

Data Sheet

USAID Mission:	West African Regional Program (WARP)
Program Title:	Family Health and AIDS Prevention
Pillar:	Global Health
Strategic Objective:	624-005
Proposed FY 2004 Obligation:	\$19,300,000 CSH
Prior Year Unobligated:	\$2,000 CSH; \$1,240,000 ESF
Proposed FY 2005 Obligation:	\$21,464,000 CSH
Year of Initial Obligation:	FY2001
Year of Final Obligation:	FY 2008

Summary: USAID's program in the areas of reproductive health (RH), child survival (CS), and sexually transmitted infections and HIV/AIDS (STI/HIV/AIDS) will expand regional coverage from four to 18 countries. At the same time, a strategic shift will reorient the approach from increasing West Africans' use of health products and services to one that promotes wider adoption of state-of-the-art practices by national governments, regional organizations and non-governmental organizations; increases regional stakeholder advocacy for policy change; increases the capacity of regional institutions and networks; and promotes health sector reform. The program will support activities in 12 non-presence countries as well as undertake joint activities with the USAID bilateral health programs in the region.

Inputs, Outputs, Activities:

FY 2004 Program:

Improve program approaches in RH, STI/HIV/AIDS and CS (\$6,562,000 CSH; \$1,240,000 prior year ESF). The program will identify, analyze, and disseminate best practices in these three areas across the region. Significant levels of funding from the Global Fund to Fight AIDS, TB and Malaria and the World Bank for HIV/AIDS require that USAID collaborate closely to address the issue of the recipients' absorptive capacity and ensure effective use of these funds. USAID will strengthen and expand its cross-border interventions, particularly along key transport routes, and support networks of regional organizations that help people living with HIV/AIDS to combat public denial and stigma. The Ambassadors' Fund, which awards small grants for HIV/AIDS activities in non-presence countries, will receive continued support. Technical assistance will be given to Exxon, Coca-Cola, and other businesses to establish HIV/AIDS prevention and treatment programs for workers. USAID will use the \$1,240,000 in prior year ESF funding to procure additional contraceptive commodities to support the phase-out plans in Togo and Cameroon. Principal contractors and grantees: Family Health International (FHI) and EngenderHealth (primes), Abt Associates, Academy for Educational Development (AED), and Management Sciences for Health (MSH) (subs).

Increase regional stakeholder advocacy for policy change (\$3,088,000 CSH). USAID will review country policies and the availability and use of advocacy tools. An action plan advocating for priority issues and targeting local opinion leaders will be developed. USAID partners will also monitor the status of international health treaties and support their implementation. Principal contractors and grantees: FHI and EngenderHealth (primes), Abt Associates, AED, MSH, the Futures Group (POLICY), West African Health Organization (WAHO), and Center for Population Research and Development (CERPOD) (subs).

Increase capacity of regional institutions and networks (\$6,176,000 CSH). Key regional institutions will receive training and technical assistance to strengthen their technical competence; sharpen the focus on family planning, maternal health, and child survival, together with HIV/AIDS; foster their long-term sustainability; and cultivate regional recognition and increased donor support. A regional expert consultant database is the initial output. Principal contractors and grantees: FHI and EngenderHealth (primes), Abt Associates, AED, MSH, the Futures Group (POLICY), WAHO and CERPOD (subs).

Health sector reform (\$3,474,000 CSH). USAID will support a multi-donor feasibility study for the development of a regional security plan for the commodities used in RH, HIV/AIDS, and CS programs. Best practices related to mutual health organizations (MHO) will be shared. USAID and WHO will also provide technical assistance to national governments on national health accounts (NHA) that comprehensively analyze health sector expenditures. Building on a workshop on NHA in FY 2003, and with additional support from the World Bank and the World Health Organization, USAID will sponsor a follow-on workshop to institutionalize the nascent francophone NHA network that was established and to enable participants to share best practices. Principal contractors and grantees: EngenderHealth (prime), Partners for Health Reform (PHRplus), John Snow, Inc. (DELIVER), and the Futures Group (POLICY) (subs).

FY 2005 Program:

Improve program approaches in RH, STI/HIV/AIDS and CS (\$7,329,760 CSH). Based on FY 2004 assessments of demonstrated program approaches, USAID support will initiate small-scale activities that have potential for region-wide replication. Support for cross-border HIV/AIDS prevention interventions will continue. Principal contractors and grantees: FHI and Engenderhealth (primes).

Increase regional stakeholder advocacy for policy change: (\$3,402,240 CSH). Targeting the gaps identified in the FY 2004 policy inventory, USAID will support regional and country specific advocacy efforts and policy development. Principal contractors and grantees: FHI and Engenderhealth (primes), POLICY and AED (subs).

Increase capacity of regional institutions and networks: (\$6,904,480 CSH). USAID will provide technical assistance to selected regional institutions to improve strategy development and service delivery. USAID will also provide training to strengthen managerial and technical skills. Principal contractors and grantees: FHI and Engenderhealth (primes) and MSH, AED, and Abt Associates (subs).

Health sector reform (\$3,827,520 CSH). Technical assistance will be provided to strengthen implementation capacity and to better integrate programs within overall planning and budgeting processes. The commodity security plan will be implemented. Principal contractors and grantees: Engenderhealth (prime), Abt Associates (sub).

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

Performance and Results: In FY 2003 USAID wrapped up activities under its eight-year Family Health and AIDS (FHA) Project, transitioned to a new regional health program, and awarded two major cooperative agreements and two institutional strengthening grants to partners.

At the end of this Strategic Objective it is expected that capacity of regional organizations and the ability of national ministries to cooperate on a variety of common technical issues that impact program management and resource leveraging for implementation of RH, STI/HIV/AIDS and, CS programs will be significantly enhanced, helping to reduce high rates of fertility, infant and maternal mortality, and HIV/AIDS.

US Financing in Thousands of Dollars

West African Regional Program (WARP)

624-005 Family Health and AIDS Prevention	CSH	DA	ESF
Through September 30, 2002			
Obligations	20,939	735	0
Expenditures	3,826	498	0
Unliquidated	17,113	237	0
Fiscal Year 2003			
Obligations	17,846	0	0
Expenditures	14,623	237	0
Through September 30, 2003			
Obligations	38,785	735	0
Expenditures	18,449	735	0
Unliquidated	20,336	0	0
Prior Year Unobligated Funds			
Obligations	2	0	1,240
Planned Fiscal Year 2004 NOA			
Obligations	19,300	0	0
Total Planned Fiscal Year 2004			
Obligations	19,302	0	1,240
Proposed Fiscal Year 2005 NOA			
Obligations	21,464	0	0
Future Obligations	50,000	0	0
Est. Total Cost	129,551	735	1,240