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# **Child Survival and Health Grants Program (CSHGP): 2008 RFA**

FY08 CSHGP RFA Conference

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## Outline of Presentation

- Brief overview of CSHGP
- FY 2008 RFA highlights
- Overview of Innovation expectations



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# Overview of CSHGP



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## CSHGP Program Structure

- 3 Inextricably linked components

### **CSTS + Project**

**Contract with  
Macro**

**International  
(2004-2008)**

Technical Support  
to CSHGP, Flex  
Fund, Malaria  
Communities  
Program,  
ABY/OVC  
Grantees, other GH  
support

### **PVO/NGO**

**Cooperative  
Agreements (58)**

**CSHGP Team  
(USAID)**

Program management  
and strategic/technical  
direction

Critical Liaison with  
USAID/GH and  
Mission colleagues and  
PVO/NGOHQ  
backstops

### **CSH Network Program**

**Cooperative  
Agreement with  
CORE Group (2005-  
2009)**

8 Technical working  
groups; 47 NGO  
members

PVO/NGO  
collaborative learning  
and action, leadership  
and advocacy



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## CSHGP Performance Management Plan

**Program Objective: To contribute to sustained improvements in child survival and health outcomes through U.S. PVOs/NGOs and their local partners**

**PR1: Improved Health Status of Vulnerable Target Populations**

**PR1.1: Increased knowledge and improved health practices and coverage related to key health problems and interventions**

**PR1.2: Improved quality and accessibility of key health services at health facilities and within communities**

**PR1.3: Increased capacity of communities, local governments and local partners to effectively address local health needs**

**PR2: Increased Scale of Health Interventions**

**PR2.1: Increased population reached through the use of strategic partnerships and networks**

**PR2.2: Improved health systems and policies that support effective health programs and services at the national level**

**PR2.3: Improved collaboration with USAID Missions or Bi-lateral programs**

**PR3: Increased contribution of CSHGP to the global capacity and leadership for child survival and health**

**PR3.1: Increased technical excellence**

**PR3.2: Improved recognition and visibility of PVO work in health**

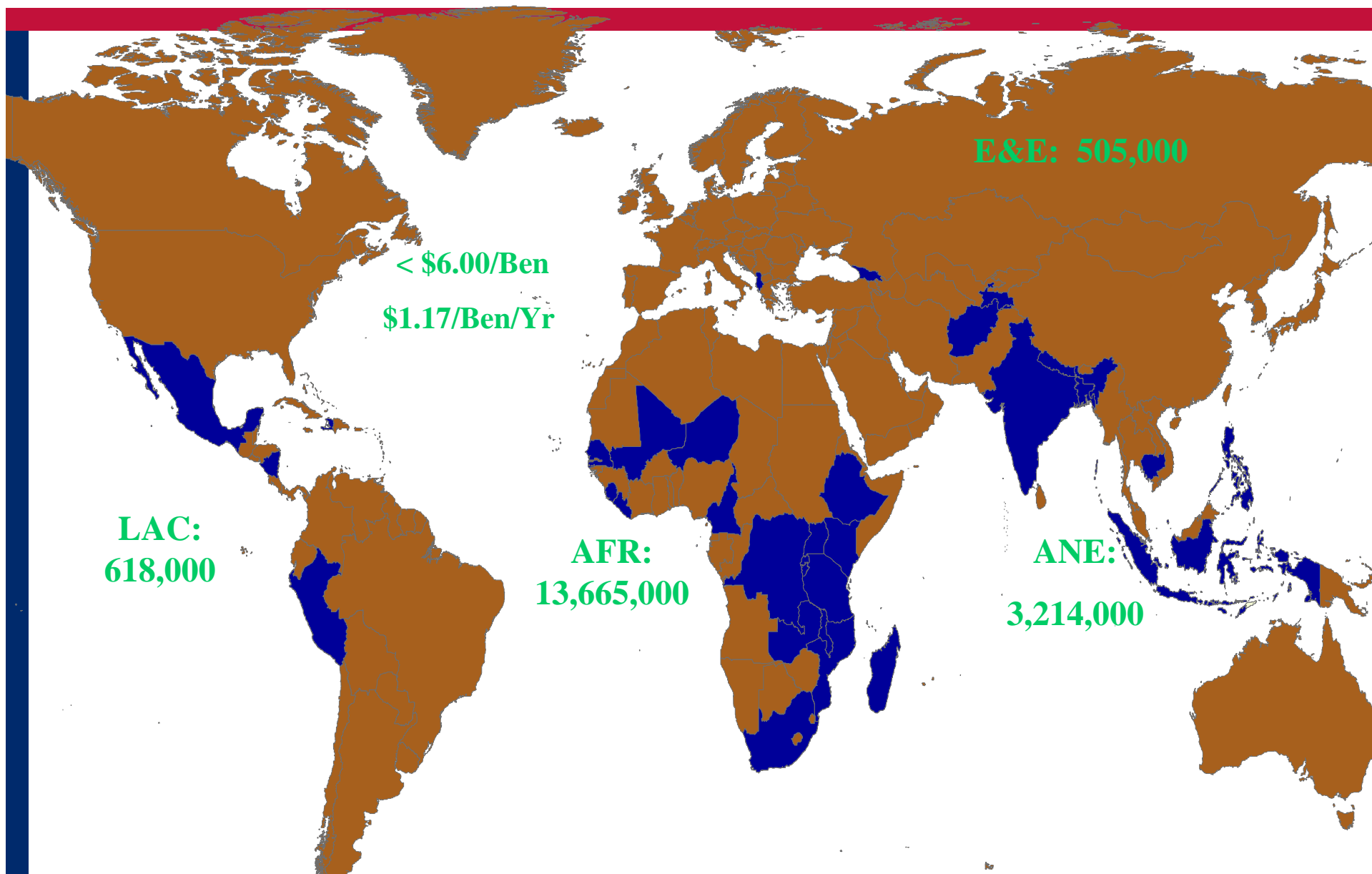
**PR3.3: Increased capacity of new partners of CSHGP to implement effective health programs**

