USAID | INDIA
FROM THE AMERICAN PEOPLE

Partners' Guide

Population, Health and Nutrition Programs

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VISION

Working together for health, prosperity and equal opportunity

हम भारत में स्वास्थ्य, समृद्धि एवम्
समान अवसरों के लिए
मिलकर कार्य करेंगे

1.0 Introduction

1.1 USAID India Population, Health and Nutrition Program, 2007-11

Problem

Healthy people are vital to the economic and social development of all countries. Although India has made significant progress in improving the health of its population, the statistics on fertility rates, HIV and infectious disease burden and child survival point to the need for continued investments to expand programs, identification of new models for intervention, and development of approaches to ensure sustainability. Failure to address the unmet need for family planning and reproductive health, increasing HIV transmission, and a significant burden of child mortality could plunge India into a downward spiral of political instability, decreased economic growth, environmental degradation, and an unmanageable burden of disease. Sustainable systems need to be developed so that Indian institutions will have the capacity to address these issues over the long term, thereby ensuring continued improvement in the health of Indians.

Population Growth and Reproductive Health

On May 11, 2000, India's one-billionth citizen was born. More than 63,000 children are born daily, representing 23 million more Indians annually and nearly a third of the population has yet to reach puberty. With a growth rate of 1.6% per year, it is estimated that India will surpass China in the next 50 years as the world's most populous country, and by 2070 the population could exceed 2 billion. Furthermore, India's enormous population of young people will require reproductive health services over the next 10-15 years. Large numbers of couples want to space or limit births, but they are not using any method of contraception. Nationwide, approximately 13% of couples or about 30 million couples have an unmet need for contraception[1]. High fertility is one important factor affecting the reproductive health of women. One out of every 100 women of reproductive age dies from childbirth-related causes. Other reproductive health indicators also reflect poor health status. Only half of the pregnant women receive three antenatal check-up, and only 22% consume any iron/folate tablets or syrup. Only 41% of deliveries take place in facilities, and, at best, 48% are assisted by a health professional.

India's voluntary family planning program (the world's oldest) has achieved important results over the last 30 years. Knowledge of reproductive health has increased dramatically; nationally, contraceptive use by women of reproductive age increased in the past thirteen years alone from 41% in 1992-93 to 56% in 2005-06; and the average number of children per family has dropped by nearly 50% (from 5.2 to 2.7) from 1972 to 2005-06. The target for 2010 is 2.1 children per family, representing a growth rate of 1.2% per year.

There are important differences between north and south India. All southern states (e.g., Kerala and Tamil Nadu) have almost stabilized their population growth and the other states are making good progress. In the northern states (particularly Uttar Pradesh, Jharkhand, Bihar and Rajasthan), population growth rates hover around 2.3%, as compared to the national average of 1.9%. Unmet need for family planning is high in these northern states and about 22% of it is in Uttar Pradesh (UP). Other reproductive health indicators are uniformly worse in the northern states than the national averages.

[1] National Family Health Survey (NFHS) 2005-06. All data reported in this document from 2005-06 is from NFHS-3.

Additional constraints exist in the delivery of family planning services. For most women, the choice of family planning methods is often limited and sterilization remains the overwhelming method of choice. Other approaches, including delaying the age of marriage and first pregnancies, and encouraging longer birth intervals, present major social and programmatic challenges. Religious and medical barriers exist in some areas, as do cultural issues associated with the preference for boys and denial of opportunities for girls and women.

HIV and Tuberculosis

HIV, tuberculosis, and other infectious diseases present significant public health challenges for India.[2] Nationwide 0.36% of adults in India are infected with HIV; however, this represents 2.47 million infected people (age 15-49) and places the country at third number after South Africa and Nigeria. These statistics mask the substantial variation in HIV prevalence among states, many of which have populations that are larger than most nations in the world. For example, the states of Maharashtra, Karnataka, Andhra Pradesh and Tamil Nadu have a combined population of over 287 million and have registered HIV rates around 1% among pregnant women. Moreover, HIV has reached rural areas in high prevalence states.

India accounts for an estimated one third of the global burden of tuberculosis (TB). It is the most prominent disease in India, killing more than 1,000 people a day. Every year, tuberculosis results in 300,000 children leaving school, 100,000 women being rejected from their families, and economic costs to society of approximately $3 billion. These staggering figures could get worse with the spread of HIV and multi-drug resistant tuberculosis.

Although federal authorities are concerned about the HIV/AIDS epidemic, the level of effective commitment (e.g., fiscal and institutional) to prevention at the state level varies. Few NGOs have the capacity to carry out effective, sizeable interventions. Scaling up prevention efforts will require mechanisms for capacity building at all levels, in both the private and public sectors, and in urban and rural areas. The stigma associated with HIV infection must be reduced in all segments of society. HIV surveillance needs strengthening and counseling and testing need to be expanded. Increased support for care and treatment is needed in many of the high prevalence districts. TB therapy represents an important operational and financial challenge given poor patient compliance, drug management, and the cost of the drugs.

Child Survival

The burden of child mortality and morbidity in India is tremendous. Over 20% of child mortality worldwide occurs in India. Nearly two million children die annually from preventable and curable infectious diseases and other causes. With infant mortality at 57 per 1,000 live births, and under-five mortality at 74 per 1,000 live births, India's under-five mortality is worse than China, Philippines and Indonesia, comparable to Ghana, Swaziland and Nepal. Almost 75% of child mortality occurs during infancy. Neonatal mortality (death within the first month of life) is responsible for more than two-third of infant mortality.[3]

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[2] Measles, pneumonia, diarrhea and tetanus are also prominent infectious diseases, but as primarily killers of children, are addressed in child survival efforts.

[3] Major causes of neonatal mortality include asphyxia, birth trauma, hypothermia, acute respiratory infection, and diarrhea. In some northern states, neonatal tetanus remains an important killer in specific blocks where routine immunizations are low. For example, in 2000, although tetanus (TT) coverage increased from ~37% in 1992-93 to ~51% in 1998-99 Uttar Pradesh, 49% of infants remain unimmunized

Major bastions of polio exist in the UP and Bihar, and although eradication efforts have shown important success, vigilance must be maintained to eliminate the virus. Eradicating polio remains a national and global priority.

Under nutrition is associated with over 50% of childhood deaths, and directly affects the severity of diseases such as measles, and diarrhea. Although severe malnutrition has dropped significantly over the past 30 years, today 59% of rural and 48% of urban households do not consume the recommended number of calories, and, in rural areas, the daily per capita calorie intake has decreased in most states since the 1970s. The impacts are reflected in child health statistics, high anemia levels, and high levels of maternal undernutrition. 46% of children are underweight in India and as high as 69% of children are malnourished in Jharkhand. Anemia levels are remarkably high for children and women. 79% of children (age 6-35 months) and 56% of women are anaemic. The anemia level in men is 24%. Anemia in India is primarily linked to poor nutrition. The causes of undernutrition include delayed initiation of breast-feeding, early termination of exclusive breast-feeding, low micronutrient intake, inappropriate complementary feeding practices, and high rate of diarrhea.

Continued improvements in child survival have been demonstrated over the past 15 years, as evidenced by a decline in under-five mortality rates. Similar to the statistics on fertility and reproductive health, clear differences in child mortality exist by state, gender, economic status and location, with the highest rates and greatest need in the northern states. The discrepancy of vital statistics between the north and south presents a public health imperative to state and federal decision-makers, as child survival is an issue of national concern and pride.

Urban Health

The Urban Poor is a rapidly increasing segment of India's population: more than 90 million people live in urban poor settlements. The rate of urban poverty in India is staggering. An analysis of population growth trends between 1991 and 2001 show that, while India grew at an average annual growth rate of 2%, urban India grew at 3%, mega cities at 4% and slum populations rose by 5 to 6%. These numbers are expected to rise, and if predictions are correct, by 2026, 38% of India's population is likely to live in urban areas, up from 30%. Fully 50% may live below the poverty line.

The congestion of living space, unhealthy environment and lack of services make the urban poor especially vulnerable to health risks. The health of the urban poor is as bad as the rural population and considerably worse off than the urban middle and high income groups of urban areas. Thousands of maternal and child deaths take place each year in slum communities which could have been easily prevented by providing basic health services and improving access to water supply and sanitation services.

Neonatal, infant and under-5 mortality rates are considerably higher among the urban poor as compared to children from urban rich households. The child mortality rate among the urban poor is 101.3 per 1000 live births which is significantly higher than the urban average of 63.1 and is almost similar to the rural rate of 103.7. Thus, one in ten children do not live to see their fifth birthday. This translates to about 170,000 easily preventable child deaths each year in urban

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and at potential risk. According to the National family Health Survey -3, full immunization coverage for UP is estimated at 23%.

slum communities alone. The urban poor have very limited access to health services. Less than half (47.7 per cent) of mothers from urban poor families receive the recommended three antenatal visits during pregnancy. Over half of the child births (56.1 per cent) among urban poor families take place at home without the presence of a skilled birth attendant. This puts the life of both the mother and the newborn to great risk and contributes to the high maternal and neonatal mortality among the urban poor. Urban poor children face an increased burden of diseases such as measles, diphtheria, pertussis and tetanus. These diseases are easily preventable by vaccinating children against them. However, only 2 out of every 5 urban poor children receive all the recommended vaccinations. The prevalence of malnutrition is also very high in slum communities with 56.8% of <3 years old children being malnourished. Rates of malnutrition in urban slums are worse than in even rural areas.

The urban poor also practice unhealthy behaviors. For instance, only 17.9 per cent of newborns are breastfed within the first hour of birth and 63.4 per cent of the mothers discard the colostrums which is very essential for helping the newborn fight infections. Such inappropriate behaviors also contribute to the high morbidity among the urban poor.

USAID's strategy to address the urban poor health challenges is to build the capacity of Indian institutions through the provision of technical assistance to work with city governments to understand the issues and develop plans to solve the problems. Another important facet of the strategy is to leverage considerable government resources.

Health Systems

The capacity of the public health system to meet the health care needs described above remains severely limited. While much progress has been made, substantial changes are required to ensure access to adequate information and services, and the sustainability of improved services and systems, particularly in the northern states of India.

Currently, only around 5% of GDP is spent on health (equivalent to the middle 20% of countries worldwide); public sector health expenditures are 0.9% of GDP (less than 4% of total government spending—equivalent to the bottom 10% of countries worldwide).[4] Less than 10% of Indians have access to any health insurance. Salaries consume a large percentage of public sector recurrent costs, even though severe staff shortages exist at national and state levels. The number of basic service providers has not kept pace with population growth, yielding a 30-50% shortage in coverage**,** mostly for rural populations. Hospitals receive over half of public sector resources and obtaining and maintaining equipment is difficult. Distribution systems for equipment and drugs are poor, and stock outs of basic medicines and supplies occur frequently.

Stagnant**,** inefficient public sector spending impedes services and results in huge and increasing out-of-pocket spending for private sector health care. As the economy grows in India, thereby increasing financial stability, the health Strategic Objective will help the government target the savings into social services. The public sector health system is not targeted. The richest 20% of the population benefits from over 33% of the public sector funding for curative services. For Indians below the poverty line, the public sector remains the critical source for preventive and basic health services, even though services are generally poor and accessibility is limited (i.e., the public sector provides 93% of immunizations, 74% of antenatal care, and 69% of institutional

4 This puts India in the category of countries emerging from recent conflicts, such as the Republic of Georgia, Cambodia and Myanmar.

deliveries). However, about 80% of outpatient care is provided by the private sector.[5] As in most developing countries, richer households purchase more curative care from the private sector than do poorer households.

Poor management of public services at all levels is reflected in a range of deficiencies. Public sector resources are not effectively targeted to serve the poor. Outreach to the most vulnerable elements of the population is very limited, and the quality of services, in general, is poor. Health information for clients and providers needs to be updated and more broadly disseminated. Human and fiscal resources are often ill-applied and inadequate, and thus, impede service delivery.

Although the private sector is a major source of services (particularly curative), the public sector has limited scope for engaging the private sector (NGO and commercial sector) and ensuring an adequate quality of care. As a result, the private sector is considerably under-exploited, not regulated, and under-supervised in the promotion and provision of preventive health services, including family planning, child health and other public health interventions.

Another area that needs to be strengthened is the area of data generation and data-based decision making in the health sector. The quality of available data, especially from the public sector Management Information Systems, is often poor. Efforts for data triangulation are not fully in place and data-based decision-making is not fully optimized. USAID will continue to play a key role in providing technical leadership to key national programs for improving data collection techniques, quality, data triangulation, data transmission and use of information. One of the key areas of support will include promoting the use of the National Family Health Survey (NFHS) to program managers and policy makers to track progress and also take informed programmatic and policy decisions.

In addition, support for strengthening monitoring systems, preparing analytical reports and advocacy materials to ensure informed discussions need to be undertaken. In key areas where sufficient evidence does not exist, new research, especially applied and operations research, needs to be supported. Policy and advocacy efforts for increased resource allocation for public health, initiating innovative activities, scaling-up successful initiatives, and addressing barriers to service provision are also required.

Neither the public nor the private sector alone can address all of the health problems and unmet need in India. Both sectors have their strengths and comparative advantages as well as limitations. To meet short and longer term health needs, the public sector must more effectively exploit all opportunities to engage the private sector (i.e., NGO and private industry). New paradigms for partnerships and service delivery must be developed and embraced, at the state level, to ensure equity, accountability, quality and affordability of health services.

In sum, overcoming obstacles to better health is vital to completing India's development agenda. Although progress has been significant for all major health areas, substantial gaps remain and constitute an unfinished agenda for the country's health sector.

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[5] These fiscal and system statistics were obtained from the World Bank report: "India—Raising the Sights: Better Health Systems for India's Poor," May 2001.

Rationale

USAID India's Health Strategic Objective is consonant with the Agency's Global Health pillar and consistent with GOI policy. It builds on USAID experience during the past strategy periods 1994-2007; emphasizes areas of comparative advantage; and, given resource constraints, targets key geographic and program areas to meet the greatest need. The SO expands the previous program objective into a four-pronged approach that targets maternal and reproductive health, HIV/TB, child survival and health system improvements. This direction has been confirmed through in-house and external discussions with counterparts in government and the development partner community. Specific strategies have been developed in each of these technical areas.

Achievement of this SO will help meet USAID's long-term goal of building replicable and sustainable strategies (i.e., service delivery models that can be effectively scaled up and sustained through local resources) for meeting priority health needs. The long-term vision has informed the selection of sites and expansion, as well as a priority of systems strengthening activities aimed to ensure eventual maintenance and sustainability for the longer term. It also prioritizes working with and strengthening Indian institutions to increase sustainability of the program.

As India faces the mounting challenges of the 21st century, the improved delivery of reproductive, maternal and child health, and preventive HIV and TB services are of paramount importance to the Government of India. In its National Population Policy of 2000, its new draft National Health Policy, National AIDS Control Program III, and the National Rural Health Mission, the GOI sets ambitious goals and objectives for key health indicators and identifies a wide range of interventions. This SO and its strategic approach are fully consistent with these policies and with the programming being carried out by the GOI and the respective state governments with which USAID proposes to work.

To help meet these challenges, this SO builds upon the service delivery platforms (systems, infrastructure, organizational arrangements and skills) developed and tested during the current strategy period, and targets geographic and programmatic expansion as described under "Geographic Focus."

Given the constraints of the public sector, under all of the IRs, the SO will explore and exploit as many opportunities as feasible with the private sector, NGOs and commercial industries to develop models for replication in targeted geographic areas. These Public-Private Partnership (PPP) models will rely on linkages and partnerships with public sector providers, facilities and managers. Therefore, the SO must, at the same time, strengthen the public sector in ways that will help it serve as an effective partner and regulator. USAID's resources, role and experience improve its ability to leverage major policy changes in the health sector. USAID will continue to collaborate closely with the World Bank, DFID, European Commission, UNICEF, UNFPA, Bill and Melinda Gates Foundation, the Clinton Foundation, Packard Foundation, and other influential donors to advocate for key policy changes. We will work closely with the Global Fund on AIDS, TB, and Malaria to strengthen the Country Coordinating Committee and the implementation of the Fund's grants to India. USAID will use its experience in India and its comparative advantage worldwide to address some critical, systemic problems.

The SO will support systems strengthening in the public sector to:

- Build capacity of Indian institutions;
- Improve the capacity to make informed decisions;
- Address human resource needs, such as training and allocation;
- Strengthen quality assurance;
- Institute state and district planning for child and reproductive health, HIV/AIDS, and Infectious Diseases;
- Effectively engage the private sector;
- Help develop state policies for population, health and nutrition, and specific interventions, such as immunizations;
- Where appropriate, assist states and the national level with accounts analyses that can lead to fiscal reform and improved efficiency; and
- Improve accountability of resources.

The SO will also work with the public and private sectors to:

- Promote stronger and sustainable private-public sector partnerships (PPP);
- Develop demonstration models for private sector franchising;
- Develop and improve models of private sector service delivery through commercial providers and industrial and other commercial infrastructure;
- Develop and improve models for local NGO service delivery and sustainability; and
- Pilot implementation of strategies for health care financing through introduction of accounts analyses, user fees, corporate partnerships (franchising), insurance schemes and other health financing options.

The SO also proposes to promote scientific cooperation between Indian and US research and training institutions in the public and private sector. Potential areas of cooperation include applied operations research on various health interventions. To be developed in consultation with USAID Washington and the Embassy Science Office, these multi-faceted partnerships can support achievement of SO objectives, nurture Indo-US cooperation over the short and long term, and improve local capacity to solve health sector problems in India.

Comparative Advantage

USAID's comparative advantage is its broad array of technical and programmatic expertise and experience in both public and private sector health care interventions. In the priority technical areas, this comparative advantage has been used to determine the selection of interventions. These interventions will continue to be guided by best practices and experience worldwide; needs in the specific geographic areas and among the target groups; and potential for impact and replicability.

Assumptions

Achievement of the SO is based on the following key assumptions. They will be monitored for their continued validity and relevance during program implementation, and will be updated, as appropriate.

- Political will at the state and national level will intensify for achieving progress in the health sector;
- State governments will embrace the private sector as a complementary entity to deliver basic preventive and curative services; and flexible engagement of the private sector will be encouraged;

- India's draft National Health Policy budget priorities will be realized, doubling public sector health expenditures from 0.9% to 2% GDP by 2010;
- National and state authorities in the Ministries of Finance, Economic Development and Health/Family Welfare will embrace the Draft National Health Policy regarding improved health sector financing and pro-poor policies;
- Accountability for human and fiscal resources will improve significantly;
- The GOI will support more flexibility in using bilateral and unilateral resources for direct grants and contracts, thus decreasing the obligation-to-expenditure ratio and pipelines in the sector; and
- The USAID Title II program will be successfully phased out over the next several years.

Target Groups

This SO targets the following broad sets of beneficiary groups, some key representatives of which were consulted in developing this strategy.

For the reproductive and child health activities:

- Women of reproductive age and their children less than five years old;
- Young and adolescent girls;
- Male family members;
- Care providers; and
- State, district, and block administrators.

For HIV prevention and control efforts:

- High-risk groups (such as female sex workers and their clients, including truckers and other men, men who have sex with men and injectible drug users);
- Sexually transmitted infection (STI) clients;
- People living with HIV/AIDS and OVC;
- Women of reproductive age;
- Youth in general;
- Girls involved in trafficking; and
- Urban and rural family members for HIV information and preventive services.

For TB control:

- Members of the general population in Haryana (until mid 2008) (Tamil Nadu and Maharashtra) who are diagnosed with TB. After mid 2008, general population throughout India with emphasis on high-risk groups.

For systems strengthening and public-private partnership activities:

- Managers and leaders in the public and private sectors that influence these partnerships.

Geographic Focus

India's large size and diversity, USAID's limited resources, and the availability of other development partner resources in selected health sub-sectors and geographic areas, have influenced the selection of the SO's geographic expansion plans. USAID will focus on those states and districts having the greatest unmet needs for reproductive and child health services and the largest concentrations of high-risk groups for HIV/AIDS. These states have relatively less development partner activity and support, and state leaders and officials are keenly interested in collaboration with USAID. Geographic focus will vary according to each intervention:

- Building on reproductive and child health efforts in Uttar Pradesh (UP) and expanding family planning and reproductive and child health coverage to all 70 districts, reaching 170 million people;

- Expanding reproductive and child health efforts in Jharkhand and Uttarakhand, potentially servicing an additional 36 million people;
- Continuing to focus HIV prevention and control activities on the high prevalence states of Tamil Nadu, Maharashtra, and Pondicherry, expansion to Karnataka and the coastal districts of Andhra Pradesh and potentially to selected high risk areas of U.P. (with emphasis initially on those districts along truck routes and where other high risk groups are located),
- Focusing TB control in Haryana (until mid 2008), Tamil Nadu, and at the national level, especially after mid 2008.
- Testing the implementation of an integrated package of reproductive health, child survival and HIV prevention services through engagement with the municipalities, private sector and community organizations in the urban slum areas such as Indore, Agra and Jamshedpur.

Impact Measurement

The success of the Health SO will be measured by the following illustrative indicators:

- Contraceptive Prevalence Rate;
- HIV sero-prevalence;
- Nutrition status of children under three years; and
- New smear positive pulmonary TB cases treated successfully.

Intermediate Results

IR 14.1: Increased Use of Reproductive Health and Family Planning Services by Indian Institutions

USAID will continue to work with the GOI to reorient and revitalize the country's family planning and reproductive health services, targeting the states of UP, Jharkhand and Uttarakhand sites for demonstrating program innovations. Key interventions will include: promotion of birth spacing and effective use of contraceptives; counseling and provision of family planning and other reproductive health services and methods; and expansion of outreach and access to services.

IR 14.2: Increased use of Prevention and Care & Support Interventions to Prevent/Mitigate HIV/AIDS by Indian Institutions

The Indian HIV epidemic is at an epidemiological crossroad. The window is open to contain the epidemic at relatively low infection rates through increased practice of safe behaviors, particularly in the most affected states of the country. USAID will continue to work with NGOs, private sector businesses, and the national and state governments to implement HIV prevention and control programs in targeted states. The strategy will also support national activities aimed at increasing knowledge of prevention and delivering effective STI treatment. Targeted interventions for high-risk groups will be pivotal elements of the strategy, but USAID will also pursue efforts to limit the spread to peri-urban and rural areas.

IR 14.3: Increased Use of Key Child Survival Interventions by Indian Institutions

Key child survival interventions include immunizations, breast-feeding, safe births, vitamin A distribution, supplementary feeding, and improved care-seeking behavior by mothers. Given the needs for improved neonatal care, emphasis will be given to addressing service delivery requirements for newborn and postnatal services. The application of these interventions will be pursued in U.P. and Jharkhand. Results from these programs are encouraging and significant potential exists for further child survival impact in a 5-10 year timeframe. Additional efforts will

be pursued in targeted urban environments where poor, migrant, slum-dwelling populations present high rates of mortality and morbidity.

IR 14.4: Increased Use of Key Infectious Disease Interventions by Indian Institutions

Under this IR, USAID plans to expand its current support for model TB delivery and research in Tamil Nadu and Haryana until mid 2008. After March 2008, USAID will focus on National level strengthening with an emphasis on overall system development and dissemination of lessons learned. TB efforts focus on improving public and private sector delivery, and monitoring the effectiveness of diagnosis and treatment. It will also strengthen the HIV/AIDS and TB linkages to improve impact of both programs.

Relationship to Other Strategic Objectives

There are strong linkages between the health strategic objective and all other objectives in the strategy. Opportunities to work with the Economic Growth team on state accounts analysis, private sector engagement and fiscal policy relative to health will be identified and used during the strategy period. Rural linkages with the Energy-Water SO will be explored through the water-energy nexus relative to social mobilization and *panchayati raj* institution engagement for health. Coordination will continue with the US Embassy's Science, Public Affairs, Political Affairs, and Economic Affairs Sections; as well as the Center for Disease Control and Prevention (CDC), Department of Defense (DOD), Department of Labor (DOL) on HIV/AIDS activities.

Development Partner Coordination

During the development of this SO, USAID coordinated closely with other development partner that are currently or may become engaged in targeted areas of assistance. This coordination will continue during strategy implementation to avoid duplication and maximize synergy.

USAID is an influential partner in a number of government and donor committees. These include:

- National AIDS Coordinating Committee;
- Country Coordinating Mechanism (CCM) for the Global Fund;
- UNAIDS Theme Group;
- National Polio Interagency Coordinating Committee;
- Rotary National Coordinating Group for Polio Eradication;
- National Global Alliance for Vaccines and Immunizations Steering Committee; and
- WHO Taskforce for Integrated Disease Surveillance.

