HIV/AIDS POLICY GUIDANCE

EXECUTIVE SUMMARY

We are now entering the second decade of the epidemic of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). No region of the world has been spared, making this crisis clearly a global issue. The epidemic continues to exact an enormous toll in human suffering and threatens the economic, social, and political stability of many societies around the world. This document is intended to update and refine Agency strategy for HIV/AIDS activities. It reaffirms USAID's strong and continuing commitment to providing assistance that will help developing countries address the challenges posed by the HIV/AIDS pandemic.

Estimates prepared by the World Health Organization Global Programme on AIDS (WHO/GPA) indicate that by early 1995 approximately seventeen million people, including one million children, have been infected with HIV. With less than 10% of the world's population, sub-Saharan Africa accounts for about 62% of the total estimated HIV infections. Up to 30% of urban adults in Malawi, Zambia, Botswana, Rwanda, and Uganda are infected. HIV infection is also quickly becoming established in other geographic areas such as parts of Latin America and Asia. The growth of the epidemic is particularly dramatic in Asia. In 1993, for the first time, Southeast Asia had more cases of AIDS than North America and almost twice as many as in Western Europe.

Women and children, target groups of the Agency, are particularly affected. Over 7 million women, 40% of the total number of infected adults, are infected with HIV/AIDS. This, in turn has an effect on children, as infants contract HIV during pregnancy, delivery, or from their mother's breastmilk. Evidence indicates that by the year 2010, AIDS will contribute to dramatic increases in child mortality in a number of countries where significant progress in child survival has been made. This scenario is compounded by the fact that, in the near future, prospects are poor for the development of preventive vaccines or therapeutic agents which would cure AIDS.

Evidence and experience with the disease demonstrates an adverse impact on every level of society and every aspect of development. This is because, unlike other major communicable diseases (malaria, measles, infectious diarrheas, etc.), AIDS primarily increases deaths among young adults between the ages of 14 and 49, ages normally devoted to working and childbearing. Family structures and coping mechanisms are severely affected by these illnesses and deaths. Community resources are drained. Agricultural and industrial sectors are impacted by the effect on the work force, with decreased productivity and increased production costs. These factors can combine to create a considerable negative impact on the macroeconomy and an

environment in which sustainable development is difficult, if not impossible. Especially affected is the health sector, because it must respond to increased demands on health budgets and social service delivery systems.

Consequently, the HIV/AIDS pandemic has a significant adverse influence both on maintaining past and enabling future potential achievements in sustainable development. HIV/AIDS has direct negative consequences on USAID's strategic goal of stabilizing global population and protecting human health and the goal of encouraging broad based economic growth. The epidemic may also have indirect consequences on the Agency goal of building democracies. Therefore, USAID will sustain a strong commitment to HIV/AIDS programs. This commitment is reflected in the Agency's strategic objective of reducing transmission of sexually transmitted infections (STI) with a primary focus on HIV.

Agency strategy is based on lessons learned over the past several years in combatting the epidemic. Programmatic experience with the disease has enabled the Agency to effectively target and refine programs. Interventions have been proven successful, and implementation feasible even in the face of difficult socio-cultural conditions. Results and impact are demonstrable. In Kenya, for example, it is estimated that USAID supported condom interventions have prevented 110,000 HIV infections and close to 1.3 million STIs.

Based on this knowledge, two key lessons have emerged which are central to USAID's interventions. First is the need to identify and target populations at particular risk. These include women, young adults, migrant and displaced persons, and persons with STIs. Second is the value of targeted and proven responses to reduce risk and transmission. These include actions which promote and support sustained behavior change, encourage consistent and correct condom use, improve STI services, and involve communities in the design, development, implementation and evaluation of HIV prevention policies and program activities.

Using these guiding principles and considering areas in which USAID has a comparative advantage (particularly relative to technical leadership, field presence and support and linkages both within the PHN sector and across other USAID areas of intervention) USAID's strategy will be to direct efforts in three areas:

- **HIV/AIDS prevention programs which use proven strategies to prevent transmission.** This aspect of the strategy incorporates prevention programs which promote safer sexual behavior through information, education and communication (IEC); increase the demand for, access to and correct and consistent use of condoms and; control STIs by improving STI diagnosis and treatment services and by education of persons with STIs.

- **Policy reform addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other STIs.** Key areas of intervention in this component of the strategy include policy dialogue to encourage a high-level, multi-sectoral, coordinated response to HIV/AIDS, deal with resource issues and long term sustainability at all levels, and address the social and cultural impediments to successful implementation of HIV/AIDS programs, including the stigmatization of those individuals infected and at risk, including women, young adults and homosexuals. In addition, tools and research will be developed to serve as the basis for policy dialogue.

- **Develop and test new strategies and methods to prevent transmission and mitigate the impact of the epidemic.** More effective interventions must be developed to adequately prevent and control this epidemic. The most promising general areas which USAID intends to pursue include research activities which immediately and directly influence the effectiveness of existing programs, activities that enable women to reduce the risk of HIV infection, pilot projects and research to mitigate the impact of HIV in severely affected areas, and activities that support the infrastructure and utilization of HIV vaccines.

To implement this strategy, USAID will work closely with a number of partners. This approach is based on participatory, collaborative principles and is intended to support host country and Mission strategic objectives. Agency implementing partners include:

• **Communities** - a community-owned, community-based approach is particularly relevant to HIV/AIDS prevention and is an integral strategic focus of this strategy. USAID actively seeks the participation of communities and groups, including persons infected and affected by HIV/AIDS, in the design, management, and evaluation of programs and policies. USAID also supports the transfer of management and technical skills and linkages between the U.S. domestic PVO community and indigenous groups.

• **Country Programs** - Given serious resource limitations, USAID will concentrate bilateral and core resources on a limited number of emphasis countries while maintaining more modest programs in others. Emphasis countries have been identified based on epidemiologic, demographic and social indicators which demonstrate that they are either key contributors to the global epidemic, play a significant role in terms of geographic regional transmission, or have high prevalence of HIV infection.

• **Regional Programs** - Experience has demonstrated that certain countries and

regions are "areas of affinity" ie they share characteristics which affect the spread of the HIV and positively or negatively influence prevention efforts. Using this transnational approach, where appropriate, to implement programs and activities is both cost effective and encourages inter-regional collaboration.

• **Multilateral and other donors** - As USAID is the lead donor in this sector, close donor coordination is of particular importance. USAID will collaborate and support the efforts of the UN multilateral organizations through the new Joint and Cosponsored Programme on HIV/AIDS. USAID will also continue to work closely with the World Bank and other bilateral donors such as Japan.

Finally the effectiveness of this strategy will be closely monitored to demonstrate results towards achieving the goal of reduced transmission of HIV/AIDS and other STIs. Both interim and long term markers such as the prevalence of specific STI's will be measured. Work will be undertaken, as well, to further refine indicators for success in this area.

HIV/AIDS POLICY GUIDANCE

I. INTRODUCTION

We are now entering the second decade of the global epidemic of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). No region of the world has been spared. The epidemic continues to exact an enormous toll in human suffering and threatens the economic, social, and political stability of many societies around the world. Particularly hard-hit are the fragile health care and social service delivery systems of many developing countries where demands are great and available resources are easily overwhelmed.

In April 1987, in recognition of the threat to human life and the potential for a broad development impact of the HIV/AIDS pandemic, the U. S. Agency for International Development (USAID) drafted its first comprehensive Policy Guidance on HIV/AIDS. Now, with eight years of experience in over 40 countries, this policy has been reviewed and refined.

This document replaces earlier guidance and reaffirms USAID's strong and continuing commitment to provide assistance that will help developing countries address the challenges posed by the HIV/AIDS pandemic. It focuses specifically on guidelines for HIV/AIDS activities within the broader context of USAID strategic goals related to sustainable development.

II. STATUS OF THE EPIDEMIC

Estimates prepared by the World Health Organization Global Programme on AIDS (WHO/GPA) indicate that by early 1995 approximately seventeen million people, including one million children, have been infected with HIV (the virus that causes AIDS). Conservative estimates also indicate that between 30 and 40 million people will be infected with HIV by the year 2000. Current evidence shows that most, if not all, persons who are infected with HIV will eventually develop AIDS and die. Sexual transmission of HIV accounts for over 85% of the cumulative adult HIV infections in the world. Although in certain countries homosexual transmission plays a role in the spread of HIV, heterosexual transmission is increasingly important and in many developing countries accounts for over 80% of sexual transmission. (See Appendix I for discussion of other modes of transmission).

In examining the geographic spread of HIV infections around the world, distinct patterns in the levels and modes of infection have emerged:

With less than 10% of the world's population, sub-Saharan Africa accounts for about 62% of the total estimated HIV infections.

In some countries in East, Central, and Southern Africa, the prevalence of infection has reached critically high levels -- up to 30% of urban adults in Malawi, Zambia, Botswana, Rwanda, and Uganda.

HIV infection is quickly becoming established in other geographic areas, such as parts of Latin America and Asia -- data from antenatal clinic attenders, considered representative of the general adult community, has found HIV seroprevalence rates of 1% to 4% among clients in urban Honduras, India, and Thailand. Much higher prevalence rates have been found among subpopulations who are engaged in high risk activities, such as commercial sex workers and patients at sexually transmitted infection (STI) clinics.

The growth of the epidemic is particularly dramatic in Asia. In 1993, for the first time, Southeast Asia had more cases of AIDS than North America and almost twice as many as in Western Europe.

Women are particularly vulnerable to the disease. Forty percent of infected adults today are women; this proportion is increasing rapidly, and the total number of infected women is expected to surpass the number of men by the year 2000. Over 7 million women are infected world-wide with HIV/AIDS, eighty percent of whom are in sub-Saharan Africa. This will reach 13 million by the year 2000. Infections among women, in turn, has an effect on children, as infants contract HIV during pregnancy and/or delivery from their mothers. Children are additionally vulnerable as a consequence of the loss of parents and family members to AIDS. AIDS orphans are a growing reality around the world, and are further victimized by prostitution and violence.

This scenario is compounded by the fact that, in the near future, prospects are poor for the development of preventive vaccines or therapeutic agents which would cure AIDS. In addition, access to drugs which may prolong the lives of HIV infected persons in developing countries is limited by high costs and the necessity for intensive medical monitoring, which are generally unavailable and prohibitively expensive.

Given the nature of the epidemic and its effect on the developing world, the demands for assistance are enormous and far exceed available resources. WHO now estimates that it would cost between $1.5 and $2.9 billion dollars per year to provide adequate support for global HIV/AIDS and STI prevention efforts in the developing world. Currently, less than $250 million is expended annually in the developing world on HIV prevention. USAID contributes nearly 50% of this total.

III. THE RATIONALE FOR USAID SUPPORT TO HIV/AIDS PREVENTION AND CONTROL

The AIDS epidemic poses a particular threat to developing countries which are already grappling with heavy debt burdens, high poverty levels, food insecurity and limited government resources. Unlike the other major communicable diseases (malaria, measles, infectious diarrheas, pneumonia, etc.), AIDS primarily increases deaths among young adults between the ages of 14 and 49, ages normally devoted to working and childbearing. This generates periods of prolonged and severe debilitation and excessive population losses in the most economically productive years of life. These losses reverberate throughout their societies with negative impacts on social, economic and political structures, contributing to an environment in which broad-based economic growth and sustainable development become increasingly difficult to attain.

The epidemiology of HIV/AIDS also demonstrates an increasing effect on women and children, key target groups for the Agency. The rate of new HIV infections is growing faster in women than in men with; nearly 55 percent of new infections in Sub-Saharan Africa are among women. This, in turn affects children as HIV/AIDS threatens to reverse the successful results of years of investments in child survival.

In fact, many of the development gains made within the last decade could be wiped out as a result of the pandemic, both in the public health sector and within the broader economy. Evidence indicates that the epidemic is likely to adversely affect society and the human resource base in the following major areas:

Health Sector: Clearly, the health of the population is and will continue to be severely affected, with major impact on health services systems. Improvements generated in infant and child mortality rates in the past two decades have begun to plateau and may actually be eroding in a number of African countries as a result of HIV/AIDS. For example, in Malawi, the infant mortality rate has gone from 150/1000 live births to 167/1000 live births during the past three years, and the child mortality rate from 220 to 250. This increase is ascribed to the impact of HIV/AIDS infections transmitted from mother to child. Evidence indicates that by the year 2010, AIDS could contribute to a nearly fivefold increase in childhood mortality rates in Thailand, threefold in Zambia and Zimbabwe, and double in Kenya and Uganda.

Increased demands on health budgets and social service delivery systems (including personnel, hospital beds, drugs, etc.) result from HIV/AIDS and associated opportunistic infections. Some Sub-Saharan African countries currently spend one-quarter to one-half of their health care budgets on AIDS-related care,

with studies indicating that this could rise to as much as 80 percent in parts of Africa and Asia by the year 2010. As demands on the health care system increase, some countries are responding by restricting access to care for those with HIV related illness, persons with HIV disease are sent home to die with minimal or no health care support. The drain on health services has considerable repercussions on resources available for maternal and child health, family planning, and other strategically critical services.

In addition, the HIV/AIDS epidemic has contributed to the emergence of a major secondary epidemic of tuberculosis, placing another health burden on both individuals and health care systems. Tuberculosis is affecting both HIV infected persons and because of increased transmission, persons who are not infected with the AIDS virus. In countries in east Africa and in Thailand where the HIV epidemic is well established, the number of reported TB cases has doubled in the past three years.

Families/Households: Recent studies have analyzed the coping mechanisms of families who have experienced deaths of adult members. They show profound consequences among households which have family members with HIV/AIDS related illness. In the most severely affected countries of Asia and east Africa, 30 to 50 percent of household income is devoted to their care and support. Combined with the loss of earnings from sick individuals, nearly 75% of the family annual income is lost due to HIV/AIDS. With a subsequent loss of another adult and one child from HIV related disease, an increasingly common pattern, 100 to 165% of household income is expended, driving families into debt. Broad-based economic growth becomes impossible in such settings.

Family structure is affected, particularly with an increase in the number of orphans. In Uganda, the ability of the extended family to care for orphans is exhausted within three years of a significant number of AIDS adult deaths. Ultimately the household's ability to cope with adverse conditions, such as drought, is destroyed, resulting in reduced food security. Life expectancy is severely impacted, with projections for some countries, such as Thailand, Zimbabwe and Zambia, showing AIDS reducing life expectancy at birth by more than 25 years by the year 2010.

Community: The social and economic impact at the household level extends to the community. Increased household expenditures and reduced savings and investment has enormous negative consequences on the resources of the community. Education suffers with decreased investment in the sector and reduced educational performance as children are required to help at home.

Community resources are drained caring for orphans and the elderly. Community level leadership, community norms, agricultural productivity and maintenance of community service projects, such as potable water supplies are also severely affected by the epidemic.

Agricultural sector: In severely affected countries, broad movement toward less labor intensive crops and crop production technologies with resultant lower yields and reductions in marketed output are being observed. This may have implications for food security at the national level. Studies are now being undertaken by USAID, in cooperation with the U.S.D.A., to better define this impact.

Industrial sector: In east Africa, negative effects have been documented on specific segments of the "modern" labor sector, i.e. enterprises that employ greater than ten staff. Those sectors most severely effected are mining, trucking/transportation, and services. It is likely that the epidemic will result in increased production costs due to increased morbidity in the workforce, decreased productivity, loss of skilled and trained workers, and increased employer-funded medical costs. Negative effects on the quantity and quality of labor supply and on investment decisions, including investment in human capital are also being observed.

