

Population, Health, and Nutrition Results Reporting

From FY 2003 Annual Reports

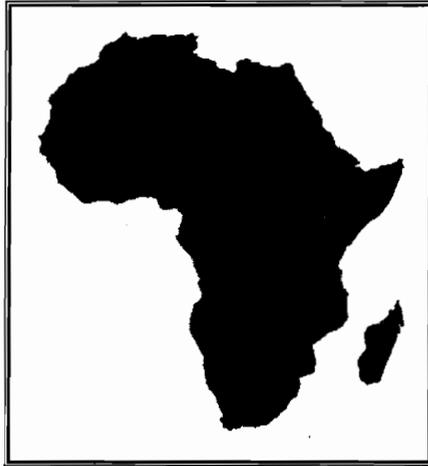
May 2003



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 health and family planning programs from the FY 2003 Annual Reports of USAID Bureau for Africa Missions submitted in January 2003.

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Acronyms and Abbreviations

AFP	Acute flaccid paralysis
AFR/SD	USAID Bureau for Africa/Office of Sustainable Development
AIDS	Acquired immunodeficiency syndrome
AIM	AIDS/HIV Integrated Model
AR	Annual report
ARI	Acute respiratory infection(s)
ARV	Antiretroviral
BASICS	Basic Support for Institutionalizing Child Survival Project
BCC	Behavior change communication
BSS	Behavioral Surveillance Survey
CAR	Central African Republic
CBD	Community-based distribution
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
CORE	Communities Responding to the HIV/AIDS Epidemic
CPR	Contraceptive prevalence rate
CS	Child survival
CSW	Commercial sex worker
CY	Calendar year
CYP	Couple-year(s) of protection
DFID	Department for International Development (U.K.)
DHS	Demographic and Health Survey
DOH	Department of Health
DOTS	Directly observed treatment, short course (TB)
DPT3	Diphtheria, pertussis, tetanus vaccine, 3rd dose
DR Congo	Democratic Republic of the Congo
EDDI	Education for Development and Democracy Initiative
EPI	Expanded Program on Immunization
FAO	Food and Agriculture Organization (U.N.)
FGC	Female genital cutting

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Acronyms and Abbreviations (cont.)

FHA	Family health and AIDS
FP	Family planning
FY	Fiscal year
GAVI	Global Alliance for Vaccines and Immunization
HBC	Home-based care
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
IMCI	Integrated Management of Childhood Illness
INH	Isoniazid
IR	Intermediate result
ITN	Insecticide-treated bednet
MCH	Maternal and child health
MHO	Mutual health organization
MICS	Multiple indicator cluster survey
MMR	Maternal mortality ratio
MOH	Ministry of health
MTCT	Mother-to-child transmission (HIV)
NGO	Nongovernmental organization
NID	National immunization day
NSSS	National sentinel surveillance system
OPV3	Oral polio vaccine, 3rd dose
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
OVC	Orphans and vulnerable children
PAC	Post-abortion care
PACT	Private Agencies Collaborating Together
PHC	Primary health care
PHN	Population, health, and nutrition
PLWA	People living with AIDS
PMTCT	Prevention of mother-to-child transmission (HIV)
PSI	Population Services International

Acronyms and Abbreviations (cont.)

PVO	Private voluntary organization
RAPID	Resources for the Awareness of Population Impacts on Development
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
RH	Reproductive health
RHS	Reproductive Health Survey
SARA	Support for Analysis and Research in Africa
SO	Strategic objective
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TASO	The AIDS Support Organization (Uganda)
TB	Tuberculosis
TBA	Traditional birth attendant
TFR	Total fertility rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
VCT	Voluntary counseling and testing
WARP/PHN	West African Regional Program/Population, Health, and Nutrition
WHO	World Health Organization

Africa Missions and Regional Offices: Areas of PHN Activity
(as submitted in ARs FY 2003)

		Child Survival	Family Planning	HIV/AIDS
Missions	Angola	✓		✓
	Benin	✓	✓	✓
	Burundi*			✓
	DR Congo	✓	✓	✓
	Eritrea	✓	✓	✓
	Ethiopia	✓	✓	✓
	Ghana	✓	✓	✓
	Guinea	✓	✓	✓
	Kenya	✓	✓	✓
	Liberia	✓	✓	✓
	Madagascar	✓	✓	✓
	Malawi	✓	✓	✓
	Mali	✓	✓	✓
	Mozambique	✓	✓	✓
	Namibia			✓
	Nigeria	✓	✓	✓
	Rwanda	✓	✓	✓
	Senegal	✓	✓	✓
	Sierra Leone			✓
	Somalia	✓		
	South Africa	✓	✓	✓
	Sudan	✓		✓
	Tanzania	✓	✓	✓
	Uganda	✓	✓	✓
Zambia	✓	✓	✓	
Zimbabwe		✓	✓	
Regional Programs	AFR/SD	✓	✓	✓
	REDSO/ESA	✓	✓	✓
	WARP/PHN	✓	✓	✓
Summary	# of Units	Child Survival	Family Planning	HIV/AIDS
Missions	26	22	20	25
Missions and Regional Offices	29	25	23	28

*Burundi programs are currently administered through REDSO/ESA.

Strategic Objectives and Intermediate Results in the PHN Sector

USAID Mission	Objectives and Results in the PHN 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 1998-2003	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 access to health services and products
	IR 8.2	Increased access to water and sanitation services and products
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 target health zones
	IR 1.3	Reduced transmission of HIV/STIs in target population
	IR 1.4	Increased access to adequate environmental health services in target sites
Eritrea 2003-2007	SO 4	Use of priority primary health and HIV/AIDS services increased
	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 of and demand for HIV/AIDS prevention services increased
Ethiopia 2000-2006	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

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
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	Increase use of proven, effective interventions to decrease risk of transmission and mitigate the impact of HIV/AIDS
	IR 3.3	Increase 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	Increased access to essential primary health care services
	IR 3.2	Increased demand for essential primary health care services
	IR 3.3	Improved quality of essential primary health care services
Madagascar 2003-2008	SO 2	Improved and increased use of selected health services, products, and practices
	IR 2.1	Increased demand for selected health services and products
	IR 2.2	Increased availability of selected health services and products
	IR 2.3	Improved quality of selected health services
	IR 2.4	Improved institutional capacity to implement and evaluate health programs

Malawi 2001-2006	SO 8	Behaviors adopted that reduce fertility and risk of HIV transmission and improve child health
	IR 8.1	Social marketing, delivery of appropriate range of health products and methods expanded/consolidated
	IR 8.2	Knowledge of good health/nutrition practices and own HIV status improved
	IR 8.3	Community participation in health care, including orphan care, increased in target communities
	IR 8.4	Range of quality health services for mothers and children under 5 expanded in target districts
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
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 of and demand for services to improve sexual risk behavior in target community
	IR 5.3	Strengthened and improved capacity of institutions to plan and implement HIV/AIDS interventions in target community
	IR 5.4	Increased community awareness and comprehensive support for OVC in target community
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 (supply) 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

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 target 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 1996-2005	SO 8	Increased use of essential PHC and HIV/AIDS prevention and mitigation services and practices
	IR 8.1	Integrated PHC, HIV/AIDS, STD, and TB prevention and mitigation services and practices
	IR 8.2	Increased demand for HIV/AIDS, STI, and TB prevention and mitigation services and practices
	IR 8.3	Improved quality of integrated PHC, HIV/AIDS, STI, and TB services and practices
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
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	Increased delivery of PHN interventions by the private sector
	IR 3.5	Improved policies, planning, and support systems in the delivery of PHN interventions
Zimbabwe 2000-2005	SO 9	HIV/AIDS crisis mitigated
	IR 9.1	Behavior change through increased use of effective quality services for HIV prevention
	IR 9.2	Enhanced capacity of public institutions to formulate and advocate for improved HIV policies
	IR 9.3	Improved care for vulnerable children

Regional Office/Program	Objectives and Results in the PHN Sector	
AFR/SD 1998-2003	SO 19	Adoption of policies and strategies for increased sustainability, quality, efficiency, and equality of health services
	IR 19.1	Promotion of improved policies and strategies for innovative health finance and organizational reform
	IR 19.2	Promotion of 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	Promotion of improved policies and strategies to expand reproductive health programs
	IR 20.2	Improved enabling environment to design, implement, and evaluate reproductive health programs
	SO 21	Improved enabling environment to design, implement, and evaluate reproductive health programs
	IR 21.1	Development of improved strategies and models to prevent and mitigate HIV/AIDS
	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

AFR/SD 1998-2003 (cont.)	SO 24	Polio eradicated in selected countries in ways that build sustainable immunization programs
	IR 24.1	Strengthened partnerships to support the implementation of polio eradication and immunization/disease control programs
	IR 24.2	Strengthened selected immunization support systems in the public and private sectors to achieve polio eradication
	IR 24.3	Improved planning and implementation for supplemental polio immunization activities (including national immunization days)
	IR 24.4	Improved acute flaccid paralysis surveillance integrated with surveillance for other infectious diseases
	IR 24.5	Promotion of 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
WARP/PHN 2001-2008	SO 5	Increased sustainable use of selected reproductive health, HIV/AIDS/STI, and child survival services and/or products in West Africa
	IR 5.1	Increased access to quality reproductive health, HIV/AIDS/STI, and child survival services and/or products in West Africa
	IR 5.2	Increased effective advocacy for action in HIV/AIDS, maternal health, and child survival
	IR 5.3	Increased public, private, and nonprofit capacity for developing and implementing health policies and programs
	IR 5.4	Increased partner collaboration for transparent and efficient use of resources for developing and implementing health policies and programs
	IR 5.5	Increased number of preliminary HIV/AIDS assessments and technical assistance support visits in nonpresence countries

Results and Activities Reported

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Results and Activities Reported: Child Survival (as submitted in ARs 2003)

USAID Mission	Child Survival Results and Activities
Angola	<ul style="list-style-type: none"> • The percentage of mothers bringing their children for treatment of severe malaria rose from 45% to 60% of all mothers surveyed. • The percentage of mothers knowing the correct age and need for measles vaccination increased from 8% to 21%. • The percentage of mothers who know how malaria is transmitted has increased from 1% to 34% of mothers in the target population. • Polio surveillance sites in each province began adding other infectious diseases to their surveillance activities. • Through the use of sentinel surveillance sites and established protocols, timely stool collection and analysis occurred in 85% of Angola's acute AFP cases in 2002. • By the last of the 2002 NIDs, 80% of all municipalities had at least 80% of children under 5 vaccinated for polio. In the August 2002 NIDs, 4.9 million children under 5 were vaccinated. • NIDs were synchronized with Gabon, Congo/Brazzaville, Namibia, DR Congo, and Zambia. • There were no confirmed cases of polio in 2002.
Benin	<ul style="list-style-type: none"> • From 1996 to 2001, under-5 mortality nationwide slightly decreased from 166 to 160 deaths per 1,000 live births. • In the USAID target region, the percentage of children fully vaccinated rose from 41% to 49% between 1996 and 2001, compared with a nationwide increase from 56% to 59%. • The percentage of children exclusively breastfed through 6 months of age rose from 14% in 1996 to 38% in 2001. • In the Oueme-Plateau region, where USAID's efforts are focused on malaria control and child survival, 77% of children under 5 who had a fever were either taken to a health center for treatment or treated at home with a recommended antimalaria medicine within 48 hours. Nationally, the percentage was 67%. • In FY 2002, a survey conducted at the health facilities level in the Oueme-Plateau region demonstrated that 90% of service providers correctly treated children with malaria. • More than 2 million ORS packets were sold in 2002 through social marketing. 1,843 new ORS sales points were created.
DR Congo	<ul style="list-style-type: none"> • In health zones targeted by USAID, measles vaccination coverage rates increased significantly from 42.8% in FY 2001 to 56.2% in FY 2002. In Ngidinga district, coverage increased from 40% in FY 2000 to 62% in FY 2001 to 69% in FY 2002. • National polio vaccination coverage reached 99%. The percentage of children never having received a polio vaccination decreased from 7% in round 1 of the NIDs campaign to 1% in round 3. • Vitamin A supplementation for children 6 to 59 months increased from 88% in 2000 to 94.8% in 2002.

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Eritrea	<ul style="list-style-type: none"> • Infant mortality fell from 72 to 48 per 1,000 live births between 1995 and 2002. • Under-5 mortality fell from 136 to 93 per 1,000 live births between 1995 and 2002. • The percentage of children whose weight for age is less than -2 standard deviations decreased from 44% in 1995 to 39% in 2002. • Coverage of children 12 to 23 months of age with both DPT3 and OPV3 increased from 48% in 1995 to 83% in 2002. USAID established the cold chain, trained health workers to implement and manage an expanded immunization program, and strengthened polio surveillance. • Use of ORS increased from 56% in 1995 to 68% in 2002. • Use of antenatal care increased from 49% in 1995 to 70% in 2002. • Deliveries by trained personnel increased from 21% in 1995 to 28% in 2002.
Ethiopia	<ul style="list-style-type: none"> • DPT3 increased from 32% in 2001 to 37.5% in 2002. • Detection of AFP in children under 5 improved. The non-polio AFP rate increased from 0.74 in FY 2001 to 1.44 in FY 2002. • No wild poliovirus has been detected since January 2001. • In the Southern Nations, Nationalities, and Peoples focus region, more than 1,500 health workers were trained in EPI and IMCI.
Ghana	<ul style="list-style-type: none"> • Measles vaccination exceeded targets with 81% coverage. • Coverage of DPT3 was 75%. • A combined DPT/hepatitis B vaccine and <i>haemophilus influenzae</i> type b vaccine were introduced into the regular EPI schedule. • The "Healthier, Happier Homes" radio drama series and magazine were launched in FY 2002. The campaign aims to improve the knowledge of Ghanaian families about treating and managing childhood conditions. • The vitamin A supplementation campaign was successful with 96% coverage. A national strategy on vitamin A integration into routine child health services was formulated. • Exclusive breastfeeding increased from 31% in 1998 to 77% in 2001. • In 2002, 85% of all AFP cases were handled correctly. • No new cases of wild polio were reported in 2002. • The MOH trained front-line health workers in IMCI to expand the number of focus districts from 4 to 18.
Guinea	<ul style="list-style-type: none"> • A new IMCI activity resulted in 91% of children at intervention zone health centers receiving treatment according to the internationally accepted protocol, up from 37% in 2001. • In May 2002, 95% of children 6 to 59 months of age nationwide received a dose of vitamin A. • Six months after participating in the "Hearth" nutrition recuperation session, 94% of participating children had fully or almost attained normal nutritional status. • 53% of births in Upper Guinea received at least three prenatal care visits. • Compliance with national maternal health norms and procedures in Upper Guinea was 88%. • About 90% of postpartum women in the intervention zone received vitamin A within 48 hours of delivery.

Liberia	<ul style="list-style-type: none"> • Of 95,000 pregnant women in project areas, 41% received two or more tetanus toxoid immunizations and two or more prenatal consultations. • 5,100 community health workers, including TBAs, were trained. • 899,000 children received polio vaccine during two rounds of NIDs. There have been no confirmed cases of polio since 1999. AFP cases with two stool specimens collected within 14 days of onset of paralysis increased from 84% to 90%. • 82% of children under age 1 in project areas received their first DPT immunization and 73% received all three. • 72% of children under age 5 in project areas sought consultation for morbid conditions, exceeding the target of 40%. • 90% of children under age 1 received measles immunization, exceeding the target of 75%. • The percentage of survey respondents reporting that exclusive breastfeeding for six months was the most appropriate infant feeding practice increased from 18% in 2000 to 59% in 2002.
Madagascar	<ul style="list-style-type: none"> • During the political-economic crisis surrounding the 2002 elections, USAID provided a three-month supply of kerosene to health centers in two focus regions and ensured that they had emergency vaccines and supplies. • DPT3 coverage was 93% in USAID focus districts. • USAID assisted the National Polio Campaign, which vaccinated 3,373,825 children to attain a coverage rate of 109%. • 76% of mothers in one focus district received a "vaccination diploma" for fully immunizing their children, compared to less than 10% in 1999. • IMCI has been integrated into the curricula of medical and nursing schools; 80 trainers and 450 students have been trained in IMCI. • 256 primary schools are engaged in child-to-community activities that teach teachers and children about health, hygiene, and nutrition, and mobilize community action.
Malawi	<ul style="list-style-type: none"> • 783,180 packets of ORT were sold, exceeding the target by 37%.
Mali	<ul style="list-style-type: none"> • USAID conducted a nationwide EPI refresher course for health facility personnel. • USAID support contributed to the development of a new national "open vial" policy to reduce vaccine costs. • Uniject syringe technology for tetanus toxoid vaccinations was introduced. • USAID supported research to develop a nutrition advocacy tool to promote micronutrient supplementation and breastfeeding. • USAID conducted nutrition training for more than 400 MOH service providers. • USAID-funded PVOs constructed or renovated 123 water points in northern communities, bringing potable water to more than 2,500 households.
Mozambique	<ul style="list-style-type: none"> • 33 obstetrical units were refurbished and equipped with basic supplies. • 256 MOH personnel were trained in obstetrical care. In USAID target districts, 82% of all maternity clinics have at least one health worker trained in preventive and curative obstetric care. • The number of communities with medical emergency transport plans increased from 14 in 2001 to 188 in 2002. • The number of women seeking antenatal consultations for the first time grew from 213,471 in 2001 to 302,146 in 2002. • 1,111 MOH health workers received IMCI training.

Nigeria	<ul style="list-style-type: none"> • 35 million children under 5 were immunized against polio. • USAID supported the adoption and formal launch of a national policy on food and nutrition, as well as implementation of a comprehensive national nutrition survey.
Senegal	<ul style="list-style-type: none"> • In 10 target districts, IMCI training helped reduce cases of inappropriate prescription of antibiotics for what was not pneumonia to 34% of cases, compared to 77% in non-IMCI districts. • Antimalaria care improved in IMCI districts.
Somalia	<ul style="list-style-type: none"> • USAID support to the Famine Early Warning Systems program and the FAO Food Security Assessment Unit program helped to prevent and mitigate a potential famine situation in the Gedo region. The acute malnutrition rate in the Belet Hawa district of the Gedo region dropped from 37% to 21.5% after 10 months of food assistance interventions in 2002. • In FY 2002, more than 1.2 million children were vaccinated against polio. • 780,000 children received vitamin A supplements in FY 2002. • Ongoing cholera reduction activities included provision of supplies, well chlorination, and education about how the disease is transmitted. • Emergency preparedness and disease control were combated jointly by providing health service outlets with a standardized drug kit that contains malaria and cholera treatment drugs and nutrient supplements. • Drugs and medical equipment were provided to 123 maternal and child health centers and 250 health posts. The target of 90% of health centers receiving essential drugs on time was exceeded, with 95% of centers receiving drugs on time.
South Africa	<ul style="list-style-type: none"> • Seven key drugs were available 95% of the time in clinics surveyed, exceeding the target of 85%. • 84% of children between the ages of 1 and 2 were immunized (immunization type and schedule not specified), exceeding the target of 82%.
Sudan	<ul style="list-style-type: none"> • USAID-funded programs to rehabilitate health clinics and increase the geographic coverage of PHC services enabled 272,000 people in southern Sudan to gain access to services.
Tanzania	<ul style="list-style-type: none"> • Through USAID support for EPI, more than 5.3 million children received vitamin A supplementation. • Immunization for measles and polio exceeded 80%. • 40 trainers were oriented in "refocused" antenatal care, including management of malaria and syphilis in pregnancy.
Uganda	<ul style="list-style-type: none"> • The number of children under 12 months old who received a complete set of routine immunizations increased by more than 20%, from 583,156 in FY 2001 to 707,969 in FY 2002. Coverage of the target populations was about 67%, compared to 56% in 2001. • USAID technical assistance helped the MOH implement a vitamin A capsule supplementation strategy in all of Uganda's 56 districts. The first round of supplementation occurred in May 2002 and benefited 2.6 million children aged 6 to 59 months.

