Theme

MEASURING INEQUITIES, MONITORING & TRACKING PROGRESS

Child Survival Action (CSA): A Results Framework for Advocacy & Action

Contributing organizations:

Dyness Kasungmai, Child Health Task Force/JSI
Lara Vaz, MOMENTUM Knowledge Accelerator/PRB
Jennifer Harris Requejo, GFF, World Bank, JHU

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Shane Khan, MOMENTUM Knowledge Accelerator

June 7, 2023

Session section	Main topics	Timing	Presenter
1A - Intro to CSA	Main goals & objectives, etc. (no other CSA content in conference) Why is CSA important ? **Slide with questions and answers:** How is this different than Countdown? ENAP? Funding and mandate? **What do countries get out of this?**	10-15 min	Dyness
1B - Intro to CSA TOC, frameworks, processes, etc	• Why is RF needed in the global and country space? • TOC • Criteria - Similar structure to complement ENAP; Existing indicators (etc) • Processes to date	5-10 min	Kate
1- Questions		5 min	Facilitator- Lara
2A - overview of impact & outcome indicators	Impact Outcomes: Coverage, Equity, Quality Deeper dive into coverage indicators	5-10 min	Jennifer R
2B - introduction to implementation milestones	High Level milestones / categories Proposed Guidance Requires more consultation with countries on needs, format, etc etc	10 min	Shane
2C - Big picture next steps (country engagement, etc)	Figure it out before June Countries, funding, engagement, etc	2-3 min	Shane
2 - Questions & wrap-up		5-10 min	Facilitator- Lara

Session Outline

Section 1
Introduction to CSA

Section 2
Development of the CSA results framework

Question & Answer

Section 3
CSA Results Framework
1. Impact and outcome measures
2. Draft implementation milestones

Section 4
Next steps and feedback

Questions & Wrap-up

Dyness - ~ 15 minutes

1. Rationale for CSA – 2-3 slides max
2. Goals and objectives (1 slide)
3. How is this different? How does CSA engage with countries? (1-2 slides)

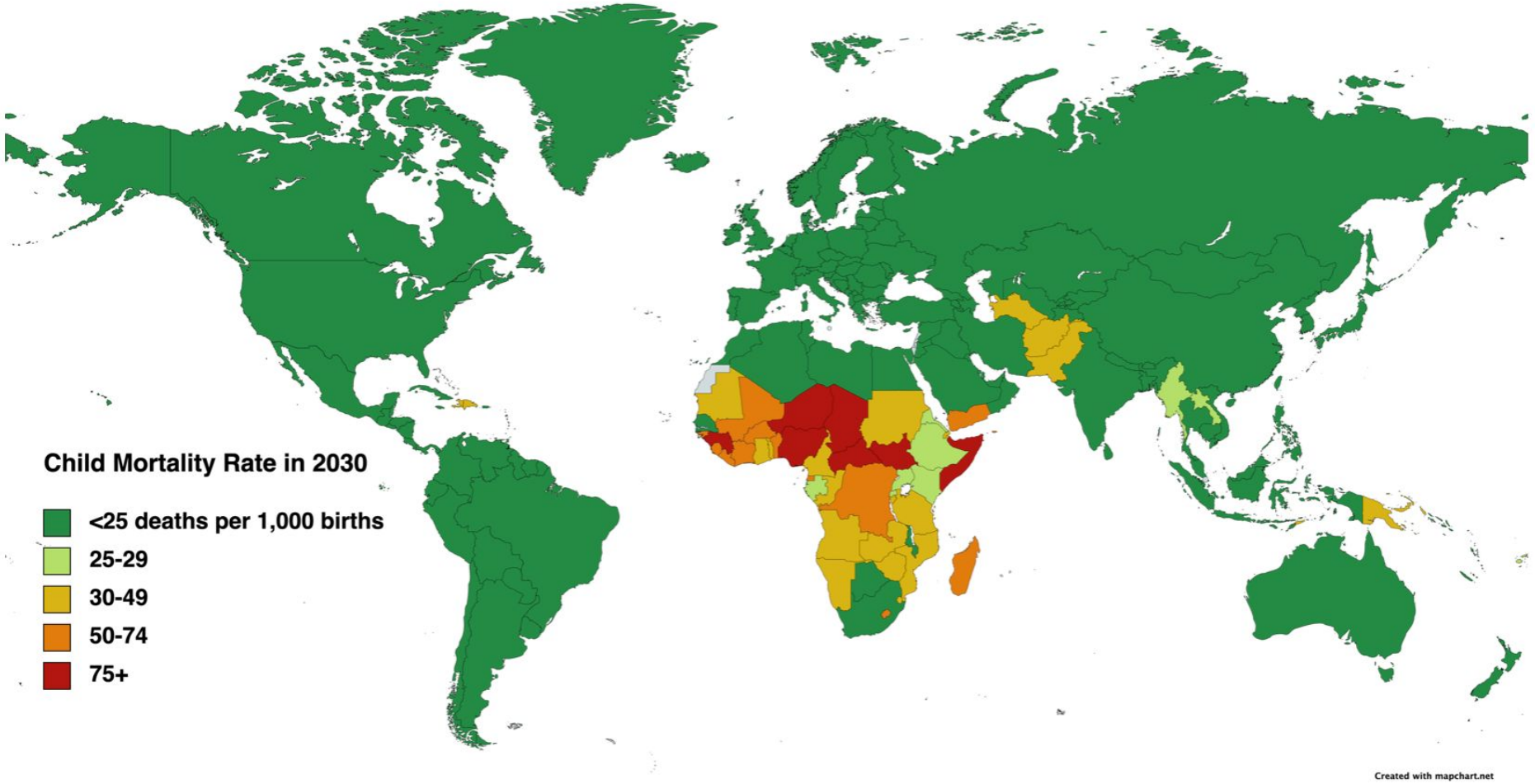
Section 1.