USAID works closely with specific development partners on a number of issues:

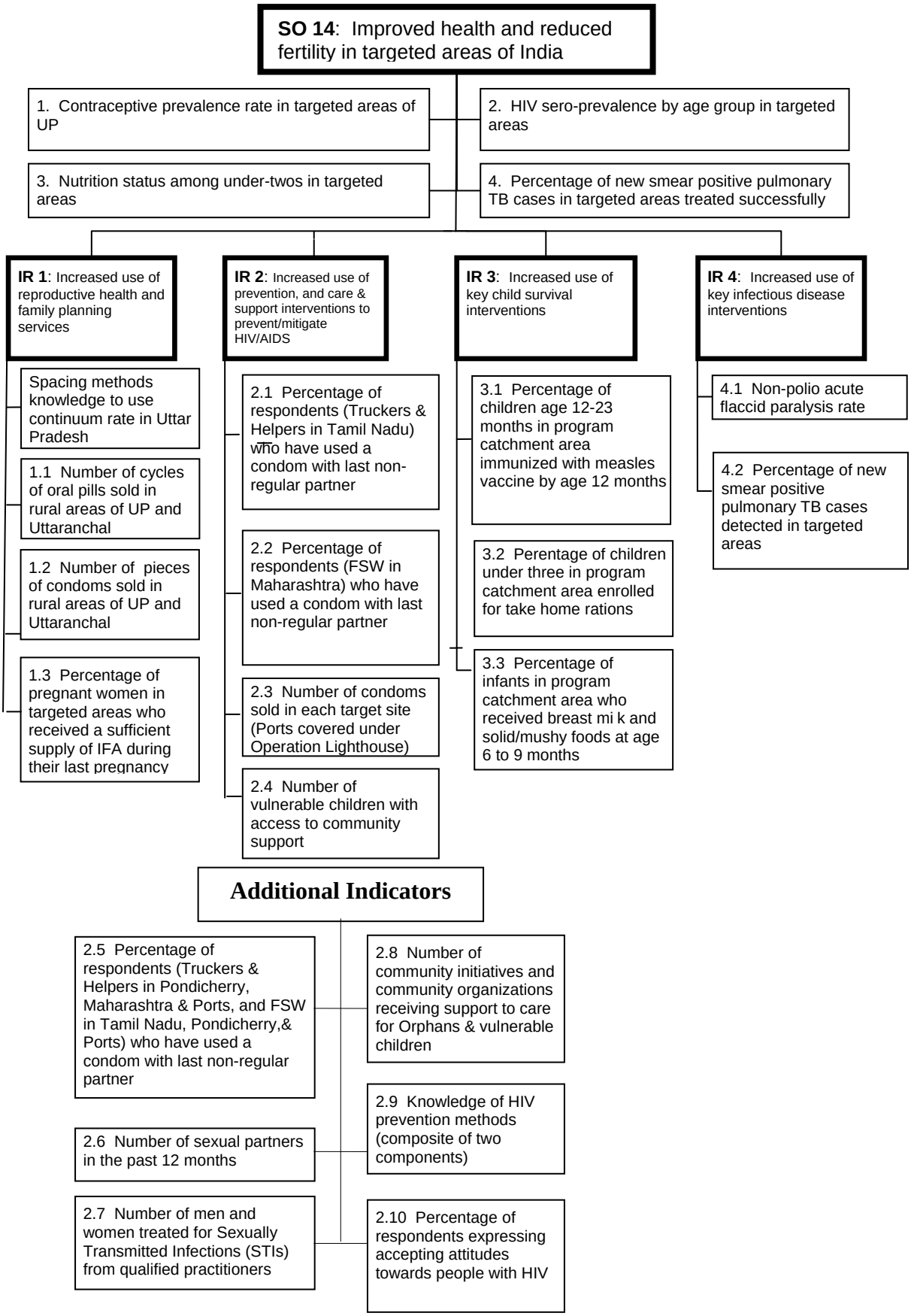
- The World Bank on surveillance and logistics management, advocating key policy changes, RCH II and HIV/AIDS;
- UNICEF on routine immunizations, polio and vitamin A/micronutrient delivery and NFHS;
- WHO on surveillance, TB, polio, Avian Influenza and immunizations;
- Rotary International on polio and expanded immunizations;
- Packard Foundation on reproductive health service delivery expanding contraceptive choice;
- British Department for International Development (DFID) on polio eradication, RCH II and HIV/AIDS prevention and NFHS;
- EU on RCH-II, HIV/AIDS;

- GTZ on RCH-II, health insurance;
- UNFPA on RCH-II and NFHS;
- UNDP on HIV/AIDS;
- Bill & Melinda Gates Foundation on HIV/AIDS and NFHS; and
- Clinton Foundation on HIV/AIDS.

And with other USG agencies:

- CDC on HIV implementation and treatment of opportunistic infections and NFHS;
- DOD on HIV/AIDS;
- DOL on workplace programs in HIV/AIDS; and
- HHS on health research; Avian Influenza, HIV/AIDS.

1.2 Strategic Objective 14 Results Framework



1.3 USAID Supported Health Activities in India

Although India has made significant progress in improving the health of its population, the statistics on India's high fertility rates, HIV and infectious disease burden, and child survival point to the need for further investments to expand programs, identify new models for intervention, and develop approaches to sustaining improvements. The Population, Health, and Nutrition (PHN) strategic objective of USAID/India, exemplifies an innovative approach of integrating four key health areas to accomplish one unified goal.

The Population, Health, and Nutrition objective of USAID/India is:

Improved health and reduced fertility in targeted areas of India through:

- Increased use of reproductive health and family planning services;
- Increased use of prevention, and care & support interventions to prevent/mitigate HIV/AIDS
- Increased use of key child survival interventions
- Increased use of key infectious diseases interventions

These objectives are consistent with and support the Government of India's population and health policies and programs; build upon USAID's more than fifty years of experience in India; and target key geographic and program areas so as to meet the greatest need.

1.3 USAID/Health Supported Focus State In India

Tuberculosis

Tamil Nadu & Nationwide

HIV/AIDS

Focus States:
Tamil Nadu, Maharashtra, Karnataka & Andhra Pradesh

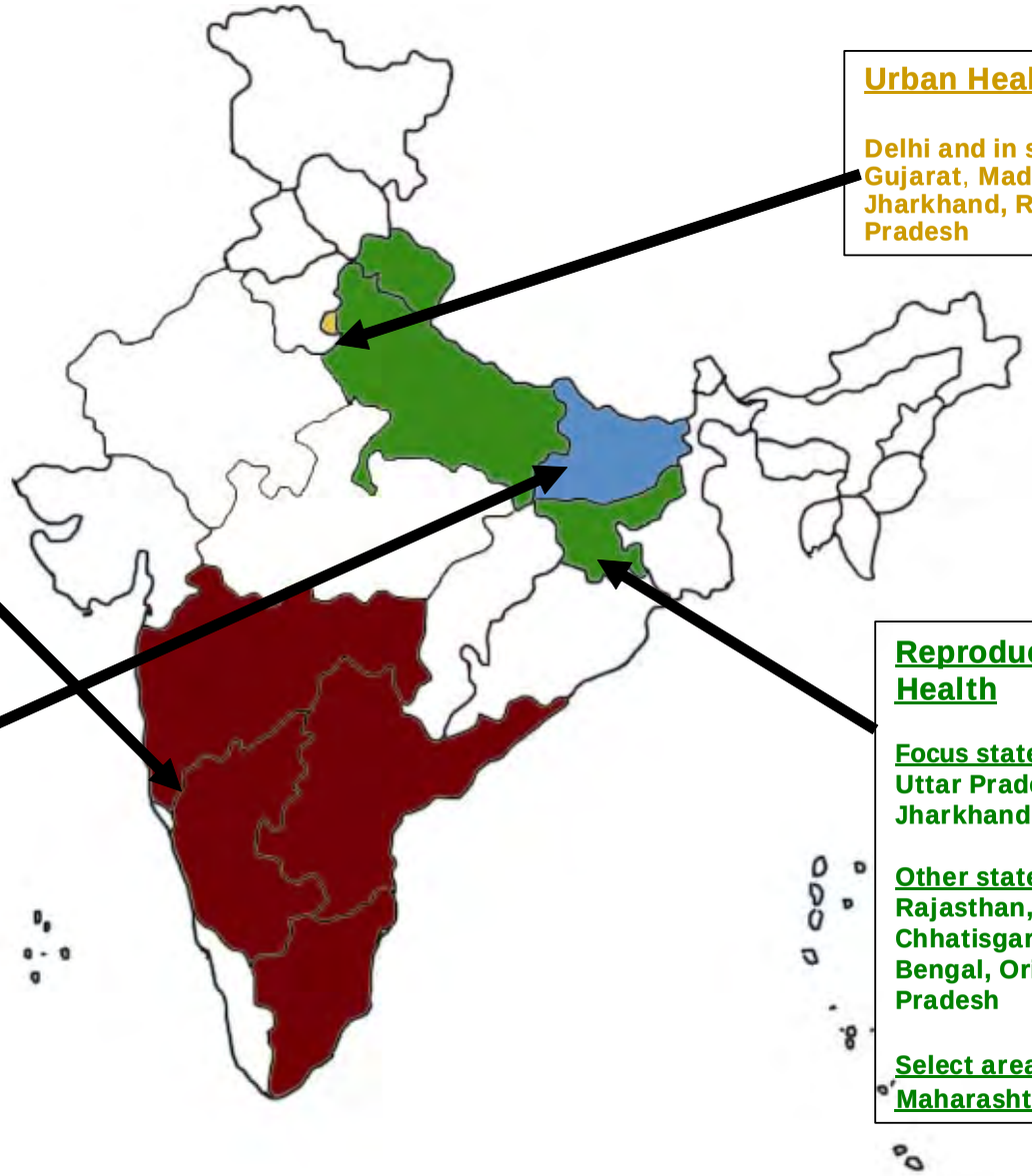
Other areas:
Delhi, Uttar Pradesh, Uttarakhand, Kerala & Goa

Polio

Nationwide with focus on Uttar Pradesh & Bihar

AI

Nationwide with focus on outbreak states



Urban Health

Delhi and in select cities of Gujarat, Madhya Pradesh, Jharkhand, Rajasthan & Uttar Pradesh

Reproductive and Child Health

Focus states:
Uttar Pradesh, Uttarakhand & Jharkhand

Other states:
Rajasthan, Madhya Pradesh, Chhatisgarh, Bihar, West Bengal, Orissa & Andhra Pradesh

Select areas:
Maharashtra,Gujarat & Delhi

1.4 USAID and SO 14 Team Structure

USAID Office Structure

OFFICE OF MISSION DIRECTOR
George Deikun, Director
Beth Hogan, Deputy Director

OFFICE OF POPULATION, HEALTH & NUTRITION
Robert M. Clay, Office Director

OFFICE OF ENVIRONMENT, ENERGY & ENTERPRISE
Glen Rutanen-Whaley
Office Director

OFFICE OF SOCIAL DEVELOPMENT
Dana D. Fischer
Office Director

OFFICE OF ECONOMIC GROWTH
Rebecca R. Black, Office Director

REGIONAL CONTRACTS OFFICE
Celeste Fulgham
Reg. Contracting Officer

REGIONAL FINANCIAL MANAGEMENT OFFICE
Syed Ali
Reg. Controller

REGIONAL ADMINISTRATIVE SUPPORT OFFICE
Ronald E. Olsen
Supervisory Executive Officer

OFFICE OF PROGRAM SUPPORT
Ted Gehr
Office Director

SO 14 Team Structure (February, 2008)

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Project Management Associate

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Health Systems Advisor
MONI S. SAGAR
Behavior Change & Marketing Advisor
ASHOK K. JHA
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VACANT
Public-Private Partnerships
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NEENA KHANNA
Executive Assistant

MCHUH Division

MASSEE BATEMAN
Division Chief
RAJIV TANDON
Child Survival Advisor
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Urban Health & Infectious Disease Advisor
MANJU RANJAN
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ANSHU GHAI
Executive Assistant

Support Offices

Office of Acquisition and Assistance
CELESTE FULGHAM
REEMA WALIA

Regional Financial Management Office
SYED ALI
FARAH ANSARI
ANJALI ANEJA
SAMEER WADHWA

Program Support Office
TED GEHR
PETER DOWNS
GULSHAN BHATLA

Regional Administrative Support Office
RONALD E. OLSEN
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Reproductive Health Division

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HIV/TB Division

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SAMPATH KUMAR
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CHARUSHILA LAL
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CHARU DADLANEY
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Executive Assistant

Office of Social Development

DANA FISCHER
Office Director
ASHI K. KATHURIA
Deputy Office Director
RAMESH BABU
Project Management Specialist
MAMTA VARMA
Project Management Specialist
MAMTA KOHLI
Social Development & Gender Advisor
ADITI PURI
Project Management Assistant

2.0 Project / Activity Directory

2.1 Reproductive Health and Family Planning

Project Name: **Innovations in Family Planning Services, Phase II (IFPS II)**
Agreement Type: ***Bi-lateral***
Duration: ***IFPS 1992-2008 (Phase II began in 2004)***
Geographic Scope: ***Uttar Pradesh, Uttarakhand, Jharkhand***
Technical Assistance Agencies: ***UP: State Innovations in Family Planning Services Agency (SIFPSA); Uttarakhand: Uttarakhand Health and Family Welfare Society (UAHFWS); Jharkhand: Jharkhand Health Society (JHS)***
Implementing Agency: ***Innovations in Family Planning Services, Phase II (IFPS II)***

DESCRIPTION:

Phase Two of the Innovations in Family Planning Services Project (IFPS II) focuses USAID/India's support for reproductive and child health (RCH) activities on developing, demonstrating, documenting and leveraging expansion of public-private partnerships for provision of high quality reproductive and child health services in three states of northern India (Uttar Pradesh, Uttarakhand and Jharkhand).

KEY ACTIVITIES:

- Expanding access to reproductive and child health commodities and services in both urban and rural areas through public-private partnership mechanisms;
- Demonstrating new models of community-based RCH service delivery, linked to clinical services;
- Developing a statewide social franchise network in Uttar Pradesh for provision of RCH services;
- Conducting behavior change communication campaigns;
- Assisting the implementation of the ASHA scheme in areas of difficult terrain;
- Supporting new approaches to mobile health services in difficult terrain areas;
- Supporting implementation of the Rural Health Missions in each of the three states; and
- Piloting voucher schemes for and improving RCH indicators in Uttarakhand and Uttar Pradesh.

Through demonstration of proven interventions for scale up, capacity building and resource leveraging, IFPS II continues to build upon the achievements of IFPS I (1992-2003).

IFPS I Key Achievements (1992-2003)

- Modern contraceptive prevalence in the project area of UP increased from 18% to 27% which was nearly twice the rate of increase in non-project areas of the state. (the project areas are home to 94 million people);
- Nearly 600,000 additional women became users of family planning spacing methods, nearly double that of the baseline level. This achievement boosted the overall users of modern family planning to 3.9 million women;
- The CPR in districts where IFPS/SIFPSA was supporting community-based workers increased to 30% in comparison to other districts where CPR remained at 22%. These districts reach 13 million people.

IFPS II Key Achievements (2003-2008)

- Between 2003 and 2005, use of modern contraceptives throughout Uttar Pradesh increased at its fastest rate ever, from 24.6 to 26.7 percent—an increase of more than a percentage point each year;
- A statewide social franchising scheme named "Merrigold Network" providing affordable quality RCH services through private providers was launched in Uttar Pradesh. Under this scheme at the end of the project period, would have 70 fully franchised hospitals, 700 partially franchised hospitals and 10,500 community based units.
- NGO Projects creating awareness of FP/RH and creating linkages between women in rural areas with contracted private sector doctors providing clinical family planning services were launched in 12 districts of UP;
- Voucher scheme launched in 7 blocks of Agra district, Kanpur urban slums and blocks of Haridwar providing ANC, family planning, STI/RTI screening and institutional deliveries through private sector; and
- New "Suvidha" logo for the newly-introduced 10-year Copper-T IUD created and launched through TV, radio and posters.

CONTACT INFORMATION:

USAID/New Delhi: Ms. Monique Mosolf, Division Chief, Reproductive Health, Office of Population, Health & Nutrition, USAID; Tel: 91-11-24198633, e-mail: mmosolf@usaid.gov; Web-site: http://www.usaid.gov/india

Agency Contacts:

Uttar Pradesh: Mr. Rajeev Kapoor**,** Executive Director, State Innovations in Family Planning Services Project Agency (SIFPSA), Om Kailash Tower, 19-A, Vidhan Sabha Marg, Lucknow - 226001 (Uttar Pradesh), Tel: 91-522- 2237497, 2237498, 2237540, fax:91-522 – 2237574; e-mail: sifpsa@satyammail.com, www.SIFPSA.org

Uttarakhand: Mr. Rajeev Chandra, Executive Director, Uttarakhand Health and Family Welfare Society (UAHFWS), Health Directorate Campus, 107 Chander Nagar, Dehradun – 248 001, Telefax: 91-135- 271 2248

Jharkhand: Mr. S.K. Sinha, Chairman , Jharkhand Health Society , RCH Office , Namkum , Ranchi , Tel: 91-651 – 2261000 , Fax: 91- 0651-2260361

Project Name:	**IFPS II Technical Assistance Project (ITAP)**
Agreement Type:	***Task Order under IFPS bi-lateral agreement***
Duration:	***2004-2008, with option to extend, based on performance***
Geographic Scope:	***Uttar Pradesh, Uttarakhand, Jharkhand and select National level activities***
Technical Assistance Agencies:	***Constella/Futures (subcontractors include Bearing Point, JHU/CCP, QED Group and the Urban Institute)***
Implementing Agency:	***IFPS II Technical Assistance Project (ITAP)***

DESCRIPTION:

The IFPS II Technical Assistance Project (ITAP) supports the bilateral IFPS II project in the implementation of state-level activities as well as the National Health Systems Resource Center (NHSRC) for support of national level activities. ITAP provides technical support for developing, demonstrating, documenting and leveraging expansion of public-private partnerships for provision of high quality reproductive and child health services in three states of northern India (Uttar Pradesh, Uttarakhand and Jharkhand).

KEY ACTIVITIES:

- Supporting design and implementation of public-private partnership activities by the state governments;
- Building capacity of state societies to address health issues and implement state health projects;
- Providing technical assistance to other donor agency and government activities in RCH focal areas;
- Documenting processes, lessons learned and impact of program interventions;
- Supporting the National Health Systems Resource Center;
- Supporting the scale-up/replication of pilot activities; and
- Assisting development of communication strategies and mass media materials.

KEY ACHIEVEMENTS:

- Played a key capacity building role in state society implementation of RH/FP activities, totaling more than $3.5 million;
- Designed pilot public-private partnership activities, including Uttar Pradesh Social Franchising Project, Uttar Pradesh/Uttarakhand voucher schemes and Asha-plus Scheme;
- Leveraged millions of dollars worth of celebrity appearance fees in support of Rural Health Mission launches in Uttar Pradesh and Uttarakhand and also at the national level;
- Conducted the 2005 Reproductive Health Indicator Survey, a statewide effort documenting Uttar Pradesh's reproductive health indicators;
- Assisted the Uttar Pradesh State AIDS Control Society in preparing the State Project Implementation Plan for HIV/AIDS;
- Collaborated with the Uttar Pradesh Health Systems Development Project (HSDP) for development of District Action Plans for four districts in UP;
- Developed a road map for social franchising in focal states together with national and international experts.
- Appraised RCH II State PIPs and created a database for MOHFW;
- Prepared various documents for the MOHFW, such as Manual on Quality Assurance for Sterilization Services, Advocacy and Community Mobilization for increasing No-Scalpel Vasectomy Acceptance through Camps; supported IPHS development for Sub Centers, PHC, District Hospitals, etc.;
- Developed District Action plans for all districts in Jharkhand and UA, which were then incorporated into state Program Implementation Plans (PIP) for submission to GOI;
- Supported establishment of the NHSRC through recruitment of 23 technical staff and logistical support for office infrastructure;
- Provided technical assistance in the design of national level BCC campaigns, including 25 television spots focused on RCH; and
- Revised and updated national IUD training manuals with GOI.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Loveleen Johri, Senior Reproductive Health Advisor, Office of Population, Health & Nutrition, USAID; Tel: 91-11 - 24198412, e-mail: ljohri@usaid.gov; Web-site: http://www.usaid.gov/india

Agency Contacts:

Dr. G. Narayana, Country Director, ITAP, 1 D-II, Rao Tula Ram Marg, New Delhi - 110022 , Tel: 91- 11 - 26712165, 23712171, 23712175 fax:91- 11 – 261168989, e-mail: gnarayana@constellagroup.com ; gadde@tfgidc.exch.tfgi.com

Project Name: **Frontiers in Reproductive Health (FRONTIERS)**
Agreement Type: ***Field Support (Cooperative Agreement)***
Duration: ***1998-2008***
Geographic Scope: ***Global (India is a priority country)***
Technical Assistance Agencies: ***Population Council (PC), Family Health International (FHI)***
Implementing Agency: ***Employees State Insurance Corporation (ESIC), Government of Gujarat and Maharashtra, Vadodara Municipal Corporation, PRC Vadodara, CARE India, Indian Council of Medical Research and its three HRRCs, International Institute of Population Studies (IIPS), Meerut Medical College and Government of Uttar Pradesh, UNFPA and MOH, GOI, Jamia Millia Islamia University, New Delhi***

DESCRIPTION:

FRONTIERS applies systematic research techniques to improve delivery of family planning and reproductive health (RH) services and influence related FP/RH policies. It conducts operations research (OR) to find practical solutions to service delivery problems associated with accessibility, availability, quality, and costs of care to health systems and clients. The expected results of FRONTIERS are:

- Innovative solutions to global and regional RH service delivery problems experimentally developed and tested;
- The results of research disseminated and used to improve policy development and program management; and,
- The capacity of decision makers to produce and use operations research enhanced to ensure sustainability.

KEY ACTIVITIES:

- In collaboration with Meerut Medical College and district authorities, initiated OR to test opportunities for increasing birth intervals. This OR focuses on Lactational Amenorrhea Method (LAM) and postpartum contraception;
- In collaboration with Gujarat Government and Vadodara Municipal Corporation, conducted a study to examine strategies for increasing the demand for IUDs. The major thrust is on BCC, balanced counseling and enhanced access to IUDs;
- Through an OR study in Gujarat and Maharashtra, demonstrated that Quality Assurance (QA) measures could be institutionalized through district level management. It is now being institutionalized in all 25 districts of Gujarat and will be piloted in six additional states for eventual scale up nationwide;
- Successfully tested and demonstrated the use of a systematic screening instrument (SSI) to increase provision of RH services. The SSI is now being scaled-up to all clinics of Vadodara Municipal Corporation and 40 PHCs of Gujarat, and statewide in Uttarakhand;
- Successfully tested an innovative approach to male involvement in maternity care in 3 clinics and expanded it to 20 ESIC health facilities in Delhi;
- Established a gender working group and a website. Efforts are being made to bring gender and gender-based violence (GBV) as cross-cutting issues pertinent to all health and developmental programs; and
- Supported training of medical officers and ANMs in Uttarakhand on Emerging Contraceptive Pills (ECP) to improve access and use.

KEY ACHIEVEMENTS:

- Successful demonstration through OR has led to the following scaled-up activities:
  - Male involvement in maternity care services of ESIC. (Partner: ESIC);
  - Development of a systematic screening instrument for comprehensive health care services. (Partners: State Government and VMC);
  - Introduction of quality assurance measures through district level management. (Partner: State Government);
  - Authorization of ECP as an over-the-counter product and development of an ECP provider's manual. (GOI);
  - Institutionalization of OR teaching/training in IIPS, Mumbai and NIHFW, Delhi. (IIPS, NIHFW);
  - Establishment of the Gender Working Group (GWG) and a GWG website for making gender a significant cross-cutting issue in all health and development activities.

CONTACT INFORMATION:

USAID/New Delhi: Ms. Sheena Chhabra, Division Chief, Health Systems Division, Office of Population, Health & Nutrition, USAID, American Embassy, Chanakyapuri, New Delhi – 110021; Tel: 91-141-24198564; Email: schhabra@usaid.gov; Website:http://www.usaid.gov/india

Agency Contact: Dr. M.E. Khan, Associate Regional Director, Asia and Near East Region, Population Council, 53 Lodi Estate, New Delhi 110003. Ph # 91-11-24610914 /13, fax: 91-11-24610912, e-mail: mekhan@popcouncil.org

The Fertility Awareness-based Methods-(FAM)

Project Name:	**The Fertility Awareness-based Methods (FAM) Project**
Agreement Type:	***Field Support- Cooperative Agreement***
Duration:	***2007-2012***
Geographic Scope:	***Global-India (UP, Jharkhand, Rajasthan & Orissa)***
Technical Assistance Agencies:	***Institute for Reproductive Health, Georgetown University Medical Center***
Implementing Agency:	***Population Services International, Plan International, World Vision, PREM, URMUL, Pathfinder, SIFPSA***

DESCRIPTION: The AWARENESS project addresses the needs of the millions of people who use or would like to use a natural method of family planning, and the many that lack the skills and information to do so effectively. In India the project centers its research, training and TA activities largely on natural methods and fertility awareness information. It assists service delivery organizations to add natural methods to the mix of family planning services they provide, to develop supporting norms and policies, and to ensure its sustainability within their programs. It also seeks to empower women and men to make informed choices about family planning and to manage their own reproductive health and helps address unmet need for spacing methods. The Standard Days Method (SDM) can be an effective strategy for reaching women/couples who are not using any FP method as, well as, younger couples who do not want to use another method of FP.

KEY ACTIVITIES:
Supporting the introduction of the SDM into community programs in urban and rural settings:

- Expanding SDM services in NGO and private sector programs, through capacity building;
- Conducting research to address the feasibility and impact of introducing the SDM into public & private sector services in 3 blocks of Ranchi district, Jharkhand;
- Providing technical assistance to other international agencies and cooperating agencies; and
- Advocating to expand contraceptive choice by including SDM into Government policies and norms.

KEY ACHIEVEMENTS:
IRH is working with partners to expand access to the SDM through dissemination and advocacy efforts, research, training and capacity building. The key results of these collaborative efforts include:

- SDM users increased to more than 6000 in India of which 4000 are in Jharkhand;
- Approximately 1800 providers (clinic and community based) trained to provide the SDM in 700 sites. Advocated for SDM as an additional FP choice in the method mix in RCH- II;
- Inclusion of SDM in the Contraceptive Update Manual produced by the MoHFW, GoI and UNFPA for medical officers in the public and private sector;
- GoJ support for inclusion of the SDM in ongoing services through the Health and ICDS departments in two blocks of Ranchi district, Jharkhand;
- Incorporation of SDM through SIFPSA & ITAP, under the IFPS II project, in the services and programs for 24 NGO partners in 11 districts of Uttar Pradesh; and
- SDM included in family planning guidelines, communications, services and programs for seven NGOs (PSI, Plan International, World Vision, PREM, URMUL, Pathfinder, SIFPSA) implementing programs in Jharkhand, Rajasthan, Orissa, Bihar and UP.

CONTACT INFORMATION:
USAID/New Delhi: Ms. Monique Mosolf, Division Chief, Reproductive Health, Office of Population, Health & Nutrition, USAID; Tel: 91-11-24198633, e-mail: mmosolf@usaid.gov; Web-site: http://www.usaid.gov/india

Agency Contact: Priya Jha, Country Representative, Institute for Reproductive Health, India Field Office, 1 A/ 2, Taj Apartments, Rao Tula Ram Marg, New Delhi- 110022. Ph.+91-11- 26162948/ 52/68 Fax+91- 11-26163005; Email: pjha@irh.in; Website: www.irh.org

Project Name: **Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU)**
Agreement Type: ***Cooperative Agreement with Field Support***
Duration: ***2005-2010***
Geographic Scope: ***Global (India is one of the priority countries)***
Technical Assistance Agencies: ***Family Health International (FHI)***
Implementing Agency: ***Family Health International (FHI)***

DESCRIPTION:

Through the Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU) program, Family Health International (FHI) will work with partners to expand the range and support the use and availability of safe, effective, acceptable and affordable technologies for the prevention of unplanned pregnancy and sexually transmitted infections, including HIV. The CRTU will advance the achievement of the following results:

- Facilitate the development, evaluation and approval of new and improved contraceptive and reproductive health technologies;
- Support research for the development, evaluation and regulatory approval of microbicides and microbicidal spermicides; and
- Expand the use of contraceptives, microbicides and reproductive health technologies.

KEY ACTIVITIES:

Collaborative research and promotion of evidence-based results constitute the foundation of Family Health International's CRTU work in India. We work with both the Government of India, both on the national and state level, and nongovernmental organizations in our mission to improve reproductive health, increase access to family planning, and find new strategies for the prevention of HIV and other sexually transmitted infections.

