

Data Sheet

USAID Mission:	Tanzania
Program Title:	Family Health and HIV Prevention
Pillar:	Global Health
Strategic Objective:	621-001
Proposed FY 2004 Obligation:	\$21,200,000 CSH
Prior Year Unobligated:	\$800,000 ESF
Proposed FY 2005 Obligation:	\$19,856,000 CSH
Year of Initial Obligation:	FY 1999
Year of Final Obligation:	FY 2005

Summary: USAID funds public sector reproductive and child health, and infectious disease surveillance and response activities, under the Ministry of Health (MOH) including: immunization; Vitamin A supplementation; management of syphilis and malaria in pregnancy; post-abortion care (PAC); family planning and strengthening Integrated Disease Surveillance and Response (IDSR). HIV/AIDS support in the public sector is managed collaboratively with the Tanzania Commission for AIDS (TACAIDS) and the MOH, and includes leadership strengthening; developing a logistics management information system; and, with the U.S. Centers for Disease Control and Prevention (CDC) and other partners, Prevention of Mother to Child Transmission (PMTCT). Activities in the voluntary sector are: Voluntary Counseling and Testing (VCT); distribution of condoms, oral contraceptives, and insecticide-treated bed nets; and behavior change communication. Through the Voluntary Sector Health Program (VSHP), USAID promotes partnerships between local government and community groups for integrated Reproductive and Child Health (RCH) and HIV/AIDS interventions. The Rapid Funding Envelope (RFE) for HIV/AIDS, a funding mechanism for HIV/AIDS projects in Tanzania created in late 2002, provides support to not-for-profit civil society and academic institutions and partnerships on Tanzania mainland and Zanzibar for short term projects of six to twelve months.

Inputs, Outputs, Activities:

FY 2004 Program:

Improve Reproductive and Child Health Services (RCHS) (\$6,400,000 CSH): USAID will work with two Zonal Training Centers to ensure district providers have the requisite skills in key RCH areas. USAID's partnership with the MOH will continue to strengthen its capacity to lead RCH activities. USAID will support Vitamin A supplementation and vaccination for measles and polio. For child survival, USAID will continue to increase use in health facilities of focused ante-natal care (FANC) practices (management of malaria and syphilis in pregnancy, training of service providers in target regions, and integration of FANC in the pre-service curricula of nurse midwives training institutions). Behavior change communication interventions will increase demand for RCH products and services including socially marketed oral contraceptives. The Quality Improvement and Recognition Initiative (QIRI) will evaluate quality approaches, methodologies, and tools developed in district health facilities and integrate best practices into the MOH Quality Framework. Principal contractors and grantees: MOH; Zonal Training Centers; CARE International; Healthscope Tanzania, Ltd. (sub); Population Services International.

Prevent the Spread of HIV/AIDS (\$12,500,000 CSH; \$800,000 prior year ESF): Under the President's Emergency Plan for AIDS Relief (PEPFAR), USAID will rapidly establish new mechanisms to address prevention, care and treatment, and orphans support, as well as extend existing mechanisms (CARE, African Medical Research Foundation (AMREF), Deloitte & Touche, RFE for HIV/AIDS) and expand their geographic reach as a way to rapidly scale up best practices. This will include expanding availability of and demand for HIV/AIDS prevention and care services by sustaining the VSHP district response, awarding community grants, and broadening VCT services to at least 20 sites nationwide and integrating counseling skills into PMTCT programs. Under PEPFAR, the program will continue to fund national mass-media youth communication campaigns and the activities of the new USAID youth program. With

MOH and CDC and through its partner, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), USAID will increase PMTCT service availability. Public sector support will continue to strengthen the leadership and coordination capacity of TACAIDS and MOH as well as logistics management capacity within MOH. The Global Fund Country Coordinating Mechanism will receive technical assistance in setting priorities and formulating proposals for the Global Fund to Fight AIDS, Tuberculosis, and Malaria. USAID will support formulation of the Zanzibar AIDS Commission AIDS strategy. With the ESF funds, USAID will strengthen the nutrition component of HIV/AIDS programs, as well as strengthen and expand counseling and behavior change components. USAID will also increase training for both central and district-level health providers to administer anti-retrovirals. Principal contractors and grantees: AMREF; CARE; Deloitte & Touche; EGPAF; Healthscope Tanzania Ltd; John Snow Inc.(DELIVER); PSI.

Prevent the Spread of Infectious Diseases (\$2,300,000 CSH): IDSR will continue to strengthen disease surveillance, expanding geographic coverage. Principal contractors and grantees: Abt Associate-Partnership for Reform Plus; CHANGE project; National Institutes for Medical Research (NIMR).

FY 2005 Program:

Tanzania 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.

Improve Reproductive and Child Health Services (\$5,556,000 CSH). USAID anticipates expanding its district-level services through Zonal Training Centers and increasing support for national immunization campaigns and Vitamin A supplementation. USAID may shift resources from central MOH offices to districts to achieve greater impact on people in their communities. USAID plans to support national dissemination and application of the MOH Quality Framework. Funding is also planned to develop new approaches, which will augment impact of family planning and child survival programs and promote maternal health. USAID anticipates collaborating with the MOH and other donors to ensure that a full range of contraceptive supplies and services is available to clients. Same implementers as above.

Prevent the Spread of HIV/AIDS (\$12,500,000 CSH). Under PEPFAR, USAID anticipates continuing its support for national and local programs, focusing on prevention (behavior change emphasizing abstinence, fidelity, and condom promotion targeting high risk populations; PMTCT; and youth); care and treatment (systems strengthening such as commodity logistics; service delivery; stigma reduction; demand creation; possibly provision of Anti-Retrovirals (ARVs) and treatment of opportunistic infections; as well as home and community care); and support for vulnerable populations directly affected by AIDS (orphans, families and communities caring for orphans). Same implementers as above.

Prevent the Spread of Infectious Diseases (\$1,800,000 CSH). With resources in FY 2005, USAID expects to continue working with NIMR and the MOH to further strengthen infectious disease surveillance and response and institutionalize the systems established in target areas in prior years. Same implementers as above.

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

Performance and Results: AMREF successfully increased demand for HIV testing by promoting improved communication between adults and youth. Fourteen VCT sites served 45,369 clients during the period July 2002-June 2003. In Zanzibar, over 4,000 individuals were tested at USAID-funded VCT sites. Condom sales of 27.5 million exceeded targets by two million. Couple years of protection were estimated at 1.5 million. The RFE for HIV/AIDS attracted \$3.26 million from eight donors, and made awards to 11 NGOs. John Snow International's DELIVER project strengthened the integrated logistics system and, through drug stock-out surveys, identified logistics priorities for PMTCT and PEPFAR. USAID led the donor sub-committee providing technical guidance to MOH for formulation of the Health Sector HIV/AIDS Strategy. A total of 32 partnership committees awarded 184 grants to community groups for RCH and HIV/AIDS activities. Immunization for measles and polio, and Vitamin A supplementation covered 80% of the target population. By the end of the strategy, stronger national systems will support improved and decentralized delivery of health and HIV/AIDS services, including through public-private partnerships.

US Financing in Thousands of Dollars

Tanzania

621-001 Family Health and HIV Prevention	CSH	DA	DFA	ESF
Through September 30, 2002				
Obligations	49,653	16,202	17,306	0
Expenditures	26,900	13,823	17,166	0
Unliquidated	22,753	2,379	140	0
Fiscal Year 2003				
Obligations	23,464	0	0	0
Expenditures	16,027	1,310	30	0
Through September 30, 2003				
Obligations	73,117	16,202	17,306	0
Expenditures	42,927	15,133	17,196	0
Unliquidated	30,190	1,069	110	0
Prior Year Unobligated Funds				
Obligations	0	0	0	800
Planned Fiscal Year 2004 NOA				
Obligations	21,200	0	0	0
Total Planned Fiscal Year 2004				
Obligations	21,200	0	0	800
Proposed Fiscal Year 2005 NOA				
Obligations	19,856	0	0	0
Future Obligations	0	0	0	0
Est. Total Cost	114,173	16,202	17,306	800