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Leadership and Investment in Fighting an Epidemic (LIFE) [1]

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DRAFT MEMORANDUM

To: Jim Babbit

From: Sandy Thurman

RE: Business Leaders Meeting on HIV/AIDS

Background

As part of the Global AIDS Initiative which you launched in mid-July (calling for a $100 million increase in global AIDS prevention and treatment efforts), the Administration proposed a series of meetings with key stakeholders to help foster the multisectoral approach necessary to adequately address the AIDS pandemic. United States Corporations doing business in Africa can and should be powerful partners in this effort – but many have been reluctant to step up to the plate. In addition, it is evident that some of the resistance on the part of African leaders to addressing AIDS head on is a fear that owning up to the magnitude of the crisis would be a deterrent to foreign investment. This has led to a mutually reinforcing and deadly silence. However, the devastating effects of this pandemic can no longer to denied or avoided.

The Report to the President on the fact finding AIDS mission to sub-Saharan Africa highlights the growing economic impact of AIDS (see attached). If corporate America is serious about the importance of African trade and development opportunities, it is increasingly vital for business leaders to come forward and take an active role in addressing the many challenges posed by HIV/AIDS. Business leaders have serious resources to bring to the table, and their presence, as partners in a coordinated response will help tremendously to de-stigmatize the conversation.

Recommendation

In an effort to develop effective public-private partnerships with US business, we propose that you facilitate a series of meetings with business and development leaders. This series of meetings has been strategically designed to lead to real, tangible, and positive outcomes. The meetings would proceed as follows:

- **Small meeting with CEOs who have demonstrated leadership (one hour).** This meeting would be limited to three or four CEOs, including Maurice Templesman, CEO of Lazare Kaplan International and Chairman of the Corporate Council on Africa, Robert Haus, CEO, Levi Strauss, Charles Heimbold, CEO, Bristol Myers Squibb, and George Fisher, CEO, Kodak. The objective of this meeting is to talk frankly with a few "friends" in industry and to enlist their help in putting together a broad-based "engagement" strategy for the business community at large. It is instructive to know that Mrs. Clinton invited the CEOs from Coca-Cola, Mobile, and American Airlines to a multi-sectoral meeting on global AIDS she held last month, and all declined to participate. While these companies do big business in Africa, not one of them has done anything HIV/AIDS related. This meeting is intended to determine how best to engage these CEOs and others who have remained outside of the global AIDS dialogue.

- **Small meeting with other leaders with access to and influence in the business community (one hour).** This meeting would also be designed as a strategy session with friends, but in this case comprised of those with a grasp on what the business community could do, and those with close ties to the business community including Ron Dellums, Rev. Sullivan, Nils Dilare (Global Health Council), C. Payne Lucas (Africare), Peter Piot (UNAIDS), Andrew Young, and/or others similar leaders.

- **Business leaders summit (two hours).** This meeting would be a larger gathering of about 25 to 35 business leaders, facilitated by you in the Roosevelt Room. Secretary Daley has also expressed some interest in being part of this meeting. It would be our desire to come out of the first two meetings with a staff working group to prepare a series of principles for AIDS, not unlike the Sullivan principles around apartheid, that corporate leaders could agree to at this meeting. In addition, we would hope to fashion other deliverables that could come out of the meeting including the possible creation of a "fund" that would enable a variety of corporations to contribute to a joint effort.

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Jim Babbit FROM: Sandy

COMPANY: DATE:

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RE:

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

This is very basic —

I welcome your input before I add any more adjectives or adverbs!

Thanks —

Sandy

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DRAFT FY 2000 HIV/AIDS Funding

Country Operating Unit	FY 2000 Core	FY 2000 LIFE Initiative	FY 2000 Sub-Total	DCOF * (CHS Account)	FY 2000 AIDS Children Supp. **	FY 2000 TOTAL	Title II Food Aid (BHR)
ANGOLA	1,000		1,000	500		1,500	
BENIN	1,025	0	1,025			1,025	
CONGO	1,500	0	1,500			1,500	
ERITREA	500	0	500			500	
ETHIOPIA	5,000	1,700	6,700	400		7,100	
GHANA	4,000	-	4,000			4,000	
GUINEA	1,725	-	1,725			1,725	
KENYA	3,200	2,500	5,700	500	600	6,800	
LIBERIA	-						
MADAGASCAR	800	0	800			800	
MALAWI	2,200	2,800	5,000	500		5,500	
MALI	2,500	-	2,500			2,500	
MOZAMBIQUE	3,000	2,100	5,100			5,100	
NAMIBIA	1,000		1,000			1,000	
NIGERIA	3,300	3,450	6,750			6,750	
RWANDA	1,500	2,000	3,500		1,000	4,500	
SENEGAL	1,700	2,000	3,700			3,700	
SIERRA LEONE				350		350	
SOMALIA	-	-	0				
SOUTH AFRICA	900	4,800	5,700	750	400	6,850	
TANZANIA	3,500	2,500	6,000		800	6,800	
UGANDA	4,400	2,500	6,900		2,200	9,100	
ZAMBIA	3,500	3,500	7,000	1,000	500	8,500	
ZIMBABWE	2,000	3,000	5,000		500	5,500	
RCSA	-	-	0				
REDSO/E	200	1,000	1,200			1,200	
REDSO/WCA	5,700	1,700	7,400			7,400	
AFR/SD	1,850	1,450	3,300			3,300	
Southern Africa	500	1,000	1,500			1,500	
SAHEL	100	-	100			100	
UNAIDS							
TOTAL AFR	56,600	38,000	94,600	4,000	6,000	104,600	-
India (LIFE)		3,000					
G/PHN (LIFE)**		4,000					
GRAND TOTAL - LIFE		45,000					10,000
GRAND TOTAL - DCOF AIDS Orphans				(4,000)			
GRAND TOTAL - AIDS Children Supplemental (Recoveries)					(6,000)		
USAID Global Bureau Attribution for Africa						19,375	
(USAID Africa TOTAL)***						[123,975]**	
USAID Agency HIV Total						[200.000]	

* = DCOF for AIDS orphans

** = About 50% of the G/PHN LIFE amount is attributable to Africa; 50% of G/PHN HIV/AIDS funds is attributable to Africa

*** = Total of AFR and G/PHN attribution for Africa (including $2 m of $4 m of G/PHN LIFE); $10 m in food aid not included yet;potential total for 2000 is thus $133,975,000

USAID BREAKDOWN OF FY 2000-2001 FUNDS FOR HIV/AIDS

05/30/00

Tables showing breakdown of HIV/AIDS funding by region are displayed below.

FY 2000

($000)

	CSD G/PHN 936-004	CSD AFR	CSD ANE	CSD LAC	CSD BHR	CSD PPC	FSA	ESF	AGENCY TOTAL
HIV/AIDS Total: all sources	38,750#	104,600	25,550	14,500	11,150	450	3,650	1,350	200,000
HIV/AIDS funding-CSD	38,750	94,600	25,550	14,500	1,150	450			175,000
HIV/AIDS Other accounts/recoveries		10,000*			10,000**		3,650	1,350	25,000

* Includes $4.0 million in Displaced Orphans and Children Fund and $6.0 million in recoveries

** PL480 In-kind contribution

Approximately 50% of the G/PHN HIV/AIDS total is attributed to program activities in Africa.

FY 2001

($000)

	CSD G/PHN 936-004	CSD AFR	CSD ANE	CSD LAC	CSD BHR	CSD PPC	NIS	ESF	AGENCY TOTAL
HIV/AIDS Total: all sources	51,778#	128,738	34,550	22,750	15,000	1,184	3,555	2,645	260,200
HIV/AIDS funding-CSD	51,778	128,738	34,550	22,750	5,000	1,184			244,000
HIV/AIDS Other accounts/recoveries					10,000**		3,555	2,645	16,200

** PL480 In-kind contribution

Approximately 50% of the G/PHN HIV/AIDS total is attributed to program activities in Africa.

An approximate breakdown of funding for FY 2000 and FY 2001 by major components is presented below:

USAID HIV/AIDS FUNDING
BY MAJOR COMPONENTS
($Millions)

Component*	FY 2000	FY 2001***
Primary Prevention	**142**	**180**
MTCT	4	10
Other (I,E,&C; VCT; BCC)	138	170
Care and Support	**38**	**53**
Children Affected by AIDS**(orphans)	20	26
Community and Home Based Care/Support	18	27
Capacity Building/ Surveillance/Policy	**20**	**27**
Total	**200**	**260**

*Funding amounts for each component were derived from emphasis area and activity coding. UNAIDS is involved in all these components. In FY 2000, UNAIDS received $15 million and in FY2001, $17 million is proposed. These amounts include funding for UN Co-sponsors' activities through the UNAIDS Secretariat.
**Includes $4 million CS Funds under the Displaced Orphans and Children's fund, and $10 million of P. L. 480 Title II funding
*** Estimated amounts

FY 2000

In FY 2000, the President's LIFE Initiative, combined with additional funding from Congress, increased USAID's budget from $142 million from all accounts in FY 99 to $200 million - representing an increase of more than 40%. Of the $200 million total, approximately $130 million (including support from the P.L. 480 Title II Food Aid and an attribution of approximately 50% of the G/PHN HIV/AIDS central program) is directed to sub-Saharan Africa and focuses on 12 of the hardest hit countries. USAID's approach to HIV/AIDS programming can be categorized as follows: Primary Prevention, Care and Support, and Capacity Building/Surveillance/Policy, which are all directly linked to the LIFE initiative.

Primary Prevention: USAID supports activities such as voluntary counseling and testing, condom marketing, behavior change programs, mother- to-child transmission reduction, STD treatment, blood safety, as well as programs to

FY 2001

The budget request for FY2001 includes $244 million of CSD funding for HIV/AIDS and maintaining a minimum of $10 million of P.L. 480 Title II Food Aid and $6 million from other non-CSD accounts. These additional FY 2001 increases will follow the same areas of programmatic focus identified by the LIFE initiative. However, we will expand the high emphasis countries from 13 to approximately 20 in order to include additional key epicenters which did not receive FY 2000 funding, e.g. Namibia, Angola, Cambodia.

In FY 2001, we propose to expend approximately $26 million for children affected by AIDS (orphans) of which $10 million would be P.L. Title II Food Aid. This represents a 30% increase from FY 2000. Also we propose to expend approximately $27 million for Community and Home Based Care/Support. This represents a 50% increase from FY 2000.

GUIDING PRINCIPLES FOR U.S. GOVERNMENT AGENCIES INVOLVED WITH LIFE INITIATIVE HIV/AIDS ACTIVITIES IN DEVELOPING COUNTRIES

I. BACKGROUND

The HIV/AIDS epidemic has progressed far beyond original predictions. In its wake, thousands of once healthy individuals have died and many others will follow. Besides devastating individual loses, the mortality and morbidity resulting from HIV/AIDS, undercuts countries' capacity to manage, govern, grow and compete in a global economy. To prevent the further spread of HIV/AIDS, the White House and Congress have developed and funded the Leadership and Investment in Fighting an Epidemic (LIFE) initiative. Through a strong partnership between U.S. Government agencies, the LIFE initiative will provide additional USG resources to reduce the impact of the HIV/AIDS pandemic.

II. GUIDING PRINCIPLES

The LIFE initiative will bring together USG agencies to work toward a common goal. In order to produce a synergistic outcome, it is critical to regularize a coordination process between implementing agencies. At country level, USAID will continue to take the lead in coordinating the US response to the HIV/AIDS epidemic, building on established relationships with its host country partners. This will serve to facilitate the design and implementation of program activities and will ensure optimum coordination between USG agencies. In those countries where there is no USAID presence, but there is a CDC presence, CDC will take the lead in coordinating the US response to the HIV/AIDS epidemic. In countries where there is no USAID or CDC presence, alternative working relationships will be established.

The following guiding principles will direct the efforts of each implementing agency toward effective implementation:

- *Country Leadership and Ownership of the Activities;*
- *Complementarity of Existing HIV/AIDS Programs with New Initiative Activities;*
- *Leverage of and Coordination with Other Donors and Organizations;*
- *USAID led Coordination of and Advocacy for U.S. Government agencies in each Country;*
- *Priority Focus on the Promotion of Indigenous Expertise and Institutions in Implementing Program Elements;*
- *Two-Way Information Sharing to Enhance Opportunities to Learn about New Models that will Assist US-Based HIV Programs, while Sharing US Experiences Abroad;*
- *Active Involvement of People with HIV/AIDS and Full Recognition and Respect for Their Rights; and*
- *Teamwork, with all partners, is essential for success.*

III. PROGRAM DEVELOPMENT

Country ownership is central to the LIFE initiative; thus, a participatory design process is essential. Involvement of host country governments, donors, private sector, PVOs/NGOs, affected communities, persons living with HIV/AIDS, and other stakeholders in the design process and ongoing program activity will maximize the potential for success. Country plans should adhere to the national HIV/AIDS strategy and complement the Embassy's Mission Performance Plan (MPP) thus ensuring a strong US government response. From the onset, building capacity within each country is integral to establishing a sustainable program from the onset. Country ownership of LIFE activities is critical.

In conjunction with USG agencies, USAID will coordinate and facilitate country plan development. In each country, forming a joint USG team including USAID, CDC and other USG agencies will promote solid collaboration.

