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MCH PROGRAM DESCRIPTION

India



Overall MCH and health sector situation

With a population of over 1 billion people, India has one of the fastest-growing economies in the world. Annual economic growth has averaged about 8 percent to 9 percent in recent years; however, India is still very much a country in development transition, with over 700 million of its people living on less than \$2 a day. Rooted in this poverty, India's U5MR of 74/1,000 means that almost 2 million young Indian children still die each year – one-fourth of all the world's infant and child deaths. Approximately one-fourth of the world's maternal deaths – almost 120,000 women a year – also occur in India. Increasing the survival and health of mothers and children is essential to improving the future of India's people and to addressing the political challenge represented by this inequity. Beyond this, it will be impossible for the world to accomplish the MDGs without accelerated progress in India.

There has been progress. The 2005–06 National Family Health Survey, which was substantially supported by USAID, identified significant improvements in key health services. For example, use of antenatal care and trained health personnel at birth significantly improved during the 5 years since the preceding survey. Working in some of the most difficult areas of the country, USAID's programs supported improvements in these and other services that were generally above the national averages. Still, however, in 2005–06 more than half of Indian women delivered without skilled attendants, over half of Indian children were not fully immunized, and the high rates of child malnutrition remained unchanged. India also remains one of four countries worldwide where polio is still endemic. Fertility also remains high, with India's population on a trajectory to double by 2050.

In recent years, the Government of India has made massive new commitments of its own resources to improving health, especially maternal and child health. In 2005, the prime minister launched the National Rural Health Mission (NRHM), a \$9.5 billion program aimed at reaching poor families with essential health services. India has also committed to nationwide expansion of the massive preschool education and child nutrition program delivered through the Integrated Child Development Scheme (ICDS). In 2008, the Government of India intends to launch a parallel National Urban Health Mission (NUHM). USAID/ India's MCH strategy focuses on developing evidence-based program approaches that deliver essential interventions to mothers and children and using these effective programs to guide India's own massive investments.

MCH interventions at the Mission level

Focus areas of USAID's program include birth preparedness and maternity services; newborn care and treatment; immunization, including polio; maternal and young child nutrition; treatment of child illnesses; and household-level improvement of water, sanitation, and environment. These interventions are complemented by USAID's strong support for family planning, including birth spacing and delaying age at marriage to reduce high-risk births.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

USAID's MCH program has three major components. The largest supports promotion and delivery of high-impact maternal and child health interventions through community-level BCC, services, and demand creation and through improved public sector service delivery in two states. The Mission also supports policy and program direction to India's new investments in improving the health of the urban poor through the Urban Health Resource Centre, an Indian NGO that was started with USAID support and has now been designated as the national resource center for urban health programs. USAID also supports a selected group of Indian public health institutions in working with the national government to identify key policy issues related to maternal and child health and nutrition. Working with government and other partners, these institutions collect and develop the evidence to inform policy decisions affecting national health investments. In 2007, this collaboration resulted in a new cabinet-level partnership with private sector institutions to address India's persistently high rates of malnutrition. USAID also has direct partnerships with the private sector, including a recently initiated public-private partnership for production and promotion of zinc supplements to treat childhood diarrheal illness. Finally, USAID directly supports promotion and implementation of polio eradication activities in states having continued transmission of the polio virus.

Specific actions supported as part of the MCH approach

In its state-level program support, USAID works to strengthen planning, management, and monitoring of services at state level and below, and also makes substantial investments in human capacity development through capacity building of health care workers and managers. In its urban programs, USAID provides unique support to strengthening the abilities of municipalities that are tasked with managing urban health services to plan and implement effective services. Under the new NUHM, this support will expand to develop new financing approaches that include private sector providers.

The USAID program's geographic focus

The rural health component of USAID's MCH program is focused in Uttar Pradesh and Jharkhand, two of the Indian states with greatest health need (Uttar Pradesh has a population of over 170 million, making it larger than most countries). Experience in these states is connected to state and national level programs and policy direction through systematic program-based evidence generation, including operations and evaluation research. The policy analysis component of the program also draws on these experiences, as well as other programs in India and global evidence, to also help guide India's own MCH investments.

