved tools, including rapid diagnostics, policy tools, data gathering tools, and strengthened field epidemiology capacity and the understanding of disease patterns and trends.

e. Other Infectious Diseases (OTID): Missions may use infectious disease funds to address other infectious disease issues, provided they are of significant public health importance for the country, and there is a clear role for USAID.

2. Special Considerations for Infectious Diseases

- **Special 2004 Directives and Targets:** In the FY 2004 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, and are encouraged to cover a wider range of infectious disease or public health surveillance issues. Operating units are to use the Primary Emphasis Area Code SURV for such broader surveillance activities.

- **TB in Prisons:** Section 522 of the FY 04 Appropriations Act provides USAID, when required for program efficiency, with "notwithstanding" authority for disease programs to overcome the prohibition on providing training or advice or financial support for police, prisons, or other foreign law enforcement forces found in Section 660 of the Foreign Assistance Act of 1961, as amended (FAA).

  In utilizing "notwithstanding' authority for DOTS anti-tuberculosis programs in prisons for law enforcement forces, operating units need to carefully review the facts of any proposed activity to ensure that the activity falls only within the scope of TB activities permitted by this guidance. If an operating unit decides to utilize "notwithstanding" authority, the clearance procedures described below must be followed.

  Because utilizing "notwithstanding" authority to provide assistance for a DOTS program in prisons for law enforcement forces may raise sensitive policy issues, operating units must request approval from the relevant Bureau or Office, document the decision taken, and notify the appropriate GC Office (the Regional Legal Advisor for the field or GC for USAID/W) and the Bureau for Policy and Program Coordination (PPC), which is responsible for tracking operating units that make use of the "notwithstanding" authority.

E. Family Planning/ Reproductive Health: Agency Objective, "Unintended pregnancies reduced."

Allowable activities for this category are those that make a direct measurable impact in the reduction of unintended pregnancies. A reduction in unintended pregnancy is expected to contribute to improved global health, including child, maternal and reproductive health reduction in abortion, which is an objective explicitly identified in the Joint State/USAID performance goal. 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 IV. Operating units should use the following relevant primary emphasis area codes for FP/RH activities: PAFP, PBFL, PDAE, PIRH, and PNON.

1. Allowable Uses for Family Planning Activities

The vast majority of FP/RH-tagged 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 the following allowable activities:

- *Expanding access to and use of family planning services*, including partnerships with the commercial sector (taking care to avoid appearance of the USG favoring one recipient over another) and faith- and community-based organizations; 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, and in areas where population growth threatens biodiversity or endangered species.

- *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 awareness of family planning information and 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 choices; 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, child 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 the following:

- *Fostering the conditions necessary to expand and institutionalize family planning services*, including building national and local level support for family planning; 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) Non-Reproductive 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-tagged 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; post-abortion family planning and other counseling and services; linking women from emergency care to these services; and community awareness and support to help women get emergency treatment, recover and prevent future unplanned pregnancy (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; research on the interaction of contraceptives and ART; 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. Non-Reproductive 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-tagged 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* Note: FP/RH funds must not be used to pay for non-FP/RH products and their promotion. An example would be adding ORS or impregnated bed nets 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 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 women who sell items at markets to sell family planning and related health products.

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 FP/RH-related activities are clearly outlined in current legislation and policy, and continue to govern programming within this budget category in the CSH Programs Fund.

  Voluntarism and Informed Choice: The Tiahrt Amendment requires that USAID-assisted family planning projects meet certain standards of voluntarism. [13] 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 influenced 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.

[13] The Tiahrt Amendment was first included in the FY 1999 Appropriation Act, and has been included each year thereafter. The Tiahrt Amendment requires 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 of 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. This language has been incorporated into USAID's contract clause and standard provisions for assistance agreements entitled "Voluntary Population Activities." See Contract Information Bulletin 99-06.

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 from any appropriation account.[14] In August of 2003, the President extended this policy to "voluntary population planning" assistance provided by the Department of State. The President's memorandum excludes from the Mexico City Policy "foreign assistance furnished pursuant to the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003". The President's memorandum may be viewed at: http://www.whitehouse.gov/news/releases/2003/08/print/20030829-3.html Therefore, assistance only for HIV/AIDS activities is not subject to the Mexico City Policy.

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[14] The Mexico City Policy defines such terms as:
Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals that do not include abortion in their family planning programs. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following;

(I) Operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II) Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV) Conducting a public information campaign in USAID-recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape, incest or if the life of the mother would be endangered if the fetus were carried to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

Lobbying: USAID funds may not be used to lobby for or against abortion. Note that the Mexico City Policy definition of "active promotion of abortion as a method of family planning" includes "lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning."

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. Decisions must be carefully considered and justification must be clearly documented when determining the percentage breakdown of funding for these activities. FP/RH-tagged funds must be used to support the FP/RH components of USAID-funded 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 cases of multi-sectoral activities funded by multiple donors, FP/RH-tagged funds may be used to support the FP/RH components of the activity. However, if USAID is funding a multi-sectoral activity, then funds from a non-FP/RH-tagged account must be used for those 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* in such cases but not required.

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**	• *Direct impact* • *Optimal use of funds*	• 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 • Expanding options for fertility regulation and the organization of family planning services • Integrating family planning services into other health activities • Assisting individuals who are having difficulty conceiving using technologies appropriate for low-resource settings	Co-funding: **NOT REQUIRED***
	Systems Strengthening**	• *Direct impact* • *Optimal use of funds*	• 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**	• *Direct impact* • *Optimal use of funds* • Does the activity have an operational synergy with ongoing family planning activities?	• Integrating family planning and antenatal, neonatal, and postpartum care • Providing post-abortion care • Integrating & coordinating family planning and STI, including HIV, prevention • Linking reproductive health information and care to broad-based youth development activities • Eliminating female genital cutting (FGC)	Co-funding: **ENCOURAGED** e.g., co-funding from CS/MH, HIV/AIDS, ID, etc.
	Other Health (non-RH)	• *Direct impact* • *Optimal use of funds* • Does the activity have an operational synergy with ongoing family planning activities?	• 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)**	• *Direct impact* • *Optimal use of funds* • Does the activity have an operational synergy with ongoing family planning activities?	• Using income-generating activities to generate resources for FP/RH activities (e.g., microfinance activities to assist market women selling condoms) • Supporting programs to mentor young people, while also providing them with reproductive health information and care • 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 ensure 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, family planning/reproductive health, 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;

- *Establishing 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, including faith- and community-based organizations,* 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; and

- *Developing new and improved technologies and approaches* to effectively plan and deliver quality child survival and health services.

Operating units can use any of the following primary emphasis area codes for these activities: PARC (for all but HIV/AIDS activities) or AIDS (for HIV/AIDS activities).

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.

- **Construction of Facilities:** Generally, it is not permissible to use CSH Programs funds for the construction of facilities. The construction of facilities is resource-intensive and does not ordinarily result in *optimal use* of CSH funds. Optimal use is defined throughout the CSH Guidance as those activities that are most effective and *efficient* in reaching significant, critical populations and/or providing *sustainable* community-based services.

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), Participating Agency Program Agreements (PAPAs), the Technical Advisors in AIDS and Child Survival Program (TAACS), Cooperative Assistance Support Units (CASUs), or the Fellows Programs for the design, implementation, and evaluation of CSH programs. The funds must be coded according to the scope of work. 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 or Fellows Programs, contact the appropriate Cognizant Technical Officer. Note that the FY 2004 Appropriation increases to 25 the number of PSCs that can be employed in USAID/W under this authority; no more than 10 can be assigned to any bureau or office. Allocations are made by the agency's human resources office (M/HR). Missions still have full PSC authority, which is not affected by this language. Appendix II provides the relevant excerpt (excerpt 2, sec 534(c)).

   CSH Programs funds may also be used to fund limited-time, HIV/AIDS and Infectious Disease technical assistance 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/AIDS and ID funding and meeting USAID and USG objectives;
   3. Position(s) must be for limited-time, technical advisors; and
   4. Funding for the position(s) must serve as a catalyst for, and not detract from, other essential, country-level activities.

   The FY 2004 appropriation includes a provision that funds allocated by the Foreign Operations Act for USAID may be made available to "employ individuals overseas on a limited appointment basis pursuant to the authority of … the Foreign Service Act". This provision restricts the number of limited Foreign Service hires to no more than 85 each year for FY 2004, FY 2005 and FY 2006.

2. **Co-Programming:** Intra-sectoral and multi-sectoral integrated activities are an increasing component of Agency sector 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 49, for details.)

- **Multi-sectoral Programming: Co-Programming of CSH Funds with Other Accounts.** Under certain restrictions, CSH funds may be used 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) -- Pub.L. 480, Title II:** CSH funds may be used along with Title II food security resources to provide a more complete maternal/child health, nutrition, or HIV/AIDS activity. 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 V 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/P, GH, its regional Bureau technical officer, or the GC/Washington or GC's Regional Legal Advisor as appropriate.

