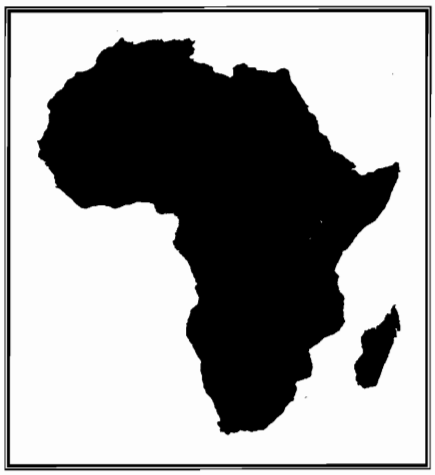
Health, Population, and Nutrition Results Reporting

From FY 2004 Annual Reports

May 2004

U.S. Agency for International Development
Bureau for Africa
Office of Sustainable Development (AFR/SD)



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This document includes a series of tables and charts that summarize the FY 2004 Annual Reports of USAID Bureau for Africa missions submitted in March 2004.

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Acronyms and Abbreviations

AFR/SD	Bureau for Africa/Office of Sustainable Development (USAID)
AGOA	African Growth and Opportunity Act
AIDS	Acquired immunodeficiency syndrome
AMREF	African Medical and Research Foundation
AR	Annual report
ARI	Acute respiratory infection(s)
ART	Antiretroviral therapy
ARV	Antiretroviral
BASICS	Basic Support for Institutionalizing Child Survival Project
BCC	Behavior change communication
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention (U.S. Public Health Service)
CFA	Communauté Financière Africaine
CHPS	Community-Based Health Planning and Services (Ghana)
CPR	Contraceptive prevalence rate
CRHCS	Commonwealth Regional Health Community Secretariat
CS	Child survival
CY	Calendar year
CYP	Couple-year(s) of protection
DA	Development Assistance (USAID funding account)
DCOF	Displaced Children's and Orphans Fund
DfID	Department for International Development (U.K.)
DHS	Demographic and Health Survey
DOTS	Directly observed treatment, short course (TB)
DPT3	Diphtheria, pertussis, tetanus vaccine, 3rd dose
DR Congo, DRC	Democratic Republic of the Congo
ESF	Economic Support Fund
EPI	Expanded Program on Immunization
FAWE	Forum for African Women Educationalists
FBO	Faith-based organization
FGC	Female genital cutting
FHA	Family Health and AIDS (West and Central Africa)

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Acronyms and Abbreviations

FHI	Family Health International
FP	Family planning
FY	Fiscal year
GDA	Global Development Alliance
GTZ	German Technical Cooperation
Hib	*Haemophilus influenzae* type b
HIV	Human immunodeficiency virus
HMIS	Health management information system
HPN	Health, population, and nutrition
IDSR	Infectious disease surveillance and response
IEC	Information, education, and communication
IMCI	Integrated Management of Childhood Illness
IR	Intermediate result
IPT	Intermittent preventive treatment
ITN	Insecticide-treated bednet
IUD	Intrauterine device
JSI	John Snow, Inc.
MAQ	Maximizing Access and Quality of Care
MCH	Maternal and child health
MHO	Mutual health organization
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MTCT	Mother-to-child transmission (HIV)
NGO	Nongovernmental organization
NHA	National health account
NID	National immunization day
OFDA	Office of Foreign Disaster Assistance (USAID)
OPV3	Oral polio vaccine, 3rd dose
ORS	Oral rehydration solution
ORT	Oral rehydration therapy

Acronyms and Abbreviations

OVC	Orphans and vulnerable children
PBT	Preceding birth technique
PHC	Primary health care
PHN	Population, health, and nutrition
PHR+	Partners for Health Reform Plus
PLACE	Priorities for local AIDS control efforts
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission (HIV)
PSI	Population Services International
RBM	Roll Back Malaria
RCQHC	Regional Centre for Quality of Health Care
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
RH	Reproductive health
RHS	Reproductive health survey
RHAP	Regional HIV/AIDS Program, Southern Africa
SNID	Subnational immunization day
SNNPR	Southern Nations, Nationalities, and Peoples Region (Ethiopia)
SO	Strategic objective
SPLM	Sudanese People's Liberation Movement
SpO	Special objective
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TB	Tuberculosis
TFR	Total fertility rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
WARP	West African Regional Program
WHO	World Health Organization
WHO/AFRO	World Health Organization Africa Regional Office

Africa Missions and Regional Offices: Areas of HPN Activity
(as submitted in ARs FY 2004)

		Child Survival	Family Planning	HIV/AIDS	Infectious Diseases
Missions	Angola	✔	✔	✔	✔
	Benin	✔	✔	✔	–
	Burundi*	–	–	✔	✔
	DR Congo	✔	✔	✔	✔
	Djibouti	✔	✔	✔	–
	Eritrea	✔	✔	✔	✔
	Ethiopia	✔	✔	✔	✔
	Ghana	✔	✔	✔	✔
	Guinea	✔	✔	✔	–
	Kenya	✔	✔	✔	✔
	Liberia	✔	✔	✔	✔
	Madagascar	✔	✔	✔	✔
	Malawi	✔	✔	✔	✔
	Mali	✔	✔	✔	✔
	Mozambique	✔	✔	✔	✔
	Namibia	–	–	✔	–
	Nigeria	✔	✔	✔	✔
	Rwanda	✔	✔	✔	✔
	Senegal	✔	✔	✔	✔
	Sierra Leone	–	–	✔	–
	Somalia	✔	–	–	✔
	South Africa	✔	✔	✔	–
	Sudan	✔	–	✔	–
	Tanzania	✔	✔	✔	✔
	Uganda	✔	✔	✔	✔
	Zambia	✔	✔	✔	✔
	Zimbabwe	–	✔	✔	–
# Missions With Each Activity	**27 Missions**	**23**	**22**	**26**	**19**
Regional Programs	AFR/SD	✔	✔	✔	✔
	REDSO/ESA	✔	✔	✔	✔
	RHAP	–	–	✔	–
	WARP	✔	✔	✔	✔
# Programs With Each Activity	**4 Reg. Programs**	**3**	**3**	**4**	**3**
Total Missions and Regional Programs	**31**	**26**	**25**	**30**	**22**

*Burundi programs are currently administered through REDSO/ESA.

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Strategic Objectives and Intermediate Results in the HPN Sector

USAID Mission	Objectives and Results in the HPN Sector	
Angola 2001-2005	**SO 7**	**Increased use of MCH and HIV/AIDS services and products and improved health practices**
	IR 7.1	Increased access to MCH services
	IR 7.2	Increased demand for MCH services
	IR 7.3	Increased quality of MCH services
	IR 7.4	Increased access to condoms
	IR 7.5	Increased demand for condoms
	IR 7.6	Improved enabling environment
Benin 1998-2005	**SO 2**	**Increased use of family health services and prevention measures in a supportive policy environment**
	IR 2.1	Improved policy environment
	IR 2.2	Increased access to services and products
	IR 2.3	Improved quality of health services
	IR 2.4	Increased demand for health services and prevention measures
Burundi 2003-2005	**SO 8**	**Access to basic services improved**
	IR 8.1	Increased availability of client-oriented health services
	IR 8.2	HIV/AIDS & infectious disease prevention, care, and support programs expanded
	IR 8.3	Safe water and sanitation more widely available
Democratic Republic of the Congo 2001-2005	**SO 1**	**The Congolese people are assisted to solve national, provincial, and community problems through participatory processes that involve the public, private, and civil society**
	IR 1.1	Enhanced child and maternal health status in target health zones
	IR 1.2	Reduced health outcomes of key infectious diseases in targeted health zones
	IR 1.3	Reduced transmission of HIV/STIs in targeted population
	IR 1.4	Increased access to adequate environmental health services in target sites
2004-2008	**SO 2**	**Use of key health services and practices both in USAID-supported health zones and at the national level increased**
	IR 2.1	Increased availability of key health services and practices
	IR 2.2	Improved financial access to key health services
	IR 2.3	Enhanced quality of key health services
	IR 2.4	Increased awareness and practice of healthy behaviors
	IR 2.5	Increased access to quality HIV/AIDS prevention and mitigation services
Djibouti 2003-2007	**SO 2**	**Expand coverage of essential health services**
	IR 2.1	Increasing the supply of essential health services
	IR 2.2	Improving the quality of services
	IR 2.3	Enhancing local capacity to sustain health
Eritrea 2003-2007	**SO 4**	**Use of priority primary health and HIV/AIDS services increased and practices improved**
	IR 4.1	Active demand for primary health care expanded
	IR 4.2	Quality of priority primary health services improved
	IR 4.3	Institutional capacity for resource allocation decisions improved
	IR 4.4	Quality and demand for HIV/AIDS prevention services increased

Ethiopia 2000-2003	**SO 8**	**Family health improved**
	IR 8.1	Increased use of high-impact child survival interventions, including nutrition
	IR 8.2	Increased use of high-impact reproductive health interventions, including maternal nutrition in focus regions and target areas nationwide
	IR 8.3	Reduced impact of HIV/AIDS and tuberculosis
	IR 8.4	Increased health sector resources and improved systems in focus regions
2004-2006	**SO 14**	**Human capacity and social resiliency increased**
	IR 14.1	Use of high-impact health, family planning, nutrition services, products, and practices increased
	IR 14.2	HIV/AIDS prevalence reduced and mitigation of the impact of HIV/AIDS increased
	IR 14.3	Use of quality primary education services enhanced
Ghana 1997-2003	**SO 3**	**Improved family health**
	IR 3.1	Increased use of reproductive health services
	IR 3.2	Increased use of selected child health services
2004-2010	**SO 7**	**Health status improved**
	IR 7.1	Individuals and communities empowered to adopt positive health practices
	IR 7.2	Access to health services expanded
	IR 7.3	Quality of health services improved
	IR 7.4	Institutional capacity to plan and manage programs strengthened
Guinea 1998-2005	**SO 2**	**Increased use of essential FP/MCH and STI/HIV/AIDS prevention services and practices**
	IR 2.1	Increased access to essential FP/MCH and STI/AIDS prevention services and practices
	IR 2.2	Improved quality of FP/MCH and STI/AIDS prevention services, products, and practices
	IR 2.3	Increased behavior change and demand for FP/MCH and STI/AIDS prevention services, products, and practices
	IR 2.4	Increased effective response among donors, government, community organizations, NGOs, and private sector in addressing critical health systems constraints
Kenya 2001-2005	**SO 3**	**Reduce fertility and the risk of HIV/AIDS transmission through sustainable, integrated family planning and health services**
	IR 3.1	Improve enabling environment for the provision of health services
	IR 3.2	Increased use of proven, effective interventions to decrease risk of transmission and mitigate the impact of HIV/AIDS.
	IR 3.3	Increased customer use of FP/RH/CS services
Liberia 2001-2003	**SO 3**	**Increased use of essential primary health care services through civil society**
	IR 3.1	Strengthened capacity of civil society to achieve sustainable primary health care delivery, including access, quality, and demand of services.
	IR 3.2	Improved policy framework for primary health care service delivery in Liberia.
	IR 3.3	Increased availability of resources, including non-USAID resources for health sector development in Liberia.

Madagascar 2003-2008	**SO 2**	**Use of selected health services and products increased and practices improved**
	IR 1	Increased demand for selected health services and products
	IR 2	Increased availability of selected health services and products
	IR 3	Improved quality of selected health services
	IR 4	Improved institutional capacity to implement and evaluate health programs
Malawi 2001-2008	**SO 8**	**Increased use of improved health behaviors and services**
	IR 8.1	Behavior change enabled
	IR 8.2	Quality of services improved
	IR 8.3	Access to services increased
	IR 8.4	Health sector capacity strengthened
Mali 2003-2012	**SO 6**	**Use of high impact health services increased**
	IR 6.1	Policy environment for high impact health services established
	IR 6.2	Demand for high impact health services increased
	IR 6.3	Access to high impact health services increased
	IR 6.4	Quality of reproductive health and child services improved
Mozambique 1996-2003	**SO 3**	**Increased use of essential maternal and child health and family planning services in focus areas**
	IR 3.1	Increased access to community-based services
	IR 3.2	Increased demand for community-based services
	IR 3.3	Strengthened policy and management of decentralized services
2004-2010	**SO 8**	**Increased use of child survival and reproductive health services in target areas**
	IR 8.1	Increased access to quality child survival and reproductive health services in target areas
	IR 8.2	Increased demand at community level for child survival and reproductive health services
	IR 8.3	More accountable policy and management
	SO 9	**HIV transmission reduced and impact of the AIDS epidemic mitigated**
	IR 9.1	Civil society linked effectively to national HIV/AIDS response
	IR 9.2	Behavior change enhances HIV/AIDS prevention and care
	IR 9.3	Essential services utilized
Namibia 2002-2005	**SO 5**	**Increased service utilization and improved behavior related to STDs and HIV/AIDS in target community**
	IR 5.1	Increased quality and availability of information to improve sexual risk behavior in target community
	IR 5.2	Increased quality and availability and demand for services to improve sexual risk behavior in target communities
	IR 5.3	Strengthened capacity of institutions to plan and implement HIV/AIDS interventions in target communities
	IR 5.4	Increased community awareness and comprehensive support for OVC in target communities

Nigeria 1999-2003	**SO 9**	**Increased use of FP/MCH/HIV/AIDS services and preventive measures within a supportive policy environment**
	IR 9.1	Increased demand for FP/RH, HIV/AIDS, and child survival services.
	IR 9.2	Increased access to and availability of FP/RH, HIV/AIDS, and child survival services and commodities.
	IR 9.3	Improved quality of FP/RH, HIV/AIDS, and child survival services.
	IR 9.4	Increased capacity of FP/RH, HIV/AIDS, and child survival services.
	IR 9.5	Improved policy environment for delivery of FP/RH, HIV/AIDS, and child survival services.
2004-2009	**SO 13**	**Increased use of social sector services**
	IR 13.1	Improved quality of social sector services
	IR 13.2	Strengthened enabling environment
	IR 13.3	Expanded demand for improved social sector services
	IR 13.4	Increased access to services, commodities, and materials
Rwanda 2001-2004	**SO 2**	**Increased use of sustainable health services in target areas**
	IR 2.1	Increased availability of decentralized, quality PHC, STI, and HIV services in targeted areas
	IR 2.2	Improved knowledge related to reproductive health, emphasizing STI/HIV, in target areas
	IR 2.3	Enhanced sustainability of PHC services
	IR 2.4	Enhanced social service networks supporting vulnerable populations
Senegal 1998-2006	**SO 3**	**Increased use of decentralized health services in targeted areas**
	IR 3.1	Improved access to quality reproductive health services
	IR 3.2	Increased demand for quality reproductive health services
	IR 3.3	Increased financing of health services from internal sources
Somalia 2001-2003	**SO 2**	**Critical needs met for targeted vulnerable groups**
	IR 2.1	Improved quality and availability of health care services
	IR 2.2	Increased access to water and sanitation
	IR 2.3	Effective targeting and delivery of food aid to vulnerable groups
	IR 2.4	Improved capacity for disaster preparedness and response
South Africa 2003-2007	**SO 8**	**Increased use of HIV/AIDS and other primary health care services**
	IR 8.1	HIV/AIDS prevention measure strengthened
	IR 8.2	Management of STIs improved
	IR 8.3	Treatment for TB and AIDS improved
	IR 8.4	HIV/AIDS care and support expanded
	IR 8.5	Selected primary health care systems and services improved
Sudan 2000-2003	**SO 3**	**Enhanced PHC through greater reliance on local capacities**
	IR 3.1	Increased Sudanese participation as a foundation for sustainability
	IR 3.2	Improved and expanded delivery of services
2004-2006	**SO 7**	**Increased use of health, water, and sanitation services and practices**
	IR 7.1	Improved access to high-impact services
	IR 7.2	Increased Sudanese capacity, particularly women's, to deliver and manage health services
	IR 7.3	Increased demand for health services and practices
	IR 7.4	Improved access to safe water and sanitation

Tanzania 1997-2004	**SO 1**	**Increased use of family planning, maternal and child health, and HIV/AIDS preventive measures**
	IR 1.1	Improved policy and legal environment
	IR 1.2	Increased availability of quality services
	IR 1.3	Increased demand for specific quality services
Uganda 2002-2007	**SO 8**	**Improved human capacity**
	IR 8.1	Effective use of social sector services
	IR 8.2	Increased capacity to sustain social sector services
	IR 8.3	Strengthened enabling environment for social sector services
Zambia 1997-2003	**SO 3**	**Increased use of integrated child and reproductive health and HIV/AIDS interventions**
	IR 3.1	Increased demand for PHN interventions among target groups
	IR 3.2	Increased delivery of PHN interventions at the community level
	IR 3.3	Increased delivery of PHN interventions by the private sector
	IR 3.4	Improved health worker performance in the delivery of PHN services
	IR 3.5	Improved policies, planning, and support systems in the delivery of PHN interventions
2004-2010	**SO 7**	**Improved health status of Zambians**
	IR 7.1	Zambians taking action for health
	IR 7.2	Achievement and maintenance of high coverage for key health interventions
	IR 7.3	Health services strengthened
	SO 9	**Reduced impact of HIV/AIDS through multisectoral response**
	IR 9.1	Reduced HIV/AIDS transmission
	IR 9.2	Improved care and support for people living/affected by HIV/AIDS
	IR 9.3	Strengthened capacity of key sectors to mitigate the HIV/AIDS impact
	IR 9.4	Improved policy and regulatory environment
Zimbabwe 2000-2005	**SO 9**	**HIV/AIDS crisis mitigated**
	IR 9.1	Reduced high-risk sexual behaviors
	IR 9.2	Enhanced capacity of public institutions to formulate and advocate for improved HIV policies
	IR 9.3	Increased care and support for orphans and vulnerable children and others infected with HIV

Regional Office/Program	Objectives and Results in the HPN Sector	
AFR/SD 1998-2004	**SO 19**	**Adoption of policies and strategies for increased sustainability, quality, efficiency, and equality of health services**
	IR 19.1	Promote improved policies and strategies for innovative health finance and organizational reform
	IR 19.2	Promote improved policies, strategies, and approaches for child survival and maternal health
	IR 19.3	Improved enabling environment to design, manage, and evaluate health programs
	SO 20	**Adoption of policies and strategies for increased sustainability and quality of family planning services**
	IR 20.1	Improved policies and strategies to expand reproductive health programs promoted
	IR 20.2	Enabling environment to design, implement, and evaluate reproductive health programs improved
	SO 21	**Adoption of cost-effective strategies to prevent the spread and mitigate the impact of HIV/AIDS**
	IR 21.1	Improved strategies and models to prevent and mitigate HIV/AIDS developed
	IR 21.2	Increased African commitment to HIV/AIDS prevention and mitigation
	IR 21.3	Increased African regional and national capacity to plan, manage, and implement improved HIV/AIDS programs
	IR 21.4	Enhanced coordination of partners to support HIV/AIDS programs in Africa
	SO 24	**Polio eradicated in selected countries in ways that build sustainable immunization programs**
	IR 24.1	Strengthen partnerships to support the implementation of polio eradication and immunization/disease control programs
	IR 24.2	Strengthen selected immunization support systems in the public and private sectors to achieve polio eradication
	IR 24.3	Improve planning and implementation for supplemental polio immunization activities (including national immunization days)
	IR 24.4	Improve and integrate acute flaccid paralysis surveillance with surveillance for other infectious diseases
	IR 24.5	Promote use of information for continuously improving the quality of polio eradication activities
REDSO/ESA 2001-2005	**SO 7**	**Enhanced regional capacity to improve health systems**
	IR 7.1	Improved viability of regional partner institutions
	IR 7.2	Broadened technical resource base
	IR 7.3	Expanded utilization of critical information
	IR 7.4	Expanded policy dialogue
2004-2010	**SO 8**	**Strengthened programs for HIV/AIDS in the region**
	IR 8.1	Strengthened USAID mission technical and strategic leadership
	IR 8.2	Enhanced human and organizational capacity to respond to the epidemic
	IR 8.3	Information exchanged, lessons learned, and best practices disseminated
	IR 8.4	Effective programs implemented in target populations

RHAP 2004-2008	**SO**	**Strengthened response to HIV/AIDS in southern Africa**
	IR 1	Increased access to select HIV/AIDS services in target populations across the region
	IR 2	Improved quality of mission programs to combat the HIV/AIDS epidemic in the region
	IR 3	Increased participation of regional networks and institutions in combating the HIV/AIDS epidemic
WARP 2001-2008	**SO 5**	**Increased adoption of sustainable reproductive health, HIV/AIDS/STI, and child survival policies and approaches in West Africa**
	IR 5.1	Improved approaches to HIV/AIDS/STI services disseminated regionwide
	IR 5.2	Increased regional stakeholder advocacy for policy change
	IR 5.3	Increased public, private, and nonprofit capacity for developing and implementing health policies and programs
	IR 5.4	Increased capacity of regional institutions and networks
	IR 5.5	Health sector reform models developed and disseminated

Results and Activities Reported

Highlights of Results and Activities Reported: Child Survival *(as submitted in ARs 2004)*

USAID Mission	Child Survival Results and Activities
Angola	• The national vaccination coverage for polio among children under 5 during NIDs increased by 2% from 4.9 million in 2002 to 5.1 million in 2003. • USAID supported an outreach program and educated 6,800 mothers and community agents in IMCI. • Activity staff and MOH personnel reviewed and revised standards for IMCI and maternal health, and a framework for IEC interventions was developed in 2003. • USAID supported capacity building of MOH personnel; 65 provincial supervisors were trained in IMCI and 187 health providers were trained on growth monitoring, diarrhea control, malaria, ARI, immunizations, and nutrition. • Implementation began of the special malaria pilot project targeting pregnant women launched under the MCH activity in 2001. • Nationally, 61.8% of pregnant women were assisted at birth by a trained attendant in FY 2003, thus meeting the target set at 60%.
Benin	• In the Oueme-Plateau region, the number of health workers trained in IMCI rose from 125 (37%) in FY 2002 to 188 (55%). • The proportion of children under 5 years of age with fevers appropriately treated in pilot zones in the Oueme-Plateau region improved from 26% in FY 2002 to 84% in FY 2003. • Among target groups in the Oueme-Plateau region, the proportion of children under 5 reported as using a treated bednet increased from 4% in FY 2001 to 30% in FY 2003. • In FY 2003, 1,194 health agents were trained to use the preceding birth technique (PBT) to assess infant mortality; 99% of the tools used to collect PBT data were accurately filled out.
Burundi	• In 2003, a new MCH program began focusing on malaria prevention through ITNs, maternal and child nutrition, diarrheal disease prevention, increased immunization coverage, treatment for cholera and shigellosis, and the distribution of micronutrients and 5 million iron/folic acid doses to prevent anemia in pregnant women. • USAID funded UNICEF training of 1,043 traditional birth attendants in nine provinces and provided them with hygienic kits for safe deliveries and the knowledge to refer cases with complications. As a result, the number of referrals increased by 30%.
DR Congo	• The DRC received a $53 million 5-year award from the Global Fund to Fight AIDS, Tuberculosis, and Malaria to support IPT and ITN distribution in 120 zones, 39 of which are assisted by USAID. • No new cases of wild poliovirus have been reported since 2000. • The number of acute flaccid paralysis cases reported by the WHO surveillance system and classified as "compatible" by the National Committee of Polio Experts is decreasing – 324 cases in 2001, 59 in 2002, and 11 from January to August 2003. • DPT3 coverage is about 40% overall and 56% in USAID assisted zones. • With USAID assistance, national distribution of vitamin A (non-polio-related) reached 74.8% in February 2003, up from 61.7% in 2002. The national target was 80%.