The Mission program's relationship to the country's health sector and development plans and strategies

As noted, USAID's MCH activities have been developed in consultation with the Government of India and partners to help implement and guide India's own health investments, including the new National Rural Health Mission, the NUHM, Universalization of Integrated Child Development Services Scheme (ICDS) and the 11th Five Year Plan. These programs are also directly linked to state- and municipality-level planning and policy, to affect investment of these and other resources at state level.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

India has for the past 8 years linked its Title II food program with its MCH program to achieve maximum health and nutrition impact. While the Title II program is phasing down, this integration has served to develop approaches that are now being used in multiple states, including "Nutrition Health Days" for antenatal care, immunization, growth promotion, and food distribution to pregnant and lactating women and children under age 2. Water and sanitation has been a key element of urban health and other urban programming; USAID is now developing a more integrated urban water program approach to build on this experience to improve water availability and health outcomes, using both MCH and Development Assistance resources.

Investments and initiatives of other donors and international organizations

USAID is an active participant in the government-led health sector coordination group with other major partners, including the World Bank, DfID, Norwegian-India Partner Initiative (NIPI) and other donors. USAID also participates in semiannual government-partner reviews of implementation of the National Rural Health Mission, aimed to maximize effective implementation and health impact of that initiative. Because India remains a major focus for the global Polio Eradication Initiative, USAID is also an active member of the Inter-Agency Coordinating Committee for Polio

Planned results for the Mission's MCH investments over the next 5 years

USAID's program is designed to assist and support the Government of India and selected state governments in achieving their objectives, including:

- Assisting the National Rural Health Mission and NUHM in achieving by 2012:
 - Reduce MMR to 100/100,000 live births nationally
 - Reduce infant mortality to 30/1,000 live births nationally
 - Increase institutional deliveries to 80 percent
- Assisting the state of Uttar Pradesh in achieving:
 - Reduced MMR from 517/100,000 to 127/100,000, resulting in about 20,000 maternal deaths averted in 2012
 - Reduced infant mortality from 71/1,000 to 37/1,000, resulting in about 160,000 infant deaths averted in 2012
 - Increased institutional deliveries from 21 percent to 42 percent, resulting in about 1.5 million more institutional deliveries in 2012
- Assisting the state of Jharkhand in achieving:
 - Reduced maternal mortality from 371/100,000 to 91/100,000, resulting in about 3,000 maternal deaths averted in 2012
 - Reduced infant mortality from 49 to 26, resulting in about 16,000 infant deaths averted in 2012
 - Increased institutional deliveries from 18 percent to 36 percent, resulting in about 165,000 more institutional deliveries in 2012.

Thus in the two States combined, India expects to avert about 23,000 maternal deaths and 180,000 infant deaths, and to increase the number of institutional deliveries by about 166,500 in the year 2012.

USAID will also assist the Integrated Child Development Scheme in achieving by 2015 a reduction in the percentage of underweight children from 46 percent to 27 percent, resulting in about 6 billion fewer underweight children in India.

MCH COUNTRY SUMMARY: INDIA	VALUE
MCH FY08 BUDGET	14,978,000 USD
Country Impact Measures	
Number of births annually*	25,852,000
Number of under-5 deaths annually	1,920,000
Neonatal mortality rate (per 1,000 live births)	39
Infant mortality rate (per 1,000 live births)	57
Under-5 mortality rate (per 1,000 live births)	74
Maternal mortality ratio (per 100,000 live births)***	450
Percent of children underweight (moderate/severe)****	40%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit*****	77%
Percent of women with at least four antenatal care (ANC) visits*****	37%
Percent of women with a skilled attendant at birth	47%
Percent of women receiving postpartum visit within 3 days of birth	37%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	25%
Immunization	
Percent of children fully immunized at 1 year of age	36%
Percent of DPT3 coverage	55%
Percent of measles coverage	59%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	65%
Percent of children receiving adequate age-appropriate feeding	57%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	18%
Percent of children under 6 months exclusively breastfed	46%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	43%
Percent of children with diarrhea treated with zinc	0%
Percent of children with pneumonia taken to appropriate care	69%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	89%
Percent of population with access to improved sanitation**	28%
<small>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** Source:WHO Maternal Mortality Report 2007 ****The reference for percent of children underweight is the median of the 2006 WHO International Reference Population *****This number is based on mothers who had a live birth in the 5 years preceding the survey (Unless otherwise noted, the data source is the 2005-06 Demographic and Health Survey)</small>	