Zambia	<ul style="list-style-type: none"> • Infant mortality has decreased 13%, from 109 deaths per 1,000 live births in 1996 to 95 deaths per 1,000 live births in 2001/2. Child mortality has decreased similarly, from 197 deaths per 1,000 live births in 1996 to 168 deaths per 1,000 live births in 2001/2. • Twice yearly vitamin A supplementation for children 6 to 59 months of age exceeded the target of 80% coverage. • For the sixth year in a row, all domestic sugar was fortified with vitamin A. • USAID provided technical support for multimicronutrient fortification of maize meal, the Zambian staple. • Social marketing sales of the home water treatment product Clorin reached 1.18 million bottles in CY 2002, 18% over the target of 1 million. • As part of the mass media "Better Health Campaign," 30 new health issues programs were launched in 2002. More than 10,000 neighborhood health committees participated in distance learning, compared to 6,025 in 2001. The number of districts with active participants increased from 35 to 60.
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Regional Office/Program	Child Survival Results and Activities
AFR/SD	<ul style="list-style-type: none"> • In 2002, AFR/SD supported research, development, multiplication, and dissemination of 10 biofortified crops, including: <ul style="list-style-type: none"> - A maize variety containing higher levels of vitamin A, iron, and zinc to improve food security in Nigeria - Beans with higher iron and zinc content in Kenya - High beta-carotene sweet potatoes in Uganda - High vitamin A indigenous vegetables in Tanzania, Mozambique, and Malawi <p>Traditional breeding with biotechnology of staple crops is valuable for combating malnutrition and micronutrient deficiencies.</p> • In Senegal, cumulative DPT3 coverage increased from 45% in 2001 to 55% by July 2002. • In Ghana, activities supported since FY 1999 by AFR/SD, WHO, UNICEF, and other donors resulted in declining dropout rates and steady increases in DPT3 coverage from 68% in 1998 to an estimated 80% in 2001. • The "Reaching the Unreached" strategy, produced by WHO in collaboration with UNICEF and the AFR/SD-supported BASICS project, has contributed to increases in immunization coverage. The strategy uses outreach, effective social mobilization techniques, and increased monitoring meetings. • With AFR/SD support to the Linkages project in Madagascar, exclusive breastfeeding of infants less than 6 months old increased from 46% in January 2000 to 83% in 2001. Data also suggests that dangerous incidents of diarrhea decreased from 15.3% in 1997 to 3.3% in 2001. Through the Linkages project in Ghana, exclusive breastfeeding increased from 31% in 1998 to 77% in 2001, and in Benin it increased from 13% in 1996 to 43% in 2001.

<p>AFR/SD (cont.)</p>	<ul style="list-style-type: none"> • A cadre of 40 medical officers from nine West and Central African countries were trained in an intensive course focused on essential nutrition actions and BCC strategies. • AFR/SD is supporting WHO staff IMCI officers in Uganda, Ghana, and Tanzania. • With AFR/SD support, the Maternal and Neonatal Project launched advocacy and dissemination networks in Burkina Faso and Zambia to promote safe motherhood and child spacing. As a result of the network's success in Burkina Faso, a major regional dissemination conference is planned for March 2003 to highlight best practices and achievements in safe delivery. In Zambia, local partners established the Zambia White Ribbon Alliance for Safe Motherhood, representing 25 member organizations and civil society groups throughout all nine provinces. Malawi is also initiating a White Ribbon Alliance chapter based on the Zambia model.
<p>REDSO/ESA</p>	<ul style="list-style-type: none"> • In 2002, the emphasis was on identifying policy issues with regional impact, i.e., where regional response could shape country-level policy dialogue and action, especially in the key areas of: <ul style="list-style-type: none"> - Logistics management, human capacity development, nutrition, and HIV - Enhanced donor coordination of regional programming with World Bank, CIDA, UNICEF, and others - Potential opportunities for collaboration with GAVI - Improved and standardized human capacity in critical areas related to health systems management and health care delivery - Expanded use of information generated through national health accounts to make management more effective • In nutrition, a Zambia-based workshop trained stakeholders from eight East and Southern African countries in a methodology for designing nutrition and HIV/AIDS guidelines.
<p>WARP/PHN</p>	<ul style="list-style-type: none"> • Approximately 3.4 million ORS sachets were sold, surpassing sales targets. • 700 community workers were trained in the prevention and treatment of diarrhea and use of Orasel ORS formula. • The maternal and neonatal health demonstration project continued to promote integrated FP, prenatal care, and HIV/STI prevention and treatment services.

**Results and Activities Reported: Family Planning/Reproductive Health
(as submitted in ARs 2003)**

USAID Mission	Family Planning/Reproductive Health Results and Activities
Benin	<ul style="list-style-type: none"> • CPR for modern methods rose from 2.5% in 1996 to 8.3% in 2001 in USAID's target zone, compared to a national increase from 3.4% to 7.2%. • The number of births per woman decreased from 7.4 in 1996 to 6 in 2001 in USAID's target zone, compared to a national decline from 6.3 to 5.6. • Prenatal care coverage rose from 61.2% in 1996 to 75% in 2001 in USAID's target zone, compared to a national increase from 80% to 87%. • USAID's national social marketing program sold 94,320 cycles of oral contraceptives and 12,924 injectable contraceptives in 2002. Oral contraceptive sales exceeded targets by 1.2% but injectable sales fell short of the target by 1%. • USAID also trained health agents and more than 200 community-based service agents in FP and counseling. USAID also equipped the community agents with FP commodities.
Eritrea	<ul style="list-style-type: none"> • USAID trained MOH workers, including 100% of Eritrea's nurse-midwives, in family planning service provision.
Ethiopia	<ul style="list-style-type: none"> • In FY 2002, USAID expanded FP/RH services to all 350 districts in its three focus regions. • The 2002 National Family Planning Program Effort Index was 92%, indicating a conducive policy environment.
Ghana	<ul style="list-style-type: none"> • CYP increased by 13% in 2002. • Use of contraception and FP and Safe Motherhood services increased. • The "Life Choices" FP campaign moved from generic mass media to community-level activities. • Evidence from workshops in 2002 show that misconceptions about FP and HIV/AIDS transmission have been greatly reduced. • Training of nurses in counseling and Norplant insertion and removal has increased 360% since 1999.
Guinea	<ul style="list-style-type: none"> • CYP increased 40% in 2002. • Contraceptives can be found at fixed sales points in 96% of subregions. • More than 7 million condoms were sold, an increase of 26% from 2001. • In USAID's public sector intervention zone, all 89 targeted health centers offer FP services. • USAID introduced post-abortion care in three hospitals.
Kenya	<ul style="list-style-type: none"> • USAID's technical support for commodity distribution resulted in about 2.2 million CYP. • USAID's service delivery project expanded to two provinces, 10 districts, 96 target public and private sector facilities, and more than 1,000 communities, thus meeting the target. • The "Strategic Service Alliance" program led to increased use of reproductive health services by more than 60% of women in Kilifi district, up from 13% in 1998. • In FY 2002, social marketing sold 504,000 cycles of oral contraceptives, or 10% of the total national distribution.

Kenya (cont.)	<ul style="list-style-type: none"> • USAID's second post-abortion care project ended with the training of health professionals in 120 facilities, thus meeting the target. The next phase of care was implemented in one province. • USAID is undertaking intervention-linked research to explore the most appropriate methods to add family planning services in VCT settings. • The newly developed national Decentralized Reproductive Health Training and Supervision System trained 1,595 service providers in FY 2002, exceeding the target of 1,231.
Liberia	<ul style="list-style-type: none"> • USAID provided 13,748 CYP through condoms donated to UNFPA. More than 1.6 million condoms were distributed in 11 of 15 counties. • Community-based distributors and peer educators provided RH information along with condoms. • The percentage of survey respondents identifying modern methods as the most preferable means of birth spacing increased from 15% in 2000 to 43% in 2002.
Madagascar	<ul style="list-style-type: none"> • Social marketing sales of oral contraceptives increased 54% in 2002; sales of Depo-Provera increased 62%. • 294 physicians were trained in FP counseling. • 207 community-based distribution agents were trained and made 5,485 counseling visits, up from 1,320 visits in 2001. • CPR was maintained at 23% in Antananarivo province.
Malawi	<ul style="list-style-type: none"> • CYP reached 619,569, exceeding the goal by 19%. • Between 1996 and 2000, contraceptive prevalence increased from 14% to 26%. • 7,172,664 condoms were sold, exceeding the target by 19%. • Community-based distribution agents were trained to promote the use of modern contraceptives and distribute oral contraceptives in rural communities. • 33 of 39 district-level health facilities now offer clients long-term permanent contraception, which includes Norplant insertions and male and female sterilization. • An adequate national stock of 3 to 21 months supply of contraceptives is in place.
Mali	<ul style="list-style-type: none"> • Reproductive health and family planning services were expanded. • CYP is estimated to have increased to 263,000 for condoms, pills, and injectables, exceeding the target of 245,000. • Condom distribution to high-risk groups increased in 2002. • Sales of social marketing condoms increased 50%, pills 24%, and injectables • In 2002, 162 radio producers were trained to produce programs on various social sector issues including FP and HIV/AIDS. • IEC campaigns to increase use and reduce discontinuation of family planning included wall charts, radio spots, and theater pieces airing on national television. • USAID held regional workshops through the MOH to strengthen management of community-based distribution of FP. • A study of family planning/reproductive health stakeholders was commissioned for future development and distribution of the RAPID model advocacy tool.
Mozambique	<ul style="list-style-type: none"> • USAID-funded programs trained approximately 17,000 community leaders and community health agents. The agents work with 657 community leader councils to promote better health practices, provide family planning information and contraceptives, and refer pregnant women to health facilities.

<p>Nigeria</p>	<ul style="list-style-type: none"> • 1.9 million CYP were generated, an increase of 27% over FY 2001. • USAID initiated a dialogue on how the Government of Nigeria will ensure RH commodity security. • USAID worked with the MOH to revise the national RH policy, develop the strategic framework, and plan the implementation of the policy. FP/RH guidelines were revised, and the first FP/RH standard of practice was developed.
<p>Rwanda</p>	<ul style="list-style-type: none"> • Technical assistance was provided to reinforce RH care capacity in six health districts. National RH supervision tools were standardized. Training of 22 district supervisors resulted in significant improvement, with the mean post-test score increasing to 15.5 (out of 20) from the mean pretest score of 8.5. • 22% of health care providers were trained in one or more of six priority RH elements in 2002. • After analyzing results of a qualitative FP assessment, USAID began implementation of a package of FP interventions, which included strengthening the national contraceptive logistics system, introducing the standard days method of natural FP at 14 sites, developing FP information and behavior communication materials, and initiating small-scale CBD of selected contraceptives.
<p>Senegal</p>	<ul style="list-style-type: none"> • CYP increased 12% from 212,497 in FY 2001 to 237,879 in FY 2002. • Contraceptive security improved as the number of health districts experiencing contraceptive stock-outs declined. • The NGO ADEMAs added an oral contraceptive to its social marketing product line, with sales steadily increasing during the year.
<p>South Africa</p>	<ul style="list-style-type: none"> • With USAID logistics assistance, the DOH procured 359 million male condoms in 2002.
<p>Tanzania</p>	<ul style="list-style-type: none"> • The social marketing program sold more than 234,000 cycles of oral contraceptives. • CYP were slightly over target at 1,308,654. • Long-term and permanent method CYP increased to 217,362 as more providers received training.
<p>Uganda</p>	<ul style="list-style-type: none"> • CYP for modern methods (including pills, condoms, and injectables) increased by 7% in FY 2002 over FY 2001, reaching 270,025. • Capacity-building efforts in FY 2001 included training for 103 public sector doctors and nurses in long-term and permanent contraceptive methods (tubal ligation, vasectomy, and Norplant insertion) and integrated RH training for 195 other service providers. • Newly trained service providers performed 924 tubal ligations, 68 vasectomies, and 2,198 Norplant insertions for a total of 15,331 CYP. • MOH and donor funding for contraceptives and essential drugs increased. The first procurement of contraceptives with MOH funds took place. The MOH contraceptives budget tripled as a result of needs quantification, and MOH funding for essential drugs increased 34%. • All district population officers have been trained to advocate for a greater commitment to RH. • Several districts have leveraged more resources for FP/RH programs. In Kumi district, the district population officers budget increased by 120%. • The use of FP methods is five times greater at USAID intervention sites (88%) than at control sites (17.6%). • 7,000 clean birth delivery kits, which are available at pharmacies and include tetracycline ointment, were sold in four target districts in the first 10 months of the program.

Zambia	<ul style="list-style-type: none"> • CPR increased from 14% in 1996 to 23% in 2001/2. • TFR in urban areas declined from 5.1 to 4.1 between 1996 and 2001/2. • 491,000 cycles of social marketing oral contraceptives were sold in 2002. • In conjunction with UNFPA, nationwide orientation and roll out of the Family Planning Counseling Kit was completed in 2002. • PAC services now operate in six of nine provinces, up from three provinces in 2001. Of 6,000 PAC clients, approximately 60% started using modern FP methods subsequent to counseling.
Zimbabwe	<ul style="list-style-type: none"> • Social marketing sales of oral contraceptives nearly doubled from 646,000 in 2001 to 1,260,000 in 2002. • Social marketing sales of female condoms increased by 32% from 456,000 in 2001 to 600,000 in 2002.

Regional Office/Program	Family Planning/Reproductive Health Results and Activities
AFR/SD	<ul style="list-style-type: none"> • The EngenderHealth Men as Partners Initiative field-tested a men's RH curriculum in Uganda and Guinea with impressive results. Service providers are now able to offer gender-sensitive services that respond to the needs of male clients. In Uganda, male clients now receive pre- and post-test HIV/AIDS testing and counseling. • The release of the AFR/SD-supported booklet "Abandoning Female Genital Cutting (FGC)" in 2001 benefited nearly 60,000 recipients with its valuable information about successful strategies for eliminating FGC. • AFR/SD supported operations research demonstrating the success of eradicating FGC in Senegal through public declarations in 708 local communities. Utilizing the rights-based approach in Senegal, partners in Burkina Faso replicated the model in 23 communities. Baseline results indicate a 45% reduction in FGC practice between mothers and daughters. • The dissemination of five new publications within USAID and among partners has resulted in improved awareness on critical FP/RH issues and increased capacity by African governments and civil society to advocate for attention and resources for FP/RH in the region. • AFR/SD's partnership with the Population Reference Bureau and Pop Mediafrique provided strategic support for expanded RH coverage through 26 newspaper and radio editors and journalists in West Africa and a network of 10 female journalists from five South and East African countries. Through both networks, 121 new fact-based articles were produced, bringing the total since 1997 to 356 and surpassing the target of 250 for 2002. • AFR/SD funded the Regional Logistics Initiative, whose primary purpose is to ensure continuous contraceptive supplies by strengthening skills in logistics and management. As a result of collaboration with other partners and WHO, members of the Initiative drafted a Drug Policy and Logistics Management Performance Assessment Tool and held two short courses for 39 managers on drug therapies and rational drug use.

Results and Activities Reported: HIV/AIDS/STIs
(as submitted in ARs 2003)

USAID Mission	HIV/AIDS/STI Results and Activities
Angola	<ul style="list-style-type: none"> • In partnership with the MOH's National Program to Combat HIV/AIDS, and with support from USAID, the US-Angola Chamber of Commerce, CDC, PSI, and five Angolan NGOs, an intensive community-based mass media prevention campaign targeted commercial sex workers (CSWs) in all nine of Luanda's municipalities after 33% of a sample of CSWs tested positive for HIV and 34% tested positive for syphilis. The campaign achieved the following results: <ul style="list-style-type: none"> - 96% of CSWs know that condom use will prevent transmission. - CSWs who reported using a condom with their last paying client increased from 83% in 2001 to 93% in 2002. - Consistent condom use improved from 51% in 2001 to 66.3% in 2002. - CSWs who had a condom with them during the time of the survey increased from 47% in 2001 to 84% in 2002. - The percentage of CSWs who sought treatment for STDs at a health center increased from 54% in 2001 to 73% in 2002. • Through VCT centers, condom use among CSWs increased by 10%. • PSI and CDC worked with the Portuguese Institute of Preventive Medicine and the Irish NGO GOAL to improve the quality of testing and counseling services. • A PSI HIV prevention pilot project in Luanda focusing on condom social marketing, youth-oriented behavior change communication, and CSW education about STIs and HIV will be expanded to four provinces. The project is jointly funded by CDC, BP Amoco, Chevron, Texaco, Nike, USAID's EDDI, and ESSO/Exxon-Mobil.
Benin	<ul style="list-style-type: none"> • The 2001 DHS reported that 54% of woman and 67% of men were able to cite at least two means of preventing HIV transmission. 50% of women and 68% of men cited condom use as a way of preventing HIV transmission, up from 27% of women and 39% of men in 1996. • The first USAID-supported HIV Behavioral Surveillance Survey (BSS) showed encouraging behaviors among CSWs targeted in a condom social marketing program for at-risk groups including CSWs, truck drivers, and youth. 90% of CSWs reported using a condom during their last encounter with a client. Among truck drivers, 81% reported using a condom during their last encounter with a CSW. • USAID's social marketing program sold 8.1 million condoms in 2002, exceeding the target by 17%. In addition, the program created 1,829 new sales points for condoms to bring the number of sales points to 16,153. • In 2002, the government created a multisectoral HIV/AIDS control committee, a sign that the country is committed to controlling HIV/AIDS.
DR Congo	<ul style="list-style-type: none"> • In a condom social marketing and behavior change program targeting high-risk groups such as CSWs, clients, soldiers, and truck drivers, 74.6% of clients reported using a condom at the last sexual encounter with a CSW. • Social marketing condom sales reached 17.4 million, surpassing the target of 13 million.
Eritrea	<ul style="list-style-type: none"> • Eritrea's first stand-alone VCT center opened in 2002 and saw 1,200 clients in its first four months of operation. • Social marketing condom sales reached 4.5 million, exceeding the target of 4 million. • USAID supports training and technical assistance for the communications component of the multisectoral World Bank-financed HAMSET project. Six peer educators have been trained in each of the six zones.

Ethiopia	<ul style="list-style-type: none"> • Social marketing condom sales increased from 40 million in 2001 to almost 64 million in 2002. • HIV prevention training was provided for 791 hotel, bar, and disco owners; 64 transport company representatives; 252 government employees; and 187 subdistrict-level HIV/AIDS officials. Prevention activities also worked with 1,200 CSWs along the Addis Ababa/Djibouti transport corridor. • The first national BSS was conducted in FY 2002. • USAID contributed to the government's HIV/AIDS monitoring and evaluation framework and national youth charter. • Nine faith-based organizations provided HBC to 812 people, counseling to 3,603 people, support to 550 OVCs, and food aid to 40,000 PLWA.
Ghana	<ul style="list-style-type: none"> • The "Reach Out" compassion campaign for people living with HIV/AIDS, the first in Africa, was launched. • Ghana's first VCT center opened. • USAID-supported workplace HIV/AIDS programs continued to expand, with 17 private companies now implementing programs. With cofunding from the Ghana Chamber of Mines, 16 mining companies are also ready to start. • Autonomous private sector centers are initiating antiretroviral treatment.
Guinea	<ul style="list-style-type: none"> • More than 7 million condoms were sold, an increase of 26% over 2001. • USAID completed an innovative multisectoral HIV/AIDS strategy. • USAID funded a multimedia campaign targeting youth 15 to 24. Compared to control sites, twice as many youth in intervention zones knew that condoms protect against HIV. • USAID trained 42 VCT counselors, the first such training in the country.
Kenya	<ul style="list-style-type: none"> • HIV prevalence among antenatal women is leveling off, falling to an estimated 11% in 2002. • Social marketing sales of Trust condoms increased to 17.2 million, up 15% from FY 2001. • 26 new VCT centers opened, bringing the number of USAID-supported sites to 56. • VCT centers served over 57,400 clients, up from 11,809 in FY 2001. • Media donations increased for radio and TV campaigns aimed at accurate self-risk perception and stigma reduction. • 123 community health workers were trained, bringing the total to 400. These workers in turn trained 2,264 caregivers, bringing the number of trained family members providing care to 15,245. • 205 orphans and their families received assistance. • With USAID support, a package of PMTCT services was tested. The service package covers clinical guidelines, training curriculum, operating procedures, and logistics systems. • USAID assisted in the development of the latest edition of "AIDS in Kenya," which provides information to guide HIV/AIDS planning. • The National Condom Policy established a sustainable system of condom supply. • The National Home-Based Care Policy and Program and Service Guidelines will ensure that home-based care (HBC) is integrated into existing health services.

