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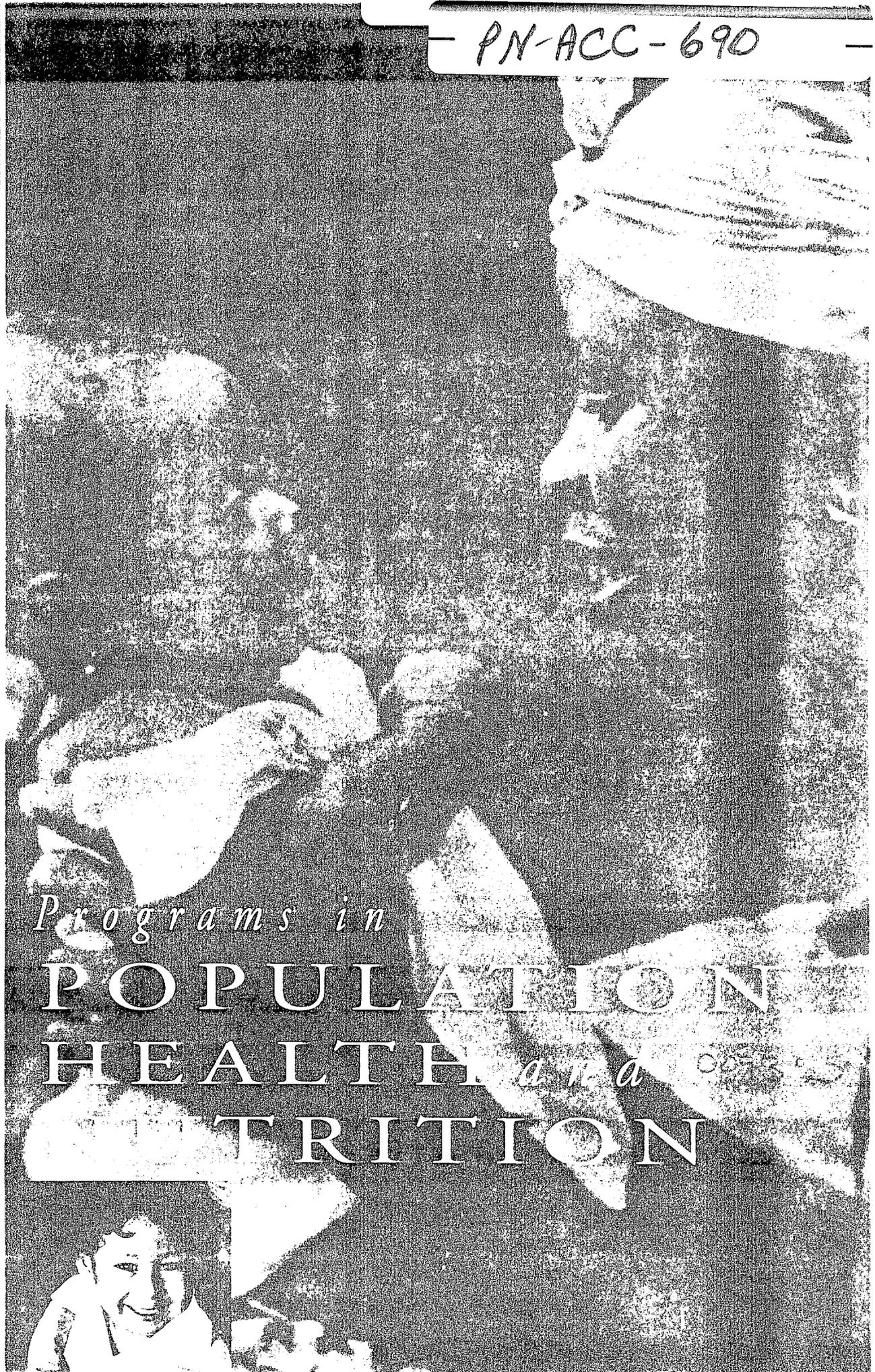
USAID

Programs in

POPULATION

HEALTH *and*

NUTRITION





PH-ACC-690

COUNTRY *Overview*

BANGLADESH

Bangladesh has a population of approximately 123 million and is one of the poorest and most populous democracies in South Asia. Agriculture is the most important sector of the nation's economy. It accounts for nearly 34% of the gross domestic product and approximately 66% of the workforce. The population is approximately 85% Muslim, 14% Hindu, and less than 1% Christian and others.

USAID STRATEGY

For more than 20 years, USAID has provided major funding and assistance to Bangladesh in family planning and health. In 1997, USAID launched a new strategy using an integrated approach to family planning and family health. The strategy focuses on:

- Increasing the use of high-impact family health services in target populations;
- Increasing the capabilities of individuals, families, and communities to protect and provide for their own health;
- Improving the quality of information, services and products, and customer satisfaction;
- Strengthening local service delivery organizations and support systems for family health services; and;
- Improving the sustainability of family health services and support systems.

The strategy includes seven major components: urban service delivery, rural service delivery, social marketing, quality improvement, urban immunization, operations research, and contraceptive logistics.

MAJOR PROGRAM AREAS

Increasing Access to Family Planning Services. USAID has pioneered the testing and expansion of innovative services delivery, including doorstep and other community level approaches. USAID-supported nongovernmental organizations (NGOs) provided family planning and counseling services to 2.4 million users in 1996, a 23% increase from 1995. This was partly due to a 26% increase in the number of NGO-run satellite clinics in 1996. Also, the USAID-supported Jiggasha project, which uses group sessions by fieldworkers to deliver family planning counseling and services, provided services to another 429,000 users in 1996, a 15% increase over 1995.

Contraceptive Social Marketing. With technical assistance from USAID, the Social Marketing Company (SMC), a private, non-profit organization, supplies condoms, oral contraceptives, and oral rehydration salts to Bangladeshi families. The SMC sells contraceptives at low prices the poor can afford and expands access to contraceptives through 110,000 retailers who reach approximately 60% of all condom users in Bangladesh.

USAID assists in funding the marketing, promotion, and distribution costs of the contraceptives; revenues from product sales cover an ever-increasing proportion of SMC costs.

Maternal and Child Health Services. To improve the health of Bangladeshi women and children, USAID supports and works with NGOs to:

- Expand vaccination coverage;
- Increase the use of oral rehydration therapy to treat diarrheal disease; and
- Provide other basic health services.



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COUNTRY *Overview*

BANGLADESH

To promote these services, USAID supports the development of quality standards and protocols for more consistent service delivery.

HIV/AIDS Prevention. High levels of HIV/AIDS prevalence in neighboring countries require that Bangladesh take steps to prevent the epidemic's expansion. Recently, USAID has begun to support a modest program that is designed for the early prevention of HIV/AIDS.

RESULTS HIGHLIGHTS

USAID's programs in Bangladesh have contributed to a number of impressive results:

- The total fertility rate declined from 7 children per woman in 1974 to 3.3 in 1994-96.
- The contraceptive prevalence rate (all methods) increased from 8% in 1975 to 49% in 1996-97.
- The number of infant deaths fell from 124 per 1,000 live births in 1987 to 82 per 1,000 in the period 1992-96.
- The use of oral rehydration salts grew from 2% in the early 1980s to 50% in 1994.
- A media campaign to promote family planning and contraceptive use reached as many as 10,000 Bangladeshis in a single evening in the rural provinces.
- Volunteer discussion groups, called Jiggasha ("to inquire"), encourage women to discuss family planning, reproductive health, and child health issues with each other and with family planning field workers.
- A forum for newly married women to learn about family planning and child health interventions has been created. Also, a forum for satisfied contraceptive users to share experiences has been formed along with a similar forum for nonusers and those who discontinue use of contraceptives to discuss their reservations.

CONTINUING CHALLENGES

A large group of young Bangladeshis is now approaching reproductive age as a result of past high fertility. USAID's support is crucial to sustaining the progress made in reducing fertility, and child and maternal mortality rates. USAID's policy work will need to support increases in the government's budget allocations for health, family planning, and HIV/AIDS prevention, and help identify ways to reduce service delivery costs to make these programs sustainable.

DEMOGRAPHIC TABLE

Population:	123,100,000	(1996, BuCen)
Percent Urban:	19%	(1996, UNPOP)
Life Expectancy:	56 years at birth	(1992-97, DHS)
Infant Mortality:	82 infant deaths per 1,000 live births	(1992-96, DHS)
Under-Five Mortality:	116 deaths under five per 1,000 live births	(1992-96, DHS)
Underweight Children:	56% of children under five years of age	(1996-97, DHS)
Vaccination Coverage:	70% of children vaccinated for measles by their first birthday	(1996-97, DHS)
Maternal Mortality:	850 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	42% of married women use modern methods of contraception	(1996-97, DHS)
Total Fertility:	3.3 average number of children per woman	(1994-96 DHS)
HIV Prevalence:	26 per 100,000 adults	(1994, WHO)
Adult Literacy:	37%	(1993, UNDP)
Real GDP:	\$1,331 per person	(1994, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

BRAZIL

Brazil, with more than 162 million inhabitants, is the world's fifth largest country in both population size and land mass. Its size, economy, and biological diversity affect not only South America but the entire world.

USAID STRATEGY

USAID has a long history of providing assistance to Brazil. Current programs aim to:

- Improve women's contraceptive options and institutionalize high quality family planning services in the two neediest states, Bahia and Ceara.
- Reduce the incidence of sexually transmitted infections (STIs) and HIV/AIDS by expanding services and improving their quality in two southern states.
- Improve the quality of life for at-risk youth in the three largest and poorest Northeastern capitals: Recife, Salvador, and Fortaleza.

MAJOR PROGRAM AREAS

Increasing Access to Family Planning Services for Women. USAID works with the recently decentralized state-level public health sectors in Bahia and Ceara to expand access to and improve the quality of family planning and reproductive health services by:

- Seeking to increase the number of sites where women obtain reproductive health and family planning services;
- Improving women's contraceptive options by increasing the range of family planning methods available, including intrauterine devices and Depo Provera, an injectible contraceptive;
- Ensuring that staff are trained and facilities are adequately equipped and supplied;
- Improving management and systems to support the delivery of these services; and

- Strengthening systems and sustainability by working with BEMFAM, the major private Brazilian family planning organization, and other nongovernmental organizations (NGOs).

USAID assistance in family planning is being provided under a phase-out strategy and will end in the year 2000.

HIV/AIDS Behavior Change and Institutional Capacity Development. Brazil ranks second among countries reporting AIDS cases, with more than 94,000 reported cases in 1996. More than 500,000 Brazilians are estimated to be infected with HIV, which causes AIDS. USAID has focused efforts in Sao Paulo and Rio de Janeiro, two southern cities where the virus has spread most rapidly. Here, USAID is working to reduce high-risk behavior and to strengthen local NGOs, state-level ministries of health, and commercial sector firms. The program provides training for staff in clinical diagnosis and treatment of STIs, and for community outreach workers and others in HIV/AIDS prevention approaches and counseling.

