



## Health and Education Program Summary

October 2009

Total USAID Health Funding Level in FY 2009: \$35.4 million\*

Total USAID Education Funding Level in FY 2009: \$1 million

Note(\*): The FY 2009 figure does not include Washington-provided health commodities (ARVs, condoms, and test kits).

### Background

Zimbabwe is fighting one of the most severe HIV and AIDS epidemics in the world. As part of its humanitarian program, which recognizes the regional impact of HIV/AIDS, USAID supports a comprehensive HIV prevention, care, and treatment program. This also includes limited funding for measles, malaria, and tuberculosis to fill gaps in the national health system's coverage. USAID has invested more than \$200 million in the fight against HIV/AIDS in Zimbabwe since 2000.

Studies confirm that 98 percent of Zimbabweans are aware of the cause, method of transmission, and ways to prevent HIV/AIDS. However, a key challenge is helping people use the information they have about HIV/AIDS to change behaviors and prevent new infections. Evidence shows that progress is being made, as the HIV prevalence (the number of infected persons in a population at a given point in time) has declined from 24 percent in 2001 to 15.6 percent in 2007 (although some of this decline is attributed to the deaths of those living with AIDS).

USAID efforts confront not only a huge disease burden, but also a badly deteriorated public health system. Zimbabwe's health care system, which was once among the best in sub-Saharan Africa, is now characterized by inadequate staffing, reduced accessibility by the general population, shortages of essential drugs and medical supplies, and outdated and poorly functioning equipment. The most recent Demographic and Health Survey (DHS) in 2005/2006 reported that many health indicators had worsened, including nutritional status, the proportion of children who are orphaned or considered vulnerable, poverty measures, number of births attended by a health professional, and availability of most essential drugs. Additionally, though maternal and child mortality has declined, the levels are still of severe proportion. USAID programs are designed with intentional spill-over effects to strengthen systems within the public health sector to address some of these issues.

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The U.S. Government PEPFAR (President's Emergency Plan for AIDS Relief) team in Zimbabwe (USAID, U.S. Centers for Disease Control and Prevention, and the U.S. Embassy Public Affairs Section) is implementing a strategy for 2006-2010 which complements Zimbabwe's own National Plan. It aims to strengthen the will and capacity of all Zimbabweans to demonstrate leadership and take effective action to address HIV. It encourages Zimbabweans at all levels of society to take ownership of both the epidemic and the response, using a three-pronged approach:

- Intensive transformative **systems strengthening** for delivery of prevention, care, and treatment services. USG support takes place entirely within the national HIV/AIDS program, building national leadership and capacity at the central, district, and facility levels to scale up and implement quality programs.
- Development of innovative, evidence-based program **models and tools** that will be expanded to national scale with leveraged resources. USG efforts have strategically supported pilot projects and targeted evaluations, ensuring that the latest research and lessons learned are brought to Zimbabwe, tested, adapted, and adopted nationally.
- Technical and organizational **capacity development** of indigenous organizations to scale up and sustain these systems and programs. At the technical level, USAID plays a leading role in updating curricula and training modules, training service providers, building supervision capacity, and developing guidelines and tools for service providers.

Working toward the strategic goals above, specific program activities include:

*Prevention of Mother to Child Transmission (PMTCT):* USAID supports the Ministry of Health and Child Welfare (MOHCW) in increasing access to and improving the quality of PMTCT services in the public health care system, including the integration of family planning services into PMTCT; policy and guideline development; training of health care providers; technical assistance; supervision; and operations research. Prime Implementing Partners: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Abt Associates.

*Behavior Change Promotion:* USAID supports the development and implementation of the National Behavior Change Strategy, including developing and disseminating mass media messages on issues such as abstinence, be faithful, correct and consistent condom use, stigma, male responsibility, and cross-generational sex. Interpersonal communications programs train parents, pastors, and other key leaders to reach youth with messages and support systems. Programs promote health seeking behaviors with information on PMTCT, testing and counseling, treatment services, and social marketing of condoms. Prime Implementing Partner: Abt Associates.

*Anti-retroviral Therapy (ART) Services:* USAID supports ART services in the public sector through technical assistance, training, and development of policies and guidelines. Prime Implementing Partner: Partnership for Supply Chain Management.

*Commodity Logistics and Drug Procurement:* USAID works with the MOHCW and the Zimbabwe National Family Planning Council to ensure delivery of critical health commodities to approximately 1600 public health facilities; supports the design and implementation of a unified logistics system for health commodities; and procures anti-retroviral drugs for 40,000 patients each year. USAID funding in this regard supports technical assistance, commodity procurement, information system development, and transport. Prime Implementing Partners: Partnership for Supply Chain Management and JSI-Deliver II.

*Testing and Counseling:* USAID supports the MOHCW in rolling out provider-initiated testing and counseling (PITC) in the public health system through development of policies and systems to support PITC, training, technical assistance, and strengthening referral linkages; and maintains a core set of New Start voluntary counseling and testing services in urban areas, with increased mobile outreach to rural populations. Prime Implementing Partner: Abt Associates.

*Palliative Care:* USAID supports a network of New Life centers that offer post-test services and referrals to HIV positive individuals. Prime Implementing Partner: Abt Associates.

*Orphans and Other Vulnerable Children (OVC):* USAID provides sub-grants to local non-government organizations to work at the community level to support OVC with education, psycho-social, and other critical services; and supports national level advocacy, communications, and monitoring and evaluation. Prime Implementing Partner: World Education.

*Tuberculosis:* The Tuberculosis Control Assistance Program (TB CAP) is a USAID/Washington-managed five-year cooperative agreement that has been awarded to a coalition of international partners, with KNCV Tuberculosis Foundation as the lead partner. In Zimbabwe, the Union will be the lead implementing organization. The five-year TB CAP project (2006 to 2010) will contribute to decreased morbidity and mortality by increasing case detection and treatment success of TB patients. Prime Implementing Partner: The Union Project.

*Malaria:* USAID provided \$200,000 for malaria prevention in FY 2009 to enable the Ministry of Health's national mosquito spraying program to complete its mission this season. Prime Implementing Partner: John Snow International.

*Measles:* USAID provided \$300,000 to UNICEF in FY 2009 for its national measles vaccination campaign. Prime Implementing Partner: UNICEF.

*Education:* USAID, in collaboration with other donors, has partnered with UNICEF to support the printing and distribution of textbooks, the provision of educational supplies, and targeted technical assistance to the Ministry of Education. Prime Implementing Partner: UNICEF.

Donor coordination is key to maximizing the reach and impact of our programs. By leveraging funds and co-financing, the USG is able to respond to changing program needs, while also working with all partners to build the foundation for a sustainable national response.

USAID's programs are complemented by CDC programs to build laboratory capacity and by US Embassy Public Affairs programs to publicize USG efforts. Until this year, the Department of Defense worked with the military to establish/strengthen an HIV prevention program; however, this has recently ended.