

Data Sheet

USAID Mission:	Malawi
Program Title:	AIDS and Family Health
Pillar:	Global Health
Strategic Objective:	612-008
Proposed FY 2004 Obligation:	\$19,100,000 CSH
Prior Year Unobligated:	\$500,000 ESF
Proposed FY 2005 Obligation:	\$18,300,000 CSH
Year of Initial Obligation:	FY 2001
Year of Final Obligation:	FY 2007

Summary: The aim of USAID's AIDS and Family Health objective is to change 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 sales of insecticide-treated bednets, oral rehydration solution, and critical inputs to improve child health. It will also support promotion of the "ABC" model (Abstinence, Being faithful, and using Condoms) and voluntary counseling and testing for HIV/AIDS prevention, care and support; and mitigation of the impact of HIV/AIDS on infected and affected individuals, families and communities. Subsidized sales and distribution of contraceptives and related training and capacity building for Malawian organizations will also be funded.

Inputs, Outputs, Activities:

FY 2004 Program:

Improve reproductive health services (\$3,200,000 CSH). To ensure contraceptive availability and increase contraceptive use, USAID will continue to provide technical assistance (TA) and logistics training to the public sector Central Medical Stores to permit direct delivery of medicines to all service delivery points nationwide. TA and training will focus on quality assurance monitoring and supervision in health facilities. Primary contractors/grantees: John Snow, Inc. and Johns Hopkins Program for International Education in Gynecology and Obstetrics.

Reduce new HIV/AIDS infections (\$3,700,000 CSH). "Hope Kits" composed of games, guides and other materials to promote risk reduction will be designed, tested, and distributed to community groups. USAID will provide technical assistance, training, and operating costs for Malawi's Behavioral Surveillance Survey. Provision of commodities and operating costs for nationwide condom social marketing will be continued, with an expected 5% increase over the 8.1 million condoms sold in FY 2003. Primary contractors/grantees: Johns Hopkins University's Center for Communication Programs (JHU/CCP), Population Services International (PSI).

Improve and expand HIV/AIDS services (\$5,000,000 CSH). USAID will provide technical assistance, training, and other capacity-building assistance to 10 Malawian non-governmental, community- and faith-based organizations to expand HIV/AIDS services, including voluntary counseling and testing, sexually transmitted disease diagnosis and treatment, condom distribution, infection prevention in health facilities, and education and counseling in 18 districts. At the national level, USAID will provide technical assistance to the National AIDS Commission to develop and disseminate quality assurance and management tools such as guidelines and protocols. Primary grantee: Save the Children/US.

Mitigate the impact of HIV/AIDS (\$2,500,000 CSH). USAID will expand funding for home-based care of 7,500 persons living with AIDS, and care and support of at least 15,000 AIDS-affected orphans and vulnerable children by 12 community- and faith-based organizations in five districts. ESF carryover will be used to provide support for children affected by HIV/AIDS and community based nutritional support for high risk and malnourished children. Primary Grantee: Family Health International.

Strengthen child health, infectious diseases and health systems (\$4,700,000 CSH). Malaria is the number one cause of infant and child mortality in Malawi. USAID will continue to support sales of subsidized insecticide-treated bednets and will emphasize sales of re-treatment kits to keep the nets effective. USAID will also provide technical assistance and training to improve health worker capacity to recognize and treat childhood illnesses and to strengthen management and planning capacity. USAID will provide technical assistance and operating costs for the next demographic and health survey which will begin in FY 2004. Primary contractors/grantees: Management Sciences for Health (MSH), PSI, the U.S. Centers for Disease Control and Prevention (CDC), and MACRO International.

FY 2005 Program:

Improve reproductive health services (\$2,000,000 CSH). Many women resort to illegal abortions that often result in life threatening complications, USAID plans to continue technical assistance in post-abortion care (15 new facilities), facility-based quality assurance, and the initiation of a cervical cancer screening program. In addition, USAID will continue to collaborate with the Ministry of Health on its commodity logistics systems. A new primary contractor/grantee will be selected in early FY 2004.

Reduce new HIV/AIDS infections (\$3,400,000 CSH). USAID expects to expand and improve the established "Youth Alert" adolescent behavioral change network and social marketing of condoms. Primary contractors/grantees: JHU/CCP and PSI.

Improve and expand HIV/AIDS services (\$5,000,000 CSH). Five additional Malawian organizations may be provided funding for organizational strengthening, improved quality of voluntary counseling and testing and other services, and expanded coverage for a planned total of 15 organizations working in 18 districts. Primary grantee: Save the Children/US.

Mitigate the impact of HIV/AIDS (\$2,500,000 CSH). USAID plans to provide funding for 18 organizations working in 10 districts for home-based care for an estimated 10,000 people living with HIV/AIDS, as well as psychosocial and livelihood support for up to 20,000 orphans and vulnerable children. USAID also plans to provide technical assistance to the National AIDS Commission to utilize more effectively Global Fund to Fight AIDS, TB, and Malaria resources targeted for home care. Primary grantee: FHI.

Strengthen child health, infectious diseases and health systems (\$5,400,000 CSH). USAID plans to provide technical assistance, training, equipment and supplies for: social marketing of insecticide-treated bednets, oral rehydration solution, strengthening community surveillance of TB; and strengthening Malawian management capacity, including improved planning, budgeting, and drug logistics. Primary contractors/grantees: MSH, PSI, CDC, and MACRO International.

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

Performance and Results: USAID's health, population and nutrition objective was particularly successful in FY 2003. Sales of insecticide-treated bednets to prevent malaria reached almost one million in FY 2003, almost five-fold above FY 2002 levels. Socially marketed oral rehydration solution sales were 87% above FY 2002 figures. In HIV/AIDS, condom sales were up 14% over the previous year; the number of individuals tested at USAID-assisted voluntary counseling and testing sites rose about 4%. With significant USAID support, the Government of Malawi developed its first national AIDS policy. USAID's support to the Ministry of Health and Population for improved decentralized contraceptive commodity logistics in FY 2003 helped pave the way for essential health drugs in future years.

By the objective's completion date, the contraceptive prevalence rate for modern methods among married women is expected to increase from 26.1% in 2000 to 34%; the percent of children under 5 years sleeping under an insecticide-treated bednet is expected to increase from 7.6% in 2000 to 15%; the number of clients tested at USAID-assisted voluntary counseling and testing centers is expected to increase almost four-fold, from 22,000 in 2000 to 80,000; and 25,000 people living with HIV/AIDS 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, 2002			
Obligations	25,817	2,280	0
Expenditures	6,584	1,339	0
Unliquidated	19,233	941	0
Fiscal Year 2003			
Obligations	17,180	0	0
Expenditures	12,044	857	0
Through September 30, 2003			
Obligations	42,997	2,280	0
Expenditures	18,628	2,196	0
Unliquidated	24,369	84	0
Prior Year Unobligated Funds			
Obligations	0	0	500
Planned Fiscal Year 2004 NOA			
Obligations	19,100	0	0
Total Planned Fiscal Year 2004			
Obligations	19,100	0	500
Proposed Fiscal Year 2005 NOA			
Obligations	18,300	0	0
Future Obligations	64,243	0	0
Est. Total Cost	144,640	2,280	500