However, Bureaus or Missions considering using CSH funds for programs that are *not* clearly within this guidance must receive prior written approval from PPC/P 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 by hand, via cable, e-mail, or fax to PPC, with copies to GH and the appropriate Regional Bureau (unless the request is from a Regional Bureau). 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, if applicable, 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/P (202) 712-4615
General questions concerning technical or programmatic issues may be directed to
Richard Greene, Director, Office of Health, GH/HIDN (202) 712-1283
Constance Carrino, Director, Office of HIV/AIDS, GH/OHA (202) 712-4552
Margaret Neuse, Director, Office of Population, GH/POP (202) 712-0540
Joyce Holfeld, Director, Office of Strategic Planning, Budget & Ops., GH/SPBO (202) 712-5138

For specific technical questions, please contact the relevant technical coordinators:

Child Survival	Al Bartlett	(202) 712-0991
Micronutrients	Frances Davidson	(202) 712-0982
Polio	Ellyn Ogden	(202) 712-5891
Displaced Children and Orphans	Lloyd Feinberg	(202) 712-5725
HIV/AIDS	Roxana Rogers	(202) 712-0933
Infectious Diseases	Irene Koek	(202) 712-5403
Environmental Health/Water & Sanitation	John Borrazzo	(202) 712-4816
Maternal Health	Mary-Ellen Stanton	(202) 712-4208
Nutrition	Michael Zeilinger	(202) 712-0282
FP/RH	Barbara Seligman	(202) 712-5839
GFATM	Paul Ehmer	(202) 712-1291
Title II	P. E. Balakrishnan	(202) 712-1368
TAACS	Sharon Carney	(202) 712-5107
Hopkins Child Survival Fellows Program	Rochelle Thompson	(202) 712-0998
Michigan Population Fellows Program	Rochelle Thompson	(202) 712-0998
Population Leadership Program	Rochelle Thompson	(202) 712-0998
Cooperative Administrative Support Units	Clara Davis	(202) 712-5505

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

LAC	Ruth Frischer	(202) 712-0771
	Lindsay Stewart	(202) 712-4964
ANE	Andrew Clements	(202) 712-4218
E&E	Paul Holmes	(202) 712-1239
AFR	Hope Sukin-Klauber	(202) 712-0952
	Paul Knepp	(202) 712-4686
DCHA	Lowell Lynch	(202) 712-4599
	Angelique Crumbly	(202) 712-4279
PPC	Robbin Boyer	(202) 712-4489

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/our_work/global_health/pdf/phnug.pdf.]

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 2004

As noted below, the FY 2004 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, for child survival, health, and family planning/reproductive health activities, in addition to funds otherwise available for such purposes, $1,835,000,000, to remain available until September 30, 2005: 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 children displaced or orphaned by causes other than AIDS; (5) programs for the prevention, treatment, control of, and research on HIV/AIDS, tuberculosis, polio, malaria, and other infectious diseases, and for assistance to communities severely affected by HIV/AIDS, including children displaced or orphaned by AIDS; 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 activities: Provided further, That of the funds appropriated under this heading, not to exceed $250,000, 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: $330,000,000 for child survival and maternal health; $28,000,000 for vulnerable children; $516,500,000 for HIV/AIDS including not less than $22,000,000 which should be made available to support the development of microbicides as a means for combating HIV/AIDS; $185,000,000 for other infectious diseases; and $375,500,000 for family planning/reproductive health, including in areas where population growth threatens biodiversity or endangered species: Provided further, That of the funds appropriated under this heading, and in addition to funds allocated under the previous proviso, not less than $400,000,000 shall be made available, notwithstanding any other provision of law, except for the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (117 Stat. 711; 22 U.S.C. 1701 et seq.) as amended by section 595 of this Act, for a United States contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (the ''Global Fund''), and shall be expended at the minimum rate necessary to make timely payment for projects and activities: Provided further, That of the funds appropriated under this heading that are available for HIV/AIDS programs and activities, not less than $26,000,000 should be made available for the International AIDS Vaccine Initiative and not less than $26,000,000 should be made available for a United States contribution to UNAIDS: Provided further, That of the funds appropriated under this heading, $60,000,000 should be made available for a United States contribution to The Vaccine Fund, and up to $6,000,000 may be transferred to and merged with funds appropriated by this Act under the heading ''Operating Expenses of the United States Agency for International Development'' for costs directly related to international health, but funds made available for such costs may not be derived

from amounts made available for contribution under this and preceding provisos:
[Excerpt 2]

CHILD SURVIVAL AND HEALTH PREVENTION ACTIVITIES

SEC. 522. Up to $13,500,000 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 $3,500,000 of the funds made available by this Act for assistance under the heading ''Development Assistance'' may be used to reimburse such agencies, institutions, and organizations for such costs of such individuals carrying out other development assistance activities: *Provided further*, That funds appropriated by titles II and III of this Act that are made available for bilateral assistance 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 except for the provisions under the heading ''Child Survival and Health Programs Fund'' and the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (117 Stat. 711; 22 U.S.C. 7601 et seq.) as amended by section 595 of this Act: Provided further, That of the funds appropriated under title II of this Act, not less than $432,000,000 shall be made available for family planning/ reproductive health.

USAID OVERSEAS PROGRAM

SEC. 525. Funds appropriated by this and subsequent appropriations Acts to carry out the provisions of part I of the Foreign Assistance Act of 1961, including funds appropriated under the heading ''Assistance for Eastern Europe and the Baltic States'', may be made available to employ individuals overseas on a limited appointment basis pursuant to the authority of sections 308 and 309 of the Foreign Service Act of 1980: Provided, That in fiscal years 2004, 2005, and 2006 the authority of this section may be used to hire not more than 85 individuals in each such year.

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 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 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. 549. 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 but not limited to entrance fees at sporting events, theatrical and musical productions, 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:

1) CHILD SURVIVAL AND MATERNAL HEALTH

Primary causes of morbidity and mortality for children and mothers

- Supporting key child health and survival interventions that focus on prevention, treatment, and control of the five primary childhood killers: diarrheal disease, acute respiratory infection, malnutrition, malaria (directed primarily at children) and vaccine preventable diseases;
- Introducing environmental health interventions to prevent the spread of childhood diseases from environmental factors such as contaminated water; 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.

2) VULNERABLE CHILDREN

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

- [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.

3) HIV/AIDS

Prevention

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

4) 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.

5) 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: Child Survival and Health Programs Funds used for family planning/reproductive health 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 108-401 on the Child Survival and Health Programs Fund

The conference agreement appropriates $1,835,000,000 for the Child Survival and Health Programs Fund instead of $2,235,830,000 as proposed by the House and $1,435,500,000 as proposed by the Senate. Significant funding for HIV/AIDS is in a new account, the ''Global HIV/AIDS Initiative'', and additional funding for HIV/AIDS, tuberculosis (TB), malaria, and other health issues is provided in Assistance for Eastern Europe and the Baltic States, Economic Support Fund, Assistance for the Independent States of the Former Soviet Union, and Foreign Military Financing accounts. The managers welcome the emergence of the Office of the Global AIDS Coordinator at the State Department, and specific direction for this office and its funding is included under the heading ''Global HIV/AIDS Initiative''.

The conference agreement includes the list of funding categories as proposed by the House which makes clear that funding for children orphaned or otherwise made vulnerable by HIV/AIDS should be considered separately from that for other orphans and vulnerable children. The managers also include $250,000 for the monitoring and oversight of child survival, maternal and family planning/reproductive health, and infectious disease programs, instead of $150,000 as contained in the Senate.

The conference agreement includes language allocating $1,835,000,000 among seven program categories in the Child Survival and Health Programs Fund: $330,000,000 for child survival and maternal health, including vaccine-preventable diseases such as polio; $28,000,000 for vulnerable children (not including children affected by HIV/AIDS); $516,500,000 for HIV/AIDS, including assistance for communities, including children orphaned by HIV/AIDS and otherwise affected by the disease; $185,000,000 for other infectious diseases, including TB and malaria; $375,500,000 for reproductive health/family planning; and $400,000,000 for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global ATM Fund). 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 this 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. The managers, for the first time in several years, include funding for UNICEF in ''International Organizations and Programs'' rather than in this account.

The managers commend the President for his commitment to combat HIV/AIDS, TB, and malaria. The conference agreement includes $1,646,000,000 to fight these three diseases, and anticipates that $754,00,000 is available in the Labor, Health and Human Services Appropriations Act. It is anticipated that a total of $2,400,000,000 is provided to fight HIV/AIDS, TB, and malaria in these two Acts.