Security/Military Sectors: High rates of HIV infection among police and military personnel could threaten internal and national security. In some countries in Africa and Asia, 15 to 40% of military recruits are HIV positive. While the U.S. Government supports demobilization of military forces in developing countries, this could further exacerbate the HIV/AIDS epidemic through increased transmission by HIV positive military personnel returning to their villages and homes.

Macroeconomy: Multiple socio-economic impact studies show that a number of these factors combine to impact negatively on the macroeconomy. These include aggregated negative impacts at the household and sectoral levels, decreases in overall domestic savings and investment levels, negative effects on foreign investments, reductions in the volumes of imports and exports, and reduction in receipts from tourism. Classic macroeconomic indicators, such as Gross National Product (GNP) and Gross Domestic Product (GDP) per capita, may not be sensitive enough to accurately measure this impact. New paradigms are needed to assess the impact of HIV/AIDS at the macroeconomic level. Studies by the World Bank supported by USAID are now underway to assess the spectrum of potential monitoring methods.

Political Environment: Because of the issues identified above, HIV/AIDS has a high potential to contribute to political instability, particularly in countries with emerging democracies. The irreversible loss of educated leaders is an increasing possibility, and is already being seen in countries in east Africa.

Clearly HIV/AIDS has both actual and potential impacts on women, men and children, individuals and populations, and the movement towards sustainable development in countries and regions. It also has a negative effect on previous USAID investments and development successes achieved to date. The cross-cutting nature of the epidemic and the numerous areas in which it impinges on USAID objectives are evident: protecting human health; encouraging broad-based economic growth; building democracies; empowering women; and providing humanitarian assistance.

Development activities also have the potential to inadvertently facilitate the spread of the disease. For example, construction projects create primarily male migrant work camps which often foster increased commercial sex. Road and transportation projects provide ready routes of transmission, and new towns along these routes often serve as crucibles for transmission. As in the environment sector, the effect of development activities on HIV needs to be carefully considered in the formulation of USAID strategies, objectives, programs, projects and evaluation systems. Anticipation and mitigation of significant negative impacts on HIV must be a part of strategic planning for such infrastructure projects.

In sum, given the broad and compelling implications of the HIV/AIDS pandemic on the people of the developing world, its epidemiology, and its potential impact on micro and macro development, USAID will sustain a strong commitment to HIV/AIDS programs.

IV. LESSONS LEARNED

As the epidemic has progressed, knowledge and experience with the disease has provided valuable lessons. USAID has worked in the area of HIV/AIDS for the past eight years, and has developed increasingly effective targeting and implementation mechanisms.

There have been notable accomplishments. Program interventions have been proven successful, and implementation feasible, even in the face of difficult socio-cultural conditions. The Agency has been able to demonstrate and measure results and impact.

In Kenya, USAID has supported interventions to increase condom use. Newly

developed models estimate that 110,000 HIV infections and close to 1.3 million STIs have been averted due to the consequent increase in condom use.

In Haiti, in spite of political upheaval, condom sales rose from approximately 600 thousand in 1991 to 4 million in 1992 in response to a targeted communications and motivation effort.

In Brazil, policy reform activities supported by USAID focused on working with local advocates to lobby for the repeal of the 15 percent import tax on condoms. Analysis showed that the tax made the product too expensive for most people who needed them and helped convince policymakers that a supply of affordable condoms was crucial to slowing the spread of HIV/AIDS in Brazil. The tax was withdrawn in April 1994.

In the Dominican Republic, Agency supported policy work contributed to the passage of legislation outlawing discrimination against people with HIV/AIDS and mandating that every government ministry have a plan to address the epidemic.

Thailand, supported by USAID assistance, has implemented an effective prevention program which serves as a model for other Asian countries. One example of an important and innovative policy instituted by the Thai government and supported by Thai business interests is the "100 percent condom" policy, which requires 100 percent condom use in brothels.

With USAID support, significant progress has been made toward the discovery of an effective vaginal microbicide. A promising compound derived from natural sources has been shown to inhibit transfer of HIV from infected lymphocytes to vaginal cells. Phase One field trials are now beginning in Thailand.

Based on Agency experience, several key lessons have emerged as critical to achieving success in preventing the spread of the disease. They constitute the major factors in USAID areas of intervention. Broadly, these fall into two categories; identifying populations who are at particular risk of becoming infected and transmitting HIV, and designing effective responses to reduce risk and transmission.

A. Priority Target Groups:

Women are at greater risk of HIV infection than their male counterparts due, in part, to the increased biologic efficiency of sexual transmission from men to women, and to the sexual vulnerability related to low socio-economic status of

women in many countries of the world. Low status can affect women's knowledge of and ability to adopt practices to protect themselves from HIV. In situations where men have greater access to economic resources, and social-religious and legal conventions maintain gender inequities, women may have little or no say concerning their sexual relations with men. Women and girls with limited education are also less able or likely to respond to information about the disease and take preventive measures.

HIV programs targeted to women not only prevent infection in women themselves but also in their infants. Tools to prevent STIs and HIV such as female controlled barrier methods, better access to information from family planning and reproductive health settings, and communication skills to better negotiate sexual relationships all contribute to preventing the spread of the disease and serve to empower women.

Young adults represent a unique set of challenges as the combination of their biological, emotional, economic and legal situations make them particularly vulnerable to HIV. WHO estimates that half the people infected with HIV acquired it between the ages of 15 and 24. To prevent infection in this population USAID supports efforts using messages, channels and methods specific to this group. The intervention opportunities for young adults range from peer counseling and education and vocational skills building to legislative efforts related to youth.

Migrant and displaced persons are at particular risk and contribute to the spread of the epidemic. Rapid urbanization fueled by young adult migrants has contributed to the spread of the epidemic. Separated from family and traditional values, these migrants are often among the earliest populations to become infected with STIs and HIV. Migrant labor flows also increase the spread of HIV/AIDS both within and between countries. Additionally, involuntary migration in response to civil war or disasters increases the vulnerabilities of communities to HIV infection.

Persons with STIs are more significant and efficient transmitters of HIV and are logical targets of prevention efforts. The presence of an STI, particularly one which causes genital ulcers (syphilis, chancroid), increases the likelihood of sexual transmission of HIV by 5 to 20 times. In addition, persons with recurrent STIs are effective targets for communication campaigns to induce behavior change because they are more likely to be engaging in frequent casual high risk sexual encounters. Educational campaigns that focus on STI patients have been shown to have up to eight times as large a preventive impact as those aimed at the general adult population.

B. Responses to reduce risk and transmission

Sustained behavior change is required to limit sexual transmission. This is a complex and difficult task. Success in HIV/AIDS prevention is predicated upon the ability to effectively influence sexual behaviors. Adoption of safer sexual practices including delaying the onset of sexual activity, sexual abstinence, decreasing the number of casual sexual partners, maintaining faithful monogamous or culturally appropriate stable polygamous relationships, and consistent, correct condom use are the only prevention interventions currently available. Other critical steps include assessment by the individual of their own risk and motivation to practice safer sex. Cultural traditions or practices and political and religious views may impede or support the adoption of specific behaviors.

AIDS education and communication programs have been shown to help modify behavior. Multiple reinforcing channels of communication aimed at changing knowledge and attitudes toward safer sexual behavior are preludes to behavior modification. The identification and adoption of safer sexual practices as a social norm contribute to sustained behavior change. Programs conducted at the sub-national level involving specific communities or groups engaged in high risk behavior have proven most successful.

Condoms are effective in preventing the spread of STIs and HIV. Increasing the demand for, access to, and consistent and correct use of condoms are key factors in reducing the transmission of HIV infection.

Improving STI services by facilitating access to and quality of services is an efficient and effective way to address the spread of HIV. In addition to primary prevention activities, interventions which improve the demand for and quality of public and private sector clinical services are important. Accurate diagnosis and effective treatment of STIs limit the infectivity and duration of active STI infections, and the consequent risk of HIV.

Community participation, including those infected and affected by HIV/AIDS, in the design, development, implementation and evaluation of HIV prevention policies and program activities assures that programs are relevant and supports sustained behavior change in target populations. Community involvement is also critical for the long-term sustainability of programs. Community "ownership" contributes to the likelihood that activities will continue following the period of donor support.

V. STRATEGY

USAID's overall mission is the promotion of sustainable development for lasting improvement of the human condition. The basic strategic goals which must be addressed in order to carry out this mission are:

* Stabilizing global population and protecting human health;
* Encouraging broad-based economic growth;
* Building democracy; and
* Protecting the environment.

As discussed earlier, the HIV/AIDS epidemic has direct negative consequences on the first two goals, and very probable consequences on the third. Therefore, HIV/AIDS needs to be considered as an integral part of any broad strategy for sustainable development.

Within the strategic goal of stabilizing global population and protecting human health, four agency-wide strategic objectives have been identified which contribute to both fertility and health outcomes. These are the reduction of unintended pregnancies, the reduction of sexually transmitted diseases, the reduction of maternal deaths, and the reduction of child deaths. As the most deadly and rapidly spreading of sexually transmitted diseases, reduced HIV/AIDS transmission is the key component of the second objective, and is becoming an increasingly important contributor to the number of child deaths in many African countries as well. As such, HIV/AIDS prevention fits squarely within the agency's strategy for this sector.

The guidance provided by this document is intended to be flexible, building on the lessons learned and enabling USAID to respond quickly to incorporate new advances in HIV/AIDS prevention and control measures as they develop. It considers areas in which USAID has a comparative advantage, particularly relative to technical leadership, field presence and support, and linkages both within the PHN sector and across other USAID areas of intervention. In order to remain relevant and useful, this guidance will be reviewed and revised periodically.

As noted in the previous sections of this document, the challenges posed by the HIV/AIDS pandemic are almost limitless and could readily consume more than the entire development budget of the Agency. Since the Agency's fundamental mission is directed toward long-term sustainable development rather than short-term relief, and since resources are limited, the strategic basis for this HIV/AIDS policy is directed toward minimizing the total number of HIV/AIDS cases in the world by the year 2025.

Priority will be placed on interventions and areas which are most likely to

ultimately decrease the number of persons infected by HIV and, thus, decrease the severity of the global epidemic and its impact on sustainable development. To achieve this, particularly given limited resources, USAID will need to focus efforts, and undertake a more proactive and aggressive approach to leveraging other donor resources and more effective donor coordination.

This has several implications. First, it means that the focus of USAID supported activities must be on **prevention** of new infections, rather than on the treatment or mitigation of existing infections. There will of course be circumstances in which mitigation serves to promote prevention efforts, but such efforts must be seen as supportive rather than primary. Second, it means that the targets of USAID-supported activities must be those groups among whom the largest number of new infections are anticipated over the next several decades and where the greatest public health impact can be expected. High risk but numerically small target groups will be addressed principally as they contribute to the wider pandemic.

Given this context USAID will direct efforts in the following three areas:

A. HIV/AIDS prevention programs using proven strategies to prevent transmission.

B. Policy reform addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other STIs.

C. New strategies and methods which need to be developed and tested to prevent transmission and mitigate the impact of the epidemic.

USAID does not directly undertake activities but rather sponsors interventions to improve the capacity, infrastructure, systems and polices which support prevention efforts in a sustainable way. All intervention programs will be evaluated for effectiveness. Consideration will also be given to the sustainability of interventions over the long term, looking towards reduced donor dependance.

To maximize the use of available resources, and achieve impact on the global epidemic, USAID will also concentrate efforts by supporting comprehensive approaches in a number of countries, identified as those most critical for controlling the global pandemic. (See Appendix II for HIV/AIDS emphasis country list.) It should be noted that even in these countries, USAID may not have the resources required to mount nationwide efforts. More limited efforts will be supported in other countries, as appropriate. In addition USAID will provide continued support for coordinated multilateral efforts.

In addition to focused HIV/AIDS/STI prevention projects, prevention activities

will be increasingly integrated with other USAID sustainable development efforts. In the health and population sector this will be in the context of integrated reproductive health approaches. Other priority sectors for the Agency are also ripe with opportunity to incorporate certain HIV/AIDS interventions, particularly in the economic growth and education sectors. Examples include incorporating HIV/AIDS prevention information in school curricula and microenterprise programs targeted to women.

A. HIV/AIDS prevention programs which utilize proven strategies to prevent transmission.

USAID resources are used for the implementation of prevention activities at the regional, country and community level, with a particular focus placed on comprehensive programs in emphasis countries.

The interventions utilized by USAID's HIV/AIDS prevention activities have been developed based on clear epidemiological trends, findings of behavioral, biomedical, and operations research, and knowledge gained from successful behavior-change interventions conducted to date. They focus on preventing sexual transmission and are known to be effective. Although prevention activities currently work in the areas delineated below, if significant new technologies become available these will be considered and incorporated as appropriate.

In addition, although these programs may occur at a regional or country level, a participatory, community based approach is integral to the development and implementation of programs.

In this context, USAID prevention programs will:

Promote safer sexual behavior through information, education and communication. USAID's extensive experience with information, education and communication (IEC) initiatives in both health and family planning programs is already being applied to the prevention of HIV/AIDS. Communication programs strengthen and support an individual's ability to adopt healthy, low risk behaviors, and influence existing social norms, creating a more supportive environment for behavior change. IEC activities which use multiple reinforcing channels of communication, from interpersonal communication to mass media, have been proven to be the most effective. Targeting specific groups, e.g. young, sexually active men, for selective communication campaigns is also a proven strategy. In addition, sustained behavior change occurs when knowledge and skills are conveyed along with perceptions of personal risk. In some circumstances confidential, voluntary HIV testing combined with counselling may assist in the

achievement of a sense of personal vulnerability and concepts of current health status, which may in turn result in decreased high-risk behavior.

In order to continually monitor and improve HIV prevention communication activities, it is essential to increase our understanding of sexual behaviors, especially as they are influenced by community and culture. Behavioral research and surveys will contribute to further target, refine, and evaluate prevention activities.

Increase the demand for, access to and use of condoms.
Correct and consistent condom use is considered nearly 100 percent effective in preventing HIV infection. Although condom use has risen sharply, the percent of users in at-risk populations is still unacceptably low. USAID has extensive experience with condom promotion in family planning programs and works through existing channels to expand commodity demand and use for STI/HIV prevention.

USAID supported condom promotion programs also focus on self-sufficiency. In synergy with family planning programs, HIV prevention activities work to build institutional capacity to manage condom programs, focusing on aspects such as logistics systems and quality assurance. The development of public-private sector partnerships for the marketing and provision of condoms and other social marketing initiatives improve both access and financial sustainability of programs.

Control STIs by improving STI diagnosis and treatment services and by education of persons with STIs. The goal of STI prevention and control activities is to improve the quality of diagnosis and treatment of STIs, to increase access and use of STI services, and to provide targeted education to STI patients in order to decrease recurrent infections. USAID efforts in this area focus on behavior change among clients with STIs, and on improving STI diagnosis and service delivery.

Interventions related to behavior change for STI clients include: counseling for risk reduction (including partner reduction); promoting correct condom use; encouraging compliance with medical prescriptions; and notifying and treating sexual partners. Communication initiatives will foster individual and community recognition of and demand for STI services. Community participation in planning for these services will be encouraged.

Improved diagnosis and service delivery initiatives include: training care providers in symptom recognition and syndromic management; establishing STI

screening and management capability at sites where women seek health services, such as family planning and pregnancy care sites; and strengthening STI case management in those groups whose behavior puts them at highest risk of infection. STI service delivery sites are also ideal locations to assess STI prevalence and incidence, information which serves as a dynamic indicator as to both the risk of the spread of HIV in a community as well as the effectiveness of a program.

A critical issue in STI case management is the availability of effective drugs. USAID programs may work to facilitate this aspect of STI control, including, in some instances, procuring drugs. Should this be required it will be undertaken with close scrutiny paid to the long term financial and programmatic implications.