- In collaboration with the Ministry of Health (MOH), the Indian Council of Medical Research (ICMR), Constella Futures, and SIFPSA, FHI is supporting the revitalization of IUD use in Uttar Pradesh. FHI has provided technical expertise in the review of national IUD guidelines and organized a technical symposium to update knowledge and gain consensus on how best to expand IUD services. FHI will assist in designing and implementing appropriate formative research on the IUD, provide technical assistance to providers to improve IUD services and conduct operations research to inform design of effective IUD programs;
- In collaboration with the MOH, USAID, and other stakeholders, FHI will work to adapt internationally accepted evidence-based best practices to increase access to and use of locally appropriate contraceptive methods;
- ICMR and FHI researchers are comparing the effectiveness of three vasectomy techniques, all using the no-scalpel vasectomy approach for isolation of the vas;
- With EngenderHealth in Uttar Pradesh, FHI is studying the acceptability of vasectomy among clients and providers;
- In partnership with PSP-One and Abt Associates in Uttar Pradesh, FHI is supporting the expansion of the number of contraceptive options available to women and couples by studying the factors that lead women to adopt or reject Depo-Provera as a family planning method in the private sector; and
- FHI is working with the National AIDS Research Institute in Pune on a study exploring the sustained acceptability of vaginal microbicides, which is being conducted in parallel with a HIV Prevention Trials Network Phase II Safety Trial of Tenofovir Gel.

CONTACT INFORMATION:
USAID/New Delhi: Ms. Monique Mosolf, Division Chief, Reproductive Health, Office of Population, Health & Nutrition, USAID; Tel: 91-11-24198633, e-mail: mmosolf@usaid.gov; Web-site: http://www.usaid.gov/india
Agency Contact: Dr. Bitra George, Family Health International, 16, Sunder Nagar, New Delhi – 110 003. Tel # 91-11-24358363/64; Fax : 91 11 24358366, e-mail: bgeorge@fhiindia.org

Addressing Unmet Need for Family Planning in Maternal and Child Health Programs (ACCESS-FP)

Project Name:	**Addressing Unmet Need for Family Planning in Maternal and Child Health Programs (ACCESS-FP)**
Agreement Type:	***Cooperative Agreement***
Duration:	***2005-2010***
Geographic Scope:	***Worldwide***
Technical Assistance Agencies:	**JHPIEGO, Save the Children, Futures Group, Academy for Educational Development, the American College of Nurse-Midwives, and Interchurch Medical Assistance**
Implementing Agency:	***Government of India, State governments of Jharkhand and Uttar Pradesh***

DESCRIPTION:

The ACCESS-FP Program is a five-year world-wide cooperative agreement with the goal of responding to the significant unmet need for family planning among postpartum women. As an Associate Award through the ACCESS Program, USAID's flagship maternal and newborn health program, ACCESS-FP is implemented by JHPIEGO in partnership with Save the Children, Futures Group, the Academy for Educational Development, the American College of Nurse-Midwives, and Interchurch Medical Assistance. ACCESS-FP will also collaborate with the Frontiers in Reproductive Health Project to jointly implement operations research studies to strengthen access to postpartum family planning services.

KEY ACTIVITIES:

- Revitalize the use of the IUD in India by providing technical expertise to support IUD clinical training for medical officers and nurses;
- Support the increase of post-partum insertion of IUD's through various advocacy fora with GOI and private sectors providers;
- Improve the quality of IUD clinical training through development of training and supervision guidelines;
- Document and evaluate GOI's efforts to revitalize IUD use in India; and
- Conduct a training needs assessment, including both clinicians and training institutions in UP and Jharkhand. Based on results of needs assessment, develop a strategy for improving existing FP clinical training sites in UP to become FP Centers of Excellence.

KEY ACHIEVEMENTS:

- In partnership with GOI, conducted "Alternative Training Methodology on IUD Insertion" for 12 states using anatomical "Zoë" models;
- Updated national IUD training protocols for medical officers and nursing staff in consultation with GOI and expert review panel;
- Provided anatomical Zoë models for 12 states participating in the pilot IUD training; and
- Participated in Delhi AOGD conference to distribute information to private and public doctors on post-partum use of IUD's.

CONTACT INFORMATION:

USAID/New Delhi: Ms. Monique Mosolf, Division Chief, Reproductive Health, Office of Population, Health & Nutrition, USAID; Tel: 91-11-24198633, e-mail: mmosolf@usaid.gov; Web-site: http://www.usaid.gov/india

Agency Contacts: Catharine McKaig, Activity Director, JHPIEGO, Telephone:(410) 537-1848, Fax:(410) 537-1474, Email: cmckaig@jhpiego.net

2.2 HIV / TB

Project Name: **AIDS Prevention and Control Project (APAC)**
Agreement Type: ***Bilateral***
Duration: ***1992-2012***
Geographic Scope: ***Tamil Nadu, Puducherry & Kerala***
Technical Assistance Agencies: ***None***
Implementing Agency: ***Voluntary Health Services (VHS), Chennai***

AIDS Prevention and Control (APAC)

DESCRIPTION:
The AIDS Prevention and Control (APAC) Project, is the first bilateral HIV/AIDS project between the Government of the United States of America and the Government of India. The $47.25 million project was signed in Sept 1992 with the goal to reduce sexual transmission of HIV/AIDS and increase access to care and support services to those affected by HIV in the states of Tamil Nadu and Puducherry (total population of 63.01 million in 2001). In March 2007, APAC project was extended for 5 years with the objective to: support comprehensive prevention to care continuum services in selected high-prevalence districts; provide technical support to State AIDS Control Societies (SACS) of Tamil Nadu, Puducherry and Kerala; and to transition project supported activities.
Project interventions introduce and reinforce HIV-preventive behavior among high risk groups (e.g. sex workers, men having sex with men, injecting drug users, truck drivers, migrants, youth and women) and provide care and support services to people living with HIV/AIDS. Prominent strategies of the project are: Behavior Change Communication, Prevention and Control of STIs, Condom Promotion, Care and Support, Capacity Building of NGO partners and Research. The project efforts have facilitated the state to support evidence based interventions, address gaps in prevention and care interventions and in the stabilization of the epidemic in the state. Many strategies and activities supported by the project have been adopted nationally. The project was actively involved in developing the State HIV/AIDS Project Implementation Plans, the NACP-III framework and is the vice-chair for Targeted Interventions in the country.
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KEY ACTIVITIES:
- Prevention programs among high-risk and vulnerable populations;
- Care and treatment including CT services, home-based and institutional care;
- Communication activities for behavior change, advocacy and policy change;
- Capacity building of NGOs, CBOs, Health Care Providers, Peer Educators and SACS;
- Condom social marketing and promoting treatment of STIs; and
- Targeted Evaluation including mapping of high-risk-population, evaluative and impact assessments.

KEY ACHIEVEMENTS (From 1996 to 2007):
- Successful partnership with more than 50 NGOs/CBOs;
- Completed XI rounds of BSS and two rounds of STI community prevalence studies;
- Condom usage among truckers increased from 44% to 80%; among sex workers from 56% to 92%;
- Truckers contact with non-regular partners reduced from 48% to 34%;
- STI treatment seeking behavior among truckers improved from 64% to 92%;
- Condom sales tripled from 17 million to 54 million pieces;
- Condom distribution outlets increased from 19,000 to 61,000;
- Care, support and treatment provided to 5,600 PLHAs and 2,850 Orphan and Vulnerable Children;
- Trends in HIV Prevalence show continued decline (ANC Prevalence 1.13 in 2001 to 0.25 in 2006).

CONTACT INFORMATION:
USAID/New Delhi: Mr. P. Arvind Kumar, Project Management Specialist, HIV/TB Division, Office of Population, Health and Nutrition, USAID, American Embassy, Chanakyapuri, New Delhi – 110021. Tel: 91- 11-24198225, e-mail: akumar@usaid.gov, Web-site: http://www.usaid.gov/india
Agency Contact: Project Director, AIDS Prevention and Control Project, T.T.T.I. Post, Adyar, Chennai – 600113 Tel: 91-44- 22541965, 22541060, e-mail: apacvhs@eth.net; www.apacvhs.org

Avert

Project Name:	**Avert Project**
Agreement Type:	***Bilateral***
Duration:	***1999-2011***
Geographic Scope:	***Maharashtra State & Goa***
Technical Assistance Agencies:	***Hindustan Latex Family Planning Promotion Trust (HLFPPT); Johns Hopkins University/Health Communication Partnership (JHU/HCP)***
Implementing Agency:	***Avert Society, Mumbai***

DESCRIPTION:
The Avert Project was launched in November, 2001, to reduce the impact of HIV/AIDS in the state of Maharashtra with a population of over 98 million people. The $41.5 million Avert Project is a bilateral agreement between the Government of the United States of America and the Government of India, and involves the National AIDS Control Organization (NACO), the Government of Maharashtra, and the United States Agency for International Development (USAID). The first phase of the Avert Project ended in September 2006. The phase-II of the Avert Project has been launched and is for the period 2006-2011.

The Objectives of the phase-II of Avert Project are:

- Scale up prevention activities to saturate (85 to 90%) coverage of high-risk groups and vulnerable populations in selected core districts.
- Develop a networked model to provide integrated prevention, care and treatment services to people living with HIV/AIDS in selected core districts.
- Support technical support units in Maharashtra and Goa states to build the capacity of state AIDS societies, NGOs, public and private health care institutions and other agencies for ensuring the sustainability of the program.

KEY ACTIVITIES:

- Prevention programs among high-risk groups and vulnerable populations.
- Care and treatment programs including counseling and testing services.
- Communication activities for prevention, care and treatment programs.
- Supporting technical support units in Maharashtra and Goa States to build the capacity of Maharashtra State AIDS Control Society, Goa State AIDS Control Society, NGOs, CBOs and public and private health care institutions.
- State-wide condom social marketing program.
- Targeted Evaluation including mapping of high-risk-population, evaluative and impact assessments.

KEY ACHIEVEMENTS:

- Over 70 NGO grants supported to implement targeted interventions among high-risk groups, workplace interventions and care and treatment programs.
- Over 3000 peer educators trained to carry out behavior change activities among high-risk groups
- BSS third round completed.
- Pilot project on gender integration in care and support program implemented.
- Support provided to 9 networks of positive people to expand care and support programs.
- Consistent condom use among truckers increased from 68 % in 2004 to 84 % in 2005.

CONTACT INFORMATION:
USAID/New Delhi: Dr. Sampath Kumar, Senior Project Management Specialist & HIV/AIDS Advisor, HIV/TB Division, Office of Population, Health and Nutrition, USAID, American Embassy, Chanakyapuri, New Delhi – 110021. Tel: 91-11- 24198578, e-mail: vkumar@usaid.gov, Web-site: http://www.usaid.gov/india
Agency Contact: Project Director, Avert Society, Ackworth Complex, R.A. Kidwai Marg, Wadala, Mumbai – 400 031 Tel# (91-022)24164516 / 2416 4528 /2416 4570 Fax # 022-24163996

Project Name: **Maharashtra Condom Social Marketing Project**
Agreement Type: ***Cooperative Agreement***
Duration: ***April 2005-June 2011***
Geographic Scope: ***Maharashtra State***
Technical Assistance Agencies: ***NIL***
Implementing Agency: ***Hindustan Latex Family Planning Promotion Trust under Avert Project***

DESCRIPTION:
HLFPPT is implementing a condom social marketing (CSM) program among high-risk populations in 22 high prevalence districts in Maharashtra State. The project was launched in April 2005 and the first phase came to an end in January 2007. The second phase of the condom social marketing program has been approved for the period April 2007 to June 2011. The goal of the condom social marketing program is to ensure availability and accessibility of high quality condoms to high-risk groups and people engaged in high-risk behavior. HLFPPT works closely with Avert Project, Maharashtra State AIDS Control Society, Mumbai District AIDS Control Society, John's Hopkins University and other partners in the implementation of CSM program. It also collaborates with Bill and Melinda Gates Foundation and other condom social marketing partners in expanding the program among high-risk groups and avoids duplication of efforts.

KEY ACTIVITIES:

- Mapping of retail outlets in the high-risk areas of 22 high prevalence districts of Maharashtra state.
- Partnership with social marketing organizations and manufacturers.
- Training of the retail outlets in high-risk areas to stock and sell condoms.
- Conducting training on social marketing for NGOs and CBOs.
- Designing and implementing a generic condom promotion campaign for high-risk groups.
- Conducting quality assessment of condoms available in the high-risk areas.
- Promotion of Female Condoms.
- Promotion of special condoms for MSM.
- Establishing condom vending machines in high-risk locations.
- Technical Support to Maharashtra and Goa state AIDS control societies.

KEY ACHIEVEMENTS:

- Retailer mapping completed in 22 high-prevalence districts. The study identified over 13,500 outlets frequented by high-risk groups.
- Over 7550 condom retailers trained and of these over 5000 condom retailers are stocking and selling condoms. During the period April 2007 to January 2008 1,29,600 condoms have been sold
- Generic condom promotion campaign targeting high-risk groups launched on TV, Radio and Print media. The National AIDS Control Organization adapted the TV advertisement for National level campaign.
- Over 250 condom vending machines established in high-risk locations.
- Condom Quality assessment conducted and advocacy with government is planned for ensuring quality assurance in condom supplies.
- Special thicker condom with lube developed for MSM population.
- Condom Social marketing module for NGO developed.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Sampath Kumar, Senior Project Management Specialist and HIV/AIDS Advisor, HIV/TB Division, Office of Population, Health and Nutrition, USAID, American Embassy, Chanakyapuri, New Delhi – 110021. Tel: 91- 11- 24198578, e-mail: vkumar@usaid.gov, Web-site: http://www.usaid.gov/india

Agency Contact: Mr. G. Manoj, CEO, Hindustan Latex Family Planning Promotion Trust (HLFPPT), C 32, Pancsheel Enclave, New Delhi – 110 017, Tel. 011-41618942/3 Fax: 011-41635596, email: gmanoj@hflppt.org, web-site: www hlfppt.org

STOP-TB/ Support to TB Control in India

Project Name: **STOB-TB / Support to TB Control in India**
Agreement Type: ***Field Support (Cooperative Agreement)***
Duration: ***On-going with yearly agreements***
Geographic Scope: ***All India with focus on Haryana and Tamil Nadu***
Technical Assistance Agencies: ***WHO***
Implementing Agency: ***WHO, Govt. of India and TRC Chennai***

DESCRIPTION:
India's Revised National TB Control Programme (RNTCP) uses the WHO-recommended Directly Observed Treatment, Short-course (DOTS) strategy to control TB. The USAID support to TB control in India, through WHO, funds a variety of activities to support RNTCP. These activities include Model DOTS Project (MDP) of TRC Chennai, involvement of Medical Colleges and private sector, operations research, TB/HIV and State strengthening. In addition, the project supports a part of the WHO technical assistance to RNTCP, in several states and in the area of TB/HIV collaboration.

In recent years the RNTCP has undergone rapid expansion with improving treatment success and case detection rates. The entire State of Haryana is now covered with DOTS. TRC Chennai continues to lead in the area of operations research and is also a supra-national mycobacteriological reference laboratory. Technical assistance is being provided to several states by locally hired consultants trained and monitored by WHO. Similarly, consultants working on TB/HIV are providing technical assistance to several states.

KEY ACTIVITIES:
- The MDP and related operations research by TRC Chennai;
- Involvement of Medical Colleges and private sector in RNTCP;
- Technical assistance for RNTCP, for TB and TB/HIV collaborative activities; and
- State strengthening through capacity building of State level labs and training and demonstration centres.

KEY ACHIEVEMENTS:
- DOTS expansion to 22 million population of Haryana completed;
- TRC Chennai continues to address key operations research needs of RNTCP, and functions as a supra-national reference lab;
- Over 130 out of 180 medical colleges in the country have adopted DOTS strategy for diagnosis and treatment of TB, and are continuing the process of mainstreaming DOTS into their medical curriculum; and
- RNTCP is today the fastest expanding DOTS program in the world with case detection at 69% (global target for 2005 is 70%) and treatment success at 86% (global target 85%).

CONTACT INFORMATION:

USAID/New Delhi: Dr. Sanjay Kapur, Division Chief, HIV/TB Division, Office of Population, Health and Nutrition, USAID, American Embassy, Chanakyapuri, New Delhi – 110021. Tel: 91- 11- 24198662, e-mail: skapur@usaid.gov, Web-site: http://www.usaid.gov/india

Agency Contact: Dr S Sahu, NPO(TB), Office of the WHO Representative to India, 9-Jorbagh, New Delhi–110 003; Tel: 91-11- 24645817; email: sahus@whoindia.org

Project Name:	**International Development Partnerships**
Agreement Type:	***Field Support (Cooperative Agreement)***
Duration:	***2006-2007***
Geographic Scope:	***Ludhiana, Punjab and Lucknow, Uttar Pradesh***
Technical Assistance Agencies:	***United Negro College Fund Special Programs Corporation, Fairfax, VA, USA***
Implementing Agency:	***Punjab Agricultural University, Ludhiana, Punjab and University of Lucknow, Lucknow***

DESCRIPTION:
The International Development Partnerships (IDP) Activity is a performance-based cooperative agreement between the United States Agency for International Development (USAID) and the United Negro College Fund Special Programs Cooperation (UNCFSP).

KEY OBJECTIVES:
Objective 1: To establish liaisons among Claflin University and Indian universities, public and private health agencies, government, the private sector, HIV/AIDS surveillance and other local, national and international prevention initiatives and groups to improve upon the infrastructure for addressing the HIV/AIDS problem.
Objective 2: To engage partners in training and assessment of needs, collaborative development and pilot testing of curriculum and intervention modules to address identified HIV/AIDS prevention needs among various segments of the population.
Objective 3: Create effective collaboration between academic, public and private institutions in order to (1) develop higher education curricula and culturally appropriate and sustainable strategies targeting various populations for HIV prevention, and (2) address the service needs of orphans and other children at risk who are impacted by HIV/AIDS.

ANTICIPATED OUTCOMES:
- Improve public knowledge about HIV/AIDS prevention, treatment and risk reduction.
- Promote public tolerance and accurate understanding of those afflicted with HIV/AIDS in order to reduce stigma and promote acceptance and full assimilation of these individuals (especially orphans) into society.
- Train the trainers at all levels to assess needs, develop interventions and train peers, students and the public about HIV/AIDS issues and prevention strategies.
- Create effective collaboration between academic, public and private institutions in order to (1) develop higher education curricula and culturally appropriate and sustainable strategies targeting various populations for HIV prevention, and (2) address the service needs of orphans and other children at risk who are impacted by HIV/AIDS.
- Disseminate data to government and public entities that will influence and support the expansion of HIV/AIDS prevention strategies and services on the systemic policy level.

ANTICIPATED IMPACT:
The project will contribute to knowledge required to meet the long term goal of building and scaling up replicable and sustainable strategies for meeting priority health needs, by helping public and private sector organizations design effective interventions to reduce the spread of HIV/AIDS and serve those children impacted by HIV/AIDS. Enhanced capacity to fight the problem of HIV/AIDS locally is another key outcome.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Sanjay Kapur, Chief-HIV/TB Division, Office of Population, Health & Nutrition, USAID, Chanakyapuri, New Delhi – 110 021, Tel: 91-11-24198662, email: skapur@usaid.gov, Web-site: http://www.usaid.gov/india

Agency contact: Dr. De Lois M. Powell, Ph.D., Manager, Research/Training/Evaluation, Division of International Affairs & Development, United Negro College Fund Special Programs Corporation, 2750 Prosperity Avenue, Suite 600, Fairfax, Virginia 22031, Tel: 703-205-8146, email: delois.powell@uncfsp.org

Project Name:	**International Development Partnerships**
Agreement Type:	***Field Support (Cooperative Agreement)***
Duration:	***2006-2007***
Geographic Scope:	***Kolkata Metropolitan Area***
Technical Assistance Agencies:	***United Negro College Fund Special Programs Corporation, Fairfax, VA, USA***
Implementing Agency:	***University of Calcutta, West Bengal***

DESCRIPTION:
The International Development Partnerships (IDP) Activity is a performance-based cooperative agreement between the United States Agency for International Development (USAID) and the United Negro College Fund Special Programs Cooperation (UNCFSP).

KEY OBJECTIVES AND ACTIVITIES:
Objective 1: Establish collaborative partnership between IHE and NGOs/CBOs for public awareness/education for general population through media and other means and conduct research for assessing knowledge levels on HIV/AIDS.

Objective 2: Increase capacity of NGO/CBOs to provide services to OVCs and sustain services beyond the project period. This includes conducting needs assessment of OVCs, health screening of OVCs and provision of medical and psychological services and educational materials to OVCs.

Objective 3: Increase the capacity of IHEs and CBOs for fund raising through events, trainings to local organizations for writing grants and networking.

ANTICIPATED OUTCOMES:
- Inclusion of OVCs into the mainstream society-schools and other services, which they currently lack or are denied access.
- An understanding of and subsequent improvements in services available to the target population.

ANTICIPATED IMPACT:
- Improvement in the knowledge base of HIV/AIDS.
- Change in attitudes in the general population, and primary school educators towards those affected by HIV/AIDS.
- Perpetuation of risk free behaviors among children impacted by HIV / AIDS.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Sanjay Kapur, Chief-HIV/TB Division, Office of Population, Health & Nutrition, USAID, Chanakyapuri, New Delhi – 110 021, Tel: 91-11-24198662, email: skapur@usaid.gov, Web-site: http://www.usaid.gov/india

Agency contact: Dr. De Lois M. Powell, Ph.D., Manager, Research/Training/Evaluation, Division of International Affairs & Development, United Negro College Fund Special Programs Corporation, 2750 Prosperity Avenue, Suite 600, Fairfax, Virginia 22031, Tel: 703-205-8146, email: delois.powell@uncfsp.org

Project Name: **Indo-U.S. Corporate Fund for HIV/AIDS**
Agreement Type: ***Partnership***
Duration: ***Ongoing***
Geographic Scope: ***India***
Technical Assistance Agencies:
Implementing Agency: ***ICICI Bank and GIVE Foundation***

DESCRIPTION:
With the highest number of persons living with HIV/AIDS in the world, India is at a tipping point in its fight against HIV/AIDS. HIV/AIDS is one of the greatest threats to India's vision of becoming a productive and prosperous nation. Most funding has been through government and international agencies, but to combat HIV/AIDS all sectors must be actively involved. While several large industries in India have established workplace policies and programs, the potential to engage the resources of the corporate sector in the national fight against HIV/AIDS remains largely untapped. The Indo-US Corporate Fund, an innovative approach to mobilize corporate sector resources, was developed in response to the July 2005 Statement of Commitment by President George Bush and Prime Minister Manmohan Singh.

The Fund is managed through two institutions: ICICI Bank is responsible for fund-raising and management oversight and GIVE Foundation receives corporate contributions program funds and disburses funds to support initiatives. The Fund can receive tax-deductible donations from both US and Indian companies; companies can contribute in various ways and select interventions to support from a menu of options. This is not an endowment fund, but a process of programming of contributions from companies to selected projects that takes the management burden from companies. It is designed to be transparent, responsive and flexible. USG/India will provide technical assistance but does not intend to put money into the Fund.

KEY ACTIVITIES:
- Expand corporate initiatives
- Support innovative projects for small & medium enterprises and supply chains
- Foster linkages and partnerships with U.S & Indian businesses
- Document and share industry best practices
- Mainstream Corporate Excellence in combating HIV/AIDS in India

KEY ACHIEVEMENTS:

- Six pledges with total value of $ 1.3 million received by ICICI Bank
- The projects are beginning to roll out and the first project funded by Punj Lloyd has been initiated

CONTACT INFORMATION:

USAID/New Delhi: Sheena Chhabra, Division Chief, Health Systems Division, Office of Population , Health & Nutrition, USAID, American Embassy, Chanakyapuri, New Delhi 110021; Tel: 91-11- 24198564, , email: schhabra@usaid.gov, Web-site: http://www.usaid.gov/india

Agency Contact: Mr.Anil Malhotra, Chief Manager, Technology Division, ICICI Bank Limited, ICICI Towers, Bandra-Kurla Complex, Mumbai – 400051, Phone: 91-22- 2653 1414, Fax No: 91-22- 2653 1268, e-mail : anil malhotra@icicibank.com

Ms. Pushpa Aman Singh, GIVE Foundation, 3rd Floor, West Khetwadi Muncipal School, Khetwadi Lane No 5, Mumbai – 400004. Phone: 91-22-23894942, 32426400, e-mail: pushpa@givefoundation.org

Project Name: **Health Communication Partnership (HCP)**
Agreement Type: ***Cooperative Agreement (Leader with Associate Cooperative Agreement)***
Duration: ***2004-2011***
Geographic Scope: ***Maharashtra State and National Level***
Technical Assistance Agencies: ***Nil***
Implementing Agency: ***Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) under Avert project***

DESCRIPTION:

The Health Communication Partnership (HCP) is a program designed to improve health through strategic communication. HCP is based at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) and is funded under a Cooperative Agreement. The Health Communication Partnership/ Johns Hopkins University (HCP/JHU) is implementing a communication program in Maharashtra State and at the National level under the Avert Project. The first phase of the HCP/JHU program was a field support activity under the Leadership with Associate Award mechanism (LWA) for the period October 2004 to July 24, 2007. In the first phase HCP/JHU developed campaigns on youth, workplace and care and support and these have been adapted by the National AIDS Control Organization (NACO). In the second phase (July 25th, 2007 to June 2011), HCP/JHU is providing technical support to Maharashtra State and National AIDS Control Organization (NACO) in the design, development and operationalization of a state-wide communication program. The aim of the communication program in phase-II is to support the state and the national program in developing a unified communication response including uniform communication messaging, product development and implementation. The proposed communication program will build on the lessons learned, replicate and consolidate the current communication activities being implemented in the state of Maharashtra strategically to ensure maximum impact.

KEY ACTIVITIES:

- Provide Technical Assistance (TA) to the state and national level in designing an integrated communication program on prevention programs for high-risk and vulnerable populations, counseling and testing, and care and treatment services. This will include design, development and support for the implementation of communication activities.
- Develop and operationalize a capacity building strategy on communication for NGOs, CBOs, SACS, NACO and other partners.
- Monitor and evaluate the effectiveness of the various communication programs implemented by the state.
- Develop and implement an advocacy campaign on HIV/AIDS.