A. Assessment Visits

Previous to an assessment visit, communication with the USAID HPN Office is critical for successful program development. Communication should include the following elements:

a. Timing and length of visit (ETA and ETD);
b. Desired appointments and suggestions for appointments (indicate whether USAID will make appointments)
c. Timing/date for an initial meeting with USAID PHN staff;
d. Possibility of the participation of a USAID PHN staff person during the visit;
e. Timing/date for an end-of-visit briefing with USAID staff;
f. Approval process for the initial draft plan (e.g., who will review, when); and a full review process for the strategy/workplan.

USAID should provide teams with key documents, including:

a. USAID Country Strategy
b. National HIV/AIDS Country Strategy
c. USAID HIV/AIDS Strategy and Implementation Plans
d. Background documents that will assist the team in formulating a country plan.

The greater the communication between USAID,CDC and other USG agencies,the greater the chance for program success and avoiding/resolving conflicts. Initial and periodic communication by telephone may assist in developing needed rapport for successful program implementation.

B. Country Plan Review Process

The review process for the initial, as well as the final plan, should be outlined and clear to all USG agencies. Plans should include the scope of work, placement of new USG staff in-country, and a monitoring and evaluation framework. To insure optimum coordination, country plan review should follow these steps:

1. USAID: Before circulating to other stakeholders in-country, a draft plan should be discussed and shared with USAID for review, and comments provided to CDC.

2. National AIDS Program Officials: Once the draft plan is revised by CDC, the revised plan should be shared with USAID for circulation to appropriate national government officials (e.g., Ministry of Health, National AIDS Control Program, etc.) for review and approval.

3. Key Counterparts: Once approved by national government officials, key partners should review the plan.

4. USAID/Washington and CDC/Atlanta: Before plans are finalized, USAID/Washington and CDC/Atlanta (with other participating DHHS agencies)should review the plans, focusing on thematic areas (primary prevention, care and treatment, children affected by AIDS, infrastructure development) to insure consistency with the broader LIFE goals.

5. Finalized plans should be shared with USAID, government officials and key in-country partners.

Following these steps should reduce the potential for misunderstandings and set the program on the right footing. Although consensus building is time consuming, the end result is worth the effort to get all players feeling ownership of the program

IV. PROGRAM IMPLEMENTATION

To facilitate program implementation from the onset, a process of ongoing communication should be established between USG agencies, host country counterparts and other key partners. Three regularly scheduled meetings are suggested: 1) joint USG team meetings -or regular tele-conferencing; and 2) meetings between the USG joint team and National AIDS Program Officials and primary counterparts. Quarterly or semi-annual meetings with other key partners, including appropriate Embassy staff, will insure ongoing support for program activities.

V. MONITORING AND EVALUATION

As outlined previously, a monitoring and evaluation framework integrated into the country plan will provide the ability to track and report indicators from the onset of the program. Gathering data for select indicators should not result in an overburdening exercise but build a regular feedback system into program activities. Carefully selecting a few key indicators for each program area (e.g., prevention, care, capacity building) will provide program managers/counterparts a means to measure program progress and to make periodic program adjustments. Many countries or existing projects collect data or employ surveys that can be utilized – rather than creating a separate collection instrument. The attached LIFE Initiative Indicators Reference List should provide the primary indicators.

Within the country plan, the monitoring and evaluation framework should outline: indicators, methodology for collecting data, responsible organization/individuals (who will collect, analyze, and utilize data), and benchmarks for data review.

VI. PRINCIPLES OF COLLABORATION

Through successful collaboration U.S. Partners can:

- Work toward the common goal of preventing the spread of HIV/AIDS;
- Achieve synergy and greater impact; and
- Contribute diverse individual and agency skills toward a stronger outcome.

Key Points:

- The success of one agency is contingent on the success of others
- Conflict is natural. Its successful resolution is the key to greater impact for everyone.

VII. CONFLICT RESOLUTION

As stressed throughout this document, building in a structured system of communication (and regular informal communication) with all involved partners will head off potential conflict. If an impasse develops, USAID/W and CDC/Atlanta (or other USG agency headquarters) should be notified and will assist to resolve issues. As stated earlier, conflict is natural. Its successful resolution is the key. Poorly resolved (or unresolved conflicts) inhibit successful work for everyone. If facilitation is needed, request it. Before things get to a head, please involve you headquarters staff. Country programs cannot afford the reduced productivity created by unresolved conflicts.

LIFE Initiative: Country Status

Country	Budget (Millions)	Source	USAID Activities	USAID Contacts	CDC Activities	CDC Staff	Notes
Botswana	$4 - 4.5 million ($2 m, to date)	CDC		Anthony Vance; Faruk Magera; Ed Sprigg; Michele Russell	Prevention: Strengthen VCT services, expand MTCT program; social marketing of condoms, VCT. (FY2000: $2m/$1 2m expected expenditure) Care: Begin implementation of TB preventive therapy. (FY2000: $150,000/$100,000 expected expenditure) Technical Assistance, Operational Research, and Pilot Projects Surveillance (FY2000: $500,000/$250,000 expected expenditure); STDs (FY2000 $200,000/$100,000 expected expenditure); Care (FY2000: $150,000/$25,000 expected expenditure); ICASS at 15% (FY2000: $450,000/$250,000 expected expenditure)	$2.0 - 3.0 2 FTEs 2 CDC staff in country Tom Kenyon	CDC may fund condom distribution through PSI
Cote d'Ivoire	$4.5 million ($2.5 m, to date)	CDC			Surveillance: Strengthen the NACP's HIV sentinel surveillance system. Prevention: Establish STI diagnosis and treatment facilities for female sex workers in selected cities in Cote d'Ivoire; Implement programs to prevent MTCT of HIV-1 in selected antenatal clinics; Coordinate supervision and quality control of HIV rapid testing Care: Implement contrimoxazole chemoprophylaxis program for HIV-infected TB patients in the eight major outpatient tuberculosis treatment centers. Technical Assistance, Operational Research and Pilot Projects in Surveillance, Prevention and Care. **Assessment: Done**	$3.0 - 5.0: 5 FTEs (request for 2 more)	
	$1.70	LIFE	Prevention: IEC/BCC, cross-border (Ethio-Djibouti) and Indigenous Military HIV/AIDS prevention; CSM and procurement; VCT; STD case management. (FY2000: $5.25m)	David Losk; Dr. Iyona (?); V. Amirthanayagam; Hana Neka Tabeb		$1.0: 1 FTE (Epidemiologist or Public Health Advisor)	

Country	Budget (Millions)	Source	USAID Activities	USAID Contacts	CDC Activities	CDC Staff	Notes
Ethiopia	$0.40	DCOF	Care and Support: Activities in this area are relatively new. Recent training of home/community counselors has been encouraging. Other activities include OI/TB management; drug supply and promoting community support through religious leaders, TBAs, traditional healers and front-line workers. (FY2000 $.5m)		Surveillance		There are a number of issues with food aid and the effect of the drought.
	$5.00	core	Children Affected: USAID/Ethiopia activities did not emphasize on this area. However, through discussions with major religious groups, care and support to children (community-based support, education support, sustainability, and food aid to affected and infected children), is now a viable option. (FY2000: $.55m)		Blood Safety		
			Capacity Building: Technical and material support to the national and regional AIDS Boards and Secretariat; training to NGOs, community-based indigenous organizations, professional associations, traditional healers, trade unions, and private-for-profit sector; training and support in program management for PLWHA organizations; conduct AIDS impact studies at various settings; strengthen surveillance. (FY2000: $.6m)		**Assessment: May 7-13**		
India	$3.00	LIFE	Prevention: Institutionalize full engagement of Indian industry; support the development of VCT centers nationwide; sensitize a core group of journalists to the issues surrounding HIV/AIDS; support interventions among men. (FY2000: $1.65m)	Victor Barbiero, Kris Loken; Beth Ann Moskov	Surveillance	$0.50 - 1.0 1 FTE Dora Warren	As many political issues as program implementation issues.
	?	(core)	Care and Support: Support the development of in-country training program for care of PLWHA. (FY2000: $.25m)		VCT		
	$500,000 (initial)	CDC	Children Affected: Expand the CAA program of the Global Bureau - currently the Mission is managing $600,000 of core funds under this initiative. (FY2000. $1.2m)		Improve laboratory infrastructure		
			Capacity Building: Improve sureveillance programs for HIV, TB and STDs and develop an information secretariat to provide technical support and political and financial advocacy. (FY2000: $.5m)		**Assessment: ?**		

Country	Budget (Millions)	Source	USAID Activities	USAID Contacts	CDC Activities	CDC Staff	Notes
Kenya	$0.50	DCOF	Prevention: Increase support for VCT, promote behavior change in targeted communities through peer education and outreach; and upgrade diganosis and treatment of STDs. (FY 2000 $4,458,000)	Dana Vogel, Neen Alruz, Milly Howard; Mike Storm	Surveillance: Improve capacity to collect, analyze and disseminate reliable and relevant data for surveillance of HIV/AIDS/STDs and TB. (FY2000: $200,000)	$4.0 - 5.0 3 - 4 FTE public health advisor epidemiologist: perinatal surveillance/adolescent HIV issues information person	Kevin DeCock in country for a month. Will know more in the next couple of weeks about the major themes (CDC).
	$2.50	LIFE	Care and Support: Through field support to FHI/Impact, improve home and community care services; strengthen national TB program; assist existing support groups to become a key point of psychosocial support and referral to health and social services. (FY2000. $825,000)		Prevention: Expand access to HIV VCT in urban and rural settings. (FY2000: $500,000); Expand access to services for prevention of MTCT in urban and rural settings. (FY2000. $1m)		
	$0.60	(AFR/children)	Children Affected: Strengthening families' ability to care for orphans wil be supported through collaborative interventions with micro-finance institutions, and integrated into ongoing work to provide care and support in local communities (FY2000. $527,000)		Care: Strengthen services to control and prevent TB and improve integration of HIV and TB services. (FY2000: $1m)		
	$3.20	core	Capacity Building: Advocacy and policy work for and by people living with HIV/AIDS. (FY2000: $990,000)		Technical Assistance, Operational Research, and Pilot Projects: Technical assistance in Blood Safety (FY2000 $250,000); Operations research and pilot intervention for primary prevention in young women (FY2000: $150,000); Technical assistance to military and other uniformed services (FY2000: $150,000); Advance professional training in HIV/AIDS (FY2000: $250,000)		
	$4.50	CDC			**Assessment: April 15 - 29 Shiela Mitchele TL**		
Malawi	$2.80		VCT ?	Joan LaRosa: Elizabeth Marum; L. Andrews	**Assessment completed: Carl Campbell TL**	$1.0 1 FTE	Buck Buckingham (AFR/SA) visit EU surveillance country UNAIDS second generation surveillance country
	$0.50	DCOF	Care ?				
	$0.50	Food Aid	OVC ?				
Mozambique	$2.10	LIFE	Surveillance ?	Okey Nwanyanwu; Donna Carpenter; Richard Osmanski; Herve le Guillouzic; Aurelio Gomes	**Assessment: May 14-20 John Kaplan TL**	$1 0 1 FTE	Africa Partnership

Country	Budget (Millions)	Source	USAID Activities	USAID Contacts	CDC Activities	CDC Staff	Notes
			"Corridor Approach"				
Nigeria	$3.45	LIFE	MTCT ? Military	Lynn Gorton (April), John Burdick; Joseph Nnorom	**Assessment: May 15-19** **Marguerite P. TL**	$.50 1 FTE	CDC will look seriously at surveillance, as well as MTCT and STIs.
Rwanda	$2.00	LIFE	Prevention: IEC; STD management; VCT; MTCT.	Chris Barratt; Eric Kagane; Bill Hess	Improve capacity to collect, analyze, and disseminate reliable and relevant data for surveillance of HIV, STD and TB. (FY2000: $200,000)	$1.0 - 3.0 2FTEs PH Advisor	Africa Partnership
	$1.00	(AFR/Children)	Care and Support: Support to local NGOs for innovative programs to support PLWHA; Mission considering appropriate approaches to support treatment of opportunisitic infections; food aid to support children vulnerable to HIV/AIDS		Expand access to services for prevention of MTCT, including VCT services, integrated MTCT interventions into enhanced antenatal and peripartum services, and preventive care for HIV-infected mothers, including treatment of opportunistic infections. (FY2000: $200,000)		High priority country for the White House.
	$1.50 ?	Food Aid (still in consultation about food aid; will likely be in the $1.4 - 1.5 range)	Children Affected: Programs to provide training in appropriate care and counseling to care-givers of orphans and child-headed households; establish and enforce appropriate policies to protect the rights and well-being of CAA.		Provide technical assistance to strengthen the natioal laboratory capacity in HIV testing quality assurance and in TB drug resistance testing. (FY2000: $100,000)		
	$1.50	core	Capacity Building. Human resources, analysis of legal and regulatory framework regarding women; support for the MOH National AIDS Control Program; health information systems and data collection; behavior surveillance survey; situation analysis of health facilities in the target zone for HIV/AIDS interventions; institutional support to the MOH.		**Assessment: May 7-13 Mark Butarest TL**		
Senegal	$2.00	LIFE	RFA is out for bid	Felix Awontang; Barbara Sow	Surveillance **Assessment: May 15-19**	$1.25 0 FTE CDC may provide support by TDY	Change in government was fluid. Large scale decentralization process.
South Africa	$4.80	LIFE	OVC	Ken Yamashita; Anita Sampson	VCT	$4 5 3-4 FTEs Other DHS positions planned David Allen 5 total DHS positions now (2 5 are LIFE related)	Rene Sunders
	$0.75	DCOF	NGO Care		Care		Epidemiologist
	$0.40	(AFR/Children)	BCI MTCT VCT		**No Assessment**		