RESULTS HIGHLIGHTS

USAID's programs in Brazil have contributed to a number of impressive results:

- Access to family planning services has grown. The number of service delivery points with at least one trained family planning provider has increased in Ceara from 20% in 1992 to 66% in 1996, and in Bahia from 12% in 1993 to 27% in 1996.
- World Bank studies have found a decrease in new HIV/AIDS cases in the two states where USAID has focused its program.
- With strong technical support and consistent efforts, the major family planning NGO now



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COUNTRY *Overview*

BRAZIL

has a viable action plan to sustain family planning services.

- USAID programs are applying social marketing techniques such as the use of non-traditional outlets to increase condom sales. The USAID-supported socially marketed condom, Prudence, has achieved a 14% market share, making it the third largest brand in Brazil. The condom market has increased from 50 million sales in 1991 to 170 million in 1996.
- USAID's at-risk youth activity targets low-income youth ages 7 to 17 in three of the largest and poorest northeastern capitals—Recife, Salvador and Fortaleza—and has achieved some notable successes. In Fortaleza, 1,798 out-of-school children enrolled in public schools. In addition, as a result of USAID's support to social mobilization against child and adolescent prostitution, the Brazilian government launched a national campaign to prevent sexual exploitation of youth through sex tourism.

CONTINUING CHALLENGES

Despite Brazil's significant achievements in fertility reduction and contraceptive prevalence, efforts are still necessary to improve the quality and sustainability of family planning services, particularly in the impoverished northeast. The majority of new AIDS cases result from heterosexual transmission of HIV. This requires a shift in the Brazilian government's strategy to a focus on women of reproductive age. Street children and other at-risk youth constitute one of Brazil's most serious problems. USAID assistance will continue to play an important role in helping Brazilian institutions address these challenges.

DEMOGRAPHIC TABLE

Population:	162,661,000	(1996, BuCen)
Percent Urban:	79%	(1996, UNPOP)
Life Expectancy:	62 years at birth	(1996, BuCen)
Infant Mortality:	39 infant deaths per 1,000 live births	(1991-96, DHS)
Under-Five Mortality:	49 deaths under five per 1,000 live births	(1991-96, DHS)
Underweight Children:	6% of children 12 to 23 months of age	(1996, DHS)
Vaccination Coverage:	74% of children vaccinated for measles by their first birthday	(1996, DHS)
Maternal Mortality:	161 maternal deaths per 100,000 live births	(1983-96, DHS)
Family Planning:	70% of married women use modern methods of contraception	(1996, DHS)
Total Fertility:	2.5 average number of children per woman	(1996, DHS)
HIV Prevalence:	652 per 100,000 adults	(1994, WHO)
Adult Literacy:	82%	(1993, UNDP)
Real GDP:	\$5,500 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

EGYPT

Located at the northeast corner of Africa, Egypt has a population of nearly 64 million people. USAID works to assist Egypt in reaching broad-based sustainable development with an improved quality of life for its citizens.

USAID STRATEGY

USAID's previous emphasis on access to services has shifted to a focus on decreasing illness and mortality. USAID's health and population programs target the seven governorates of Upper Egypt, where maternal, infant, and child mortality rates are disproportionately high in comparison with the rest of the country.

USAID'S STRATEGY:

- Making sustainable improvements in the health of women and children; and,
- Assisting in fertility reduction by increasing access to and improving the quality of family planning services.

MAJOR PROGRAM AREAS

Expanding and Improving Child Survival and Maternal Health Service Delivery. USAID currently supports delivery of a broad, yet essential package of child health and reproductive health services in all public and private facilities of the seven governorates of Upper Egypt. USAID's health policy:

- Promotes immunizations, treatment of acute respiratory infections, and interventions in reproductive health care;
- Encourages expansion in health services to ensure equity in the use of health resources and to improve the efficiency of service delivery;
- Supports work by several different government agencies to promote information-based policy decisions to help Egypt sustain its health programs;

- Assists nongovernmental organizations (NGOs) in carrying out health promotion activities in communities and targeting messages to women; and
- Provides technical assistance to strengthen curricula for physicians and nurses, and supports practical preservice training and the instruction for traditional midwives to improve the quality of women's health care.

Health Care Financing and Health Insurance. To assist in moving toward sustainability, USAID helps Egypt implement cost-recovery activities that generate resources to finance selected services. Assistance in policy development aims to increase Egypt's health budget and its capacity to plan, manage, and monitor health services. USAID supports improved management of the national health insurance organization and the expansion of private clinics.

Family Planning Information, Services, and Policy Development. USAID's extensive family planning program supports six major areas: strengthening management and improving quality in the large public-sector clinic system; building national planning, monitoring, and research capacity; improving clinical training; expanding information, education, and communication efforts; expanding access and improving the quality of private services; assisting programs to become more financially self-sufficient; and improving the quality and acceptability of private-sector services. Policy reforms address commodity pricing, subsidies for family planning services, and the reduction of barriers to contraceptive manufacture and retail sales. Policy reform also promotes increases in the government's budget for family planning.



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COUNTRY *Overview*

EGYPT

RESULTS HIGHLIGHTS

USAID-supported activities in Egypt have contributed to a number of impressive results:

- USAID's child survival programs have contributed to decreased mortality. According to a 1995 demographic and health survey, infant mortality has declined by 35% in the past 12 years from 97 deaths per 1,000 live births to 63 per 1,000.
- The use of modern methods of contraception has almost doubled since 1980, reaching a level of 46% in 1995.
- Training clinicians to treat acute respiratory infections has led to a reported 90% correct treatment rate in designated centers. Such training, coupled with consistent supplies of antibiotics, has resulted in significant reductions in related mortality nationwide.
- Since 1983, USAID has supported an extensive program of immunizations and the country-wide control of diarrheal diseases. Childhood vaccination rates have reached impressive levels, attaining nearly 90% coverage for all vaccines. In 1992, donors purchased all vaccines for Egypt; one outcome of USAID's work on sustainability is that Egypt now pays for all routine vaccines.
- USAID funds vaccine research for schistosomiasis and hepatitis C, two major health threats in Egypt. Schistosomiasis is the most significant cause of long-term illness and curative care expenditures in the country. As a result of research on schistosomiasis, there has been a reduction of the disease in rural areas from 40% to 10%.
- Since 1975, USAID has been the largest donor to Egypt's family planning program. USAID's assistance has increased access to family planning services; in the public sector alone, 3,600 government health facilities in both rural and urban areas now provide family planning services.

CONTINUING CHALLENGES

Maternal mortality remains very high, especially in Upper Egypt, despite increased access to health facilities. Women's overall use of services has expanded, partially because there are more female physicians providing primary health care. The emphasis of USAID's program in Upper

Egypt should lead to more and improved pre- and post-natal services, including family planning and safe delivery practices, which together will help reduce maternal mortality.

To encourage the active participation of male leaders in family planning, programs need to increase outreach to them and orient them to men's roles in family planning and reproductive health.

DEMOGRAPHIC TABLE

Population:	63,575,000	(1996, BuCen)
Percent Urban:	45%	(1996, UNPOP)
Life Expectancy:	61 years at birth	(1996, BuCen)
Infant Mortality:	73 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	100 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	19% of children 12 to 23 months of age	(1995, DHS)
Vaccination Coverage:	80% of children vaccinated for measles by their first birthday	(1995, DHS)
Maternal Mortality:	170 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	46% of married women use modern methods of contraception	(1995, DHS)
Total Fertility:	3.6 average number of children per woman	(1995, DHS)
HIV Prevalence:	25 per 100,000 adults	(1994, WHO)
Adult Literacy:	50%	(1993, UNDP)
Real GDP:	\$3,800 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

ETHIOPIA

With a population of over 57 million, Ethiopia is the second most populous country in Africa. The country is emerging from a generation of civil war, totalitarian rule, and famine, and is aggressively rebuilding its economic and social support systems. With 85% of its people living in rural areas, agriculture determines the country's fate. Located in the center of the Horn of Africa, Ethiopia plays an important role in many regional and continental programs.

USAID STRATEGY

The rates at which women and children die in Ethiopia are among the highest in the world, and less than 20% of the population have access to modern health care. In response, USAID is committed to increasing the availability and use of primary and preventive health services. Activities include:

- Development of a national capacity to reduce population growth, maternal and infant mortality, and the spread of sexually transmitted infections (STIs) and AIDS;
- Support to nongovernmental organizations (NGOs) to carry out family planning and STI/AIDS programs in urban and peri-urban areas; and
- Assistance with the establishment of a sustainable health service delivery system in the rural Southern Nations, Nationalities, and Peoples' Region.

MAJOR PROGRAM AREAS

Essential Services for Health in Ethiopia. To help rebuild and expand the health infrastructure in Ethiopia's southern region, USAID is providing technical assistance, commodities, equipment, and training. Through this program, maternal and child health services will become available to an estimated 1.6 million children under five and to more than 2 million women.

USAID also supports other child survival activities, primarily implemented by NGOs.

Private Sector Strengthening to Expand Reproductive Health Services. USAID supports a consortium of NGOs that provides family planning and reproductive health services. This support includes training, institutional development, networking, and direct service.

Contraceptive Social Marketing. Making condoms available to the public in a sustainable manner is an integral component of the USAID mission's family planning and HIV/AIDS prevention strategies. NGOs, supported by USAID, market a local condom brand and oral contraceptives.

Prevention and Control of HIV/AIDS and STIs. USAID-supported NGOs provide education, treatment and counseling for HIV/AIDS and STIs. These prevention activities have resulted in a threefold increase in the last year of patients treated for STIs.

RESULTS HIGHLIGHTS

USAID's programs in Ethiopia have contributed to a number of impressive results:

- Reproductive health services have been delivered to 10,000 women through NGOs supported by USAID.
- Social marketing activities have increased condom sales from more than 30,000 in 1993 to 24 million in 1996.
- Testing, information, and counseling for HIV/AIDS were provided to 15,000 clients in urban areas. Approximately 60,000 students were also reached with HIV/AIDS information and services.
- Implementation of reforms promoted by USAID and the Ethiopian government increased the health sector's share of the national budget from 3% in 1993 to 6.2% in 1996.
- USAID provides technical assistance to the



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COUNTRY *Overview*

ETHIOPIA

Government of Ethiopia for data collection, analysis, and policy development. This assistance helps the government make informed decisions about resource allocation and cost recovery in population, health, and nutrition programs. USAID's health care financing program has helped local health facilities collect fees and retain those funds to improve services and expand the delivery of community-level health services.

- USAID supports a program that conducts family planning and HIV/AIDS education and is reaching a target audience of over 1.4 million. Advertisements on buses, taxis, and on the radio contributed to an increased national awareness. Recent contraceptive advertisements shown on a popular TV program on a government-run station reflect the Ethiopian government's commitment to this health area.

CONTINUING CHALLENGES

The severe lack of infrastructure and services in this predominantly rural country continues to contribute to high infant and child mortality rates. Despite some progress in family planning, the average Ethiopian woman still has seven children, maintaining a high rate of population growth that impedes the nation's ability to address food and other basic needs. USAID needs to continue supporting family planning and reproductive health services. Meanwhile, the continuing AIDS epidemic calls for increased USAID support to expand activities in information and prevention. To maximize its impact, USAID will continue to work with the national and regional governments to promote more effective health policies and more efficient management of health sector resources.