Of the amounts in this Foreign Operations Appropriations Act, $516,500,000, $185,000,000, and $400,000,000 are for HIV/AIDS, TB, and malaria, and a United States contribution to the Global ATM Fund, respectively. An additional $491,000,000 is included in the Global HIV/AIDS Initiative account, and $53,500,000 is in Economic Support Fund,

Foreign Military Financing, and regional accounts for Eastern Europe and the Baltic States and the Former Soviet Union.

Foreign Operations funding for HIV/AIDS, TB, and Malaria, fiscal year 2004	
Child Survival and Health Programs Fund (CSH)	1,101,500,000
HIV/AIDS	(516,500,000)
Other Infectious Diseases (TB + malaria)	(185,000,000)
Global ATM Fund	(400,000,000)
Global HIV/AIDS Initiative	491,000,000
Other bilateral accounts, HIV/AIDS, TB, malaria	53,500,000
Total, HIV/AIDS, TB, malaria	1,646,000,000

The managers recognize that these three pandemics, especially HIV/AIDS and TB, are closely related, and that the response to them can not readily be separated. However, the managers have estimated how this $1,646,000,000 could be disaggregated by major infectious disease for tracking purposes. The managers also note that funding for ''other infectious disease'' should be allocated for activities besides fighting tuberculosis and malaria, such as disease surveillance. The TB and malaria estimates in this section should not be construed to indicate that these activities should not be undertaken.

The conference agreement provides not less than $1,283,500,000 for programs for the prevention and treatment of HIV/AIDS, and for care and support of those infected and affected by the disease. $756,500,000 is funded through the Child Survival and Health Programs Fund, including $240,000,000 as a conservative estimate of the amount from this Act that will be allocated for HIV/AIDS by the Global ATM Fund. An additional $491,000,000 is included in the Global HIV/AIDS Initiative account, and an estimated $36,000,000 is provided through other accounts, such as the Economic Support Fund, International Disaster Assistance, Foreign Military Financing, and regional accounts for Eastern Europe and the former Soviet Union. The estimate of $1,283,500,000 for HIV/AIDS does not include the United States share of HIV/AIDS assistance through the World Bank Group.

The managers provide most HIV/AIDS funding in two accounts, Child Survival and Health and a new account, the Global HIV/AIDS Initiative, similar to the structure of the Senate bill and the budget request. Instructions retained from the House bill and relevant to the Global HIV/AIDS Initiative are included under that heading. The managers intend that the $516,500,000 allocated for HIV/AIDS in the Child Survival and Health Programs Fund will be used to finance on-going programs, and that the $491,000,000 in the Global HIV/AIDS Initiative account will be used for new and expanded programs in 15 focus countries.

The managers recognize that the epicenter of the HIV/AIDS epidemic is moving from Africa and the Caribbean toward Asia, Eastern Europe, and the former Soviet Union. In order to help prevent these epidemics from exploding, the managers once again direct that funds form the Child Survival and Health Programs Fund be made available for HIV/AIDS programs in Eastern Europe and the former Soviet Union. The conference report also includes funds under several bilateral accounts specifically to fight HIV/AIDS, TB, and malaria. The managers also encourage USAID, working in coordination with the Global AIDS Coordinator, to make make available funds from Child Survival and Health Programs Fund for HIV/AIDS program in ''ESF countries'' other than those for which funds are specifically mandated in this Act.

The managers concur with the President's 2001 remarks at the announcement of the initial United States contribution to the proposed Global Fund to Fight AIDS, Tuberculosis and Malaria that a successful approach to fighting these diseases must incorporate bilateral and multilateral programs and approaches, and that the Global ATM Fund has a crucial role to play in marshalling and distributing international resources.

The conference agreement includes $400,000,000 for a contribution to the Global ATM Fund, as proposed by the House, rather than $250,000,000 as in the Senate bill or $100,000,000 as contained in the budget request. The managers note that, of the awards pledged thus far by the Global ATM Fund to recipient countries, approximately 60 percent are for HIV/AIDS interventions, 23 percent are for malaria interventions, and 17 percent are for TB or combined TB/AIDS interventions. The managers have used these percentages to estimate the portion of the United States contributions to the Global ATM Fund that is likely be attributed for each disease.

The managers intend that the United States contributions to the Global ATM Fund be used to leverage other donors' contributions. The conference agreement does not include a provision contained in the House bill limiting the United States contribution to the Global ATM Fund to not more than one-half of all contributions from other sources because a provision addressing the same matter is contained in section 202 of Public Law 108–25, the ''United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003''. The managers expect that the Global AIDS Coordinator will use the funds provided for a United States contribution to the Global ATM Fund to maximally leverage resources from other donors.

However, the managers also recognize that funding cycles for donors vary, and that the application of the above provision may cause a portion of funds allocated for a United States contribution to the Global ATM Fund to remain unspent. Therefore, the conference report also includes a ''kick-out'' clause, as proposed by both the House and the Senate, which would ensure that funds are used for bilateral HIV/AIDS programs if other donors are unable to fully match the intended United States contribution to the Global ATM Fund. This provision is addressed in section 595. The managers expect that the Global AIDS Coordinator will bear in mind the managers' support for the Global ATM Fund and will judiciously use the flexibility provided by this ''kick-out'' clause to ensure that funds are allocated to the most effective uses.

The conference agreement does not include a Senate provision regarding the percentage of the budget for prevention and treatment programs of the Global Fund to Fight AIDS, Tuberculosis and Malaria that is made available to support technical assistance to ensure the quality of such programs. However, the managers recognize the importance of technical assistance and note the extensive resources and experience of the United States Government in providing such assistance. The managers urge the Global AIDS Coordinator to seek to ensure that an appropriate percentage of resources are utilized for this purpose.

When funding through bilateral programs administered by USAID is considered in combination with the United States contribution to the Global ATM Fund, the conference agreement provides a total of $169,000,000 for TB assistance. Of this amount, $92,500,000 is funded through the ''other infectious diseases'' allocation in this amount, an estimated $8,500,000 from other bilateral accounts, and $68,000,000 through the contribution to the Global ATM Fund.

For malaria, the conference agreement provides a total of $193,500,000. Of this amount, it is expected that $92,000,000 of the contribution to the Global ATM Fund will fund malaria programs, $92,500,000 is funded through the ''other infectious diseases'' allocation in this amount, and an estimated $9,000,000 is provided from other bilateral accounts.

The managers expect USAID to allocate up to 10 percent of its funding for malaria programs to medicines and vaccine research and development, including $3,000,000 for the Medicines for Malaria Venture, and the same amount for the Malaria Vaccine Initiative.

The conference agreement includes bill language, proposed by the Senate, regarding the development of microbicides as a means of combating HIV/AIDS.

The conference agreement does not include up to $150,000,000 for mother and child HIV prevention as contained in the Senate bill. However, the managers expect that funds will be made available from the HIV/AIDS allocation in this account and from funds provided in the Global HIV/AIDS Initiative account.

The conference account provides not less than $26,000,000 for research on and testing of HIV/AIDS vaccines. These funds should be allocated by the Global AIDS Coordinator at the Department of State to the International AIDS Vaccine Initiative. The managers expect that $10,000,000 will be used for cooperative projects coordinated with the European Union's new 5-year program, the ''AIDS Vaccine Integrated Project,'' and in cooperation with the Partnership for AIDS Vaccine Evaluation (PAVE) operating under the aegis of the Department of Health and Human Services.

The conference agreement also provides that not less than $26,000,000 should be made available as a United States contribution to UNAIDS, instead of $28,000,000 as proposed by the Senate. The House did not address this matter. The managers note the central role that UNAIDS plays in coordinating the work of eight U.N. agencies and the Global ATM Fund, and in providing technical support to countries as funding to combat HIV/AIDS rapidly increases.

The managers urge USAID to implement programs that address the combination of the HIV/AIDS and hunger, including programs to enhance nutrition among HIV/AIDS-affected households and communities and that strengthen the ability of HIV/AIDS-affected individuals and households to meet current and future needs. Particular attention needs to be given to dealing with orphans and other vulnerable children and to promoting overall agriculture development and food production, including through school and hospital gardens as appropriate.

The managers are aware of the efforts of Voices for Humanity and the other organizations cited on page 9 of Senate Report 108–106 and page 15 of House Report 108–222 to convey HIV/AIDS awareness, prevention, treatment and medical training among nonliterate and oral communicating populations in developing countries. The managers expect that USAID and the Global AIDS Coordinator consider and, where feasible, fund pilot projects and other proposals submitted by such organizations.

The conference agreement does not include a Senate provision that funds shall be made available to the HIV/AIDS, Tuberculosis and Malaria Cluster of the World Health Organization (WHO). However, the managers recognize the central role WHO plays in fighting HIV/AIDS and other infectious diseases, and expect that funds will be made available to support this new initiative.