Country	Budget (Millions)	Source	USAID Activities	USAID Contacts	CDC Activities	CDC Staff	Notes
Tanzania	$2.50	LIFE	Prevention. Strengthen and expand access to quality VCT services and institutionalize training for VCT; develop a much needed HIV/AIDS communitication strategy. (FY2000: $4.37m)	Robert Cunnane; Janis Timberlake (NGO Sector); Nancy Godfrey (Public Sector); Michael Mushi	Surveillance	$0.50 1 FTE	GOT has rejected results of USAID/World Bank assessment. There is a tug of war as to where the NACP should reside.
	$3.60	core	Care and Support: Supplement existing programs under Voluntary Sector Health Program by targeting basic care and support for PLWHA and their families and communities under the VCT grant. (FY2000: $.52m)		Stigma		
	$0.80	(AFR/children)	Children Affected. Fund NGO activities at the community level with original budget. No additional activities planned with LIFE funding. (FY2000: $.21m)		Blood Safety Improve laboratory capacity		
			Capacity Building: Based on USAID funded management and organizational review, changes are being discussed to reorganize, improve and expand governmental organizations responding to HIV/AIDS. (FY2000: $1.8m)		VCT		
					Assessment: May 12 (Anthony Markam, Austin Denby, Louis Salinas)		
Uganda	$2.50	LIFE	MTCT ?	Angela Lord; Rebecca Rohrer, Rebecca Bunnell; Cecily Banura; Annie Kabogozza-Muskoke	Surveillance: Strengthening HIV and STD surveillance by expanding HIV sentinel sites, improving syphilis testing, providing testing for other STDs, introducting an HIV incidence assay, enhancing behavioral surveillance, evaluating rapid HIV and syphilis tests, conducting population-based AIDS case surveillance, and coordinating national laboratory and epidemiologic activities. (FY2000: $1.38m/$.85m expected expenditure)	$4.0 - 5.0: 3 FTEs: PH Advisor; Epidemiologist; Computer Specialist; 4 other CDC staff	
	$2.20	(AFR/Children)	Care		Care: Implementation and evaluation of cotrimoxazole prophylaxis program at TASO. (FY2000: $.53m/$.28m expected expenditure)	PH Advisor	
	$ ---	FFP-food	BCI		Technical Assistance, Operational Research, and Pilot Projects: Prevention, Care and Core Activities. (FY2000: $4.1m/ $2.45m expected expenditure)	Epidemiologist	
			VCT FFP -- ?			Computer Specialist 4 other CDC staff	

Country	Budget (Millions)	Source	USAID Activities	USAID Contacts	CDC Activities	CDC Staff	Notes
					Assessment: Done		
Zambia	$3.50 $1.00 $0.50 $3.50	LIFE DCOF (AFR/Children) core	Prevention: Narrative not yet available. (FY2000: $3.1m) MTCT: Narrative not yet available. (FY2000: $.65m) Care and Support: Narrative not yet available. (FY2000: $.7m) Children Affected: Narrative not yet available. (FY2000. $1.5m) Capacity Building: Narrative not yet available. (FY2000: $2 55m)	Robert Clay; Karen Shelley, Mark White; Peggy Chibuye	Surveillance Care - TB Home Based Care MTCT **Assessment: April 16-22 Eugene McCray TL**	$1.5 1 FTE (No more than 2 people, primary focus is getting a public health advisor.)	Forming National AIDS Committee
Zimbabwe	$3.00 $2.00 $0 50	LIFE core AFR/Children	Prevention: Focus VCT activity on increasing the number of users and on expanding high-quality follow-up services; broaden role of community-based distributors to include support for HIV counseling and testing at the community level; continue to support private and public condom and contraceptive distribution systems. (FY2000: $3.3m) Care and Support: Home and community support is a cross-cutting issue across all activities. (FY2000: $.55m) Children Affected: Strengthen capacity of CBOs to deliver and sustain current community efforts to help children affected by AIDS (FY2000: $1.1m) Capacity Building: Although capacity building is intertwined within all programs, there will be special focus on capacity building to enhance advocacy and policy development. (FY2000: $.55m)	P Halpert; Patrick Osewe; Mercia Davids	Surveillance (eg youth) VCT STD MTCT **Assessment: 2nd week in May Mike St. Louis TL**	$1.5 - 2.0 3 FTEs 1 FTE Laison with WHO/Afro 3 FTE to provide regional TA: PH Advisor, Epidemiologist; Computer Specialist	CDC technical team, led by Mike St. Louis, will look at HIV/STI surveillance, TB, syndromic management of STDs, MTCT and adolescents.
REDSO (E)	$1.00	LIFE	Regional Instit Building "Corridor" IEC Network Policy Behavior Change "Africa Alive"	Janet Hayman; Melinda Wilson; Maggie Diebel; Leslie Perry; Esther Kibe			
Storm Warning/ South Africa	$1.00 ($4 million total for this year ??)	LIFE	"Corridor" Bots/Lesoto/Swz Assessment	Michelle Russell			Mission developing a "bilateral to bilateral" approach

Country	Budget (Millions)	Source	USAID Activities	USAID Contacts	CDC Activities	CDC Staff	Notes
REDSO (W) – FHA Project	$1.70 $5.70	LIFE core	Prevention: BCI; STI management; work-based interventions; VCT; condom social marketing; provision of condom supplies; and stigma reduction. (FY2000: $5 0m) Care and Support: Peer education and IEC outreach; improve management of HIV related conditions as part of work-based program; establish telephone hotlines staffed with trained counselors and peer educators as ancillary services to VCT; improve capacity to manage and diagnose opportunistic infections among PLWHA. (FY2000: $.7m) Children Affected: No acitivities scheduled. Capacity Building: VCT; strengthen capacity of NGOs to work on community-based care and support for PLWHA; improve regional capacity for psycho-social support; provide information on the epidemic to senior policymakers; hold a regional U.S. Ambassador's forum; conduct behavior surveillance surveys among targeted groups. (FY2000: $.95m)	Judith Robb-McCord			

FY 2000 LIFE COUNTRY FACT SHEETS

Ethiopia, India, Kenya, Rwanda, Tanzania, Zambia, Zimbabwe

(Reports received as of 5/18/00)

ETHIOPIA
USAID FY2000 FUNDING LEVELS

FUNDING SOURCE
($ 000)

	NOA CSD *HIV/AIDS: Non-LIFE*	*HIV/AIDS: LIFE*	*DCOF*	**Recoveries**	**Food Aid**[1]
AFR/DP FY 2000 Control Levels	*5000*	*1700*	*400*		
CATEGORY					
I. Primary Prevention	4500	750			
II. Care and Support	150	350			
III. AIDS Affected Children/ Orphans	50	400	100[2]		
IV. Capacity Building	300	300			
TOTAL	5000	1700	100		

USAID Activities

- Prevention: Information, education and communication (IEC) and behavior change communication (BCC); cross-border (Ethiopia-Djibouti) and indigenous military HIV/AIDS prevention; condom social marketing and procurement; voluntary counseling and testing (VCT); STD case management.
- Care and Support: Activities in this area are relatively new. Recent training of home/community counselors has been encouraging. Other activities include opportunistic infection (OI)/Tuberculosis (TB) management; drug supply and promoting community support through religious leaders, TBAs, traditional healers and front-line workers.
- Children Affected by AIDS: USAID/Ethiopia activities did not focus on this area. However, through discussions with major religious groups, care and support to children (community-based support, educational support, sustainability, and food aid to affected children), is now a viable option.
- Capacity Building: Technical and medical support to the national and regional AIDS Boards and Secretariat; training to NGOs, community-based indigenous organizations, professional associations, traditional healers, trade unions, and private-for-profit sector; training and support in program management for PLWHA organizations; conduct AIDS impact studies in various settings; strengthen surveillance.

CDC Activities

Not yet available.

[1] FHA has food aid but money value could not be established now (will report later)
[2] Attributed out of 500 grant provided to PACT

INDIA

USAID FY2000 FUNDING LEVELS

FUNDING SOURCE ($ 000)

	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*?*	*3000*			
CATEGORY					
I. Primary Prevention		1650			
II. Care and Support	NA	250			
III. AIDS Affected Children/Orphans	600	600			
IV. Capacity Building	NA	500			
TOTAL		3000			

USAID Activities

- Prevention: Institutionalize full engagement of Indian industry; support the development of VCT centers nationwide; sensitize a core group of journalists to the issues surrounding HIV/AIDS; support interventions among men.
- Care and Support: Support the development of in-country training program for care of PLWHA.
- Children Affected by AIDS: Expand the CAA program of the Global Bureau.
- Capacity Building: Improve surveillance programs for HIV, TB and STDs and develop an information secretariat to provide technical support and political and financial advocacy.

CDC Activities

Not yet available.

KENYA

USAID FY2000 Funding Levels

	FUNDING SOURCE ($ 000) NOA CSD *HIV/AIDS: Non-LIFE*	*HIV/AIDS: LIFE*	*DCOF*	**Recoveries**	**Food Aid**
AFR/DP FY 2000 Control Levels	*3200*	*2500*	*500*	*600*	0
CATEGORY					
I. Primary Prevention	2523	1335		600	0
II. Care and Support	0	825			
III. AIDS Affected Children/Orphans	27	0	500		
IV. Capacity Building	650	340			
TOTAL	3200	2500	500	600	0

USAID Activities

- Prevention: Increase support for voluntary counseling and testing (VCT); promote behavior change in targeted communities through peer education and outreach; and upgrade diagnosis and treatment of STDs.
- Care and Support: Improve home and community care services; strengthen national TB program; assist existing support groups to become a key point of psychosocial support and referral to health and social services.
- Children Affected by AIDS: Strengthening families' ability to care for orphans will be supported through collaborative interventions with micro-finance institutions, and integrated into ongoing work to provide care and support in local communities.
- Capacity Building: Advocacy and policy work for and by people living with HIV/AIDS (PLWHA).

CDC Activities

- Improve capacity to collect, analyze and disseminate reliable and relevant data for surveillance of HIV/AIDS/STDs and TB.
  Estimated Annual Budget: FY2000: $200,000, FY2001-04: $1million per year
- Expand access to HIV VCT in urban and rural settings.
  Estimated Annual Budget: FY2000: $500,000, FY 2001-04: $1.3million per year
- Expand access to services for prevention of mother to child transmission (MTCT) in urban and rural settings.
  Estimated Annual Budget: $1million per year
- Strengthen services to control and prevent TB and improve integration of HIV and TB services.
  Estimated Annual Budget: $1million per year
- Improve the capacity to ensure a safe and adequate blood supply for Kenya.
  Estimated Annual Budget: $250,000 per year

RWANDA

USAID FY 2000 Funding Levels

	FUNDING SOURCE ($ 000)				
	NOA CSD *HIV/AIDS: Non-LIFE*	*HIV/AIDS: LIFE*	*DCOF*	**Recoveries**	**Food Aid**
AFR/DP FY 2000 Control Levels	*1500*	*2000*		*1000*	1500 ?
CATEGORY					
I. Primary Prevention					
II. Care and Support					
III. AIDS Affected Children/Orphans					
IV. Capacity Building					
TOTAL					

USAID Activities

- Prevention: Information, education and communication (IEC); STD management; voluntary counseling and testing (VCT); mother to child transmission (MTCT).
- Care and Support: Support to local NGOs for innovative programs for people living with HIV/AIDS (PLWHA); considering appropriate approaches to support treatment of opportunistic infections; food aid to support children vulnerable to HIV/AIDS.
- Children Affected by HIV/AIDS: Program to provide training in appropriate care and counseling to care-givers of orphans and child-headed households; establish and enforce appropriate policies to protect the rights and well-being of children affected.
- Capacity Building: Human resources; analysis of legal and regulatory framework regarding women; support for the MOH National AIDS Control Program; health information systems and data collection; behavior surveillance survey; situation analysis of health facilities in the target zone for HIV/AIDS interventions; institutional support to the MOH.

CDC Activities

- Improve capacity to collect, analyze and disseminate reliable and relevant data for surveillance of HIV, STD and TB.
  Estimated Annual Budget: FY 2000: $200,000, FY 2001-04: $600,000 per year
- Expand access to services for prevention of mother to child transmission (MTCT); including VCT services, integrated MTCT interventions into enhanced antenatal and peripartum services, and preventive care for HIV-infected mothers, including treatment of opportunistic infections.
  Estimated Annual Budget: FY 2000: $200,000, FY 2001-04: $600,000 per year
- Strengthen the national laboratory capacity in HIV testing quality assurance and in TB drug resistance testing.
  Estimated Annual Budget: FY 2000: $100,000, FY 2001-04: $200,000 per year.
- Improve the capacity at the Ministry of Health to perform program monitoring and evaluation, initially in MTCT but later also in other HIV primary prevention areas.
  Estimated Annual Budget: FY 2000: $0, FY 2001-04: $100,000 per year.
- Assist the country in developing national guidelines for prevention of opportunistic infections (in adults and children) and in training medical personnel in appropriate use of these algorithms.
  Estimated Annual Budget: FY 2000: $0, FY 2001-04: $100,000 per year.

