

**Africa Bureau Population, Health,
& Nutrition Results Reporting
from FY 2000 R4s**



**Office of Sustainable Development (AFR/SD)
Bureau for Africa
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The Center for International Health Information (CIHI) is a G/PHN project managed by Information Management Consultants, Inc. (IMC), with the International Science & Technology Institute (ISTI) and The Futures Group (FUTURES).

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Executive Summary

This document includes a series of charts and tables which summarize the results of performance monitoring for family planning and health programs in USAID's Africa (AFR) region. The information is based on the FY 2000 Results Review and Resource Requests (R4) reports submitted in March 1998.

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**Strategic Objectives and Intermediate Results in the PHN Sector,
as Reported in R4s (unless noted otherwise)**

<i>USAID mission</i>	<i>Objectives and Results in the PHN Sector</i>
USAID/Benin (old version*)	<p>Special Objective 2: Expand the availability, quality, and use of family health and HIV/AIDS prevention services</p> <p>IR2.1: Availability and use of quality family planning services increased IR2.2: Family health services providers strengthened IR2.3: Child mortality and morbidity rate reduced IR2.4: STD/HIV/AIDS prevention programs reinforced</p>
USAID/Benin (new version**)	<p>Special Objective 2: Expand the availability, quality, and use of family health and HIV/AIDS prevention services</p> <p>IR3.1: Improved policy environment IR3.2: Increased access to FP/MCH/STD/HIV services and products IR3.3: Improved quality of FP/MCH/STD/HIV management and prevention services IR3.4: Increased demand for and practices supporting use of FP/MCH/STD/HIV services, products, and prevention services</p>
USAID/Eritrea	<p>Investment Objective 1: Increased use of sustainable, integrated primary health care services by Eritreans</p> <p>IR1.1: Access to integrated primary health care services improved IR1.2: Client demand for primary health care services enhanced IR1.3: Quality of primary health care services improved</p>
USAID/Ethiopia	<p>SO2: Increased use of primary and preventive health care (PPHC) services</p> <p>IR2.1: Increased resources dedicated to the health sector (particularly PPHC) IR2.2: Increased access to and demand for modern contraceptives in focus areas IR2.3: Enhanced capacity of Ethiopian society to expand access to and use of STI/HIV/AIDS services in response to the epidemic IR2.4: Increased use of integrated rural primary and preventive health care services in Southern Nations and Nationalities People's Region (SNNPR)</p>
USAID/Ghana	<p>SO3: Improved family health</p> <p>IR3.1: Increased usage of more effective family planning methods IR3.2: Increased usage of proven HIV/STD prevention and control interventions IR3.3: Increased usage of child survival interventions (Previous year's IR: "Improved sustainability of family planning services" not included in recent R4.)</p>

* old version: as reported in FY 1999 R4s

** new version: as reported in FY 2000 R4s

USAID/Mali (new version**)	<p>SO1: Improved social and economic behaviors among youth</p> <p>IR1.1: Improved child survival services for youth ages 0-4 years</p> <p>IR1.2: Increased knowledge of youth ages 5-14 years</p> <p>IR1.3: More responsible reproductive behaviors and productive skills among youth ages 15-24 years</p> <p>IR1.4: Improved institutional capacity to provide quality services</p>
USAID/ Mozambique	<p>SO3: Increased use of essential maternal and child health, and family planning services in focus areas</p> <p>IR3.1: Increased access to essential MCH/FP services</p> <p>IR3.2: Increased demand for community-based MCH/FP services</p> <p>IR3.3: Strengthened policy and management of decentralized essential services</p>
USAID/Nigeria	<p>SO1: Increased voluntary use of family planning</p> <p>IR1.1: Increased demand for modern contraceptives</p> <p>IR1.2: Increased availability of modern contraceptives</p> <p>SO2: Improved maternal and child health practices</p> <p>IR2.1: Improved immunization practices and coverage</p> <p>IR2.2: Improved case management of the sick child</p> <p>IR2.3: Improved child nutrition practices*</p> <p>IR2.4: Improved maternal health*</p> <p>Special Objective 1: Improved HIV/AIDS/STD prevention and control practices</p> <p>IR2.1: Increased awareness of HIV/AIDS/STDs and how to prevent HIV/STD transmission*</p> <p>IR2.2: Increased availability of condoms*</p> <p>(* New IR)</p>
USAID/Rwanda	<p>SO2: Increased use of health and social services and changed behaviors related to STI/HIV, maternal and child health by building service capacity in target areas</p> <p>IR2.1: Increase availability of decentralized, quality primary health care (PHC) and STI/HIV services in target areas</p> <p>IR2.2: Improve knowledge and perceptions related to reproductive health, emphasizing STI/HIV, in target areas</p>
USAID/Senegal (old version*)	<p>SO1: Decrease Family Size</p> <p>IR1.1: Increased MCH/FP/STD/HIV/AIDS service access</p> <p>IR1.2: Increased MCH/FP/STD/HIV/AIDS service demand</p> <p>IR1.3: Increased MCH/FP/STD/HIV/AIDS service quality</p>
USAID/Senegal (new version**)	<p>SO3: Increased and sustainable use of reproductive health services (child survival, maternal health, family planning, and STI/AIDS) in the context of decentralization in targeted areas</p> <p>IR3.1: Improved access to quality reproductive health services (CS, MH, FP, STI/AIDS)</p> <p>IR3.2: Increased demand for reproductive health services (CS, MH, FP, STI/AIDS)</p> <p>IR3.3: Increased and effectively mobilized financing of health services from internal sources</p>

Regional Offices

Regional Program	Objectives and Results in the PHN Sector
AFR/SD (old version*)	<p>SO2: Improved policies, programs, and strategies in population and health in a sustainable way</p> <ul style="list-style-type: none"> A. Child survival B. Family planning and care of emergency obstetric complications improved C. HIV/AIDS D. Epidemic preparedness and response E. Health sector reform
AFR/SD (new version**)	<p>SO7: Adoption of policies and strategies for increased sustainability, quality, efficiency, and equity of health services</p> <ul style="list-style-type: none"> IR7.1: Promote improved policies and strategies for innovative health financing and organizational reform IR7.2: Promote improved policies, strategies, and approaches for child survival and maternal health IR7.3: Improve enabling environment to design, manage, and evaluate programs
	<p>SO8: Adoption of policies and strategies for increased sustainability and quality of family planning services</p> <ul style="list-style-type: none"> IR8.1: Promote improved policies and strategies to expand FP programs, particularly for adolescents, male, urban services, integration of services and empowering women IR8.2: Improve enabling environment to design, implement, and evaluate FP programs, particularly through increasing African capacity to plan, manage, and implement programs; and the development and promotion of improved advocacy strategies and improved strategies for coordination among partners
	<p>SO9: Adoption of cost-effective strategies to prevent and mitigate the impact of HIV/AIDS</p> <ul style="list-style-type: none"> IR9.1: Develop, improve, and promote cost-effective HIV/AIDS strategies IR9.2: Improve enabling environment to design, manage, and evaluate HIV/AIDS programs
	<p>SO10: Improved policies, strategies and programs for preventing, mitigating, and transitioning out of crisis</p> <ul style="list-style-type: none"> IR10.1: Promote country and sub-regional policies and strategies for epidemic preparedness and response
	<p>Special Objective 1: Polio eradicated in selected countries in manner that builds sustainable immunization programs</p> <ul style="list-style-type: none"> IR1.1: Strengthen partnerships to support the implementation of polio eradication and immunization/disease control programs IR1.2: Strengthen selected immunization support systems in the public and private sectors to achieve polio eradication IR1.3: Improve planning and implementation for supplemental polio immunization activities (including NIDS) IR1.4: Improve and integrate acute flaccid paralysis surveillance with surveillance for other infectious diseases

Child Survival Indicators Reported in FY2000 R4s

Mission / regional unit	I. Status			II. Service Use / Behavior					IIIa. Access / Availability			IIIb. Quality		IIIc. Sustainability			IIId. Demand	
	IMR	U5 MR	Nut. status	Vaccination coverage		ORT	Breast-feeding	ANC/Delivery	Other use/behavior	Water and sanitation	Other health inputs	SDPs	Provider performance	Systems strengthening	Financial resources	Tech./data	Policies/programs	Knowledge/attitudes
				Childhood	Maternal													
Benin						SO		IR	IR									
Eritrea				SO						IR	IR		IR		IR			
Ethiopia				IR	IR			IR							IR			
Ghana				IR		IR												
Guinea																		
Kenya														IR		IR		
Madagascar				IR						IR	IR	IR						
Malawi								IR	IR	IR	IR			IR				
Mali				SO	SO						IR	IR	IR					IR
Mozambique				SO	SO	SO	SO	SO	SO/IR			IR	IR	IR	IR	IR		IR
Nigeria				IR		IR	IR		IR									
Senegal							IR					IR	IR					
South Africa				IR					IR		SO	SO	IR	SO/IR	SO	SO		
Tanzania							SO						IR					
Uganda							SO	SO			IR	IR	IR	IR	IR			IR
Zambia				SO				SO	SO/IR		IR	IR	IR				IR	
Zimbabwe																		
AFR/SD				SO										SO	SO		SO	
REDSO/ESA													IR		IR	IR		
REDSO/WCA						SO					SO			IR		IR		
SRP (Sahel)																		

IMR = Infant Mortality Rate; U5MR = Under Five Mortality Rate; ORT = Oral Rehydration Therapy; SO = Strategic Objective; IR = Intermediate Result.

Family Planning Indicators Reported in FY2000 R4s

Mission / regional unit	I. Status	II. Service Use / Behavior			IIIa. Access / Avail.		IIIb. Quality		IIIc. Sustainability			IIId. Demand	
	TFR	CPR	CYP	New acceptors/ clients	CSM	SDPs	Provider performance	Systems strengthening	Financial resources	Policies/ programs	Technology /use of data	Desire to limit/space	Knowledge of FP
Benin		SO			IR	IR				IR			
Eritrea			IR	IR		IR				IR	IR		
Ethiopia		SO	IR	IR					IR				
Ghana	SO	IR	IR										
Guinea		SO	SO		SO	IR				IR			IR
Kenya	SO	IR	IR		IR				IR	IR			
Madagascar		SO	IR		IR	IR		IR		IR			
Malawi					IR	IR					IR		
Mali		SO	SO			IR		IR			IR		
Mozambique		SO			IR	IR	IR	IR	IR	IR	IR		IR
Nigeria		SO	IR										IR
Senegal			IR				IR	IR					
South Africa							SO/IR	IR	IR		IR		
Tanzania		SO	SO		IR		IR						IR
Uganda		SO	SO		SO	IR	IR	IR	IR				
Zambia		SO		IR	IR	IR				IR			
Zimbabwe	SO	IR	IR		SO	IR							
AFR/SD										SO			
REDSO/ESA								IR		IR	IR		
REDSO/WCA			SO		SO			IR	IR	IR			
SRP (Sahel)								IR		SO			

TFR = total fertility rate; CPR = contraceptive prevalence rate; CYP = couple-years of protection; CSM = contraceptive social marketing; SDPs = service delivery points; SO = Strategic Objective; IR = Intermediate Result.

II. Service Use/Behavior: Couple-Years of Protection

Region/Mission	Level	Indicator	1993	1994	1995	1996	1997	
Eritrea	IR	CYP (sold in 3 target zones)				5.900	8.076	
Ethiopia	IR	CYP			105.000	214.000	244.567	
Ghana	IR	Proportion of CYP accounted for by long-term methods		29%	31%	37%	38%	
Guinea	SO	CYP	12.807 (1992)	15.135	18.550	39.000	43.219	52.006
Kenya	IR	CYP (in millions)	1.38 (1984)				1.88	
Madagascar	IR	CYP	72.000 (1992)			170.000	220.000	
Mali	SO	CYP				118.506	120.748	
Nigeria	SO	CYP	125.08 (1991)	47.004 (1992)	645.767	815.756	989.574	642.096
Senegal	IR	CYP		129.000		177.000	206.777	
Tanzania	SO	CYP				671.429	766.055	
Uganda	SO	CYP (distributed in 92 health facilities)				31.691	37.312	
		CYP (sold to distributors in 13 districts)				44.000	87.751	
Zimbabwe	IR	CYP	152.074 (1992)	124.357	167.090		184.700	

I. Status: HIV Prevalence Reported in R4s

Region/Mission	Level	Indicator	1993	1994	1995	1996	1997
Ghana	SO	HIV prevalence among women attending antenatal clinics	1-3%		2-4%		2-4%
Senegal	SO	HIV prevalence among general population (ages 15-49 years)			1.2%		1.4%
South Africa	SO	HIV prevalence among women attending antenatal clinics		7.6%	10.4%	14.2%	
Uganda	SO	HIV prevalence among women attending antenatal clinics (ages 15-19 years)		13.2%		8.7%	8.3%
		HIV prevalence among women attending antenatal clinics (ages 20-24 years)		19.5%		17.3%	14.6%

II. Service Use/Behavior: Condom use reported in R4s

Region/Mission	Level	Indicator	1993	1994	1995	1996	1997
Ghana	IR	Men with multiple sexual partners during last three months reporting condom use in last encounter			38%		
		Women with multiple sexual partners during last three months reporting condom use in last encounter			30%		
Kenya	SO	Men (ages above 15 years) reporting condom use with non regular sexual partners in last six months	30%				39%
		Women (ages 15-49 years) reporting condom use with non regular sexual partners in last six months	16%				21%
Mozambique	SO	Men and women (ages 15-49 years) reporting condom use in most recent encounter with non regular sexual partner.					28%
Nigeria	SpO	Long distance truck drivers reporting condom use in most recent act of sex with non regular partner	21.2%				44.8%
		Dock workers reporting condom use in most recent act of sex with non-regular partner			13.9%		45%
Zambia		Men (ages 15-49 years) reporting condom use in most recent encounter with non regular sexual partner in urban areas.				2.8%	
		Women (ages 15-49 years) reporting condom use in most recent encounter with non regular sexual partner in urban areas.				2.6%	
Zimbabwe		Men reporting condom use during most recent sexual act				50%	67%
		Women reporting condom use during most recent sexual act				29%	54%
		Youth reporting condom use during most recent sexual act				53%	14%
		CSW reporting condom use during most recent sexual act				78%	73%

Other Results and Activities Reported in AFR Units' R4s

The following information reviews R4 reporting in the PHN sector that is not addressed by formal or implicit indicators corresponding to units' performance monitoring plans. R4 material considered here includes reporting by AFR missions and regional units on program results and activities as well as limited contextual information.

Child Survival

Policy (Cross Cutting)

AFR/SD. In 1997, the results of the AFR/SD-supported World Health Organization study on decentralization in the health care sector were used to influence decentralization strategies in a number of countries across Africa. Because the studies included a broad process of national participation, the countries where the case studies were carried out were particularly influenced. In Kenya, the study was used extensively to develop its first national decentralization policy framework; in Ghana, the analysis of its study has fueled a reconsideration of existing decentralization statutes on the health sector; similarly, in Uganda, the case study involved two competing ministries and directly contributed to a better understanding between the parties; in South Africa, the studies played an important role in shaping the evolution of their decentralization and health system reorganization.

USAID/Benin. Assessments were performed of the private sector and donor investments in the health sector. Collaboration with USAID's bilateral partners in the Borgou region, the German Technical Cooperation (GTZ) and the Swiss Cooperation, has already begun. Collaboration with multilateral partners (UNFPA, UNICEF, WHO) continues.

USAID/Ethiopia. In December 1996, the Ethiopian government launched the development of a Health Sector Development Program (HSDP), which will provide a framework for both government and donor investment in the health sector. USAID/Ethiopia's active participation in the design of the HSDP and lessons learned from USAID health programs in Tigray and SNNPR regions played a major role in the development (and direction) of the HSDP, as well as a Ethiopia's Education Sector Development Program.

USAID/Kenya. During FY 97, USAID efforts resulted in Kenya's first unified approach to sector financing through an agreement with the GOK to undertake sector-wide resource planning and allocations. In 1998, a comprehensive sector-wide implementation plan, which includes FP, HIV/AIDS, and child health, will be developed.

USAID/Malawi. During the reporting period the SO3 team reengineered two results packages (RPs). This was accomplished with substantial participation and ownership by Malawian stakeholders, partners, and customers. For the STAFH RP, in late 1997, SO3 conducted a participatory review of the reproductive health sector, holding 12 focus group discussions in two major cities with active participation from a total of 250 implementing agency staff. The results of the 12 discussion groups were presented at a two-day workshop in December in which 80

stakeholders and partners participated. The feedback received on this process and the results were outstanding. The information is now being used to facilitate the reengineering, redesign, and extension of the reproductive health RP.

USAID/Mozambique. USAID's activities are characterized by a high level of beneficiary participation in all phases of development and implementation, and are helping to build indigenous institutional capacity with a focus on the systems and human resources for effective health delivery. USAID facilitates this transition through its Partner Forums, which educate and promote dialogue about health and population objectives.

USAID/Nigeria. USAID/Nigeria collaborates with various other international agencies active in promoting child survival and health in Nigeria, particularly DFID, UNICEF, and WHO, as well as private organizations such as Rotary International, Polio-Plus, and Global 2000. The Inter-Agency Coordinating Committee (ICC), under the leadership of the Federal Minister of Health, serves to coordinate donor efforts throughout the country, and provides USAID/Nigeria and the IPs with a significant avenue to influence national policies and collaborate with donors and other major players.

REDSO/ESA. Over the last four years, REDSO/ESA has pioneered an approach for working with countries in the region to identify the highest priority regional "cross-cutting" and cross-border problems affecting health delivery systems, and assisting these countries to deal with these problems by facilitating their sharing of "lessons learned" and "better practices." These regional health efforts are beginning to have a large pay-off. With REDSO/ESA assistance:

- Ethiopia now has a health care financing policy;
- Four countries are developing programs to deal with problems of adolescent reproductive health;
- Countries throughout the region are using regionally developed guidelines to integrate HIV/AIDS services with those of established Family Planning/Maternal-Child Health programs;
- An effective cost-sharing scheme developed in Kenya has been replicated in two neighboring countries and is being considered for replication in a third; and,
- The Center for African Family Studies (CAFS) has developed and is expanding a roster of African consultants who provide a range of technical assistance throughout the region.

Almost as important as the results themselves is the growing awareness among African health professionals of the "regional" nature of the problems they are facing and the benefits that can accrue from tackling problems together.

USAID/South Africa. USAID/South Africa continued to solidify the fully participatory partnership with the Government of South Africa at both the national and provincial levels during this reporting period. Strengthening South Africa's health systems as they convert to serving the entire population is fully consistent with the key national interest goal of the U.S. Mission to support the South African Transition. The official launch of the EQUITY activity in the Eastern Cape reflected this emerging partnership. Presentations by Eastern Cape Department of Health officials, with collaboration by the USAID technical assistance team, resulted in a seamless team effort that was applauded by national

officials attending the launch, including the Minister of Health. Despite the fact that total USAID support to the Eastern Cape Department of Health (ECDOH) amounts to less than 3% of the ECDOH budget, national and provincial level officials have publicly acknowledged the importance of USAID support in achieving national health objectives. This is a significant accomplishment in light of government officials' initial strong scepticism of the activity.

USAID/Tanzania. USAID/Tanzania played an important role on a national steering committee for Tanzania's National Immunization Days (NIDs) for the eradication of polio. As a committee member, USAID was instrumental in ensuring effective programming, utilization, and accountability of resources including those funded by AFR/SD and WHO/AFRO.