Introduction to the Child Survival Action

Photo: MCSP Ghana

What brings us together?

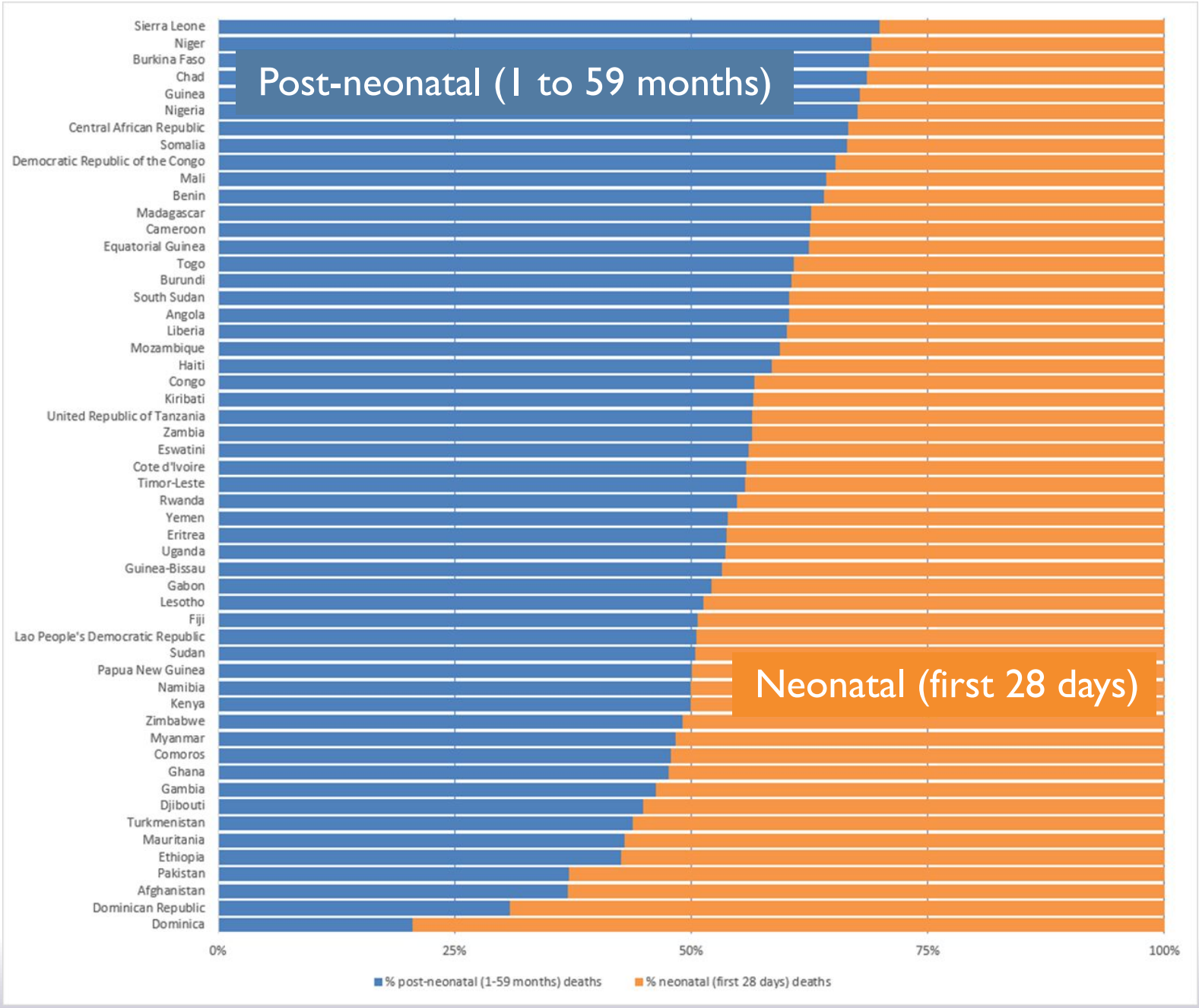
54 countries need accelerated action to meet the child survival SDG by 2030; almost 80% are in Africa



Source: UN Inter-agency Group for Child Mortality Estimation (IGME), 2022

Percent of Under-Five Deaths by Age Group

A significant proportion of under-five deaths are in the post-neonatal period.