B. Policy reform addressing social, cultural, regulatory and economic issues related to HIV/AIDS and other STIs.

Supportive policies that create an environment in which prevention and AIDS mitigation programs can function efficiently and effectively are critical. Funding levels, the commitment of resources, and priority setting are all policy issues very relevant to HIV/AIDS. Enlightened policies can contribute to both communities and individuals in mitigating the impact of the disease itself. USAID supports policy dialogue and reform at an international, country and local level and in both the public and private sectors.

Key areas of intervention for USAID include:

Policy dialogue with decision makers to encourage a high-level, multi-sectoral, coordinated response to HIV/AIDS. Policies which support international and regional, multi-sectoral approaches are required because of the transnational nature of the disease and the fact that it is transmitted by persons who have no visible sign of the virus. This requires the mobilization of groups which may not normally be implicated in health issues, or may not normally work in collaboration. It also requires cross-border collaboration.

At the country level, key ministries, such as Education, Agriculture, Planning, Defense, Finance, and Health need to be consulted concerning the impact of HIV and explore all possible opportunities for HIV prevention. Provincial, municipal and community level governments must be included in this effort.

The expertise and influence of the private sector is also an extremely valuable means to achieve effective and comprehensive responses to HIV/AIDS prevention efforts. Forging relationships between the public and private sectors to take advantage of the relative strengths of each provides a strong and enduring basis

from which to address broad public understanding for and acceptance of HIV/AIDS prevention programs.

Policy dialogue to address resource issues and long term sustainability at all levels. At the international level, coordinating effective donor response and leveraging of funding over the long term is needed to assure that adequate resources will be available for programs to reduce the spread of HIV/AIDS. At the country level, identifying and mobilizing local resources along with institution and systems building are key to long term self-sufficiency of programs.

Examples of resource issues to be addressed include creating a positive regulatory environment for the private sector by dealing with problems such as tariffs and taxes for condoms, government acceptance of social marketing, and procurement of antibiotics and other STI and HIV associated drugs.

Equally, governments need to be educated as to the economic and development ramifications of HIV/AIDS and the cost-effectiveness of devoting resources towards activities which prevent HIV/AIDS transmission and mitigate the impact of the disease.

Policy dialogue and reform to address the social and cultural impediments to the successful implementation of HIV/AIDS programs. As has been previously highlighted, HIV/AIDS prevention touches upon the most sensitive social and cultural mores, those related to sexuality. Human rights, advocacy, empowerment and choice are all critical issues relevant to the HIV/AIDS pandemic. Notable examples include the role and status of women and the vulnerability of children and young adults. Confidentiality, the rights, treatment of and status of persons living with AIDS affect all aspects of HIV/AIDS prevention and care.

Support of decision-makers, at an international, national, or community level to address difficult social, cultural and/or religious issues have the potential to contribute to an environment in which persons can begin to make the changes required to prevent transmission of the disease and live with dignity if they are infected.

Develop tools and complete research to serve policy dialogue and reform. To heighten the awareness of key policy-makers as well as bring about policy change, USAID will continue to develop and use tools that project and simulate the epidemic and assess the potential socio-economic impact. Modelling provides powerful arguments for policy makers and assists leaders and managers to define and prioritize interventions. Models which project, over time, the number of

newly infected persons with HIV, the number of AIDS cases, and the potential impact of the epidemic on various sectors of the society are particularly potent. Simulation modelling is also a critical design and evaluation tool, allowing assessment of the impact of different interventions at varying degrees of efficacy.

C. New strategies and methods which need to be developed and tested to prevent transmission and mitigate the impact of the epidemic.

Although applying known HIV/AIDS technologies and approaches is the Agency's highest priority, more effective interventions must be developed to adequately prevent and control this epidemic. USAID has access to technical expertise and a network of implementing organizations through which improved technologies and approaches can be developed and tested. Investments in new or improved interventions will consider issues such as cost, potential impact and sustainability. The following illustrative list describes some of the most promising leads.

Research activities which immediately and directly influence the effectiveness of existing programs. These activities can be accomplished in a relatively short time-frame and have immediate effect on programs. Thus, priority is given to studies that improve understanding of the behaviors and epidemiology that are principally responsible for transmission of HIV infection. This includes research activities to identify more effective ways to change behavior. Examples include evaluating the role that HIV counselling and testing may play in modifying sexual behavior, the impact of perceived social norms upon individual behaviors, and assessing the impact of including HIV positive individuals in prevention programs. This type of research also contributes to identifying the most cost-effective mix of strategies for preventing sexual transmission of HIV.

Activities that enable women to reduce the risk of HIV infection. The development of female controlled barrier methods, such as vaginal microbicides, and rapid, simple STI diagnostics, are potentially valuable tools to reduce the risk of HIV and other STI infections in women. Research also focuses on enhancing women's access to information for primary HIV/STI prevention, as well as to STI services. Using existing family planning and maternal/child health centers is one approach along these lines. Behavioral research to identify interventions to enable and empower women to assess personal risk and negotiate sexual relationships is also essential.

Pilot projects and research to mitigate the impact of HIV in severely affected areas. Operations research to test interventions to mitigate the impact of HIV/AIDS on communities, from both a social and cost perspective, are needed

to guide program design and policy dialogue. Examples of such pilots include community-based care for persons with HIV infection and AIDS and for AIDS orphans. Tuberculosis, because of its potential secondary public health impact as a predominant HIV related disease, is another topic for further investigation, including analysis of more effective short course therapy regimens.

Activities that support the infrastructure and utilization of HIV Vaccines. Multiple US Government organizations and private enterprises are involved in research to identify and develop an effective HIV/AIDS vaccine. Consequently USAID's efforts in this area are currently expected to be relatively small, limited to exploring and facilitating opportunities for international field trials of promising vaccines, and coordinating accompanying education and prevention programs.

VI. IMPLEMENTING PARTNERS

USAID's strategy related to HIV/AIDS, as in other priority areas within the Population, Health and Nutrition Sector, is based on participatory, collaborative principles. USAID works in partnership with communities, governments, other bilateral and multilateral donors, international agencies and the private and voluntary sector to achieve maximum efficiency, effectiveness and sustainability of programs.

The Agency's HIV/AIDS program will be implemented in support of host-country and Mission strategic objectives and as an integral part of the country strategic plans and action plans. Bilateral activities will receive strong technical support and guidance from USAID/Washington, and will be implemented in close coordination with other donors.

A. Community Participation

Although a community-based, community-owned approach is a component of USAID sustainable development strategies, it is particularly relevant to HIV/AIDS prevention and is an integral strategic focus of USAID's HIV/AIDS strategy. Sustained behavior change is achieved when individual motivation is supported in a community context. Participation of communities and groups (including persons infected and affected by HIV/AIDS, women and young adults) in the design, management and evaluation of programs and policies are key. This approach empowers individuals and communities to assure that programs are relevant and responsive, builds indigenous capacities and contributes to long term sustainability.

Many community groups such as women's groups, local PVOs and NGOs, however, have limited institutional experience in planning, implementing, and financially monitoring activities. Through U.S. domestic PVOs, NGOs and ASOs (AIDS Services Organizations), USAID will seek to transfer these skills to indigenous groups and

encourage and facilitate linkages between these groups. Where indigenous NGOs already exhibit technical and financial capacity, these organizations will receive high priority for support.

B. Country Programs

Reducing HIV/AIDS transmission in a time of serious resource limitations requires that USAID concentrate bilateral and core resources on a limited number of emphasis countries while maintaining more modest programs in others. In emphasis countries, USAID will work with host country governments, the private sector, and the NGO/PVO community, within the framework of a comprehensive program, using the multiple channels and approaches delineated in this document. Determination of emphasis countries is founded on epidemiologic, demographic and social indicators which identify:

Countries which are key contributors to the global epidemic

Countries which play a major role in transmission of HIV throughout their geographic region

Countries with high HIV prevalence

Other factors to be considered in the determination of priority countries and resultant program levels include evidence of national commitment and an absorptive capacity within the public and private/NGO sectors, potential for long-term operational sustainability, role of other donors and opportunities to leverage other resources, and Mission support for funding and staff to facilitate and implement HIV/AIDS interventions.

The current list of emphasis countries is found in Appendix II. USAID will work in non-emphasis countries, using primarily bilateral and field support funds, on a more limited scale.

C. Regional Programs/Areas of Affinity

"Areas of affinity" is the concept that clusters of countries may share characteristics which affect the spread of HIV and positively or negatively influence prevention efforts. These characteristics can include, but are not limited to, religious, cultural, political, or demographic attributes. Approaches which address issues within this context may be very effective with a broader reach than country programs. They also encourage and support inter-regional collaboration and are an efficient use of resources.

USAID will explore opportunities to support trans-national and regional activities in prevention and research. Examples include analysis of the impact on HIV/STI transmission from cross boarder migration, monitoring of STI drug resistance, and the shared development and use of educational approaches and materials.

D. Coordinated multi-lateral and donor community response

Global cooperation and coordination within the donor and lender community is critical to the effective and efficient use of HIV/AIDS resources for significant impact on the disease. Donor coordination is of particular importance to USAID, as the lead donor in this field and the major contributor to multilateral efforts.

USAID will continue to collaborate with and directly support the efforts of the UN multilateral organizations including GPA/WHO, UNDP, UNICEF, and UNFPA in HIV/AIDS prevention. Each of these organizations offers unique strengths and skills which contribute to the control of the global epidemic. The efforts of these agencies and the World Bank will now be further optimized through the new Joint and Cosponsored Programme on HIV/AIDS (JCP). In the future, USAID support to multilateral efforts in HIV/AIDS prevention is expected to occur through JCP. USAID also collaborates closely with Japan in several countries through the US-Japan Common Agenda for HIV/AIDS prevention. (See Appendix III for further discussion of coordination with other donors and federal agencies.)

VI. RESULTS

Monitoring and evaluation is critical to ensuring that USAID resources are used effectively and that they achieve results. The guiding principle of evaluation in this area is to reach the goal that no person should be subjected to the risk of disease as a result of responsible sexual activity. While this is an ideal, progress toward this goal will be effected by the collection and use of data to assess progress, refine implementation and demonstrate achievement.

Measuring success in the area of HIV/AIDS requires the use of interim markers and indicators. This is due to the epidemiologic dynamics of HIV transmission and the existence of a long term HIV "carrier" state. Even in the presence of extremely effective prevention interventions, decreases of HIV prevalence will not be measurable for at least 5 to 15 years at a national level. Reduction in STI prevalence, however, is an excellent proxy indicator for effectiveness of prevention activities and can be evaluated in a time frame of 3-5 years. Consequently this program relies on an approach which distinguishes between the short (program process), medium (program outcome), and long term

(program impact).

USAID, in collaboration with WHO, has established a standardized set of global prevention indicators to be used by both national HIV/AIDS control programs and the donor community. These indicators measure:

- o knowledge by the target audience of preventive practices
- o condom availability
- o use of condoms in relationships of risk
- o proportion of the population who report "non-regular" sex partners
- o the quality of STI case management
- o the prevalence of specific STIs
- o prevalence of HIV

A list of the WHO/GPA country program indicators is contained in Annex IV.

With the increased emphasis on integrating HIV/STI prevention and management interventions into family planning and other health care settings, new indicators for evaluation are being developed by the Center for Population, Health and Nutrition within the Global Bureau. These would encompass assessing the degree of integration, quality, and utilization of these services. Evaluating a woman's ability to negotiate for safer sex must involve determining the transfer of knowledge and skills, and whether dialogue on sexual matters can occur within a relationship. Measuring outcome should include the increased level of "safer sex" in both casual and conjugal relationships, including assessing dual contraceptive method use and delaying the age of onset of sexual activity.

APPENDIX 1. MODES OF HIV TRANSMISSION

Sexual transmission is well-established as the dominant mode of HIV transmission, accounting for almost 85% of all global adult HIV infections. The proportion of transmission via heterosexual or homosexual relations varies depending on the country; however heterosexual transmission is becoming increasingly important and now accounts for 75 to 80 percent of sexually transmitted HIV. The other principal modes accounting for the remaining 15 percent are: mother to child transmission (including breastfeeding); and blood-borne, including transmission related to blood transfusions, injectable drug-use, and contaminated medical and other skin piercing equipment.

Estimates prepared by the WHO/GPA indicate that the number of children worldwide who acquire HIV from an infected mother in utero or during the birth process is expected to continue rising through the 1990s because of increases in HIV among women of child-bearing age. Studies have shown that roughly one-third of babies born to HIV-infected mothers in developing countries become infected themselves. A proportion of this mother-to-infant transmission occurs during pregnancy and delivery. Preliminary data from Kenya and Rwanda indicates that up to 15% of transmission may be attributable to breastfeeding. The risk of HIV transmission through breastfeeding is greater among women who become infected during the breastfeeding period. The international medical community is now urgently engaged in undertaking further research to better define the efficiency of HIV transmission during breastfeeding and to provide breastfeeding guidelines for HIV-infected mothers.

Transmission through blood transfusion is far less significant than through sexual transmission, and has been virtually eliminated in industrialized countries. However it continues to be a mode of transmission in many developing countries. Transmission due to the sharing of needles between injecting drug users is a less prevalent mode of HIV transmission in most developing countries. In parts of Southeast Asia it does, however, account for up to 15% of all adult HIV transmission. HIV transmission through the use of contaminated medical equipment, including reused needles accounts for a small proportion of all transmission. Also less, significant in terms of actual numbers, but none-the-less important, is transmission to health care workers in high HIV prevalence countries due to the lack of gloves and other materials required to practice "universal precautions".

APPENDIX II: 1995 EMPHASIS COUNTRY LIST:

COUNTRIES KEY TO THE GLOBAL EPIDEMIC

Brazil
India
Nigeria

COUNTRIES OF REGIONAL SIGNIFICANCE **

Cote d'Ivoire*
Honduras
Indonesia
Kenya
South Africa
S.E. Asia (Laos, Cambodia, Vietnam)
Thailand*

HIGH PREVALENCE COUNTRIES

Burundi
Malawi
Rwanda
Tanzania
Uganda
Zambia
Zimbabwe
Dominican Republic
Haiti

* Thailand and Cote d'Ivoire are close-out countries for USAID

** Countries which contribute to the spread of HIV in the region.

APPENDIX III: COORDINATION WITH OTHER DONORS AND FEDERAL AGENCIES

Donor coordination is a fundamental aspect of USAID's operational approach to development. The goal of USAID's donor coordination is to improve its own effectiveness by cooperating with other donors to avoid duplication and promote complementarity.

USAID recognizes that coordination of HIV/AIDS activities and decision-making about such activities is a process, rather than a structure. This process promotes information exchange, builds alliances between different organizations and facilitates the creation of cooperation and programs which are complementary, collaborative and mutually reinforcing.

1. UN System Agencies

Historically, USAID has worked closely with the World Health Organization's Global Programme on AIDS (WHO/GPA) both as a major contributor and member of a variety of management and decision-making committees including the WHO Global Programme on AIDS Management Committee (GMC), and the GMC Task Force on HIV/AIDS Coordination. In addition, the USG is represented on Economic Social Council (ECOSOC).

In recent years, as other UN System Agencies have become involved in HIV/AIDS prevention in areas of their comparative advantage, USAID has provided initial support to both UNDP and UNICEF in their respective HIV/AIDS prevention efforts.

In the future, USAID anticipates working with UN System Agencies through the Joint and CoSponsored UN programme (JCP) which will has been established based upon the recommendation and endorsement of the ECOSOC in July 1994.