Liberia	<ul style="list-style-type: none"> • HIV/AIDS awareness and sensitization programs were carried out in several communities, including four camps for internally displaced persons and host communities.
Madagascar	<ul style="list-style-type: none"> • As one of his first official actions, the new president publicly established the government's commitment to HIV/AIDS. • The national HIV/AIDS strategic plan was finalized. • Prepackaged STI kits were launched in August. In two months, more than 26,000 were sold. • Top Reseau, a USAID-supported STI prevention program for youth, provided counseling and services to more than 6,600 youth in 2001 and 2002. Peer educators reached 44,000 youth. Program results show that condom use with last nonregular partner increased from 24% in 2001 to 33% in 2002. In addition, young women able to convince a partner to use a condom increased from 50% in 2001 to 70% in 2002.
Malawi	<ul style="list-style-type: none"> • 50 communities in target areas showed improved attitudes towards persons living with HIV/AIDS. • With USAID support, the COPE project established and trained 50 village AIDS committees in techniques to empower communities and mitigate the impact of HIV/AIDS. The committees in turn supported 1,778 OVCs. • Village AIDS committees raised nearly \$5,000 from income-generating activities. • The number of clients counseled in VCT increased by 20%.
Mali	<ul style="list-style-type: none"> • USAID/Mali worked with CDC to develop a model comprehensive HIV/AIDS surveillance system. • The national AIDS control program took the lead in antenatal sentinel surveillance for HIV/AIDS. • An advocacy meeting for Muslim religious leaders, sponsored by USAID and attended by 300 persons, led many imams to discuss HIV/AIDS prevention in their weekly sermons. Religious leaders showed an interest in addressing HIV/AIDS prevention, care, and support in their communities. • In 2002, 162 radio producers were trained to produce programs on various social sector issues including FP and HIV/AIDS. • Social marketing sales of male condoms reached 2.65 million, exceeding the goal of 2 million. Sales increased 66% from 2001. • In the first six months of 2002, behavior change interventions and condom social marketing exceeded their targets by reaching more than 130,000 persons at high risk for HIV infection. • Two USAID-supported VCT centers saw 1,738 persons between December 2001 and September 2002.

Mozambique	<ul style="list-style-type: none"> • The number of VCT centers nationwide increased from two to 27; USAID funded four of the 25 new centers. The centers served 24,206 clients. • 1,053 traditional healers were trained in STI/HIV counseling and STI diagnosis and referral. • Sales of the USAID-funded social marketing Jeito condom reached 14,215,760, exceeding the target of 11,500,000. • The "Pensa Direito, Usa Jeito" (Think Right, Use Jeito) multimedia campaign targeting youth and young adults was launched. • Behavior change activities reached an estimated 473,000 youth. • The STI Clinic Pack Project, which trains health workers in STI treatment protocols, interpersonal communication, and the use of the PSI clinic pack (consisting of condoms, an informational pamphlet, partner notification cards, and referral cards) extended services to all provinces except one and distributed 49,338 packs. 27% of the packs led to a partner referral. • USAID provided technical support to the National AIDS Council in financial management, administration, and monitoring and evaluation. In addition, USAID support helped create a national database of HIV/AIDS activities throughout the country.
Namibia	<ul style="list-style-type: none"> • The number of workers and family members receiving HIV/AIDS workplace services increased from 4,000 in 2001 to 12,326 in 2002. • The number of condoms distributed through workplace programs increased from 16,000 in 2001 to 78,000 in 2002. • Using a manual developed by USAID partners, training was provided to 594 new peer educators. 150 peer educators received refresher training. • The Walvis Bay Multi-Purpose Center served 20,000 clients in 2002, 43% of whom benefited from youth or OVC support services. • Namibia's largest newspaper distributed 41 editions of the USAID-financed Youth Paper, which contains positive messages about HIV/AIDS. On request, the paper was also available for distribution in schools. • The number of OVCs receiving USAID-supported services increased from 1,000 in 2001 to over 4,000 in 2002, representing 29% coverage of OVCs in target regions. Volunteers made 7,000 support visits to OVCs and caregivers in their communities. • As a result of an advocacy campaign, 59 schools in target regions agreed to waive school fees for 2,000 OVCs. • According to a 2002 UNICEF report, Namibia was the only one of 22 countries evaluated that met all the criteria for a responsive country approach to OVCs.
Nigeria	<ul style="list-style-type: none"> • USAID inaugurated the country's first two dedicated VCT centers in Lagos and Kano. • USAID trained VCT staff for 22 facilities that provide the majority of counseling services nationwide. • The number of clients served by the centers in their first months of operation was double the projected number. • DFID and USAID jointly launched the largest social marketing and behavior change communication project in West Africa. • Social marketing condom sales reached about 127 million, a 21% increase from FY 2001. • The Nigerian Television Authority broadcast a film about HIV/AIDS in Hausa, with English subtitles, that reached an estimated 65 million viewers across the country. • USAID support for HIV/AIDS programs for the uniformed services helped train more than 1,800 peer educators.

Rwanda	<ul style="list-style-type: none"> • The number of USAID-supported VCT centers increased from 12 in six provinces to 16 in seven provinces (out of 28 sites nationally). The USAID-supported centers served more than 66,000 clients. Overall, 20 out of 39 health districts offered quality VCT services, thus meeting the 2002 target of 19. • USAID-funded national VCT guidelines and training modules were officially disseminated. • USAID-supported PMTCT services expanded from two to six sites. They provided testing services to 4,418 women and nevirapine to 55% of the 7% who were HIV-positive. 70% of women presenting in prenatal clinics accepted pre- and post-test counseling and received their test results. • HIV peer education activities reached 79,000 youth with HIV prevention messages, exceeding the performance target of 45,000 and up from 40,000 in 2001. • USAID supported an interpersonal communication and behavior change campaign to promote condom use by the Rwandan military. Since September 2001, 103 sessions attended by 2,048 participants have been conducted, and 74 soldiers have been trained as peer educators. • 3,593 PLWAs were enrolled at USAID's two pilot sites to receive prophylaxis for opportunistic infections and tuberculosis. Eligible patients received isoniazid (INH) and/or Bactrim. • In FY 2002, USAID laid the groundwork for expanding its community-based care and support activities for PLWAs. The program aims to understand how AIDS affects communities and how people can mobilize prevention, care, or mitigation action in resource-poor environments.
Senegal	<ul style="list-style-type: none"> • In FY 2002, social marketing condom sales registered a 10.6% increase over 2001. • USAID-supported prevention activities (particularly among high-risk groups) and STI diagnosis and treatment helped keep Senegal's HIV/AIDS prevalence at about 1%. • The number of persons using the services of VCT centers increased to 2,477 from 1,736 in 2001.
South Africa	<ul style="list-style-type: none"> • USAID helped pilot three community-based orphan care facilities. • USAID funded prevention and HBC services sponsored by two housing development organizations. • Together with four banks, a not-for-profit insurer, and thousands of new homeowners, USAID supports an innovative home loan insurance product that will mitigate HIV/AIDS-related risk to home financing lenders. The program targets insurance coverage for up to 35,000 low-income homeowners. • USAID provided assistance in policy planning, advocacy, and integration of HIV/AIDS into the school curriculum. • USAID contributed to the development of the "Takalani Sesame" (Sesame Street) HIV-positive Muppet character Kami. • USAID supports a project to strengthen the capacity of local councils to develop action plans and coordinate resources to mitigate the effects of the HIV/AIDS pandemic more effectively. Approximately 70% of 284 local councils participate. • The assistance of USAID and its partners was instrumental in initiating a PMTCT program in Soweto and making PMTCT services available in all of Soweto's public health clinics. The program reached over 90% of pregnant women, with 28,000 women offered PMTCT services. More than 90% of HIV-positive pregnant women received nevirapine.

<p>South Africa (cont.)</p>	<ul style="list-style-type: none"> • HIV testing was available in 56% of Eastern Cape clinics, exceeding the target of 50%. USAID helped increase the number of Eastern Cape sites from 8 in 2001 to 109 in 2002. • To ensure appropriate care of HIV patients nationwide, USAID supported training of 7,000 health workers on the implementation of guidelines for managing opportunistic infections. • USAID funded a national HIV/AIDS conference for the education sector to develop a shared understanding among public and private sector organizations of the interrelationships between sexuality, gender, and the prevention of HIV/AIDS. The conference led to a policy of zero tolerance for sexual abuse of students by teachers. • The USAID Economics Program, in conjunction with British and Australian assistance programs, supported an analysis of the impact of HIV/AIDS on different sectors of the economy. The analysis of the impact of HIV/AIDS on small business led the government to explore ways to develop measures to aid small businesses. • USAID's Health and Economics Programs analyzed the economic aspect of HIV/AIDS treatment regimens. • HIV/AIDS assistance encompassed HBC programs, community support groups, lay counseling, support for children and vulnerable households, and training of local volunteers to provide outreach services in more than 20 communities. • With USAID logistics assistance, the DOH procured 359 million male condoms in 2002. • USAID supported a survey of households in Soweto to establish a baseline for addressing the needs of vulnerable children and households. • A study of post-exposure prophylaxis for PMTCT in 800 infants found that treatment was safe and well tolerated for infants not infected with HIV at birth. • USAID supported the launch of "Right to Care," an HIV/AIDS treatment program for people employed in the private sector. The program is expected to leverage private sector participation to develop treatment programs for their employees. • The two largest OVC programs supported by USAID are Nelson Mandela Children's Fund, which supports 17 community programs, and Hope WorldWide South Africa, which supports seven urban areas. Over 15,000 OVCs have benefited from services. • USAID helped the National AIDS Helpline improve outreach and marketing, train managers, and implement systems to monitor call volume. • Nearly all agribusiness partners have integrated the distribution of AIDS prevention information and condoms into their training and technical assistance outreach programs.
<p>Tanzania</p>	<ul style="list-style-type: none"> • Condom availability increased from 32% in 1999 to 60% in 2002 at non-traditional retail sites and from 21% in 1999 to 54% in 2002 at high-transmission sites. • USAID assisted in preparing Tanzania's Global Fund submission. • A multimedia prevention campaign targeted at youth presented 60 road shows. • The social marketing program sold over 23 million condoms, exceeding the target by 2.6 million and up 14% from FY 2001. • More than 15,000 clients have sought VCT services at seven African Medical and Research Foundation sites, exceeding the target of 5,100. • USAID has supported finalizing the national strategic plan and has helped establish a logistics task force within the MOH. • A cross-sectoral partnership with the Democracy/Governance SO is building civil society and NGO capacity. • USAID spearheaded the creation of a "rapid funding envelope" mechanism to fund civil society organizations working in HIV/AIDS. USAID leveraged over \$1.5 million from other donors for a similar mechanism for HIV communications programs.

<p>Uganda</p>	<ul style="list-style-type: none"> • 16 districts (compared to a target of 10) were selected to implement the AIDS/HIV Integrated Model (AIM) District Program. Through AIM, a network of 10 NGOs will receive grants and provide quality HIV/AIDS services at the district level. • 89,735 clients sought VCT services at the AIDS Information Center, a 45% increase over 2001. Women represented 51% of those tested, while repeat testers represented 25%, down 4% from 2001. The Center was the first anonymous VCT center in Africa and is the largest in the world using new rapid tests to provide on-site, same-day results. • The seven centers of The AIDS Support Organization (TASO) served 24,849 clients during FY 2002, up 15% from FY 2001. • TASO also supported 800 children of clients. The children received vocational training in a number of trades and are now in stable employment.
<p>Zambia</p>	<ul style="list-style-type: none"> • HIV/AIDS awareness and mitigation training was provided to 76 teachers, head teachers, and Anti-AIDS Club patrons. In addition, 15 school counselors were trained on the use of local language vs English to explain AIDS-related concepts in counseling, and 40 school catchment areas (comprising approximately 200 communities) were sensitized about HIV/AIDS issues through popular drama. • There has been substantial support to scale up HIV VCT services. The number of VCT service sites more than doubled from 42 in 2001 to 88 in 2002; 3,929 clients received services. • USAID supports VCT promotion nationally with a special focus on community mobilization, development of IEC materials, and training of counselors in 12 districts. • USAID is assisting with the development of a national information system for VCT services. • The DHS documents an increase between 1996 and 2001/2 in reported condom use with the last nonregular partner. Among men the figure increased from 40% to 44% and among women from 20% to 31%. • In the past year PMTCT services expanded dramatically, increasing from six to 25 sites and from one to four districts. 1,299 women received counseling and testing at these sites. • Nevirapine has been incorporated into the minimum package of MTCT services; all key clinic personnel in participating facilities received training on nevirapine use. • In 2002, 1,222 truck drivers and 5,898 CSWs were diagnosed and treated for STIs through the HIV/AIDS Cross-Border Initiative. The coverage exceeded the target for truck drivers and met the target for CSWs. • In 2002, 2,095 youth visited Cross-Border Initiative drop-in centers for information on STI and HIV/AIDS. • OVC activities increased, with the number of districts with programs increasing from eight to 12 and the number of NGOs/CBOs working with OVCs increasing from 30 to 59. The number of OVCs benefiting from this support increased to 138,000, a 156% increase from 2001.

Zimbabwe	<ul style="list-style-type: none"> • VCT services were scaled up, increasing the number of sites from 10 to 14. • More than 60,000 clients received VCT services in CY 2002, compared to 43,000 in CY 2001. • Mobile outreach VCT services were scaled up in remote or hard-to-reach areas. The services reached 3,796 clients in 2002, up from up from 1,572 in 2001. • Social marketing condom sales increased from 13 million in 2001 to 20 million in 2002, an increase of 54%. • HIV/AIDS activities were integrated into family planning programs. • A television soap opera targeting youth and emphasizing abstinence, delayed sexual debut, and behavior change was launched. Within a few months, it became Zimbabwe's most popular TV program with 2 million viewers. • A South African regional initiative focusing on trucking routes and national border sites was launched. The initiative targets truckers, CSWs, and uniformed service members, and aims to increase access to information, condoms, and STI treatment. • Broadcast messages promoting HIV/AIDS testing and the "New Start" T-shirt campaign at soccer games contributed to a 34% increase in men seeking testing. • Coca-Cola joined the effort to combat HIV/AIDS and serves as a condom distributor at Coca-Cola depots. To date, Coca-Cola has distributed about 50,000 condoms a month in many remote areas. • A comprehensive logistics assessment was undertaken to determine the country's readiness to implement an antiretroviral therapy program.
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Regional Office/Program	HIV/AIDS/STI Results and Activities
AFR/SD	<ul style="list-style-type: none"> • Support to the international NGO Private Agencies Collaborating Together (PACT) resulted in the development of an information packet and guide describing a collection of techniques applying democracy/governance principles to the fight against HIV/AIDS in Africa. • In March 2001, consultations with AFR/SD and stakeholder field staff led to the creation of a toolkit that addresses various democracy/governance focus areas threatened by HIV/AIDS such as human rights, constituencies for reform service, service and advocacy capacity, and information flows. The toolkit project has also generated additional funds for several HIV/AIDS-related projects in various countries. In order to strengthen African capacity, the sixth "Planning for HIV/AIDS Workshop" was held and eight new AIDS briefs were developed and distributed in the toolkits. • In FY 2002, AFR/SD responded to the challenge of HIV/AIDS for the education sector by incorporating HIV/AIDS awareness into education sector reform and working with partners to design and implement HIV/AIDS-related curricula. • AFR/SD works with the University of Natal, South Africa, to develop and deploy a traveling group of HIV/AIDS education specialists who hold workshops throughout Southern Africa. So far, the team has worked in South Africa, Nigeria, Ethiopia, Mali, and Uganda, and has plans to work in Namibia, Malawi, Zambia, and Ghana. • AFR/SD supported HIV/AIDS education for OVCs and worked jointly with UNICEF on the production of a video focusing attention on strategies aimed at bettering the lives of orphaned children and asking viewers to think creatively about the needs of children affected by HIV/AIDS. In FY 2002, 2,500 copies of the video were made available to donors, NGOs, and universities, and an additional 2,000 copies were distributed to middle schools in Zambia.

<p>AFR/SD (cont.)</p>	<ul style="list-style-type: none"> • Through the Africa Youth Alive initiative, radio listening clubs, a pen pal program, and postcard exchanges were developed to reach adolescents with positive HIV/AIDS messages. Several youth were present at the Burkina Faso International Conference on AIDS and STDs in Africa. As a result of these activities, more than 40,000 youth from 100 civil society groups have been reached, and non-USAID funds have been leveraged to expand adolescent activities in Kenya. • Through the POLICY Project, AFR/SD began the Communities Responding to the HIV/AIDS Epidemics (CORE) Initiative by establishing a partnership with the Anglican Church of South Africa and leveraging additional resources from U.S. Episcopal Relief and Development and the Worldwide Anglican Communion as well as a diverse pool of U.S., international, and developing country donors. In addition, the all African Anglican Conference on AIDS was held this year. • With AFR/SD support, Family Health International provided technical and administrative support for the first West and Central Africa regional workshop on orphans and other children affected by HIV/AIDS in April 2002. The workshop resulted in the development of country OVC action plans. In addition, a methodology for measuring the costs associated with community-based OVC programs was developed. • AFR/SD funded the development of a series of "building blocks" for creating effective OVC programs through participatory process at the country level. These were finalized in November 2002 and are being distributed in early 2003. • USAID supported the development of the OVC Task Force which in 2002 developed and disseminated documents on OVC principles, hosted a satellite session at the XIV International AIDS Conference, produced a video archive, had briefings on Capitol Hill, and developed a Web site for OVC groups. • With AFR/SD technical and financial support, the Regional AIDS Training Network facilitated an HIV/AIDS management training course to be implemented in Tanzania, Malawi, and Swaziland. Assistance was also provided to 12 countries to adopt an approach to review pre-service training curricula to incorporate HIV/AIDS prevention, care, and support content. In 2003, all 12 countries will roll out the curricula review within the medical and allied professional training institutions. • Better partner and donor coordination was achieved in 2002, as noted by UNICEF support for USAID's OVC and PMTCT programs, UNAIDS and UNICEF collaboration with USAID on the "Children on the Brink" publication, and agreement among USAID and other donors on orphan definitions and enumeration methodology.
<p>REDSO/ESA</p>	<ul style="list-style-type: none"> • In order to define training needs in 11 ESA countries, an assessment identified existing training courses and institutions. Findings were disseminated to Missions in 2003 to support planning for HIV/AIDS training. • To support standardization of services and quality assurance, a workshop helped participants from Eritrea, Ethiopia, Tanzania, Uganda, and the South African Development Community design a methodology for developing VCT service guidelines.
<p>WARP/PHN</p>	<ul style="list-style-type: none"> • FHA programs for improving STI diagnosis and treatment resulted in the correct treatment of 6,500 cases of male urethritis at project sites in FY 2002, surpassing the target of 4,000. • 1,900 PLWA were reached through community HBC programs in Cote d'Ivoire. • 231 OVCs were reached through face-to-face home visits. • VCT services were established among armed forces units. • Social marketing condom sales increased by 10%. • The number of youth currently using condoms increased in 2002.

