Data Sheet

USAID Mission:

Program Title:

Pillar:

Strategic Objective:

Status:

Nepal

Health and Family Planning

Global Health

367-002

Continuing

Status: Continuing Planned FY 2005 Obligation: \$23,540,000 CSH Prior Year Unobligated: \$0

Proposed FY 2006 Obligation:\$23,000,000 CSHYear of Initial Obligation:1996Estimated Year of Final Obligation:2006

Summary: This program aims to reduce fertility and protect the health of Nepalese families by: 1) increasing access to and use of quality voluntary family planning services; 2) increasing access to and use of quality maternal and child health services; 3) strengthening the prevention-to-care HIV/AIDS program among most-at-risk groups; and 4) controlling infectious diseases. The ultimate beneficiaries are

11 million men and women of reproductive age and 3.5 million children under the age of five years.

Inputs, Outputs, Activities:

FY 2005 Program: Improve Child Survival, Health and Nutrition (\$12,840,000 CSH). USAID will continue to strengthen integrated maternal and child health programs and family planning services at the community level. Activities will expand public and private sector family planning services; increase the number of skilled family planning providers; expand the delivery of community-based treatment of diarrheal disease and pneumonia; continue Vitamin A supplementation for children; strengthen nationwide availability of health commodities; and expand the literacy and reproductive health programs. USAID will also strengthen national-level advocacy for improved maternal and neonatal health outcomes through competency-based training curricula, and scale up the community-level childbirth preparedness program. New activities include: pilot programs to improve neonatal health outcomes and nightblindness in pregnant women; assistance to strengthen preservice curriculum in the area of family planning; and alternative interventions to address diarrheal disease through promotion of handwashing and activities to improve water quality at the point-of-use. USAID will expand life skills education and literacy programs to reach 85,000 young women and out-of-school girls and strengthen the capacity of Female Community Health Volunteers (FCHVs) to convey health education to young mothers. Principal partners: John Snow, Inc., Johns Hopkins University, EngenderHealth, Save the Children, CARE, and Population Services International. New partners: United Nations Children's Fund (UNICEF), World Education Inc., and the Center for Development and Population Activities.

Reduce Transmission and Impact of HIV/AIDS (\$8,700,000 CSH). USAID will continue to expand and strengthen behavior change interventions using the Abstinence, Behavior Change, and Consistent Condom Use (ABC) multisectoral approach. The 13 sites for voluntary counseling and testing, and care and support activities will be expanded with three additional sites linked to ongoing behavior change interventions to establish a continuum of prevention-to-care services in target areas. USAID will develop a new home and community-based care and support program targeting people living with HIV/AIDS (PLHAs) among migrant communities in the Far West. It will be linked to prevention activities for migrants traveling between Nepal and Mumbai, India. Ongoing technical assistance and policy support will be provided to strengthen GON capacity to implement and manage its National HIV/AIDS Strategy, improve surveillance systems, and address policies, laws, and regulations which are discriminatory towards persons living with or affected by HIV/AIDS. USAID will improve adolescents' knowledge to prevent transmission of HIV/AIDS by supporting the adaptation of a revised national curriculum to incorporate HIV prevention with a life skills-based educational approach. Approximately 400,000 children from grades one through ten in nonformal education classes will pilot the curriculum. In addition, USAID and UNICEF will develop and institutionalize inclusive school enrollment and teacher hiring policies for PLHAs. USAID will strengthen reproductive health and HIV prevention components in UNICEF's nationally broadcast radio program for youth, increase broadcast range through community FM stations, and form listeners'

groups to discuss the radio program content in-depth. Principal partners: Family Health International, The Futures Group, Population Services International, UNICEF, and local non-governmental organizations (NGOs).

