

**Project Name:** Program for the Advancement of Commercial Technology / Child and Reproductive Health (PACT/CRH)  
**Agreement Type:** *Bi-lateral*  
**Duration:** *1995-2007*  
**Geographic Scope:** *National with focus on Uttar Pradesh, Rajasthan, Madhya Pradesh, Chhatisgarh, Uttaranchal, Bihar, Jharkhand, Delhi*  
**Technical Assistance Agencies:** *Abt Associates & PATH*  
**Implementing Agency:** *ICICI Bank*

#### **DESCRIPTION:**

PACT/CRH is a twelve-year \$29.8 million program implemented by the ICICI Bank, one of the largest financial institutions in India. PACT/CRH endeavors to increase use of reproductive and child health (RCH), and HIV/AIDS related products and services through the private sector.

The main objectives of this project are to:

- Introduce and commercialize RCH and HIV/AIDS technologies;
- Improve quality and use of private sector, primarily commercial sector RCH and HIV/AIDS products and services.

#### **KEY ACTIVITIES:**

- Small grants for non commercial organizations;
- Concessionary loans for private firms;
- Technical support for new technologies, marketing, and quality control;
- Demand creation through commercial advertising; and
- Improvement of policy environment for commercial sector service delivery.

#### **KEY ACHIEVEMENTS:**

- Use of oral contraceptive pills among urban women in targeted north Indian States increased from 4% in 1998 to 11% in 2003;
- Consistent use of condoms with spouse increased by 12% points from 32% to 44%, while with non-regular partners increased from 75% to 80%;
- Small grants to non commercial organizations and concessionary loans to private sector have been made to introduce and commercialize new RCH and HIV/AIDS technologies, and improve quality and use of RCH & HIV/AIDS products and services;
- Over 10 new technologies available in India including rapid diagnostics, Uniject, Vaccine Vial Monitors;
- Quality standards improved for condoms, IUDs and rapid diagnostics.

#### **CONTACT INFORMATION:**

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**Project Name:** Private Sector Partnerships – One  
**Agreement Type:** Field Support (Contract)  
**Duration:** Oct 2004 – Sept 2009  
**Geographic Scope:** Uttar Pradesh, Uttaranchal, Jharkhand, Bihar, Rajasthan, Delhi, Madhya Pradesh, Chhattisgarh,  
**Technical Assistance Agencies:** Abt Associates  
**Implementing Agency:** ICICI Bank

**DESCRIPTION:**

PSP-One or “Private Sector Partnerships-One” is a world-wide project funded by USAID as part of a wider USAID effort to meet health goals through private sector channels and decrease dependence on donors and government. PSP-One has a primary objective of providing leadership, innovation and technical direction concerning reproductive health and voluntary family planning (RH/FP) behaviors, products and services, and related health behaviors, products and services, in the private sector.

PSP-One India provides technical assistance (TA) to develop strategies for expanded marketing of health products and services to urban and rural areas through innovative channels, effective mass media and local communication, market research to better understand providers and consumers and monitor campaigns. PSP-One endeavors to strengthen partnerships with commercial manufacturers and professional associations, on-ground support to train and detail chemists and other health care providers, and coalition support for policy change.

**KEY ACTIVITIES:**

- TA for the integrated marketing and communications efforts under PACT-CRH (WHO ORS and Zinc, condom category promotion campaign) plus on-ground support in urban areas of 10 states; partnerships with commercial manufacturers and others; and
- Provision of Injectables through the private sector in 42 cities of UP, Uttaranchal and Jharkhand to promote correct use of DMPA and ensuring quality; integrated marketing with training of doctors and paramedics, local media, counseling of potential users, links and referrals through NGO’s and public clinics, and private sector product supply channels.

**KEY ACHIEVEMENTS OF ABOVE INITIATIVES:**

- Increase in the percentage of target audience who know dual purpose messages increased from 76% in 2004 to 82% in 2005. Consistent use of condoms increased by 2%. Increase in sales volume of all commercial brands between 9% to 13%;
- Total urban sales of low dose OC’s in North India increased by 48% in 5 years, while use of OC’s among target audience increased from 4% to 11% (1999 to 2003). Shift to low dose OC formulation in policy and in market; Increased investment from private pharma companies on Oral contraceptives and their generic promotion; and
- Policy shift to new low osmolarity formula.

