

Data Sheet

USAID Mission:	Nepal
Program Title:	Health and Family Planning
Pillar:	Global Health
Strategic Objective:	367-002
Proposed FY 2004 Obligation:	\$23,840,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$23,350,000 CSH
Year of Initial Obligation:	FY 1996
Year of Final Obligation:	FY 2006

Summary: This program aims to reduce fertility and protect the health of Nepalese families by:

- increasing access to and use of quality voluntary family planning services
- increasing access to and use of quality maternal and child health services
- preventing (reducing and combating) HIV/AIDS transmission among high-risk groups
- controlling infectious diseases.

The ultimate beneficiaries are 11 million men and women of reproductive age and 3.5 million children under the age of five years.

Inputs, Outputs, Activities:

FY 2004 Program:

Reduce Fertility and Child Mortality (\$12,940,000 CSH). USAID will continue to expand public and private sector family planning services, increase the number of skilled family planning providers, expand the delivery of community-based treatment of diarrheal disease and pneumonia, continue vitamin A supplementation for children, and strengthen nationwide availability of health commodities. USAID also will continue to strengthen national-level advocacy for improved maternal and neonatal health outcomes through competency-based training curricula and scale up the community-level childbirth preparedness program. Principal grantees include John Snow, Inc., Johns Hopkins University, EngenderHealth, Save the Children, CARE, and Population Services International. All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

HIV/AIDS Prevention (\$8,700,000 CSH). USAID will expand and improve behavior change interventions along all major highway routes in Nepal among the most-at-risk groups. A cross-border "Safe Migration" strategy will be developed in regions where there are high rates of migration to India. Services will be expanded and strengthened to address sexually transmitted infections (STIs) including the addition of pre-packaged therapy based on STI care-seeking behavior. Voluntary counseling and testing sites will be established and training in HIV rapid test application and counseling will be provided. Ongoing technical assistance will strengthen the Government of Nepal's capacity to implement and manage its National HIV/AIDS Strategy and National Operational Plan, assist with the development of national clinical guidelines and training curricula, and improve surveillance systems. Principal grantees include Family Health International, Population Services International, and The Futures Group International.

Infectious Disease (\$2,200,000 CSH). USAID will continue to pilot community-based surveillance, prevention and control interventions for malaria and kala-azar, and scale them up if successful. National level support for integrated malaria control activities and for Japanese Encephalitis surveillance will be expanded, as will work to promote hand washing with soap (public-private partnership) and the national lymphatic filariasis control program. Principal grantees include: John Snow, Inc., Johns Hopkins University, CARE, and the United State's Armed Forces Research Institute of Medical Sciences.

USAID will continue to implement the “Other Vulnerable Children” program that provides social, health and economic assistance to children and their families most severely affected by the conflict. It includes income generation activities and scholarships for children who have lost a parent due to the conflict. Principal grantees include Save the Children and World Education, Inc.

FY 2005 Program:

Reduce Fertility and Child Mortality (\$13,650,000 CSH). USAID will continue to strengthen integrated maternal and child health programs, and public and private sector family planning services at the community level. Principal grantees include John Snow, Inc., Johns Hopkins University, EngenderHealth, Save the Children, CARE, and Population Services International. All family planning assistance agreements will incorporate clauses that implement the President’s directive restoring the Mexico City policy.

HIV/AIDS prevention (\$8,700,000 CSH). USAID will continue to expand and strengthen behavior change interventions. Six voluntary counseling and testing sites, and associated care and support activities, will be expanded and linked to ongoing behavior change interventions to establish a continuum of prevention-to-care services in target areas. Ongoing technical assistance and policy support will be provided to strengthen the Government of Nepal (GON) capacity to implement and manage its National HIV/AIDS Strategy and improve surveillance systems. Principal grantees include Family Health International, Population Services International, and The Futures Group International.

Infectious disease (\$1,000,000 CSH). USAID will continue to build the capacity of the GON to respond to infectious disease outbreaks and expand prevention and control interventions at the community level. Principal grantees include John Snow, Inc., Johns Hopkins University, CARE, and the United State’s Armed Forces Research Institute of Medical Sciences.

Overall, USAID will continue to strengthen health care services and systems at local levels to mitigate the impact of the conflict.

Performance and Results: The number of children born to the average Nepalese family has decreased 20% in the last 10 years from five children in 1991 to 4.1 in 2001. During this time, child mortality also declined by 40%. Between 2001 to 2006, USAID aims to reduce population growth further by meeting the demand for family planning services and decreasing the average family size from 4.1 children in 2001 to 3.6 by 2006, decrease the number of children under five years dying from 91 deaths per 1,000 live births in 2001 to 70 in 2006, and reduce HIV/AIDS transmission by increasing condom use to 90%.

Despite the conflict and political instability, the program met all FY 2003 annual performance targets. Couple Years of Protection (CYP) increased by 7% in target areas. The vitamin A supplementation program was implemented in all of Nepal’s 75 districts reaching 98% of all eligible children, and the community-based treatment of child pneumonia program was expanded from 16 districts to 22 districts. These two life-saving community level interventions avert 45,000 [15,000 + 30,000] child deaths every year.

The HIV sero-prevalence rate among female sex workers, a target high-risk group, has been reduced from 3.9% in 1999 to 3% in 2003 and the active syphilis rate, a significant correlate of the risk for HIV transmission, was reduced from 18.8% in 1999 to 9.5% in 2003.

US Financing in Thousands of Dollars

Nepal

	CSH	DA
367-002 Health and Family Planning		
Through September 30, 2002		
Obligations	62,347	52,515
Expenditures	38,549	50,367
Unliquidated	23,798	2,148
Fiscal Year 2003		
Obligations	19,899	0
Expenditures	15,871	2,148
Through September 30, 2003		
Obligations	82,246	52,515
Expenditures	54,420	52,515
Unliquidated	27,826	0
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2004 NOA		
Obligations	23,840	0
Total Planned Fiscal Year 2004		
Obligations	23,840	0
Proposed Fiscal Year 2005 NOA		
Obligations	23,350	0
Future Obligations	0	0
Est. Total Cost	129,436	52,515