Results and Activities Reported: Infectious Diseases/Surveillance (as submitted in ARs 2003)

USAID Mission	Infectious Diseases/Surveillance Results and Activities
Angola	<ul style="list-style-type: none"> • A malaria program implemented under "Roll Back Malaria" aimed to improve MOH capacity to diagnose and treat malaria in pregnant women and children under 5 in Malange, Huambo, and Luanda provinces. • ITNs and prophylactic malaria treatments were distributed to pregnant women. • The number of women bringing their children in for treatment of severe malaria increased from 45% to 60% of all mothers surveyed through the IMCI program.
Benin	<ul style="list-style-type: none"> • The social marketing program sold 52,711 ITNs and 46,483 net re-treatment kits; 295 new sales sites for nets and 302 new sales sites for kits were established.
DR Congo	<ul style="list-style-type: none"> • Hospitals and clinics in 63 USAID-supported health zones received malaria medication and training in malaria treatment. • Case management policy for malaria and intermittent presumptive therapy was implemented. • Tuberculosis control services have been extended from 70% to 100% of the country's 306 health zones.
Eritrea	<ul style="list-style-type: none"> • The malaria drug policy was revised as a result of USAID policy dialogue and technical support. • Household ownership of ITNs reached 35% nationally, including non-malarious areas. The 2001 Roll Back Malaria baseline survey found that 65% of children under 5 slept under ITNs in malarious target zones.
Ethiopia	<ul style="list-style-type: none"> • USAID is a strong partner in the MOH Roll Back Malaria task force, the Infectious Diseases Surveillance Committee, and the Epidemic Preparedness and Response Committee. • USAID plans to strengthen laboratory capacity for the TB program and to provide laboratory and communication equipment.
Ghana	<ul style="list-style-type: none"> • The launch of commercial marketing increased ITN sales by more than 600% from 2001. • Discussions began on an ITN voucher scheme targeting the most vulnerable groups.
Kenya	<ul style="list-style-type: none"> • Sales of "Supanet" ITNs grew to 450,000, a more than a sevenfold increase. Sales of "Power Tab" insecticide tablets increased 10 times to 220,000. • USAID-supported work to rehabilitate the national TB reference laboratory was 90% complete at the end of FY 2002.
Madagascar	<ul style="list-style-type: none"> • USAID initiated malaria activities and is developing a national ITN policy that will include reduced taxes and tariffs. • The USAID social marketing program sold 106,000 ITNs nationwide. • A pilot activity to provide subsidized ITNs to pregnant women and children sold 1,988 ITNs to pregnant women.
Malawi	<ul style="list-style-type: none"> • ITN sales exceeded goals by 26% and increased from 175,000 in 2001 to 201,601 in 2002. • Drug revolving funds have become important for front-line treatment of malaria, ARI, and diarrhea in health centers. In FY 2002, 3,792 patients were treated, 48% of them children under age 5.

Mali	<ul style="list-style-type: none"> • USAID worked with the National Malaria Control Program and others to prepare for a national ITN campaign in 2003. • To help revitalize MOH-led ITN coordination committees, USAID funded a study to inventory organizations working in malaria and ITN distribution.
Mozambique	<ul style="list-style-type: none"> • USAID supported MOH activities to reduce malaria incidence through sustainable malaria control activities as a contribution to turning southern Mozambique into an eco-tourism zone. Malaria control managers were trained in dual interventions, through both parasite reduction and vector mosquito reduction. • Indoor residual spraying has dramatically reduced malaria incidence to fewer than 10 cases per 1,000 population per year in areas of Maputo Province, with a resulting reduction in malaria-associated deaths from 2001.
Nigeria	<ul style="list-style-type: none"> • 300,000 ITNs were made available in the open market through the NetMark social marketing program.
Somalia	<ul style="list-style-type: none"> • 100,000 ITNs were distributed to pregnant women and children and another 20,000 were sold at subsidized prices.
South Africa	<ul style="list-style-type: none"> • Through innovative use of transportation and communication tools, TB lab sample transport between clinics and laboratories improved. • USAID supported the first nationwide survey to assess the level of multidrug-resistant TB in South Africa. • In KwaZulu/Natal, USAID supported a TB prevalence study to assess quality and integration of STI/HIV services into routine antenatal care in 12 public clinics.
Tanzania	<ul style="list-style-type: none"> • USAID completed the first two of four baseline assessments to define capacity building needs for monitoring 13 infectious diseases.
Uganda	<ul style="list-style-type: none"> • 75,657 ITNs were sold through social marketing. Sales fell short of targets due to competition for market share by two other ITN brands.
Zambia	<ul style="list-style-type: none"> • ITN sales exceeded targets, with 265,500 nets sold. 185,000 nets were sold through a public-private collaboration and 80,000 were sold through social marketing. • The government announced a decision to switch to more effective antimalaria drugs and began to implement a malaria-in-pregnancy program. USAID supports both programs.

Regional Office/Program	Infectious Diseases/Surveillance Results and Activities
AFR/SD	<ul style="list-style-type: none"> • In collaboration with partners, AFR/SD supported a mass campaign against yellow fever in Conakry, Guinea. • Ebola outbreaks in DR Congo and Gabon were successfully contained with support from AFR/SD. • Standard methods for conducting outbreak investigations, based on training in 2001, are being used in Tanzania and Uganda and will be disseminated to all countries in Africa. • A cerebrospinal fluid specimen consultation kit, funded by AFR/SD and developed by CDC in collaboration with WHO/Africa, was used in Uganda, Burkina Faso, and Tanzania by outbreak investigators in 2002. • Important guidance materials on the response to disease outbreaks have been developed and disseminated throughout Africa by AFR/SD. • Following a protocol developed by AFR/SD in collaboration with CDC, 26 countries have begun to adopt "Technical Guidelines for Integrated Disease Surveillance and Response in the Africa Region." In 12 countries, implementation has been completed. The guidelines have served as a basis for WHO training materials. • The Malaria Action Coalition was developed in 2002 and brought AFR/SD, along with major partners, together in Geneva to coordinate anti-malaria actions, strategies, and technical support plans. • AFR/SD advocacy and support to WHO led to critical changes in drug policies in Zambia and Eritrea, which shifted from the use of chloroquine to sulfadoxine-pyrimethamine. • A key meeting on malaria and pregnancy in West Africa this year led to the adoption of new malaria and pregnancy protocols in Senegal and Mali. • Technical assistance was provided to the Regional Quality of Care Center in Uganda to help staff develop their TB work plan and to regional partners to develop TB control programs. • In collaboration with WHO, AFR/SD coordinated an HIV/AIDS and TB forum for seven countries to develop TB/HIV/AIDS programs. Based on this forum, Ethiopia and South Africa submitted successful proposals to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. • With AFR/SD support, all 28 districts in Malawi are implementing community TB care activities, as are 15 of 56 districts in Uganda and two districts in Kenya.
REDSO/ESA	<ul style="list-style-type: none"> • Six countries received training in rational drug use, efficient drug selection, and procurement.
WARP/PHN	<ul style="list-style-type: none"> • Technical support was provided to countries for preparing the second round of grant proposals for the Global Fund to Fight AIDS, TB, and Malaria.

Results and Activities Reported: Health Sector Reform/Systems Strengthening (as submitted in ARs 2003)

USAID Mission	Health Sector Reform/Systems Strengthening Results and Activities
Ethiopia	<ul style="list-style-type: none"> • The "Special Pharmacy" program was launched with a drug revolving fund to reduce drug shortages. • The share of recurrent health budget out of the total health budget increased from 43% in 2001 to 49% in 2002, exceeding the target by 4 percentage points. • 47 out of 77 districts in the Southern Nations, Nationalities, and Peoples Region have started using the new health information management system.
Ghana	<ul style="list-style-type: none"> • The Ghana Health Services Community-Based Health Planning and Services initiative is increasing community participation and access to health care. In 2002, 96 out of 110 districts began the process of entering the program, up from 20 districts in 2001. Newly installed radio equipment in five program districts has made it easier for field personnel to communicate with district hospitals. • Measures to strengthen data for DHS were implemented.
Kenya	<ul style="list-style-type: none"> • USAID assisted with the development of guidelines for "district health management boards" to help reduce waste at the district and health center levels. • Collections of cost-sharing revenues grew 10% to \$19.2 million.
Liberia	<ul style="list-style-type: none"> • Cost-sharing programs for drugs have been introduced in all community clinics with an initial cost recovery of 25%.
Malawi	<ul style="list-style-type: none"> • USAID supported the introduction of a "supply chain manager" software tool that provides managers with logistics management information to improve contraceptive reporting rates, standardization for accuracy and completeness, and inventory system management. • 11 rotating and savings credit associations were formed with 62 members.
Mali	<ul style="list-style-type: none"> • USAID disseminated family planning/child survival norms, procedures, and integrated supervision guidelines.
Rwanda	<ul style="list-style-type: none"> • Financial access to health care improved with the expansion of prepayment "health mutuelles," which have enrolled approximately 13% of the total population, or 150,000 people, in target districts. • All 10 of the first cohort of master degree students have successfully completed five of eight academic modules. A second cohort of health district medical directors will begin in 2003. Two Rwandan professors are enrolled in doctoral programs and eight more will begin PhD training.
South Africa	<ul style="list-style-type: none"> • The District Health Information System, developed with USAID assistance, is now South Africa's official health information system. • USAID supported the development of a quality improvement tool that outlines guidelines for clinical training, data use and display, and in-depth checklists for providing HIV/AIDS, TB, STI, and family planning care.
Tanzania	<ul style="list-style-type: none"> • A "voluntary sector health program" builds multisectoral partnerships for community-led interventions. The program made 98 awards to local organizations and reached 338,000 people with interventions.

Uganda	<ul style="list-style-type: none"> • The Uganda Private Health Providers' Loan Fund has made small-scale loans to 500 clinics since January 2001. The repayment rate has been 97% and recipients have invested in drugs, equipment, and renovations. The program has also provided business and credit management skills training. • USAID provided significant technical support to design and launch the Yellow Star Quality Improvement Program, a system of health unit certification and recognition in public and NGO facilities. The program was piloted in 12 districts. Initial assessments showed that 189 NGO and government facilities met an average of only 47% of 35 basic quality standards. A second assessment showed this figure increasing to 65%. In August 2002, the first Yellow Star was awarded to a health unit that met 100% of the basic quality standards. • USAID assistance helped improve national-level forecasting and procurement of drugs and contraceptives. A commodity-tracking database was established to coordinate drug procurement and ensure appropriate stocks of drugs to treat malaria, TB, STIs, and opportunistic infections.
Zambia	<ul style="list-style-type: none"> • As a result of USAID assistance to strengthen decentralized planning, provinces led the annual planning process for the first time. USAID supported development of a computer application to reduce district workload in preparing plans and produced additional planning handbooks. A much-needed financial accounting training package for management staff was also developed. • Prepaid health service discount cards were launched and user fees were appropriately raised in Livingstone district. The increased revenues are being used to improve the district drug supply.



Regional Office/Program	Health Sector Reform/Systems Strengthening Results and Activities
AFR/SD	<ul style="list-style-type: none"> • A regional strategy on national health accounts for Africa has been developed and is currently being implemented by various partners. • For the first time, the World Health Development Report 2002 contained health expenditures estimates in complete detail. Most of this information was from USAID-funded national health account efforts. • AFR/SD supports one full-time technical staff member from Partnership for Health Reform to provide assistance to mutual health organizations (MHO) in Africa. In 2002, approximately 179 MHOs received assistance, compared to 52 in 2001. • Important new tools for MHOs have been developed and disseminated including a model feasibility study that can be used in the MHO design process and a manual for MHO managers to help them negotiate better quality care for members. • With support from AFR/SD and the Support for Analysis and Research in Africa (SARA) project, two basic reference and advocacy materials stressing public/private partnerships have been developed for new health program development. With technical support, Uganda has developed a national strategy that includes both formal and informal private practitioners and district plans that include the private sector in service delivery.
REDSO/ESA	<ul style="list-style-type: none"> • A health training program reached 510 people, exceeding the target of 413, and strengthened technical knowledge and skills in East and Southern Africa. • Training led to: <ul style="list-style-type: none"> - Improved proficiency in facilitative supervision, performance improvement, and quality assurance - Strengthened capacity in national health accounts data collection for monitoring and tracking health expenditures to support policy dialogue - Enhanced skills of pharmacy and medical supply department directors for procuring drugs and supplies - Strengthened capabilities of program managers and procurement officers for selecting, quantifying, and processing tenders for TB drugs procurement - Strengthened skills in departmental and specialty costing for management teams from national referral hospitals and large provincial hospitals in Kenya, Seychelles, Swaziland, Tanzania, Zambia, and Zimbabwe

Selected Performance Measures for Global Health Objectives

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**Selected Performance Measures
for Global Health Objectives**
(as submitted in ARs 2003 - Table 2)

I. Reducing the number of unintended pregnancies

Mission/ Regional Program	Percentage of in-union women age 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey (DHS/RHS)			
	FY 2002 AR		FY 2003 AR	
	DHS Year	%	DHS Year	%
Angola			MICS 2001	4.5
Benin	1996	3.4	2001	8.3
DR Congo				
Eritrea	1995	4.0	2002	5.2
Ethiopia	2000	6.3		
Ghana	1998	13.3		
Guinea	1999	4.2		
Kenya	1998	31.5		
Liberia	1986	5.5		
Madagascar	1997	9.7	MICS 2000	12
Malawi	2000	26.1		
Mali	2001	5.7		
Mozambique	1997	5.1		
Namibia	1992	26.0		
Nigeria	1999	8.6		
Rwanda	2000	4.3		
Senegal	1999	8.2		
Somalia				
Sudan				
South Africa	1998	61.2		
Tanzania	1999	16.9		
Uganda	2000	18.2		
Zambia	1996	14.4	2001/2	22.6
Zimbabwe	1999	50.4		

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2. Reducing infant and child mortality

Mission/ Regional Program	Percentage of children age 12 months or less who have received their third dose of DPT (age at survey 12-23 mos.) (DHS/RHS)								Percentage of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS)							
	FY 2002 AR				FY 2003 AR				FY 2002 AR				FY 2003 AR			
	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total
Angola					2001**			27.6					2001**	39.1	40.9	
Benin	1996			64.1	2001			68.5	1996				2001	63.5	58.3	60.9
DR Congo					MOH			36.7								
Eritrea	1995	48.9	48.7	48.8	2002	78	80	NA	1995				2002	72	64	
Ethiopia	2000	22.4	18.9	20.7	MOH			37.5	2000	18.2*	19.1*	18.6*				
Ghana	1998			67.6	MOH			75	1998	68.3*	69.6*	69.0*				
Guinea	1999			43.2					1999	40.9*	38.7*	39.9*				
Kenya	1998	80.5	77.8	79.2					1998							
Liberia																
Madagascar	1997			45.7	2000**			56	1997							
Malawi	2000			78.6					2000	46.5*	49.3*	47.9*				
Mali	2001			33.9					2001	30.2	29.3	29.8				
Mozambique	1997	61.7	60.5	61.1					1997	54.7*	59.1*	56.9*				
Namibia	1992			64.5					1992	66.6*	63.0*	64.7*				
Nigeria	1999			24.8					1999							
Rwanda	2000			84.9					2000	29.7	30.8	30.2				
Senegal	1999			42.7					1999			21.3				
Somalia																
Sudan																
South Africa	1998	74.3	78.3	76.4					1998	50.2	52.4	53.7				
Tanzania	1999	83.1	78.2	81.0					1999	55.2	54.4	54.8				
Uganda	2000	44.6	47.7	46.1					2000	35.6	31.2	33.5				
Zambia	1996			80.0					1996	58.6*	54.4*	56.5*				
Zimbabwe	1999			77.5					1999	81.5*	77.7*	79.7*				

* 0-59 mos.

** MICS

2. Reducing infant and child mortality (cont.)

Mission/ Regional Program	Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)								Confirmed cases of wild-strain polio transmission			
	FY 2002 AR				FY 2003 AR				2001 Actual		2002 Actual	
	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total	Cases of Polio	Number of Cases	Cases of Polio	Number of Cases
Angola					MICS 2001	30.7	30.9		Yes	2	No	
Benin	1996				2001	18.3	18.4	18.3			No	
DR Congo					Nat'l Imm. Days Report			94.8	No		No	
Eritrea	1995				2002	38	38				No	
Ethiopia	2000	55.8	55.8	55.8	MOH in 5 of 9 regions			26	Yes		No	
Ghana	1998			96.0					No			
Guinea	1999											
Kenya	1998											
Liberia									No		No	
Madagascar	1997			50.0	Rapid Asssmt in 2 provinces			54*	No			
Malawi	2000	64.5	66.1	65.3							No	
Mali	2001	41.0	40.7	40.9								
Mozambique	1997										No	
Namibia	1992											
Nigeria	1999								Yes	57	Yes	158
Rwanda	2000	68.2	39.6	68.9							No	
Senegal	1999			80.4					No		No	
Somalia									Yes	4		
Sudan									Yes			
South Africa	1998											
Tanzania	1999	12.2	15.5	13.9					No		No	
Uganda	2000	37.5	37.7	37.6					No		No	
Zambia	1996			81.0	Prelim DHS 2001/2			>80	No		Yes	3
Zimbabwe	1999											

* (12-23 mos.)