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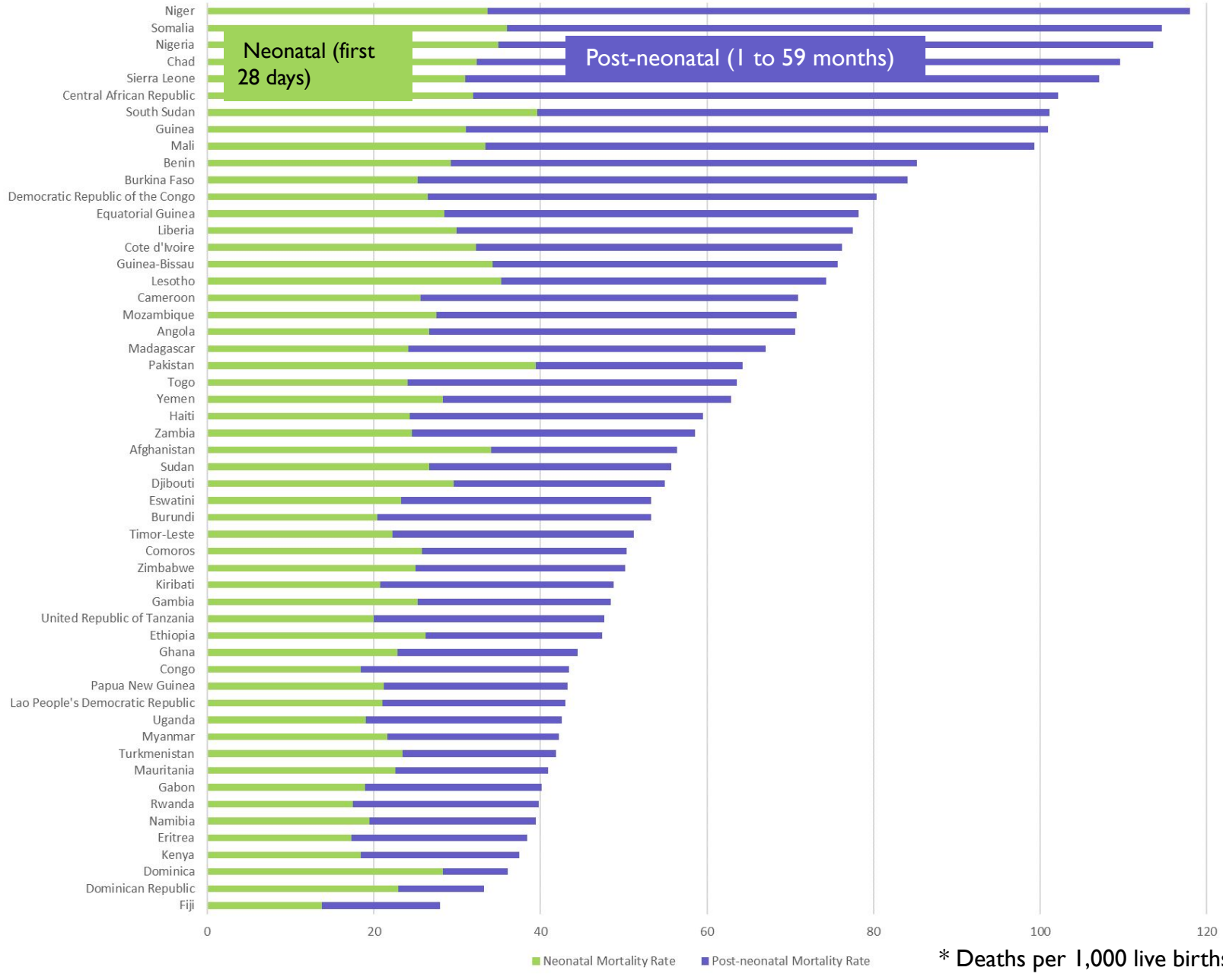

