

Data Sheet

USAID Mission:	India
Program Title:	Improved Health and Reduced Fertility
Pillar:	Global Health
Strategic Objective:	386-014
Status:	Continuing
Planned FY 2006 Obligation:	\$50,165,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2007 Obligation:	\$48,366,000 CSH
Year of Initial Obligation:	2003
Estimated Year of Final Obligation:	2007

Summary: USAID has focused its health portfolio technically and geographically on India's larger challenges. The country accounts for one-quarter of annual child deaths globally and one-third of the global tuberculosis (TB) burden, has the second highest number of HIV infected individuals in the world, is forecast to become the world's most populous country by 2030, and continues to experience polio transmission. USAID's program focuses on HIV/AIDS, infectious disease, child and maternal mortality, reproductive health/family planning, polio, and urban health issues. All family planning assistance agreements incorporate clauses that implement the President's directive restoring the Mexico City policy.

Inputs, Outputs, Activities:

FY 2006 Program:

Improve Child Survival, Health, and Nutrition (\$12,852,000 CSH). USAID is continuing to use P.L. 480 Title II and CSH funds to improve child survival, health, and nutrition in nine Indian states. In FY 2006, USAID will design and award a new program to improve child survival in north India. USAID is implementing micronutrient programs in three focus states and continuing to support polio eradication. Under the urban health initiative, USAID is conducting demonstrations, workshops, conferences, and consultations on matters related to urban health planning and service delivery. USAID is funding the third round of the National Family Health Survey, India's demographic and health survey. Principal Implementers: CARE, Catholic Relief Services, United Nations Children's Fund (UNICEF), the World Health Organization (WHO), ORC Macro, and the CORE group of non-governmental organizations.

Prevent and Control Infectious Diseases Of Major Importance (\$6,138,000 CSH). To further the objectives of India's TB control initiative, USAID funds are being utilized for the implementation of directly observed treatment short-course therapy (DOTS) in Haryana. USAID is funding research on the operations of the revised National TB Control Program. USAID has been a partner during the design phase of the new National Vector Borne Disease Program and will participate until its finalization in spring 2006. USAID is strengthening and expanding India's capacity to conduct surveillance of infectious diseases, including avian influenza, and to detect and respond to disease outbreaks. Principal Implementers: WHO and the Centers for Disease Control (CDC).

Reduce Transmission and Impact Of HIV/AIDS (\$16,335,000 CSH). USAID is implementing and scaling up demonstrated HIV prevention and care services including counseling and testing in Tamil Nadu, Pondicherry, and Maharashtra. Funds are also being used to develop and demonstrate strategic, comprehensive approaches to linking HIV/AIDS prevention, care, and support. USAID is initiating new activities to prevent mother-to-child transmission in target areas. Principal Implementers: Voluntary Health Services, the Avert Society, Family Health International, Population Services International, Hindustan Latex Family Planning Promotion Trust, CARE, ORC Macro, and the Johns Hopkins University.

Support Family Planning (\$14,840,000 CSH). USAID is establishing a network of private health care providers to provide high-quality reproductive health and family planning services. To promote healthy reproductive behaviors and decisions in its focal states, USAID is supporting health promotion campaigns that encourage a life cycle approach to reproductive health. USAID is funding at least five non-governmental organizations in at least eight districts of Uttar Pradesh to provide information,

commodities, and clinical reproductive health and family planning services. USAID is also expanding contraceptive method choice in nine cities of Uttar Pradesh, bringing the total to 18 cities with 13 million inhabitants. Principal Implementers: the State Innovations in Family Planning Services Project Agency, the Uttaranchal Health and Family Welfare Society, the Jharkhand Health Society, Futures Group, Abt Associates, ORC Macro, and CARE.

FY 2007 Program:

Improve Child Survival, Health, and Nutrition (\$14,555,000 CSH). USAID will continue to implement the health system capacity enhancement activities, execute micronutrient programs, and support polio eradication. USAID will also conduct demonstrations, workshops, conferences, and consultations on matters related to urban health planning and service delivery. Principal Implementers: UNICEF, WHO, ORC Macro, and the CORE group of non-governmental organizations.