TANZANIA
USAID FY2000 FUNDING LEVELS

FUNDING SOURCE ($ 000)

	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*3600*	*2500*		*800*	
CATEGORY					
I. Primary Prevention	2,970	1,400			
II. Care and Support	420	100			
III. AIDS Affected Children/Orphans	210				
IV. Capacity Building		1,000		800	
TOTAL	3,600	2,500		800	
	Total HIV/AIDS funding	6,900			

USAID Activities

- Prevention: Strengthen and expand access to quality VCT services and institutionalize training for VCT; develop a much needed HIV/AIDS communication strategy.
- Care and Support: Supplement existing programs under Voluntary Sector Health Program by targeting basic care and support for PLWHA and their families and communities under the VCT grant.
- Children Affected by AIDS: Fund NGO activities at the community level with original budget. No additional activities planning with LIFE funding.
- Capacity Building: Based on USAID funded management and organizational review, changes are being discussed to reorganize, improve and expand governmental organizations responding to HIV/AIDS.

CDC Activities

Not yet available.

ZAMBIA

USAID FY2000 FUNDING LEVELS

FUNDING SOURCE ($ 000)

	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*3500*	*3500*	*1000*	*500*	
CATEGORY					
I. Primary Prevention	1300	1800			
A. MTCT		650			
II. Care and Support	500	200			
III. AIDS Affected Children/Orphans			1000	500	
IV. Capacity Building	1700	850			
TOTAL	3500	3500	1000	500	

USAID Activities

Narrative not yet available.

CDC Activities

Not yet available.

ZIMBABWE
USAID FY2000 FUNDING LEVELS

FUNDING SOURCE ($ 000)

	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*2000*	*3000*		*500*	
CATEGORY					
I. Primary Prevention					
A. MTCT	1200	1800		300	
II. Care and Support	200	300		50	
III. AIDS Affected Children/Orphans	400	600		100	
IV. Capacity Building	200	300		50	
TOTAL	2000	3000		500	

USAID Activities

- Prevention: Focus voluntary counseling and testing (VCT) activity on increasing the number of users and on expanding high-quality follow-up services; broaden role of community-based distributors to include support for HIV counseling and testing at the community level; continue to support private and public condom and contraceptive distribution systems.
- Care and Support: Home and community support is a cross-cutting issue across all activities.
- Children Affected by AIDS: Strengthen capacity of community-based organizations (CBO) to deliver and sustain current community efforts to help children affected by AIDS.
- Capacity Building: Although capacity building is intertwined within all programs, there will be special focus on capacity building to enhance advocacy and policy development.

CDC Activities

Not yet available.

FY 2000 LIFE COUNTRY ACTIVITIES FOR CHILDREN AFFECTED BY HIV/AIDS

Ethiopia, India, Kenya, Rwanda, Tanzania, Zambia, Zimbabwe, FHA/WCA
(Reports received as of 5/18/00)

COUNTRY: Ethiopia
FY 2000

	FUNDING SOURCE ($ 000) NOA CSD				
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*	**Recoveries**	**Food Aid[1]**
AFR/DP FY 2000 Control Levels	*5000*	*1700*	*400*		
CATEGORY					
I. Primary Prevention	4500	750			
II. Care and Support	150	350			
III. AIDS Affected Children/ Orphans	50	400	100[2]		
IV. Capacity Building	300	300			
TOTAL	5000	1700	100		

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Ethiopia

Caring for Children Affected by AIDS
Illustrative activities:
USAID/Ethiopia activities did not emphasize on this area. However, through our discussions with major religious groups, care and support to children is now a viable option.

- Community-based support: advocacy, training and material inputs to promote care and support through extended family system and local CBOs.
- Education support: fees, cloths, and school supplies for school children.
- Sustainability: training, materials and funding for skill development and income generation.
- Food aid to affected and infected children.

Illustrative mechanisms:

- Pathfinder and sub-grantees working in support and care programs including religious organizations and community-based civic societies.
- PACT will provide capacity building support for Religious Organizations, PLWAs and Orphans Associations like "Dawn of Hope" and "Organization for Social Support for AIDS (OSSA)."

[1] FHA has food aid but money value could not be established now (will report later)
[2] Attributed out of 500 grant provided to PACT

COUNTRY: India
FY 2000

	FUNDING SOURCE ($ 000) NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*?*	*3000*			
CATEGORY					
I. Primary Prevention		1650			
A. MTCT					
II. Care and Support	NA	250			
III. AIDS Affected Children/Orphans	600	600			
IV. Capacity Building	NA	500			
TOTAL		3000			

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/INDIA

Caring for Children Affected by AIDS
Illustrative activities:
The Mission will expand the CAA program of the Global Bureau. Currently the Mission is managing $600,000 of core funds under this initiative. Activities include community care models for HIV positive children, drop in centers and shelters for street children, the inclusion of school based education and day care for children of mothers forced into commercial sex and night shelters for the protection of children of sex workers during their most vulnerable time.

Illustrative Mechanism: FHI to NGOs
LOP Funding: $600,000 over three years

Subtotal CAA: **$600,000**

COUNTRY: Kenya
FY 2000

	FUNDING SOURCE ($ 000) NOA CSD HIV/AIDS: Non-LIFE	HIV/AIDS LIFE	DCOF	Recoveries	Food Aid
AFR/DP FY 2000 Control Levels	*3200*	*2500*	*500*	*600*	0
CATEGORY					
I. Primary Prevention	2523	1335		600	0
A. MTCT	0	0			
II. Care and Support	0	825			
III. AIDS Affected Children/Orphans	27	0	500		
IV. Capacity Building	650	340			
TOTAL	3200	2500	500	600	0

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Kenya

Caring for children affected by AIDS
Illustrative Activities: This component will be integrated fully into the ongoing work with grantees to provide care and support in local communities. Strengthening families' ability to care for orphans will be supported through collaborative interventions with micro-finance institutions. This component will help HIV affected families plan for the future through accessing legal advice (with regard to inheritance), link up with potential financial assistance, and access support for affected children, e.g., school assistance, food aid as necessary. Support groups will play a critical role in assessing family situations and referring them to or providing them with the specific kind of help they need. Examples of activities include:

- Community-based services targeted at AIDS-affected children, including adolescents
- Education fees and other social support services
- Microenterprise programs for families and their children
- Legal protections for AIDS-affected children

Illustrative Mechanism: field support to FHI/IMPACT (DCOF-$200,000)
Mission grant amendment to KREP (DCOF - $300,000)

COUNTRY: Rwanda
FY 2000

	FUNDING SOURCE ($ 000)				
	NOA CSD *HIV/AIDS: Non-LIFE*	*HIV/AIDS: LIFE*	*DCOF*	**Recoveries**	**Food Aid**
AFR/DP FY 2000 Control Levels	*1500*	*2000*		*1000*	1500 ?
CATEGORY					
I. Primary Prevention					
A. MTCT					
II. Care and Support					
III. AIDS Affected Children/Orphans					
IV. Capacity Building					
TOTAL					

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Rwanda

Caring for Children Affected by AIDS
Illustrative activities:
USAID/Rwanda has awarded grants to CARE International and World Relief to support the MOH and Ministry of Social Affairs in protecting vulnerable children from HIV/AIDS. These particular grants pre-date the LIFE Initiative, but may inspire follow-on activities. The programs will provide training in appropriate care and counseling to the care-givers of unaccompanied children and to some of the estimated 85,000 child-headed households in Rwanda. These activities will be coordinated with other IEC and counseling programs, and with the delivery of supplemental food rations from LIFE-PL480 allocations.

Through another grant to the International Rescue Committee, USAID is supporting policy and technical guidance to the Ministry of Social Affair, the GOR oversight body for children and vulnerable groups, to develop and strengthen its ability to establish and enforce appropriate policies to protect the rights and well-being of children affected by HIV. CARE and the International Rescue Committee (IRC) are both supporting the GOR in developing effective policies and guidelines to protect children and other vulnerable groups from AIDS. (IRC has received a BHR grant to help support this)

Illustrative mechanisms:
Current grants to CARE International and World Relief. Possible future grants to other NGOs. (Currently supporting 2 bilateral grants in HIV/AIDS directed at children affected by AIDS – with CARE International and World Relief.)

COUNTRY: Tanzania
FY 2000

	FUNDING SOURCE ($ 000)				
	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*3600*	*2500*		*800*	
CATEGORY					
I. Primary Prevention	2,970	1,400			
A. MTCT					
II. Care and Support	420	100			
III. AIDS Affected Children/Orphans	210				
IV. Capacity Building		1,000		800	
TOTAL	3,600	2,500		800	

Total HIV/AIDS funding 6,900

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Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Tanzania

Caring for Children Affected by AIDS

Fund NGO activities at the community level with original budget. No additional activities planned with LIFE Funding.

COUNTRY: Zimbabwe
FY 2000

	FUNDING SOURCE ($ 000)				
	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*2000*	*3000*		*500*	
CATEGORY					
I. Primary Prevention					
A. MTCT	1200	1800		300	
II. Care and Support	200	300		50	
III. AIDS Affected Children/Orphans	400	600		100	
IV. Capacity Building	200	300		50	
TOTAL	2000	3000		500	

Narrative on Expanded and/or New Activities – FY 2000
Mission: USAID/Zimbabwe

Caring for Children Affected by AIDS
Illustrative activities:
A. Sustained and replicated community programs to assist children affected by AIDS
USAID will support an umbrella program of small grants and technical assistance for community-based organizations (CBOs) in order to strengthen their capacity to deliver and sustain current community efforts to help children affected by AIDS. Small grants and technical advice on best practices will also be offered to CBOs not currently assisting communities and children affected by AIDS as incentives for them to begin work on behalf of children affected by AIDS. Networking and technical exchanges to share strategies, best practices and lessons learned will also be supported. Scholarships for school fees and other educational costs will help to address a major constrain faced by families and communities responding to the needs of children affected by AIDS.

This activity will begin cautiously, due to the many concerns that donor intervention in this sector could be disastrous. The implementor of this activity is expected to test intervention strategies in up to 8 pilot sites while conducting extensive operations research to determine the viability of the different strategies

B. Increased economic opportunities for youth with AIDS
The activities described above seek to build capacity of Zimbabwean communities and organizations that are assisting children affected by AIDS through the worst of the crisis. Many of the constraints faced by these children and their families are rooted in their poverty and the lack of economic opportunities under current conditions. As part of its Country Strategic Plan, USAID will be achieving a Special Objective: "Access to Economic Opportunity for Disadvantaged Groups Expanded". This Special Objective will be achieved through an activity to increase access to financial services and improve business capacity in underserved rural and peri-urban areas. A contractor will implement a microfinance and technical assistance program

that will also be tasked with improving economic opportunities for youth affected by AIDS. While the particulars of this assistance is still in the design stage, the purpose of this activity is to extend business training and microfinance assistance to youths affected by AIDS, thereby integrating them into programs and activities that offer opportunities.

Illustrative Mechanism:
This activity will be implemented through a contract procured through a competitive tender process in the first quarter of FY 2001

COUNTRY: FHA/WCA
FY 2000

	FUNDING SOURCE ($ 000)				
	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*5700*	*1700*			
CATEGORY					
I. Primary Prevention	4,522,552	500			
A. MTCT	0	0			
II. Care and Support	0	700			
III. AIDS Affected Children/Orphans	0	0			
IV. Capacity Building	450,000	500			
TOTAL	4,972,552	1,700,000			

Narrative on Expanded and/or New Activities – FY 2000
MISSION: Family Health & AIDS—West and Central Africa

Caring for Children Affected by AIDS
Illustrative activities: NO ACTIVITIES SCHEDULED

FY 2000 LIFE COUNTRY ACTIVITIES
CARE AND SUPPORT

Ethiopia, India, Kenya, Rwanda, Tanzania, Zambia, Zimbabwe, FHA/WCA
(Reports received as of 5/18/00)

COUNTRY: Ethiopia
FY 2000

	FUNDING SOURCE ($ 000) NOA CSD *HIV/AIDS: Non-LIFE*	*HIV/AIDS: LIFE*	*DCOF*	**Recoveries**	**Food Aid[1]**
AFR/DP FY 2000 Control Levels	*5000*	*1700*	*400*		
CATEGORY					
I. Primary Prevention	4500	750			
II. Care and Support	150	350			
III. AIDS Affected Children/ Orphans	50	400	100[2]		
IV. Capacity Building	300	300			
TOTAL	5000	1700	100		

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Ethiopia

Basic Medical Care and Home/Community Based Support
Illustrative activities: Activities in this area are relatively new to USAID/Ethiopia. In the last six months training of home/community counselors has been encouraging. Medical care, particularly TB management, is a new area.

- OI/TB management: quality DOTS implementation in selected areas through training of health workers and traditional healers.
- Drug Supply: STD drugs and reagents will continue to be provided to improve medical care and prevent infection and re-infection.
- Community-Support: Promote support through religious leaders, TBAs, traditional healers and front-line health workers.

Illustrative mechanisms:

- Pathfinder and sub-grantees working in support and care programs including religious organizations and community-based civic society.
- WHO grant will supply STD drugs and reagents.
- Epidemiology and AIDS Department (AIDS and TB Control Programs).