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**Project Name:** National Family Health Survey (NFHS)  
**Agreement Type:** Multi DP support including USAID Field Support  
**Duration:** 1992-2007  
**Geographic Scope:** National  
**Technical Assistance Agencies:** ORC Macro, PATH  
**Implementing Agency:** International Institute for Population Sciences (IIPS), Mumbai

#### DESCRIPTION:

The National Family Health Survey (NFHS) is a large-scale, multi-round survey, conducted under the stewardship of the Ministry of Health and Family Welfare (MOHFW), Government of India (GOI). Unlike NFHS-1 and 2 that was largely USAID funded, funding for the 2005-06 survey (NFHS-3) has been provided by the United States Agency for International Development (USAID), and five other partners viz., UNICEF, DFID, the Bill and Melinda Gates Foundation, UNFPA and GOI. The primary objectives of NFHS are:

- To strengthen India's demographic and health database by estimating reliable state-level and national-level indicators of population, maternal and child health, and nutrition;
- To facilitate evidence-based decision making in population, health and nutrition programs;
- To strengthen the survey research capabilities of Indian institutions;
- To provide high quality data to policymakers, health and population program managers, government agencies, NGOs, PVOs, international agencies, and researchers.

#### KEY ACTIVITIES:

- The NFHS surveys have been conducted following the rigorous standards of the international Demographic and Health Surveys (DHS) program;
- These surveys have used uniform questionnaires, sample designs, field procedures and methods of biomarker measurement to facilitate comparability of the data and to achieve a high level of data quality; and
- These surveys are the outcome of an extremely successful collaborative effort of many organizations, led by the Ministry of Health and Family Welfare, GOI. The International Institute for Population Sciences (IIPS), Mumbai, has been the nodal agency for carrying out these surveys. ORC Macro, Calverton, Maryland, USA and its MEASURE DHS partners have provided technical assistance. The fieldwork has been carried out by more than 25 Indian research organizations, including Population Research Centers, academic institutions, and survey research firms.

#### KEY ACHIEVEMENTS:

- NFHS has created a comprehensive and reliable population and health database for India and its states, based on interviews with more than 400,000 adults and biomarker measurements conducted on more than 300,000 blood samples. Estimates provided by NFHS are considered to be the gold standard in India;
- NFHS data and the findings have been made widely available to program managers, policymakers, researchers, analysts, and the media through a variety of channels (reports, website, videos, wall charts, briefing books and CDs);
- NFHS data have been extensively used for the formulation of India's Ninth, Tenth and Eleventh Five-Year Plans, the National Health Policy, the National Nutrition Policy, the Family Welfare Program, and for monitoring of RCH programs, developing India's Initiative to Eliminate Hunger, and improving the *anganwadi* program;
- NFHS-3 provisional data for national and state level for select indicators widely available within few months of completion of field work and widely quoted in media; and
- NFHS-3 will be providing first ever HIV prevalence estimate among general population for India, 5 of the 6 high prevalence states and U.P.

#### CONTACT INFORMATION:

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**Project Name:** India Statistics Project/BUCEN  
**Agreement Type:** *Field Support (Cooperative Agreement)*  
**Duration:** *Ongoing since 1986*  
**Geographic Scope:** *National*  
**Technical Assistance Agencies:** *U.S. Census Bureau*  
**Implementing Agency:** *Office of the Registrar General of India (ORGI), Delhi*

**DESCRIPTION:**

This project is part of a multi-year technical assistance and training agreement between the U.S. Census Bureau and the USAID to support the GOI, specifically, the Office of the Registrar General of India in its efforts to increase the availability of demographic and civil registration data in India. The major objective is to strengthen the country's institutional capability to generate and make available reliable demographic and civil registration data for population policy and program formulation, either through population censuses or surveys. It is designed to assist in improving ORGI's capability to collect, process, analyze, and disseminate high quality data in a timely fashion through the provision of expert technical assistance, training, and commodity support. The assistance is to strengthen the institutional capacity of ORGI whereby they will be able to repeat the statistical tasks on their own in the future.