DEMOGRAPHIC TABLE

Population:	57,172,000	(1996, BuCen)
Percent Urban:	16%	(1996, UNPOP)
Life Expectancy:	47 years at birth	(1996, BuCen)
Infant Mortality:	123 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	187 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	48% of children under five years of age	(1990-96, UNICEF)
Vaccination Coverage:	54% of children vaccinated for measles by their first birthday	(1995, WHO)
Maternal Mortality:	1,400 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	3% of married women use modern methods of contraception	(1990, BuCen)
Total Fertility:	7 average number of children per woman	(1996, BuCen)
HIV Prevalence:	2,494 per 100,000 adults	(1994, WHO)
Adult Literacy:	34%	(1993, UNDP)
Real GDP:	\$420 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNPOP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

GHANA

Ghana is a newly-democratic West African nation of roughly 18 million inhabitants. Although political and economic progress in Ghana has been substantial in the 1990s, the country continues to face many of the severe challenges to development that afflict the region as a whole, including rapid population growth, widespread poverty, and generally poor health conditions.

USAID STRATEGY

USAID health programs are working to:

- Increase the use of more effective family planning methods and improve the sustainability of family planning services;
- Provide more HIV/sexually transmitted infection (STI) prevention and control interventions; and,
- Increase the use of child survival interventions—such as immunizations, effective management of diarrheal disease through the use of oral rehydration salts, exclusive breastfeeding, improved weaning practices, and health education—to improve children's health in Ghana.

MAJOR PROGRAM ACTIVITIES

Expanding and Improving Family Planning Services. USAID/Ghana supports training, facility rehabilitation, and commodity supply in both the public and private sectors to increase access to and use of family planning. USAID also funds policy dialogue among Ghanaian leaders to influence policy changes that support family planning. The program's success can be attributed to the dual strategies of increased collaboration with the private sector and nongovernmental organizations (NGOs), and greater emphasis on longer term, more effective family planning methods.

HIV/AIDS Information and Prevention Activities. USAID is a leading donor to HIV/AIDS prevention in Ghana. USAID provides NGOs with training in HIV/AIDS/STI prevention and counseling. USAID also supports behavioral research and has developed a policy-making model that shows the potentially severe economic and health impacts of HIV/AIDS in Ghana.

RESULTS HIGHLIGHTS

USAID-supported activities in Ghana have contributed to a number of impressive results:

- Total fertility has dropped from 6.4 children per woman in 1988 to 4.6 in 1996, and use of modern contraceptives by married women rose from just 5.5% in 1988 to 10% in 1993 and an estimated 22% in 1995.
- Condom use in Ghana in general has increased more than fivefold since 1986, the year the first AIDS case was identified in Ghana; USAID supplies more than 90% of the condoms in Ghana.
- Policy dialogue pursued by USAID has been a critical element in the success of the family planning program since 1994, and helped to establish the National Population Council as an effective national coordinating body.
- In 1996, USAID contributed funds to immunize more than 370,000 infants against childhood diseases.
- The Ghanaian Registered Nurse Midwives Association has trained more than 400 service providers, with particular emphasis on those in rural areas, to increase clients' contraceptive use.
- A major activity in Ghana has been the development of a national HIV/AIDS/STI sentinel surveillance system; it is one of Africa's most advanced systems.



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COUNTRY Overview

GHANA

- The commercial sector's contribution to contraceptive prevalence by short-term methods, such as pills and condoms, grew from 50% in 1993, to 72% in 1995.
- With USAID funding, UNICEF has responded quickly to crisis situations, such as yellow fever and cerebral spinal meningitis outbreaks.

CONTINUING CHALLENGES

The continued availability of affordable, effective, high-quality contraceptives is critical to the success of Ghana's family planning program. USAID will continue to focus on rehabilitating service delivery points, training service providers, supplying vital family planning and health commodities, and ensuring that Ghana's regional HIV/AIDS/STI laboratory network provides proper STI surveillance.

The USAID mission will continue to urge the Ghanaian government to allocate more resources to the HIV/AIDS problem and target preventive interventions to a new, expanded set of high-risk groups that include young men, transport workers, and migrant workers.

USAID also plans to promote increased child survival activities using U.S.-based private voluntary organizations and local NGOs.

DEMOGRAPHIC TABLE

Population:	17,698,000	(1996, BuCen)
Percent Urban:	36%	(1996, UNPOP)
Life Expectancy:	56 years at birth	(1996, BuCen)
Infant Mortality:	80 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	126 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	35% of children 12 to 23 months of age	(1993, DHS)
Vaccination Coverage:	51% of children vaccinated for measles by their first birthday	(1994, WHO)
Maternal Mortality:	740 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	10% of married women use modern methods of contraception	(1993, DHS)
Total Fertility:	4.6 average number of children per woman	(1996, BuCen)
HIV Prevalence:	2,251 per 100,000 adults	(1994, WHO)
Adult Literacy:	62%	(1993, UNDP)
Real GDP:	\$2,000 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
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COUNTRY *Overview*

INDIA

With nearly a billion people, India is the world's largest democracy and contains one-sixth of the world's population. At its current growth rate, India's population will reach 1.6 billion and surpass China as the world's most populous country by the middle of the next century. Due in part to this rapid growth, India has the world's greatest concentration of poor people, a per capita income of \$300, and more than 400 million people living below the poverty line. One-third of its population lacks adequate food, and the number of Indians estimated to be HIV positive—currently 1.5 million—could grow to 5 million by the end of the decade. USAID's health strategy provides models to address these multiple threats to health and development.

USAID STRATEGY

USAID's population, health, and nutrition strategy seeks to:

- Improve the quality of and access to family planning and reproductive health services and information in Uttar Pradesh, India's most populous state;
- Increase the use of family planning to reduce the population growth rate; and,
- Improve maternal and child health by delivering daily food supplements, in conjunction with health and nutrition education, to approximately 7 million children, and pregnant and lactating mothers in northern areas.

MAJOR PROGRAM AREAS

Increasing Access to Family Planning and Other Reproductive Health Services. The rates of decline in fertility are uneven among Indian states. Northern states, such as Uttar Pradesh, average five children per family, in contrast to the two-child families in several southern states. Thirty-one percent of eligible

couples in Uttar Pradesh want to space or limit their numbers of children, but are not using contraception.

Training, technical assistance, and grants to government and nongovernmental organizations (NGOs) increase the quality and availability of family planning services. While government services remain the principal source of surgical contraception, the private sector is a major partner in the supply of non-clinical temporary methods, such as condoms and oral contraceptives. USAID's strategy seeks to strengthen both the private and public sectors and linkages between the two.

Linking Food Security and Maternal and Child Health. More than half of India's young children are malnourished; more than half of all women are anemic. In northern areas assisted by USAID, infant mortality exceeds the national average by 30% to 50%. In response, USAID works with local NGOs to deliver integrated health and nutrition programs. Food aid provides an entry point for widespread dissemination of family planning, health, and nutrition information. USAID's child survival program in India also includes support for immunization services and quality control of vaccines.

HIV/AIDS Prevention. In its HIV/AIDS prevention efforts, USAID targets Tamil Nadu, one of the two states with the largest number of reported cases of AIDS. The strategy promotes condom use, improved treatment of sexually transmitted diseases, and behavior change. Training for media representatives ensures more responsible coverage of the HIV/AIDS epidemic in India. To increase its effect, USAID's HIV/AIDS prevention program works through a newly-established unit in a major Indian NGO, which serves as a coordinating body for training, technical assistance, and grants to local NGOs.



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COUNTRY Overview

INDIA

RESULTS HIGHLIGHTS

Given India's massive size and the enormity of its problems, can USAID make a difference with limited resources? Results to date suggest that it can.

- Grants to 93 NGOs and 55 government organizations facilitated the expansion of health and family planning services to more than 20 million people.
- Growth in contraceptive sales in Uttar Pradesh have increased by 44% compared with 4% for India nationwide.
- Project assistance, used to support condom and intrauterine device (IUD) producers, has increased distribution of contraceptives. Two companies currently sell 1.3 million IUDs. In addition, USAID and its partner, ICICI, have signed a major new agreement with London Rubber Company, the world's largest condom producer, to improve quality and increase commercial marketing throughout India.
- Studies indicate that immunization rates and infant feeding practices in USAID-assisted areas are 20% to 25% better than rural averages reported in the national survey.
- USAID supported the national initiative to eradicate polio by the year 2000 and contributed to the immunization of 123 million children.
- USAID supported India's National Family Health Survey (NFHS), the largest and most comprehensive survey ever undertaken in India—in fact, anywhere. For the first time, Indian policy makers, program managers, and researchers had comparable data for all states, improving their ability to identify and address health problems and priorities. The survey will be repeated in 1998.

CONTINUING CHALLENGES

The low status of women in India creates a major obstacle for all health interventions. Low literacy rates among women, for example, create challenges for communication programs. USAID focuses on girls' education as one means to enhance women's status.

Voluntary sterilization remains the most widely used form of contraception in India. The method appeals mainly to older women who have already had several children. Increasing the availability of temporary methods will lead more women of reproductive age to become family planning users, thereby further reducing India's fertility rate.

A dramatic increase in HIV/AIDS cases would drain India's health resources. USAID must continue to support HIV/AIDS prevention efforts in India and other countries in the region, which focus on the risk of cross-border transmission fostered by migration and trade routes.

DEMOGRAPHIC TABLE

Population:	952,108,000	(1996, BuCen)
Percent Urban:	27%	(1996, UNPOP)
Life Expectancy:	60 years at birth	(1996, BuCen)
Infant Mortality:	71 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	120 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	63% of children 12 to 23 months of age	(1992-93, DHS)
Vaccination Coverage:	84% of children vaccinated for measles by their first birthday	(1994, WHO)
Maternal Mortality:	570 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	36% of married women use modern methods of contraception	(1992-93, DHS)
Total Fertility:	3.2 average number of children per woman	(1996, BuCen)
HIV Prevalence:	377 per 100,000 adults	(1994, WHO)
Adult Literacy:	51%	(1993, UNDP)
Real GDP:	\$1,240 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

Prepared by the Center for International Health Information, November 1997



COUNTRY *Overview*

INDONESIA

Indonesia has more than 200 million people, making it the fourth most populous country in the world. Over the past 25 years, Indonesia's economic progress has been accompanied by improvements in quality of life. Infant mortality has been slashed, decreasing from a 1965 level of 138 deaths per 1,000 births, to 63 per 1,000 in 1995. Despite this impressive accomplishment, Indonesia still has the highest infant and maternal mortality rates in the Association of Southeast Asian Nations (ASEAN), along with a rising HIV prevalence rate.

USAID STRATEGY

USAID's health and population strategy involves an eight-year transition plan aimed at gaining sustained improvements in health and reduced fertility. This plan refines and focuses USAID's priorities and activities in three key areas:

- Increasing use, quality, and sustainability of family planning and other reproductive health services;
- Improving and expanding sexually transmitted infections (STI) and HIV/AIDS prevention programs in three demonstration areas, and working with the government to ensure the development of sound STI and HIV/AIDS policies; and,
- Developing sustainable financing of health area services by working with the government to improve regulation of managed care and a pilot managed-care service delivery program.

