

Asia/Near East Bureau
Population, Health, and Nutrition

Results Reporting from FY 2003 R4s

December 2001

Asia/Near East Bureau
United States Agency for International Development



This document includes a series of charts and tables that summarizes the results of performance monitoring for family planning and health programs in USAID's Asia/Near East region. The information is based on the FY 2003 Results Review and Resource Request (R4) reports submitted in March 2001.

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Acronyms and Abbreviations

| | |
|---------------|---|
| AFP | acute flaccid paralysis |
| AIDS | acquired immunodeficiency syndrome |
| AMR | antimicrobial resistance |
| ANE | Asia/Near East (USAID Regional Bureau) |
| AusAID | Australian Agency for International Development |
| CDC | Centers for Disease Control and Prevention (U.S.) |
| CIDA | Canadian International Development Agency |
| CPP | comprehensive postpartum |
| CPR | contraceptive prevalence rate |
| CRS | Catholic Relief Services |
| CSW | commercial sex worker |
| CYP | couple-year(s) of protection |
| DFID | Department for International Development (U.K.) |
| D/G | Democracy/Governance |
| DHS | Demographic and Health Survey |
| DOH | Department of Health (Philippines) |
| DOTS | Directly Observed Treatment, Short Course |
| EOC | emergency obstetric care |
| EO | emergency obstetrics |
| EU | European Union |
| FGM | female genital mutilation |
| FP | family planning |
| FY | fiscal year |
| GP | general practitioner |
| HIV | human immunodeficiency virus |
| IFPS | Innovations in Family Planning Services (India) |
| IMCI | integrated management of childhood illness |
| IMPACT | Implementing AIDS Prevention and Control Activities project |
| IMR | infant mortality rate |
| IR | Intermediate Result |
| JAFPP | Jordan Association for Family Planning and Protection |
| JICA | Japan International Cooperation Agency |
| LIFE | Leadership in Fighting an Epidemic |
| LPP | Local Government Performance Program (Philippines) |

| | |
|----------------|--|
| MCH | maternal and child health |
| MOH | ministry of health |
| MOPH | ministry of public health |
| MPH | master of public health |
| MTCT | mother-to-child transmission (HIV/AIDS) |
| NGO | nongovernmental organization |
| NIDS | national immunization days |
| NIH | National Institutes of Health (U.S.) |
| NIPHP | National Integrated Population and Health Program (Bangladesh) |
| NPC | nonpresence country |
| NRM | Natural Resources Management |
| OVC | orphans and vulnerable children |
| PERFORM | PERFORM System Indicators Survey |
| PHN | population, health, and nutrition |
| PVO | private voluntary organization |
| QA | quality assurance |
| R4 | Results Review and Resource Request |
| RACHA | Reproductive and Child Health Alliance (Cambodia) |
| RCH | reproductive and child health |
| RFCSW | registered female commercial sex worker |
| RH | reproductive health |
| SO | Strategic Objective |
| SpO | Special Objective |
| STD | sexually transmitted disease |
| STI | sexually transmitted infection |
| TB | tuberculosis |
| TFR | total fertility rate |
| TT | tetanus toxoid |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNFPA | United Nations Fund for Population Activities |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| VSC | voluntary surgical contraception |
| WHO | World Health Organization |

Strategic Objectives and Intermediate Results in the PHN Sector

| South Asia | | |
|--|--------------------------------------|---|
| USAID Mission | Objectives and Results in PHN Sector | |
| Bangladesh <i>(Years of strategy)</i> 2000 – 2005 | SO 1 | Fertility reduced and family health improved |
| | IR 1.1 | Increased use of high-impact health services in targeted areas |
| | IR 1.2 | Effective behavior-change communication |
| | IR 1.3 | Improved quality of services |
| | IR 1.4 | Improved organizational management |
| | IR 1.5 | Increased organizational sustainability |
| India 1994 – 2002 | SO 2 | Reduced fertility and improved RH in North India |
| | IR 2.1 | Increased quality of family planning services |
| | IR 2.2 | Increased use of family planning services |
| | IR 2.3 | Increased use of reproductive health services |
| | SO 3 | Improved child survival and nutrition in selected areas |
| | IR 3.1 | Increased use of key child survival interventions |
| | IR 3.2 | Improved maternal and child nutrition |
| | IR 3.3 | Improved targeting of at-risk populations |
| | SO 7 | Reduced transmission and mitigated impact of infectious diseases, especially STD/HIV/AIDS in India |
| | IR 7.0 | Reduced transmission of HIV/AIDS and related infectious diseases in Tamil Nadu |
| Nepal 2001 – 2005 | SO 2 | Reduced fertility and protected health of Nepalese families |
| | IR 2.1 | Increased use of quality FP services |
| | IR 2.2 | Increased use of selected MCH services |
| | IR 2.3 | Increased HIV/STI prevention and control practices by high-risk groups in targeted areas |
| | IR 2.4 | Strengthened capacity and programs to control selected infectious diseases |

| Southeast Asia | | |
|---|---|--|
| USAID Mission | Objectives and Results in PHN Sector | |
| Cambodia <i>(New strategy under review)</i> | SO 2 | Improved reproductive and child health |
| | IR 2.1 | Expanded supply of reproductive and child health services |
| | IR 2.2 | Increased access to reproductive and child health services |
| | IR 2.3 | Strengthened demand for reproductive and child health services |
| | SpO 2 | Reduced transmission of sexually transmitted infections and HIV/AIDS among high-risk populations |
| | IR 2.1 | Policy makers are informed about the HIV/AIDS epidemic in Cambodia |
| | IR 2.2 | Reduced high-risk behaviors in the target areas |
| | IR 2.3 | Model sexually transmitted disease and reproductive health service delivery program for high-risk populations piloted and replicated in target areas |
| Indonesia <i>2000 – 2004</i> | SO 8 | Health of women and children improved |
| | IR 8.1 | Policy environment for reproductive and child health improved |
| | IR 8.2 | Health service systems strengthened to improve access, quality, and sustainability |
| | IR 8.3 | Women, families, and communities empowered to take responsibility for improving health |
| Philippines <i>2000 – 2004</i> | SO 3 | Reduced fertility rate and improved maternal and child health |
| | IR 3.1 | Increased public sector provision of sustainable FP/MCH services targeted at the poor |
| | IR 3.2 | Increased private sector provision of contraceptives and FP/MCH services |
| | SpO 7 | Threat of HIV/AIDS and selected diseases reduced |
| | IR 7.1 | Rapid increase of HIV/AIDS prevented |
| | IR 7.2 | The capacity to identify and reduce the threat of leading infections is strengthened |

| Middle East/North Africa | | |
|-------------------------------------|--------------------------------------|--|
| USAID Mission | Objectives and Results in PHN Sector | |
| Egypt <i>2000 – 2009</i> | SO 20 | Healthier, planned families |
| | IR 20.1 | Increased use of family planning, reproductive health, and maternal and child health services by target population |
| | IR 20.1.1 | Enhanced supply of quality services |
| | IR 20.1.2 | Increased demand for quality services |
| | IR 20.2 | Healthy behaviors adopted |
| | IR 20.2.1 | Increased knowledge of health risks and healthy practices |
| | IR 20.3 | Sustainability of basic health services promoted |
| | IR 20.3.1 | Private sector participation enhanced |
| | IR 20.3.2 | Health sector capacity strengthened |
| | IR 20.3.3 | Improved policy and regulatory environment |
| Jordan <i>1997 – 2004</i> | SO 3 | Improved access to and quality of reproductive and primary health care |
| | IR 3.1 | Improved knowledge of contraceptives |
| | IR 3.2 | Increased availability of reproductive and primary health care services in the public sector |
| | IR 3.3 | Progress in the commercial sector |
| | IR 3.4 | Increased rationalization of health financing systems |

| Middle East/North Africa (cont.) | | |
|---|--|--|
| USAID Mission | Objectives and Results in PHN Sector | |
| Morocco <i>1999 – 2005</i> | SO 1 (ended in 2000) | Improved health of children under 5 and women of childbearing age and reduced fertility |
| | IR 1.1 | Greater access to quality FP/MCH services responsive to client demand |
| | IR 1.2 | Improved policy environment supporting expansion of FP/MCH services |
| | IR 1.3 | Reinforced capacity to manage FP/MCH programs with particular emphasis on decentralized approaches responsive to client demand |
| | IR 1.4 | Increased diversification of the resource base supporting the delivery of FP/MCH services |
| | SpO 7 | Key interventions promote sustainability of population, health, and nutrition programs |
| | IR 7.1 | Effective decentralized management of primary health care services established on a pilot basis |
| | IR 7.2 | Use of private sector reproductive and child health services increased |
| West Bank/Gaza <i>June 2000 – December 2001</i> | SO 7 | Healthier Palestinian families |
| | IR 7.1 | Improved timing of births |
| | IR 7.2 | Improved reproductive health |
| | IR 7.3 | Improved infant/child health and nutrition |
| | IR 7.4 | Increased ability to address selected health problems affecting Palestinian families |
| | SpO 2 | Selected development needs |
| | IR 2.5 (other IRs in this SpO not PHN-related) | Antenatal/postpartum services improved/expanded (in FY 2001, this will be transferred to new SO) |

| South Asia | |
|-------------------|---|
| Mission | Indicators Reported in R4 FY 2003 |
| Bangladesh | <ul style="list-style-type: none"> • Total fertility rate (TFR) • National immunization days (NIDS) coverage – % children receiving two doses of oral polio vaccine during NIDS rounds • Infant mortality rate (IMR) • Child mortality rate |
| India | <ul style="list-style-type: none"> • # public sector providers trained by the Innovations in Family Planning Services (IFPS) activity performing to standards as defined by standardized clinical protocols in the 28 districts of Uttar Pradesh covered by PERFORM System Indicators Survey • Contraceptive prevalence rate (CPR) for the 28 PERFORM districts of Uttar Pradesh • % deliveries attended by a trained provider in 28 PERFORM districts of Uttar Pradesh • % women in 28 PERFORM districts of Uttar Pradesh receiving two doses of tetanus toxoid (TT) during last pregnancy • Average # Anganwadi Centers conducting at least 1 Nutrition and Health Day per month with take-home ration and immunization • # counterpart personnel and community members given training in nutrition and health topics • % children 6 to 23 months old in program catchment area enrolled for take-home rations • % individuals in specified high-risk groups who report condom use in most recent sexual encounter with nonregular partner • % population with symptomatic STD seeking care from qualified medical practitioners in Tamil Nadu |
| Nepal | <ul style="list-style-type: none"> • Annual couple-years of protection (CYP) provided by programs supported by Ministry of Health (MOH) and USAID • # children receiving vitamin A supplementation on a regular basis • # children with pneumonia symptoms given appropriate treatment in intervention districts • % persons with high-risk behaviors in target areas consistently using condoms • % increase condom use by high-risk individuals in target areas • # USAID-trained health workers • # district stores keeping at least 3-month contraceptive supply • National HIV prevalence estimate |

| Southeast Asia | |
|--------------------|--|
| Mission | Indicators Reported in R4 FY 2003 |
| Cambodia | <ul style="list-style-type: none"> • IMR • CYP • # Number One brand condoms sold • % target population with access to safe water • % brothels in target areas participating in IMPACT activities • % STD clients in targeted facilities assessed and treated according to national standards • % STD clients in targeted facilities provided information on condoms and partner notification |
| Indonesia | <ul style="list-style-type: none"> • CPR (modern methods) • % births attended by a skilled provider • Vitamin A capsule coverage among children 6 to 11 months old • Quality of care in family planning program (scored on a scale of 1 to 10) in health centers surveyed on a FP quality index composite using "Quick Inventory of Quality" • % condom use in last commercial sex encounter • % pregnant women in program areas with a birth plan (a composite of behaviors, including seeing a trained provider for antenatal care, delivery, postpartum, and postnatal care; unit of measure is the number of women with birth plans divided by number of women with a live birth in the past year) |
| Philippines | <ul style="list-style-type: none"> • CPR (modern methods) • % births in high-risk groups • % children fully immunized by 12 months of age • % surviving children under 36 months of age whose mothers received at least two TT injections during pregnancy • % registered female commercial sex workers (RFCSWs) reporting condom use during last sex with nonregular commercial partner • Cure rate for new TB smear-positive cases in project sites • # HIV sentinel surveillance sites with HIV seroprevalence rates among RFCSWs less than 3% |

