

## Data Sheet

<b>USAID Mission:</b>	Zambia
<b>Program Title:</b>	Improved Health Status
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	611-007
<b>Proposed FY 2004 Obligation:</b>	\$21,200,000 CSH
<b>Prior Year Unobligated:</b>	\$500,000 ESF
<b>Proposed FY 2005 Obligation:</b>	\$25,600,000 CSH
<b>Year of Initial Obligation:</b>	2004
<b>Year of Final Obligation:</b>	2010

**Summary:** USAID's new health program builds upon the record of successful accomplishments of the last strategy. The program includes technical assistance that aims to create better health for Zambian citizens through support of community, family and individual actions while strengthening services and scaling up key public health interventions. Significant expansion of HIV/AIDS prevention and treatment activities is planned through the President's Emergency Plan for AIDS Relief (PEPFAR).

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Empower Zambians to take action for health (\$6,300,000 CSH). USAID, in collaboration with other USG partners, will support communities, families, and individuals to take action to prevent disease and to promote and maintain their health through reduced risk behavior. USAID will support PEPFAR through behavior-change communication strategies targeting rural areas and high-risk groups. Communities will be strengthened to take action for health through support to neighborhood health committees and development of advocacy, empowerment and problem-solving skills for communities. USAID will support social marketing to increase access to key health products such as insecticide-treated mosquito bednets, family planning commodities, and home water purification solutions. Principal contractors or grantees: to be determined.

Expand delivery of key health interventions (\$6,900,000 CSH, \$500,000 prior year ESF). In HIV/AIDS, under PEPFAR, USAID will expand availability of quality services for HIV voluntary counseling and testing (VCT) and prevention of mother-to-child-transmission (PMTCT) in community and clinic settings, support scale-up of clinical services to provide antiretroviral drugs (ARVs) and treat opportunistic infections, and provide assistance to develop and implement policies, guidelines and training for HIV-related clinical care services. \$500,000 in prior year ESF resources will be applied to the scale-up of PMTCT services.

In the area of child health, USAID will use CSH funds for national Vitamin A supplementation and food fortification programs, and support the national childhood immunization program and efforts to expand the integrated management of childhood illnesses. Additional activities to address chronic malnutrition among young children will be developed. USAID will work with the National Malaria Control Program on policy, guidelines and programs for malaria prevention and treatment. In family planning, USAID will increase demand for and access to services (particularly in rural areas), ensure contraceptive choice and availability of supplies, and integrate family planning services into HIV/AIDS programs. In reproductive health, USAID will focus on access to safe motherhood services (including emergency obstetric care and prenatal care), reducing the complications of malaria in pregnancy, and strengthening services to identify and treat sexually-transmitted diseases. Principal contractors, grantees or agencies: to be determined.

Strengthen health services (\$8,000,000 CSH). USAID will improve critical support systems in the health sector, including logistics for drugs and supplies, the Health Management Information System, and annual and long-term planning. Funds will be used to strengthen human resource planning and management and to improve health worker performance through supporting pre- and in-service training of key cadres,

master's level training in public health, and innovative approaches to on-the-job supervision. Health policies, financing, and research will be addressed. USAID will continue support to district level health services through sector program assistance, contingent on approval of an extension of the current sector program assistance agreement. Principal contractors or grantees: to be determined.

**FY 2005 Program:**

Zambia 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.

Empower Zambians to take action for health (\$7,100,000 CSH). USAID plans to continue its support to communities, families, and individuals to improve their health status. It will continue support to high-risk groups, and for social marketing to increase sales of safe and effective health products. Principal contractors or grantees: To be determined.

Expand delivery of key health interventions (\$11,000,000 CSH). For HIV/AIDS, USAID will support PEPFAR by continuing its support to the availability of VCT and PMTCT services in various settings, continue to provide assistance to expand clinical services for ARVs and treatment of opportunistic infections, and support policy level advocacy efforts for improved HIV related clinical care services.

In child health, USAID will continue to support food fortification programs and Vitamin A supplementation, attend to chronic malnutrition among children, support integrated management of childhood illness, strengthen and expand the National Malaria Control Program and support the national childhood immunization program. In reproductive health, USAID will continue supporting increased access to safe and effective family planning services and commodities, especially in rural areas, and integrate these services into HIV/AIDS programs. Support will continue to increasing access to safe motherhood services, decreasing malaria in pregnancy and strengthening STI services. Principal contractors or grantees: To be determined.

Strengthen health services (\$7,500,000 CSH). USAID will continue to improve critical information and logistic systems as well as strengthen the planning and management capacity of the health sector. USAID plans to increase training and worker retention to improve human resource planning and health worker performance. Health policy and drug management logistics issues will continue to be addressed, and pending FY04 approval, USAID will continue to support GRZ's District level health basket. Principal contractors or grantees: To be determined.

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

**Performance and Results:** This health program will build on the successful accomplishments of the previous strategy. The principal results expected at the end of this seven year program are:

- Infant mortality will decrease from 95 per 1,000 live births in 2002 to 75 per 1,000 live births by 2010;
- Mortality rates for children under five will decrease from 168 per 1,000 live births in 2002 to 135 per 1,000 live births by 2010; and
- HIV prevalence among youth aged 15 to 24 will decrease from 8% in 2002 to 3% in 2010.

## US Financing in Thousands of Dollars

Zambia

	CSH	ESF
611-007 Improved Health Status		
<b>Through September 30, 2002</b>		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
<b>Fiscal Year 2003</b>		
Obligations	0	0
Expenditures	0	0
<b>Through September 30, 2003</b>		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
<b>Prior Year Unobligated Funds</b>		
Obligations	0	500
<b>Planned Fiscal Year 2004 NOA</b>		
Obligations	21,200	0
<b>Total Planned Fiscal Year 2004</b>		
Obligations	21,200	500
<b>Proposed Fiscal Year 2005 NOA</b>		
Obligations	25,600	0
Future Obligations	131,334	0
Est. Total Cost	178,134	500