[1] FHA has food aid but money value could not be established now (will report later)
[2] Attributed out of 500 grant provided to PACT

COUNTRY: India
FY 2000

	FUNDING SOURCE ($ 000) NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*?*	*3000*			
CATEGORY					
I. Primary Prevention		1650			
A. MTCT					
II. Care and Support	NA	250			
III. AIDS Affected Children/Orphans	600	600			
IV. Capacity Building	NA	500			
TOTAL		3000			

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/INDIA

Basic Medical Care and Home/Community Based Support
Illustrative activities: As the epidemic matures and moves into the general populations, USAID and DHHS will support the development of an in-country training program in the care of HIV+ individuals. This would include the development of model training center(s) that would provide hand-on training in care and support with a special focus on integrated and hospice care. Options to support NGOs in some aspects of home-based care will be explored.

Illustrative Mechanism: EHP (CDC PASA) (TA to NACO)m /FHI (NGO Support)
LOP Funding: $250,000 over 2 years
Subtotal Basic Medical Care: $250,000

COUNTRY: Kenya
FY 2000

	FUNDING SOURCE ($ 000) NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*3200*	*2500*	*500*	*600*	0
CATEGORY					
I. Primary Prevention	2523	1335		600	0
A. MTCT	0	0			
II. Care and Support	0	825			
III. AIDS Affected Children/Orphans	27	0	500		
IV. Capacity Building	650	340			
TOTAL	3200	2500	500	600	0

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Kenya

Basic medical care and home/community-based support
Illustrative Activities:

- **Home care** – Integrate home care in Western Province into a comprehensive care and support strategy. Link home care efforts to clinical services; supervise and monitor by individuals with nursing and clinical training. Support groups for HIV affected individuals will be a critical point of referral to home care services.
- **Community care** – Enhance clinical care for HIV/AIDS patients within targeted communities. To support home care efforts, target interventions to primary health clinics to increase capacity to diagnose and treat simple opportunistic infections and providing palliative care, rehydration therapy, etc.
- **Tuberculosis** – Strengthen the national TB program at two levels. Upgrade the national TB reference laboratory to provide information on surveillance and drug sensitivity. Expand services of peripheral TB treatment centers in Western province and Mombasa to enable them to become diagnostic centers. The result will be reduced congestion at current TB diagnostic centers and increased diagnosis and prompt treatment of new TB cases in these regions.
- **Care and support** – Assist existing support groups to become a key point of psychosocial support and referral to health and social services for HIV affected individuals and families. In Western province, work with active women's groups to define and strengthen their role as HIV/AIDS support groups. In other targeted regions, work with other groups to ensure that USAID's prevention, VCT, TB, clinical care services are linked to their HIV/AIDS support groups.

Examples of activities include:

- Training of health care personnel in the prevention and management of HIV-related medical conditions.

- Provision of basic medical services for TB and other opportunistic infections
- Training for community-based workers providing support for HIV infected and affected persons
- Provision of community and home based care and psychosocial support services
- Support for peer counseling programs
- Home and community-based care/support models

Illustrative Mechanism: Field support to FHI/IMPACT

COUNTRY: Rwanda
FY 2000

	FUNDING SOURCE ($ 000) NOA CSD *HIV/AIDS: Non-LIFE*	*HIV/AIDS: LIFE*	*DCOF*	**Recoveries**	**Food Aid**
AFR/DP FY 2000 Control Levels	*1500*	*2000*		*1000*	1500 ?
CATEGORY					
I. Primary Prevention					
A. MTCT					
II. Care and Support					
III. AIDS Affected Children/Orphans					
IV. Capacity Building					
TOTAL					

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Rwanda

Basic Medical Care and Home/Community Based Support
Illustrative activities:
NGOs and Support to people living with HIV/AIDS (PLWHA)
USAID will support local NGOs for innovative programs to support people living with HIV/AIDS, including income generating, counseling, and other areas. A few NGOs have discussed very interesting program ideas with us, and the Mission will select and support some of these through the PCS buy-in.

Opportunistic Infections and Basic Drugs
The Mission is considering appropriate approaches to support treatment of opportunistic infections of people living with HIV/AIDS, as part of other care and support activities. This has only just emerged as a probable program addition, so specific mechanisms, delivery and monitoring systems, and associated counseling activities have not yet been fully discussed. The Mission is aware that drug supply and control (leakage from the public sector) is a significant problem in Rwanda, and appropriate controls will be established to see that any medication which might be provided does in fact reach its intended beneficiaries. Mission may seek G Bureau TA to more effectively link HIV/AIDS activities to TB and other conditions. Mission is also co-sponsoring a conference on PLWHA to raise the discussion of appropriate and effective care and support interventions for the estimated 400,000 Rwandans already infected. (We believe this will be the first conference of its kind in the sub-region). Donors, GOR, and representatives form Rwandan associations of PLWHAs will attend the sessions in Kigali, as well as key figures from Uganda, Switzerland and Burundi.

Food Aid

USAID expects to receive an additional allocation of PL-480 food rations in fy2000 as part of the Presidential "LIFE" initiative to support children vulnerable to HIV/AIDS. This program will target existing effective community outreach and distribution networks to access children and their families most affected by HIV. Other community-based activities of care and support for persons living with HIV/AIDS (PLWHA) will be oriented to those same target areas to multiply the effects of behavior change and community support efforts. USAID expects to collaborate with other donor programs in this area to provide a more holistic approach to PLWHA. SO2 has been working with CRS and World Relief to try to focus these commodities where there are existing ancillary social support activities in the community, funded by USAID or other sources. Non-food HIV/AIDS activities will be programmed around the same target population to provide a more holistic approach to PLWHA.

Examples of activities include:

- Training of health care personnel in the prevention and management of HIV related medical conditions.
- Selection, procurement, and distribution of basic drugs and supplies for PLHA.
- Provision of basic medical services for TB and other opportunistic infections linked to HIV/AIDS
- Training for community based workers providing psychosocial support for HIV infected and affected persons
- Provision of community and home based care and psychosocial support services
- Support for peer counseling programs
- Home and community based care/support models
- Traditional healer interaction
- Linkage of medical and psychosocial services
- Food aid directly linked to HIV affected households.
- Transportation and other related services for HIV positive persons

COUNTRY: Zimbabwe
FY 2000

FUNDING SOURCE ($ 000)

	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*2000*	*3000*		*500*	
CATEGORY					
I. Primary Prevention					
A. MTCT	1200	1800		300	
II. Care and Support	200	300		50	
III. AIDS Affected Children/Orphans	400	600		100	
IV. Capacity Building	200	300		50	
TOTAL	2,000	3000		500	

Narrative on Expanded and/or New Activities – FY 2000
Mission: USAID/Zimbabwe

Basic Medical Care and Home/Community Support
Illustrative activities: Home and community support is a cross-cutting issues across all activities.

COUNTRY: FHA/WCA
FY 2000

	FUNDING SOURCE ($ 000)				
	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*5700*	*1700*			
CATEGORY					
I. Primary Prevention	4,522,552	500			
A. MTCT	0	0			
II. Care and Support	0	700			
III. AIDS Affected Children/Orphans	0	0			
IV. Capacity Building	450,000	500			
TOTAL	4,972,552	1,700,000			

Narrative on Expanded and/or New Activities – FY 2000
MISSION: Family Health & AIDS—West and Central Africa

Basic Medical Care and Home/Community Based Support
Illustrative activities:

- As part of the PSAMAO activity, identify NGOs capable of conducting peer-education or IEC outreach to target populations (SFPS/PSI)
- Work with providers to more effectively manage HIV related conditions as part of the work-based program (SFPS/JHU/CCP & IMPACT)
- See STI Management section above
- Establish telephone hotlines in program countries staffed by trained counsellors and peer educators as ancillary service to VCT—will refer callers to VCT sites, STI treatment and to NGOs providing care and support for PLWHA (SFPS/JHU/CCP)
- Disseminate guidelines for clinical management of HIV infections, advocate for uninterrupted supplies of essential drugs for treatment of opportunistic infections and organize regional training of health care providers to improve their capacity to diagnose and manage opportunistic diseases among PLWHA (IMPACT)
- Develop generic guide for living positively with HIV (SFPS/JHU/CCP)

FY 2000 LIFE COUNTRY ACTIVITIES
CAPACITY BUILDING

Ethiopia, India, Kenya, Rwanda, Tanzania, Zambia, Zimbabwe, FHA/WCA
(Reports received as of 5/18/00)

COUNTRY: Ethiopia
FY 2000

	FUNDING SOURCE ($ 000) NOA CSD				
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*	**Recoveries**	**Food Aid[1]**
AFR/DP FY 2000 Control Levels	*5000*	*1700*	*400*		
CATEGORY					
I. Primary Prevention	4500	750			
II. Care and Support	150	350			
III. AIDS Affected Children/ Orphans	50	400	100[2]		
IV. Capacity Building	300	300			
TOTAL	5000	1700	100		

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Ethiopia

Capacity Building
Illustrative activities:
Much of these activities are expansion of USAID supported capacity building activities. However, support to the private sector and community-based organizations have been limited. Support will be provided to the newly established National AIDS Board and its Secretariat.

- Technical and material support to the national and regional AIDS Boards and Secretariat.
- Training to NGOs, community-based indigenous organizations, professional associations, traditional healers, trade unions, and private-for-profit sector.
- Training and support in program management for PLWAs organizations.
- Conduct AIDS impact studies at various settings.
- Strengthen surveillance

Illustrative mechanisms:

- PACT capacity building grants.
- CDC
- Pathfinder through grants and support to local NGOs, government and private service providers.

[1] FHA has food aid but money value could not be established now (will report later)
[2] Attributed out of 500 grant provided to PACT

COUNTRY: India
FY 2000

	FUNDING SOURCE ($ 000) NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*?*	*3000*			
CATEGORY					
I. Primary Prevention		1650			
A. MTCT					
II. Care and Support	NA	250			
III. AIDS Affected Children/Orphans	600	600			
IV. Capacity Building	NA	500			
TOTAL		3000			

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/INDIA

Capacity Building

Illustrative activities: The mission, under capacity building, anticipates the following activities:

Information Secretariat – The National AIDS Control Organization (NACO) has expressed the need for an information secretariat, one which would not only serve state HIV societies and support technical requests relative to planning, surveillance, counseling and information transfer, but would also house the documentation of the national HIV-AIDS program and the infectious disease resources generated within the international and national communities. The Secretariat will also promote political and financial advocacy for HIV prevention at the federal and state levels.

Illustrative Mechanism: EHP (CDC PASA) to NACO
LOP Funding: $200,000 1st year

Surveillance - Surveillance data are key for program planning and monitoring. Technical assistance will be provided to improve surveillance programs for HIV, TB and STDs. This may include application of new surveillance tools. Key elements being considered are laboratory strengthening, political advocacy, training, NGO involvement, and research. Political advocacy and support will be vigorously pursued at the state and district levels.

Illustrative Mechanism: EHP (CDC PASA) to NACO
LOP Funding: $300,000 1st year

Subtotal Systems: $500,000

COUNTRY: Kenya
FY 2000

	FUNDING SOURCE ($ 000) NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*3200*	*2500*	*500*	*600*	0
CATEGORY					
I. Primary Prevention	2523	1335		600	0
A. MTCT	0	0			
II. Care and Support	0	825			
III. AIDS Affected Children/Orphans	27	0	500		
IV. Capacity Building	650	340			
TOTAL	3200	2500	500	600	0

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Kenya

Capacity Building
Illustrative Activities: Advocacy and policy work for and by people living with HIV is an important part of this component. We will support work to build up and strengthen Kenya's network of PLWH/A groups and helping the network move forward with its advocacy initiatives. Continued support of the AIDS NGOs network and provision of small grants for innovative work conducted by community-based organizations. Examples of capacity building activities include:

- Expanded training and support for local NGOs and of government personnel for HIV/AIDS program and service delivery
- Management and organizational training for PLHA groups
- Involving PLWHA in planning and design of programs

Illustrative Mechanisms: Field support to FHI/IMPACT

COUNTRY: Rwanda
FY 2000

	FUNDING SOURCE ($ 000)				
	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*1500*	*2000*		*1000*	1500 ?
CATEGORY					
I. Primary Prevention					
A. MTCT					
II. Care and Support					
III. AIDS Affected Children/Orphans					
IV. Capacity Building					
TOTAL					

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Rwanda

Capacity Building
Illustrative Activities:
Human Resources - Mission is planning a series of specialized in-country and offshore training activities with MOH, NGO and other GOR counterparts this year. These will make use of regional resources and partner institutions (TASO in Uganda, etc), and strengthen Rwandan capacity to respond to the AIDS epidemic in the immediate and medium term with decreasing external involvement.

Analysis of legal and regulatory framework regarding women - USAID is also supporting a small study of the legal, regulatory and policy environment in Rwanda as it touches on reproductive health, HIV/AIDS and several areas of the status of women in society. Results of this assessment, coupled with quantitative information from other sources, are expected to help the GOR critically evaluate its helping or hindering position relating to HIV prevention and treatment of HIV positive individuals in society. The PCS project will carry out this activity.

Support the MOH National AIDS Control Program (PNLS) - IMPACT project will provide minimal operating budget support to MOH/PNLS, including communications and office expenses and supplies, for CY2000.This direct support will terminate with start-up of next World Bank health and AIDS project, expected early calendar year 2001.

Health information Systems and Data Collection - USAID is conducting a series of major studies during 2000 to provide essential information on sexual behavior, perceived personal risk for HIV, and other related health topics. The demographic and health survey (DHS) now underway will provide the first nationwide population-based health information in several years. Results of these surveys will assist donors and the MOH in more effectively targeting behavior

change and other program interventions.

