

Project Name: USAID Micronutrient Program
Agreement Type: *Field Support (Leader with Associate Cooperative Agreement)*
Duration: *January 2006-September 2011*
Geographic Scope: *Uttar Pradesh, Uttarakhand and Jharkhand*
Technical Assistance Agencies: *A2Z (AED-New project)*
Implementing Agency: *State Governments, CARE and local NGOs*

DESCRIPTION:

The USAID Micronutrient Program provides technical assistance in support of USAID/India's results package related to Vitamin A supplementation among children nine months to three years and anemia reduction packages for pregnant women, adolescents and young children 6-24 months of age in Jharkhand and eastern UP. The project is also prepared to support the introduction of zinc supplementation as part of diarrhea treatment in children through the public sector and collaborate with private sector entities.

A new global USAID micronutrient leadership project began October 1, 2005. A Situational Analysis was carried out in January 2006. The A2Z project will focus on scaling-up a comprehensive package of micronutrient interventions through district level activities under the national NRHM, 11th Plan and 'universalization of ICDS' frameworks. The project will start with an emphasis on anemia reduction and vitamin A supplementation in Eastern UP and Jharkhand with some limited support to Uttaranchal. Over five years, it will produce documented results in improving micronutrient coverage in UP, Jharkhand and, if resources permit, in Uttaranchal (and other states). The program will be state-wide in Jharkhand. In UP, the eastern region will be the location of A2Z's work and this will be expanded through state level bodies and organizations such as UNICEF, SIFPSA, CARE and the World Bank to other regions in UP.

Results: A2Z will document improvements in sustainable vitamin A supplementation of children 9-36 months of age , and scaled-up anemia packages for women, adolescents and young children in sampled districts of Jharkhand and 4 districts of UP. The project will continue to support selected capacity building, BCC and coverage monitoring activities. It will also document the mainstreaming of micronutrient activities within district plans under the national NRHM, 11th Plan and 'universalization of ICDS' frameworks. Partnerships developed with ICMR, NIPCCD, MI, UNICEF, the World Bank and others will enable project experiences to be scaled-up beyond the 2 states.

KEY ACTIVITIES :

A2Z will establish technical and management teams in N. Delhi, Ranchi and Allahabad to support program activities. These will focus on:

- Designing scale-up plans for improving supplies and compliance in prenatal iron supplementation.
- Expanding adolescent girls' (up to 19 years) anemia reduction interventions
- Developing implementation and evaluation plans anemia reduction packages for children 6-24 months.
- Providing support for selected BCC and monitoring activities for biannual distributions in selected districts of UP and Jharkhand.
- Incorporating micronutrient interventions into NRHM, ICDS universalization plans and 11th 5-year Plan activities.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: randon@usaid.gov, Web: www.usaid.gov/india

Agency Contact: A2Z Project Contract: Mr. S. K. Muttoo, Resident Advisor, A2Z (The USAID Micronutrient and Child Blindness) Project , C2C, Parkwood Apartment, Rautula Ram Marg, Tel: 91-11-26182133 / 34, 9810323836, fax: 91-11-4168317, email: smuttoo@aed.org
Marina Nersesyan, A2Z Project Headquarters, E-mail: mnersesyan@aed.org

Project Name: Basic Support for Institutionalizing Child Survival (BASICS III)
Agreement Type: *Field Support*
Duration: 2004-2008
Geographic Scope: AP, Bihar, Chhattisgarh, Jharkhand, MP, Orissa, Rajasthan, UP, West Bengal (the same as CARE/INHP II)
Technical Assistance Agencies: *Partnership for Child Health, Inc.*
Implementing Agency: *CARE-India*

DESCRIPTION:

The BASICS Project supports child survival programming at district, national and global levels. The project is charged with achieving the highest level of impact on child survival and with providing global technical leadership in advancing the state-of-the-art in child health. In India, BASICS primarily provides technical assistance to CARE-India's RACHNA program. The main technical areas of focus are community based newborn care, strengthening routine immunization and essential nutrition actions to prevent malnutrition.

KEY ACTIVITIES:

Providing technical assistance to CARE in all states under the RACHNA program, in the above-mentioned technical areas, in order to make the following effective:

- *Capacity building* with RACHNA program staff and staff of ICDS and health departments at all levels,
- *System strengthening*: primarily in ICDS and health departments, at community and higher levels, with a focus on identifying and correcting problems in supervision and monitoring systems, supply and cold chains, and training capacity building processes; and
- *Process documentation*: including assistance on a range of quantitative and qualitative assessments and documentation of lessons learned for public health programs.

KEY ACHIEVEMENTS:

- BASICS has oriented CARE/RACHNA to become an evidence-based program in the use of proven child survival interventions at scale, with results through a range of tools, processes and approaches that have been shown to be effective in other settings. Specifically, BASICS has helped CARE/RACHNA refine its interventions package and operational strategy, and develop effective approaches to capacity building, system strengthening, and process documentation.
- Over the period that BASICS has supported the program, RACHNA has made substantial progress in finding and using ways of effectively reaching large scale with proven child health and nutrition interventions, measuring progress and demonstrating what approaches have worked and why.

CONTACT INFORMATION:

USAID/New Delhi: Dr. O. Masee Bateman, Division Chief, MCHUH Division, Office of Population, Health & Nutrition, USAID, American Embassy, Chanakyapuri, New Delhi-110021; Tel: 91-11- 24198318, e-mail: mbateman@usaid.gov , Web-site: <http://www.usaid.gov/india>

Agency Contact:

Dr Sridhar Srikantiah, Country Team Leader, BASICS III, 30 Hauz Khas Village, III Floor, New Delhi 110016. Cell: 9811516335, sridhar@basicsindia.org (Fax: c/o CARE-India: 26564081)
Fred White, Project Director, BASICS III, 1600 Wilson Boulevard, Suite 300, Wilson Boulevard, Arlington, VA 22209, USA. +1-703-312-6800. Fax:+1-703-312-6900, fwhite@basics.org

Project Name: IMMUNIZATION Basics
Agreement Type: *Field Support*
Duration: *May 2005 to June 2009*
Geographic Scope: *All states of India*
Technical Assistance Agencies: -
Implementing Agency: *JSI Research and Training Institute*

DESCRIPTION:

IMMUNIZATION *Basics* (IB) is a five-year, USAID-funded technical assistance project that aims to increase the ability of governments and collaborating organizations to deliver quality routine immunization services. IB provides expert technical support to Ministries of Health, to USAID missions, bureaus and projects, and to NGOs and other international partners. The project is managed by JSI Research and Training Institute, Inc. (JSI), with Abt Associates, the Academy for Educational Development (AED) and the Manoff Group International. Headquartered in Rosslyn, Virginia at the JSI office, IB is currently supporting long-term programs in a number of countries.

PURPOSE:

In India, IB provides technical guidance to a number of USAID/India supported national organizations to deliver and/or strengthen routine immunization. These organizations include CARE INHP II, The CORE group of NGOs, Urban Health Resource Centre (UHRC), the WHO immunization cells supported by USAID/Washington at national level and in selected states, the Ministry of Health and Family Welfare (MOHFW) at the national level, the Secretariate of Health and Family Welfare (SHFW) in targeted states, and others. IB focuses on USAID partners at national level and in a limited number of focus states.

KEY ACTIVITIES:

- Work with national partners to assess needs and opportunities and to design, test and scale up proven strategies for routine immunization strengthening that which also includes introduction of new and under utilized vaccines, and VPD surveillance and control / eradication strategies.
- Provide on-going technical support to partners working to introduce the Reaching Every District (RED) approach and/or individual components of RED that have the potential to enhance performance including “active monitoring” and “linking communities and immunization services”.
- Assist in monitoring, evaluating and documenting promising approaches; actively promote the adaptation and scaling up of these approaches in workshops, seminars, on-site technical assistance visits, and capacity building activities with partners.
- Plan and make logistical arrangements for technical assistance missions by external IB staff and consultants and follow-up with partners to ensure that recommendations are implemented; recruit, provide orientation, supervise and follow-up the work of local consultants, as needed.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency contact: Dr. Vijay Kiran, Country Representative, IMMUNIZATION Basics, G-2, 2nd Floor, Green Park Extn., New Delhi 110016, TEL: 91-11-4608 2393 / 4608 2394, Fax: 4608 2266, E-mail: vijay@immbasics.org; vijaykm52@yahoo.com;

Project Name: Pragati Child Survival Project
Agreement Type: Child Survival & Health Grant
Duration: Four Years (Oct 2003 to Sep 2007)
Geographic Scope: UP – Ballia, Lalitpur and Moradabad districts
Technical Assistance Agencies: CATALYST – (For Family Planning Interventions)
Implementing Agency: World Vision India

DESCRIPTION:

This project was awarded under the Expanded Impact Category of the CSHGP and its objective is to scale up a package of child survival and FP interventions in the three districts of UP (mentioned above). Pragati builds on the successes of the earlier Ballia Rural Integrated Child Survival (BRICS) Project and will use the methods tested through BRICS, to scale up its interventions. Target beneficiaries are pregnant women; children aged 0 – 3 years and their mothers.