**KEY ACTIVITIES:**

- Improve the civil registration system, the collection of vital statistics, and the conduct of the sample registration scheme;
- Train staff in advanced demographic analysis, statistical methods, evaluation, and statistically related subjects;
- Provide technical assistance in designing a post-enumeration survey for census evaluation;
- Provide the training in basic principles of web site design and provide model formats in developing an ORGI Home Page for the purpose of data dissemination;
- Provide an opportunity for high-level ORGI staff to discuss complex statistical and data collection problems with high-level U.S. Census Bureau staff in the U.S.;
- Provide the latest in technical advice and training on computers and software to be more effective in speeding the processing of data.

**KEY ACHIEVEMENTS:**

- Modernized the way ORGI produces and analyzes statistics which was mainly a manual operation to a computerized modern day operation in collecting, processing, and analyzing data;
- Successful development of a dynamic national Civil Registration System of births and deaths which was officially introduced after two years of testing and review by the state registrars;
- Provided information and assistance in the latest technology in processing census and survey data using scanned questionnaires, automated editing programs, statistical quality control methods for the manual editing of field forms, Census and Survey Processing (CSPRO) software to process the data, and dual estimation procedures to evaluate the coverage and content of the Population Census; and
- Trained staff in workshops and by using professional visits both in India and in the United States in sampling, data dissemination, CSPRO, quality control procedures, population projections, and other statistical and analytical topics.

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**Project Name:** MEASURE DHS/ORC Macro  
**Agreement Type:** *Field Support (Contract)*  
**Duration:** *1992-September 2008*  
**Geographic Scope:** *National*  
**Technical Assistance Agencies:** *ORC Macro and its MEASURE DHS partners*  
**Implementing Agency:** *International Institute for Population Sciences (IIPS), Mumbai*

**DESCRIPTION:**

The MEASURE program is a coordinated effort to improve the collection, analysis and dissemination of data for use in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs. ORC MACRO under the MEASURE DHS project is helping USAID/New Delhi to identify data needs and to collect, analyze, translate, package, archive and disseminate data in forms that meets its needs.

ORC Macro has provided technical assistance for the 1992-93, 1998-99, and 2005-06 rounds of the National Family Health Survey (NFHS). NFHS is a large-scale, multi-round survey, conducted under the stewardship of the Ministry of Health and Family Welfare, Government of India. The primary objectives of NFHS are:

- To strengthen India's demographic and health database and the survey research capabilities of Indian institutions;
- To facilitate evidence-based decision making in population, health and nutrition programs;
- To provide high quality data to policymakers, health and population program managers, government agencies, NGOs, PVOs, international agencies, and researchers.

**KEY ACTIVITIES:**

1. Providing technical assistance to IIPS and more than 25 field organizations to conduct high-quality, national household surveys on population, health and nutrition throughout India;
2. Building the capacity of IIPS, research organizations, and other agencies to design and implement NFHS surveys, to process and analyze survey data, and to disseminate survey findings;
3. Producing field manuals, laboratory manuals, sampling manuals and training manuals to support the collection of household survey data;
4. Providing technical assistance in biomarker measurement, including testing blood for anemia, lead, and HIV; and
5. Conducting Benchmark Surveys to assess achievements of the IFPS project in Uttar Pradesh.

**KEY ACHIEVEMENTS:**

1. Provided technical assistance to IIPS and more than 25 field organizations in the design and implementation of three household surveys with more than 400,000 respondents;
2. Coordinated training of more than 3,000 field staff in NFHS-1, NFHS-2, and NFHS-3;
3. Provided training in sample design, questionnaire design, data analysis, and data dissemination;
4. Co-authored with Indian colleagues more than 50 NFHS reports and numerous articles in peer-reviewed journals;
5. Assisted in promoting the use of NFHS findings in national and state decision-making with regard to population, health, and nutrition policies and programs (such as India's Ninth, Tenth and Eleventh Five-Year Plans, the National Health Policy, the Family Welfare program, the RCH Program, the Initiative to Eliminate Hunger and the *anganwadi* program); and
6. Conducted more than 65 Benchmark Surveys in Uttar Pradesh.