Six organizations of the UN system (WHO, UNFPA, World Bank, UNFPA, UNDP, and UNESCO) with differing expertise have joined forces, drawing on their respective experience for the prevention HIV and mitigation of AIDS. The JCP will work to prevent the transmission of HIV, and to counter the impact of the pandemic on individuals, communities and societies.

With the formation of the JCP, USAID anticipates that all U.S. contributions to UN System efforts against HIV/AIDS will be coordinated through the JCP. USAID will continue to serve as a member of management and decision-making committees under

the new structure of the JCP.

2. Other Donors

In addition to USAID's efforts to coordinate at the global level through the JCP, USAID works to coordinate programs and activities at the regional, sub-regional and country level. This level of coordination requires communication with a broad group of multi- and bilateral donor organizations.

The U.S.-Japan Common Agenda's HIV/AIDS initiative is one way in which USAID is working to maximize the impact of its assistance through donor coordination. Under the umbrella of the Common Agenda, the Government of Japan has been working closely with USAID to ensure coordinated and complementary programming of GoJ assistance for HIV/AIDS. In addition, through their Grassroots Grants Assistance program, the GoJ is providing complementary support to USAID supported NGOs engaged in HIV/AIDS prevention activities.

3. Federal Agencies

USAID coordinates with other U.S. government agencies through a variety of mechanisms. On a policy level, USAID participates in the USG Interdepartmental Task Force on AIDS which is chaired by the Office of National AIDS Policy.

USAID also plays an active role in coordinating the HIV-related activities of other U.S. government agencies in developing countries, including the Department of Health and Human Services and the Department of State. USAID utilizes Participatory Agency Service Agreements (PASAs) to provide support for epidemiological and biomedical research conducted by CDC, BUCEN and NIAID. This mechanism helps to foster collaborative relationships with these Agencies preventing duplication of effort and facilitating information exchange.

ANNEX IV: WHO/GPA COUNTRY PROGRAM INDICATORS

A. Program Process (1-3 years)

Condom availability:
(Central)

$$\frac{\text{Total No. of condoms available for distribution during the preceding 12 months}}{\text{Population aged 15-49}}$$

(Peripheral)

$$\frac{\text{No. of people who can acquire a condom}}{\text{Population aged 15-49}}$$

B. Program Outcome (3-5 years)

Knowledge of preventive practices:

$$\frac{\text{No. of people citing at least two acceptable ways of protection from HIV infection}}{\text{Total No. of people aged 15-49 surveyed}}$$

Sexual behavior:

$$\frac{\text{No. of people aged 15-49 who report having had at least one sex partner other than a regular sex partner in the last 12 months}}{\text{Total No. of people aged 15-49 who report having been sexually active in the last 12 months.}}$$

$$\frac{\text{No. of people aged 15-49 reporting the use of a condom during the most recent act of sexual intercourse with a non-regular sex partner}}{\text{Total No. of people aged 15-49 reporting sexual intercourse with a non-regular sex partner in the last 12 months}}$$

Quality of STI case management:

$$\frac{\text{No. of individuals presenting with STIs in health facilities assessed and treated in an appropriate way (according to national standards)}}{\text{No. of individuals presenting with STI in health facilities}}$$

$$\frac{\text{No. of individuals presenting with a STI or for STI care in health facilities who received basic advice on condoms and partner notification}}{\text{No. of individuals presenting with a STI or for STI care in health facilities}}$$

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

ANNEXES

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

TECHNICAL ANNEX A:

POPULATION, HEALTH AND NUTRITION--
ENABLING INFORMED CHOICES AND EFFECTIVE ACTION

I. INTRODUCTION

If *any* of the PHN indicators described in the overview exceed critical levels which indicate a serious constraint to sustainable development, USAID missions should either develop an appropriate strategic response or justify why this area is not an appropriate subject for mission programming. In countries in which these levels are not exceeded, but where specific PHN conditions pose important development obstacles, missions may want to consider strategies in this sector, but are not required to do so. This annex provides further guidance for these purposes.

Rapid population growth, high rates of death, serious illness and malnutrition among women and children, as well as the burden of the HIV/AIDS epidemic, are global problems. They are also critical roadblocks to the ability of entire nations to achieve sustainable development. Equally important, these are fundamental humanitarian issues, as their impact is felt most directly in the daily lives of families and individuals -- especially women. USAID's strategic approach in this sector is designed to address perspectives at all three levels -- individual, national and global -- in a consistent fashion. Our mission is to respond directly to human needs and to support approaches that are both effective and sustainable. This calls for programs that directly involve communities, families and individuals in identifying workable strategies and taking action in key problem areas.

If action is called for in the sector, it is anticipated that most USAID country strategies will need to address all of the following closely related issues. Strategic analysis may then call for programming in some or all of these areas, and it is anticipated that the result of this analysis will often result in more comprehensive efforts. Programmatic focus will be on the development of sustainable systems, with activities generally focused at the community level, and with emphasis on the active participation of intended beneficiary groups in policy development, as well as planning, management and evaluation of activities. The anticipated results of these activities must be clearly articulated and a clear rationale established linking these results with mission and agency strategic objectives.

Principles. USAID has articulated the following guiding principles as the major themes of an effective strategy to stabilize global population and protect human health:

- ***No woman should become pregnant if she does not wish to bear a child.***
- ***No family should suffer the death of a child.***
- ***No person should be subject to the risk of disease as a result of responsible sexual activity.***
- ***No woman should be subject to the risk of death or serious illness because of pregnancy.***
- ***No woman should enter adulthood without basic educational skills.***

Programmatic Priorities. USAID's programmatic priorities in the PHN sector have been chosen because they have been shown to be highly effective in achieving results which address the first four of these principles; the fifth is addressed in the section on Related Strategies.

- Promoting the rights of couples and individuals to determine freely and responsibly the number and spacing of their children, and addressing unmet need for contraception through comprehensive, effective, affordable and high quality family planning IEC and service delivery systems which are responsive and accountable to the end user. This will help women and families avoid undesired or high risk pregnancies, thus improving their health and wellbeing.

- Improving public health and reducing high levels of child mortality through key preventive and child survival information and services, especially among high risk families and neglected girl children. This will help to ensure that a decision to bear a child can be made with a reasonable expectation that the child will survive to adulthood.

- Developing appropriate responses to needs, particularly among women and young adults, for reproductive health care, including maternal health and safe motherhood, treatment for serious complications of unsafe abortion, control of sexually transmitted infections, including prevention of HIV infection, and prevention of female genital mutilation. This will improve their own and their children's health, and help women to take responsibility and control over their reproductive lives and decisions.

In certain circumstances, USAID may also devote resources to addressing diseases that pose a major constraint to the economic productivity of adult labor forces among the poor (such as malaria and TB), where this will contribute substantially toward the strategic goal of equitable broad-based economic growth.

II. BACKGROUND

In most of the world, women bear a disproportionate share of the responsibilities and consequences associated with unprotected sexual activity, contraception, pregnancy, childbearing and child nurturing. In much of the world they have little real control over planning their families and protecting their own or their children's health. Often they do not have the education, specific information, or the means needed to make informed choices and may have only limited power to act autonomously. Even when they wish to act, they often lack access to appropriate and adequately functioning services.

Women who have the opportunity, capacity and means to choose have been shown to play a far more active role in family and community decision-making. Generally, they choose to bear significantly fewer children, stay healthier, maintain the growth and health of their children more successfully, and are at lower risk of contracting and passing on sexually transmitted infections (STIs). ***Informed choice and the possibility of effective action***, especially

by women, are the keys to sustainable progress in slowing population growth, improving reproductive and child health, and slowing the pace of HIV transmission. Such choices must be their own, rather than being imposed by national or international authorities, and are the foundation of effective empowerment.

These efforts can only be successful if programs recognize that women often do not have much control over their choices, and that this fact is a critical development constraint which needs to be addressed. While provision of information and services is necessary, women's ability to practice family planning may depend on their partners' willingness to accept or share in the responsibility of contraception, or their status in the extended family if they delay their first pregnancy. Their ability to adequately feed and care for their children may depend on cultural norms concerning what is eaten and who has first call on food within the family, their control over scarce financial resources, and the degree to which arduous manual labor is expected of them. Protection against HIV and other STIs may depend on the extramarital sexual behavior of their partners, women's ability to negotiate the use of condoms, or their ability to find sources of income other than commercial sex. This underlines the importance of seeking linkages between family planning and health programs with development activities which address women's access to education, income, technology, and civic participation.

In the past, family planning and maternal and child health programs have often been designed to deal principally with women. Programs must recognize that men and women are affected by profoundly different experiences, perceptions, risks, needs, power, and relationships. Therefore, messages and programs must now be developed to deal constructively with this reality. Increasing the responsibility of men for their reproductive health and behavior is an essential part of an effective strategy.

USAID's PHN programs must see to it that the needs of clients are considered rather than the dictates of imposed targets, and results criteria must be based on this orientation. Programs that ensure the provision of accessible, appropriate, and high quality communications, services and commodities will enable feasible, effective and self-reinforcing action. This has far more impact on health and fertility in the long run, and is far more likely to be sustainable, than programs based on numerical quotas.

In many settings it may be appropriate to support multiple channels of communications and service delivery, at various degrees of integration, to capitalize on the synergies that exist between family planning, child health and reproductive health programs, and women's development initiatives. Women's domestic and labor demands often occupy sixteen hours a day. They simply may not have the time to seek contraceptives from one source, child health care from another, their own reproductive health care from yet another -- each entailing long travel times and extended waits for service. On the other hand, adolescents seeking reproductive health care or women needing STI treatment may prefer to use services that are more separate, private, and confidential. Intersectoral initiatives, such as between family planning and female education, should be coordinated at the policy and program level, but may often depend on

separate delivery sites and approaches. Decisions concerning the most appropriate level of integration will need to be made at the local and mission level, taking women's needs and community realities into consideration.

It is essential that USAID's programs also strengthen the systems and policies that support and enhance these elements. A supportive host-country policy environment is key to the success of these efforts. Our assistance must help build the capacity to develop and sustain host-country political commitment, promote advocacy for equitable PHN programs, enhance the ability of local organizations and women to define policies and to design and manage their own programs, and encourage increased allocation of host-country resources to this sector. This must involve both the public and private sectors, with special attention to building, supporting and empowering non-governmental organizations wherever feasible.

III. PROGRAMMATIC PRIORITIES

While the primary focus of PHN sector activities is generally on services, USAID does not directly provide these services. Rather, we sponsor interventions to improve the capacity, infrastructure, systems and policies which support these services in a sustainable way.

The programs and activities discussed in this section represent a continuum, rather than totally discrete elements. Sector strategies should be developed which comprehensively address this continuum, with a focus on family planning, child survival, and reproductive health needs, including HIV prevention. While family planning is the core of our sectoral strategic approach, total levels of USAID sectoral resources for PHN are roughly equivalent between family planning and these closely associated child and reproductive health priorities, and balanced strategies are encouraged.

Missions are discouraged from addressing only single programmatic elements unless clearly supported by a strategic analysis. While all of these elements will not need to be directly supported by USAID if they are already being appropriately addressed by others, they should be taken into consideration in policy dialogue with host governments and with other donors.

Addressing these priority needs depends on building the capacity for effective demand at the grass roots level and responsive supply of services at the institutional level. Our strategic focus on the effective empowerment of women and communities will support appropriate individual action and the development of programs built on encouraging and responding to demand rather than driven by supply. Increasing the participation of women and target communities in the design, management and evaluation of programs at all levels is an essential aspect of this approach. Development and strengthening of indigenous capacities, organizations and institutions to marshall and manage lasting change will allow the establishment of services that are responsive, effective and sustainable. This calls for client-centered, high quality information and service delivery systems along with the support structures needed to make these systems work.

INTERVENTIONS

The core of USAID's assistance will be directed toward a limited set of activities with proven public health impact and high cost-effectiveness.[1] USAID sponsored research will be targeted on expanding and sharpening our understanding of how various new and existing interventions meet these criteria, on developing and testing promising new approaches, on cost-effective ways of measuring results, and on operational research to enhance effective implementation.

USAID will encourage flexibility in building, supporting and funding programs which address a variety of the needs, defined here as programmatic priorities. Taking advantage of synergies through tying together the subsectors may enhance the achievement of our sectoral strategic objectives. In order to improve services and increase the demand and utilization of these services, serious efforts should be made to make optimum use of existing infrastructures by adding health, women's empowerment, and other development activities.

Family Planning. Each year, more than 100 million children are born, yet estimates are that at least 120 million women in the developing world currently have an expressed but unmet need for contraception; over the next decade, 200 million more women will enter their reproductive years. USAID's family planning activities will focus on addressing this current and anticipated future unmet need, and on assuring the coverage, responsiveness, and quality of these family planning services.

The principal elements of USAID supported family planning activities are: choice, variety and reliable availability of contraceptive methods with proven efficacy; sufficient quantity and high quality contraceptive supplies; ongoing attention to continuous improvement of the quality of services; eliminating unreasonable barriers to access to contraception; comprehensive and appropriate training, stressing technical issues, appropriate counselling and a focus on serving the client; sound management; encouraging multiple service delivery channels; public and private sector involvement; responsive and effective information and communication; and special emphasis (in addition to efforts directed at the general population) on reaching high risk women; and measurement and evaluation of program impact, centered in the short term on contraceptive prevalence and continuation rates, and using indices of client satisfaction, and, in the medium term, on levels of unintended pregnancy and unmet need for contraception.

Adolescents represent an important challenge, particularly given the large numbers of young women now entering their reproductive years. Programs must be developed to: provide education concerning family planning and reproductive health before the onset of sexual activity; encourage abstention, delayed marriage and onset of sexual activities; address issues of school drop-out due to pregnancy; and assure adequate privacy and confidentiality to enable the use of family planning services.

Finally, family planning efforts must reach men with effective programs to increase motivation for family planning, to encourage more communication and shared decision-making on family size and family planning methods with their partners, and to increase male responsibility for sexual health and fertility.

Child Survival. Reproductive decisions to bear a child cannot be meaningful unless the outcome of these decisions are reasonably certain. Each year, an estimated 13 million children die around the world and another 3.8 million are stillborn. The large majority of these deaths are due to a limited number of causes, principally pneumonia, diarrhea, vaccine preventable disease, and neonatal sepsis. In most of these deaths, malnutrition -- of the child, and often of the mother as well -- is an important underlying factor. USAID's activities will focus on these principal causes of death and of severe lifelong disabilities contracted during this period; programmatic emphasis will be on children under the age of three, who account for well over 90% of child deaths.

The principal elements of USAID supported child survival activities are: timely immunization against major vaccine-preventable diseases of early childhood through reliable and sustainable routine service delivery channels; early and appropriate detection and treatment of diarrhea and pneumonia; improved delivery and post-delivery practices, including warming and care of the newborn and programs to identify and treat neonatal sepsis; promotion of infant breastfeeding, appropriate weaning, and improved nutritional practices; supplementary feeding in emergency situations or in support of ongoing programs in severe food deficit areas; control of micronutrient deficiency through supplementation, food fortification and diet diversification, especially with respect to vitamin A, iron and iodine deficiency; prevention and treatment of childhood malaria cases in areas with high rates of malaria infection among children; development of both public and private sector channels to address these activities, taking into consideration existing patterns of care and care-seeking; management, information and quality of care systems for delivering these services in an operationally sustainable fashion; reliable supplies of vaccines, ORS, antibiotics, and vitamin A, and dependable supply systems, including commercial channels; IE&C activities directed at actionable behavior change with clear benefit to child health and survival; and a process for measuring and analyzing the impact of USAID assistance, including support for the development and use of new measures or data on child health or protection.

USAID assistance to child survival service delivery programs will be focused on the community, the primary health care system, and to a limited extent the first level hospitals. Emphasis will be on enabling caretakers to take effective action on behalf of their children's wellbeing and on assuring gender equity in children's access to preventive and curative health.