The key interventions are immunization, family planning, maternal & infant nutrition and Vitamin A supplementation. The key partners of the project in the state and the districts are: The ICDS III Project, government health services and local NGOs. The project works through strengthening the technical and implementation capacity of the Anganwadi Workers (AWW) of the ICDS project, and through creating an enabling environment for the AWW by supportive supervision, involvement of community groups and by improved links between the ICDS and health systems at the village, block and district levels.

KEY ACTIVITIES:

- Facilitate and ensure early registration of pregnant women in the AWW register, and subsequent utilization of immunization and FP services.
- Timed and targeted counseling for families on key behaviors related to project’s interventions.
- Facilitating regular and effective meetings between the ICDS and health systems at village, block and district levels; and
- Forming/strengthening community groups that will assist the AWW in her tasks like identifying pregnant women.

KEY ACHIEVEMENTS:

- The strengths of the BRICS project have been in its partnerships: with the health services, traditional sources of health care, with the community and with local NGOs;
- All project targets (like full immunization and contraceptive use among post partum women) have been met or surpassed;
- The project has shown that interventions developed on a small scale can be scaled up, but through different approaches and partnerships;
- MTE FINDINGS indicate that the project is on target to meet the final year results.
- The project undertook a Doer Non Doer analysis, to gain a deeper understanding of the knowledge practice gap. The behavior science based semi quantitative analysis gave precious insights that will go into changing the project’s BCC strategy.
- The Project undertook a mid – year assessments of its sub areas using the Lot Quality Assurance Sampling method. Results have been translated into decisions specific for each operational block.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency Contact: Dr Vijay Edward, Director – Health, World Vision India, 16, VOC Main Road, Kodambakkam, Chennai. Vijay_Edward@wvi.org Ph:91-44-248 071 63

Dr Beulah Jayakumar, National Child Survival Coordinator, National Council of YMCAs - Bharat Yuvak Bhavan 1, Jaisingh Road, New Delhi 1, Cell: 98 105 477 69, Beulah_Jayakumar@wvi.org

Project Name: Jeevan Daan Maternal and Child Survival Program
Agreement Type: Child Survival & Health Grant
Duration: 2000-2004 (Extended to 2004-2009) with \$.1.5 million
Geographic Scope: Ahmedabad (Gujarat)
Technical Assistance Agencies: Counterpart International
Implementing Agency: Counterpart International

DESCRIPTION:

Based on the successes of the four year Jeevan Daan Child Survival Program (2000-2004) , Counterpart was awarded a five year Maternal and Child Survival Cost Extension program in the Urban Slums of Ahmedabad in partnership with a city based local Partner Saath and AMC (2004-2009). The main aim of the program is to sustainably reduce the morbidity and mortality among the slum children as well as strengthen the local partner's and Ahmedabad Municipal Corporation's (AMC) capacity to implement and evaluate CS programs. The main objectives are immunization of children and women, control of diarrheal diseases, pneumonia case management and nutrition, maternal and new born care and breastfeeding. The total population covered in the project area is 308,445.

In the last 5 years, this program has made measurable progress towards indicators despite two disasters - earthquake and communal violence - that it faced. Based on program success "Jeevan Daan" has been extended to 2009 with new partner Saath, with the additional component of maternal and new born care.

KEY ACTIVITIES:

Community mobilization and formation of Community Health Teams (CHTs, volunteer mothers) to improve the access to information and care and sustain the community based health initiatives taken by the project; behavior change communication, using the BEHAVE framework and the edutainment approach to improve the care takers and care givers behaviors at home and at the health facility; training and organizational development of partners and training of public and private providers, in WHO protocols for improvement of quality of care; and piloting Positive Deviance/Hearth nutrition rehabilitation and promotion model in 10 communities to address malnutrition and share the lessons learned with the CS community and using the lessons for the scale up in the cost extension.

KEY ACHIEVEMENTS:

- The immunization rates for children aged 12-23 months have risen from 29% to 71.6% and for tetanus toxoid for women from 72% to 90.7%;
- ORT use has increased from 18% to 64% with correct preparation rising from 16% to 69.3%;
- Pneumonia prevalence has reduced from 22% to 16%. Quick treatment on the same day has increased from 24% to 66.6%;
- The percentage of mothers who breastfed within one hour of delivery increased from 19% to 33%. Under-five children who were exclusively breastfed in the past 24 hours increased from 41% to 57.1%;
- More than 350 volunteers have been organized into 30 CHTs in the program area and critical links between the health facilities and the community have been established;
- Urban specific BCC materials have been produced and used, and AMC adopts them for all the 43 wards of Ahmedabad city covering 3,600,000; and
- Strong partnership and cost share on the part of Ahmedabad Municipal Corporation, extends further for the cost extension.
- Based on the successes of Jeevan Daan Program Government of Gujarat has expressed its willingness to scale up proven and feasible strategies in entire state.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov.

Agency Contact: Local Contact: Kamal Raj, Program Director, Counterpart International-India: 9, Premanjali Society, Behind NRI Tower, Bodakdev, Ahmedabad 380054, Tel: 91-79-30911593

HQ: Director Health Program, 1200,18th Street, NW Suite 1100- Washington DC 20036-2591, Tel 202-296-9676 Fax 202-296-9696

Project Name: "Chotton Ki Asha", "Hope for the little ones"
Agreement Type: CSHGP
Duration: October 1, 2006 to September 30, 2010
Geographic Scope: Northeast Delhi, Sonia Vihar Urban Slums
Technical Assistance Agencies: Hope Worldwide
Hope Foundation in collaboration with Counterpart International,
Implementing Agency: UHRC, Delhi Govt.

DESCRIPTION: The GOI Municipal Corporation of Delhi (MCD) asked Hope Worldwide (HWW) to be its partner under the Reproductive & Child Health (RCH)-2 Project to improve urban care in the Sonia Vihar slum in NorthEast Delhi, which has no government health facilities and has been chosen by the GOI for a model program to improve health care. HWW's proposed program, is "Chotton Ki Asha" (CKA), which means "hope for the little ones." Both the interventions and target communities were selected through a process of extensive consultation with USAID/Delhi, the Delhi government and local stakeholders. There are four key interventions in the program: control of diarrheal disease (CDD), pneumonia case management (PCM), immunization, and antenatal care. The four intervention areas are interrelated, each serving to alleviate the common thread of unsanitary conditions and barriers to appropriate health care. The program relies on community health workers and linked "mother's groups" of volunteers providing health education to families using Behavior Change Communication (BCC) techniques, public events, and positive-deviance examples. Important aspects include: promotion of proper care-seeking behavior, and coordination of government health care resources.

HOPE foundation (HF) is HWW's affiliate in India and the implementing partner. HF works closely with existing government entities and will continue to do so in the implementation of the CKA program. In the Sonia Vihar (SV) slum in Shahdara North District, partners include the MCD Indian Population Project VIII and the University College of Medical Sciences Community Medicine Department (UCMS), with the office of the East Delhi MP Sandeep Dikshit and the local Residents' Welfare Association (RWA) offering support. Since Shahdara North has been identified by the GOI and UHRC as a model district for health for India's RCH-2 program, there is great opportunity to replicate widely and to scale-up successful interventions.

