

Data Sheet

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| USAID Mission: | Zimbabwe |
| Program Title: | HIV/AIDS |
| Pillar: | Global Health |
| Strategic Objective: | 613-009 |
| Proposed FY 2004 Obligation: | \$10,600,000 CSH |
| Prior Year Unobligated: | \$5,600,000 CSH |
| Proposed FY 2005 Obligation: | \$10,869,000 CSH |
| Year of Initial Obligation: | FY 2000 |
| Year of Final Obligation: | FY 2005 |

Summary: Child Survival and Health resources are funding a comprehensive HIV/AIDS program that includes: 1) voluntary HIV counseling and testing (VCT); 2) supporting HIV/AIDS-affected households to access market opportunities; 3) integrating HIV/AIDS activities into family planning programs; 4) strengthening the capacity of the public sector and civil society to formulate and advocate for improved HIV/AIDS policies; 5) supporting community responses to orphans and vulnerable children; 6) support services for those who test HIV positive at VCT centers; 7) support for initiation and roll out of a national antiretroviral (ARV) therapy program; 8) establishment of a system to ensure a reliable supply of condoms at public health facilities nationwide; 9) marketing of condoms; and 10) support for a national prevention of mother to child HIV transmission (PMTCT) program.

Inputs, Outputs, Activities:

FY 2004 Program:

Reduced high risk sexual behavior (\$7,200,000 CSH; \$5,600,000 prior year CSH). USAID will help develop and implement an ARV therapy program that will procure and distribute ARV drugs. A minimum of 500 patients are expected to be treated with ARVs by the end of FY 2004 and this treatment will be provided through at least five sites. A streamlined system for condom distribution will be developed to make condoms universally available in public health facilities. An additional five VCT sites will be opened, bringing the total number of USAID-supported VCT centers to 20, and the provision of mobile VCT services to rural areas. The VCT network will serve at least 120,000 new clients in FY 2004. Mass media and interpersonal behavior change communication campaigns will encourage several risk reduction strategies, including abstinence, delayed onset of sexual activity, mutual fidelity, early treatment of sexually transmitted illnesses (STIs), and correct and consistent condom use. By the end of FY 2004, the median age at first sex among 15-24 year olds will have risen from 18.4 years in 2003 to 19.5 years, and 52.5% of 15-24 year olds will have used a condom at last sex. In collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and the Canadian International Development Agency, USAID will co-finance and support PMTCT services at a minimum of 60 health facilities throughout the country. Principal contractors and grantees: Population Services International (PSI); John Snow Inc.(JSI); Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

Improved HIV policies (\$700,000 CSH). USAID will strengthen the capacity of civil society to advocate for improved HIV policies and the capacity of faith-based organizations (FBOs) to tackle HIV prevention and expand support services. Over 200 faith-based leaders will be trained in HIV policy advocacy. The immediate impact will be increased community support to implement existing policies and an expanded dialogue to reduce stigma and discrimination. Principal contractor: The Futures Group.

Enhance community response to orphans and vulnerable children (\$1,500,000 CSH). Due to an estimated 3,290 AIDS deaths per week, food shortages, and the economic crisis, there are increasing numbers of orphans and vulnerable children (estimated at 800,000 children). USAID will help develop innovative models for supporting these children through community-based programs such as capacity building of community-based organizations (CBOs), psycho-social support, and provision of food and

educational assistance. An estimated 150,000 orphans and other vulnerable children will be reached. Principal contractors: Catholic Relief Services; International AIDS Alliance.

Integrating HIV/AIDS into family planning (\$1,200,000 CSH). Zimbabwe's vast and previously successful family planning delivery infrastructure will be used to expand effective HIV/AIDS services. USAID will enhance the quality of family planning through support to a network of 985 private sector medical service providers, including doctors, nurses, and pharmacists. During FY 2004, the network will be expanded to include 145 new members. Over half of the current members will receive on-going training. Approximately 120,000 couple-years of protection will be provided through the provision of hormonal contraceptives alone. Principal contractors: Management Sciences for Health/Advance Africa (MSH/AA); EGPAF.

