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PROJECT ASSISTANCE COMPLETION REPORT

CHILD SURVIVAL HEALTH SUPPORT PROJECT

(386-0504)

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I. INTRODUCTION

In 1985, A.I.D. launched a major child survival initiative aimed at bringing about a significant reduction in the number of preventable child deaths in the developing world. Between 1975 and 1980, almost one fourth of the world's infant deaths occurred in India. More infants die annually in India than in any other country. The relative severity of the infant and child mortality problem implies that no worldwide child survival program can be credible unless it has a positive impact on the situation in India. Recognizing studies which indicate that immunizable and diarrheal diseases are the chief causes of infant and child death in India, the Government of India (GOI) launched ambitious programs for universal immunization and diarrheal disease management. With this background, in August 1986, USAID/India authorized the Child Survival Health Support (CSHS) Project to assist the Government of India (GOI) strengthen and accelerate the implementation of those programs.

In 1985, the infant mortality rate in India was 97 per thousand live births and young child mortality was 40 per thousand children. Several factors contributed to these high levels of mortality. Vaccine preventible diseases alone accounted for more than 25 percent of the total infant deaths while diarrhea and acute respiratory infections accounted for another 10-15 percent. In addition, it was estimated that neo-natal tetanus was responsible for more than 250,000 infant deaths every year.

Maternal mortality rates, estimated at 400-500 per 100,000 live births (with wide inter-state variations), were also unacceptably high and accounted for more than one-fourth of the total maternal deaths in the world.

II. PROJECT GOAL AND PURPOSE

Based on the previous factors, the goal of the CSHS project was a significant reduction of infant and child mortality through a reduction of deaths from immunizable diseases and their complications, and of deaths from dehydration due to diarrhea.

The project purpose was to expand the proportion of children and women covered by immunization and oral rehydration therapy, and to improve the quality of the delivery of these interventions.

In 1991, the project goal was already substantially achieved in that the infant mortality rate was estimated to be 85 per thousand births, a decline of 12 per thousand. In real terms, approximately 310,000 deaths were being averted each year. By the project completion date the purpose also had been achieved as immunization coverage reached 80 percent in all states (in some states it reached over 90 percent), which contributed to a significant reduction in child deaths from immunizable diseases. In addition, due to the increased knowledge and use of oral rehydration therapy, a 25 percent reduction in child deaths due to diarrhoea had been achieved.

III. PROJECT HISTORY

The five year CSHS project was authorized in August 1986 with a committment of $65 million of grant funds. The CSHS project authorized more grant funding than any other project in the USAID/I's health portfolio which was indicative of the importance placed on child survival. The project was completed as scheduled on 30 September 1991, with a total funding of $42.4 million.

The project had four elements: (1) A Universal Immunization Program, (2) A Diarrhea Disease Management Program, (3) Innovative Activities and (4) Participant Training. The project originally included a component for implementing the child survival activities at the state level. However, this element was dropped in 1990 and $10 million deauthorized from the project because its conditions precedent was not met.

There was a two year implementation delay in the project based on the GOI's inability to fulfill all the conditions precedent, particularly the CPs relating to modalities of implementation and the State level activities. In its original form, the conditions precedent relating to the modalities for implementation were linked to all project components. As a result, disbursement for any one component required safisfaction of the conditions precedent for all components. However, in 1988, by "de-linking" the conditions precedent to clarify the distinct and separable nature of the components and subcomponents, each of which could be implemented independently, USAID was able to jumpstart the project, immediately granting funds to UNICEF for the implementation of the Universal Immunization element. The project then quickly progressed in the implementation of the other elements, with the exception of the state activities element, which was eventually dropped. The project focussed on the following activities:

- Universal Immunization Program: In 1988, USAID made a grant of $25.5 million to the United Nations International Children Emergency Fund (UNICEF)/India to carry out Child Survival activities. The activities to be financed by this grant were included in the UNICEF assisted program to support the GOI Universal Immunization Program (UIP) from 1985-90. The basic concept of the UIP is to increase immunization coverage on a phased basis to achieve and sustain universal coverage. The

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funds provided to UNICEF under this grant were to meet the incremental capital and operating costs related to the implementation of the UIP as agreed to by the GOI and UNICEF.