Reproductive Health. Each year, an estimated 500,000 women die due to complications of pregnancy and childbirth and millions more are permanently injured. Problems associated with approximately 30 million annual illicit and unsafe abortions, account for approximately 100,000 of these deaths. An estimated 2-3 million persons, a majority of them women or youth,

are newly infected with HIV each year and virtually all will die prematurely from AIDS. Most new cases of HIV are the result of unprotected heterosexual intercourse, and people with lesions caused by pre-existing STIs are at considerably higher risk of HIV infection. In addition, hundreds of millions of girls and women suffer from serious long term health problems stemming from difficulties in pregnancy and delivery, unsafe abortion, other STIs, and the effects of female genital mutilation. Women's and girls' nutrition and health, as well as care during pregnancy and childbirth, also have very profound impacts on infant and child mortality. USAID's activities in reproductive health will focus on these principal preventable causes of death and severe morbidity.

The principal elements which may be addressed in USAID supported programs are: basic prenatal care, notably tetanus toxoid immunization, the prevention and treatment of anemia and STIs, and malaria chemoprophylaxis in endemic areas; early detection and management of serious obstetric complications, including referral where feasible; promotion of safe, clean delivery by trained personnel and training of health personnel in life-saving skills; early detection and treatment of postpartum hemorrhage or infections in the mother and newborn; prevention of unsafe abortion, and provision of appropriate post-abortion treatment of infection and hemorrhage; post-partum and post-abortion contraception; development of reproductive health services designed specifically for adolescents; detection and treatment of STIs, especially among the young, street children, and high risk groups; identification of high risk groups for STIs and HIV and development of strategies to reduce the risk of exposure to HIV; prevention of STI and HIV transmission through promotion of negotiating skills, abstention, delayed start of sexual activity, and partner reduction among adolescents; active promotion of condom use as a principal means to prevent transmission of STIs and HIV, and assurance of adequate condom supplies through public and private sector channels; promotion of male sexual responsibility; policy dialogue and general awareness-raising in countries in which AIDS is already a public health problem, or where conditions are right for it to become such a problem; information and data collection to quantify and track the progression of the AIDS epidemic and the impact of interventions on high risk behavior, and when feasible on HIV/AIDS incidence and prevalence; the development, testing and implementation of approaches to eliminate the practice of female genital mutilation in cultures in which it is currently prevalent; and appropriate nutritional education, counselling and supplementation for adolescent girls and women.

USAID assistance for reproductive health and safe motherhood will be focused on education and outreach, primary health care and first level referral facilities. Treatment of AIDS cases is considered a low priority pending the development of proven cost-effective therapy, but basic care and assistance to families may be appropriate in certain circumstances to mitigate the enormous economic consequences of the AIDS pandemic.

Lower Priorities. USAID's resources in the PHN sector should be principally directed towards these priority objectives. Low priority is accorded to the use of sector resources for programs principally directed at non-reproductive public health issues among adults, or at illnesses of childhood with lower public health significance (either due to small numbers affected

or to low risk of death or severe morbidity). At the country level, resources should be used for lower priority activities only if the higher priority activities have been fully and adequately addressed, and if these activities directly support another USAID's strategic objective.

ESSENTIAL SUPPORTING ACTIVITIES. An important overarching objective for USAID efforts in sustainable development is to build national human, technical and institutional capacities. This includes sustained support to private or public sector institutions, investments in human resources and nurturing indigenous technical capacities to develop and carry out programs. Where host country policy commitment or institutional capacity is not adequate to sustain these priority sectoral activities, support should be given to policy reform and capacity strengthening where it is feasible, and to the development of alternative indigenous channels in the non-governmental sector.

Programs and activities which directly support these priority activities are included within the umbrella of these priorities as long as their principal focus serves one or several of these areas. Programmatically relevant research specifically focused on priority issues is recognized as a historic strength of USAID in the population, health and nutrition sector, and continued emphasis will be placed on the development of appropriate technologies through fundamental research (such as contraceptive and vaccine development) and on the practical application of new findings through applied and operational research.

Key systems elements which may be addressed in these programs include: building human resource capacity, especially among women, through development of managerial and technical skills at all levels; support of strong management and financial systems, notably in logistics, supervision, and the use of information; policy reform to reallocate or increase national resources devoted to these priority activities and to increase their efficiency; efforts to secure a stable and diversified resource base, including alternative financing and cost recovery mechanisms where this would support programmatic objectives and sustainability; mechanisms to foster health-enhancing behavior and continued demand for priority services, notably through face to face and mass communications as well as social marketing; and strong ongoing evaluation mechanisms to encourage continuous improvement of the quality of systems and services.

DISASTER AND EMERGENCY SITUATIONS. Disaster situations require a somewhat different approach, notably in that sustainability is a lower priority than rapid response to a humanitarian crisis. However, the health situation faced by populations in these circumstances differ in degree rather than in kind from those in our sustainable development efforts. Priority consideration will need to be given to key emergency issues: the need for food security to avoid famine, including micronutrient supplementation; the control of major communicable diseases to avoid epidemics, including ongoing childhood immunization (notably against measles and polio); basic family planning and reproductive health services, including condom provision, in recognition that women are at even greater reproductive risk in emergency situations; and child survival services, particularly management of diarrhea, pneumonia and malaria.

The reality of disaster situations today is that they are becoming permanent fixtures in many places. In situations where the likelihood of rapid resolution is low, many of the issues relating to indigenous capacity development and institutionalization which are of concern in sustainable development countries will need to be addressed early in the implementation of a PHN strategy.

IV. RELATED PROGRAMS: SHARING A COMMON STRATEGY

Missions and bureaus are encouraged to consider promising areas of cross-sectoral interaction as part of their broad strategic development. Women's empowerment is a key overarching goal of USAID across all our programs, and an essential element of sustainable development. It cannot be accomplished without educational equity. Basic education programs aimed specifically at girls and young women should be a priority for consideration as part of an intersectoral strategy. Female literacy and education have powerful long-term effects on family size and maternal and child health, as they do on economic growth at the household level, natural resource utilization and environmental conservation, and the establishment of robust democratic institutions. All USAID efforts in basic education need to be sharpened to ensure increased school enrollment rates for girls and increased literacy among young women.

In support of this end, and consistent with the Cairo Programme of Action, USAID intends to increase the level of resources available for girls' and women's education within the broad rubric of basic education, and encourages missions to seek maximum synergy with efforts in the PHN sector. In addition, limited use may be made of funds designated for population and family planning if the activities which these funds support are specifically designed to be directly and programmatically linked to increasing access to and use of family planning in the near term (see State 128823; 14 May, 1994 and State 183043; 9 July, 1994). This latter use of population funds will require prior clearance from both PPC and G Bureaus.

Equally essential are those programs which promote Women in Development (WID). Developing women's economic, social and civil participation and girls' educational opportunities address the root causes of high fertility, women's low status and sustainable land and water use. Further, WID should be an integral strategy to promote lower population growth, improve economic conditions at the family and national levels and increase democracy through women's enfranchisement. Enlisting NGOs, including women's groups and women's rights groups, in dialogue, planning and implementing PHN initiatives serves two basic principles: increasing women's empowerment, and augmenting and monitoring the quality and accessibility of services offered by the public sector.

In countries in which water or industrial pollution is severe and results in major public health damage, environmental activities designed to reduce risk should be considered an intersectoral priority. In areas where food security is threatened, the impact of high levels of malnutrition on health status is likely to be high, and intersectoral strategies to address food supply should be a high priority. Similarly, many PHN sector interventions may have

significant effects in other areas, such as worker productivity, economic growth and school performance.

V. PRIORITIZING COUNTRIES AND SUBREGIONS

Achieving USAID's global strategic goals for PHN in a time of serious resource limitations will require particular attention to countries which contribute the most to global population growth, levels of under-five and women's reproductive mortality and serious morbidity, and the spread of HIV infection, as well as to those countries where these health and population-related conditions stand as major impediments to sustainable development.

Consideration will be given to the likelihood that PHN investments will be appropriately and efficiently utilized, and to the level of need for these investments. Consistent with the strategic approach of viewing population, reproductive health, and child health as a single related entity, resource decisions will be made for the sector as a whole, rather than separately for individual program elements.

Countries identified as priority will receive preference in PHN resource allocations, including technical staffing and field support from the PHN center in the Global Bureau.

Operational criteria. Operational criteria will assess the likelihood of impact, and of sustaining that impact. These criteria relate to a number of USAID's activities and may be of importance in achieving impact in this sector. They cover two aspects of "actionability"; one related to the host country environment and one related to the role and presence of USAID sector assistance. Assessment of these factors will rely on the detailed country-specific knowledge and judgement of USAID mission personnel and others with an in-depth knowledge. Factors to be considered include:

Host country environment

- Host country policy environment and political commitment to family planning, child survival, reproductive health, and HIV/AIDS control
- Host country and third party (NGO) institutional capabilities and potential
- Realistic service coverage prospects
- Potential for long-term operational sustainability
- Demonstration potential and replicability
- Leveraging of other donor resources

USAID role/presence

- Protection of prior USAID investment and proven accomplishments
- Potential impact of the planned intervention and expected results of USAID's investment in the country

- Strategic targets of opportunity
- USAID mission staffing capacity or alternative (USAID/Washington, regional or Cooperating Agency) capacity

These factors are not intended to be absolute criteria that must all be met before any intervention can be implemented. However they must be carefully considered and used as an indication of likely impact in a country, and to help determine the types of assistance. These operational criteria will also provide useful information on appropriate programmatic interventions at the country level.

Needs-Based Criteria. Initial identification of countries for sector assistance is aimed at capturing two dimensions fundamental to USAID's strategy.

- The ***magnitude*** of these problems in a given country or subregion with respect to the total global magnitude. Measured in absolute numbers, magnitude variables are indicative of an individual country's contribution to global population and health trends.

- The ***severity*** of these problems. Measured by rates and other population-based variables with standard denominators, severity variables point to conditions within specific countries which hinder development, but may not have sufficient magnitude to have significant global impact.

A set of variables, capturing both magnitude and severity, represent the strategic emphasis within the PHN sector: family planning, child survival, and maternal and reproductive health. Consideration of these two sets of technical criteria will afford equal weighting to magnitude and severity variables.

Because of its epidemic nature, HIV/AIDS prioritization will often need to be considered separately, and will require analysis of a separate set of factors. In some cases, clusters of adjacent countries with similar cultural, social and epidemiologic factors and high levels of cross-border contacts likely to effect the dynamic of HIV transmission may be most appropriately considered as a block.

VI. MEASURING RESULTS

USAID's *Strategies for Sustainable Development* defines our long-term strategic goal in this sector as contributing to a cooperative global effort to stabilize world population growth. The anticipated near-term results of our efforts over the next decade are: a substantial improvement of women's reproductive health, especially unmet need for contraception; a reduction of child mortality rates by one third; a reduction of maternal mortality rates by one half; and a decrease in the rate of new HIV infections. If successful these efforts are expected to result in a total world population of less than 9 billion by the year 2025, and enable and enhance sustainable human and economic development.

Evaluation must be built in to PHN sectoral activities from the beginning. Each country strategy will include PRISM indicators for monitoring impact. Regular population-based surveys (e.g. DHS) as well as other data collection tools (e.g. situation analysis) will be undertaken for all priority countries to monitor progress. An analysis of trends will be carried out periodically as part of strategy reviews, and each strategy will undergo periodic evaluations and revisions. Host country nationals represented by public and private sector stakeholders are an essential part of good strategy planning. Evaluation should include women's perspectives on quality, accessibility and affordability.

Managing for results and the implementation of USAID's population, health, nutrition and education strategy requires attention to data collection and use and the establishment of program performance monitoring systems. Results should be tied to progress towards the five guiding principles described in the beginning of this annex. Obviously these principles are ideals rather than fully achievable results. In order to monitor the progress towards these goals, there needs to be a clear agenda put forth for the collection and use of data to assess progress, refine implementation and demonstrate achievement of results. Some indicators are presented below, but these are by no means a fully comprehensive list. However, they do indicate important benchmarks on the road towards sustainable development.

Strategic Objective:	**Reducing Unintended Pregnancies**
Program Impact Indicators:	Number of unintended pregnancies
	Total fertility rate
	Proportion of fertility which is unintended
Program Outcome Indicators:	
	Percent of unmet need satisfied
	Contraceptive prevalence rate
	Couple years of protection
Strategic Objective:	**Reducing STI Transmission, including HIV**
Program Impact Indicators:	HIV prevalence
Program Outcome Indicators:	Behavioral change including condom use
	Knowledge of preventive practices
	Availability and quality of STI management
	STI prevalence
Strategic Objective:	**Reducing Maternal Mortality**
Program Impact Indicators:	Maternal mortality ratio (measured every ten years)
	Perinatal mortality rate
Program Outcome Indicators:	Percent of births attended by medically trained personnel
	Prenatal care coverage
	Met need for emergency obstetrical and post-abortion care
	Case fatality ratio

Strategic Objective:	**Reducing Infant and Child Mortality**
Program Impact Indicators:	Under-five mortality rate Infant mortality rate
Program Outcome Indicators:	Vaccination coverage rates Percent of children with appropriate case management of acute diarrhea, lower respiratory infections and malaria Percent of infants exclusively breastfed for first four months Percent of children with low weight-for-age

To measure progress in these areas, other indicators that monitor the progress of program process are also important. The Global Bureau has devoted resources and personnel to refinement of these indicators over the next year. In the near future, Global will prepare a technical paper with in-depth information on indicators for the PHN sector.

In some cases, additional data will be needed to set priorities, determine activities to be supported, assess the feasibility and impact of various interventions, identify further constraints and report broadly on results. The need is particularly great in newer priority areas, such as reproductive health, especially among young adults, and prevention of HIV/AIDS, where the magnitude of the problem, key interventions and appropriate measures for and nature of change are not yet fully developed. This requires investment in improved methodology and modelling as well as data collection and analysis.

Program performance monitoring and reporting systems will need to be an integral part of all proposed or on-going PHN programs. This requires setting objectives, agreeing upon indicators, determining expected results within finite time periods and examining and reporting actual results. Much of this is already being done at the country level with bilateral programs. Further work is required to apply these systems to regional or global programs as planned under the new programming and management procedures.

1. Note the analysis described in detail in World Development Report 1993: Investing In Health. The World Bank.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

TECHNICAL ANNEX B:

ENVIRONMENT

I. SETTING PRIORITIES FOR COUNTRY-LEVEL PROGRAMS

Based on nearly two decades of experience, USAID has developed a strong program of environmental activities at the country level. These guidelines do not attempt to overhaul USAID's approach. Given the agency's increasingly limited resources and the increasing activity of other donors, however, a more analytical, transparent, collaborative, and participatory process of priority-setting at the country level is required. Simply put, USAID must be able to demonstrate to ourselves and to our stakeholders that we are not trying to do everything, and spreading ourselves too thin to be effective in the process.

Country strategic plans submitted for approval in FY95 and future years should be based on a comprehensive assessment of environmental threats and opportunities, using the priority-setting framework described in this annex. Assessments should address the "Key Factors in the Environment" identified in the main body of these guidelines and, where feasible and appropriate, include targeted research to improve empirical understanding of these factors. Environmental strategic objectives identified in country strategic plans should be selected according to the priorities identified through these assessments.

A. Country Level Environmental Objectives

USAID's *Strategies for Sustainable Development* identifies two strategic goals:

- ***Reducing threats to the global environment, particularly loss of biodiversity and climate change; and***
- ***Promoting sustainable economic growth locally, nationally, and regionally by addressing environmental, economic, and developmental practices that impede development and are unsustainable.***

This annex provides guidance on the agency's efforts to pursue the second of these two goals at the country level.