| Middle East/North Africa | |
|----------------------------|---|
| Mission | Indicators Reported in R4 FY 2003 |
| Egypt | <ul style="list-style-type: none"> • IMR • CPR (modern methods) • % births with mother receiving four or more antenatal visits • Ministry of Health and Population per capita expenditures for primary/preventive health care |
| Jordan | <ul style="list-style-type: none"> • CPR (modern methods) • % married couples able to correctly comprehend a given FP message • % women who deliver in hospitals with comprehensive postpartum (CPP) services and return for postpartum care • % increase in revenue generation in selected Jordan Association for Family Planning and Protection (JAFPP) clinics |
| Morocco | <ul style="list-style-type: none"> • % CYP provided by long-term methods in public sector • % CYP delivered by commercial sector (as proportion of all CYP delivered by public and private sectors) • % CYP delivered by private sector • % policy reforms in support of improved FP/MCH services completed • % of five priority policy and regulatory reforms in support of sustaining RCH services completed • Use of peripheral-level management information systems as a tool in decentralization (measured qualitatively through evidence of achieving benchmarks in FP/MCH programs in focus regions/provinces of Agadir and Maknes) • Use of health and demographic data by pilot region health teams to identify and resolve local health problems in collaboration with other local health partners |
| West Bank/ Gaza | <ul style="list-style-type: none"> • % mothers who receive antenatal and postpartum care • # clinics upgraded • # health care workers completing "training of trainers" program • Rates of premature and low-birthweight babies • Maternal anemia rates • Population growth rates |

Highlighted Results and Activities Child Survival

| South Asia | |
|-------------------|--|
| Bangladesh | <ul style="list-style-type: none"> • Tetanus immunizations for mothers increased 89% during the year. • Quality compliance increased from 25% in 1998-1999 to 71% in 1999-2000. • The number of clinic sites increased 13% during the year. • Service utilization in clinics supported by USAID's National Integrated Population and Health Program (NIPHP) increased 65% during the year. • IMR has decreased from 82 to 66 deaths per 1,000 live births since 1997. • Child mortality decreased from 37 to 30 deaths per 1,000 live births since 1997. • Polio vaccination coverage increased from 76% to 89.5% since last year. • Treatment of childhood diarrhea increased 124% in program areas. • Treatment of acute respiratory infections increased 213% in program areas. • Measles vaccination increased 70% in program areas. • An acute flaccid paralysis (AFP) rate of 1.78 was documented, up from 0.81 in FY 1999, indicating an increasingly effective surveillance system. |
| India | <ul style="list-style-type: none"> • About 19,300 village-level health centers systematically conduct monthly Nutrition and Health Days, providing a core package of services. • A unified capacity-building strategy was implemented, utilizing three priority interventions: targeted supplemental feeding, immunizations, and antenatal care. • More than 25,000 counterpart personnel and key community members were trained in health and nutrition topics under CARE and Catholic Relief Services (CRS) programs. |
| Nepal | <ul style="list-style-type: none"> • Vitamin A coverage reached 94% of children 6 to 60 months old in 64 of 75 districts. • The Integrated Child Health Program continued to expand. Diarrheal treatment remained available in all 75 districts. The number of districts able to treat childhood pneumonia increased from 11 to 13, and 88% of childhood pneumonia cases were treated correctly in the 13 districts. • Under-5 mortality has declined 50% in the past 15 years. |

| Southeast Asia | |
|---------------------------------|---|
| Cambodia | <ul style="list-style-type: none"> • Infant mortality declined from 115 deaths per 1,000 live births in 1996 to 95 in 2000. • Child mortality declined from 181 deaths per 1,000 live births in 1996 to 124.5 in 2000. |
| Indonesia | <ul style="list-style-type: none"> • Appropriate management of complications of pregnancy and childbirth increased and is being provided by more than 90% of those trained; the MOH adopted the training approach and reference document. • Vitamin A coverage of 12- to 59-month-olds increased from 65% to 70% and from 41% to 61% for 6- to 11-month-olds in 2000. • Programs have provided micronutrient-fortified food to more than 150,000 vulnerable infants. |
| Philippines | <ul style="list-style-type: none"> • High-risk births decreased dramatically from 55.7% in 1999 to 39.8% in 2000. • The percentage of fully immunized children increased from 64.5% in 1999 to 65.2% in 2000. • TT coverage increased from 33.2% in 1999 to 34.0% in 2000. |
| Middle East/North Africa | |
| Egypt | <ul style="list-style-type: none"> • Infant mortality declined from 63 deaths per 1,000 live births in 1995 to 43.6 in 2000. • The percentage of children 12 to 23 months old who are completely vaccinated increased to 92%, up from 79% in 1995. • The number of confirmed polio cases fell from 35 in 1998 to 3 in 2000. |

| Middle East/North Africa (cont.) | |
|----------------------------------|---|
| Morocco | <ul style="list-style-type: none"> • USAID technical and material assistance to the National Micronutrient Committee resulted in refresher training in nutritional supplementation and counseling, multisectoral commitment to fortification of wheat flour with iron and vitamin B, and a strategy to introduce vegetable oil enriched with vitamins A and D. • The 1999 study on Morocco's use of the vaccine revolving fund was analyzed to determine MOH actions in the effort to maintain the high national immunization coverage rate. • Pediatric faculty were trained in teaching techniques. • Elements of integrated management of childhood illness (IMCI), emergency obstetric care (EOC), and quality assurance modules were developed for paramedical schools. • IMCI and EOC modules were integrated into the maternal health curriculum. • A consensus-building seminar resulted in a 5-year action plan for continuing education of private doctors. • A pilot group developed peer review mechanisms. • 300 general practitioners (GPs) were trained in interpersonal communication techniques to become more effective counselors. |
| West Bank/ Gaza | <ul style="list-style-type: none"> • A full-scale maternal and child health program was developed, with enhanced health care facilities, better-trained personnel, and improved family planning. The outcome of the Intifada will determine its implementation. • \$500,000 was provided for state-of-the-art health care equipment, including kidney dialysis machines and maternal fetal heart monitors. |

Highlighted Results and Activities Maternal Health

| South Asia | |
|--------------------|--|
| Bangladesh | <ul style="list-style-type: none"> • Antenatal care increased by 84% over the past year. • Postnatal care increased by 90% over the past year. • Tetanus immunizations for mothers increased by almost 89% over the past year. • An urban safe motherhood pilot was initiated. |
| India | <ul style="list-style-type: none"> • Deliveries attended by trained providers in Uttar Pradesh increased to 36.3% (21% increase) since last year. • 62.8% of women in Uttar Pradesh received two TT doses. • Biweekly health camps in Uttar Pradesh have provided family planning services to more than 400,000 clients and antenatal care to more than 100,000 pregnant women since May 1998. The Indian government plans to replicate these camps on a national level due to their success. |
| Nepal | <ul style="list-style-type: none"> • A multidonor safe motherhood committee, chaired by the government, was established. It has created a forum for discussions and a hospital-based training package for obstetric first aid to women in remote areas. |
| Southeast Asia | |
| Cambodia | <ul style="list-style-type: none"> • The democracy and human rights program is expanding its activities geared at preventing and stopping illegal trafficking of women and children. • In the Reproductive and Child Health Alliance (RACHA) target areas, deliveries attended by trained midwives increased from virtually none in 1998 to 30% in 2000. |
| Indonesia | <ul style="list-style-type: none"> • Appropriate management of complications of pregnancy and childbirth increased and is being provided by more than 90% of those trained; the reference document for USAID's clinical training approach was adopted. • The Ministry of Health and Social Welfare has adopted USAID's clinical training approach for its national midwifery training programs. |
| Philippines | <ul style="list-style-type: none"> • The private-sector FP/MCH network added 57 clinics. • The government issued an administrative order approving post-abortion care. • High-risk births decreased dramatically from 55.7% in 1999 to 39.8% in 2000. |

| Middle East/North Africa | |
|---------------------------------|--|
| Egypt | <ul style="list-style-type: none"> • The percentage of births with the mother having four or more antenatal visits increased to 37%, up from 28% in 1995. • A trained provider attended 54% of births nationally. |
| Jordan | <ul style="list-style-type: none"> • 65% of women returned for postpartum care nationally. |
| Morocco | <ul style="list-style-type: none"> • As a result of the Safe Motherhood Initiative started in 1995, 75,000 mothers have new lifesaving emergency obstetric care services within 2 hours of their homes. • The “met need” measure of the number of women treated for obstetric complications as a proportion of those estimated to have a complication increased from 26% to 72% between 1996 and 1999. |
| West Bank/ Gaza | <ul style="list-style-type: none"> • Grants were awarded to U.S. private voluntary organizations (PVOs) to improve maternal and child health and increase the use of modern contraception. • Improvements occurred in the Village and Community Health Services Program that aims, barring closures, to increase the number of clinics and improve hospital maternity services. • 95% of mothers receive antenatal care; however, the current Intifada greatly disrupted women’s ability to reach clinics, resulting in only 26% receiving postpartum care. |

Highlighted Results and Activities Family Planning/Reproductive Health (RH)

| South Asia | |
|-------------------|---|
| Bangladesh | <ul style="list-style-type: none"> • CYP increased 32%. • Over a 3-year period, CPR for modern methods increased to 43.4% from 41.5%. • TFR remained stable at 3.3. • Medical barriers to voluntary surgical contraception (VSC), such as the requirement for overnight hospitalization to obtain female sterilization, were reduced. • Social marketing of injectable contraceptives and over-the-counter sales of oral contraceptives began. • The percentage of nongovernmental organization (NGO) clinics complying with an index of quality assurance (QA) indicators increased from 25% to 71% from 1999 to 2000. |
| India | <ul style="list-style-type: none"> • Uttar Pradesh developed a comprehensive multisectoral population policy, which was launched as part of Population Week activities. • The number of trained public sector providers performing according to protocols increased to 4,348 in 2000 from 2,346 in 1999, an 85% increase. • Although it did not attain its target, the CPR increased from 20.9% to 25.8% (a 23% increase) in the past 4 years. • Sales of oral contraceptives increased 13% over the past year; condom sales increased 20% in rural areas. |
| Nepal | <ul style="list-style-type: none"> • CYP increased to 1,188,181 (an 11.4% increase from 1999) and exceeded the target. • For the first time, the Nepal government allocated resources to procure contraceptives. • USAID trained 1,351 female community health volunteers in family planning service delivery practices, bringing the total trained to approximately 46,000. • The community-focused radio drama “Cut your Coat According to Your Cloth” encouraged women to have smaller families and healthier behaviors. • USAID supported the “Service Brings Reward” distance education radio program to inform 800 rural health workers about family planning methods and informed choice. • 70% of district stores nationwide kept at least a 3-month supply of contraceptives in stock. |