- National Diarrheal Diseases Management Program: The Child Survival project committed a total of $15 million to support the GOI's National Oral Rehydration Therapy (ORT) program. Implementation of this element was delayed as the GOI had difficulty in developing a national implementation plan and a basis for disbursement as per the conditions precedent. Because of this, USAID provided the GOI with an internationally recognized expert on ORT to assist in the preparation of a national implementation plan. Once this was accomplished, USAID then proposed the use of benchmarks as the basis for disbursement of funds. After considerable discussion in 1989, USAID and the MOHFW delineated seven benchmarks that would develop the promotion and use of ORT to reduce the number of diarrhea deaths.

- Innovative Activities: This element was to support a broad range of operational studies designed to improve the delivery and performance of the health service system, as well as to provide technical assistance. Because progress was slow in this component, in October 1990 discussions were held between USAID, MOHFW and the Department of Economic Affairs (DEA) which resulted in considering this element "extra-budgetary". In essence, contracts could be entered into by the MOHFW and payments made directly to the contractors by USAID.

- Participant Training: Funding for this element was intended for short term participant training for state and national level officers in the design, implementation and evaluation of project activities associated with the UIP and ORT programs. Until 1988

discussions were held with the GOI, courses were planned and participants were chosen. The first group of participants attended courses in the U.S. in 1988.

IV. PROJECT STATUS AND ACCOMPLISHMENTS

The project envisioned the enhanced coverage of immunization and oral rehydration therapy, as well as an improved quality of delivery of those interventions, both of which would contribute to a reduction of infant and child deaths. Achievements were made in all of the project components contributing to the realization of both the project goal and purpose.

Given that the USAID grant for the UIP component was channeled into an existing and on-going UNICEF-GOI activity, it was practically impossible to perform an independent evaluation of this part of the project. However, a comprehensive evaluation of the GOI national UIP was carried out using the World Health Organization (WHO) designed schedules which found that over 100,000 health workers have received various levels of training and the immunization coverage of the targeted population (0-12 months) had reached nearly 80 percent, a significant increase over the coverage before this program was initiated. In addition, and importantly, since the UIP and ORT activities are priority national level programs, the GOI is committed to continue them. The GOI's aim is 100% coverage, and it can be safely said that the CSHS project contributed to its achievement.

Prior to 1985, immunization coverage levels under the GOI's UIP program were very low as the program lacked the direction and support required to achieve high coverage levels within a limited time frame. Coinciding with USAID's CSHS project, the GOI's program

was intensified and its objectives more clearly defined (both to provide adequate prevention to both mother and child and to improve and maintain the refrigeration equipment necessary for the vaccines). The UIP in India is now one of the largest preventive health intervention schemes in the world, vaccinating about 22-25 million infants and over 25 million pregnant women every year. At the beginning of the project in 1985-86, vaccine coverage levels ranged between 29 percent for tuberculosis and 41 percent for Diptheria, Petussis and Tetanus (DPT). However, by the end of March 1991, the coverage levels improved significantly; e.g., 98 percent of infants were immunized with DPT3 and Oral Polio Vaccine (OPV3), 97 percent with tuberculosis and 89 percent with the measles vaccine. In addition, 78 percent of pregnant women were immunized with tetanus toxoid.

Since the GOI program was expanded in phases, the total package of services within it could be made available throughout the country only towards the end of 1989. But the impact of the intensified efforts is already seen in the declining trends of disease incidence. For example, there were about 28,000 cases of Poliomyelitis in 1987, (having declined from about 32,000 cases in 1981). In 1990, the number of cases fell to 8,000. A rapid decline was evidenced after the coverage levels of infants immunized with three doses of OPV had reached a level of 50-60 percent. During the first half of 1991, the number of reported cases was just about half that reported during the corresponding period in 1990. In fact, in the ten better performing states and union territories, accounting for a population of about 250 million, the reduction in cases has been far more pronounced. In the foreseeable future, possibly before the year 2000, these areas could become polio free zones.

Fund disbursements for the National Diarrheal Diseases Management Program were made to the MOHFW on the achievement of certain benchmarks, which MOHFW officials either certified or conducted studies to verify. These benchmarks included the establishment of an organizational unit in the MOHFW with responsibility for the ORT program, the establishment of surveillance centers to monitor ORT practices using a new reporting format, the knowledge of ORT reaching almost 50 percent of urban and rural homes (49 and 42 percent respectively), and social marketing.