Policy - Health Care Financing

USAID/Ethiopia. Following USAID/Ethiopia's NPA conditionality, budgetary allocations to health have continued to increase over the last two years, by about \$25 million. Moreover, there has been a shift in the composition of the national budget in favor of health from just 3% in 1992 to 6.3% in 1998. Within the health budget, there has been a shift in favor of PPHC from 43% in 1993 to 52% in 1998. This has meant an 11% annual increase over the last three years of resources allocated to family planning services, pre- and post-natal care and delivery, ORT, ARI management, malaria treatment, immunizations, STD/HIV/AIDS control, and infant nutrition. Furthermore, the HSDP now under design clearly indicates the government's commitment to increase resources to PPHC.

Within the SNNPR, NPA conditions led to a regional health budget allocation increase from 14% to 16%, contributing to increased availability of PPHC services at health facilities.

REDSO/WCA. The BASICS-led replication of the REDSO/ESA health network in WCA has led to the completion of a seven-country needs assessment that identified regional MCH, FP, and HIV/AIDS priorities, best practices, and effective mechanisms for documenting and sharing health care information. In addition, collaborative efforts are underway with the Partnership for Health Reform on a broad spectrum of initiatives in health care financing. This includes innovative modes of resource mobilization through community-based insurance schemes, development of hospital management information tools to control cost, and establishment of a regional master's degree program in health economics to increase African expertise.

Participation

USAID/Ethiopia. To increase customer orientation of the program, community surveys have been carried out and highly participatory community action plans have been developed in five localities in the SNNPR to address key behaviors that impact maternal and child health. In all these communities, health committees were established and are playing an active role in developing and implementing plans and activities to address priority community concerns. The mission's GFDRE partners are extremely interested in this local empowerment, and USAID is trying to develop sustainable mechanisms to expand this activity in the region.

Access

REDSO/WCA. Sustainability in the making... A top WCA pharmaceutical manufacturer, Rhone-Poulec-Rorer (RPR), BASICS, PSI, and MOHs are working toward the establishment of a reliable regional supply of ORS by 2000. PSI and RPR have signed an MOU to increase accessibility of ORS in WCA.

Data for Decision Making

USAID/Madagascar. SO2 has facilitated analysis and use of the 1993 Census and other surveys, especially the 1992 and 1997 DHS, for program monitoring and evaluation. In addition, the players involved in SO2 have collaborated closely with those involved in SO3 in the use of GIS and population and socio-economic data relevant to both programs. SO2 staff has also worked with the Leland Initiative by using diskettes, web pages, and CD-ROMs to disseminate data and by supporting workshops in Data for Decision-Making.

USAID/Mozambique. Mozambique's population and health data base expanded tremendously in FY 97. The first national census in 17 years and Mozambique's first-ever national Demographic and Health Survey (DHS) provided previously unavailable social, demographic, and health statistics at the national and local levels. The complete national population and housing census was conducted with support from the U.S. Bureau of the Census. The DHS was implemented through USAID's Global Bureau project managed by Macro International. Baseline data are now also available for all USAID-funded child survival programs through 11 surveys carried out in targeted areas. This wealth of information has enabled USAID to set annual performance targets, in consultation with provincial and district health officials.

NGO Capacity Building

USAID/Benin. USAID/Benin assisted in the creation of a Beninese Health NGO Network (ROBS), which had 15 members by the end of 1997, its first year. Through the Policy Project, USAID supports a coordinator for ROBS. Technical assistance to ROBS for the development of a strategic plan as well as for capacity building through training will be provided.

Two capacity building workshops were conducted with 15 different NGOs on Information, Education, Communication (IEC) techniques for family health. To further increase IEC skills, BASICS sent five participants from Benin to a regional radio workshop in Burkina Faso. The workshop trained a cadre of radio program trainers in planning, implementation, and evaluation of radio spots for health.

USAID/Madagascar. USAID strengthened the capacity of 21 local NGOs, hundreds of communities, and over 200 factories to better manage health and family planning services.

USAID/Mozambique. USAID activities are strengthening Mozambican NGO capacity to deliver and manage health information and services. A U.S. PVO, Health Alliance International, for

example, helped establish and register an activist-artist group that actively promotes health and civic education programs in Manica. Another PVO trained and supervised KULIMA staff who provide basic health education to communities in Sofala. Pathfinder helped AMODEFA (the local IPPF affiliate) develop its first five-year strategic plan that emphasized adolescent reproductive health services and development of trainers, and SALAMA conduct the first facility-based assessment of family planning service availability in Nampula.

USAID/Nigeria. A major element of institutional sustainability supported by USAID/Nigeria is the promotion of partnerships, networks, and coalitions among NGOs with common goals. A prime example of successful coalition-building is the phenomenal growth of the "100 Women Clubs" described under Special Objective 2. In the area of family planning and health, the CPH strategy, developed by the BASICS project in particular, has emerged as a model of development of community and NGO/private sector partnerships to improve child survival in urban areas. CDC/Nigeria has worked to strengthen partnerships within the communities where partner NGOs are active and reports that over 60 percent of the 100 communities have set up Village Development Committees to this end.

USAID/Zambia. Expanding NGO service delivery by attracting NGOs to underserved areas and expanding the range of interventions delivered are critical USAID/GRZ strategies. For the first time in Zambia, the MOH has reached out to NGOs to help provide health services to remote high-risk areas. During 1997 four NGOs were competitively selected to expand their activities, in close partnership with district health authorities, to provide essential health care services. Summarizing the impact of activities under the New Partnerships Initiative, USAID/Zambia reports that seven districts introduced new NGO services to increase delivery of integrated PHN interventions in high-risk areas during 1997.

Quality

REDSO/ESA. At the "Quality Improvement for Reproductive and Child Health: Lessons Learned from Better Practices" Conference, numerous examples of better practices emerged in the areas of standards and guidelines, training, supervision, quality assurance, logistics, and cost. Under the integration activity, partners published two case studies that are included in a larger summary volume incorporating programmatic issues and research questions. The volume includes a model of integration that is now being adapted in the region. In addition, a program manager's guide to models of integration for comprehensive service delivery was produced and distributed to over 500 health professionals and 120 organizations.

System Strengthening

AFR/SD. For the past four years, AFR/SD together with G/PHN, advocated broadening the approach of IMCI from only a training focus to one that includes systems strengthening (logistics, pharmaceutical, organization of services) and a community component (such as care-seeking behavior, and appropriate community support). In FY 1997, World Health Organization/Geneva officially determined that IMCI includes both components; this was a major strategic change. This adoption of a broader approach to IMCI is indeed a major victory for USAID. With AFR/SD

support. UNICEF is now taking the lead in defining and field-testing the community component and the WHO/Regional Office for Africa (AFRO) has agreed to carry out systems strengthening assessments. AFR/SD's *Guide to Planning IMCI at the Country Level* and its intensive policy dialogue helped influence these changes at WHO and UNICEF.

Family Planning

Policy / Sector Leadership

AFR/SD. Last year's R4 reported on the findings of the AFR/SD-funded Urban Study, three case studies conducted in partnership with a local research institution (CAFS) to assess the delivery of urban family planning services. The Urban Initiative entered a new phase in FY97 as evidenced by a regional focus spearheaded by REDSO/E, a dramatic paradigm shift in programmatic priorities, and multiple partner funding. This new phase incorporates AFR/SD's particular emphases of encouraging the systematic collection and use of data for decision making and program design; responding to African-determined priorities; influencing the agendas and leveraging resources of donors, USAID missions, and other partners; and building African partnerships and local capacity. In 1997, meetings with REDSO/E, African city health officials, and CAs took place to plan a regional urban initiative. Acknowledging inadequate risk assessment, especially for married women and youth, two priority strategies for improving quality in urban settings emerged from these discussions: 1) Promotion of dual methods for family planning and STI/HIV/AIDS prevention, and 2) Focus on reaching urban youth. This consensus among partners on priorities represented a shift in service delivery emphasis and culminated in the development of strategic action plans by the cities of Lusaka, Gweru, and Nairobi to address these priorities.

USAID/Benin. Benin is in the early stages of progress in the policy arena, having adopted a National Population Policy (NPP) in 1996. An implementation plan for the NPP was developed by the Ministry of Plan with support of the United Nations Fund for Population Activities (UNFPA) and the USAID field support Policy Project. USAID/Benin drafted a national strategy for reproductive health training in collaboration with the MOH and UNFPA based on the recommendations of a Reproductive Health Training Needs Assessment done in 1996 by the field support project, PRIME (Primary Providers' Education and Training in Reproductive Health).

USAID/Ghana. In 1997, the National Population Council helped to raise the importance of adolescent reproductive health programs in the national population agenda by gathering a cross-section of youth-serving organizations at seminars and workshops to discuss Adolescent Reproductive Health (ARH) policy, strategy, materials, and curricula. The outputs are impressive: A draft of National Adolescent Reproductive Health Policy has been produced that is progressive in ensuring the rights of young people to services and information. The document will be finalized later this year.

USAID/Guinea. After five years of assistance, the Mission's target of full implementation of a national population policy was achieved in 1996. One of the primary reasons for USAID's success is the supportive environment created by the GOG and civil society for family planning. The

national population policy first approved in 1992, with USAID support, is the cornerstone for GOG action. A National Symposium on Reproductive Health and a National Health Forum were held in mid-1997 by the Ministry of Plan, during which population goals were reiterated and strategies to achieve a CPR of 25% by the year 2010 were reviewed.

USAID/Mali.

- * Nutrition added as a distinct component in GRM's new 10-Year Health Plan.
- * First National Polio Eradication Immunization Days implemented.
- * First drafts of the GRM's 10-Year Plans for health and education completed.

In preparation for pilot operations research to introduce CS services and products into Community Health Center (CSCOM/CSAR) and community-based distribution (CBD) activities, USAID conducted an institutional and environmental CSCOM/CSAR survey to identify steps necessary to achieve such integration. Work in this area has sparked a heated debate on national policy for CBD/CS.

IEC Activities/Social Marketing

AFR/SD. In 1996, AFR/SD in collaboration with CERPOD, launched a reproductive health media project in francophone Africa to raise the profile of health and population issues and accelerate policy actions through quality, data-based reporting. In FY97, 15 senior-level print and radio editors and health staff from 5 countries attended the second in a series of seminars where journalists and health professionals discussed reproductive health issues and strengthened their working relationships. The seminar on HIV/AIDS coverage focused on developing more effective media strategies to affect policy and legislation. Over 20 high-quality articles, newspaper supplements, and radio broadcasts have been produced on adolescent reproductive health and HIV/AIDS reflecting data-based reporting and focused on program and policy needs. Participants cite increased collaboration and a greater exchange of information among media outlets, and between journalists and CERPOD staff. An unexpected spin-off is increased coverage of related topics. For example the editor-in-chief of Mauritania's leading newspaper was asked by the Secretary of State on Women to cover all seminars on women's issues and by UNFPA to produce a special series on girls' education.

USAID/Eritrea. Adolescents are a priority target population for the Ministry of Health. SEATS worked closely with the National Union of Eritrean Youth and Students (NUEYS) to disseminate information regarding FP/RH to male and female youth at the national youth service camp, Sawa. Thus far, the SEATS/NUEYS partnership has provided education, brochures, and pamphlets to 19,000 youth at Sawa. SEATS also assisted NUEYS to train 21 peer counselors in FP/RH including HIV/AIDS.

USAID/Ethiopia. Innovative advertising of the Hiwot Trust Condom on inter-city and regional buses and taxis, and in several languages on the radio resulted in increased demand. This year over 1,400 Hiwot Trust radio spots were aired the reaching approximately 6 million people. In addition, advertisements of condoms on the government-run TV station this year are estimated to have reached 2 million people. Another 600,000 targeted audiences were provided education on reproductive

health and its benefits. All of these activities have directly contributed to the increase in CYP.

USAID/Ghana. Ground has been gained by the private sector in long-term methods, attributed to the inclusion of the injectable, IUD, and NORPLANT in the product lines of the Ghana Social Marketing Foundation (GSMF) and the Planned Parenthood Association of Ghana (PPAG), the principal NGO distributor. Last year's introduction of injectables has been vigorously commercially marketed in an aggressive campaign by GSMF. Following training and informational seminars with pharmacists and shopkeepers, GSMF increased distribution of "Fam-Plan," its branded version of Depo-Provera, through private doctors, midwives, and chemical shops. As a positive spin-off, FamPlan has become synonymous for "injectable" in Ghana and has continued to have a glow effect on overall demand of injectables distributed by the MOH and NGOs — mainly the Association of Voluntary Surgical Contraception, Ghana Registered Midwives Association (GRMA), and PPAG.

USAID/Nigeria. In 1997, PSI and the Johns Hopkins University/Population Communication Services (JHU/PCS) continued efforts to increase demand for modern contraception through a variety of IEC strategies:

- Audio cassettes produced by JHU/PCS in collaboration with the Planned Parenthood Federation of Nigeria provided answers to questions often asked by adolescents on reproductive health, including family planning, were distributed to over 400,000 adolescents in 1997. The cassettes received good ratings from participants at an international workshop on adolescent health issues and a group from Zambia is now planning to produce a similar tape for Zambian youth.
- A "road show" drama developed by PSI presented issues of reproductive health and family planning to over 360,000 youths and adults in 1997.
- National explicit advertisements for contraceptives on 14 radio and 10 television stations reached an estimated audience of 57.2 million people.

USAID/Tanzania. Results from the 1996 TDHS show that most people in Tanzania learn about and are motivated to use family planning through the radio. During the 1997 reporting period, USAID increased the number of educational radio programs and stations used in an effort to ensure that the entire country would be exposed to radio messages on family planning, reproductive health, and child survival. In 1997, 52 new reproductive health radio programs were aired twice weekly, compared with only 12 programs in 1996. In addition, 10 new radio spots addressing reproductive health issues were developed and aired twice weekly on four radio stations throughout the country, a new USAID approach to utilizing media nationwide. The 1996 DHS data show that 33% of women and 26% of men who were not using a method of contraception at the time of the survey intend to use family planning in the next 12 months. The radio programs are specifically targeted to these couples.

Training/Capacity Building

USAID/Eritrea. SEATS worked closely with the MOH to develop training curricula for nurses and health assistants. All curricula developed include service provider counseling methodologies for all available contraceptives. In addition, trained providers are encouraged to integrate messages regarding family planning in other areas of service delivery, addressing the needs of men and

women. Clinical family planning training was provided to both the MOH, the midwifery school and representatives from the Planned Parenthood Association of Eritrea (PPAE), an IPPF affiliate.

USAID/Ghana. Last year, the private sector trained 91 doctor/nurse teams in long-term methods such as the insertion of NORPLANT and Voluntary Surgical Contraception, which is approximately an 33% increase in trained medical teams, resulting in increased access throughout the country. During this same period, 238 nurse-midwives received training, funded by the USAID grant to the GRMA, in "informed consent" counseling that enabled staff to advise and provide educational take-home material to clients, which should aid their decision to accept and understand sterilization as a permanent method. One site for PPAG was rehabilitated to offer tubal ligation and NORPLANT insertion procedures.

USAID/Kenya. USAID assistance to strengthen health sector logistics management systems has enabled the MOH to effectively forecast, monitor, and oversee distribution of FP commodities to service delivery points throughout the country. Over 90% of district stores now have a three-month supply of condoms, injectables, and low-dose contraceptives, meeting an important lower-level target. The success of USAID's support for the logistics management unit has meant that, with other donor input, its role has expanded from managing and monitoring only family planning commodities to managing STD drugs and other essential drugs and vaccines.

USAID/Madagascar. As part of the 1997 participatory assessment, the SO2 team developed an institutional capacity index. A survey instrument evaluated capacity in program management (planning, personnel, training capacity, supervision, etc.) as assessed by management in each partner organization, with the aid of a facilitator. The instrument was used by 21 partners and resulted in scores for each aspect of management, and a composite score for each institution. These provide a baseline against which we will measure progress in institutional capacity.

USAID/Malawi. Results from last year's evaluation of training programs of health workers in STD syndromic management and in utilization of the Contraceptive Distribution and Logistics Management Information System (CDLMIS) are being used to improve the training curricula and materials, revise forms, and make adjustments and improvements in supervision activities. A 1997 baseline of 79% of MOHP District Health Offices and subordinate facilities fulfilling CDLMIS requirements in 1997, based on a sample survey of half of the districts; the Mission's target is 90% in 2000.

REDSO/ESA. Under the Postabortion Care PAC initiative, 4000 brochures entitled, "What Can You Do? Postabortion Care in East and Southern Africa," were distributed. As a result, stakeholders are exploring ways of expanding or initiating PAC activities, and funding for PAC programs continues to increase substantially.

USAID/Tanzania. The Lake Zone of Tanzania is a USAID priority area for reproductive health training and IEC activities as it contains over 25% of the country's population and has the lowest contraceptive use (1996 TDHS). The Family Planning Unit (FPU) of the Ministry of Health (MOH) developed an accelerated training strategy to increase the number of dispensaries in the lake region with at least one provider trained in reproductive health clinical skills. Currently only 39% of

dispensaries in the lake region have a trained provider (1996 TSAS). Moreover, 435 MCH nurses were trained nationally in 1997 compared with 300 in 1996.

This 45% increase in service providers trained in reproductive health should elevate the CPR, particularly since the 1996 TSAS results indicate a four-fold increase in contraceptive use in facilities employing a trained provider.

USAID/Uganda. DISH trainers and district staff have visited 85% of all trained nurses and midwives within one month of training to help them reorganize their clinics to provide integrated services and to transfer skills to untrained colleagues. After this initial visit, 80% of the trainees were eligible for supervision twice in 1997, and 89% of them were supervised twice. The proportion of nurses and midwives performing to standard (i.e., meeting criteria in 7 or more of 11 skill areas, with each area composed of multiple tasks) exceeded the target (66% vs. 45%; 1995B = 7%, 1996 = 29%), and of those who did not achieve the standard, all met the criteria in six skill areas.

Donor Coordination/Sector Leadership

USAID/Nigeria. The mission has taken the lead in leveraging other donor support to provide support for the private NGO sector in Nigeria. USAID/Nigeria has achieved notable success with the British DFID including a recent \$5.9 million three-year contribution to the national contraceptive social marketing program, which is implemented entirely in the private commercial sector by a U.S. PVO/Nigerian NGO partnership. In addition, UNFPA recently committed \$500,000 in additional resources for clinical family planning services in exchange for a USAID/Nigeria commitment of \$100,000 to provide technical assistance to the project.

Health Care Financing

USAID/Senegal. The key issue of sustainability of FP activities and the question of community health workers' motivation in FP promotion were addressed during the last quarter of 1997 by moving the management of contraceptives into the Bamako Initiative (BI). Health facilities are now charging standardized fees (in their area) for services and condoms with the authority to retain a portion of the receipts for use in support of the health committees' social mobilization activities in the community; users are ready to pay for what they perceive as quality services. This is a major step toward sustainability of FP services. This approach allows full participation of the communities willing to invest in their health services. Many committees are able to pay health workers' salaries and other expenses in addition to resupply of drugs with the profits.

Quality

REDSO/WCA. The quality improvement program is strengthening supervision of health providers and client follow-up, creating quality teams at clinics, and providing key counseling information for clients (including side effects management information). In Togo, these efforts contributed to lowering discontinuation rates (of contraceptives) from 22% in 1996 to 13% in 1997. Quality improvement work continues in Burkina Faso, Cameroon, Côte d'Ivoire and Togo with the development of comprehensive curricula and on-site coaching/supervision of service providers. The

FHA is developing a diagnostic tool for supervising and monitoring quality improvements. This tool will be used to design action plans at the service sites and select those sites that are eligible for the prestigious Gold Circle promotional campaign award for quality performance.