KEY ACTIVITIES: The CKA program provides health care training to local medical providers and traditional birth attendants. Street food vendors will be encouraged to sell low osmolarity ORS and will be trained in basic hygiene practices. Local private health providers are trained in correct case-management and appropriate referral approaches. Building on longstanding relationship with Shroff's Charity Eye Hospital and others, HF will hold joint "Health Melas" (outdoor public fairs where people gather to celebrate and learn) to provide health care education. In collaboration with Guru Teg Bahadur Hospital in Dilshad Gardens and nearby MCD Shahdara, Yamuna Vihar and Dilshad Gardens Maternity Homes, the CKA program will facilitate institutional deliveries. The Indian Church of Christ, New Dehli (NDCC) has committed hundreds of volunteers to assist in non-sectarian health education outreach at special events. Sustainability is generated through empowered community individuals and organizations who understand families' health, undertake preventive measures to improve it, rapidly seek care when needed and constructively engage with local health care providers to ensure proper quality of care. Volunteers will be motivated by recognition, teaching of the importance of their work, and, through non-USAID resources, training in "self-help groups" to begin small businesses.

KEY ACHIEVEMENTS: None yet. But when the program is rolled out, it will help 150,000 people who do not currently have primary health care to know how to take care of their young children, and it will help them know where and when they should seek care, including having births in institutions instead of at home.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi - 110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Local Contact: Mark Templer, Executive Director (mark_templer@hopeww.org), Cell: 9818406885 / Ramesh K. Singh, Program Director (Ramesh@hopefoundation.org.in), Cell: 9871777928 / Joshy Jose, Program Manager, Cell: 93124-35081 HOPE foundation, D32 Jangpura Extension, Delhi 110014 India, Tel: 24314130, Fax: 24319672.

Email: joshyjos@gmail.com,

In the US: Randy Jordan and Marilyn Patton, HOPE worldwide, 353 West Lancaster Ave., Wayne, PA 19087 Tel. 610-2548800. Email: randy_jordan@hopeww.org, marilyn_patton@hopeww.org

Project Name: Community-Led Initiatives for Child Survival (CLICS)
Agreement Type: Child Survival & Health Grant
Duration: October 2003-September 2008
Geographic Scope: Maharashtra
Technical Assistance Agencies: Aga Khan Foundation, India (AKF India)
 Department of Community Medicine, Mahatma Gandhi Institute
 of Medical Sciences (DCM/MGIMS)
Implementing Agency: of Medical Sciences (DCM/MGIMS)

DESCRIPTION:

The Community-Led Initiatives for Child Survival Program (CLICS) is a five-year \$2 million project co-funded by the United States Agency for International Development (USAID) and Aga Khan Foundation U.S.A. (AKF USA) under the 2003 Child Survival Health Grants Program (CSHGP). The goal of the project is to bring sustainable improvement in the health status and well being of children under three years and women in the reproductive age group (15-44 years) in a beneficiary population of 88,128 residing in 67 villages across Wardha District, Maharashtra State, India.

CLICS seeks to facilitate 'community-ownership' of a package of health services by refining and applying a 'social franchise model' that is demand-driven, inherently sustainable and suitable to expansion. As construed by CLICS, a social franchise model is one where a contractual obligation between two parties is entered into for the purpose of producing a 'social product' of a particular kind and quality. The model, as such, is an efficient means for the 'Franchiser', in this case DCM/MGIMS to interact with and build the capacity of potential 'Franchisees' (village communities) to produce an integrated package of affordable and high quality child survival and health services. Interventions under CLICS will remain focused on child health, maternal health and RTI/STI.

KEY ACTIVITIES:

The implementation strategy is characterized by four key stages as follows:

- Mobilizing communities to form Village Co-ordination Committees (VCCs) which function as nodal agencies responsible for decentralized health care delivery at the village level;
- Developing with each VCC a 'Social Franchise Agreement', a document that outlines a clear set of health priorities and the means to address them;
- Implementing the Social Franchise Agreement through the VCC; and
- Achieving 'community ownership' i.e., a stage where the VCC is able to independently manage key health activities and sustain health gains without intensive inputs from MGIMS.

KEY ACHIEVEMENTS:

The project will be completing three years in September 2006. The achievements to date are:

- Completion of household and baseline surveys.
- Development of the Detailed Implementation Plan.
- Partnership have been developed at the village level, with the formation of 264 Self Help Groups, 72 Kisan Vikas Manch (Farmer's Group) and 64 Kishori Panchayats (Adolescent Girl's Group).
- Sixty-three VCCs covering all villages have been formed; Social Franchise agreements signed for with 23 VCCs; 88 village health workers selected by VCCs are in place; and community health clinics are functional in eight villages, Training needs assessment for staff, village co-ordination committees (VCCs) and public health providers; b) Training of trainers on IMNCI; b) Community mobilization and appraisal exercises; c) Health facility needs assessment; e) Quality assurance tools development and testing have been completed.
- Training of community-based organizations and local health providers; health needs assessment and formulation of village plans; implementation of BCC strategy; formative and operations research; MIS for the project are in progress.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon MD., Fellow (Paediatrics), Senior Advisor, Child Survival, Office of PHN, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi 10021, India, Tel: 24198586, Fax: 2419 8454/ 8612, Email: rtandon@usaid.gov, Mobile: 9811103305

Agency Contact: Seema Pahariya, Programme Officer – Health, Aga Khan Foundation, India, 6 Bhagwan Dass Road, Sarojini House 2nd floor, New Delhi 110001; Tel: 91-11- 2378-2173, ext. 36; Fax: 91-11-2378-2174; E-mail: seema.pahariya@akdn.org ; Website: www.akdn.org.

Project Name: Food and Nutrition Technical Assistance (FANTA) Project
Agreement Type: *Field Support*
Duration: 2000-2008
Geographic Scope: *All India*
Technical Assistance Agencies: *Academy for Educational Development (AED)*
Implementing Agency: *CARE, Catholic Relief Services (CRS)*

DESCRIPTION:

The FANTA Project supports integrated food security and nutrition programming to improve the health and well-being of women and children. FANTA is a 10-year Cooperative Agreement managed by the Academy for Educational Development and funded by USAID. FANTA provides technical assistance to USAID missions and host governments, private voluntary organizations (PVOs) and non-governmental organizations (NGOs) to improve program design, implementation, monitoring, and evaluation. In India, FANTA provides technical assistance to USAID/New Delhi and its Title II PVO partners, CARE and CRS, to strengthen the impact of their food security programs, support the program transition from Title II food to locally procured food, and assist in the design and implementation of sustainable graduation strategies. FANTA's work supporting Title II program transition is being carried out in collaboration with its subcontractor, the International Food Policy Research Institute (IFPRI), a Washington-based research institute with an office in New Delhi.

KEY ACTIVITIES:

- Conduct a study (with IFPRI) of the progress and impacts of the transition from Title II food commodities to locally procured food, and recommend options to strengthen program processes and impacts related to the transition;
- Review (with IFPRI) opportunities and constraints to strengthening social safety net systems in India and recommend options to strengthen these systems, building on lessons from CARE's support to the Government of India's Integrated Child Development Services (ICDS) program;
- Technically support the replication of practices and approaches from CARE-supported ICDS program areas into the larger ICDS program;
- Provide guidance and technical input to the design of sustainable phase-down and graduation strategies for the Title II development programs in India; and
- As an input to future program planning, conduct an assessment of direct distribution of Title II refined soy oil in the CARE program's support to ICDS.

KEY ACHIEVEMENTS:

- Conducted a program review and developed a recommended scenario for changes to Title II programs in response to the need to phase-down the program and to reductions in commodities due to Government of India's decision not to allow import of corn-soy blend;
- In consultation with the Mission, CARE, and CRS, developed a long-term plan for phase-down of the Title II programs that served as the basis for USAID's proposal to OMB. (Completed by a FANTA consultant);
- Completed a review of global experience with program graduation and exit strategies in food aid programs, and recommendations for application to India;
- Reviewed CARE's RACHNA program (Integrated Nutrition and Health Project II and Chayan Project) as part of the Mid-Term Review; and
- Held a workshop (with IFPRI) for CARE and government ICDS stakeholders from the central, state, and district levels to review preliminary findings from the food aid transition study and discuss ways to apply the findings to strengthen programming.