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Eritrea	• With USAID-support for IMCI training, correct diagnosis of pneumonia, dehydration, and other conditions improved between 2000 and 2003. • More than 1.3 million children were immunized against measles, and surveys showed that coverage reached 98% of the target age group. • The percentage of children 0 to 11 months old who received DPT3 in target zones increased from 75% in 2002 to 82% in 2003. • Number of pregnant women with three antenatal care visits at health facilities in target zones increased from 26,403 in 2002 to 29,972 in FY 2003. • The percentage of births attended by medically trained personnel in target areas increased to 29% in 2003 from 28% in 2002.
Ethiopia	• DPT3 coverage reached 54% in the Southern Nations, Nationalities, and Peoples Region (SNNPR), exceeding the target of 42.5%. • Measles coverage is 46% nationally; however, with the increased resources programmed through the drought health response, 12.5 million children received a measles vaccination and vitamin A supplement, with a coverage rate of over 90% in the focus regions in FY 2003. • The polio eradication program implemented through WHO will reach 2.5 million children by the end of CY 2003. • USAID helped establish a national polio laboratory to assist in rapid identification and detection of the virus. • Services increased in project sites compared with nonproject sites for antenatal care (73.9% vs. 52.6%) and tetanus toxoid immunization (69% vs. 48%).
Ghana	• In FY 2003, DPT3 vaccination coverage increased to 84% from 75% in FY 2002, surpassing the target of 80%. • USAID, through the Johns Hopkins University, developed another 52 episodes of the successful "He, Ha, Ho" (Healthier, Happier Homes) radio drama series that focuses on prevention and home treatment of major childhood ailments. • In FY 2003, exclusive breastfeeding in LINKAGES project areas rose to more than 70% from the 31% reported by the 1998 DHS. • In 2003, the MOST project assisted in a policy document to integrate vitamin A supplementation into regular health service delivery. • After two years being polio-free, six new cases of wild poliovirus were detected in Ghana, derailing the 2005 target date for a polio-free Ghana.
Guinea	• DPT3 coverage increased from 45.8% in 2002 to 61.6% in 2003 in intervention zones. • Measles immunization coverage in the target zone increased from 64.9% in 2002 to 72.1% in 2003. • USAID and partners trained 23 health care providers in selected sites on IMCI. • National ORS sales increased by 19% between FY 2002 and 2003, although ORT use dropped significantly from 53.8% to 29.3% in the same period. • In 2003, 69% of children received vitamin A, and USAID is working with the MOH to ensure wider coverage and better supervision in its distribution.
Liberia	• Primary health care services were provided to 13% of Liberia's 3 million people, reaching 47 rural clinics in 658 communities.· • Of the 46% of children who received medical consultations, 60% had malaria, ARI, or diarrhea. · • In FY 2003, 48% of children in project areas received DPT3.·

Liberia (cont.)	• USAID/Liberia supports polio eradication activities. In accessible counties, the acute flaccid paralysis rate was 0.5/100,000 persons under age 15, and 93% of cases were investigated within 14 days of paralysis onset. Proper stool sample collection in over 80% of cases indicates high-quality surveillance. • USAID/OFDA supported nutritional interventions for 2,600 severely malnourished children and nearly 6,500 moderately malnourished children. • USAID/OFDA supported children's measles immunization through several NGOs working with internally displaced persons. • USAID/OFDA supported primary care services, ambulance service, water and sanitation service, and hygiene promotion to 240,000 internally displaced persons. • In 2003, 750 children received physical rehabilitation services, including prosthesis, physiotherapy, and corrective surgery supported through the Leahy War Victims Fund. • 746 community health workers, including traditional birth attendants (TBAs), were trained, which improved service delivery quality. Traditional birth attendant training resulted in the referral of 550 high-risk deliveries to health centers and increased use of TBAs.
Madagascar	• As part of the "child to community" program, workshops involving 1,132 teachers, children from over 40 primary schools, peer educators, and community health workers were held to raise awareness of key health concerns of children and communities. • The government and the World Bank adopted a community-based health service approach pioneered by USAID. Community health action committees were established in 40 communes, which increased their commitment to improving equitable access to maternal and child health. • With USAID support, a national level task force for IMCI was established. USAID provided support to the MOH's "Reach Each District" immunization campaign. The polio campaign achieved complete national coverage of children under age 5 and USAID helped establish a plan to ensure long-term availability of vaccines and increased immunization rates. • USAID contributed to the development of the national sanitation policy, which will establish essential activities to improve equitable access to potable water for household use. • Through a USAID-supported social marketing campaign, 428,580 bottles of safe water solution were sold. • Outreach and education sessions providing sanitation and hygiene information reached over 194,000 people through mobile cinema projections, radio, and television education spots. • USAID helped refine the national malaria policy to include home case management for children and IPT for pregnant women.
Malawi	• In FY 2003, social marketing activities sold 1.1 million ORS packets, an 87% increase over FY 2002 sales. • Social marketing activities sold 942,000 ITNs for pregnant women and children under age 5. • A new intervention to promote IPT for malaria in pregnant women raised the percentage of women receiving two IPT treatments during pregnancy from 45% in 2000 to 70% in 2003. • As part of the new child health and district-strengthening program, USAID supported the national IMCI secretariat's effort to launch IMCI programs in two districts.

Mali	• With other donors, USAID supported the first-round vitamin A campaign in five USAID-supported regions. All children 6 to 11 months received supplementation in four of the five health regions, and the coverage for children 12 to 59 months ranged from 83% to 100% in all five regions. A second campaign was planned for the last quarter of 2003. • At the regional level, three trainers in each region were trained in FY 2003 under the revised EPI training module. There is continued support to the national immunization program through BASICS technical assistance. • Immunization coverage for BCG and DPT1 vaccines exceeded 70% in all but one region; however, DPT3 coverage rates remain inconsistent, ranging from 21% to 89% at the regional level. • In 2003, ITNs were distributed in more than 300 villages to vulnerable populations, including 20,000 children less than 2 years of age.
Mozambique	• The DHS shows that immunization rates among children 12 to 23 months old increased from 45% in 1997 to 61.5% in 2003. • The DHS also shows a decline in the infant mortality rate from 135 deaths per 1,000 live births in 1997 to 102 in 2003. • In 2003, vitamin A supplements increased from a baseline of essentially 0% in 1997 to 45.6% among children under age 5 in targeted areas. • 88 districts (80%) across USAID's six-province focus area conducted IMCI activities in FY 2003, an increase from 29 districts in 2002. • Over 54% of MOH workers treating children under 5 years of age in USAID-targeted districts have been trained in IMCI, including over 200 trained as master trainers. • The number of communities receiving outreach intervention services increased from 4,147 in 2002 to 6,725 in 2003. The interventions included immunizations (measles vaccination), IMCI interventions, and vitamin supplementation. • Over 3,200 community leaders who serve as liaisons between the community and formal health systems were trained in IMCI. They referred over 6,500 children under age 5 to formal health facilities for treatment.
Nigeria	• Training in interpersonal communication and polio vaccine administration was provided to nearly 60,000 vaccinators in the eight most endemic states. • Through the polio eradication partnership, 35 million infants and children were vaccinated against polio during two rounds of NIDs and three rounds of SNIDs. • Vitamin A supplements were administered to children ages 6 to 59 months during one NID round. • The USAID-supported breastfeeding program in 20 local government areas increased the proportion of mothers exclusively breastfeeding their children from 10% at baseline to 26%. • USAID supported nutrition policy and planning activities, including a national plan of action for food and nutrition and development of the first national nutrition survey in 30 years.
Rwanda	• USAID supported a quality assurance approach to train teams of health providers in improving service quality in areas such as ARI and high fever.
Senegal	• The IMCI program is being implemented in 219 out of 244 facilities in 16 health districts. This 90% achievement compares favorably with the 2003 target of 51.7% and the 13.7% achievement during 2002. • Community IMCI has begun in nine health districts with the training of 2,287 community health workers.

Senegal (cont.)	• Immunization coverage improved in USAID-assisted areas from 42% in 1999 to 67% in 2003, and vaccination safety was improved through the use of autodisable syringes and safety boxes. • A national measles campaign supported by USAID vaccinated 98% of children 9 months to 14 years of age.
Somalia	• USAID supported emergency vaccinations for 140,000 drought-affected children. • With USAID support, EPI static services were established at MCH clinics throughout Somalia in FY 2003. • 340 metric tons of fortified food were distributed to 11,000 malnourished children.
South Africa	• The national percentage of children under 5 who are fully immunized was reported at 77.9% for FY 2003, based on data from South Africa's District Health Information System. The number of fully immunized children in the Eastern Cape increased 30%, reaching 83% coverage in four years. • With the support of the USAID flagship PHC program EQUITY, 94% of the Eastern Cape's 700 PHC clinics offer an integrated package of basic PHC services five days a week, up from 42% in 1997. In 2002-03, there were more than 15 million visits for PHC services in the Eastern Cape, an average of 2.5 visits per person per year. • The availability of key PHC drugs increased from 21% to 84% between 1997 and 2003.
Sudan	• In 2003, USAID established 120 water points serving a population of approximately 64,000 in the Bahr el Ghazal, Nuba Mountains, and Upper Nile regions under the Presidential Water for the Poor Initiative. • USAID funded child survival activities in Mundri and Tonj counties, supporting SPLM county health departments in their efforts to develop management capacity and service delivery coordination.
Tanzania	• USAID met its target of 80% children receiving vitamin A supplementation and tetanus immunization.
Uganda	• DPT/hepatitis B/Hib3 coverage for children under age 1 year increased from 40% in 2002 to 42% in 2003 in six USAID-supported districts. • The first round of vitamin A capsule supplementation achieved 60% coverage in November 2002; the second round achieved 75% coverage in May 2003. • Infant mortality declined from 79 deaths per 1,000 live births to 77 per 1,000 between 2001 and 2002.
Zambia	• During the national measles immunization campaign, children aged 6 to 59 months were given vitamin A supplements, providing nearly universal coverage and exceeding the target of 80%. • For the seventh consecutive year, all domestic sugar in Zambia was fortified with vitamin A. • USAID provided technical support to one of Zambia's largest millers for multimicronutrient fortification of the Zambian staple maize meal. • Clorin, the home water treatment social marketing product, is being promoted year-round to reduce incidence of diarrhea disease. Sales continued to climb in all provinces, with over 1.75 million bottles sold in CY 2003, exceeding the target by 35%.

Zambia	• In 2003, a national immunization campaign achieved measles vaccination coverage of 95% in all provinces and all age groups (6 months to 15 years). • The general public was educated on key health issues through the mass media "Better Health Campaign." The focus has been on national scale-up of radio distance learning to 300,000 neighborhood health committees.
Regional Office/ Program	**Child Survival Results and Activities**
AFR/SD	• Six countries with AFR/SD-supported immunization programs had 10% to 15% higher rates in DPT3 coverage than others in the region. With AFR/SD support, WHO/AFRO helped Mali reverse a declining trend in immunization coverage, pushing coverage from 60% in 2001 for DPT3 and OPV3 to 72% in 2002. • With AFR/SD support, BASICS II built capacity in EPI immunization programs in eight countries by using local staff for planning and implementation in 2003. • The IMCI approach promoted by AFR/SD is being implemented in 43 countries, 20 of which are in the expansion phase, with six of them covering more than 50% of their districts. First-level health workers in 25 countries have received training in IMCI case management, facilitation skills, and all follow-up activities. • A new component of IMCI – national capacity to support activities in breastfeeding counseling and HIV infant feeding counseling – has been established in nine countries and directly supported in eight countries. • With AFR/SD support, 35 of the 46 countries in the WHO Africa region had met the indicators required for certification as polio-free in 2003, compared to 25 in 2002. • In 2003, the percentage of children receiving prepackaged antimalarials within 24 hours of the onset of fever ranged from 55% to 81% in six districts studied in Uganda. • With AFR/SD support for the LINKAGES program, exclusive breastfeeding has increased in Madagascar and Ghana. In Madagascar, timely initiation of breastfeeding within the first hour of birth increased from 34% in 2000 to 76% in 2002, and in Ghana it increased from 32% in 2000 and to 53% in 2002. Under the BASICS II project in northern Ghana, exclusive breastfeeding for infants under 4 months of age rose from 19% at baseline to 52.2% in 2001 and to 60.5% in 2002.
REDSO/ESA	• USAID supports the quality of care diploma course offered by the Regional Center for Quality of Health Care (RCQHC). The course has had national impacts. A former course participant led the Uganda National EPI in developing standards for immunizations of women and children. Another participant from Eritrea initiated a model infection prevention and control program in a maternity unit at a regional referral hospital in 2003. • Increased partner attention to the application of proven practices at the country level has had visible results, with 38 instances of better practices operationalized against a target of 15.
WARP	• An estimated 1.8 million packets of ORS were sold in FY 2003, falling short of the 2.2 million target mainly because of poor sales in Togo. USAID allocated $350,000 to WHO in support of polio vaccination programs and related polio eradication activities.

Highlights of Results and Activities Reported: Family Planning/Reproductive Health *(as submitted in ARs 2004)*

USAID Mission	Family Planning/Reproductive Health Results and Activities
Angola	• A holistic reproductive health pilot program was initiated in FY 2003 focusing on youth and women in the rural province of Huambo at 13 government health units. • In 2003, a rapid assessment on the unmet need for family services and knowledge of family planning was conducted, with results showing a huge unmet need in both areas.
Benin	• In the Borgou Alibori region, CYP increased by 38% from 8,093 in 2002 to 11,204 in 2003. • The stock-out index for family health products in the Borgou Alibori region improved from 21% in 2002 to 50% in 2003, indicating that fewer distribution points are experiencing stock-outs for contraceptives. • Sales of the social marketing oral contraceptive Harmonie increased by 21%, from 94,320 in FY 2002 to 114,120 in FY 2003, exceeding USAID targets by approximately 17%. • Sales of injectable contraceptives exceeded targets by 29%, jumping to 19,116 units in FY 2003 compared to 12,924 units in FY 2002. • A growing number of community-based distributors are available to serve communities. The growing proportion of villages in target zones served by community-based agents who offer a minimum packet of family health products and services increased to 96% in FY 2003 compared to 90% in FY 2002.
DR Congo	• USAID added family planning services to three urban areas and 11 health zones in FY 2003, and over 350 providers were trained and 87 clinics were equipped to provide these services. • 95 pharmacies in urban areas were supplied with contraceptives and promotional materials. • As a part of PSI's new family planning activities, men were trained as community mobilizers to reach husbands whose signatures are needed for their wives to obtain contraceptives. • With USAID's support, 3,976 female victims of rape and/or abduction in eastern DRC have received project-funded services to date, and 25 women per month are receiving post-rape reconstructive surgery.
Eritrea	• USAID started a pilot post-abortion counseling program in the maternity referral hospital in Asmara.
Ethiopia	• The JSI/Essential Services for Health in Ethiopia household survey in SNNPR showed improvement in CPR from 5% (2000 DHS) to 14% in 2003. • CPR is 17% in USAID target areas and 8.3% in non-target areas, compared to the DHS 2000 figure of 6.3%. • New community-based FP/RH activities were started in 24 workplaces and 36 marketplace sites, bringing the total number of sites to 58 and 114, respectively. • TFR in project sites declined to 6.8 vs. 8.8 in nonproject sites.

Ghana	• In FY 2003, CYP increased by 15%. • The "Life Choices" family planning demand generation campaign held several sessions for 42 women's groups in each of the 10 regional capitals and reached over 8,300 people. • To ensure quality services for those who seek them, more than 800 nurses were trained in family planning counseling (including STI and HIV/AIDS prevention). • For the first time, the government added contraceptives to its budget line items ($230,000). • USAID helped the Ghana Health Service organize a stakeholders workshop and develop a contraceptive security plan. • USAID provided technical assistance for lifesaving skills training and minor equipment for midwives to help combat high rates of maternal mortality. • The Ghana Health Service's community-based health planning and services initiative was implemented in five districts. As a result, communities are now openly discussing teenage pregnancy prevention and attendance at antenatal care has increased by 40%. • Over 150 community health officers and 80 supervisors were trained to provide services in about 40 districts. • A mass media vasectomy campaign was launched. • Dissemination was completed of the Safe Motherhood self-directed learning approach evaluation and reproductive infection policy guidelines.
Guinea	• CPR increased to 6.9% in 2003 from 2.9% in 1999 in Upper Guinea. With the help of USAID's synergistic bilateral programming, CPR has reached 20% in Mandiana, a conservative district in Upper Guinea. • Expansion and acceptance of voluntary surgical contraception in Upper Guinea accounted for 612 CYP. CYP decreased overall by 13%, however, probably due to a price increase for social marketing contraceptive products. • USAID maintained its close partnership with UNFPA to provide contraceptive commodities and logistical support to MOH. • 46% of districts targeted by the national Safe Motherhood program benefited from the services of a trained traditional birth attendant.
Kenya	• USAID has started a set of activities to re-introduce the IUD, which had fallen out of favor, into the national family planning program. In FY 2003, USAID provided all of the IUDs in Kenya. • Contraceptive sales increased in FY 2003 and supplied about 17% of all CYP in Kenya, averting an estimated 158,000 unwanted pregnancies.
Liberia	• USAID condom donations to UNFPA provided 30,638 CYP, reducing unwanted pregnancies and STI/HIV/AIDS transmission. In total, over 3.6 million condoms were distributed.
Madagascar	• Sales of oral contraceptives through the social marketing program increased 15.2% from the previous year, with total sales of 952,940 cycles. Injectable contraceptive sales also increased 11.1%, and totaled 346,454 doses. • USAID supported a situation analysis of reproductive health commodity security. The analysis will facilitate development of a national strategy on commodity security. • In the area of reproductive health commodity security, USAID signed a memorandum of understanding with the MOH and UNFPA describing the integration of contraceptive distribution with essential drugs through a central purchasing agency.

Malawi	• CYP supported by USAID increased to nearly 636,000, surpassing the target by almost 11%. • USAID equipped and supplied 33 hospitals with Norplant and sterilization materials, as well as materials for training and supervision. • Nearly 3,000 Norplant insertions were performed in 2003, a 42% increase over FY 2002. Minilaparatomy procedures increased from 9,146 in FY 2002 to 28,814 in FY 2003. • In FY 2003, 50 providers in 30 facilities were trained and received equipment to provide quality post-abortion care services. • USAID supported emergency contraception activities, including provider orientation workshops.
Mali	• In 2003, CYP was 193,012, falling slightly below the 220,000 target. The shortfall was partly due to gaps in service. In addition, large quantities of condoms were recorded as sold when they were actually stocked in NGO and promoters' offices. • USAID/Mali hosted the first francophone Africa national MAQ exchange to analyze and strategize around FP issues. A renewed commitment to FP among key stakeholders and decision-makers resulted. • The RAPID model advocacy tool continued to be disseminated, with the First Lady of Mali and her cabinet among the recipients. • In 2003, high proportions of postpartum women received a dose of vitamin A in the five health regions assisted by USAID.
Mozambique	• In 2003, the national CPR reached 17.5%, an impressive increase over the 1.3% recorded in 1997 and far surpassing USAID's target of 8%. • Community-based distributors provided 16,496 CYP through distribution of oral contraceptive refills and condoms. • Efforts to reduce the maternal mortality rate included training 102 MOH workers in essential obstetrics and refresher training for 864 traditional birth attendants. 1,382 traditional healers were trained in STI diagnosis, STI/HIV counseling, and proper referrals to formal health facilities. • Over 16,210 community leaders and community health agents worked through 849 community leader councils to provide contraceptives and FP information and organize and refer pregnant women to formal health facilities. • The number of communities with medical emergency transport plans increased from 188 in 2002 to 409 in 2003; 1,993 women's lives were saved using community bicycle ambulances. • Nine youth-friendly clinics were created in six provinces to increase accessibility of reproductive health services catering to young people in RH, FP, STI/HIV/AIDS, VCT, behavior change activities, and referral. • 52.6% of women aged 15 to 49 received at least two doses of tetanus toxoid during and before most recent delivery.
Nigeria	• USAID provided financial, material, and technical support to 58 service delivery sites in 17 states to increase availability of contraception and institutionalize quality of care standards. • Infection prevention interventions were introduced or strengthened in 18 family planning sites. • USAID/Nigeria provided nearly 1.5 million CYP in FY 2003 and provided services to over 93,000 new family planning users.

Rwanda	• The government adopted its first reproductive health policy in 2003, and USAID supported the revision and production of training and supervision materials in the areas of safe motherhood and family planning. The materials were disseminated and are being used in eight USAID-supported health districts and 10 districts supported by UNFPA. With USAID support, they are also being integrated into the national PMTCT guideline currently under revision by the MOH. • With USAID assistance, the government adopted new client and provider materials for all family planning methods. • USAID supported training in 29 health districts in contraceptive logistics management.
Senegal	• Through USAID's women and youth reproductive health empowerment program, 1,098 community members and leaders (683 women and 415 men) participated in dialogue sessions and agreed to enhance women's participation in the decision-making process. • CYP increased by 18% in FY 2003 for a total of 245,204. • Stock-outs decreased in 2003, with only eight health district depots experiencing stock-outs, compared with 20 in 2002. • The SECURIL oral contraceptive social marketing campaign was very successful, surpassing its sales target of 214,497 by 65%. • Operations research to explore community-based distribution of contraceptives was completed, paving the way for an expansion of this approach. • A national symposium on reproductive health was held and led to a consensus on ways to improve and expand family planning services.
Tanzania	• CYP reached its target of 1.5 million, up from 1.3 million last year.
Uganda	• Social marketing family planning products provided 261,870 CYP in 2003, down slightly from 270,025 from 2002 due to an addition of 50 million free condoms into the market by the MOH. • A new commodity logistics system has been established with USAID assistance. They system relies on the principle of distributing products to districts based on specific orders.
Zambia	• Sales of the social marketing oral contraceptive "Safeplan" exceeded the target by about 21%, with an increase from 507,120 cycles sold in 2002 to 694,195 cycles sold in 2003. • USAID achieved provincial-level scale-up of post-abortion care services in 2003. Service delivery sites are now running in all nine provinces, an increase from three in 2001 and six in 2002. • Of 7,973 post-abortion care clients in CY 2003 (projecting from eight months of data), approximately 61% started modern family planning methods subsequent to counseling.