HIV/AIDS Prevention and Mitigation

Policy/Sector Leadership: Capacity Building

USAID/Benin. With regard to HIV/AIDS policy, the Policy Project in collaboration with the National AIDS Control Program (PNLS) have begun the development of the AIDS Impact Model (AIM) due to be finalized and presented in 1998. Institution building of the PNLS continues with efforts to increase management capacity and clarification of its role in the coordination of sector activities.

USAID/Ghana. There is consensus among GOG officials and foreign donors that not enough is being done to retard the spread of HIV in Ghana. As the major donor in this area, USAID agrees and has moved from its previous emphasis on testing and counseling to a more proactive stance. To activate this new position, a planning session with the MOH was conducted in late 1997 analyzing the AIDS situation, as an adjunct to a Child Survival Strategy development exercise. As an immediate follow-up to take advantage of the MOH's expressed need, a comprehensive assessment will be jointly conducted by USAID (through the Family Health International Impact Project) and UNDP in 1998.

USAID/Kenya. The Sessional Paper on AIDS in Kenya was passed by Parliament in 1997. With its passage, the GOK for the first time has articulated a national policy to combat the HIV/AIDS epidemic over the next 15 years. This represents a major step toward rational allocation of resources for HIV/AIDS prevention and treatment. USAID met significant lower-level policy targets by the establishment of two AIDS networks, one for NGOs and one for churches. Both groups focus on policy and advocacy for AIDS prevention and care at the national and local levels. Continued assistance to the National AIDS/STD Control Program in the interpretation, dissemination, and evaluation of sentinel surveillance and behavioral data assures that policy makers understand the epidemic's evolution and implications.

REDSO/WCA. Its program, with the IPPF Côte d'Ivoire affiliate, is integrating STI/HIV/AIDS services into FP clinics to take advantage of STI treatment algorithms and kits recently developed by the MOH of Côte d'Ivoire. The possibility of replicating this service in Cameroon, Burkina Faso, and Togo in FY 98, along with the supply of easy to use on-the-job tools to support integrated counseling and STI treatments is being explored. FHA, in cooperation with the U.S. Centers for Disease Control, has continued to contribute to improving HIV/AIDS surveillance in the region. A network of qualified Africans in key regional institutions who can join with U.S. institutions to address key infectious diseases of global concerns was established.

USAID/South Africa. The critical nature of the HIV/AIDS epidemic in South Africa was highlighted by the recent approval by Parliament of a government plan to prevent HIV/AIDS in South Africa. Taken together with the recent national DOH initiatives to develop both

intergovernmental and intersectoral structures to promote collaborative approaches to deal with HIV/AIDS, the new plan signals a new level of political commitment in addressing the epidemic.

In collaboration with the DOH, USAID participated in a national STD/HIV/AIDS review in July 1997 that identified the need to mobilize inter-sectoral commitment, support, and resources in response to the HIV/AIDS epidemic. Based on these findings, the DOH, in collaboration with the USAID-supported POLICY Project, conducted two workshops to enhance advocacy skills for mobilizing the required leadership support from a broad range of individuals, groups, and organizations for strong multi-sectoral HIV/AIDS programs at both national and provincial levels. Over a two-month period, seven provinces designed and executed advocacy training workshops, attended by an average of 30 participants per province.

USAID/Zimbabwe. In 1997, HIV/AIDS policy was widely discussed throughout the country and an HIV/AIDS bill is being introduced in Parliament. The National AIDS Coordinating Program (NACP) recognized the need for a national policy on HIV/AIDS to ensure an effective, legal, ethical, and consistent response to the epidemic. To reach consensus, NACP drafted a document that was widely debated at national, provincial, district, and local levels. Members of Parliament participated in the debate, introducing a bill making it criminal for an HIV-infected person to knowingly transmit HIV to an unsuspecting partner. In addition, in November 1997, the annual ZANU-PF conference passed a resolution calling on the GOZ and Zimbabweans to address HIV/AIDS issues effectively. The comments were echoed by President Mugabe during his State of the Nation address in December.

IEC Activities

AFR/SD. Two major strategies were developed with support by AFR/SD: the AIDS Briefs, which comprise the AIDS Toolkit, and the Civil-Military Alliance. The former are one-page explanations of HIV/AIDS and what can and should be done to develop, improve, and promote cost-effective HIV/AIDS strategies. These are significant because they underscore the reality that the effects of HIV/AIDS extend throughout every sector. The military has been an importance source for leadership and education in HIV/AIDS. AFR/SD/HRD has enabled the exchange of information about successes between the civil and the military sectors, including education programs for military officers and adaptation of pertinent policies for the prevention or mitigation of HIV/AIDS.

USAID/Ethiopia. This past year the mission supported a highly innovative and successful IEC intervention to increase public awareness of HIV/AIDS among road transport workers and passengers with the Ethiopian Road Transport Authority and seven transport companies. Nearly 3,400 labor union members, board members, and transportation managers were exposed to this campaign. Peer educators were recruited and trained, and a variety of dramas, poems, songs, stickers, and manuals were developed, and 1,500 radio cassettes of traditional music containing prevention and care messages were aired throughout the country in public transport facilities.

USAID/Kenya. The condom social marketing program worked in collaboration with Kenya's first private radio station, Capital FM, to produce a series of high-profile interviews and engaging

advertising spots on HIV/AIDS which were aired in prime time. In 1998, as a result of prolonged negotiations with the Ministry of Broadcasting and Information and support by the MOH, we expect that Trust condom advertising will be permitted to run on national television after a two-year hiatus.

USAID/Malawi. Small knowledge, attitudes, and practices (KAP) studies in targeted areas indicate that increases in awareness are leading to behavior change. Most significant is the impact of AIDS education in the schools, which USAID supported in 1994-1995 by reprinting 154,000 copies of teacher guides and student handbooks, delivering them to all school districts, and training 13,000 primary school teachers and headmasters in their use. Students' knowledge of HIV, as well as their participation in extracurricular anti-AIDS clubs, has increased significantly. However, teachers are still not certain that they should or can teach about HIV/AIDS. This obstacle will be overcome this year by the introduction of new primary school curricula for social studies and for science that incorporate chapters on HIV and AIDS for each grade.

USAID/Zimbabwe. In July 1997, PSI launched a female condom, branded CARE. This launch was a culmination of an aggressive national campaign waged by Zimbabwean women to pressure the GOZ to approve the female condom. Because of the disproportionate number of cases of HIV/AIDS among women, women demanded the approval of a female condom for self-protection. Over 20,000 individuals signed a petition requesting the Ministry of Health to register and make the female condom available.

Within the first four weeks of the launch, 46,000 female condoms (called "protective sheaths" in Zimbabwe) had been sold in three major cities in Zimbabwe; within a year, 126,000 sheaths were sold--four times more than targeted. Since this was the first national female condom launch in the world, the CARE experience has become a model for other African countries. The HORIZONS Project, in collaboration with PSI, is currently preparing a "best practices" case study to share the Zimbabwe success with other countries.

REDSO/WCA. A one-year reproductive health (RH) project for adolescents in Edéa, Cameroon, led to impressive increases in knowledge and awareness of effective methods to prevent the transmission STI/HIV/AIDS. Recognition of the signs of a male sexually transmitted infection STI increased 83% among girls and 39% among boys; recognition of the signs of a female STI increased 74% among girls and 111% among boys; and knowledge of ways to prevent STI/AIDS infection increased 99% among girls and 23% among boys.

The program has implemented other multifaceted regional social marketing and IEC interventions. These include a migrant cross-border initiative, which targets truck drivers, seasonal plantation workers, and sex workers along migratory roads between Côte d'Ivoire and Burkina Faso; the "Yamba-Songo" radio serial drama that transmits HIV/AIDS messages to over 100 million francophone Africans; and the mobilization of 23 famous African music artists at the 1997 international AIDS conference in Abidjan to produce a "We are the World" song on STI/HIV/AIDS prevention.

Systems Strengthening/NGO Capacity Building

REDSO/ESA. Circulation of the networking newsletter, "The Regional Healthnet," expanded from

325 to 600 subscribers. The first edition highlighted health financing and the second, integration of STD/HIV services with MCH/FP. Also, under the integration initiative, four case studies and resulting recommendations were published and disseminated to 565 individuals: presentations were made in Washington, at the Aids, Population and Health Integrated Assistance project (APHIA), and in Indonesia.

USAID/South Africa. South African non-governmental organizations (NGOs) will be key players in the national response to the HIV/AIDS epidemic. Yet many of the NGOs lack the capacity to implement planned interventions (e.g., condom promotion, behaviour change communication, data collection, and focus group methodology). During 1997, the USAID-funded AIDSCAP Project focused on building technical and program development capacity of 12 South African NGOs. AIDSCAP played a pivotal role in exposing these NGOs to a variety of information, technology, and resources, which not only facilitated their understanding of HIV/AIDS issues, but also helped them in implementing projects. By the end of the activity, 10 of the 12 NGOs had improved markedly in their ability to conduct workshops and awareness campaigns, counseling, and data collection and analysis. Service delivery has also been the approach adopted by USAID-funded NGOs (e.g., The Valley Trust) in an effort to meet the needs of communities, families, and people living with AIDS.

Quality

USAID/Uganda. An external evaluation of training of nurses, midwives, and medical assistants in syndromic STD diagnosis and treatment noted several areas for improvement but overall was extremely positive (i.e., the highly experienced team leader noted that this training was the best she had ever seen in a service-delivery program). However, the number of physicians and medical assistants who received STD training fell below expectation (216 vs. 263), due partially to overestimating available trainees.

USAID/Tanzania. It is also important to note that the six-month funding hiatus provided an inadvertent test of NGO sustainability under adverse financing circumstances. A proactive move by USAID and implementing partners to meet in workshop retreats to control and discuss damage caused by lack of funding showed that most NGOs maintained their program commitments and were able to continue implementing limited peer education and AIDS sensitization efforts. Results from USAID/FHI/NGO "partnership retreats" to assess lessons learned during the funding hiatus show that NGOs have matured. NGOs exhibit increased ownership of their programs as exemplified by the NGOs' on-going discussions and decisions among themselves and partners regarding their sustainability.

Attachments

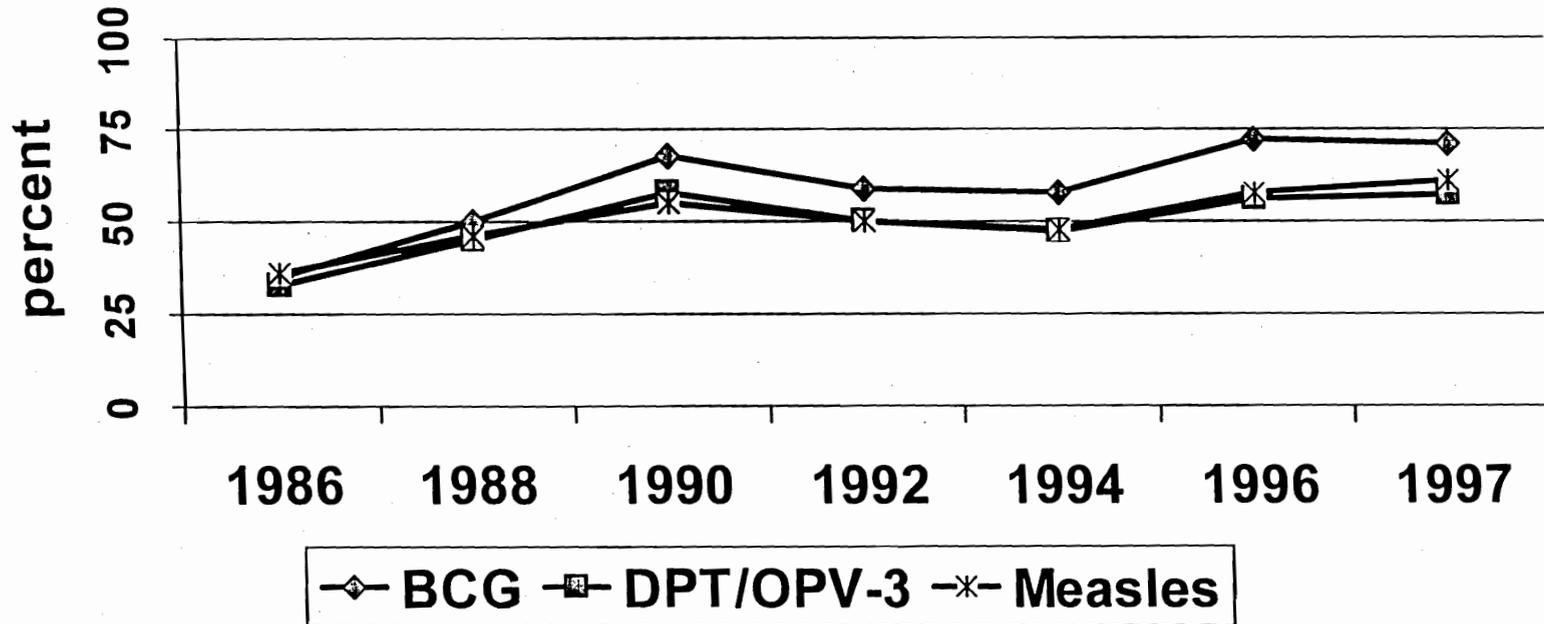
Countries With Child Survival Strategic Objectives



Strategic Objective in Child Survival

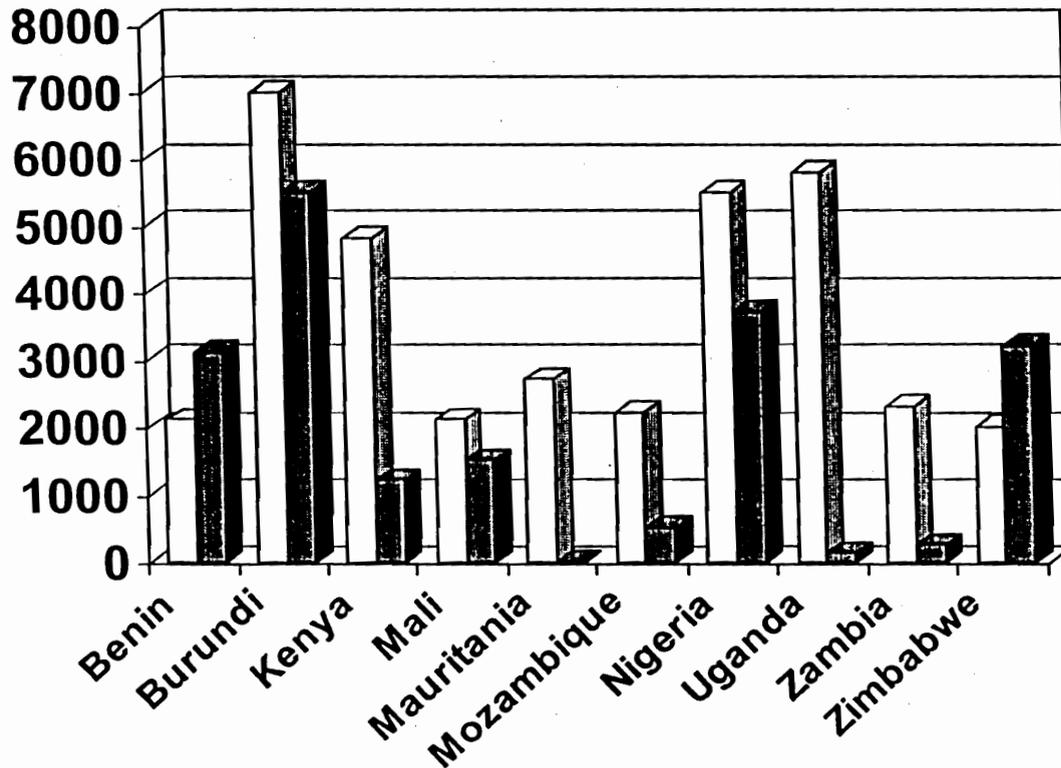
- Benin
- Eritrea
- Ethiopia
- Ghana
- Guinea
- Kenya
- Madagascar
- Malawi
- Mali
- Mozambique
- Nigeria
- REDSO/ESA
- REDSO/WCA
- Burkina Faso
- Cameroon
- Côte d'Ivoire
- Togo
- Senegal
- South Africa
- Tanzania
- Uganda
- Zambia

Childhood Immunization Coverage Rates for Africa



Outcome of Inventories: Cost of 5 Year Rehabilitation Plans

Thousand \$



Mean Requirements per country:

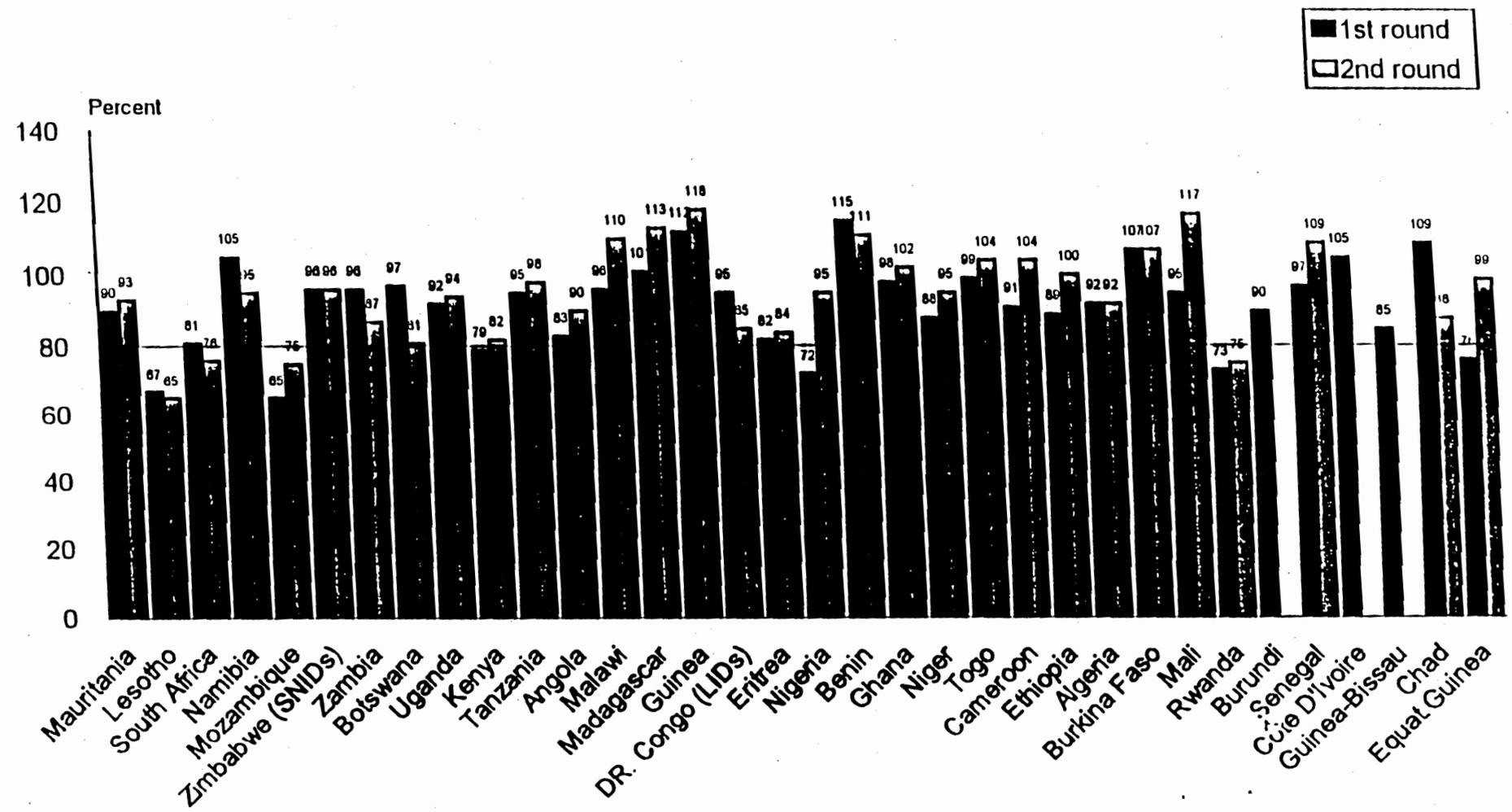
CC: \$3.7M

TR: \$1.9M

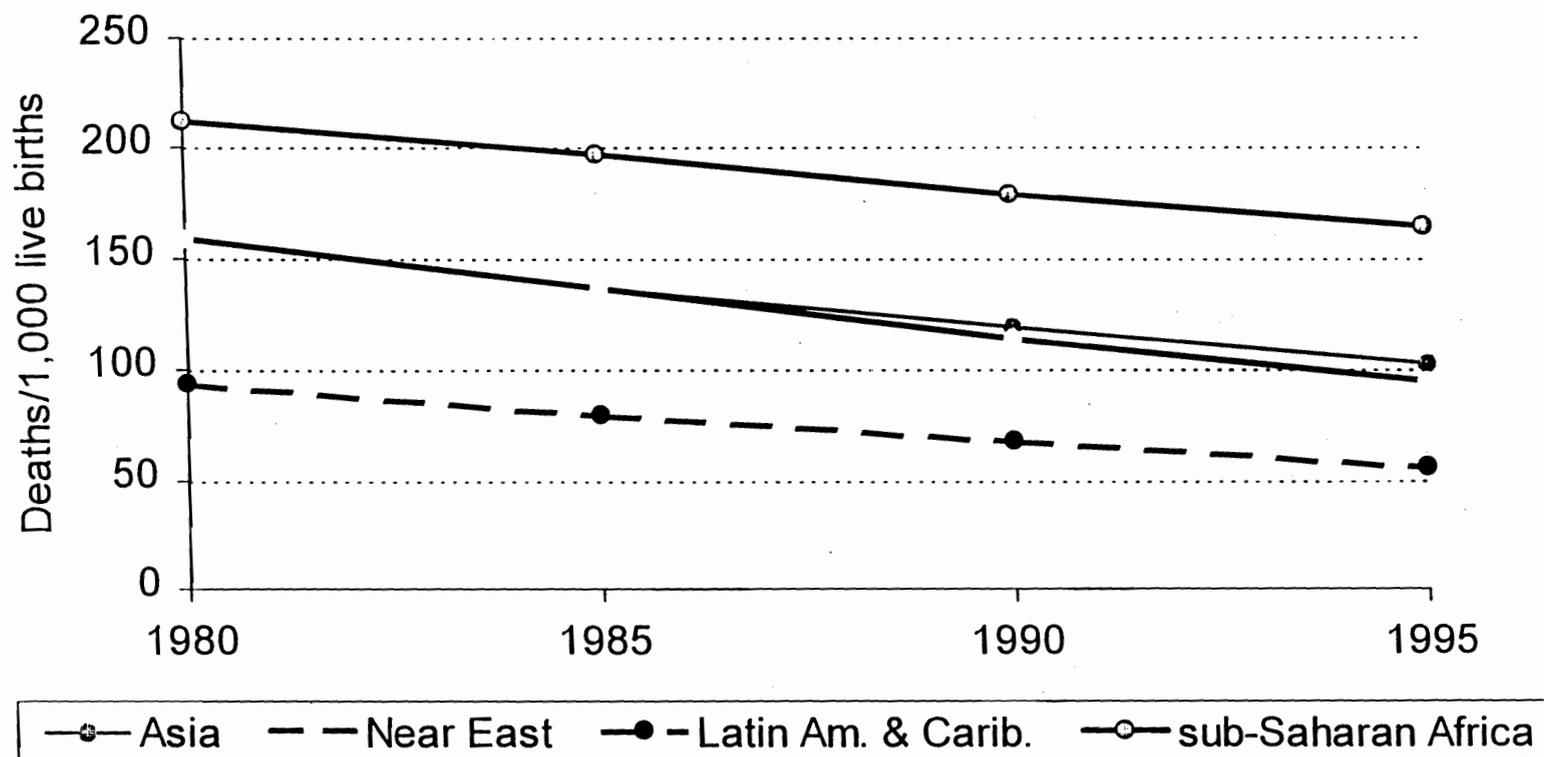
TL: \$5.6M



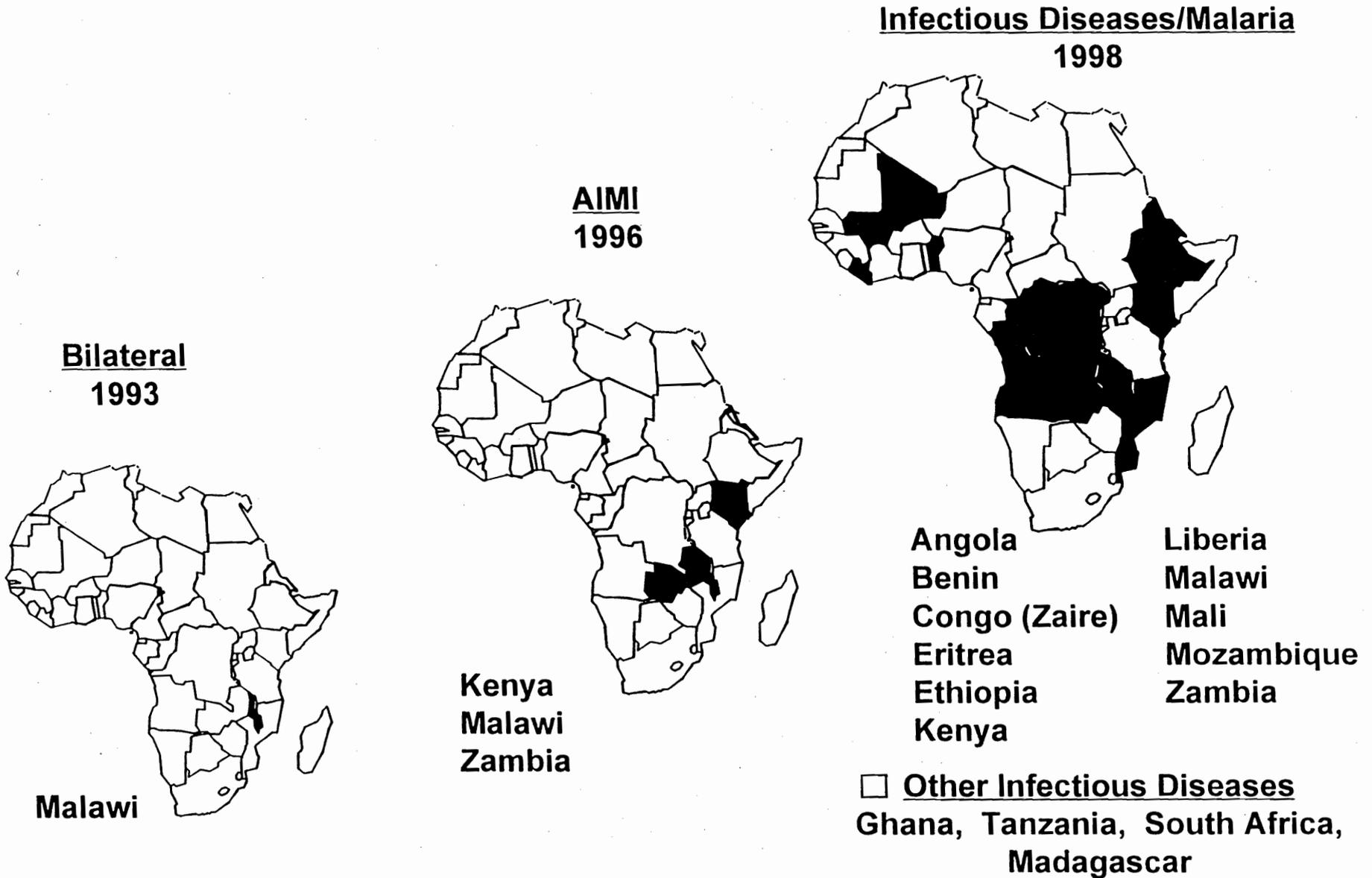
Preliminary Results of National Immunization Days African Region, 1997



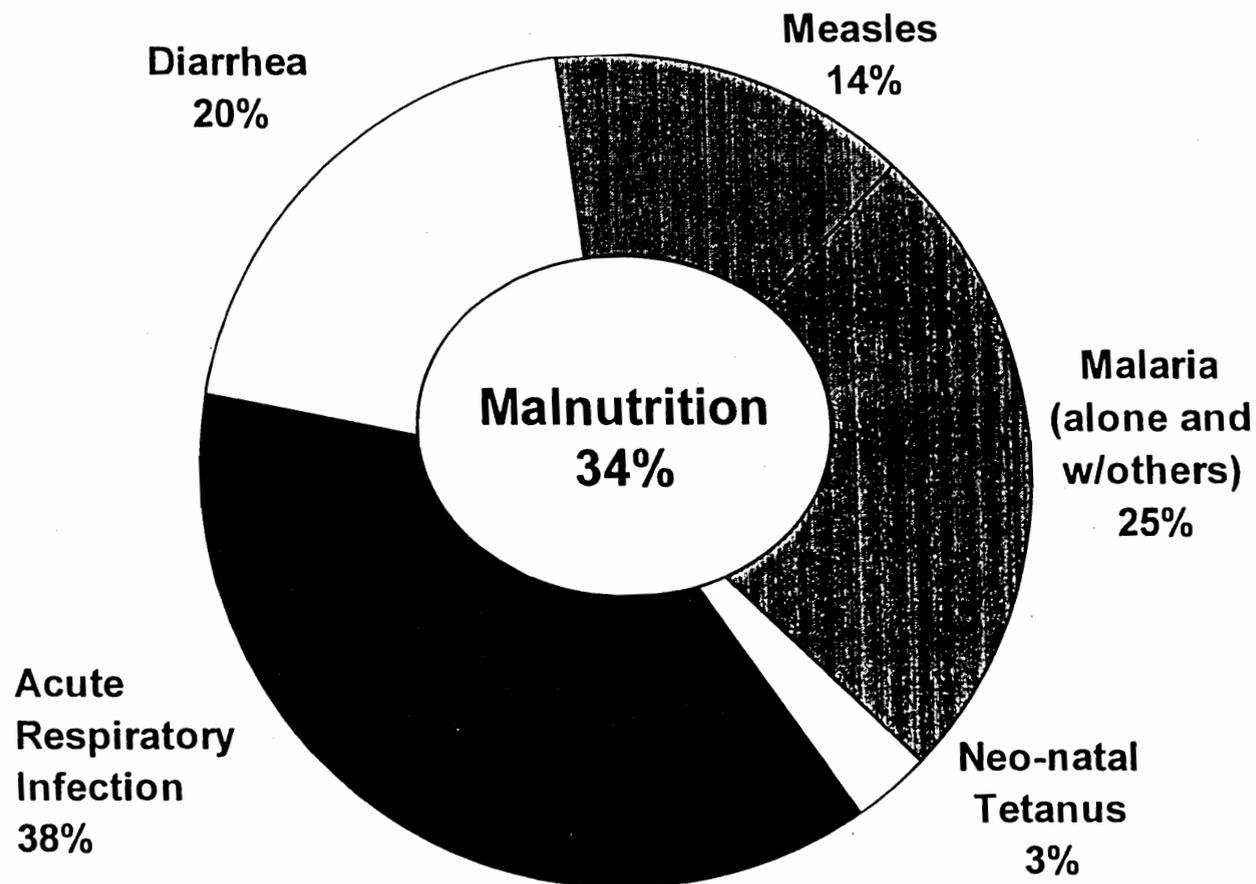
Under-Five Mortality by Region: 1980-95



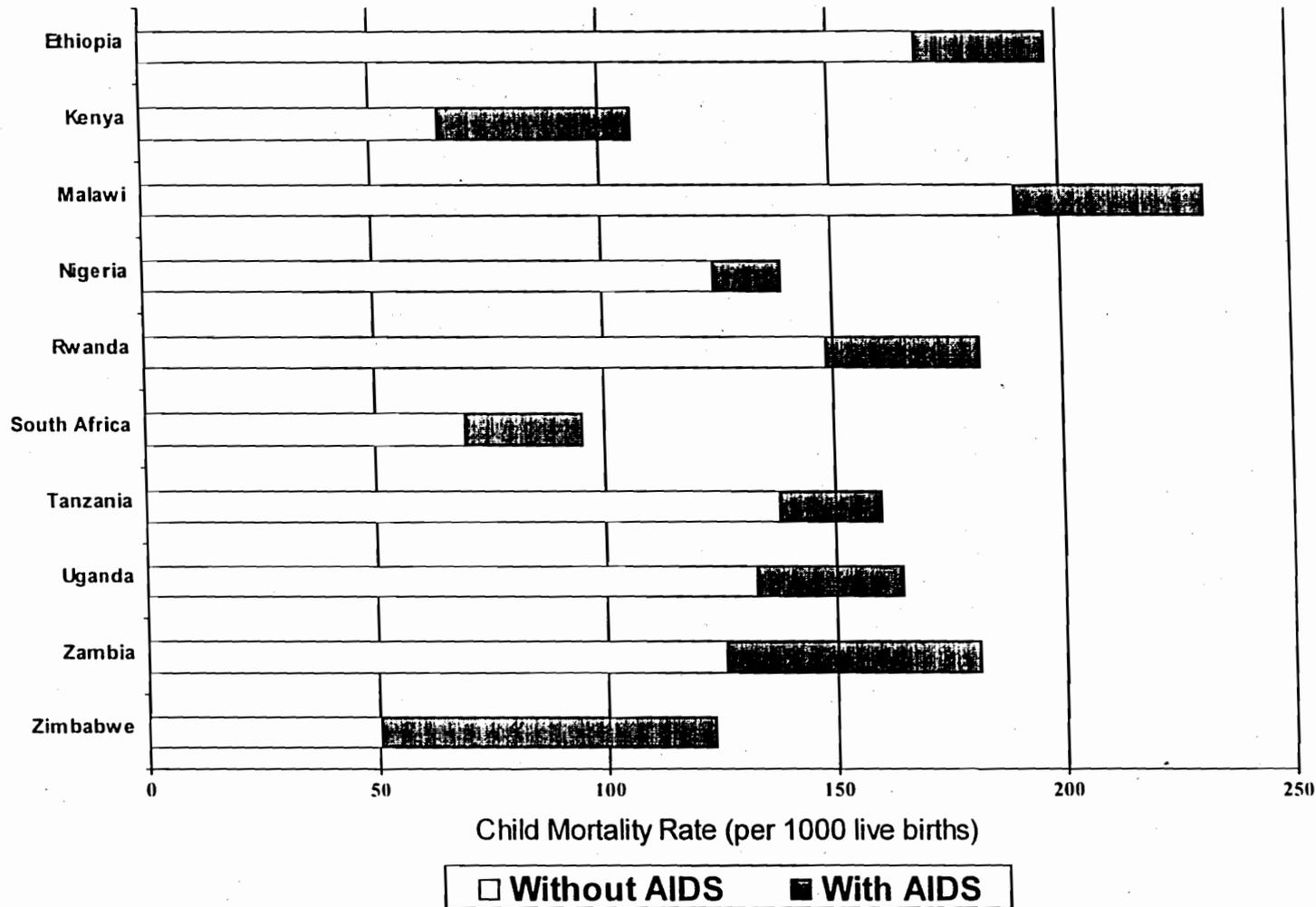
Getting Malaria on the Map



Distribution of 4 Million Deaths Among Children less than 5 Years Old: Africa / 1995



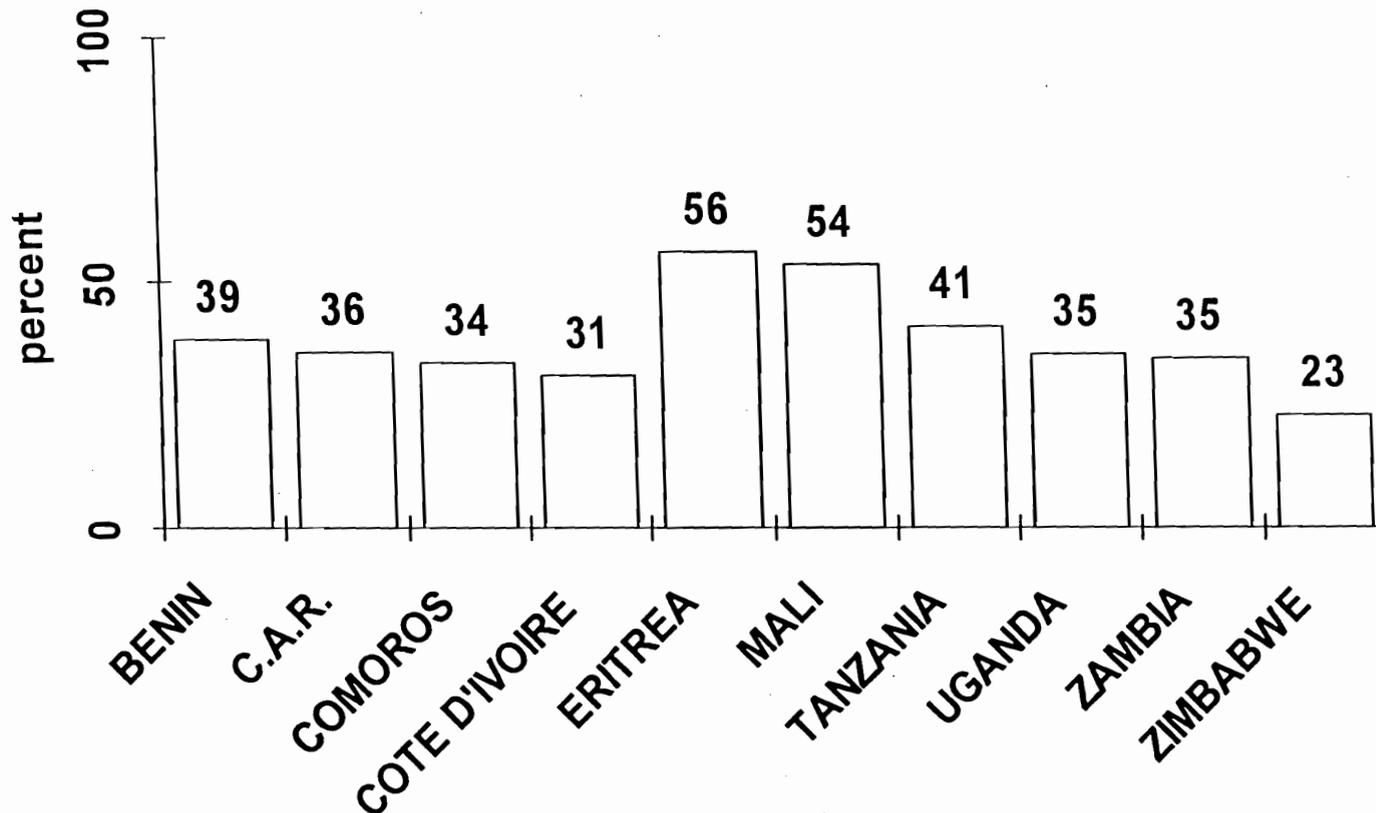
Child Mortality Rates With and Without AIDS, for Selected Countries, 1998



Source: U.S. Bureau of the Census, International Programs Center, 1998.

