

## Data Sheet

<b>USAID Mission:</b>	Cambodia
<b>Program Title:</b>	HIV/AIDS & Family Health
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	442-009
<b>Status:</b>	Continuing
<b>Planned FY 2006 Obligation:</b>	\$28,556,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2007 Obligation:</b>	\$27,378,000 CSH
<b>Year of Initial Obligation:</b>	2002
<b>Estimated Year of Final Obligation:</b>	2010

**Summary:** To improve health services in Cambodia, USAID supports programs that reduce transmission and impact of HIV/AIDS; prevent and control infectious diseases such as tuberculosis (TB), malaria, and avian influenza (AI); improve maternal and child health, reproductive health, and nutrition status; and build health system capacity. All family planning assistance agreements incorporate clauses that implement the President's directive restoring the Mexico City policy.

### Inputs, Outputs, Activities:

#### FY 2006 Program:

Improve Child Survival, Health and Nutrition (\$2,600,000 CSH). USAID programs are concentrating on immunization, breastfeeding, complementary feeding, nutrition, treatment of pneumonia and acute respiratory infections, control of diarrheal diseases, community-based newborn care, and provision of zinc-vitamin A. Over 10,000 people are being trained in child health care, and over 800,000 children between six and fifty-nine months will receive vitamin A supplements in FY 2006. Principal Implementers: CARE, Helen Keller International (HKI), Partners for Development (PFD), Population Services International (PSI), Reproductive and Child Health Alliance (RACHA), Reproductive Health Association of Cambodia (RHAC), and University Research Co. (URC).

Improve Maternal Health and Nutrition (\$2,600,000 CSH). Interventions include prenatal care, nutrition and birth preparedness during pregnancy, safe delivery and obstetric care, treatment of life-threatening complications, and optimal birth spacing. Over 125,000 women are benefiting from follow-up care after childbirth. Principal Implementers: CARE, HKI, PFD, PSI, RACHA, RHAC, and URC.

Prevent and Control Infectious Diseases of Major Importance (\$5,850,000 CSH). USAID is expanding health centers and community-based approaches designed to mitigate the effects of TB, malaria, dengue fever, and other infectious diseases. USAID is providing technical assistance and the provision of goods and services to health centers and communities. Emerging infectious diseases such as AI are being investigated and addressed as appropriate. In FY 2006, 5,800 people are receiving training related to the treatment or care of infectious diseases. Principal Implementers: RACHA, PFD, CARE, RHAC, Khmer HIV/AIDS NGO Alliance (KHANA), Family Health International/Impact (FHI), and URC.

Reduce Transmission and Impact of HIV/AIDS (\$14,506,000 CSH). USAID implements HIV/AIDS activities in accordance with the President's Emergency Plan for AIDS Relief. The strategy addresses the entire spectrum of the HIV epidemic, from prevention to care and treatment. The prevention component emphasizes HIV education, counseling, behavior change communication, condom promotion, sexually transmitted disease treatment and prevention, voluntary counseling and testing, and prevention of mother to child transmission. Care and treatment focuses on home-based support to orphans and vulnerable children affected by AIDS. USAID's care and treatment approach also includes treatment of HIV/TB co-infection, antiretroviral therapy, and faith-based responses and interventions that support those with HIV/AIDS. In addition, USAID supports the development of guidelines, policies, and activities that promote human rights and reduce stigma and discrimination of people living with HIV/AIDS. Over 82,000 individuals will receive voluntary counseling and testing from USAID supported sites. Principal Implementers: FHI, KHANA, CARE, PSI, POLICY Project, RHAC, URC, and Catholic Relief Services.

Support Family Planning (\$3,000,000 CSH). Contraceptive prevalence is at 19%, one of the lowest in Asia. USAID is providing for a community volunteer and facility-based distribution of contraception and social marketing of contraception for the urban poor. Interventions are improving facility-based services such as care before and after child birth, and are providing education in optimal birth spacing and behavior change communication. USAID supported health development teams are reaching 61,000 individuals. Principal Implementers: CARE, HKI, PFD, PSI, RACHA, RHAC, and URC.