CONTACT INFORMATION:

USAID/New Delhi: Ms. Ashi Kohli Kathuria, Deputy Office Director, Office of Social Development, USAID, American Embassy, Chanakyapuri, New Delhi – 110021; Tel: 91-11- 2419-8709; Fax: 91-011- 2419-8454; E-mail: akathuria@usaid.gov. Web-site: <http://www.usaid.gov/india>

Agency Contact: Dr. Bruce Cogill, Project Director; Mr. Tony Castleman, Food and Nutrition Senior Program Officer, FANTA Project, Academy for Educational Development, 1825 Connecticut Ave., NW, Washington DC 20009; Tel: (202) 884-8722; Fax: (202) 884-8432; E-mail: bcogill@aed.org, tcastlema@aed.org, www.fantaproject.org

Project Name: CARE-KGMU-JHU Collaborative Project to Improve Neonatal and Child Survival and Nutrition in India
Agreement Type: *Field Support*
Duration: 2001-2007
Geographic Scope: *Uttar Pradesh and Andhra Pradesh*
Technical Assistance Agencies: *Johns Hopkins Bloomberg School of Public Health (JHU); Department of International Health /GRA/HARP*
Implementing Agency: *Johns Hopkins Bloomberg School of Public Health (JHU); Department of International Health, CARE/India; King George Medical University, Lucknow, Uttar Pradesh*

DESCRIPTION:

USAID/India is supporting the Department of International Health at the Johns Hopkins Bloomberg School of Public Health to develop and conduct collaborative projects with Indian institutions including CARE/India, King George Medical University (KGMU) and IndiaCLEN. The broad purpose of this project is to strengthen Indo-US collaboration in public health research by providing assistance to Indian institutions in areas of operations research and program evaluation related to neonatal health and other Child Survival issues. The specific purpose is to develop feasible and cost-effective community-based interventions to improve newborn & child health and survival and nutrition in India.

KEY ACTIVITIES:

JHU in partnership with CARE/India and KGMU is implementing the following projects:

- Evaluation Research of the Nutrition Interventions in the Integrated Nutrition and Health Program (INHP) II areas of CARE/India. This project aims to determine the effectiveness of CARE/India's basic package of services in INHP II as compared to a control package of services (ICDS) in reducing under-nutrition of the mother during pregnancy and of the children in the first 24 months of life, and reducing anemia among pregnant women and children aged 12 and 24 months;
- Evaluation Research to Improve Newborn Health and Survival in INHP II area of CARE/India. This project aims to a) evaluate the impact of a basic newborn care package on neonatal mortality and newborn care practices at the community level, and b) to document the processes, approaches, frameworks, tools and resources/costs of operationalizing basic newborn care interventions within the context of CARE/India's integrated nutrition and health services package; and
- Newborn Thermal Care Practices in Rural India: A Community-based Program to Prevent and Improve Recognition and Management of Hypothermia: The projects aims to a) examine perceptions of caregivers regarding newborn body temperature, and current essential newborn care practices, b) design and evaluate community-driven health education and training methods for promoting effective domiciliary essential newborn care and newborn thermal care practices, and c) evaluate the impact of an education/behavior change communications package, as a preventive measure, on prevalence and management of hypothermia.

All field activities have been completed. Analyses and final reports to be completed in FY 2007.

CONTACT INFORMATION:

USAID/New Delhi:

Dr. O. Massee Bateman, Division Chief, MCHUH Division, Office of Population, Health & Nutrition, USAID, American Embassy, Chanakyapuri, New Delhi-110021; Tel: (91 – 011) 24198318, e-mail: mbateman@usaid.gov, Web-site: <http://www.usaid.gov/india>

Agency Contact:

Dr. Mathuram Santosham, Director, Health Systems Program, Department of International Health Johns Hopkins Bloomberg School of Public Health, 615 N Wolfe Street, Baltimore, MD 21205, USA Tel. 410-955-3852, Email: msantosh@jhsph.edu

Project Name: CORE Group Partners Project – Polio Eradication
Agreement Type: *Field Support – Health and Emergency Response Support*
Duration: *Oct. 2001 – Sep. 2007*
Geographic Scope: *U. P*
Technical Assistance Agencies: -
Implementing Agency: *CORE India Consortium (ADRA India, PCI, World Vision India, CRS) & Secretariat*

DESCRIPTION:

In 1999, USAID and The CORE Group (The Child Survival Collaborations and Resource Group - a membership association of 39 U.S. PVOs) began collaborating to accelerate ongoing polio eradication activities in priority countries. The project includes a funded secretariat and CORE member PVOs with their local partner NGOs, working together with UNICEF/Social Mobilization Network (SMNet) and WHO/National Polio Surveillance Project in a coordinated and collaborative fashion. CORE was given the task of social mobilization and combating resistance to the program. In India, currently, the CORE consortium members are ADRA, PCI, World Vision and CRS.

KEY ACTIVITIES:

- The CORE Group is a founding member and collaborator of the Uttar Pradesh Social Mobilisation Network (SM Net). CORE PVOs, using the SMNet strategies, support the National Polio Eradication Initiative by extending its reach and maximizing impact so as to ensure that no child remains unreached.
- The PVOs establish a working relationship with government counterparts at the district and block levels to help identify community and NGO resources, participate in micro-planning, map clusters of houses/villages and all children below five years, and sustain motivation among both the workers and the community.
- CORE partners, with their connection to local leaders and officials, play a major role in advocacy and community mobilization through community level coordinators who are trained to actively search for newborns, ‘zero-polio dose’ children and resistant or missed communities/families.
- Routine immunization coverage is improved through coordinated efforts of Community Mobilizers and Block Mobilization Coordinators with government PHCs and Sub Centers.
- All workers participate in the active surveillance of Acute Flaccid Paralysis in their community and ensure timely and complete reporting to the local government counterpart and Surveillance Medical Officers.

KEY ACHIEVEMENTS:

- Polio eradication campaign accelerated by the coordinated involvement of PVOs and NGOs in national & community eradication efforts.
- Relationships strengthened between communities and international and national health and development agencies.
- Collaborative networks of PVOs and NGOs developed with the capacity to accelerate other (in addition to polio eradication) national, regional & community disease control initiatives.
- Supported efforts to strengthen national routine immunization systems.
- Supported efforts to strengthen disease surveillance and appropriate response.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency Contact: Dr. Roma Solomon, N2/26 DLF Phase II, Gurgaon, Haryana, India. Ph: 91-124-2565662/2565637, Fax: 91- 124- 5101017, Email: corepolio@vsnl.net

Project Name: UNICEF India/Polio Eradication
Agreement Type: *Field level support*
Duration: *AAG-G-00-97-00021*
Geographic Scope: *Uttar Pradesh for intensive community-level mobilization, all states for media and IEC prototype development*
Technical Assistance Agencies: *WHO SEARO & WHO HQ Geneva, UNICEF India, CDC*
Implementing Agency: *UNICEF India*

DESCRIPTION:

With USAID support, UNICEF is continuing to implement communication activities to help reach the target of interrupting transmission of poliovirus as quickly as possible. UNICEF has collaborated with other partners working on strategic communication for immunization in India, namely the Government of India at the Centre and State levels, Rotary India, the CORE group of international NGOs and WHO/National Polio Surveillance Project (NPSP). The communication strategy endeavor to reach the following targets :

- Increase booth coverage in areas with UNICEF-supported community mobilizers (CMCs) from 60% to 70%
- Reduce the percentage of X (missed) remaining households in areas with UNICEF-supported community mobilizers from 10% to 5%
- Reduce the number of resistance households in areas with UNICEF supported-community mobilizers to zero
- Increase the percentage of respondents at the polio booth who report being informed about polio through public service announcements on television from 25% to 50%
- Increase the percentage of positive media stories in the print media in Lucknow and Delhi from 10% to 50% of the total number of media stories generated.

KEY ACTIVITIES:

- Maximize the impact of communication efforts at the national, state, district and block level through **strengthened coordination** amongst partners and effective **advocacy**.
- Ensure children most at risk – particularly those under the age of two and Muslims – are adequately protected from polio by **intensifying communication efforts in blocks** where wild polio virus transmission is sustained. Reach out to 1.5 million households monthly through a network of **3,800 community mobilizers (CMCs)** working in villages and slums most at risk of ongoing polio transmission..
- UNICEF is in a strategic alliance with **three national-level Muslim academic institutions** – Jammia Milia Islamia, Jammia Hamdard and Aligarh Muslim University.
- Ensure polio eradication by **strengthening communication for routine immunization**.