Prevalence of Malnutrition in sub-Saharan Africa:

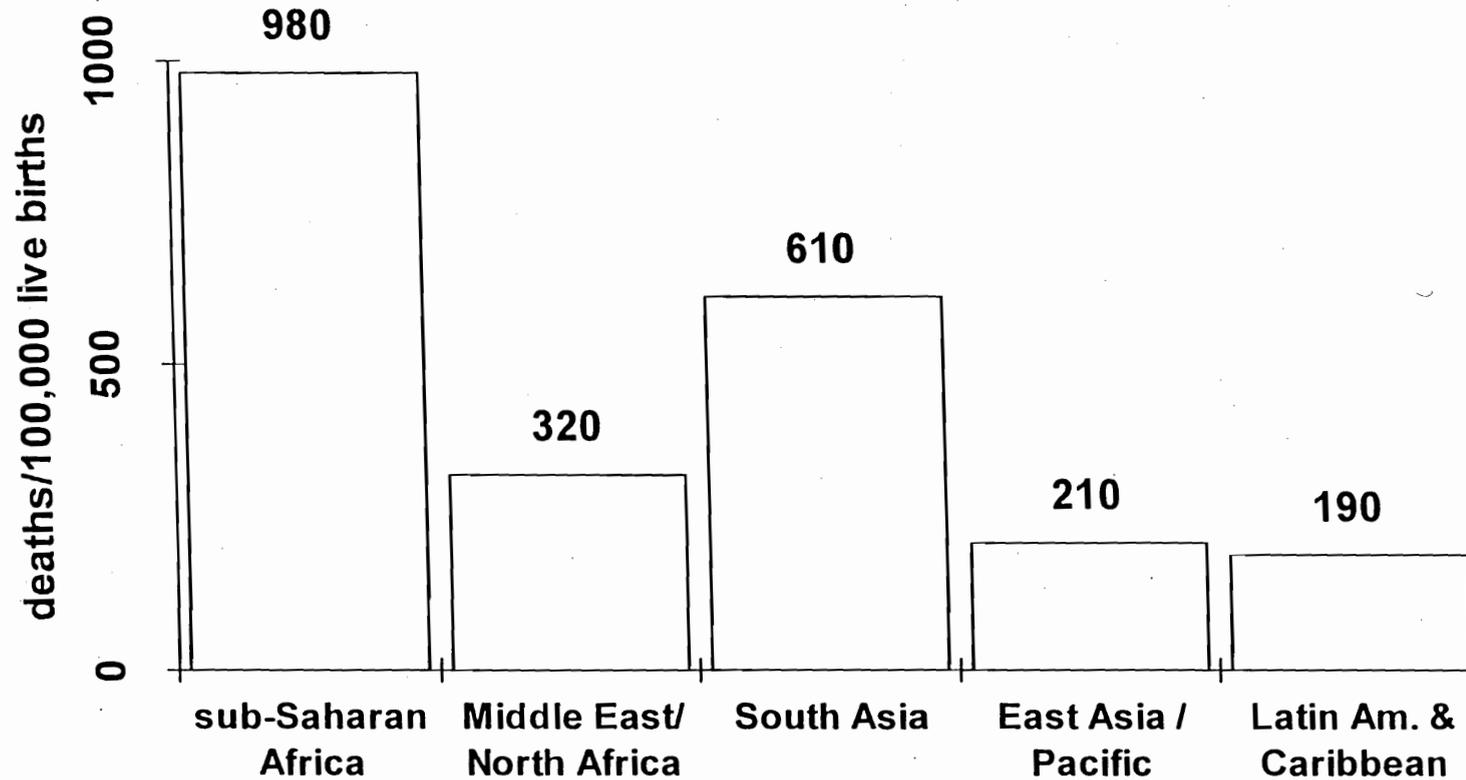
% of children underweight in selected countries with recent Demographic and Health Surveys



DEFINITION: An estimate of the number of children 12-23 mos whose weight-for-age is below minus 2 standard deviations (-2SD) from the median of the reference population.

Source: Demographic and Health Surveys, 1994-96

Maternal Mortality Ratios in Developing Countries, c. 1990



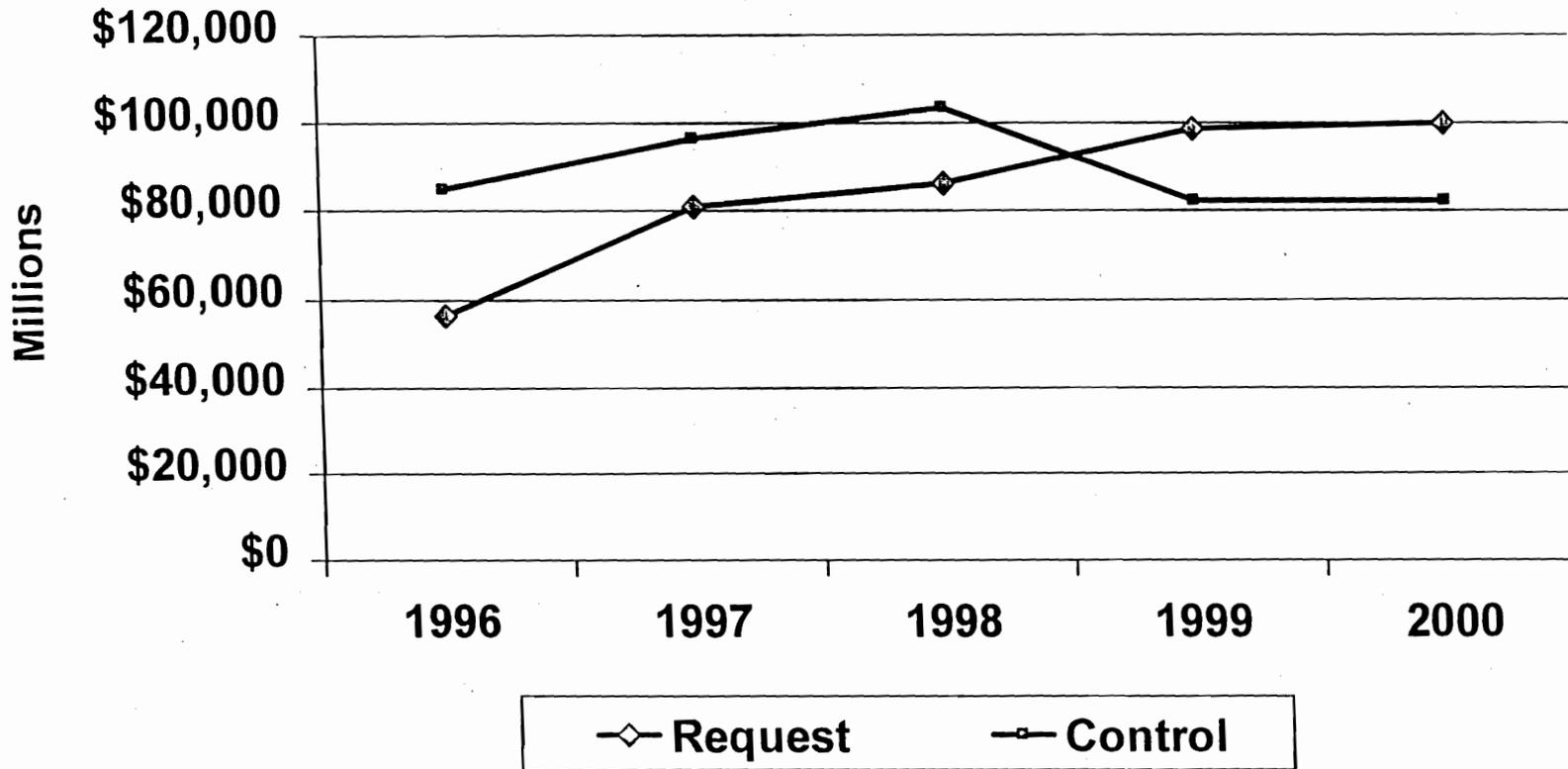
Countries with Maternal Health Activities FY 1997



Eritrea*
Ethiopia
Ghana*
Malawi
Mozambique*
Nigeria
REDSO/ESA
Tanzania*
Uganda*
Zambia*

*Essential Obstetric Care Activities

Child Survival Funding Request vs. Control/OYB



Note: '96, '97 numbers include Polio Eradication Initiative, Micronutrient funds

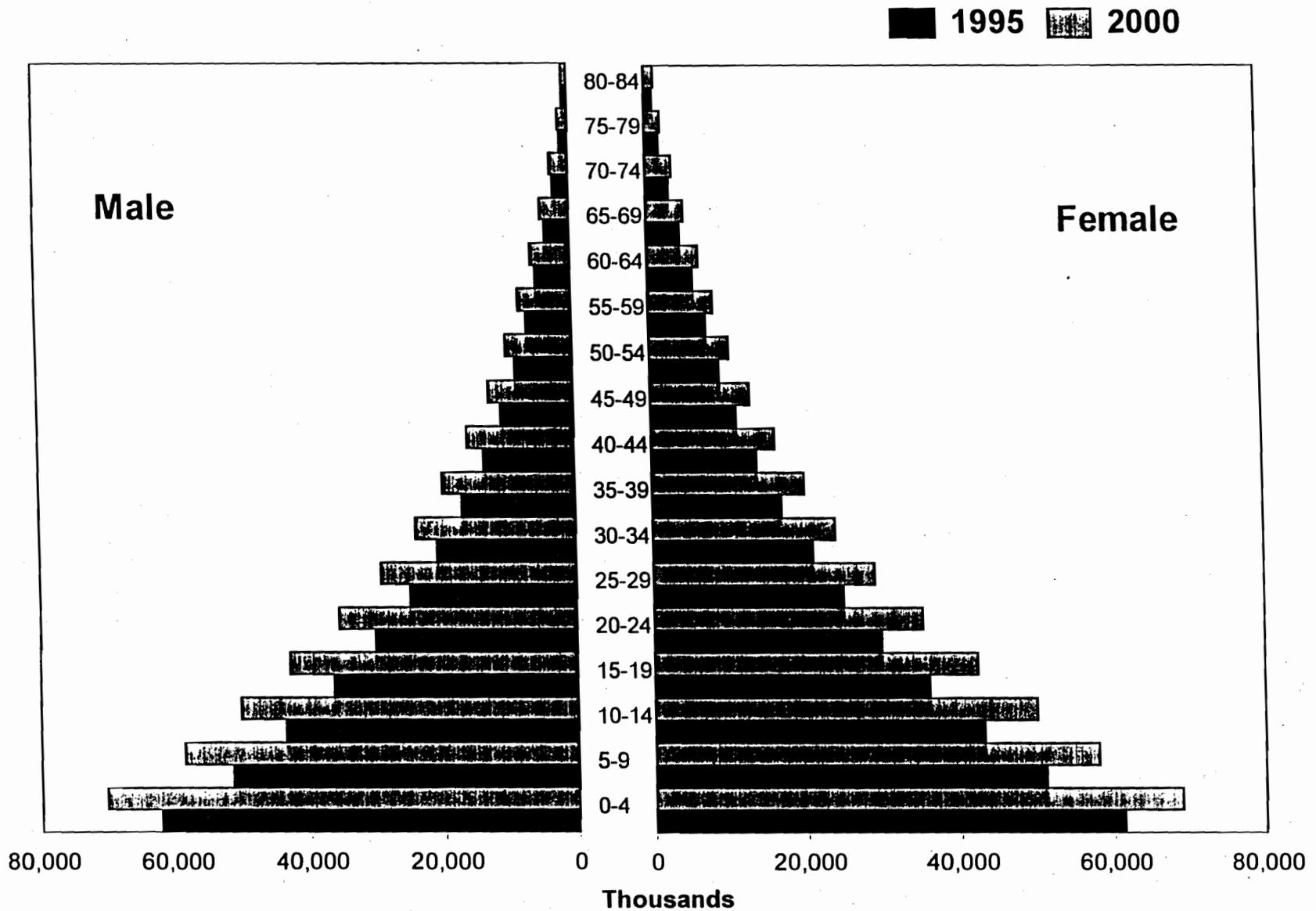
Population / Family Planning Programs in Africa

Strategic Objective in Population and Family Planning

- Benin
- Eritrea
- Ethiopia
- Ghana
- Guinea
- Kenya
- Madagascar
- Malawi
- Mali
- Mozambique
- Senegal
- Nigeria
- South Africa
- Tanzania
- Uganda
- Zambia
- Zimbabwe

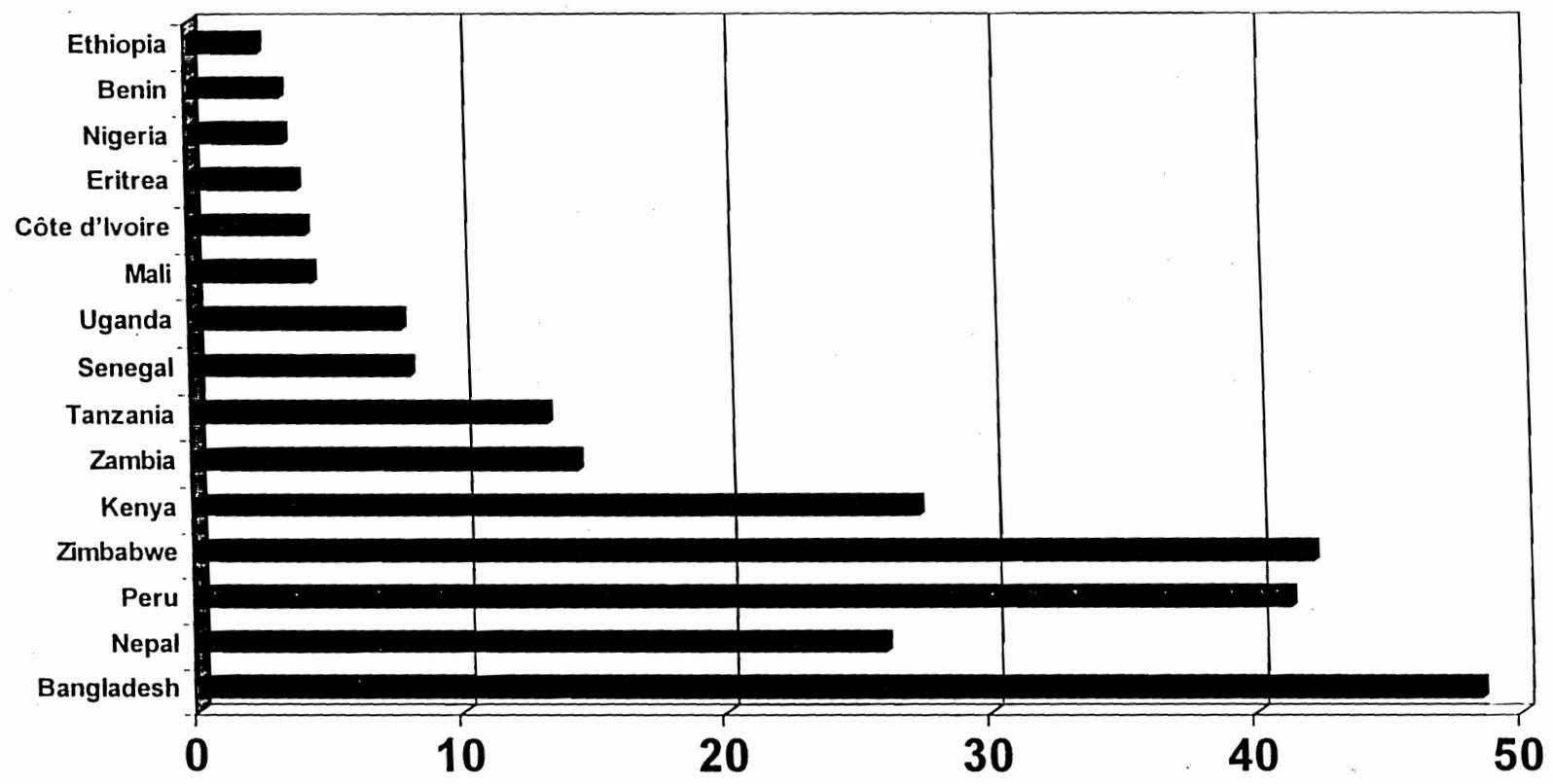


Population of Sub-Saharan Africa by Age and Sex: 1995 and 2000



Source: United Nations World Population Prospects. The 1996 Revisions.