Regional Office/ Program	Family Planning/Reproductive Health Results and Activities
AFR/SD	• AFR/SD supported activities to develop and test "Guidelines for Essential Care" for integrating STI prevention and management into routine FP, antenatal, delivery, and postnatal care. • The development and application of a maternal health advocacy monitoring tool helped Uganda's MOH revitalize maternal health efforts and improve the health of women and newborns in Uganda. • AFR/SD compiled, packaged, and disseminated 500 briefing packets on adolescent health for a World Bank-sponsored videoconference. • In 2003, the Forum for African Women Educationalists (FAWE) trained 48 trainers from 10 countries to train local teachers in adolescent reproductive health and life skills education. • Collaborating with the German development agency GTZ, AFR/SD supported two operations research studies in Senegal and Burkina Faso to test the feasibility and effectiveness of the Village Empowerment Program designed and used by the Senegalese NGO Tostan. The studies indicated a significant increase in knowledge and improved attitudes concerning human rights, gender-based violence, FGC, and RH. • AFR/SD supported a meeting on abandoning FGC in Addis Ababa, Ethiopia, in collaboration with the National Committee on Traditional Practices of Ethiopia. CARE/Ethiopia and seven African countries participated. Consequently, participants from the Gambia and Nigeria have developed media workshops on FGC issues. • Under AFR/SD-supported media initiatives in FY 2003, 157 fact-based articles and broadcasts were produced, bringing the total to 523 since 1997 and surpassing the target of 400. These have increased the coverage of RH issues and stimulated dialogue among journalists and policymakers about sensitive topics in FP, HIV/AIDS, and gender violence. • AFR/SD leveraged $100,000 USD from the World Bank for advocacy and resource mobilization to reduce maternal and neonatal morbidity and mortality in Ethiopia, Malawi, and Uganda. • As a result of a regional workshop on best practices in Burkina Faso, nine countries (Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Guinea Bissau, Guinea, Mali, Niger, Senegal) developed or refined country action plans to improve maternal health. • In FY 2003, AFR/SD worked with the Minority Health Professions Foundation to improve the visibility of historically black colleges and universities in international health programs. Sixty representatives from 22 black colleges and universities participated in a reproductive health conference in May. Thirteen of these representatives from six of the institutions are establishing a consortium to jointly access resources in international RH programming. • AFR/SD supported a comprehensive literature review on the contribution of RH services to fight HIV/AIDS. WHO plans to use the review as a guide for future directions.

REDSO/ESA	• USAID assisted MOH and NGO program managers to incorporate gender into reproductive health programs.
WARP	• In FY 2003, FHA reproductive health interventions were carried out in Burkina Faso, Cameroon, and Togo. • Social marketing sales of oral contraceptives and injectables provided 47,000 CYP, exceeding the adjusted target of 39,000. • Sales of 536,439 units of hormonal contraceptives (476,058 pill cycles and 60,381 injectable doses) in Burkina Faso, Cameroon, and Togo represented an overall 30% increase and country increases of 14%, 47%, and 18%, respectively. • FHA also supported reproductive health services through public sector family planning clinics that resulted in 83,000 CYP (34,532 in Burkina Faso, 17,499 in Cameroon, and 30,841 in Togo), substantially exceeding the 71,000 CYP target. • Technical assistance from the Futures Group's POLICY Project resulted in adoption of a reproductive health law in Benin, effectively abolishing the 1920 French law prohibiting contraceptive use.

Highlights of Results and Activities Reported: HIV/AIDS/STIs (as submitted in the ARs 2004)

USAID Mission	HIV/AIDS/STI Results and Activities
Angola	• USAID actively supported four VCT centers and the opening of a fifth center in FY 2003. • USAID assisted CDC and the MOH in the development of national standards and a protocol for VCT and provided training for personnel of all public VCT centers in Angola. • The number of people who went through counseling and testing increased from 3,034 people in 2002 to 12,111 people in 2003. • USAID's HIV/AIDS activities expanded its geographic reach from one to five provinces. • The number of branded condoms sold in 2003 increased by 19% to 10,163,000, surpassing the target of 8.5 million. • For the first time, USAID distributed unbranded condoms and reached all 18 provinces. A total of 6,966,000 condoms were distributed to risk groups and the general population. • In FY 2003, USAID worked closely with the government on developing an HIV application for the Global Fund to Fight AIDS, Tuberculosis, and Malaria and on developing a new Angola national AIDS strategy for 2003 to 2005. • USAID and UNICEF jointly funded and opened five new youth centers. • The ongoing behavior change campaign targeting youth in Luanda, which began in 2001, had an impact, with condom use by casual partners rising from 43% in 2001 to 65% in 2003. • Community mobilization programs focusing on HIV/AIDS awareness commenced and reached 134,000 people with educational messages within five months of program implementation. • USAID supported a special activity targeting disabled children, abducted girls, child ex-soldiers, children separated from their parents, adolescents parents, and children not in formal or informal education. The activity reached 131 individuals, providing them with microcredit, vocational training, and houses. • 1,200 individuals participated in physical education and recreational activities in the Sports for Life program.
Benin	• The number of health workers performing proper STI protocols at USAID HIV/AIDS prevention program facilities increased to 93% in FY 2003 from 75% in FY 2002. • A pilot intervention to sell kits to treat STIs through clinics started in FY 2003; patients have acquired 100 kits over the last 12 months. • The number of condoms sold via social marketing activities in FY 2003 was nearly the same as in FY 2002 (8,062,720 vs 8,100,480, respectively).
Burundi	• The condom social marketing program exceeded its target of distributing 1.8 million condoms by 13% and expanded into all 17 provinces. • USAID recruited and trained 200 students, 100 displaced people, and 180 sex workers as peer educators for training others about HIV/AIDS. • USAID conducted educational presentations for 160 Lutheran parishioners and 10,395 vulnerable youth, displaced people, and women with multiple sex partners.

Burundi (cont.)	• 72 community leaders participated in a communication workshop on HIV/AIDS prevention and treatment that created radio messages, AIDS educational programs, and 20,000 posters and stickers displayed in public areas. • Condoms sales outlets increased from 729 in 2002 to 993 in 2003, including 133 nontraditional outlets such as bars and hotels. • A USAID-supported program focused on care, support, and treatment of people with HIV/AIDS; infrastructure and health system improvements were begun in 2003.
DR Congo	• 20,773,032 million social marketing condoms were sold in 2003, meeting the target of 20 million. • Four VCT sites in two cities worked with 9,111 clients. • Six sites in six cities provided care and support to 3,686 persons affected by HIV/AIDS, including 2,481 orphans. • DCOF supported 800 children in centers in Kinshasa. 325 children were reunified with their families and an estimated 800 additional children in Kinshasa benefited from community-based prevention activities to keep them off the streets.
Eritrea	• Three additional freestanding VCT centers were opened in 2003, bringing the number of VCT centers in Eritrea to four. • USAID trained counselors for VCT, provided technical assistance to update the HIV testing policy, and developed brochures and other training materials for VCT. • The number of VCT clients increased to 24,501 in 2003 from 10,659 in 2002, exceeding the target of 11,000. • Social marketing condom sales met the target (4.6 million) for FY 2003. • USAID supported training and technical assistance for the communications component of the World Bank-financed, multisectoral HAMSET Project. More than 500 peer group facilitators were trained.
Ethiopia	• In FY 2003, USAID developed the country HIV/AIDS and the PMTCT strategies in collaboration with the country team and other partners and submitted them to Washington for approval as part of President Bush's Emergency Plan for AIDS Relief. • VCT services expanded to 36 sites with 7,706 clients. • In FY 2003, USAID worked with five FBOs and about 14 million Orthodox, Protestant, and Muslim adherents undertook community education, training, and other interventions promoting the ABC (Abstain, Be faithful, and correct and consistent use of Condoms as appropriate) approach. • Sales of social marketing condoms declined from 68 million in FY 2002 to 54.58 million in 2003 due to military demobilization and decreased sales to the Ethiopian army. • USAID-assisted care and support to persons living with HIV/AIDS reached only 29,064, short of the 50,000 target.
Ghana	• The USAID-sponsored "Reach Out" compassion campaign conducted training of trainers for religious leaders in all 10 regions during the year. • "Reach Out" kits containing curriculum and videos on counseling, care for those living with HIV/AIDS, and compassion for those affected were designed and distributed. • The Johns Hopkins University and USAID made a video highlighting "Reach Out" activities from across the nation. The video aired on World AIDS Day 2003. • An approach to researching high-risk HIV groups in Ghana was defined.

Ghana (cont.)	• A program targeting mobile commercial sex worked was initiated with technical assistance from USAID and the Canadian International Development Agency (CIDA). The program aims to promote correct and consistent condom use, health-seeking behaviors for protection from STIs, and use of VCT. • A transactional sex working group was formed to serve as an advisory coordinating and advocacy body on the prevention of HIV/AIDS in transactional sex settings in Ghana. • The START program expanded from two to three PMTCT sites. • Under the general VCT program, 2,351 persons were counseled for HIV testing and 931 women accepted PMTCT-related VCT. • 598 out of 1,000 HIV-positive are now being treated. • The capacity of three private clinics was upgraded to provide VCT, ART, and treatment of opportunistic infections for companies interested in offering their employees HIV/AIDS services. • The HIV/AIDS program expanded to include the Ministry of Tourism, the Ghana Hotels Association, the Ghana Ports and Harbors Authority, and the Ministry of Justice. • The commercial drivers program trained an additional 550 peer educators. • Nontraditional outlets for selling condoms increased from 126 to 146 sites. • In FY 2003, "most-at-risk" group work plan activities were initiated. • USAID assisted in the piloting of the "priorities for local AIDS control efforts" (PLACE) methodology in four high-transmission areas. • USAID supported the finalization of Ghana's national monitoring and evaluation plan for HIV/AIDS, which will track implementation of the national response and provide data for decision-making.
Guinea	• A survey in Upper Guinea revealed that 57.8% of men reported using condoms during the last sexual encounter with a non-regular partner. • Through USAID's FY 2003 program, 237 religious leaders were reached with HIV/AIDS awareness interventions. • 66% of health centers in USAID intervention zones are now integrated for treatment of STIs (a key HIV prevention tool), surpassing the 60% target. • In FY 2003, USAID/Guinea's HIV/AIDS strategy was the first such strategy in Africa to be approved by the USAID/Washington Office of HIV/AIDS. • USAID enhanced its efforts to fight HIV transmission by reorienting HIV/AIDS resources to areas of the country with the highest HIV prevalence and by utilizing the network of USAID/Guinea's multisectoral programs to increase HIV/AIDS awareness among the general population. • USAID began implementation of a new $2 million behavior change communication project in the capital Conakry and in selected urban areas of the forest region bordering Liberia, Sierra Leone, and the Ivory Coast. • USAID targeted $250,000 to implement behavior change and awareness-raising activities across all SOs in the mission. • In addition to BCC and condom social marketing activities, USAID's portfolio of HIV/AIDS interventions expanded in 2003 to include surveillance and VCT. • 42 HIV/AIDS counselors were trained under the first such program in Guinea. USAID also supplied the MOH with rapid test kits that were used for a pilot VCT campaign in Conakry. Over 2,000 people were tested. • USAID worked with the U.S. Department of Defense Attaché's Office to develop an HIV/AIDS prevention program in the Guinean military.

Kenya	• Sales of social marketing condoms, targeting those who are already sexually active, increased by 12% over FY 2002 to almost 20 million, averting 45,000 new HIV cases and complementing the public sector distribution of about 64 million free condoms. • With USAID support, a project with the Kenya Girl Guides Association has provided more than 20,000 girls and young women with HIV/AIDS peer education and life skills training. • USAID supported a project that trained people living with HIV/AIDS in public speaking. • The five USAID-funded regional blood transfusion centers focused on quality assurance and blood donor mobilization; almost 60,000 units of tested blood were collected in FY 2003. • Over 7,000 vulnerable households received support through the COPHIA project. • USAID's Lea Toto project provides care within community and family settings for 455 HIV-positive orphans; the Nyumbani project gives support to 91 institutionalized orphans. • In FY 2003, 67 USAID-supported VCT sites served over 80,000 clients.
Liberia	• USAID condoms donated to UNFPA provided 30,638 CYP against unwanted pregnancies and STI/HIV/AIDS transmission. Over 3.6 million condoms were distributed. • USAID's DCOF supported UNICEF's Support for War-Affected Youth Program, under which 500 girls enrolled in life skills education programs and 600 peer educators were trained in STI/HIV/AIDS prevention. 100 community-level STI/HIV/AIDS prevention and control sessions were held.
Madagascar	• USAID and the mining company QIT Madagascar Minerals initiated a GDA activity to increase the availability of quality services and products for STI/HIV/AIDS prevention in the Anosy region. • In FY 2003, the government of Madagascar began implementing its HIV/AIDS strategy with the help of USAID. • The development of a national HIV/AIDS monitoring and evaluation plan was supported by USAID as were key activities in the plan, including a survey of high-risk behaviors in high-transmission areas. • With CDC, USAID supported the development of an HIV/AIDS surveillance system. • Over 10 million condoms were sold, exceeding the sales target. • More than 300,000 rural and peri-urban youth were reached with behavior change messages though outreach and communications activities. • With PSI and the World Bank, USAID supported prepackaged treatment kits for STIs. • In partnership with the Gates Foundation, activities to replicate a successful franchised network of youth-friendly clinics, outreach, and peer education activities were initiated.
Malawi	• The social marketing initiative sold over 8.1 million condoms in FY 2003, a 14% increase over the previous year's total. • The "Youth Alert" adolescent peer education program improved HIV/AIDS knowledge, attitudes, and skills among the 346 secondary schools, 49,217 students, and 1,510 secondary school teachers it reaches.

Malawi (cont.)	• The "Umoyo Network" program distributed 2.4 million free condoms, provided services to over 8,500 orphans and vulnerable children, and provided home-based care to 3,300 people. Over 54,800 people received VCT services. The Network also supports three national-level organizations for people living with HIV/AIDS. • Malawi's PL 480 program provided care and support to 7,500 orphans and vulnerable children affected by HIV/AIDS. The activities included supplemental feeding and community-based childcare center activities. • Technical assistance from the Bureau for Global Health supported the development of Malawi's first HIV/AIDS policy.
Mali	• USAID/Mali collaborated with CDC and the MOH to conduct the second Integrated STI/HIV Behavior and Prevalence Study, which is conducted every three years. The first study was conducted in 2000. • USAID provided support to the national AIDS control program to expand the network of sentinel surveillance sites from six to 16. The second round of sentinel surveillance data was collected during 2003. • Over 145,000 people in high-risk groups were reached with behavior change interventions, including peer education and group counseling sessions. • National social marketing sales of male condoms exceeded 6,000,000 in 2003. Sales at high-risk outlets were 1,066,140 between October 2002 and May 2003. The sales figure for high-risk outlets was less than that of 2002 due to disruptions to the social marketing program caused by the consolidation of all activities under one project umbrella. • USAID supported three VCT centers, which saw a total of 3,202 people. An average of 218 clients per month were seen in the Bamako center. • Of clients seen in 2003, 12.8% of people tested were HIV-positive – 20% of women and 7.8% of men. • Discussions were initiated with the national AIDS control program and VCT implementing partners to identify a strategic approach to resolving the issue of Mali's law against testing of people under 18 years of age. • The AIM model AIDS advocacy tool continued to be disseminated to key political, religious, and social leaders. The role of imams in discussing HIV/AIDS prevention messages has been expanding in their weekly sermons. Between April and July 2003, 500 Khoutouba sermon modules were distributed throughout Mali, and 143 mosques used the modules during Friday sermon reaching 462,745 people.
Mozambique	• The number of clients visiting USAID-supported VCT centers in 2003 represented over 33% of the nationwide total of 77,800 clients. • USAID will open 14 PMTCT sites, doubling the existing number of sites and contributing to 25% of the government's goal through the end of 2004. • USAID-funded behavior change and prevention activities delivered through mass media and interpersonal channels reached over 250,00 youth through 12,000 guided peer debates nationwide and recorded over 2,000 theater performances reaching approximately 175,000 Mozambicans of all ages. • The number of condoms sold in 2003 rose to 15.6 million, far surpassing the target of 12 million. • USAID continues to provide funds to a Mozambican foundation to implement the Maputo Corridor AIDS Project through subgrants to 12 international and national NGOs and community-based organizations to carry out intensive community-based prevention and care activities. Over 248,000 individuals were reached through home visits, partner education sessions, round table discussions, and theater performances at schools, churches, community events, and the workplace.

Mozambique (cont.)	• USAID continues to provide funds to a Mozambican foundation to implement the Maputo Corridor AIDS Project through subgrants to 12 international and national NGOs and community-based organizations to carry out intensive community-based prevention and care activities. Over 248,000 individuals were reached through home visits, partner education sessions, round table discussions, and theater performances at schools, churches, community events, and the workplace. • 9,652 home care visits were conducted. • 930 orphans received services. • 39,000 clients were served through a telephone hotline for HIV/AIDS/STI counseling.
Namibia	• USAID added PMTCT and care, support, and treatment of PLWHA to its earlier programs targeting risk behaviors, care and support of OVCs, and capacity building. • USAID-funded media campaigns for youth and young adults may be influencing attitudes and practices, with 79% of all those surveyed reporting using condoms at last risky sex. • In 2003, USAID launched a multicomponent program to address the impact of HIV/AIDS on the education system. The first action was publication of a manual to sensitize 1,440 principals on sexual health and HIV/AIDS. • The USAID-supported Lifeline/Childline youth education project for HIV/AIDS prevention reached 95% of third graders in Khomas region in FY 2003. • In partnership with churches and FBOs, FHI's YouthNet developed a "Christian Family Life Education" peer education curriculum aimed at improving reproductive health and HIV prevention knowledge and skills among youth ages 8 to 16. • In FY 2003, 121 teachers were trained through nine workshops and counselor training on how to recognize abuse (physical, psychological, sexual) among students. • In 2003, peer educators and counselors provided a broad spectrum of referrals and information and reached 21,000 workers and family members, compared with 12,326 in 2002. • The USAID-supported AIDS Law Unit of the Legal Assistance Center developed HIV policies for nine workplaces in 2003. • With USAID support, a workplace toolkit containing a flipchart, a peer educator's practical guide, and a booklet explaining VCT and PMTCT, was published and distributed (even to non-USAID-supported partner organizations) for use by peer educators. • More than 111,000 condoms were distributed in FY 2003, exceeding the target of 84,552 and representing a 30% increase over the year before. • USAID initiated PMTCT services in two of the five faith-based government-supported hospitals, and ARV therapy is now available in one mission facility. Renovations have started in four of the five hospitals to improve or expand facilities for VCT, PMTCT+, and ART services. • A new community-based VCT center was opened in 2003 and has provided services to 38 people. • The final draft of a psychosocial module for community counseling support was completed in FY 2003. • In 2003, over 6,000 children received USAID-supported services, compared with 4,383 in 2002. This represented a 30% increase of all OVC in the program's target regions.

Namibia (cont.)	• With USAID support, PMTCT services were initiated, and support, care, and treatment of individuals with HIV/AIDS in two mission hospitals were provided. • About 83 public and private sector clinicians and counselors received preliminary training on community mobilization, counseling, communication, PMTCT+ services, and ARV therapy. • Catholic AIDS Action, a USAID partner on OVC care and support, developed a national two-week "training of trainers" curriculum on psychosocial support for OVC and a simplified community-based curriculum for local volunteers and community leaders, and 62 people received training under these curricula in 2003. The training curriculum was translated into two local languages. • 1,450 HIV/AIDS health kits, containing items such as rubber gloves, bandages, and gauze, were donated to the HIV/AIDS Management Unit to help primary schools meet their objective of countering the impact of the HIV/AIDS epidemic.
Nigeria	• USAID provided technical assistance to National Assembly members to promote HIV/AIDS dialogue at public hearings and develop HIV/AIDS strategies in their constituencies. • USAID supported the development of the Nigerian Business Coalition to Combat AIDS, an initiative involving the business community and the national action committee on AIDS. To date, private companies representing a workforce of 120,000 have established workplace programs. • USAID support helped train 7,580 peer educators, who in turn have reached over 1 million peers with HIV/AIDS information. • Condom sales through the social marketing program increased 4% over FY 2002 levels to more than 132 million in 2003. • USAID/Nigeria and CDC worked together to develop a U.S. government/Nigeria strategy to support the national PMTCT program. The United States is responsible for PMTCT services in four key states. • In 2003, more than 6,000 PLWHA benefited from USAID-supported community- and home-based care services. • USAID is supporting the establishment of VCT centers, developing the capacity of CBOs to provide care and support services for PLWHA and OVCs and to meet increasing demand for PMTCT services.
Rwanda	• In FY 2003, 85,000 individuals received HIV counseling and testing services in USAID-supported VCT sites. • USAID funds 49% of the PMTCT sites, where 9,730 pregnant women received counseling and test results, representing 77% of all pregnant women at those sites, exceeding the target of 68%. • USAID and CDC developed a unified vision and five-year plan and launched an expanded program for PMTCT that complements activities by other donors. The program will serve as a foundation for greater HIV program expansion under PEPFAR beginning in FY 2004. • In 2003 USAID expanded PMTCT services to 21 sites from 14 in 2002. • USAID supported a national assessment of the government's medicine and commodity logistics system that identified key areas for USAID assistance for rapid scale-up under PEPFAR. • USAID supported 99 HIV-positive individuals on ART and 3,536 on preventive therapy. More than 1,000 individuals benefited from home-based care. • The USAID health team initiated a joint activity with the food security and economic growth teams to promote local production and packaging of highly fortified food products targeted at HIV-positive groups.

Rwanda (cont.)	• USAID's outreach efforts funded peer education activities through youth clubs linked to religious institutions in four provinces. Activities reached more than 90,000 youth ages 15 to 19, exceeding the target of 71,000. • In 2003, USAID sponsored the national AIDS commission's second meeting and provided support for technical advisors and training to develop the national behavior change communication strategy and the national monitoring and evaluation plan.
Senegal	• To strengthen the national STI prevention program, USAID trained providers in the syndromic approach to the management of STIs in all the health centers and posts in its 29 districts. • Considerable progress was made to improve the diagnosis and treatment of STIs among pregnant women. In 15 health centers, providers have been equipped and trained to provide a systematic diagnosis of syphilis in pregnant women. This service will soon be available in 45 health posts. • Approximately 3,060 people living with AIDS have received nutritional and psychosocial support through the HIV/AIDS Ambulatory Care Center. • VCT services have been further decentralized and five VCT centers are now fully functional. • Demand for VCT services has greatly increased. A total of 4,029 persons used VCT services in 2003, representing a 61% increase over 2002. • Social marketing has also increased access to condoms, evidenced by a 200,000 increase in Protec brand condom sales in FY 2003 to 4,191,300 units. • The number of Protec brand sales points increased from 3,524 in FY 2002 to 3,694 in FY 2003. • A three-year USAID/Senegal AIDS strategy outlining key future directions for USAID support to the national AIDS program was developed and approved.
South Africa	• As a result of USAID's support for improving the quality of PHC services, 85% of STI cases were treated correctly in 2003, compared with 54% in 1997. In the Eastern Cape, 7,000 of 11,000 nurses have been trained to provide an integrated package of PHC services. • 200 sites in Eastern Cape, Gauteng, KwaZulu Natal, and Limpopo offer VCT within the PHC setting. • In 2003, USAID exceeded its target of 42,000 clients receiving VCT, with more than 15,000 clients in Eastern Cape and 27,000 in Soweto. • Nationally, 45% of HIV-infected pregnant women have access to PMTCT services to reduce the risk of HIV transmission. • USAID's pilot private sector initiative has provided more than 18,000 employees in 10 major South African companies with access to AIDS treatment. More than 900 are currently receiving ARV treatment. • Through a network of over 20 local NGOs and FBOs, USAID has provided regular care and support to more than 46,000 OVCs in three poor provinces and Soweto. • In 2003, USAID's partners made over 300,000 home-based care visits. • USAID provided financial and technical assistance to the design of a national palliative care conference in South Africa. • With USAID support, the South African Broadcasting Corporation developed a 13-episode drama on HIV/AIDS. The drama targeted youth in order to help break down the stigma surrounding HIV/AIDS. The show, "Tsha-Tsha," averaged 1.8 million viewers per week.

