

Data Sheet

USAID Mission:	Malawi
Program Title:	AIDS and Family Health
Pillar:	Global Health
Strategic Objective:	612-008
Status:	Continuing
Planned FY 2005 Obligation:	\$20,125,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2006 Obligation:	\$18,800,000 CSH
Year of Initial Obligation:	2001
Estimated Year of Final Obligation:	2007

Summary: USAID's AIDS and Family Health objective aims to change harmful individual and societal behaviors, improve the quality of and access to health services, and strengthen the capacity of the health sector in Malawi. USAID will fund subsidized targeted sales of insecticide-treated bed nets to prevent malaria and will promote increased cross-referencing of HIV and tuberculosis (TB) patients in order to control TB. USAID will finance prevention, treatment, and care interventions that complement efforts of the Global Fund for AIDS, Tuberculosis, and Malaria and other donors under Malawi's National AIDS Strategy. USAID will improve child health and nutrition through training community health workers and promoting sales of oral rehydration solution (ORS) to prevent dehydration. USAID also will provide technical assistance to improve clinical quality at public and faith-based health facilities, and will continue to provide management assistance for Malawi's contraceptive and essential drug supply chain.

Inputs, Outputs, Activities:

FY 2005 Program: Prevent and Control Infectious Diseases of Major Importance (\$1,800,000 CSH). Malaria is the number one cause of infant and child mortality in Malawi. USAID funds promotion and marketing costs for subsidized targeted sales of a planned 1.2 million insecticide-treated bed nets nationwide. USAID continues to provide technical assistance and training to Malawi's National TB Program as it expands community-based monitoring in USAID target districts, and USAID continues to promote cross-referencing of TB and HIV/AIDS patients and preventive therapies where indicated. Principal contractors and grantees: the U.S. Centers for Disease Control and Prevention (CDC) and Population Services International (PSI) (both prime).

Reduce Transmission and Impact of HIV/AIDS (\$11,200,000 CSH). USAID funds abstinence-focused media and community programs for youth; subsidized sales of 8.6 million condoms for high-risk groups; counseling, testing, and antiretroviral (ARV) prophylaxis for 100 mothers and infants for prevention of mother-to-child transmission of HIV; training, supervision, and quality assurance at over 30 sites for voluntary HIV testing and counseling of 70,000 individuals; material (food, shelter, first aid) and psychosocial care for 10,000 adults and 7,000 orphans and vulnerable children affected by AIDS; and limited technical assistance to the Ministry of Health (MOH) for HIV treatment of 44,000 individuals. Principal contractors and grantees: Johns Hopkins University's Center for Communication Programs, PSI, Save the Children/U.S., and Family Health International (all prime).

Improve Child Survival, Health, and Nutrition (\$1,725,000 CSH). USAID finances technical assistance and training for community leaders and village health volunteers to promote key health messages and maintain subsidized sales of about one million packets of oral rehydration solution. Principal contractors and grantees: Management Sciences for Health (MSH) and PSI (both prime).

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$2,000,000 CSH). USAID continues to provide technical assistance in reproductive health and family planning services at nine new facilities. USAID is collaborating with the MOH and the Christian Health Association of Malawi to certify that four additional hospitals and clinics (for a total of seven) have improved quality standards. Principal contractors and grantees: JHPIEGO and John Snow, Inc. (both prime).

Build Health Systems Capacity (\$3,400,000 CSH). USAID trains district health personnel to improve their supervision and support of sub-district facilities in eight target districts, and to improve health data collection, reporting, and use at all levels of the system. USAID provides technical assistance and logistics training to the public sector Central Medical Stores to assure timely delivery of contraceptives and essential medicines to all service delivery points nationwide. Principal contractors and grantees: MSH and John Snow, Inc. (both prime).

FY 2006 Program: Prevent and Control Infectious Diseases of Major Importance (\$1,800,000 CSH). USAID expects to fund promotion and marketing costs for subsidized targeted sales of 1.4 million insecticide-treated bed nets and to provide technical assistance and training to Malawi's National TB Program for community monitoring and HIV/AIDS-TB program integration. Principal contractors and grantees: CDC and PSI (both prime).

Reduce Transmission and Impact of HIV/AIDS (\$11,200,000 CSH). USAID plans to fund abstinence-focused programs for youth; subsidized sales of 9.3 million condoms for high-risk groups; counseling, testing, and ARV prophylaxis for an estimated 200 mothers and infants for the prevention of mother-to-child transmission of HIV/AIDS; voluntary HIV counseling and testing of 85,000 individuals; care of 15,000 adults and 15,000 orphans and vulnerable children affected by AIDS; and limited technical assistance for ARV treatment. Principal contractors and grantees: Johns Hopkins University's Center for Communication Programs, PSI, Save the Children/US, and Family Health International (all prime).

Improve Child Survival, Health, and Nutrition (\$1,400,000 CSH). USAID expects to continue to finance technical assistance and training for improved management of childhood illnesses in eight target districts as well as the subsidized sales of 1.1 million packets of oral rehydration solution. Principal contractors and grantees: MSH and PSI (both prime).

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behaviors (\$2,000,000 CSH). USAID plans to support the efforts of the MOH and the Christian Health Association of Malawi to certify that four additional hospitals and clinics (for a total of 11) have improved quality standards. Principal contractors and grantees: JHPIEGO and John Snow, Inc. (both prime).

Build Health Systems Capacity (\$2,400,000 CSH). USAID will train district health personnel to improve support of sub-district facilities and to improve health data collection, reporting, and use. USAID will provide technical assistance and logistics training to the public sector Central Medical Stores. Principal contractors and grantees: MSH and John Snow, Inc. (both prime).

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

Performance and Results: USAID's AIDS and Family Health program was highly successful in FY 2004. The percentage of households using bed nets increased from 13% (2000) to 43% in 2004, with 36% of children under five sleeping under the nets (compared with 7.6% in 2000). USAID-financed abstinence-based programs reached 80,000 youth in 370 schools, and condom sales to high-risk groups reached almost 8.5 million. About 54,000 persons were tested for HIV at USG-assisted sites; 2,000 persons received home-based care; and over 5,000 orphans and vulnerable children received material (e.g., food, shelter, school fees) and psychosocial support. Subsidized sales of oral rehydration solution exceeded one million packets. The reproductive health program achieved 698,627 couple years of protection (a composite proxy index for voluntary family planning prevalence).

By 2008, the contraceptive prevalence rate will increase from 26.1% (2000) to 34%. Fifty-six percent of children under five will sleep under insecticide-treated bed nets. The number of clients tested at USAID-assisted voluntary counseling and testing centers will increase to 100,000, and 35,000 orphans and vulnerable children will be reached by USAID-financed care and support services.

US Financing in Thousands of Dollars

Malawi

612-008 AIDS and Family Health	CSH	DA	ESF
Through September 30, 2003			
Obligations	42,997	2,280	0
Expenditures	18,628	2,196	0
Unliquidated	24,369	84	0
Fiscal Year 2004			
Obligations	19,500	0	500
Expenditures	17,601	56	0
Through September 30, 2004			
Obligations	62,497	2,280	500
Expenditures	36,229	2,252	0
Unliquidated	26,268	28	500
Prior Year Unobligated Funds			
Obligations	0	0	0
Planned Fiscal Year 2005 NOA			
Obligations	20,125	0	0
Total Planned Fiscal Year 2005			
Obligations	20,125	0	0
Proposed Fiscal Year 2006 NOA			
Obligations	18,800	0	0
Future Obligations	44,043	0	0
Est. Total Cost	145,465	2,280	500