

Data Sheet

USAID Mission:	REDSO-ESA
Program Title:	Regional Health Systems Improvements
Pillar:	Global Health
Strategic Objective:	623-007
Status:	Continuing
Planned FY 2005 Obligation:	\$6,400,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2006 Obligation:	\$4,880,000 CSH
Year of Initial Obligation:	2001
Estimated Year of Final Obligation:	2007

Summary: USAID is enhancing regional capacity to improve health systems in east and southern Africa by strengthening the institutional capacity and sustainability of African partner institutions; expanding the base of human technical and program resources to improve systems throughout the region; increasing the analysis, dissemination, and application of information to enhance sector programs; and enriching the policy environment by engaging in regional dialogue on key policy issues in the technical areas of maternal and child health and nutrition, reproductive health, infectious diseases, health care financing, drug management and logistics, and HIV/AIDS.

Inputs, Outputs, Activities:

FY 2005 Program: Prevent and Control Infectious Diseases of Major Importance (\$2,900,000 CSH). USAID will expand the malaria-in-pregnancy interventions beyond select districts of Kenya, Uganda, Tanzania, Malawi and Zambia. Insecticide-treated bed nets (ITNs) will be commercially available and more affordable. Private-public partnerships with advocacy groups will be developed to market ITNs and remove or reduce taxes and tariffs on ITNs in at least two countries. One new African partner will be engaged to work on both malaria and tuberculosis (TB) - HIV activities. Principal contractors and grantees: Regional Center for Quality of Health Care (RCQHC), CARE, Academy for Educational Development (AED), Management Sciences for Health, the Royal Netherlands Tuberculosis Association (all prime).

Improve Child Survival, Health and Nutrition (\$300,000 CSH). USAID will enhance district immunization service delivery by promoting and institutionalizing performance standards in four countries, resulting in the reduction of vaccine-preventable deaths in children under the age of five. In addition, a basic package of child survival services, targeting vulnerable children in the region will be regionalized. Principal contractors and grantees: RCQHC, AED (all prime).

Improve Maternal Health and Nutrition (\$600,000 CSH). USAID will identify gaps in health training and promote the inclusion of gender-sensitive material in pre-service training in at least three institutions in three countries. USAID will continue to promote the fortification of common African staples through Ministries of Health and the private sector. Strengthening the prevention of maternal to child transmission in antenatal care settings will be explored. Post partum hemorrhage interventions in safe motherhood activities will be expanded. Principal contractors and grantees: RCQHC, EngenderHealth, International Science and Technology Institute (all prime).

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$1,300,000 CSH). USAID will continue to fund African partners working in family planning and reproductive health. USAID will undertake an assessment of the reproductive health needs of refugees and internally displaced persons in fragile states and countries in conflict, and will develop training materials and modules on constructive male involvement in reproductive health and in preventing sexual violence. Male reproductive health services along the regional transport corridors will be operationalized. Principal contractors and grantees: RCQHC and Family Health International (both prime).

Build Health Systems Capacity (\$1,300,000 CSH). USAID will provide technical assistance, training and

analysis for community-based health financing schemes and community health funds and institutionalize National Health Accounts in countries that have recent comprehensive health financial records. USAID will help improve TB and malaria drug supply systems in at least two countries and will provide technical assistance to strengthen national TB and malaria programs in the region. Design and implementation of Social Health Insurance will be initiated as well as best practices in the quantification of drug needs and in the improvement of drug management. Principal contractors and grantees: ESCA HC, Abt Associates, Inc., The Futures Group International, Management Sciences for Health, and University Research Co. (all prime).

FY 2006 Program: Prevent and Control Infectious Diseases of Major Importance (\$1,380,000 CSH). USAID will continue and consolidate the ongoing work in infectious disease activities in malaria and TB, including ACT (artemisinin combination treatment). Principal contractors and grantees: RCQHC, CARE, AED, Management Sciences for Health, and the Royal Netherlands Tuberculosis Association (all prime).

Improve Child Survival, Health and Nutrition (\$500,000 CSH). USAID will provide technical assistance to address vaccine wastage and improve operational efficiencies, as well as improve demand and utilization of immunization services in the region through improved communications and social mobilization. USAID will also develop advocacy tools on best practices for improving child health and nutrition for ministers, permanent secretaries and director generals of health and ensure the adoption of these best practices in at least two countries in the region. Principal contractors and grantees: RCQHC and AED (both prime).

Improve Maternal Health and Nutrition (\$650,000 CSH). USAID will provide grants and technical assistance to interested Ministries of Health to ensure that best practices on services provision, maternal nutrition, and post partum hemorrhage will be developed and adopted by countries in the region. USAID will continue to promote food fortification activities through Ministries of Health and the private sector. Principal contractors and grantees: RCQHC, EngenderHealth, International Science and Technology Institute (all prime).

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$1,050,000 CSH). Technical assistance in gender and sexual-based violence will be provided. A study will be conducted to understand how partner communication, sexual coercion and gender-based violence may limit women's access and utilization of reproductive health services, including voluntary family planning. USAID will develop best practices in constructive male involvement to address reproductive health along transport corridors and provide technical assistance on the decentralization of voluntary family planning programs. Technical assistance to anti-trafficking initiatives in the region may also be provided. Principal contractors and grantees: RCQHC and Family Health International (both prime).

Build Health Systems Capacity (\$1,300,000 CSH). USAID will continue to support the institutionalization of National Health Accounts and forecasting models to improve the implementation of health care financing reforms, including social health insurance and develop sub-national health financial records in situations where responsibility for health and health care financing policies has been decentralized. Principal contractors and grantees: ESCA HC, Abt Associates, Inc., The Futures Group International, Management Sciences for Health, and University Research Co. (all prime).

All family planning assistance agreements are incorporating clauses that implement the President's directive restoring the Mexico City Policy.

Performance and Results: USAID supported African organizations that played key roles in 15 networking meetings to discuss increased African technical leadership in policy dialogue and systems strengthening. Fifteen hundred and ninety five (1,595) professionals and technical experts have been trained in vital technical areas. Selected best practices were put into operation 75 times, increasing the use of essential information in program implementation in the region. Nine critical policy issues were analyzed to inform decision making at a ministerial level and impact change at a country level. Health systems in the region are expected to perform more efficiently by the end of the program. African capacity to address conflict in the target clusters in the Horn of Africa will be established and working systematically across borders.

US Financing in Thousands of Dollars

REDSO-ESA

	CSH	DA	ESF
623-007 Regional Health Systems Improvements			
Through September 30, 2003			
Obligations	25,825	4,109	500
Expenditures	9,748	1,522	0
Unliquidated	16,077	2,587	500
Fiscal Year 2004			
Obligations	6,000	300	0
Expenditures	6,074	662	75
Through September 30, 2004			
Obligations	31,825	4,409	500
Expenditures	15,822	2,184	75
Unliquidated	16,003	2,225	425
Prior Year Unobligated Funds			
Obligations	0	0	0
Planned Fiscal Year 2005 NOA			
Obligations	6,400	0	0
Total Planned Fiscal Year 2005			
Obligations	6,400	0	0
Proposed Fiscal Year 2006 NOA			
Obligations	4,880	0	0
Future Obligations	0	0	0
Est. Total Cost	43,105	4,409	500