| Southeast Asia | |
|--------------------|---|
| Cambodia | <ul style="list-style-type: none"> • CYP increased from 162,268 in 1999 to 194,675 in 2000. • Sales of Number One brand condoms increased by 24% to 2.1 million in 2000. • RACHA's training of 1,500 health center directors, pharmacists, and midlevel referral staff resulted in a drop in the drug stock-out rate from 80-90% in 1998 to 5% in 2000. • Sales of OK brand social marketing oral contraceptives increased to 423,865 cycles, an 84% increase from 1999. • The availability of key RCH services in target areas improved from virtually none in 1998 to 40% in 2000. |
| Indonesia | <ul style="list-style-type: none"> • Appropriate management of complications of pregnancy and childbirth increased and is being provided by more than 90% of those trained; the training approach and reference document were adopted. • Despite difficult political and economic circumstances, contraceptive prevalence remained high (57%). |
| Philippines | <ul style="list-style-type: none"> • The government included funding for contraceptives in the national budget for the first time. The Department of Health (DOH) budgeted \$1.7 million to procure oral contraceptives. • An administrative order approved post-abortion care. • The private-sector FP/MCH network added 57 clinics. • Contraceptive prevalence remained constant at 32%. • A DOH mass media program to promote contraception received the Global Mass Media Award from the Population Institute. • The public sector Local Government Performance Program (LPP) shifted its focus to municipalities and cities to improve service delivery at the local level. Under LPP's Matching Grants Program, 52 of the largest municipalities and cities (covering a population of 6.6 million) match 25% of grants for improving FP/MCH interventions with local funds. |

| Middle East/North Africa | |
|--------------------------|--|
| Egypt | <ul style="list-style-type: none"> • TFR dropped from 3.6 in 1995 to 3.5 in 2000. • CPR rose from 46% in 1995 to 54% in 2000. • All 14 medical schools have developed and now use a standardized FP/RH curriculum. • The youth campaign showed significant signs of progress. For the first time, the Minister of Information allowed FP/RH spots on television during Ramadan. • Approximately 2,500 pharmacists in the commercial sector were trained to provide a greater range of contraceptives, resulting in increased sales of oral and injectable contraceptives. • Although the practice of female genital mutilation (FGM) remains high (97%) among ever-married women, their approval of the practice is down to 75% and their intent to use the practice with their daughters has declined to 31%. |
| Jordan | <ul style="list-style-type: none"> • Senior Jordanian officials, including the King, attended the launch of the updated population strategy. • The intermediate target of 89% of respondents understanding FP messages was met. • The intermediate target of 65% of women returning for postpartum care was met. • The intermediate target of recovering 92% of operational costs at five USAID-supported JAFPP clinics was met. • TFR dropped from 3.8 children/women in 1999 to 3.6 in 2000. • Natural population increase fell 2.5% in 1999 to 2.4% in 2000. • CPR (modern methods) increased from 27% in 1990 to 39% in 2000. • 21 CPP centers were completed as planned. • In a national contest, 14,000 contestants answered questions on modern contraception, 90% correctly. Princess Basma, sister of the late King, presented contestants with awards, indicating high-level participation. |

| Middle East/North Africa (cont.) | |
|----------------------------------|--|
| Morocco | <ul style="list-style-type: none"> • In targeted areas for the Emergency Obstetric Care Pilot Project, both the “met need” measure for EOC and the number of Caesarean sections increased. The MOH has committed to expanding the approach nationwide with European Union (EU) and United Nations Fund for Population Activities (UNFPA) support. • Quality standards for FP/MCH services (“Standards for FP Methods in Morocco,” “Standards for EO and Neonatal Care”) were developed and disseminated by the MOH with USAID support. • The government financed 100% of contraceptive procurement. • (See “Highlighted Results and Activities, Child Survival” for general institutional improvements.) |
| West Bank/ Gaza | <ul style="list-style-type: none"> • 25 rural health clinics were upgraded. • USAID funded the cost of six Palestinians to get master of public health (MPH) degrees in the United States. • The availability of family planning activities at USAID-funded clinics increased. |

Highlighted Results and Activities HIV/AIDS/Sexually Transmitted Infections (STIs)

| South Asia | |
|-------------------|--|
| Bangladesh | <ul style="list-style-type: none"> • Condom sales increased 5% from 1999. • 178,000 people attended 20,000 group meetings for peer education. • Strategy was revised to focus on high-risk groups. |
| India | <ul style="list-style-type: none"> • Condom use by commercial sex workers (CSWs) in Tamil Nadu continued to increase, rising from 88.1% in FY 1999 to 91.2% in FY 2000. • 70.1% of truckers reported using a condom during their last sexual encounter with a nonregular partner. • STI care-seeking behavior declined significantly among male factory workers (63% to 44.7%) but increased from 80% to 86% among truckers. New interventions will be targeted at factory workers in FY 2001. |
| Nepal | <ul style="list-style-type: none"> • The Crown Prince publicly expressed support for HIV/AIDS prevention at the "HIV/AIDS—A Serious Challenge" advocacy event. • 86% of CSWs and 74.2% of their clients used condoms during their last sexual intercourse. • 46% of CSWs report consistent condom use, up from 21% in 1994. |
| Southeast Asia | |
| Cambodia | <ul style="list-style-type: none"> • Sales of Number One brand condoms increased by 24% to 16.1 million in 2000. • By the end of 2000, the Ministry of Defense had trained 13 core trainers, 183 peer educator trainers, and 2,600 peer educators, reaching approximately 20% of the military with peer education messages. • In Phnom Penh, 46 health care providers in 11 health facilities treated more than 2,000 STD patients monthly. • Fourteen local NGOs redesigned projects targeting children infected with or affected by HIV in order to include support for orphans and vulnerable children. This effort benefited 2,000 orphans and highly vulnerable children. • The sex workers empowerment network program mobilized more than 1,600 sex workers in targeted provinces to become involved in negotiation and life skills training as well as financial savings schemes. |

| Southeast Asia (cont.) | |
|--------------------------|--|
| Indonesia | <ul style="list-style-type: none"> • Male client condom use increased from 16% in 1999 to 22% in 2000. Female sex workers have not improved as expected; their condom use increased from 37% to 48% between 1998 and 1999 but declined to 41% in 2000. • The HIV/AIDS Prevention Project showed that the program increased sales of condoms for disease protection, raised awareness that condom use prevents HIV transmission, contributed to a significant decline in STI prevalence rates in selected sites, and helped establish provincial HIV commissions. The commissions led to improved planning, political support, and budgetary resources for STI/HIV/AIDS activities. • A new program launched in 2000 worked to prevent STI/HIV/AIDS transmission among high-risk populations in 10 major cities by increasing access to and delivery of prevention services, strengthening surveillance systems, and expanding private sector and community participation. |
| Philippines | <ul style="list-style-type: none"> • According to data from eight sentinel sites, prevalence remains below 3% in high-risk groups (female CSWs and injection drug users). • Two of eight local governments passed ordinances ensuring funding for HIV/AIDS education activities. • Three other local governments are beginning to assume costs associated with surveillance and education activities. • Data from the Behavioral Surveillance System shows that the proportion of registered female CSWs using condoms with nonregular partners/clients increased from 74% in 1997 to 83% in 1999. • Social marketing activities for RH services and STD treatment now include drugstore sellers, nurses, midwives, and other health service providers, in addition to physicians. |
| Middle East/North Africa | |
| Jordan | <ul style="list-style-type: none"> • A new AIDS program aimed at high-risk groups has been launched. |

Highlighted Results and Activities Infectious Diseases

| South Asia | |
|--------------------|--|
| India | <ul style="list-style-type: none"> • Data from the Directly Observed Treatment, Short Course (DOTS) project indicate that 70% of TB cases in the project area are detected and that 75% of those cases are treated successfully, a doubling of the treatment success rate in 18 months. • More than 1,400 health providers have completed in-depth training through the DOTS project. |
| Nepal | <ul style="list-style-type: none"> • Baseline surveys on the leading vector-borne diseases were completed. • Prevention and control programs were designed with implementation scheduled for FY 2001. • A laboratory surveillance system to identify antimicrobial resistance (AMR) was set up, and a national advisory committee was established to lead the development of national policies and practices. |
| Southeast Asia | |
| Indonesia | <ul style="list-style-type: none"> • Government renewed commitment to combat TB and malaria by establishing logistics systems and strengthening of diagnostic services at the national, provincial, and district levels. |
| Philippines | <ul style="list-style-type: none"> • Technical working groups in the Infectious Disease Project management office and DOH have been established. Baseline assessments have been completed and plans developed to improve infectious disease control in target areas. • Training activities (DOTS, malaria diagnosis, surveillance, basic epidemiology, etc.) are underway. Additional USAID resources will directly support the improvement of TB diagnosis and treatment in the private sector. This is especially important because approximately 40% of Filipinos infected with TB seek treatment from the private sector. • The laboratory system is also being strengthened. • Malaria infection rates are 40% to 60% in rural areas. • Widespread dengue outbreaks occur every 2 to 3 years in urban areas. |

| Middle East/North Africa | |
|--------------------------|---|
| Egypt | <ul style="list-style-type: none">• Infectious disease sentinel surveillance sites were established in 12 of 27 governorates. |
| Jordan | <ul style="list-style-type: none">• Collaboration with CDC on infectious disease program took place. |

Highlighted Results and Activities Health Sector Reform

| Southeast Asia | |
|--------------------------|--|
| Cambodia | <ul style="list-style-type: none"> • Collaboration among USAID, UNICEF, and UNFPA enabled the first Cambodia Demographic and Health Survey (DHS) to take place. • Tools, protocols, and policies developed by various partner agencies were adopted by the MOH. • Child health cards developed by Helen Keller International were adopted by the MOH as the standard card for all children receiving health services in the public sector. |
| Indonesia | <ul style="list-style-type: none"> • USAID helped establish a health coalition consisting of NGOs, local health boards, and advocacy groups to develop a public information and media program in support of the government's "Healthy Indonesia 2010" campaign. The campaign will help refocus the nation's health program from a highly centralized program based on curative care to a decentralized one based on prevention. |
| Middle East/North Africa | |
| Egypt | <ul style="list-style-type: none"> • Health sector reform activities have resulted in increased funding for primary and preventive care; increased NGO and private sector participation; strengthened capacity for strategic planning in Ministry of Health and Population; and gradual assumption of recurrent costs by the government. |
| Jordan | <ul style="list-style-type: none"> • September 2000 marked the launch of the National Population Council's National Population Strategy. King Abdullah II, the prime minister, members of parliament, and cabinet officials participated, emphasizing the policy role in health sector reform. • Considerable attention was paid to JAFPP's health care financing system. Now 92% of operational costs are recovered at pilot sites. • Broader prospects for significant reform are not promising, given the fragile political situation. |

| Middle East/North Africa (cont.) | |
|---|---|
| Morocco | <ul style="list-style-type: none"> • A “national health exercise” allowed the MOH to point out opportunities for cost sharing on a more equitable basis. • A national quality assurance program was formally instituted by the MOH. • The information, education, and communication division of the MOH consolidated its capacity. • The health information system was revised to make it more user-friendly. • The Federation of Private General Practitioners was created. |
| West Bank/ Gaza | <ul style="list-style-type: none"> • As a direct result of the evolving and volatile political situation, the Mission is reassessing the assumptions underpinning any strategy. |