Representative Contraceptive Prevalence Rates, 1994-97



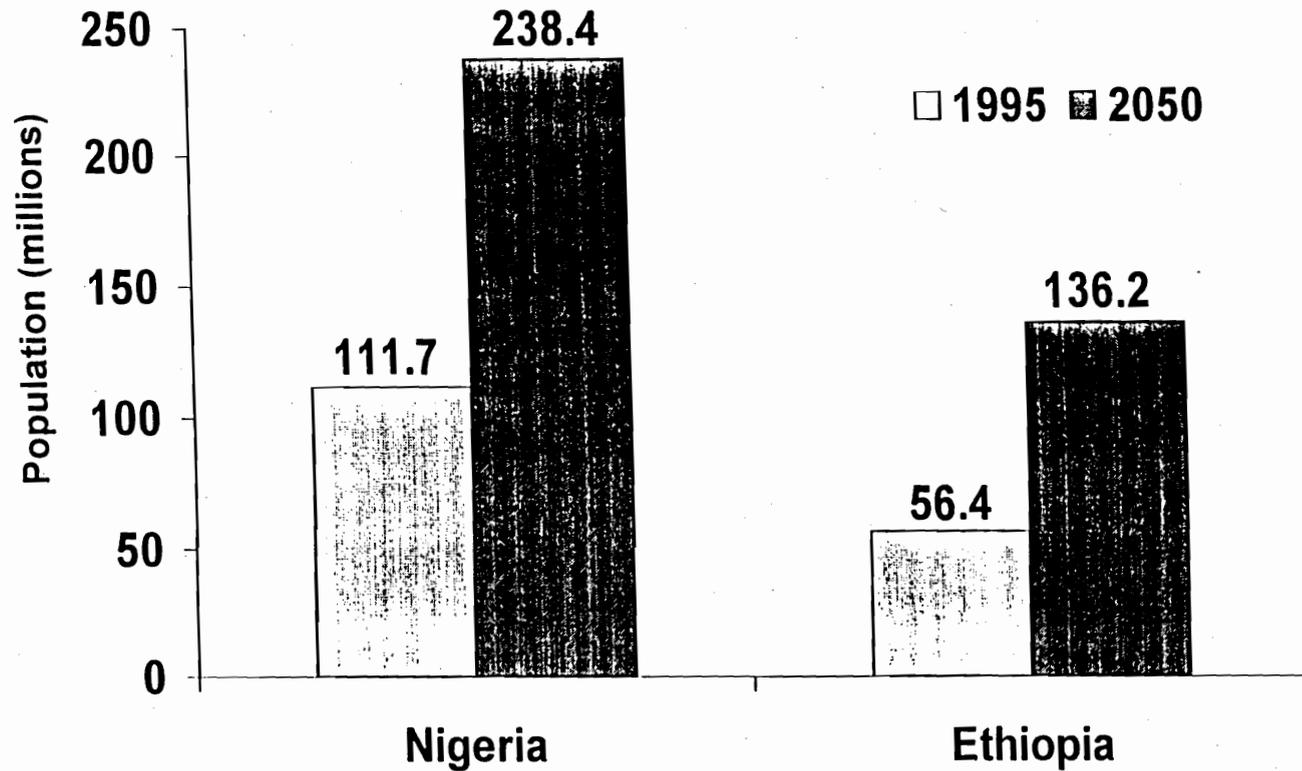
Results Summary Report 2000 A-15

CIHI

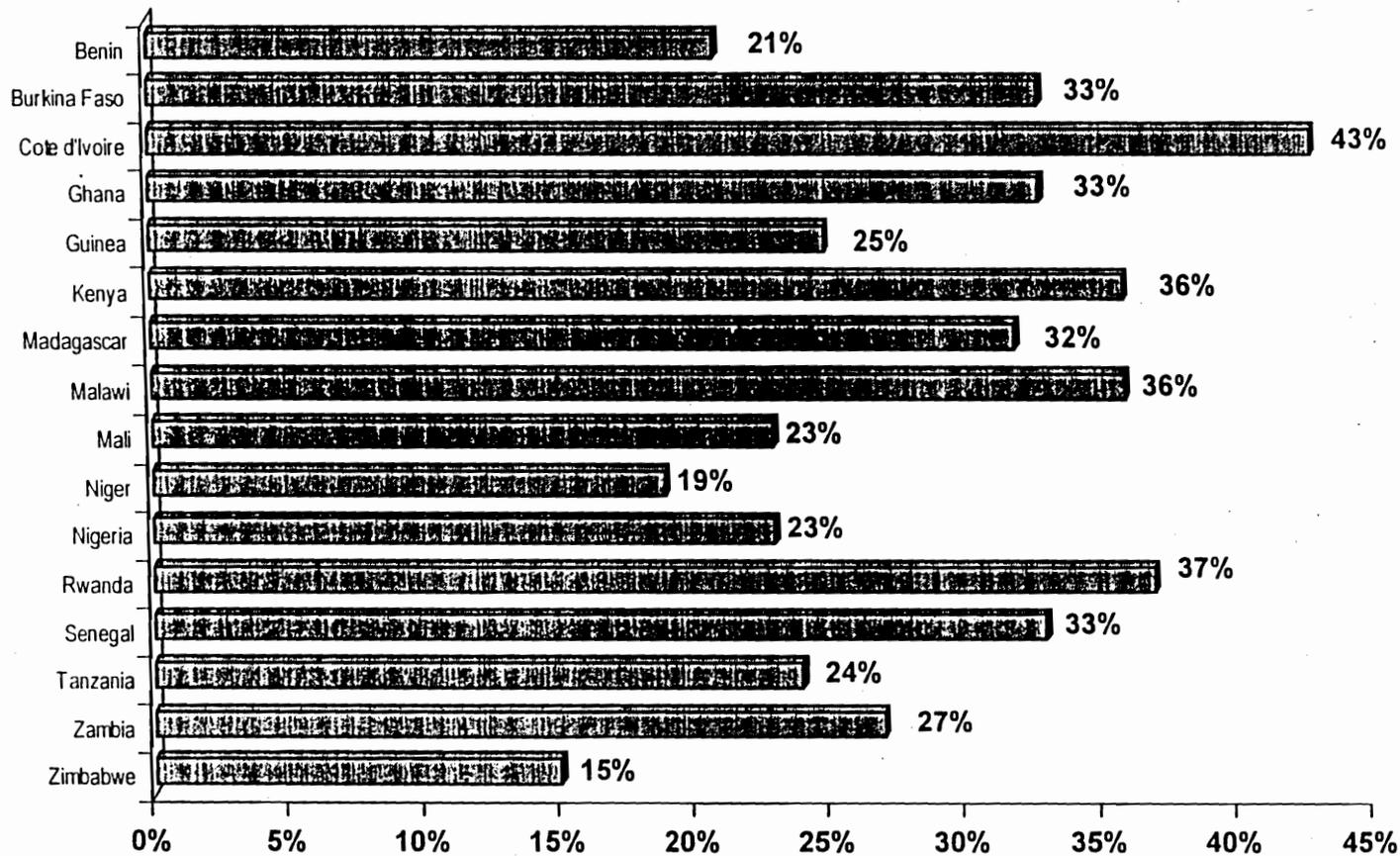
JUNE 1998

Source: Demographic and Health Surveys

Projected Population of Nigeria and Ethiopia, 1995-2050



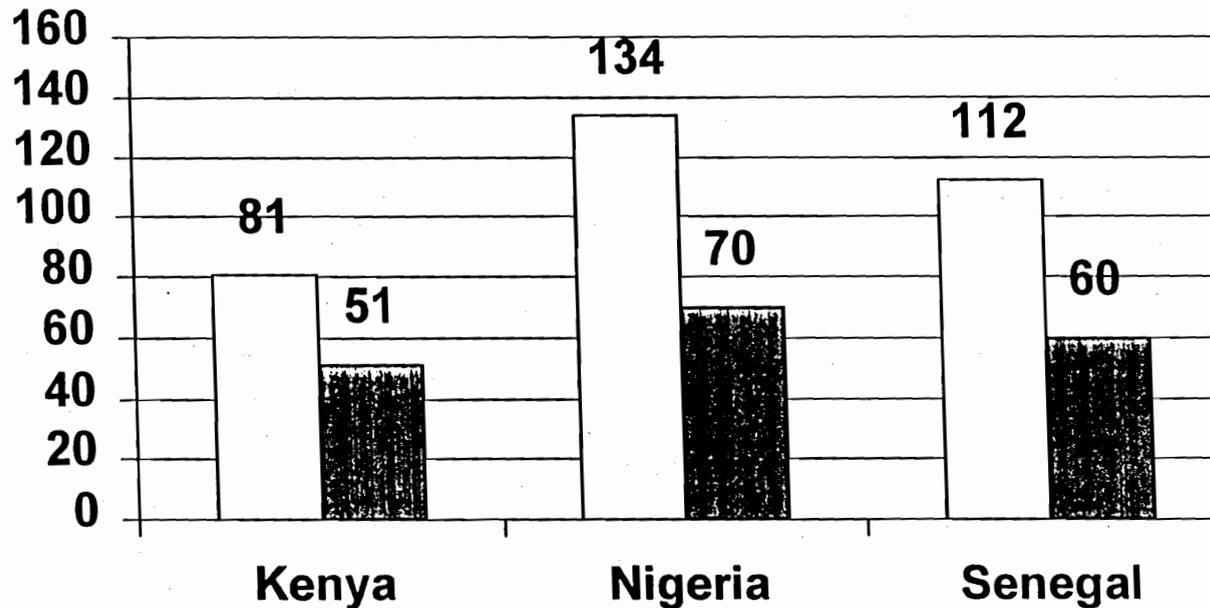
Unmet Need for Family Planning in the AFR Region



Percent of married women wanting to space or limit births but not using family planning

Infant Mortality by Birth Interval

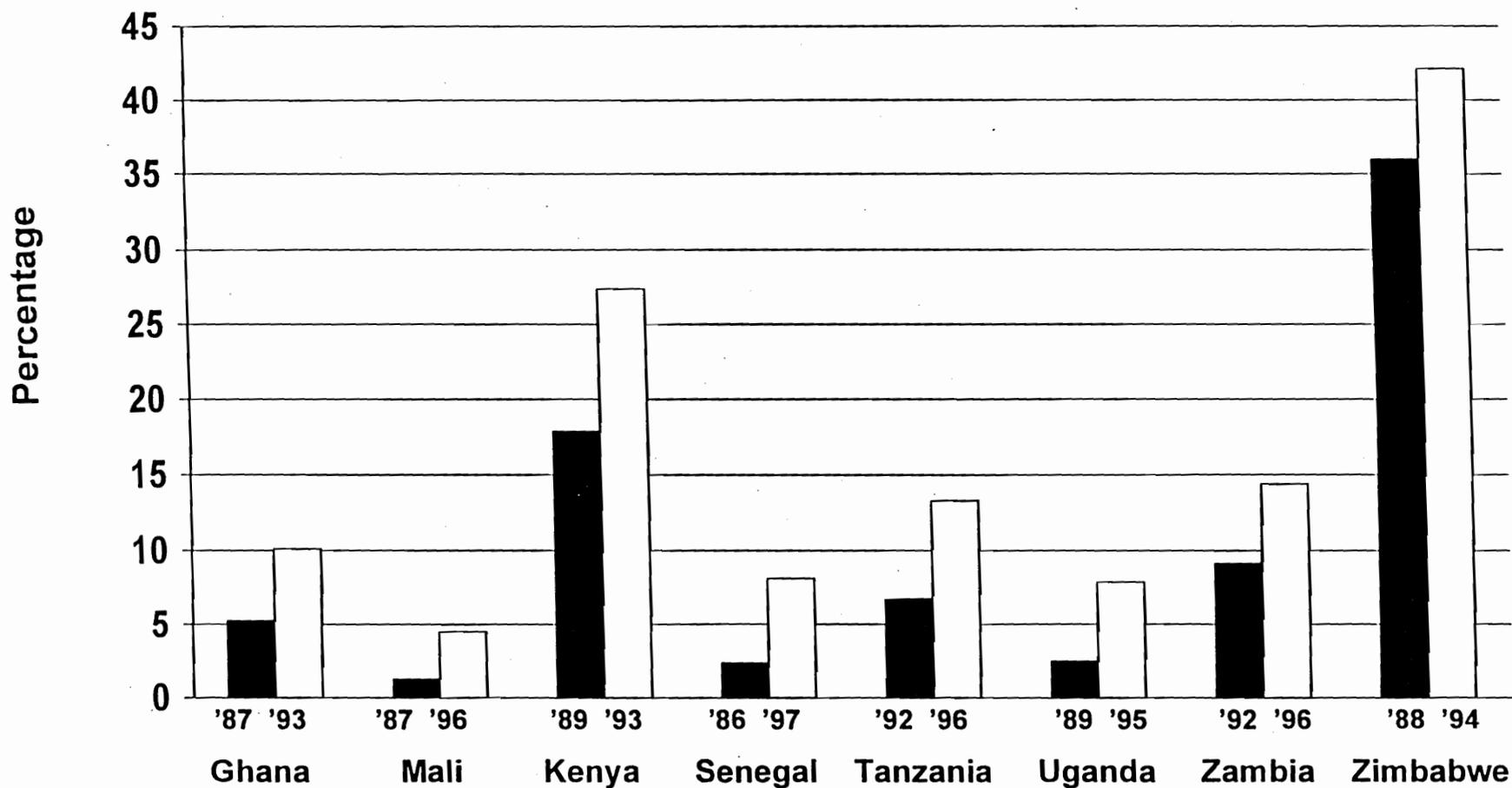
Deaths per 1,000 infants under age one



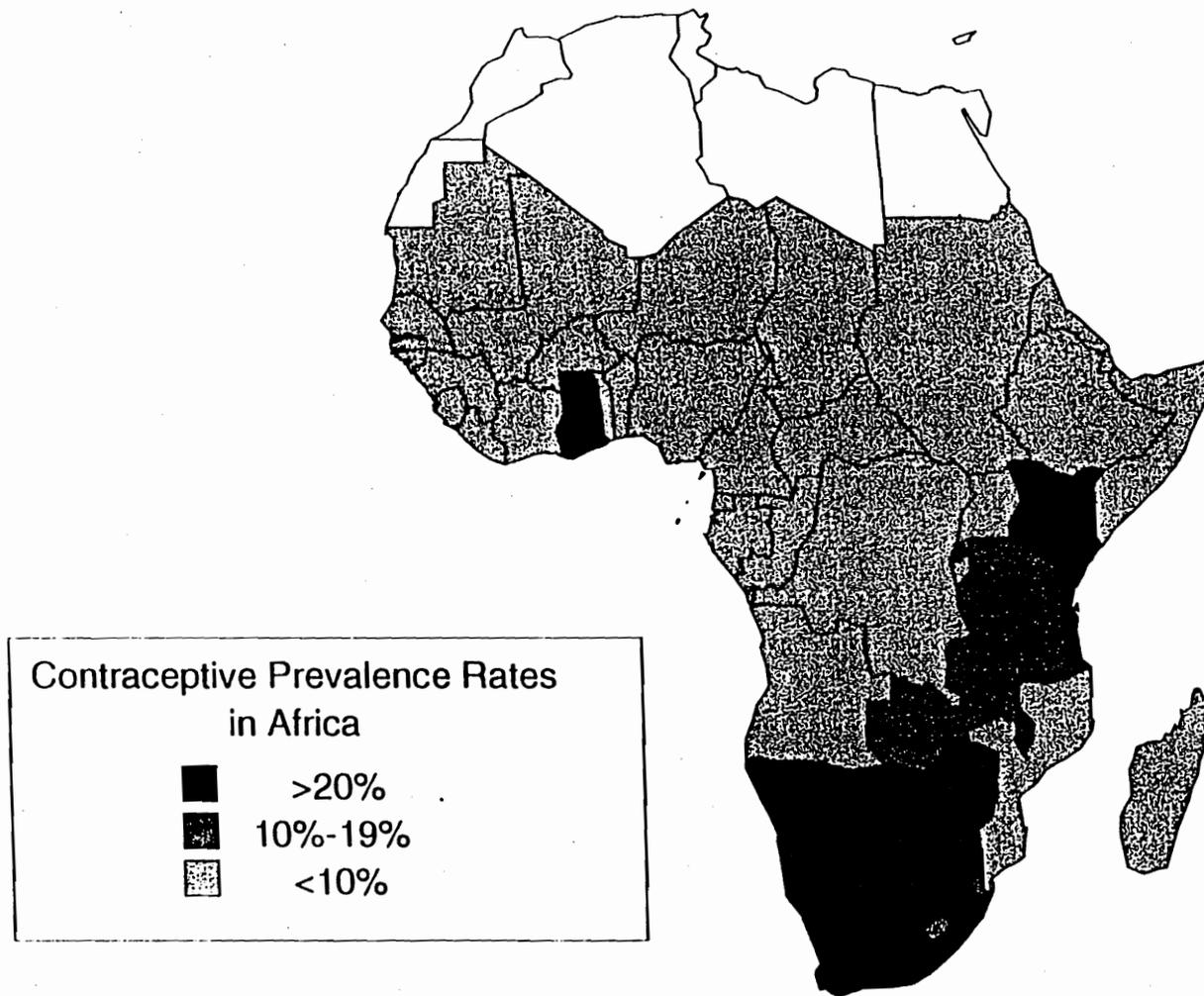
□ Less than two-year interval ■ At least two-year interval

On average, infants born after short birth intervals are twice as likely to die as those born after intervals of two or more years.

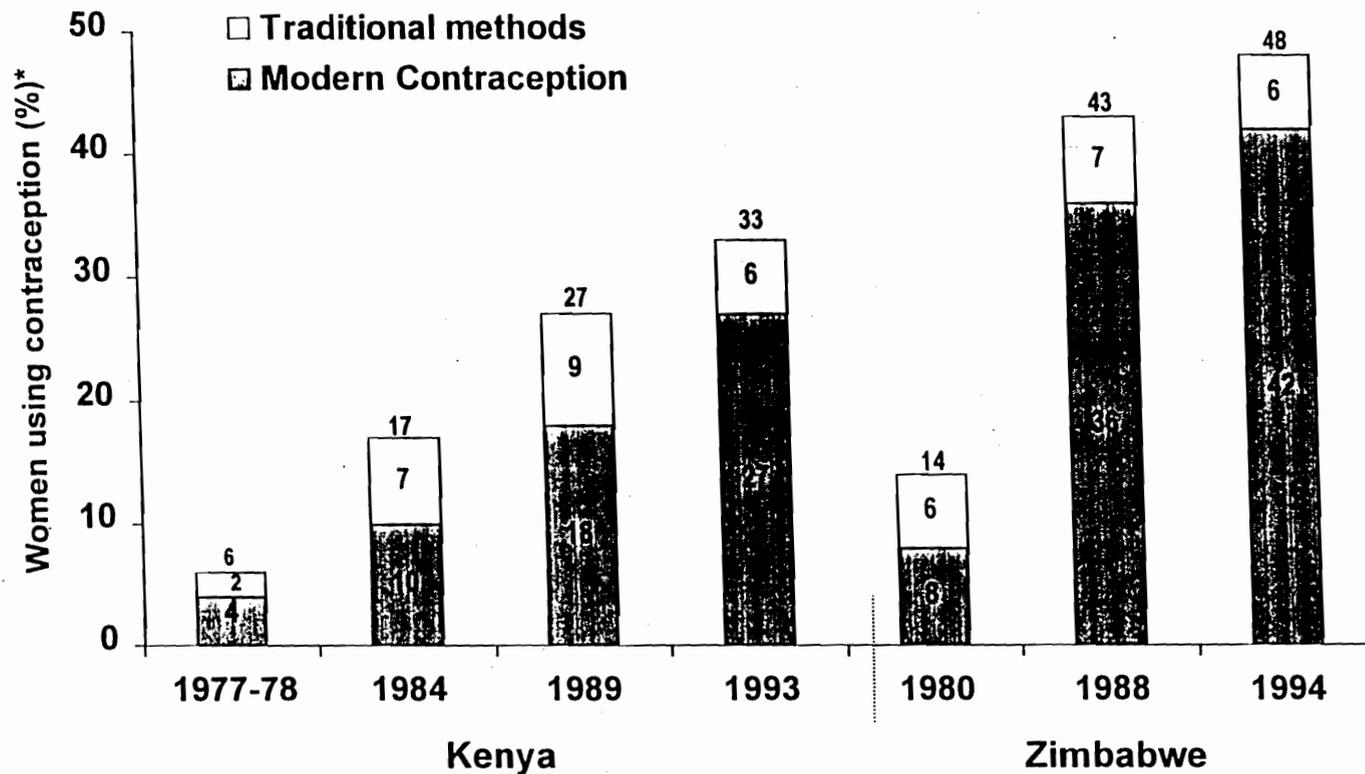
Comparison of Contraceptive Rates for Selected African Countries: 1987-1997



Contraceptive Prevalence Rates in Africa



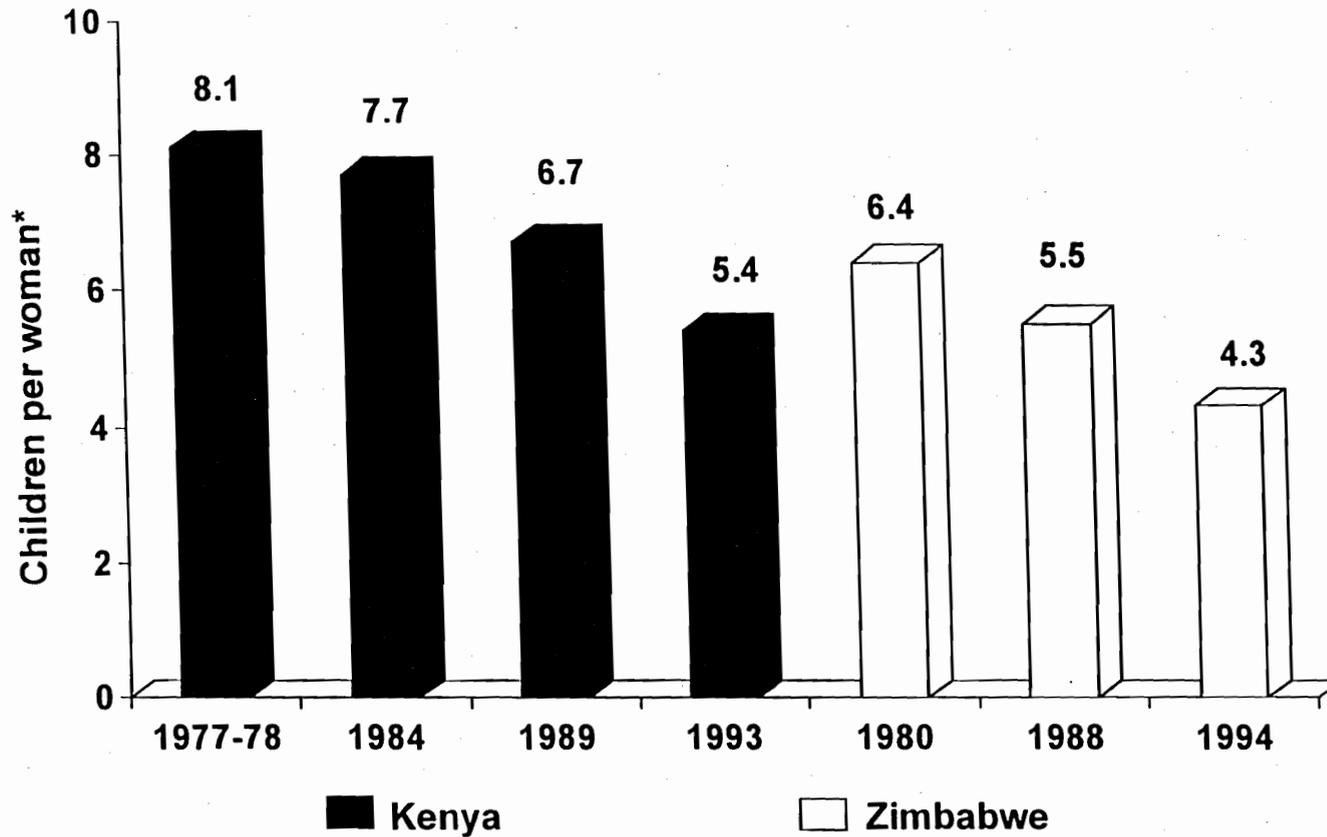
Trends in Contraceptive Prevalence Rates: Kenya and Zimbabwe



* Percent of married women ages 15 to 49 using contraception.