Sudan	• The HIV/AIDS pilot project, administered by the American Refugee Committee and the International Rescue Committee with technical assistance from CDC's Intern Emergency and Refugee Health Branch, conducted a survey of the prevalence of HIV, syphilis, herpes simplex virus-2 infections in Yei and Rumbek and a survey of knowledge, attitudes and behavioral practices regarding HIV transmission in Yei. • Preliminary results showed an overall HIV/AIDS prevalence of 2.7%, with a higher prevalence found in Yei town (4.3%) and STI patients (5.8%) and a lower prevalence in pregnant women (0.3%). • Of the 36% of participants who had some knowledge of HIV prevention, 45% reported knowing what a condom is (although there was very low usage of condoms). • Gender-based violence appears present in the population and needs to be addressed. • The 2003 survey results show high HIV prevalence among specific high-risk groups such as commercial sex workers and truck drivers. Prevalence may be increasing in the general population.
Tanzania	• USAID provided support to the MOH's national AIDS control program in drafting the 2003-2006 health sector HIV/AIDS strategy.· With USAID technical and financial support, Tanzania is poised to roll out PMTCT nationwide. • Close to 50,000 individuals chose to test at USAID-funded VCT sites. • Through the African Medical and Research Foundation (AMREF), a USAID grant recipient, the number of "Angaza" VCT sites increased from seven in 2002 to 14 in FY 2003. • In FY 2003, the eight-donor Rapid Funding Envelope for HIV/AIDS created by USAID distributed close to $1.3 million to nine new NGO grantees. • In FY 2003, the eight-donor Rapid Funding Envelope for HIV/AIDS created by USAID distributed close to $1.3 million to nine new NGO grantees. • The Voluntary Sector Health Program for HIV/AIDS care has reached 6.8 million individuals of the 8 million total population in the five target regions. • AMREF increased the percentage of women testing for HIV/AIDS at its sites from 39.2% in 2001 to 44.6% in 2002.
Uganda	• National policies passed include an HIV workplace policy for HIV-positive teachers; VCT policy; orphans policy and implementation plan; ARV policy; and condom policy that includes information on distribution through national and district channels to reach most at-risk populations. • PMTCT services were begun in 20 private antenatal clinics in three districts. • USAID grant support to the Inter-religious Council of Uganda enabled 30 indigenous CBOs to implement OVC activities reaching 57,620 children and their immediate families. • The number of OVCs supported through 74 programs increased to 72,120. • The number of adults receiving VCT and receiving results was 111,411, 54% of whom were women. USAID supports 116 VCT sites. • HIV prevalence measured by sentinel surveillance has decreased from 6.5% in 2001 to 6.2%.

Zambia	• Condom sales were strong, with 12.3 million sold in 2003 (up from 9.6 million in 2002), exceeding the target of 10.5 million by more than 17%. • BCC activities provided key strategic support for narrowing the HIV/AIDS information gap between urban and rural areas, youth and adults, and rich and poor. These included five television spots for phase II of the HEART campaign, two of which focused on abstinence. • The Zambian Partnership on HIV in the Workplace continued to coordinate efforts in reaching companies with BCC materials. • USAID initiated support for traditional leaders to take on advocacy activities within their respective chiefdoms. • Targets were significantly exceeded for STI services that continued under the USAID HIV/AIDS Cross-Border Initiative. 2,286 truck drivers and 11,795 commercial sex workers were diagnosed and treated for STIs, an increase from 1,096 and 5,687, respectively, in 2002. • USAID has put in place a national information system for VCT services. • The number of VCT service sites increased to 108 in 2003, up from 88 in 2002. A total of 97,783 clients received services in 2003. • 74 PMTCT sites received USAID support in 2003, up from 25 in 2002, as part of the presidential PMTCT initiative. • Also under the presidential PMTCT initiative, 37% of pregnant women newly attending antenatal care at PMTCT sites (6,185 in 2003, up from 3,929 in 2002) were tested and received the current USAID standard package of PMTCT services, which includes infant feeding, counseling, and acceptance of an HIV test. The number of women receiving these services exceeded the target of 35%. • USAID developed national standards and training materials for clinical care of HIV/AIDS, including ARV therapy and management of opportunistic infections. • USAID initiated a home-based care program to improve the well-being of over 6,000 PLWHA and continued its national-level advocacy work to reduce stigma and discrimination against PLWHA. • USAID program activities expanded coverage of OVC services from eight districts to 12 and from 30 NGO/CBOs to 62. • 38 new multisectoral community OVC committees were formed bringing the total number of committees to 125 in districts supported by the SCOPE program. • 168,781 OVCs benefited from the SCOPE program in FY 2003, meeting the target. • Efforts to expand service coverage and build the capacity of new local NGO/CBOs to provide services are positioning the program to extend services to even more children in need. • USAID's partners assisted communities with priority needs by increasing household food security through income-generating activities and maintaining OVC access to education through strengthening or establishing community schools. • USAID provided assistance to develop and approve a national multisectoral HIV/AIDS policy and to continue strengthening the policy development capacity of the MOH.

Zimbabwe	• With USAID funding, 105,240 OVCs received care and support, surpassing the target of 83,000. Of the approximately 66% (69,458) who received educational assistance, 54% were girls. • USAID supported economic-strengthening services to 52,767 households affected by HIV, benefiting an estimated 241,480 OVC. • In FY 2003, 94,638 new clients were seen at USAID-supported VCT centers, a 72% increase from the 55,093 in FY 2002. • Mobile VCT trips increased from 20 in FY 2002 to over 80 in FY 2003, and the number of people counseled and tested rose from less than 2,500 to more than 11,500. • Two pilot VCT sites integrated family planning and STI diagnosis and treatment services. More than 3,440 clients used these services, 92% of them for STI services. • Social marketing sales of male condoms increased by 62% from 20.8 million in 2002 to 33.8 million in FY 2003, exceeding the target of 24 million by 24%. • Social marketing sales of female condoms increased by 37.4% from 681,780 in FY 2002 to 936,640 in FY 2003. • Grants were awarded to 22 civil society organizations that advocate on a variety of HIV/AIDS issues, including promoting civil rights of people living with HIV/AIDS; children's rights; women's and girls' reproductive health rights; promoting male responsibility; policy development to support quality home-based and hospice care; and reduction of stigma and discrimination. • USAID provided technical and financial support to a regional conference of the Seventh Day Adventist Church. Over 100 church leaders serving approximately 387,975 members (and potential beneficiaries) attended. • USAID supported the development of a health site readiness tool for initiating and scaling up ART services nationally. • With USAID support, an innovative IEC program on HIV prevention is being piloted at food distribution points in three districts. The program has already trained 196 volunteers chosen by villagers at 30 distribution points to educate their communities about HIV prevention on the days of food distribution and at other opportunities. • USAID funded a TV soap opera ("Studio 263") targeting youth about the risks associated with sexual activity, the choices available to them, and to create social support. The program reaches over 2.5 million viewers every weekday and is the most popular TV show in Zimbabwe.

Regional Office/ Program	HIV/AIDS/STI Results and Activities
AFR/SD	• In 2003, AFR/SD supported the East and Southern Africa Regional Workshop on Children Affected by HIV/AIDS in Windhoek, Namibia. The workshop brought together senior government officials, NGOs, UNICEF, and other stakeholders from 20 countries. • AFR/SD worked closely with African planning and finance ministers at the AGOA forums held in Mauritius in January 2003 to ensure that country-level responses to HIV/AIDS are multisectoral and that adequate resources are being allocated in national budgets to the fight against HIV/AIDS. • AFR/SD supported and implemented the Building Blocks program in FY 2003, which creates practical tools for community-based work with OVCs. • AFR/SD provided policy reviews for decision-makers in Kenya and Benin on their programs towards children and vulnerable youth to strengthen and focus national policies. They also supported the strengthening of the PLWHA by providing financial, technical, and material assistance to the Secretariat. This allowed them to produce their newsletter "Positive Voices" and disseminate it on a large scale. • AFR/SD strengthened multisectoral approaches to confronting HIV/AIDS and gave financial, technical, and material assistance to African institutions and the National Association of PLWHA. • AFR/SD supported WHO/AFRO in strengthening IDSR in Africa. Forty of the 46 countries have conducted an assessment of their surveillance systems, and 36 of the 40 have prepared national action plans. • AFR/SD-supported activities were used by Society for Women and AIDS in Africa to solicit funds from other donors. • In 2003, 10 HIV/AIDS activities were co-designed with other U.S. agencies or international organizations. • With AFR/SD support, BASICS II finalized a training guide, "Essential Nutrition Actions for Health and Social Workers in West Africa," in French and English for publication in 2003. A pre-service training manual on nutrition and HIV/AIDS for health workers and nutritionists was completed for publication by the RCQHC in Kampala, Uganda. • 32 tutors from Senegal, Niger, Cameroon, and Guinea were trained in ways to integrate nutrition approaches and tools into the training curricula of public health schools. • With AFR/SD support, 27 program managers and nutritionists from national nutrition services in West and Central Africa were trained in nutrition advocacy. • AFR/SD's HIV/AIDS team strengthened the capacity of FBOs and other NGOs to build practical tools for community-based work with OVCs.
REDSO/ESA	• In FY 2003, REDSO/ESA developed a multisectoral approach in formulating the regional HIV/AIDS Strategy in the ESA region. • In 2003, state-of-the-art information and best practices were disseminated on nutritional care of HIV/AIDS patients; VCT and antiretroviral medication; the prevention and control of anemia; and PMTCT counseling of mothers on infant feeding. • The RCQHC published and disseminated a handbook on the methodology for developing, implementing, and monitoring national guidelines on nutrition and HIV/AIDS in 2003. • In 2003, Angola and Tanzania developed national guidelines using the guidelines designed by RCQHC and the Commonwealth Regional Health Community Secretariat (CRHCS) for the nutritional care of PLWHA.

REDSO/ESA (cont.)	• As a result of USAID support for the publication of "Food and Nutrition Implications of Antiretroviral Therapy in Resource Limited Settings," the RCQHC has begun to develop supplementary counseling materials on ART and nutrition. • With USAID support, the technical leadership by RCQHC's African Network for Children Affected by HIV/AIDS fashioned an advocacy statement that led to immediate implementation of a prophylaxis regimen for HIV-infected children at one clinic and one major hospital in Uganda and one PMTCT clinic and one major hospital in Kenya.
RHAP	• The cross-border program known as the Corridors of Hope expanded from seven countries with 20 sites in FY 2002 to eight countries with 35 sites in FY 2003. • During FY 2003, there were increased requests for expansion of the Corridors of Hope program, both in terms of the numbers of sites and the countries. • Over 2 million people received information on HIV and education on how to practice abstinence, how to delay becoming sexually active, and how to be faithful to one partner. • Access to condoms increased, with over 4 million social marketing male and female condoms distributed in FY 2003. • In Swaziland, RHAP completed an assessment in support of the national PMTCT program, the first to be implemented in the country. • In Lesotho, RHAP implemented the Health-Promoting Schools Initiative, which engages communities, families, and students to take responsibility for the health and well-being of the community using schools as the focal point. • RHAP also supported VCT in Lesotho and Swaziland.
WARP	• Social marketing condom sales in Burkina Faso, Cameroon, and Togo were 49 million, surpassing the adjusted target of 45.3 million. This represents a 9.4% increase over FY 2002. • To complement existing programs on the Abidjan-Ouagadougou migratory axis, HIV/AIDS outreach prevention programs were expanded to new sites in Burkina Faso and Niger. • A new Rail Link project in Senegal and Mali was also initiated. • Through the cross-border program, 312 persons were treated for STIs, 492 persons received VCT, 680 peer educators (375 truckers and 305 commercial sex workers) reached 326,443 people (196,821 truckers and 129,622 prostitutes), and 8,442 female and 441,666 male condoms were distributed. • Treatment of 4,900 cases of male urethritis in the four focus countries exceeded the adjusted program target of 3,375 cases. • In FY 2003, 5,000 OVCs were reached through face-to-face home visits, support groups, and vocational training and educational programs. This was a 21% increase over FY 2002. • Community-based care and support activities for reaching people living with or affected by HIV/AIDS reached 4,300 persons, far exceeding the target of 1,970. • HIV/AIDS information and counseling hotlines in Burkina Faso and Cote d'Ivoire attracted 13,700 callers, just under the target of 14,500. A new hotline launched in December 2003 in Togo brought the total number of youth hotline callers to USAID-funded lines to over 18,000. USAID expanded to nonpresence countries, and grants were awarded in nine countries through the Ambassador's HIV/AIDS Fund. • USAID increased partner collaboration, and, as a result, Exxon may commit $500,000 to $700,000 to set up a model health center in Chad to serve migrant workers in the petroleum industry, with special attention to STIs/HIV/AIDS. In addition, talks with Coca-Cola resulted in a plan to mobilize businesses in the region to fund model HIV/AIDS programs in the workplace, with technical assistance provided by USAID. The Albright Group and Coca-Cola are also discussing the development of HIV/AIDS treatment programs.

Highlights of Results and Activities Reported: Infectious Diseases/Surveillance *(as submitted in the ARs 2004)*

USAID Mission	Infectious Diseases/Surveillance Results and Activities
Angola	• In December 2003, USAID began implementing the special malaria-in-pregnancy pilot project (launched under the MCH activity in 2001) by securing 750 untreated bednets for treatment and distribution.
Burundi	• With USAID support, the national RBM plan for malaria control was launched.
DR Congo	• USAID supported a revised national malaria case management policy in 2003. • A $53 million, five-year award from the Global Fund to Fight AIDS, Tuberculosis, and Malaria supported IPT and ITN distribution in 120 zones, 39 of which are assisted by USAID.
Eritrea	• 381,000 bednets were re-treated by facility-trained health workers in target areas, exceeding the target of 264,000. • Ten planned sentinel sites for monitoring malaria epidemics were established in FY 2003.
Ethiopia	• USAID prepared a draft malaria strategy in November 2003. • USAID supported malaria outbreak and epidemic control in the SNNPR.
Ghana	• USAID contributed to a review of the antimalaria drug policy and its implications. The study was conducted by PHR+ and also supported by the Malaria Action Coalition. • With the recent introduction of IPT with sulfadoxine-pyrimethamine in Ghana, USAID provided support to finalize the IPT policy, develop training guidelines and plans, and advise on procurement and logistics of introducing the new drug. • USAID/Ghana is the main promoter of the IDSR approach in Ghana. PHR+ trained 376 health clinicians and health managers and provided facilities with materials and support expertise in eight districts. • USAID complemented the MOH's national polio immunization days through IDSR activities, laboratory network systems strengthening, regular immunization activities through CHPS, and immunization promotion through the "He, Ha, Ho" campaign. • With retail prices for ITNs still beyond the reach of the poor, USAID, through NetMark, collaborated with the Ghana Health Service and the U.K. Department for International Development (DfID) to develop a pilot voucher scheme in one region that provides a 50% discount to pregnant women attending antenatal care facilities.
Guinea	• USAID and some of its partners helped Guinea develop applications to the Global Fund. As a result, Guinea received approval for two multi-million dollar grants for HIV/AIDS and malaria from the Global Fund to Fight AIDS, Tuberculosis, and Malaria.
Kenya	• With USAID support, the national TB reference laboratory began testing services in FY 2003 after a four-year period of inactivity. • USAID also funded a TB program in Nairobi and Mombasa, realizing that over 60% of TB cases reside in these urban areas. • In FY 2003, over 600,000 nets and over 400,000 insecticide net treatment tablets were sold, exceeding FY 2002 levels. These prevented an estimated 1.9 million malaria episodes and 8,700 child deaths.

Liberia	• USAID/OFDA supported intermittent residual spraying for mosquitoes to prevent malaria in the shelters of internally displaced persons. This protected 50,000 people from malaria. • USAID/OFDA supported curative services to nearly 33,000 internally displaced persons with malaria, ARI, and diarrhea. • USAID/OFDA supported training of 150 health workers in IPT for malaria in pregnant women.
Madagascar	• USAID helped refine the national malaria policy to include home case management for children and IPT for pregnant women. • With its partners, USAID developed a rural expansion strategy for large-scale distribution of ITNs. • Behavior change communication activities related to malaria prevention were supported and over 110,000 ITNs were sold during the year.
Malawi	• Social marketing activities sold 942,000 ITNs for pregnant women and children under age 5. • A new intervention to promote IPT for malaria in pregnant women raised the percentage of women receiving two IPT treatments during pregnancy from 45% in 2000 to 70% in 2003.
Mali	• In 2003, USAID/Mali began sponsorship of a campaign to reduce the impact of malaria through the increased use and sustainable supply of ITNs and re-treatment kits through the public and private sectors. With the First Lady's participation, vulnerable populations have been targeted through mass media campaigns and behavior change communication messages in print media, radio, and television. • Low-income pregnant women and children under 5 are being provided ITNs at no charge through house-to-house targeted distribution efforts. In 2003, more than 60,000 ITNs were sold at retail outlets nationwide through the private sector, exceeding projections for the 2003 malaria season. • An additional 27,000 ITNs were distributed in more than 300 villages to vulnerable populations, including over 5,000 pregnant women and 20,000 children under age 2. • 43,000 free nets were distributed from October to December 2003 and 10,131 nets were sold, for a total 141,131nets distributed for the malaria season.
Mozambique	• Under the joint work plan created for the MOH RBM initiative, USAID/Mozambique provides the MOH with management and logistical support focusing on efficient program management, supervision, and systems development; improved surveillance, information, and operational research; efficient diagnosis and case management; and monitoring of national malaria control program activities. • To enhance drug efficacy monitoring, 20 laboratory technicians from four provinces were trained in drug resistance monitoring protocols. • 60 health workers were trained in case management according to the new malaria diagnosis and treatment guidelines.
Nigeria	• Prepackaged antimalarial drugs were made available through a social marketing program targeted to children aged birth to 6 years. Sales reached 38,000 packs in Abia state through the end of FY 2003. • USAID/Nigeria is a key RBM partner, and supported a new and improved malaria treatment protocol for Nigeria.

Rwanda	• With joint support from USAID and WHO, Rwanda drafted the national RBM strategy. • USAID supported a pilot project targeting subsidized ITNs at antenatal clinics; 90% of households visited showed that mothers and infants were using the nets. • USAID supported the national malaria program in the design of a new pilot activity to promote community-based treatment through community health workers.
Senegal	• Based largely on data from a USAID-supported malaria drug resistance surveillance system, Senegal adopted a new national IPT policy for malaria in pregnancy.
Somalia	• With USAID support, 41,000 ITNs were distributed to pregnant women and children in areas of high malaria risk. • Cholera reduction activities included distributing 100,000 packets of ORS, chlorinating wells, and educating people about how the disease is transmitted.
South Africa	• By the end of 2008, USAID expects that all districts will be implementing DOTS. • USAID supported the Department of Health's efforts to design and implement the first TB advocacy strategy. • USAID supported the development and distribution of a series of educational videos on TB in all major local languages for use in PHC facilities. • 240 doctors were trained in DOTS in KwaZulu Natal, Free State, Gauteng, and Western Cape. USAID plans to expand this training program to doctors in the remaining five provinces next year.
Tanzania	• The coverage of women receiving sulfadoxine-pyrimethamine during antenatal visits as part of IPT for malaria increased from 29% in 2001 to 65% in 2003. • All 12 target districts in the USAID-funded IDSR program have emergency plans.
Uganda	• 2003 saw an expansion of community-based DOTS for TB. • Social marketing sales of ITNs in 2003 reached 157,393, 50% above the target, and generated half a million person-years of protection against malaria.
Zambia	• Nationwide implementation of the new malaria drug policy (a switch from chloroquine to more effective antimalaria drugs) and a malaria-in-pregnancy prevention package, supported by USAID in 2002, began in 2003. Guidelines for malaria in pregnancy were disseminated nationwide, and 457 senior managers from all nine provinces and all 72 districts were oriented to the new drug policy. • 385,609 subsidized ITNs were sold in 2003 by the USAID-supported Society for Family Health social marketing program and through commercial sales by the NetMark GDA program, exceeding the target of 300,000 by 28%.

Regional Office/ Program	Infectious Diseases/Surveillance Results and Activities
AFR/SD	• By 2003, 36 countries were accelerating RBM programs. • AFR/SD helped update national malaria treatment methods, using drug resistance and clinical management studies to change the national malaria treatment protocol in several countries, including DRC, Zambia, Senegal, and Burundi. • AFR/SD and partners held the Third Pan-African Malaria Research Conference in Tanzania in November 2002, with over 900 attendees – Africa's largest-ever malaria research meeting. • AFR/SD worked with African partners to test a promising community-based approach to TB control. Four countries have been using this method, including Malawi, which has attained countrywide coverage; Uganda (27 of 56 districts), Kenya (12 of 76 districts), and DRC (three urban areas). Eight more countries are beginning to use this method to implement TB activities.
REDSO/ESA	• USAID and the Africa Bureau jointly supported a CRHCS regional review of TB care, management, and policies to reduce gender disparities. • USAID combined technical consulting resources with other donors and coordinated activities with them to accelerate the development and implementation of malaria control activities for pregnant women.
WARP	• Strong ITN sales continued in Togo and Burkina Faso in the first eight months of FY 2003; 36,000 nets were sold, far exceeding the annual target of 18,700. • USAID supported resource mobilization, as demonstrated by the partnering of FHI, PSI, and CARE, to secure funding of $1.5 million from Bristol Myers Squibb for collaborative activities on the Rail Link project. • USAID technical assistance leveraged a five-year $14.5 million grant from the Global Fund to Fight AIDS, Tuberculosis, and Malaria grant for work on HIV/AIDS and malaria.