KEY ACHIEVEMENTS:

- Developed campaigns on youth, workplace and care support. These were adapted by NACO for National level campaign.
- Developed national campaigns on integrated counseling and testing and stigma and discrimination against children infected and affected with AIDS.
- Capacity building of NGO partners in communications skills and use of media materials.
- Media advocacy workshops conducted for regional media agencies.
- Instituted an award for "Excellence in HIV/AIDS Reporting" for the print media in Hindi and English in collaboration with the Indian Express.
- An innovative HIV/AIDS communication campaign was launched through the Dabbawalas to reach 100,000 persons in workplaces.
- Technical assistance provided to NACO in designing ART spots for national campaign, development of HIV/AIDS panels for school education, development of training curriculum for training of IEC officers of state AIDS societies.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Sampath Kumar, Senior Project Management Specialist & HIV/AIDS Advisor, HIV/TB Division, Office of Population, Health and Nutrition, USAID, American Embassy, Chanakyapuri, New Delhi – 110021. Tel: 91- 11- 24198578, e-mail: vkumar@usaid.gov, Web-site: http://www.usaid.gov/india

Agency Contact: Ms. Sanjanthi Velu, Country Director, HCP/JHU, 104, Kanaiya, 250/B Linking Road, Bandra West, Mumbai 400 050 (Avert Project); Email ids: svelu@jhuccp.in

Project Name: **Samastha Project**
Agreement Type: ***Unilateral (Cooperative Agreement)***
Duration: ***Oct 2006-Sept 2011***
Geographic Scope: ***Karnataka and selected coastal districts of Andhra Pradesh***
Technical Assistance Agencies: ***EngenderHealth and PSI***
Implementing Agency: ***University of Manitoba***

DESCRIPTION:

The Samastha project is one of three components under the umbrella of the $49-million Enhance Project that supports the Strategic Objective-14 "Improved Health and Reduced Fertility in Targeted Areas of India" and the IR 14.2 "Increased use of prevention, and care and support interventions to prevent/mitigate HIV/AIDS." The Samastha Project includes a comprehensive program of networked services for prevention, care and treatment through implementation, linkages and strengthening of public and private sector involvement. The activities are implemented through a consortium of NGO partners including; Karnataka Network of Positive People, St John's Medical College, Swasti, Snehadaan, Myrada, Swami Vivekananda Youth Movement, Lepra Society and the Catholic Hospitals Association of Andhra Pradesh led by the Karnataka Health Promotion Trust with technical partnerships with EngenderHealth and PSI. The project works in close collaboration with Karnataka State AIDS Prevention Society (KSAPS) and Andhra Pradesh State AIDS Control Society (APSACS).

KEY ACTIVITIES:

The main activities are outlined under the following components and primarily focus on prevention among high risk groups and vulnerable populations; community -based care, support and treatment including VCT services for adults and children; and capacity building and system strengthening.

- Implementation of targeted interventions with female commercial sex workers primarily in 9 rural districts of Karnataka, using peer outreach, provision of STI services, condom promotion and working with clients.
- Implementation of interventions with other vulnerable populations like youth and migrants including men with symptoms of STI, women and men with TB in 12 rural districts of Karnataka through behavior change programs that emphasize abstinence, being faithful and condom use messages.
- A community-based care and treatment program in entire Karnataka and 5 selected coastal districts of Andhra Pradesh, that aims to improve access to and use of HIV- related services including VCTC services, increase coverage of programs that support orphaned and vulnerable children and enhance quality of clinical care for HIV, ART and TB management in the public and private sectors through the integrated network model that establishes linkages across the prevention to care continuum.
- Capacity building and institutional strengthening: The above prevention, care and treatment objectives are supported by establishing a system for building and maintaining capacity of local organizations, government institutions such as KSAPS and private sector. Resources created through the capacity building activities over the project period include establishment of five Regional Resource Training Centers (RRTCs), organization of regional supportive supervision teams and developing a cadre of district level counselors.

KEY ACHIEVEMENTS:

- Rollout of comprehensive prevention , care and treatment projects across 3 cities and 12 districts of Karnataka
- Rural mapping of key populations across Karnataka and identification of more than 1,300 priority villages for intervention activities and start-up activities in these villages
- Comprehensive care and treatment projects across 12 districts in Karnataka and 5 coastal districts of Andhra Pradesh providing palliative care to more than 7,000 individuals and 2000 children identified as orphaned and vulnerable.
- Design and implementation of a comprehensive individualized management information system and a system for monitoring and evaluation of outputs and outcomes.
- Technical assistance to the Technical Support Unit in Karnataka for strengthening the Karnataka State AIDS Control Society.

CONTACT INFORMATION:

USAID/New Delhi: Ms. Lalita Shankar, Project Management Specialist- HIV/TB Division, Office of Population, Health & Nutrition, USAID, Chanakyapuri, New Delhi – 110 021, Tel: 91-11-2419 8520, email: lshankar@usaid.gov; Web-site: http://www.usaid.gov/india

Agency contact: Vandana Gurnani, Executive Director, University of Manitoba , c/o Karnataka Health Promotion Trust; Rajajinagar IT/BT Park, # 1-4, Rajajinagar Industrial Area, Behind KSIIDC Administrative Office, Rajajinagar, Bangalore 560 044; Tel: (080) 40400200; email: vandana@khpt.org

Project Name:	**Connect Project**
Agreement Type:	***Unilateral (Cooperative Agreement)***
Duration:	***Oct 2006-Sept 2011***
Geographic Scope:	***Maharashtra, Karnataka , Andhra Pradesh, Tamil Nadu and Pondicherry***
Technical Assistance Agencies:	***YRG CARE, ILO, University of Manitoba and FICCI***
Implementing Agency:	***Population Services International (PSI)***

DESCRIPTION:
The Connect Project is one of three components under the umbrella of the $49-million Enhance Project and seeks to leverage and build public-private partnerships to increase the use of prevention care and treatment interventions that will prevent /mitigate the effects of HIV/AIDS. The Connect Project plays a facilitating role to encourage leadership and networking between the organized and unorganized private sector, NGOs and government facilities to provide the prevention to care continuum of services. The project is led by PSI and implemented in partnership with Y R Gaitonde Centre for AIDS Research and Education (YRG CARE), University of Manitoba and the Federation of Indian Chambers of Commerce and Industry (FICCI), which has a nationwide membership of over 1500 corporations.

KEY ACTIVITIES:
The Connect Project aims to promote a vigorous commercial sector response to HIV/AIDS by using the following innovative models of private sector engagement:

- **Broad reach model:** A total of 1000 companies in Karnataka and coastal AP will be mobilized to adopt and implement workplace HIV/AIDS policies and programs with an emphasis on both formal and informal workers.
- **High intensity network model**: In selected locations with high levels of prevalence, risk behavior and industrial intensity, groups of companies will be approached to develop, fund and implement highly visible HIV prevention to care programs for informal workplace audiences or other risk groups.
- **Adoption model:** Existing interventions in six ports will be expanded and strengthened into comprehensive prevention-care-treatment interventions, supported over time by the CSR contributions of private enterprise.
- **PPTCT Models**: Three models of private sector PPTCT delivery in Vizag, Chennai and Bangalore will be developed and implemented for effective service provision and learning for future expansion.

In addition, two strategies that are currently being explored include networking and advocacy with insurance and pharmaceutical companies to assess best practices and policies related to these industries that are essential to the lives of PLHA. The Project also seeks to support the Indo-US Corporate Fund to leverage financial commitments from the private sector and currently provides TA in private sector programming on HIV/AIDS to USG partners, state governments, the national government and other stakeholders.

KEY ACHIEVEMENTS:

- Facilitating the design and development of India's first group insurance scheme for people living with HIV/AIDS through a public-private partnership.
- Mobilizing over $50,000 from industries in first year of launch for workplace interventions, HIV Policy development and HIV prevention, care and treatment activities through corporate social responsibility initiatives.
- Provision of technical assistance to National AIDS program on PPP and Mainstreaming activities as outlined in the NACP-3, including supporting Technical Support Units in Karnataka and Andhra Pradesh.

CONTACT INFORMATION:
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Agency contact (current): Sanjay Chaganti, Program Director, PSI, 2nd floor, 379 Vishwanatha Krupa, 13th Cross, Upper Palace Orchards, Sadashiv Nagar, Bangalore-560 080, Tel: 91-80-41712326/27/28, Fax: 91-80-41712325 email: schaganti@psi.org.in

Project Name:	**Samarth Project**
Agreement Type:	***Unilateral (Cooperative Agreement)***
Duration:	***Oct 2006-Sept 2011***
Geographic Scope:	***National, Maharashtra, Karnataka , Andhra Pradesh and Tamil Nadu and Pondicherry***
Technical Assistance Agencies:	***Christian Medical Association of India (CMAI), the Indian Network for People Living with HIV/AIDS (INP+), and Solidarity & Action Against the HIV Infection in India (SAATHII)***
Implementing Agency:	***Family Health International (FHI)***

DESCRIPTION:
The Samarth project is one of three components under the umbrella of the $49-million Enhance Project that will directly contribute to implementing quality HIV/AIDS prevention, care, and treatment through technical assistance (TA), capacity-building, and institutional strengthening of government and civil society. Family Health International (FHI) implements the project in partnership with the Christian Medical Association of India (CMAI), the Indian Network for People Living with HIV/AIDS (INP+), and Solidarity & Action Against the HIV Infection in India (SAATHII). The key strategic approaches of the project are capacity building, engendering bold leadership and demonstrating best practices.

KEY ACTIVITIES:
The Project extends needs-based capacity-building assistance to government and non-government stakeholders using a variety of methods, including workshops, conferences, site visits, and exchange programs; placement of program and technical experts at the national, state, and district levels; and provide tailored TA to individuals and organizations at the following levels:

State and district: Samarth provides technical and program management skills to government and non-government staff in the key areas of program planning, implementation, monitoring and evaluation and sustainability. It aims to build networks and coalitions with community-based groups including PLHA networks and FBOs to implement well-coordinated programs that are mutually supportive. Samarth also has a mandate to provide TA to other USG partners. In addition, four demonstration projects in Delhi are currently supported through Samarth for prevention of HIV/AIDS through life-skills and adolescent education and for care and support to PLHA through palliative care and OVC programming. Lessons learned and best practices on program management areas, such as monitoring and review, CMIS, and sustainability, will be documented and disseminated with government and non-government partners.

National: FHI provides needs-based TA to NACO and SACS in the four priority USG states through various mechanisms. To strengthen the operationalization of the GIPA strategy at the national, state, and district levels, FHI, in partnership with the Indian Network of Positive persons (INP+) will establish (Community Review Panels (CRPs) and place Community Advisors in NACO and the SACS in USG priority states. The Samarth Project also provides TA to The Global Fund for AIDS, Tuberculosis and Malaria (GFATM) in specific areas to strengthen the leadership and governance of the GFATM County Coordinating Mechanism Secretariat.

KEY ACHIEVEMENTS:
- Provision of technical assistance to NACO in key thematic areas of counseling and testing, epidemiology, basic services and ART through 31 managerial and technical officers placed at NACO.
- Technical assistance to state AIDS Control Societies for nine states inlcuding 4 high prevalence states (Karnataka, Andhra Pradesh, Tamil Nadu, Mahrashtra, Kerela, Goa, Delhi, Uttar Pradesh and Uttarakhand to develop the State Project Implementation Plan to support the goals outlined under NACP-3.
- Establishment of Technical Support Unit in Uttar Pradesh and Support to NACO for mapping of high-risk groups in Uttar Pradesh
- Development of operational guidelines for implementing programs for children infected and affected by HIV/AIDS in joint collaboration with ministry of Women and Child Development and NACO.

CONTACT INFORMATION:USAID/New Delhi : Ms. Lalita Shankar, Project Management Specialist-HIV/TB Division, Office of Population, Health & Nutrition, USAID, Chanakyapuri, New Delhi – 110 021, Tel: 91-11-2419 8520, email: lshankar@usaid.gov; Web-site: http://www.usaid.gov/india
Agency contact: Dr Bitra George, Acting Country Director, FHI/India, 16 Sunder Nagar, New Delhi 110003; Tel: 91-11-24358363/64; email: bgeorge@fhiindia.org

Project Name: **Local Voices India**
Agreement Type: ***Field Support (Cooperative agreement)***
Duration: ***2006-2007***
Geographic Scope: ***Tamil Nadu***
Technical Assistance Agencies: ***None***
Implementing Agency: ***Internews Network***

DESCRIPTION:

The Internews Local Voices Project commenced its interventions in Tamil Nadu in Sept 06 with the objective of improving access to information for people by building capacity of local journalists to report accurately on HIV prevention and care services. The project coordinates with both USG partners and the State AIDS Control Society to ensure that journalist and media personnel are exposed to both public and private sector prevention and care interventions and reflect the priorities.

KEY ACTIVITIES:

- Develop HIV training curriculum for media personnel based on needs-assessment and train media personnel on HIV reporting;
- Establish a Media Training and Resource Centre on HIV/AIDS for media personnel;
- Develop HIV reporting curriculum for budding journalist in coordination with Asian College of Journalism;
- Increase the capacity of People living with HIV/AIDS and NGOs to interact effectively with local media;

KEY ACHIEVEMENTS

- Media Training and Resource Centre established;
- Print journalists and senior reporters trained and 50 articles on HIV/AIDS published in 3 months time;
- Radio program executives trained from All India radio, local FM and campus community radio stations and 14 programs broadcast in 3 months time;

CONTACT INFORMATION:

USAID/New Delhi: **M**r. Arvind Kumar, Project Management Specialist HIV/TB Division, Office of Population, Health & Nutrition, USAID, Chanakyapuri, New Delhi – 110 021, Tel: 91-11-24198225, email: akumar@usaid.gov Web-site: http://www.usaid.gov/india

Agency contact: Marjorie Rouse, Director Global Initiatives, Rhode island Avenue NW, Washington D.C, Tel: 1-202-833-5740 x 304 email: Marjorie@internews.org

2.3 Maternal & Child Health and Urban Health

Project Name: **A2Z Micronutrient Program**
Agreement Type: ***Cooperative Agreement - Field Support***
Duration: ***January 2006-September 2011***
Geographic Scope: ***Uttar Pradesh, Jharkhand***
Technical Assistance Agencies: **-**
Implementing Agency: ***AED***

DESCRIPTION:
The USAID Micronutrient Program is a five year technical assistance program. The main purpose of the program is to ensure Vitamin A supplementation among children nine months to five years and anemia reduction packages for pregnant women, adolescent girls and young children 6-24 months of age. The project is also aimed at the introduction of zinc supplementation as part of comprehensive diarrhea treatment in children, through the public sector.

The program is state-wide in Jharkhand, whereas in UP, it covers the six districts in the eastern region. The model will be expanded to other regions through state level bodies and organizations such as VISTAAR, UNICEF, SIFPSA, and the World Bank.

The A2Z project focuses on scaling-up a comprehensive package of micronutrient interventions through district level activities under the national NRHM, 11th 5-yr. Plan and 'universalization of ICDS' frameworks. Partnerships developed with ICMR, NIPCCD, MI, UNICEF, the World Bank and others will enable project experiences to be scaled up even beyond the 2 states. Over five years, it will produce documented results in improving micronutrient coverage in UP & Jharkhand.

KEY ACTIVITIES :
- Design scale-up plans for improving supplies and compliance in prenatal iron supplementation.
- Expand adolescent girls' (up to 19 years) anemia reduction interventions
- Develop implementation and evaluation plans of anemia reduction packages for children 6-24 months.
- Provide support for selected BCC and monitoring activities for biannual Vitamin A distributions in selected districts of UP and Jharkhand.
- Incorporate micronutrient interventions into NRHM, ICDS universalization plans and 11th 5-year Plan activities.

KEY ACHIVEMENTS :
- Consistent advocacy in partnership with UNICEF and WHO resulted in GOI enlarging the age group of children to be supplemented with Vitamin A from 9-36 months to 9-59 months, bringing the policy inline with existing WHO/UNICEF recommendations.
- Provided technical assistance to the Govt. of U.P, which issued population based district wise targets for Vit. A supplementation of children for the first time.
- Government of Uttar Pradesh ordered a supplemental week of Vitamin A supplementation as an innovation suggested by A2Z for targeting left out children.
- A2Z developed a poster on the new age group for Vitamin A supplementation which secured the approval of all relevant development partners and the Govt. of U.P.
- A coverage survey to assess the delivery of Vitamin A supplementation was carried out. The survey introduced the state-of-the-art technology of using Personal Digital Assistants (PDAs) to record survey data.
- A2Z in partnership with MI, UNICEF, Immunization Basics and CARE, was able to re-institute the Vitamin A supplementation (VAS) round in Jharkhand after Govt. of Jharkhand abandoned the scheduled VAS round in June 2007.
- A2Z worked together with MI and UNICEF to estimate the demand for Vitamin A syrup in Jharkhand ensuring timely and full supplies for the delayed twice annual round in September/October 2007.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india
Agency Contact: A2Z Project Contract: Mr. S. K. Muttoo, Resident Advisor, A2Z (The USAID Micronutrient and Child Blindness) Project , C2C, Parkwood Apartment, Rao Tula Ram Marg, Tel: 91-11-26182133 / 34, 9810323836, fax: 91-11-4168317, email: smuttoo@aed.org
Marina Nersesyan, A2Z Project Headquarters, E-mail: mnersesyan@aed.org

Project Name: **IMMUNIZATION Basics**
Agreement Type: ***Cooperative Agreement - Field Support***
Duration: ***May 2005 to June 2009***
Geographic Scope: ***U.P, Jharkhand and National***
Technical Assistance Agencies: **-**
Implementing Agency: ***JSI Research and Training Institute***

DESCRIPTION:

IMMUNIZATION *Basics* (IB) is a five-year, USAID-funded technical assistance project that aims to increase the ability of governments and collaborating organizations to deliver quality routine immunization services. IB provides expert technical support to Ministries of Health, to USAID missions, bureaus and projects, and to NGOs and other international partners. The project is managed by JSI Research and Training Institute, Inc. (JSI), with Abt Associates, the Academy for Educational Development (AED) and the Manoff Group International. Headquartered in Rosslyn, Virginia at the JSI office, IB is currently supporting long-term programs in a number of countries.

PURPOSE:

In India, IB provides technical guidance to a number of USAID/India supported national organizations to deliver and/or strengthen routine immunization. These organizations include CARE INHP II, The CORE group of NGOs, Urban Health Resource Centre (UHRC), the WHO immunization cells supported by USAID/Washington at national level and in selected states, the Ministry of Health and Family Welfare (MOHFW) at the national level, the Secretariat of Health and Family Welfare (SHFW) in targeted states, and others. IB focuses on USAID partners at national level and in a limited number of focus states.

KEY ACTIVITIES:

- Work with national partners to assess needs and opportunities and to design, test and scale up proven strategies for routine immunization strengthening that which also includes introduction of new and under utilized vaccines, and VPD surveillance and control / eradication strategies.
- Provide on-going technical support to partners working to introduce the Reaching Every District (RED) approach and/or individual components of RED that have the potential to enhance performance including "active monitoring" and "linking communities and immunization services".
- Assist in monitoring, evaluating and documenting promising approaches; actively promote the adaptation and scaling up of these approaches in workshops, seminars, on-site technical assistance visits, and capacity building activities with partners.
- Plan and make logistical arrangements for technical assistance missions by external IB staff and consultants and follow-up with partners to ensure that recommendations are implemented; recruit, provide orientation, supervise and follow-up the work of local consultants, as needed.

KEY ACHIEVEMENTS:

- Assisted in development of Immunization Handbook for Health workers and Medical Officers and operational guidelines for introduction of Hepatitis B vaccine.
- Assisted in ToT for health functionaries in 8 states and 3 divisions of UP; SMOs), UNICEF (DHNTCs), and the Faculty of Community Medicine Department of Gujarat.
- Supportive supervision: IB developed tools, guidelines and an implementation strategy for supportive supervision.
- Development and dissemination of tools: To improve health worker immunization practices, updated tools and job aids are developed by IB,
- As part of global dissemination of its India work, the IB India team participated in several international meetings, including., APHA, SIGN and TechNet, WHO-GTN Vaccine management, and JSI International Division Meeting (Arlington, VA, June).

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi - 110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov, Web: www.usaid.gov/india

Agency contact: Dr. Vijay Kiran, Country Representative, IMMUNIZATION Basics, G-2, 2nd Floor, Green Park Extn., New Delhi 110016, TEL: 91-11-4608 2393 / 4608 2394, Fax: 4608 2266, E-mail: vijay@immbasics.org; vijaykm52@yahoo.com;

Project Name: **Jeevan Daan Maternal and Child Survival Program**
Agreement Type: ***Child Survival Health Grant Project (CSHGP)***
Duration: ***2000-2004 (Extended to 2004-2009)***
Geographic Scope: ***Ahmedabad (Gujarat)***
Technical Assistance Agencies: **-**
Implementing Agency: ***Counterpart International***

DESCRIPTION:
The main aim of the program is to sustainably reduce the morbidity and mortality among the slum children as well as strengthen local partner's and Ahmedabad Municipal Corporation's (AMC) capacity to implement and evaluate CS programs. The main objectives are immunization of children and women, control of diarrheal diseases, pneumonia case management and nutrition, maternal and new born care and promotion of exclusive breastfeeding. The total population covered in the project area is 308,445.

In the last 5 years, this program has made measurable progress towards indicators despite two disasters - earthquake and communal violence - that it faced. Based on program success *"Jeevan Daan"* has been extended to 2009 with new partner Saath, with the additional component of maternal and new born care.

KEY ACTIVITIES:
Community mobilization and formation of Community Health Teams (CHTs, volunteer mothers) to improve the access to information and care and sustain the community based health initiatives taken by the project; behavior change communication, using the BEHAVE framework and the edutainment approach to improve the care takers and care givers behaviors at home and at the health facility; training and organizational development of partners and training of public and private providers, in WHO protocols for improvement of quality of care; and piloting Positive Deviance/Hearth nutrition rehabilitation and promotion model in 10 communities to address malnutrition and share the lessons learned with the CS community and using the lessons for the scale up in the cost extension.

KEY ACHIEVEMENTS:

- The immunization rates for children aged 12-23 months have risen from 29% to 71.6% and for tetanus toxoid for women from 72% to 90.7%;
- ORT use has increased from 18% to 64% with correct preparation rising from 16% to 69.3%;
- Pneumonia prevalence has reduced from 22% to 16%. Quick treatment on the same day has increased from 24% to 66.6%;
- The percentage of mothers who breastfed within one hour of delivery increased from 19% to 33%. Under-five children who were exclusively breastfed in the past 24 hours increased from 41% to 57.1%;
- More than 350 volunteers have been organized into 30 CHTs in the program area and critical links between the health facilities and the community have been established;
- Urban specific BCC materials have been produced and used, and AMC adopts them for all the 43 wards of Ahmedabad city covering 3,600,000; and
- Strong partnership and cost share on the part of Ahmedabad Municipal Corporation, extends further for the cost extension.
- Based on the successes of Jeevan Daan Program Government of Gujarat has expressed its willingness to scale up proven and feasible strategies in entire state.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi -110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov.

Agency Contact: **Local Contact:** Kamal Raj, Program Director, Counterpart International-India: 9, Premanjali Society, Behind NRI Tower, Bodakdev, Ahmedabad 380054, Tel: 91-79-30911593
HQ: Director Health Program, 1200,18th Street, NW Suite 1100- Washington DC 20036-2591, Tel 202-296-9676 Fax 202-296-9696

Chotton Ki Asha (Hope for the little ones) – CSHGP

Project Name: **"Chotton Ki Asha (CKA)", "Hope for the little ones"**
Agreement Type: ***Child Survival Health Grant Project (CSHGP)***
Duration: ***October 1, 2006 to September 30, 2010***
Geographic Scope: ***Northeast Delhi, Sonia Vihar Urban Slums***
Technical Assistance Agencies: ***Counterpart International, UHRC, Delhi Govt., UCMS/GTB Hospital***
Implementing Agency: ***Hope Worldwide (HWW)***

DESCRIPTION:

'Chotton Ki Asha (Hope for the little ones)', a Child Survival Health Grant Project is being implemented by 'Hope Foundation (Hope World wide's affiliate in India) in Sonia Vihar Slums in Northeast Delhi. Sonia Vihar does not have any government health facilities. The GOI Municipal Corporation of Delhi (MCD) asked HWW to be its partner under the Reproductive & Child Health (RCH) Project to improve health care in this area. The project is aimed at improving the health of mothers and children.

There are four key interventions in the program: 1) control of diarrheal disease (CDD), 2) pneumonia case management (PCM), 3) immunization, and 4) antenatal care. The program works through community health workers and linked "mother's groups" of volunteers providing health education to families using Behavior Change Communication (BCC) techniques, public events, and positive-deviance examples. Important aspects include: promotion of proper care-seeking behaviors, and coordination of government health care resources. HF works closely with National Urban Health Mission, existing government entities and other partners which include the MCD's Indian Population Project VIII and University College of Medical, Community Medicine & Pediatric Department (UCMS).

Since Shahdara North/Sonia Vihar has been identified by the GOI as a model district for health for India's RCH-2 urban program, there is great opportunity to replicate widely and to scale-up successful interventions.

KEY ACTIVITIES:

- Provides health care training to local medical providers and traditional birth attendants.
- Street food vendors will be encouraged to sell low osmolarity ORS and will be trained in basic hygiene
- practices. Local private health providers are trained in correct case-management of childhood diseases and appropriate referral approaches. Building on longstanding relationship with Shroff's Charity Eye Hospital, HF holds joint "Health Melas" (outdoor public fairs where people gather to celebrate and learn) to provide health care education.
- In collaboration with Guru Teg Bahadur Hospital in Dilshad Gardens and nearby MCD Shahdara, Yamuna Vihar and Dilshad Gardens Maternity Homes, the CKA program will facilitate institutional deliveries.

KEY ACHIEVEMENTS:

- Partnership formed (involving academia, MCD, Delhi Government, National health departments, corporate partners) to address urban health issues
- Communitization health strategy yielding 1000 plus volunteers—more than 70 Community Health Teams—recruited.
- Health Care delivery started with 5 Health posts through partnership with Medical College and Urban Local Body in the so far un-served area (Primary Health Centre to open soon); 7 health Melas organized.
- Animated youth volunteerism – training 200 youth from the community who receive vocational training to engage in a social responsibility program to impart health messages in the community.
- State and National level advocacy efforts for urban health and sharing of lessons learned to influence policies and future urban health programming.
- Behavior Change Communication materials (posters etc) produced that state government is willing to scale up.
- Health Micro-insurance initiated that will have learnings for Delhi as well as India.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon, Senior Advisor, Child Survival, MCHUH Division, Office of Population, Health & Nutrition, USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi - 110021, India, Tel: +91 11 2419 8586, Fax: +91 11 2419 8454/ 8612, Email: rtandon@usaid.gov,

Local Contact: Mark Templer, Executive Director (mark_templer@hopeww.org), Cell: 9818406885 / Joshy Jose, Program Manager (joshyjos@gmail.com), Cell: 93124-35081 HOPE *foundation*, D32 Jangpura Extension, Delhi 110014 India, Tel: 24314130, Fax: 24319672.