KEY ACHIEVEMENTS:

- Where community mobilizers (CMCs) are assigned, booth coverage, the percentage number of X marked houses converted to P and the absolute reduction in X houses that refuse to accept OPV are all higher than areas without a community mobilizer. State-wide data from January 2005 to February 2006 show an increase from 62% in booth coverage in CMC areas.
- An increased general awareness of polio as a result of mass media and high visibility of promotional IEC materials. A **recent study commissioned by UNICEF with USAID support** showed that knowledge levels of all CMCs (the cohort included both new and old CMCs) had gone up from the onset of training, to application in the field. During February 2006, CMCs facilitated 5,183 regularly scheduled routine immunization sessions, or close to two sessions in their area in the month.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency Contact: Michael Galway, Chief, Programme Communication, UNICEF Country Office, Unicef House, 73 Lodi Estate, New Delhi -110003; Tel: 91-09818095485, 91-11- 24690401 x525. Fax: 91-11-24627521, email: mgalway@unicef.org.

Project Name: WHO/National Polio Surveillance Project (NPSP)
Agreement Type: *Field Support – WHO Umbrella Grant*
Duration: *Annual grant, expected project life through January, 2009*
Geographic Scope: *Uttar Pradesh for surveillance, all states for polio laboratory support*
Technical Assistance Agencies: *WHO SEARO & WHO HQ Geneva, UNICEF India, CDC*
Implementing Agency: *World Health Organization, India*

DESCRIPTION:

The National Polio Surveillance Project consist of approximately 290 Indian national medical officers and 660 additional full time staff distributed across India with the purpose of conducting high quality surveillance for acute flaccid paralysis (AFP), providing technical advise and leadership for conducting supplementary immunization activities (SIAs) and strengthening laboratories. Surveillance and monitoring data provided by the NPSP surveillance network assist the Government of India to target resources and take corrective actions to improve surveillance and immunization activities. In UP in Bihar there are 1-2 surveillance medical officers (SMOs) per district while in other states the SMOs cover up to 6 districts each. The project also supports and utilizes the services of nearly 1000 field volunteers who assist with SIA monitoring and planning, as well as surveillance. The objective of the organization is to assist the government of India at national, state and local levels in wild-polio eradication efforts, enhancing surveillance for other vaccine preventable diseases, and improving routine immunization .

KEY ACTIVITIES:

- Assist the Government of India with conducting Acute Flaccid Paralysis (AFP) surveillance throughout India to detect the presence of wild-polio virus, providing critical information for government immunization activities;
- Conduct monitoring of Supplemental Immunization Activities (SIAs) for polio throughout India for the purpose of trend analysis and focusing resources to improve the quality of future activities;
- Provide technical assistance to the Government of India at National, State, District, and Block levels to plan and implement quality SIAs for polio and to improve routine immunization activities;
- Provide technical assistance and support to the Government of India on surveillance of other vaccine preventable diseases, including measles, neonatal tetanus and Japanese Encephalitis.
- Provide training assistance for vaccinators and supervisors for how to conduct quality SIAs for polio;
- Provide data analysis and graphics support to GoI for SIAs and AFP surveillance; and
- Provide assistance to strengthen polio laboratory networks.

KEY ACHIEVEMENTS:

- The AFP surveillance system is operating at the highest level of sensitivity in history, and exceeds international standards (non-polio AFP rate and stool collection rates).
- Reported coverage with oral polio vaccine is at its highest level ever in 2006-2007 in the critical reservoir states of UP and Bihar.
- Type 2 polio was eradicated in 1999; type 3 polio transmission has been eliminated from the entire country except for several districts in western UP; type 1 polio, after causing an outbreak in 2006, has not been seen in 9 district area in western UP which was the source of 75% of disease last year, since November. In collaboration with the Government of India, developed national surveillance guidelines for measles and Japanese Encephalitis and has initiated surveillance for these diseases in key areas
- Instituted regular monitoring and feedback on routine immunization activities in UP and Bihar, as well as assisted Government of India with key initiatives in neonatal tetanus, hepatitis b introduction and national reporting of routine immunization data.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency Contact: Dr. Jay Wenger, Country Director WHO-NPSP, Gate No. 31, 2nd Floor, Jawahar Lal Nehru Stadium, New Delhi, 110003. Ph: 91-0 9810081135, 91-11- 2616-9727 / 2616-9934 / 26191879 ext 140. Fax: 91-11-24366153, email: wengerj@npsuindia.org

Project Name: WHO - Strengthening Integrated Disease Surveillance in India
Agreement Type: *Field support – WHO Umbrella Grant*
Duration: *Indefinite*
Geographic Scope: *Maharashtra and Select states*
Technical Assistance Agencies: *WHO-India and National Institute of Communicable Diseases*
Implementing Agency: *WHO-India, National Institute of Communicable Diseases, Indian Council for Medical Research and IndiaCLEN*

DESCRIPTION:

USAID/India is supporting the WHO-India to assist the GOI efforts in strengthening disease surveillance in India. The overall focus of the program is to implement the IDSP nation-wide in three phases. The IDSP will link district reporting to state governments and thus enhancing disease control and response. The project involves intensive training at all levels during the first phase. Second phase activities will involve piloting of the project in urban and rural districts and state-wide implementation as well as preparation for new states.

KEY ACTIVITIES:

WHO-India in partnership with NICD, ICMR, IndiaCLEN and state governments is implementing the following activities:

- Training of surveillance officers and laboratory personnel;
- Development of manuals for training, operations and laboratory protocol.
- Modernization of offices and laboratories, including digitization of reporting formats.
- Strengthen linkages from peripheral to central levels, networking between state/regional and national institutions; and
- Operational research and feasibility assessments.

KEY ACHIEVEMENTS:

- Phase I of the IDSP has begun in 2005 in 9 Select states;
- Strengthening the regional labs in 35 states and Union Territories to respond to outbreaks;
- Improving connectivity for rapid data transmission from the districts to the State and Central Headquarters. All the districts of Orissa connected electronically and in 13 districts of Maharashtra GIS has been introduced;
- A series of workshops on Epidemic preparedness undertaken to train district health managers on response to outbreaks; and
- A multi-centric study on developing methodologies to involve the private sector and medical colleges in surveillance is underway.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Sanjeev Upadhyaya, Advisor, Urban Health & Infectious Diseases, MCHUH Division, Office of Population Health and Nutrition, USAID, American Embassy, Shantipath. Chanakyapuri, New Delhi-110021; Tel: 91-11- 2419-8183 email: supadhyaya@usaid.gov, Web-site: <http://www.usaid.gov/india>

Agency Contact: Dr. Sampath Krishnan, WHO India, Room No 536 A wing, Nirman Bhavan, New Delhi 110 011; Tel: 91-11-23015922 Extn 23131, Email: KrishnanS@whoindia.org .

Project Name: Hib Initiative – Haemophilus influenzae type b – Vaccine Probe Study
Agreement Type: Field Support – HARP/GRA
Duration: 2004-2009
Geographic Scope: Selected states
Technical Assistance Agencies: Johns Hopkins Bloomberg School of Public Health (JHU); Department of International Health /GRA/HARP
Implementing Agency: Indian Council for Medical Research

DESCRIPTION:

USAID/India is supporting the Department of International Health at the Johns Hopkins Bloomberg School of Public Health to develop and conduct collaborative projects with the pioneer Indian institution Indian Council for Medical Research (ICMR). The broad purpose of this project is to gather the necessary data for the Government of India to make a decision about the use of Haemophilus influenzae, type b (Hib) vaccine and to strengthen the infrastructure of the participating Indian institutions for conducting the randomized portion of the large Hib probe study. A preliminary phase has been initiated. The specific aim of the preliminary phase is grouped into hospital, community, and coordination categories.

KEY ACTIVITIES:

JHU/GRA/HARP in partnership with ICMR aims to carry out the following activities under the project at the hospital, community and coordination levels:

- Hospital level activities
 - Conduct prospective identification of children with pneumonia and meningitis in study hospitals. Based on the review, measure the baseline number of observed study endpoints (severe pneumonia and purulent meningitis), collect baseline data on the diagnostic practices at study hospitals and evaluate current use of diagnostic tests and ability of hospital laboratories to analyze these tests.
 - Involve local investigators to identify needed improvements in case detection.
 - Evaluate change in performance at study hospitals and determine hospitals/sites capable of carrying out full probe study based on predetermined performance standards.
- Community level activities:
 - Carry out cohort study in the community - gather baseline
 - Information on the incidence of study endpoints and carry out mock randomization.
 - Track children throughout the 3-dose routine vaccination series to
 - Measure the vaccine coverage levels. Implement community based activities to improve vaccine coverage as much as possible in a vaccine trial.
 - Encourage study subjects to utilize study hospitals.
- Coordination level activities:
 - Set-up vaccine distribution and tracking system to make sure that study vaccine can be appropriately during the vaccine probe study.
 - Collect and use the data from study hospitals and study communities to develop the study protocol.