Twenty small innovative activities, studies and seminars were approved by the MOHFW and all but one were completed successfully by September 30, 1991. In terms of costs, these proposals ranged from between $25,000 and $250,000, with some having become models for replication. Approximately 25 percent of these activities appear likely to be sustained. The GOI is considering or has already committed funds to the continuance of some activities while the state governments have found their own funds for continuing others. Also, major foundations, such as the Rajiv Gandhi Foundation, have contributed funds to an activity that USAID initially funded. No independent evaluation of these proposals has been conducted, given the small size of the funding (approximately $2 million) relative to the total project cost, although each activity had a built-in evaluation as one of its components. See Attachment 'A' for a list of these activities. In addition, several copies of video tapes on Mother and Child Health (MCH) were made and distributed to most of the state and district level government offices.

The GOI's UIP and ORT programs were also strengthened through the project's training activities. About 34 officers from the Central and state governments attended training programs in the U.S. in areas related to Mother and Child Health (MCH), Financial Management and Health Administration. Another fifteen District Immunization Officers attended a basic epidemiology program at a local Indian institution. In addition, the CSHS project provided assistance to the MOHFW in order to make training films for health workers.

V. LESSONS LEARNED

1. Previously, most health programs were defined at the Central and State levels, resulting in a lack of planning and programming inputs at the district level. In the CSHS project though, district level planning and implementation strategies were an integral part of the UIP, thereby making the program more relevant to the district infrastructure, and adding to sustainability. A similar approach (the district acting as the planning and management unit) should be followed when interventions for saving lives of mothers and young children are to be provided.

2. The CSHS project included a "performance based disbursement" concept (i.e. use of benchmarks) which was the first such experience in the Health, Population and Nutrition (HPN) portfolio. This can be viewed as a fast disbursement mechanism which has been quite successful. Looking at the value of the outputs rather than the line item value of inputs allows the GOI bureaucracy and USAID greater flexibility in achieving the goals of the project. With the benchmark system, certain tangible outputs can be verified and quantified. If a benchmark involves a policy change, to which it might be difficult to assign a value, the mechanism ascertains the

incremental return which will accrue based on that policy change, i.e. the benefits that will result when the goal is reached based on the policy change, and assigns an output value based on that assessment.

3. Again, this was the first project in the HPN portfolio which attained "extra budgetary status" for one of its components. The result of such a concept was exceptional in that over 20 innovative activities were completed in just over six months. Given that the innovative activities budget was quite small, this mechanism proved ideal. With no activity in the first four years, the extra budgetary status allowed this activity to flourish. By going around the GOI budgetary process, there was a reduction in the pipeline, and disbursement was accelerated.

4. The specific programs aimed at the elimination of the various factors responsible for child and maternal mortality have so far been implemented more or less as separate and vertical programs. This lack of integration, apart from resulting in resource waste, leads to a focus on the "means" of the program rather than on the "ends" or objectives. Therefore, integration is probably preferable in terms of efficiency and impact.

VI. MISSION FOLLOW-UP ACTIONS

Under the project element of Universal Immunization, the Mission is yet to fully disburse the entire grant amount to UNICEF. As the payments to UNICEF are being made out of AID/W's offices, the Mission is following up with AID/W to receive the Advice of Charge (AOC).

Attachment 'A'

INNOVATIVE ACTIVITIES, STUDIES AND SEMINARS CONDUCTED UNDER THE CHILD SURVIVAL HEALTH SUPPORT PROJECT

1. Society for Professional Initiative in Development, Patna - "PI Programme for Child Survival"

2. Indian Market Research Bureau - "Diarrhoea Management in Urban India"

3. Indian Market Research Bureau - "Cost Benefit Analysis Study of Intravenous Drip Vs. ORS"

4. Indian Market Research Bureau - "Mother's Knowledge on Diarrhea Management"

5. National Industrial Development Corporation - "Material Management System in selected districts of MP"

6. Seminar held by National Industrial Development Corporation Material Management and Information Systems for the Universal Immunization Programme

7. Christian Medical College, Ludhiana - "Child Survival in Slums through Community Oriented Medical Education and CMC, Ludhiana"

8. VIMARSH, The Consultancy Group - "Determinants of Health Workers' Activities and Performance in Delivery of MCH Services and Its Utilization"