In the US: Randy Jordan and Marilyn Patton, HOPE worldwide, 353 West Lancaster Ave., Wayne, PA 19087 Tel. 610-2548800. Email: randy_jordan@hopeww.org, marilyn_patton@hopeww.org

Project Name: **Community-Led Initiatives for Child Survival (CLICS)**
Agreement Type: ***Child Survival Health Grant Project (CSHGP)***
Duration: ***October 2003-September 2008***
Geographic Scope: ***Maharashtra***
Technical Assistance Agencies: ***Aga Khan Foundation, India (AKF India)***
Department of Community Medicine, Mahatma Gandhi Institute
Implementing Agency: ***of Medical Sciences (DCM/MGIMS)***

DESCRIPTION:
The Community-Led Initiatives for Child Survival Program (CLICS) is a five-year $2 million project co-funded by the United States Agency for International Development (USAID) and Aga Khan Foundation U.S.A. (AKF USA) under the 2003 Child Survival Health Grants Program (CSHGP). The goal of the project is to bring sustainable improvement in the health status and well being of children under three years and women in the reproductive age group (15-44 years) in a beneficiary population of 88,128 residing in 67 villages across Wardha District, Maharashtra State, India.

CLICS seeks to facilitate 'community-ownership' of a package of health services by refining and applying a 'social franchise model' that is demand-driven, inherently sustainable and suitable to expansion. As construed by CLICS, a social franchise model is one where a contractual obligation between two parties is entered into for the purpose of producing a 'social product' of a particular kind and quality. The model, as such, is an efficient means for the 'Franchiser', in this case DCM/MGIMS to interact with and build the capacity of potential 'Franchisees' (village communities) to produce an integrated package of affordable and high quality child survival and health services. Interventions under CLICS will remain focused on child health, maternal health and RTI/STI.

KEY ACTIVITIES:
The implementation strategy is characterized by four key stages as follows:
- Mobilizing communities to form Village Co-ordination Committees (VCCs) which functions as nodal agencies responsible for decentralized health care delivery at the village level;
- Developing with each VCC a 'Social Franchise Agreement', a document that outlines a clear set of health priorities and the means to address them;
- Implementing the Social Franchise Agreement through the VCC; and
- Achieving 'community ownership' i.e., a stage where the VCC is able to independently manage key health activities and sustain health gains without intensive inputs from MGIMS.

KEY ACHIEVEMENTS:
- Completion of household and baseline surveys
- Development of the Detailed Implementation Plan.
- Partnership have been developed at the village level, with the formation of 264 Self Help Groups, 72 Kisan Vikas Manch (Farmer's Group) and 64 Kishori Panchayats (Adolescent Girl's Group).
- Sixty-three VCCs covering all villages have been formed; Social Franchise agreements signed for with 23 VCCs; 88 village health workers selected by VCCs are in place; and community health clinics are functional in eight villages, training needs assessment for staff, village co-ordination committees (VCCs) and public health providers; b) Training of trainers on IMNCI; b) Community mobilization and appraisal exercises; c) Health facility needs assessment; e) Quality assurance tools development and testing have been completed.
- Training of community-based organizations and local health providers; health needs assessment and formulation of village plans; implementation of BCC strategy; formative and operations research; MIS for the project are in progress.

CONTACT INFORMATION:

USAID/New Delhi: Dr. Rajiv Tandon MD., Fellow (Paediatrics),Senior Advisor, Child Survival,Office of PHN,USAID/India, American Embassy, Shantipath, Chanakyapuri, New Delhi 10021,India,Tel:24198586, Fax: 2419 8454/ 8612, Email: rtandon@usaid.gov,Mobile: 9811103305

Agency Contact: Seema Pahariya, Programme Officer – Health, Aga Khan Foundation, India, 6 Bhagwan Dass Road, Sarojini House 2nd floor, New Delhi 110001; Tel: 91-11- 2378-2173, ext. 36; Fax: 91-11-2378-2174; E-mail: seema.pahariya@akdn.org ; Website: www.akdn.org.

Food and Nutrition Technical Assistance (FANTA)

Project Name: **Food and Nutrition Technical Assistance (FANTA) Project**
Agreement Type: ***Field Support***
Duration: ***2000-2008***
Geographic Scope: ***All India***
Technical Assistance Agencies: ***Academy for Educational Development (AED)***
Implementing Agency: ***CARE, Catholic Relief Services (CRS)***

DESCRIPTION:

The FANTA Project supports integrated food security and nutrition programming to improve the health and well-being of women and children. FANTA is a 10-year Cooperative Agreement managed by the Academy for Educational Development and funded by USAID. FANTA provides technical assistance to USAID missions and host governments, private voluntary organizations (PVOs) and non-governmental organizations (NGOs) to improve program design, implementation, monitoring, and evaluation. In India, FANTA provides technical assistance to USAID/New Delhi and its Title II PVO partners, CARE and CRS, assesses and strengthens the effectiveness of food security programs, supports the replication of program approaches and practices developed through the Title II program into the broader Government of India (GOI) Integrated Child Development Services (ICDS) program area, and supports the program transition for phase out of Title II resources supporting ICDS.

KEY ACTIVITIES:

- In partnership with CARE and GOI, develop and roll out quality standards for key ICDS practices and approaches. Through a process of consultation, documentation, and capacity building, apply the quality standards to support replication of successful approaches from CARE-supported program areas into the larger ICDS program. Provide intensive technical assistance in Andhra Pradesh and Chhattisgarh to support universal replication in these states, and broader technical assistance nationally through sharing of experiences and materials to support replication in other states.
- Work with CARE and GOI to establish a national resource center that supports implementation of effective ICDS approaches and practices. The center, to be housed in an existing institution, will contain and disseminate information, tools, and resource materials that support best practices in ICDS programming.

KEY ACHIEVEMENTS:

- Carried out an assessment of key ICDS program tools and approaches developed by CARE's Title II program.
- Carried out an assessment of the financial and operational viability of decentralized food models used in the ICDS program and the models' impacts on the core ICDS program.
- In collaboration with FANTA subcontractor International Food Policy Research Institute (IFPRI), carried out a study of the progress and impacts of the transition from Title II food commodities to locally procured food, and conducted national workshops for Government and CARE stakeholders to present results and identify options to strengthen program processes and impacts related to the transition.
- Conducted a program review and developed a recommended scenario for changes to Title II programs in response to the need to phase-down the program and to reductions in commodities due to Government of India's decision not to allow import of corn-soy blend.
- In consultation with the Mission, CARE, and CRS, developed a long-term plan for phase-down of the Title II programs that served as the basis for USAID's proposal to OMB.
- Reviewed global experience with program graduation and exit strategies in food aid programs, and provided recommendations for application to India.
- Participated in the Mid—Term Review of CARE's RACHNA program (Integrated Nutrition and Health Project II and Chayan Project).

CONTACT INFORMATION:

USAID/New Delhi: Ms. Ashi Kohli Kathuria, Deputy Office Director, Office of Social Development, USAID, American Embassy, Chanakyapuri, New Delhi – 110021; Tel: 91-11- 2419-8709; Fax: 91-011-2419-8454; E-mail: akathuria@usaid.gov. Web-site: http://www.usaid.gov/india

Agency Contact: HQ: Dr. Anne Swindale, Project Director; Mr. Tony Castleman, Senior Food Security, Nutrition and HIV Advisor, FANTA Project, Academy for Educational Development, 1825 Connecticut Ave., NW, Washington DC 20009; Tel: (202) 884-8893; Fax: (202) 884-8432; E-mail: aswindal@aed.org, tcastlema@aed.org, www.fantaproject.org

Project Name:	**Collaborative Project to Improve Neonatal and Child Survival and Nutrition in India, JHU-CARE-KGMU**
Agreement Type:	***Cooperative Agreement - Field Support***
Duration:	***2001-2007***
Geographic Scope:	***Uttar Pradesh and Andhra Pradesh***
Technical Assistance Agencies:	***Johns Hopkins Bloomberg School of Public Health (JHU); Department of International Health /GRA/HARP***
Implementing Agency:	***Johns Hopkins Bloomberg School of Public Health (JHU); Department of International Health, CARE/India; King George Medical University, Lucknow, Uttar Pradesh***

DESCRIPTION:

USAID/India is supporting the Department of International Health at the Johns Hopkins Bloomberg School of Public Health to develop and conduct collaborative projects with Indian institutions including CARE/India, King George Medical University (KGMU) and IndiaCLEN. The broad purpose of this project is to strengthen Indo-US collaboration in public health research by providing assistance to Indian institutions in areas of operations research and program evaluation related to neonatal health and other Child Survival issues. The specific purpose is to develop feasible and cost-effective community-based interventions to improve newborn & child health and survival and nutrition in India.

KEY ACTIVITIES:

JHU in partnership with CARE/India and KGMU is implementing the following projects:

- Evaluation Research of the Nutrition Interventions in the Integrated Nutrition and Health Program (INHP) II areas of CARE/India. This project aims to determine the effectiveness of CARE/India's basic package of services in INHP II as compared to a control package of services (ICDS) in reducing under-nutrition of the mother during pregnancy and of the children in the first 24 months of life, and reducing anemia among pregnant women and children aged 12 and 24 months;
- Evaluation Research to Improve Newborn Health and Survival in INHP II area of CARE/India. This project aims to a) evaluate the impact of a basic newborn care package on neonatal mortality and newborn care practices at the community level, and b) to document the processes, approaches, frameworks, tools and resources/costs of operationalizing basic newborn care interventions within the context of CARE/India's integrated nutrition and health services package; and
- Newborn Thermal Care Practices in Rural India: A Community-based Program to Prevent and Improve Recognition and Management of Hypothermia: The projects aims to a) examine perceptions of caregivers regarding newborn body temperature, and current essential newborn care practices, b) design and evaluate community-driven health education and training methods for promoting effective domiciliary essential newborn care and newborn thermal care practices, and c) evaluate the impact of an education/behavior change communications package, as a preventive measure, on prevalence and management of hypothermia, essential newborn care practices and neonatal mortality.

KEY ACHIEVEMENTS:

- The final report of the Evaluation Research of the Nutrition Interventions has been completed and is available for distribution.
- The final report of the Evaluation Research of the Newborn Health and Survival Interventions has been completed and is available for distribution.
- The final report for the study of Newborn Thermal Care Practices in Rural India is under preparation and should be available for review in April 2008.

CONTACT INFORMATION:

USAID/New Delhi:
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Project Name: **Polio Eradication - CORE Group Partners Project –**
Agreement Type: ***Cooperative Agreement – Field Support***
Duration: ***Oct. 2007 – Sep. 2012***
Geographic Scope: ***U. P***
Technical Assistance Agencies: **-**
Implementing Agency: ***CORE India Consortium (ADRA India, PCI, CRS) & Secretariat***

DESCRIPTION:
In 1999, USAID and The CORE Group (The Child Survival Collaborations and Resource Group - a membership association of 39 U.S. PVOs) began collaborating to accelerate ongoing polio eradication activities in priority countries. The project includes a funded secretariat and CORE member PVOs with their local partner NGOs, working together with UNICEF/Social Mobilization Network (SMNet) and WHO/National Polio Surveillance Project (NPSP) in a coordinated and collaborative fashion. CORE was given the task of social mobilization and combating resistance to the program. In India, currently, the CORE consortium members are ADRA, PCI and CRS.

KEY ACTIVITIES:

- The CORE Group is a founding member and collaborator of the Uttar Pradesh Social Mobilisation Network (SM Net). CORE PVOs, using the SMNet strategies, support the National Polio Eradication Initiative by extending its reach and maximizing impact so as to ensure that no child remains unreached.
- The PVOs establish a working relationship with government counterparts at the district and block levels to help identify community and NGO resources, participate in micro-planning, map clusters of houses/villages and all children below five years, and sustain motivation among both the workers and the community.
- CORE partners, with their connection to local leaders and officials, play a major role in advocacy and community mobilization through community level coordinators who are trained to actively search for newborns, 'zero-polio dose' children and resistant or missed communities/families.
- Routine immunization coverage is improved through coordinated efforts of Community Mobilizers and Block Mobilization Coordinators with government PHCs and Sub Centers.
- All workers participate in the active surveillance of Acute Flaccid Paralysis in their community and ensure timely and compete reporting to the local government counterpart and Surveillance Medical Officers.

KEY ACHIEVEMENTS:

- Polio eradication campaign accelerated by the coordinated involvement of PVOs and NGOs in national & community eradication efforts.
- Relationships strengthened between communities and international and national health and development agencies.
- Collaborative networks of PVOs and NGOs developed with the capacity to accelerate other (in addition to polio eradication) national, regional & community disease control initiatives.
- Supported efforts to strengthen national routine immunization systems.
- Supported efforts to strengthen disease surveillance and appropriate response.

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Project Name: **Polio Eradication - UNICEF India**
Agreement Type: ***Grant - Field Support***
Duration: ***Annual Grant***
Geographic Scope: ***Uttar Pradesh for intensive community-level mobilization, all states for media and IEC prototype development***
Technical Assistance Agencies: ***WHO SEARO & WHO HQ Geneva, UNICEF India, CDC***
Implementing Agency: ***UNICEF India***

DESCRIPTION:
With USAID support, UNICEF is continuing to implement communication activities to help reach the target of interrupting transmission of poliovirus as quickly as possible. UNICEF has collaborated with other partners working on strategic communication for immunization in India, namely the Government of India at the Centre and State levels, Rotary India, the CORE group of international NGOs and WHO/National Polio Surveillance Project (NPSP). The communication strategy endeavor to reach the following targets :

- Increase booth coverage in areas with UNICEF-supported community mobilizers (CMCs) from 60% to 70%
- Reduce the percentage of X (missed) remaining households in areas with UNICEF-supported community mobilizers from 10% to 5%
- Reduce the number of resistance households in areas with UNICEF supported-community mobilizers to zero
- Increase the percentage of respondents at the polio booth who report being informed about polio through public service announcements on television from 25% to 50%
- Increase the percentage of positive media stories in the print media in Lucknow and Delhi from 10% to 50% of the total number of media stories generated.

KEY ACTIVITIES:

- Maximize the impact of communication efforts at the national, state, district and block level through strengthened coordination amongst partners and effective advocacy.
- Ensure children most at risk – particularly those under the age of two and Muslims – are adequately protected from polio by intensifying communication efforts in blocks where wild polio virus transmission is sustained. Reach out to 1.5 million households monthly through a network of 3,800 community mobilizers (CMCs) working in villages and slums most at risk of ongoing polio transmission..
- UNICEF is in a strategic alliance with three national-level Muslim academic institutions – Jamia Milia Islamia, Jamia Hamdard and Aligarh Muslim University.
- Ensure polio eradication by strengthening communication for routine immunization.

KEY ACHIEVEMENTS:

- Where community mobilizers (CMCs) are assigned, booth coverage, the percentage number of X marked houses converted to P and the absolute reduction in X houses that refuse to accept OPV are all higher than areas without a community mobilizer. An increased general awareness of polio as a result of mass media and high visibility of promotional IEC materials. A recent study commissioned by UNICEF with USAID support showed that knowledge levels of all CMCs (the cohort included both new and old CMCs) had gone up from the onset of training, to application in the field. During February 2006, CMCs facilitated 5,183 regularly scheduled routine immunization sessions, or close to two sessions in their area in the month.

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National Polio Surveillance, WHO

Project Name: **National Polio Surveillance Project (NPSP) / WHO**
Agreement Type: ***Umbrella Grant - Field Support***
Duration: ***Annual grant***
Geographic Scope: ***Uttar Pradesh for surveillance, all states for polio laboratory support***
Technical Assistance Agencies: ***WHO SEARO & WHO HQ Geneva, UNICEF India, CDC***
Implementing Agency: ***World Health Organization, India***

DESCRIPTION:
The National Polio Surveillance Project consist of approximately 400 Indian national medical officers and 660 additional full time staff distributed across India with the purpose of conducting high quality surveillance for acute flaccid paralysis (AFP), providing technical advise and leadership for conducting supplementary immunization activities (SIAs) and strengthening laboratories. Surveillance and monitoring data provided by the NPSP surveillance network assist the Government of India to target resources and take corrective actions to improve surveillance and immunization activities. In UP in Bihar there are 1-2 surveillance medical officers (SMOs) per district while in other states the SMOs cover up to 6 districts each. The project also supports and utilizes the services of nearly 1000 field volunteers who assist with SIA monitoring and planning, as well as surveillance. The objective of the organization is to assist the government of India at national, state and local levels in wild-polio eradication efforts, enhancing surveillance for other vaccine preventable diseases, and improving routine immunization.

KEY ACTIVITIES:

- Assist the Government of India with conducting Acute Flaccid Paralysis (AFP) surveillance throughout India to detect the presence of wild-polio virus, providing critical information for government immunization activities;
- Conduct monitoring of Supplemental Immunization Activities (SIAs) for polio throughout India for the purpose of trend analysis and focusing resources to improve the quality of future activities;
- Provide technical assistance to the Government of India at National, State, District, and Block levels to plan and implement quality SIAs for polio and to improve routine immunization activities;
- Provide technical assistance and support to the Government of India on surveillance of other vaccine preventable diseases, including measles, neonatal tetanus and Japanese Encephalitis.
- Provide training assistance for vaccinators and supervisors for how to conduct quality SIAs for polio;
- Provide data analysis and graphics support to GoI for SIAs and AFP surveillance; and
- Provide assistance to strengthen polio laboratory networks.

KEY ACHIEVEMENTS:

- The AFP surveillance system is operating at the highest level of sensitivity in history, and exceeds international standards (non-polio AFP rate and stool collection rates).
- Reported coverage with oral polio vaccine is at its highest level ever in 2006-2007 in the critical reservoir states of UP and Bihar.
- Type 2 polio was eradicated in 1999; type 1 polio, after causing an outbreak in 2006, has not been seen in 9 district area in western UP which was the source of 75% of disease last year.
- In collaboration with the Government of India, developed national surveillance guidelines for measles and Japanese Encephalitis and has initiated surveillance for these diseases in key areas.
- Instituted regular monitoring and feedback on routine immunization activities in UP and Bihar, as well as assisted Government of India with key initiatives in neonatal Tetanus, Hepatitis B introduction and national reporting of routine immunization data.

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Project Name: **Strengthening Integrated Disease Surveillance in India, WHO**
Agreement Type: ***Umbrella Grant - Field Support***
Duration: ***Annual Grant***
Geographic Scope: ***National & select Indian states***
Technical Assistance Agencies: ***National Institute of Communicable Diseases, Indian Council for Medical Research and IndiaCLEN***
Implementing Agency: ***WHO-India***

DESCRIPTION:
USAID/India is supporting the WHO-India to assist the GOI efforts in strengthening disease surveillance in India. The overall focus of the program is to facilitate implementation of the IDSP nation-wide in three phases. In the first two phases 13 major states and 11 smaller states and Union Territories have been covered. The IDSP will link district reporting to state governments and thus enhancing disease control and response. The project involved intensive training at all levels during the first phase. Second & third phase activities will involve piloting of the project in urban and rural districts and state-wide implementation.

KEY ACTIVITIES:
WHO-India in partnership with NICD, ICMR, state & city governments is implementing the following activities:
Facilitate coordination and collaboration among development partners and the national integrated disease surveillance project for effective support to the program

- Strengthening joint planning, monitoring, reviewing and evaluation at national and state level
- Supporting meetings of the national task force, surveillance technical committees and technical workshops

Strengthen technical and program management capacities of Central Surveillance Unit (at NICD) and its partners at the state level for effective implementation of key surveillance functions

- Technical support to CSU through consultants with expertise in epidemiology, microbiology and health information system
- Technical & management support to states for identifying and rectifying performance bottlenecks and facilitating centre-state coordination
- Support for augmenting surveillance competencies through FETP, EPILAB & other trainings conducted by NICD, NIE, and other institutes

Strengthen capacities of health departments of municipal corporations of 2 metropolitan cities for development and implementation of integrated disease surveillance involving public and private sectors

- Technical support to city surveillance units through consultants with expertise in epidemiology, microbiology and health information system
- Support for the developing implementation mechanisms for recording and reporting cases of communicable diseases from in-patient and out-patient facilities of primary, secondary and tertiary health care institutions

KEY ACHIEVEMENTS:

- Phase I of the IDSP has begun in 2005 in 9 Select states;
- Strengthening the regional labs in 35 states and Union Territories to respond to outbreaks;
- Improving connectivity for rapid data transmission from the districts to the State and Central Headquarters. All the districts of Orissa connected electronically and in 13 districts of Maharashtra GIS has been introduced;
- A series of workshops on Epidemic preparedness undertaken to train district health managers on response to outbreaks; and
- A multi-centric study on developing methodologies to involve the private sector and medical colleges in surveillance is underway.

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Project Name:	**Haemophilus influenzae type b – Vaccine Probe Study Hib Initiative –**
Agreement Type:	***LWA Cooperative Agreement - Field Support***
Duration:	***2004-2008***
Geographic Scope:	***Selected states***
Technical Assistance Agencies:	***Johns Hopkins Bloomberg School of Public Health (JHU); Department of International Health /GRA/HARP***
Implementing Agency:	***Indian Council for Medical Research***

DESCRIPTION:
USAID/India is supporting the Department of International Health at the Johns Hopkins Bloomberg School of Public Health to develop and conduct collaborative projects with the pioneer Indian institution Indian Council for Medical Research (ICMR). The broad purpose of this project is to gather the necessary data for the Government of India to make a decision about the use of Haemophilus influenzae, type b (Hib) vaccine and to strengthen the infrastructure of the participating Indian institutions for conducting the randomized portion of the large Hib probe study. A preliminary phase has been initiated. The specific aim of the preliminary phase is grouped into hospital, community, and coordination categories.

KEY ACTIVITIES:
JHU/GRA/HARP in partnership with ICMR aims to carry out the following activities under the project at the hospital, community and coordination levels:

- Hospital level activities
  - Conduct prospective identification of children with pneumonia and meningitis in study hospitals. Based on the review, measure the baseline number of observed study endpoints (severe pneumonia and purulent meningitis), collect baseline data on the diagnostic practices at study hospitals and evaluate current use of diagnostic tests and ability of hospital laboratories to analyze these tests.
  - Involve local investigators to identify needed improvements in case detection.
  - Evaluate change in performance at study hospitals and determine hospitals/sites capable of carrying out
  - full probe study based on predetermined performance standards.
- Community level activities:
  - Carry out cohort study in the community - gather baseline
  - Information on the incidence of study endpoints and carry out mock randomization.
  - Track children throughout the 3-dose routine vaccination series to
  - Measure the vaccine coverage levels. Implement community based activities to improve vaccine coverage as much as possible in a vaccine trial.
  - Encourage study subjects to utilize study hospitals.

- Coordination level activities:
  - Set-up vaccine distribution and tracking system to make sure that study vaccine can be appropriately during the vaccine probe study.
  - Collect and use the data from study hospitals and study communities to develop the study protocol.

KEY ACHIEVEMENTS:
USAID provided initial funding for leveraging support from Government of India and the Global Alliance for Vaccines and Immunization. With USAID funding, more than 12,000 children have been enrolled in community based activities and more than 1,000 children have been enrolled in hospital based activities. Numerous training and capacity development activities have been carried out at the study sites in the areas of data management, laboratory quality assurance, Good Clinical Practices, and field site development. Study planning began in 2004. The preliminary phase began in July, 2005.

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Project Name: **Vistaar: From Knowledge to Practice**
Agreement Type: ***Cooperative Agreement - Unilateral***
Duration: ***October 2006-September 2011***
Geographic Scope: ***UP, Jharkhand and some activities at national level***
Technical Assistance Agencies: ***IntraHealth International, Inc. (lead agency), Abt Associates, Catholic Relief Services, Johns Hopkins University- Centre for Communications Program***
Implementing Agency: ***IntraHealth International Inc.***

Description:
Despite knowledge of many simple and proven interventions, maternal, newborn, and child health and nutritional status is still unacceptably poor in many parts of India. The purpose of this technical assistance Project is:

To assist the Government of India and the State Governments of Uttar Pradesh and Jharkhand in taking knowledge to practice for improved maternal, newborn, and child health and nutritional status

KEY ACTIVITIES:
As a first step in promoting the transfer of knowledge to practice, the Project facilitated six Evidence Reviews (ERs) on six technical themes selected as priorities by the Government and other key stakeholders:

- Iron Deficiency Anemia Prevention and Treatment
- Complementary Feeding
- Delay of Marriage and First Birth
- Community-based Newborn Care
- Village Health Committees
- Performance Improvement of Community Level Health and Nutrition Functionaries

Recognized national experts reviewed promising interventions in each technical area to determine key lessons for MNCHN programming at scale in India. Based on these lessons the Project is currently working in the following areas:

- Providing Strategic Technical Assistance: the Project provides Technical Assistance (TA) to strengthen MNCHN programs of the Government of India (GoI), Government of Uttar Pradesh (GoUP) and Government of Jharkhand (GoJH), based on Government priorities, the evidence review lessons and recommendations and the Project's comparative advantage. In 2008, the Project is providing TA in 11 districts of JH and eight districts of UP.

- Generating Knowledge through Demonstration and Learning Efforts**:** the Project also supports demonstration and learning efforts to generate evidence about ways to improve MNCHN interventions at scale, working with GoI, GoUP and GoJH.

- Advocating on Priority Topics: the Project advocates with the GoI, GoUP, and GoJH on priority topics such as promoting the application of lessons from the evidence reviews and contributing to national level advocacy efforts to improve nutrition programming. The Project serves as the Secretariat for the Coalition for Sustainable Nutrition Security in India, a high level advocacy group.

Important cross cutting themes for the Project are knowledge generation and sharing, facilitating collaboration and convergence and promoting interventions with a strong equity focus, including gender equity.

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Project Name: **Iodine Deficiency Disorders Elimination Project**
Agreement Type: ***Core Funds***
Duration: ***FY 2007 (yearly revised)***
Geographic Scope: ***National***
Technical Assistance Agencies: ***UNICEF***
Implementing Agency: ***UNICEF***

DESCRIPTION:
The IDD Project supports universal salt iodization at the national level. Through this project, UNICEF supports GOI to eliminate iodine deficiency disorders in India. The purpose of the project is facilitate the dialogue between government and salt suppliers to ensure access to iodized salt for underserved socio-economic groups and advocacy to maintain IDD elimination through USI high on the central and state governments' agenda.