Behavior Surveillance Survey (BSS) - IMPACT will execute round 1 of this targeted HIV/AIDS behavior/attitude survey this year. They will work with MOH and other partners to institutionalize this exercise for annual data gathering and analysis using local capacity. Results will help design specific interventions for high-risk groups and evaluate previous IEC activities. USAID will also work with MOH and other donors to encourage them to cover the remaining "non-IMPACT" regions for the BSS in CY 2000 to obtain a complete national picture. IMPACT is working out budget projections to cover the entire country by the first round BSS, in case USAID should decide to fund this in CY2000.

Situation Analysis - USAID will also conduct a situation analysis of health facilities in the target zone for HIV/AIDS interventions, as well as a sampling of other areas in the country. Reliable data on health facilities is scarce in Rwanda and so the Mission will undertake a study to describe definitively the current situation in health delivery points, to define needs for further capacity building, technical supervision problems, appropriate use of MOH treatment protocols, and other issues. Mission expects to complete this study with MEASURE DHS+ project before October 2000.

Institutional Support to the MOH - The human and technical capacity of the MOH to execute meaningful programs in post-genocide Rwanda is extremely limited. A major focus of the USAID program is therefore institutional capacity building. USAID will provide technical assistance and training to key staff in the National AIDS Control Program (PNLS in French) of the MOH, as well as limited operating support to the unit, to help strengthen MOH capacity to provide technical and policy guidance to HIV/AIDS activities throughout the country. In the context of Rwanda's decentralized health services, the program is also working to strengthen the management capacity of MOH regional health bureaus. USAID has also entered into partnerships with Tulane and Johns Hopkins universities to strengthen the capacity of the national university medical faculty to provide training in public health topics to key MOH program management staff.

The MOH estimates over 400,000 people in Rwanda are already HIV positive, and so has made a serious plea to donors to assist not only in prevention, but also in care and support of people living with HIV/AIDS (PLWHA). USAID therefore plans a series of innovative community-based activities in this area to build on previous experiences in Uganda and elsewhere, including income generation, counseling, and nutrition. USAID hopes to gain ground in de-stigmatizing HIV and AIDS in Rwanda, and helping families and communities to provide support for infected individuals. The MOH has also requested donor support for anti-retroviral and other drugs for opportunistic infections of PLWHA. USAID does not plan to include drugs in its program, but has suggested limited technical assistance to the MOH in improving its essential drugs management system to ensure that those commodities which are provided actually reach their intended users.

COUNTRY: Tanzania
FY 2000

	FUNDING SOURCE ($ 000)				
	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*3600*	*2500*		*800*	
CATEGORY					
I. Primary Prevention	2,970	1,400			
A. MTCT					
II. Care and Support	420	100			
III. AIDS Affected Children/Orphans	210				
IV. Capacity Building		1,000		800	
TOTAL	3,600	2,500		800	
	Total HIV/AIDS funding	6,900			

hpopub/docs/LIFE_reporting_tanzania

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Tanzania

Capacity Building

Illustrative Activities: Based upon a management and organizational review funded by USAID, changes are being discussed to reorganize, improve and expand the governmental organizations responding to the HIV/AIDS pandemic. USAID plans to support the implementation of the changes in institutional structures to better coordinate and implement HIV/AIDS activities. Examples of activities include:

- Strategic Planning
- Policy analysis and formulation
- Capacity development through executive training
- Support to Technical AIDS Committees in each Ministry
- Funding for other multi-sectoral activities

Illustrative Mechanisms: Funding mechanism to be established and will be dependent upon government decision on whether or not to change the present institutional structure for addressing the government's response to HIV/AIDS.

COUNTRY: Zambia
FY 2000

	FUNDING SOURCE ($ 000)				
	NOA CSD			**Recoveries**	**Food Aid**
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*3500*	*3500*	*1000*	*500*	
CATEGORY					
I. Primary Prevention	1300	1800			
A. MTCT		650			
II. Care and Support	500	200			
III. AIDS Affected Children/Orphans			1000	500	
IV. Capacity Building	1700	850			
TOTAL	3500	3500	1000	500	

Narrative on Expanded and/or New Activities – FY 2000
MISSION: USAID/Zambia

Capacity Building
Illustrative activities: USAID/Zambia has not yet submitted a narrative summary of proposed LIFE activities.

COUNTRY: Zimbabwe
FY 2000

	FUNDING SOURCE ($ 000)				
	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*2000*	*3000*		*500*	
CATEGORY					
I. Primary Prevention					
A. MTCT	1200	1800		300	
II. Care and Support	200	300		50	
III. AIDS Affected Children/Orphans	400	600		100	
IV. Capacity Building	200	300		50	
TOTAL	2000	3000		500	

Narrative on Expanded and/or New Activities – FY 2000
Mission: USAID/Zimbabwe

Capacity Building
Illustrative activities: The USAID support for capacity building is intertwined within all programs. However, There will be special focus on capacity building to enhance advocacy and policy development. The AIDS epidemic is one of many factors that have changed Zimbabwe dramatically over the last decade. Yet institutions, laws, policies, regulations and practices have not adapted to the new realities. There is a dearth of advocacy to heighten awareness of HIV issues and awareness of how changes can be made. Advocacy has important roles to play, for example, to analyze policy and monitor implementation, to stimulate public debate and participation in policy development, to mobilize action for change, and to be a communication link between civil society and government. In this sense, an advocacy activity subsumes communications activities and directs them towards specific, targeted blockages in the policy or social arena that must be removed to deal with the HIV/AIDS epidemic.

To date, actions for advocacy and communications for promoting behavior change related to HIV prevention in Zimbabwe have been somewhat fragmented and disorganized. Some of the drawbacks in these arenas include a lack of sustained, targeted media campaigns for specific audiences; ineffective efforts to deal with cultural, social, health, gender and legal contexts for risky behavior; lack of political commitment to, and community ownership of, national responses; and lack of understanding of the changing economic and social environment which may facilitate HIV transmission. The stigma associated with HIV/AIDS in Zimbabwe is a significant deterrent to the success of efforts to reduce the transmission of HIV, but stigma has not been effectively addressed at a scale that could have an impact on the epidemic.

Small grants, technical assistance, training, policymaking workshops and studies will be provided to assist organizations involved in fighting the AIDS epidemic in Zimbabwe. Churches, NGOs, international organizations, and public institutions will be invited to submit proposals for activities to analyze issues and advocate for causes that will help mitigate the transmission and

impact of HIV/AIDS. USAID hopes to stimulate innovation and experimentation in the advocacy arena; therefore criteria for selection will be identified, but the potential grantees will be asked to propose strategies, activities, and rationales. The emphasis will be on prevention and crisis mitigation; many churches, for example, will need to intensify their prevention efforts to qualify for these grants.

Implementation Mechanism: The advocacy and policy development activity will be implemented by a contractor procured through a competitive tender in the first quarter of FY 2001

COUNTRY: FHA/WCA
FY 2000

	FUNDING SOURCE ($ 000)				
	NOA CSD			Recoveries	Food Aid
	HIV/AIDS: Non-LIFE	*HIV/AIDS: LIFE*	*DCOF*		
AFR/DP FY 2000 Control Levels	*5700*	*1700*			
CATEGORY					
I. Primary Prevention	4,522,552	500			
A. MTCT	0	0			
II. Care and Support	0	700			
III. AIDS Affected Children/Orphans	0	0			
IV. Capacity Building	450,000	500			
TOTAL	4,972,552	1,700,000			

Narrative on Expanded and/or New Activities – FY 2000
MISSION: Family Health & AIDS—West and Central Africa

Capacity Building
Illustrative activities:
Voluntary Counseling And Testing

- *Select regional organizations to serve as resources for VCT training and technical support (SFPS/TULANE & IMPACT)*
- Training of trainers in HIV counseling and management of VCT services (SFPS/JHPIEGO/JHU/CCP & IMPACT)
- Establish a VCT center of excellence in each program country (Cote d'Ivoire, Burkina Faso, Cameroon, Togo) for training, supervision, quality assurance (IMPACT)
- Provide counseling and IEC materials to clients (SFPS/JHU/CCP)

Non-Governmental Organizations Serving PLWHA

- Identify NGOs working in the region to strengthen their capacity in community-based care and support for PLWHA—provide them with BCC materials, build technical skills in palliative care through regional workshops and other capacity building strategies (IMPACT)
- Conduct applied/operations research to identify which coping strategies appear to be most cost effective in helping people deal with HIV/AIDS and to assess how best domiciliary care and secondary prevention can be mounted (SFPS/TULANE & IMPACT)

Psycho-Social Support

- Improve regional capacity for psycho-social support by encouraging experience sharing of innovative programs and the development of effective referral systems to VCT centers and other support and care services (IMPACT)

Policy

- Identify and evaluate types of information and most appropriate and effective ways of presenting information on the epidemic to senior policy-makers and other stakeholders (POLICY, IMPACT, SFPS/Tulane)
- Assess 1) how individuals, families and communities are responding to others in the face of HIV/AIDS and how they are caring for infected people; 2) how individual, family and community coping mechanisms can be strengthened to enhance caring capacity and the quality of life for PLWHA---Use this information to inform and educate policy makers and program planners/managers (SFPS/Tulane, POLICY, IMPACT)
- Conduct meta-analysis on the changing pattern of the epidemic in the region, the geographic pattern of population-based risk of HIV/STIs, the social and sexual networks of selected groups at higher risk such as youth, migrants, refugees and displaced populations, seasonal workers, etc—use this information to inform policy makers to the kind of programmatic actions needed to promote safer behaviors—(SFPS/Tulane, POLICY)

State Department

- Hold a regional US Ambassador's forum to update Ambassadors and other relevant members of Embassy teams on the epidemic in West and Central Africa, share information on the socioeconomic impact of the epidemic and strengthen their capacity to dialogue about HIV/AIDS with senior government officials to enhance government response and commitment to fighting the epidemic (POLICY)

Surveillance

- Conduct behavior surveillance surveys among targeted groups in program countries to monitor changes taking place over time in risk behaviors among targeted vulnerable populations (SFPS/Tulane & IMPACT)

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

Proposed Joint Operating Plan of the U.S. Agency for International Development, the U.S. Department of Health and Human Services, and the U.S. Department of Defense

November 23, 1999

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LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

Proposed Joint USAID-USDHHS-USDOD Operating Plan

I. Introduction

On July 19, 1999, the Administration announced a new Initiative to address the global AIDS pandemic. This Initiative is supported by an amendment to the Fiscal Year 2000 budget proposal signed by the President and submitted to Congress for its consideration. A central feature of this *LIFE* Initiative is a $100 million increase in US support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those affected by this devastating disease. This additional funding is a critical step by the United States Government in recognizing the impact that AIDS continues to have on individuals, families, communities and nations responding to the imperative to do more. It is our hope that other nations and institutions will match this action.

This plan contains a framework of interventions, grounded in a series of goals and objectives consistent with those established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be delineated through dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

LIFE INITIATIVE'S GUIDING PRINCIPLES

US agencies will apply the following principles to the design and implementation of *LIFE*:

- ✓ Country ownership of the activities is essential.
- ✓ Initiative funding must complement existing programs and activities conducted abroad, as well as work within the context of national HIV/AIDS strategic plans.
- ✓ Leverage of and coordination with other donors and organizations (including working with the International Partnership against AIDS in Africa) is critical.
- ✓ The number of collaborating USG agencies and other partners in the fight against AIDS must be increased.
- ✓ Support for indigenous expertise and institutions in implementing program elements must be emphasized.
- ✓ Information sharing must be two-way so as to enhance opportunities to learn about new models that will assist US-based HIV programs as well as to share US experiences abroad.

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services (HHS), and the Department of Defense (DoD). USAID will have lead responsibility in the facilitation of coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute over the next 3 to 5 years to broad global targets that seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

The Initiative will contribute to the achievement of the goal's articulated by UNAIDS and to the partnerships necessary to that achievement. Yet curtailing this epidemic will require a significantly enhanced response by the global community and cannot be viewed as just the responsibility of the US government. Therefore, US partners involved in the *LIFE* Initiative will collaborate with UNAIDS and other international and local agencies both to leverage additional resources from host countries, multilateral institutions, and the private sector and to maximize coordination.

Specific planning for activities and results under the LIFE initiative must be responsive to individual country needs, existing efforts underway, and opportunities for intervention. As a result, the actual scope of interventions will vary across countries and cannot be determined in advance.

WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with its bilateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through the *LIFE* Initiative efforts.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.
- ✓ By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

A. Geographic Focus

The initiative focuses on 15 target countries (14 in sub-Saharan Africa and India) as well as on regional activities in western and southern Africa. In each of these countries, there will be collaborative support from more than one federal agency. Countries were selected based on the magnitude of the epidemic, history of political commitment to fighting the epidemic, anticipated receptivity to US assistance, and presence of existing US implementation mechanisms. Additional criteria are presented below. DoD participation will be dependent on their availability of resources.

II. Program Elements

The initiative addresses four key program elements critical to fighting the AIDS pandemic: primary prevention, improving community and home based care and treatment, caring for children affected by AIDS, capacity and infrastructure development, and. Each of these elements must be coordinated and integrated within an overall comprehensive response. To facilitate this coordination, USAID missions will have the lead responsibility for facilitating inter-agency communication, ensuring adequate dialogue with host nation agencies and organizations, and establishing a joint country-specific implementation plan.