Results and Activities Reported: Health Sector Reform/ System Strengthening

(as submitted in ARs 2004)

USAID Mission	Health Sector Reform/System Strengthening Results and Activities
Angola	• To strengthen the supervisory capacity of the MOH, project staff and MOH personnel conducted 22 joint supervisory visits in 2003. • USAID leveraged funds from other organizations for rehabilitation of some health units. • Six 10-person quality committees were established to oversee and give direction to the quality improvement activities of each health center and ensure the sustainability and maintenance of quality services within the MOH.
Burundi	• USAID contributed to UNFPA's 2003 Demographic and Reproductive Health Survey, focusing on refugees and displaced people.
Benin	• With USAID support, communities in the Borgou Alibori are showing strong involvement and commitment in managing health activities; 95% of community health management committees and 89% of village health committees scored well on a management index. • USAID activities have focused on improving logistics management and training service providers in areas such as Norplant implants and training community-based distributors in such skills such as conducting home visits. • USAID has been providing medical equipment and training to health workers and members of health zone management teams. • Supervisors of health workers have received training in new supervision techniques, coaching, and the collaborative approach.
DR Congo	• In 2003, USAID assessed its health programs in the DRC to use "lessons learned" in designing its new health strategic objective. Recommendations were made to concentrate on six key interventions – immunizations, vitamin A supplementation, IPT coverage, ITN coverage, correct treatment of all children hospitalized with severe malaria, and appropriate diagnosis and treatment of 20% of children hospitalized with pneumonia. • Under a new PSI family planning activity, men were trained as community mobilizers and will be systematically targeted in other health outreach activities to encourage gender balance in efforts to increase community involvement in service management.
Eritrea	• In FY 2003, a new financial management training program met its targets.
Ethiopia	• The integrated refresher training for frontline health workers reached 72% of the 2,738 health workers. • The share of recurrent allocations from the national health budget increased from 43.5% in 2001 to 51% in 2003. • With USAID assistance, the proclamation for the Public Health Services Administration and directives on local retention and use of facility revenues, waiver and exemption systems, guidelines for the management and operations of private hospital wings, and outsourcing were drafted, disseminated, and prepared for adoption by the Parliament. • USAID established 150 special pharmacies in existing hospitals and health centers to reduce the chronic shortage of drugs in the public health facilities. • The HMIS operates in 80% of the SNNPR. • 345 health workers trained in the HMIS in 2003, increasing the number of HMIS-trained personnel to a total of 1,017 in the region.

Ghana	• USAID supports the Ghana Health Service's Community-Based Health Planning and Services (CHPS) Initiative. • With USAID support, over 150 community health officers and 80 supervisors were trained to provide services in over 40 districts. • PHR+ provided considerable and increased support at the national level to reinforce the capacity of mutual health organizations (MHOs) in the areas of risk, financial, and administrative management and community mobilization.
Kenya	• USAID helped the MOH conduct a national health accounts study in 2003 to identify constraints related to resource allocations. • In FY 2003, cost-sharing revenue collected by major public sector facilities increased by 25% to $25 million due in part to better reporting and reduced losses.
Liberia	• Essential drugs and medical supplies valued at $1.6 million and six semipermanent field clinics were donated by AmeriCares through USAID to support the health care delivery system. • Over 55,000 community members attended 500 health education sessions on prevention of infectious diseases, nutrition, immunization, family planning, and HIV/AIDS prevention.
Madagascar	• USAID trained 565 private sector doctors, 64 paraprofessionals, and 70 pharmacy employees.
Malawi	• A health facility and capacity assessment was conducted in eight target districts in preparation for USAID's new bilateral child health and district strengthening program. • USAID helped the Ministry of Health and Population initiate a prepackaging system at the central medical stores to deliver contraceptives and other essential drugs to health centers.
Mali	• USAID/Mali is continuing to support capacity strengthening in the Financial Direction Office by providing a highly trained accountant to provide technical assistance in developing a new organization chart and training for new personnel. • Training of trainers continued throughout all Mali regions, enabling advocacy outreach to more than 700 regional- and local-level stakeholders and decision-makers.
Mozambique	• 87 managers, representing the four national directorates of the MOH, were trained and have developed leadership action plans to improve their management systems and leadership capacities. • USAID-funded partners worked directly with the MOH at various levels to foster and strengthen partnerships with 1,338 functioning FP community-based distributors. • 21 facilitators were trained as master trainers to disseminate information to all provinces. • USAID's work has contributed to more transparency and efficiency in financial management, capacity for internal revenue collection, internal auditing, and supervisory activities at the central, provincial, and district levels. • In FY 2003, MOH staff were trained to enhance their ability to design, use, maintain, and update all databases. • In FY 2003, the MOH Pharmacy Department's logistics management procedures manual for distributing essential drugs and contraceptives, originally developed in 1999, was revised, updated, and improved as a result of USAID's efforts to formalize the integration of contraceptives into the MOH logistics system.

Namibia	• USAID participated in a public/private sector partnership to develop national guidelines for ART that were approved and launched in 2003. • To strengthen the HIV/AIDS Management Unit, USAID provided six new vehicles to assist in meeting the transportation needs of the technical staff of the Unit's regional officers. • In FY 2003, an assessment of the capacity of 17 local NGOs was conducted. USAID worked with the NGOs to implement sustainable systems of management and improved accountability. • In FY 2003, there were 33 active public/private partnerships (an increase from 25 in 2002), representing 13,000 employees. • With USAID technical assistance, a national OVC five-year strategy and draft policy were accepted in FY 2003. • USAID worked to build capacity for advocacy and legal rights around HIV/AIDS. Advocacy seminars were conducted for 500 PLWHA, and 259 community volunteers, 366 peer educators, and 39 counselors received training. As a result, 685 clients received direct legal assistance and services in 2003.
Rwanda	• During FY 2003, USAID expanded support for the prepayment health insurance groups (mutuelles) from three to five districts. In 2003, 280,581 individuals were enrolled in mutuelles, representing 20.3% of the target population. • USAID funded long-term technical advisers in various government offices to address the immediate challenges of both quantity and quality of personnel. • With USAID's institutional support for long-term capacity building, 37 students are enrolled in a masters program in public health in Kigali. • The first cohort of 20 students was supported for a masters program in demography and statistics at the Kigali Institute of Science Technology and Management. • 106 health facilities across seven districts have trained teams of health providers in quality improvement, exceeding the FY 2003 target of 80 facilities.
Senegal	• In 2003, the health care financing program added an additional 39 communities, bringing the total of USAID-assisted communities to 149. All developed high-quality local health plans and budgets. • In 2003, partner local governments contributed $387,750 (equivalent to 213,260,000 CFA francs) of their own funds, a 61% increase over FY 2002. This money was used to refurbish health infrastructure, purchase equipment, and reinforce logistical systems, enhancing the provision of quality health services in health districts. • 17 MHOs benefited from technical assistance and provided health insurance for a full range of preventive and curative services to 31,988 beneficiaries in 2003, compared with 15,781 beneficiaries in 2002.
South Africa	• 7,000 of 11,000 nurses in the Eastern Cape have been trained to provide an integrated package of PHC services under the EQUITY project. • At the national level, the EQUITY project has been instrumental in assisting the government in establishing the first national unified health information system, in creating a management and leadership program for district health staff (now wholly run by local universities), and in designing and implementing uniform guidelines for district-level health planning and reporting as required by the National Treasury. • USAID's health and economic growth partners collaborated to assist in establishing the first public-private partnership to privatize the renovation and management of a public sector hospital in the Eastern Cape.

South Africa (cont.)	• USAID continues to provide technical and financial assistance to the South African Department of Health in conducting its 2004 DHS. • With USAID assistance, the Department of Health has developed nutritional guidelines for use with people who are HIV-positive. The Department also trained 500 health workers nationwide in implementing the clinical guidelines for the treatment of opportunistic infections.
Sudan	• USAID's support for the SPLM cost-sharing policy increased the number of counties operating the policy effectively to six, with an additional 16 making little or no progress. • Implementation of system strengthening activities for the northeastern Sudan PHC system continued in collaboration with the National Democratic Alliance Social Services Committee. Three new PHC centers were established. • USAID training programs matriculated 385 certified health workers in 2003 (196 males, 189 females). In 2003, the number of certified Sudanese health workers in PHC facilities increased to 385. • 50 health facilities participated in local-level financing. • 256,000 people gained access to health services.
Tanzania	• The USAID-supported Quality Improvement Recognition Initiative was launched in three target regions. • Through the FY 2003 USAID-funded seminars for parliamentarians, 160 Tanzania Parliamentary AIDS Coalition members gained skills for tracking public HIV/AIDS budgets and expenditures.
Uganda	• USAID provided technical assistance to the government to develop a system for the procurement of malaria, TB, and AIDS drugs and supplies through the Global Fund to Fight AIDS, Tuberculosis, and Malaria. • USAID provided significant technical assistance to design and launch the Yellow Star quality improvement program in public and NGO facilities. • The number of rural Ugandans with health insurance increased from 1,500 members covered under 10 plans in 2002 to 5,000 members covered under 48 plans in 2003. • Loans for private providers grew 25% in 2003, during which 1,000 providers took loans to improve their reproductive health and family planning services. • Over 250 private health providers have completed training in business skills.
Zambia	• USAID support included training in logistics management for all health facilities in five provinces; revision of the integrated technical guidelines for frontline health workers; efforts to align performance improvement activities with the annual action plan process; introduction of the HMIS into training institutions; and production of the first national health facility survey since 1995. • A major cold-chain rehabilitation program was completed in 2003 under the US-Japan Partnership for Global Health.
Zimbabwe	• During FY 2003, USAID/Zimbabwe coordinated all HIV/AIDS interventions with CDC to ensure that there is one synergistic U.S. government HIV/AIDS strategy. • 16 local and international NGOs and CBOs, including nine FBOs, received grants from USAID in FY 2003. • USAID reached an agreement with the British government to co-finance social marketing activities and technical support for the logistics management and procurement of condoms and contraceptives.

Regional Office/ Program	Health Sector Reform/System Strengthening Results and Activities
AFR/SD	·◆ With AFR/SD support in health care finance, MHOs continue to grow. In Ghana, MHOs have increased from 5 to 34; in Senegal, from 8 to 19; and in Mali, from 4 to 8. ◆ Local capacity to launch and manage MHOs was boosted in West Africa with the training and empowering of groups like the Groupe de Recherche et d'Appui aux Initiatives Mutualistes in Thiès, Senegal.
REDSO/ESA	◆ In 2003, regional health and HIV/AIDS activities improved knowledge, management capacities, and operational systems of regional African partners. ◆ In health financing, financial and administrative procedures to manage community-based health funds were developed and piloted in one district in Tanzania. ◆ USAID partners joined funding and technical support with Belgian Cooperation and the U.K. DFID to expand NHA institutionalization in 2003. ◆ With USAID support through networking and partnerships to improving health systems, technical training and networking activities reached 549 persons in 2003, surpassing the target of 393. RCHQC training in developing VCT guidelines benefited Tanzania, Uganda, and Kenya, while training in NHA subanalyses in HIV/AIDS and reproductive health spending took place in Rwanda. ◆ In 2003, CRHCS facilitated the development of practical guidelines for the quantification of drug and medical supply needs in the region. ◆ USAID investments in strengthening the management capacity and regional leadership of African partner institutions have directly supported the accomplishment of results. Partner management systems have been strengthened, strategic goals clarified, and annual planning processes established.
RHAP	◆ In FY 2003, USAID programs focused on strengthening data collection and analysis among local implementers to ensure validity of data being reported in the Corridors of Hope initiative. ◆ RHAP supported capacity building and policy development through the placement of an adviser to the Swaziland national AIDS coordinating program. ◆ USAID supported a major study in Lesotho using peer educators.

Selected Performance Measures for Global Health Objectives

Table 1: Reducing the number of unintended pregnancies

Mission/ Regional Program	Percentage of in-union women aged 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey (DHS/RHS or surveys in target regions)						Total number of couple-years of protection (CYP)
	FY 2002 AR		FY 2003 AR		FY 2004 AR		FY 2004 AR
	DHS Year	%	DHS Year	%	DHS Year	%	
Angola			MICS 2001	4.5	Nat'l, 2001	6.5	
Benin	1996	3.4	2001	8.3			11,204
Burundi							
DR Congo					MICS2, 2001	4.4	
Eritrea	1995	4.0	2002	5.2			6,131*
Ethiopia	2000	6.3			FHI, 2003	17	
Djibouti							
Ghana	1998	13.3					1,063,000
Guinea	1999	4.2			MOH, 2003	6.9*	117,319
Kenya	1998	31.5					
Liberia	1986	5.5					30,638
Madagascar	1997	9.7	MICS 2000	12			
Malawi	2000	26.1					620,000
Mali	2001	5.7					193,012
Mozambique	1997	5.1			2003	17.5	
Namibia	1992	26					
Nigeria	1999	8.6			2003	8.1	1,446,279
Rwanda	2000	4.3					
Senegal	1999	8.2			USAID/MOH, 2003	14	245,204
Somalia							
Sudan							
South Africa	1998	61.2					
Tanzania	1999	16.9					1,500,000
Uganda	2000	18.2			no source	23	261,870
Zambia	1996	14.4	2001/02	22.6			
Zimbabwe	1999	50.4					126,550
WARP							130,000

*Target areas only

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Table 2: Reducing infant and child mortality

Mission/ Regional Program	Percentage of children aged 12 months or less who have received their third dose of DPT (age at survey 12-23 mos.) (DHS/RHS or surveys in target regions)											
	FY 2002 AR				FY 2003 AR				FY 2004 AR			
	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total
Angola					MICS 2001			27.6				
Benin	1996			64.1	2001			68.5				
Burundi												
Djibouti												
DR Congo					MOH			36.7	MICS2, 2001			27.6
Eritrea	1995	48.9	48.7	48.8	2002	81.6	84.2	82.8				
Ethiopia	2000	22.4	18.9	20.7	MOH			37.5	MOH, 2003			54*
Ghana	1998			67.6	MOH			75				
Guinea	1999			43.2					MOH, 2003			64.9*
Kenya	1998	80.5	77.8	79.2								
Liberia									MOH, 2003			48*
Madagascar	1997			45.7	MICS 2000			36.6				
Malawi	2000			78.6								
Mali	2001			33.9								
Mozambique	1997	61.7	60.5	61.1					2003	60.5	62.6	61.5
Namibia	1992			64.5								
Nigeria	1999			24.8					Prelim DHS, 2003	18.3	23	20.6
Rwanda	2000			84.9								
Senegal	1999			42.7					MOH, 2003			73.7*
Somalia												
Sudan												
South Africa	1998	74.3	78.3	76.4								
Tanzania	1999	83.1	78.2	81								
Uganda	2000	44.6	47.7	46.1					2000/01	52.5	55.8	54.1
Zambia	1996			80					2001/02	78.4	81.6	80
Zimbabwe	1999			77.5								

*Target regions only

Table 2: Reducing infant and child mortality (cont.)

Mission/ Regional Program	Percentage of children aged 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS or surveys in target regions)											
	FY 2002 AR				FY 2003 AR				FY 2004 AR			
	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total
Angola					MICS 2001	39.1	40.9					
Benin	1996				2001	63.5	58.3	60.9				
Burundi												
Djibouti												
DR Congo												
Eritrea	1995				2002	72	64	68.4				
Ethiopia	2000	18.2**	19.1**	18.6**								
Ghana	1998	68.3**	69.6**	69.0**								
Guinea	1999	40.9**	38.7**	39.9**					MOH, 2003			29*
Kenya	1998											
Liberia												
Madagascar	1997											
Malawi	2000	46.5**	49.3**	47.9**								
Mali	2001	30.2	29.3	29.8								
Mozambique	1997	54.7**	59.1**	56.9**					2003			63.1
Namibia	1992	66.6**	63.0**	64.7**								
Nigeria	1999								Prelim DHS, 2003	40	38.7	39.4
Rwanda	2000	29.7	30.8	30.2								
Senegal	1999			21.3					MOH, 2003			12.6*
Somalia												
Sudan												
South Africa	1998	50.2	52.4	53.7								
Tanzania	1999	55.2	54.4	54.8								
Uganda	2000	35.6	31.2	33.5					2000/01	54.1	52.1	53.1
Zambia	1996	58.6**	54.4**	56.5**					2001	67.9	65.8	66.9
Zimbabwe	1999	81.5**	77.7**	79.7**								

*Target areas only
**0-59 mos.

Table 2: Reducing infant and child mortality (cont.)

Mission/ Regional Program	Percentage of children aged 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS or surveys in target regions)											
	FY 2002 AR				FY 2003 AR				FY 2004 AR			
	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total
Angola					MICS 2001	30.7	30.9	31.0				
Benin	1996				2001	18.3	18.4	18.3				
Burundi												
Djibouti												
DR Congo					Nat'l Imm. Days Report			94.8				
Eritrea	1995				2002	38.1	37.9	38				
Ethiopia	2000	55.8	55.8	55.8	MOH in 5 of 9 regions			26	MOH, 2003			95*
Ghana	1998			96								
Guinea	1999								MOH, 2003			69
Kenya	1998											
Liberia												
Madagascar	1997			50	Rapid Assessment in 2 provinces			54 (12-23 mos.)	MOH, 2003			83
Malawi	2000	64.5	66.1	65.3								
Mali	2001	41	40.7	40.9								
Mozambique	1997								MOH, 2003	45.6	45.4	45.5
Namibia	1992											
Nigeria	1999											
Rwanda	2000	68.2	39.6	68.9								
Senegal	1999			80.4					USAID/Senegal, 2003			83.9*
Somalia												
Sudan												
South Africa	1998											
Tanzania	1999	12.2	15.5	13.9					MOH, 2003			80
Uganda	2000	37.5	37.7	37.6								
Zambia	1996			81	DHS 2001/02	66.7	68.1	67.4	MOH, 2003	100	100	100
Zimbabwe	1999											

*Target regions only

Table 3: Reducing death and adverse health outcomes to women as a result of pregnancy and childbirth

Mission/Regional Program	Percentage of births attended by medically trained personnel (DHS/RHS)					
	FY 2002 AR		FY 2003 AR		FY 2004 AR	
	DHS Year	%	DHS Year	%	DHS Year	%
Angola			MICS 2001	44.7		
Benin	1996	64	2001	73		
Burundi						
Djibouti						
DR Congo					MICS2, 2001	60.7
Eritrea	1995	20.6	2002	28.3		
Ethiopia	2000	9.7				
Ghana	1998	44.3				
Guinea	1999	34.8				
Kenya	1998	44.3				
Liberia	1986	57.9			MOH, 2003	22*
Madagascar	1997	47.3				
Malawi	2000	55.6			MOH,2003	55
Mali	2001	40.6				
Mozambique	1997	44.2			2003	39.8
Namibia	1992	68.2				
Nigeria	1999	41.6				
Rwanda	2000	62.6				
Senegal	1999	48.6			USAID/Senegal 2003	91.4*
Somalia						
Sudan						
South Africa	1998	94				
Tanzania	1999	56.5				
Uganda	2000	39				
Zambia	1996	46.5			2001/02	43.4
Zimbabwe	1999	72.5				

***Target areas only**

Table 4: Reducing the HIV transmission rate and the impact of the HIV/AIDS pandemic in developing countries

Mission/ Regional Program	Total condom sales			HIV prevalence among 15- to 24-year-old pregnant women (CDC or country AIDS commission)			Number of sex partners in past year (National survey, DHS, or other survey)	Higher-risk sex in the past 12 months (%) (National survey, DHS, or other survey)	
				FY 2004 AR				FY 2004 AR	
	2001 actual	2002 actual	2003 actual	15-19 yrs	20-24 yrs	Overall	FY 2003 AR	Males	Females
Angola	3,000,000	6,091,800	10,162,800						
Benin	6,500,000	8,100,480	8,062,720			4.1			
Burundi									
Djibouti									
DR Congo	12,000,000	19,175,354	20,773,302						
Eritrea		4,508,027	4,648,368						
Ethiopia	53,636,181	63,779,597	54,801,652			12.1	5.3	19.4	16.1
Ghana	18,000,000	24,000,000	25,900,000	2.3	3.8	3.4			
Guinea			7,126,766						
Kenya	14,800,000	17,200,000							
Liberia									
Madagascar	6,044,000	5,790,000	10,699,191	1.4	1.0	1.1		24.5	7.1
Malawi		7,172,664	8,100,000			15			
Mali	8,508,890	9,187,373	6,605,949	1.1	1.6	2			
Mozambique	11,216,714	14,355,470	15,600,000			14.3		35.6	33.1
Namibia			111,225	11	22	22			
Nigeria	107,000,000	126,800,000	132,367,680	6.1	6	6			
Rwanda	5,000,000	6,072,927		4.8	4.5				
Senegal	3,500,775	3,874,440	4,191,300						
Somalia									
Sudan									
South Africa	250,000,000	358,000,000		14.8	29.1	43.9			
Tanzania	20,177,856	23,000,000	27,500,000						
Uganda	8,269,278	9,146,880	3,614,700	3.7	5.6	4.6	11.2% M/2.0% F (single; 2+ partners)	14.7	6.9
Zambia	10,100,000	9,600,000	12,300,000	20	30			29.4	15.9
Zimbabwe	15,700,000	19,500,000	33,770,000	19.5	28.9	29.5	48	48.9	26.7
AFR/SD									
REDSO/ESA									
WARP	61,700,000	68,300,000	49,000,000						

Table 4: Reducing the HIV transmission rate and the impact of the HIV/AIDS pandemic in developing countries (cont.)

Mission/ Regional Program	Median age at first sex among young men and women (age of sexual debut) aged 15-24 (National survey, DHS, or other survey)						Condom use with last non-regular partner (%) (National survey, DHS, or other survey)	Condom use at last risky sex (%) (National survey, DHS, or other survey)	
	FY 2003 AR			FY 2004 AR			FY 2003 AR	FY 2004 AR	
	Male	Female	Total	Male	Female	Total		Male	Female
Angola				14.8	15.6	15.2		48	56
Benin								62**	62**
Burundi									
Djibouti									
DR Congo					16.1				12.7
Eritrea		18 (age 20-24)			18.3 (age 25-29)				
Ethiopia	22.1	19					56		
Ghana	20.5	18.1							
Guinea	17.4	16.7		19	16			57.1**	
Kenya	17.1	17.9							
Liberia		15.5							
Madagascar	17	16	17	17	16	16.5	2.6	2.6	0.3
Malawi	18	17	17.5				39 M/29 F		
Mali							32.7M/14.2F	42.5	30.8
Mozambique				15.6	15.7	15.7		13.6	5.2
Namibia	17	18					68		
Nigeria	19.4	18.1					59.4		
Rwanda	20.4	20.8							
Senegal		19.2					47.9 M/16.7 F		
Somalia									
Sudan		23.4							
South Africa		17.8					48.6 M/43.2 F		28.6
Tanzania	16	17					34 M/22.8 F/ 28.4 T		
Uganda	18.3	17.3		19.4	16.8	18.1	58.9 M/37.8 F/ 45T	59	38
Zambia	16.2	16.9		*17.5	*17	*17.3		41.6	34.3
Zimbabwe	19	18.8		18.5	18.2	18.4	52	86.9	84.7
AFR/SD									
REDSO/ESA									
WARP									

* Young persons 20-24 years old
**Target regions only

Table 4: Reducing the HIV transmission rate and the impact of the HIV/AIDS pandemic in developing countries (cont.)

