

Data Sheet

USAID Mission:	Democratic Republic of the Congo
Program Title:	Health
Pillar:	Global Health
Strategic Objective:	660-002
Proposed FY 2004 Obligation:	\$22,050,000 CSH
Prior Year Unobligated:	\$418,000 CSH; \$2,000,000 ESF
Proposed FY 2005 Obligation:	\$20,022,000 CSH
Year of Initial Obligation:	FY 2004
Year of Final Obligation:	FY 2008

Summary: The USAID health program, which builds on thirty years of successful USAID health programs in the DRC, will increase access and improve the quality and range of key health services. Planned interventions include: insecticide treated bed nets, micronutrient supplements, effective management of childhood malaria, intermittent preventive treatment of malaria during pregnancy, family planning, support for routine vaccinations, HIV/AIDS prevention and support for people affected by HIV.

Inputs, Outputs, Activities:

FY 2004 Program:

Increase use of key health services (\$5,050,000 CSH). USAID's health programs will strengthen and increase the use of key health services in USAID-supported health zones and reinforce management and organizational capacity of national level programs and campaigns. To achieve this result, USAID activities will provide a minimum package of child and maternal health services in 81 health zones, including malaria case management, intermittent preventive treatment for malaria in pregnant women, tuberculosis (TB) control, blood safety, childhood immunizations, and appropriate treatment for acute respiratory infection in children. This package will also include funding to implement improved health financial management systems, prescription and laboratory services, and mutual health insurance schemes in a limited number of zones. Emphasis will be placed on community involvement in the management of health services, support to health providers in promoting and implementing client-centered services and designing communication strategies appropriate for health zones.

Increase access to key health services (\$17,000,000 CSH; \$418,000 prior year CSH; \$2,000,000 prior year ESF). At the national level, USAID will target access by advocating the reduction of taxes and tariffs on imported insecticide bed nets and medications. In collaboration with other partners, it will provide transport, equipment, and logistical assistance to immunization depots supporting USAID-targeted health zones. Technical assistance and other critical support will be provided to the central Ministry of Health, especially the primary health care and planning directorates, to improve the quality of the national immunization program; to improve integrated disease surveillance; to develop comprehensive measles control and micronutrient strategies, including the promotion of vitamin A, iron folate and de-worming; to improve TB drug management, recording, reporting, and supervision; to improve malaria case management, preventive services for pregnant women and the use of insecticide treated bed nets; to develop and introduce a comprehensive package of reproductive health and family planning services; to strengthen human and system capacity through Master of Public Health degree level training for health zone managers; and to improve HIV/AIDS Voluntary Counseling and Testing (VCT), Prevention of Mother-to-Child Transmission (PMTCT), and people living with HIV/AIDS services. USAID plans to provide technical assistance and logistical and resource support to address the serious problems of HIV transmission (the aftermath of occupation by numerous high HIV prevalence military organizations), drug resistance (especially malaria and tuberculosis), and polio (wild or vaccine transmitted infections). Shared between the national and zone levels, USAID will continue supporting the existing four VCT centers, six care and support facilities, behavior change, mass media, and a condom program.

Using prior year ESF and CSH funds, USAID will fund large scale contraceptive procurement and distribution and will support the Institute for Reproductive Health to continue its new Standard Days activities for two years. The Standard Days method for birth control allows women who have regular menstrual cycles to determine the days that they may become pregnant. This method involves neither the use of drugs nor devices; it relies on the women's natural cycle. When appropriate, USAID funding will incorporate family planning services into other activities.

USAID's principal prime contractors and grantees for FYs 2004 and 2005 are: Interchurch Medical Assistance Incorporated and CRS (for primary health care); UNICEF (malaria and polio); World Health Organization (polio and integrated disease surveillance); Centers for Disease Control and Prevention and the Malaria Action Coalition (malaria); Tulane University (capacity building); Christian Aid and Family Health International (HIV/AIDS); Population Services International (family planning and HIV/AIDS); Tuberculosis Coalition (TB); and the Institute for Reproductive Health (family planning).

FY 2005 Program:

Increased access to key health services (\$20,022,000 CSH). USAID plans to continue the same health zone level activities as described in FY 2004. USAID will continue supporting national level initiatives with similar amounts of funds being obligated for malaria, TB and surveillance programming, polio campaigns, micronutrients, immunizations, and other basic health care. Additional family planning community outreach activities are planned at the zonal level with an increase in services in the current zones. HIV/AIDS efforts will be scaled up as part of the large-scale comprehensive donor response to the HIV/AIDS situation.

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, under the previous USAID/DRC program, the goal of eliminating wild polio virus was achieved. Maternal and child health services were improved with increases in vaccination and vitamin A coverage. Insecticide treated bed nets and family planning services were made available to thousands of people previously underserved. The National TB program saw improvements in the rates of detection and successful treatment.

Continued progress in these areas under the new program will mean that by FY 2008 in USAID assisted zones, 70% of children will receive the required doses of DTP and measles vaccinations, 90% of children will receive vitamin A supplementation, 90% of births will be attended by skilled personnel, the case fatality rate for epidemic prone diseases will be under 5%, 50% of households will have at least one insecticide treated net, the detection rate and the successful treatment rate for TB will be respectively 70% and 80%, and the service utilization rate will be 50%.

US Financing in Thousands of Dollars

Democratic Republic of the Congo

	CSH	ESF
660-002 Health		
Through September 30, 2002		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
Fiscal Year 2003		
Obligations	0	0
Expenditures	0	0
Through September 30, 2003		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
Prior Year Unobligated Funds		
Obligations	418	2,000
Planned Fiscal Year 2004 NOA		
Obligations	22,050	0
Total Planned Fiscal Year 2004		
Obligations	22,468	2,000
Proposed Fiscal Year 2005 NOA		
Obligations	20,022	0
Future Obligations	75,000	0
Est. Total Cost	117,490	2,000