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	
	DHS Year	%	DHS Year	%
Angola			MICS 2001	44.7
Benin	1996	64.0	2001	73
DR Congo				
Eritrea	1995	20.6	2002	28
Ethiopia	2000	9.7		
Ghana	1998	44.3		
Guinea	1999	34.8		
Kenya	1998	44.3		
Liberia	1986	57.9		
Madagascar	1997	47.3		
Malawi	2000	55.6		
Mali	2001	40.6		
Mozambique	1997	44.2		
Namibia	1992	68.2		
Nigeria	1999	41.6		
Rwanda	2000	62.6		
Senegal	1999	48.6		
Somalia				
Sudan				
South Africa	1998	94.0		
Tanzania	1999	56.5		
Uganda	2000	39.0		
Zambia	1996	46.5		
Zimbabwe	1999	72.5		

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

Mission/ Regional Program	Total condom sales				National HIV seroprevalence rates reported annually (NSSS)	Number of sex partners in past year (national survey, DHS, or other survey)
	2001 Actual	2002 Target	2002 Actual	2003 Target	FY 2003 AR	FY 2003 AR
Angola	3,000,000	6,600,000	6,091,800		8.6	
Benin	6,500,000		8,100,480	6,600,000	4.1	
DR Congo	12,000,000		19,175,354	20,020,000	5.1	
Eritrea			4,508,027	4,950,000		
Ethiopia	53,636,181	55,500,000	63,779,597	70,000,000	6.6	5.3
Ghana	18,000,000	20,000,000	24,000,000	26,000,000	3.6	
Guinea						
Kenya	14,800,000	16,800,000	17,200,000	19,200,000	13	
Liberia						
Madagascar	6,044,000	7,000,000	5,790,000	7,000,000	0.75	
Malawi			7,172,664	6,600,000		
Mali	8,508,890	9,000,000	9,187,373	10,000,000	1.7	
Mozambique	11,216,714	11,500,000	14,355,470	12,000,000		
Namibia					23	
Nigeria	107,000,000	120,000,000	126,800,000	152,200,000	5.8	
Rwanda	5,000,000		6,072,927	5,840,000	8.9	
Senegal	3,500,775	3,850,000	3,874,440	4,250,000	1	
Somalia						
Sudan						
South Africa	250,000,000	300,000,000	358,000,000	360,000,000	24.8	
Tanzania	20,177,856	20,200,000	23,000,000	25,500,000		
Uganda	8,269,278	10,000,000	9,146,880	10,800,000	6.5 (age 15-24)	11.2% M*/2% F*
Zambia	10,100,000	10,500,000	9,600,000	10,500,000	16	
Zimbabwe	15,700,000	15,000,000	19,500,000	20,000,000	33	48%**
AFR/SD						
REDSO/ESA						
WARP/PHN	61,700,000	65,800,000	68,300,000	68,000,000		

* (single; 2+ partners) ** (age 15-24; multiple partners)

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

Mission/ Regional Program	Median age at first sex among young men and women (national survey, DHS, or other survey)			Condom use with last non- regular partner (national survey, DHS, or other survey) (%)	Number of clients provided services at STI clinics	Number of STI clinics with USAID assistance	Number of OVCs receiving care/ support	Number of OVC programs with USAID assistance				
	FY 2003 AR								FY 2003 AR	FY 2003 AR	FY 2003 AR	FY 2003 AR
	Male	Female	Total						FY 2003 AR	FY 2003 AR	FY 2003 AR	FY 2003 AR
Angola												
Benin												
DR Congo												
Eritrea		18 (age 20-24)										
Ethiopia	22.1	19		56	5,609	15	22,182	7				
Ghana	20.5	18.1										
Guinea	17.4	16.7										
Kenya	17.1	17.9					290	3				
Liberia		15.5										
Madagascar	17	16	17	2.6								
Malawi	18	17	17.5	39 M/29 F	9,405	4	6,677	6				
Mali				32.7 M/14.2 F								
Mozambique							302	2				
Namibia	17	18		68			4,383	7				
Nigeria	19.4	18.1		59.4		74	3,000					
Rwanda	20.4	20.8			6,141	164	952	1				
Senegal		19.2		47.9 M/16.7 F								
Somalia												
Sudan		23.4										
South Africa		17.8		48.6 M/43.2 F			15,000	24 (HBC)				
Tanzania	16	17		34 M/22.8 F/28.4 T			1,448	2				
Uganda	18.3	17.3		58.9 M/37.8 F/45 T			1,367	3				
Zambia	16.2	16.9			7,120	7	138,710	1				
Zimbabwe	19	18.8		52								
AFR/SD												
REDSO/ESA												
WARP/PHN					9,660	63	231					

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

Mission/ Regional Program	Number of community initiatives/ organizations receiving support to care for OVCs	Number of USAID- supported health facilities offering PMTCT services	Number of women who attended PMTCT sites for a new pregnancy in last 12 months	Number of women with known HIV infection among those seen at PMTCT sites within the past year	Number of HIV- positive women attending antenatal clinics receiving a complete course of ARV treatment
	FY 2003 AR	FY 2003 AR	FY 2003 AR	FY 2003 AR	FY 2003 AR
Angola					
Benin					
DR Congo					
Eritrea					
Ethiopia	7				
Ghana		2	2,800	244	144
Guinea					
Kenya		5			
Liberia					
Madagascar					
Malawi	6				
Mali					
Mozambique					
Namibia	35				
Nigeria					
Rwanda		6	5,447	304	168
Senegal					
Somalia					
Sudan					
South Africa	20	1	30,000	10,000	6,000
Tanzania	15				
Uganda	2	19			
Zambia	59	25	8,950	280	
Zimbabwe					
AFR/SD					
REDSO/ESA					
WARP/PHN					

4. Reducing the HIV transmission rate and the impact of 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 USAID-assisted community and home-based care programs	Number of clients seen at VCT centers	Number of VCT centers with USAID assistance	Number of HIV-infected persons receiving ARV treatment	Number of USAID- assisted ARV treatment programs
	FY 2003 AR	FY 2003 AR	FY 2003 AR	FY 2003 AR	FY 2003 AR	FY 2003 AR
Angola			2,860	3		
Benin						
DR Congo	4,088	3	1,108	3		
Eritrea				1		
Ethiopia	812	7	926	21		
Ghana			685	3		
Guinea						
Kenya		3	57,469	56		1
Liberia						
Madagascar						
Malawi	4,700	7	49,142	3		
Mali			1,738	2		
Mozambique	530	2	24,206	4		
Namibia						
Nigeria		11	307	2		
Rwanda	9,179	3	66,294	16		
Senegal			2,477	3		
Somalia						
Sudan						
South Africa		24		150		1
Tanzania	132	2	15,987	7		
Uganda	27,176	86	89,735	51		
Zambia			3,929	88		
Zimbabwe			58,000	14		
AFR/SD						
REDSO/ESA						
WARP/PHN	1,900	1		6		

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

Mission/ Regional Program	Number of individuals treated in STI programs											
	2001 Actual			2002 Target			2002 Actual			2003 Target		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Angola												
Benin												
DR Congo												
Eritrea												
Ethiopia			5,207			7,000			5,609	6,000	6,508	12,508
Ghana												
Guinea												
Kenya												
Liberia												
Madagascar												
Malawi												
Mali												
Mozambique												
Namibia												
Nigeria												
Rwanda	8,344	3,302	11,646						13,220			
Senegal												
Somalia												
Sudan												
South Africa												
Tanzania												
Uganda			49,127			46,433						
Zambia	1,096	5,687	6,783				1,222	5,898	7,120	1,407	6,712	8,119
Zimbabwe												
AFR/SD												
REDSO/ESA												
WARP/PHN	3,500			3,675			9,660		9,660	4,500	0	4,550

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

Mission/ Regional Program	Is your operating unit supporting an MTCT program?			
	2001 Actual	2002 Target	2002 Actual	2003 Target
Angola	No	No	No	No
Benin				
DR Congo	No	No		
Eritrea			No	No
Ethiopia	No	No	No	Yes
Ghana	No		Yes	
Guinea				
Kenya	Yes		Yes	
Liberia				
Madagascar	No	No		
Malawi			Yes	
Mali	No	No		
Mozambique			No	Yes
Namibia	No	No	No	No
Nigeria	No	No	No	No
Rwanda	Yes		Yes	
Senegal	No	No	No	
Somalia				
Sudan				
South Africa	Yes		Yes	
Tanzania	No	No	No	
Uganda	Yes		Yes	Yes
Zambia	Yes		Yes	
Zimbabwe	No	No		
AFR/SD				
REDSO/ESA				
WARP/PHN	No	No	No	No

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

Mission/ Regional Program	Number of individuals reached by community- and home-based care programs											
	2001 Actual			2002 Target			2002 Actual			2003 Target		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Angola												
Benin												
DR Congo									4,088			5,000
Eritrea												
Ethiopia						500	357	455	812	1,078	1,372	2,450
Ghana												
Guinea												
Kenya												
Liberia												
Madagascar												
Malawi												
Mali												
Mozambique								530	530		2,600	2,600
Namibia										60	80	140
Nigeria			680			800	900	1,350	2,250	900	1,350	2,250
Rwanda									9179			9750
Senegal												
Somalia												
Sudan												
South Africa												
Tanzania			48				65	67	132	267	267	534
Uganda			13,936			16,300	8,201	18,975	27,176	13,920	20,881	34,801
Zambia												
Zimbabwe			25,000									
AFR/SD												
REDSO/ESA												
WARP/PHN						2,100				1,365	1,260	2,625

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

Mission/ Regional Program	Number of orphans and vulnerable children reached											
	2001 Actual			2002 Target			2002 Actual			2003 Target		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Angola												
Benin												
DR Congo									1,463			
Eritrea												
Ethiopia	11,397	9,683	21,080			22,000	7,937	7,254	15,191			
Ghana												
Guinea												
Kenya									290			
Liberia												
Madagascar												
Malawi												
Mali												
Mozambique							0	302	302	0	900	900
Namibia			1,000				2,191	2,192	4,383	2,410	2,410	2,410
Nigeria			3,000			3,000	1,620	1,380	3,000	1,620	1,380	1,380
Rwanda			73						952			
Senegal												
Somalia												
Sudan												
South Africa												
Tanzania			67				729	719	1,448	4,913	4,913	4,913
Uganda			232			1,125	769	598	1,367			
Zambia			54,063			13,700	70,455	67,715	138,170	75,200	84,800	84,800
Zimbabwe												
AFR/SD												
REDSO/ESA										4,030	3,720	3,720
WARP/PHN						6,200						

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

Mission/ Regional Program	Number of individuals reached by antiretroviral treatment programs											
	2001 Actual			2002 Target			2002 Actual			2003 Target		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Angola												
Benin												
DR Congo												
Eritrea												
Ethiopia										11,000	11,000	22,000
Ghana										125	175	300
Guinea												
Kenya												
Liberia												
Madagascar												
Malawi												
Mali												
Mozambique												
Namibia												
Nigeria												
Rwanda		73	73							75	175	250
Senegal												
Somalia												
Sudan												
South Africa												
Tanzania												
Uganda										400	600	1,000
Zambia												
Zimbabwe												
AFR/SD												
REDSO/ESA												
WARP/PHN												

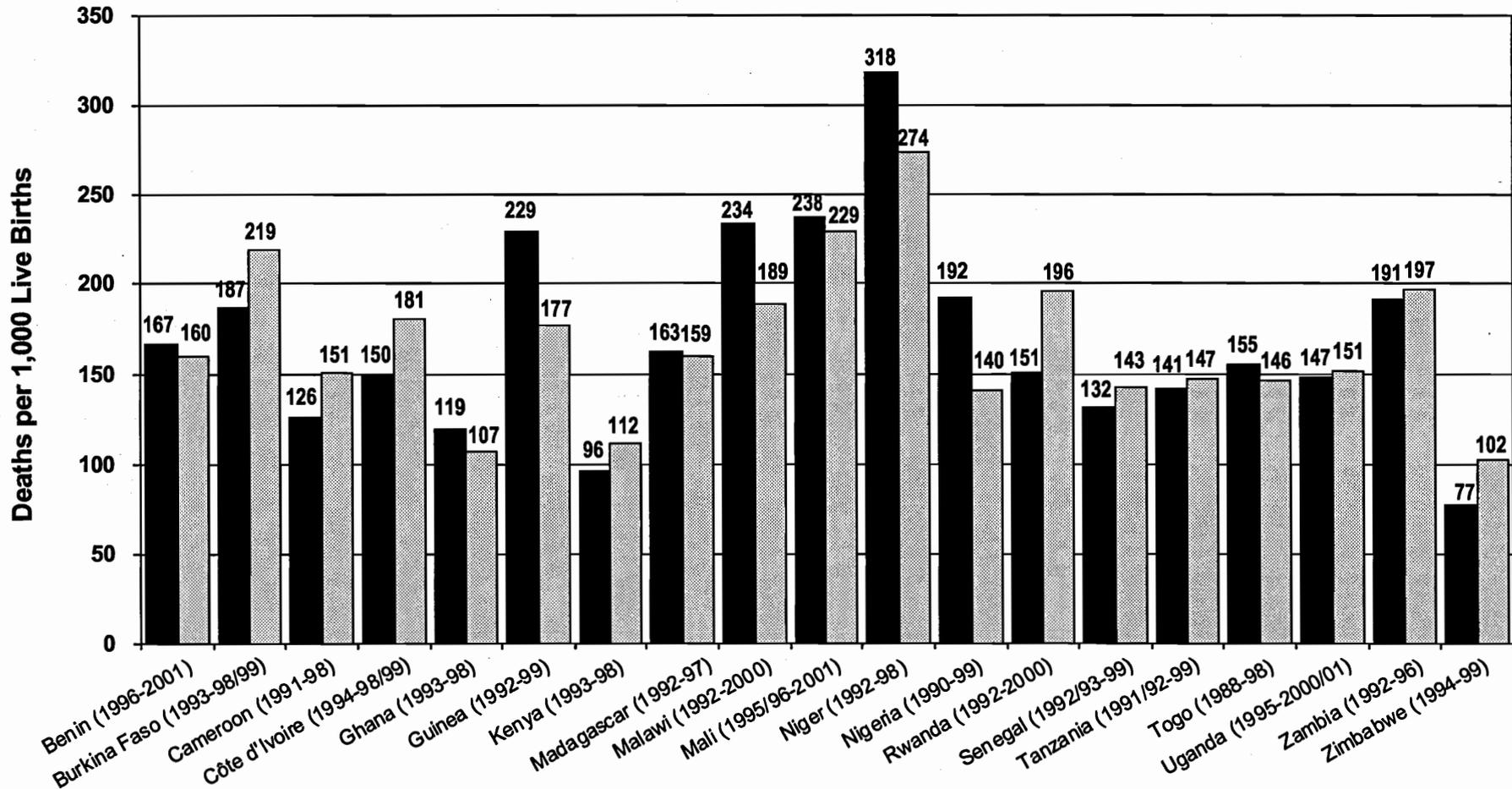
5. Reducing the threat of infectious diseases of major public health importance

Mission/ Regional Program	Number of insecticide-impregnated bednets sold (malaria)				Proportion of districts implementing the DOTS tuberculosis strategy			
	2001 Actual	2002 Target	2002 Actual	2003 Target	2001 Actual	2002 Target	2002 Actual	2003 Target
Angola								
Benin	33,494	45,000	52,711	38,600				
DR Congo							70	75
Eritrea								
Ethiopia							86	90
Ghana	21,000	50,000	139,000	200,000				
Guinea								
Kenya	95,000	300,000						
Liberia								
Madagascar			450,000	200,000				
Malawi				231,800			100	100
Mali			106,000					
Mozambique			201,601				100	100
Namibia								
Nigeria				30,000				
Rwanda	64,889	100,000		80,000	100		100	100
Senegal			21,000					
Somalia	30,000		58,823		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	14		35.7	80
Zambia	81,000	150,000	285,000	300,000				
Zimbabwe								
AFR/SD								
REDSO/ESA								
WARP/PHN		15,000	33,000	18,750				



Overall Trends in the Health Sector

Under-Five Mortality Rates in Selected African Countries With Two Demographic and Health Surveys, 1988-2001

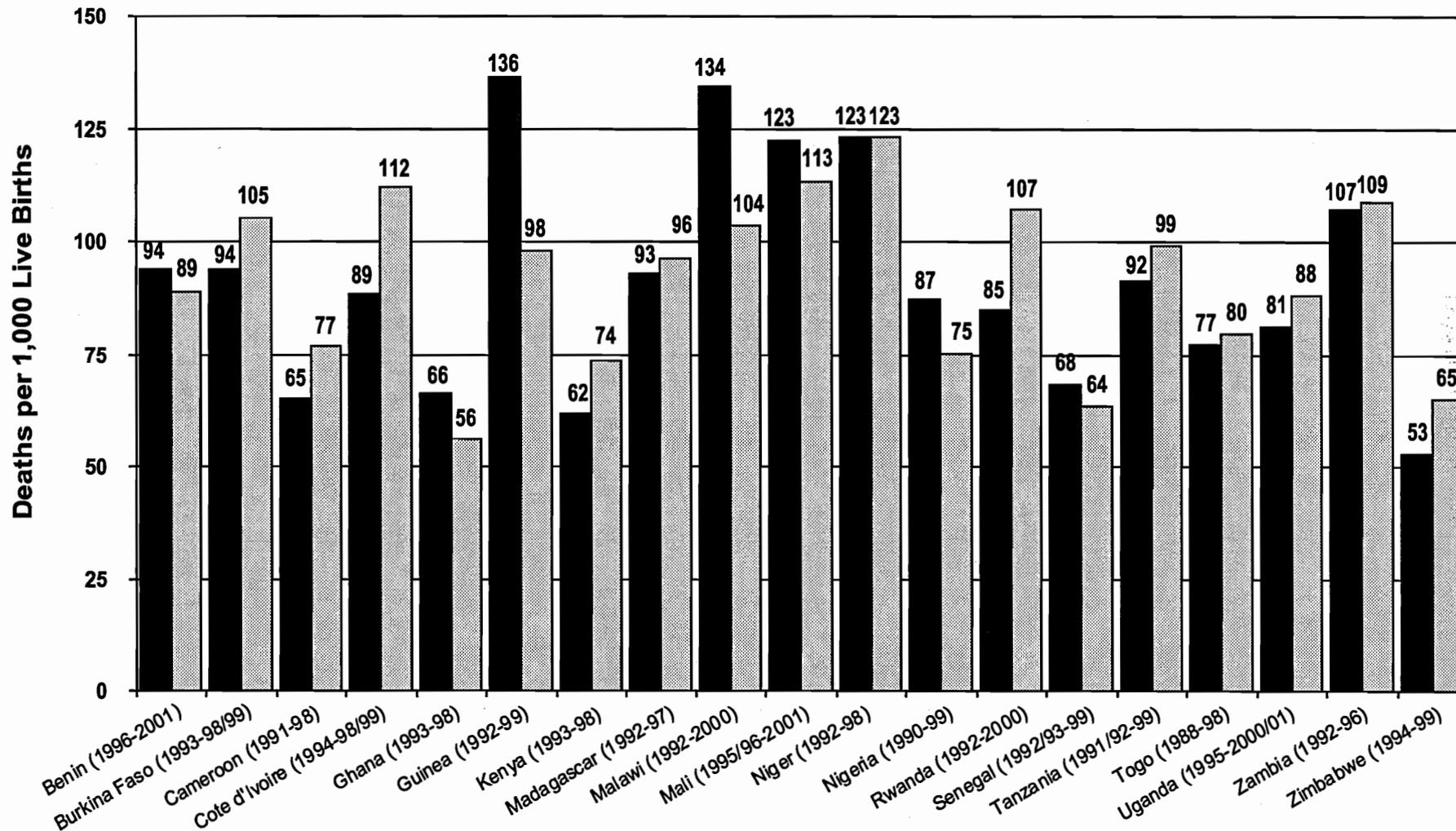


Note: Mortality rates given are for the five-year period prior to the survey.

Source: Demographic and Health Surveys of Indicated years.

Infant Mortality in Selected African Countries

With Two Demographic and Health Surveys, 1988-2001

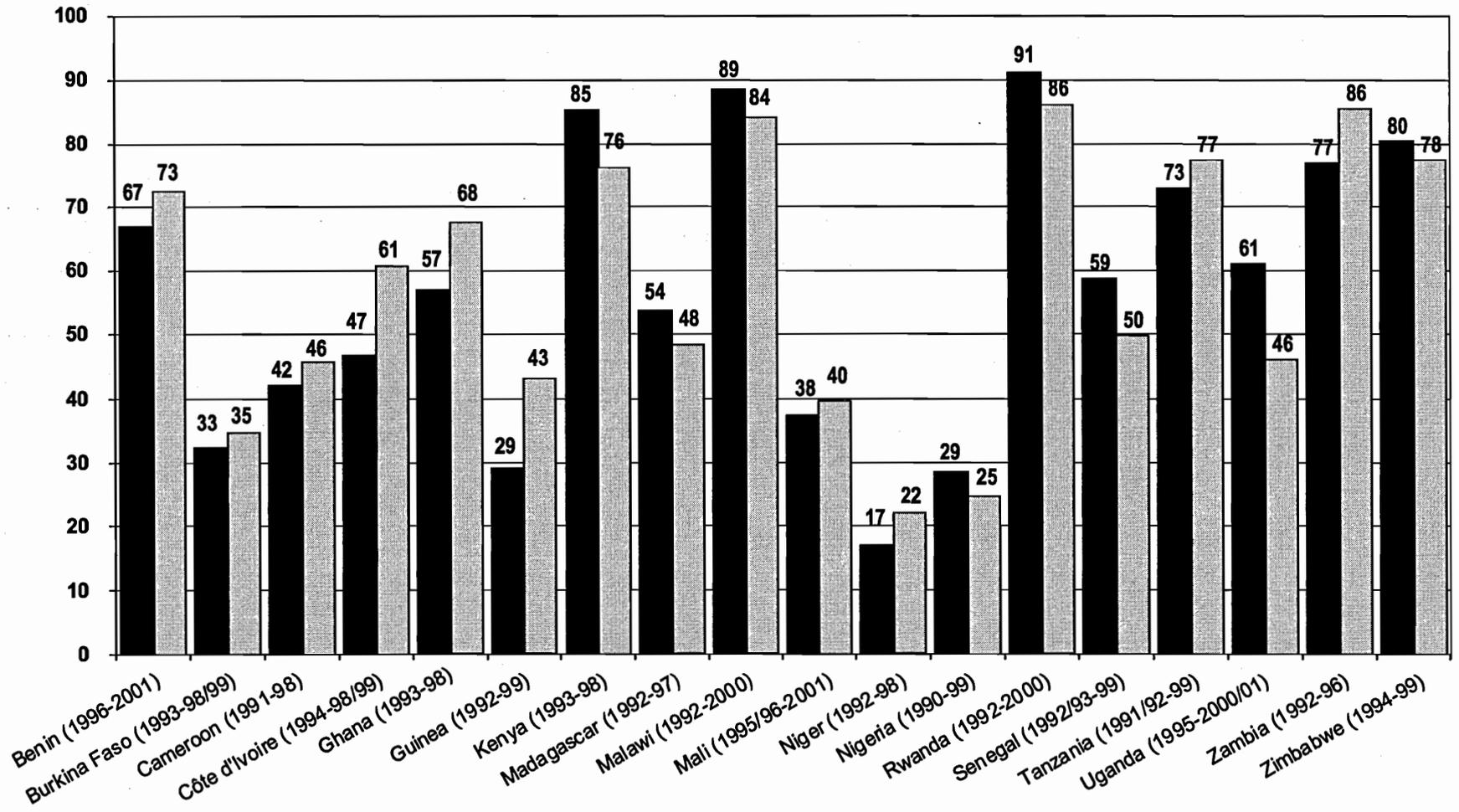


Note: Mortality rates given are for the five-year period prior to the survey.