Mission/ Regional Program	Number of clients provided services at STI clinics		Number of STI clinics with USAID assistance		Number of OVCs receiving care/support	Number of OVCs receiving care/support services through programs assisted by USAID	Number of OVC programs with USAID assistance	Number of OVC programs which receive USAID assistance
	FY 2003 AR	FY 2004 AR	FY 2003 AR	FY 2004 AR	FY 2003 AR	FY 2004 AR	FY 2003 AR	FY 2004 AR
Angola				5				
Benin								
Burundi								
Djibouti								
DR Congo						2,808		2
Eritrea								
Ethiopia	5,609	339	15	16	22,182	11,506	7	23
Ghana								
Guinea				69*		0		0
Kenya					290		3	
Liberia								
Madagascar								
Malawi	9,405	3,003	4	6	6,677	16,070	6	5
Mali								
Mozambique		230,001		0	302	930	2	2
Namibia					4,383	6,071	7	8
Nigeria		15,027	74	59	3,000	3,019		3
Rwanda	6,141		164		952		1	4
Senegal				75				
Somalia								
Sudan								
South Africa				147	15,000	46,863	24 (HBC)	46
Tanzania					1,448	4,509	2	2
Uganda		27,773		277	1,367	72,120	3	5
Zambia	7,120	14,080	7	7	138,710	168,781	1	62
Zimbabwe		3,361		7		105,239		16
AFR/SD								
REDSO/ESA								
WARP	9,660	4,900	63		231	5,000		

*Target areas only

Table 4: Reducing the HIV transmission rate and the impact of the HIV/AIDS pandemic in developing countries (cont.)

Mission/ Regional Program	Number of community initiatives/ organizations receiving support to care for OVCs	Number of community initiatives/ organizations which care for OVCs which are provided assistance by USAID	Number of USAID-supported health facilities offering PMTCT services	
	FY 2003 AR	FY 2004 AR	FY 2003 AR	FY 2004 AR
Angola				
Benin				
Burundi				
Djibouti				
DR Congo		6		
Eritrea				
Ethiopia	7	23		0
Ghana			2	2
Guinea		0		0
Kenya			5	
Liberia				
Madagascar				
Malawi	6	349		
Mali				
Mozambique		4		0
Namibia	35	41		2
Nigeria		46		4
Rwanda			6	13
Senegal				
Somalia				
Sudan				
South Africa	20	46	1	213
Tanzania	15	82		
Uganda	2	74	19	42
Zambia	59	125	25	74
Zimbabwe		29		
AFR/SD				
REDSO/ESA				
WARP				

Table 4: Reducing the HIV transmission rate and the impact of the HIV/AIDS pandemic in developing countries (cont.)

Mission/ Regional Program	Number of women who attended PMTCT sites for a new pregnancy in last 12 months	Number of women who attended PMTCT sites for a new pregnancy	Number of women with known HIV infection among those seen at PMTCT sites within the past year	Number of women with known HIV infection among those seen at USAID-assisted PMTCT sites	Number of HIV-positive women attending antenatal clinics receiving a complete course of ARV treatment	Number of HIV-infected pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT in USAID-assisted sites
	FY 2003 AR	FY 2004 AR	FY 2003 AR	FY 2004 AR	FY 2003 AR	FY 2004 AR
Angola						
Benin						
Burundi						
Djibouti						
DR Congo						
Eritrea						
Ethiopia		0		0		0
Ghana	2,800	3,033	244	58	144	58
Guinea		0				
Kenya						
Liberia						
Madagascar						
Malawi						
Mali						
Mozambique		157		954		853
Namibia		371		23		9
Nigeria						
Rwanda	5,447	12,586	304	774	168	483
Senegal						
Somalia						
Sudan						
South Africa	30,000		10,000	8,273	6,000	6,928
Tanzania						
Uganda		36,268		3,777		1,245
Zambia	8,950	16,619	280	1,538		530
Zimbabwe		45,690				
AFR/SD						
REDSO/ESA						
WARP						

Table 4: Reducing the HIV transmission rate and the impact of the HIV/AIDS pandemic in developing countries (cont.)

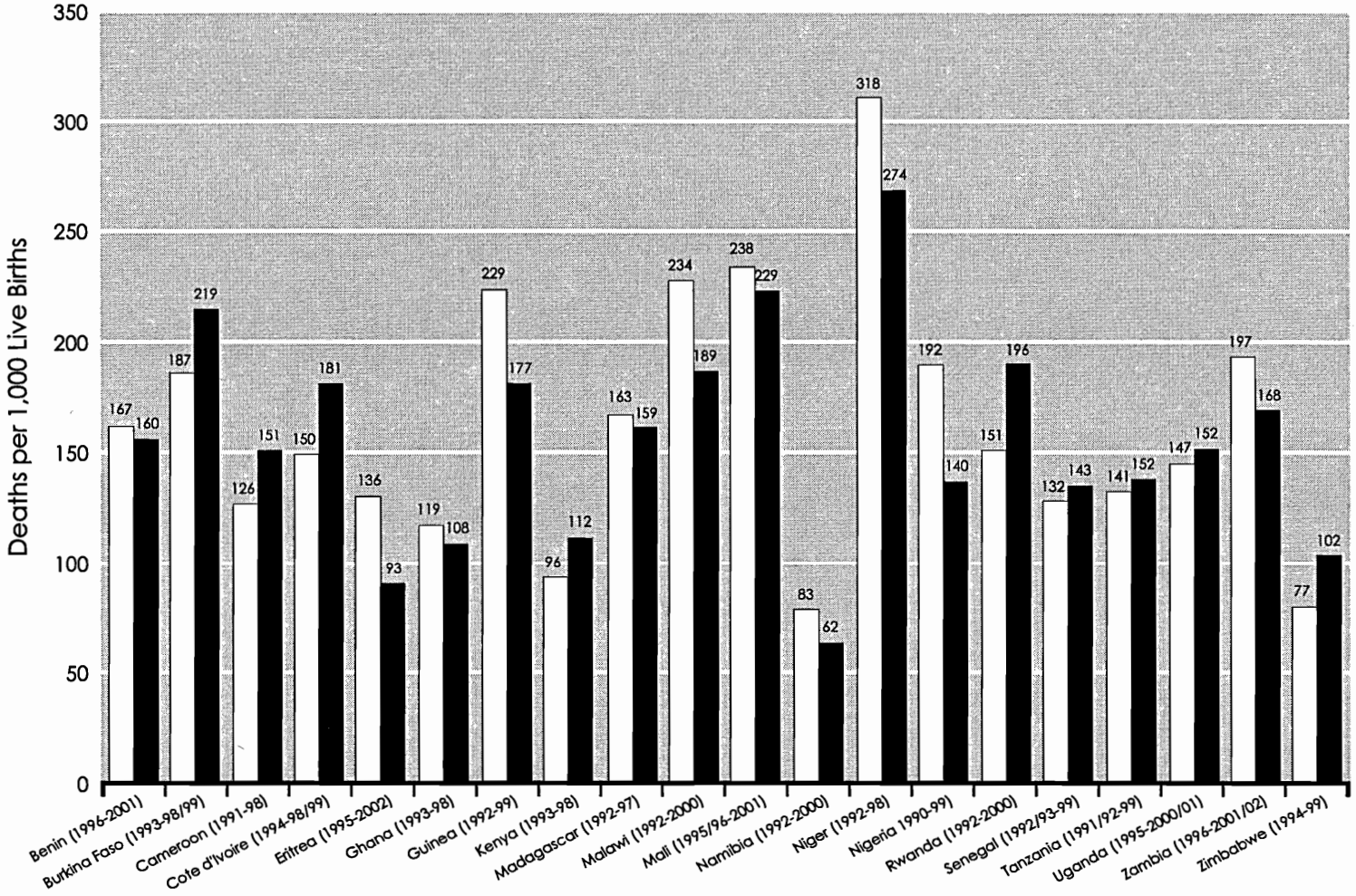
Mission/ Regional Program	Number of individuals reached by community and home-based care in the past 12 months	Number of individuals reached by community and home-based care assisted by USAID	Number of USAID-assisted community and home-based care programs		Number of clients seen at VCT centers	Number of individuals receiving VCT from USAID assisted sites	Number of VCT centers with USAID assistance	Number of VCT centers receiving USAID assistance	Number of individuals with advanced HIV-infection receiving ARV from USAID-assisted treatment programs	Number of USAID-assisted ARV treatment programs	Number of USAID-assisted ARV treatment programs in the past 12 months
	FY 2003 AR	FY 2004 AR	FY 2003 AR	FY 2004 AR	FY 2003 AR	FY 2004 AR	FY 2003 AR	FY 2004 AR	FY 2004 AR	FY 2003 AR	FY 2004 AR
Angola					2,860	12,111	3	5			
Benin											
Burundi											
Djibouti											
DR Congo	4,088	5,117	3	6	1,108	9,111	3	5			
Eritrea						24,501	1	4			
Ethiopia	812	29,064	7	19	926	7,706	21	36	0		0
Ghana		2,997		1	685	3,774	3	5	97		3
Guinea				0				0			0
Kenya			3	29	57,469	80,000	56	67		1	
Liberia											
Madagascar											
Malawi	4,700	3,642	7	7	49,142	51,178	3	12			
Mali					1,738	2,902	2	3			
Mozambique	530	9,652	2	4	24,206	26,281	4	4			
Namibia		2,633		41		38		1	2		1
Nigeria		6,220	11	33	307	1,549	2	2	0		0
Rwanda	9,179	1,000	3	10	66,294	85,000	16	18	99		2
Senegal		3,060			2,477	4,029	3	5	372		1
Somalia											
Sudan											
South Africa			24	51		44,469	150	214	930	1	11
Tanzania	132		2		15,987	49,899	7	14			
Uganda	27,176	31,336	86	4	89,735	111,411	51	93			
Zambia					3,929	97,783	88	108			
Zimbabwe					58,000	94,638	14	15			
AFR/SD											
REDSO/ESA											
WARP	1,900	4,300	1				6				

Table 5: Reducing the threat of infectious diseases of major public health importance

Mission/ Regional Program	Number of insecticide-impregnated bednets sold (malaria)					ITN coverage rate (%)	Proportion of districts implementing the DOTS tuberculosis strategy				TB treatment success rate (%)
	2001 actual	2002 target	2002 actual	2003 target	2003 actual	2003 actual	2001 actual	2002 target	2002 actual	2003 target	2003 actual
Angola											
Benin	33,494	45,000	52,711	38,600	39,678						
Burundi											
Djibouti											
DR Congo						6			70	75	8
Eritrea						67.9					
Ethiopia									86	90	
Ghana	21,000	50,000	139,000	200,000							
Guinea											
Kenya	95,000	300,000	450,000		600,000						
Liberia											
Madagascar			106,000	200,000							
Malawi			201,601	231,800	942,835				100	100	
Mali											
Mozambique									100	100	
Namibia											
Nigeria			21,000	30,000		2.1					
Rwanda	64,889	100,000	58,823	80,000			100		100	100	
Senegal											
Somalia	30,000						91.4	91.4			
Sudan											
South Africa							74	90		100	
Tanzania	107,000	117,590							100	100	
Uganda	59,735	144,000	75,657	100,000		13	14		35.7	80	63
Zambia	81,000	150,000	285,000	300,000		27.2					
Zimbabwe											
AFR/SD											
REDSO/ESA											
WARP		15,000	33,000	18,750	36,000						

Trends in Selected Health Indicators

Under-Five Mortality Rates in Selected African Countries With Two Demographic and Health Surveys: 1990-2002



Note: Mortality rates given are for the five-year period prior to the survey.

Source: Demographic and Health Surveys of indicated years.

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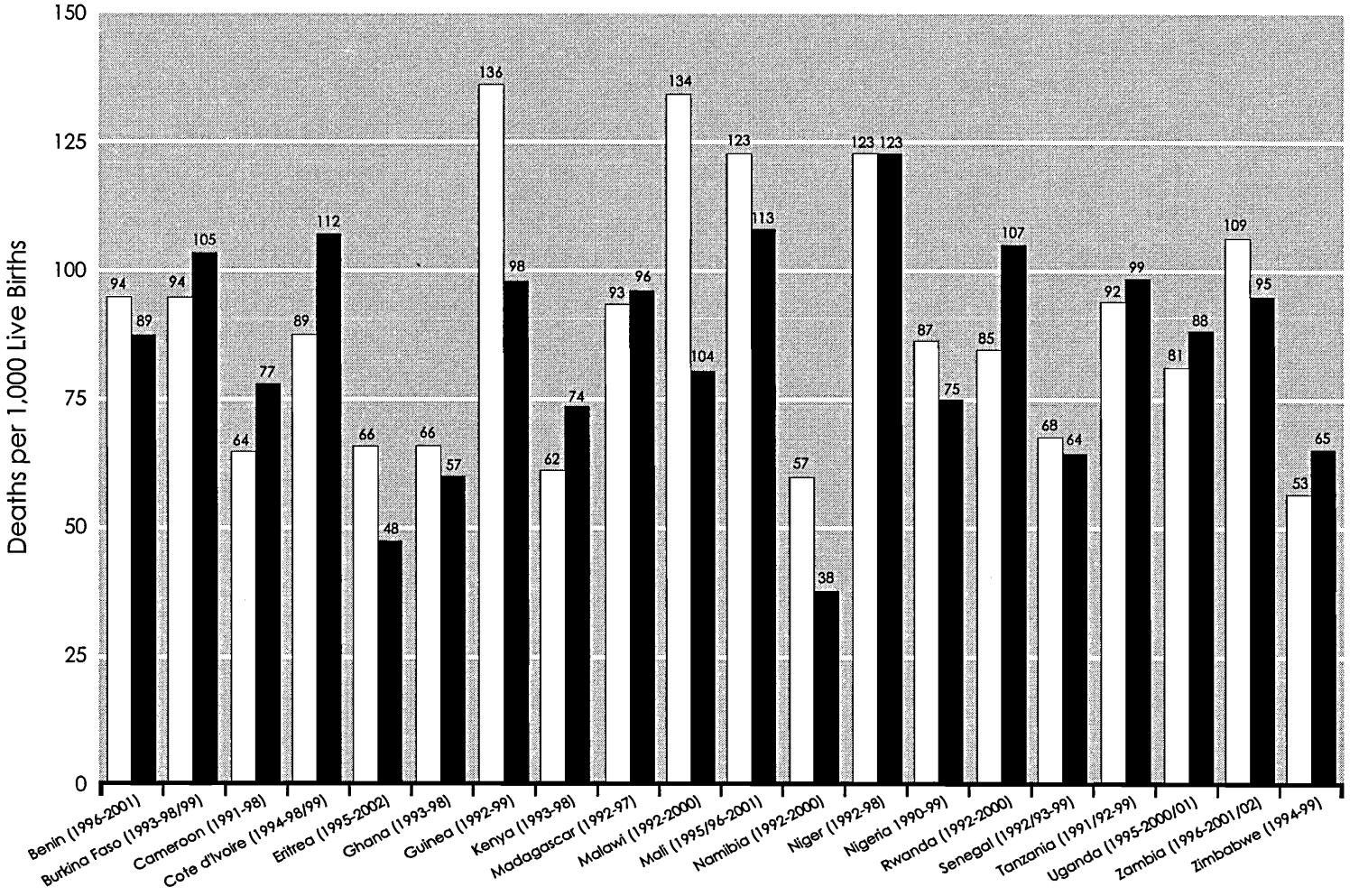
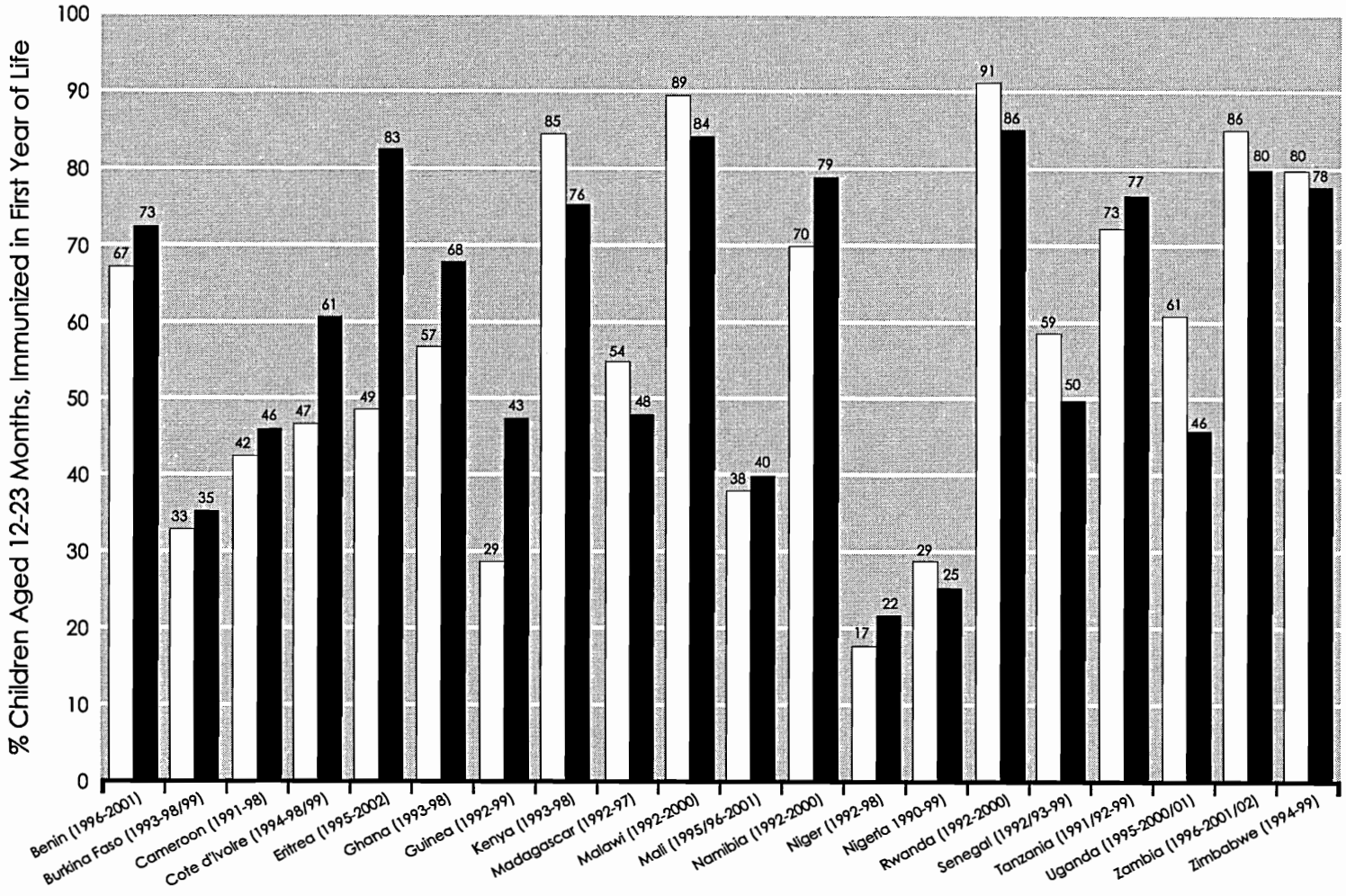
Infant Mortality in Selected African Countries With Two Demographic and Health Surveys: 1990-2002



Note: Mortality rates given are for the five-year period prior to the survey.

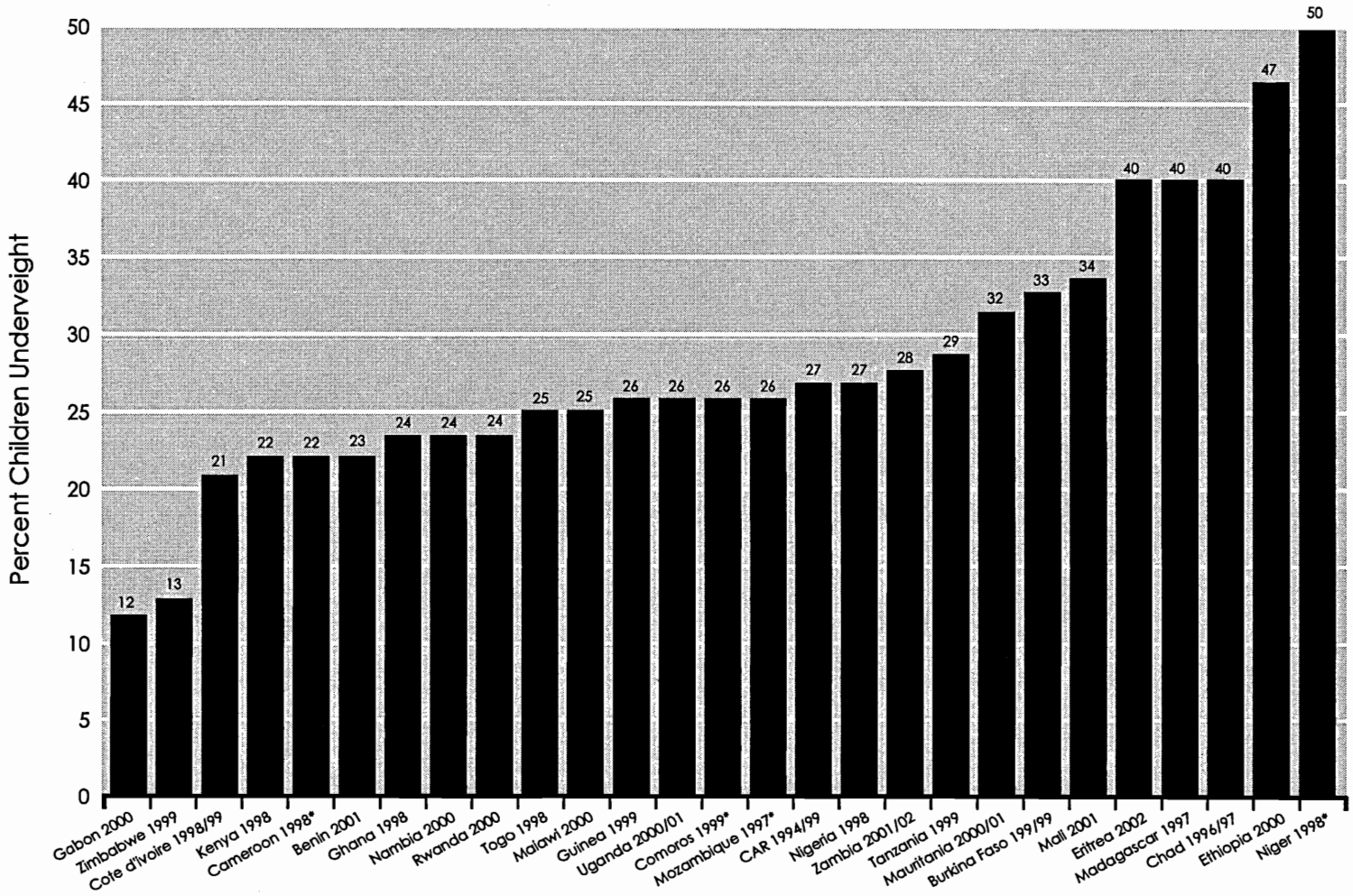
Source: Demographic and Health Surveys of indicated years.

DPT3 Immunizations of Children Aged 12-23 Months in African Countries With Two Demographic and Health Surveys: 1990-2002



Source: Demographic and Health Surveys of indicated years.