KEY ACHIEVEMENTS:

USAID provided initial funding for leveraging support from Government of India and the Global Alliance for Vaccines and Immunization. With USAID funding, more than 12,000 children have been enrolled in community based activities and more than 1,000 children have been enrolled in hospital based activities. Numerous training and capacity development activities have been carried out at the study sites in the areas of data management, laboratory quality assurance, Good Clinical Practices, and field site development. Study planning began in 2004. The preliminary phase began in July, 2005.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Sanjeev Upadhyaya, Advisor, Urban Health & Infectious Diseases, MCHUH Division, Office of Population Health and Nutrition, USAID, American Embassy, Shantipath, Chanakyapuri, New Delhi-110021; Tel: 91-11- 2419-8183 email: supadhyaya@usaid.gov, Web-site: <http://www.usaid.gov/india>

Agency Contact: Dr. Mathuram Santosham, Director, Health Systems Program, Department of International Health, Johns Hopkins Bloomberg School of Public Health, 615 N Wolfe Street, Baltimore, MD 21205, USA Tel. 410-955-3852, Email: msantosh@jhsph.edu

Project Name: Vistaar: From Knowledge to Practice
Agreement Type: *Unilateral (Cooperative Agreement)*
Duration: *October 2006-September 2011*
Geographic Scope: *UP, Jharkhand and some activities at national level*
Technical Assistance Agencies: *IntraHealth International, Inc. (lead agency), Abt Associates, Catholic Relief Services, Johns Hopkins University- Centre for Communications Program*
Implementing Agency: *IntraHealth International, Inc*

DESCRIPTION:

This technical assistance project is designed to support the National Rural Health Mission (NRHM) in taking knowledge to practice. The NRHM encompasses the GOI Reproductive and Child Health Program (RCH-II), the Universalization of ICDS, and the Eleventh Five Year Plan and is expected to contribute to the achievement of the Millennium Development Goals for maternal and child health. The project objective is: *To strengthen the capacity of the National Rural Health Mission(Government of India and State Governments of Jharkhand and UP) to take maternal, newborn, and child health and nutrition knowledge to practice*

KEY ACTIVITIES:

- The project works in consultation and collaboration with the Governments of India, UP and Jharkhand in four major areas:
 - Facilitating evidence reviews of MCH interventions or pilot efforts, which will be conducted by recognized public and private sector experts (see the selected themes for these reviews, listed below).
 - Based on the recommendations from these expert reviews, supporting demonstration and learning projects (action research) to fill critical knowledge gaps in that theme area
 - promotion of recommended models for adoption within NRHM
 - capacity building to support the adoption of the recommended models at scale

These activities will be conducted for selected technical themes, selected in consultation with Government and a wide group of stakeholders:

- Growth Promotion and Complementary Feeding
- Anemia Prevention and Treatment
- Newborn Care and Skilled Birth Attendance
- Delay of Marriage and First Birth
- Performance Improvement and Support to Community Health Functionaries
- Village Health Planning and Monitoring

Important cross cutting themes for the project will be knowledge generation and sharing, facilitating collaboration and convergence and promoting interventions with a strong equity focus, including gender equity.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency Contact: Laurie Noto Parker, Project Director, The Vistaar Project, IntraHealth International, Inc., A2/35, Safdurjung Enclave, New Delhi – 110 029, Email: lparker@intrahealth.org

Project Name: Iodine Deficiency Disorders Elimination Project
Agreement Type: *Congressional Earmark*
Duration: *FY 2007 (yearly revised)*
Geographic Scope: *National*
Technical Assistance Agencies: *UNICEF*
Implementing Agency: *UNICEF*

DESCRIPTION:

The IDD Project supports universal salt iodization at the national level. Through this project, UNICEF supports GOI to eliminate iodine deficiency disorders in India. The purpose of the project is facilitate the dialogue between government and salt suppliers to ensure access to iodized salt for underserved socio-economic groups and advocacy to maintain IDD elimination through USI high on the central and state governments' agenda.

KEY ACTIVITIES:

- Create awareness about IDD elimination and benefits of iodized salt to increase demand.
- Create an effective and sustainable demand for adequately iodized salt by continuing to educate consumers, shop keepers, as well as front line workers on the benefits of consuming adequately iodized salt and the danger of the absence of iodine.
- Create enabling environment for iodized salt production
- Ensure production of adequately iodized salt for all of India
- Strengthen monitoring the quantity and quality of iodized at all levels
- Create a supportive environment for the central ban on sale of non iodized salt for direct human consumption

KEY ACHIEVEMENTS:

- Mass media BCC campaign launched through national & regional TV & radio channels for using iodized salt.
- Ban on use of non-iodized salt was reinstated, exclusive use of iodized salt for animal and human consumption.
- Better monitoring of iodization of salt at various levels starting from site of production to consumption at household levels.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency contact: Dr. Eric Ategbo, Program Officer, Child Development & Nutrition, UNICEF, 73 Lodi Estate, New Delhi 110 003, Tel: +91 11 24690401, Fax: +91 11 24627521/24691410, Email: tegbo@unicef.org

Project Name: Urban Health Resource Centre (formerly EHP-India)
Agreement Type: Grant Agreement
Duration: October 2005-February 2008
Geographic Scope: All India
Technical Assistance Agencies: GSM
Implementing Agency: NGOs (BGMS, BNS, IDSSS, CECOEDECON, and PFHTP in Indore; FPAI, NIRPHAD, and SNBS in Agra; MUSKAAN in Bhopal), National and State RCH Programs

DESCRIPTION:

Urban Health Resource Centre (formerly EHP-India) which began operations in March 2002, quickly developed into a nationally recognized public health resource. Urban Health Resource Centre (UHRC) works to bring about sustainable improvements in maternal and child health conditions among the urban poor through a consultative and knowledge sharing approach in partnership with National and State Governments, NGOs, public and private sector health providers, the corporate sector and communities. UHRC strives to increase and improve accessibility of the urban health knowledge; advocates and networks to promote better and increased resources allocated for urban health.

The Urban Health resource Centre (UHRC) was incorporated as a non-profit institution from the Environmental Health Project (EHP) – India office and started operations on October 31st 2005. UHRC continues the urban health activities of EHP through continued USAID support.

KEY ACTIVITIES:

- Provide Technical Assistance to strengthen Urban Health programming and capacities of functionaries at different levels and among Govt. (such as RCH II/NRHM) and Non-Government partners to enhance reach to underserved settlements.
- Provide City Level Technical Assistance, develop demonstration programs and carry out research activities in diverse cities focusing on improving health of the urban poor, to facilitate utilization of learning from these sites in government and non-government programs.
- Generate, compile and disseminate urban health information to address knowledge gaps and utilize such urban poor specific information to enhance attention on ‘health of the urban poor’ among government and non-government stakeholders and academic institutions through advocacy efforts.

