

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Child Health and Nutrition
Pillar:	Global Health
Strategic Objective:	936-003
Proposed FY 2004 Obligation:	\$52,300,000 CSH
Prior Year Unobligated:	\$246,000 CSH
Proposed FY 2005 Obligation:	\$47,538,000 CSH
Year of Initial Obligation:	1995
Year of Final Obligation:	2013

Summary: The Bureau for Global Health's (GH) Child Health and Nutrition SO focuses on developing low-cost, feasible, effective interventions that address the major causes of infant and child malnutrition, morbidity, and mortality and on supporting their widest possible implementation in developing countries. It achieves this by investing 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 2004 Program:

Applied and operations research and technology development. During FY 2004, GH will support research through U.S. universities, international organizations including WHO and UNICEF, and developing country researchers. Micronutrient research will include assessment of effects of vitamin A on newborn mortality and zinc supplementation on infant and under five mortality. Another major research area will be new vaccines to prevent major causes of diarrhea in children. Additional research will include developing and evaluating technologies (including injectable antibiotics in UniJect injection devices) and program approaches to improve maternal and newborn survival. Operations research (with UNICEF) will develop and evaluate program approaches to implement community treatment of pneumonia in West African countries. Principal contractors, grantees, and cooperating agencies include: World Health Organization, Johns Hopkins University, International Life Sciences Institute, Boston University, and PATH.

Technical support to country programs. During FY 2004, GH will dedicate the largest portion of its resources and effort to assisting program efforts in priority USAID-assisted countries. This technical assistance will focus largely on core technical areas including: strengthening routine immunization capabilities, including helping countries that receive GAVI grants apply those resources most effectively; improving the effectiveness of polio eradication efforts in countries with continuing virus transmission; improving the care of children with diarrhea, pneumonia, and other common child illnesses, with particular focus on care in primary facilities, communities, and households and on the role of private sector providers; improving nutrition through promotion of breastfeeding and appropriate complementary feeding, and especially on expanding vitamin A and other micronutrient fortification and supplementation programs; and applying known interventions (such as tetanus immunization and improved immediate care of newborns) in expanded programs to reduce newborn mortality. There will be increased emphasis on supporting countries affected by crisis. Principal contractors, grantees, and cooperating agencies include: UNICEF, WHO, The Academy for Educational Development, ISTI, the PVO CORE Group (World Vision), and two new competitively awarded agreements for child health and for immunization (TBD).

Improving key cross-cutting policy and health service delivery system factors. A limited portion of resources will be used in activities addressing elements of policy, resource allocation, health systems, and promotion of healthy behaviors essential for increased availability and use of key child health and

nutrition interventions. These include analyses of resource availability (including the role of private sector providers) in selected countries, as well as evaluation of mutual health insurance schemes in poor communities; identification of steps to improve availability and use of key child health drugs in health systems and communities; application of simple quality improvement techniques to child health care delivery, use of Demographic and Health Surveys and other measurement approaches to monitor coverage and impact. Principal contractors, grantees, and cooperating agencies include: Abt Associates, MSH, MACRO Inc., USP, URC, Jorge Scientific Corp, and WHO.

Improving community-based programs. Management responsibility for the long-standing Child Survival Grants Program was transferred from DCHA/PVC to GH in FY 2002. GH will continue to support U.S. PVOs to carry out effective, quality child and maternal health, TB, and family planning programs.

Global Leadership: GH will further develop the new Global Child Survival Partnership by helping accelerate country levels implementation of high impact child health interventions.

FY 2005 Program:

Applied and operations research and technology development. Research in micronutrients, vaccines, and newborn survival will continue; it is expected that at least one new vaccine will be in field trial, and evaluation of zinc supplementation as a mortality reduction intervention will be concluded and applied in programming.

Technical support to country programs. This core area of SO3 function will continue with increased effort in expanding effective treatment for pneumonia, improving basic care of newborns and providing treatment for life-threatening newborn illness, and continuing improvement in addressing micronutrient deficiency and malnutrition.

Improving key cross-cutting policy and health service delivery system. Continued 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.

Improving community-based programs. GH will continue to support U.S. PVO programs in family planning, TB, and maternal and child health, emphasizing partnerships and collaboration with USAID Missions and other partners to increase impact and sustainability of improved health gains.

Performance and Results: GH has played a major continuing role in the development and implementation of key child health and nutrition interventions. GH's leadership and technical roles in the Global Alliance for Vaccines (GAVI) and Immunization have contributed to revitalization of immunization programs and increased coverage in USAID-assisted countries. USAID-supported micronutrient research, the development of international partnerships, and direct support to country programs have led to increased coverage of vitamin A and development of zinc treatment for diarrhea. GH also has led in directing attention and resources to key areas of unmet need in child health, including community treatment of pneumonia and simple approaches to improve newborn survival. GH's efforts directly contribute to global resource mobilization for child health and to effective on-the-ground programs that have yielded measurable improvements in children's survival, health, and nutrition. GH's efforts to bring in new partners and increase support to PVOs have improved the technical impact of these efforts and helped to expand their reach.

US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-003 Child Health and Nutrition		
Through September 30, 2002		
Obligations	325,379	94,012
Expenditures	287,303	90,967
Unliquidated	38,076	3,045
Fiscal Year 2003		
Obligations	54,994	0
Expenditures	43,995	0
Through September 30, 2003		
Obligations	380,373	94,012
Expenditures	331,298	90,967
Unliquidated	49,075	3,045
Prior Year Unobligated Funds		
Obligations	797	0
Planned Fiscal Year 2004 NOA		
Obligations	53,410	0
Total Planned Fiscal Year 2004		
Obligations	54,207	0
Proposed Fiscal Year 2005 NOA		
Obligations	47,538	0
Future Obligations	180,226	0
Est. Total Cost	662,344	94,012