

Data Sheet

USAID Mission:	Zimbabwe
Program Title:	HIV/AIDS
Pillar:	Global Health
Strategic Objective:	613-009
Status:	Continuing
Planned FY 2005 Obligation:	\$10,600,000 CSH
Prior Year Unobligated:	\$198,000 CSH
Proposed FY 2006 Obligation:	\$10,600,000 CSH
Year of Initial Obligation:	2000
Estimated Year of Final Obligation:	2007

Summary: USAID's program to mitigate Zimbabwe's HIV and AIDS crisis includes training, technical assistance, and commodities to reduce the transmission and impact of HIV/AIDS, improve maternal health and nutrition, and build the capacity of the health system.

Inputs, Outputs, Activities:

FY 2005 Program: Reduce Transmission and Impact of HIV/AIDS (\$8,269,000 CSH; \$198,000 prior year CSH). To promote HIV prevention, USAID is continuing to fund both mass media and interpersonal communication messages, including the popular television drama, Studio 263. Social marketing of voluntary counseling and testing (VCT), condoms, and contraceptives also continues, as well as procurement of condoms and contraceptives. With the current VCT/social marketing activity ending in January 2006, a new activity to cover these aspects of HIV prevention is being designed in FY 2005 to respond to best practices and the current environment in Zimbabwe.

During FY 2005, USAID's efforts to prevent mother-to-child HIV transmission will focus on increasing the use of anti-retroviral treatment (ART) among pregnant women, and building systems for improving follow-up of mothers and infants. USAID also is focusing on better monitoring and evaluation, additional training, and attention to service quality. A shift toward an "opt-out" (routine testing) policy for counseling and testing of pregnant women also is being explored in collaboration with the Zimbabwe Ministry of Health and Child Welfare. In continued collaboration with the U.S. Centers for Disease Control and Prevention (CDC), USAID is funding ART therapy for 500 patients and is providing training in ART provision and management for health workers at five health facilities.

USAID supports 11 nongovernmental organizations (NGOs) in building community capacity to identify and care for orphans and vulnerable children, providing education assistance, psychosocial support, income generating and food security activities. Options for reaching out-of-school youth and other marginalized children are being explored, including the potential for collaborating with the private sector. In addition, USAID is working with faith-based organizations to enhance their capacity to provide leadership and reduce the stigma surrounding AIDS. USAID also is providing technical assistance to the Government of Zimbabwe (GOZ) for the implementation of the National Plan of Action for orphans and vulnerable children. USAID also is working with Parliament's Health Portfolio Committee to improve HIV policy formulation and support the National AIDS Council in mainstreaming HIV and AIDS issues into public policy. USAID also supports the dissemination of Zimbabwe's 2005 Demographic and Health Survey. Principal contractors and grantees: Population Services International (PSI), Elizabeth Glaser Pediatric AIDS Foundation, John Snow Inc. (JSI), The Futures Group, MACRO International, and Catholic Relief Services (prime).

Improve Maternal Health and Nutrition (\$631,000 CSH). As part of its activity to prevent mother-to-child HIV transmission, USAID will explore the feasibility of integrating food aid into prevention services in an effort to improve nutrition. Principal grantee: Elizabeth Glaser Pediatric AIDS Foundation (prime).

Build Health Systems Capacity (\$1,700,000 CSH). In support of the national mother-to-child prevention program, USAID is providing technical assistance and training for health care workers at over 76 sites,

including counseling, infant feeding, community mobilization, family planning integration, and routine monitoring. USAID continues to fund the purchase of condoms and logistics management for the public sector, to ensure that condoms are available at public health facilities. The logistics system, which already covers all eight provinces, is being expanded to the two main urban centers, thus providing nationwide coverage. Health care workers at three church-affiliated hospitals are being trained in integrating family planning into HIV/AIDS services, and staff at three NGOs that work with orphans will be trained to provide reproductive health information to adolescent girls. Principal grantees: Elizabeth Glaser Pediatric AIDS Foundation, JSI and Management Sciences for Health (prime).

FY 2006 Program: Reduce Transmission and Impact of HIV/AIDS (\$6,500,000 CSH). VCT and social marketing activities will continue in FY 2006. USAID will continue to fund activities for orphans and vulnerable children at approximately the same level and under the same parameters as in FY 2005. Policy-related activities will continue at a reduced level before being closed out toward the end of FY 2006. Principal contractors and grantees: PSI, Elizabeth Glaser Pediatric AIDS Foundation, JSI, The Futures Group, MACRO International, and Catholic Relief Services (prime).

Improve Maternal Health and Nutrition (\$1,200,000 CSH). Elements of the mother-to-child prevention activity related to maternal health and nutrition will continue at approximately the same level and under the same parameters as in FY 2005. Principal grantee: Elizabeth Glaser Pediatric AIDS Foundation (prime).

Build Health Systems Capacity (\$2,900,000 CSH). Support for ART will focus primarily on the management of HIV commodities and the provision of technical assistance. Mother-to-child prevention activities will continue to focus on building capacity to provide high quality, comprehensive prevention services within health facilities that receive USAID assistance. Condom procurement and logistics management will continue at approximately the same level and under the same parameters as in FY 2005. Principal grantees: Elizabeth Glaser Pediatric AIDS Foundation, JSI, and Management Sciences for Health (prime).

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy.

Performance and Results: In FY 2004, USAID, in coordination with CDC, launched a new program to support the government's national ART program. Five health facilities were identified as being the most ready for the program, and USAID provided those sites with training, technical assistance, and ART medicines for 100 patients per site. A new effort to prevent mother-to-child transmission resulted in 48,873 pregnant women attending USAID-supported sites in FY 2004, more than double the target of 20,000. More than 2,000 HIV-positive women and their infants received a complete course of ART therapy to prevent mother-to-child transmission of HIV. Utilization of VCT services continued to climb, with 154,826 new clients in 2004, a 64% increase over 2003. Over 47.2 million condoms were sold in FY 2004--a 40% increase over FY 2003 sales. Over 173,000 orphans and vulnerable children received education assistance, psychosocial support, income generating support, and/or food security assistance. USAID was instrumental in developing the National Plan of Action for Orphans and Vulnerable Children, which was recently approved by the GOZ. USAID also was instrumental in the formation and registration of the Zimbabwe Interfaith Council against HIV and AIDS, a multi-faith network that advocates for proactive HIV and AIDS policies within faith-based organizations.

By FY 2007, USAID will have reduced high risk sexual behavior, developed leadership and reduced HIV/AIDS stigma, built community capacity to assist orphans and vulnerable children, and strengthened health system capacity to deliver quality mother-to-child prevention services and ARV treatment.

US Financing in Thousands of Dollars

Zimbabwe

613-009 HIV/AIDS	CSH	DA	DFA
Through September 30, 2003			
Obligations	21,436	100	500
Expenditures	12,424	100	460
Unliquidated	9,012	0	40
Fiscal Year 2004			
Obligations	16,002	0	0
Expenditures	6,321	0	28
Through September 30, 2004			
Obligations	37,438	100	500
Expenditures	18,745	100	488
Unliquidated	18,693	0	12
Prior Year Unobligated Funds			
Obligations	198	0	0
Planned Fiscal Year 2005 NOA			
Obligations	10,600	0	0
Total Planned Fiscal Year 2005			
Obligations	10,798	0	0
Proposed Fiscal Year 2006 NOA			
Obligations	10,600	0	0
Future Obligations	0	0	0
Est. Total Cost	58,836	100	500