* Deaths per 1,000 live births

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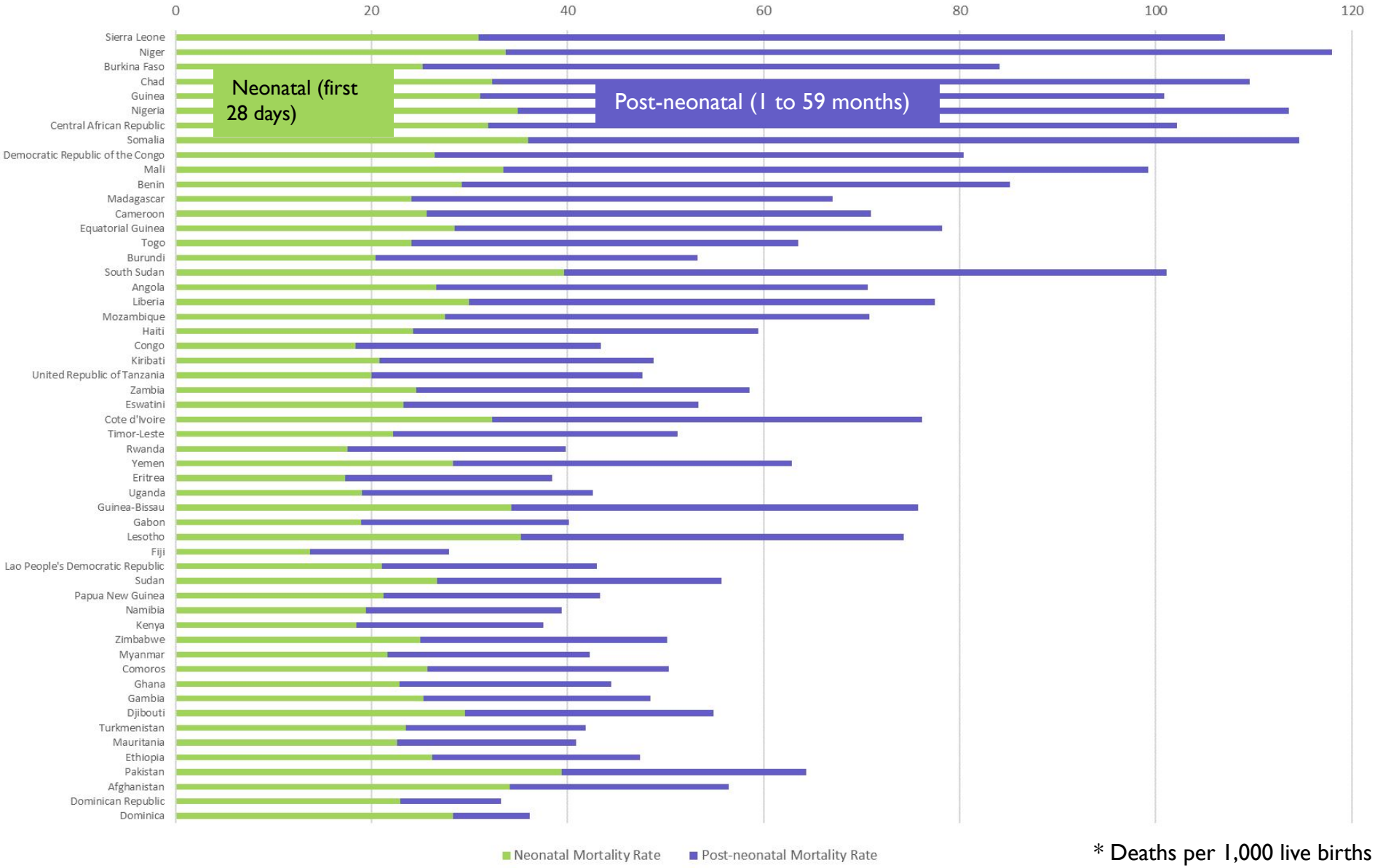
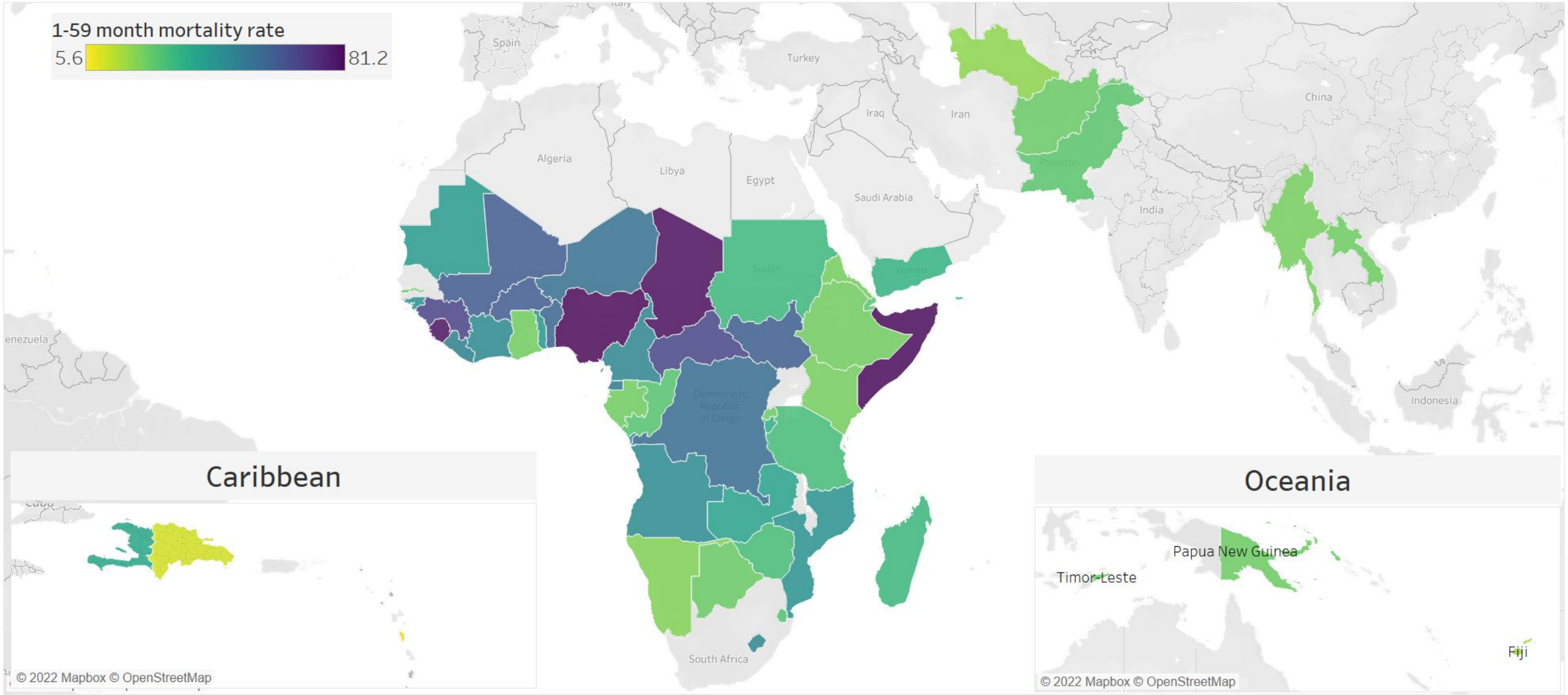
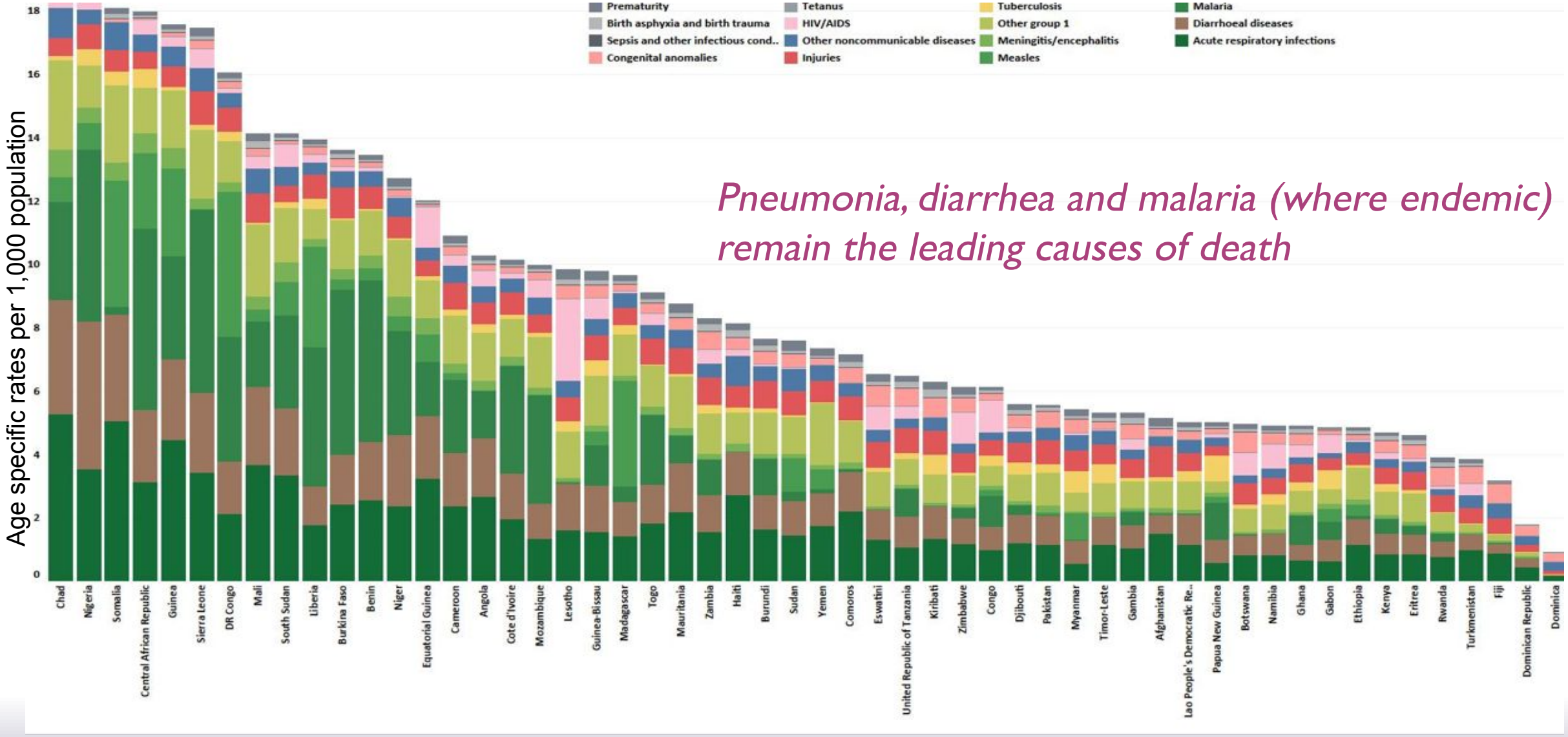