KEY ACHIEVEMENTS:

- Demonstration city programs fully functional in Indore and Agra.
- Evolved into a nodal technical assistance agency to Urban Health component of national RCH program of GOI.
- Provided technical assistance for the development of model urban health proposals (for RCH II) for 3 cities (Dehradun, Haridwar and Haldwani) in Uttaranchal, Bally (West Bengal), Agra (UP), Shahdara North and Narela (Delhi).
- Provided TA to development of National Guidelines for Developing City level Slum Health programmes .
- Supported Govt. of India in facilitating the National Task Force to advise NRHM on strategies for urban health care and compilation of its recommendations.
- Reanalysis of NFHS 2 (DHS) data by Standard of Living Index has provided insights into the health conditions of the urban poor
- Prepared ‘State of Urban Health’ reports for Uttar Pradesh, Madhya Pradesh and Rajasthan for better informing programmers and policy makers about health of the urban poor in the respective states.
- Published eleven articles on urban health in peer-reviewed journals
- Advocated for increased attention to health of the urban poor through over 40 presentations at various international and national conferences / seminars.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Sanjeev Upadhyaya, Advisor, Urban Health & Infectious Diseases, MCHUH Division, Office of Population Health and Nutrition, USAID, American Embassy, Shantipath. Chanakyapuri, New Delhi-110021; Tel: 91-11- 2419-8183 email: supadhyaya@usaid.gov, Web-site: <http://www.usaid.gov/india>

Agency Contact: Dr. Siddharth Agarwal, Executive Director, UHRC, F 9/4 Vasant Vihar, New Delhi – 110057; Tel: 91-11- 26149771, fax: 91-11- 51669281

e-mail: siddharth@uhrc.in, Web-site: www.uhrc.in

Project Name: Point-of-Use water disinfection and Zinc Treatment Project (POUZN)
Agreement Type: IQC/ Field Support
Duration: 2005 – 2010
Geographic Scope: All India
Technical Assistance Agencies: Academy for Educational Development (AED)
Implementing Agency: AED + partners in the private sector

DESCRIPTION:

The Point-Of-Use Water disinfection and Zinc Treatment (POUZN) project is a USAID Private Sector Program (PSP) initiative managed by the Academy for Educational Development (AED). POUZN’s mission is to implement a diarrhea reduction project using point-of-use (POU) water disinfection and zinc treatment, with the goal of contributing to the key USAID strategy of reducing mortality and morbidity from diarrhea. POUZN’s approach is to engage both the commercial and public sectors and leverage their strengths and resources to address the critical public health issue of diarrheal disease.

POUZN will enlist the private sector in the marketing, distribution and sale of POU and zinc products in order to ensure long-term sustainability. POUZN’s approach is not to create new distribution channels or run parallel marketing campaigns to the commercial sector, as those types of channels will exist only as long as there is donor funding. Instead, it provides incentives and demonstrates to local manufacturers and distributors both the marketability of these products and the social and economic return.

KEY ACTIVITIES

Zinc

- Build partnership with selected zinc producers and assist them in establishing zinc treatment for diarrhea. Provide technical assistance to various partners as per agreed plans.
- Advocate for adoption of zinc treatment by public and private sector opinion leaders and other stakeholders in collaboration with other USAID projects involved in zinc treatment through the Zinc Technical Assistance Group (TAG).
- Conduct activities aimed at promoting zinc adoption by health professionals.

POU

- Establish the use of POU methods and devices by at-risk populations through a partnership with POU device manufacturers, NGOs with microfinance capabilities and self-help groups (SHG).

KEY ACHIEVEMENTS

Zinc

Since the project’s beginning in March 2006, POUZN has:

- Developed a market assessment of local manufacturers to determine the demand and supply for zinc.
- Built partnerships with selected producers and marketers.
- Provided assistance in marketing planning to several partners and assisted in field force training and promotional efforts.
- Coordinated zinc activities with other USAID projects under the zinc TAG to enlist the support of the public sector and the professional associations.

POU

- Initiated a new approach in Uttar Pradesh (UP) with POU device manufacturers and several NGOs/microfinance institutions (MFIs) to promote the use of POU devices. This operational research model will test whether SHGs are a good platform to spread POU awareness and whether microfinance can help the poor to obtain appropriate POU devices.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency Contact: Mr. Deepak Saxena, POUZN Country Director, C2C, Parkwood Apartment, Rautula Ram Marg, Tel: 91-11-26182133 / 34, fax: 91-11-4168317, e-mail dsaksena@aed.org

Project Name: Safe Motherhood and Child Survival (SMCS)
Agreement Type: *Field Support (Cooperative Agreement)*
Duration: *October 1, 2006 to September 30, 2009*
Geographic Scope: *Andhra Pradesh, Assam, Maharashtra, Dadra & Nagar Haveli, Gujarat, Madhya Pradesh, Orissa, Meghalaya, Nagaland, Manipur, Rajasthan, Uttar Pradesh, and West Bengal*
Technical Assistance Agencies: *FANTA*
Implementing Agency: *Catholic Relief Services/India*

DESCRIPTION:

The Safe Motherhood and Child Survival Program (SMCS) is in the last phase of a total thirteen years of Title II support. The program began in 1997 and has completed two phases of five years each; the current phase out period began 1 October 2006 and will conclude by 30 September 2009. During the phase out period, the SMCS program aims to ensure safe and healthy pregnancies for an initial 58,500 women and improve the nutritional status of 97,500 children aged 0-3 years from most vulnerable groups (SC/ST/OBC) in remote areas of the country. CRS implements the program through 40+ selected Coordinating Partners, who in turn work with approximately 380 grassroots Operating Partners who cover on average 6-8 revenue villages. The key grassroots functionary of the program is the Village Health Worker (VHW) who is trained by the program and supported by the Operating Partner. A traditional birth attendant (TBA) has been identified in most of the program villages and trained in conducting safe deliveries. TBAs work with the respective VHW in identifying pregnant and lactating women and children. The VHWs coordinate closely with the Auxiliary Nurse Midwife (ANM) and the ICDS functionary of the village. During the phase out period, the program will focus specifically on strengthening linkages with government service providers, particularly within the framework of the National Rural Health Mission (NRHM).

A 2006 evaluation of the recently concluded, second five-year phase of the SMCS program indicated that the program has had significant impact in improving knowledge about key maternal and child health issues. The program has also achieved strong results in reducing malnutrition among children enrolled, in increasing the number of women receiving Ante-natal and Post-natal Care, and increasing institutional delivery. Immunization of children under two also increased significantly in project areas.

KEY ACTIVITIES:

- CRS & partners train Traditional Birth Attendants (TBAs), Registered Medical Practitioners (RMPs) and Village Health Workers (VHWs);
- VHWs train mothers in healthy pregnancy and child wellness practices;
- VHWs carryout growth monitoring and counseling;
- Community based groups (Village Health Committees, Self Help Groups, Village Development Committees) are strengthened to play a role in promoting positive health practices and in ensuring service delivery by government health functionaries; and
- Exit criteria are monitored to ensure appropriate withdrawal of program resources.

KEY ACHIEVEMENTS:

- 69% of the approved participant level of 240,000 pregnant women, nursing mothers (up to 6 months lactation) and children six months to three years old children were supported with Title II food during FY 2006;
- The percent of children under 2 years in program villages whose weight-for-age falls below -2SD was reduced by 10 percentage points from baseline to final evaluation;
- Monthly health and nutrition education sessions were regularly conducted in 72% of program villages;
- The proportion of low birth weight babies in program villages was 14.6% at the time of the final evaluation, compared with a national average of 30%;
- Remarkable progress has been made in project areas in terms of mother’s knowledge for nearly all danger signs during pregnancy.

CONTACT INFORMATION:

USAID/New Delhi: Ms. Mamta Varma, Project Management Specialist, Office of Social Development, USAID, American Embassy, Chanakyapuri, New Delhi-110021; Tel: 91-11- 24198721, e-mail:mvarma@usaid.gov , Web-site: <http://www.usaid.gov/india>

Agency Contact: Ms. Jennifer George Poidatz, Country Representative, Catholic Relief Services, 5, Community Centre, Zamrudpur, Kailash Colony Extn., New Delhi 110 048; Tel: 91-11- 29234211
<mailto:jpoidatz@crsindia.org>

Project Name: WHO/ Evidence Based Anti-Malarial Treatment Policy in India

Agreement Type: *Field Support – WHO Umbrella Grant*

Duration: *indefinite*

Geographic Scope: *Jharkhand, Orissa, Assam*

Technical Assistance Agencies: *World Health Organization- India Country Office*

Implementing Agency: *World Health Organization, India National Vector Borne Disease Control Program, National Institute for Malaria Research*

DESCRIPTION:

The WHO India Country Office will contribute to strengthening the National Vector Borne Disease Control Program, particularly the Malaria Component through improved technical assistance, capacity building, field testing of innovative approaches, development of the evidence base and policy implementation tools. The WHO will also focus technical assistance on strengthening coordination, monitoring, documentation and sharing of field experience³s and lessons learned. These activities will build upon the USAID/ WHO supported malaria control initiatives and utilize models and experiences from the project.

The main emphasis will be technical and capacity development support for the National Vector Borne Disease Control Program, the National Institute of malaria Research and high malaria endemic states including Jharkhand.