Prevent and Control Infectious Diseases of Major Importance (\$2,000,000 CSH). USAID will provide limited assistance to build GON capacity to strengthen surveillance for Japanese encephalitis and develop and help implement activities at the community level to address malaria. A pilot program will be initiated focusing on the integration of population, health, and environment in order to demonstrate the benefits of combining conservation, population control, community development, and health interventions. Principal partners: John Snow International and an international NGO to be determined (TBD).

Overall, USAID will continue to strengthen health care services and systems at local levels to mitigate the impact of the conflict.

FY 2006 Program: Improve Child Survival, Health and Nutrition (\$12,300,000 CSH). USAID will continue to strengthen integrated maternal and child health programs and public and private sector family planning services. Same partners as above.

Reduce Transmission and Impact of HIV/AIDS (\$8,700,000 CSH). USAID will continue to expand and strengthen behavior change interventions using the ABC multisectoral approach and strengthening GON capacity to implement and manage its National HIV/AIDS Strategy. Same partners as above.

Prevent and Control Infectious Diseases of Major Importance (\$2,000,000 CSH). USAID will continue to build GON capacity to carry out relevant infectious disease programs including population, health, and environment activities and improve access to clean water in the home. Same partners as above.

Performance and Results: The number of children born to the average Nepalese family has decreased 20% in the last 10 years from five children in 1991 to 4.1 in 2001. During this time, child mortality also declined by 40%. USAID will work with the GON and other donors to reduce population growth further by meeting the demand for family planning services and decreasing the average family size from 4.1 children in 2001 to 3.6 by 2006. All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy. USAID will also decrease the number of deaths of children under five years from 91 per 1,000 live births in 2001 to 70 in 2006, and reduce HIV/AIDS transmission by achieving condom use of 80% among high-risk groups.

Despite the conflict and political instability, the program met all FY 2004 annual performance targets. Couple years of protection increased by 11% in target areas. USAID's support to the private sector's social marketing and social franchising family planning program was very successful, demonstrating an increase in couple years of protection of 30%, compared to an average growth of 9% over the previous three years.

The Vitamin A supplementation program was implemented in all of Nepal's 75 districts and reached 98% of all eligible children. FCHVs implemented the community-based treatment for pneumonia program and diagnosed and treated 250,000 children for pneumonia - accounting for 67% of all community-based treatment (target 66.8%).

In 2004, 19.9 million condoms were sold through social marketing outlets, a one-year increase of 31%. Of these, nearly 8.1 million were Number One brand condoms, which are promoted for HIV/STI prevention. In 2004, 4.1 million condoms (21% of all condoms sold) were sold in nontraditional outlets such as dance and cabin restaurants, bars, and by betel-nut sellers and rickshaw pullers. The HIV/AIDS social marketing program began a strategic shift in 2004 from targeting "youth" for its Number One condom sales to a more geographic focus. Condom sales will now be targeted to most-at-risk groups in places where they congregate and aligned more closely with the USAID HIV/AIDS strategy.

US Financing in Thousands of Dollars

Nepal

| 367-002 Health and Family Planning | СЅН | DA |
|------------------------------------|---------|--------|
| Through September 30, 2003 | | |
| Obligations | 82,246 | 52,515 |
| Expenditures | 54,120 | 52,515 |
| Unliquidated | 28,126 | 0 |
| Fiscal Year 2004 | | |
| Obligations | 24,175 | 0 |
| Expenditures | 19,545 | 0 |
| Through September 30, 2004 | | |
| Obligations | 106,421 | 52,515 |
| Expenditures | 73,665 | 52,515 |
| Unliquidated | 32,756 | 0 |
| Prior Year Unobligated Funds | | |
| Obligations | 0 | 0 |
| Planned Fiscal Year 2005 NOA | | |
| Obligations | 23,540 | 0 |
| Total Planned Fiscal Year 2005 | | |
| Obligations | 23,540 | 0 |
| Proposed Fiscal Year 2006 NOA | | |
| Obligations | 23,000 | 0 |
| Future Obligations | 0 | 0 |
| Est. Total Cost | 152,961 | 52,515 |