

## 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>Proposed FY 2004 Obligation:</b>	\$29,860,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2005 Obligation:</b>	\$25,300,000 CSH
<b>Year of Initial Obligation:</b>	FY 2002
<b>Year of Final Obligation:</b>	FY 2005

**Summary:** USAID's integrated Health-HIV/AIDS program in Cambodia supports critical elements of the primary health care information and service delivery system; expanded community outreach/coverage; and strengthened health system performance. USAID assistance will ensure that access to information and essential services continue to reach the most vulnerable populations. Essential services include comprehensive HIV/AIDS prevention and care, reproductive health, maternal and child health, prevention and treatment of sexually-transmitted infections, and selected infectious diseases.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Increase use of high impact HIV/AIDS prevention and care services (\$15,470,000 CSH). USAID will continue its comprehensive HIV/AIDS prevention and care program with emphasis on services for people with AIDS. To ensure sustainability, faith-based and village leaders will be engaged to help build local capacity. Nationwide interventions will target those that engage in high-risk behavior. Training in preventive measures will be conducted with the Ministry of National Defense to reach 100% of military personnel. In geographic areas with high rates of HIV/AIDS, USAID will increase the number of clinics that treat sexually transmitted infections and where HIV testing and counseling occur. At least 6,000 Cambodians will be counseled and tested. These clinics will complement ongoing prevention and care efforts. While direct antiretroviral treatment is not yet provided by the program, USAID will expand support in other ways. Home care, hospice care, and institutional training will be strengthened to implement the newly approved Ministry of Health (MOH) "Continuum of Care" guidelines for people living with HIV/AIDS. Interventions designed to improve the quality of life of 15,000 orphans and vulnerable children serve as a pillar for social support. Technical assistance for the prevention of mother-to-child-transmission (PMTCT) program and its expansion to five new sites will be a model for collaboration and sustainability with the government.

USAID will continue its strategy of using targeted media campaigns for prevention of HIV/AIDS and advocacy; provide training to improve clinical care; offer peer education to vulnerable populations; and introduce other elements that incorporate the ABC (Abstinence, Be faithful and Condoms) approach. Condom social marketing will introduce a new brand of condom in FY 2004, building on the success of the existing Number One condom. To monitor program results, USAID will continue to improve the quality of Cambodia's premier "second generation" behavior surveillance system. USAID will continue to improve systems and build the capacity of both the public and private sectors to plan, manage and implement quality HIV/AIDS and family health programs in the seven targeted provinces. The principal grantees are Family Health International, Khmer HIV/AIDS and NGO Alliance, CARE, Population Services International, the POLICY project, and University Research Corporation.

Access to quality maternal, child, and reproductive health services (\$7,390,000 CSH). Technical assistance to providers and increasing client use of services will be the focus. Training in voluntary surgical contraceptive methods and the improvement of clinical quality and management will target 14 districts. Life Saving Skills training for midwives will continue. In addition, key national and provincial

health staff will be trained in contraceptive logistics using improved software. USAID will continue to upgrade emergency obstetrical services in at least four provincial maternity wards, with an emphasis on strengthening referrals at lower level health posts. USAID will also expand social marketing of birth spacing and reproductive health products to rural areas using both private and public providers.

Expand infectious disease activities (\$7,000,000 CSH). Trained health professionals are often not available to rural Cambodians. An expansion of the community outreach program beyond its current responsibilities in pregnancy and child nutrition programs will include training villagers to identify the danger signs of Acute Respiratory Infection, dengue fever, malaria, and tuberculosis outbreaks. The malaria prevention program will build on activities in the sparsely populated northeastern provinces to increase distribution of impregnated bed nets and promotion of health messages, expanding to all operational districts. The principal grantees are RACHA, Reproductive Health Association of Cambodia (RHAC), Helen Keller International, and Partners for Development.

**FY 2005 Program:**

Increase use of high impact HIV/AIDS prevention and care services (\$14,000,000 CSH). As the AIDS epidemic matures and additional donor funds are made available, USAID anticipates expanding care and support services such as VCT, PMTCT, home-based care, and opportunistic infections treatment to those infected and affected by HIV/AIDS. Current efforts in these areas are primarily pilot projects. By FY 2005, needs are projected to be so urgent that USAID plans to scale them up nationwide. Anti-retroviral treatment, with the support of the Global Fund and other donors, will be available to urban Cambodians. USAID will utilize strengths in rural community outreach to build linkages between urban providers and rural patients. On the policy level, USAID will provide technical assistance to develop legislation and implementation guidelines concerning care and support. Principal grantees are the same as in FY 2004.

Improve quality and access of child and reproductive health services (\$7,900,000 CSH). In addition to expanding service to new provinces, USAID plans to use additional resources to increase the breadth of services available at the health post level. Some services, such as simple lab work for infectious diseases and long term contraceptive methods are available only at the provincial level, by design or default - lack of human and financial resources - but those services would yield great health dividends if they are more widely accessible. Principal grantees are the same as in FY 2004.

Expand infectious disease activities (\$3,400,000 CSH). Expansion of effective infectious disease interventions will continue to be a priority. Existing TB programs will expand to include case detection through community Directly Observed Treatment Short Course (DOTS) activities and strengthening DOTS services at health centers; capacity building and human resources development at different levels of the TB program in both technical and managerial areas; and improvement of treatment and care for TB/HIV co-infected patients. This also includes improving use of Health Information Systems related to TB for management and planning decisions. Support to existing Malaria programs with WHO and NGO partners will continue, as well as supporting Dengue programs, including research incorporating the biological control of dengue. Follow-up on recommendations from the drug use management study for childhood infectious diseases will be implemented.

**Performance and Results:** USAID's investment under the health portfolio continues to yield important results. HIV prevalence among sentinel populations has continued to decline and the overall adult prevalence has stabilized at 2.6%, a notable decrease from 3.2% in 2001. As a result of USAID-funded activities, increases in HIV infections, especially among females and perinatals, have been averted. Due to a more strategic intervention approach for reaching youth, healthier lifestyles and behaviors continued to increase. By the end of FY 2006, key impacts will include an increased contraceptive prevalence rate, a decrease in high-risk sexual behavior, an increase in the percent of children under one year of age fully immunized, and an increase in the percentage of births assisted by a trained provider. Behavioral changes among high-risk and vulnerable populations will contribute to a decrease in the HIV prevalence rate among those populations.

## US Financing in Thousands of Dollars

Cambodia

442-009 HIV/AIDS & Family Health	CSH	ESF
<b>Through September 30, 2002</b>		
Obligations	13,443	6,468
Expenditures	24	0
Unliquidated	13,419	6,468
<b>Fiscal Year 2003</b>		
Obligations	22,857	121
Expenditures	12,352	3,272
<b>Through September 30, 2003</b>		
Obligations	36,300	6,589
Expenditures	12,376	3,272
Unliquidated	23,924	3,317
<b>Prior Year Unobligated Funds</b>		
Obligations	0	0
<b>Planned Fiscal Year 2004 NOA</b>		
Obligations	29,860	0
<b>Total Planned Fiscal Year 2004</b>		
Obligations	29,860	0
<b>Proposed Fiscal Year 2005 NOA</b>		
Obligations	25,300	0
Future Obligations	0	0
Est. Total Cost	91,460	6,589