In USAID's core "sustainable development countries" we will pursue three environmental objectives:

- ***Safeguarding the environmental underpinnings of broad-based economic growth;***
- ***Protecting the integrity of critical ecosystems; and***
- ***Ameliorating and preventing environmental threats to public health.***

(Examples are provided in the main body of these guidelines under "Key Factors in the Environment.")

In identifying environmental strategic objectives at the country level, USAID will assess the full range of environmental and natural resource threats and seek to prioritize them against these three objectives. Section C of this annex provides guidance for setting priorities.

USAID pursues its global environmental goals (conservation of biodiversity and mitigation of global climate change) in selected "key" countries, as described in *Strategies for Sustainable Development* and in the main body of these guidelines. This annex does not address these global goals. Separate guidance on USAID's climate change activities can be found in our June 1994 report to Congress, *Global Climate Change: The USAID Response.* PPC and G/ENV intend to provide subsequent strategic guidance on biodiversity.

B. Indicators of Environmental Degradation

The main body of these guidelines identifies "Key Factors in the Environment" that indicate severe environmental degradation. These indicators correspond to the three environmental objectives described above. Where any of these factors are present, USAID will give serious consideration to programmatic interventions that seek to address their root causes.

Many of these factors in many countries are not currently measured. Expert judgement will often be required in lieu of actual data. Moreover, these guidelines include only a limited number of illustrative indicators. For example, measures of fecal coliform concentrations are only one of many indicators of water quality. Again, these indicators should be taken as illustrative and should be applied along with others on a case-by-case basis using expert judgement.

Where data is limited, missions, with support from G/ENV, should seek to work with host country counterparts and other donors to strengthen empirical understanding of these factors through strategically targeted research. For example, research efforts in environmental accounting can produce rough estimates of GDP losses from environmental degradation, which can aid policy-making and priority-setting by host countries, USAID, and other donors.

C. Setting Priorities

USAID, in its core "sustainable development countries," will pursue the three environmental objectives described above by addressing the root causes of high-priority environmental problems that can be effectively and sustainably impacted by our assistance. In preparing country strategies, missions, with support from G/ENV, will assess the full range of environmental threats and identify priorities using the integrated assessment approach outlined below. Where possible, USAID should support priorities identified by host country governments, NGOs, and other donors through participatory processes, such as National Environmental Action Plans. At minimum, relevant government agencies and a broad range of NGOs should be involved in USAID's priority-setting exercise.

USAID missions are expected to evaluate -- at least qualitatively -- the severity of environmental problems in terms of the three environmental objectives identified above. Environmental strategic objectives in country strategic plans must relate to at least one of the three objectives. Country strategic plans must also describe how a chosen priority relates to the activities of other donors and how sustainable impacts can be assured through domestic policies, priorities, and resource allocations. If a mission concludes that it cannot pursue an environmental strategic objective, it should consider opportunities to address priority environmental issues through its pursuit of strategic objectives in other sectors (e.g. support for environmental advocacy NGOs, support for economic policy reforms that encourage sustainable management of natural resources).

USAID regional bureaus may prepare regional strategies that provide further guidance for country strategic plans. Regional strategies should also demonstrate an integrated response to the three objectives described above -- safeguarding the environmental underpinnings of broad-based economic growth; protecting the integrity of critical ecosystems; and preventing environmental threats to public health.

Missions' assessments of environmental priorities should include the following three steps: (1) assess the relative severity of environmental problems according to USAID's three country-level environmental objectives; (2) evaluate the potential effectiveness and sustainability of strategies available to address these problems; and (3) identify USAID's best opportunities for sustainable impact. These steps should be regarded as sequential screens that result in the identification of priority environmental problem areas that USAID can address effectively and sustainably. This analysis should form the basis for the selection of environmental strategic objectives in country strategic plans.

Guidelines for this three-step analysis follow. Missions are encouraged to experiment and adapt this analytical framework to serve their needs and circumstances.

***Step 1:** Assess the relative severity of environmental problems according to USAID's three country-level environmental objectives.*

Setting country-level environmental priorities begins with an assessment of which environmental problems represent the most severe threats to economic growth, critical ecosystems, and public health. The nature of this assessment can range from a quick and inexpensive synthesis of existing information, stakeholder opinion, and professional judgement, to a formal comparative environmental risk assessment including targeted research. USAID country assessments will likely fall in between these two extremes, involving a multi-week focussed assessment by an inter-disciplinary team of experts, but typically not involving new research. In any case, the relative severity of environmental problems will typically be classified no more precisely than "high," "medium," "low," "tolerable," or "uncertain."

Figure 1 presents a suggested format for assessing the severity of environmental problems according to USAID's three environmental objectives. The examples of environmental impacts and their levels of severity are only illustrative, and the cutoffs between problem classes (high, medium, low, tolerable) are somewhat arbitrary. Thus, the scheme is not intended to be followed rigidly but should assist missions in constructing their own frameworks to prioritize among disparate environmental issues.

Environmental problems classified "high" under all three objectives would rank highest in an integrated assessment, followed by those ranked "high" under two objectives, and so on. As a general rule, a problem ranked "high" under any single objective or as intolerable (high, medium, or low) under more than one objective should be thoughtfully considered. Missions may also want to weight certain problems according to their impacts on particular human populations (e.g. women, indigenous peoples, the poor) or productive sectors (e.g. leading exports, major food crops) of special interest to USAID or the mission.

The relative severity of problems need not necessarily dictate environmental priorities and assistance strategies. Some severe problems may be intractable or so costly to ameliorate that greater environmental benefits may flow from tackling problems of lesser magnitude. Conversely, some problems may rank low in severity precisely because prior investments in environmental management have been effective. Maintaining such investments may thus be judged a high priority. Finally, assessing the relative severity of environmental problems should not dictate the strategic means of assistance (e.g., human resource development, institutional capacity building, policy reform, technology transfer, etc.). These considerations should be addressed in the subsequent two steps of the analysis.

***Step 2:** Evaluate the potential effectiveness and sustainability of strategies available to address the most severe problems.*

The purpose of this step is to identify the major problems that may be addressed most effectively and sustainably, beginning with an evaluation of the environmental problems classified as most severe. This analysis will rely on the technical judgement of USAID's assessment team and their consultations with relevant in-country stakeholders. Consideration should be given to technical, institutional, policy, political, social, financial, and other constraints in the host country environment. The chapter on "Protecting the Environment" in *Strategies for Sustainable Development* and G/ENV's strategic plan both provide general guidance on the types of interventions appropriate for different environmental priorities (sustainable agriculture, urban and industrial pollution, energy, natural resources management). Subsequent guidance may clarify and update existing policies and guidance on programmatic approaches to these issues.

Cost-effectiveness may be considered as a criterion for comparing available strategies to address competing environmental priorities of similar severity. However, environmental planning should not be held hostage to present costs of environmental protection since, in many cases, the cost-effectiveness of environmental management will improve over time as the learning curve rises. Missions should pay particular attention to the sustainability of alternative strategies from financial, institutional, and political perspectives.

***Step 3:** Identify USAID's best opportunities for sustainable impact.*

The final step in the assessment process focusses on USAID's comparative advantages in addressing competing environmental priorities. Mission staff, in consultation with USAID/W, will need to take primary responsibility for this step. Missions should evaluate USAID's technical capabilities to address the priorities that emerge from the first two levels of analysis (severe environmental problems that can be effectively and sustainably addressed). This evaluation should also include consideration of the existing and planned programs of other donors and their comparative advantages.

Figure 1. Suggested format for assessing the severity of environmental problems.

Potential Consequences				Certainty/Frequency of Occurrence			
Hazard Level	Human Health	Ecosystem Damage	Monetary Loss	High Repeatable	Moderate Several Times	Low Occasional	Remote but Possible
Catastrophic	Hi mortality (5% total life-years lost), prolonged epidemic, widespread injury	Complete, irreversible loss of critical habitat or critical ecosystem function	>5% GDP	HIGH			
Critical	Moderate mortality (2-5% total life-years lost), hi illness or injury (5% total)	Widespread conversion of critical habitat, loss of keystone species, substantially impaired ecosystem function	2-5% GDP		MEDIUM		
Marginal	Low mortality (1-2% total life-years lost), moderate illness or injury (2-5% total)	Moderate but reversible degradation of critical habitat or ecosystem function	1-2% GDP			LOW	
Negligible	Negligible mortality (<1% total life-years lost), low illness or injury (2-5% total)	Alteration of noncritical habitat, slight or quickly reversible damage to few species or ecosystem function	<1% GDP				TOLERATED

II. ENVIRONMENTAL PROCEDURES

The Environmental Strategy Paper states that "USAID will strengthen its institutional capacity to ensure that all Agency-supported efforts, whether projects or program-related investments, are environmentally sound. Where necessary, it will require mitigating measures or project redesign. Ensuring the environmental soundness of every USAID program, project, and activity is a prerequisite for sustainable development. It is also a legal obligation under the agency's regulations.[1]

A. Goals and Approaches

These regulations will continue to provide the legal and policy framework to ensure that all activities undergo appropriate environmental analysis. Environmental officers and advisors will provide leadership and technical expertise, but responsibility for the success of the process will belong to every officer in the agency. Environmental work will continue to be done at the earliest practical point in the project identification and design process and be fully integrated. This allows for full integration of environmental and other project objectives and minimizes possible delays in project approval. While not formally required in USAID's regulations, the agency as a matter of policy will pay particular attention to ensuring the development, implementation and monitoring of appropriate plans to mitigate environmental impacts. Similarly, while not required under USAID's regulations, the agency will seek to undertake environmental analysis at the programmatic and sector level.

USAID will seek to assist host governments in creating the capacity to undertake high quality environmental impact assessments (EIA) of all development programs. USAID's country strategies will examine opportunities and where feasible support activities to strengthen local laws and regulations on EIA, train regulatory officials in EIA techniques, and strengthen public participation in the EIA and project design process. USAID will use its own environmental assessments (EAs) and environmental impact statements (EISs), where required, as models and training opportunities. USAID will also seek to assist other donors and lending institutions to strengthen their EIA procedures with a goal of helping them to match USAID's own standards. Weak environmental procedures within other donor agencies and lending institutions undercuts the efforts of USAID's and its partners. Absolute harmonization of EIA standards would be unworkable, and probably unwise. However, comparable standards are essential.

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[1] 22 CFR § 216 codifies USAID's procedures "to ensure that environmental factors and values are integrated into the A.I.D. decision making process." These regulations are consistent with Executive Order 12114 ("Environmental Effects Abroad of Major Federal Actions") and with the purposes of the National Environmental Policy Act (NEPA).

USAID will strengthen public participation in the EIA process, in keeping with the agency's strengthened commitment to participation and democracy. USAID will ensure that interested and affected peoples -- both women and men -- are consulted in the process of preparing EAs and EISs and that they have an opportunity to review and comment on the draft document prior to final approval by the Bureau Environmental Officer. USAID will also seek to consult with and provide draft environmental documentation to interested parties in the U.S.

President Clinton has asked the National Security Council in PRD-23 to chair an inter-agency review of the Administration's policy on the applicability of the National Environmental Policy Act (NEPA) to Federal actions abroad. NEPA provides the statutory framework for EIA by the Federal government. USAID's own environmental procedures resulted from the 1975 settlement of a lawsuit concerning the agency's compliance with NEPA. PPC is representing USAID in the inter-agency process under PRD 23 and will take the lead on any changes that may be needed in 22 CFR § 216 as a result of this review.

B. Institutional Responsibilities

Responsibility for USAID's environmental procedures will be shared among missions, regional bureaus, G, BHR, PPC, GC and other operational units that manage programs, projects, or activities:

- Missions and other operational units will continue to be responsible for compliance with the environmental procedures in the activities that they manage. After approval of environmental documentation, Missions will be responsible for implementation of any resulting decisions or mitigation measures. Missions will also assess compliance with the environmental procedures in all interim and final project evaluations.

- Each regional bureau, G, and BHR will appoint a Bureau Environmental Officer to oversee, and provide technical support for, compliance with the procedures, and to approve environmental documentation pursuant to the procedures.

- PPC will oversee implementation of the procedures across bureaus and resolve disputes or other issues concerning the procedures.

- GC will appoint an attorney to be the agency's principal legal advisor on 22 CFR § 216.22.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

TECHNICAL ANNEX C:

DEMOCRACY

I. INTRODUCTION

This guidance is designed to assist USAID personnel in identifying democracy-sector strategic objectives and in formulating action plans that incorporate democracy sector projects in sustainable development countries. In addition, the guidance should assist in the development and implementation of democracy sector activities in nonpresence countries, notwithstanding the lack of formal assessments undertaken and the different standards for measuring results in such situations.[1]

Use of the term "democracy promotion" in this guidance covers a broad range of activities, but establishes as priorities those aimed at initiating or enhancing:

- ***unresricted political competition at the national and local levels;***
- ***respect for the rule of law and fundamental human rights;***
- ***effective, transparent and accountable governance structures; and***
- ***popular participation in decision making by all sectors of civil society.***

In this context, the macro-institutional and the micro-grassroots aspects of democracy promotion are two sides of the same coin and must be addressed in tandem.

Programs in other sectors where USAID provides assistance also should be evaluated for their potential impact on democracy and governance concerns. Specifically, every USAID program should:

- ***expand the participation, initiative and empowerment of the population, particularly women and minorities;***
- ***improve access to and information about policy and regulatory decisions among all sectors of the population;***
- ***enhance reliability and responsiveness of governance institutions; and***

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[1] This guidance elaborates on the USAID strategy "Building Democracy," issued in January 1994, and the earlier 1991 Democracy and Governance Paper. The earlier documents provide the broad philosophical framework for agency efforts to promote the strengthening of democratic institutions worldwide. This guidance is designed to help USAID personnel choose from among programmatic alternatives.

- ***help open policy dialogues.***

USAID appreciates the special political sensitivities involved in democracy promotion work, the wide variation of potential project designs, the time pressures that often dictate the nature of specific programs and the difficulties in measuring results in a meaningful manner. Consequently, the guidance does not prescribe the type or sequence of democracy promoting activities for every country. On the contrary, experimentation in this sector is encouraged.

At the same time, USAID experiences in democracy promotion activities, while less extensive than in other fields, are not inconsequential. Prior USAID activities provide the foundation for an understanding of what constitute best practices in democracy and governance. This experience underscores the need for the following:

- integrating democratic approaches in other sectors, and other sectoral concerns in democracy, to address jointly the principal constraints to sustainable development;
- enhancing partnerships with NGOs, host country institutions, other USG agencies, and other donors;
- anchoring these relationships in coherent programs, rather than limited projects;
- tailoring programs to the local context;
- responding to and building upon local commitment;
- securing the support of local leadership and ensuring that groups within the host country initiate political developments; and
- improving systems for measuring results and impact through democracy programs, rather than merely monitoring inputs and outputs.

Nothwithstanding the increased agency involvement in this sector since 1990, review of USAID experience highlights several shortcomings in the delivery of democracy programs. Political and bureaucratic constraints have deterred the agency from working directly with local NGOs, although this has been less true in Eastern Europe and the former Soviet Union. Protracted implementation delays, often due to contracting backlogs and clearance requirements, have reduced the impact of the assistance provided, particularly in transition situations. Also, US domestic considerations have driven programs that overestimate the potential impact of the US government contribution and ignore the local dynamics of

political change. Lastly, the difficulty with measuring success occasionally has resulted in the premature abandonment of democracy programs or sustaining them in circumstances where they have not proven effective.