* Deaths per 1,000 live births

Post-neonatal Mortality Rate (1-59 months) in 54 countries needing accelerated action to meet SDG 3.2.1



Leading causes of post-neonatal (1-59 months) death in 54 countries needing accelerated action



Pneumonia, diarrhea and malaria (where endemic) remain the leading causes of death

54 countries needing accelerated efforts to meet SDG survival targets by 2030

Source: WHO Maternal and Child Epidemiology Estimates Group (MCEE) 2019

What do these data show us?

The continued high post-neonatal mortality, with common infections remaining key causes of death, is an expression of increasing inequities and the multiple deprivations children in these countries face

Malfunctioning health systems, especially primary health care and integrated service delivery

- **IMCI** has been introduced in 100+ countries, yet:
  - Implementation incomplete (focus on HCW capacity & case management less so on prevention, systems strengthening & community engagement)
  - Coverage is unequal
  - Huge quality gaps
- **iCCM** not institutionalized in many countries, not scaling
- **Referral systems & referral level care** suboptimal

An accumulation of risk factors including

- Poverty
- Food insecurity/malnutrition
- Lack of access to clean water and sanitation
- Air pollution
- Fragile/humanitarian context

Our Goal:

End preventable deaths among children 1–59 months of age

1. **Focuses on the 54 countries**, over 80% in Africa, that urgently need accelerated efforts to achieve the SDG3 2030 target on child mortality of 25 deaths or fewer per 1000 live births - reaching this target in all countries will avert at least 10 million under-five deaths by 2030.
2. **Reaches the children being left behind** and at risk from leading killers - pneumonia, diarrhea, and malaria - due to malnutrition, lack of access to quality health services including immunization, unsafe water and sanitation, air pollution, conflict and humanitarian disasters, and other key risks to children's health and survival.
3. **Strengthens primary health care** in facilities and communities to more effectively prevent, diagnose, and treat these causes of child death, and to promote good health and nutrition for all children.
4. **Builds effective partnerships** between governments, local partners, civil society, private sector, regional and global organizations, as part of renewed commitment to child survival.
5. **Mobilizes required resources** from domestic and international sources and sectors to deliver on this renewed vision for children's health, nutrition, and survival.

CHILD SURVIVAL ACTION

Our Goal: End preventable deaths among children 1–59 months of age

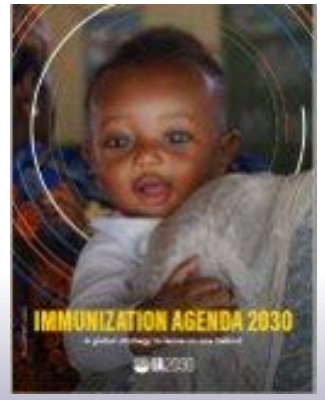
Accelerate action to reduce mortality throughout the lifecourse continuum

PRE-PREGNANCY	PREGNANCY	BIRTH	POSTNATAL	INFANCY	CHILDHOOD
Ending Preventable Maternal Mortality		Every Newborn Action Plan		Child Survival Action	

Align with efforts by other sectors and programmes

Community Health Roadmap

Investment priorities to scale primary care at the community level



stop pneumonia

EVERY BREATH COUNTS

Global Action Plan for Child Wasting

RBM Partnership To End Malaria

Air pollution

How is CSA different?