MAJOR PROGRAM AREAS

Family Planning and Other Reproductive Health Services Delivery. USAID has led the expansion of family planning services, clinical training, communications, policy reform, and

research activities. Maternal health interventions, including safe delivery, improving the skills of village midwives, and providing pre- and post-natal care are key elements of USAID's current strategy.

Expansion of Private Sector Service Delivery. Health care services available from the private sector in Indonesia are expanding with USAID support. USAID has provided extensive training for private midwives and supported loans to start or expand their practices. USAID has also assisted the government in assessing the need for reduced subsidies for contraceptives, which are currently provided free-of-charge by the public sector.

Health Sector Financing. USAID is working with the Ministry of Health to develop a private managed-care scheme as a model for expansion nationwide. Regulations to govern managed care nationwide are also being instituted.

HIV/AIDS Prevention Services and Policy Development. USAID has worked at the highest government levels to address Indonesia's HIV/AIDS situation. In 1994, a national AIDS strategy was developed and a multi-sectoral AIDS Commission was established by presidential decree. USAID is also working intensively in three demonstration areas with provincial health officials and local NGOs to institute effective HIV/AIDS prevention programs.

RESULTS HIGHLIGHTS

USAID's programs in Indonesia have contributed to impressive results:

- According to the Demographic and Health Survey, Indonesia's total fertility rate declined from an estimated 5.6 births per woman in the late 1960s, to 2.8 children in 1994. The country's Norplant™ program is



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COUNTRY *Overview*

INDONESIA

the largest in the world, with 1.9 million women using this highly effective, long-term family planning method.

- Family planning services provided by the private sector increased from 12% in 1991 to 37% in 1996.
- Four new national HIV/AIDS policies were developed with USAID support.
- National resources for HIV/AIDS activities increased from \$2.5 million in 1994 to \$6.5 million in 1997.
- USAID assisted the Government of Indonesia in developing sustainable private sector models for the delivery of health care and family planning services. The success of these models led the Government of Indonesia to designate the Managed Health Care Trial project in Klaten as a model for a national priority program. This same model has attracted the interest of other donors to finance its replication in other areas of the country.
- USAID has been a major sponsor of programs designed to increase maternal and child nutrition through micronutrient supplementation, particularly vitamin A for preschool children and iron for pregnant women. The program has been successful in reaching 50% to 60% of preschool children with vitamin A supplements.

CONTINUING CHALLENGES

To achieve the goal of a 15% increase in contraceptive use in Indonesia within the next 10 years, an additional 5 to 6 million people will have to become contraceptive users each year. This goal requires reaching previously unserved populations and demands continued efforts to improve information, services, and outreach.

HIV/AIDS prevention efforts will also need to grow exponentially in anticipation of the impending spread of the epidemic. Policy development, media leadership to increase public awareness, and prevention counseling are all necessary to contain the HIV/AIDS epidemic in Indonesia.

Maternal mortality in Indonesia is still extremely high; an estimated 390 deaths per 100,000 live births. The Government of Indonesia has taken on the challenge of reducing maternal mortality as a priority, cross-sectoral effort. This requires expanding the availability of well-trained providers, particularly midwives at the community level; increasing the number and proportion of births attended by trained providers; reducing high-risk pregnancies; reducing maternal anemia; and increasing the availability of adequate pre- and post-natal care.

The Government of Indonesia has also instituted a policy of providing health care coverage for all those in the informal sector through managed health care. While this is a tremendous opportunity for the private sector to take on a significant share of health care costs, adequate standards and regulations need to be instituted as these programs go forward.

DEMOGRAPHIC TABLE

Population:	206,612,000	(1996, BuCen)
Percent Urban:	36%	(1996, UNPOP)
Life Expectancy:	62 years at birth	(1996, BuCen)
Infant Mortality:	63 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	88 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	35% of children under five years of age	(1990-96, UNICEF)
Vaccination Coverage:	55% of children 12 to 23 months of age vaccinated for measles	(1994, WHO)
Maternal Mortality:	390 maternal deaths per 100,000 live births	(1989-94, DHS)
Family Planning:	52% of married women use modern methods of contraception	(1994, DHS)
Total Fertility:	2.7 average number of children per woman	(1996, BuCen)
HIV Prevalence:	49 per 100,000 adults	(1994, WHO)
Adult Literacy:	83%	(1993, UNDP)
Real GDP:	\$3,270 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

Prepared by the Center for International Health Information, November 1997



COUNTRY *Overview*

KENYA

Kenya, a nation of 28 million, located in the Greater Horn of Africa, is a relatively stable country with a vibrant private sector. Kenya's economic performance has been highly successful since the drought years of the early 1990s, in part due to the government's economic liberalization policies. Kenya serves as the gateway to shipping, rail, and road networks necessary for regional economic trade and transport; however, this success is tempered by rising poverty and rapid population growth. As is true throughout the region, poor health conditions impose a formidable obstacle to development.

USAID STRATEGY

USAID's population and health activities in Kenya focus on increasing the effectiveness and sustainability of family planning programs and HIV/AIDS service delivery systems. USAID is the lead donor in this sector and has contributed to Kenya's progress in this area for more than 20 years. USAID's new five-year, \$50 million health sector project focuses on three major areas:

- Increasing non-USAID resources for family planning, HIV/AIDS prevention, and child survival;
- Strengthening health policy development and health care financing; and,
- Supporting an integrated approach to service delivery, incorporating research, training, rehabilitation of services, and logistics support.

MAJOR PROGRAM AREAS

Family Planning Service Delivery. USAID provides technical assistance in family planning policy development, training, logistics, quality assurance, research, information, education, and communication. USAID supports the major private sector contraceptive social mar-

keting program, including community-based worker programs, which provide information and promote sales of contraceptives. To improve program management and the quality of family planning clinical services, USAID is working with both the private and public sectors.

HIV/AIDS and Sexually Transmitted Infections (STIs) Prevention. A large public sector program of information and condom distribution is supported by USAID to prevent HIV/AIDS and STIs. USAID support helps international private and nongovernmental organizations (NGOs) provide information and services for HIV/AIDS and STI prevention.

Health Care Financing. USAID promotes policy dialogue and technical assistance for Kenya's national health care financing initiative, addressing both cost recovery and the quality of services. This program helped develop Kenya's first private managed care program and will help NGOs sustain their services through improved fee collection and management.

RESULTS HIGHLIGHTS

USAID activities have played a pivotal role in Kenya's population and health sector successes. USAID is also supporting AIDS and sustainability initiatives. Among the results are:

- A decreased fertility rate from 8.1 children per woman in 1978 to 4.5 in 1996.
- The use of modern contraceptives by married women increased from 18% in 1989 to 27% in 1993.
- An increase in condom sales from less than 400,000 in 1989 to 4.5 million in 1996.
- USAID is supporting Kenya's capacity for AIDS advocacy by working with a local AIDS NGO consortium of more than 320 organizations. The consortium operates in



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COUNTRY *Overview*

KENYA

workplaces and institutions of higher learning where USAID has supported seminars for management staff, identified and trained peer educators, and begun peer education activities. The consortium's programs have reached more than 35,000 employees and students in universities, technical colleges, and companies.

- With USAID's support, the Government of Kenya's cost-sharing program generated \$6.7 million in additional revenues in 1996, 25% of which was reserved for primary health care. Annual public sector cost sharing averages more than \$7 million. USAID can claim a 100% plus return on its original investment of \$16 million. Elements of Kenya's successful health care financing approach are now being used as a model for other countries in the region.

CONTINUING CHALLENGES

Despite Kenya's success in improving family planning and health care delivery, daunting challenges remain. A recent study showed that, due to high fertility levels in the 1970s and 1980s, a 50% increase in the number of family planning users is needed over the next five years just to maintain the current level of contraceptive prevalence. Meanwhile, it is estimated that HIV prevalence may increase beyond 10% of the population by the year 2000. The increase in HIV/AIDS will directly affect Kenya's economy through high health care costs and lost income. Continued progress in the health sector will require increased resources, challenging the Government of Kenya and USAID to further address sustainability issues.

DEMOGRAPHIC TABLE

Population:	28,177,000	(1996, BuCen)
Percent Urban:	30%	(1996, UNPOP)
Life Expectancy:	56 years at birth	(1996, BuCen)
Infant Mortality:	55 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	95 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	32% of children 12 to 23 months of age	(1993, DHS)
Vaccination Coverage:	90% of children vaccinated for measles by their first birthday	(1995, WHO)
Maternal Mortality:	650 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	27% of married women use modern methods of contraception	(1993, DHS)
Total Fertility:	4.5 average number of children per woman	(1996, BuCen)
HIV Prevalence:	8,314 per 100,000 adults	(1994, WHO)
Adult Literacy:	76%	(1993, UNDP)
Real GDP:	\$1,400 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

MEXICO

With 96 million people, Mexico is the second most populous country in Latin America. More than 20 million people live in the capital, Mexico City, one of the largest cities in the world.

In 1994, the Mexican economy was hit by a severe recession. This economic crisis nearly brought down the government and sharply devalued the peso. By 1995, however, the Mexican economy showed solid gains, and by 1996, had almost fully recovered from the 1994 crisis.

USAID STRATEGY

In 1991, USAID entered into a landmark agreement with the Government of Mexico and key private sector family planning organizations. The goal was to increase access to and use of modern family planning methods in Mexico while moving the country toward total self-sufficiency.

Today, USAID continues to support Mexico's goals for reduced population growth and for HIV/AIDS prevention and education.

Mexico ranks third behind the U.S. and Brazil in the number of reported HIV/AIDS cases in the Western hemisphere. This disease poses a threat to Mexico's development and, given current emigration rates to the U.S., also affects HIV prevention efforts in the U.S.

USAID's population, health, and nutrition projects in Mexico focus on:

- Providing support to the public and private sectors to increase access to and use of modern family planning and reproductive health services;
- Improving the private sector's ability to provide reproductive health services; and,
- Improving HIV/AIDS information, education, and communication materials for outreach and behavior change activities.

MAJOR PROGRAM AREAS

Promoting Sustainable Increases in Contraceptive Use and Access to Reproductive Health Services. USAID is working with the Government of Mexico and participating nongovernmental organizations (NGOs) to:

- Increase the number of family planning and reproductive health services available, particularly in rural areas where a high demand exists;
- Strengthen the national "no-scalpel vasectomy" and postpartum programs;
- Provide medical equipment, especially for rural hospitals and clinics; and
- Design information, education, and communication materials for prospective users and service providers.

Strengthening the Private Sector to Promote Sustainable Health Services. USAID is improving the service capacity of the two largest family planning NGOs in Mexico by providing technical assistance in logistics, management, quality control, and social marketing. These programs are helping the NGOs to prepare for the planned USAID 1998 phase-out from Mexico.

Disseminating HIV/AIDS Information. The Government of Mexico devotes the bulk of its HIV/AIDS resources to care and medications for those infected with HIV/AIDS. USAID's program emphasizes HIV/AIDS prevention activities and disseminating information that promotes behavior change. USAID programs:

- Support the national AIDS organization and NGOs that reach the underserved populations, such as migrants and rural poor.
- Strengthen the NGOs' communications



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COUNTRY *Overview*

MEXICO

strategies to reach the most needy, such as women and the poor.