Source: Demographic and Health Surveys of Indicated years.

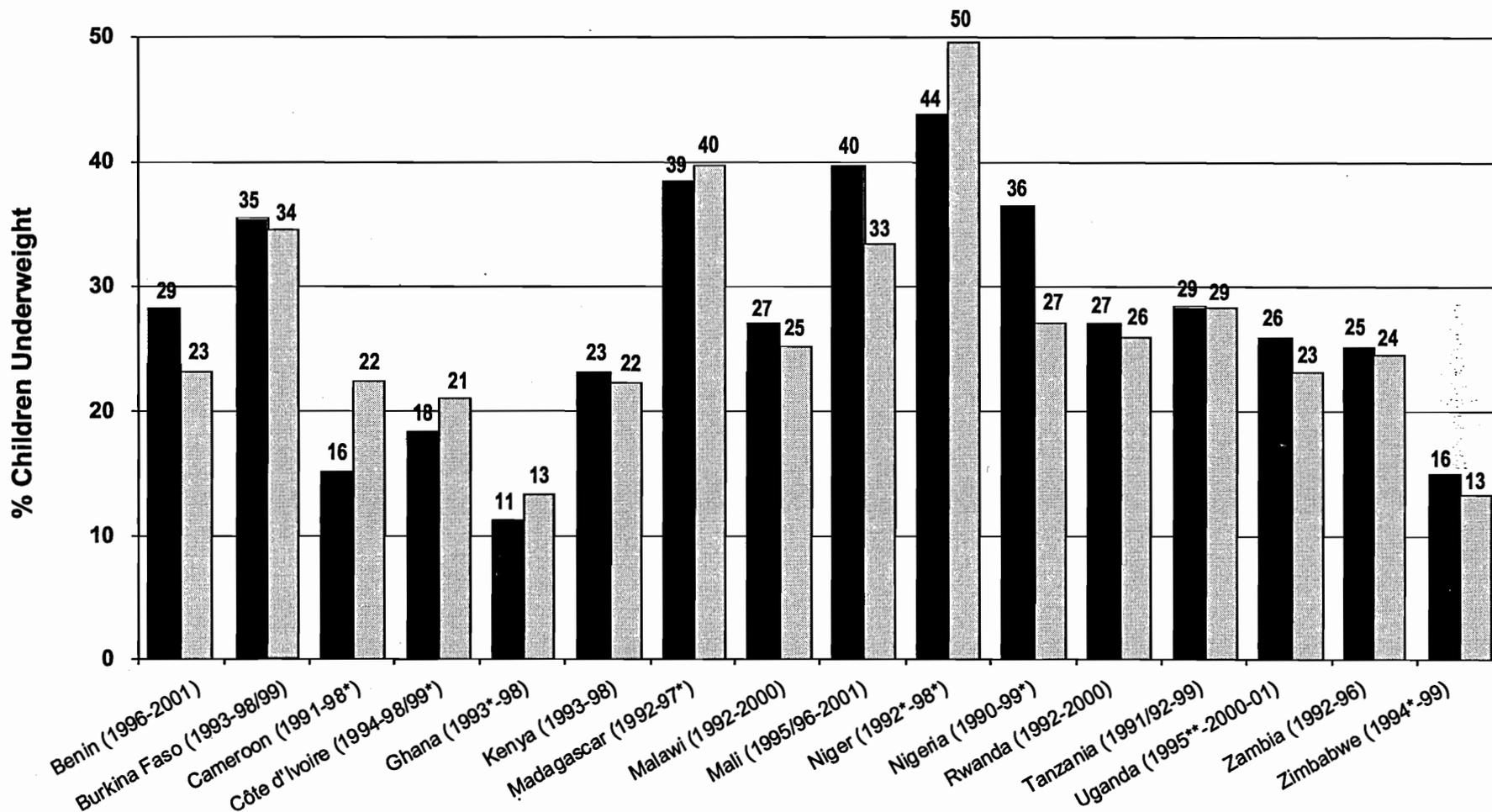
DPT3 Immunizations of Children Aged 12-23 Months in Selected African Countries With Two Demographic and Health Surveys, 1990-2001

% Children Aged 12-23 Months Immunized in First Year of Life



Source: Demographic and Health Surveys of Indicated years.

Underweight Children Aged 0-59 Months in Selected African Countries With Two Demographic and Health Surveys, 1990-2001

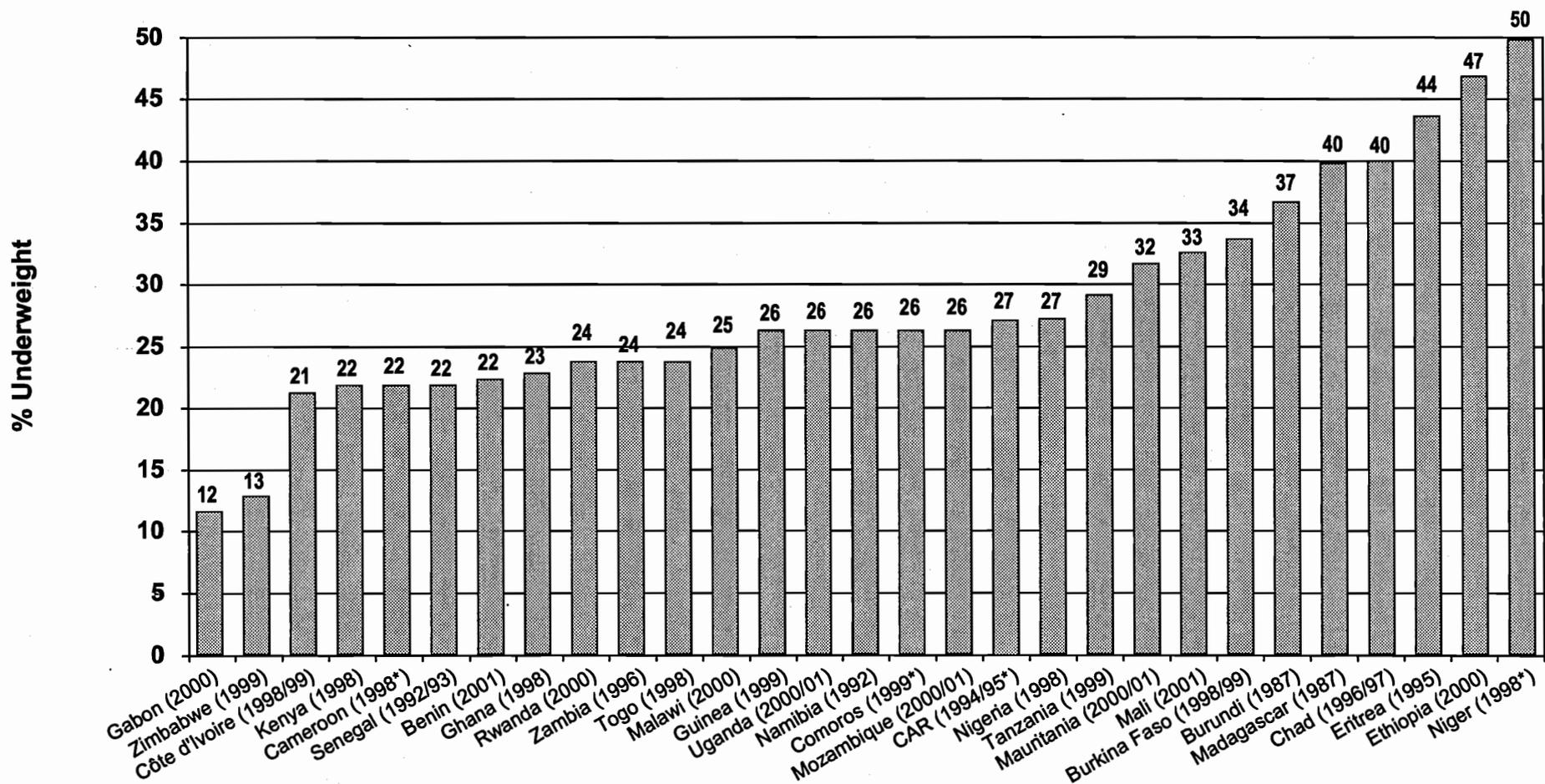


* The value for this year represents data for children under 3 years of age. **The value for this year represents data for children under 4 years of age.

Note: Percent 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.

Underweight Children Aged 0-59 Months in Sub-Saharan African Countries, Most Recent Survey, 1987-2001

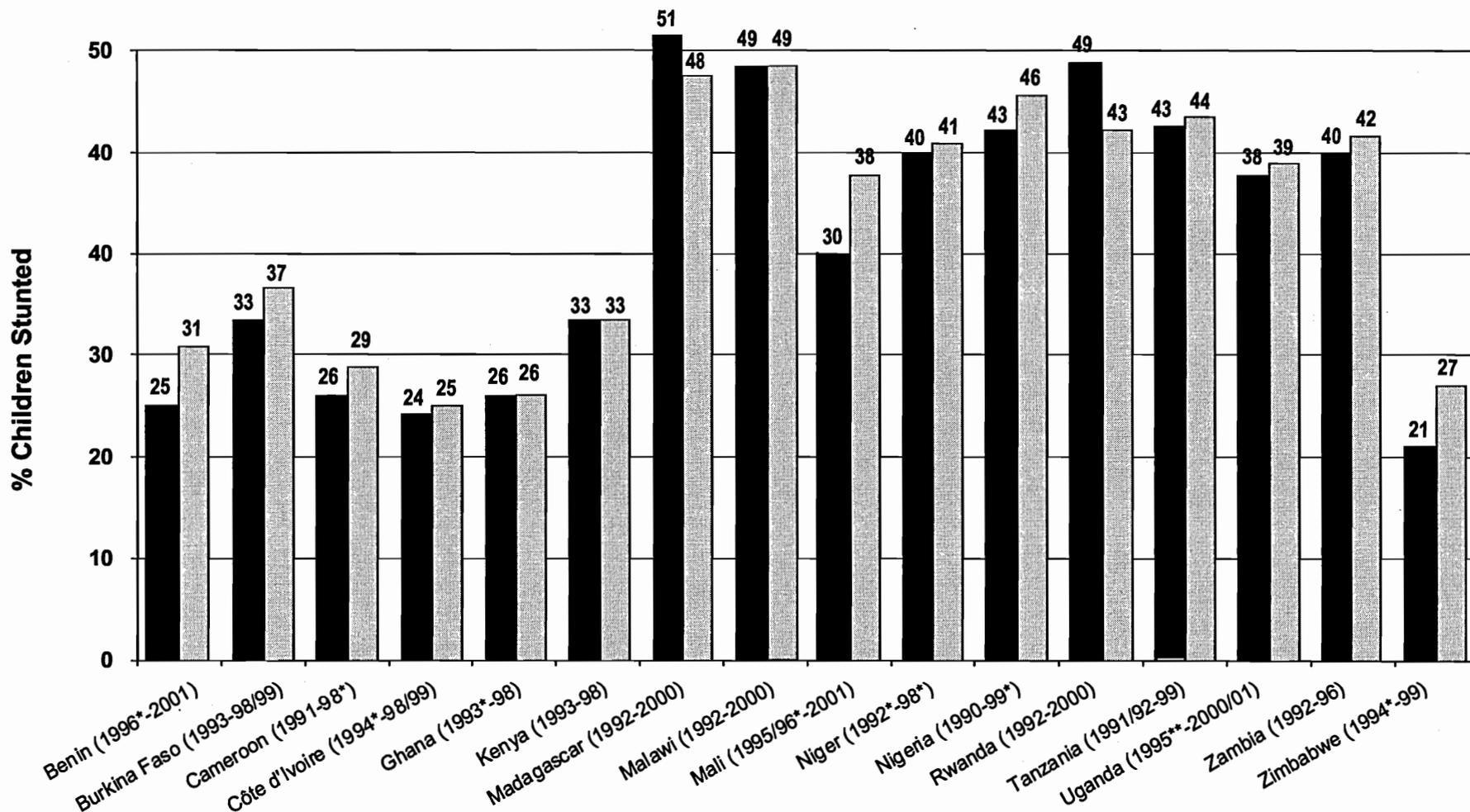


* The value for this country represents data from children under 3 years of age.

Note: Percent 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 Selected African Countries With Two Demographic and Health Surveys, 1990-2001

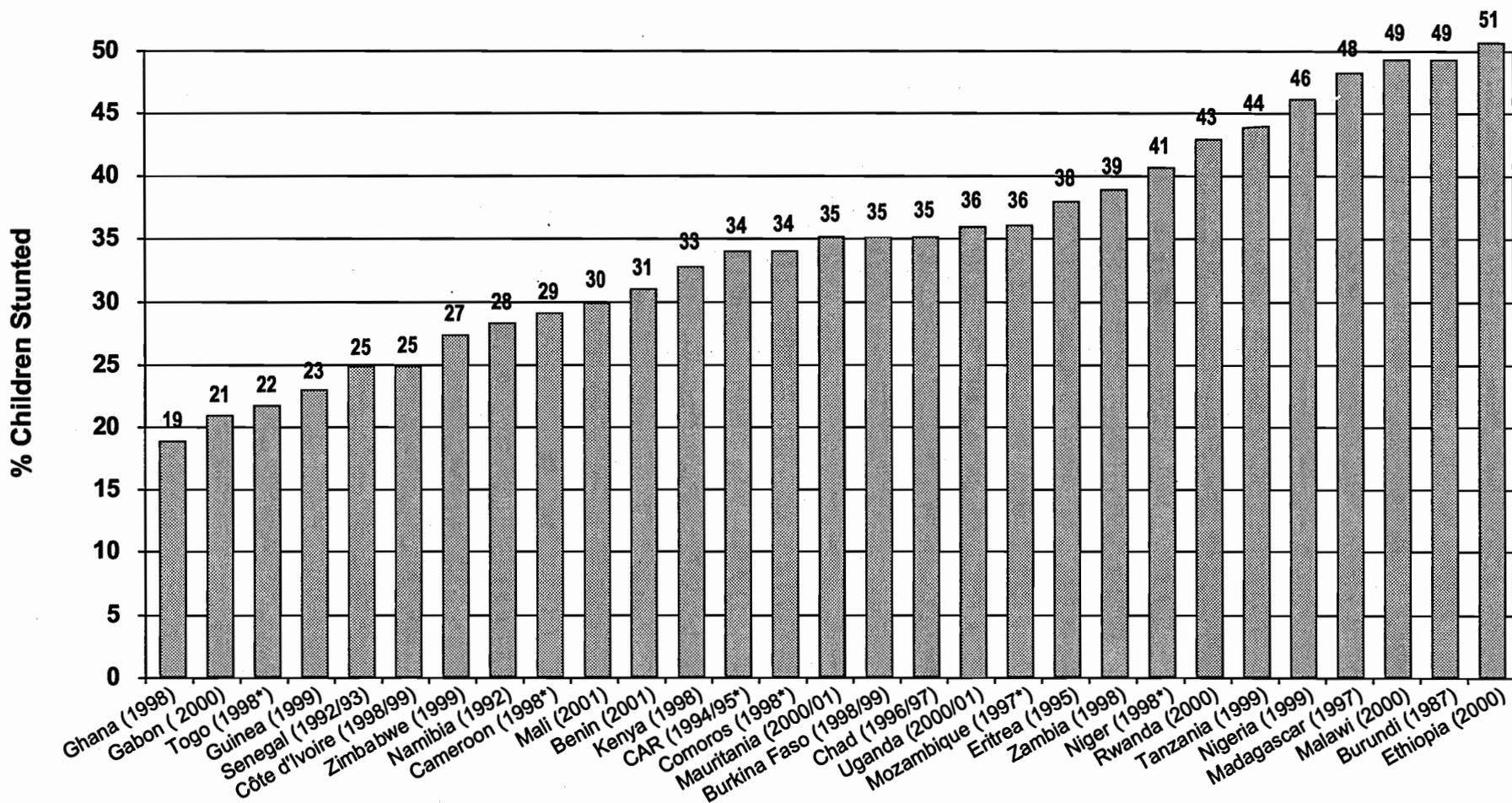


* The value for this year represents data for children under 3 years of age. **The value for this year represents data for children under 4 years of age.

Note: Percent 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 Sub-Saharan African Countries, Most Recent Survey, 1987-2001



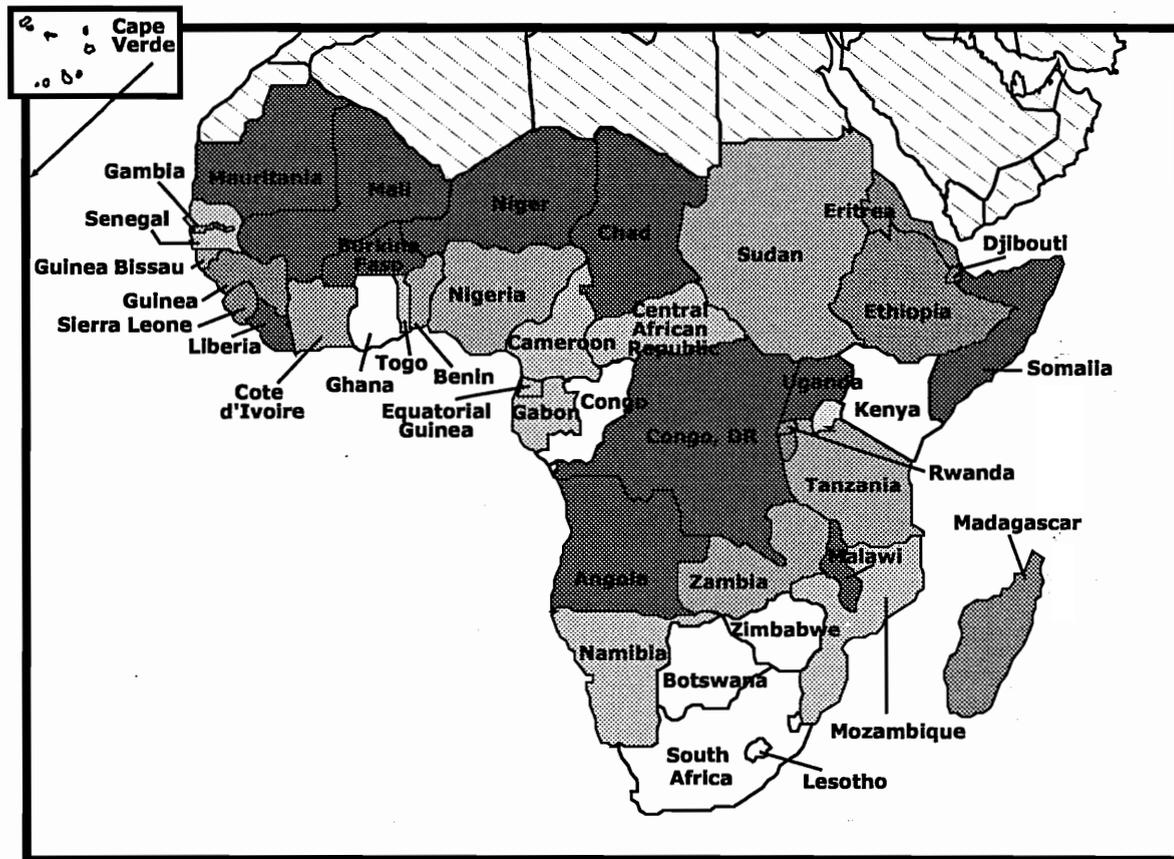
* The value for this survey represents data for children under 3 years of age.

