

Data Sheet

USAID Mission:	Nepal
Program Title:	Health and Family Planning
Pillar:	Global Health
Strategic Objective:	367-002
Status:	Continuing
Planned FY 2006 Obligation:	\$18,613,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2007 Obligation:	\$0
Year of Initial Obligation:	1996
Estimated Year of Final Obligation:	2006

Summary: USAID's health program is an engine of institutional reform, supporting decentralized essential health services whose loss would diminish the Government of Nepal's already precarious legitimacy. The program reduces fertility and protects the health of Nepalese families by: increasing access to and use of quality voluntary family planning services; increasing access to and use of quality maternal and child health services; and strengthening prevention-to-care HIV/AIDS activities among most-at-risk groups. The nationwide reach of the program and focused interventions in selected districts strengthen the public sector's visibility and legitimacy in providing basic services to its citizens. USAID's activities maximize participation by communities to promote local governance and mitigate exclusion -- a key driver of the current political unrest and conflict. 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 2006 Program:

Improve Child Survival, Health, and Nutrition (\$3,941,000 CSH). USAID is strengthening community-level, integrated child health programs. USAID is expanding community-based treatment of diarrhea and pneumonia, continuing vitamin A supplementation for children, and strengthening nationwide availability of health commodities. Campaigns such as vitamin A are well accepted in rural communities, even in conflict-affected areas, and provide an opportunity for all sectors of society to come together around the common goal of saving children's lives. Principal Implementers: John Snow, Inc. (JSI), Johns Hopkins University (JHU), EngenderHealth, Save the Children (SC-USA), CARE, Adventist Development and Relief Agency (ADRA), and the United Nations Children's Fund (UNICEF).

Improve Maternal Health and Nutrition (\$1,010,000 CSH). USAID is strengthening community-level, integrated maternal and neonatal programs. The program emphasizes scaling up cost-effective, community-based interventions that have a real impact of reducing mortality. Community involvement in the design and management of these programs is mitigating exclusion -- a key driver of the conflict. USAID is continuing national advocacy for improved maternal, neonatal, and child health outcomes through development of competency-based training curricula. Principal Implementers: JSI, JHU, EngenderHealth, and SC-USA.

Reduce Transmission and Impact Of HIV/AIDS (\$7,326,000 CSH). To prevent a humanitarian crisis, USAID is expanding and strengthening behavior change interventions aimed at preventing HIV transmission using the Abstinence, Behavior Change, and Consistent Condom Use multi-sectoral approach. Voluntary counseling and testing is being expanded and linked to prevention, treatment of sexually-transmitted infections, and care and support in target areas. USAID is rolling out home and community-based care for people living with HIV/AIDS (PLWHAs). Technical assistance and policy support is being provided to strengthen GON capacity to implement and manage the National HIV/AIDS Action Plan, improve surveillance and logistics systems, and address policy reform, particularly in the area of stigma and discrimination toward PLWHAs and their families. To prevent transmission, USAID is improving adolescents' knowledge of HIV through the revised national curriculum and nationally-broadcast radio program for youth. Principal Implementers: Family Health International/IMPACT, UNICEF, the Futures Group International, and Populations Services International (PSI).

Support Family Planning (\$6,336,000 CSH). USAID is strengthening public and private sector voluntary family planning services and the systems to support those services; increasing the number of skilled family planning providers; and ensuring nationwide availability of birth spacing methods. USAID is continuing to increase access to quality services by poor and marginalized groups (primarily low-caste, ethnic and religious minorities) to better address exclusion -- a key driver of the conflict and state fragility. New activities include support for improved district-level planning and management of services. USAID monitors all family planning activities for adherence to the Tiahrt legislation. All family planning assistance agreements incorporate clauses that implement the President's directive restoring the Mexico City policy. Principal Implementers: JSI, JHU, EngenderHealth, ADRA, SC-USA, CARE, PSI, World Education International, and the Center for Development and Population Activities. New Implementer: Management Sciences for Health.

FY 2007 Program:

Improve Child Survival, Health and Nutrition. USAID will implement a new strategic statement in FY 2007. This program will end in FY 2006.

Improve Maternal Health and Nutrition. USAID will implement a new strategic statement in FY 2007. This program will end in FY 2006.

Reduce Transmission and Impact Of HIV/AIDS. USAID will implement a new strategic statement in FY 2007. This program will end in FY 2006.

Support Family Planning. USAID will implement a new strategic statement in FY 2007. This program will end in FY 2006.

Performance and Results: Overall, USAID expects to achieve reduced mortality and fertility which will be demonstrated in the 2006 Demographic and Health Survey. Contraceptive use continues to improve as measured through annual couple years protection, and increases in contraceptive prevalence will result in expected rates of reduction in total fertility. Also on track is the expected rate of reduction in child mortality due to expansion of the community-based integrated management of childhood illness program, which includes pneumonia treatment and consistent high coverage of Vitamin A supplementation for children. Over the past year, USAID has expanded HIV-related services to all most-at-risk groups and exceeded targets for prevention, reducing stigma and discrimination, voluntary counseling and testing, treatment of sexually-transmitted infections, and community and home-based care and support services. HIV sero-prevalence rates among most-at-risk groups have stabilized and are even declining among injecting drug users.

US Financing in Thousands of Dollars

Nepal

	CSH	DA
367-002 Health and Family Planning		
Through September 30, 2004		
Obligations	106,421	52,515
Expenditures	73,665	52,185
Unliquidated	32,756	330
Fiscal Year 2005		
Obligations	24,190	0
Expenditures	24,454	330
Through September 30, 2005		
Obligations	130,611	52,515
Expenditures	98,119	52,515
Unliquidated	32,492	0
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2006 NOA		
Obligations	18,613	0
Total Planned Fiscal Year 2006		
Obligations	18,613	0
Proposed Fiscal Year 2007 NOA		
Obligations	0	0
Future Obligations	0	0
Est. Total Cost	149,224	52,515