Collaboration with Other Donors

| South Asia | |
|-------------------|---|
| Bangladesh | <p>USAID is a partner with WHO, UNICEF, the U.K. Department for International Development (DFID), the Japan International Cooperation Agency (JICA), and Rotary International in supporting polio eradication.</p> <p>USAID and UNICEF collaborate in a program to reduce maternal mortality in selected areas.</p> |
| India | <p>With USAID and World Bank support, DOTS coverage in Tamil Nadu exceeds 50%.</p> <p>USAID has initiated discussions with the Uttar Pradesh government and UNICEF on an initiative to improve vitamin A coverage.</p> <p>An ongoing USAID-World Bank trial is validating the impact of concurrent vitamin A supplementation and deworming.</p> <p>USAID and the World Bank are supporting the contraceptive logistics system in Uttar Pradesh. USAID supports training and improvement in the logistics management and information system, and the World Bank supports infrastructure.</p> |
| Nepal | <p>The German Development Bank and DFID gave \$4.1 million and 12.5 million, respectively, for the government to procure contraceptives.</p> <p>The United Nations, WHO, EU, the German development agency GTZ, DFID, and the Australian Agency for International Development (AusAID) are active in helping to stop the spread of HIV among high-risk populations in Kathmandu and border areas with India.</p> <p>UNICEF, WHO, and AusAID support national child health programs.</p> <p>WHO partners with USAID on infectious disease activities.</p> |

| Southeast Asia | |
|--------------------------|---|
| Cambodia | <p>In collaboration with UNICEF and UNFPA, USAID cofunded the first DHS in Cambodia.</p> <p>WHO, with some USAID/ANE technical assistance, provides support to the technical bureau of the National AIDS Authority for the behavioral and HIV sentinel surveillance systems.</p> <p>The Joint United Nations Programme on HIV/AIDS (UNAIDS) works closely with the National AIDS Authority and its technical bureau to plan and coordinate activities with major international donors and implementing partners to maximize their benefits.</p> |
| Philippines | <p>The U.S.-Japan Common Agenda is critical in leveraging Japanese government resources for HIV sentinel surveillance.</p> <p>Japan and the Netherlands contribute STD drugs to support USAID training for syndromic management of STIs.</p> <p>The World Bank and UNFPA support programs to diagnose and treat STDs.</p> <p>The TB treatment program is funded by JICA, WHO, the World Bank, and the Canadian International Development Agency (CIDA).</p> <p>The U.S. National Institutes of Health (NIH) provides funding support for infectious disease activities.</p> <p>EU and WHO provide limited support to the DOH's malaria program.</p> |
| Middle East/North Africa | |
| Egypt | <p>Substantial support from WHO, the European Community, the World Bank, UNICEF, UNFPA, and the Swiss government helped strengthen Egypt's infectious disease surveillance and control capacity, improving blood safety and maternal and child health services and expanding access to voluntary family planning.</p> |
| Jordan | <p>Jordan Television provides \$1 million for population and youth programs, including prime-time family planning "infomercials."</p> |

| Middle East/North Africa (cont.) | |
|---|--|
| Morocco | <p>The achievements of the FP/MCH program can be credited to many years of effective MOH-USAID partnership.</p> <p>Child Survival and Disease funds support CRS and the Near East Foundation in working with local Souss-Massa-Draa communities to improve access to MCH services.</p> |
| West Bank/ Gaza | <p>Efforts of other donors tend to be directed at national health policy issues and broad strengthening of the Palestinian Authority Ministry of Health. Japan, the EU, and Arab countries provide support. None concentrate on primary health care problems.</p> |

Tables and Charts

Results and Highlights Organized By Access, Demand, Use, Quality, and Sustainability

The table on pages 37 to 42 contains illustrative highlights and key results from the PHN programs of the Missions. It is organized around the concepts of access, demand, use, quality, and sustainability. The information is presented by subregion.

Access to Services: Access to goods and services concerns the ability of the population to overcome obstacles to obtaining desired goods and services. Where possible, programs may employ indicators of access incorporating elements of time, distance, or economic means. The most basic indicators of access are thus raw tallies of commodities, services, or service providers supplied to the population (for example, number of contraceptives or oral rehydration salts packets distributed; number of service delivery points meeting certain criteria; and number of health workers trained in IMCI, etc.). Another key contributing element to access is the fair distribution, or equity, of goods and services with respect to targeted population groups. In fact, equity is a broader, cross-cutting issue that can be measured through comparisons of disparate health outcomes and behavior as well as different degrees of access and availability for various population groups. However, because the critical differences accounting for lack of equity tend to occur at the level of access and availability, the most basic performance indicators of equity would be found there as well.

Demand for Services: Demand may be measured in terms of knowledge, attitudes, or practices, but the clearest indicators of demand are generally those dealing with attitudes. Knowledge of a service or behavior is a necessary but an insufficient prerequisite for demand; only in some cases can demand – the desire to use the given service or behavior – be inferred from knowledge of it. At the same time, data on practices (i.e., service use and other health-related behavior) may provide an indication of “effective” demand but fail to capture the amount of demand that remains unmet, typically due to access or quality problems. Where poor access or service quality do not fully account for the gap between knowledge and use, information on the population’s attitudes toward particular results or interventions may help identify the role of insufficient demand.

Use of Services: Service use and other behavior indicators are frequently used to monitor program outcomes at the strategic objective level but may instead be placed at the intermediate result level. These indicators can be the most effective measures of program impact because the time period required to show significant change is typically shorter than that required for changes in health status or fertility.

Quality of Services: Related to supply of services are facility-based and systemwide indicators of the quality of family planning and health interventions. These may assess provider performance (for example, correct case management, missed opportunities for immunization, appropriate counseling, appropriate application of IMCI) or systems performance (for example, indicators assessing implementation of training, supervision, management of drugs or other commodities, or health information systems). Elements of service quality are also commonly incorporated as criteria in indicators of access or availability (for example, percentage of population within 1 hour’s traveling time to a facility with trained personnel, or number of facilities receiving regular visits from a supervisor).

Sustainability of Services: Sustainability is a broad, cross-cutting issue that can be applied to all levels of a results framework. Here, it is intended to refer to the establishment of sustainable family planning and health programs and services as measured through developments in public policy making, capacity building, and the generation of resources and other support for family planning and health activities. Commonly used indicators of sustainability monitor policy development, public resource allocation, mobilization of the private sector, levels of cost recovery, and trends in community participation. Indicators dealing with decentralization processes should also ultimately be examining the degree to which local programs are becoming sustainable. Though indicators of sustainability discussed in this document tend to focus on the supply of services, equally critical is the establishment of sustainable demand for services. For a more detailed treatment of sustainability indicators, see *Volume II, Health and Family Planning Indicators: Measuring Sustainability*.

| Access | | Demand | Use | Quality | Sustainability | |
|-------------------|---|--|--|--|---|--|
| South Asia | Bangladesh | <p>The number of clinic sites increased 13%.</p> <p>Medical barriers to VSC were reduced.</p> | <p>Condom sales increased 5%.</p> | <p>Service utilization increased 65% in USAID clinics.</p> <p>Polio vaccination coverage increased from 76% to 89.5% in the last year.</p> | <p>NGO clinics in compliance with QA index grew from 25% to 71%.</p> <p>AFF rate increased to 1.78 (from 0.81 in 1999), indicating better surveillance.</p> | |
| | India | <p>More than 25,000 community members were trained in primary health care programs.</p> <p>Deliveries in Uttar Pradesh by a trained provider rose 21% in the last year to 36.3%.</p> | <p>Sales of oral contraceptives increased 13% and condom sales were up 20% in rural areas.</p> | <p>Biweekly health camps in Uttar Pradesh provided FP services to more than 400,000 clients and antenatal care to more than 100,000 pregnant women.</p> <p>62.8% women in Uttar Pradesh received TT.</p> <p>CSW condom use in Tamil Nadu increased to 91.2%.</p> | <p>Public sector providers performing according to protocol increased by 85%.</p> <p>19,300 village health centers systematically conduct monthly Health and Nutrition Days.</p> <p>More than 1,400 health providers completed in-depth training in DOTS.</p> | <p>Uttar Pradesh developed a comprehensive, multisectoral population policy, which was launched during Population Week activities.</p> |
| Nepal | <p>70% of district stores nationwide kept at least a 3-month supply of contraceptives in stock.</p> | | <p>The child health program expanded. Diarrheal treatment was available in all 75 districts, and treatment for childhood pneumonia was available in 13 districts, up from 11.</p> <p>86% of CSWs and 74.2% of clients used a condom during their last intercourse.</p> <p>46% CSWs report consistent condom use.</p> | <p>1,351 female community health workers were trained in FP service practices, bringing national total to 46,000.</p> <p>A Safe Motherhood Committee was established, which created a forum for hospital-based treatments.</p> | <p>The government allocated resources to procure contraceptives for the first time.</p> <p>Laboratory surveillance systems to identify AMR were established to develop national policies and practices.</p> | |

| | Access | Demand | Use | Quality | Sustainability |
|-----------------------|---|---|--|--|---|
| Southeast Asia | | | | | |
| Cambodia | <p>Availability of key RH services improved from virtually zero in 1998 to 40% in 2000.</p> <p>In target areas, trained midwives attended 30% of births, up from virtually zero in 1998.</p> <p>Contraceptive stock-out rates dropped from between 80% and 90% in 1998 to 5% in 2000.</p> | <p>Number One brand condom sales rose 24% to 2.1 million.</p> <p>Sales of social marketing birth control pills increased by 84% to almost 424,000 cycles.</p> | | <p>Ministry of Defense trained 13 core trainers and 183 peer educators, reaching about 20% of entire military with HIV prevention messages.</p> <p>14 local NGO programs were redesigned to include help for OVC.</p> <p>Partner-developed tools, protocols, and policies were adopted by the MOH (including child health cards as a standard measure for all children receiving public sector health care.)</p> | |
| Indonesia | | | <p>Male client condom use increased to 22% but use by CSWs went down, from 48% in 1999 to 41% in 2000.</p> | <p>90% of those trained used appropriate management of complications of pregnancy and childbirth.</p> <p>HIV/AIDS prevention project increased sales of condoms, raised awareness about stopping the spread of HIV, improved planning and budgetary resources for STI/HIV activities, and contributed to a significant decline in STI prevalence rates.</p> | <p>A high level of contraceptive prevalence was maintained despite challenging political and economic circumstances.</p> <p>USAID helped establish a health coalition of NGOs, health boards, and advocacy groups to promote "Healthy Indonesia 2010" campaign.</p> |