**CONTACT INFORMATION:**

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**Project Name:** Title II-supported Multi-Year Assistance Program (MYAP)  
**Agreement Type:** *Field Support (Cooperative Agreement)*  
**Duration:** *2007 January-December 2009 for CARE and October 2006-September 2011 for CRS*  
**Geographic Scope:** *Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Chandigarh, Dadra & Nagra Haveli, Gujarat, Goa, Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Rajasthan, Tripura, Uttar Pradesh and West Bengal*  
**Technical Assistance Agencies:** *FANTA*  
**Implementing Agency:** *CARE/India and Catholic Relief Services (CRS)/India*

**DESCRIPTION:**

The Public Law 480 Title II program in India is in a phase-out mode. USAID planned to phase out the Title II program in a responsible manner through an orderly transition of program resources and interventions to the government and communities. This program, implemented through CARE and Catholic Relief Services (CRS), reaches about 10 million poor women and children at the greatest risk of mortality, morbidity, and malnutrition in around 100,000 villages in several states of India. The objective of this program is to reduce the high levels of child malnutrition and infant mortality through Title II and local food commodities with complementary health care services provided through Government of India (GOI) and non-governmental organization (NGO) resources.

**KEY ACTIVITIES:**

CARE's Integrated Nutrition and Health Project (INHP) works with the GOI's Integrated Child Development Services (ICDS), the world's largest integrated child survival outreach program equivalent to USG's "Head Start" program. It reaches about 10 million women and children in nine most food insecure states of India. The technical intervention package includes childhood immunization, antenatal care, infant and young child feeding, community-based newborn care, and vitamin A. The program follows a two-pronged approach; i) consolidation and institutionalization and replication and, ii) expansion of the good practices in non-CARE supported areas through the government system.

The CRS Title II program is implemented through a large network of around 2,500 social service organizations in 22 states and Union Territories reaching over 700,000 beneficiaries primarily from the scheduled caste and scheduled tribe communities. In addition to Safe Motherhood and Child Survival (SMCS) activities, CRS also supports agriculture, basic education activities, and humanitarian assistance programs including Mother Teresa's Missionaries of Charity and the Dalai Lama's institutions for the Tibetan Refugees.

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**Project Name:** Horizons Program  
**Agreement Type:** Cooperative Agreement  
**Duration:** 1997-2007  
**Geographic Scope:** Global – focus on India below  
**Technical Assistance Agencies:** -  
**Implementing Agency:** Population Council (and partners)

**DESCRIPTION:**

Horizons is a team of US-based and international organizations working to prevent the spread of HIV/AIDS and mitigate its impact on individuals and communities. Directed by the Population Council and funded by the President's Emergency Plan for AIDS Relief through the United States Agency for International Development (USAID), the program designs, implements, and evaluates innovative service delivery strategies. Since 1997, Horizons has implemented a comprehensive research portfolio and is currently focusing on six clusters of research topics: 1) Prevention 2) Youth 3) Access to treatment, care, and support 4) Addressing the impacts of HIV/AIDS 5) Reduction of stigma and discrimination 6) Determinants of the epidemic and political responses

**KEY ACTIVITIES:**

In India, Horizons research during the first phase (1997-2002) has addressed such issues as documenting and developing measures for assessing effectiveness of STI/HIV prevention approaches among marginalized and vulnerable populations, reducing AIDS-related stigma and discrimination, scaling up continuum of care, documenting implementation of GIPA and, advocating for rights based response to addressing women’s migration and trafficking. During the current phase (2002-2007) the following studies have been undertaken by the Horizons team:

- Assessment of adherence to treatment and sexual risk behavior among HIV positive patients receiving ART- a diagnostic study in Pune and Delhi;
- Building social capital as a strategy to reduce HIV Risk Behaviors Among Key Populations in Andhra Pradesh;
- Providing continuum of care for HIV-positive women post delivery in India (PMTCT Plus);
- Improving the hospital environment for PLHA and scaling up ‘patient-friendly’ hospital concept for improving the hospital environment in India; and
- Promoting equitable gender norms and positive masculinity, via group education and a lifestyle social marketing campaign, as a strategy to reduce sexual risk behavior and violence among male youth in Mumbai, Goa and rural UP.