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.

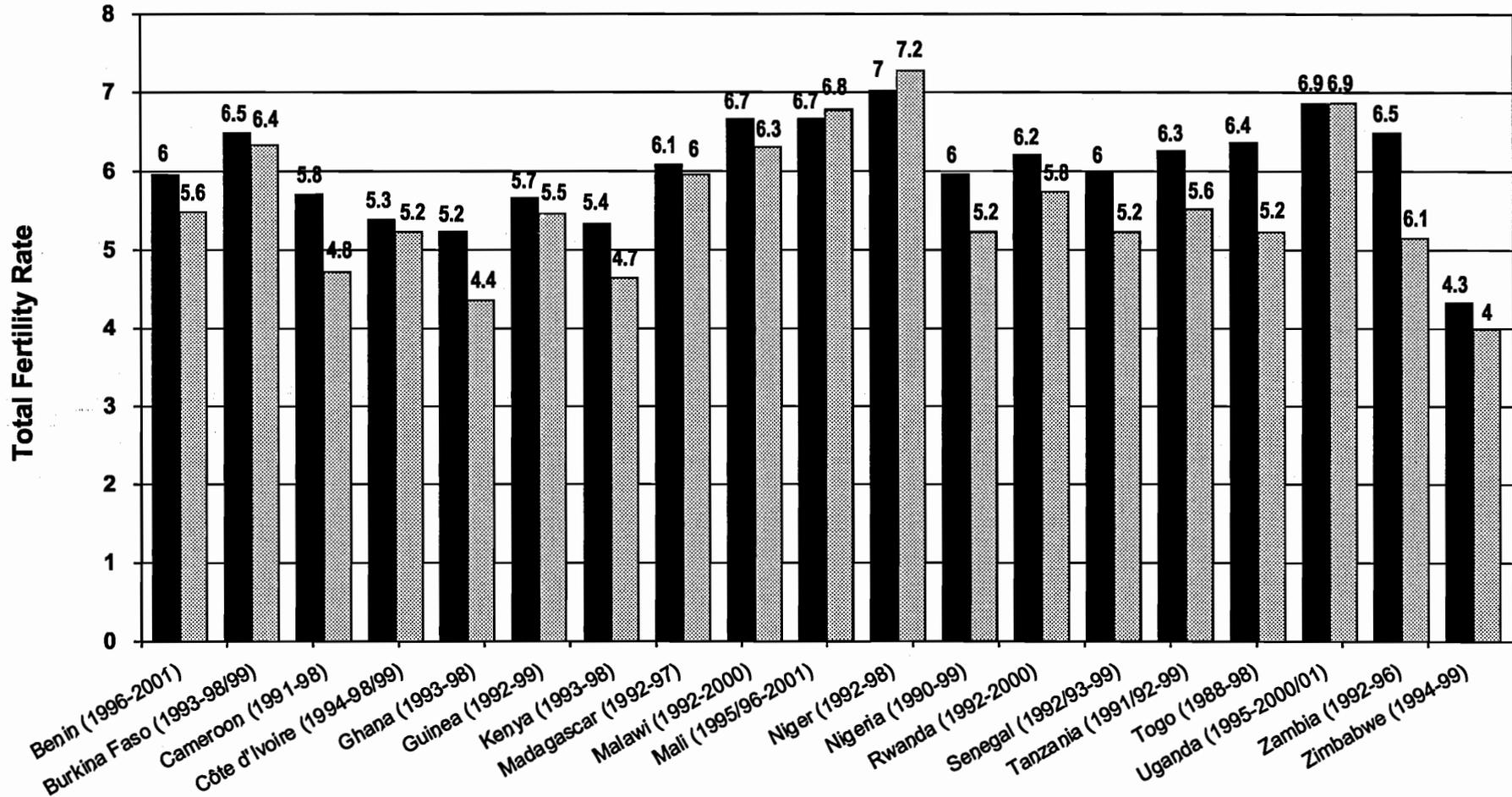
Total Fertility Rates in Sub-Saharan Africa, 2003

Country	Rate	Country	Rate
Angola	6.4	Liberia	6.2
Benin	6	Madagascar	5.7
Botswana	3.3	Malawi	6.1
Burkina Faso	6.3	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		



Total Fertility Rates - 2003	
Source: US Bureau of Census	
	(# Countries)
6.1 - 7.0	(11)
5.6 - 6.0	(9)
5.1 - 5.5	(7)
4.6 - 5.0	(8)
2.0 - 4.5	(8)

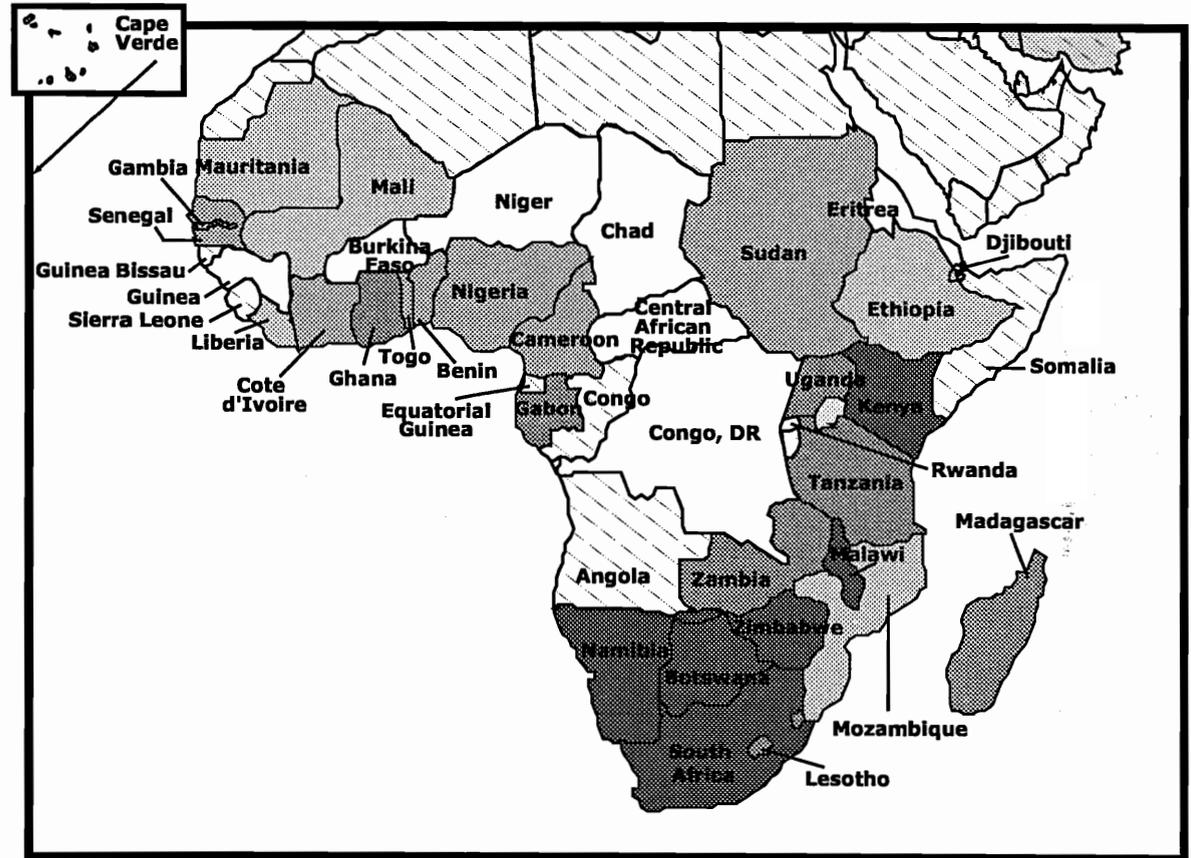
Total Fertility Rates in Selected African Countries With Two Demographic and Health Surveys, 1988-2001



Source: Demographic and Health Surveys of Indicated years.

Contraceptive Prevalence Rates (Any Modern Method) in Married Women Aged 15-49 in Sub-Saharan Africa, 1986-2001

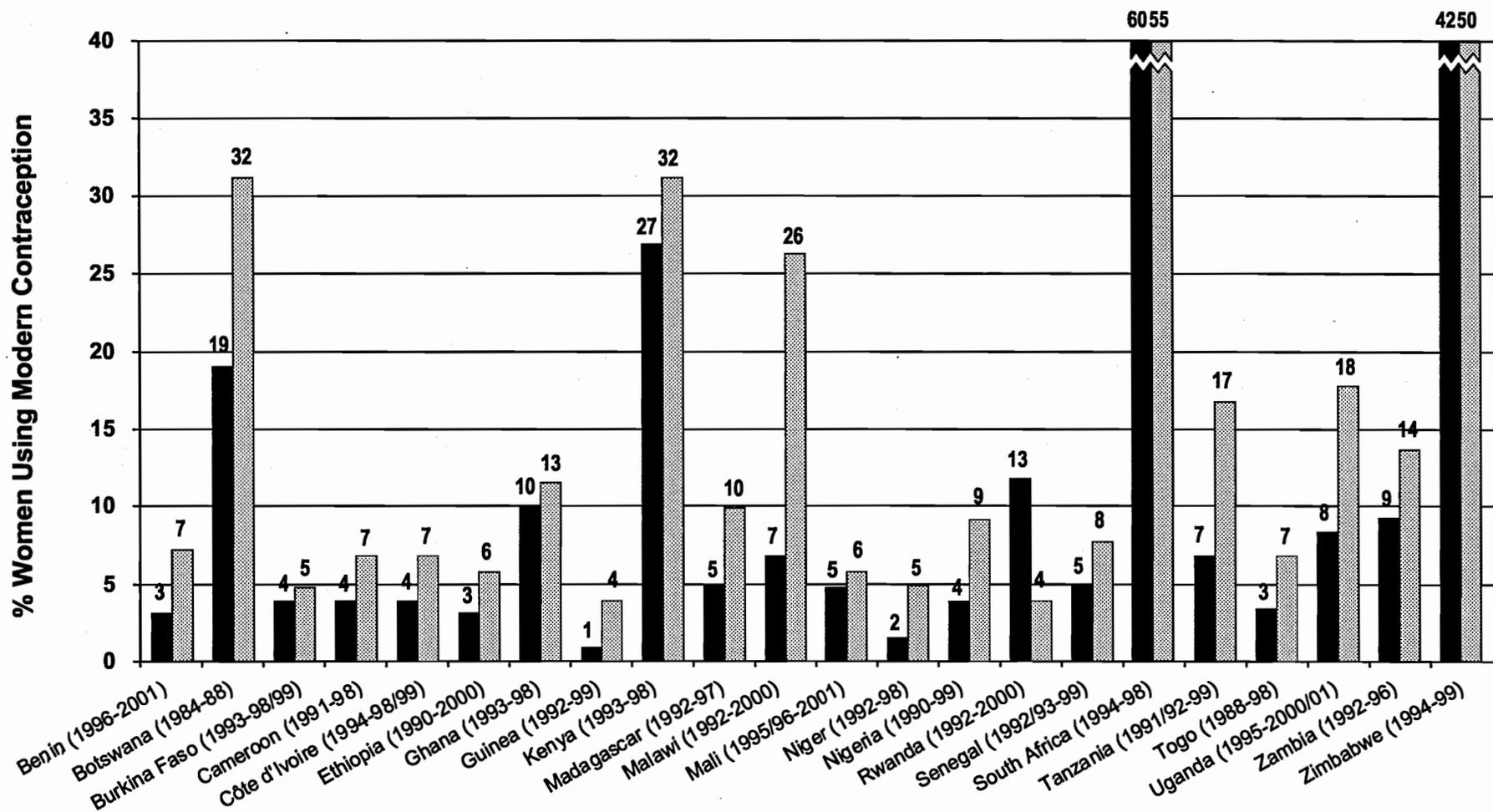
Country	Rate	Country	Rate
Benin	7.2	Madagascar	9.7
Botswana	31.7	Malawi	26.1
Burkina Faso	4.8	Mali	5.7
Burundi	1.2	Mauritania	5.1
Cameroon	7.1	Mozambique	5.1
Cape Verde	46	Namibia	26
CAR	3.2	Niger	4.6
Chad	1.2	Nigeria	8.6
Congo, DR	2	Rwanda	4.3
Côte d'Ivoire	7.3	Senegal	8.2
Eritrea	4	South Africa	55.1
Ethiopia	6.3	Sudan	7.2
Gabon	11.7	Swaziland	17.2
Ghana	13.3	Tanzania	16.9
Guinea	4.2	Togo	7.1
Kenya	31.5	Uganda	18.2
Lesotho	18	Zambia	14.4
Liberia	5.5	Zimbabwe	50.4



CPR, Married Women Modern Methods
Source: DHS/RHS 1986-2001

Rate Range	# Countries
19.1 - 56	(7)
9.1 - 19	(8)
7.1 - 9	(7)
5.1 - 7	(5)
1 - 5	(9)

Contraceptive Prevalence Rates (Any Modern Method), Married Women Aged 15-49 in Selected African Countries With Two Demographic and Health Surveys, 1984-2001

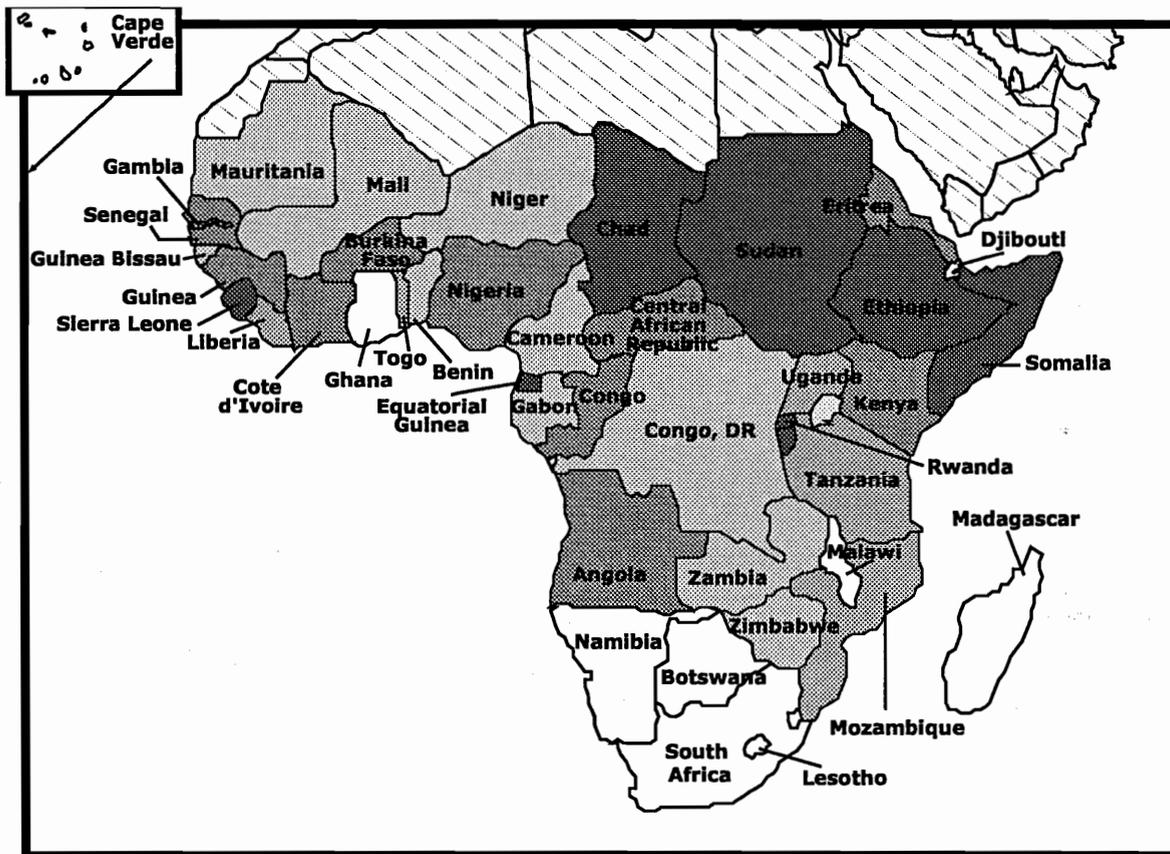


Source: Demographic and Health Surveys of Indicated years.