RESULTS HIGHLIGHTS

USAID's programs in Mexico have contributed to a number of impressive results:

- Contraceptive prevalence rates in nine priority states increased by 8.3%, while nationally, rates increased by 5.4%.
- The total fertility rate decreased from 3.9 children per woman in 1985 to 3.5 in 1990, and is estimated to have dropped further, to 3.0 in 1996.
- Both major family planning NGOs increased their program-generated resources, thereby improving their self-sufficiency. One NGO expanded its program-generated resources from 30% of costs in 1993 to 54% in 1996; the other improved its cost recovery from 16% to 21%.

USAID-funded HIV/AIDS programs have:

- Developed strategies to identify target populations in need of HIV/AIDS information on prevention.
- Targeted mobile populations crossing the Mexico-Guatemala border to receive HIV/AIDS information.
- Through El Frente, a grassroots organization supported by USAID, volunteers were mobilized from educational, artistic, and medical communities in Oaxaca for AIDS educational talks in schools, prisons, factories, churches, and hospitals. In 1996, this information was translated into nine indigenous languages to be used throughout Oaxaca.

CONTINUING CHALLENGES

Given Mexico's current economic status, the Government of Mexico's ability to sustain its family planning activities remains uncertain. An economic downturn could hinder the ability of both public and private sectors to assume complete financial responsibility and may postpone the end date of USAID programs in Mexico. In the months ahead, USAID programs will continue to provide high quality reproductive services and HIV/AIDS prevention and education activities.

DEMOGRAPHIC TABLE

Population:	95,772,000	(1996, BuCen)
Percent Urban:	74%	(1996, UNPOP)
Life Expectancy:	74 years at birth	(1996, BuCen)
Infant Mortality:	25 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	30 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	14% of children under five years of age*	(UNICEF)
Vaccination Coverage:	90% of children vaccinated for measles by their first birthday	(1995, WHO)
Maternal Mortality:	110 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	56% of married women use modern methods of contraception	(1995, ENPF)
Total Fertility:	on average, 3 children per woman	(1996, BuCen)
HIV Prevalence:	418 per 100,000 adults	(1994, WHO)
Adult Literacy:	89%	(1993, UNDP)
Real GDP:	\$7,010 per person	(1993, UNDP)

*unspecified date, before 1990

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund
ENPF:	Mexico's National Family Planning Survey

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COUNTRY *Overview*

MOROCCO

Morocco, a country with almost 30 million people, continues to make global economic progress. Successful structural adjustments have brought about progress in macro-level economic stabilization. However, poverty and illiteracy rates remain high, especially among women. Natural resources are scarce. Only 20% of the land is arable and, due to periodic drought, stable agriculture is dependent on irrigation.

USAID STRATEGY

USAID has provided assistance to Morocco since the early 1970s. In the past 25 years, USAID has become the government's principal external partner in the family planning sector and a large contributor to maternal and child health (MCH) activities. USAID's current strategy includes efforts to:

- Increase the use of quality family planning/MCH services.
- Enhance the sustainability of the Moroccan health system, particularly as USAID assistance in the sector prepares to diminish by the year 2000.

MAJOR PROGRAM AREAS

Family Planning/Maternal and Child Health Service Delivery. USAID's support has increasingly addressed Morocco's capabilities in establishing decentralization, integration of service activities, policy reform for expanded private sector participation in health services, and institutional and systems strengthening. Working through both the Government of Morocco and non-governmental organizations, USAID supports:

- Improved access to family planning/MCH services;

- Increased use of long-term family planning methods;
- Introduction of safe motherhood initiatives in the North-Central region; and,
- Integration of the management of childhood illnesses.

Social Marketing for Family Planning/Maternal and Child Health. USAID efforts promote the development of a diverse resource base to support family planning/MCH services through social marketing, including:

- Quality long-term contraceptive products (injectables, intrauterine devices, voluntary surgical contraception) at affordable prices;
- Strengthening the commercial pharmaceutical sector to ensure the production and distribution of locally-made oral rehydration salts; and,
- Enlisting the private sector to promote diarrheal disease control and food fortification for micronutrient deficiencies.

RESULTS HIGHLIGHTS

USAID-supported activities in Morocco have contributed to impressive results in family planning/MCH:

- Use of modern contraceptive methods increased from 36% in 1992 to 42% in 1995;
- Total fertility declined from 4.8 in 1987 to 3.6 children per woman in 1995.
- Social marketing provided for a 27% decrease in the cost of oral contraceptives;
- Immunization rates increased from 76% in 1992 to 85% in 1995; with USAID support, Morocco is working toward self-reliance in vaccine procurement; and,



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COUNTRY Overview

MOROCCO

- Use of oral rehydration therapy to treat diarrhea increased from 15% in 1992 to 29% in 1995.

As USAID assistance winds down, USAID has been supporting an in-country, inter-institutional partnership for channeling resources to capacity building within the family planning/MCH service delivery system. For example:

- Morocco's School of Public Health (INAS) has applied its management expertise to field programs in the family planning/MCH delivery system.
- Local schools of medicine are now basing their reproductive health curriculum development on existing public health needs.
- A traditional area of long-term USAID support, the management of voluntary surgical contraception, is being transferred and institutionalized within the Ministry of Public Health, which now has the required expertise and resources.

CONTINUING CHALLENGES

Even with positive signs of development in the area of family planning/MCH, many challenges remain. Gains made in family planning, such as drops in the fertility rates, must be supplemented with changes in the method mix toward more long-term methods. This will be a priority for USAID in the coming years. Social marketing, which has begun to take hold, is still in its infancy. With its growth will come the challenge of determining how local resources can sustain these services. USAID will need to continue supporting the capacity building of Moroccan health and population institutions in the public and private sectors to ensure that positive gains made now are sustained.

DEMOGRAPHIC TABLE

Population:	29,779,000	(1996, BuCen)
Percent Urban:	53%	(1996, UNPOP)
Doubling Time:	32 years for the population to double at the current growth rate	(1996, CIHI)
Life Expectancy:	70 years at birth	(1996, BuCen)
Infant Mortality:	43 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	56 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	11% of children 12-23 months of age	(1992, DHS)
Vaccination Coverage:	89% of children vaccinated for measles by their first birthday	(1995, DHS)
Maternal Mortality:	610 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	42% of married women use modern methods of contraception	(1995, DHS)
Total Fertility:	3.6 average number of children per woman	(1996, BuCen)
HIV Prevalence:	66 per 100,000 adults	(1994, WHO)
Adult Literacy:	42%	(1993, UNDP)
Real GDP:	\$3,270 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programs
CIHI:	Center for International Health Information
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

NEPAL

Nepal, a small, landlocked country in South Asia, has a population of more than 22 million. Seven centuries of authoritarian rule ended in 1990 with the establishment of a constitutional monarchy and a multi-party system. Agriculture is the primary occupation for 80% of the population. The per capita income is estimated to be \$210 per year.

USAID STRATEGY

USAID is the leading external donor for family planning services in Nepal, and is a major contributor to selected maternal and child health (MCH) programs. USAID's strategy provides support to both public and private sectors in the following key areas:

- Increasing the availability of family planning and selected MCH services;
- Improving the quality of family planning services; and
- Increasing the use of sexually transmitted infection (STI) and HIV prevention and control measures by high-risk groups in targeted areas.

MAJOR PROGRAM AREAS

Expansion of Family Planning and Health Services. USAID assists national efforts to expand the availability of a range of family planning services through public agencies, nongovernmental organizations (NGOs), and private sector entities. USAID activities focus on helping to increase the availability of contraceptive methods in 21 priority districts where more than 50% of the nation's population lives. USAID also funds the procurement of 60% of Nepal's contraceptives.

USAID programs support in-service family planning training, and the development of a national logistics management system for essential drugs and contraceptives.

NGO programs to expand quality family planning and health services work in hard-to-reach areas, where female community health volunteers play a major role, providing community-level services for diarrheal diseases, respiratory infections, safe birthing, and twice-yearly distribution of vitamin A capsules to 1.4 million children.

Information, Education, and Communication. USAID provides technical and financial support for national and community-level activities, such as the development of a 52-episode radio drama that portrays Nepali families coping with family planning issues. A multimedia approach permits widespread dissemination of messages. For example, a roving van displayed an HIV/AIDS prevention video that was later adapted for local street dramas and movie theaters.

HIV/AIDS Prevention. Close trade and migratory labor ties with India, Nepal's neighbor and a country with increasing rates of HIV/AIDS, make border areas and highways the geographic focus of USAID's HIV/AIDS prevention strategy.

Outreach and education efforts via peer educators emphasize training, group discussions, competitions, counseling, and referrals for STI services. Training includes collaborating with the Nepal Medical Association to support STI case management training for chemists and druggists.

Maternal Health and Safe Delivery. USAID's efforts are coordinated with the Ministry of Health's Traditional Birth Attendant Program and Safe Motherhood Initiative. USAID provided support for the development of a locally produced, low-cost home birthing kit for use by family members. Up to 90% of Nepali births occur in the home.



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COUNTRY Overview

NEPAL

RESULTS HIGHLIGHTS

USAID-assisted programs in Nepal have contributed to a number of impressive results:

- The fertility rate declined from 5.6 children per woman in 1991 to 4.6 in 1996.
- The use of modern contraceptives increased from 24% in 1991 to 26% in 1996.
- Mortality rates for children under five decreased from 165 deaths per 1,000 live births in 1990 to 118 per 1,000 in 1996.
- An HIV/AIDS outreach program increased awareness of HIV risk among commercial sex workers and clients, reaching more than 19,000 men and 7,000 women.
- A USAID-supported national vitamin A program provides semi-annual distribution of vitamin A by more than 14,000 trained female community health volunteers in 32 priority districts. In 1997, a total of 1.4 million children under age five received vitamin A, potentially averting the deaths of 13,000 children. Through strong community participation, 87% of children under five received vitamin A, exceeding the original target of 60%.
- In the past year, with USAID support, 175,000 home birthing kits were distributed in Nepali communities. Home birthing kits help families provide a safe, clean environment for delivery, thereby reducing neonatal tetanus and infections contracted during childbirth.

CONTINUING CHALLENGES

Declining fertility is likely to accelerate further, provided family planning and MCH services continue to expand to meet demand. The challenge will be to maintain the contraceptive prevalence necessary to help couples achieve the desired family size while avoiding the spread of HIV/AIDS.

DEMOGRAPHIC TABLE

Population:	22,094,000	(1996, BuCen)
Percent Urban:	11%	(1996, UNPOP)
Life Expectancy:	54 years at birth	(1996, BuCen)
Infant Mortality:	79 infant deaths per 1,000 live births	(1992-96, DHS)
Under-Five Mortality:	118 deaths under five per 1,000 live births	(1992-96, DHS)
Underweight Children:	59% of children 12 to 23 months of age	(1996, DHS)
Vaccination Coverage:	45% of children vaccinated for measles by their first birthday	(1996, DHS)
Maternal Mortality:	1,500 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	26% of married women use modern methods of contraception	(1996, DHS)
Total Fertility:	4.6 average number of children per woman	(1993-96, DHS)
HIV Prevalence:	51 per 100,000 adults	(1994, WHO)
Adult Literacy:	26%	(1993, UNDP)
Real GDP:	\$1,000 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

NIGERIA

Nigeria is Africa's most populous nation. The estimated population of 104 million represents roughly 14% of the entire population of sub-Saharan Africa. Except for a short experience with democracy in 1993, the country has been under military rule for 30 of its 36 years. Although rich in natural resources, Nigeria's rapid population growth and limited economic development result in an increasing number of Nigerians living in poverty. In the late 1960s and 1970s, a thriving petroleum industry transformed the country from an agriculture-based economy to one focused on oil production. About half the population are Muslim, 40% are Christian, and 10% follow indigenous beliefs.