For health in West Africa, the conference agreement does not include section 699D of the Senate amendment providing $5,000,000 for the Carter Center's Guinea Worm Eradication Program. The managers note that the Carter Center recently released an action plan for guinea worm eradiction that target Ghana, Nigeria, and Sudan. The managers strongly support this program and expect that $5,000,000 will be a made available for this purpose. The managers also endorse the House report language on the West African Health Organization and on obstetric fistula and urge USAID to initiate programs in heavily effected areas, and to expand the programs of the International Medical Corps in Sierra Leone that address this problem.

The conference agreement allocates $375,500,000 for family planning/reproductive health within the Child Survival and Health Programs Fund, as proposed by the Senate, instead of $368,500,000 as proposed by the House.

The managers also direct USAID to continue to provide the Committees with a detailed annual report not later than March 31, 2004, on the programs, projects, and activities undertaken by the Child Survival and Health Programs Fund during fiscal year 2003.

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 United States Agency for International Development Operating Expenses account, with three exceptions included in the conference agreement: authority for USAID's central and regional bureaus to use up to $250,000 from program funds for Operating Expense-funded personnel to better monitor and provide oversight of the Fund; in section 522, authority to use up to $13,500,000 to reimburse other government agencies and private institutions for professional services; and in section 525, authority to hire overseas personnel on a limited term basis.

Any proposed obligations for Global Development Alliance programs, projects or activities shall be subject to the regular notification procedures of the Committees on Appropriations, as shall any proposed transfers of Child Survival and Health Programs funds to any other agency, program, or account.

Excerpts From the United States Leadership Against HIV/AIDS Tuberculosis, and Malaria Act of 2003.

[Excerpt 1]

SEC. 4. PURPOSE.

The purpose of this Act is to strengthen United States leadership and the effectiveness of the United States response to certain global infectious diseases by—

(1) establishing a comprehensive, integrated five-year, global strategy to fight HIV/AIDS that encompasses a plan for phased expansion of critical programs and improved coordination among relevant executive branch agencies and between the United States and foreign governments and international organizations;

(2) providing increased resources for multilateral efforts to fight HIV/AIDS;

(3) providing increased resources for United States bilateral efforts, particularly for technical assistance and training, to combat HIV/AIDS, tuberculosis, and malaria;

(4) encouraging the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS; and

(5) intensifying efforts to support the development of vaccines and treatment for HIV/AIDS, tuberculosis, and malaria.

[Excerpt 2]

SEC. 102. HIV/AIDS RESPONSE COORDINATOR.

''(f) HIV/AIDS RESPONSE COORDINATOR.—

''(1) IN GENERAL.—There shall be established within the Department of State in the immediate office of the Secretary of State a Coordinator of United States Government Activities to Combat HIV/AIDS Globally, who shall be appointed by the President, by and with the advice and consent of the Senate. The Coordinator shall report directly to the Secretary.

''(2) AUTHORITIES AND DUTIES; DEFINITIONS.—

''(A) AUTHORITIES.—The Coordinator, acting through such nongovernmental organizations (including faith-based and community-based organizations) and relevant executive branch agencies as may be necessary and appropriate to effect the purposes of this section, is authorized—

''(i) to operate internationally to carry out prevention, care, treatment, support, capacity development, and other activities for combatting HIV/AIDS;

''(ii) to transfer and allocate funds to relevant executive branch agencies; and

''(iii) to provide grants to, and enter into contracts with, nongovernmental organizations (including faithbased and community-based organizations) to carry out the purposes of section.

''(B) DUTIES.—

''(i) IN GENERAL.—The Coordinator shall have primary responsibility for the oversight and coordination of all resources and international activities of the United States Government to combat the HIV/AIDS pandemic, including all programs, projects, and activities of the United States Government relating to the HIV/AIDS pandemic under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 or any amendment made by that Act.

''(ii) SPECIFIC DUTIES.—The duties of the Coordinator shall specifically include the following:

''(I) Ensuring program and policy coordination among the relevant executive branch agencies and nongovernmental organizations, including auditing, monitoring, and evaluation of all such programs.

''(II) Ensuring that each relevant executive branch agency undertakes programs primarily in those areas where the agency has the greatest expertise, technical capabilities, and potential for success.

''(III) Avoiding duplication of effort.

''(IV) Ensuring coordination of relevant executive branch agency activities in the field.

''(V) Pursuing coordination with other countries and international organizations.

''(VI) Resolving policy, program, and funding disputes among the relevant executive branch agencies.

''(VII) Directly approving all activities of the United States (including funding) relating to combatting HIV/AIDS in each of Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia, and other countries designated by the President, which other designated countries may include those countries in which the United States is implementing HIV/AIDS programs as of the date of the enactment of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

''(VIII) Establishing due diligence criteria for all recipients of funds section and all activities subject to the coordination and appropriate monitoring, evaluation, and audits carried out by the Coordinator necessary to assess the measurable outcomes of such activities.

[Excerpt 3]

TITLE III—BILATERAL EFFORTS

''SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.

''(c) AUTHORIZATION.—
''(1) IN GENERAL.—Consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for HIV/AIDS, including to prevent, treat, and monitor HIV/AIDS, and carry out related activities, in countries in sub-Saharan Africa, the Caribbean, and other countries and areas.

''(d) ACTIVITIES SUPPORTED.—Assistance provided under subsection (c) shall, to the maximum extent practicable, be used to carry out the following activities:

''(1) PREVENTION.—Prevention of HIV/AIDS through activities including—

''(A) programs and efforts that are designed or intended to impart knowledge with the exclusive purpose of helping individuals avoid behaviors that place them at risk of HIV infection, including integration of such programs into health programs and the inclusion in counseling programs of information on methods of avoiding infection of HIV, including delaying sexual debut, abstinence, fidelity and monogamy, reduction of casual sexual partnering, reducing sexual violence and coercion, including child marriage, widow inheritance, and polygamy, and where appropriate, use of condoms;

''(B) assistance to establish and implement culturally appropriate HIV/AIDS education and prevention programs that focus on helping individuals avoid infection of HIV/AIDS, implemented through nongovernmental organizations, including faith-based and community-based organizations, particularly those organizations that utilize both professionals and volunteers with appropriate skills, experience, and community presence;

''(C) assistance for the purpose of encouraging men to be responsible in their sexual behavior, child rearing, and to respect women;

''(D) assistance for the purpose of providing voluntary testing and counseling (including the incorporation of confidentiality protections with respect to such testing and counseling);

''(E) assistance for the purpose of preventing mother-to-child transmission of the HIV infection, including medications to prevent such transmission and access to infant formula and other alternatives for infant feeding;

''(F) assistance to ensure a safe blood supply and sterile medical equipment;

''(G) assistance to help avoid substance abuse and intravenous drug use that can lead to HIV infection; and

"(H) assistance for the purpose of increasing women's access to employment opportunities, income, productive resources, and microfinance programs, where appropriate.

''(2) TREATMENT.—The treatment and care of individuals with HIV/AIDS, including—

''(A) assistance to establish and implement programs to strengthen and broaden indigenous health care delivery systems and the capacity of such systems to deliver HIV/AIDS pharmaceuticals and otherwise provide for the treatment of individuals with HIV/AIDS, including clinical training for indigenous organizations and

health care providers;

''(B) assistance to strengthen and expand hospice and palliative care programs to assist patients debilitated by HIV/AIDS, their families, and the primary caregivers of such patients, including programs that utilize faith-based and community-based organizations; and

''(C) assistance for the purpose of the care and treatment of individuals with HIV/AIDS through the provision of pharmaceuticals, including antiretrovirals and other pharmaceuticals and therapies for the treatment of opportunistic infections, nutritional support, and other treatment modalities.

''(3) PREVENTATIVE INTERVENTION EDUCATION AND TECHNOLOGIES.

(A) With particular emphasis on specific populations that represent a particularly high risk of contracting or spreading HIV/AIDS, including those exploited through the sex trade, victims of rape and sexual assault, individuals already infected with HIV/AIDS, and in cases of occupational exposure of health care workers, assistance with efforts to reduce the risk of HIV/AIDS infection including post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

''(B) Bulk purchases of available test kits, condoms, and, when proven effective, microbicides that are intended to reduce the risk of HIV/AIDS transmission and for appropriate program support for the introduction and distribution of these commodities, as well as education and training on the use of the technologies.

''(4) MONITORING.—The monitoring of programs, projects, and activities carried out pursuant to paragraphs (1) through (3), including—

''(A) monitoring to ensure that adequate controls are established and implemented to provide HIV/AIDS pharmaceuticals and other appropriate medicines to poor individuals with HIV/AIDS;

''(B) appropriate evaluation and surveillance activities;

''(C) monitoring to ensure that appropriate measures are being taken to maintain the sustainability of HIV/
AIDS pharmaceuticals (especially antiretrovirals) and ensure that drug resistance is not compromising the benefits of such pharmaceuticals; and

''(D) monitoring to ensure appropriate law enforcement officials are working to ensure that HIV/AIDS pharmaceuticals are not diminished through illegal counterfeiting or black market sales of such pharmaceuticals.