KEY ACTIVITIES:
- Create awareness about IDD elimination and benefits of iodized salt to increase demand.
- Create an effective and sustainable demand for adequately iodized salt by continuing to educate consumers, shop keepers, as well as front line workers on the benefits of consuming adequately iodized salt and the danger of the absence of iodine.
- Create enabling environment for iodized salt production
- Ensure production of adequately iodized salt for all of India
- Strengthen monitoring the quantity and quality of iodized at all levels
- Create a supportive environment for the central ban on sale of non iodized salt for direct human consumption

KEY ACHIEVEMENTS:

- Mass media BCC campaign launched through national & regional TV & radio channels for using iodized salt.
- Ban on use of non-iodized salt was reinstated, exclusive use of iodized salt for animal and human consumption.
- Better monitoring of iodization of salt at various levels starting from site of production to consumption at household levels.

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Project Name:	**Urban Health Resource Centre (formerly EHP-India)**
Agreement Type:	***Cooperative Agreement – Field Support***
Duration:	***October 2005-September 2008***
Geographic Scope:	***National with focus in the states of Delhi, Bihar, Jharkhand, Maharashtra, Madhya Pradesh, Rajasthan and Uttar Pradesh***
Technical Assistance Agencies:	***GSM***
Implementing Agency:	***Urban Health Resource Centre (UHRC)***

DESCRIPTION:

Urban Health Resource Centre (formerly EHP-India) which began operations in March 2002, quickly developed into a nationally recognized public health resource. Urban Health Resource Centre (UHRC) works to bring about sustainable improvements in maternal and child health conditions among the urban poor through a consultative and knowledge sharing approach in partnership with National and State Governments, NGOs, public and private sector health providers, the corporate sector and communities. UHRC strives to increase and improve accessibility of the urban health knowledge; advocates and networks to promote better and increased resources allocated for urban health.

The Urban Health resource Centre (UHRC) was incorporated as a non-profit institution from the Environmental Health Project (EHP) – India office and started operations on October 31st 2005. UHRC continues the urban health activities of EHP through continued USAID support.

KEY ACTIVITIES:

- Provide Technical Assistance to strengthen Urban Health programming and capacities of functionaries at different levels and among Govt. (such as RCH II/NRHM) and Non-Government partners to enhance reach to underserved settlements.
- Provide City Level Technical Assistance, develop demonstration programs and carry out research activities in diverse cities focusing on improving health of the urban poor, to facilitate utilization of learning from these sites in government and non-government programs.
- Generate, compile and disseminate urban health information to address knowledge gaps and utilize such urban poor specific information to enhance attention on 'health of the urban poor' among government and non-government stakeholders and academic institutions through advocacy efforts.

KEY ACHIEVEMENTS:

- Demonstration city programs fully functional in Indore and Agra.
- Evolved into a nodal technical assistance agency to Urban Health component of national RCH program of GOI.
- Provided technical assistance for the development of model urban health proposals (for RCH II) for 3 cities (Dehradun, Haridwar and Haldwani) in Uttaranchal, Bally (West Bengal), Agra (UP), Shahdara North and Narela (Delhi).
- Provided TA to development of National Guidelines for Developing City level Slum Health programmes .
- Supported Govt. of India in facilitating the National Task Force to advise NRHM on strategies for urban health care and compilation of its recommendations.
- Reanalysis of NFHS 2 (DHS) data by Standard of Living Index has provided insights into the health conditions of the urban poor
- Prepared 'State of Urban Health' reports for Uttar Pradesh, Madhya Pradesh and Rajasthan for better informing programmers and policy makers about health of the urban poor in the respective states.
- Published eleven articles on urban health in peer-reviewed journals
- Advocated for increased attention to health of the urban poor through over 40 presentations at various international and national conferences / seminars.

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POUZN

Project Name:	**Point-of-Use water disinfection and Zinc Treatment Project (POUZN)**
Agreement Type:	***IQC/ Field Support***
Duration:	***2005 – 2010***
Geographic Scope:	***National***
Technical Assistance Agencies:	**-**
Implementing Agency:	***Academy for Educational Development (AED)***

DESCRIPTION:
The Point-Of-Use Water disinfection and Zinc Treatment (POUZN) project is a USAID Private Sector Program (PSP) initiative managed by the Academy for Educational Development (AED). POUZN's mission is to implement a diarrhea reduction project using point-of-use (POU) water disinfection and zinc treatment, with the goal of contributing to the key USAID strategy of reducing mortality and morbidity from diarrhea. POUZN's approach is to engage both the commercial and public sectors and leverage their strengths and resources to address the critical public health issue of diarrheal disease.

POUZN will enlist the private sector in the marketing, distribution and sale of POU and zinc products in order to ensure long-term sustainability. POUZN's approach is not to create new distribution channels or run parallel marketing campaigns to the commercial sector, as those types of channels will exist only as long as there is donor funding. Instead, it provides incentives and demonstrates to local manufacturers and distributors both the marketability of these products and the social and economic return.

KEY ACTIVITIES
Zinc

- Build partnership with selected zinc Build partnership with selected zinc producers and assist them in establishing zinc treatment for diarrhea. Provide technical assistance to various partners as per agreed plans.
- Advocate for adoption of zinc treatment by public and private sector opinion leaders and other stakeholders in collaboration with other USAID projects involved in zinc treatment through the Zinc Technical Assistance Group (TAG).
- Conduct activities aimed at promoting zinc adoption by health professionals.

POU

- Establish the use of POU methods and devices by at-risk populations through a partnership with POU device manufacturers, NGOs with microfinance capabilities and self-help groups (SHG).

KEY ACHIEVEMENTS
Zinc
Since the project's beginning in March 2006, POUZN has:

- Developed a market assessment of local manufacturers to determine the demand and supply for zinc.
- Built partnerships with selected producers and marketers.
- Provided assistance in marketing planning to several partners and assisted in field force training and promotional efforts.
- Coordinated zinc activities with other USAID projects under the zinc TAG to enlist the support of the public sector and the professional associations.

POU

- Initiated a new approach in Uttar Pradesh (UP) with POU device manufacturers and several NGOs/microfinance institutions (MFIs) to promote the use of POU devices. This operational research model will test whether SHGs are a good platform to spread POU awareness and whether microfinance can help the poor to obtain appropriate POU devices.

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Project Name: **Safe Motherhood and Child Survival (SMCS)**
Agreement Type: ***Field Support (Cooperative Agreement)***
Duration: ***October 1, 2006 to September 30, 2009***
Geographic Scope: ***Andhra Pradesh, Assam, Maharashtra, Dadra & Nagar Haveli, Gujarat, Madhya Pradesh, Orissa, Meghalaya, Nagaland, Manipur, Rajasthan, Uttar Pradesh, and West Bengal***
Technical Assistance Agencies: ***FANTA***
Implementing Agency: ***Catholic Relief Services/India***

DESCRIPTION:
The Safe Motherhood and Child Survival Program (SMCS) is in its last phase of Title II support. The program began in 1997 and has completed two phases of five years each; the current program cycle, the phase-out period, began in October 2006 and will conclude by September 2009. The SMCS program aims to ensure safe and healthy pregnancies and improve the nutritional status of children under three years of age. It targets women and children in remote areas of the country, pre-dominantly from the scheduled caste/scheduled tribe/other backward class populations.

CRS's SMCS program is implemented by 34 Coordinating Partners (CPs) through over 200 grassroots level Operating Partners (OPs) covering 6-8 revenue villages each. The key grassroots functionary of the program is the Village Health Worker (VHW) who is trained by the program and supported by an OP. A Traditional Birth Attendant (TBA) has been identified in almost all the program villages and trained in conducting safe deliveries. TBAs work with their respective VHW to identify pregnant women, lactating mothers and under-three children. A VHW coordinates delivery of maternal and child health services with the Auxiliary Nurse Midwife (ANM) and the Integrated Child Development Services (ICDS) functionary, the Anganwadi Worker (AWW), of the village. During the phase-out period, the program will focus specifically on strengthening linkages with government service providers, particularly within the framework of the National Rural Health Mission (NRHM).

Final evaluation of the second five-year phase of the SMCS program, conducted during 2006, indicated that the program has had significant impact amongst the targeted women in improving knowledge about key maternal and child health issues. The program has also achieved strong results in reducing malnutrition among children enrolled, improving immunization coverage, increasing the number of women receiving ante- and post-natal care, and increasing institutional deliveries.

KEY ACTIVITIES:
- CRS and partners conduct need-based trainings for TBAs and VHWs;
- VHWs train mothers in healthy pregnancy and child wellness practices;
- VHWs carry out growth monitoring and counseling;
- Capacity of community-based groups (Village Health Committees, Self-Help Groups, Village Development Committees) is built to play an active role in promoting positive health practices and ensuring service delivery by government health functionaries;
- VHWs and partners (CP and OPs) follow up with the government's maternal and child health services facilities for strengthening linkages between service delivery systems and communities;
- Monitor program progress and assess status, vis-à-vis, the established exit criteria for withdrawal of program resources.

KEY ACHIEVEMENTS (FY 2007):
- 85% of the approved participant level were reached with Title II assistance;
- 81% of SMCS villages conducted monthly health and nutrition education sessions;
- 76% of the children enrolled in the program were growth monitored every month;
- 193 SMCS villages were phased-over to the Government of India's ICDS program;
- 762 SMCS villages achieved the exit criteria.

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Project Name: **Evidence Based Anti-Malarial Treatment Policy in India/WHO**

Agreement Type: ***Field Support – WHO Umbrella Grant***
Duration: ***indefinite***
Geographic Scope: ***Jharkhand, Orissa, Assam***
Technical Assistance Agencies: ***World Health Organization- India Country Office***
Implementing Agency: ***World Health Organization, India National Vector Born Disease Control Program, National Institute for Malaria Research***

DESCRIPTION:

The WHO India Country Office will contribute to strengthening the National Vector Born Disease Control Program, particularly the Malaria Component through improved technical assistance, capacity building, field testing of innovative approaches, development of the evidence base and policy implementation tools. The WHO will also focus technical assistance on strengthening coordination, monitoring, documentation and sharing of field experieinces and lessons learned. These activities will build upon the USAID/ WHO supported malaria control initiatives and utilize models and experiences from the project.

The main emphasis will be technical and capacity development support for the National Vector Born Disease Control Program, the National Institute of malaria Research and high malaria endemic states including Jharkhand.

KEY ACTIVITIES:

- Strengthen national and state capacity on therapeutic efficacy studies and support revision of treatment guidelines using the improved evidence-based information.
- Strengthen the evidence base on burden of malaria through improved malaria surveillance augmented by special surveys (malaria indicator surveys, etc.) and enhanced laboratory diagnosis of malaria.
- Conduct operational research on drug use practice in various health sectors and practice setting; use of pre-packaged blister pack drugs; and utilization and impact of insecticide treated bednets by antenatal women.

KEY ACHIEVEMENTS:

- **Therapeutic efficacy studies** – As a result of the efficacy studies, Artemisinin based Combination Therapy (Artesunate + Sulphadoxine Pyrimethamine) is being introduced in about 100 districts in 300 PHC areas and cluster of PHCs.
- **Malaria indicator surveys**. Surveys were carried out in 6 districts of Jharkhand under "Jharmal Project " covering 28 PHCs and 92 villages. A sample size of 177,000 was covered. It was seen that a sizeable amount of morbidity and mortalty was captured by NGOs, PSUs and private sector and remain unreported to the programme. Therefore true incidence was many fold higher than reported. Asymptomatic burden was 14%.
- **Operational Research on drug use practice**. It was seen that knowledge on drug policy was higher among doctors in public sector than those in private sector. The knowledge amongst public sector doctors was also not satisfactory. Questionnaire based and observational studies were carried out in Jharkhand.
- **Use of Pre-packaged blister pack drugs and utilization and impact of insecticide treated bednets by antenatal women**. Use of bednets was satisfactory in many states except Rajasthan and North Eastern states. Studies on blister pack ACT will be carried out during 2008.

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Project Name: **ACCESS**
Agreement Type: ***Core Funds***
Duration: ***June 2006 – September 2007***
Geographic Scope: ***Jharkhand***
Technical Assistance Agencies: ***JHPIEGO, CEDPA***
Implementing Agency: ***Department of Health & Family Welfare, Govt. of Jharkhand***

DESCRIPTION:
The ACCESS Program, a 5-year global program sponsored by the USAID, aims to improve the health and survival of mothers and their newborns through the use of key maternal and newborn health services. ACCESS works with USAID missions, governments, nongovernmental organizations, local communities, and partner agencies in developing countries to achieve sustainable improvements in maternal and newborn health and survival.

In India, recently ANMs/LHVs have been given permission to perform certain life saving skills for which they do not currently have appropriate training. ACCESS through WRAI/CEDPA-India program will provide technical assistance and support the state level rollout of the field test. This project aims to field test Skilled Birth Attendance & community based new born care guidelines that have been developed recently in Dumka district of Jharkhand. The program envisages working with public health system and ensuring that necessary training in this regard is imparted to the ANMs /LHVs/ Staff Nurses. The key outcomes of this one and a half year intervention would be enhanced capacity built within the state to successfully plan, design, implement, and monitor a successful program to provide improved access to skilled birth attendance during pregnancy, delivery and the post-natal period and access to neonatal care. It is envisioned that the key results of this field test will inform the successful rollout not only in the state of Jharkhand but also in the rest of the country.

KEY ACTIVITIES:

- Design and test strategies for training ANMs/LHVs/staff Nurses to strengthen their capacity to provide skilled attendance at birth, newly approved emergency obstetric and newborn care and referral services in their sub-centres and during outreach deliveries as per GoI guidelines in one district of Jharkhand.
- Develop an accompanying strategy to increase demand for skilled attendance for maternal and neonatal care at the community level and a behavior change strategy for communities to adopt healthy newborn practices.

KEY ACHIEVEMENTS:

- Mobilized resources from the Government of Jharkhand to support training activities
- Strengthened two hospitals as clinical training sites—including some improvements in the quality of maternal and newborn care at these sites
- Strengthened two ANM training centers by improving training skills of teachers, equipping student learning labs and introducing a three-month competency-based training on maternal and newborn care
- Developed a complete set of training materials including a learning resource package in Hindi and transparency set
- Placed and supported trained ANMs in their communities to provide maternal and newborn care services and promote appropriate practices
- Introduced performance-based standards for ANMs to use in their independent practice in communities
- Adapted and localized BCC materials on BP/CR
- Strengthened existing monitoring systems to collect data from ANMs and community workers
-

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Project Name: **Essential Newborn Care Situation HealthTech IV Project**
Agreement Type: ***Cooperative Agreement***
Duration: ***May 2006 – January 2008***
Geographic Scope: ***National***
Technical Assistance Agencies: ***National Neonatology Forum (NNF)***
Implementing Agency: ***PATH***

DESCRIPTION:

The goal of this situation analysis is to assess the existing capacity of the Essential Newborn Care package supplied by the Government of India to address newborn health, find out the needs and suggest a strategy for ENC strengthening.

KEY ACTIVITIES

The objectives are to 1) identify the strengths of newborn health care services and any gaps between the existing and desired situation, and 2) suggest strategies to reinforce strengths and address gaps, including identifying human, financial and material resources requirements and taking into account existing health sector plans and development strategies.

A rapid situation analysis using both quantitative and qualitative data regarding Essential Newborn Care in a representative sample of the 60 districts in 10 states supplied with equipment and training by Government of India including assessment of equipments, human resources and supplies for the same will be done by teams of trained investigators.

KEY ACHIEVEMENTS:

The report on the quantitative finding was presented to GOI by IndiaCLEN Program Evaluation Network (IPEN) & National Neonatology Forum (NNF). This report would influence the future resource allocation for new born care related capacity building and equipment needs through NRHM. The qualitative component of the evaluation is being analyzed and will be presented shortly in the near future.

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Project Name: **Integrated Nutrition and Health Project (INHP)**
Agreement Type: ***Field support (Cooperative Agreement)***
Duration: ***January 2007-December 2009***
Geographic Scope: ***AP, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa , Rajasthan, Uttar Pradesh and West Bengal***

Technical Assistance Agencies: ***FANTA***
Implementing Agency: ***CARE/ India***

DESCRIPTION:

Began in 1997, the INHP has completed its second five-year phase of the ten year cycle in December 2006. With focus on child health and nutrition interventions, this project supports the Government of India's (GOI) Integrated Child Development Services (ICDS) scheme and the Reproductive and Child Health (RCH) program of the National Rural Health Mission (NRHM). Final evaluation of the second five-year phase of the INHP conducted in 2006 indicated that the program had significant impact in reduction of malnutrition in the project areas and helped improve various health and nutrition indicators.

The INHP is in a phase-out mode with three years of implementation period. Implemented with a two pronged approach of consolidation and phase-out and influencing ICDS and RCH systems, the project aims at (i) creating a legacy of responsive and capable systems that target and reach the most vulnerable women and children with critical food, nutrition and health services; (ii) strengthening and sustaining community empowerment processes to understand, demand , actively participate, and control the processes that ensure their right to food and nutrition; and (iii) influencing national policy and programming through tailored replication of proven community and system level processes to ensure impact outside CARE areas.

The INHP is implemented in 711 blocks of 75 districts from eight states and is also supporting Andhra Pradesh and Chhattisgarh state governments in replication of the INHP good practices through a standardization process in 21 non-CARE supported districts.

KEY ACTIVITIES:

- Providing technical, managerial and operational support to the ICDS program;
- Strengthening and engaging the communities for ensuring system's accountability;
- Working towards replication of best practices through a standardization process;
- Advocacy efforts for influencing GOI's flagship programs (ICDS and NRHM)
- Supporting universalization of ICDS with quality by building capacities of new service providers including Anganwadi Workers
- Addressing exclusion through targeted interventions and catchment area approach
- Updating data through timely monitoring and evaluation

KEY ACHIEVEMENTS (FY 2007):

- During FY 2007, 128,140 government, community and NGO staff members were provided need based training on health and nutrition interventions to better manage their programs;
- Played a catalytic role in many states and facilitated preparation of micro plans and monitored the outreach sessions to help in mainstreaming nutrition and health days,
- Trained many community volunteers identified under various government programs that thus helped them in early birth registrations, home contacts, and covering and mainstreaming excluded populations.
- Developed networks and alliances with civil society organizations, quasi judicial bodies, academic and professional training institutions, various consortiums etc. to jointly work on combating malnutrition
- Facilitated replication of INHP good practices in 275 new blocks within the 75 districts and another 260 blocks from 21new districts in the Andhra Pradesh and Chhattisgarh.
- Phased-out of CARE's direct support to 341 blocks those met the graduation criteria.

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Project Name: **PARIVARTHAN (Transformation)**
Agreement Type: ***Child Survival Health Grant Project***
Duration: ***October 1, 2007 to September 30, 2011 (New Entrant)***
Geographic Scope: ***Sahibganj Distt., Jharkhand***
Technical Assistance Agencies: ***Evangelical Fellowship of India Christian Reformed World Relief Committee (CRWRC)***
Implementing Agency: ***Commission on Relief(EFICOR) in partnership with CRWRC***

DESCRIPTION:

PARIVARTHAN (Transformation), Child Survival Health Grant Project is being implemented by EFICOR in partnership with CRWRC in 9 blocks of Sahibganj District in Jharkhand. Sahibganj was selected as the target district for the child survival program due to the tremendous burden of disease and the lack of health services in the district.

The goal of the Parivarthan Child Survival Program is to improve nutrition among children under the age of five and reduce mortality among mothers and newborns through building and sustaining community capacity.

Over the five-year program period, EFICOR and CRWRC seek to achieve six strategic objectives in the Sahibganj district of Jharkhand, India. The strategic objectives are in alignment with USAID India's Health Strategic Objective (SO 14) to "increase use of key child survival interventions" as well as the GOI National Health Policy (2002) and National Population Policy (2000).

- Increase community-based antenatal care for women aged 15-49.
- Improve safe delivery practices and referrals for mothers aged 15-49.
- Improve home-based post-partum care for mothers aged 15-49 and newborns during the first 6 weeks of life.
- Decrease underweight among children less than five years of age.
- Increase rate of immunization among children aged 12-23 months.
- Improve malaria prevention and treatment efforts among children less than five years of age and pregnant women.

KEY INTERVENTIONS:

- Maternal and new born care - 50% Level of Effort (LOE)
- Nutrition – 30% LOE
- Immunization -10% LOE
- Prevention and Treatment of Malaria -10% LOE

KEY ACTIVITIES:

- *Community Mobilisation***:** Building community awareness and sensitization through existing People Group such as Tribal manch, Self Help Group as formed by NGOs and ICDS.
- BCC activities will be designed on need base and disseminated to the community through the existing people group such as Tribal Manch and SHG etc.
- *Training and Capacity Building***:** Training and capacity building of Care Providers such as ASHA (Sahiyyas), ANM, Anganwadi Workers, Traditional Birth Attendance (TBA) in line with the NRHM training module and in collaboration with Govt. machinery.
- *Systems Strengthening***:** Advocacy and liaison with the Govt. of Jharkhand especially the Dept. of WCD and Health & Family Welfare to ensure service provisioning at village level and facilitating convergence mechanism between the two dept. at the village/sector level.
- Director of Socials Welfare, Govt. of Jharkhand has accepted the design of the project and provided a letter of collaboration to achieve the Goals of project & Civil Surgeon (CMO), Sahibganj has also provided a letter of support to work in complementary to the Govt. initiative in line with the NRHM Objectives

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Project Name: **Avian Influenza**
Agreement Type: ***Core Funds***
Duration: ***FY 2007 (yearly revised)***
Geographic Scope: ***National***
Technical Assistance Agencies: ***World Health Organization/ India, Food and Agriculture Organization/ India, UNICEF***
Implementing Agency: ***Ministries of Health and Agriculture***

DESCRIPTION:

USAID and the U.S. Departments of State, Health and Human Services (HHS), and Agriculture (USDA), along with other departments and agencies across the federal government, are coordinating international response measures on behalf of the White House. The USAID/ India collaborates closely with the World Health Organization (WHO), the United Nations Food and Agriculture Organization (FAO) for enhancing pandemic planning and preparedness on national and regional levels, strengthening outbreak surveillance, response, and containment, and encouraging transparency in reporting and investigating avian influenza occurrences.

In efforts to contain and prevent further spread of H5N1 in India, more than 2 million birds have been destroyed, threatening the livelihoods of poultry farmers, economic growth, and overall sustainable development. In addition, human cases of H5N1 have been confirmed in countries in Europe, Asia, and Africa. As of March 27, 2007, 282 human cases of H5N1 had been confirmed. Of these, 123 were fatal. Given the rapid spread of the H5N1 virus and the impact on the international community, the United States is actively engaged in efforts in India to contain and lessen the impact of the virus.

KEY ACTIVITIES:

- Surveillance & response: Support for preparation of state level IPPP, Conduct of mock drills & simulation exercises, Development of training manual for health care workers for response during pandemic influenza. Support for training at regional level for implementation of strategic action plan, conduct of mock drills & simulation exercises at regional level.
- Hospital critical care: Case management guidelines for avian influenza, training in proper use of Personnel Protective Equipment for health care workers.
- Conduct at least twice monthly monitoring activities of waterbird diversity and abundance at two selected wetlands (in Maharashtra & Tamil Nadu) during the migration and non-breeding period to understand seasonality of bird usage and timing of migration at these sites.
- Study precise migration routes of water birds, habitat use and interaction with poultry through application of satellite transmitters to selected higher risk species
- Document migratory movements of selected high-risk waterbird species through ringing and colour marking/flagging of three sites.
- Field assignment of the Int'l Wild Life consultant (Veterinarian) to conduct training at selected sites in handling and marking of migratory birds.
- Supporting state governments of West Bengal and neighboring states to prepare communication material for AI.

CONTACT INFORMATION:

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Project Name:	**Title II-supported Multi-Year Assistance Program (MYAP)**
Agreement Type:	***Field Support (Cooperative Agreement)***
Duration:	***2007 January-December 2009 for CARE and October 2006-September 2011 for CRS***
Geographic Scope:	***Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Chandigarh, Dadra & Nagra Haveli, Gujarat, Goa, Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland , Orissa, Rajasthan, Tripura , Uttar Pradesh and West Bengal***
Technical Assistance Agencies:	***FANTA***
Implementing Agency:	***CARE/India and Catholic Relief Services (CRS)/India***

DESCRIPTION:

The Public Law 480 Title II program in India is in a phase-out mode. USAID planed to phase out the Title II program in a responsible manner through an orderly transition of program resources and interventions to the government and communities. This program, implemented through CARE and Catholic Relief Services (CRS), reaches about 10 million poor women and children at the greatest risk of mortality, morbidity, and malnutrition in around 100,000 villages in several states of India. The objective of this program is to reduce the high levels of child malnutrition and infant mortality through Title II and local food commodities with complementary health care services provided through Government of India (GOI) and non-governmental organization (NGO) resources.

KEY ACTIVITIES:

CARE's Integrated Nutrition and Health Project (INHP) works with the GOI's Integrated Child Development Services (ICDS), the world's largest integrated child survival outreach program equivalent to USG's "Head Start" program. It reaches about 10 million women and children in nine most food insecure states of India. The technical intervention package includes childhood immunization, antenatal care, infant and young child feeding, community-based newborn care, and vitamin A. The program follows a two-pronged approach; i) consolidation and institutionalization and replication and, ii) expansion of the good practices in non-CARE supported areas through the government system.

The CRS Title II program is implemented through a large net work of around 2,500 social service organizations in 22 states and Union Territories reaching over 700,000 beneficiaries primarily from the scheduled caste and scheduled tribe communities. In addition to Safe Motherhood and Child Survival (SMCS) activities, CRS also supports agriculture, basic education activities, and humanitarian assistance programs including Mother Teresa's Missionaries of Charity and the Dalai Lama's institutions for the Tibetan Refugees.

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Project Name:	**MCH-Sustainable Technical Assistance and Research (STAR) Initiative**
Agreement Type:	***Indefinite Quantity Contract (IQC)***
Duration:	***October 2007-2012***
Geographic Scope:	***NRHM states with focus in U.P & Jharkhand***
Technical Assistance Agencies:	***Emerging Markets Group Ltd. (lead agency), Boston University & Center for Development and Population Activities (CEDPA)***
Implementing Agency:	***Public Health Foundation of India (PHFI), Population Foundation of India (PFI) and IndiaCLEN***

DESCRIPTION:

The Maternal and Child Health Sustainable Technical Assistance and Research (MCH-STAR) is an initiative to improve policies, program approaches and resources in the areas of maternal, neonatal, child health and nutrition (MNCHN) in India. The MCH STAR initiative aims to strengthen the capacity of Indian institutions to conduct meaningful research, programs and advocacy that will provide technical leadership in MNCHN matters in the long term. The initiative will be lead by selected Indian institutions: Public Health Foundation of India (PHFI), Population Foundation of India (PFI) and IndiaCLEN, and facilitated by the MCH-STAR Consortium (Emerging Markets Group, Boston University and CEDPA). MCH-STAR partners will work to support the goals of the National Rural Health Mission, the Integrated Child Development Services (ICDS), Reproductive and Child Health (RCH II) and particularly with National Health Systems Resource Center (NHSRC).

