

## Data Sheet

<b>USAID Mission:</b>	India
<b>Program Title:</b>	Improved Health and Reduced Fertility
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	386-014
<b>Proposed FY 2004 Obligation:</b>	\$48,300,000 CSH; \$20,218,000 PL 480
<b>Prior Year Unobligated:</b>	\$1,276,000 CSH
<b>Proposed FY 2005 Obligation:</b>	\$43,400,000 CSH; \$44,849,000 PL 480
<b>Year of Initial Obligation:</b>	FY 2003
<b>Year of Final Obligation:</b>	FY 2007

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

- increase use of reproductive health and family planning services;
- promote safe behavior for HIV prevention;
- increase use of key child survival interventions; and
- increase use of key infectious disease interventions.

P.L. 480 Title II resources are used strategically to improve child survival and maternal health. All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Increase Use of Reproductive Health and Family Planning Services (\$14,500,000 CSH, \$750,000 Prior Year Unobligated CSH). Through the Innovations in Family Planning Services (IFPS) Project, USAID will work with central and state governments to improve family planning and reproductive health services, targeting specific areas of three states (Uttar Pradesh, Uttaranchal, and Jharkhand) as sites for demonstrating program innovations. Key interventions will include improving access to and quality of family planning and maternal/child health services and increasing efforts to broaden correct knowledge of reproductive and child health services through communications campaigns. The principal implementing agency is the State Innovations in Family Planning Services Agency (prime). The Program for the Advancement of Commercial Technology/Child and Reproductive Health (PACT/CRH) Project complements IFPS, stimulating private sector participation and commercial partnerships for the development, promotion, and availability of child health, reproductive health and HIV/AIDS products and services. The principal implementing agency is ICICI Bank Limited (prime). Principal contractors and grantees include CARE (prime), Center for Development and Population Activities (prime), EngenderHealth (prime), Johns Hopkins University (prime), The Futures Group International (prime), and PATH (prime).

Promote Safe Behavior for HIV Prevention (\$13,500,000 CSH, \$100,000 Prior Year Unobligated CSH). USAID will work with NGOs, private sector businesses, the Government of India (GOI), and state governments to implement HIV prevention and control programs in three targeted states. USAID's AIDS Prevention and Control and Avert Projects will work to improve safe behavior in high risk populations such as truckers, sex workers and their clients, through targeted intervention programs in Maharashtra, Tamil Nadu and Pondicherry. Also, USAID will fund an effort to increase safe behavior in India's ports and their environs. In FY 2004, USAID will consider expanding activities to promote safe behavior for HIV prevention to additional states. Principal contractors and grantees include Family Health International (prime), Population Services International (prime), Voluntary Health Services (prime), Avert Society (prime), and Hindustan Latex Family Planning Promotion Trust (sub).

Increase Use of Key Child Survival Interventions (\$12,600,000 CSH, \$426,000 Prior Year Unobligated CSH). USAID will continue to integrate child survival interventions into the P.L. 480 Title II food aid

platform to improve the survival and nutrition of about seven million of India's poorest mothers and children in 100,000 villages of India. Key child survival interventions will include immunization, breastfeeding, supplementary feeding, antenatal care, vitamin A and iron-folate supplementation, newborn care, and timely complementary feeding. CSH resources will be used to promote urban child health interventions and applied research on neonatal health at the community level. USAID will continue to work to eradicate polio and to strengthen routine service delivery systems. Agencies, contractors and grantees include CARE (prime), Catholic Relief Services (prime), the World Health Organization (prime), the United Nations Children's Fund (prime), and Rotary International (sub).

Increase Use of Key Infectious Disease Interventions (\$7,700,000 CSH). USAID activities under this component will address tuberculosis (TB), antimicrobial resistance, vaccine preventable diseases, and improved surveillance of infectious diseases. TB efforts will focus on improving public and private sector delivery of services, and monitoring the effectiveness of diagnosis and treatment. Principal contractors and grantees include the World Health Organization (prime), International Clinical Epidemiology Network (INCLIN) (prime), and John Hopkins University (prime).

**FY 2005 Program:**

Increase Use of Reproductive Health and Family Planning Services (\$13,600,000 CSH). USAID plans to continue implementation of activities to improve reproductive and child health services with an emphasis on developing models of appropriate engagement between the public and private sectors. PACT/CRH activities are expected to continue as above.

Promote Safe Behavior for HIV Prevention (\$13,500,000 CSH). USAID plans to expand its HIV prevention program by adding new activities to address special needs such as: children affected by AIDS, improved HIV surveillance through laboratory strengthening and training, and models for voluntary testing and counseling and care and support.

Increase Use of Key Child Survival Interventions (\$11,800,000 CSH). FY 2004 activities are expected to continue. Expanded efforts are planned in urban environs where poor, migrant, slum-dwelling populations exhibit high rates of mortality and morbidity due to childhood diseases, HIV and TB.

Increase Use of Key Infectious Disease Interventions (\$4,500,000 CSH). USAID plans to expand its current support for model TB delivery and research in Tamil Nadu and for Directly Observed Therapy Short course (DOTS) delivery in Haryana. Innovative links to the private sector medical community and testing of a new TB diagnostic will be explored. Investments in surveillance system strengthening in Maharashtra will be continued.

**Performance and Results:** Over its life the activities under this strategic objective are expected to increase: (1) the contraceptive prevalence rate in the states of Uttar Pradesh, Uttaranchal and Jharkhand; (2) condom use at last sexual encounter among high-risk groups in Tamil Nadu and Maharashtra; (3) the percentage of high-risk group populations in Tamil Nadu and Maharashtra who seek care from qualified providers for sexually transmitted infections; (4) the immunization and exclusive breastfeeding rates in target areas; and (5) the number of clients receiving DOTS in Haryana.

From 2002 to 2003, the IFPS project experienced its largest increase ever in contraceptive prevalence, up 1.0 percentage point to 27.3%. The contraceptive prevalence rate (CPR) in project areas has increased more than twice as fast as in non-project areas in Uttar Pradesh since 1998/99. The IFPS coverage area currently includes 94 million of Uttar Pradesh's 166 million inhabitants. Also in the IFPS project area, coverage among pregnant women with at least two doses of tetanus toxoid vaccine remained relatively high, and a substantial increase was recorded in births attended by a trained provider. Despite numerous challenges, the Title II program enrolled 86% of children aged 6-36 months for take-home rations, one of the key strategies of the program that targets and reaches the most vulnerable women and children with supplementary food and health services. Condom use among truckers remained high, with 83% of truckers reporting condom use during their most recent non-regular sexual encounter. In TB, steady progress has been made towards implementing the DOTS in the entire state of Haryana, home to 21 million people - slightly more than the population of Ghana.

## US Financing in Thousands of Dollars

India

386-014 Improved Health and Reduced Fertility	<b>CSH</b>
<b>Through September 30, 2002</b>	
Obligations	0
Expenditures	0
Unliquidated	0
<b>Fiscal Year 2003</b>	
Obligations	38,662
Expenditures	131
<b>Through September 30, 2003</b>	
Obligations	38,662
Expenditures	131
Unliquidated	38,531
<b>Prior Year Unobligated Funds</b>	
Obligations	1,276
<b>Planned Fiscal Year 2004 NOA</b>	
Obligations	48,300
<b>Total Planned Fiscal Year 2004</b>	
Obligations	49,576
<b>Proposed Fiscal Year 2005 NOA</b>	
Obligations	43,400
Future Obligations	101,762
Est. Total Cost	233,400