**KEY ACHIEVEMENTS OF ABOVE INITIATIVES:**

- Better understanding of factors influencing adherence to ARV in private and public health settings. Recommendations for improving adherence to ARV;
- Group educational modules to promote positive masculinity and gender-related attitudes among young men in low-income communities developed;
- Indicators developed to measure gender attitudes in the Indian context;
- Indicators for measuring and assessing impact of community mobilization on reducing risk to HIV among vulnerable populations developed;
- Documented continuum of care model of YRG Care and strategies for scaling up;
- Pathways to Greater Involvement of People Living with HIV/AIDS (GIPA) and models/typology of involvement elucidated; and
- Reduction in AIDS-related stigma and discrimination in health care settings and achievement of ‘PLHA-friendly’ hospital environment.

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**Project Name:** Shakti Rural Health Pilot Program  
**Agreement Type:** PSP-One Core Funding  
**Duration:** Jul 2006 – Sept 2009  
**Geographic Scope:** Uttar Pradesh  
**Technical Assistance Agencies:** Abt Associates  
**Implementing Agency:** PSP-One project and Hindustan Lever Limited

**DESCRIPTION:**

Rural India faces significant maternal and child health challenges, including low contraceptive use and high child mortality. The contraceptive prevalence rate in rural U.P. is 25.2%, with an unmet need for family planning of 23.8% (NFHS-3 2005), and diarrhea is the second biggest cause of child mortality in India. The remoteness of rural villages often makes it difficult for health products such as contraceptives and oral rehydration salts (ORS) to reach the people who need them. Over the past 5 years, HLL has developed a commercially viable rural distribution network of over 30,000 women entrepreneurs (Shakti) who sell HLL products such as soap and detergent in thousands of small villages throughout India.

**PURPOSE:**

To implement a successful pilot for the introduction of maternal and child health products such as contraceptives and ORS into the Shakti network, providing a sustainable supply to rural populations in U.P. that can be scaled up and replicated by HLL throughout India.

**KEY ACTIVITIES:**

1. Assist HLL in identifying priority health needs;
2. Design of pilot intervention for each product, including health aspects and business plan;
3. Development of partnerships with product manufacturers;
4. Establishment of linkages with relevant existing public health programs;
5. Training of Shakti women on promoting and marketing each product;
6. Launching of pilots for each product;
7. Monitoring and evaluation of pilots.

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**Project Name:** Health Policy Initiative (HPI) Task Order 1  
**Agreement Type:** IQC  
**Duration:** September 30, 2005 to September 29, 2010  
**Geographic Scope:** India  
**Technical Assistance Agencies:**  
**Implementing Agency:** Constella Futures, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and World Conference of Religions for Peace (WCRP)

**DESCRIPTION:**

The USAID | Health Policy Initiative, Task Order 1, aims to foster an improved enabling environment for health, particularly family planning/reproductive health (FP/RH), HIV/AIDS, and maternal health. With a focus on dialogue and implementation, the project will empower new partners to take part in the policy process and will help countries translate policies into effective programs and services on the ground, including overcoming operational policy barriers.

Task Order 1 of the USAID | Health Policy Initiative uses five primary approaches to achieve its overarching Activity Objective of improving the enabling environment for health policy:

- **Result 1:** Policies that improve equitable and affordable access to high quality services and information adopted and put into practice
- **Result 2:** Public sector and civil society champions strengthened and supported to advocate successfully and sustainably
- **Result 3:** Health sector resources (public, private, civil society) increased and allocated more effectively and equitably
- **Result 4:** Strengthened multisectoral engagement and host country coordination in the design, implementation, and financing of health programs
- **Result 5:** Timely and accurate data used for evidence-based decisionmaking