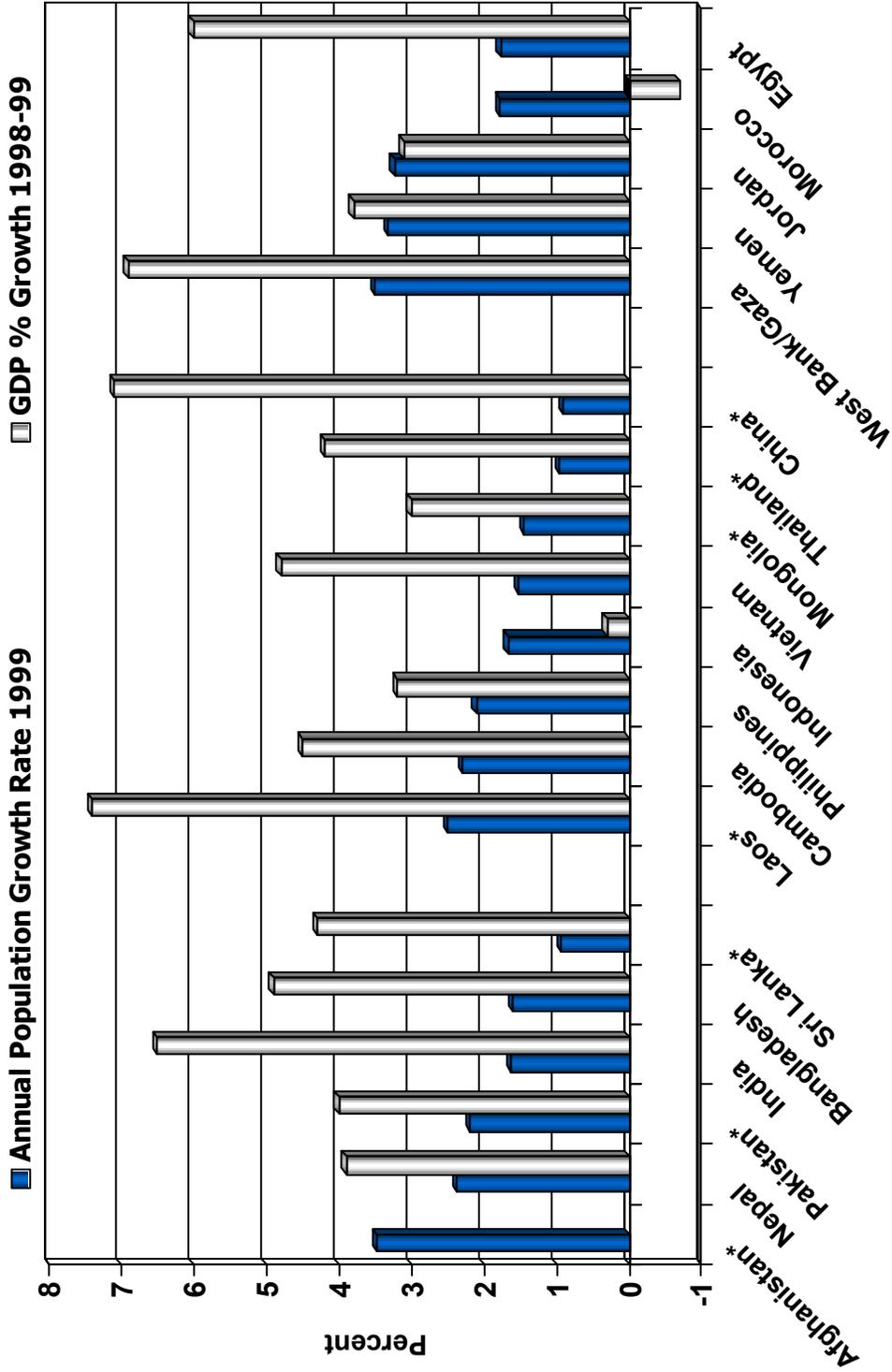
| <i>Access</i> | <i>Demand</i> | <i>Use</i> | <i>Quality</i> | <i>Sustainability</i> |
|---|---------------|--|---|---|
| <p>Southeast Asia (cont.)</p> <p>Philippines</p> <p>57 clinics were added to private sector network.</p> <p>RH services and STI treatment activities now include not only physicians, but also druggists, nurses, midwives, and community health workers.</p> | | <p>65.2% of children were fully immunized.</p> <p>TT coverage increased to 34%.</p> <p>CSWs reported 83% consistent condom use, up from 74% in 1997.</p> | <p>Training activity for DOTS, infectious disease surveillance, and basic epidemiology is underway.</p> | <p>The government funded contraceptive procurement for first time; the amount of funding was \$ 1.7 million.</p> <p>The largest 52 municipalities match 25% of grants received to improve FP interventions.</p> <p>Two of 8 local governments ensured funding for HIV/AIDS education activities.</p> <p>Three other local governments are starting to assume costs of HIV surveillance and education.</p> |

| | <i>Access</i> | <i>Demand</i> | <i>Use</i> | <i>Quality</i> | <i>Sustainability</i> |
|---------------------------------|--|---------------|---|--|--|
| Middle East/North Africa | | | | | |
| Egypt | <p>Trained providers attended 54% of births.</p> <p>37% of mothers had four or more antenatal visits.</p> <p>Infectious disease surveillance sites were established in 12 of 27 prefectures.</p> | | 92% of children 12 to 23 months old were completely vaccinated. | Half of pharmacists in commercial sector were trained to provide greater range of contraceptive options. | |
| Jordan | 21 FP centers were completed as planned. | | | | <p>Senior Jordanian officials, including the King, attended the launch of the updated population strategy.</p> <p>92% of operational costs were recovered at pilot sites of the largest national health care system.</p> |

| <i>Access</i> | <i>Demand</i> | <i>Use</i> | <i>Quality</i> | <i>Sustainability</i> |
|--|---|---|--|---|
| <p>Middle East/North Africa (cont.)</p> <p>Morocco</p> | <p>75,000 more mothers have EOC services within 2 hours of their homes.</p> <p>A pilot project met the need for both EOC and Caesarean sections. The MOH plans to expand this program nationwide.</p> | <p>An estimate of "met need" for those women being treated for obstetric complications as a proportion of those estimated to have complications rose from 26% in 1996 to 72% in 1999.</p> | <p>Pediatric faculty were trained in teaching techniques.</p> <p>Paramedical schools developed IMCI, EOC, and QA modules.</p> <p>Quality standards for FP were developed and disseminated.</p> <p>Technical assistance to the National Micronutrient Committee resulted in nutritional training and introduction of fortified foods.</p> <p>A consensus-building seminar created a 5-year action plan for continuing education of private doctors.</p> <p>300 GPs were trained in interpersonal communication to learn to become more effective counselors.</p> <p>A national QA program was formally instituted by MOH.</p> | <p>The government financed 100% of contraceptive procurement.</p> |

| | <i>Access</i> | <i>Demand</i> | <i>Use</i> | <i>Quality</i> | <i>Sustainability</i> |
|---|---|---------------|------------|--|-----------------------|
| Middle East/North Africa (cont.) | | | | | |
| West Bank/ Gaza | <p>The availability of FP activities in USAID clinics increased.</p> <p>95% mothers receive antenatal care.</p> | | | <p>Full-scale MCH program developed, but Intifada may limit its implementation.</p> <p>\$500,000 in state-of-the-art health equipment, including fetal heart monitors, was provided.</p> <p>USAID funded the cost of six Palestinians to get MPH degrees in the United States.</p> | |

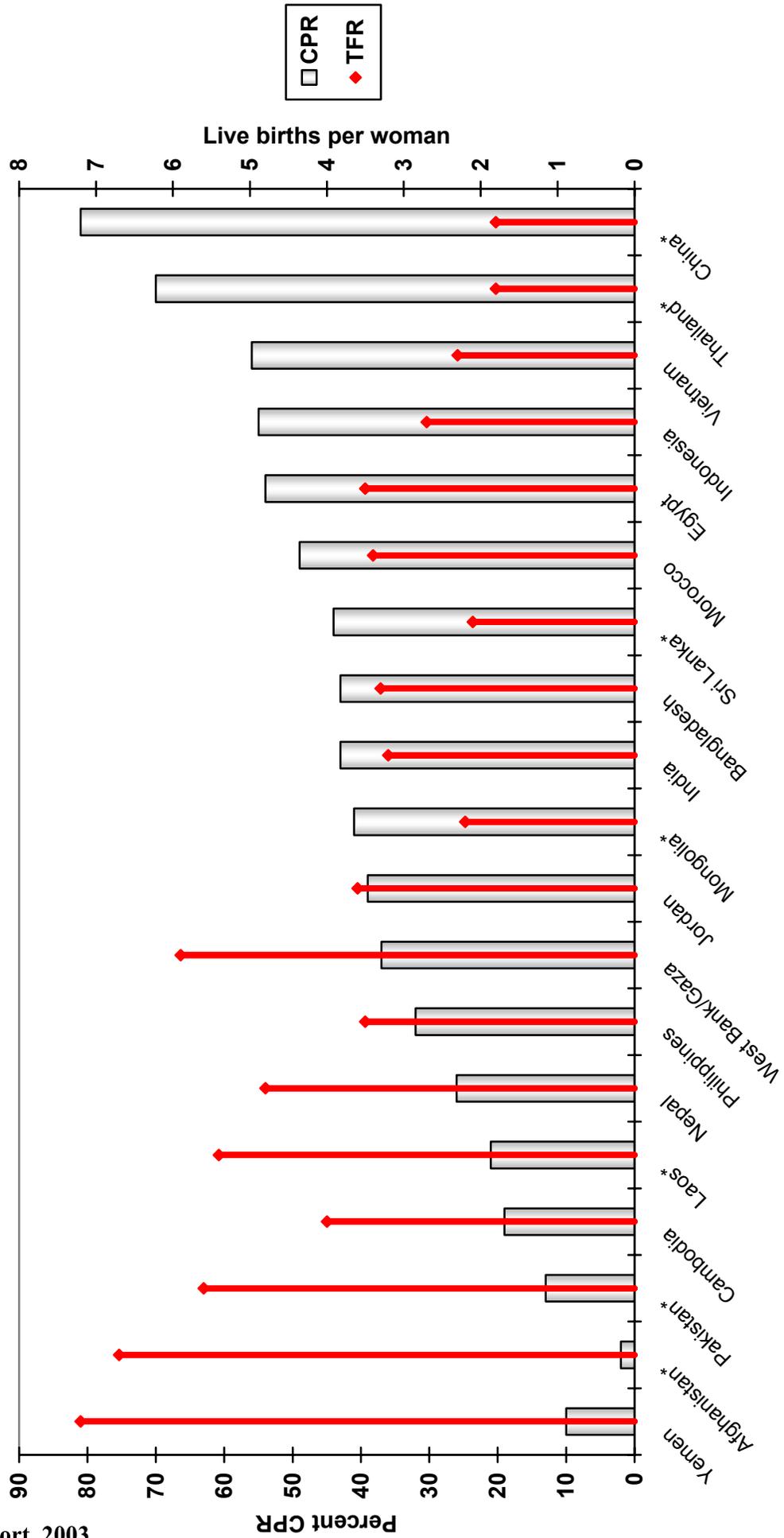
Population and Economic Growth Rates



* No current USAID PHN funding

Source: (GDP) World Bank, World Development Indicators 2001, and (Pop) Bureau of Census, International Database 2000. No economic growth data available for Afghanistan.

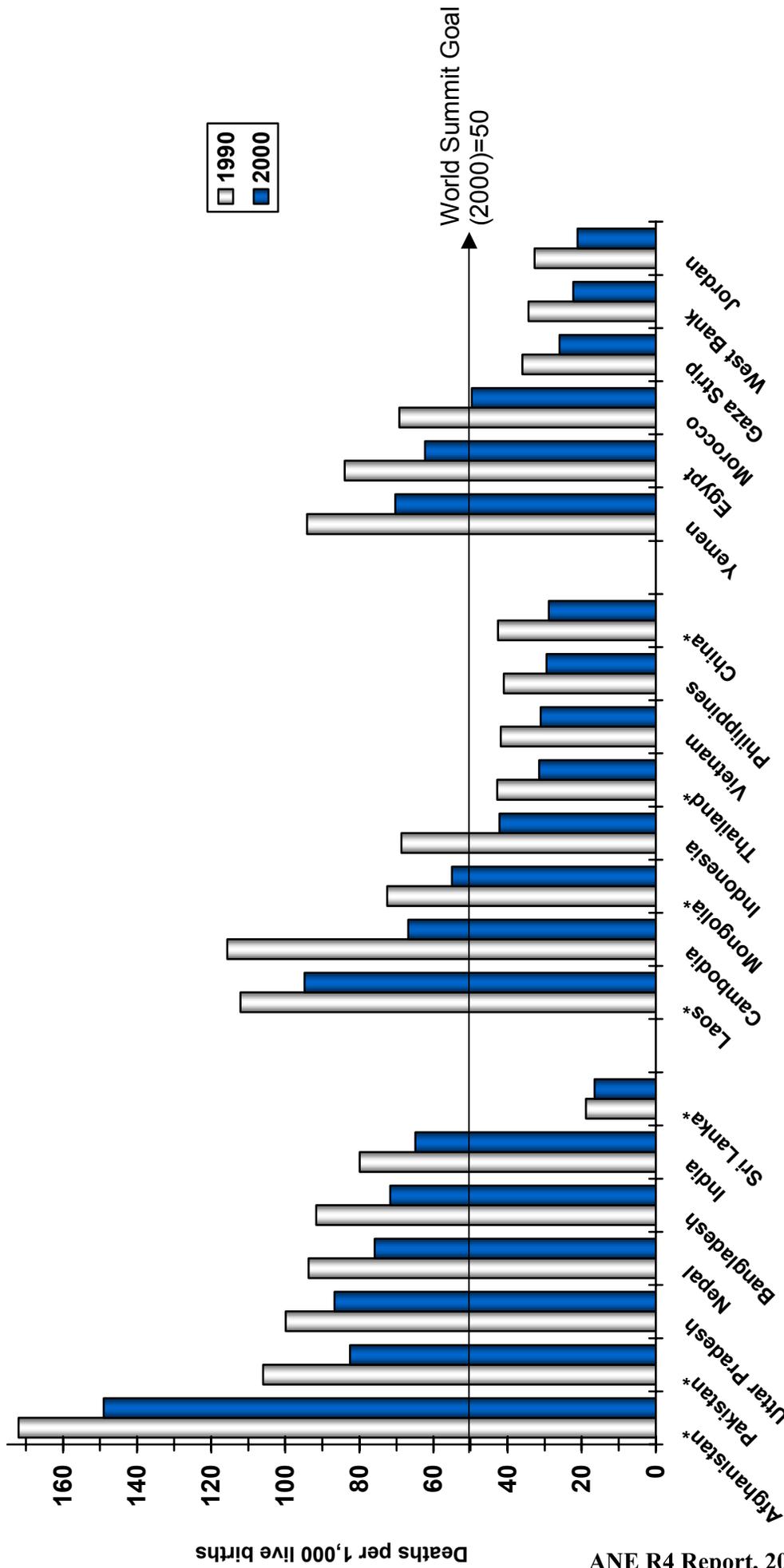
Total Fertility Rate and Contraceptive Prevalence Rate



