

Data Sheet

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| USAID Mission: | Namibia |
| Program Title: | Reduced prevalence of HIV/AIDS |
| Pillar: | Global Health |
| Strategic Objective: | 673-008 |
| Proposed FY 2004 Obligation: | \$2,150,000 CSH |
| Prior Year Unobligated: | \$0 |
| Proposed FY 2005 Obligation: | \$2,150,000 CSH |
| Year of Initial Obligation: | FY 2004 |
| Year of Final Obligation: | FY 2010 |

Summary: USAID, in collaboration with its USG partners under PEPFAR, will expand its support to Namibia's efforts to reduce the spread and impact of HIV/AIDS. The expanded program will build comprehensive, integrated, community and faith-based responses to the epidemic by providing a full range of prevention, care, support, and treatment programs for vulnerable groups infected and affected by the epidemic, including some high risk groups. These programs will support behavior change and reduction of high risk behaviors; provide voluntary counseling and testing (VCT); prevent mother-to-child transmission of HIV; provide treatment at faith-based and government-supported hospitals and other government-designated health facilities; and increase the availability and quality of services for orphans, vulnerable children, and people living with HIV/AIDS.

Inputs, Outputs, Activities:

FY 2004 Program:

HIV/AIDS prevention activities (\$1,000,000 CSH). Within the context of the PEPFAR country strategy, HIV/AIDS funds will be used to expand behavior change intervention and communication programs to reach a significantly larger number of people in high prevalence regions. Nongovernmental and faith-based organizations (NGOs and FBOs) will implement integrated community-based programs to increase understanding of HIV/AIDS and promote healthy lifestyles and life skills for responsible decision making by youth, young adults and their families. The workplace prevention and care program will be expanded to include additional companies, local government authorities, and high-risk groups, such as truckers. A network of health facility and community-based voluntary counseling and testing centers will be established. These activities will be supported by a national center for HIV/AIDS communications and research. The program will support the government's efforts to establish a national mother-to-child prevention program. USAID will work with faith-based and government-supported health facilities and their affiliates to offer a broad range of pre-and post-natal services, VCT services, provision of anti-retroviral drugs for mothers and children, and scaling-up of training programs to increase the numbers of skilled health care providers and counselors. The capacity of central and regional medical stores to procure, manage and distribute pharmaceuticals and commodities to health facilities will be strengthened. Principal contractors/grantees: Family Health International (FHI); Population Services International (PSI); Johns Hopkins University Health Communications Partnership (JHU-HCP).

Orphans and vulnerable children (\$1,000,000 CSH). As part of PEPFAR, USAID will use HIV/AIDS funds to expand faith- and community-based programs that provide comprehensive material, psychosocial, and legal support to children and families affected by HIV and AIDS. Ensuring that orphans and vulnerable children remain in school is a priority. Support will be provided to the government to assure that appropriate coordination, standards and administrative processes are in place to support the Orphans and Vulnerable Children Trust Fund, including its establishment as a legal entity. Principal contractor/grantee: FHI.

Monitoring, evaluation and surveillance (\$150,000 CSH). USAID will invest funds in training and technical assistance to assure that behavior and other surveillance data are available for all partners in order to assist with program monitoring and evaluation. Principal contractor/grantee: JHU-HCP.

FY 2005 Program:

Namibia is a focus country under the President's Emergency Plan for AIDS Relief. Additional funding from the Global HIV/AIDS Initiative account is anticipated for both FY 2004 and FY 2005.

HIV/AIDS prevention (\$1,000,000 CSH). Consistent with PEPFAR objectives, USAID will utilize funding to strengthen and improve community-based prevention programs, work-place prevention programs, and VCT services. The procurement, supply chain, and education activities supporting the management of pharmaceuticals and commodities will continue. A larger number of faith-based and government-supported hospitals, their health facilities and community-based affiliated centers will have the capacity to offer services and drugs to prevent mother-to-child transmission of HIV/AIDS. Work will continue on upgrading the capacity of central and regional medical stores. Principal contractor or grantee: To be determined.

Orphans and vulnerable children (\$1,000,000 CSH). As part of the USG PEPFAR country team in Namibia, USAID will continue training and service provision on a national scale in its faith- and community-based programs to provide comprehensive support to children and families affected by HIV and AIDS. Principal contractor or grantee: to be determined.

Monitoring, evaluation and surveillance (\$150,000 CSH). Efforts will continue to upgrade the capacity of FBOs and NGOs to monitor program implementation and measure the impact of their work. Principal contractor or grantee: to be determined.

Performance and Results: By the end of the program, it is expected that 23,000 Namibians will have received anti-retroviral treatment; 115,000 orphans, vulnerable children, and persons living with HIV and AIDS will have received comprehensive care and support; and 71,951 HIV infections will have been averted.

US Financing in Thousands of Dollars

Namibia

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| 673-008 Reduced prevalence of HIV/AIDS | CSH |
| Through September 30, 2002 | |
| Obligations | 0 |
| Expenditures | 0 |
| Unliquidated | 0 |
| Fiscal Year 2003 | |
| Obligations | 0 |
| Expenditures | 0 |
| Through September 30, 2003 | |
| Obligations | 0 |
| Expenditures | 0 |
| Unliquidated | 0 |
| Prior Year Unobligated Funds | |
| Obligations | 0 |
| Planned Fiscal Year 2004 NOA | |
| Obligations | 2,150 |
| Total Planned Fiscal Year 2004 | |
| Obligations | 2,150 |
| Proposed Fiscal Year 2005 NOA | |
| Obligations | 2,150 |
| Future Obligations | 8,600 |
| Est. Total Cost | 12,900 |