The design of the initiative will foster the expansion of current activities and provide support for evaluating and integrating more recently developed interventions (e.g. methods to reduce mother-to-child HIV transmission) that have not yet been incorporated into comprehensive programs. Although the Initiative will not support all elements in every country, its funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

Program Element	Investment
A. Primary Prevention	
1) Program Delivery and Other Activities	USAID: $25M
2) Technical Assistance and Training	HHS:$13M
3) Prevention activities for African military and uniformed services	DoD:$10M
	Subtotal: $48M
B. Improving Community and Home Based Care and Treatment	
1) Program Delivery	USAID: $14M
2) Technical Assistance and Training	HHS: $9M
	Subtotal: $23M
C. Caring for Children Affected by AIDS	USAID: $10M
D. Capacity & Infrastructure Development	
1) Increasing political commitment and strengthening AIDS programs	USAID: $6M
2) Surveillance	HHS: $13M
	Subtotal:$19M

A. *Primary Prevention*

The Global AIDS initiative focuses primarily on prevention ($48 million of $100 million) to slow—and hopefully reverse—the trend of rising HIV infection rates in developing countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles.

Therefore, the primary prevention component of this initiative seeks to reduce these means of transmission through the following activities (differentiation is made between civilian and military prevention efforts, reflecting the mutually supportive yet distinct role of the Department of Defense within this initiative):

Primary Prevention - Civilian

The program element of primary prevention has been broken down into four distinct, mutually supportive activities.

Performance Measures for Primary Prevention

Within three years, monitoring systems will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the initiative. The following performance measures and targets are expected:

- ✓ decrease in reported non-regular sex partners over the first year
- ✓ increase in reported barrier method use with non-regular/regular sex partners
- ✓ decrease in reported STD prevalence for men/women
- ✓ decrease in HIV incidence rate in 15-24 year olds
- ✓ decrease in perinatal infections

1) Voluntary Counseling and Testing

The purpose of voluntary counseling and testing is to identify persons already infected with HIV. In addition, the counseling sessions (both before and after the actual HIV test) offer an important opportunity for one-on-one prevention education.

Therefore, this initiative will allow USAID and HHS to assist to develop and implement locally appropriate voluntary counseling and HIV testing services (see Annex B for a potential list of countries that could make use of this assistance). DHHS will support this work by providing critical technical assistance to ensure the quality and accuracy of HIV testing, identifying methods to target high risk groups with VCT services, and assisting USAID with developing linkages between VCT and health and social services.

2) Social Marketing

The utilization of barrier methods (primarily male and female condoms) has proven to be an essential element of HIV and STD prevention. Providing accurate information on the importance of barrier method protection and reducing societal resistance to its use is an essential prevention activity.

Therefore, this initiative will allow USAID to increase their social marketing efforts to improve access to barrier methods (see Annex B for a potential list of countries that could make use of this assistance).

3) Behavior Change

In addition to broad community messages used to support the social marketing of barrier protection, more individualized interventions are needed to effect actual changes in behavior. Social marketing creates a more receptive attitude to the behavior change interventions, which build on that receptivity and promote individual acceptance and use of barrier protection. In addition, efforts to reduce the stigma of HIV will be employed (using faith communities and other organizations of influence) in order to reduce resistance to getting tested, informing partners and family if infected, and seeking help in obtaining HIV-related care services.

Therefore, this initiative will allow USAID, HHS and DOD to establish new or enhanced behavior change activities countries and one regional area (see Annex B for a potential list of countries that could make use of this assistance). The goal of each will be to expand behavior change interventions, with specific targeting of youth and adult males.

4) Mother-to-Child HIV transmission

At least ten percent of new HIV infections are a result of transmission of HIV from mother to child either during pregnancy or birth, or subsequently through breastfeeding. New treatments offer tremendous promise in greatly reducing the likelihood of mother-to-child transmission. However, significant barriers to their utilization remain, including low percentages of HIV-positive mothers who get tested before birth, lack of training of health care providers in the use of the treatments, and cultural acceptance of preventative medicine.

Therefore, this initiative will support USAID and HHS to assist in implementing programs to design and implement successful interventions to prevent mother-to-child transmission of HIV. At these sites, USAID will provide support for screening of pregnant women, and training of maternal health providers. DHHS will also support this activity by identifying barriers that exist for accessing these services and by monitoring the outcomes of these interventions on both infants and mothers. (see Annex B for a potential list of countries that could make use of this assistance).

5) STD Management

The successful prevention and treatment of sexually transmitted diseases (STDs) are important strategies for reducing the incidence of HIV infections. Because STDs result from many of the same behaviors that lead to HIV infection, efforts to prevent STDs are critical to stopping HIV infections as well. In addition, untreated STDs significantly increase the likelihood of infection by HIV upon exposure; therefore, identifying those with STDs and getting them into treatment is also effective in reducing HIV infection rates.

Therefore, this initiative will support USAID and CDC to implement new or expand existing STD prevention, diagnostic and treatment services (see Annex B for a potential list of countries that could make use of this assistance).

6) Blood Safety

HIV infection through the use of contaminated blood or blood products is a significant problem in many poorer countries. However, implementation of modest screening, testing, training, and quality control programs can dramatically reduce this risk.

Therefore, this initiative will support implementation of programs to improve blood collection from volunteer donors, increase the quality of HIV testing of blood and ensure more appropriate use of blood transfusions.

Primary Prevention - Military

With the availability of resources, the U.S. Department of Defense will support primary prevention activities targeted at military and uniformed services in a number of countries. The sub-Saharan region has been marred by decades of political strife that has resulted in numerous armed conflicts. Many nations in the region maintain large military forces, and frequently deploy them outside their own borders. Military personnel often become unwitting vectors of HIV from one part of Africa to another. Therefore, efforts to increase awareness of individual HIV status and implementation of effective HIV prevention and education programs among military personnel are essential.

The program element of primary prevention for military personnel has been broken down into three specific areas: assessment, education of indigenous military personnel, and education of UN peacekeeping forces stationed in the region.

1) Assessment

Experience with AIDS prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with serial prevalence or incidence measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. The U.S. military population is exposed to multiple HIV subtypes while on deployment, in response rapid diagnosis of HIV subtypes have already been developed. There are a number of factors contributing to HIV risk. These include travel away from home base, alcohol use, and economic means to use commercial sex workers. Assessment of these components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

2) Regional specific military-based education.

Based on findings of the assessments described above and through work with UNAIDS, regional scientists, and African militaries, military-based education will be directed to four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

- ✓ assessment of HIV prevalence and risk behaviors
- ✓ development of a regional prevention plan
- ✓ implementation through training and development of infrastructure
- ✓ evaluation of the effect of prevention
- ✓ refinement and incorporation into the military culture for enduring impact

DoD will tailor its unique tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID, to African contexts. Anonymous serosurveys with risk behavior data collection will begin as soon as feasible. In addition, locally developed or adapted interventions identified by USAID or DHHS may also be utilized.

The initial round of serosurveys and risk behavior assessment will take a minimum of six months. Assessment of HIV-1 subtypes in African military populations, with opportunity for follow-up, will permit an evaluation of these factors in many different settings, ranging from a virtually single-subtype epidemic in Southern Africa to a highly complex mixture of subtypes and recombinants in West Central Africa. A "train the trainer" approach that has been very successful within the U.S. Air Force will be used. This training can occur simultaneously within the different regions and will be completed within three months. All of these programs will be coordinated with similar USAID activities (for example, education concerning condoms, counseling, and testing of general populations).

3) Enhanced military education of African UN Peace-Keeper forces

African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. In conjunction with the ongoing UN peace-keeping project to combat HIV/AIDS, COL Peter Leenijes coordinated with the Ford Foundation, the Civil Military Alliance, and the U.S. Military HIV Research Program to develop a special intervention program targeted to the African military UN peace-keepers. The program was patterned on one currently being piloted through the South African Army field units. The current project involves five specific curriculum modules:

- ✓ Defining HIV and its impact in the military
- ✓ HIV Prevention
- ✓ Substance Abuse, HIV, STDs
- ✓ Risk Assessment and Prevention Strategies
- ✓ Course Summary

B. Improving Community and Home Based Care and Treatment

Performance Measures for Community and Home Based Care and Treatment

The following performance measures and targets are expected within three years,:

- ✓ Increase in the percentage of local governments implementing care and support activities
- ✓ Increase in the number of primary health facilities providing quality prevention and treatment (i.e. according to national guidelines) for opportunistic infections
- ✓ Increase in the number of households caring for persons living with HIV/AIDS that receive help in delivering that care from an institution or group outside the family
- ✓ Increase in the percentage of dually infected (TB-HIV) persons who complete standard TB therapy within 12 months.

Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care

providers do not have ready access to diagnose and treat HIV and the associated opportunistic infections, let alone use of the latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of community workers, including traditional healers.

Even in the absence of antiretroviral drugs, there is much that can be done to improve the quality and duration of *LIFE* for persons living with HIV/AIDS and their families within the developing country setting. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons, increasing the both the quality and duration of a person's *LIFE*.

1. Care and Treatment

The Initiative seeks to provide medical and social services to HIV infected individuals, including preventive therapy, and early diagnosis and effective treatment of AIDS-related diseases. Countries will be assisted to implement locally appropriate programs to link people living with HIV or AIDS to prevention, care and support services. These individuals will be identified through enhanced voluntary counseling and testing services (described above), to which they will be closely linked.

Pilot sites would be established to assess methods to improve TB and respiratory disease care in HIV infected persons and to evaluate the applicability of U.S.-based early intervention care and treatment models in a developing world setting (see Annex B for a potential list of countries that could make use of this assistance).

2. Home and Community Based Care and Support

Through this initiative, countries will receive assistance in instituting home and community based care model programs. In addition, indicators for accurately measuring the impact of care services will be developed. USAID will provide support for health provider training, establishing home and community care models, and increasing the involvement of traditional healers. DHHS will focus on developing treatment guidelines, creating training and curriculum materials, increasing the use of DOTS, and linking psychosocial support services with improved biomedical interventions (see Annex B for a potential list of countries that could make use of this assistance).

C. Caring for Children Affected by AIDS

Performance Measures for Caring for Children Affected by AIDS

Within three years, expected performance measures and targets include:

- ✓ Percent of households in high HIV prevalence communities with increased access to food
- ✓ Percent of households in high prevalence communities receiving assistance from community based organizations

Over eight million children under the age of 15 have lost their mother or both parents as a result of HIV/AIDS. By the year 2000, there will be close to 32 million children who will have lost one or both parents in the 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to 40 million. Despite the magnitude of this crisis,

services in developing countries for children orphaned by AIDS are extremely limited or non-existent.

Therefore, this initiative will support USAID to help countries take primary responsibility for activities to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. In addition, child survival funds not part of this initiative will be used to enhance the scope of interventions directed at orphaned children in target countries.

Prior to this Initiative, USAID has supported a limited number of activities focusing on children affected by HIV/AIDS. With supplemental funds appropriated by Congress for FY1999, interventions are being developed and implemented in nine countries in Africa, three countries in Asia, and in Haiti. In addition, since 1991, USAID's Displaced Children and Orphans Fund (DCOF) has supported AIDS orphans activities in Africa and is currently supporting community-based programs in Zambia and Malawi. Through the use of Title II resources, USAID is currently supporting mother and child health programs, "food-for-work" interventions, and general relief programs.

The enormity of the problem makes it imperative that interventions are both effective and can be scaled-up to provide services to as many people as possible. A community-based approach will continue to be the focus of USAID activities. It is families and communities who are the front line of the response to the impact of HIV/AIDS. All over Africa extended families are still absorbing most orphans. However, in many places their capacity to do so is weakened by extreme poverty, lack of access to services and the growing number of children in need. The most effective response is to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable (see Annex B for a potential list of countries that could make use of this assistance).

The needs of children affected by AIDS, similar to those of other children living in extreme poverty, include the need for food, clothing, shelter, schooling and health care. Childhood malnutrition is potentially one of the most severe and lasting consequences of an adult death in the household. Extended families caring for orphans – whether their family members are infected or not – struggle to provide enough nourishment to the increasing number of children for whom they have become responsible. Seeking to mitigate the impact of the AIDS epidemic on childhood nutrition is an important area of vulnerability that must be addressed in a manner that is effective and provides the most benefit to families and to communities. In addition, the impact of using Title II resources will be evaluated and the needs of very young children will be assessed.

D. *Capacity and Infrastructure Development*

Performance Measures for Capacity and Infrastructure Development

The following performance measures and targets are expected within three years.

- ✓ increased number of HIV/AIDS/STD/TB information and service delivery points which meet minimum quality standards
- ✓ surveillance plans and survey designs in all focus countries
- ✓ lab capacity for surveillance strengthened
- ✓ training of surveillance managers and key staff in country in at least 8 of the 12 countries
- ✓ increased national AIDS control program capacity to plan, manage and evaluate national AIDS programs,

Within the focus countries, it is critical that political commitment is increased and host country capacity to implement effective interventions is strengthened, focusing on government, private sector, NGOs and research institution capabilities. Key activities are to increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, to measure the impact of these interventions, and to support new capabilities for the delivery of care and services.

1. Increasing Political Commitment

USAID will take the lead in countries and the regional program to implement activities to increase national political commitment towards HIV/AIDS efforts. There will be extensive use of surveillance data in this dialogue, derived from DHHS supported efforts.

