

Data Sheet

USAID Mission:	Ethiopia
Program Title:	Essential Services for Health
Pillar:	Global Health
Strategic Objective:	663-008
Proposed FY 2004 Obligation:	\$33,262,000 CSH
Prior Year Unobligated:	\$1,980,000 CSH; \$2,000,000 ESF
Proposed FY 2005 Obligation:	\$37,551,000 CSH
Year of Initial Obligation:	FY 2001
Year of Final Obligation:	FY 2007

Summary: The improved family health objective reduces food insecurity by slowing population growth, reducing vulnerability to disease, and helping to prevent and treat HIV/AIDS. With other members of the U.S. Mission to Ethiopia's HIV/AIDS Interagency Group, by 2008 the USG goals are to decrease HIV transmission among the 15-24 year old age group, treat 210,000 people living with HIV/AIDS (PLWHA), and ensure more than 500,000 orphans and vulnerable children receive care. USAID also works to prevent the spread of other infectious diseases, including tuberculosis and malaria, and improve child health through better immunization coverage, breastfeeding promotion, nutrition education and health system strengthening. USAID funds expand family planning and reproductive health services helping families space their children and protect the mother's health.

Inputs, Outputs, Activities:

FY 2004 Program:

HIV/AIDS (\$16,500,000 CSH; \$1,980,000 prior year CSH). USAID's prevention programs will focus on high-risk behavior groups with an emphasis on abstinence and faithfulness. Home-based community care support activities for PLWHA will be expanded, orphans and vulnerable children will remain a priority area of programming and the drug management system will be improved for ARVs and other drugs. Programs to prevent Mother to Child Transmission of HIV/AIDS (MTCT) will expand to 15 locations nationwide. In addition, USAID will add more voluntary counseling and testing (VCT) sites, make palliative care more available and strengthen the referral linkages between the home and health facilities. USAID will target locations in the four most populous regions and will continue to build a comprehensive response to HIV/AIDS in 24 sites along the high risk corridor (Djibouti - Addis). Principal contractors and grantees: FHI/IMPACT, PRIME II/INTRAH, Save the Children/US, RPM+ Management Sciences for Health, CRS, the Relief Society of Tigray (REST), the Academy for Educational Development (AED), the John Hopkins University Health Communications Partnership, the International Orthodox Christian Charities/Ethiopian Orthodox Church, CARE, and others to be determined.

Child health and nutrition (\$4,712,000 CSH). USAID will strengthen primary health care services in Oromia and Amhara while continuing support to Southern Nations Nationalities and Peoples (SNNP) Region. USAID will strengthen routine immunizations, Vitamin A supplementation, the integrated management of childhood illnesses (IMCI), nutrition services, and prevention and treatment of malaria and tuberculosis. USAID will continue to build the GFDRE's health management capacity, supporting their new "health extension package", and strengthening health management information systems (HMIS). The "Community Health Promoters Initiative" will scale up outreach services. Health care financing activities will increase the level and efficacy of health budgets at the national and regional levels. USAID will assist the GFDRE to complete and implement the nutrition strategy and improve health and nutrition surveillance. USAID will continue to work with the GFDRE and World Health Organization to support national polio surveillance. Malaria prevention will focus on the increased use of insecticide treated bed nets. Principal contractors and grantees: John Snow Inc., World Health Organization (WHO), CARE, Catholic Relief Service (CRS), Save the Children US, REST, AED, Johns Hopkins University (all prime); Abt Associates (sub).

Family planning and reproductive health (\$8,050,000 CSH; \$2,000,000 prior year ESF). USAID will help to strengthen family planning programs at community and national levels, assisting the GFDRE to revise its population policy. USAID will train staff at over 456 public and private health facilities to extend family planning services to 8.5 million people. Community-based agents working in 21 NGO organizations at 17 workplaces and over 160 adolescent service sites will increase services. The program will expand to improve the contraceptive logistics system through health worker training and improved contraceptive transport, storage and procurement. USAID will continue to work with the GFDRE and other donors to assure a contraceptive supply is steady and appropriate. Principal contractors and grantees: Pathfinder International, Save the Children US, Family Health International, John Snow, Inc. Macro International, the University of North Carolina, DKT International, Johns Hopkins University, Plan International, and the Adventist Development Relief Agency (all prime).