9. VIMARSH, The Consultancy Group - "Safe Motherhood and Improved Child Survival through Improved Health Care"

10. VIMARSH, The Consultancy Group - "KAP re LBW and Nutritional Behavior during Pregnancy"

11. Maulana Azad Medical College - "Early Childhood Mortality and Prenatal Period Management in Urban Poor"

12. Maulana Azad Medical College - "Study of Antibody Response to E-Z Strains of Measles Vaccine Given at 6-9 months of Age"

13. Maulana Azad Medical College - "Secular Trends and Determinants of Under Five Mortality Components in India"

14. Center for Development Research and Training - "The Implementation of an Innovative MCH Programme in A.P."

15. Center for Development Research and Training - "The Implementation of an Innovative MCH Programme through Selective Integration of ISM"

16. Impact India Foundation - "Life Line Express"

17. Voluntary Health Association of India - "Integrated Communication Strategy for Women and Child Survival"

18. Institute for Research in Medical Statistics (Indian Council of Medical Research) - "Methodological Investigations on Survey of Immunization Coverage"

19. Indian Society for Medical Statistics - "National Seminar on Statistics in MCH"

20. Mode Research Pvt. Ltd. - "Assessment of Supply and Demand of Oral Rehydration Salts"

SPECIAL COVENANTS

Section 5.1 Project Evaluation. The Parties agree to establish an evaluation program of each project component i.e. Diarrheal Disease Management Program, UIP, national and state level programs as may be advised and agreed to pursuant to Section 4.1(b) above.

STATUS: 1. A final evaluation of the UIP program was conducted by the GOI in conjunction with UNICEF near the project completion date, and a copy of the findings was furnised to USAID. 2. The State level activities component was dropped from the project. Achievement of the benchmarks by the GOI under the ORT component satisfied the monitoring and evaluation activities.

Section 5.2 Provision of Adquate Budget. The Cooperating Country agrees that it will ensure adequate budget provisions in the central government budget as well as in the budgets of the project states to carry out the activities that may be listed in annual implementation plans.

STATUS: The State activities component was dropped from the project. The GOI ensured funds in the budget to carry out implementation plans during the project.

Section 5.3: The cooperating country/grantee shall exercise every reasonable effort to require each person trained under the project to work in activities related to the project or in activities approved for financing under this project agreement, in India, for not less than three times the length of time of his or her training program.

STATUS: Trainees were working in related activities as on the project completion date.

Attachment 'C'

PLANNED VERSUS ACTUAL ACHIEVEMENTS

I. GOAL LEVEL ACHIEVEMENTS	ACHIEVEMENT
1. Significant reduction in overall infant mortality rate	achieved
2. Significant reduction of child deaths from immunizable diseases (measles, tetanus and pertussis)	achieved
3. 30% reduction in child deaths from dehydration due to diarrhea	25% reduction achieved
II. PURPOSE LEVEL ACHIEVEMENTS	
4. 85% of pregnant women and children under age one fully immunized	80% in all states, in some states over 90%
5. ORT known and practiced in 50% of the rural homes	in 1991, ORT covered 49% urban and 42% rural homes
III. OUTPUT LEVEL ACHIEVEMENT	
1. 412 districts covered by UIP and ORT	UIP covered in 466 districts
2. 106 medical colleges and 73 district centers established	39 medical colleges 25 district hospitals established
3. 90% of peripheral workers trained in project states	Activity dropped

4. Competency based methods and materials in use in regional training institutions and district training programs in four project states	Activity dropped
5. Market research completed and client oriented communications strategies implemented in four states	Activity dropped
6. Modified MIS with new indicators in use in all four project states	Activity dropped
7. 24 innovative studies, tests or demonstrations completed	19 completed
8. 80 Participants trained.	34 participants trained

Attachment 'D'

CHILD SURVIVAL HEALTH SUPPORT

FINANCIAL SUMMARY

(As of 09/30/92)

($000)

Element	Obligation	Commitment	Disbursement	Accrued	Deobligation
1. Universal Immunization	25,000	25,000	24,696	304	-
2. National Diarrheal Disease Management Program	15,000	15,000	15,000	-	-
3. Other Activities					
a. Innovative Tests, Demonstrations and Technical Support	2,095	1,995	1,995	-	100
b. Training	435	422	422	-	13
Total	42,530	42,417	42,113	304	113

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