WHAT DO WE NEED TO END PREVENTABLE CHILD DEATHS?

1. Political leadership and accountability
2. Game-changing action
3. Alignment of all partners in support of government-led priorities

Success in child survival action requires a country-driven agenda

1. People-centered and quality primary health care delivering high impact prevention, promotion and care
2. Accountability at all levels for change
3. Multi-sectoral responses that align with national strategies and plans
4. Meaningful engagement of communities
5. An equity-sensitive approach

Lara (or Kate) - ~ 10 min minutes

Section 2.

Development of the CSA Results Framework

Photo: MCSP Ghana

Why a CSA Results Framework?

Advocate

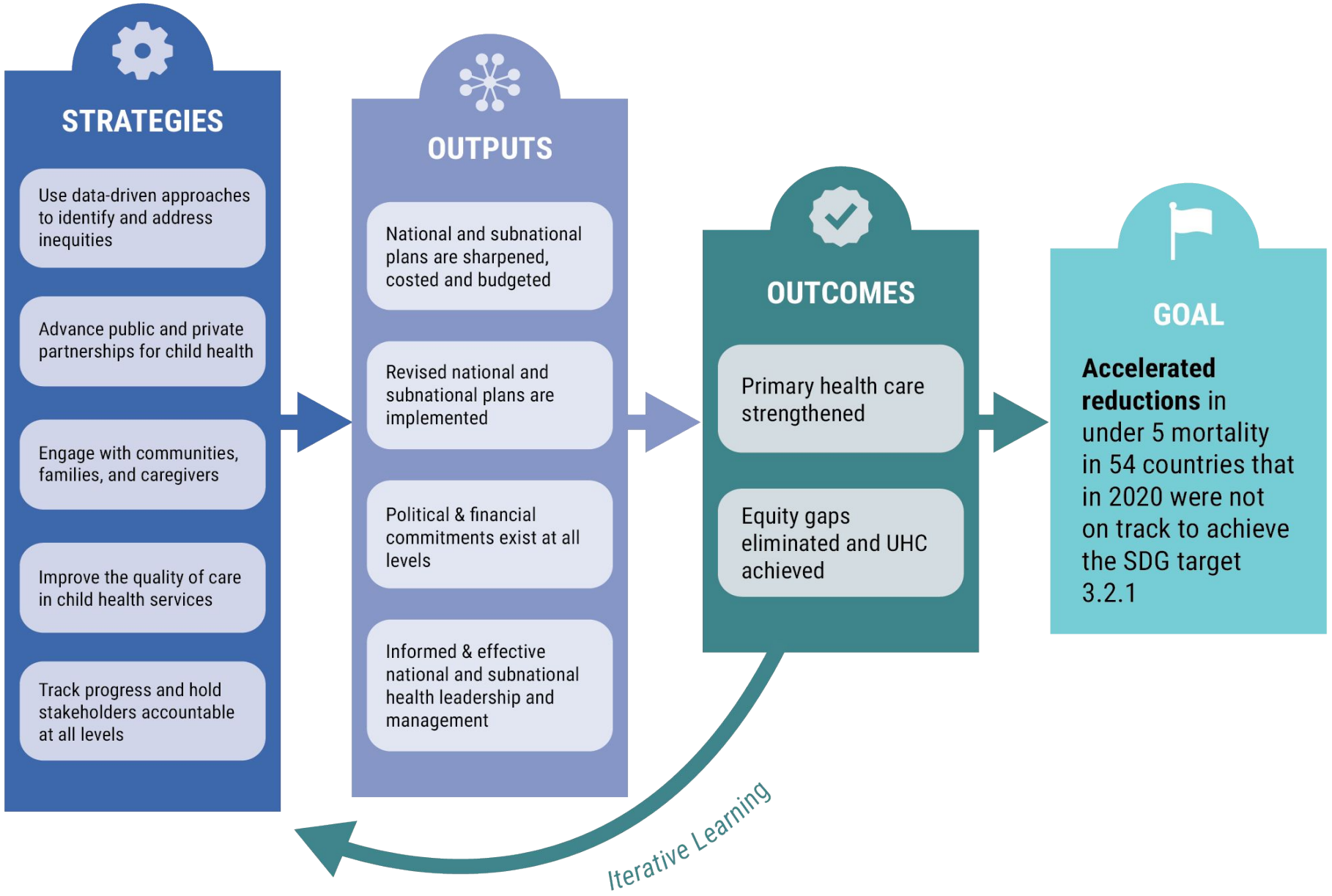
- Raise awareness and financing for unfinished child survival agenda at global & country levels
- Use impact & coverage indicators to advocate

Action

- Engage and coordinate with partners in countries to collectively work toward common goals
- Plan and track implementation