Source: (for Kenya) Kenya Demographic and Health Survey 1993; William Brass and Carol L. Jolly, eds., Population Dynamics of Kenya, 1993; (for Zimbabwe) Zimbabwe Demographic and Health Survey 1994; and Alex F. Zinanga, Development of the Zimbabwe Family Planning Program

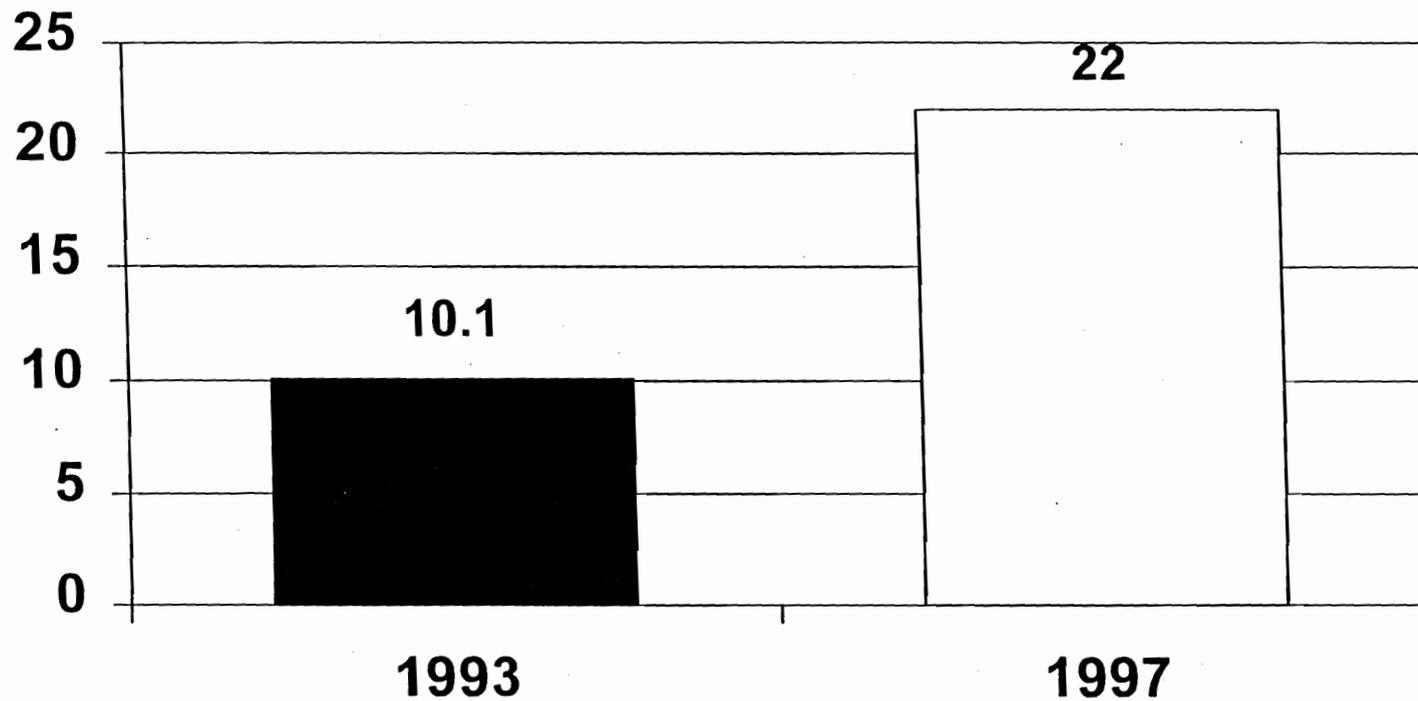
Trends in Fertility Rates: Kenya and Zimbabwe



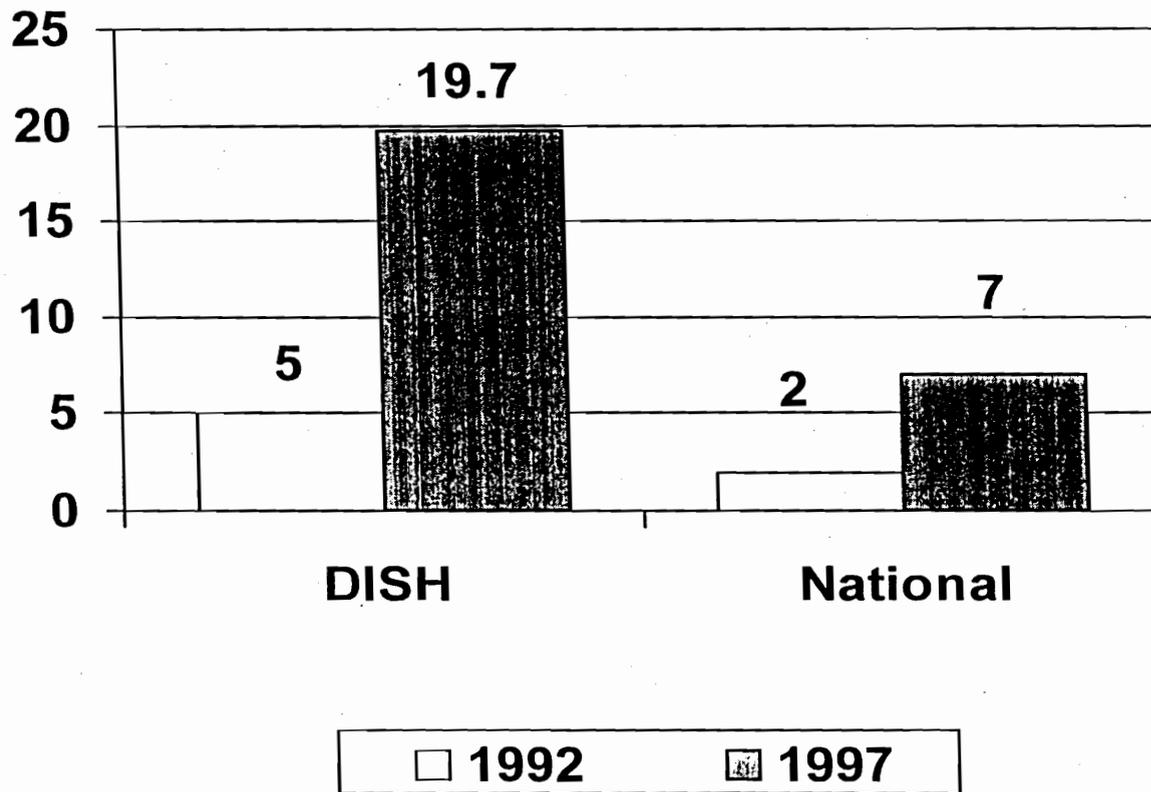
* The total fertility rate (TFR), or total number of children a woman will have given current birth rates. The TFRs above generally refer to the three years preceding the date listed.

Source: (for Kenya) Kenya Demographic and Health Survey 1993; and (for Zimbabwe) Zimbabwe Demographic and Health Survey 1994; and UN, World Population Prospects 1996: The 1996 Revision.

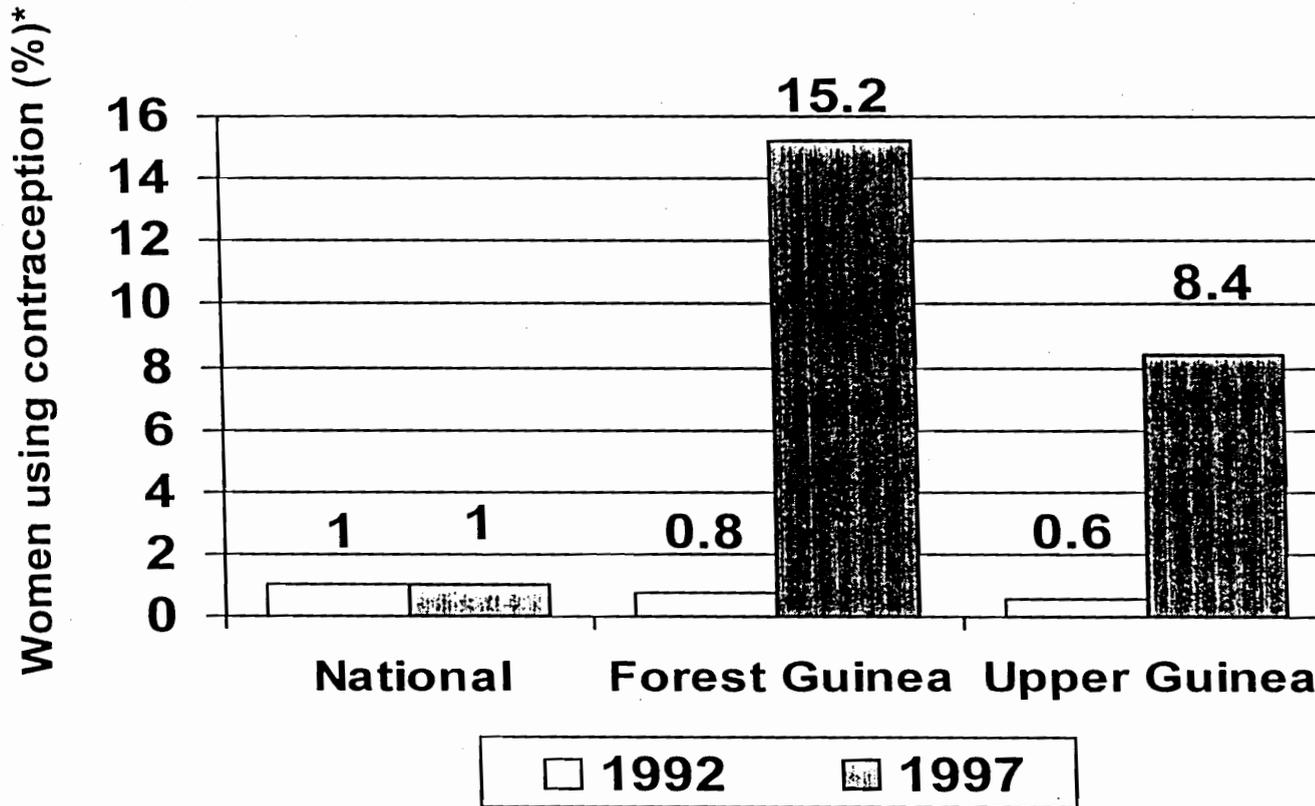
Ghana: Contraceptive Prevalence Rate Trend



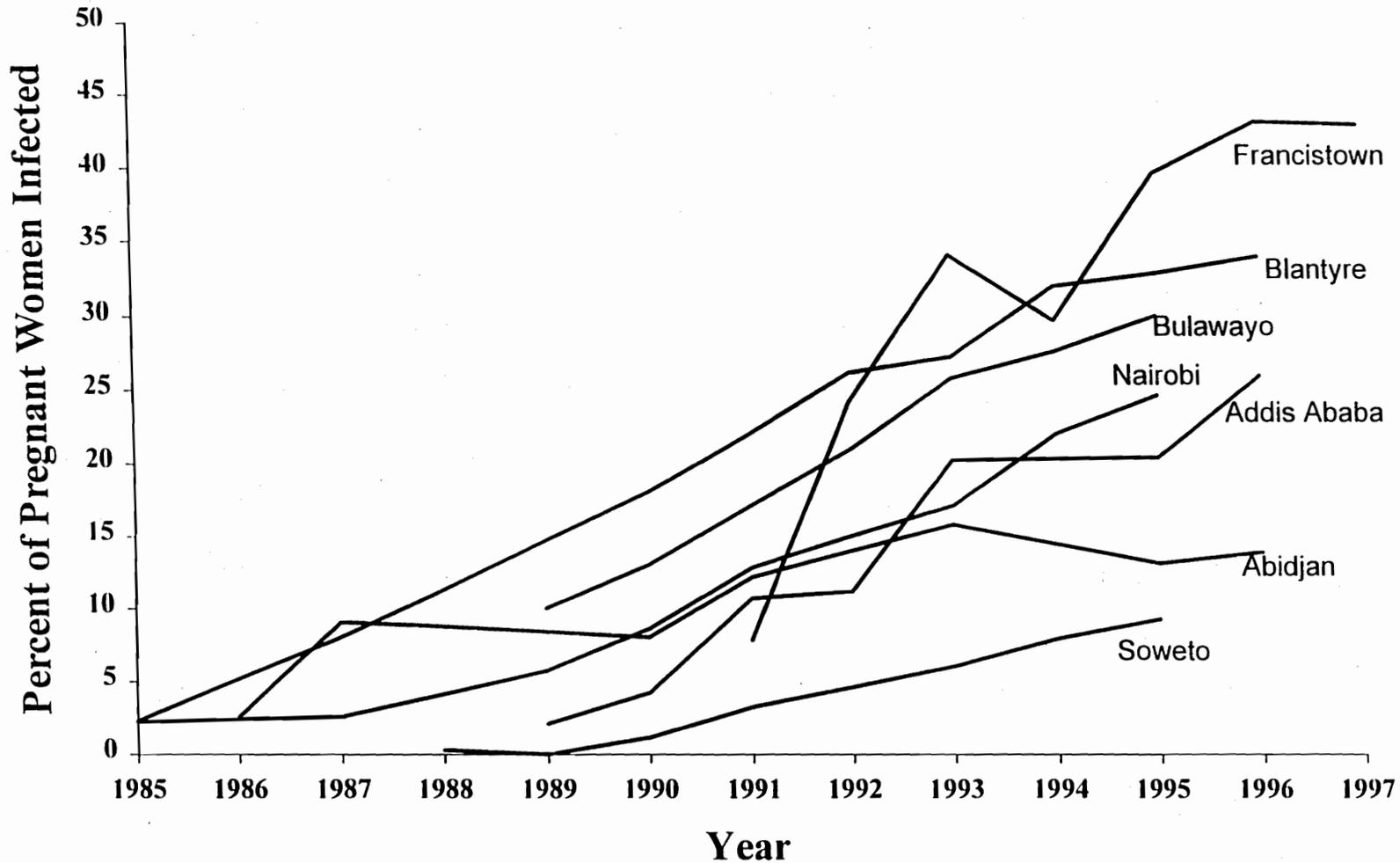
Uganda: Contraceptive Prevalence Rate Trends among DISH and National Sites



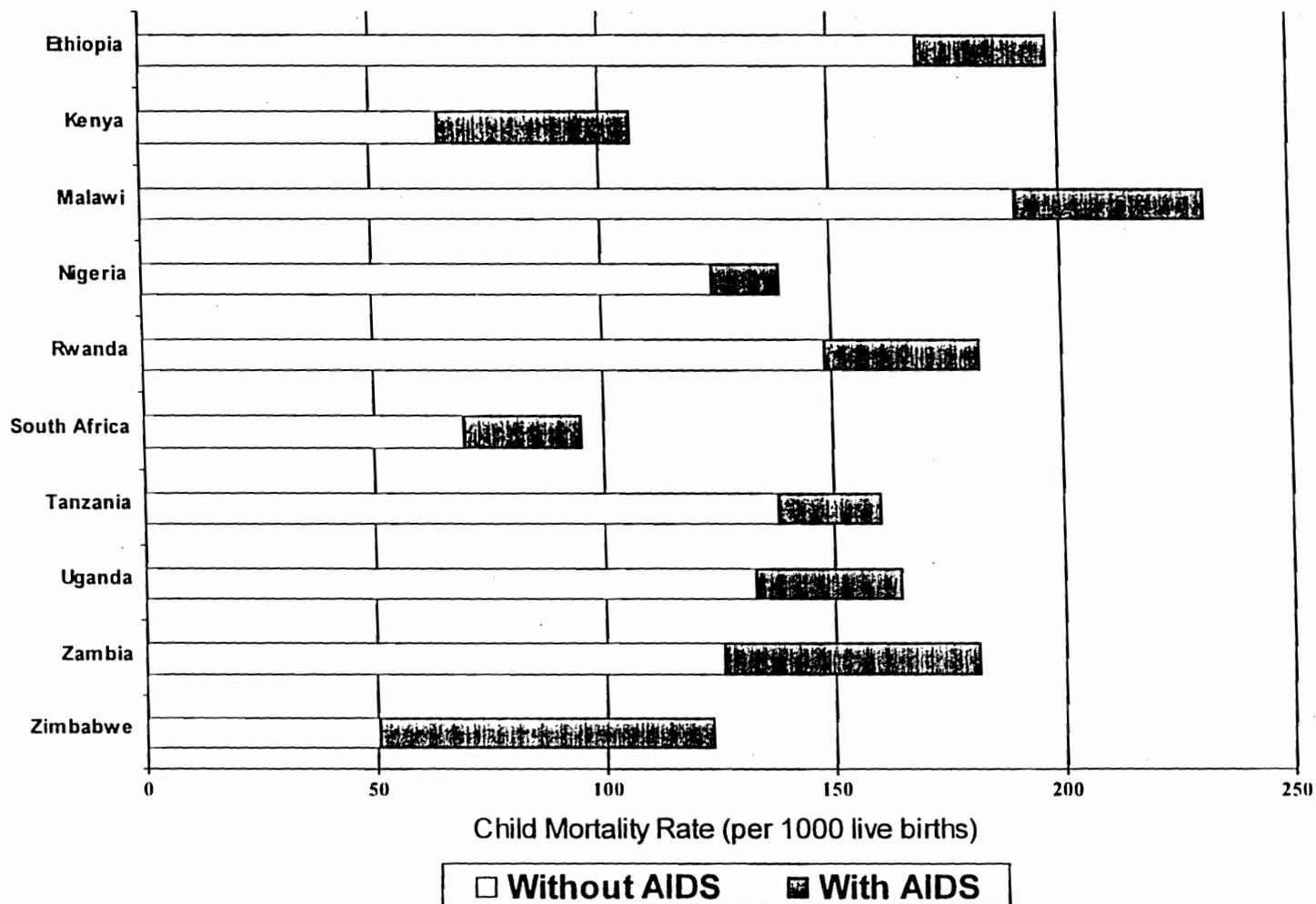
Guinea: Contraceptive Prevalence Rate Trends



