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**U.S. Agency for International Development Report to Congress
Maternal and Child Health and Nutrition Report on Pneumonia, Diarrhea,
and Postnatal Care FY 2023**

The U.S. Agency for International Development (USAID) submits this report pursuant to the FY 2023 Joint Explanatory Statement incorporated by Sec. 7019(e) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2022 (P.L. 117-103) (SFOAA) which directed that:

Not later than 90 days after enactment of the Act, the USAID Administrator shall submit a report to the Committees on Appropriations on the following outcomes achieved during the previous fiscal year, disaggregated by country: (1) the approximate number of treatments provided to children for pneumonia and diarrhea, reported separately, as a result of U.S. Government assistance; and (2) the approximate number of mothers and infants who received postnatal care within two days of childbirth as a result of such assistance. Such report shall include detail on funds expended to achieve such outcomes.

In 2014, USAID helped launch a global effort to end preventable child and maternal deaths. Together with country partners, international organizations and non-governmental organizations from around the globe, the United States began working towards targets that, when met, would represent an end to preventable child deaths – with all countries having fewer than 20 deaths per 1,000 live births and fewer than 50 maternal deaths per 10,000 live births by 2035. It is alarming that global data from 2021 indicate a considerable unfinished agenda of ending preventable newborn and child deaths. Approximately 54 countries are off-track to meet the Sustainable Development Goal (SDG) target for reducing child mortality by 2030; and 63 countries are off-track to meet the SDG target for reducing neonatal mortality. Accelerating progress towards the 2030 targets requires increasing access to timely and quality postnatal care for mothers and newborns, and effective prevention, diagnosis and treatment of pneumonia, diarrhea, and other leading causes of preventable newborn and child deaths.

As part of the effort to prevent diarrhea and pneumonia, USAID support has contributed to Gavi, the Vaccine Alliance (Gavi) reaching one billion individual children since its inception in 2000. Gavi-supported countries have vaccinated more than 316 million children with pneumococcal vaccine, which protects children from a common bacterial cause of pneumonia, and vaccinated 201 million children with rotavirus vaccine, which prevents a leading cause of severe diarrhea. Additionally, USAID supports programs that increase access to drinking water and sanitation services, and increase adoption of handwashing behaviors to prevent diarrhea and pneumonia. These programs include support to strengthen WASH governance, unlock financing, build institutional capacity, catalyze markets, and construct and enable WASH services at national and sub-national levels, and in communities and institutions like health care facilities. The Agency also works to promote early care seeking by family members, and to build

the capacity of health care workers in community and facility-based health services to deliver quality care for timely diagnosis and appropriate management of these diseases and their complications. In FY 2022, as a result of USAID bilateral assistance (not including USAID’s contribution to Gavi), USAID missions reporting on these indicators (both priority and non-priority countries) documented a total of 5.1 million treatments were provided to children for pneumonia and 6.6 million treatments for diarrhea.

The number of mothers and infants who received postnatal care within two days of childbirth in FY 2022 as a result of USAID bilateral assistance is approximately 11 million. This number represents the estimated number of **mother-newborn pairs** who received postnatal care within two days of childbirth in USAID-assisted program areas of both priority and non-priority countries.

Maternal and Child Health indicators reported in U.S. Government (USG) Supported Programs, FY 2022

Indicator name	Number Reported
Treatments provided to children with diarrhea in USG assisted programs	6,567,708
Treatments provided to children with pneumonia in USG assisted programs	5,140,691
Newborns who received postnatal care within two days of childbirth in USG supported programs	10,960,587

Source: Performance Plan Report (PPR), FY 2022 - 38 countries reporting, including 12 non-priority countries.

USAID systems track annual obligation data by Health Program Area, e.g. Maternal and Child Health or Nutrition. USAID does not currently track annual obligations or project expenditures by specific Maternal and Child Health or Nutrition intervention. Reporting on multi-year obligations or expenditures by intervention would be an additional burden on Missions and possibly need significant changes to USAID’s financial reporting processes and systems. USAID’s total obligations for bilateral (non-Gavi) Maternal and Child Health activities in FY 2022 totaled approximately \$443 million, including pneumonia and diarrhea treatment and postnatal care, in countries contributing to the results in this report. The table below captures FY 2022 results collected by country for the three indicators as specified.

Maternal and Child Health Indicators reported to USG Supported Programs by Country, FY22

PCMD Status	USAID Operating Unit	Indicator Name		
		Number of newborns who received postnatal care within two days of childbirth in USG supported programs	Number of cases of child diarrhea treated in USG supported programs	Number of cases of childhood pneumonia treated in USG supported programs
Priority	Afghanistan		431,847	184,874
	Bangladesh	253,736	11,253	2,191
	Burma	15,585	12,822	7,581
	Dem. Rep. of the Congo	1,550,511	1,258,689	1,454,137
	Ethiopia	722,959	835,563	990,369
	Ghana	66,534	92,832	13,989
	Haiti	54,286	17,147	
	India	4,416,778	513,404	35,050
	Indonesia	212,921		
	Kenya	284,143	160,060	
	Liberia	85,569	6,831	25,915
	Madagascar	171,926	139,283	67,127
	Malawi	98,776	199,269	401,839
	Mali	199,736	114,260	182,938
	Mozambique	239,804	31,776	133,891
	Nepal	192,238	488,689	77,273
	Nigeria	356,365	210,998	57,008
	Rwanda	214,626	200,150	194,971
	Senegal	111,381	193,833	68,519
	South Sudan		377,157	
Tanzania	326,548	210,958	140,878	
Uganda	649,437	439,593	472,652	
Zambia	289,491	16,853	61,305	
Non-Priority	Benin	85,406	44,475	20,301
	Burkina Faso	44,793	33,539	187,020
	Burundi	123,702	44,639	61,222
	Colombia	14,450		
	Guatemala	7,609	15,976	924
	Guinea		64,994	
	Niger		246,897	
	Sierra Leone	15,036	7,562	12,799
	Tajikistan	52,417	14,420	2,140
	Sahel Regional Program	72,197	112,932	263,073
	Venezuela		2,131	
	Zimbabwe	31,627	16,876	20,705
	Total	10,960,587	6,567,708	5,140,691

Source: Performance Plan Report (PPR), FY22

Note: A USAID mission may not report on certain indicators for various reasons, such as: (1) The mission supports other MCH interventions and reports against the interventions they support; (2) the national information system that counts the number of services provided may not include that intervention or service according to the standard definition; and/or (3) a crisis or emergency prevents data collection or reporting.