**KEY ACTIVITIES:**

- **Access to Reproductive Health Services for the Poor:** The HPI team will work in close collaboration with the Innovations in Family Planning Services Technical Assistance Project (ITAP) to document the RH voucher scheme in selected blocks in Uttaranchal and Uttar Pradesh.
- **Family-Friendly Workplace (FFW) Tool:** This activity will culminate in the design and pilot-testing of a costing tool that demonstrates the costs and benefits of providing family planning and other family-friendly practices in private sector companies. The project will disseminate the results to multisectoral audiences that include private companies and trade unions to advocate for the adoption of family-friendly workplace policies and programs.
- **Impact of Family Planning (FP):** This activity is designed to apply a methodology that assesses the contribution of family planning to social sector savings. The findings of the analysis will be used as part of advocacy activities to increase funding for FP in Uttar Pradesh.

**KEY ACHIEVEMENTS:**

- Completion of FFW roundtables in Hyderabad and New Delhi with private sector companies, NGOs, and key stakeholders to share FFW costing tool. Companies identified for FFW tool pilot test.
- All other activities in progress.

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**Project Name:** Youth Friendly Reproductive Health Pilot Program  
**Agreement Type:** PSP-One Core Funding  
**Duration:** Nov 2006 – Sept 2009  
**Geographic Scope:** Lucknow, UP  
**Technical Assistance Agencies:** Abt Associates  
**Implementing Agency:** PSP-One project and local private sector partners

**DESCRIPTION:**

Married youth in India have significant unmet needs for contraceptives. Per the 1999 NFHS, only 4.7 percent of married women aged 15-19 and 21 percent of married women 20-24 use a modern method of contraceptive, as compared to 44 percent of married women aged 25-29. As a group, young people prefer to seek reproductive health products and services through the private sector. Major gender and cultural barriers exist, especially regarding embarrassment on the part of the client and the retailer, and also due to privacy and confidentiality concerns.

**PURPOSE:**

Create a sustainable mechanism to improve supply of and demand for “youth-friendly” reproductive health products and counseling via chemist shops, medical doctors and traditional medical providers (ISMPs) as an intervention that addresses unmet reproductive health needs among young (ages 15-24), low-income, married couples in urban Lucknow. This operations research model would serve to inform the further expansion of such a network and further a global understanding of how such strategies impact reproductive health of youth.

**KEY ACTIVITIES:**

Formative Research

- Qualitative research with young married men and women in Lucknow, and various health care providers;
- Quantitative baseline survey in intervention city (Lucknow) and control city (Kanpur).

Partnership Development

- Develop collaboration modalities with professional associations for chemists, OB/GYNs and ISMPs to assist with training and referral mechanisms;
- Develop collaboration options with manufacturers of temporary contraceptive products (condoms, oral contraceptives, emergency contraception, vaginal pessaries, standard days method) to position “youth friendly” products in the commercial sector and promote as a lifestyle brand.

Training Program

- Design training program for retailers and medical providers building on prior “youth-friendly” training curricula such as the program developed by PATH.

Communication Strategy

- Engage an advertising agency to design a “youth friendly” logo and develop a range of messages and materials using print, radio, outdoor and electronic channels.

**KEY ACHIEVEMENTS:**

- A Steering Committee with private sector partners, USAID and PSP-One constituted and the first meeting held;
- Formative research in progress;
- MoUs with professional associations, manufacturers and PSP-One being negotiated.

**CONTACT INFORMATION:**

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**Project Name:** Study to explore factors that affect the provision of DMPA in the *Dimpa* Network  
**Agreement Type:** PSP-One Core Funding  
**Duration:** Jun 2006 – Sept 2007  
**Geographic Scope:** Uttar Pradesh  
**Technical Assistance Agencies:** Abt Associates and Family Health International  
**Implementing Agency:** Family Health International

#### DESCRIPTION:

As a part of a program to increase access to and demand for contraceptive injectables (DMPA), PSP-One is establishing and supporting the *Dimpa* network of private providers in urban areas of Uttar Pradesh, Uttarakhand and Jharkhand. The project has now been expanded from three cities in the pilot phase in 2003 to 19 cities in phase three, and further expansion of the network to 25 new cities in Uttar Pradesh, Uttarakhand and Jharkhand is being planned.