USAID STRATEGY

In 1994, as a result of sanctions against the Nigerian government, USAID restricted its activities with the Government of Nigeria and began working exclusively in the private sector through nongovernmental organizations (NGOs). USAID's population and health programs work in 17 selected states, serving a population of 55 million. The current USAID strategy includes:

- Support of NGOs to enhance their capacity to deliver and sustain integrated health services in maternal and child health (MCH);
- Strengthening NGOs through training, technical assistance, and the development of umbrella organizations to coordinate activities; and,
- Support of HIV/AIDS programs using mass media campaigns and condom distribution to reach populations considered at risk for HIV/AIDS infection.

MAJOR PROGRAM AREAS

Strengthening Delivery of Health Care Services and Information. With USAID support, international and local NGOs receive training and technical assistance to enhance the delivery of quality health care services, MCH services such as immunizations, oral rehydration therapy to treat diarrheal disease, and malaria treatment and control. Intermittent procurement of vaccines and essential drugs by the government enhances its ability to provide these basic services.

USAID has also supported a core group of six NGOs that have experience working with advanced management systems. These NGOs formed an umbrella organization, which delivers essential health information and services to other local NGOs.

HIV/AIDS Prevention. At the community level, USAID works with NGOs to provide information to commercial sex workers and others considered at risk for HIV/AIDS infection. To reach young adults, students have been trained as peer educators to deliver HIV/AIDS prevention messages.

Social Marketing Program. This program provides radio spots, flyers, posters, and billboards, and uses peer educators to spread information about family planning and HIV/AIDS in communities. Condom distribution supports both family planning services and HIV/AIDS prevention.

RESULTS HIGHLIGHTS

USAID's programs in Nigeria have contributed to a number of impressive results:

- The HIV/AIDS program disseminated information and education on HIV/AIDS



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COUNTRY Overview

NIGERIA

prevention to more than 248,000 people considered at risk for infection.

- The social marketing program led to the sale of 55 million condoms in 1995 and 44 million in the first six months of 1996.
- More than 3.5 million copies of family planning information and educational materials were prepared and distributed in local languages.
- USAID has been leading the effort to enhance awareness and stimulate programs addressing the HIV/AIDS crisis. Activities support behavior change communication through peer health education outreach campaigns and the promotion of condom social marketing programs. In the last year, the campaigns produced 172 media spots and reached a broad audience. The programs trained 462 peer educators.

CONTINUING CHALLENGES

Although USAID supports childhood immunization through NGOs, Nigeria continues to experience severe epidemics of preventable diseases. Nigeria's commitment to procure vaccines needs to be sustained to ensure ongoing basic immunization services, a cornerstone of public health.

In the area of family planning, USAID funding for population activities was eliminated for fiscal year 1997. As a result, support for the supply of contraceptives and family planning services to Nigerians will be strained. USAID will continue to assist in the areas of HIV/AIDS and child survival activities, which contribute to basic health services for Nigerians.

DEMOGRAPHIC TABLE

Population:	103,900,000	(1996, BuCen)
Percent Urban:	40%	(1996, UNPOP)
Life Expectancy:	54 years at birth	(1996, BuCen)
Infant Mortality:	72 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	142 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	45% of children 12 to 23 months of age	(1990, DHS)
Vaccination Coverage:	50% of children vaccinated for measles by their first birthday	(1994, WHO)
Maternal Mortality:	1,000 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	3.5% of married women use modern methods of contraception	(1990, DHS)
Total Fertility:	6.2 average number of children per woman	(1996, BuCen)
HIV Prevalence:	2,159 per 100,000 adults	(1994, WHO)
Adult Literacy:	54%	(1993, UNDP)
Real GDP:	\$1,540 per person	(1993, UNDP)

Sources:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

PERU

Peru has a population of approximately 25 million. While widespread and often extreme poverty has created high levels of malnutrition, sickness, and death among Peruvian children, significant economic progress has been made over the past several years to restore stability and growth in Peru's economy. This change provides hope for sustainable development in Peru.

USAID STRATEGY

USAID population, health, and nutrition programs serve seven million Peruvians, roughly one-third of the population. USAID's current strategy includes:

- Providing improved family planning, and maternal and child health (MCH) services to vulnerable populations (i.e., low-income children and women of childbearing age in rural and peri-urban areas);
- Supporting strategies that provide clinic- and community-based services in child health, family planning, and reproductive health, and help individuals to take appropriate preventive, promotive, and curative actions to improve their health; and,
- Improving the programmatic, social, and financial sustainability of USAID efforts.

MAJOR PROGRAM AREAS

Improved Quality of and Access to Family Planning Services. While surveys report that 72% of married women aged 15 to 49 do not want more children, fertility remains high in Peru, particularly in rural areas. Family planning messages have been developed and widely distributed through printed materials and radio and television spots. USAID provides financial resources to procure contraceptives that are distributed through the public and private sectors.

USAID supports the public sector in its new effort to expand family planning coverage. Through various interventions, USAID is ensur-

ing that high-quality family planning services are provided.

Innovative activities are helping women to make informed reproductive health decisions in rural communities where high fertility rates are common. These programs are bringing women better access to quality reproductive health care services. One initiative is being expanded from 9 to 30 public sector hospitals, thus increasing women's access to contraceptives. With USAID-financed training and equipment, clinical staff learned insertion procedures for intrauterine devices that can be used in the early postpartum period.

Child Survival Services in Selected High Mortality Areas. USAID supports a major public program to increase the use of health systems for immunizations, treatment of diarrheal and respiratory diseases, and other MCH services. The program focuses on:

- Improving the quality of and access to health services;
- Supporting health activities to encourage individuals to seek preventive care and early treatment; and
- Strengthening local health center administration and posts in underserved rural and peri-urban areas, expanding the hours of service, and increasing the number of trained staff to expand client use of services.

Strengthening Private Health Sector Institutions. In southern Peru, a model is being developed and tested for nongovernmental organizations (NGOs) to deliver child survival services. In northern Peru, an NGO has developed a network of quality primary health care clinics that is striving for financial sustainability. The network's clients are from lower- to middle-income groups.

HIV/AIDS Prevention. HIV/AIDS is on the increase in all major cities in Peru. A new



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COUNTRY *Overview*

PERU

program works primarily in peri-urban areas with groups who practice high-risk behaviors, providing information and condoms to prevent HIV/AIDS. Both the public and private sectors are working to increase condom use, and identify and treat sexually transmitted infections.

Emerging and Re-Emerging Infectious Diseases. USAID recently began funding a Ministry of Health effort that addresses infectious disease outbreaks throughout Peru. For example, in the eastern jungle region, a new strain of malaria has begun to have a serious impact. In other areas, cholera, yellow fever, plague, and dengue fever are threatening the population.

RESULTS HIGHLIGHTS

USAID has had notable successes in its health and family planning programs:

- The total fertility rate decreased from 4.1 children per woman in 1986 to 3.5 in 1996.
- Contraceptive prevalence (modern methods) increased from 24% in 1986 to 41% in 1996.
- For the first time, infant mortality stands under the threshold of 50 per 1,000 in Peru, a point once established by the international community as a key benchmark in child survival. Overall, infant mortality declined from 73 infant deaths per 1,000 live births in 1986 to 43 per 1,000 in 1996. In the jungle, infant and under-five mortality rates have declined to a rate lower than the national average.
- In 1996, the USAID immunizations package included the Expanded Program on Immunization, which contributed to the coverage of more than 95% of children less than one year old.
- Immunization coverage rose for diphtheria, whooping cough, and tetanus from 68% in 1991 to 77% to 1996. Measles immunization coverage also rose significantly from 51% in 1991 to 86% in 1996.

CONTINUING CHALLENGES

Despite impressive improvements, infant and maternal mortality rates in Peru remain high, particularly in rural areas. Another significant challenge, especially in urban areas, is the very high number of illegal induced abortions, estimated at nearly 300,000 annually. A continued emphasis is needed on more equitable access to immunizations, family planning, maternal health, and other basic health services. To

help address cultural barriers to fertility reduction, family planning programs need to reach more Peruvian men to persuade them of their family planning responsibilities. Also, family planning promotional programs need to link women and services. To curtail the expansion of HIV/AIDS, prevention programs need to aggressively promote behavior change throughout the general population. Finally, Peru should continue its efforts to combat emerging and re-emerging infectious diseases that move easily across international borders.

DEMOGRAPHIC TABLE

Population:	24,500,000	(1996, BuCen)
Percent Urban:	71%	(1996, UNPOP)
Life Expectancy:	69 years at birth	(1996, BuCen)
Infant Mortality:	43 infant deaths per 1,000 live births	(1992-96, DHS)
Under-Five Mortality:	59 deaths under five per 1,000 live births	(1992-96, DHS)
Underweight Children:	12% of children 12 to 23 months of age	(1996, DHS)
Vaccination Coverage:	86% of children 12 to 23 months of age vaccinated for measles	(1996, DHS)
Maternal Mortality:	280 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	41% of married women use modern methods of contraception	(1996, DHS)
Total Fertility:	3.5 average number of children per woman	(1996, BuCen)
HIV Prevalence:	248 per 100,000 adults	(1994, WHO)
Adult Literacy:	88%	(1993, UNDP)
Real GDP:	\$3,320 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

PHILIPPINES

The Philippines currently has a population of about 70 million. It is Asia's only predominantly Christian nation, with a large Muslim minority in Mindanao and other southern islands. Following an economic downturn in the 1980s, the economy until recently was growing at a rate of almost 7% per annum.

USAID STRATEGY

For a century now, spanning both war and peace, the Philippines has figured prominently in America's geopolitical thinking. The U.S. and the Philippines have a close strategic relationship. It is hard to overstate the significance of what has been accomplished since USAID launched its population and health program in the Philippines about 30 years ago. The Philippines, with a few other countries, has been an innovator in the development of new approaches in population, health, and nutrition and has greatly contributed to the world community's knowledge on how to develop effective programs and strategies.

USAID's multi-level, multi-sectoral strategy focuses on:

- Expanding and improving public sector maternal and child health (MCH) and family planning services on a sustainable basis at the local government level;
- Strengthening the private sector's ability to provide and sustain MCH and family planning services; and
- Supporting preventive efforts to avert an epidemic of HIV/AIDS in the Philippines.