Maternal Mortality Ratios in Sub-Saharan Africa, 1995

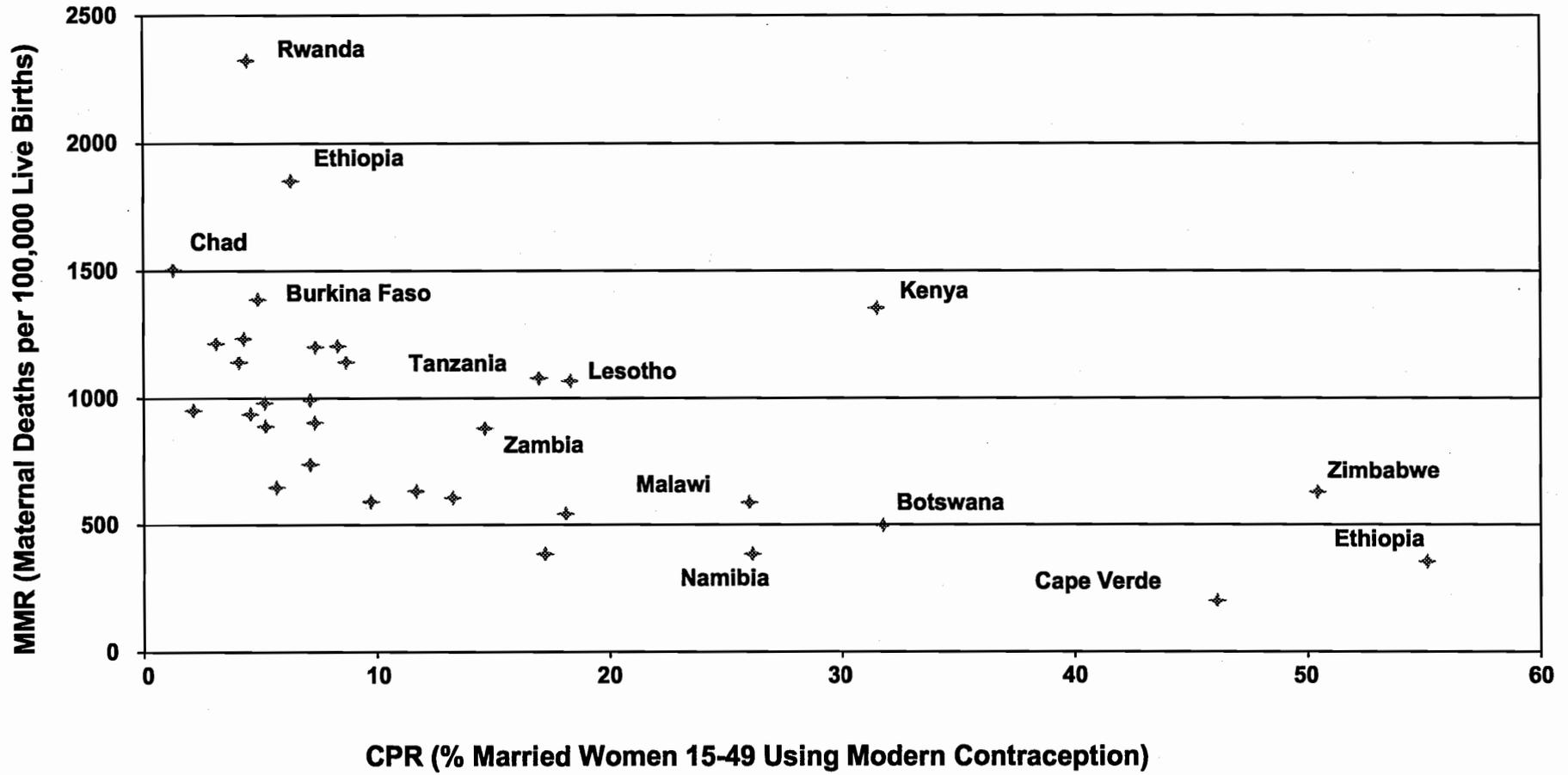
Country	MMR	Country	MMR
Angola	1,308	Lesotho	529
Benin	884	Liberia	1,016
Botswana	481	Madagascar	583
Burkina Faso	1,379	Malawi	576
Burundi	1,881	Mali	630
Cameroon	720	Mauritania	874
Cape Verde	188	Mozambique	975
CAR	1,205	Namibia	368
Chad	1,497	Niger	923
Congo	1,108	Nigeria	1,129
Congo, DR	939	Rwanda	2,318
Cote d'Ivoire	1,118	Senegal	1,198
Djibouti	520	Sierra Leone	2,065
Equatorial Guinea	1,404	Somalia	1,582
Eritrea	1,131	South Africa	341
Ethiopia	1,841	Sudan	1,452
Gabon	617	Swaziland	374
Gambia	1,071	Tanzania	1,059
Ghana	586	Togo	983
Guinea	1,224	Uganda	1,056
Guinea Bissau	914	Zambia	867
Kenya	1,339	Zimbabwe	609

Maternal deaths per 100,000 live births



Maternal Mortality Ratio, 1995	
Source: Hill, et al. 2001	
■ 1401 - 2500	(# Countries) (8)
■ 1101 - 1400	(10)
■ 951 - 1100	(6)
■ 601 - 950	(10)
□ 0 - 600	(10)

Contraceptive Prevalence Rate (CPR) and Maternal Mortality Ratio (MMR) by Country

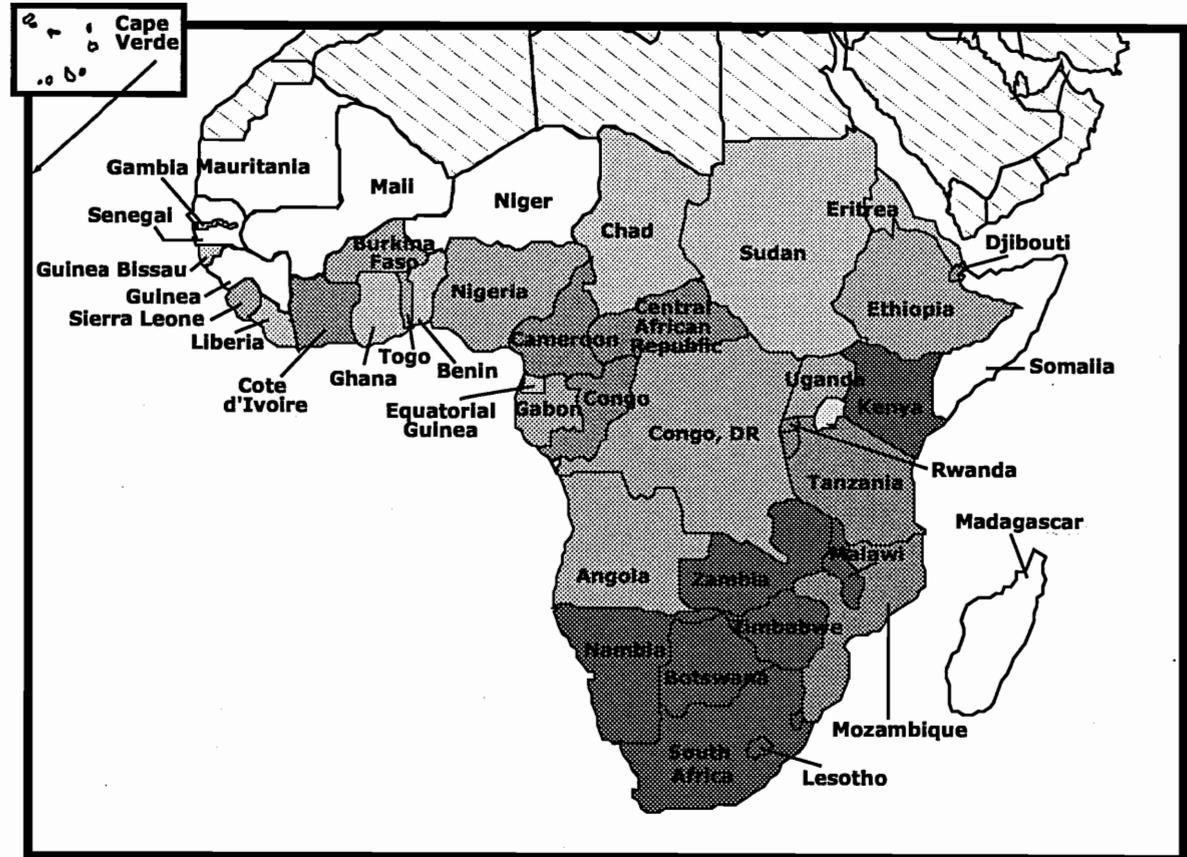


Source: Demographic and Health Surveys, 1986-2001. Hill K, et al. Estimates of maternal mortality for 1995, Bulletin of the World Health Organization 79(3), WHO 2001:182-193.

HIV Prevalence Among Adult Population 15-49 Years of Age in Sub-Saharan Africa, 2002

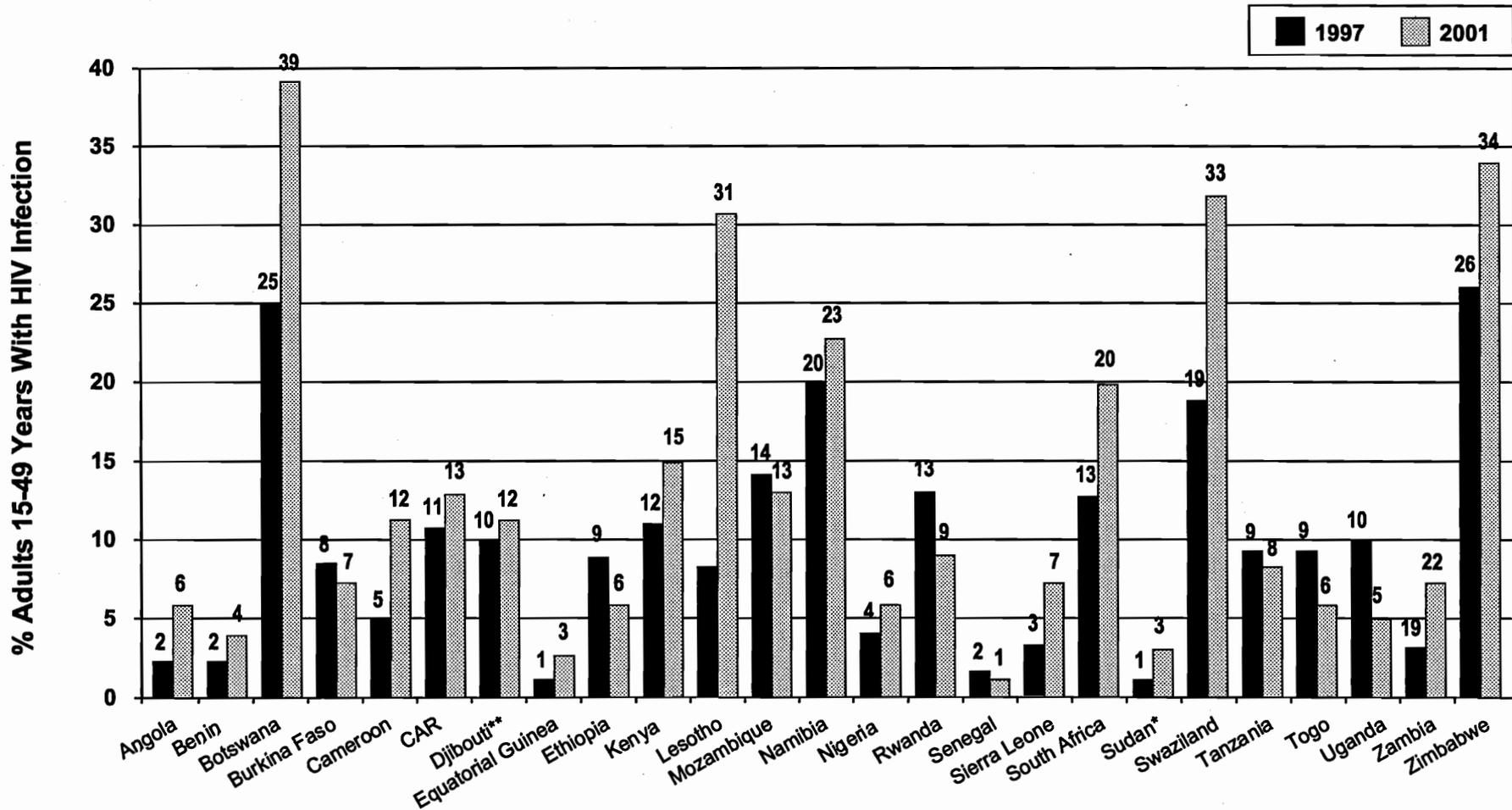
Country	% HIV +	Country	% HIV +
Angola	5.5	Liberia*	2.8
Benin	3.6	Madagascar	0.3
Botswana	38.8	Malawi	1.5
Burkina Faso	6.5	Mali	1.7
Burundi	8.3	Mauritania*	0.5
Cameroon	11.8	Mozambique	1.3
CAR	12.9	Namibia	22.5
Chad	3.6	Niger*	1.4
Congo	7.2	Nigeria	5.8
Congo, DR	4.9	Rwanda	8.9
Cote d'Ivoire	9.7	Senegal	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 Bissau	2.8	Uganda	5
Guinea*	1.5	Zambia	21.5
Kenya	15	Zimbabwe	33.7
Lesotho	31		

*The value for this country represents data from 1999.



HIV/AIDS Prevalence in Adults (15-49 Yrs)	
Source: UNAIDS - 2002	
	(# Countries)
14.1 - 40	(9)
7.1 - 14	(9)
4.1 - 7	(9)
2.1 - 4	(8)
0 - 2	(8)

HIV Prevalence Trends in Selected African Countries



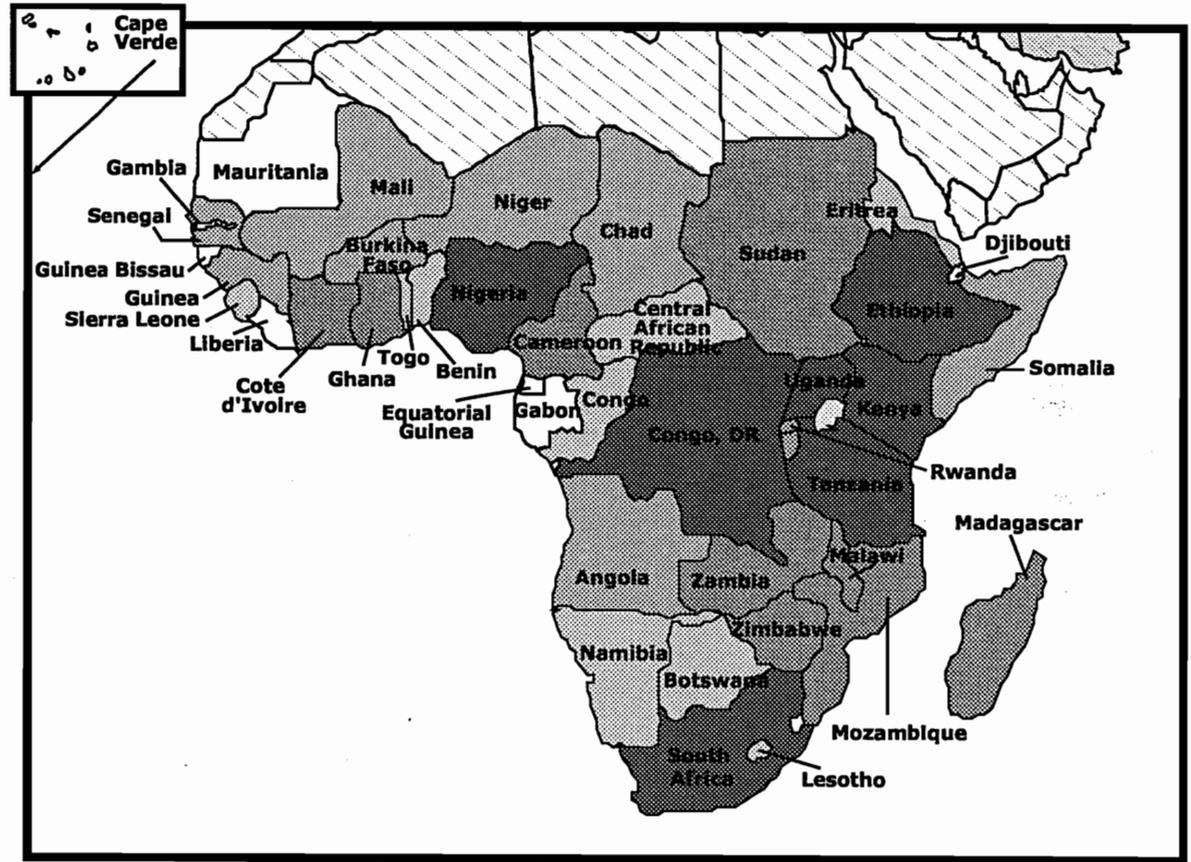
* The value for this country represents data from 1994 instead of 1997. **The value for this country represents data from 1999 instead of 2001.

Note: Following countries with HIV prevalence change <1% not included: Burundi, Chad, Congo, DR Congo, Côte d'Ivoire, Eritrea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Madagascar, Malawi, Mali, Mauritania, Niger, and Somalia.

Source: Demographic and Health Surveys of Indicated years.

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

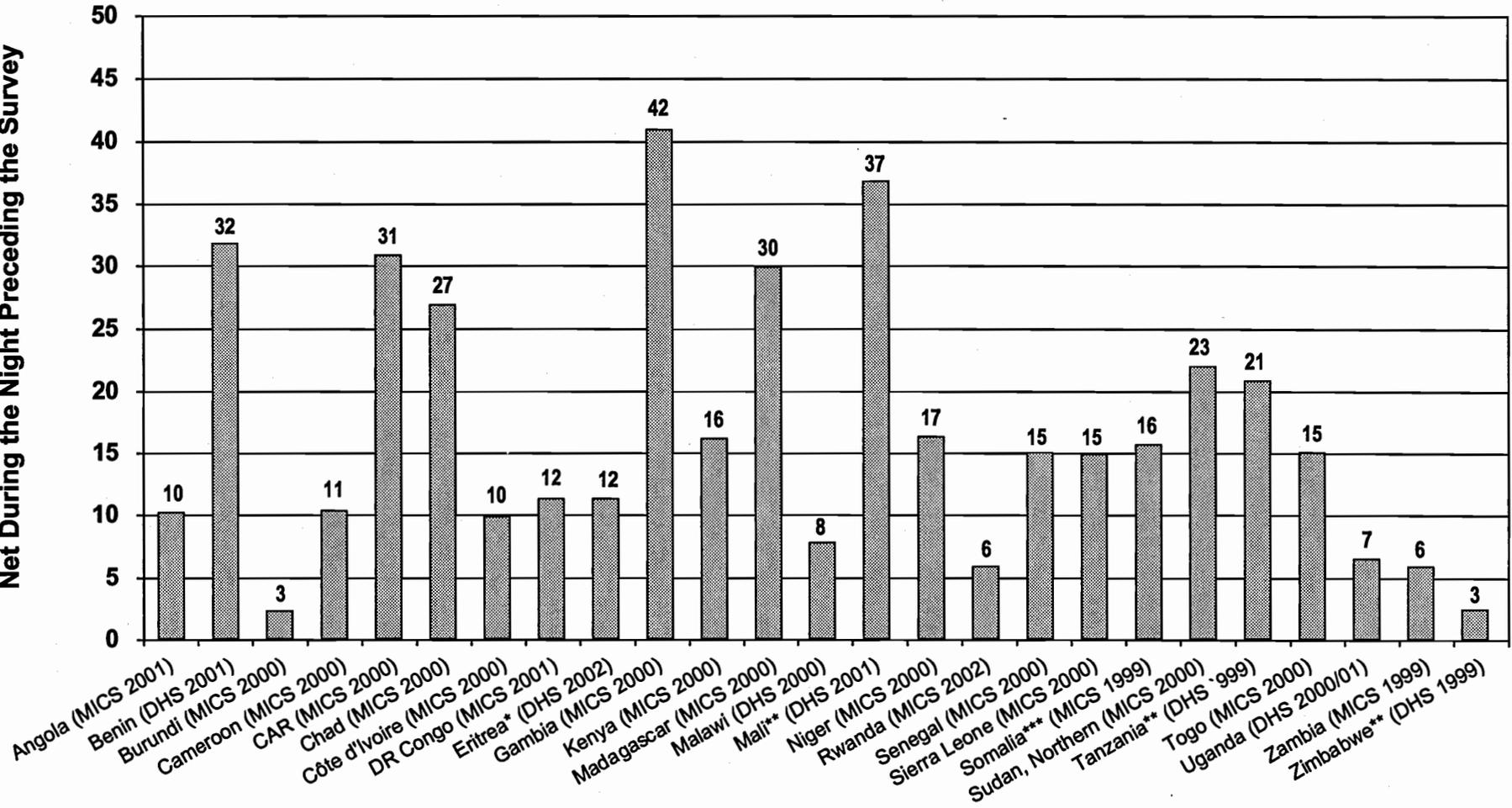
Country	# Cases	Country	# Cases
Angola	36,083	Lesotho	11,768
Benin	16,266	Liberia	8,012
Botswana	11,661	Madagascar	40,642
Burkina Faso	37,319	Malawi	50,539
Burundi	25,820	Mali	30,318
Cameroon	50,685	Mauritania	6,028
Cape Verde	777	Mozambique	79,144
CAR	16,544	Namibia	9,147
Chad	21,571	Niger	27,701
Congo	10,206	Nigeria	347,385
Congo, DR	162,901	Rwanda	30,793
Côte d'Ivoire	62,353	Senegal	24,617
Djibouti	4,065	Sierra Leone	12,225
Equatorial Guinea	1,117	Somalia	31,633
Eritrea	10,559	South Africa	227,941
Ethiopia	249,457	Sudan	59,875
Gabon	3,606	Swaziland	5,551
Gambia	3,436	Tanzania	126,103
Ghana	55,147	Togo	14,368
Guinea	22,046	Uganda	81,780
Guinea-Bissau	3,251	Zambia	55,152
Kenya	148,579	Zimbabwe	73,701



Estimated Number of TB Cases		
Source: WHO/TB Control Report, 2002		
(# Countries)		
80,001 - 350,000	(7)	
40,001 - 80,000	(9)	
20,001 - 40,000	(10)	
9,001 - 20,000	(9)	
700 - 9,000	(9)	

Children Under 5 Using Mosquito Nets in Sub-Saharan Africa, 1999-2002

% Children Under 5 Years That Slept Under a Net During the Night Preceding the Survey



* Preliminary Data.

** Data refers to household-level estimates of all children under 5 in the household that used any nets.

*** Nomadic population excluded.

Source: WHO/UNICEF, Africa Malaria Report, 2003.

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