''(5) PHARMACEUTICALS.—

''(A) PROCUREMENT.—The procurement of HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines, including medicines to treat opportunistic infections.

''(B) MECHANISMS FOR QUALITY CONTROL AND SUSTAINABLE SUPPLY.—Mechanisms to ensure that such HIV/AIDS pharmaceuticals, antiretroviral therapies, and other appropriate medicines are quality-controlled and sustainably supplied.

''(C) DISTRIBUTION.—The distribution of such HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines (including medicines to treat opportunistic infections) to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate HIV/AIDS testing and monitoring requirements and treatment protocols and for the prevention of mother-to-child transmission of the HIV infection.

''(6) RELATED ACTIVITIES.—The conduct of related activities, including—

''(A) the care and support of children who are orphaned by the HIV/AIDS pandemic, including services designed to care for orphaned children in a family environment which rely on extended family members;

''(B) improved infrastructure and institutional capacity to develop and manage education, prevention, and treatment programs, including training and the resources to collect and maintain accurate HIV surveillance data to target programs and measure the effectiveness of interventions; and

''(C) vaccine research and development partnership programs with specific plans of action to develop a safe, effective, accessible, preventive HIV vaccine for use throughout the world.

‘‘(7) COMPREHENSIVE HIV/AIDS PUBLIC-PRIVATE PARTNERSHIPS. —The establishment and operation of public-private partnership entities within countries in sub-Saharan Africa, the Caribbean, and other countries affected by the HIV/AIDS pandemic that are dedicated to supporting the national strategy of such countries regarding the prevention, treatment, and monitoring of HIV/AIDS. Each such public-private partnership should—

‘‘(A) support the development, implementation, and management of comprehensive HIV/AIDS plans in support of the national HIV/AIDS strategy;

‘‘(B) operate at all times in a manner that emphasizes efficiency, accountability, and results-driven programs;

‘‘(C) engage both local and foreign development partners and donors, including businesses, government agencies, academic institutions, nongovernmental organizations, foundations, multilateral development agencies, and faithbased organizations, to assist the country in coordinating monitoring programs in accordance with its national HIV/AIDS strategy;

‘‘(D) provide technical assistance, consultant services, financial planning, monitoring and evaluation, and research in support of the national HIV/AIDS strategy; and

‘‘(E) establish local human resource capacities for the national HIV/AIDS strategy through the transfer of medical, managerial, leadership, and technical skills.

[Excerpt 4]

(e) LIMITATION.—No funds made available to carry out this Act, or any amendment made by this Act, may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(f) LIMITATION.—No funds made available to carry out this Act, or any amendment made by this Act, may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking.

[Excerpt 5]

SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT OF 1961.—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.), as amended by section 301 of this Act, is further amended by inserting after section 104A the following new section:

‘‘SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.

‘‘(a) FINDINGS.—Congress makes the following findings:

‘‘(1) Congress recognizes the growing international problem of tuberculosis and the impact its continued existence has on those countries that had previously largely controlled the disease.

‘‘(2) Congress further recognizes that the means exist to control and treat tuberculosis through expanded use of the DOTS (Directly Observed Treatment Short-course) treatment strategy, including DOTS-Plus to address multi-drug resistant tuberculosis, and adequate investment in newly created mechanisms to increase access to treatment, including the Global Tuberculosis Drug Facility established in 2001 pursuant to the Amsterdam Declaration to Stop TB and the Global Alliance for TB Drug Development.

‘‘(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis, including the detection of at least 70 percent of the cases of infectious tuberculosis, and the cure of at least 85 percent of the cases detected, not later than December 31, 2005, in those countries classified by the World Health Organization as among the highest tuberculosis burden, and not later than December 31, 2010, in all countries in which the United States Agency for International Development has established development programs.

‘‘(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c), the President is authorized to

furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of tuberculosis.

''(d) COORDINATION.—In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and other organizations with respect to the development and implementation of a comprehensive tuberculosis control program.

''(e) PRIORITY TO DOTS COVERAGE.—In furnishing assistance under subsection (c), the President shall give priority to activities that increase Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis where needed using DOTS-Plus, including funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis Partnership, and the Global Alliance for TB Drug Development. In order to meet the requirement of the preceding sentence, the President should ensure that not less than 75 percent of the amount made available to carry out this section for a fiscal year should be expended for antituberculosis drugs, supplies, direct patient services, and training in diagnosis and treatment for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS-Plus, including substantially increased funding for the Global Tuberculosis Drug Facility.

''(f) DEFINITIONS.—In this section:

''(1) DOTS.—The term 'DOTS' or 'Directly Observed Treatment Short-course' means the World Health Organization-recommended strategy for treating tuberculosis.

''(2) DOTS-PLUS.—The term 'DOTS-Plus' means a comprehensive tuberculosis management strategy that is built upon and works as a supplement to the standard DOTS strategy, and which takes into account specific issues (such as use of second line anti-tuberculosis drugs) that need to be addressed in areas where there is high prevalence of multi-drug resistant tuberculosis.

''(3) GLOBAL ALLIANCE FOR TUBERCULOSIS DRUG DEVELOPMENT.—The term 'Global Alliance for Tuberculosis Drug Development' means the public-private partnership that brings together leaders in health, science, philanthropy, and private industry to devise new approaches to tuberculosis and to ensure that new medications are available and affordable in high tuberculosis burden countries and other affected countries.

''(4) GLOBAL TUBERCULOSIS DRUG FACILITY.—The term 'Global Tuberculosis Drug Facility (GDF)' means the new initiative of the Stop Tuberculosis Partnership to increase access to high-quality tuberculosis drugs to facilitate DOTS expansion.

''(5) STOP TUBERCULOSIS PARTNERSHIP.—The term 'Stop Tuberculosis Partnership' means the partnership of the World Health Organization, donors including the United States, high tuberculosis burden countries, multilateral agencies, and nongovernmental and technical agencies committed to short- and long-term measures required to control and eventually eliminate tuberculosis as a public health problem in the world.''.

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to funds available under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out section 104B of the Foreign Assistance Act of 1961, as added by subsection (a).

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to the authorization of appropriations under paragraph (1) are authorized to remain available until expended.

(3) TRANSFER OF PRIOR YEAR FUNDS.—Unobligated balances of funds made available for fiscal year 2001, 2002, or 2003 under section 104(c)(7) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)(7) (as in effect immediately before the date of enactment of this Act) shall be transferred to, merged with, and made available for the same purposes as funds made available for fiscal years 2004 through 2008 under paragraph (1).

[Excerpt 6]

SEC. 303. ASSISTANCE TO COMBAT MALARIA.

(a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT OF 1961.—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sections 301 and 302 of this Act, is further amended by inserting after section 104B the following new section:

‘‘SEC. 104C. ASSISTANCE TO COMBAT MALARIA.

‘‘(a) FINDING.—Congress finds that malaria kills more people annually than any other communicable disease except tuberculosis, that more than 90 percent of all malaria cases are in sub-Saharan Africa, and that children and women are particularly at risk. Congress recognizes that there are cost-effective tools to decrease the spread of malaria and that malaria is a curable disease if promptly diagnosed and adequately treated.

‘‘(b) POLICY.—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, control, and cure of malaria.

‘‘(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of malaria.

‘‘(d) COORDINATION.—In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Department of Health and Human Services (the Centers for Disease Control and Prevention and the National Institutes of Health), and other organizations with respect to the development and implementation of a comprehensive malaria control program.’’.

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to funds available under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for fiscal years 2004 through 2008 to carry out section 104C of the Foreign Assistance Act of 1961, as added by subsection (a), including for the development of anti-malarial pharmaceuticals by the Medicines for Malaria Venture.

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

(3) TRANSFER OF PRIOR YEAR FUNDS.—Unobligated balances of funds made available for fiscal year 2001, 2002, or 2003 under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c) (as in effect immediately before the date of enactment of this Act) and made available for the control of malaria shall be transferred to, merged with, and made available for the same purposes as funds made available for fiscal years 2004 through 2008 under paragraph (1).

(c) CONFORMING AMENDMENT.—Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)), as amended by section 301 of this Act, is further amended by adding after paragraph (3) the following:

‘‘(4) RELATIONSHIP TO OTHER LAWS.—Assistance made availableunder this subsection and sections 104A, 104B, and 104C, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection and the provisions cited in this paragraph, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries, except for the provisions of this subsection, the provisions of law cited in this paragraph, subsection (f), section 634A of this Act, and provisions of law that limit assistance to organizations that support or participate in a program of coercive abortion or involuntary sterilization included under the Child Survival and Health Programs Fund heading in the Consolidated Appropriations Resolution, 2003 (Public Law 108–7).’’.

[Excerpt 7]

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to the President to carry out this Act and the amendments made by this Act $3,000,000,000 for each of the fiscal years 2004 through 2008.