* No current USAID PHN funding

Source: PRB 2001 Population Data Sheet

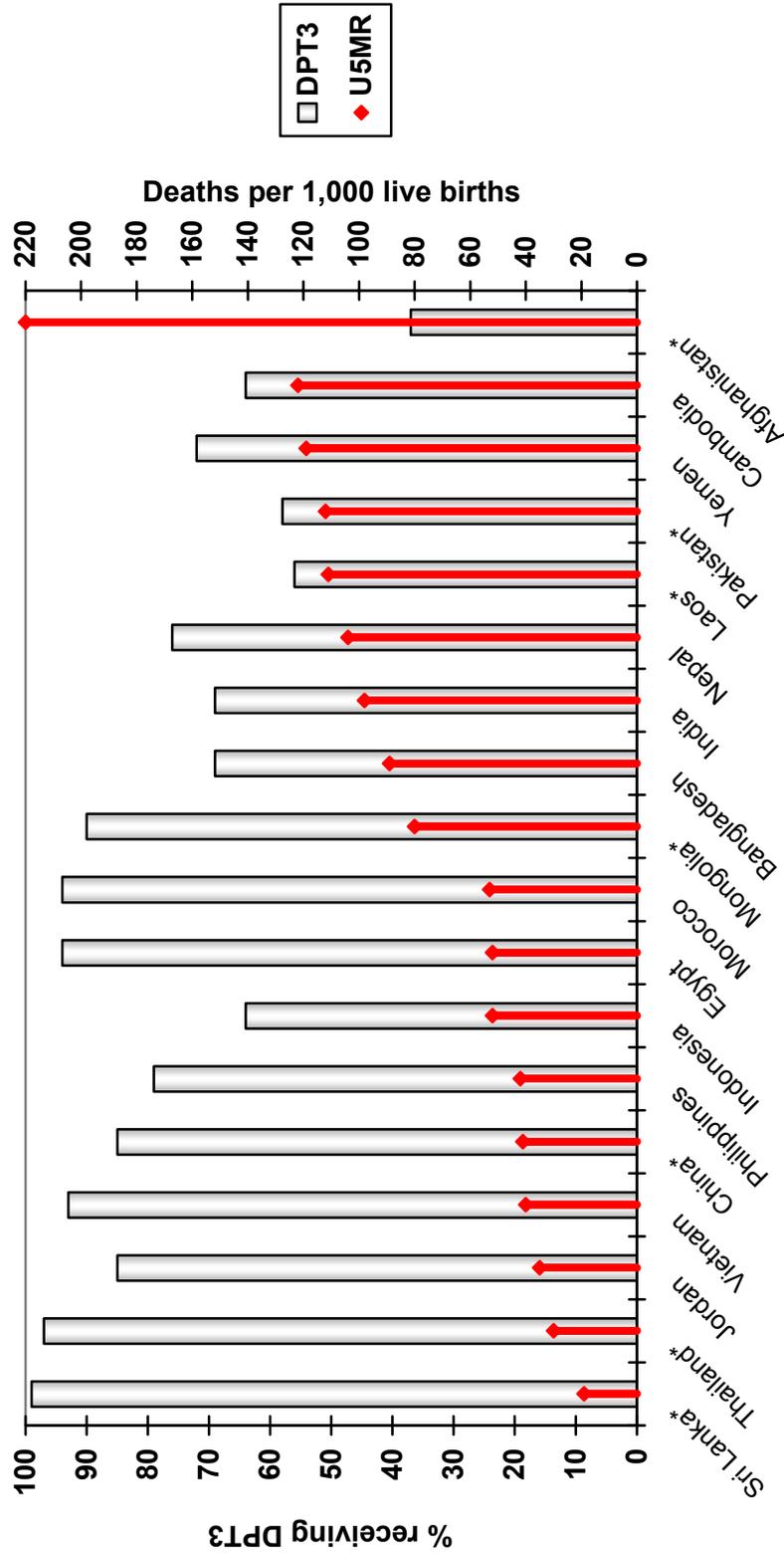
Infant Mortality, 1990-2000



* No current USAID PHN funding

Source: U.S. Bureau of the Census, International Database, 2001

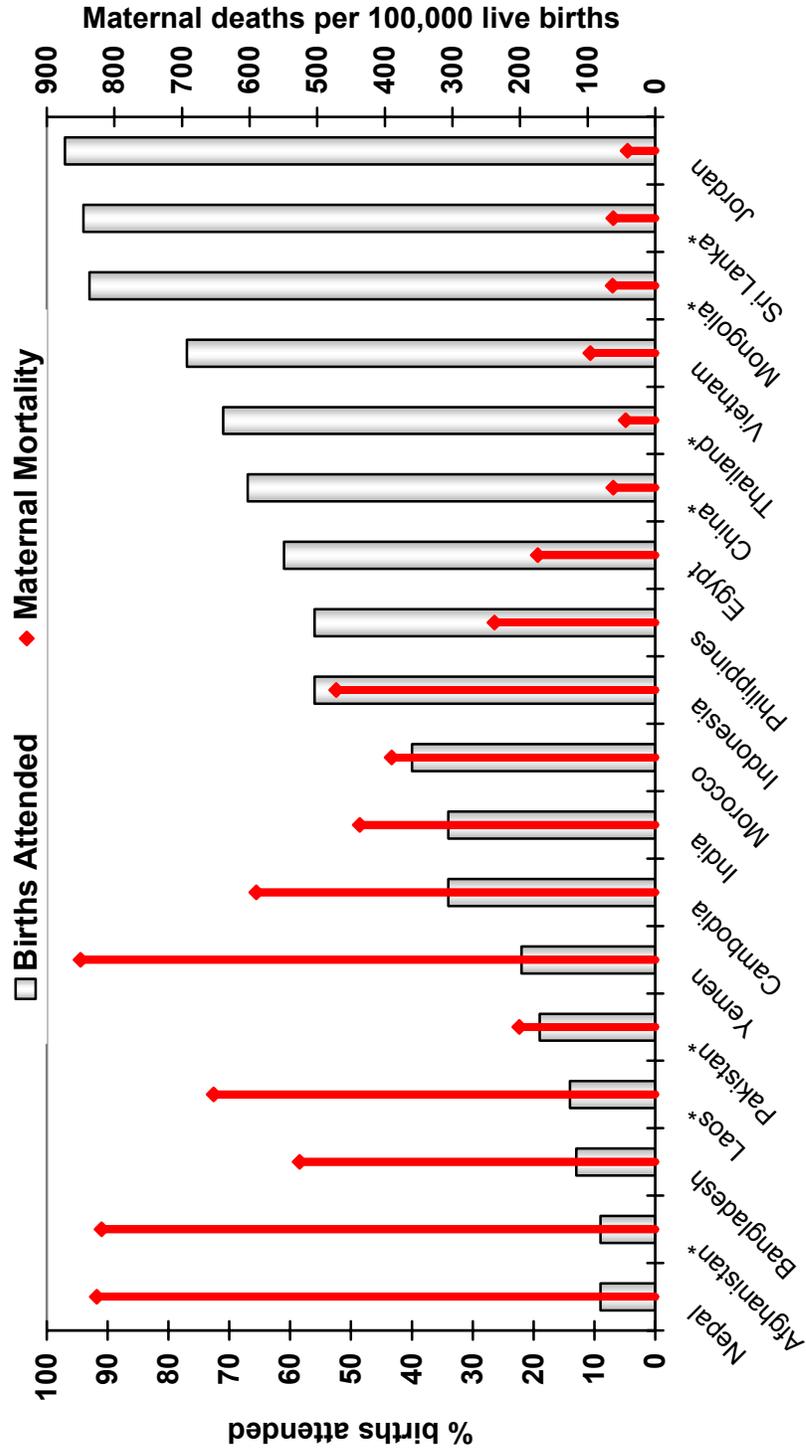
Under-5 Mortality Rates and Immunization Coverage