KEY ACTIVITIES:

- Establish applied, operations and policy research priorities for MNCHN in India through a consultative process.
- Disseminate results of key applied, operations and policy research studies to influence programs and policies.
  - 2 major and 4 small scale applied, operational, and/or policy research studies initiated annually
  - One national and one state level consultation on new research findings held annually
  - One policy change annually where a major contribution of MCH-STAR research can be attributed
- Improve information and platforms for evidence based policy.
  - 2 policy analyses/white papers produced annually
  - 1 policy consultation annually addressing one or more maternal, newborn, child health & nutrition matter convened or co-sponsored by MCH-STAR supported institutions (SSIs)
- Improve information and platforms for evidence based policy.
  - One major program evaluation is conducted and disseminated every year by Star Supported Institution (SSI)
- Two to five Indian institutions (SSIs) have the technical capacity to provide technical assistance, policy analyses, research and advocacy support to national & state governments in MNCHN on sustainable basis.

KEY ACHIEVEMENTS:

Program was awarded in September 2007 and is in start up phase.

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2.4 Cross Cutting Activities

Project Name: **Private Sector Partnerships – One (PSP-One)**
Agreement Type: ***Field Support (Contract)***
Duration: ***Oct 2004 – Sept 2009***
Geographic Scope: ***Uttar Pradesh, Uttarakhand, Jharkhand***
Technical Assistance Agencies: ***Abt Associates***
Implementing Agency: ***Abt Associates***

DESCRIPTION:
PSP-One or "Private Sector Partnerships-One" is a world-wide project funded by USAID as part of a wider USAID effort to meet health goals through private sector channels and decrease dependence on donors and government. PSP-One has a primary objective of providing leadership, innovation and technical direction concerning reproductive health and voluntary family planning (RH/FP) behaviors, products and services, and related health behaviors, products and services, in the private sector.

PSP-One India provides technical assistance (TA) to develop strategies for expanded marketing of health products and services to urban and rural areas through innovative channels, effective mass media and local communication, market research to better understand providers and consumers and monitor campaigns. PSP-One endeavors to strengthen partnerships with commercial manufacturers and professional associations, on-ground support to train and detail chemists and other health care providers, and coalition support for policy change.

KEY ACTIVITIES:
- Provision of Injectables through the private sector in 42 cities of UP, Uttarakhand and Jharkhand to promote correct use of DMPA and ensuring quality; integrated marketing with training of doctors and paramedics, local media, counseling of potential users, links and referrals through NGO's and public clinics, and private sector product supply channels.

KEY ACHIEVEMENTS OF ABOVE INITIATIVES:
- The program established in 19 towns across UP and Uttarakhand and is being scaled up to 1000 clinics across 45 cities.
- It has been demonstrated that it is possible to provide injectable contraceptives in a quality fashion through the private sector.

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Project Name: **National Family Health Survey (NFHS)**
Agreement Type: ***Multi DP support including USAID Field Support***
Duration: ***1992-2007***
Geographic Scope: ***National***
Technical Assistance Agencies: ***ORC Macro, PATH***
Implementing Agency: ***International Institute for Population Sciences (IIPS), Mumbai***

DESCRIPTION:

The National Family Health Survey (NFHS) is a large-scale, multi-round survey, conducted under the stewardship of the Ministry of Health and Family Welfare (MOHFW), Government of India (GOI). Unlike NFHS-1 and 2 that was largely USAID funded, funding for the 2005-06 survey (NFHS-3) has been provided by the United States Agency for International Development (USAID), and five other partners viz., UNICEF, DFID, the Bill and Melinda Gates Foundation, UNFPA and GOI. The primary objectives of NFHS are:

- To strengthen India's demographic and health database by estimating reliable state-level and national-level indicators of population, maternal and child health, and nutrition;
- To facilitate evidence-based decision making in population, health and nutrition programs;
- To strengthen the survey research capabilities of Indian institutions;
- To provide high quality data to policymakers, health and population program managers, government agencies, NGOs, PVOs, international agencies, and researchers.

KEY ACTIVITIES:

- The NFHS surveys have been conducted following the rigorous standards of the international Demographic and Health Surveys (DHS) program;
- These surveys have used uniform questionnaires, sample designs, field procedures and methods of biomarker measurement to facilitate comparability of the data and to achieve a high level of data quality; and
- These surveys are the outcome of an extremely successful collaborative effort of many organizations, led by the Ministry of Health and Family Welfare, GOI. The International Institute for Population Sciences (IIPS), Mumbai, has been the nodal agency for carrying out these surveys. ORC Macro, Calverton, Maryland, USA and its MEASURE DHS partners have provided technical assistance. The fieldwork has been carried out by more than 25 Indian research organizations, including Population Research Centers, academic institutions, and survey research firms.

KEY ACHIEVEMENTS:

- NFHS has created a comprehensive and reliable population and health database for India and its states, based on interviews with more than 400,000 adults and biomarker measurements conducted on more than 300,000 blood samples. Estimates provided by NFHS are considered to be the gold standard in India;
- NFHS data and the findings have been made widely available to program managers, policymakers, researchers, analysts, and the media through a variety of channels (reports, website, videos, wall charts, briefing books and CDs);
- NFHS data have been extensively used for the formulation of India's Ninth, Tenth and Eleventh Five-Year Plans, the National Health Policy, the National Nutrition Policy, the Family Welfare Program, and for monitoring of RCH programs, developing India's Initiative to Eliminate Hunger, and improving the ICDS program;
- NFHS-3 has provided the first ever HIV prevalence estimate among general population for India, 5 of the 6 high prevalence states and U.P. and has been instrumental in providing a more accurate national estimate; and;
- NFHS-3 data have been key in drawing the attention of policymakers on malnutrition situation in the country at the highest level and has also been instrumental in revitalizing IUDs and the Janani Suraksha Yojana.

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Agency Contact: Dr. S. Lahiri, Director, International Institute of Population Sciences, Govandi Station Road, Deonar, Mumbai-400 088; Tel: 91-22-25564883, 25563254, 25563255, e-mail: diriips@vsnl.com, www nfhsindia.org

Project Name: **India Statistics Project/BUCEN**
Agreement Type: ***Field Support (Cooperative Agreement)***
Duration: ***Ongoing since 1986***
Geographic Scope: ***National***
Technical Assistance Agencies: ***U .S. Census Bureau***
Implementing Agency: ***Office of the Registrar General of India (ORGI), Delhi***

DESCRIPTION:
This project is part of a multi-year technical assistance and training agreement between the U.S. Census Bureau and the USAID to support the GOI, specifically, the Office of the Registrar General of India in its efforts to increase the availability of demographic and civil registration data in India. The major objective is to strengthen the country's institutional capability to generate and make available reliable demographic and civil registration data for population policy and program formulation, either through population censuses or surveys. It is designed to assist in improving ORGI's capability to collect, process, analyze, and disseminate high quality data in a timely fashion through the provision of expert technical assistance, training, and commodity support. The assistance is to strengthen the institutional capacity of ORGI whereby they will be able to repeat the statistical tasks on their own in the future.

KEY ACTIVITIES:
- Improve the civil registration system, the collection of vital statistics, and the conduct of the sample registration scheme;
- Train staff in advanced demographic analysis, statistical methods, evaluation, and statistically related subjects;
- Provide technical assistance in designing a post-enumeration survey for census evaluation;
- Provide the training in basic principles of web site design and provide model formats in developing an ORGI Home Page for the purpose of data dissemination;
- Provide an opportunity for high-level ORGI staff to discuss complex statistical and data collection problems with high-level U.S. Census Bureau staff in the U.S.;
- Provide the latest in technical advice and training on computers and software to be more effective in speeding the processing of data;
- developing long-forms/short form census design for 2011 Census- technical support for creating a sample, questionnaire design, data processing.

KEY ACHIEVEMENTS:
- Modernized the way ORGI produces and analyzes statistics which was mainly a manual operation to a computerized modern day operation in collecting, processing, and analyzing data;
- Successful development of a dynamic national Civil Registration System of births and deaths which was officially introduced after two years of testing and review by the state registrars;
- Provided information and assistance in the latest technology in processing census and survey data using scanned questionnaires, automated editing programs, statistical quality control methods for the manual editing of field forms, Census and Survey Processing (CSPro) software to process the data, and dual estimation procedures to evaluate the coverage and content of the Population Census; and
- Trained staff in workshops and by using professional visits both in India and in the United States in sampling, data dissemination, CSPro, quality control procedures, population projections, and other statistical and analytical topics.

CONTACT INFORMATION:

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Agency Contact: Mr. Kevin Deardorff, International Programs Center, Population Division, U. S. Census Bureau, Washington, 20233; Tel: (1) 301-763-1444; Fax: (1) 301-457-3033; email: kevin.e.deardorff@census.gov

Project Name: **MEASURE DHS/ORC Macro**
Agreement Type: ***Field Support (Contract)***
Duration: ***1992-September 2008***
Geographic Scope: ***National***
Technical Assistance Agencies: ***ORC Macro and its MEASURE DHS partners***
Implementing Agency: ***International Institute for Population Sciences (IIPS), Mumbai***

DESCRIPTION:
The MEASURE program is a coordinated effort to improve the collection, analysis and dissemination of data for use in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs. ORC MACRO under the MEASURE DHS project is helping USAID/New Delhi to identify data needs and to collect, analyze, translate, package, archive and disseminate data in forms that meets its needs.

ORC Macro has provided technical assistance for the 1992-93, 1998-99, and 2005-06 rounds of the National Family Health Survey (NFHS). NFHS is a large-scale, multi-round survey, conducted under the stewardship of the Ministry of Health and Family Welfare, Government of India. The primary objectives of NFHS are:

- To strengthen India's demographic and health database and the survey research capabilities of Indian institutions;
- To facilitate evidence-based decision making in population, health and nutrition programs;
- To provide high quality data to policymakers, health and population program managers, government agencies, NGOs, PVOs, international agencies, and researchers.

KEY ACTIVITIES:

- Providing technical assistance to IIPS and more than 25 field organizations to conduct high-quality, national household surveys on population, health and nutrition throughout India;
- Building the capacity of IIPS, research organizations, and other agencies to design and implement NFHS surveys, to process and analyze survey data, and to disseminate survey findings;
- Producing field manuals, laboratory manuals, sampling manuals and training manuals to support the collection of household survey data;
- Providing technical assistance in biomarker measurement, including testing blood for anemia, lead, and HIV; and
- Conducting Benchmark Surveys to assess achievements of the IFPS project in Uttar Pradesh.

KEY ACHIEVEMENTS:

- Provided technical assistance to IIPS and more than 25 field organizations in the design and implementation of three household surveys with more than 400,000 respondents;
- Coordinated training of more than 3,000 field staff in NFHS-1, NFHS-2, and NFHS-3;
- Provided training in sample design, questionnaire design, data analysis, and data dissemination;
- Co-authored with Indian colleagues more than 50 NFHS reports and numerous articles in peer-reviewed journals;
- Assisted in promoting the use of NFHS findings in national and state decision-making with regard to population, health, and nutrition policies and programs (such as India's Ninth, Tenth and Eleventh Five-Year Plans, the National Health Policy, the Family Welfare program, the RCH Program, the Initiative to Eliminate Hunger and the ICDS program); and
- Conducted more than 65 Benchmark Surveys in Uttar Pradesh.

CONTACT INFORMATION:

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Agency Contact: Dr. Fred Arnold, Vice President, ORC Macro, 11785 Beltsville Drive, Calverton, MD 20705, USA; Tel: 001-301-572-0938; e-mail: fred.arnold@orcmacro.com, www.measuredhs.com

Project Name: **Shakti Rural Health Pilot Program**
Agreement Type: ***PSP-One Core Funding with some Field Support Funding***
Duration: ***Jul 2006 – Sept 2009***
Geographic Scope: ***Uttar Pradesh***
Technical Assistance Agencies: ***Abt Associates***
Implementing Agency: ***PSP-One project and Hindustan Lever Limited***

DESCRIPTION:

Rural India faces significant maternal and child health challenges, including low contraceptive use and high child mortality. The contraceptive prevalence rate in rural U.P. is 25.2%, with an unmet need for family planning of 23.8% (NFHS-3 2005), and diarrhea is the second biggest cause of child mortality in India. The remoteness of rural villages often makes it difficult for health products such as contraceptives and oral rehydration salts (ORS) to reach the people who need them. Over the past 5 years, HLL has developed a commercially viable rural distribution network of over 30,000 women entrepreneurs (Shakti) who sell HLL products such as soap and detergent in thousands of small villages throughout India.

PURPOSE:

To implement a successful pilot for the introduction of maternal and child health products such as contraceptives and ORS into the Shakti network, providing a sustainable supply to rural populations in U.P. that can be scaled up and replicated by HLL throughout India.

KEY ACTIVITIES:

- Assist HLL in identifying priority health needs;
- Design of pilot intervention for each product, including health aspects and business plan;
- Development of partnerships with product manufacturers;
- Establishment of linkages with relevant existing public health programs;
- Training of Shakti women on promoting and marketing each product;
- Launching of pilots for each product;
- Monitoring and evaluation of pilots.

KEY ACHIEVEMENTS OF ABOVE INITIATIVES:

- Design of a 9 month pilot intervention across 80 villages in 3 districts of U.P.(Pratapgarh, Sitapur &
- Fatehpur) completed.
- MOUs with manufacturers are being finalized.
- Formative research and baseline studies are being initiated.

CONTACT INFORMATION:

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Agency Contact: Mr. Anand Verdhan Sinha, Country Director, PSP-*One* India/Abt Associates, E-13/2, Vasant Vihar, New Delhi – 110057, Phone: 91-11-41669566, Fax No: 91-11-26144928, e-mail : anand@psp-one net

Project Name: **Health Systems 20/20 (HS 20/20)**
Agreement Type: ***Field Support (Contract)***
Duration: ***2007-2010***
Geographic Scope: ***National, U.P, Uttarakhand, Jharkhand***
Technical Assistance Agencies: ***Bearing Point***
Implementing Agency: ***Bearing Point***

DESCRIPTION:
Heath Systems 20/20 (HS 20/20) provides technical expertise to national state governments in the design and implementation of health insurance pilot in potentially Uttar Pradesh, Uttarakhand and/or Jharkhand.

KEY ACTIVITIES:
In collaboration with national and state governments, HS 2020 is supporting the design and pilot implementation of health insurance toward reducing financial barriers to health care and improving the quality of public and private health care in USAID priority states. Key activities will include:

- Conducting a Health Insurance workshop with key stakeholders from UP, Uttarakhand and Jharkhand for the purpose of developing a detailed roadmap for piloting health insurance in these states;
- Supporting USAID priority states in the design of a health insurance pilot project, tapping into the expertise of local institutions for implementation of key studies that inform the development of a quality health insurance scheme;
- Leveraging Ministry of Labor and Ministry of Health and Family Welfare (MOHFW) resources to launch a sustainable, affordable, quality health insurance scheme;
- Working with public and private providers to enhance the quality of health care provided; and
- Implementation and evaluation of health insurance pilot schemes.

KEY ACHIEVEMENTS:
- Conducted two exploratory assessment visits to UP and Uttarakhand to assess readiness for piloting a health insurance scheme in USAID focus states. Met with key government (GOUP, GOUA, GOI, Planning Commission, NHSRC) and donor stakeholders (GTZ, World Bank) as well as civil society and self-help groups (Cashpor).
- Developed a SWOT analysis making recommendations to USAID about best investments in health insurance, taking into consideration financing options, political will, availability of Mission resources, and implementing partner technical capacity.

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Agency Contacts: Ms. Kimberly Switlick, Senior Consultant, Emerging Markets, BearingPoint, Inc;1676 International Drive, McLean, VA 22102; Tel: 301-3475664 (Health Systems 20/20); 703-7478679 (Bearing Point), e-mail: switlick@bearingpoint.com

Project Name: **Health Policy Initiative (HPI) Task Order 1**
Agreement Type: ***IQC***
Duration: ***September 30, 2005 to September 29, 2010***
Geographic Scope: ***India***
Technical Assistance Agencies:
Implementing Agency: ***Constella Futures, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and World Conference of Religions for Peace (WCRP)***

DESCRIPTION:
The USAID | Health Policy Initiative, Task Order 1, aims to foster an improved enabling environment for health, particularly family planning/reproductive health (FP/RH), HIV/AIDS, and maternal health. With a focus on dialogue and implementation, the project will empower new partners to take part in the policy process and will help countries translate policies into effective programs and services on the ground, including overcoming operational policy barriers.

Task Order 1 of the USAID | Health Policy Initiative uses five primary approaches to achieve its overarching Activity Objective of improving the enabling environment for health policy:

- **Result 1:** Policies that improve equitable and affordable access to high quality services and information adopted and put into practice
- **Result 2:** Public sector and civil society champions strengthened and supported to advocate successfully and sustainably
- **Result 3:** Health sector resources (public, private, civil society) increased and allocated more effectively and equitably
- **Result 4:** Strengthened multi-sectoral engagement and host country coordination in the design, implementation, and financing of health programs
- **Result 5:** Timely and accurate data used for evidence-based decision making

KEY ACTIVITIES:

- ***Access to Reproductive Health Services for the Poor:*** The HPI team is working in close collaboration with the Innovations in Family Planning Services Technical Assistance Project (ITAP) to document the RH voucher scheme in selected blocks in Uttaranchal and Uttar Pradesh.
- ***Family-Friendly Workplace (FFW) Tool:*** *D*esign and pilot-testing of a costing tool that demonstrates the costs and benefits of providing family planning and other family-friendly practices in private sector companies is being undertaken. The project is disseminating the results to multi-sectoral audiences that include private companies and trade unions to advocate for the adoption of family-friendly workplace policies and programs.
- ***Impact of Family Planning (FP):*** A detailed analysis on benefits of family planning will be undertaken to highlight the trends, benefits of family planning in meeting unmet need, reducing MMR & IMR as part of advocacy activities to increase funding for FP in Uttar Pradesh.

KEY ACHIEVEMENTS:

- Completion of FFW roundtables in Hyderabad and New Delhi with private sector companies, NGOs, and key stakeholders to share FFW costing tool. Companies identified for FFW tool pilot test.
- Roundtable on impact of birth spacing conducted successfully in UP and at the national level with key stakeholders.
- Documentation of vouchers scheme is in progress.

CONTACT INFORMATION:

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Agency Contact: Harpreet Anand, Program Coordinator, Task Order 1, Health Policy Initiative; hanand@constellagroup.com Constella Group, I-DII Parkwood Estate, Rao Tula Ram Marg, New Delhi – 110022; Tel: 91-11-26712165/71/75; Fax: 91-11-26168931

Youth Friendly Reproductive Health Pilot Program

Project Name: **Youth Friendly Reproductive Health Pilot Program**
Agreement Type: ***PSP-One Core Funding***
Duration: ***Nov 2006 – Sept 2009***
Geographic Scope: ***Lucknow, UP***
Technical Assistance Agencies: ***Abt Associates***
Implementing Agency: ***PSP-One project and local private sector partners***

DESCRIPTION:
Married youth in India have significant unmet needs for contraceptives. Per the 1999 NFHS, only 4.7 percent of married women aged 15-19 and 21 percent of married women 20-24 use a modern method of contraceptive, as compared to 44 percent of married women aged 25-29. As a group, young people prefer to seek reproductive health products and services through the private sector. Major gender and cultural barriers exist, especially regarding embarrassment on the part of the client and the retailer, and also due to privacy and confidentiality concerns.

PURPOSE:
Create a sustainable mechanism to improve supply of and demand for "youth-friendly" reproductive health products and counseling via chemist shops, medical doctors and traditional medical providers (ISMPs) as an intervention that addresses unmet reproductive health needs among young (ages 15-24), low-income, married couples in urban Lucknow. This operations research model would serve to inform the further expansion of such a network and further a global understanding of how such strategies impact reproductive health of youth.

KEY ACTIVITIES:
Formative Research
- Qualitative research with young married men and women in Lucknow, and various health care providers;
- Quantitative baseline survey in intervention city (Lucknow) and control city (Kanpur).

Partnership Development
- Develop collaboration modalities with professional associations for chemists, OB/GYNs and ISMPs to assist with training and referral mechanisms;
- Develop collaboration options with manufacturers of temporary contraceptive products (condoms, oral contraceptives, emergency contraception, vaginal pessaries, standard days method) to position "youth friendly" products in the commercial sector and promote as a lifestyle brand.

Training Program
- Design training program for retailers and medical providers building on prior "youth-friendly" training curricula such as the program developed by PATH.

Communication Strategy
- Engage an advertising agency to design a "youth friendly" logo and develop a range of messages and materials using print, radio, outdoor and electronic channels.

KEY ACHIEVEMENTS:
- A Steering Committee with private sector partners, USAID and PSP-One constituted and the two meetings held;
- Formative research completed and the design finalized and network launched;
- MoUs with professional associations, manufacturers and PSP-One formalized. The partners include Lucknow Chemists and Druggists Retail Association (LCDRA); National Integrated Medical Association (NIMA); Lucknow Obstetrics and Gynecological Society (LOGS); Indian Medical Association (IMA); IRH/ Ross Life Cycle Products; GSK; JK Ansell and Win-Medicare.

CONTACT INFORMATION:
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Project Name: **DIMPA – Explore Factors Affecting provisions of DMPA**
Agreement Type: ***PSP-One Core Funding***
Duration: ***Jun 2006 – Sept 2007***
Geographic Scope: ***Uttar Pradesh***
Technical Assistance Agencies: ***Abt Associates and Family Health International***
Implementing Agency: ***Family Health International***

DESCRIPTION:
As a part of a program to increase access to and demand for contraceptive injectables (DMPA), PSP-*One* is establishing and supporting the *Dimpa* network of private providers in urban areas of Uttar Pradesh, Uttarakhand and Jharkhand. The project has now been expanded from three cities in the pilot phase in 2003 to 19 cities in phase three, and further expansion of the network to 25 new cities in Uttar Pradesh, Uttarakhand and Jharkhand is being planned.

To support the *Dimpa* network Family Health International (FHI) is leading a research project to explore factors that affect the provision of DMPA in this network. The goal of this research project is to inform the design of interventions to increase use of quality services in the *Dimpa* network.

PURPOSE:
This exploratory descriptive study has three objectives:
- To determine the potential demand for DMPA among clients of reproductive age attending clinics in high and low performing sites by
  - Measuring unmet need for a modern contraceptive method;
  - Assessing the proportion of clients with unmet need who state that they are interested in DMPA (either more information and/or possible use).
- To compare the quality of counselling in promoting family planning including DMPA and in encouraging continued use of DMPA in high and low performing *Dimpa* sites;
- To determine what factors affect the interest and commitment of providers to promote DMPA in high and low performing *Dimpa* sites.

KEY ACTIVITIES:
- This assessment will contrast high and low performing *Dimpa* network sites (as assessed by numbers of DMPA clients). The study will be conducted in five cities of UP.
- The assessment will have three components. The main quantitative component will be a survey of female clients as they enter and exit the clinics selected to be in the study. The second component will be qualitative and it is composed of in-depth semi-structured interviews with DMPA users, users of other family planning methods and women who do not use any method from these same clinics. The third component is also qualitative and will consist of semi-structured interviews with providers from these same clinics, but this third part will take place after the first two parts of the study have been completed. The study will be completed by September 2007.

KEY ACHIEVEMENTS:
- The study to assess the factors that affect the provision of DMPA in the DIMPA network has been completed. The draft report is under review and the data are providing some key insights for refining the network for accelerating the use of DMPA in the 45 cities to which the DIMPA network is being rolled out.

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Project Name: **IndiaCLEN Program for Health Intervention Development and Evaluation (IPHIDE)**
Agreement Type: ***Field Support – HARP/CRA***
Duration: ***4 years***
Geographic Scope: ***All India***
Technical Assistance Agencies: ***Member institution of IndiaCLEN***
Implementing Agency: ***Member institution of IndiaCLEN***

DESCRIPTION:
The *overall objective* of IPHIDE is to carry out programs of applied health research in India that will influence health policy and action to improve equity in health in India. The proposed program of activities range from hospital-based studies to community-based programs to broaden the impact of research results. The past decade has seen the training of more than 60 faculty members from six Clinical Epidemiology Units (CEUs) located in premier medical institutions in India; successful implementation of a program of research and evaluation activities under the IndiaCLEN Infectious Diseases Initiative (IIDI); continued expansion of IndiaCLEN's membership and networking with more than 80 institutions for collaborative research; and steady partnerships with health policy makers and program managers in the Government of India .

KEY ACTIVITIES:
- Infectious Disease & Disease Surveillance: IndiaCLEN is closely associated with the development and subsequently with the implementation of Integrated Disease Surveillance Program (IDSP). It has been very closely working with National Aids Control Organization (NACO) and State AIDS Control Societies (SACS) for last 12 months in developing National & State Program implementation Plans for Phase III of National AIDS Control Program (NACP III) to be launched from July 2006. Studies on various aspects of HIV program will be initiated soon after the launching of this phase of HIV AIDS Control activities in the country. IndiaCLEN will continue to support the national TB program (RNTPC);
- Program Evaluation & Health Systems Research: IPEN has undertaken the major evaluation studies in India since 1997. In coming year IndiaCLEN projects highlights outstanding health programs evaluation on UIP surveillance, safe water system and HIV-AIDS;
- Child Health Initiative (CHI): The themes under the child health initiative in which IndiaCLEN is involved are: diarrheal diseases (ZINC ORS), ARI, vaccine trials, nutrition and quality of care. The CHI will conduct the studies on integrated short course amoxicillin therapy for pneumonia with wheeze-ISCAP II and acceptability and cost effectiveness of zinc supplementation;
- Neonatal Health Research Initiative (NHRI): In phase I NHRI has adopted a model approach to change practices in neonatal health care and to promote the rational diffusion of technology;
- Micronutrient Health Research Initiative (MHRI): MHRI has identified areas where operational and policy relevant studies can have greater and wider impact on existing supplementation programs and to explore innovative strategies to overcome deficiency states in the community.

KEY ACHIEVEMENTS:
- The IndiaCLEN projects highlight outstanding health program evaluations and the production of important research results on antimicrobial resistance, surveillance methods, rational drug use, health care practices, and intervention in a wide range of conditions that include invasive bacterial diseases, pneumonia, diarrhea, HIV, and tuberculosis. IndiaCLEN's impact on policy has been demonstrated by its close association with national and state governmental agencies for IIDI–related programs. IndiaCLEN is currently a major player in health research in India, capable of assuming lead national roles in research management and coordination.