(b) AVAILABILITY.—Amounts appropriated pursuant to the authorization of appropriations in subsection (a) are authorized to remain available until expended.

(c) AVAILABILITY OF AUTHORIZATIONS.—Authorizations of appropriations under subsection (a) shall remain available until the appropriations are made.

SEC. 402. SENSE OF CONGRESS.

(b) EFFECTIVE DISTRIBUTION OF HIV/AIDS FUNDS.—It is the sense of Congress that, of the amounts appropriated

pursuant tothe authorization of appropriations under section 401 for HIV/AIDS assistance, an effective distribution of such amounts would be—

(1) 55 percent of such amounts for treatment of individuals with HIV/AIDS;

(2) 15 percent of such amounts for palliative care of individuals with HIV/AIDS;

(3) 20 percent of such amounts for HIV/AIDS prevention consistent with section 104A(d) of the Foreign Assistance Act of 1961 (as added by section 301 of this Act), of which such amount at least 33 percent should be expended for abstinence-until-marriage programs; and

(4) 10 percent of such amounts for orphans and vulnerable children.

SEC. 403. ALLOCATION OF FUNDS.

(a) THERAPEUTIC MEDICAL CARE.—For fiscal years 2006 through 2008, not less than 55 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance for each such fiscal year shall be expended for therapeutic medical care of individuals infected with HIV, of which such amount at least 75 percent should be expended for the purchase and distribution of antiretroviral pharmaceuticals and at least 25 percent should be expended for related care. For fiscal years 2006 through 2008, not less than 33 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS prevention consistent with section 104A(d) of the Foreign Assistance Act of 1961 (as added by section 301 of this Act) for each such fiscal year shall be expended for abstinence-until-marriage programs.

(b) ORPHANS AND VULNERABLE CHILDREN.—For fiscal years 2006 through 2008, not less than 10 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance for each such fiscal year shall be expended for assistance for orphans and vulnerable children affected by HIV/AIDS, of which such amount at least 50 percent shall be provided through non-profit, nongovernmental organizations, including faith-based organizations, that implement programs on the community level.

APPENDIX III

OPERATIONAL GUIDELINES ON THE USE OF CHILD SURVIVAL AND HEALTH PROGRAMS FUNDS IN THE CONTEXT OF MULTI-SECTORAL[15] 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 mitigate the effects of 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 five 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." For FY 2004, Congress has appropriated significant additional funds in a new account, the "Global HIV/AIDS Initiative" (GAI). 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. Funds for such activities are located in the HIV/AIDS budget category, not the Vulnerable Children budget category. FY 2004 funds for activities specifically targeting orphans and other children affected by HIV/AIDS are placed within the HIV/AIDS budget category.

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.

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[15] Note: A multi-sectoral approach for the purposes of the CSH Guidance refers to activities undertaken in all developmental sectors including non-health specific sectors such as agriculture, education, economic growth, etc. This definition contrasts with the inconsistent use of the word "multi-sectoral" in United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 where it often (but not always) used to refer to different sectors within the health sector (referred to as "intra-sectoral" in the CSH Guidance).

Specifically,

a) Funds ***must*** be used for the specific Congressional directive and purpose for which they were allocated [Note that these include specific directives 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 people living with HIV/AIDS (PLWHA) and their families, including their 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 that provides increased livelihood to families affected by HIV/AIDS, but not for other the components of the full agricultural extension or transportation program that do not have a direct impact on PLWHA or their families. 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 that are most effective and efficient in reaching significant 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 <u>expected results</u> of a planned investment (and establishing and implementing monitoring or evaluation systems that 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 reduces the impact of HIV/AIDS? Care has to be taken with demonstration or pilot activities to be sure that the outcomes are carefully tracked, documented, and shared, <u>and</u> 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 2008 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.[16] 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 ADS 203.3.4.4 including mandatory reference: *Guidance on the New Monitoring and Evaluation Reporting System Requirements for HIV/AIDS*).

Although operating units are asked to pay careful attention to accurate budget coding and reporting, the Agency Budget

[16] The international goals to be achieved by 2008 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-infected pregnant women in high prevalence countries receive a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission; (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; and (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.

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.

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." 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 S/GAC policy guidance and the Agency's HIV/AIDS results framework, and the Agency's commitment to helping meet international HIV/AIDS prevention and care goals.

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, but care, support and treatment are increasingly important. 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 risk[17] and general populations;
- Expanding affordable access to condoms;
- STD case management (especially for those groups most at risk for HIV/AIDS);
- 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 components of applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM);
- 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, care and treatment as well as support for orphans and other children affected by HIV/AIDS can be funded as long as their impact on prevention, care and treatment 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

[17] 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.

Missions or Bureaus 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.

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 2004, House Report 107-142, Conference Report 107-345, Senate Report 107-219, Conference Report 108-401; 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. The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 provides additional guidance and has direct implications for HIV/AIDS programming of CSH funds.

[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: From the House Report 107-142]

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.

"All AID country strategies for HIV programs must include components to encourage behavioral, cultural and social

change."

[Excerpt 3: From the Conference Report 107-345 of December 19, 2001]

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."

[Excerpt 4: From the Senate Report 107-219]

The Committee believes that the first priority for these funds should be to support HIV/AIDS prevention programs, to reduce the number of new infections and save lives. However, the Committee believes that USAID needs to devote significantly more resources to treatment programs (including programs to facilitate access by infected persons to anti-retroviral drugs) which have also been shown to be important in preventing the spread of HIV. The Committee is aware of the concern that some HIV/AIDS affected countries, especially those in sub-Saharan Africa, lack the capacity to effectively use additional funds for the prevention and treatment of HIV/AIDS. The Committee believes that where local capacity is lacking, USAID should urgently target resources to build that capacity.

[Excerpt 5: From the Conference Report 108-401]

The managers recognize that the epicenter of the HIV/AIDS epidemic is moving from Africa and the Caribbean toward Asia, Eastern Europe, and the former Soviet Union. In order to help prevent these epidemics from exploding, the managers once again direct that funds from the Child Survival and Health Programs Fund be made available for HIV/AIDS programs in Eastern Europe and the former Soviet Union. The conference report also includes funds under several bilateral accounts specifically to fight HIV/AIDS, TB, and malaria. The managers also encourage USAID, working in coordination with the Global AIDS Coordinator, to make make available funds from Child Survival and Health Programs Fund for HIV/AIDS program in ‘‘ESF countries’’ other than those for which funds are specifically mandated in this Act.

ANNEX II: Illustrative HIV/AIDS and Related Activities

When appropriate, HIV/AIDS monies from the CSH Programs 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 Pub.L. 480 – Title II [Food for Peace]). Operating units will be required to disaggregate CSH and other activities in Congressional notifications and report annually on results.

This annex lists some illustrative activities that operating units, including 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. Operating units must use their own best professional judgment and knowledge to determine which activities will most effectively meet the Expanded Response and Presidential Initiative 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

- Assessing the impact of the epidemic on the health system
- Strengthening the capacity of the health system specifically for the delivery of HIV/AIDS prevention, care and treatment services
- Training of doctors and other health workers to provide HIV/AIDS prevention, care and treatment
- Training and support of community-led health efforts to provide support to PLWHA and their families, including children
- Procurement of drugs for opportunistic infections, and prevention of mother-to-child transmission
- Procurement of HIV/AIDS test kits
- 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 community-based linkages between MTCT prevention and VCT programs and care and support programs for PLWHA and their families including children

Permissible only with <u>non</u>-HIV/AIDS designated funds

- Construction of clinics or other health facilities
- 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

- Assessing the impact of HIV/AIDS on the education sector and relevant policies, including capacity to manage and deliver education, and the capacity of pupils to participate in school
- Introducing new or strengthening the implementation of existing HIV/AIDS components of life skills and health education in schools, including curriculum design, teacher training and support for extracurricular activities
- Adapting existing education information management systems to capture relevant, timely and accurate information about HIV impacts on education for advocacy and planning at all levels of the Ministry of Education
- Supporting teacher unions or professional organizations to promote voluntary HIV education, counseling and testing for teachers, linked to basic care for HIV-positive teachers
- Supporting government, NGO or community-led innovations (radio distance education, community schools)

that target delivery of basic education to orphans and other vulnerable children affected by HIV/AIDS
- Supporting livelihood skills training and apprenticeships within the community for children and adolescents 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 mitigate high teacher attrition rates due to HIV/AIDS

C. Microenterprise and Income Generation Programs

Permissible HIV/AIDS-funded components
- Assessing the long-term impact of HIV/AIDS on economic growth and developing strategies to mitigate the impact
- Assessing the impact of HIV/AIDS on microenterprise and microfinance systems
- Providing HIV/AIDS information and education to those working in NGOs specifically supporting income-generating activities
- Adding HIV/AIDS education or service components to employment/income generation programs
- Assessing the effectiveness and supporting those components of micro-enterprise or job training programs that are designed specifically to support PLWHA and their families, including orphans or other vulnerable children through interventions to caregivers or directly to young people affected by HIV/AIDS

Permissible only with non-HIV/AIDS designated funds
- Improving general access to microenterprise lending programs in HIV/AIDS affected communities
- Employment generation programs in HIV/AIDS-affected communities

D. Democracy and Governance Programs

Permissible HIV/AIDS-funded components
- Assessing the impact of HIV/AIDS on democratic processes, governance, and civil society
- 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 women and 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 food security, and developing long-range plans to mitigate its impact
- Supporting agricultural programs that increase the food security and nutritional status of AIDS-affected households
- Providing agricultural agents training in HIV/AIDS information and prevention

Permissible only with non-HIV/AIDS designated funds (Agriculture and/or Pub.L.480 - Title II Food Aid)

- 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 the ministry of agriculture to offset losses due to AIDS

F. Food Security and Nutrition Programs

Permissible HIV/AIDS funded components

- Providing agricultural agents training in HIV/AIDS prevention and care, including nutrition education for PLWHA
- Providing clinic 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. (CSH resources may be used to provide food when deemed technically appropriate and an optimal use of funds where food aid is not available.)