To support the *Dimpa* network Family Health International (FHI) is leading a research project to explore factors that affect the provision of DMPA in this network. The goal of this research project is to inform the design of interventions to increase use of quality services in the *Dimpa* network.

#### PURPOSE:

This exploratory descriptive study has three objectives:

1. To determine the potential demand for DMPA among clients of reproductive age attending clinics in high and low performing sites by
  - o Measuring unmet need for a modern contraceptive method;
  - o Assessing the proportion of clients with unmet need who state that they are interested in DMPA (either more information and/or possible use).
2. To compare the quality of counselling in promoting family planning including DMPA and in encouraging continued use of DMPA in high and low performing *Dimpa* sites;
3. To determine what factors affect the interest and commitment of providers to promote DMPA in high and low performing *Dimpa* sites.

#### KEY ACTIVITIES:

This assessment will contrast high and low performing *Dimpa* network sites (as assessed by numbers of DMPA clients). The study will be conducted in five cities of UP.

The assessment will have three components. The main quantitative component will be a survey of female clients as they enter and exit the clinics selected to be in the study. The second component will be qualitative and it is composed of in-depth semi-structured interviews with DMPA users, users of other family planning methods and women who do not use any method from these same clinics. The third component is also qualitative and will consist of semi-structured interviews with providers from these same clinics, but this third part will take place after the first two parts of the study have been completed. The study will be completed by September 2007.

#### CONTACT INFORMATION:

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**Project Name:** Reproductive and Child Health, Nutrition and HIV/AIDS (RACHNA) Program

**Agreement Type:** Field support (Cooperative Agreement)

**Duration:** Oct. 2001- Sept. 2006

**Geographic Scope:** AP, Bihar, Chhattisgarh, Delhi, Jharkhand, MP, Orissa, Rajasthan, UP and West Bengal

**Technical Assistance Agencies:** BASICS II, JHU, Linkages, MOST

**Implementing Agency:** CARE India

**DESCRIPTION:**

Reproductive Child Health, Nutrition and HIV/AIDS (RACHNA) Program is implemented in 78 districts and 22 cities built on the platform of Title II funded Integrated Nutrition and Health Project (INHP). The RACHNA Program has two projects funded by USAID India. While the child health and nutrition interventions began in 2001, the Family Planning and HIV prevention interventions through a project called *Chayan* were integrated in 2002. RACHNA supports Government of India's Integrated Child Development Services (ICDS) Scheme, Reproductive and Child Health (RCH) program and National AIDS Control Program (NACP) in its operational areas with a package of reproductive, child health, HIV prevention and nutrition interventions. INHP reaches about 7 million women and children from 78 districts, while *Chayan* complements these efforts by promoting family planning (especially birth spacing) and generating awareness on of STI / RTI and HIV/AIDS in 29 districts and 22 cities.

**KEY ACTIVITIES**

- Support for Supplementary feeding to most vulnerable mothers and children through ICDS;
- In four out of nine INHP states, FP and HIV/AIDS prevention interventions were built on the INHP II platform. Targeted interventions among high risk behavior groups to prevent the transmission of STI and HIV in 22 cities;
- Systems engagement with Integrated Child Development Services (ICDS), Reproductive and Child Health (RCH), State AIDS Control Societies (SACS) to ensure focus on critical issues;
- Demonstration of successful models of behavior change for improved RCH and nutrition outcomes, especially cadres of skilled volunteers and community-based organizations to support and sustain behavior change;
- Capacity building and strengthening the systems of Government especially ICDS and RCH to replicate successful models across larger program areas;
- Improving access to quality RH services & supplies through social marketing and private sector partnerships; and
- Behavior change communication and life skills development among school and out-of-school youth to prevent transmission of STI and HIV in 22 cities.