**FY 2007 Program:**

Improve Child Survival, Health and Nutrition (\$2,577,000 CSH). USAID's activities, implemented in collaboration with the World Health Organization and the United Nations Children's Fund, focus on the major diseases that cause preventable deaths among children such as malaria and TB. USAID will train 11,000 individuals in child health and provide vitamin A supplemental coverage for over 1,000,000 children. Principal Implementers: RACHA, RHAC, URC, and others To Be Determined (TBD).

Improve Maternal Health and Nutrition (\$2,577,000 CSH). Maternal health activities will provide care during pregnancy and encourage the enhancement of the health and nutrition of both the mother and newborn. Key interventions include emergency obstetric care preparedness, nutrition and food supplements, basic care (tetanus, iron/folate supplements, malaria prophylaxis, and HIV screening and counseling), and care following birth. In FY 2007, over 138,000 women will receive follow-up care after childbirth. Principal Implementers: RACHA, RHAC, URC, and others TBD.

Prevent and Control Infectious Diseases of Major Importance (\$4,837,000 CSH). USAID will continue to emphasize the prevention and treatment of TB, malaria, and dengue fever. This program will expand to neglected, hard to reach regions in Cambodia, and USAID will begin new clean water initiatives. With the threat of emerging and latent infectious diseases such as AI, new approaches will be developed. In FY 2007, 6,700 individuals will be trained in the treatment or care of infectious diseases. Principal Implementers: RACHA, RHAC, KHANA, URC, and others TBD.

Reduce Transmission and Impact of HIV/AIDS (\$14,652,000 CSH). The HIV/AIDS strategy calls for progressively scaling up HIV/AIDS interventions in areas of need. USAID will increase the number of voluntary HIV testing and counseling centers and increase continuum of care sites by approximately one-third. The program will continue to focus on care and treatment and the provision of antiretrovirals. By FY 2007, 112,329 individuals will receive voluntary counseling and testing services from USAID assisted sites. Principal Implementers: KHANA, RHAC, URC, and others TBD.

Support Family Planning (\$2,735,000 CSH). As in previous years, reproductive health interventions will focus on improving facility-based services such as pre- and post-natal care, social marketing of contraception for the urban poor, community-based distribution of contraceptives, optimal birth spacing, and behavior change communication. USAID-supported health development teams will reach 67,000 individuals. Principal Implementers: RACHA, RHAC, URC, and others TBD.

**Performance and Results:** In FY 2005, USAID made progress in the area of HIV/AIDS, decreasing HIV/AIDS prevalence and scaling up critical interventions such as the internationally recognized continuum of care program. The total number of voluntary counseling and testing centers has increased, and antiretroviral drugs are more accessible to those with HIV/AIDS. A preparedness plan for AI has been developed, and USAID is assisting in the development of a responsive human surveillance system. Maternal and child health interventions have been harmonized for greater impact. USAID's programs have contributed to increased awareness of the critical need for improved postnatal care, and newborn interventions are now included in Cambodia's reproductive health strategy. Community TB interventions have been expanded, and a TB/HIV framework policy has been launched.

## US Financing in Thousands of Dollars

Cambodia

442-009 HIV/AIDS & Family Health	CSH	ESF
<b>Through September 30, 2004</b>		
Obligations	64,660	7,589
Expenditures	32,241	6,589
Unliquidated	32,419	1,000
<b>Fiscal Year 2005</b>		
Obligations	29,300	0
Expenditures	25,943	374
<b>Through September 30, 2005</b>		
Obligations	93,960	7,589
Expenditures	58,184	6,963
Unliquidated	35,776	626
<b>Prior Year Unobligated Funds</b>		
Obligations	0	0
<b>Planned Fiscal Year 2006 NOA</b>		
Obligations	28,556	0
<b>Total Planned Fiscal Year 2006</b>		
Obligations	28,556	0
<b>Proposed Fiscal Year 2007 NOA</b>		
Obligations	27,378	0
Future Obligations	0	0
Est. Total Cost	149,894	7,589