Permissible only with non-HIV/AIDS designated resources (Agriculture and/or Pub.L.480 - Title II Food Aid)

- Providing agricultural 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 as well 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

G. Natural Resource Management

Permissible HIV/AIDS-funded components

- Assessing the impact of HIV/AIDS on natural resource management
- Organizing training of natural resource management workers in HIV/AIDS prevention and care
- Including HIV/AIDS prevention and care activities in community mobilization efforts

Permissible only with non-HIV/AIDS designated funds

- Providing basic training of conservation and other staff
- Mobilizing communities for general resource management

H. Complex Emergencies and Humanitarian Response

Permissible HIV/AIDS-funded components

- Assessing the impact of HIV/AIDS in the context of complex emergency
- Providing training for humanitarian workers and volunteers in HIV/AIDS prevention and care
- Providing HIV prevention programs directed toward the highest risk populations
- Providing field guidance and training for confronting HIV/AIDS in complex emergencies

Permissible only with non-HIV/AIDS designated funds

- Providing general training (health or otherwise) to confront complex emergencies
- Providing funds for camp construction activities or supplies

ANNEX III: Draft Supplemental Codes for HIV/AIDS Reporting[18] and Descriptions of Allowable Uses of HIV/AIDS Funds

PREVENTION

- PMTCT **(MTCT)** – activities aimed at preventing mother-to-child HIV transmission, including counseling and testing for pregnant women, ARV prophylaxis for HIV-infected pregnant women and newborns, counseling and support for maternal nutrition and safe infant feeding practices. PMTCT-plus ARV-treatment activities should be coded under HTXD and HTXC.

- Abstinence/faithfulness **(HVAB)** – activities (including training) to promote abstinence, delay, fidelity, partner-reduction messages and related social and community norms.

- Medical transmission/blood safety **(HMBL)** – activities supporting a nationally coordinated blood program, which includes policies; infrastructure, equipment and supplies; donor-recruitment activities; blood collection, distribution, testing and transfusion; training; and management to ensure a safe and adequate blood supply.

- Medical transmission/injection safety **(HMIN)** – policies, training, waste-management systems, advocacy and other activities to promote (medical) injection safety, including distribution/supply chain, cost and appropriate disposal of injection equipment and other related equipment and supplies.

- Other prevention activities **(HVOP)** – other activities aimed at preventing HIV transmission, including purchase and promotion of condoms, STI management (if not in palliative care settings/context), messages/programs to reduce injecting drug use and related risks.

CARE

- Palliative Care: Basic health care and support **(HBHC)** – all clinic-based and home-/community-based activities for HIV-infected adults and children and their families aimed at optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness by means of symptom diagnosis and relief; psychological and spiritual support; clinical monitoring, related laboratory services and management of opportunistic infections (excluding TB) and other HIV/AIDS-related complications (including pharmaceuticals); and culturally-appropriate end-of-life care. HBHC also includes clinic-based and home-/community-based support; social and material support such as nutrition support, legal aid and housing; and training and support of caregivers. Clinic-based and home-/community-based care and support activities for HIV-positive children within programs for orphans and other vulnerable children affected by HIV/AIDS fall under HKID. ARV treatment should be coded under HTXD and HTXC.

- Palliative Care: TB/HIV **(HVTB)** – exams, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis in HIV basic health care settings (including pharmaceuticals); as well as screening and referral for HIV testing, and clinical care related to TB clinical settings. If TB programs provide other basic health care and support services such as clinical or psychosocial services, these services would be coded under HBHC. If TB programs expand to provide clients with ART, such services would fall under HTXD and HTXC. Note: General TB treatment, prevention and related programming must be funded with CSH/Infectious Diseases funds directed for TB, not with HIV/AIDS funds.

[18] All operating units that program HIV funds will be required to report on a new set of codes that have been developed by the Office of HIV/AIDS (OHA), the Department of Health and Human Services, and the State Global AIDS Coordinator's (S/GAC) office. OHA and S/GAC will send guidance on these new HIV/AIDS reporting requirements to the field. These reporting requirements are **independent** from the agency coding system. Operating units should code CSH funds for all HIV/AIDS activities under a unified code (AIDS).

- Orphans and Vulnerable Children **(HKID)** – activities aimed at improving the lives of orphans and other vulnerable children and families affected by HIV/AIDS. The emphasis is on strengthening communities to meet the needs of orphans and other vulnerable children affected by HIV/AIDS, supporting community-based responses, helping children and adolescents to meet their own needs, creating a supportive social and policy environment, etc. Activities could include training caregivers, increasing access to education, economic support, targeted food and nutrition support, legal aid, etc. Institutional responses would also be included. ARV treatment of children is excluded from this category and should be coded under HTXD and HTXC. Palliative care, including basic health care and support and TB/HIV prevention, management and treatment, as well as their related laboratory services and pharmaceuticals, when delivered within programs for orphans and other vulnerable children affected by HIV/AIDS, should be coded under this category (HKID). Other health care associated with the continuum of HIV/AIDS illness, including HIV/TB services, when delivered outside a program for orphans and other vulnerable children affected by HIV/AIDS, should be coded under HBHC or HVTB.

- Counseling and testing **(HVCT)** – includes activities in which both HIV counseling and testing are provided for those who seek to know their HIV status (as in traditional VCT) or as indicated in other contexts (e.g., STI clinics). Counseling and testing in the context of preventing mother-to-child transmission is coded under MTCT.

TREATMENT

- HIV/AIDS treatment/ARV drugs **(HTXD)** – including distribution/supply chain/logistics, pharmaceutical management and cost of ARV drugs.

- HIV/AIDS treatment/ARV services **(HTXC)** – including infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services and community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under palliative care (HBHC or HVTB).

- Laboratory infrastructure **(HLAB)** – development and strengthening of laboratory facilities to support HIV/AIDS-related activities including, purchase of equipment and commodities, provision of quality assurance, staff training and other technical assistance. Specific laboratory services supporting testing (e.g., under HVCT, MTCT or HMBL), palliative care (HBHC and HVTB) and treatment (HTXC) should be included under the codes for those activities.

OTHER

- Strategic information **(HVSI)** – development of improved tools and models for collecting, analyzing and disseminating HIV/AIDS behavioral and biological surveillance and monitoring information; facility surveys; other monitoring and health management information systems; assisting countries to establish and/or strengthen such systems; targeted program evaluations (including operations research); developing and disseminating best practices to improve program efficiency and effectiveness; planning/evaluating national prevention, care and treatment efforts; analysis and quality assurance of demographic and health data related to HIV/AIDS; testing implementation models, e.g., to support the development or implementation of Global Fund proposals. Related training, supplies and equipment are included.

- Other/policy analysis and system strengthening **(OHPS)** – other HIV/AIDS-related activities to support national prevention, care and treatment efforts. This includes strengthening national and organizational policies and systems to address human resource capacity development, stigma and discrimination, and gender issues; and other cross-cutting activities to combat HIV/AIDS, including activities to support the implementation of Global Fund programs.

- Management and staffing **(HVMS)** – costs of supporting USG mission staff to manage, support and administer HIV/AIDS programs including related training, salaries, travel, housing and other personnel-related expenses. Implementing agency/grantee staffing costs are coded under the appropriate functional category rather than under HVMS.

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 [henceforth FP/RH-tagged funds].

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/policy/ads/200/200.pdf). Innovations to promote family planning information and services as part of a broader package of reproductive health care 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 one annex. 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-tagged funds while Section IV provides additional guidance. The annex lists points of contact for seeking further clarification.

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.[19]

Legislative and Policy Requirements: USAID supports the freedom of individuals to choose voluntarily the number and spacing of their children through family planning. 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

[19] 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."