**KEY ACHIEVEMENTS:**

- The second round of rapid assessment surveys conducted in a panel of eight districts showed a positive movement in the indicators related to newborn care. Practice of all five cleans during delivery has increased substantially (10-20 percentage point) in five states, with upward trends in other states. There are small improvements (5-10 percentage point) in other essential newborn care practices in most of the states;
- Immunization coverage has increased in three states by 5-15 percentage points, receipt and consumption of IFA increased in four states, receipt of supplementary nutrition improved for all categories in most states. There is a significant increase in the timely initiation of complementary feeding in four of the states with positive trends in other states;
- About 9,000 villages developed demonstration sites with successful models of behavior change. A good progress has been made in replicating INHP best practices in selected Phase I replication site. As of September 04, 50% of villages have a regular nutrition and health days and 36% are having trained volunteers called change agents;
- Partnerships developed to increase accessibility and availability of socially marketed supplies in demonstration sites where *Chayan* is operational. A total of 68,318 retail outlets have been identified and products placed in 30% of the demonstration sites and a large number of adjoining villages.

**CONTACT INFORMATION:**

**USAID/New Delhi:**

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**Project Name:** IndiaCLEN Program for Health Intervention Development and Evaluation (IPHIDE)  
**Agreement Type:** *Field Support – HARP/CRA*  
**Duration:** *4 years*  
**Geographic Scope:** *All India*  
**Technical Assistance Agencies:** *Member institution of IndiaCLEN*  
**Implementing Agency:** *Member institution of IndiaCLEN*

#### **DESCRIPTION:**

The *overall objective* of IPHIDE is to carry out programs of applied health research in India that will influence health policy and action to improve equity in health in India. The proposed program of activities range from hospital-based studies to community-based programs to broaden the impact of research results. The past decade has seen the training of more than 60 faculty members from six Clinical Epidemiology Units (CEUs) located in premier medical institutions in India; successful implementation of a program of research and evaluation activities under the IndiaCLEN Infectious Diseases Initiative (IID); continued expansion of IndiaCLEN's membership and networking with more than 80 institutions for collaborative research; and steady partnerships with health policy makers and program managers in the Government of India .

#### **KEY ACTIVITIES:**

- **Infectious Disease & Disease Surveillance:** IndiaCLEN is closely associated with the development and subsequently with the implementation of Integrated Disease Surveillance Program (IDSP). It has been very closely working with National Aids Control Organization (NACO) and State AIDS Control Societies (SACS) for last 12 months in developing National & State Program implementation Plans for Phase III of National AIDS Control Program (NACP III) to be launched from July 2006. Studies on various aspects of HIV program will be initiated soon after the launching of this phase of HIV AIDS Control activities in the country. IndiaCLEN will continue to support the national TB program (RNTPC);
- **Program Evaluation & Health Systems Research:** IPEN has undertaken the major evaluation studies in India since 1997. In coming year IndiaCLEN projects highlights outstanding health programs evaluation on UIP surveillance, safe water system and HIV-AIDS;
- **Child Health Initiative (CHI):** The themes under the child health initiative in which IndiaCLEN is involved are: diarrheal diseases (ZINC ORS), ARI, vaccine trials, nutrition and quality of care. The CHI will conduct the studies on integrated short course amoxicillin therapy for pneumonia with wheeze-ISCAP II and acceptability and cost effectiveness of zinc supplementation;
- **Neonatal Health Research Initiative (NHRI):** In phase I NHRI has adopted a model approach to change practices in neonatal health care and to promote the rational diffusion of technology;
- **Micronutrient Health Research Initiative (MHRI):** MHRI has identified areas where operational and policy relevant studies can have greater and wider impact on existing supplementation programs and to explore innovative strategies to overcome deficiency states in the community.

#### **KEY ACHIEVEMENTS:**

The IndiaCLEN projects highlight outstanding health program evaluations and the production of important research results on antimicrobial resistance, surveillance methods, rational drug use, health care practices, and intervention in a wide range of conditions that include invasive bacterial diseases, pneumonia, diarrhea, HIV, and tuberculosis. IndiaCLEN's impact on policy has been demonstrated by its close association with national and state governmental agencies for IID-related programs. IndiaCLEN is currently a major player in health research in India, capable of assuming lead national roles in research management and coordination.

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