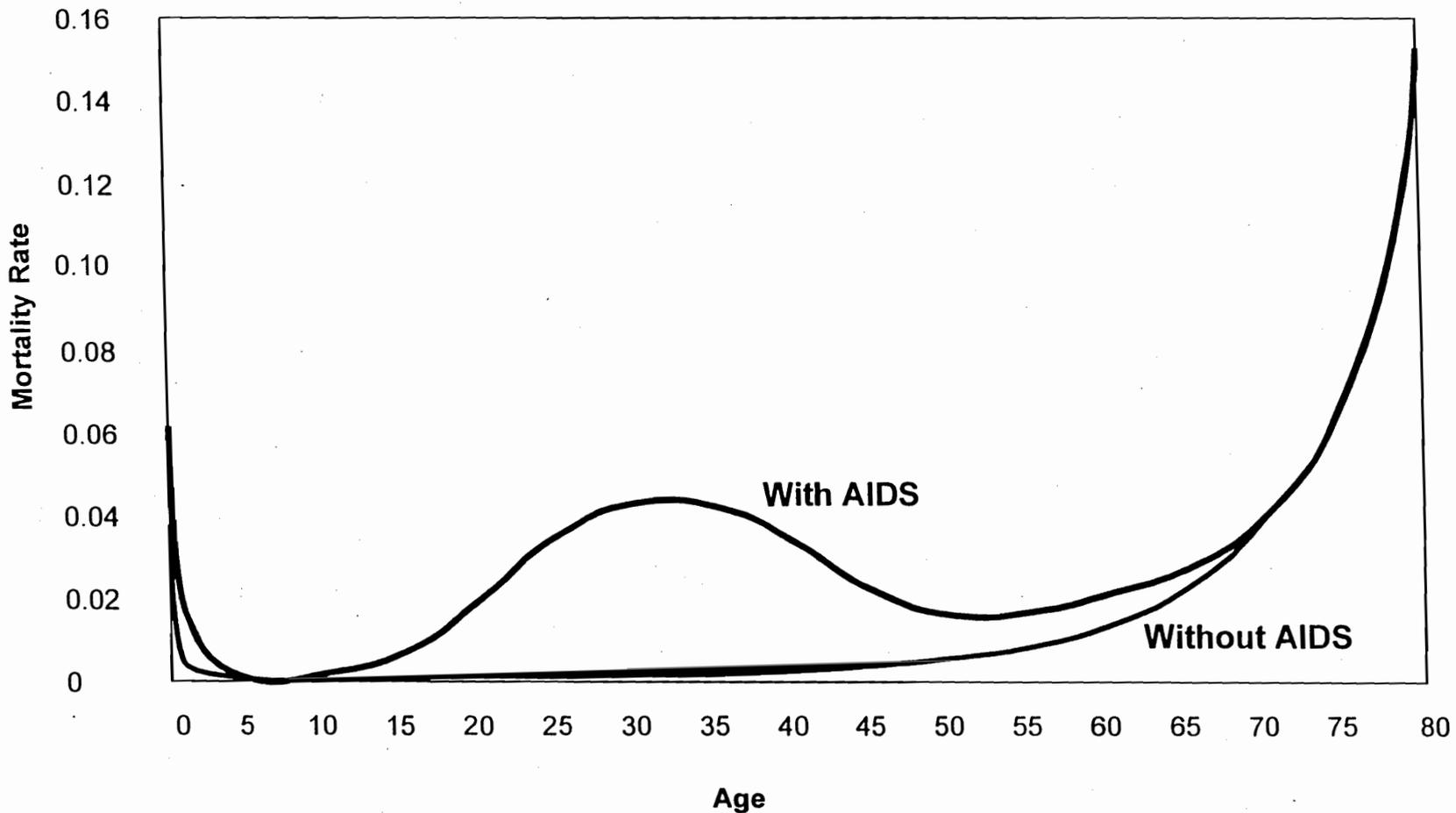
HIV Seroprevalence Rate for Pregnant Women in Selected Urban Areas of Africa, 1985 - 1997



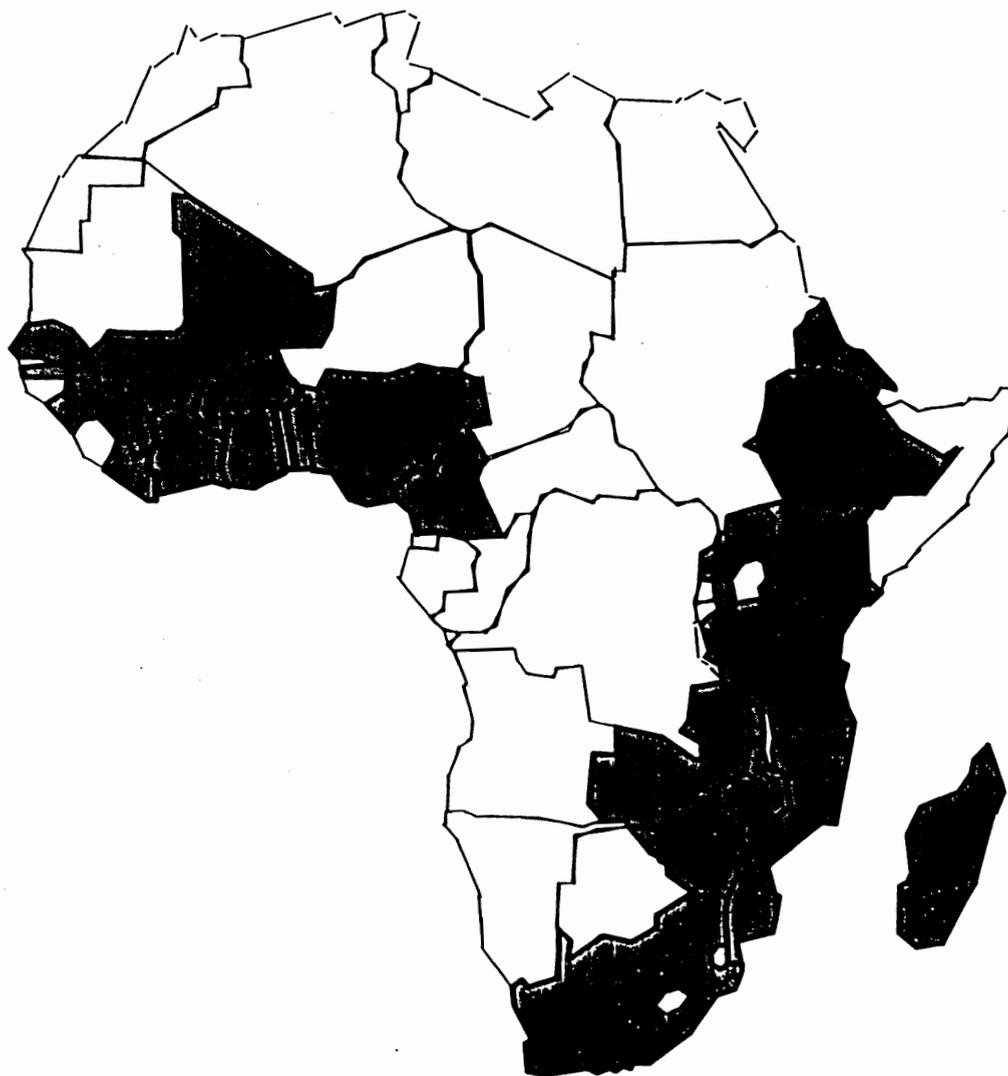
Child Mortality Rates With and Without AIDS, for Selected Countries, 1998



Impact of HIV on Age-Specific Mortality Rates at Approximately 20% Adult Prevalence



Countries Reporting HIV/AIDS Activities in Sub-Saharan Africa



East Africa

REDSO/ESA

Eritrea
Ethiopia
Kenya
Uganda



Southern Africa

Madagascar
Malawi
Mozambique
Tanzania
South Africa
Zambia
Zimbabwe

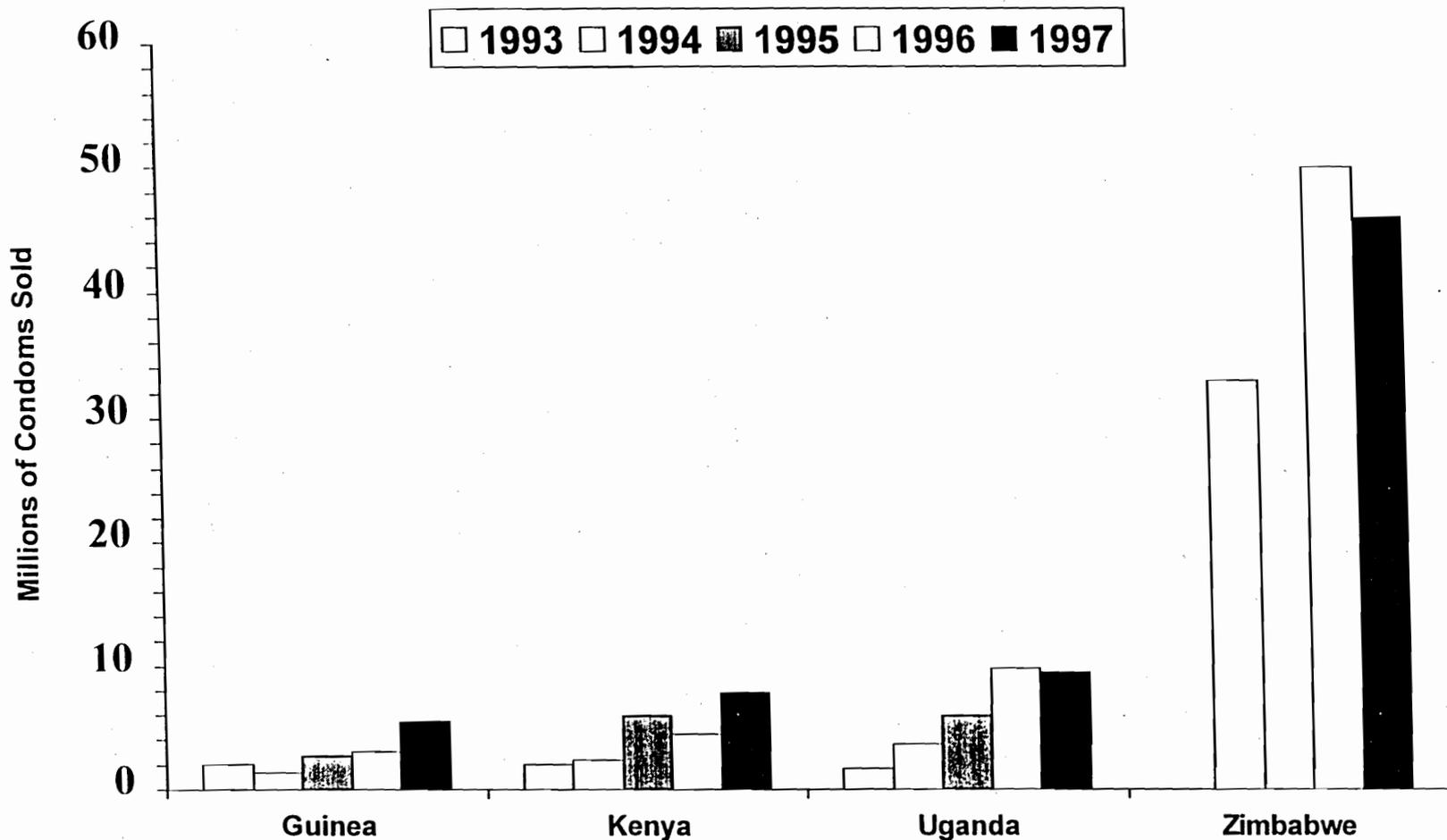


West Africa

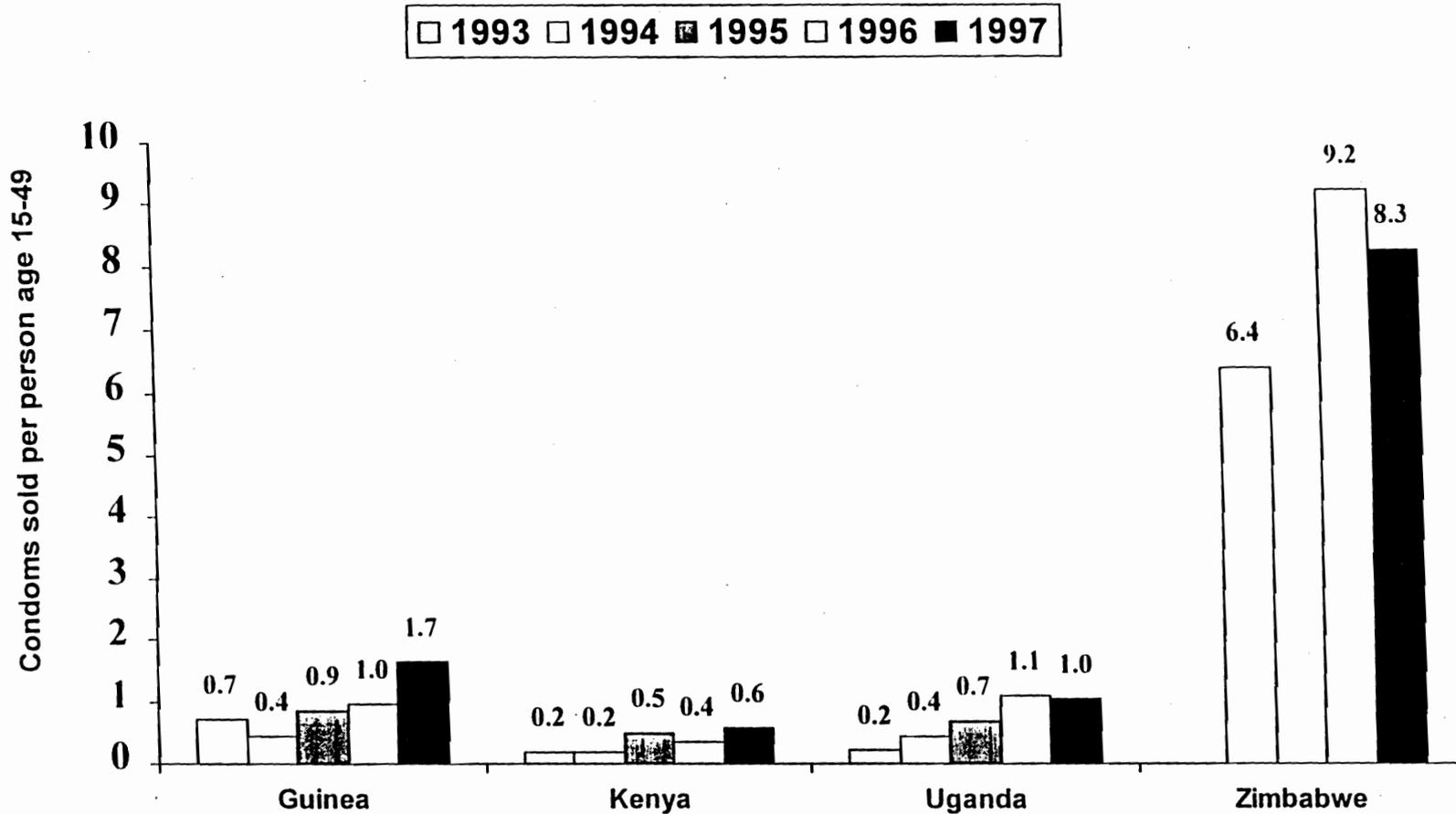
REDSO/WCA

Burkina Faso
Cameroon
Côte d'Ivoire
Togo
Benin
Ghana
Guinea
Mali
Nigeria
Senegal

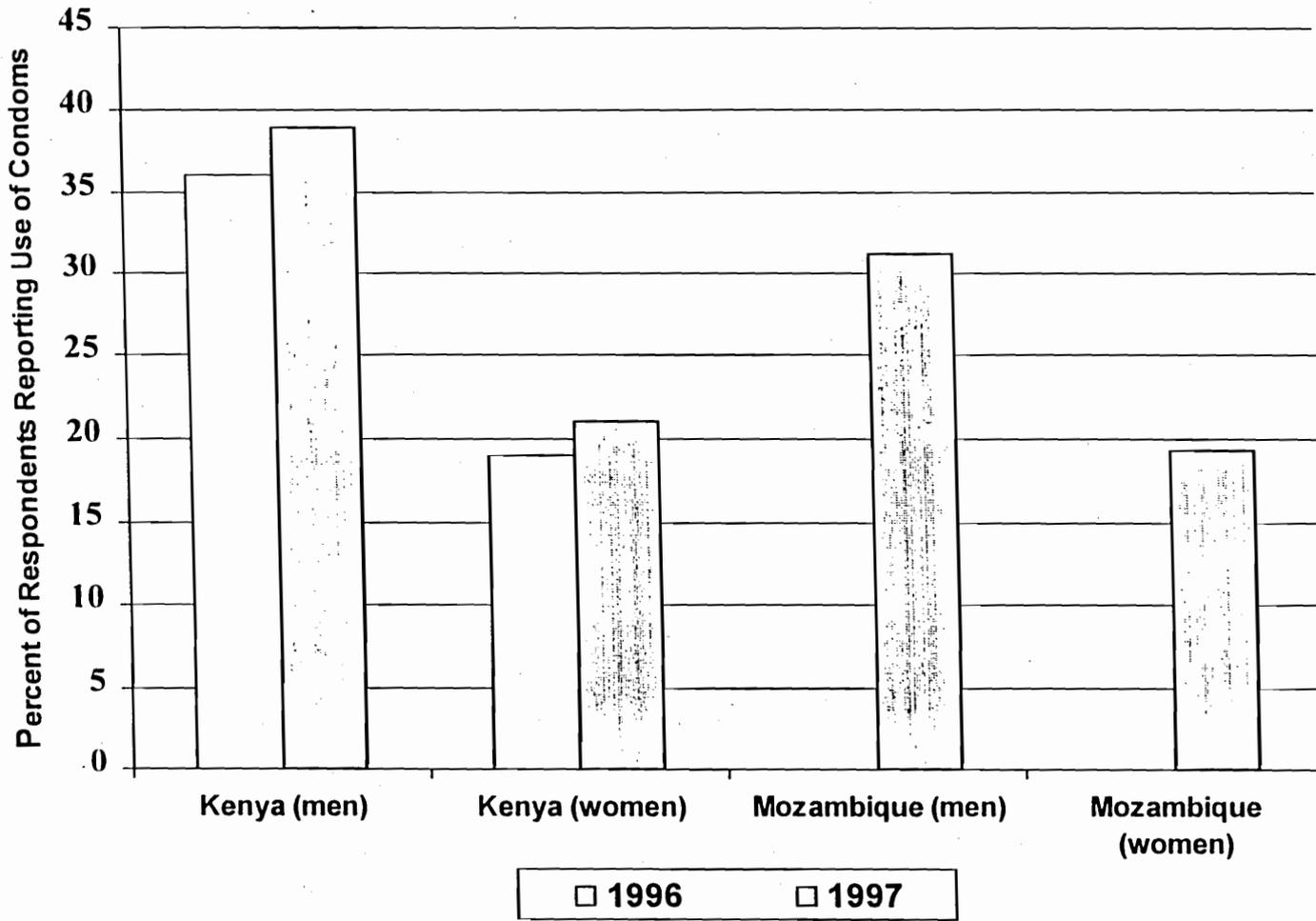
Condom Social Marketing: Annual Sales



Condom Social Marketing: Annual Sales per Adult of Reproductive Age



Percent of Respondents Reporting Use of Condoms in Most Recent Act of Sexual Intercourse with Non-Regular Partner



Lessons Learned From Uganda: Decreasing HIV Seroprevalence Rate for Pregnant Women in Kampala, Compared to Bulawayo, 1985 - 1997



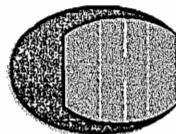


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