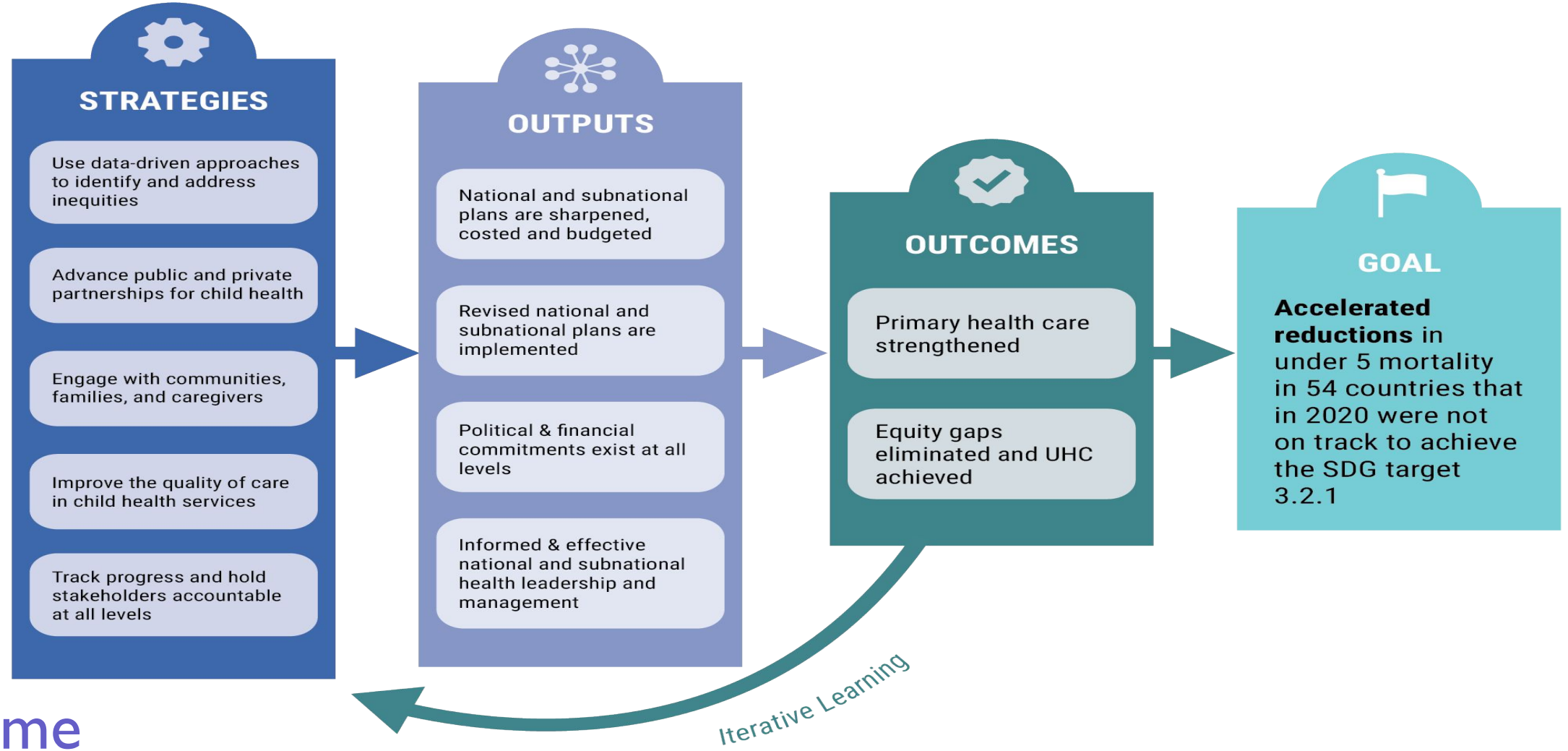
Child Survival Action:

Theory of Change



GUIDING PRINCIPLES: *Child rights to survive & thrive* • *Leave no child behind* • *Family- and child- centered care* • *Whole-of-government action* • *Accountability*