**Foreign Assistance Framework: Investing in People Objective**  
**Supporting Elements: TB, MCH, Malaria**



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**40 CSHGP supported PVOs/NGOs & their local partners reach 18 million beneficiaries in 32 countries**





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## CSHGP Active Portfolio

Entry/New Partner Cycles FY04 - FY07	Standard Cycles FY02 - FY07	Expanded Impact Cycles FY03 - FY06	Cost Extension Cycles FY02 - FY04	TB Cycles FY05 - 07
<b>ACTS, AMESADA, ARC, CRWRC, Future Generations, GHA, GOAL, Health Partners, HOPE Worldwide, IAID, INMED, IRD, MTI, Relief International</b>	<b>Africare, AKF, AMREF, ARC, CARE, CRWRC, CWI, DOW, HAI, HHF, HKI, IRC, MC, MCDI, MIHV, PLAN, SAWSO, SC, WRC</b>	<b>ADRA, CRS, CWI, FH, MCDI, PLAN, PSI, SC, WRC.</b>	<b>Africare, CARE, Counterpart, CWI.</b>	<b>CARE, CRS, PCI, Project HOPE.</b>
<b>14 projects</b>	<b>25 projects</b>	<b>10 projects</b>	<b>4 projects</b>	<b>5 projects</b>



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## Strategic Contributions of CSHGP Projects

### Strategic Relevance to Global Health Bureau & Missions

- **Introduction and expansion of life saving high impact interventions in integrated packages through community oriented strategies**
- **Identification, testing, and diffusion of innovations**
- **Health systems strengthening, local capacity building, and sustainability**
- **Global Leadership (quality standards, specialized technical tools and resources, collaborative action and learning to further policy and programs)**
- **Mechanism to develop new partners**
- **Results:**
  - **38 projects (ending in 2004-2006) achieved an average 22% mortality reduction (C<5) and saved approximately 31,228 child lives**





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# **FY 2008 CSHGP RFA Highlights**



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## **FY08 RFA**

### **Purpose:**

- Solicit quality community-oriented health projects to significantly improve the health status of children and WRA in developing countries with a focus on innovation in delivery strategies for new, underused and high impact MCH interventions.
- RFA is also seeking to expand and improve upon Stop TB Strategy interventions in targeted countries to meet the global targets for TB.



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## FY08 RFA Features

- 3 Categories: New Partner (NP), Innovation, Tuberculosis
- Focus on innovation in delivery strategies for new, underused and high impact MNCH interventions. (NP, Innovation)
- Focus on TB interventions that reach underperforming areas, hard to reach groups and utilize technical areas or approaches that are within the organization's comparative advantage. (TB)
- Overall emphasis on partnerships, Mission/bilateral efforts, and implementation in a context that demonstrates a strategic decision-making process. (all categories)



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## Eligible Countries

- All Eligible Countries are Mission-nominated
- New Partner and Innovation Category Focal Countries
  - Maximizes CSHGP's MNCH investment
  - Closely aligns with other USG in-country MNCH efforts



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## New Partner Category

- Focus on innovative, effective, and sustainable child survival and health projects that can be replicated and contribute to the development of local capacity to address these child survival and health issues.
- Moreover, new partners contribute to the CSHGP portfolio by introducing new, underused and high impact MCH interventions through implementation of innovative community-oriented delivery strategies.
- Who Should Apply: Only U.S. PVOs and NGOs that have been awarded no more than \$5 million in total, direct U.S. Government funding over the five fiscal years prior to submission of an application under this RFA are eligible to apply under the New Partner Category.



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## Innovation Category

- Focus on projects that identify, implement, test and analyze community-oriented innovations to introduce and scale up underused and high impact MCH intervention packages.
- Applicants must put forth a strong rationale for introducing and evaluating the innovation and its relevance to the project, sub-national/national context.
- **Who Should Apply:** U.S. PVOs who meet the eligibility, organizational and program requirements identified in the Selection Criteria Section of the RFA.



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## Tuberculosis Category

- Focus on projects that support the WHO STOP TB Strategy and that operate within the context of and in coordination with a National TB Control Program's Strategic Plan.
- PVOs should focus on underperforming areas, hard to reach groups and technical areas or approaches that are within their organization's comparative advantage.
- **Who Should Apply:** U.S. PVOs who meet the eligibility, organizational and project requirements identified in the Selection Criteria Section of the RFA.
- [http://www.usaid.gov/our\\_work/global\\_health/id/tuberculosis/index.html](http://www.usaid.gov/our_work/global_health/id/tuberculosis/index.html)



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# Expectations for Innovation

New Partner and Innovation Categories only





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## Innovation

- **CSHGP Definition:**
  - **New or innovative concepts, approaches or methodology that will contribute to effectively solving the major challenges of delivering services to vulnerable population, improving health outcomes and strengthening health systems.**



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## Innovation expectations

- Broad parameters to stimulate the generation of creative solutions for major service delivery challenges in the proposed project setting.
- Examples given are **only** illustrative
- Must consider:
  - **National policy and program context**
  - **USAID policy and program context**
  - **Interest of key stakeholders and potential to inform replication and scale up**



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## Innovation expectations

- Analyze new approaches to introduce and scale up key interventions in diverse community settings
- Contribute to the solution of key operational barriers to scaling up delivery of these interventions
- Disseminate lessons learned and proven models for the delivery of interventions.