II. DEVELOPING A COUNTRY DEMOCRACY PROGRAM

Democracy programs should be integrated with and contribute to USAID's general development goals. This will require overcoming long-standing political constraints to sustainable development. Identifying these constraints orients the Agency toward a more clear set of democracy objectives. Specifically, USAID will work to achieve the following:

Liberating individual and community initiative. The expansion of vibrant self-governing associations in civil society is both desirable as an end and critical as a means for achieving broader development objectives. Moreover, local action is most effective when demands are aggregated vertically and horizontally so that local interests and communities can influence national policy.

Increasing political participation. In many countries, large segments of the population are politically and economically excluded. These individuals or groups are easily exploited by officials and elites who control them by patronage and coercion. Democratization must be defined as creating the means through which the political mobilization and empowerment of such individuals and groups is possible.

Enhancing government legitimacy. A narrow political base often combines with poor economic conditions and social divisiveness to limit the legitimacy of governments. Authoritarian traditions and the experience of nationalist movements has provided little understanding of or sympathy for the concept of political checks and balances. Opposition and treason are easily confused, especially by politically weak governments. A constitutional order must emerge that allows for dissent, but also for effective government action. Indeed, particularly in transition situations, a government must produce effective, broad-based growth to retain legitimacy.

Ensuring greater accountability among government officials. Corruption and abuse of human rights, and the constraints alluded to above, destroy the potential for sustainable development by violating the freedom and undermining the initiative of those outside government. To avoid the inevitability of such abuses, mechanisms must be in place to ensure that powerful government actors serve the broad public interest rather than their own concerns. Honest, fair and efficient implementation of laws, regulations, and public investments is possible, however, only where civil servants, police, and the military are held

accountable by independent judiciaries, elected representatives and informed, educated constituents.

Creating the means for public deliberation of issues. In nearly all societies, distinct consensus building models form an important part of traditional political processes. However, authoritarian regimes and economic decline seriously undermine these mechanisms. When solutions are imposed from above, opposition forces are not consulted and the sustainability of development progress often proves elusive because citizens have failed to forge a durable agreement on difficult problems. Increasing the capacity and representativeness of democratic forums facilitates agreement on important policy and implementation issues.

Promoting peaceful resolution of conflicts. Intra-societal conflict -- political, economic, cultural, or religious -- destroys the stability on which sustainable development depends. Repression has proven an ineffective means for containing conflict, since when the repression is reduced, highly destabilizing, often violent confrontations result. To the extent feasible, mechanisms for managing and resolving conflicts must be sought through improved mediation and arbitration mechanisms, as well as by creating and maintaining formal rule structures that are broadly accepted in society.

The listing of these objectives highlights the multitude of existing constraints in the political arena, and suggests that no single need may be paramount. Rather the list provides a starting point for building democracy programs at the country and regional level. *Focusing on a manageable number of objectives, however, is critical, and limiting assistance to those activities that are most likely to accomplish the broad development objectives is fundamental.*

Decisions on priorities for democracy and governance programs will be specific to each country; however, some common themes and considerations are suggested by USAID's overall level of involvement in a country. Specifically, USAID will conduct democracy programs in the following three settings:

- *sustainable development countries*, where USAID will provide an integrated package of assistance - these countries will be designated by USAID/W based, in part, on democracy and human rights performance considerations;

- *countries emerging from dire humanitarian crisis or protracted conflict*, where the short-term emphasis will be on developing or safeguarding the basic elements of a democratic political culture, including respect for human rights, the existence of independent groups, and setting the stage for political institution building; and

- *other countries*, where US foreign policy interests or other global concerns -- such as refugee flows, gross human rights abuses and the demonstration effect of democratic progress -- warrant small scale programs, notwithstanding the lack of USAID field presence.

Considerations for developing programs in each of the these settings are detailed in the following three sections.

A. Sustainable Development Countries

The sustainable development category includes countries at very different levels of political development. Some are ruled by autocratic regimes, but will permit the occurrence of some independent political activity. Other countries have begun a transition process, with the pace varying from countries on the verge of multi-party elections to countries where a phased transition will take several years. A third category includes countries that have completed the initial transition phase, usually with a fairly conducted election, and are beginning the phase of institutional consolidation. Finally, a few countries may have established democratic institutions, but these institutions are threatened by other constraints on sustainable development.

Once a country is designated for sustainable development support, the mission should **review or develop** the country strategy. In circumstances where only review of an existing strategy is required, action plans for democracy programs should be formulated, to the extent feasible, in accordance with this guidance.

Traditionally, mission strategies have relied on field assessments performed on a sectoral basis. In the democracy sector, assessments have ranged from lengthy, multi-person field assessments analyzing all aspects of political development in a country to simpler assessments conducted by mission staff or a contractor in response to a discrete political development. In any event, the imperative of conducting an assessment should not preclude missions from responding to immediate democracy needs once initial approval has been received from USAID/W.

As part of or as a follow-up to the initial assessment process, missions may consider establishing ad hoc, local consultative groups, comprising individuals with diverse backgrounds and relevant expertise, to help formulate the strategy for democracy promotion and to identify priority areas for USAID support. Where appropriate, the group's status can be formalized and expanded to include reviewing proposals and evaluating programs.

In identifying strategic objectives in the democracy sector, the following elements should be considered:

First, define the political context of the country in question and identify the type and impact of previous democracy sector programs (if any) initiated by USAID or other donors.[2] Relevant information can be derived from interviews with government and NGO representatives, diplomats, scholars and journalists, including those outside the capital area and those not normally recipients of USAID assistance. Since successful democracy programs build upon local commitment, particular attention should be paid to evaluating nascent local institutions and indigenous demand for USAID support.

Second, review the activities of other organizations involved in democracy programming. Potential actors may include international organizations (*e.g.*, the United Nations, the Organization of American States, the World Bank, and the CSCE), bilateral donors, other U.S. Government agencies (*e.g.*, the U.S. Information Agency, the Department of Defense, and the Department of Justice), international NGOs (particularly US-based), and local NGOs. The objective is to avoid duplication of efforts and to present consistent and mutually reinforcing messages within the host country. In this context, USAID personnel should actively participate in the USG Country Team responsible for democracy and human rights.

Third, generate a list of potential opportunities in democracy programming and assess the probable impact of each in promoting democratic change and achieving sustainable development goals. This should influence types of activities selected and the amounts budgeted for them. Table 1 lists a series of questions to consider in evaluating specific program activities.

In establishing priorities and determining the sequencing of USAID support, the following analytic framework should be utilized:

- Are the basic elements of a democratic political culture -- including respect for fundamental human rights, political space for independent groups, freedom of the press and the emergence of broad comprehension regarding the rules of political competition -- established? If not, support might appropriately be directed toward human rights groups and other NGO organizations promoting democratic change, including labor unions and the independent media;

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[2] Variables to consider might include: the stage of democratic evolution; the basis of government; economic conditions; the security situation; the role of the military in the government; the level of engagement of civil society; the country human rights performance; the role of women; the government's attitude towards political reform; government transparency, accountability, and effectiveness; and other cultural and social factors determined to be relevant.

- Are the basic institutions necessary for democratic governance in place? If not, support might be targetted at developing a constitutional framework, a competitive and meaningful electoral process, and legislative and judicial institutions necessary for the adoption and enforcement of laws and policies;

- Is there a system of effective and transparent public institutions and are public officials accountable to the citizenry? If not, assistance might be provided to help reform the governance infrastructure in accordance with democratic norms; and

- Does the nongovernmental sector have the capacity to engage in meaningful public policy review and to monitor effectively the activities of government institutions? If not, support might be provided to the independent media and civic action groups, and to promote the establishment of cross-border and cross-sectoral networks of NGOs.

The framework suggests, but does not prescribe, the appropriate mix and succession of potential program interventions. For example, a determination that the major obstacle to democratization is the absence of a viable democratic political culture does not preclude program interventions in the other areas. However, deviations from the presumptions established by the framework should be explained.

Once the overall strategy or action plan is approved by AID/W and budget allocations set, program activities should begin as soon as possible. Because democracy promotion activities are particularly time sensitive, USAID/W will be favorably disposed to requests for expedited treatment of new democracy programs.

B. Specially Designated Transition Countries

As suggested above, many democratic transitions occur in countries where USAID missions already exist. In addition, a select number of countries will be designated for handling by USAID's newly-formed Office of Transition Initiatives (OTI), which is sited alongside the Office for Foreign Disaster Assistance in the Bureau of Humanitarian Response.

Given the foreign policy implications involved, designation of focus countries for OTI will follow inter-agency discussions. Situations entailing negotiated settlements of protracted conflicts and where political transformation ranks particularly high among US foreign policy goals are prime candidates for OTI involvement. Frequently, such transitions share common elements, including:

- humanitarian concerns;
- disrupted economies and damaged infrastructures;
- heavily militarized societies;
- an imperative to return home dislocated populations, including demobilized soldiers;
- ambitious plans for swiftly erecting democratic institutions; and
- urgent appeals for international support.

OTI's principal efforts will include: rapid assessments of a transition situation; implementation of programs in response to urgent short term needs; and facilitation of a coordinated US government and international donor response. Initial OTI services will be concentrated in the following areas:

- reestablishment of the rule of law, including local security and mechanisms for resolving disputes peacefully;
- restoration of political and social infrastructure, including local government bodies responible for providing social services; and
- demobilization and reintegration of ex-combatants, including employment, housing and retraining programs.

OTI involvement in a country will generally be short-term. In some instances, specific political developments -- such as constitution drafting, a national referendum or an election-- may signal the end of OTI's role. In instances where the political institution building that OTI initiates carries forward into the future, OTI will strive to transfer full responsibility for programs to a mission or regional bureau within a fixed time period.

C. Non-Presence Countries

In recognition of moral and political imperatives associated with expanding and consolidating democratic governments, USAID will continue to offer limited support for modest democracy programs in countries where no USAID mission is present. The U.S. country team may request such assistance or a request may be made directly by a local NGO to USAID/W or to an international NGO operating with USAID support.

Programs in nonpresence countries will include support for transition elections and for local organizations promoting or monitoring respect for human rights, conducting civic education programs and encouraging broader participation in political affairs. Generally, these programs will be implemented by NGO partners through core grants or through Global Bureau projects to support small scale democracy activities in non-presence countries.

Planned democracy activities in a non-presence country must meet general requirements for all democracy programs (*e.g.*, high impacts, high benefit/cost ratio, USAID technical capabilities, etc.). Those proposing the program must demonstrate that other donors, including the National Endowment for Democracy and private foundations, are unable to provide necessary funds. Additional criteria that might justify such activity include: unique opportunity; substantial multiplier or demonstration effect (including in other sectors and other countries); broad-based interest in addressing issue of particular importance to the US (e.g., narcotics or immigration); and USAID comparative advantage in the particular program area. Finally, implementation of the program must be possible in a manner that guarantees financial accountability and provides mechanisms for measuring results.

III. PROGRAM PRIORITIES

USAID democracy promotion activities are not limited to a narrowly prescribed activity list. Democracy promotion is too context specific for such an approach to work. Moreover, circumstances may require that a mission take advantage of emerging opportunities or respond to specific exigencies (including extreme poverty and other unmet human needs). Table 2 identifies the different types of potential USAID program interventions.

With the above caveats in mind, USAID democracy programs will focus on the following four areas:

- ***promoting meaningful political competition through free and fair electoral processes;***
- ***enhancing respect for the rule of law and human rights;***
- ***encouraging the development of a politically active civil society; and***
- ***fostering transparent and accountable governance.***

These focal areas represent strategic sub-objectives in the democracy sector. Project interventions should be designed to meet a particular sub-strategic objective in a reasonable timeframe. Focus on a specific sub-strategic objective, however, does not imply that the four

areas are not inter-related and that projects will have impact in only one area. Indeed, in many cases, properly designed projects will contribute to progress in all four areas and should be measured accordingly.[3]

Moreover, countries plans should consider programs that simultaneously bolster more than one core element of sustainable development. Some of the more obvious opportunities for synergies include:

- working on specific local concerns (*e.g.,* land and water distribution, pest control, forestry) in an integrated manner that assures participation by all affected sectors and that creates a sustainable institutional framework;
- supporting legal reform in the regulatory, financial and economic fields;
- developing mechanisms for informed political debate on economic, environmental, education and health issues;
- pursuing curriculum and pedagogic reforms that instill democratic values and improve the quality of education;
- assisting new advocacy NGOs working in environment, education, and health policy; and
- empowering local organizations to participate in local politics and to enter the national policy dialogue.

In many instances, these projects should **not** be attributed to the democracy sector for budgetary allocation purposes, but their impact on democracy performance should be measured throughout the life of the project.

A. Electoral Processes

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[3] In program areas where USAID has considerable experience, a growing body of knowledge exists regarding how best to support democratic political development. For example, USAID efforts in the areas of rule of law and election support have been evaluated, lessons have been learned, and guidance has emerged that can assist in implementing these types of programs. *See, e.g.,* H. Blair and G. Hansen, *Weighing In On The Scales of Justice: Strategic Approaches for Donor Supported Rule of Law Programs*, USAID Center for Development Information and Evaluation, USAID 1994; D. Hirschmann and J. Mendelson, *Managing Democratic Electoral Assistance: A Practical Guide For USAID*, USAID 1993.

The initiation or conduct of an electoral process provides an opportunity for democratic forces to organize and compete for political power. Thus, requests for assistance in support of an electoral process deserve special consideration. Moreover, the critical role that elections play in the democratization process justify USAID support even when fraud or administratively improprieties are deemed possible. In such circumstances, an *a priori* determination must be made, in consultation with the democratic forces within a country, whether the assistance in question will benefit the democratic cause or will merely legitimize a corrupt process. These issues should be the subject of constant review with the country team and USAID/W in the period preceding the election.

Given USAID's emphasis on sustainability, electoral support should be directed at enhancing local capacity. *With this in mind, training and technical assistance is preferred over commodity transfers, and development of domestic monitoring capabilities should take precedence over support for international observer efforts.* Also, establishment of a respected, permanent national electoral commission and encouraging meaningful participation among all sectors of the population merits particular USAID backing.

In designing electoral assistance programs, the following points should be kept in mind:

- USAID should not provide *unconditional* assistance where electoral processes appear flawed or where segments of the population are denied participation;

- electoral assistance should be provided at an early stage in the process to ensure effective usage;

- requests for high priced, state of the art electoral commodities are often nonsustainable and technologically inappropriate, and raise the specter of large scale corruption;

- effective participation by political parties are critical to the success of an electoral process, although USAID must be particularly scrupulous in avoiding even the perception that it is favoring a particular candidate or party through the provision of financial or technical assistance;

- campaign periods provide an excellent opportunity for developing nongovernmental organizational capacity through civic education and election monitoring programs; and

- a programming commitment to a successful election should not skew resource allocations to the extent that funds are unavailable for post-election activities.

B. Rule of Law

A democratic society requires a legal framework that guarantees respect for citizen rights and ensures a degree of regularity in public and private affairs. Corruption and abuse of authority have an obvious impact both on economic development and democratic institutions. Finally, effective public administration is essential to enhancing popular support for democracy.

Rule of law programs form an integral part of a democracy strengthening strategy. USAID experience with rule of law programs suggests the importance of promoting *demand* for effective administration of justice (*i.e.,* coalition building to support legal reform, guaranteeing access to the legal system, assisting human rights groups that monitor government performance and represent victims of abuse, and encouraging development of alternative dispute resolution mechanisms), as well as the more conventional *supply* side activities, (*i.e.,* legal reform and institution building). Supply side programs are however much more dependant on a government demonstrating the requisite political will, which must be monitored throughout the life of project.