MAJOR PROGRAM AREAS

Fertility Reduction and Improved Maternal and Child Health. Based on the results of the USAID-supported 1993 demographic and health survey, an integrated MCH and family planning program was designed to assist the Philippine Department of Health, the Commission on Population, local governments, nongovernmental organizations (NGOs), and the commercial sector to expand and improve the quality of their ser-

vices. Activities are organized into three components to:

- Increase the public sector provision of MCH and family planning services at the local government level, where responsibility for services is now devolved under the Local Government Code;
- Strengthen the Department of Health's national programs and its ability to promote and support MCH and family planning programs at the local level, and strengthen the national and local policy/advocacy initiatives of the Commission on Population; and
- Strengthen the private sector's ability to provide MCH and family planning services and contraceptives; and encourage sustainability and market segmentation to enable NGOs and the commercial sector to provide services to those able to pay some costs, while the Department of Health targets those in the lowest income groups.

The strategy also includes support for four key child survival interventions that target immunization, pneumonia and other acute respiratory infections, oral rehydration therapy to treat diarrheal-type diseases, and micronutrient supplementation and fortification.

HIV/AIDS Prevention. HIV infection rates in the Philippines have been low compared with other countries in the region, but the combination of high-risk behavior and high prevalence of other sexually transmitted infections (STIs) can increase these rates. USAID has designed a program in collaboration with the government agencies and NGOs to:

- Establish a sentinel surveillance system to monitor HIV infections and behavior change;
- Improve knowledge of HIV and promote behavioral change among targeted high-risk population groups to reduce HIV transmission;
- Design a strategic plan for a national, safe, voluntary blood bank system; and



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COUNTRY *Overview*

PHILIPPINES

- Establish model sites for care and management of STIs using the syndromic approach.

RESULTS HIGHLIGHTS

USAID's programs in the Philippines have contributed to a number of impressive results:

- The total fertility rate decreased from 6.0 in 1973 to 4.1 in the period 1990 to 1993.
- The use of modern methods of contraception among married women 15 to 49 years of age increased from 22% in 1988 to 30% in 1996.
- Between 1990 and 1995, infant mortality declined from 57 to 49 deaths per 1,000 births.
- Official figures for 1995 indicate vaccination coverage rates at 85% or higher for BCG (to prevent TB), diphtheria, pertussis, tetanus, measles, and polio.
- In 1996, the government adopted a new, comprehensive, forward-looking national family planning strategy.
- In April 1996, the Department of Health assumed full responsibility for the clearance and distribution of contraceptives nationwide. This task was previously performed by CARE, with USAID funding.
- Two annual surveys (1995 and 1996) indicated a significant increase in the level of awareness of HIV/AIDS. When asked which health issues or diseases confront Filipinos today, HIV/AIDS was mentioned by 74% of respondents, an increase from 60% in the 1995 survey.
- An HIV/AIDS network of NGOs was formed to conduct education programs to encourage preventive behaviors in high-risk groups.

CONTINUING CHALLENGES

USAID has been instrumental in reinvigorating the Philippine national family planning program, and USAID support will be critical to its continued success. Although knowledge of modern methods of family planning is nearly universal, only 30% of married women use modern methods of contraception. A 1993 demographic and health survey found that only 5% of currently married women who do not use contraception cited religion as the reason for not using modern methods of contraception; 20% simply wanted more children, but 22% cited concerns about contraceptive safety. Popular misconceptions about the safety and side effects of modern methods of conception pose a major challenge to increasing their use in the Philippines.

The program to prevent the spread of STIs and HIV is having an effect, but more needs to be done to contain the AIDS

epidemic. The challenge will be to maintain the momentum established thus far and to assure that efforts to prevent STIs and HIV become fully sustainable.

DEMOGRAPHIC TABLE

Population:	68,614,000	(1995, Census)
Percent Urban:	52%	(1996, GOP)
Life Expectancy:	66 years at birth	(1995, GOP)
Infant Mortality:	49 infant deaths per 1,000 live births	(1995, GOP)
Under-Five Mortality:	67 deaths under five per 1,000 live births	(1995, GOP)
Underweight Children:	30% of children under five years of age	(1993, UNICEF)
Vaccination Coverage:	86% of children vaccinated for measles by their first birthday	(1995, WHO)
Maternal Mortality:	209 maternal deaths per 100,000 live births	(1987-93, DHS)
Family Planning:	30% of married women use modern methods of contraception	(1996, Survey)
Total Fertility:	4.1 average number of children per woman	(1990-1993, DHS)
HIV Prevalence:	54 per 100,000 adults	(1994, WHO)
Adult Literacy:	94%	(1993, UNDP)
Real GDP:	\$2,590 per person	(1993, UNDP)

SOURCES:

UNDP:	United Nations Development Programme
Census:	Philippine Census
DHS:	Demographic and Health Survey
Survey:	1996 Family Planning Rider Survey
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund
GOP:	Government of the Philippines

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COUNTRY *Overview*

SOUTH AFRICA

South Africa, a nation of almost 42 million people, is richly endowed with human and natural resources and has the most developed economy in sub-Saharan Africa. Emerging from past social and political inequities, the country still faces the challenges of poverty and the need to improve services for the disadvantaged.

USAID STRATEGY

USAID's current program in South Africa began in 1995, the first full year of a democratically-elected government with a constitution, bill of rights, and policy of transformation to foster equity among all its citizens.

USAID's initial assistance to South Africa was provided exclusively through nongovernmental organizations (NGOs) because of Congressional restrictions. After these restrictions were lifted, USAID restructured its efforts to work with the government as well as NGOs.

USAID's health activities focus on addressing inequities in access to primary health care among South Africans. The strategy includes:

- Expanding primary health care services to all South Africans under a unified system;
- Improving the management of the health care delivery system; and,
- Increasing the capacity to deliver preventive care and treatment of HIV/AIDS and sexually transmitted infections (STIs).

MAJOR PROGRAM AREAS

Primary Health Care System. A new seven-year initiative of health training and sector reform activities is the centerpiece of USAID's primary health care efforts. The initial activities focus on strengthening management and service delivery systems for primary health care in East Cape Province. Successful activities will serve as a nationwide model.

HIV/AIDS Prevention Activities. USAID supports a number of NGOs and the national Department of Health by training staff and community leaders in HIV/AIDS prevention. Workshops and group presentations focus on HIV/AIDS prevention messages, with special emphasis on the education of adolescents and other high-risk groups.

Building on the results of the European Community-sponsored HIV/AIDS assessment in mid-1997, USAID and the Department of Health in South Africa will use the results to achieve high-priority objectives of the HIV/AIDS program at the national and district levels. USAID's strategic plan to combat AIDS involves a new \$10 million program.

Training of Nurse Clinicians. USAID has supported the widespread training of South African nurses to improve health services, especially for women and children.

Demographic and Health Survey. Working with the Government of South Africa, USAID will help disseminate the findings of the 1997 South Africa DHS, which established baseline data for health sector planning and monitoring.

RESULTS HIGHLIGHTS

USAID's activities in South Africa have contributed to a number of impressive results:

- USAID support of the National AIDS Convention led to a national AIDS strategy, which works to build regional coalitions among policy and civic leaders.
- A USAID-supported NGO led the development of a legal charter to prevent discrimination against people living with AIDS.
- More than 220 nurses have been trained in the "syndromic approach" to HIV/AIDS diagnosis, which is a cost-effective method



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COUNTRY *Overview*

SOUTH AFRICA

that is based on diagnosing by symptom rather than by clinical testing.

- A USAID-financed research program involved 841 patients with STIs to better understand the partner notification process and identify interventions to enhance such notification. As a result, a multi-site intervention will be tested in both urban and rural settings.
- USAID support to NGOs provided AIDS awareness activities in rural and informal settlement areas. These interventions are largely targeted at individuals such as adolescents who are at increased risk for HIV infection. NGO peer-led HIV/AIDS prevention education programs have been successful in creating a non-judgmental environment for the exchange of ideas on issues such as sexuality, STIs, reproductive health, values clarification, and decision-making skills.

CONTINUING CHALLENGES

South Africa's major health care challenge is to achieve equity in basic health care distribution. Unifying two vastly different health systems in South Africa requires that USAID's technical assistance promote appropriate health systems management and development. In addition, USAID's integrated primary health care project needs to integrate HIV/AIDS and STI information and counseling into basic community-level health services. As the HIV/AIDS epidemic continues, it brings added challenges for NGOs and public sector entities working in HIV/AIDS prevention.

DEMOGRAPHIC TABLE

Population:	41,743,000	(1996, BuCen)
Percent Urban:	50%	(1996, UNPOP)
Life Expectancy:	59 years at birth	(1996, BuCen)
Infant Mortality:	49 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	74 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	9% of children under five years of age	(1990-96, UNICEF)
Vaccination Coverage:	76% of children vaccinated for measles by their first birthday	(1995, WHO)
Maternal Mortality:	230 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	49% of married women use modern methods of contraception	(1988, BuCen)
Total Fertility:	3.4 children per woman	(1996, BuCen)
HIV Prevalence:	3,230 per 100,000 adults	(1994, WHO)
Adult Literacy:	81%	(1993, UNDP)
Real GDP:	\$3,127 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

TANZANIA

Tanzania is one of Africa's largest and fastest growing countries. It is also one of the five poorest countries in the world. Decades of central control have left Tanzania with an inadequate and crumbling infrastructure and an overstuffed, poorly paid civil service. On a positive note, however, Tanzania stands at the forefront of multiethnic balance in a region racked with turmoil and instability.

USAID STRATEGY

USAID's population, health, and nutrition program in Tanzania focuses on increasing knowledge and availability of:

- Family planning/maternal and child health (MCH) services, and
- HIV/AIDS information and services.

USAID also addresses health service sustainability in its work with the Ministry of Health on cost recovery to support clinic services. USAID provides nongovernmental organizations (NGOs) with technical assistance to help recover costs.

MAJOR PROGRAM AREAS

Family Planning Service Delivery. USAID supports the public health sector and an NGO family planning network. The program focuses on training clinic-based and community-level workers and providing contraceptives, equipment, and supplies to clinics. USAID also supports the production and distribution of family planning information.

HIV/AIDS Prevention Activities. In 1993, USAID initiated a five-year \$20 million national program to prevent HIV/AIDS. The program's strategy is to use an NGO network to educate the public on HIV/AIDS prevention and work with groups at worksites and other places where adults gather. Businesses are also urged

to promote HIV/AIDS prevention activities in the workplace.

Child Survival. USAID's child survival activities focus on health worker training and systems development. The overall goal is to help strengthen management and institution-building in the Ministry of Health and in private voluntary organizations. USAID also works to integrate services for family planning, child survival, women's health, and HIV/AIDS at the service delivery level.

Research Support. USAID has developed a research agenda to support data collection and analysis and provide the Government of Tanzania with additional information to make rational decisions on family planning, HIV/AIDS, and child survival programs.

RESULTS HIGHLIGHTS

USAID-supported activities in Tanzania have contributed to a number of impressive results:

- USAID helped Tanzania double the use of modern contraceptives by married women from 6% to 12% between 1991 and 1996, surpassing expectations.
- Contraceptives are now available in 90% of family planning facilities. Most family planning facilities stock at least three contraceptive methods; this compares with nearly constant stockouts of contraceptive inventories only a few years ago.
- USAID has played a critical role in leveraging other donor support from the U.K. and Germany (among others) to meet the increasing demand for contraceptive commodities.
- The proportion of infants younger than six months old exclusively breastfed increased threefold, from less than 8% in 1991-92 to 25% in 1996.