Infectious diseases (\$4,000,000 CSH). USAID will promote the use of insecticide treated bednets to prevent malaria and improve disease surveillance, particularly in drought prone regions. Principal contractors and grantees: Ministry of Health, AED, REST, and CRS (all prime.)

FY 2005 Program:

Ethiopia 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 (\$16,500,000 CSH). In collaboration with other USG agencies in PEPFAR, USAID will target high prevalence areas to prevent HIV/AIDS and provide care and treatment to PLWHA. USAID will expand to rural areas as new surveillance data become available. These programs will provide anti-retroviral drugs, increase abstinence and faithfulness, reduce risk behavior, prevent MTCT, provide care and support to PLWHA and OVC. Principal contractors and grantees remain the same as FY 2004, with the addition of new partners, such as community and faith based organizations.

Child health (\$9,510,000 CSH). USAID will continue to strengthen routine health services to include high impact child health interventions -- immunizations, vitamin A, breastfeeding, bednet use and IMCI. USAID will continue the community approach to improving child health through advocacy and the education system, civil society groups, and farmers' associations. USAID will emphasize improving the essential drug logistics system and expanding service delivery through new community health workers. Principal contractors and grantees remain the same as in FY 2004.

Family planning and reproductive health (\$7,791,000 CSH). Policy dialogue will increase understanding of the negative impact of population growth on development and increase the GFDRE's budget support and leadership to ensure long-term contraceptive security. As the government implements priority actions of the revised population policy, USAID support will expand and strengthen the national contraceptive logistics system to ensure steady supplies to distributors and end users. USAID will also support the expansion of quality reproductive health services to the rural areas. Principal contractors and grantees remain the same as in FY 2004.

Infectious diseases (\$3,750,000 CSH). USAID will expand support to national infectious disease surveillance and emergency health and nutrition surveillance systems. The malaria control program will support public/private partnerships for the production and social marketing of insecticide treated bed nets. Community and school water/sanitation programs will be initiated. Principal contractors and grantees remain the same as in FY 2004.

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

Performance and Results: DPT3 coverage reached 54% in the SNNP region, the target was 42.5% and in USAID target areas reached 72%. Measles coverage was over 90% in drought affected areas reached by immunization and Vitamin A campaigns. No new wild polio virus has been detected in Ethiopia since January 2001. Contraceptive prevalence rates are at 17% in target areas vs. 8.3 % in non-target areas.

Tetanus toxoid immunization rates increased from 48% to 69% in target areas. Support for VCT sites expanded from 22 to 36 with 7,706 clients. Five faith based organizations, reaching 14 million people, undertook community education and training to promote Abstinence, Being Faithful, and Condoms. Care and support for AIDS affected orphans and vulnerable children increased from 550 to 11,506, surpassing the 5,000 target. The share of recurrent allocations from the national health budget increased from 43.5% in 2001 to 51% in 2002.

By 2008, USAID expects stunting to be reduced nationally to 41% from 51% in 2000. Children fully immunized in the target regions will be 42%, up from 27% in 2000 and children receiving vitamin A supplementation will increase from 55% to 82%. The contraceptive prevalence rate will increase nationally to 20%. The percent of the total health budget devoted to recurrent health issues, an important measure of the sustainability of expanded health care access, will be 60%, up from the FY 2001 baseline of 40%.

US Financing in Thousands of Dollars

Ethiopia

	CSH	DA	ESF
663-008 Essential Services for Health			
Through September 30, 2002			
Obligations	23,732	2,380	0
Expenditures	3,718	1,554	0
Unliquidated	20,014	826	0
Fiscal Year 2003			
Obligations	27,167	230	0
Expenditures	14,725	721	0
Through September 30, 2003			
Obligations	50,899	2,610	0
Expenditures	18,443	2,275	0
Unliquidated	32,456	335	0
Prior Year Unobligated Funds			
Obligations	1,980	0	2,000
Planned Fiscal Year 2004 NOA			
Obligations	33,262	0	0
Total Planned Fiscal Year 2004			
Obligations	35,242	0	2,000
Proposed Fiscal Year 2005 NOA			
Obligations	37,551	0	0
Future Obligations	17,524	0	0
Est. Total Cost	141,216	2,610	2,000