* No current USAID PHN funding

Source: UNICEF, State of the World's Children, 2001

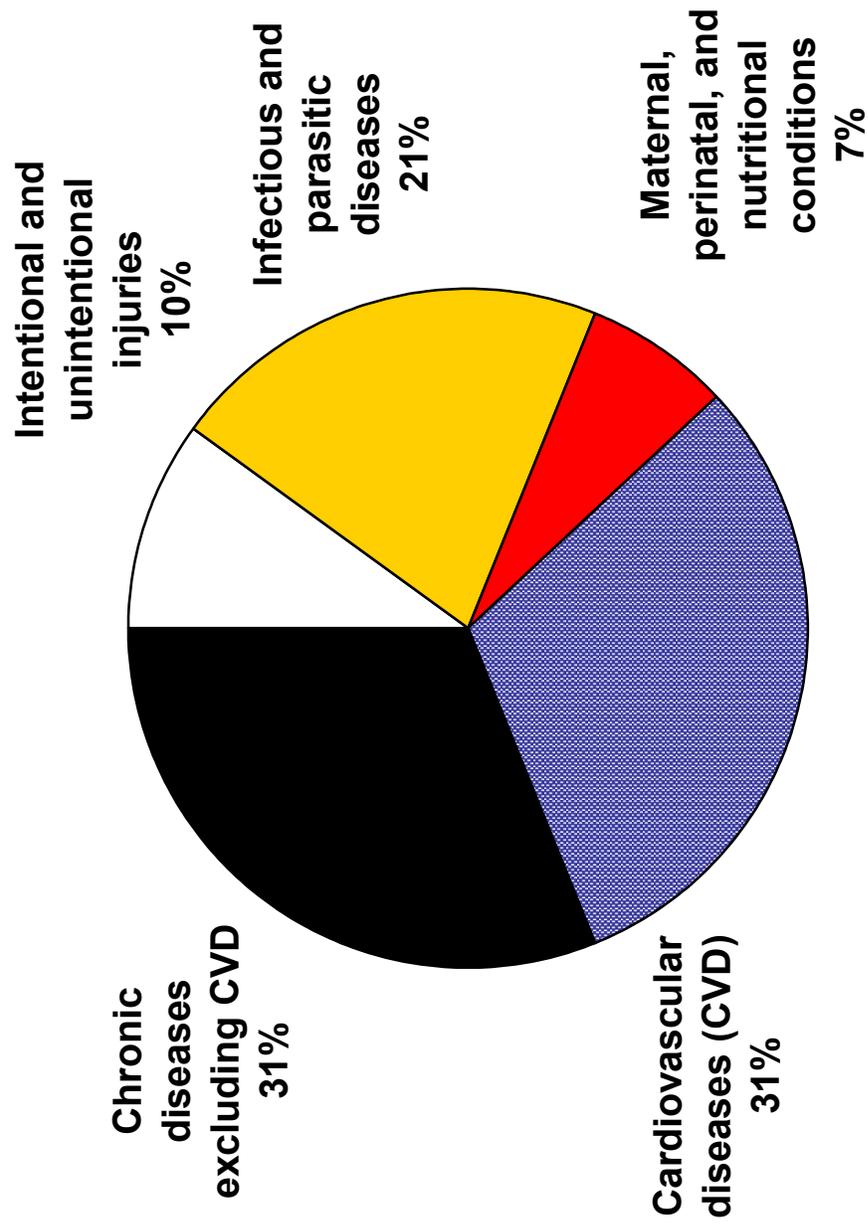
Maternal Mortality and Attended Births



Source: UNICEF, State of the World's Children, 2001

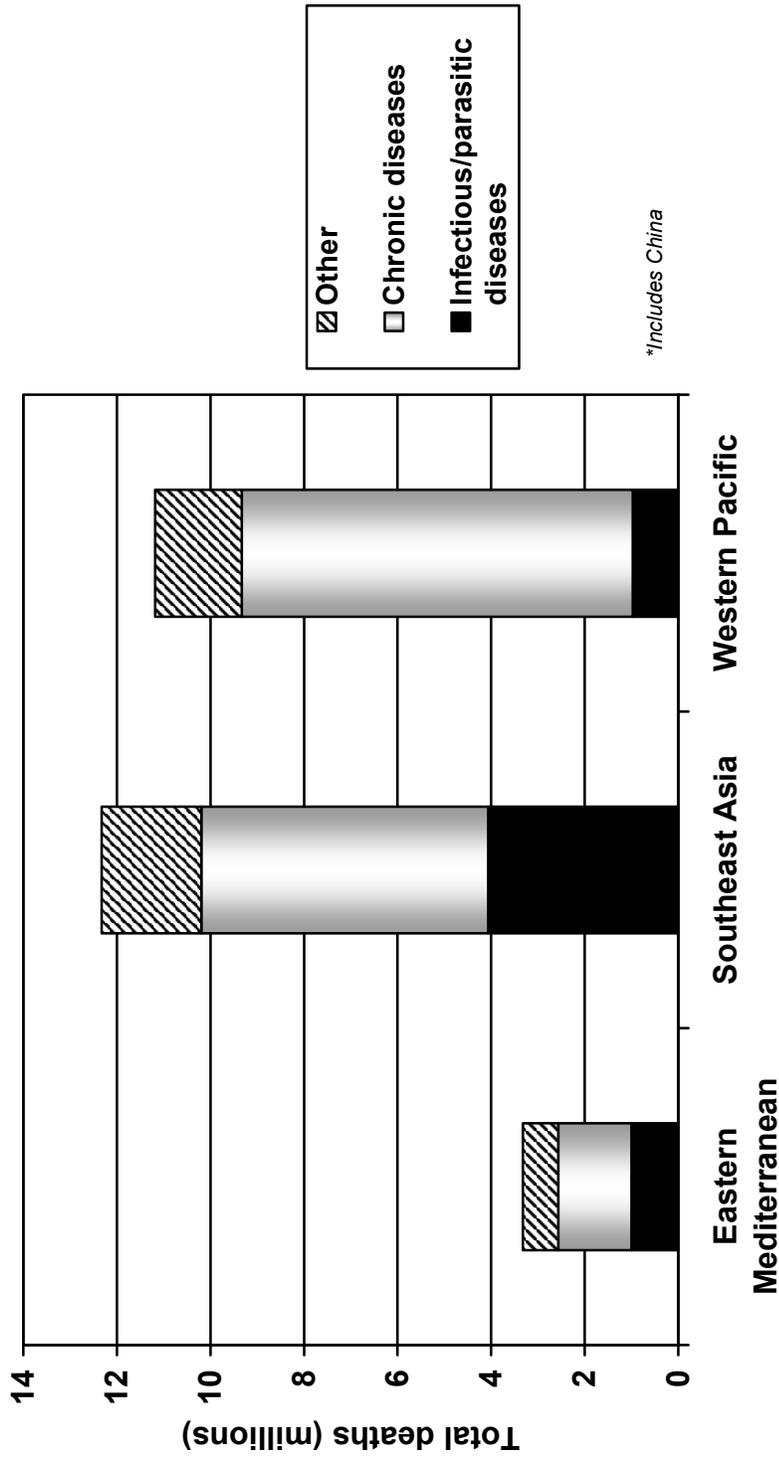
* No current USAID PHN funding

Causes of Death in Asia and the Near East, 1999



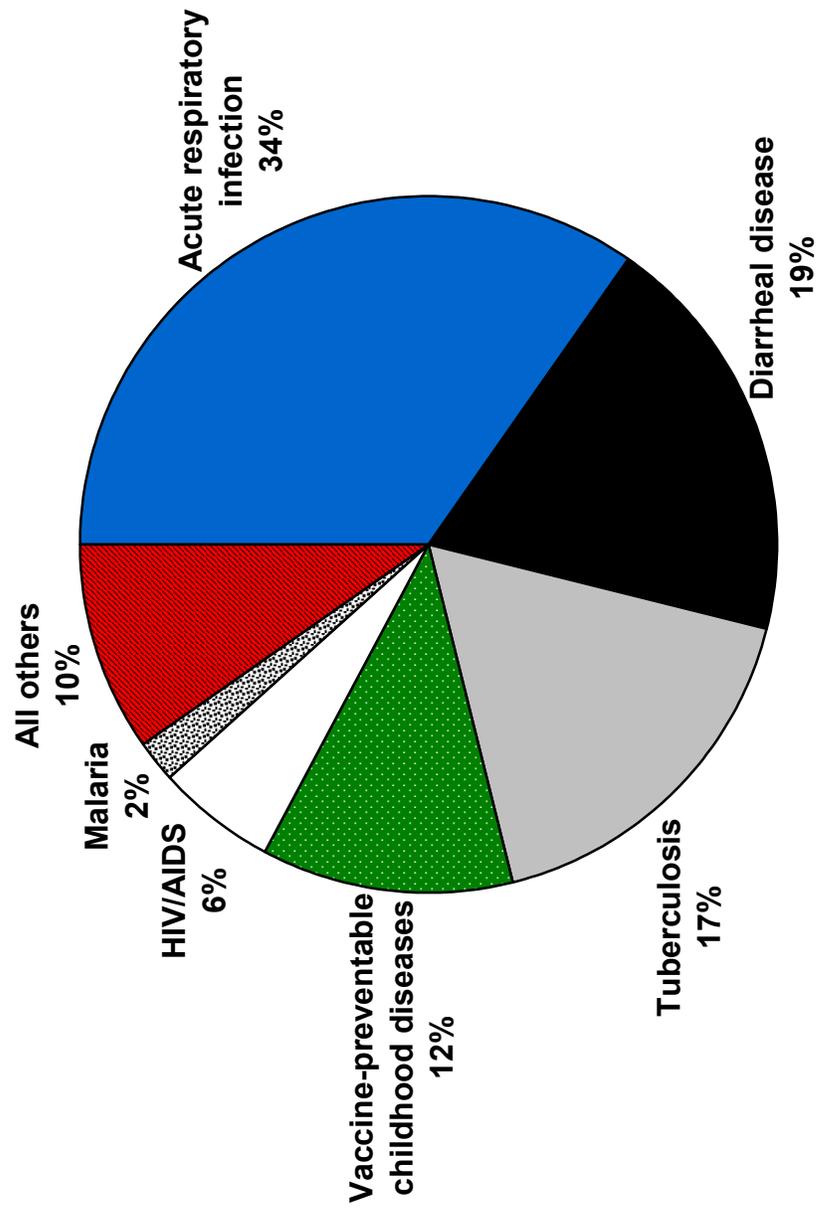
Source: World Health Organization, 2000 World Health Report
Note: Includes China

Causes of Death in 1999



Source: World Health Organization, 2000 World Health Report

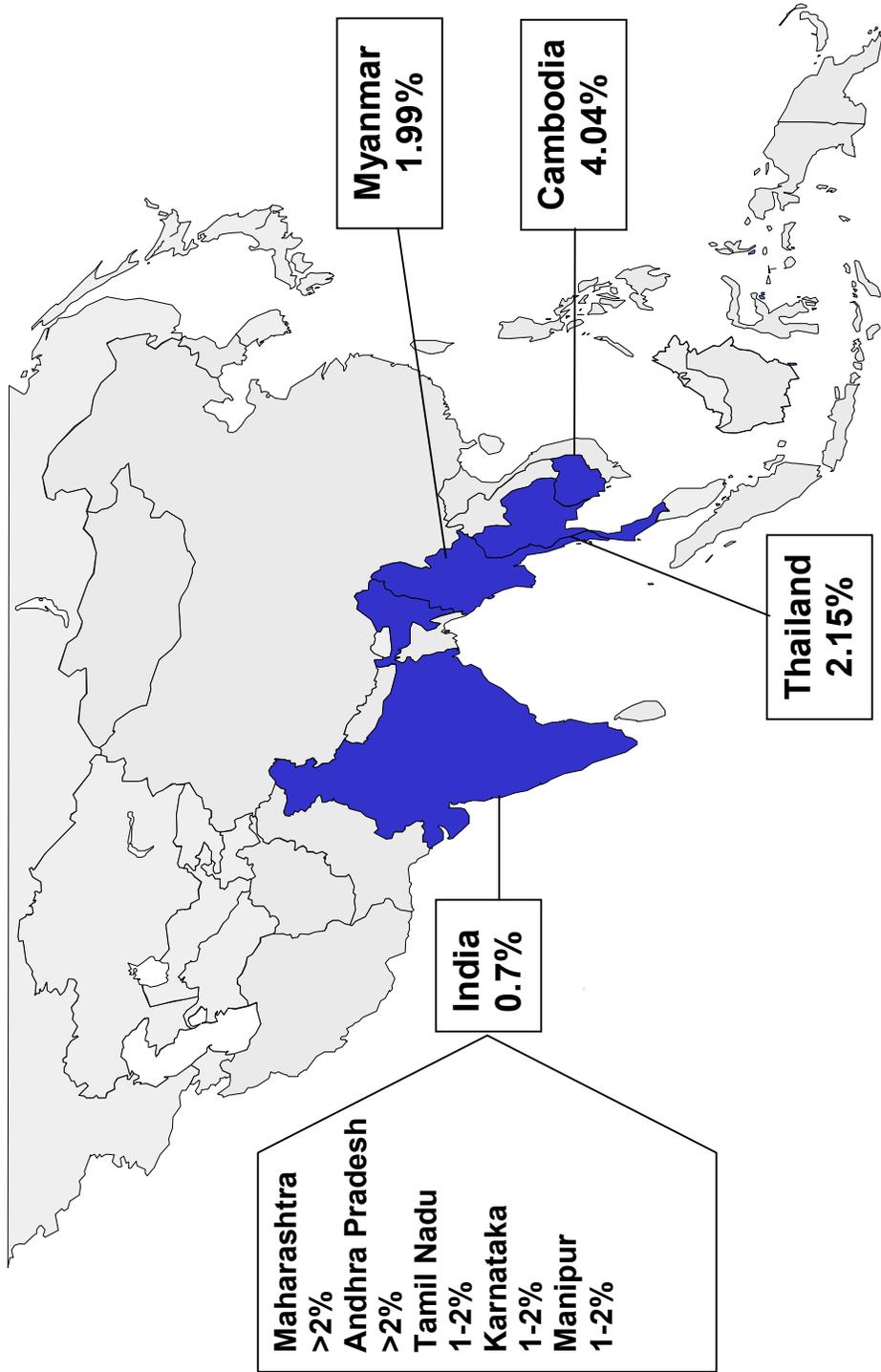
Infectious Disease Deaths in ANE Region, 1999