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

- *Voluntarism and Informed Choice:* The Tiahrt Amendment requires that USAID-assisted family planning projects meet certain standards of voluntarism. 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.[20]

- *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. [21]

- *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.[22] (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/pdf/cib0108r.pdf) (See also Footnote "14" on p. 47) In August of 2003, the President extended this policy to "voluntary population planning" assistance provided by the Department of State. The President's memorandum excludes from the Mexico City Policy "foreign assistance furnished pursuant to the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003." The President's memorandum may be viewed at: http://www.whitehouse.gov/news/releases/2003/08/print/20030829-3.html. Therefore, assistance only for HIV/AIDS activities is not subject to the Mexico City Policy.

- *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[23], supports or participates in the management of a program of coercive abortion or involuntary sterilization.

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[20] 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 of 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/policy/ads/300/303maa.pdf.*

[21] 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.

[22] 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.

[23] This authority may be delegated to the Secretary of State

- Lobbying: USAID funds may not be used to lobby for or against abortion. Note that the Mexico City Policy definition of "active promotion of abortion as a method of family planning" includes "lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning."

- *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

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 reproductive health care. 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 care? 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 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.

> *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; and 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.

A Family Planning Enhancement Activity funded by USAID either encourages or requires joint funding of FP/RH-tagged funds and non-FP/RH-tagged funds. For example, the use of non-FP/RH-tagged funds is *encouraged* to help support post-abortion care activities that also receive FP/RH-tagged funds. However, USAID funding for mentoring activities that are intended to keep girls in school by building their self-esteem while also modeling positive reproductive health behaviors *requires* joint funding from FP/RH-tagged and non-FP/RH-tagged accounts. All decisions about the investment of FP/RH-tagged 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 the following:

- *Expanding access to and use of family planning information and services*, including partnerships with the commercial sector (taking care to avoid the appearance of USG favoring one recipient over another) and faith- and community-based organizations; 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 and in areas where population growth threatens biodiversity or endangered species.

- *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 awareness of family planning information and services*, including behavior change communications, encompassing interpersonal communications, mass media, and promotion of community involvement with special attention to raising awareness about family planning information and services 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 activities.

- *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, child 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-tagged 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 the following:

- *Fostering the conditions necessary to expand and institutionalize family planning information and services*, including building national and local level support for family planning; 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 USAID FP/RH-tagged 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-tagged USAID 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 care. (See http://www.un.org/popin/icpd/conference/offeng/poa.html**)** *[A downloaded version of this report is not available for ADS CD users. Access the report on the Internet using the above address.]*

Illustrative examples of the related reproductive health activities that may be supported with FP/RH-tagged 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; linking women to family planning and other reproductive health care; and community awareness and support to help women get emergency treatment, recover and prevent future unplanned pregnancy (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 preventing mother-to-child-transmission of HIV/AIDS. (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/policy/ads/200/200mac.pdf).

Co-funding Requirements: Integrated family planning and reproductive health activities are *encouraged* to seek joint funding from an applicable budget category, for example, from the HIV/AIDS or Child Survival / Maternal Health-tagged accounts.

b) Allowable Uses for Non-Reproductive 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.

- *Non-Reproductive Health.* Note: FP/RH funds must not be used to pay for non-FP/RH products and their promotion. 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 bed nets can enhance a social marketing system that delivers and promotes family planning products. In this case, non-FP/RH-tagged 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 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, can be supported 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-tagged funds may be used along with non-FP/RH tagged funds 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, income-generating activities may help to generate resources for FP/RH activities, for example, microfinance activities to assist market women to sell family planning and related health products.

- *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 USAID-funded activities that combine family planning or related reproductive health outcomes with *other health* or *non-health* objectives. 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. FP/RH-tagged funds must be used to support the FP/RH components of USAID-funded 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 cases of multi-sectoral activities funded by multiple donors, FP/RH-tagged funds may be used to support the FP/RH components of the activity. However, if USAID is funding a multi-sectoral activity, then funds from a non-FP/RH-tagged account must be used for those 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* in such cases 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-tagged 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/P, GH/OPRH, their regional Bureau contact, or GC/G or GC's Regional Legal Advisor as appropriate.

However, Missions or Regional Bureaus considering using FP/RH-tagged 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 2003 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 Neps; 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
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	Lindsay Stewart	(202) 712-4964
ANE	Gary Cook	(202) 712-0707
E&E	Paul Holmes	(202) 712-1239
AFR	Hope Sukin	(202) 712-0952
GH	Margaret Neuse	(202) 712-0540
PPC	Richard Cornelius	(202) 712-4615

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/our_work/global_health/pdf/phnug.pdf

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**	• *Direct impact* • *Optimal use of funds*	• 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**	• *Direct impact* • *Optimal use of funds*	• 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**	• *Direct impact* • *Optimal use of funds* • Does the activity have an operational synergy with ongoing family planning activities?	• 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)	• *Direct impact* • *Optimal use of funds* • Does the activity have an operational synergy with ongoing family planning activities?	• 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)**	• *Direct impact* • *Optimal use of funds* • Does the activity have an operational synergy with ongoing family planning activities?	• 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 January 2003. When coding, be sure to use the latest version of the coding guidance.)

Joint State/USAID Performance Goal: Improved Global Health, including Child, Maternal, and Reproductive Health, and the Reduction of Abortion and Disease, especially HIV/AIDS, Malaria, and Tuberculosis

Current Global Health Strategic Plan language: Unintended and mistimed pregnancies reduced.

Primary Codes

PAFP **Family Planning Services/Population:** Activities aimed at the direct provision of family planning services, such as support for service delivery programs; information, education and communication activities; the purchase and delivery of contraceptives; logistics training and management capacity building; and biomedical and operations research.

PBFL **Breastfeeding/Population:** Activities that promote breastfeeding and Lactation Amenorrhea Method (LAM) in order to prevent unintended and mistimed pregnancies.

PDAE **Policy, Data Analysis and Evaluation/Population:** Activities aimed at developing, refining and/or evaluating population and family planning policies and programs, such as policy development, systems strengthening, strategic planning and resource allocation, the collection/monitoring/analysis of demographic and health data, and related training and research.

PIRH **Integrated Reproductive Health/Population:** Reproductive health activities not captured under family planning or breastfeeding but closely related, including post-abortion care, female genital cutting, integrated FP/HIV/STD activities, integrated FP/safe motherhood activities, and non-family planning aspects of adolescent reproductive health.

PNON **Non-Family Planning/Reproductive Health Activities:** Activities in related other health and non-health areas such as female education and empowerment implemented to directly enhance the demand and use of family planning services.

Current Global Health Strategic Plan language: Infant and child health and nutrition improved and infant and child mortality reduced

Primary Codes

BREC **Breastfeeding/CHS:** 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/CHS:** Activities addressing environmental risk factors for priority maternal child health issues. Risk factors addressed include poor hygiene (including unsafe household-level water quality, inadequate handwashing, unsanitary feces disposal, and unsafe food handling); poor household water security including community water supply; environmental sanitation (including community sanitation, solid waste disposal, and drainage); vector control; and indoor and outdoor air pollution.

IMMN **Immunization:** All activities related to the production, testing, quality control, distribution, and delivery of vaccines, including maternal tetanus toxoid vaccination. **Note: Excludes polio eradication; use polio/PLIO code below.**

MALC **Maternal Health/Child Survival:** Activities with a primary purpose of affecting child health and survival by promoting the health of adolescent girls and women of reproductive age, improving pregnancy outcomes, reducing adverse pregnancy outcomes, and improving prenatal and delivery services and neonatal care to promote healthy births.

MICC **Other Micronutrient-Child Survival:** 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, (3) E&E orphanages, and other Vulnerable Children.**

PARC **Policy Analysis, Reform, and Systems Strengthening/MCH:** Activities to improve or enhance functioning of all USAID health sector activities except those funded with HIV/AIDS funds, which are to be coded PARH. 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/Child Survival:** Activities to support the control and prevention of Vitamin A deficiencies.

Current Global Health Strategic Plan language: Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and child birth reduced

<u>Primary Codes</u>

MICR **Other Micronutrients and Vitamin A-Maternal Health:** 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.

MHSP **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**.

Current Global Health Strategic Plan language: HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced

Primary Codes

AIDS[24] **HIV/AIDS**: *All* HIV/AIDS activities.

Current Global Health 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.

Special Public Health Programs

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.**

[For further explanation concerning the Emphasis Area Code Definitions, visit the following internal web address: **http://inside.usaid.gov/AFR/bps2000/** (for USAID intranet users only). There is also a web-based PowerPoint presentation at: **http://inside.usaid.gov/AFR/bps2000/bpsadmin.ppt** (for USAID intranet users only).][25]

[24] All previous HIV/AIDS codes have been consolidated into one HIV/AIDS code (AIDS).

[25] Note: Codes contained in these documents have not been updated.

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.

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