KEY ACTIVITIES:

- Strengthen national and state capacity on therapeutic efficacy studies and support revision of treatment guidelines using the improved evidence-based information.
- Strengthen the evidence base on burden of malaria through improved malaria surveillance augmented by special surveys (malaria indicator surveys, etc.) and enhanced laboratory diagnosis of malaria.
- Conduct operational research on drug use practice in various health sectors and practice setting ; use of pre-packaged blister pack drugs; and utilization and impact of insecticide treated bednets by antenatal women.

KEY ACHIEVEMENTS:

N/A (activities in progress)

CONTACT INFORMATION:

USAID/New Delhi: Dr. Sanjeev Upadhyaya, Advisor, Urban Health & Infectious Diseases, MCHUH Division, Office of Population Health and Nutrition, USAID, American Embassy, Shantipath. Chanakyapuri, New Delhi-110021; Tel: 91-11- 2419-8183 email: supadhyaya@usaid.gov, Web-site: <http://www.usaid.gov/india>

Agency Contact: Dr. A. Chatterjee, NPO, WHO Representative to India, Room No 536 A wing, Nirman Bhavan, New Delhi 110 011, Ph: 91-11- 2306-2927, Fax: 91-11-2306-2450, email: Chatterjeea@whoindia.org

Project Name: ACCESS
Agreement Type: Core Funds
Duration: June 2006 – September 2007
Geographic Scope: Jharkhand
Technical Assistance Agencies: JHPIEGO, CEDPA
Implementing Agency: Department of Health & Family Welfare, Govt. of Jharkhand

DESCRIPTION:

The ACCESS Program, a 5-year global program sponsored by the USAID, aims to improve the health and survival of mothers and their newborns through the use of key maternal and newborn health services. ACCESS works with USAID missions, governments, nongovernmental organizations, local communities, and partner agencies in developing countries to achieve sustainable improvements in maternal and newborn health and survival.

In India, recently ANMs/LHVs have been given permission to perform certain life saving skills for which they do not currently have appropriate training. ACCESS program will invest core funds to provide technical assistance and support the state level rollout of the field test through WRAI/CEDPA-India. This project aims to field test Skilled Birth Attendance & community based new born care guidelines that have been developed recently in one district of Jharkhand. The program envisages working with public health system and ensuring that necessary training in this regard is imparted to the ANMs /LHVs/ Staff Nurses. The key outcomes of this one and a half year intervention would be enhanced capacity built within the state to successfully plan, design, implement, and monitor a successful program to provide improved access to skilled birth attendance during pregnancy, delivery and the post-natal period and access to neonatal care. It is envisioned that the key results of this field test will inform the successful rollout not only in the state of Jharkhand but also in the rest of the country.

KEY ACTIVITIES:

- Design and test strategies for training ANMs/LHVs/staff Nurses to strengthen their capacity to provide skilled attendance at birth, newly approved emergency obstetric and newborn care and referral services in their sub-centres and during outreach deliveries as per GoI guidelines in one district of Jharkhand.
- Develop an accompanying strategy to increase demand for skilled attendance for maternal and neonatal care at the community level and a behavior change strategy for communities to adopt healthy newborn practices.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency contact: Dr Bulbul Sood , Country Director, CEDPA/India, C-1, Hauz Khas, New Delhi. 110 016
Phone: 91-11-41656781-85, Fax: 91-11-41656710, E-Mail: bsood@cedpaindia.org

Project Name: Essential Newborn Care Situation HealthTech IV Project
Agreement Type: *Cooperative Agreement*
Duration: *May 2006 – January 2008*
Geographic Scope: *National*
Technical Assistance Agencies: *National Neonatology Forum (NNF)*
Implementing Agency: *PATH*

DESCRIPTION:

The goal of this situation analysis is to assess the existing capacity of the Essential Newborn Care package supplied by the Government of India to address newborn health, find out the needs and suggest a strategy for ENC strengthening.

KEY ACTIVITIES

The objectives are to 1) identify the strengths of newborn health care services and any gaps between the existing and desired situation, and 2) suggest strategies to reinforce strengths and address gaps, including identifying human, financial and material resources requirements and taking into account existing health sector plans and development strategies.

A rapid situation analysis using both quantitative and qualitative data regarding Essential Newborn Care in a representative sample of the 60 districts in 10 states supplied with equipment and training by Government of India including assessment of equipments, human resources and supplies for the same will be done by teams of trained investigators.

KEY ACHIEVEMENTS:

The report on the quantitative finding was presented to GOI by IndiaCLEN Program Evaluation Network (IPEN) & National Neonatology Forum (NNF). This report would influence the future resource allocation for new born care related capacity building and equipment needs through NRHM. The qualitative component of the evaluation is being analyzed and will be presented shortly in the near future.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency Contact: Deepti Chirmulay, PATH India, deepti@pathindia.org A-9, Qutab Institutional Area, New Delhi - 110 067, Tel: +91.11.26530080 to 88, Fax: +91.11.26530089, web: www.path.org
Patricia Coffey, PATH, U.S.A, pcoffey@path.org

Project Name: Avian Influenza
Agreement Type: FY05/06 Supplemental, Reprogrammed, and Field Support
Duration: FY 2007 (yearly revised)
Geographic Scope: Select areas of India
Technical Assistance Agencies: World Health Organization/ India, Food and Agriculture Organization/ India
Implementing Agency: Ministries of Health and Agriculture

DESCRIPTION:

USAID and the U.S. Departments of State, Health and Human Services (HHS), and Agriculture (USDA), along with other departments and agencies across the federal government, are coordinating international response measures on behalf of the White House. The USAID/ India collaborates closely with the World Health Organization (WHO), the United Nations Food and Agriculture Organization (FAO) for enhancing pandemic planning and preparedness on national and regional levels, strengthening outbreak surveillance, response, and containment, and encouraging transparency in reporting and investigating avian influenza occurrences.

PURPOSE:

In efforts to contain and prevent further spread of H5N1 in India, more than 2 million birds have been destroyed, threatening the livelihoods of poultry farmers, economic growth, and overall sustainable development. In addition, human cases of H5N1 have been confirmed in countries in Europe, Asia, and Africa. As of March 27, 2007, 282 human cases of H5N1 had been confirmed. Of these, 123 were fatal. Given the rapid spread of the H5N1 virus and the impact on the international community, the United States is actively engaged in efforts in India to contain and lessen the impact of the virus.

KEY ACTIVITIES:

- Surveillance & response: Support for preparation of state level IPPP, Conduct of mock drills & simulation exercises, Development of training manual for health care workers for response during pandemic influenza. Support for training at regional level for implementation of strategic action plan, conduct of mock drills & simulation exercises at regional level.
- Hospital critical care: Case management guidelines for avian influenza, training in proper use of Personnel Protective Equipment for health care workers.
- Conduct at least twice monthly monitoring activities of waterbird diversity and abundance at two selected wetlands (in Maharashtra & Tamil Nadu) during the migration and non-breeding period to understand seasonality of bird usage and timing of migration at these sites.
- Study precise migration routes of waterbirds, habitat use and interaction with poultry through application of satellite transmitters to selected higher risk species
- Document migratory movements of selected high-risk waterbird species through ringing and colour marking/flagging of three sites.
- Field assignment of the Int'l Wild Life consultant (Veterinarian) to conduct training at selected sites in handling and marking of migratory birds.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Sanjeev Upadhyaya, Advisor, Urban Health & Infectious Diseases, MCHUH Division, Office of Population Health and Nutrition, USAID, American Embassy, Shantipath. Chanakyapuri, New Delhi-110021; Tel: 91-11- 2419-8183 email: supadhyaya@usaid.gov, Web-site: <http://www.usaid.gov/india>

Agency contact: Dr. Sampath Krishnan, National Professional Officer (Communicable Diseases Surveillance), WHO India, Representative to India, Room No 536, A wing, Nirman Bhavan, New Delhi 110 011; Tel: 91-11-23062927 x 23131; email: KrishnanS@whoindia.org, Web-site: <http://whoindia.org/EN/Index.htm>

Dr. Mohinder Oberoi, SAARC Regional Coordinator, Food and Agriculture Organization of the United Nations 55, Lodi Estate, New Delhi-110 003; Tel: 91-11-24621810; email: Mohinder.oberoi@fao.org, Web-site: <http://www.fao.org>