2. Surveillance

In all countries and regional programs, DHHS will provide technical assistance and support to improve surveillance programs for HIV, TB and STDs. In addition, new surveillance tools will also be tested and adapted for local application. USAID will also provide funding for activities that will ensure close collaboration with key international partners, such as UNAIDS, WHO and other multilateral and bilateral donors.

3. AIDS Program Strengthening

The initiative will support expanded training and support for local NGOs and of government personnel for HIV/AIDS program and service delivery.

III. Managing and Monitoring the *LIFE* Initiative

To establish an active link between the initiative's partners (US Agencies, UNAIDS, World Bank, EU, donors, etc.), a joint management and monitoring *LIFE* Initiative Task Force will be established. This Task Force will be composed of designated focus point persons from each of the relevant Federal agencies. The Task Force will be convened under the auspices of ONAP, with secretariat support provided by USAID. Additional members will be included as necessary (e.g. UNAIDS representative). The Task Force will meet on a monthly basis over the next year, because of the wide range of issues that must be resolved in a timely way. After one year, meeting schedules can be reviewed.

It is essential that the activities funded through the *LIFE* initiative build on existing resources and programs in order to achieve the maximal coverage and impact. It should be recognized that it is difficult to measure performance, which is attributable to discrete funding sources. Instead, monitoring systems will measure the impact of consolidated programs that have been established in each country.

IV. Next Steps

A. Country Level

The ultimate success of this initiative will depend on the scale, scope and quality of services delivered in target countries, particularly at the community level. To achieve this, there must be extensive dialogue and collaboration at country level with government, private sector, non-governmental organizations, the faith community and community groups, especially including persons living with HIV/AIDS and their care-givers. Some of the focus countries already have established coordination mechanisms, which will be utilized wherever possible.

However, joint country planning teams will also be formed over the next three to six months, in order to work with USAID Missions, HHS and other USG agencies, Host Country Governments, etc, to finalize one to two year work plans, which will include more discrete performance measures. It is also necessary to further examine what other bilateral and multilateral donor are planning and to collaborate with local government, non-governmental organizations, persons living with HIV/AIDS, etc. to ensure that the program responds to priorities and existing gaps.

B Global/Regional Level

At global and regional level, multiple partners must be engaged in a collaborative effort to leverage new resources, identify areas for cooperative efforts and areas for complementary programs, and achieve consensus on measurements of performance. A series of "Partnership" meetings will occur over the next three to six months to assure the success of this initiative. Examples of these "Partnership Meetings" are presented below.

Examples of Partnership Mtgs.	Purpose
Washington-based African Diplomatic Corps	To initiate dialogue for individual countries, which would lead to, improved collaborative efforts and mobilization of increased host country resources and commitment.
U.S. AIDS Advocacy Groups	To increase awareness and garner support for the focus and activities of the Initiative.

U.S.-based Faith Groups	To identify U.S. and international faith networks that will ultimately create networks and support for prevention, counseling, psychosocial support and care interventions in sub-Saharan Africa.
U.S. NGOs and CBOs	To provide support and collaborate with other African NGOs
U.S. and International Communities of Persons Living with HIV/AIDS (NAPWA, GNP +, etc)	To ensure that PLWHA needs and priorities are met and to establish processes so that host country PLWHA input is utilized optimally.
U.S. Teaching/Academic Institutions	To identify technical resources within the United States in order to expand the technical assistance resource platform which will be initiated in sub-Saharan Africa.
UNAIDS (including its seven co-sponsors)	To link with the UNAIDS International Partnership for Africa.
Bilateral Donors	To identify gaps and areas for complementary programming in individual countries
Mulitlateral Donors (EU, World Bank)	To integrate country plans with overall prevention and care activities.
U.S. Diplomatic Corps	To coordinate with U.S. diplomatic AIDS initiatives

C. Milestones

1. Country notification and communication – November - January
   - In December, USAID is sending a formal cable to the USAID missions and embassies, as well as to HHS, informing them about the final status of the LIFE initiative, country list, and next steps. HHS will communicate with its field sites and with embassies regarding establishing NSDD-38 agreements. [Responsibility: USAID; HHS].
   - In the next month, ONAP will convene a meeting of all African ambassadors to the US to discuss USAID and other programs, with discussion of LIFE [Responsibility: ONAP]
   - In the next two months, USAID will commence communication with the country governments and respective stakeholders: government, multilateral and bilateral donors, NGOs, communities affected, etc to set the stage for the planning process for the LIFE initiative efforts.[Responsibility: USAID]

2. Joint planning assessments – November – March
   - In the next month, USAID with input from HHS and ONAP, will issue guidance to the field on the planning parameters for the LIFE initiative activities. [USAID, with HHS and ONAP] As part of this, the joint teams (USG, country) will review previously established country profiles (US and donor response information). In close negotiations with countries, USAID, HHS will determine gaps and response needs to be enhanced. [Responsibility: USAID, with HHS]
   - Within 6 months, all 13 countries and regional programs will have conducted a participatory needs assessment, identified current responses and gaps, and develop workplans. [Responsibility: USAID and HHS field staff will have primary responsibility, with USAID lead coordinating role. Additional backup TA from Washington/Atlanta will be available.]

3. Strategies for implementation – Developed November onwards
   - In the next 12 months, activities begin in all 13 countries, with phasing in of some countries for some activities. [Responsibility: All partners]

4. Funding and Mechanisms
   - ➢ USAID to accelerate its OYB process (e.g. allocations to missions) to allow access to funding by missions.
   - ➢ HHS will develop NSDD-38 agreements with appropriate embassies.
   - ➢ In the next two to six months, various mechanisms for implementation will be identified and used. These will vary by country. They include:
   - -- USAID contractors: bilateral and field support
   - -- USAID/HHS grants to multilateral institutions: WHO, WHO/AFRO, UNAIDS, UNICEF; possibility of others
   - -- USAID/HHS relationships with African institutions
   - -- HHS/USAID relationships with embassies
   - -- Use of USAID contractors by HHS (interagency agreement)
   - -- Possibility of detailing HHS personnel to USAID (to go the field)
   - -- HHS Cooperative agreements with US based organizations
   - -- Other

5. Workshops and partnership meetings on parallel track – November onwards
   - ➢ In the next 6-12 months, USAID will organize workshops to discuss technical issues (e.g., VCT, MTCT, care and support). These will include a broad mix of African, donor, and US specific participation. [Responsibility: USAID; HHS]
     - ➢ November 23: USAID convened a working group of HHS agencies (CDC and HRSA), NORA organizations and USAID to discuss care and support issues.
     - ➢ December 6-7, 1999: Private meeting of the UN Secretary General to discuss with key partners (donors, governments, NGOs, private sector) the International Partnership against AIDS in Africa).
     - ➢ December 5-8: Paris AIDS conference to focus on AIDS care and support issues.
     - ➢ January 2000: WHO/AFRO is convening a meeting of all international and national interested parties to discuss HIV/AIDS surveillance programs and issues.
     - ➢ February 2000: Meeting of the International Partnership Against AIDS in Africa.
     - ➢ July 2000: International AIDS conference in Durban.
   - ➢ In the next 6 months, USAID will organize a series of key stakeholder meetings to discuss the initiative (US based) [Responsibility: USAID]
   - ➢ In one year's time (approximately), USAID, with HHS and ONAP, will convene a meeting of all of the partners to assess progress of implementation and to discuss ways to improve. [Responsibility: USAID and HHS]

6. Coordination at the USG level: Ongoing
   - ➢ In the next month, ONAP will hold its first meeting of the working group of higher level agency representatives to discuss progress and issues. This group will meet periodically to ensure that the initiative is on track. [Responsibility: ONAP]
   - ➢ Throughout the next year, a coordination working group with USG agencies at the working level will meet (USAID-CDC have been meeting informally; need to meet soon with expanded group of other agencies.). [Responsibility: USAID to convene]
   - ➢ Over the next six months, four technical working groups around the four categories of the LIFE initiative will be convened to help inform ourselves about the set of issues and possible interventions. Actual planning to be conducted at the field level. These groups will be time limited. [Responsibility: USAID and HHS]

7. Indicators/milestones: Ongoing
   - Broad indicators and targets are already identified.
   - Based on the joint planning teams and process, each country will develop its own set of monitoring and evaluation indicators, baselines, and targets.

ANNEX A: CURRENT USG HIV/AIDS ASSISTANCE IN TARGET COUNTRIES AND REGIONS.

OUNTRY	Primary Prevention							Caring for Children Affected by AIDS*		Home and Community Based Care and Treatment*			Infrastructure and Capacity Development*				
	VCT	SM/ Procurement	BC/ SR	MTCT	Blood Suppl /nosocomial/ OE	STD	Tool Dev.	Support to Affected Children	Comm .Mobilization	OI/TB/ STD	Drug Supply	Home/ Comm.- Based Care	Policy/ advocacy	NGO support	Training and TA	Surveill.	Multi-sectoral
otswana							H			H	H				H	H	U
ote d'Ivoire		U	U				H	U	U	H				U	U,H	H	
thiopia	U	U	U			U	H			U	U	U	U	U	U,H	U	U
enya	U	U	U,H	U,H	U,H	U	H	U	U	U		U	U	U	U,H	U,H	U
alawi	U,H	U	U			U	H	U	U			U	U	U	U,H	U,H	U
ozambique	U	U	U			U								U	U	U	
igeria		U	U					U	U	U		U	U	U	U	U	U
wanda		U	U			U		U	U	U				U	U,H	U,H	
enegal			U				H	U	U				U	U	U,H	U	U
outh Africa	U	U	H	U		U,H	H	U	U	U,H			U	U	U,H	H	U,H
anzania	U	U	U		U,H	U	H					U	U,H	U	U,H	H	
ganda	U,H	U	U	U,H		U	H	U	U	U,H	H	U,H	U	U	H	H	
ambia	U,H	U	U			U	H	U	U	U	U	U	U,H	U	U,H	U,H	
imbabwe	U,H	U	U				H	U	U				U,H	U	U,H	H	U
ndia	U	U	U			U	H	U	U	H		U	U	U,H	U,H	U,H	U
EGIONAL																	
AFR/ AFR/EAFR	(U)	U	(U)					U					U	U	U	(U)(H)	
EAD-UARTERS																	
ID/W			U	U				U		U	U	U			U		U

Notes: * = Indicates additional HHS agency involvement (e.g. HRSA, ACF, etc) that may not be reflected on the table
( ) = indicates additional linkage between USAID regional program and Botswana and Cote D'Ivoire HHS activities
VCT = voluntary counseling and testing; SM = social marketing; BC = behavior change; SR = stigma reduction; MTCT = mother-to-child transmission; STD= sexually transmitted disease; OI = opportunistic infections; TB= tuberculosis; NS = nosocomial infection control; OE = occupational exposure reduction

U = USAID H = HHS

ANNEX B: ACTIVITIES SUPPORTED BY THE *LIFE* INITIATIVE IN TARGET AFRICAN AND ASIAN COUNTRIES

COUNTRY	Primary Prevention						Caring for Children Affected by AIDS**		Home and Community Based Care and Treatment**			Infrastructure and Capacity Development**				
	VCT	SM/ Procurement	BC/ SR	MTCT	Blood Supp/ nosocomial / OE	STD	Support to Affected Children **	Comm. Mobilization**	OI/TB/ STD	Drug Supply	Home/ Comm.-Based Care**	Policy/ advocacy **	NGO support **	Training and TA**	Surveill. ***	Multi-sectoral
Botswana	H		H,D1	H		H			H		H				H	
Cote d'Ivoire	H		H	H	H(NS	H			H		H				H	
Ethiopia	U,H	U	U,D2			U	U*		U	U					U,H	
Kenya	U,H		U,H,D1	U,H	U,H	H	U*		U,H		H				U,H	U
Malawi	U,H		U,D2				U*	U			U		U	U	U,H	U
Mozambique	U		U			U	U*		U				U	U	U,H	U
Nigeria	U	U	D1	U		U			U		U	U			H,U	
Rwanda	U		U	U		U	U*				U		U	U	U, H	
Senegal			U,D1			U					U	U	U	U	U	U
South Africa	U,H		H,D1	U,H	H(NS	U,H			U,H		H		U	U	H	U
Tanzania	U	U	U		H						U	U,H	U	U	U,H	
Uganda	U,H		U,H,D2	U,H		U,H	U*		H		U,H				H	
Zambia	U,H		U	U		U	U*	U				U,H	U		H	
Zimbabwe	U,H	U	U,D2									U,H	U	U	H	U
India		U	U			U	U*	U	H		U	(H)	U	U	U,H	
REGIONAL																
WAFR/ SAFR/EAFR	(U)	U	(U)									U		U	(U)(H)	
HEAD-QUARTERS																
AID/W			U	U			U		U	U	U			U		U

Notes: * = Ongoing or potential Title II-"Food for Peace" countries.

** = Indicates additional HHS agency involvement (e.g., HRSA, ACF, etc) that may not be reflected on the table

*** = DOD will also implement specific surveillance activities in military populations in selected countries.

( ) = indicates additional linkage between USAID regional program and Botswana and Cote D'Ivoire HHS activities

VCT = voluntary counseling and testing; SM = social marketing; BC = behavior change; SR = stigma reduction; MTCT = mother-to-child transmission; STD= sexually transmitted disease; OI = opportunistic infections; TB= tuberculosis; NS = nosocomial infection control; OE = occupational exposure reduction

U = USAID H = HHS D = DOD