While the breakdown of law and order is a real threat to democracy, USAID must exercise considerable care in developing programs that support police forces. Specifically, the government must demonstrate a commitment to discipline those responsible for human rights abuses and to take other appropriate steps to ensure that the police forces are accountable to the democratic government. At the same time, a holistic rule of law program may, and often should, include a police assistance component, in addition to the more traditional support for judges, prosecutors, defense attorneys, human rights groups and an independent media.[4]

C. Civil Society

A vibrant civil society is an essential component of a democratic polity and contributes to the overall agency goal of promoting sustainable development. The concept of civil society, however, covers a broad swath. Thus, USAID democracy programs designed

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[4] In addition to the guidance contained in this document, those developing rule of law programs should refer to the USAID Rule of Law Policy Guidance Paper issued in November 1994 and to H. Blair and G. Hansen, *Weighing In On The Scales of Justice: Strategic Approaches for Donor Supported Rule of Law Programs*, USAID Center for Development Information and Evaluation, USAID 1994.

to strengthen civil society generally should focus on support for organizations (established or in formation) that:

- engage in civic action to promote, protect and refine participatory democracy;
- encourage deliberation of public policy issues;
- monitor government activities; and
- educate citizens about their rights and responsibilities.

This formulation includes public advocacy groups, labor unions, independent media institutions, politically active professional associations, human rights and good governance organizations, and local level associations and institutions that tend to aggregate and articulate their constituents needs. At the same time, the formulation discourages democracy sector attribution of USAID assistance for service organizations and local associations -- including health care providers, producer cooperatives, water-user and community based forest management associations, and similarly oriented groups -- unless the support is designed to accomplish one of the specific goals listed above. Instead, USAID assistance to these organizations should be justified as contributing to the achievement of other agency strategic objectives, while recognizing the important spill-over consequences for the democracy sector.

USAID civil society programs incorporate training components, other forms of technical assistance and, in appropriate circumstances, financial support to the types of organizations listed above. *Because the concern is the development of a democratic polity, USAID assistance should also be directed towards reform of laws that prevent or deter the formation of independent groups.*

The potential long-term viability of local organizations is an important criteria for USAID assistance. However, given the dynamics of a transition situation, this emphasis should not preclude support for organizations that emerge in response to particular political development needs and that may disappear after the principal political goals of the organization have been achieved.

D. Governance

The promotion of good governance has become a major theme among all donors. In large measure, this reflects recognition of the fact that corruption, mismanagement and government inefficiency are inextricably linked with poor development performance. The

challenge for USAID is to design good governance programs that are consistent with the broader goal of promoting true political liberalization.

For USAID, the emphasis in good governance is on promoting transparency and accountability of governments in policy making and resource use. Projects and nonproject assistance may involve:

- support for executive branch ministries to plan, execute and monitor budgets in a more transparent manner;
- strengthening legislative policy making, budget and oversight capabilities;
- decentralizing policy making by working directly with accountable local government units; and
- supporting independent media and nongovernmental organizations.

Because of the programming emphasis of other donors, most notably the multilateral development banks, USAID will give less emphasis to public sector management and civil service reform.

IV. IMPLEMENTING PROGRAMS

Successful programs in the democracy sector require not only a clear understanding of the political, social and economic circumstances in the host country, but also an implementation plan that utilizes the following principles:

- ensuring participation of local groups in strategic planning and program development, design, implementation and evaluation;
- incorporating the concerns of women and other minorities from the strategic planning through the evaluation phases;
- pursuing program implementation in a consciously nonpartisan manner;
- relying on trainers and resource persons from different countries, representing varying democratic practices, rather than relying exclusively on U.S. nationals and models of U.S. government structures and practices; and

- utilizing approaches that emphasize sustainability and local empowerment over attainment of short-term performance targets.

USAID recognizes adherence to these principles is labor intensive and that adequate and appropriate personnel must be assigned by both USAID and the missions to ensure they are carried through.

A. Timeframes

Most democracy programs require patient, long-term commitment. In some instances, however, democracy activities need not have a long life span. Some programs will be completed in less than a year, either because objectives have been achieved (*e.g.*, registering voters, conducting an election, developing a civic education program), another donor has assumed responsibility for the activity, or the supported organization has used the assistance to develop a sustainable capacity (*e.g.*, labor unions, political parties and NGOs). In other instances, multi-year programs are required to ensure an initiative continues through a turbulent period (*e.g.* promoting legal reform) or because an objective can not be accomplished quickly (*e.g.*, institutional strengthening of a new legislature, a new court system or local governments).

Because the political situation in a country may shift suddenly, democracy programs should be monitored and evaluated throughout their duration. The PRISM framework and country team reviews provide a basis for conducting such on-going evaluations. Where necessary, missions should consider reorienting or closing down a program. Eliminating specific projects should not be avoided simply because of sunk investments, as maintaining a project may legitimize a corrupt or human rights abusing regime or may involve wasting scarce resources.

B. Partners

Democracy programs may be implemented through contracts, cooperative agreements or grants with host governments, intergovernmental organizations, other U.S. government agencies, U.S. based and local NGOs, and private sector organizations. USAID policy encourages partnerships with the full range of nongovernmental entities, both U.S. based and local. *This is particularly important in the democracy area, where strengthening nongovernmental entities directly serves the goal of democratization.*

Development success will not be possible without the active participation of local individuals and communities. To achieve this objective, missions should maintain open and constructive dialogues with local groups (USAID grantees and others). Formal mechanisms

for joint analysis of development problems with the local NGO community should be established.

USAID's relationship with US and local NGO partners reflects a dynamic, complex collaboration. To ensure implementation of integrated country strategies, USAID often requires the services of NGOs with technical expertise and periodic consultations once program activities are underway. At the same time, USAID should not micro-manage or exert excessive control over program implementation, as this may compromise the independence of the NGO and might identify US government policy too closely with the viewpoint of the NGO.

Special attention should be paid to creating cross-border and cross-sectoral networks of NGOs as a means to strengthen civil society. Contacts will allow indigenous NGOs to transcend local arenas and avoid "reinventing the wheel." One way to encourage contacts is to promote electronic networking via telephones, electronic mail and conferencing. Such networking is well advanced within the U.S. NGO community and is growing rapidly in Latin America.

Where appropriate, USAID should implement democracy programs through direct partnerships with local NGOs. In selecting partners, USAID should seek to identify those groups whose programs will contribute toward long-term sustainable democracy and whose internal makeup reflect basic equity criteria. In working with partners, USAID should recognize their institutional limitations and develop mechanisms for enhancing their capacity, including the ability to meet accountability requirements imposed by USAID. In some cases, USAID's partner may be a consortium of NGOs, allowing groups to build on economies of scale. USAID should avoid exclusive reliance on NGOs that have become the focus of all donor activities, unless circumstances dictate otherwise.

Several U.S. based NGOs have developed particular expertise in democracy promotion activities and thus should be considered as potential partners for specific interventions. In selecting U.S. based NGO partners, bureaus and missions should consider the following factors:

- prior experience with similar programs, including past successes in leaving behind a sustainable component;
- ties to local counterparts and potential impact upon strengthening local civil society;
- knowledge of the country - people, history, groups in civil society and public institutions;

- dedication to local capacity building;
- in-house expertise in specific subject areas;
- willingness to place field representatives on the ground for extended period and past experience supervising work of field representatives;
- previous record in implementing USAID programs, including achievement of objectives and meeting reporting requirements; and
- projected cost involved in implementing a specific project.

Host governments are normally the direct beneficiaries of democracy funding where the objective is to strengthen government institutions. In providing direct assistance to governments, the mission must ascertain that the requisite political will exists to ensure project objectives can be achieved. Local NGOs may prove useful partners in monitoring such programs and in explaining programs to the public.

USAID will provide funds to ***international organizations*** directly involved in democracy promotion activities, where their objectives coincide with those of USAID and proposed activities cannot be easily replicated by NGOs. This includes efforts to coordinate donor or nongovernmental activities, for example, during election periods. International organizations receiving USAID funds must be held to reasonable accountability and performance standards.

Subject to existing law establishing a preference for the private sector and NGOs in implenting programs utilizing development assistance, USAID will transfer funds to ***other U.S. government agencies*** for democracy initiatives. Their proposed work must be consistent with USAID's approved strategy and welcomed by the host country partner. The agency also must be uniquely qualified to achieve the identified objectives and must have the capability to manage the program and exercise appropriate financial oversight.

C. USAID Capacity

The establishment of a Democracy Center in the Global Bureau will allow USAID to better service field missions in implementing democracy programs. In particular, Global Bureau personnel with relevant expertise will conduct assessments, help with project design, provide technical backstopping and assist with evaluations. The Democracy Center also will manage a limited number of programs in "nonpresence" countries.

To facilitate program implementation and the development of partnerships, the Center will enter formal relationships with several NGOs and/or contractors. These relationships will allow missions to solicit involvement of one or more groups in response to a request for specific services. Once an agreement is reached between the mission and the group regarding the nature of the services required -- which might include the development of a democracy strategy, implementation of a particular project or evaluation of a project in progress -- program activities can begin immediately.

The Democracy Center will be responsible for disseminating information on democracy programs across the agency. A newsletter will highlight effective program activities, evaluation reports and lessons learned. The Center also will arrange training programs on specific subjects relevant to the development of agency technical capability in the democracy sector.

D. Donor Coordination

In December 1993, the Development Assistance Committee adopted an orientations paper on Popular Participation and Good Governance, which reflects a consensus among donors on specific principles relating to democracy, human rights, good governance, participation and excess military expenditures. The paper provides a basis for bureaus and missions to seek broad donor agreement on democratization principles, priorities and programs. The objective is to maintain consistent pressure for reform, to assure adequate levels of donor support and to encourage complementarity and economies of scale among programs. Where significant policy differences among donors constrain cooperation at the country level, missions should inform USAID/W so that these matters can be addressed in headquarter-level discussions.

During a pre-transition phase, USAID missions should strive for consensus among donors on the levels and types of economic assistance, through bilateral discussions or the convening of existing or ad hoc groups. As a political transition gets underway, donor coordination becomes increasingly more important, both in ensuring consistent signals are sent and in guaranteeing the provision of appropriate assistance to support the transition. Regular consultations are invaluable for agreeing upon a division of labor and avoiding duplication. Ad hoc working groups that meet regularly and are chaired by a lead bilateral donor or by UNDP provide useful fora for discussion of critical issues pertaining to the transition.

Successful transitions often depend on donor agreement on the level, character, and timing of economic assistance triggered by the political reform. As the transition evolves, USAID should work with other donors, including multilateral institutions, to develop an

appropriate package for the immediate post-transition period and to set the conditions that permit grants and loans to begin. Where bilateral donors are in agreement on democracy and governance goals, the World Bank can act as an effective agent of the Consultative Group process in urging policy reforms.

During the post-transition or consolidation phase, donor coordination remains critical. Inevitably, USAID assessments will identify many more needs than USAID resources can meet. The guidance that missions focus their activities on a small number of projects in the democracy sector also highlights the critical importance of donor coordination. Given these constraints, missions should share information and analysis with other donors as a matter of course.

V. MEASURING RESULTS

Lessons of the past clearly point to the importance of developing strategically focused democracy programs to avoid spending scarce resources on ad hoc activities that fail to achieve discernable impacts. Though measuring the results of assistance is a widely accepted principle, concrete guidance on how to carry this out in the democracy area is both scarce and complex. This is an important priority for the Agency's research agenda.

Development analysts and practitioners highlight the conceptual and methodological difficulties in measuring democracy promotion and good governance programs. There is no generally-accepted, comprehensive theory of democratic development that is helpful for building tightly-constructed strategies and successfully predicting results. Furthermore, existing tools of measurement are imperfect, particularly for evaluating such a country-specific, multifaceted and complex process. It is impossible to capture change by simply examining one or two variables. Moreover, political change is a long term proposition and setbacks in the short-run are inevitable, creating potential problems for demonstrating success in five-eight year strategies.

At present, limited data have been collected in the democracy and governance area, even for programs that have been in place for a few years. This is because strategies and indicators have been continually refined as USAID has become more specific about identifying objectives. Despite difficulties in measuring results, a compelling need now exists to ensure that data are collected for performance indicators. This information is crucial to improving the performance of USAID's programs, permitting informed decision making by USAID, refining strategies, testing assumptions, learning from experience and building confidence among USAID constituencies.

This guidance recognizes problems and important gaps in our knowledge; however, our efforts to learn more will be greatly enhanced through examining cumulative experience.

Measuring results can be greatly simplified if managers aim for a hierarchy of objectives, make explicit a strategy that links lower- and higher-level objectives, distinguish short-, medium-, and long-term indicators of progress, and disaggregate indicators by region, gender, ethnicity and other measurable groupings. The logic underpinning this approach is outlined in the following three sections through the example of electoral assistance.

A. Short-Term Impact

In the short-term (one to five years), indicators are needed to measure performance in attaining program outcomes. To use the example of elections, if the objective of the program is "impartial and effective electoral administration," some illustrative indicators of program outcomes could include:

- percentage of errors corrected in voter registration lists;
- increased percentage of the population with reasonable access to polling places; and/or
- decrease in the time needed to tally results and publish them simultaneously.

This information then would be used to monitor and evaluate the use of resources.

B. Medium-term Impact

In the medium-term (five to eight years), indicators are needed to measure achievement of anticipated strategic objectives. To continue using the example of elections described above, the objective statement in the medium term might be "free, fair, and routinely held elections at the national and local levels." Some illustrative indicators of performance for this strategic objective might include:

- increase in the percent of registered voters voting or the percent of eligible population registered (disaggregated by sex, ethnic group, etc.) if USAID supported a voter registration effort;
- reduction in the number of parties protesting or denying the election results if USAID sponsored a parallel vote tabulation or a verification mission; and
- decrease in the number of incidents of violence following the elections if USAID supported programs to discourage violence.

Information at this level enables managers to refine strategies and reallocate resources into the most effective programs. Often, the data on strategic objectives can be built into the program strategy itself, for example, through the establishment or strengthening of an election commission, a human rights monitoring organization, a court-watch campaign, or a citizens advocacy group.

C. Long-term Impact

In the long-term (more than eight years), managers aim for achieving yet a higher objective. At the goal level, indicators are needed to determine whether the strategy had an impact on the country's democracy performance. Indicators of whether a country is performing democratically would include whether political power has been transferred through free and fair elections, whether the country has achieved freedom from foreign or military control, and whether citizens have greater freedoms to peacefully organize, express themselves, and produce or use alternative sources of information.

For goals, managers (usually based in Washington) can now rely upon composite indicators developed by groups such as Freedom House, Charles Humana in the Humana Index, the UNDP, or bring together qualitative materials from a variety of sources (State Department, human rights organizations, opinion polls and election observation team reports). Indicators of impact are used to measure progress toward democracy, and assess changes in democratic conditions. Therefore, the information that they provide enables managers to make decisions about the commitment of host country leadership to democracy, and the types of programs, strategies, and interventions that might make the most meaningful contributions.

To complete the election example used above, the objective statement at the goal level might be "free and fair elections serve as the forum for mediating major political disputes." Some illustrative indicators of performance for this goal might include:

- the transfer of power via elections; and
- the percentage of the population confident that elections are free and fair.

At all levels of assessment and strategy development, it is essential that Missions consider the participation of women and marginalized groups. Performance measurement plans should capture the benefits that accrue to these groups through carefully-thought out strategies.

Finally, it is essential to strive for sustainability in democracy programming. Democracies are sustainable when indigenous forces within society can maintain and strengthen the democratic foundations without external support, and government institutions and officials remain firmly committed to democratic practices and the rule of law. When monitoring and evaluating progress, therefore, USAID must assess the likelihood democracy activities will continue absent international funds.