Prevent and Control Infectious Diseases Of Major Importance (\$6,185,000 CSH). USAID will expand model TB delivery and research in Tamil Nadu and DOTS delivery in Haryana. In addition to fighting TB, USAID will continue to support the objective of strengthening and expanding India's capacity to conduct surveillance of infectious diseases. Programs that link the private sector and the medical community to new TB diagnostic tools are planned. Principal Implementers Include: WHO and CDC.

Reduce Transmission and Impact Of HIV/AIDS (\$16,335,000 CSH). USAID will expand HIV prevention and mitigation (in established target states and an additional high-prevalence state) by addressing special needs such as: AIDS-affected children, HIV surveillance, voluntary testing and counseling, and care and support. Principal Implementers: Voluntary Health Services, the Avert Society, Family Health International, Population Services International, Hindustan Latex Family Planning Promotion Trust, CARE, ORC Macro, and the Johns Hopkins University.

Support Family Planning (\$11,291,000 CSH). USAID will continue activities to improve reproductive and child health services that promote healthy reproductive behaviors and decisions in its focal states. USAID will also develop models for public-private sector engagement. Principal Implementers: the Uttar Pradesh State Innovations in Family Planning Services Project Agency, the Uttaranchal Health and Family Welfare Society, the Jharkhand Health Society, Futures Group, Abt Associates, and ORC Macro.

Performance and Results: In the last year, USAID-supported activities made considerable progress in reducing the transmission and impact of HIV/AIDS. In the USAID focus state of Tamil Nadu, the HIV prevalence rate was reduced to 0.5% in 2004 (down from 1.13% in 2001). The HIV prevalence in the other USAID focus state of Maharashtra has remained stable at 1.25% since 2002. FY 2005 saw forward progress in USAID's efforts to support family planning in India. The program exceeded its 26.6% target for the use of modern contraceptives by married women of reproductive age in the state of Uttar Pradesh. USAID's support of the private sector's introduction and promotion of injectable contraceptives contributed to a three-fold increase in sales between 2004 and 2005. USAID made contraceptives available at nearly 22,000 community centers in four northern states. In FY 2005, the implementation of DOTS was expanded to cover 22 million people in the state of Haryana. Every month, more than 2,000 TB patients were put on DOTS in Haryana, preventing approximately 400 additional deaths. In Muslim communities with persistent polio, USAID worked with faith-based Muslim organizations to battle misconceptions about the polio vaccine, creating community support for vaccines and ensuring children were immunized. The total number of polio cases in India reached an all time low in 2005 with 59 cases reported, down from 134 in 2004 and 1,600 in 2002. By the end of FY 2007, the following will be accomplished: increased contraceptive prevalence rates in the states of Uttar Pradesh, Uttaranchal, and Jharkhand; increased condom use among high-risk groups for HIV/AIDS in Tamil Nadu, Maharashtra, and Pondicherry; increased percentage of high-risk groups in Tamil Nadu, Maharashtra, and Pondicherry seeking care for HIV infection; increased immunization and breastfeeding rates in target areas; and increased number of clients receiving DOTS in Haryana.

US Financing in Thousands of Dollars

India

	CSH	ESF	GHAI
386-014 Improved Health and Reduced Fertility			
Through September 30, 2004			
Obligations	87,738	2,000	0
Expenditures	26,693	0	0
Unliquidated	61,045	2,000	0
Fiscal Year 2005			
Obligations	52,800	0	4,400
Expenditures	50,720	1,900	300
Through September 30, 2005			
Obligations	140,538	2,000	4,400
Expenditures	77,413	1,900	300
Unliquidated	63,125	100	4,100
Prior Year Unobligated Funds			
Obligations	0	0	0
Planned Fiscal Year 2006 NOA			
Obligations	50,165	0	0
Total Planned Fiscal Year 2006			
Obligations	50,165	0	0
Proposed Fiscal Year 2007 NOA			
Obligations	48,366	0	0
Future Obligations	0	0	0
Est. Total Cost	239,069	2,000	4,400