Underweight Children Aged 0-59 Months in Sub-Saharan African Countries Most Recent Survey, 1995-2002

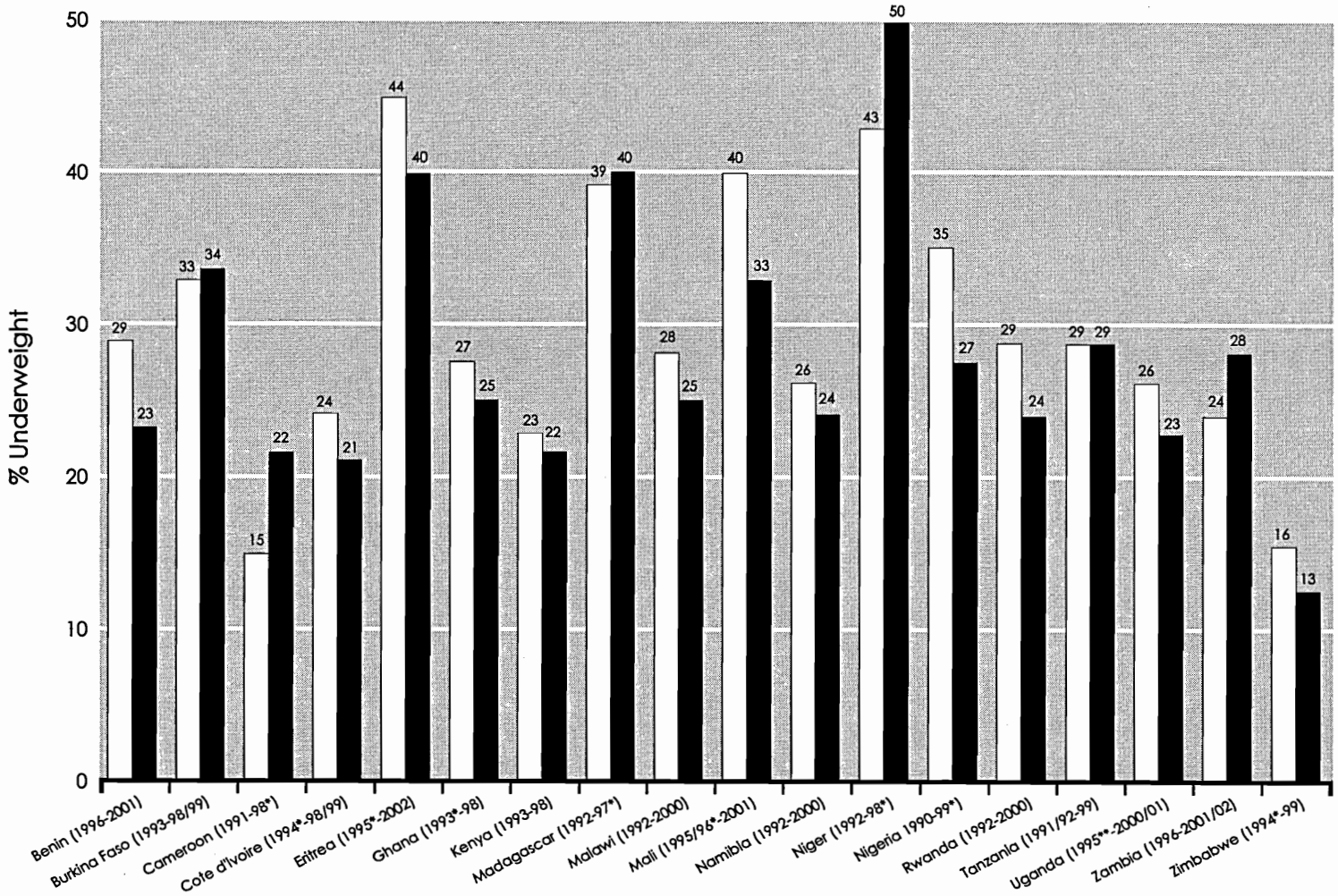


*The value for this country represents data from children under 3 years of age.

Note: Percentage of children 0-59 months whose height-for-age is below minus 2 standard deviations from the median of the reference population.

Source: Demographic and Health Surveys of indicated years.

Percentage of Underweight Children Aged 0-59 Months, Selected African Countries With Two Demographic & Health Surveys: 1990-2002

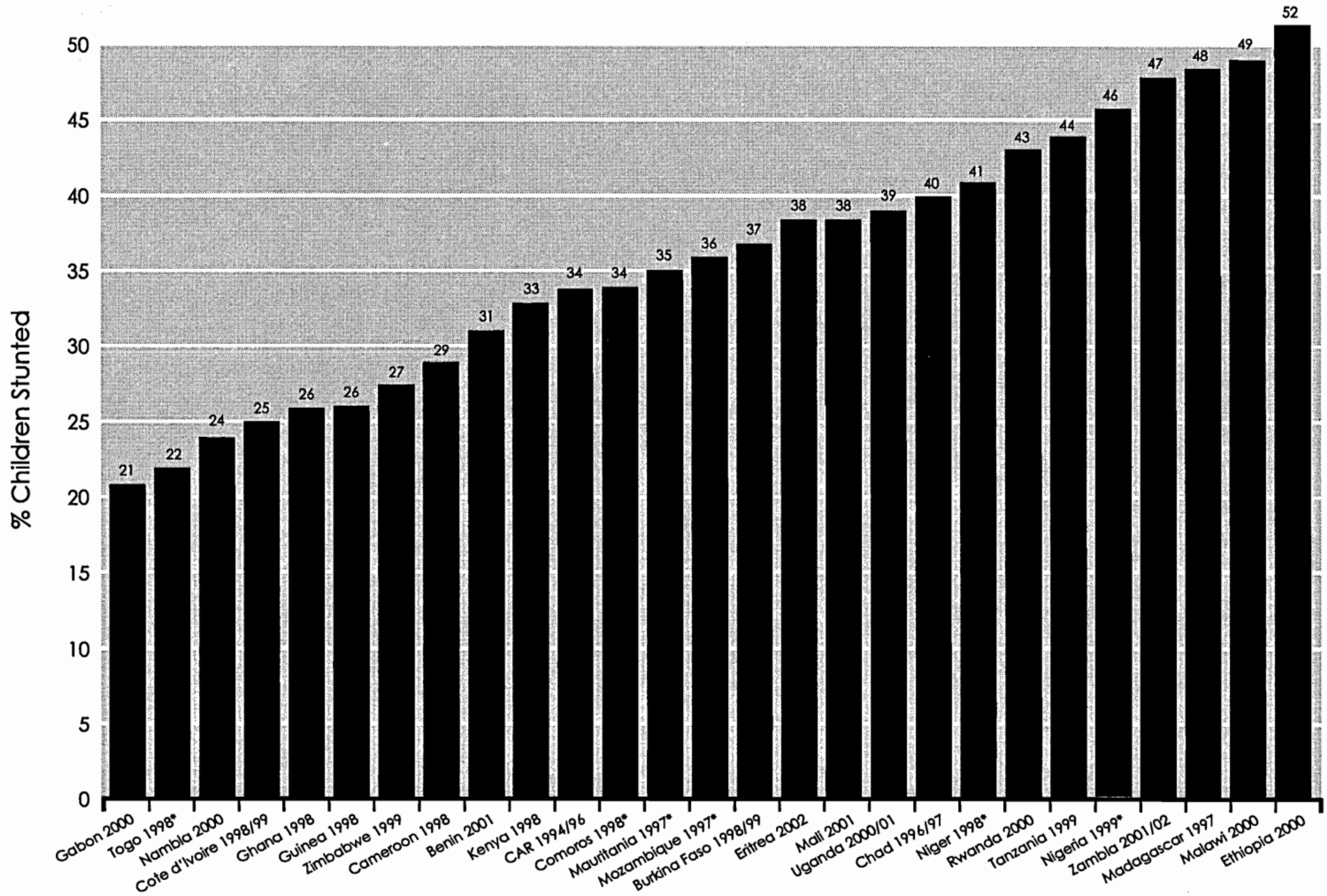


*The value for this country represents data from children under 3 years of age. **The value for this country represents data from children under 4 years of age.

Note: Percentage of children 0-59 months whose weight-for-age is below minus 2 standard deviations from the median of the reference population.

Source: Demographic and Health Surveys of indicated years.

Stunting Among Children Aged 0-59 Months in Sub-Saharan African Countries Most Recent Survey, 1995-2002

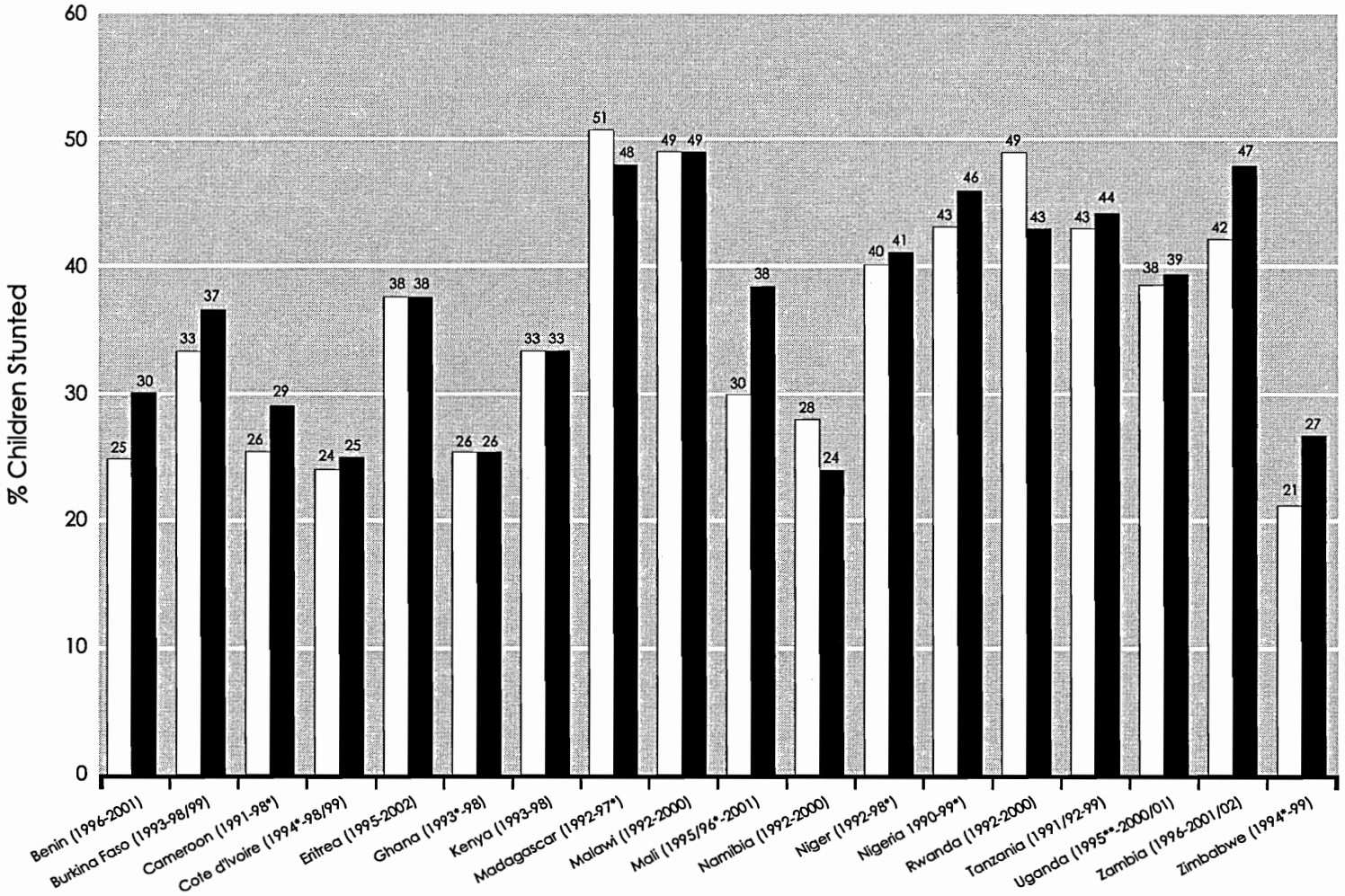


*The value for this country represents data from children under 3 years of age.

Note: Percentage of children 0-59 months whose height-for-age is below minus 2 standard deviations from the median of the reference population.

Source: Demographic and Health Surveys of indicated years.

Stunting Among Children Aged 0-59 Months in Selected African Countries With Two Demographic and Health Surveys: 1990-2002



*The value for this country represents data from children under 3 years of age.

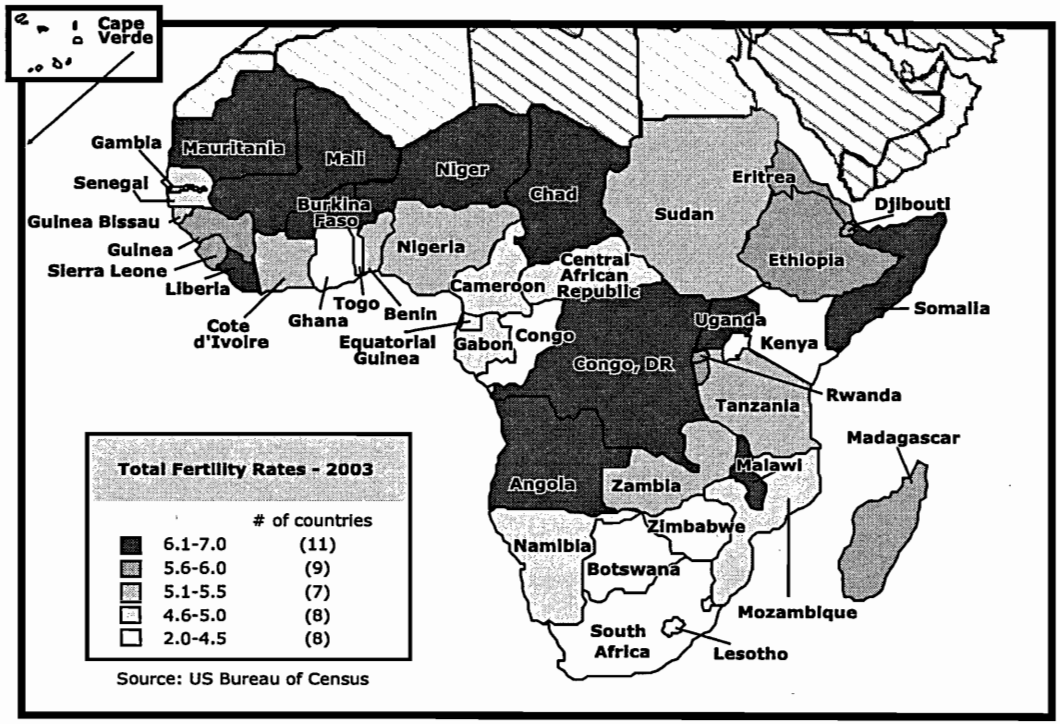
**The value for this country represents data from children under 4 years of age.

Note: Percentage of children 0-59 months whose height-for-age is below minus 2 standard deviations from the median of the reference population.

Source: Demographic and Health Surveys of indicated years.

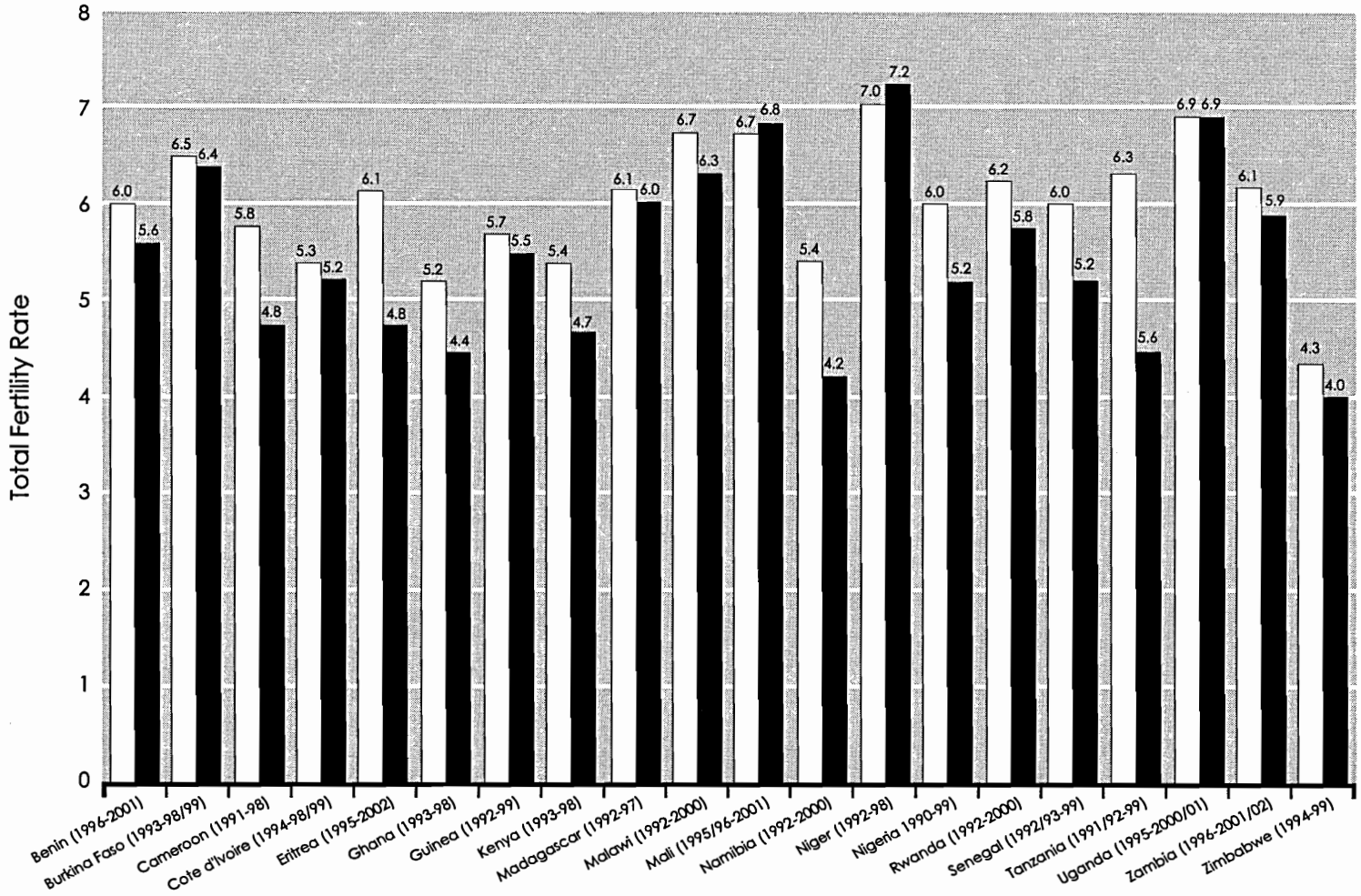
Total Fertility Rates in Sub-Saharan Africa, 2003

Country	Rate	Country	Rate
Angola	6.4	Liberia	6.2
Benin	5.6	Madagascar	5.7
Botswana	3.3	Malawi	6.1
Burkina Faso	6.4	Mali	6.7
Burundi	6	Mauritania	6.1
Cameroon	4.6	Mozambique	4.9
CAR	4.7	Namibia	4.7
Chad	6.4	Niger	6.9
Congo	3.7	Nigeria	5.4
Congo, DR	6.7	Rwanda	5.6
Cote d'Ivoire	5.5	Senegal	4.9
Djibouti	5.6	Sierra Leone	5.9
Equatorial Guinea	4.7	Somalia	7
Eritrea	5.7	South Africa	2.2
Ethiopia	5.6	Sudan	5.1
Gabon	4.8	Swaziland	3.9
Gambia	5.5	Tanzania	5.2
Ghana	3.3	Togo	5
Guinea	5.9	Uganda	6.7
Guinea Bissau	5.1	Zambia	5.2
Kenya	3.5	Zimbabwe	3.7
Lesotho	3.5		



Source: US Bureau of Census

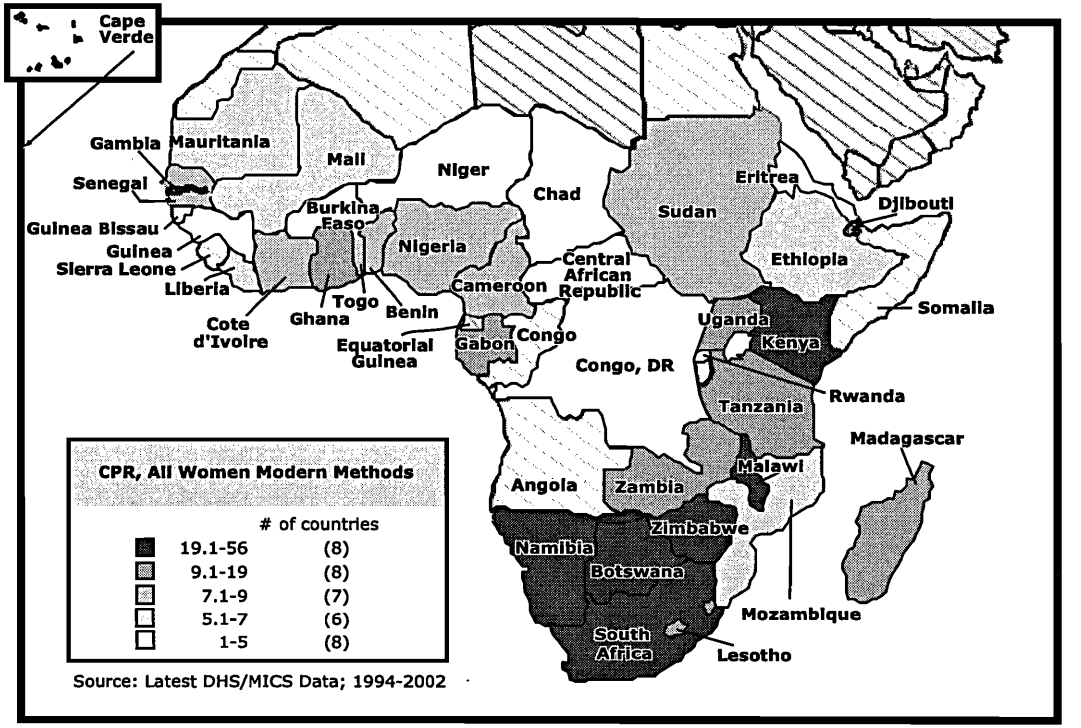
Total Fertility Rates in Selected African Countries With Two Demographic and Health Surveys: 1990-2002



Source: Demographic and Health Surveys of indicated years.