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COUNTRY *Overview*

TANZANIA

- Use of various media to provide information on AIDS prevention and an innovative program to sell condoms using modern marketing techniques have resulted in condom sales of more than 23 million, double the anticipated goal.
- USAID has initiated several activities to expand educational and media materials to incorporate child survival/safe motherhood, and sexually transmitted infection and HIV prevention messages. Materials include a "tool kit" for health workers and the "zinduka" (a Swahili word meaning "enlightened") radio drama that includes family planning and child survival messages.
- NGO networks working in HIV/AIDS prevention now cover half the country.

CONTINUING CHALLENGES

High fertility rates of 5.8 children per woman continue, fueling population growth in Tanzania. The demand for modern contraceptives is very high—56%—but use of modern contraceptives is only 12%. To meet this demand, USAID needs to continue supporting increased access to contraceptive services.

The HIV/AIDS epidemic in Tanzania is predominately attacking adults, the most productive age group, with resulting economic and social consequences. Currently, approximately 5% to 7% of the population have HIV. Expanded assistance to both the private and public sectors is needed for a more aggressive response to the HIV/AIDS epidemic.

DEMOGRAPHIC TABLE

Population:	29,058,000	(1996, BuCen)
Percent Urban:	25%	(1996, UNPOP)
Life Expectancy:	42 years at birth	(1996, BuCen)
Infant Mortality:	88 infant deaths per 1,000 live births	(1991-96, DHS)
Under-Five Mortality:	137 deaths under five per 1,000 live births	(1991-96, DHS)
Underweight Children:	37% of children 12 to 23 months of age	(1991-92, DHS)
Vaccination Coverage:	81% of children 12 to 23 months of age vaccinated for measles	(1996, DHS)
Maternal Mortality:	770 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	12% of married women use modern methods of contraception	(1996, DHS)
Total Fertility:	5.8 average number of children per woman	(1996, DHS & BuCen)
HIV Prevalence:	6,444 per 100,000 adults	(1994, WHO)
Adult Literacy:	66%	(1993, UNDP)
Real GDP:	\$630 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

TURKEY

In 1980 Turkey changed direction, moving from an isolated, state-directed economy toward a new course as a western-oriented country. While Turkey has at times experienced dramatic economic growth, the overall picture shows an unstable economy rife with structural problems and bloated government bureaucracies. Economic problems have been intensified by heavy rural-to-urban migration, excessive population growth, and relatively low use of modern contraceptives. In this Muslim country, sharp contrasts exist between the cities and the more traditional rural areas. Turkey occupies a strategic location between Eastern Europe, the Middle East, and the New Independent States. Turkey is also a key NATO ally.

USAID STRATEGY

USAID's current population program is guided by a five-year strategy initiated in 1995 that calls for a rational phase-out of activities to the Government of Turkey and the private sector by the end of the century. The 1995-99 Population Strategy for Turkey proposes to:

- Strengthen the government's political commitment to sustaining the population program after the year 2000;
- Improve Turkey's family planning services; and
- Fund contraceptives.

MAJOR PROGRAM AREAS

Policy Development. To ensure a sustainable population program after the year 2000, the USAID program is seeking to strengthen the Government of Turkey's policy environment, forge ties among private firms, and facilitate increased nongovernmental organization (NGO) participation.

Improved Service Delivery with an Emphasis on Quality. USAID has developed modules of family planning counseling, clinical services, and promotion to improve the quality of family planning/reproductive health services. This program works to provide:

- Technical assistance to universities, schools of midwifery, and nursing;
- In-service education programs in the Ministry of Health; and
- Training for counselors and care providers, expanding access to services by integrating them into existing health care delivery networks.

Model clinics have been established for in-service staff training and serve as demonstration sites for clinical methods.

Contraceptive Procurement. Currently, USAID donates 90% of the contraceptives available through the public sector in Turkey. USAID's systems development program is guiding the transition of the management of the entire procurement process from USAID to the government. An important aspect of the program has been the emphasis on transferring the technology needed to manage this function adequately.

RESULTS HIGHLIGHTS

USAID's activities in Turkey have contributed to a number of impressive results:

- USAID's work in curriculum development and training led to include family planning in 13 university medical schools, and schools of midwifery and nursing.
- The Ministry of Health, in collaboration with other governmental agencies and NGOs, adopted a National Strategy for Women's Health and Family Planning.



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COUNTRY *Overview*

TURKEY

- Over two-thirds of Social Insurance Organization hospitals now offer family planning services to their members, who constitute 40% of the population in Turkey.
- USAID's support of private sector enterprises, such as social marketing programs for low-dose pills and condoms, has expanded to include a private sector reproductive health provider network in Istanbul.
- The population program has successfully increased the contraceptive prevalence rate and reduced the total fertility rate in just two years.

CONTINUING CHALLENGES

The transfer of responsibilities to the government for family planning programs and procurement needs to occur in the next several years. This includes responsibility for contraceptive procurement funding and systems development. The Government of Turkey will need to develop the technical and clinical training capabilities to maintain quality and expand the family planning program in the 21st century.

DEMOGRAPHIC TABLE

Population:	62,484,000	(1996, BuCen)
Percent Urban:	71%	(1996, UNPOP)
Life Expectancy:	72 years at birth	(1996, BuCen)
Infant Mortality:	43 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	53 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	10% of children under five years of age	(1993, DHS)
Vaccination Coverage:	75% of children vaccinated for measles by their first birthday	(1995, WHO)
Maternal Mortality:	180 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	35% of married women use modern methods of contraception	(1993, DHS)
Total Fertility:	2.6 average number of children per woman	(1996, BuCen)
HIV Prevalence:	2 per 100,000 adults	(1994, WHO)
Adult Literacy:	81%	(1993, UNDP)
Real GDP:	\$4,210 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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COUNTRY *Overview*

UGANDA

Uganda is a landlocked country in East Africa with a population of approximately 20 million. Over the last decade Uganda has transformed itself from a military state into a productive economy and a potential model for African development. The country boasts a rich and diverse natural resource base and strong agricultural potential. Uganda was among the first countries in Africa to be hard hit by the HIV epidemic, thus lowering life expectancy significantly.

USAID STRATEGY

USAID is assisting the government to improve the health status of Ugandans with a large scale HIV/AIDS, health, and family planning program. USAID objectives are to reduce fertility, the transmission of HIV, and maternal and child mortality by:

- Improving the availability and quality of health services;
- Increasing the population's knowledge and awareness of reproductive, maternal, and child health; and
- Enhancing the financial sustainability of primary health care services.

MAJOR PROGRAM AREAS

Family Planning/Reproductive Health Training and Service Delivery. USAID has helped Uganda develop standardized, high-quality reproductive health curricula for in-service training of health workers in 10 districts. This training prepares doctors, nurses, and midwives in safe delivery techniques, obstetrical emergencies, and family planning services. The family planning curriculum is being taught nationwide. Improved supervision systems have been developed to support staff and community volunteers.

Contraceptive Social Marketing. USAID supports the development of high-quality, mass-media messages and campaigns for health and family planning. These messages provide Ugandans with information to change individual behavior in health, family planning, and HIV prevention.

HIV/AIDS Prevention. In addition to the social marketing of condoms to prevent HIV/AIDS, USAID supports an AIDS information center for HIV testing and counseling. Clients report that the center's counseling has motivated them to increase their condom use and decrease the number of their sexual partners.

Strengthening Health Finance Systems. USAID supports technical assistance to develop a pilot hospital financial management system. Fee-for-service guidelines are being developed to help Ugandans move toward sustainable health, family planning, and HIV/AIDS programs.

RESULTS HIGHLIGHTS

A number of important gains have been made in HIV/AIDS prevention, health, and family planning in Uganda:

- Data suggest that progress has been made in reducing the spread of HIV infection. For the third consecutive year, HIV prevalence has declined among pregnant women attending sentinel antenatal clinics in urban areas, signifying the first sustained drop in HIV prevalence in Africa. In the younger age group (15 to 25), these reduced rates are linked with positive behavior change.
- AIDS Information Center, the premier HIV testing and counseling organization in Africa, has reached more than a quarter of a million clients and serves as a model for other countries worldwide.



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COUNTRY *Overview*

UGANDA

- Ugandans are increasingly using condoms to reduce their risk of HIV infection and, together with other forms of contraception, to more widely space births. Condom sales increased dramatically from almost 6 million in 1995 to almost 10 million in 1996 as the result of expanded distribution and steadily increasing demand.
- The Contraceptive Social Marketing program is a major source of condoms and other contraceptives, with sales of more than 1 million condoms per month. In addition, in 1995, USAID-supported nongovernmental organizations (NGOs) distributed approximately 7 million condoms.
- The infant mortality rate has dropped by more than 10% since the late 1980s, according to the 1995 Demographic and Health Survey.
- Use of modern contraceptives, although still low, has increased among married women from 3% to 8% in the past five years. Contraceptive use is almost three times higher in urban than rural areas and nearly five times higher among women with at least a secondary level education than among those with no education.
- To improve the financial sustainability of health services, more than 220 staff from 27 health units have been trained in fee-for-service policies and accounting procedures. Preliminary evidence indicates that most units report about a 30% increase in revenues; a pilot district hospital reported an increase of 45% in fee collections.

CONTINUING CHALLENGES

Despite progress to date in health and family planning in Uganda, several challenges remain. Though declining, both fertility and mortality rates in Uganda remain high. Two-thirds of Ugandan women say they want to delay their next pregnancy by at least two years, but only about 8% are using modern family planning methods. Low contraceptive use illustrates the need to expand the use of family planning services and focus on improving educational opportunities for girls.

AIDS remains a serious problem as well, affecting infant and child mortality rates. Although improved maternal and child health is a priority for the Government of Uganda, resource constraints severely limit the government's ability to improve basic services.

DEMOGRAPHIC TABLE

Population:	20,158,000	(1996, BuCen)
Percent Urban:	13%	(1996, UNPOP)
Life Expectancy:	40 years at birth	(1996, BuCen)
Infant Mortality:	99 infant deaths per 1,000 live births	(1996, BuCen)
Under-Five Mortality:	179 deaths under five per 1,000 live births	(1996, BuCen)
Underweight Children:	35% of children 12 to 23 months of age	(1995, DHS)
Vaccination Coverage:	79% of children vaccinated for measles by their first birthday	(1994, WHO)
Maternal Mortality:	1,200 maternal deaths per 100,000 live births	(1990, UNICEF)
Family Planning:	8% of married women use modern methods of contraception	(1995, DHS)
Total Fertility:	6.6 average number of children per woman	(1996, BuCen)
HIV Prevalence:	14,541 per 100,000 adults	(1994, WHO)
Adult Literacy:	60%	(1993, UNDP)
Real GDP:	\$910 per person	(1993, UNDP)

SOURCES:

BuCen:	United States Bureau of the Census
UNDP:	United Nations Development Programme
DHS:	Demographic and Health Survey
UNPOP:	United Nations Population Division
WHO:	World Health Organization
UNICEF:	United Nations Children's Fund

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