

Data Sheet

USAID Mission:	India
Program Title:	Improved Health and Reduced Fertility
Pillar:	Global Health
Strategic Objective:	386-014
Status:	Continuing
Planned FY 2005 Obligation:	\$51,022,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2006 Obligation:	\$48,822,000 CSH
Year of Initial Obligation:	2003
Estimated Year of Final Obligation:	2008

Summary: USAID's program to improve health and reduce fertility in targeted areas of India aims to:

- Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior;
- Reduce Transmission and Impact of HIV/AIDS;
- Improve Child Survival, Health and Nutrition;
- Prevent and Control Infectious Diseases of Major Importance; and
- Build Health Systems Capacity.

P.L. 480 Title II resources are used strategically to improve child survival and maternal health.

Inputs, Outputs, Activities:

FY 2005 Program: Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$15,000,000 CSH). USAID will improve family planning and reproductive health services in areas of Uttar Pradesh, Uttaranchal, and Jharkhand by developing practical models of public-private partnerships to improve access to and quality of reproductive and child health services. The principal implementing agency is the State Innovations in Family Planning Services Agency (prime). The Program for the Advancement of Commercial Technology/Child and Reproductive Health complements these efforts, stimulating commercial, private-public partnerships for the development and promotion of child, reproductive health, and HIV/AIDS services. Contractors and grantees include ICICI Bank Limited (prime); Abt Associates (prime); CARE (prime); Center for Development and Population Activities (prime); EngenderHealth (prime); Johns Hopkins University (prime); and the Futures Group International (prime).

Reduce Transmission and Impact of HIV/AIDS (\$16,500,000 CSH). USAID will work with NGOs, businesses, the Government of India (GOI), and targeted states to implement HIV prevention and control programs. USAID will continue to improve safe behavior in high risk populations through targeted programs in Maharashtra, Tamil Nadu, and Pondicherry. USAID will also increase safe behavior in India's ports. Principal contractors and grantees include Family Health International (prime); Population Services International (prime); Voluntary Health Services (prime); and Avert Society (prime).

Improve Child Survival, Health and Nutrition (\$10,522,000 CSH). USAID will continue integrating child survival interventions into the P.L. 480 Title II food aid program, which reaches about seven million mothers and children in 100,000 villages. Programs will include immunization, breastfeeding, feeding, antenatal care, vitamin supplementation, and newborn care. CSH resources will promote urban child health and applied research. USAID will work to eradicate polio and strengthen service delivery systems. Agencies, contractors, and grantees include CARE (prime); Catholic Relief Services (prime); the World Health Organization (prime); and the United Nations Children's Fund (prime).

Prevent and Control Infectious Diseases of Major Importance (\$7,000,000 CSH). USAID activities encompass tuberculosis (TB) treatment, antimicrobial resistance, vaccine-preventable diseases, and improved surveillance. Principal contractors and grantees include the World Health Organization (WHO) (prime); International Clinical Epidemiology Network (prime); and John Hopkins University (prime).

Build Health Systems Capacity (\$2,000,000 CSH). USAID will implement the urban health initiative which has quickly developed into a nationally recognized public health resource. USAID will contribute to the National Family Health Survey. These activities endeavor to enhance health system capacity in India.

FY 2006 Program: Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$14,500,000 CSH). USAID will continue activities that improve reproductive and child health services and develop models of public - private sector engagement.

Reduce Transmission and Impact of HIV/AIDS (\$16,100,000 CSH). USAID will expand HIV prevention and mitigation by addressing special needs, such as: AIDS-affected children, improved HIV surveillance, models for voluntary testing and counseling, and care and support.

Improve Child Survival, Health and Nutrition (\$11,222,000 CSH). Using CSH and P.L. 480 Title II funds, USAID will expand efforts targeting urban populations with high childhood disease, HIV/AIDS, and TB mortality and morbidity rates.

Prevent and Control Infectious Diseases of Major Importance (\$6,000,000 CSH). USAID plans to expand its support for model TB delivery and research in Tamil Nadu and for Directly Observed Treatment, Short course therapy (DOTS) delivery in Haryana. Links to the private sector medical community and a new TB diagnostic tool will be explored.

Build Health Systems Capacity (\$1,000,000 CSH). USAID will continue to implement the health system capacity enhancement activities described above.

Performance and Results: By completion of this Strategic Objective, the following will be accomplished: (1) increased contraceptive prevalence rates in the states of Uttar Pradesh, Uttaranchal, and Jharkhand; (2) increased condom use among high-risk groups in Tamil Nadu, Maharashtra, and Pondicherry; (3) increased percentage of high-risk groups in Tamil Nadu, Maharashtra, and Pondicherry seeking care for infections; (4) increased immunization and breastfeeding rates in target areas; and (5) increased number of clients receiving DOTS in Haryana.

Programs to improve healthy reproductive behavior showed success for the second consecutive year. Both oral pill and condom sales targets in rural areas of Uttar Pradesh and Uttaranchal were met. Audits show nearly 126 million condoms were sold in project areas, six million more than planned and a 15% increase over FY 2003. Guidelines developed by USAID for health improvement plans at the district level were adopted by the GOI. They will be used by each state to design plans under the GOI's ambitious National Reproductive and Child Health program (\$1.7 billion per year). The U.S. Government's recent reduction of food aid to India caused complications, but this year the child survival program reinstated take home rations in eight states. As a result, 106% of young children in program areas were enrolled for home rations, and 48% of the 90,000 village feeding centers conducted nutrition and health promotional campaigns, a 20% improvement over FY 2003. USAID made significant progress in reducing the transmission and impact of HIV/AIDS in targeted areas. Nearly 76% of truckers recorded using condoms with their last non-regular sex partner in Tamil Nadu. USAID provided services to 278,300 beneficiaries, including 19,400 orphans and vulnerable children, 88,300 migrants, and 13,400 people living with HIV/AIDS. USAID efforts in India's 12 major ports reached around 373,000 truckers and other male migrant and day laborers at risk for HIV. In these areas, 64% of truck drivers reported use of condoms with their last non-regular partner, 8% more than the 2002 level. A total of 45% of truck drivers received treatment for sexually transmitted diseases from qualified medical practitioners, which is 18% more than the FY 2002 baseline value. USAID support for TB control was provided through WHO and the Department of Health and Human Services/Centers for Disease Control to implement DOTS in Haryana. DOTS was expanded to cover all 19 districts of Haryana from the 2003 coverage level of seven districts. In Muslim communities with persistent polio, USAID has worked with faith based Muslim organizations in battling rumors and misconceptions about the polio vaccine, creating community support for polio, and ensuring more children are immunized.

US Financing in Thousands of Dollars

India

	CSH	ESF
386-014 Improved Health and Reduced Fertility		
Through September 30, 2003		
Obligations	38,662	0
Expenditures	131	0
Unliquidated	38,531	0
Fiscal Year 2004		
Obligations	49,076	2,000
Expenditures	26,562	0
Through September 30, 2004		
Obligations	87,738	2,000
Expenditures	26,693	0
Unliquidated	61,045	2,000
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2005 NOA		
Obligations	51,022	0
Total Planned Fiscal Year 2005		
Obligations	51,022	0
Proposed Fiscal Year 2006 NOA		
Obligations	48,822	0
Future Obligations	51,301	0
Est. Total Cost	238,883	2,000