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2.5 The President's Emergency Plan for AIDS Relief in India

Project Name: **THE PRESIENT'S EMERGENCY PLAN FOR AIDS RELIEF IN INDIA (PEPFAR)**

THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF IN INDIA (PEPFAR)

DESCRIPTION:
In 2003, President George W. Bush announced the new $15 billion President's Emergency Plan for AIDS Relief (PEPFAR), a five year program (Financial Years [FY] 2004-2008) to address HIV/AIDS, which remains the largest international health initiative by one nation to address a single disease. Overall direction and management of PEPFAR is provided by the Office of the Global AIDS Coordinator (OGAC), US Department of State. A second phase of the global PEPFAR program (2009-13) is currently under development by the U.S. Government.

India became a part of the PEPFAR initiative in May 2005. Under PEPFAR, the major US Government agencies working on HIV/AIDS (the United States Agency for International Development (USAID), the Department of Health and Human Services/Centers for Disease Control and Prevention (CDC), the Department of Defense (DOD), the Department of Labor (DOL) and the Peace Corps are charged to develop joint annual Country Operational Plans and submit joint annual progress reports to OGAC. Funding for PEPFAR in India comes from the operational budgets of USAID, OGAC, and CDC and averages $30 million annually. The program focuses on four priority states: Tamil Nadu, Maharashtra, Andhra Pradesh, and Karnataka.

STRATEGIC PRIORITIES OF THE PEPFAR/INDIA PROGRAM:
- Support the National HIV/AIDS Control Program (NACP-3, 2007-12) to achieve its key objectives in prevention, treatment, care and support, capacity building, and monitoring and evaluation and implement programs within the framework of the "Three Ones".
- Operate as a single program that integrates the HIV/AIDS programs and maximizes the strengths of each agency.
- Work with other partners and leverage resources to contribute to bringing programs to scale.
- Build indigenous capacity for program management and implementation.

KEY ACHIEVEMENTS (From 1996 to 2007):
The PEPFAR program will support the national program through interventions including:
- Responsibility for managing Technical Support Units to support the State AIDS Control Societies in six states (Tamil Nadu with Puducherry, Kerala, Maharashtra, Goa, Uttar Pradesh, and Uttarakhand).
- Expanded interventions with most at-risk populations.
- Supporting the continuum of care for People Living with AIDS, through training, capacity building development of demonstration models of services and strengthening linkages among services.
- Supporting the roll-out and decentralization of public services and developing opportunities for strengthening quality services in the private sector.
- Building national and state skills in surveillance, monitoring and evaluation.

CONTACT INFORMATION:
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3.0 SO 14 Roles / Responsibilities

USAID/New Delhi's Strategic Objective 14: Improved Health and Reduced Fertility in Targeted Areas of India
Roles/Responsibilities - Project/Activity List

Date: February 2008

S.No	Project/Agency	Geographic Areas	Objectives/Technical Areas	Primary Contact	Secondary Contact
1.	A2Z Micronutrient Program	Uttar Pradesh, Jharkhand	• Strengthening of micro-nutrient programs through advocacy / policy dialogue, research and capacity building	Rajiv Tandon	Massee Bateman
2.	ACCESS	Jharkhand	• Aimed at improving the health and survival of mothers and their newborns through the use of key maternal and newborn health services	Rajiv Tandon	Massee Bateman
3.	Addressing Unmet Need for Family Planning in Maternal, and Child Health Programs (ACCESS-FP)	World Wide	• Revitalize the use of the IUD in India by providing technical expertise to support IUD clinical training through development of training and supervision guidelines; • Support the increase of post-partum insertion of IUD's through various advocacy fora with GoI and private sector providers; • Improve the quality of IUD clinical training through development of training and supervision guidelines; • Document and evaluate GOI's efforts to revitalize IUD use in India; • Conduct a training needs assessment, including both clinicians and training institutions in UP and Jharkhand; and • Based on results of need assessment, develop a strategy for improving existing FP clinical training sites in UP to become FP Centers of Excellence.	Monique Mosolf	Loveleen Johri
4.	AIDS Prevention and Control (APAC) Project	Tamil Nadu, Puducherry, Kerala	• Prevention programs among high-risk and vulnerable populations; • Care and treatment including CT services, home-based and institutional care; • Communication activities for behavior change, advocacy and policy change; • Capacity building of NGOs, CBOs, Health Care Providers, Peer Educators and SACS; • Condom social marketing and promoting treatment of STIs; and • Targeted Evaluation including mapping of high-risk-population, evaluative and impact assessments.	Arvind Kumar	Sanjay Kapur

5.	Avert	Maharashtra, Goa	• Prevention programs among high-risk groups and vulnerable populations; • Care and treatment programs including counseling and testing services; • Communication activities for prevention, care and treatment programs; • Supporting technical support units in Maharashtra and Goa States to build the capacity of Maharashtra State AIDS Control Society, Goa State AIDS Control Society, NGOs, CBOs and public and private health care institutions; • State-wide condom social marketing program; and • Targeted Evaluation including mapping of high-risk-population, evaluative and impact assessments.	Sampath Kumar	Sanjay Kapur
6.	Avian Influenza	National with focus in AI outbreak states	• To contain and prevent further spread of H5N1 in India	Sanjeev Upadhyaya	Massee Bateman
7.	Chotton Ki Asha (Hope for the little ones) CSHGP	Delhi	• Control of diarrheal disease (CDD), pneumonia case management (PCM), immunization, and antenatal care	Rajiv Tandon	Manju Ranjan
8.	Connect	Karnataka, Andhra Pradesh, Tamil Nadu, Maharashtra and National	• Promote a vigorous commercial sector response to HIV/AIDS by using models of private sector engagement for: o Mobilizing resources o Expanding delivery of HIV/AIDS related information and services in private sector	Lalita Shankar	Sanjay Kapur
9.	Community-Led Initiatives for Child Survival (CLICS) – CSHGP	Maharashtra	• Bring sustainable improvement in the health status and well being of children under three years and women in the reproductive age group	Rajiv Tandon	Manju Ranjan
10.	Contraceptive and Reproductive Health Technologies (CRTU)	National and U.P.	• Facilitate development, evaluation and approval of new and improved contraceptive and reproductive health technologies; • Support research for the development, evaluation and regulatory approval of microbicides and microbicidal spermicides; and • Expand the use of contraceptives, microbicides and reproductive health technologies.	Monique Mosolf	Loveleen Johri
11.	DMPA-Explore Factors affecting provisions of DMPA	Uttar Pradesh	• The goal of this research project is to inform the design of interventions to increase use of quality services in the *Dimpa* network.	Moni Sinha Sagar	Sheena Chhabra

12.	Essential Newborn Care HealthTech IV Project	National	• identify the strengths of newborn health care services and any gaps between the existing and desired situation • suggest strategies to reinforce strengths and address gaps, including identifying human, financial and material resources requirements and taking into account existing health sector plans and development strategies.	Rajiv Tandon	Massee Bateman
13.	Evidence Based Anti Malarial Treatment Policy/WHO	Jharkhand, Orissa, Assam	• Strengthen national and state capacity on therapeutic efficacy studies ad support revision of treatment guidelines using the improved evidence-based information. • Strengthen the evidence base on burden of malaria through improved malaria surveillance augmented by special surveys (malaria indicator surveys, etc.) and enhanced laboratory diagnosis of malaria. • Conduct operational research on drug use practice in various health sectors and practice setting; use of pre-packaged blister pack drugs; and utilization and impact of insecticide treated bed nets by antenatal women.	Sanjeev Upadhyaya	Massee Bateman
14.	Food and Nutrition Technical Assistance (FANTA) AED	National	• Strengthens food security and nutrition programming through technical assistance to CARE, CRS, and the Mission on: o Sustainable graduation strategies o Transition from Title II food to locally procured food o Replication of effective practices from CARE's Title II program into the broader government ICDS program o Strengthening food safety net programs	Ashi K. Kathuria (OSD)	Ramesh Babu (OSD)
15.	Frontiers in Reproductive Health / Population Council	National	• Undertakes Operations Research to improve delivery of family planning and reproductive health (RH) services and influence related policies.	Monique Mosolf	Sheena Chhabra
16.	Haemophilus Influenzae type B (HiB Initiative)/JHU	Selected states	• Gather the necessary data and to strengthen the infrastructure of the participating Indian institutions for conducting the randomized portion of the large HiB probe study	Sanjeev Upadhyaya	Massee Bateman

17.	Health Communication Partnerships/ JHU	Maharashtra	• Provide Technical Assistance (TA) to the state and national level in designing an integrated communication program on prevention programs for high-risk and vulnerable populations, counseling and testing, and care and treatment services. This will include design, development and support for the implementation of communication activities. • Develop and operationalize a capacity building strategy on communication for NGOs, CBOs, SACS, NACO and other partners. • Monitor and evaluate the effectiveness of the various communication programs implemented by the state. • Develop and implement an advocacy campaign on HIV/AIDS.	Sampath Kumar	Sanjay Kapur
18.	Health Policy Initiative	Nationwide	• The project aims to foster an improved enabling environment for health, particularly family planning/reproductive health (FP/RH), HIV/AIDS, and maternal health.	Sheena Chhabra	Monique Mosolf
19.	Health Systems 20/20 (HS 20/20)	Nationwide Uttar Pradesh Uttarakhand Jharkhand	• Provides technical assistance for supporting the design and pilot implementation of health insurance toward reducing financial barriers to health care and improving the quality of public and private health care in USAID priority states.	Sheena Chhabra	Monique Mosolf
20.	Immunization Basics	National	• Provide technical guidance to a number of national organizations that are already supported by USAID/Delhi to deliver and/or strengthen routine immunization.	Rajiv Tandon	Massee Bateman

21.	Innovations in Family Planning Services (IFPS)	Uttar Pradesh, Uttaranchal, Jharkhand	• Expand access to reproductive and child health commodities and services in both urban and rural areas through public-private partnership mechanisms; • Demonstrate new models of community-based RCH service delivery, linked to clinical services; • Develop a statewide social franchise network in Uttar Pradesh for provision of RCH services; • Conduct behavior change communication campaigns; • Assist implementation of the ASHA scheme in areas of difficult terrain; • Support new approaches to mobile health services in difficult terrain areas; • Support implementation of Rural Health Missions in each of three states; and • Pilot voucher schemes for improved RCH indicators in UA and UP.	Monique Mosolf	Loveleen Johri
22.	IFPS II Technical Assistance Project	Uttar Pradesh, Uttaranchal, Jharkhand and select national activities	• Support the design and implementation of public-private partnership activities by state NRHM institutions; • Build capacity of state societies to address health issues and implement state health projects; • Provide technical assistance to other donor agency and government activities in RCH focal areas; • Document processes, lessons learned and impact of program interventions; • Support the National Health Systems Resource Center; • Support the scale-up/replication of pilot activities; and • Assist development of communication strategies and mass media materials.	Loveleen Johri	Monique Mosolf
23.	Indian Statistics Project/MEASURE / BUCEN	National	• Provides technical assistance to the Office of Registrar General of India for strengthening the Census and Sample Registration System of India	Sheena Chhabra	
24.	Indo-U.S. Corporate Fund for HIV/AIDS	All India	• The Indo-US Corporate Fund, an innovative approach to mobilize corporate sector resources, was developed in response to the July 2005 Statement of Commitment by President George Bush and Prime Minister Man Mohan Singh.	Sheena Chhabra	Sanjay Kapur
25.	IndiaCLEN Program for Health Intervention Development and Evaluation (IPHIDE)	National	• Provides support to IndiaCLEN to conduct research on - Infectious diseases, disease surveillance, health program evaluation, neonatal, child and adolescent Health, micronutrients & urban health	Sheena Chhabra	Massee Bateman

26.	International Development Partnerships	Kolkata, Ludhiana, Punjab and Lucknow, Uttar Pradesh	• To strengthen the ability of developing country institutions to meet national economic and social development needs; • To assist in the achievement of USAID goals and strategic objectives (SOs) of Missions; and • To further the international involvement of Historically Black Colleges and Universities	Sanjay Kapur	Charushila Lal
27.	Integrated Disease Surveillance Project (IDSP) /WHO	Select areas of India	• Assist the GOI efforts in strengthening disease surveillance in India. The overall focus of the program is to implement the IDSP nation-wide in three phases. The IDSP will link district reporting to state governments and thus enhancing disease control and response. The project involves intensive training at all levels during the first phase. Second phase activities will involve piloting of the project in urban and rural districts and state-wide implementation as well as preparation for new states.	Sanjeev Upadhyaya	Massee Bateman
28.	Integrated Nutrition and Health Project (INHP)	AP, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan	• Provide technical, managerial and operational support to the ICDS program; • Strengthening and engaging the communities for ensuring system's accountability; • Working towards replication of best practices through a standardization process; • Advocacy efforts for influencing GOI's flagship programs (ICDS and NRHM); • Supporting universalization of ICDS with quality by building capacities of new service providers including Anganwadi Workers; • Addressing exclusion through targeted interventions and catchments area approach; and • Updating data through timely monitoring and evaluation. •	V. Ramesh Babu	
29.	Iodine Deficiency Disorders Elimination Project	Nationwide	• The IDD Project supports universal salt iodization at the national level. Through this project, UNICEF supports GOI to eliminate iodine deficiency disorders in India. The purpose of the project is facilitate the dialogue between government and salt suppliers to ensure access to iodized salt for underserved socio-economic groups and advocacy to maintain IDD elimination through USI high on the central and state governments' agenda.	Rajiv Tandon	Massee Bateman

30.	Jeevan Daan Maternal and Child Survival Program - CSHGP	Ahmedabad, Gujarat	• Reduce the morbidity and mortality among the slum children as well as strengthen the local partner's and Ahmedabad Municipal Corporation's (AMC) capacity to implement and evaluate CS programs	Rajiv Tandon	Manju Ranjan
31.	JHU-CARE-KGMU	Uttar Pradesh and Andhra Pradesh	• Strengthen Indo-US collaboration in public health research by providing assistance to Indian institutions in areas of operations research and program evaluation related to neonatal health and other Child Survival issues	Massee Bateman	Manju Ranjan
32.	Local Voices India	Tamil Nadu	• The objective of the project is to improve access to information for people by building capacity of local journalists to report accurately on HIV prevention and care services	Arvind Kumar	Sanjay Kapur
33.	Mahrashtra Condom Social Marketing Project /HLFPPT	Maharashtra	• Mapping of retail outlets in the high-risk areas of 22 high prevalence districts of Maharashtra state. Partnership with social marketing organizations and manufacturers. • Training of the retail outlets in high-risk areas to stock and sell condoms. • Conducting training on social marketing for NGOs and CBOs. • Designing and implementing a generic condom promotion campaign for high-risk groups. • Conducting quality assessment of condoms available in the high-risk areas. • Promotion of Female Condoms. • Promotion of special condoms for MSM. • Establishing condom vending machines in high-risk locations. • Technical Support to Maharashtra and Goa state AIDS control societies.	Sampath Kumar	Sanjay Kapur
34.	Measure DHS/ORC MACRO	National	• Provides technical assistance to the National Family Health Survey	Sheena Chhabra	
35.	MCH Sustainable Technical Assistance & Research (MCH-STAR) Initiative	NRHM states with a focus in U.P & Jharkhand	• Improve policies, program approaches and resources in MNCHN, strengthen the capacity of Indian institutions to conduct meaningful research, programs and advocacy.	Sanjeev Upadhyaya	Massee Bateman
36.	National Family Health Survey -3	National	• Generates estimates on key health indicators	Sheena Chhabra	
37.	National Polio Surveillance (NPSP) Project /WHO	National with focus on Uttar Pradesh and Bihar	• Promotes polio surveillance efforts, laboratory strengthening, vaccine logistics, cold-chain and improving immunization activities and mop-up campaigns	Rajiv Tandon	Massee Bateman
38.	Parivarthan - CSHGP	Jharkhand	• Maternal and new born care, nutrition, immunization and prevention & treatment of Malaria.	Rajiv Tandon	Manju Ranjan

39.	POUZN	National	• To implement a diarrhea reduction project using point-of-use (POU) water disinfection and zinc treatment, with the goal of contributing to the key USAID strategy of reducing mortality and morbidity from diarrhea.	Rajiv Tandon	Massee Bateman
40.	Polio Eradication Project - CORE Group	Selected areas of U.P. and Bihar	• This group of private voluntary organizations works in selected districts to promote polio immunization, social mobilization, expansion of routine immunization efforts and promote safe water/sanitation activities.	Rajiv Tandon	Massee Bateman
41.	Polio Eradication Project - UNICEF Social Mobilization Network	Uttar Pradesh for intensive community-level mobilization, All states for media and IEC prototype development	• Promote polio immunization through social mobilization, communication and behavior change campaigns	Rajiv Tandon	Massee Bateman
42.	Private Sector Program-One (PSP-One)	Uttar Pradesh, Uttarakhand & Jharkhand	• Provision of Injectables through the private sector in 19 cities of UP, Uttaranchal and Jharkhand to promote correct use of DMPA.	Moni Sinha Sagar	Sheena Chhabra
43.	Samarth	Karnataka, Andhra Pradesh, Tamil Nadu, Maharashtra and National	• Placement of program and technical experts at the national, state, and district levels; and • Extend needs-based capacity-building assistance to government and non-government stakeholders using a variety of methods, including workshops, conferences, site visits, and exchange programs.	Lalita Shankar	Sanjay Kapur Charushila Lal
44.	Samastha	Karnataka and Selected coastal districts of Andhra Pradesh	• Implementation of targeted interventions primarily in rural areas of Karnataka • A community-based care and treatment program in entire Karnataka and selected coastal districts of Andhra Pradesh • Capacity building and institutional strengthening	Lalita Shankar	Sanjay Kapur
45.	Shakti Rural Health Pilot Program	Uttar Pradesh	• To implement a successful pilot for the introduction of reproductive and child health products such as contraceptives and ORS into the Shakti network, providing a sustainable supply to rural populations in U.P. that can be scaled up and replicated by Hindustan Unilever Limited throughout India.	Moni Sinha Sagar	Sheena Chhabra
46.	Safe Motherhood and Child Survival (SMCS / CRS)	Andhra Pradesh, Assam, Bihar, Maharashtra, Dadra & Nagar Haveli, Gujarat, Madhya Pradesh, Orissa, Meghalaya, Nagaland, Manipur, Rajasthan, Uttar Pradesh, West Bengal	• Safe Motherhood and Child Survival Program to ensure safe and healthy pregnancies, and improve nutritional status of children.	Mamta Verma (OSD)	Ramesh Babu (OSD)

47.	STOP-TB / Support to TB Control in India/ WHO	All India, Haryana and Tamil Nadu in particular	• Support Directly Observed Short course Treatment (DOTS) in Haryana and TB research in Tamil Nadu	Sanjay Kapur	Robert Clay
48.	The Fertility Awareness-based Methods (FAM)Project	Uttar Pradesh, Jharkhand, Rajasthan & Orissa	• Expand SDM services in NGO and private sector programs through capacity building; • Conduct research to address the feasibility and impact of introducing the SDM into public & private sector services in 3 blocks of Ranch district, Jharkhand; • Provide TA to other international agencies and cooperating agencies; and • Advocate expanding contraceptive choice by including SDM into Government policies and norms.	Monique Mosolf	Loveleen Johri
49.	Title II-Supported Multi-Year Assistance Program (MYAP)	AP, Arunachal Pradesh,Assam,Bihar, Chandigarh,Chhattisgarh,Dadra Nagar Haveli, Guj, Goa, HP, Jharkhand, MP, Maharashtra, Manipur, Meghalaya,Mizoram, Nagaland,Orissa, Raj.,Tripura,UP and WB	• CARE: Work with GOI's ICDS program including activities of childhood immunization, antenatal care, infant and young child feeding, community based newborn care, and Vitamin A. • CRS: In addition to SMCS activities supports agriculture, basic education, and humanitarian assistance programs.	Ramesh Babu/CARE Mamta Verma/CRS	
50.	Urban Health Resource Center (UHRC) (formerly EHP)	National	• Provides technical support to RCH in urban health • Develops models and tools for urban health programs • Advocacy, knowledge generation in urban health	Sanjeev Upadhyaya	Massee Bateman
51.	VISTAAR	Jharkhand, UP and some activities at National level	• To assist the Government of India and the State Governments of Uttar Pradesh and Jharkhand in taking knowledge to practice for improved maternal, newborn, and child health and nutritional status.	Rajiv Tandon	Sanjeev Upadhyaya
52.	Youth Friendly Reproductive Health Program	Uttar Pradesh	• The objective of the project is to create a sustainable mechanism to improve supply of and demand for "youth-friendly" reproductive health products and counseling via chemist shops, medical doctors and traditional medical providers (ISMPs) as an intervention that addresses unmet reproductive health needs among young (ages 15-24), low-income, married couples in urban Lucknow	Moni Sinha Sagar	Sheena Chhabra

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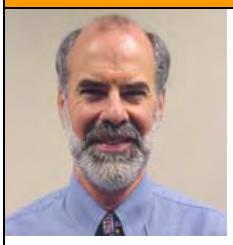	ROBERT M. CLAY Office Director e-mail: rclay@usaid.gov Tel: 2419-8406			KENDRA PHILLIPS Deputy Office Director e-mail: kphillips@usaid.gov Tel: 2419-8502
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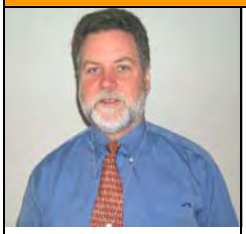	MASSEE BATEMAN Division Chief e-mail: mbateman@usaid.gov Tel: 2419-8318			RAJIV TANDON Senior Child Survival Advisor e-mail: rtandon@usaid.gov Tel: 2419-8586
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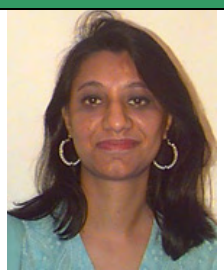
	Celeste Fulgham Office Director e-mail: cfulgham@usaid.gov Tel: 2419-8796			REEMA WALIA Acquisition & Assistance Assistant e-mail: rwalia@usaid.gov Tel: 2419-8032
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Tuberculosis

Tamil Nadu & Nationwide

HIV/AIDS

Focus States:
Tamil Nadu, Maharashtra, Karnataka & Andhra Pradesh

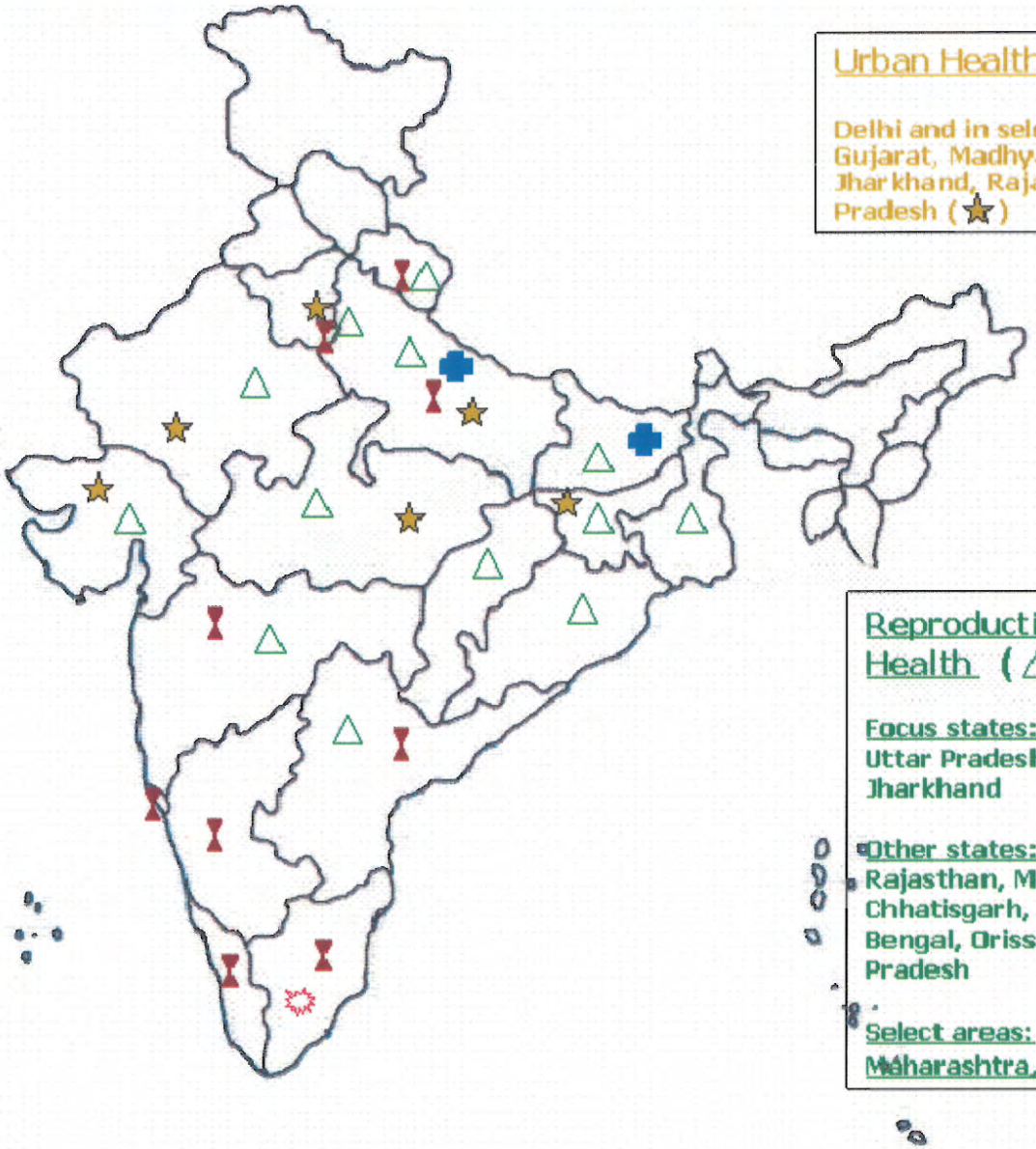
Other areas:
Delhi, Uttar Pradesh, Uttarakhand, Kerala & Goa

Polio

Nationwide with focus on Uttar Pradesh & Bihar

AI

Nationwide with focus on outbreak states



Urban Health

Delhi and in select cities of Gujarat, Madhya Pradesh, Jharkhand, Rajasthan & Uttar Pradesh

Reproductive and Child Health

Focus states:
Uttar Pradesh, Uttarakhand & Jharkhand

Other states:
Rajasthan, Madhya Pradesh, Chhatisgarh, Bihar, West Bengal, Orissa & Andhra Pradesh

Select areas:
Maharashtra, Gujarat & Delhi

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Kolkatta	IDPs	11-12
Ludhiana	IDPs	11-12
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