Source: World Health Organization, 2000 World Health Report

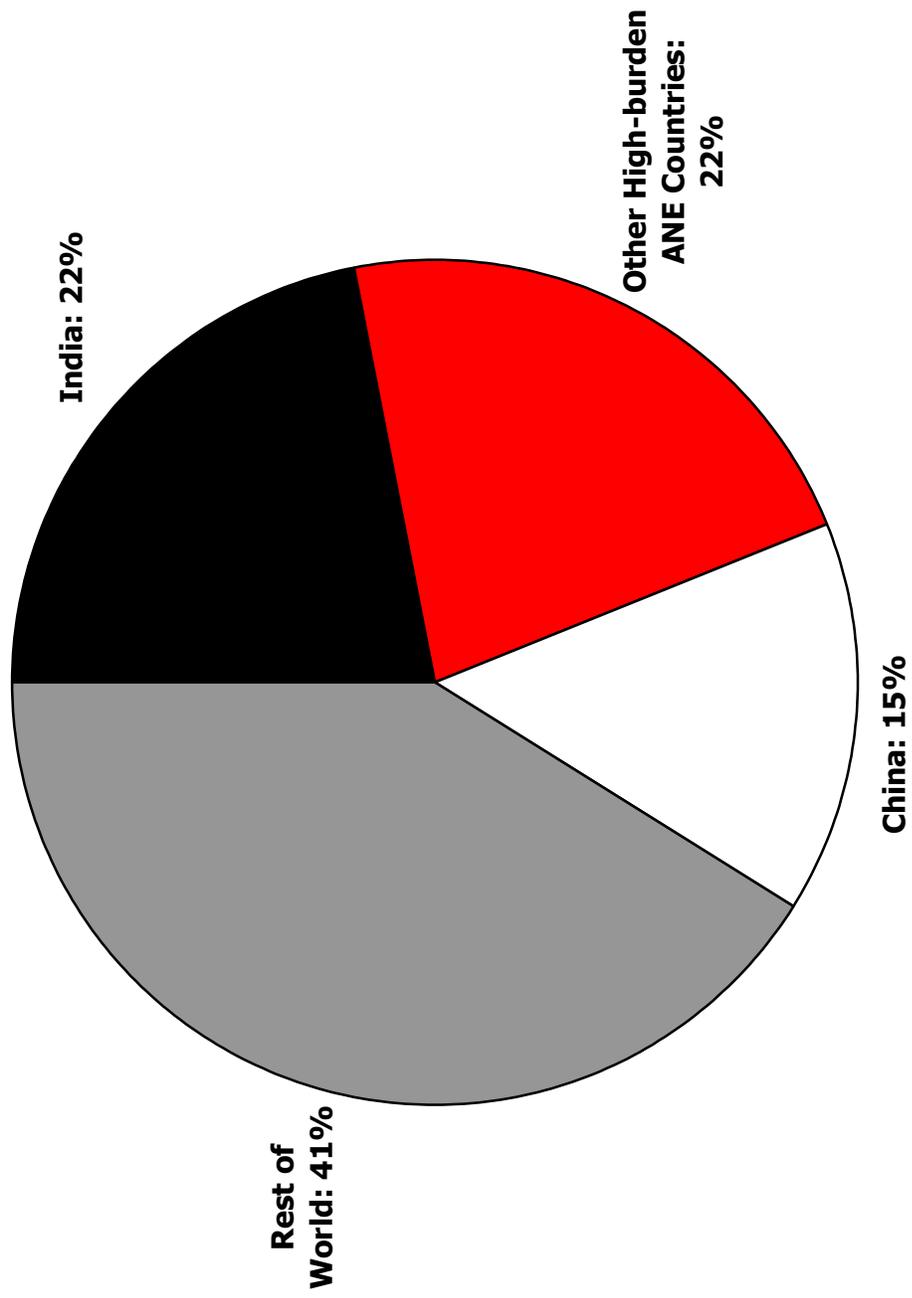
*Includes China

Adult HIV Prevalence, 1999



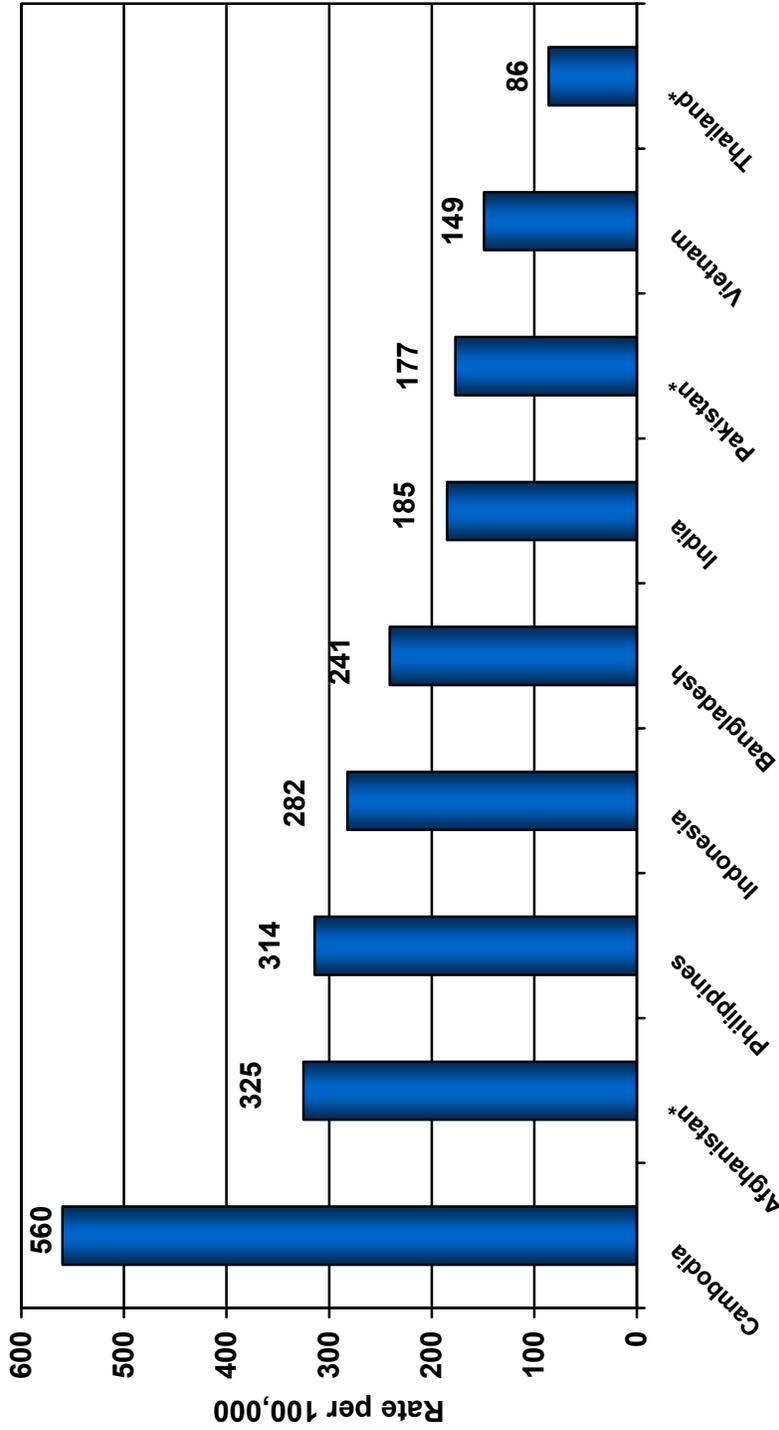
Source: UNAIDS, June 2000 and the National AIDS Control Organization

Estimated New Tuberculosis Cases, 1999



Source: 2001 WHO Global TB Control Report

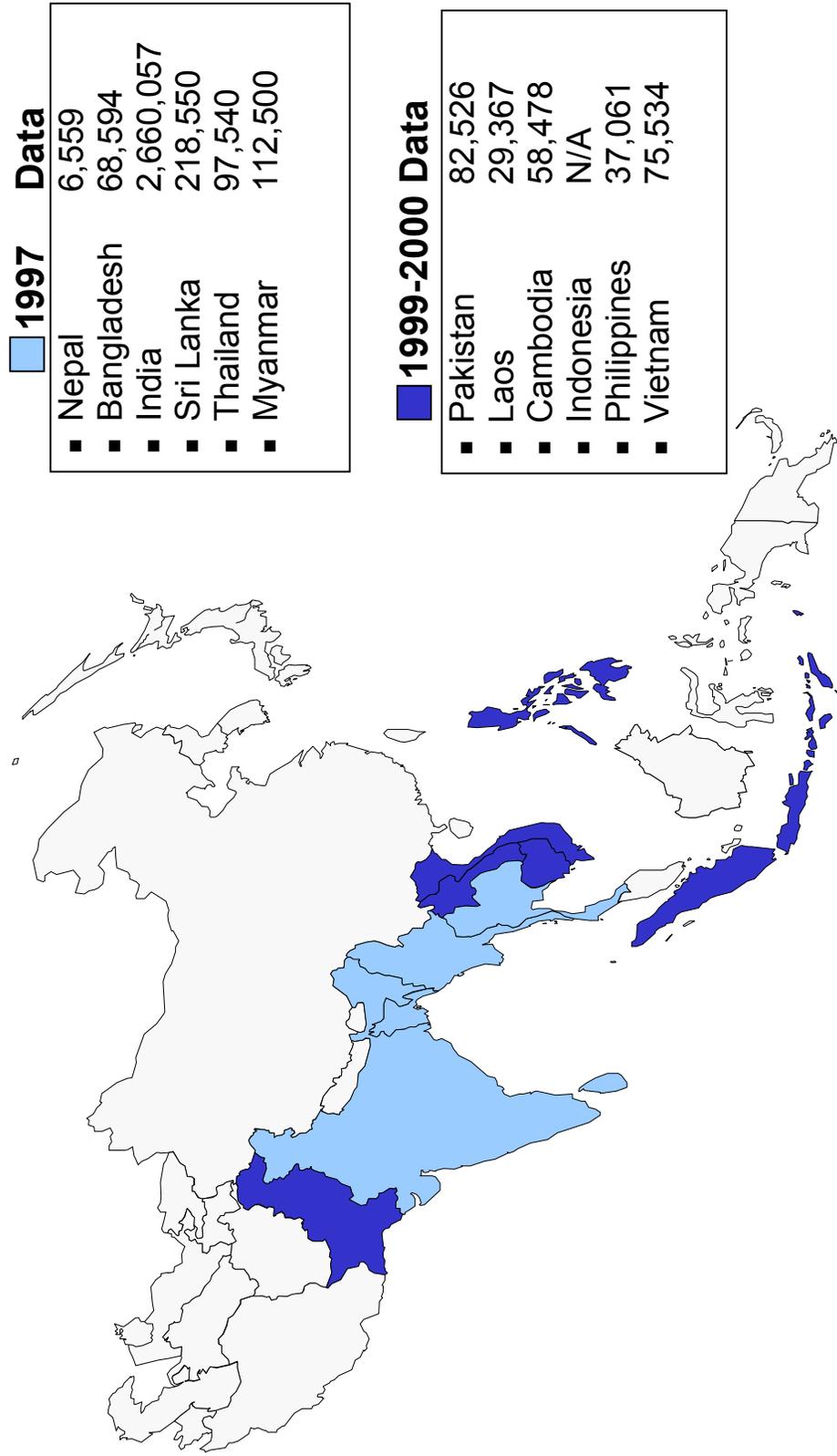
Tuberculosis Incidence



*No current USAID PHN funding

Source: 2001 WHO Global TB Control Report

Malaria Cases, Most Recent Data, 1997-2000



Source: WHO, Roll Back Malaria Web site, Country Profiles

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