FY 2005 Program:

Reduced high risk sexual behavior (\$7,000,000 CSH). USAID will support implementation of an ARV program, with at least 1,000 patients provided with ARVs in FY 2005. Condom distribution will be enhanced so that condoms will be universally available at public health facilities. Over 30 million condoms will be sold. VCT will be expanded with over 150,000 new clients. Mass media campaigns will encourage several risk-reduction strategies. Principal contractors and grantees: PSI; JSI; EGPAF.

Improved HIV policies (\$800,000 CSH). Support will be provided for development of HIV policies and strengthening the capacity of civil society and FBOs to tackle HIV prevention and expand HIV services. Over 200 faith-based leaders will be trained in advocacy skills. Primary contractor: The Futures Group.

Enhance community response to orphans and vulnerable children (\$1,600,000 CSH). USAID will fund capacity building of CBOs, psycho-social support, provision of food and educational assistance. With current levels of funding, 200,000 orphans and vulnerable children will be reached. Primary contractors: Catholic Relief Services; International AIDS Alliance.

Integrate HIV/AIDS into family planning (\$1,469,000 CSH). USAID will enhance the quality of family planning through support to a network of private sector medical service providers. Approximately 130,000 couple-years of protection will be provided through hormonal contraceptives. Support will be provided for PMTCT at 70 health facilities. Principal contractors: MSH/AA; EGPAF.

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

Performance and Results: In FY 2003, 94,638 new clients were seen at USAID-supported VCT centers, compared to 55,093 in FY 2002 (a 72% increase). Mobile VCT services expanded to rural communities from 20 mobile visits in FY 2002 to 85 in FY 2003. The number of people counseled and tested at mobile VCT sites rose during this same period from less than 2,500 to over 11,500. Two pilot VCT sites integrated family planning and STI diagnosis and treatment services with over 3,440 clients (92% for STI services). Grants were awarded to 22 civil society partners who are providing advocacy on HIV/AIDS issues. USAID undertook a comprehensive logistics assessment of the Zimbabwe health system to determine capacity and site readiness to deliver effective anti-retroviral (ARV) treatment. USAID also developed a strategy for an integrated USAID/CDC program to initiate and roll out ARV treatment services. In FY 2003, 105,240 orphans and vulnerable children received care and support, surpassing the FY 2003 target of 83,000 children. Sixteen organizations received orphans and vulnerable children grants. By the end of the program in 2005 USAID will have reduced high risk sexual behavior, helped develop effective HIV/AIDS policies, and developed innovative models for community support for orphans and other vulnerable children.

US Financing in Thousands of Dollars

Zimbabwe

| 613-009 HIV/AIDS | CSH | DA | DFA |
|---------------------------------------|--------|-------|-----|
| Through September 30, 2002 | | | |
| Obligations | 16,636 | 1,412 | 500 |
| Expenditures | 3,888 | 283 | 251 |
| Unliquidated | 12,748 | 1,129 | 249 |
| Fiscal Year 2003 | | | |
| Obligations | 4,800 | 461 | 0 |
| Expenditures | 8,537 | 515 | 209 |
| Through September 30, 2003 | | | |
| Obligations | 21,436 | 1,873 | 500 |
| Expenditures | 12,425 | 798 | 460 |
| Unliquidated | 9,011 | 1,075 | 40 |
| Prior Year Unobligated Funds | | | |
| Obligations | 5,600 | 0 | 0 |
| Planned Fiscal Year 2004 NOA | | | |
| Obligations | 10,600 | 0 | 0 |
| Total Planned Fiscal Year 2004 | | | |
| Obligations | 16,200 | 0 | 0 |
| Proposed Fiscal Year 2005 NOA | | | |
| Obligations | 10,869 | 0 | 0 |
| Future Obligations | 0 | 0 | 0 |
| Est. Total Cost | 48,505 | 1,873 | 500 |