

## Data Sheet

<b>USAID Mission:</b>	Bureau for Global Health
<b>Program Title:</b>	Child Health and Nutrition
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	936-003
<b>Status:</b>	Continuing
<b>Planned FY 2006 Obligation:</b>	\$54,064,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2007 Obligation:</b>	\$49,568,000 CSH
<b>Year of Initial Obligation:</b>	1995
<b>Estimated Year of Final Obligation:</b>	2012

**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. GH invests resources and staff effort in applied and operations research and technology development, support to country programs, and cross-cutting policy and health service delivery factors that affect child health services. Activities are carried out by direct technical leadership and through partnerships with other international organizations and bilateral donors.

### **Inputs, Outputs, Activities:**

#### **FY 2006 Program:**

Improve child survival, health, and nutrition (\$54,064,000). Applied and operations research and technology development (15%): GH continues research that sets global and Agency direction in program areas of highest impact: research on newborn care and prevention; detection and treatment of life-threatening newborn infections; micronutrient research (zinc supplementation as a risk-reduction intervention, zinc treatment of pneumonia, newborn dosing with vitamin A); and evaluation of community-based care of severe pneumonia. Operations research will evaluate: linking maternal and newborn care to PMTCT and linking HIV-exposed and positive children to routine child health services; community and home care for malaria and pneumonia; combined maternal and newborn post-partum care; and the effects of introducing zinc treatment for child diarrhea on overall treatment of children. Research will identify determinants of declining use of oral rehydration therapy (ORT). Technology development will include devices for providing pre-loaded injectable antibiotics and resuscitation devices for sick newborns, field methods for determining vitamin A status, and new methods for injection waste. Principal implementers: WHO, Johns Hopkins, Boston University, International Science and Technology Institute (ISTI), and Program for Applied Technologies in Health.

Technical support to country programs (41%): Support to field programming is the central element of GH's programming. This approach connects GH's global technical leadership role with USAID's unique field presence. Areas of concentration will be revitalizing ORT, introducing and expanding community-based pneumonia treatment and point-of-use water treatment; introducing zinc treatment and expanding vitamin A supplementation programs; expanding proven program approaches to increase breastfeeding and effective infant and child feeding; and promoting improved newborn routine care and treatment when ill. Principal implementers: UNICEF, WHO, Academy for Educational Development, ISTI, the PVO CORE Group, John Snow Inc., and Management Sciences for Health (MSH).

Improving cross-cutting policy and health service delivery factors (10%): GH's child health SO invests in health system and policy approaches that directly support the delivery or increased use of key child health interventions; resource analyses of funding patterns for child survival; drug and commodity management approaches that increase the availability of drugs and supplies; financing approaches that remove cost barriers for poor families; approaches that improve the quality of services, and the development of data that guide programs (Demographic and Health Surveys). Principal implementers: Abt Associates, MSH, MACRO Inc., United States Pharmacopoeia Convention, University of North Carolina, University Research Corporation, Masimax, and WHO.

Improving community-based programs (32%): The Child Survival and Health grants program supports the participation of NGO and FBO partners in child survival and health programs, coordinates with USAID field missions, provides a way to reach underserved and vulnerable populations, identifies successful community-based approaches, and introduces new interventions such as zinc treatment of diarrhea and improved identification and treatment of newborn infections. Recent quantitative assessments produced estimates of significant numbers of child lives saved as a result of changes in use of key child survival interventions by these programs.

Global leadership (2%): GH will work with the global Partnership for Maternal, Newborn, and Child Health and other member organizations: the World Bank, CIDA, DfID, WHO, UNICEF, the Gates Foundation, NGOs, and governments, supporting progress in child survival in high mortality countries.

**FY 2007 Program:**

Improve child survival, health, and nutrition (\$49,568,000). Applied and operations research and technology development (14%): GH will accelerate its research investment in newborn survival and in micronutrient interventions. Operations research will be expanded in Africa on connecting routine mother and child health care to HIV/AIDS programming to benefit of HIV-infected mothers, children, and communities.

Technical support to country programs (42%): GH will accelerate support to country programs in areas that include routine newborn care and care of sick newborns, new micronutrient interventions, point-of-use safe water technologies, new strategies for immunization, and adaptation and transfer of program approaches for community treatment of sick children (with diarrhea, pneumonia, and fever). GH will partner with countries with declining rates to identify the determinants of these declines and develop, implement, and evaluate program strategies to reverse declines.

Improving cross-cutting policy and health service delivery factors (11%): Focused investments in this area will include increasing availability of essential drugs for newborn and child health, tracking resource levels for child survival at country level, assuring that the growing number of insurance and financing approaches support appropriate child health services, and improving the availability of information to evaluate progress in child health and nutrition at global, national, and local levels.

Improving community-based programs (30%): The Child Survival and Health grants program will continue to serve unreached children, promote community and local government services, and bring new health interventions to the level of families. It will play a key role in developing the continuity of services required for HIV-positive women and their infants.

Global leadership (3%): GH will actively engage with the members of the global Partnership for Maternal, Newborn, and Child Health to support countries to plan, coordinate, and monitor approaches to accelerate progress in child survival.

**Performance and Results:** GH has expanded its work to introduce high impact program approaches, including point-of-use water and essential newborn care linked with safe motherhood programs. GH continues to provide technical support to mission and country programs in immunization and vitamin A supplementation. Twelve countries have undertaken POU water programs (five moving to scale) and 32 have semi-annual national vitamin A supplementation. USAID was the first global agency to call attention to the decline in use of ORT. GH is working with missions and partners to reverse this decline. GH provides key technical inputs to guide the U.S. investment in the Global Alliance for Vaccines & Immunization and other global partnerships. GH continues on the cutting edge of issues affecting child health programming, working at the interface with pediatric AIDS and mother-to-child transmission of HIV, identifying the most effective child health approaches in fragile states, and supporting research on micronutrients, newborn health, childhood infections, and barriers to utilization of child health services. At the end of this program, GH will have contributed to sustained increases in child immunization, 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.

## US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-003 Child Health and Nutrition		
<b>Through September 30, 2004</b>		
Obligations	433,503	94,012
Expenditures	373,426	94,012
Unliquidated	60,077	0
<b>Fiscal Year 2005</b>		
Obligations	52,292	0
Expenditures	42,066	0
<b>Through September 30, 2005</b>		
Obligations	485,795	94,012
Expenditures	415,492	94,012
Unliquidated	70,303	0
<b>Prior Year Unobligated Funds</b>		
Obligations	0	0
<b>Planned Fiscal Year 2006 NOA</b>		
Obligations	54,064	0
<b>Total Planned Fiscal Year 2006</b>		
Obligations	54,064	0
<b>Proposed Fiscal Year 2007 NOA</b>		
Obligations	49,568	0
Future Obligations	73,388	0
Est. Total Cost	662,815	94,012