

Data Sheet

USAID Mission:	Democratic Republic of the Congo
Program Title:	Health
Pillar:	Global Health
Strategic Objective:	660-002
Status:	Continuing
Planned FY 2005 Obligation:	\$22,400,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2006 Obligation:	\$20,950,000 CSH
Year of Initial Obligation:	2004
Estimated Year of Final Obligation:	2008

Summary: The USAID health program, which builds on 30 years of successful USAID health programs in the Democratic Republic of the Congo (DRC), will increase access to and improve the quality and range of key health services. Specific planned interventions include: insecticide-treated bed nets (ITNs), micronutrient supplements, effective management of childhood malaria, intermittent preventive treatment of malaria during pregnancy (IPTM), family planning, support for routine vaccinations, and HIV/AIDS prevention and support for people affected by HIV. USAID works closely with the Centers for Disease Control and Prevention (CDC) at the national level to support the rebuilding of the integrated disease surveillance system, HIV sentinel surveillance and behavior sentinel surveys.

Inputs, Outputs, Activities:

FY 2005 Program: Improve Child Survival, Health and Nutrition (\$9,400,000 CSH). USAID will continue supporting 81 health zones with a minimum package of services. The principal focus of USAID interventions will continue to be on improving provider performance, management, supervision, and drug supply systems through USAID's rural health care project. Assistance to national-level initiatives will be continued by providing technical assistance to immunization and nutrition-related activities and funds to implement vaccination campaigns and polio surveillance. Principal contractors and grantees: IMA, UNICEF, World Health Organization (WHO), CRS, Tulane University, and Immunization BASICS.

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$4,800,000 CSH). USAID will support family planning services in 11 new rural health zones and four new urban areas to increase access to and quality of these services. At the national level, USAID will work with the host government to increase the age requirement of marriage for women, currently 14 years, and formally legalize family planning in the constitution. Principal contractors and grantees: IMA, Population Services International (PSI), CARE, and the Georgetown Institute for Reproductive Health.

Prevent and Control Infectious Diseases of Major Importance (\$4,200,000 CSH). USAID will continue to support activities focused on malaria, tuberculosis (TB) and other infectious diseases. The Roll Back Malaria goal for the DRC is 60% of people with malaria get adequate treatment; 60% of women and children sleep under mosquito nets; and 60% of pregnant women get Intermittent Preventative Treatment for malaria. The USAID effort will directly achieve one half of the above targets. Seventy percent of TB patients receiving treatment will be directly observed taking the treatment. At the national level, USAID will continue to support the rebuilding of the integrated disease surveillance system. The DRC became a recipient of the Global Fund for TB in 2003, and was awarded Global Fund monies for malaria in 2004. USAID is an active member of the body that oversees the use of these funds in country, to ensure that USAID activities are complementary to those planned. Principal contractors and grantees: IMA, UNICEF, WHO, CRS, Centers for Disease Control and Prevention (CDC), Tulane University, the Tuberculosis Coalition, and the Malaria Action Coalition.

Reduce Transmission and Impact of HIV/AIDS (\$4,000,000 CSH). USAID will continue to support activities that contribute to the reduction of HIV prevalence, while increasing access to quality HIV/AIDS prevention and mitigation services. Interventions include HIV sentinel surveillance, behavior sentinel surveys, comprehensive and balanced behavior change communication, social marketing of condoms,

Voluntary Counseling and Testing (VCT), Prevention of Mother-to-Child Transmission (PMTCT), blood safety, care and support for people living with or affected by HIV/AIDS, and ensuring universal precautions. The DRC became a recipient of the Global Fund for HIV/AIDS in 2004. USAID is an active member of the body that oversees the use of these funds in country, to ensure that USAID activities are complementary to those planned. Principal contractors and grantees: Christian Aid, Family Health International, and PSI.

FY 2006 Program: Improve Child Survival, Health and Nutrition (\$9,200,000 CSH). In 2006, DRC will be certified by the World Health Organization as polio free if the current trend of polio indicators is maintained. USAID plans to shift from supporting vaccination campaigns to mop-up activities, containment of polio virus if needed, post-certification policy development, and strengthening of the quality of the Acute Flaccid Paralysis (AFP) surveillance and response system and its integration with surveillance for other vaccine-preventable diseases. Principal contractors and grantees: IMA, UNICEF, World Health Organization (WHO), CRS, Tulane University, and Immunization BASICS.

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$4,800,000 CSH). USAID will continue its expansion of quality family planning services to clinics and pharmacies into one new urban area and 15 new rural health zones. National advertising campaigns for general family planning, youth, and branded messages will continue to be aired throughout the year. Principal contractors and grantees: IMA, Population Services International (PSI), CARE, and the Georgetown Institute for Reproductive Health.

Prevent and Control Infectious Diseases of Major Importance (\$2,950,000 CSH). A request for proposals will be developed for follow-on TB, malaria, and anti-microbial resistance activities in May 2006, in accordance with USAID/DRC's strategy. Principal contractors and grantees: IMA, UNICEF, WHO, CRS, Centers for Disease Control and Prevention (CDC), Tulane University, the Tuberculosis Coalition, and the Malaria Action Coalition.

Reduce Transmission and Impact of HIV/AIDS (\$4,000,000 CSH). USAID plans to continue to support HIV sentinel surveillance, behavior sentinel surveys, behavior change communication, VCT, PMTCT, blood safety, care and support for people living with or affected by HIV/AIDS, and ensuring universal precautions. Principal contractors and grantees: Christian Aid, Family Health International, and PSI.

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

Performance and Results: A limited polio campaign, organized in 13 health zones of North Equateur in April and May 2004, resulted in 92.6% and 98.4% coverage, respectively. The multi-antigen campaign against polio, measles, and tetanus and for vitamin A supplementation in 169 health zones achieved the following immunization level results: 85% for polio; 87% for measles; and 96% for tetanus. Overall immunization levels in USAID-assisted health zones are above national levels. DPT3 coverage average is about 61% at the national level and ranges between 63% and 85% in USAID-assisted health zones. Measles vaccination coverage is about 62% countrywide and between 66% and 78% in USAID-assisted health zones. In FY 2004, the number of supported clinics providing family planning services increased from 87 to 431, with accompanying increases in Couple Years of Protection (a statistic that measures the number of couples protected against pregnancy for one entire year; used as a proxy indicator for contraceptive prevalence rate when a population-based survey is not conducted) for family planning activities from only 4,560 in FY 2003 to 21,719 in FY 2004. A total of 26.9 million social marketing condoms were sold in 2004.

Continued progress will mean that by FY 2008 in USAID-assisted zones, 70% of children will receive the required doses of DTP and measles vaccinations; 90% of children will receive vitamin A supplementation; 90% of births will be attended by skilled personnel; the case fatality rate for epidemic-prone diseases will be under 5%; 50% of households will have at least one insecticide-treated bed net; the detection rate and the successful treatment rate for TB will be 70% and 80%, respectively; and the service utilization rate will be 50%.

US Financing in Thousands of Dollars

Democratic Republic of the Congo

	CSH	ESF
660-002 Health		
Through September 30, 2003		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
Fiscal Year 2004		
Obligations	23,926	1,000
Expenditures	533	868
Through September 30, 2004		
Obligations	23,926	1,000
Expenditures	533	868
Unliquidated	23,393	132
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2005 NOA		
Obligations	22,400	0
Total Planned Fiscal Year 2005		
Obligations	22,400	0
Proposed Fiscal Year 2006 NOA		
Obligations	20,950	0
Future Obligations	75,000	0
Est. Total Cost	142,276	1,000