

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Child Health and Nutrition
Pillar:	Global Health
Strategic Objective:	936-003
Status:	Continuing
Planned FY 2005 Obligation:	\$50,903,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2006 Obligation:	\$50,902,000 CSH
Year of Initial Obligation:	1995
Estimated Year of Final Obligation:	2013

Summary: The Bureau for Global Health's (GH) Child Health and Nutrition strategic objective focuses on developing and implementing low-cost, feasible, effective interventions that address the major causes of infant and child malnutrition, morbidity, and mortality in developing countries. GH invests its resources and staff effort in applied and operations research and technology development, technical support to country programs, and addressing cross-cutting policy and health service delivery factors that directly affect child health services. These activities are carried out through direct technical leadership and through partnerships with other international organizations and bilateral donors.

Inputs, Outputs, Activities:

FY 2005 Program: Improve child survival, health and nutrition (\$50,902,000).

Applied and operations research and technology development (\$7,635,300). GH will focus its research investment on high-impact technologies and program approaches, specifically: zinc supplementation for reduction of child illness and mortality, and newborn care to prevent and treat life-threatening infections; evaluating zinc treatment in terms of reducing use of inappropriate drugs; linking maternal-newborn care with programs for preventing mother-to-child transmission of HIV; linking community-based treatment of pneumonia and malaria; and additional approaches to providing safe drinking water at the household level. GH will initiate systematic assessment of child health intervention approaches in fragile states and crisis situations. Principal contractors, grantees, and cooperating agencies include: World Health Organization, Johns Hopkins University, International Science and Technology Institute, Boston University, and PATH.

Technical support to country programs (\$20,360,800). GH will dedicate the largest portion of its resources to assisting program efforts in countries to improve the quality and effectiveness of programs delivering the core child survival interventions. Technical assistance will work with the Child Survival Partnership, which facilitates programming among the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the World Bank, USAID, and other donors. GH will help countries apply the USAID "White Paper" (U.S. Foreign Aid: Meeting the Challenges of the Twenty-first Century) categorization to define interventions, delivery approaches, and health systems strengthening required in different countries, including fragile and failing states. Principal contractors, grantees, and cooperating agencies include: UNICEF, WHO, The Academy for Educational Development, the International Science and Technology Institute (ISTI), the PVO CORE Group, John Snow Inc., and Management Sciences for Health.

Improving key cross-cutting policy and health service delivery system factors (\$5,090,200). GH will invest in selected elements of policy, resource allocation, health systems, and promotion of healthy behaviors necessary for effective delivery of key child health and nutrition interventions. These include cost-effectiveness analyses of programs, evaluation of community-based health insurance schemes, work with private sector providers to improve availability and use of key child health drugs, simple quality improvement techniques for child health care, and Demographic and Health Surveys and other approaches to monitor coverage and impact. Principal contractors, grantees, and cooperating agencies include: Abt Associates, Management Sciences for Health, MACRO Inc., United States Pharmacopoeia

Convention, University of North Carolina, University Research Company, Jorge Scientific Corp, and WHO.

Improving community-based programs (\$15,270,600). The Child Survival Grants Program includes new interventions: zinc treatment and point-of-use household water disinfection. It maintains its basic purpose of supporting a broad range of faith-based and private voluntary organizations in their child survival work among vulnerable populations. GH has worked with grantees and field missions to increase their impact on child survival by strengthening their connection with broader programming of missions and national governments.

Global Leadership (\$2,545,100). GH will work with the Child Survival Partnership on coordinated country-level activities aimed at expanding high-impact child health interventions, linked to safe motherhood and newborn health efforts, and increase investment by partners and governments.

FY 2006 Program: Improve child survival, health and nutrition (\$50,902,000).

Applied and operations research and technology development (\$7,635,300). Research in micronutrients, newborn survival, and links of newborn care to prevention of mother-to-child transmission of HIV will continue; additional research will evaluate basic child health care adapted to the care of HIV-infected or exposed children. Evaluation of zinc as a preventive intervention will be concluded and introduction activities begun. Principal contractors and grantees will be those mentioned for FY 2005.

Technical support to country programs (\$20,360,800). Cooperation at country level under the Child Survival Partnership will increase. GH will scale up its initiatives for expanding effective treatment of pneumonia, improving care and treatment of newborns, rolling out zinc supplementation, and implementing point of use water disinfection, including in HIV-prevalent communities. Principal contractors and grantees will include those mentioned for FY 2005, as well as new partners added through competitive grant and procurement actions and a new private sector partnership for social marketing of zinc treatment and point of use water disinfection.

Improving key cross-cutting policy and health service delivery system (\$5,090,200). Activities in this area will especially emphasize the mobilization of private sector and community resources and new strategies to increase the availability of key drugs and commodities. Principal contractors and grantees will be the same as those mentioned for FY 2005.

Improving community-based programs (\$15,270,600). GH will continue to support U.S. faith-based organizations (FBO) and PVO programs in child health, emphasizing partnerships and collaboration with USAID missions and other partners to increase impact and sustainability of health gains. Principal partners will include PVOs having continuing multi-year grants and about 16 new competitively selected PVO grantees.

Global Leadership (\$2,454,100). GH will continue to work with UNICEF, WHO, the World Bank, the Gates Foundation, and other partners to expand coverage of key effective interventions in countries identified by the Child Survival Partnership. GH will also implement the approach of tailoring the child health and health systems intervention mix to the country categories of the USAID "White Paper." GH will document the experience to communicate USAID's approach to health sector partners.

Performance and Results: GH's leadership has included organizing the interagency Child Survival Partnership and being a major technical and financial contributor to the global Polio Eradication effort, the Global Alliance for Vaccines and Immunization, and the Global Alliance for Improved Nutrition. GH has provided visionary support to the development and introduction of new life-saving interventions including zinc treatment, point-of-use household water disinfection, community treatment of pneumonia, and community level care for newborns. As a result, point-of-use water disinfection is now at national scale in Madagascar and Zambia and at sub-national scale in Afghanistan and India, essential newborn care has been launched in four countries, and the first community pneumonia treatment program in Africa has been established in Senegal, setting the stage for further expansion. Most importantly, GH has provided

solid technical support to USAID country programs, contributing directly to achievements including sustained high level vitamin A coverage in 16 countries, increased immunization coverage in 10 countries, further reduction in the number of polio cases, and steady increase in the use of oral rehydration therapy (ORT). At the end of this program, GH expects to have contributed to sustained increases in fully immunized children, reduction or elimination of vitamin A deficiency, and reduction of diarrhea mortality through ORT, zinc treatment, and safe household water, each in at least 20 countries.

U.S. Financing
(in thousands of dollars)

936-003 Increased use of key child health and nutrition interventions

	Obligations		Expenditures		Unliquidated	
Through September 30, 2003	380,373	CSH	331,298	CSH	49,075	CSH
	94,012	DA	94,012	DA	0	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI
Fiscal Year 2004	53,130	CSH	42,128	CSH		
	0	DA	0	DA		
	0	ESF	0	ESF		
	0	IDA	0	IDA		
	0	TI	0	TI		
Through September 30, 2004	433,503	CSH	373,426	CSH	60,077	CSH
	94,012	DA	94,012	DA	0	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI
Prior Year Unobligated Funds	0	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
Planned Fiscal Year 2005 NOA	50,903	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
Total Planned Fiscal Year 2005	50,903	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
			Future Obligations		Est. Total Cost	
Proposed Fiscal Year 2006 NOA	50,902	CSH	127,507	CSH	662,815	CSH
	0	DA	0	DA	94,012	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI