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WASHINGTON, D.C. 20548

THE ADMINISTRATOR

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THE A.I.D. CHILD SURVIVAL STRATEGY

TO THE STAFF OF THE AGENCY FOR INTERNATIONAL DEVELOPMENT:

I have, several times in the last year, underlined the importance I attach to the Agency's Child Survival Programs. At my request, The Child Survival Task Force has developed and I have approved the following strategy as guidance to field missions. I call upon each mission to use this strategy as a basis for sharpening the focus of our health and related programs and as a basis for accomplishing the goals that the Agency has set to reduce the preventable deaths of children.



M. Peter McPherson
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A.I.D. CHILD SURVIVAL STRATEGY

INTRODUCTION

Fifteen million children under age 5 die each year in developing countries. The deaths of these children account for more than half of all deaths in developing countries. In this environment, malnutrition, disease, unsanitary conditions, closely spaced births and lack of maternal education all interact in a vicious circle. Two key technologies, oral rehydration therapy (ORT) and immunization, can break into the circle and significantly reduce infant and child death and disability associated with these factors and help build a sustainable health delivery system. Up to half of the deaths in children, or one quarter of all deaths in the developing world, could be prevented by these interventions. They are the "twin engines" of this strategy.

The magnitude of child mortality and the fact that we have proven, effective interventions--ORT and immunization--which can help save half of these children are the bases for making child survival the focus of A.I.D.'s health program.

A.I.D. has joined other donors in a worldwide effort to achieve certain targets in child survival by the end of the decade. The aim is to prevent two million deaths through the use of ORT, and to collaborate in all international efforts to provide continuing immunizations for all the world's children. The Agency's Blueprint for Development also includes among its goals the reduction of infant mortality to less than 75/1000 and the reduction of mortality in children under five to less than 10/1000.

A.I.D.'s focus will be on developing a sustained capacity in each country to effectively provide ORT, immunizations and other important child survival interventions in nutrition and birth spacing to their vulnerable populations.

A.I.D. has been funding activities aimed at child survival for a number of years. In FY 1985, additional funds appropriated by Congress for child survival and related health programs allowed A.I.D. to accelerate its efforts to improve the health of children in A.I.D.-assisted countries. In FY 1986 Congress again appropriated additional funds for child survival. For FY 1987 A.I.D. is requesting a separate Child Survival Account. Funding for child survival will also come from many other accounts including Health, Population, ESF, Agriculture, Sahel, and PL 480. In future years funding will continue to come from a variety of agency accounts reflecting the multi-disciplinary requirements of this strategy.

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This strategy establishes the improvement in the health and survival of children and mothers as the priority goal of the Agency's health program.

A.I.D.'S FIVE YEAR CHILD SURVIVAL STRATEGY

A.I.D.'s Child Survival Strategy seems to reduce significantly the number of child deaths in LDC'S by the end of the decade. ORT and immunization are the twin instruments for achieving this goal. These two interventions will be used as the base upon which to build effective health care systems. All designated emphasis countries should have nationwide ORT and immunization programs (drawing on A.I.D. and/or other support as appropriate).

Although ORT and immunization are the primary interventions upon which we plan to focus, birth spacing and a focused nutrition package emphasizing breastfeeding, improved weaning practices, and growth monitoring are also critical to child survival. They are an integral part of our child survival strategy.

The two above paragraphs describe the focus of A.I.D.'s Child Survival Strategy. Within the Agency's health program, child survival will have priority. However, it is recognized that in some circumstances, other health interventions could be critical to achieving child survival goals or to address other important health needs. The case will have to be made on an individual basis that, within a particular country context or setting, they are more appropriate than the child survival activities described above.

THE IMPLEMENTATION OF A.I.D.'S STRATEGY FOR CHILD SURVIVAL INCLUDES THE FOLLOWING ELEMENTS

- o Focus on ORT and immunization as "Twin Engines;"
- o Support for (and coordination with) other important child survival interventions such as nutrition and birth spacing;
- o Support for a results-oriented research program related to child survival;
- o Special efforts focused on a limited number of "emphasis countries;" and,
- o Involvement of the private sector.

SELECTIVE INTERVENTION APPROACH

The decision to focus on ORT and immunizations is based on the direct impact that these interventions can have on child survival and the capacity of these two "engines" to drive the development of a sustainable health system capable of meeting the health needs of the vulnerable populations.

IMMUNIZATION

Detailed guidance on the design of immunization activities is incorporated in the Agency's Immunization Strategy (January 1986).

The Immunization Strategy has six principal elements:

1. A primary target group of children under one year of age;
2. Emphasis on vaccines, to meet the needs of children and fertile-aged women, especially measles and tetanus-toxoid;
3. Development of county-specific plans, coordinated with other donors;
4. Major focus on target countries so as to maximize health benefits that can be obtained with available resources;
5. Emphasis on institutional capacity development to sustain host country immunization service delivery;
6. Continued research on vaccine development, immunization technology improvements, and health service delivery.

CONTROL OF DIARRHEAL DISEASE - ORAL REHYDRATION THERAPY:

Oral rehydration therapy (ORT) programs within the context of overall diarrheal disease control have eight principal elements:

1. Emphasis on support for coherent and comprehensive national ORT programs in coordination with other donors.
2. Appropriate nutrition interventions in addition to fluid therapy, especially dietary management of diarrhea (breastfeeding, feeding during episodes, refeeding) and appropriate hygiene interventions, especially sanitation education.

3. In concert with expanded services, use of comprehensive approaches to communication, including mass media, to promote and sustain the correct use of ORT and improved feeding and hygiene practices.
4. Provision for appropriate training, including physician training, as well as adequate supplies of salts within the overall national program.
5. Support for the World Health Organization formula for oral rehydration salts and for an appropriate combination of home-mix and packet-based programs, recognizing that there are community-specific factors that require adaptation to local conditions and resources.
6. Involvement of the private sector to prescribe, distribute, and promote ORT and to produce the packets.
7. Efforts to build and finance a sustained capacity to deliver ORT and other child survival services.
8. Research on improved formulae, vaccine development, communication techniques and service delivery.

NUTRITION

In the nutrition area, the interventions most closely related to child survival include:

1. Promotion of exclusive breastfeeding to 4-6 months to reduce the probability of infectious diseases, diarrheas and associated weight loss.
2. Promotion of proper weaning practices including the introduction of solid foods between 4 to 6 months, with continuation of breastfeeding.
3. Feeding during diarrhea to prevent serious weight loss and increased feeding after episodes of diarrhea and other infectious diseases.
4. Growth monitoring to detect growth faltering and to serve as a catalyst for prescribing appropriate followup interventions, i.e. ORT, feeding, etc., in a timely fashion.
5. Vitamin A supplementation where appropriate.
6. Targeted supplementary feeding programs to children under three years old and pregnant women under PL 480 Title II where there is serious risk of malnutrition.

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BIRTH SPACING

In the area of birth spacing, the interventions most closely related to child survival include:

1. Promotion of appropriate breastfeeding.
2. Provision of a full range of voluntary family planning services and supportive activities as articulated in the Agency's Family Planning Strategy.

ACHIEVING MAXIMUM IMPACT AND SUSTAINABLE PROGRAMS

There are three important aspects of A.I.D.'s Child Survival Strategy which are critical to achieving maximum impact and long term sustainability. They are: institutionalization of services, use of modern communication strategies, and collaboration among donors.

INSTITUTIONALIZATION OF SERVICES: Sustained host government commitment is perhaps the most important part of a successful child survival program. The institutionalization of ORT and immunization services within developing countries depends upon their technical, financial and institutional viability. All three are critical to the sustained impact and effectiveness of these interventions. The importance of child survival activities and the need for institutionalization of these efforts should be part of all A.I.D. policy dialogue. All A.I.D. child survival programs must seek to develop local capacity to sustain the provision of services. This may require discussions with host countries on the reallocation and mobilization of health care resources. In all new child survival initiatives, careful analysis and planning for recurrent costs should be incorporated in the project design. Where the institutional and financial capacity to sustain these programs is weak, time-limited donor assistance for recurrent costs may be considered.

Although one-time mobilization campaigns may be critical to create public awareness and stimulate a demand for these services, the existence of an indigenous capacity to manage and deliver such services is essential to ensure that new cohorts of children will receive similar care. In countries where a health infrastructure already exists, A.I.D. will focus assistance on introducing or strengthening the ORT and immunization components of these systems and developing retail sales activities. In countries where it is lacking, A.I.D. will incorporate plans for developing the public and private infrastructure to undertake these child survival service programs.

UTILIZING THE PRIVATE SECTOR: Every effort should be made to explore opportunities for involvement of the private sector, to complement or supplement public sector programs. To the extent practicable, the private sector should be utilized to prescribe, distribute, and promote ORT and to produce the packets as well as to distribute vaccines. PVO's also should be used to implement programs where appropriate.

MODERN COMMUNICATION STRATEGIES: Although ORT and immunization programs already exist in many A.I.D.-assisted countries, lack of knowledge and low use levels persist. It is likely, therefore, that demand creation will be a key element of child survival activities. Experience has shown that modern marketing and communication techniques can be successfully applied to programs which have a social objective. Although mass media is apt to be part of most strategies, this must often be combined with person-to-person communication strategies. It is essential that demand creation efforts be carefully coordinated with adequate supplies and trained personnel. For ORS (oral rehydration salts, used in ORT), as for family planning, a social marketing approach should be considered.

SELECTED COUNTRY FOCUS

Currently, A.I.D. supports ORT and immunization activities in more than 50 countries. A.I.D.'s resources need to be concentrated to achieve maximum impact. During the next five years, A.I.D. will place special emphasis on programs in a selected number of countries where child survival problems are especially severe in order to maximize the effectiveness of the services and their impact on infant and child mortality. A.I.D.'s child survival effort for the remainder of the decade will be concentrated in the following countries:

Bangladesh	Mali
Bolivia	Morocco
Ecuador	Nepal
Egypt	Niger
Guatemala	Nigeria
Haiti	Pakistan
Honduras	Peru
India	Senegal
Indonesia	Sudan
Kenya	Yemen
Malawi	Zaire

THE PROCESS OF SELECTING THESE COUNTRIES INVOLVED
CONSIDERATION OF THE FOLLOWING FACTORS:

- o Total number of infant and child deaths;
- o Infant mortality rates;
- o Immunization and ORT coverage levels;
- o Mobilization and absorptive capacity (including accessibility of population and availability of mass media and infrastructure);
- o Degree of government commitment to child survival, measured in terms of allocation of local resources and in terms of strong identification of local leadership (political, religious and other) with these efforts;
- o Availability of funds from development assistance, ESF, Sahel and PL 480 and opportunities for programming these funds;
- o Opportunities for effective donor collaboration aimed at achievement of common goals for improving child survival;
- o Expectation that A.I.D. will continue to maintain a large program and sizable presence over the next three to five years.

IN THESE "EMPHASIS COUNTRIES," THE PLANNED A.I.D. COMMITMENT INCLUDES:

- o Sustained bilateral funding for child survival activities for at least the next 3-5 years;
- o A coordinated approach involving support for U.S. and indigenous PVO's, international organizations and other U.S. agencies such as the Peace Corps;
- o Priority A.I.D./W support for the management and technical staff required to conduct child survival activities and for training to upgrade the skills of A.I.D. and host country staff.

This strategy is equally applicable to non-emphasis countries; however, the A.I.D. personnel and program resources for child survival activities in non-emphasis countries will be limited. Consequently, our efforts will have to emphasize policy dialogue and the influence obtainable through coordinated efforts with the donors. PVO's and the Peace Corps are also options for achieving child survival objectives in "non-emphasis" countries where A.I.D. bilateral programs and staffing are a major constraint. Even where there are no A.I.D. bilateral resources, we would expect child survival to be part of our policy dialogue in support of effective action by other donors and the host country to save children's lives. 8

COLLABORATION WITH OTHER DONORS

A.I.D. and other donors (UNICEF, WHO, UNDP, PAHO, etc.) have joined together in the worldwide effort to achieve goals for both ORT and immunization by the end of the decade. By 1990, the infrastructure and programs should be in place to avert the deaths of two million children who will otherwise die from diarrhea and related dehydration. A.I.D. has also pledged to collaborate in an international effort to provide immunizations for all the world's children, with specific coverage goals defined at the country level. The challenge of meeting the internationally agreed goals and the inevitable limits on available funding means that we must strive to achieve maximum impact. Multi-donor collaboration at the country and sub-regional level is an important part of this international child survival effort.

Missions in the design of their country strategy and accomplishment of their program objectives should take fully into account the capacities of these other institutions. In this regard, a close program relationship has developed with UNICEF which has programs in many countries directly supportive of the A.I.D. strategy. The closest field coordination in support of country program goals is encouraged.

FUNDING

Funding for the Agency's child survival effort will come from funds earmarked specifically for child survival and the regular Health account. Population, Agriculture, Sahel, ESF and PL 480 accounts will also be used for child survival activities wherever appropriate.

PL 480 Title II and Section 416 programs can provide essential support for country child survival initiatives. Title II programs provide an excellent logistics system for transportation and distribution of supplies, particularly to and within hard-to-reach areas. It also provides established contacts with communities and vulnerable groups. Title II food resources can be used to prevent serious malnutrition and may be used in combination with ORT to manage diarrhea episodes and reduce rapid weight loss. The food may also serve as an incentive to bring mothers for other child survival interventions.

MONITORING AND EVALUATION

Very specific Agency objectives have been set for our child survival efforts. Monitoring and evaluation are an essential component of child survival activities. A.I.D.'s field missions are responsible for project management and program monitoring of their country programs. In addition, in collaboration with other concerned donors as appropriate, they will need to develop baseline data, benchmarks and a system of regular, at least annual, reporting on country specific child survival targets.

The Regional Bureaus will oversee and coordinate country performance. The Child Survival Task Force will monitor Agency performance and, in collaboration with other donors, track progress towards the world community's goals of universal immunization, access to ORT and reduced infant and child mortality.