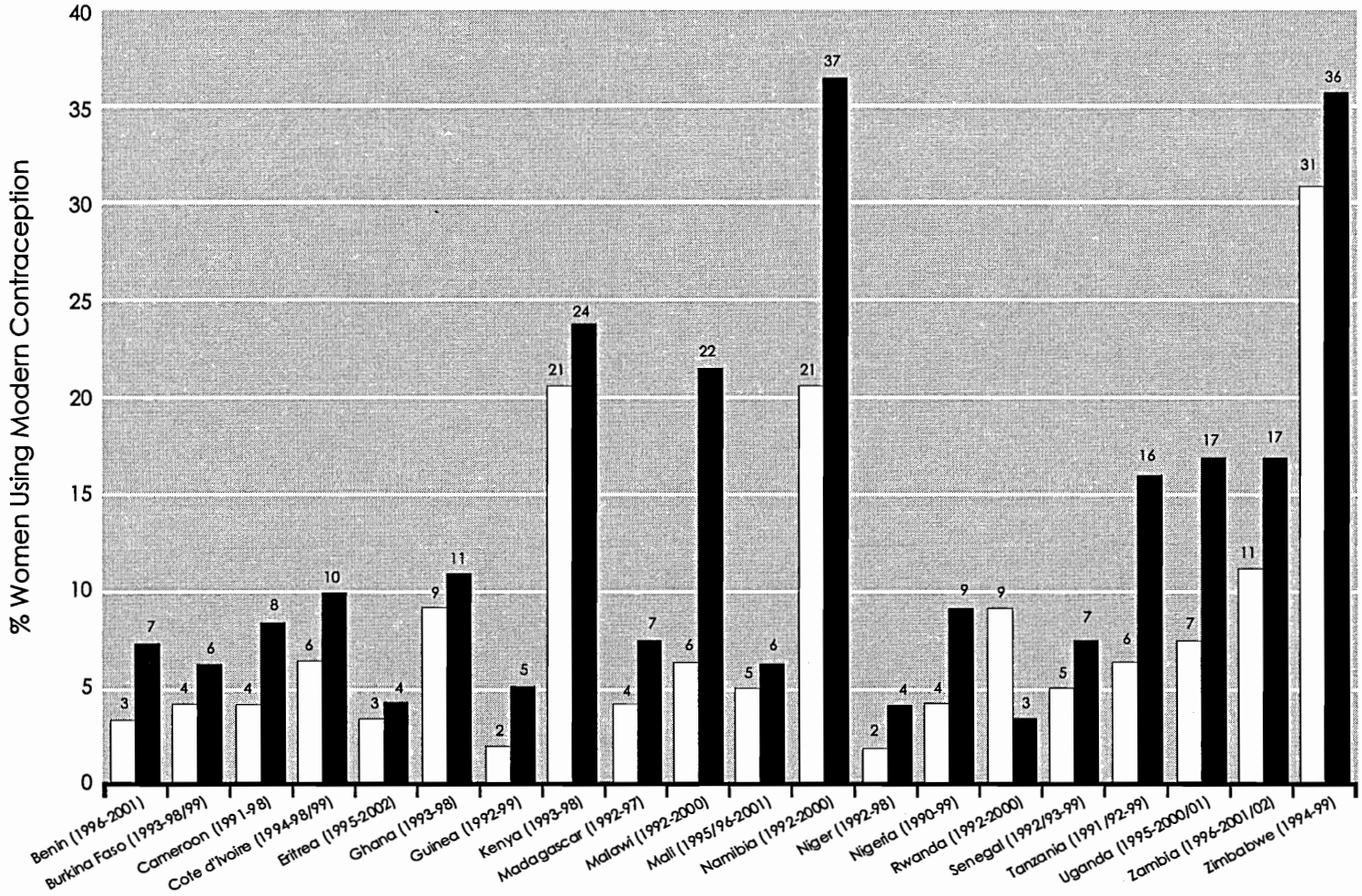
Contraceptive Prevalence (Any Modern Method) Rates, All Women Aged 15-49 in Sub-Saharan Africa, 1994-2002

Country	Rate	Country	Rate
Angola	3.4	Madagascar	7.3
Benin	7	Malawi	21.5
Botswana	28.9	Mali	5.8
Burkina Faso	5.8	Mauritania	3.1
Burundi	1.0	Mozambique	5.4
Cameroon	8	Namibia	21.4
Cape Verde	32.9	Niger	4.4
CAR	3.5	Nigeria	8.9
Chad	1.2	Rwanda	2.7
Cote d'Ivoire	9.8	Senegal	7.1
Eritrea	3.8	South Africa	49.3
Ethiopia	4.7	Swaziland	25.9
Gabon	14.3	Tanzania	15.6
Ghana	10.7	Togo	7.9
Guinea	4.9	Uganda	16.5
Kenya	23.6	Zambia	17.2
Liberia	7	Zimbabwe	35.6



Source: Latest DHS/MICS Data; 1994-2002

Contraceptive Prevalence Rates, All Women Aged 15-49
Selected African Countries With Two Demographic & Health Surveys: 1990-2002

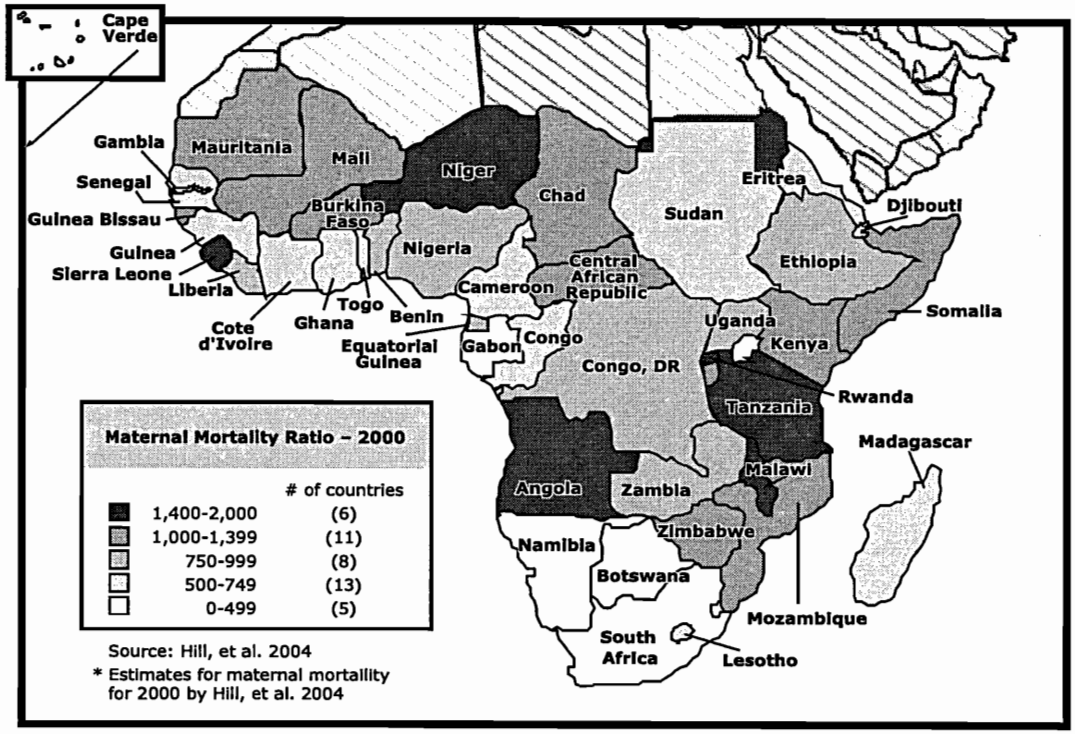


Source: Demographic and Health Surveys of indicated years.

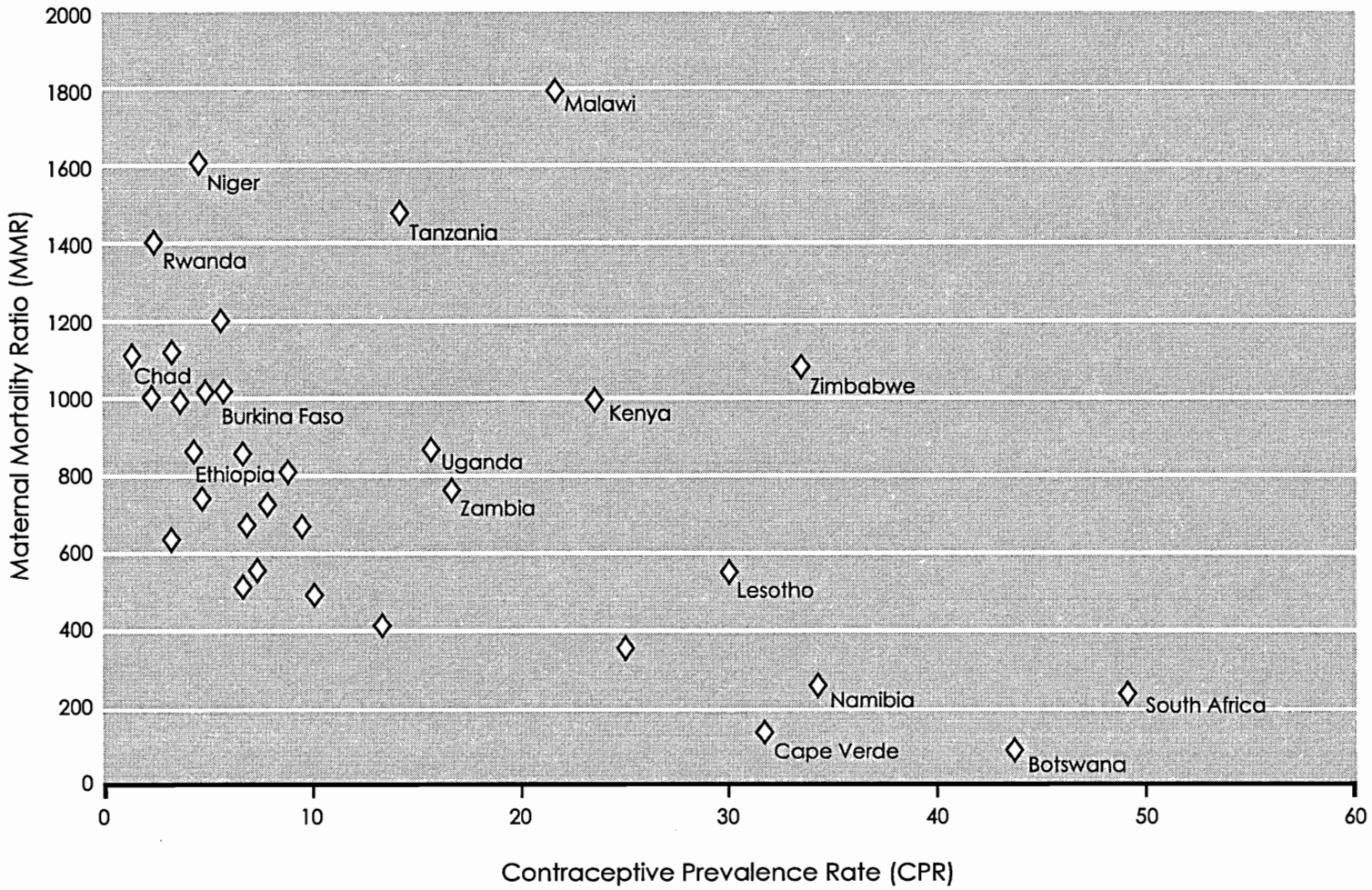
Maternal Mortality Ratios in Sub-Saharan Africa, 2000

Country	Rate	Country	Rate
Angola	1,700	Lesotho	550
Benin	850	Liberia	760
Botswana	100	Madagascar	550
Burkina Faso	1,000	Malawi	1,800
Burundi	1,000	Mali	1,200
Cameroon	730	Mauritania	1,000
Cape Verde	150	Mozambique	1,000
CAR	1,100	Namibia	300
Chad	1,100	Niger	1,600
Comoros	480	Nigeria	800
Congo	510	Rwanda	1,400
Congo, DR	990	Senegal	690
Cote d'Ivoire	690	Sierra Leone	2,000
Djibouti	730	Somalia	1,100
Equatorial Guinea	880	South Africa	230
Eritrea	630	Sudan	590
Ethiopia	850	Swaziland	370
Gabon	420	Tanzania	1,500
Gambia	540	Togo	570
Ghana	540	Uganda	880
Guinea	740	Zambia	750
Guinea Bissau	1,100	Zimbabwe	1,100
Kenya	1,000		

Maternal deaths per 100,000 live births



Contraceptive Prevalence Rate, All Women Aged 15-49, and Maternal Mortality Ratio, by Country, 2003



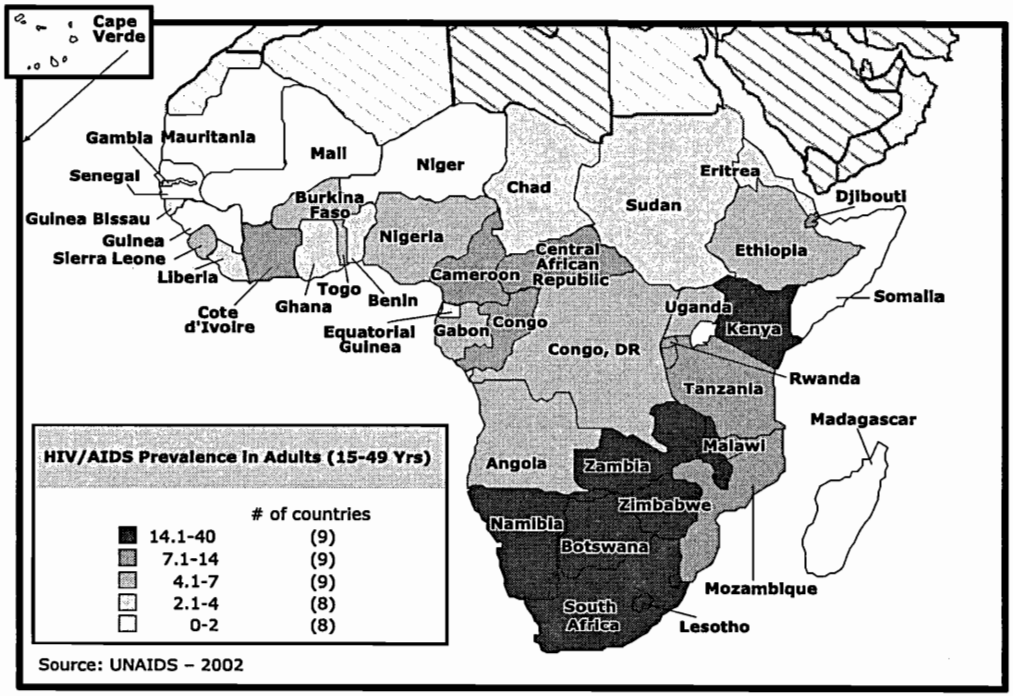
Source: Latest Demographic Health Surveys (DHS) or Multiple Indicator Cluster Surveys (MICS) for CPR, Years 1994-2002. Hill K, et al.

Maternal mortality in 2000 estimates developed by WHO, UNICEF, and UNFPA, 2004.

HIV Prevalence Among Adult Population (Aged 15–49) in Sub-Saharan Africa, 2002

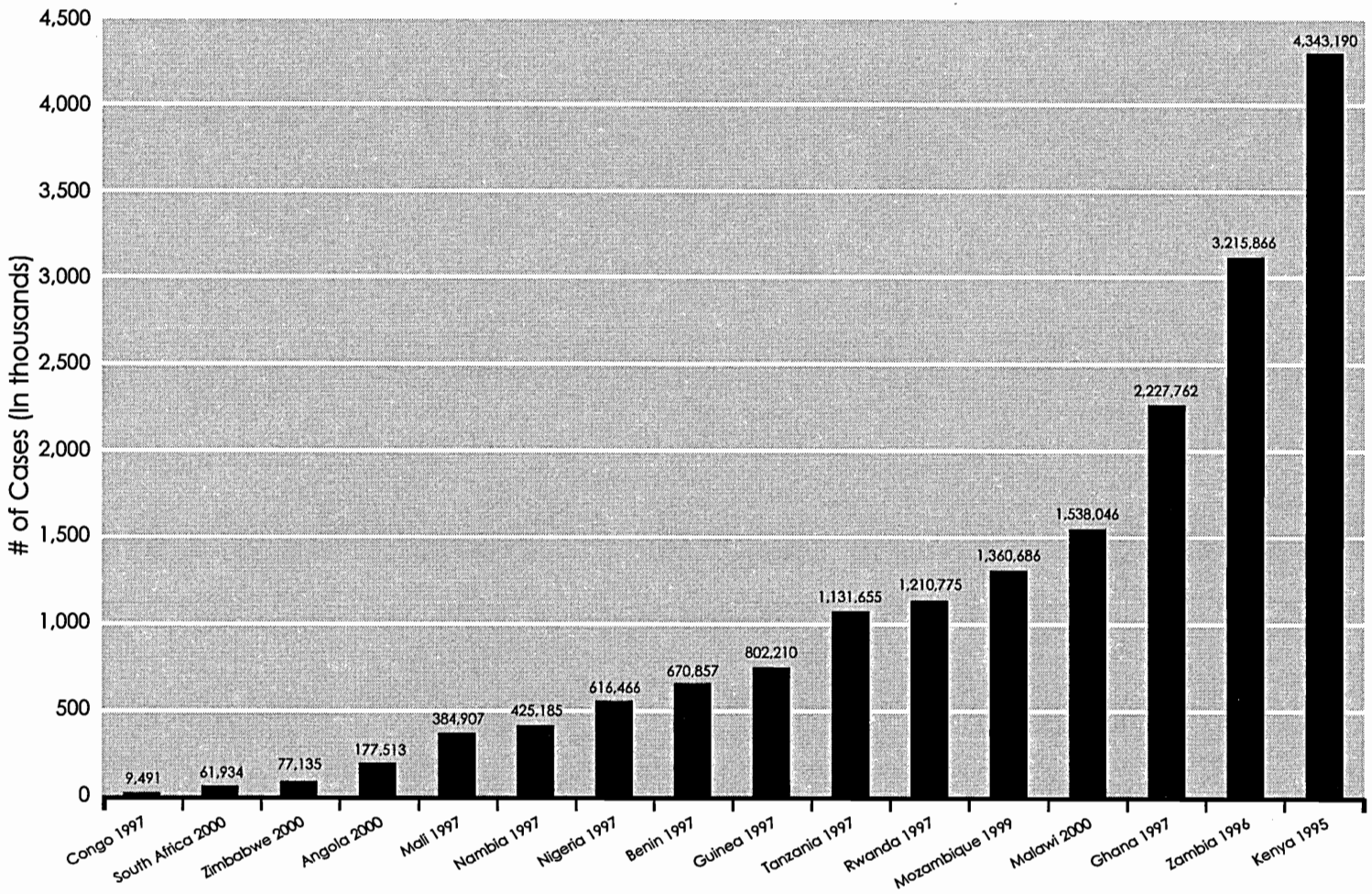
Country	Rate	Country	Rate
Angola	5.5	Liberia*	2.8
Benin	3.6	Madagascar	0.3
Botswana	38.8	Malawi	15
Burkina Faso	6.5	Mali	1.7
Burundi	8.3	Mauritania*	0.52
Cameroon	11.8	Mozambique	13
CAR	12.9	Namibia	22.5
Chad	3.6	Niger*	1.4
Congo	7.2	Nigeria	5.8
Congo, DR	4.9	Rwanda	8.9
Cote d'Ivoire	9.7	Senegal	0.5
Djibouti*	11.8	Sierra Leone	7
Equatorial Guinea	3.4	Somalia	1
Eritrea	2.8	South Africa	20.1
Ethiopia	6.4	Sudan	2.6
Gabon*	4.2	Swaziland	33.4
Gambia	1.6	Tanzania	7.8
Ghana	3	Togo	6
Guinea*	1.5	Uganda	5
Guinea Bissau	2.8	Zambia	21.5
Kenya	15	Zimbabwe	33.7
Lesotho	31		

*The value for this country represents data for 1999



Source: UNAIDS – 2002

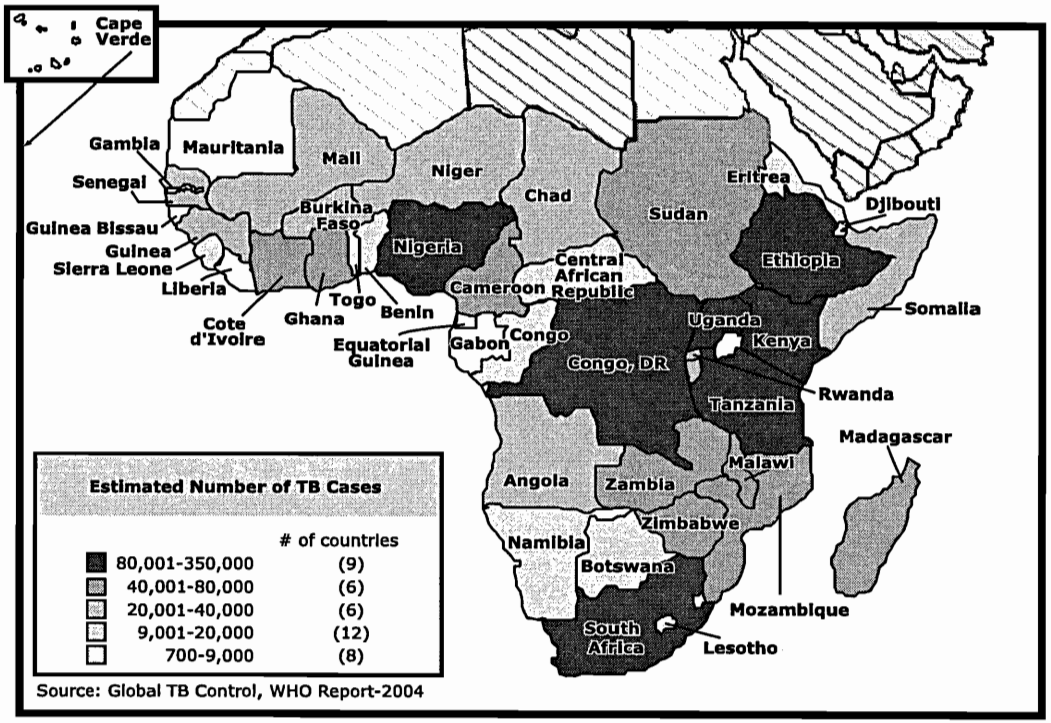
Reported Number of Malaria Cases in Sub-Saharan Africa, 1995-2000



Source: WHO/Roll Bank Malaria 2003

Estimated Number of TB Cases in Sub-Saharan Africa, 2002

Country	# Cases	Country	# Cases
Angola	44,226	Lesotho	13,059
Benin	5,644	Liberia	7,993
Botswana	11,622	Madagascar	39,553
Burkina Faso	19,833	Malawi	51,202
Burundi	23,721	Mali	42,118
Cameroon	29,520	Mauritania	5,271
Cape Verde	810	Mozambique	80,893
CAR	12,903	Namibia	14,724
Chad	18,565	Niger	22,332
Congo	14,339	Nigeria	367,836
Congo, DR	196,352	Rwanda	32,155
Cote d'Ivoire	67,376	Senegal	23,824
Equatorial Guinea	917	Sierra Leone	19,275
Eritrea	10,678	South Africa	249,660
Ethiopia	255,345	Swaziland	11,405
Gabon	3,244	Tanzania	131,566
Gambia	3,194	Togo	17,336
Ghana	43,104	Uganda	94,362
Guinea	17,932	Zambia	71,509
Guinea Bissau	2,836	Zimbabwe	87,649
Kenya	170,213		



Source: Global TB Control, WHO Report-2004

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