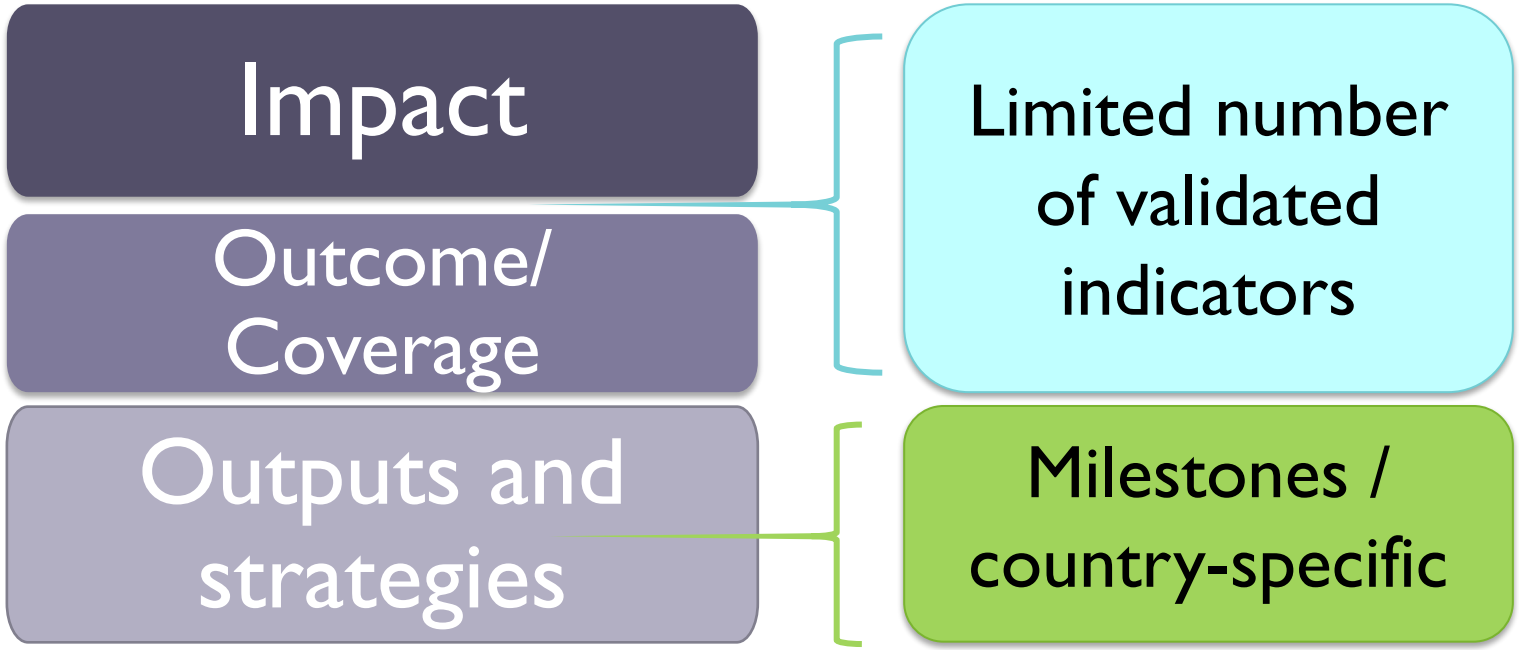
CSA TOC



Log Frame

Structures/ inputs	Processes	Outputs	Outcomes	Impact
Implementation milestones & indicators	QoC	Coverage Equity	Nutrition outcomes	Mortality

Follow ENAP and EPMM approach to global results framework to build on other initatives and validated measures



Will redo orientation and this slide is about 20 sec

Principles in results framework development

- Build on other global tracking initiatives such as SDGs, Countdown 2030 and Child Health and Wellbeing Dashboards to highlight and advocate rather than recreate
- Leverage existing data in countries to reduce data collection and reporting burden
- Focus on main causes of mortality in children 1-59 months of age in 54 countries off-track to reach SDG 3.2.1
  - Direct causes: Malaria, pneumonia and diarrhea
  - Underlying causes ("risk factors"): Nutrition
  - Acknowledge contextual factors that contribute to mortality
- Select validated indicators (Child Health Accountability and Tracking [CHAT] technical advisory group) aligned to WHO observatory

Processes to date in results framework development

- Mapped existing indicators from global recommendations and initiatives to TOC
- **Impact and outcome/coverage indicators**
  - Derived preliminary set of indicators from CHAT and other global initiatives
  - All CSA impact and outcome indicators vetted by CSA working groups
  - Consultation and vetting with external technical groups (e.g. MERG, JMP, TEAM/DataDENT, WUENIC)
- **Implementation milestones and indicators**
  - Propose domains based on ENAP and map to CSA TOC, EPMM, ENAP, PHC MFI, QoC Leadership, Action, Learning and Accountability and Implementation Bottlenecks identified in Sierra Leone
  - Continue iterations, gather feedback, engage with countries=> revise and finalize

Global Initiatives Mapped to CSA TOC/Framework

- CHAT core indicators and mapping (WHO)
- Child health & well-being dashboards (WHO & UNICEF)
- Countdown to 2030
- WHO Core 100 Indicators
- UNICEF WHO WASH JMP
- ENAP
- EPMM
- WHO's paediatric QoC in health facilities indicators
- Nurturing Care Framework
- PHC measurement framework
- GFF
- Immunization Agenda 2030
- District Level HMIS data use - Pink Book
- ALMA
- QoC Network
- CAP2030

Questions?

Theme

MEASURING INEQUITIES, MONITORING & TRACKING PROGRESS

Jennifer R- ~ 10 min minutes

Section 3.1

CSA Results Framework:

Impact and Outcomes

Photo: MCSP Ghana

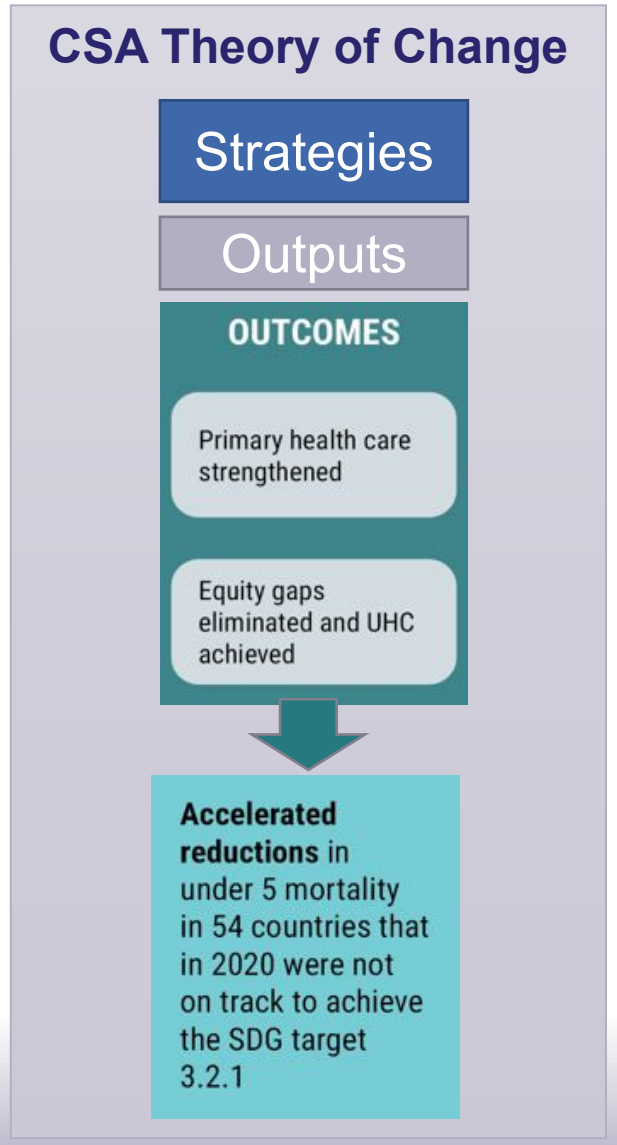
Impact Indicators

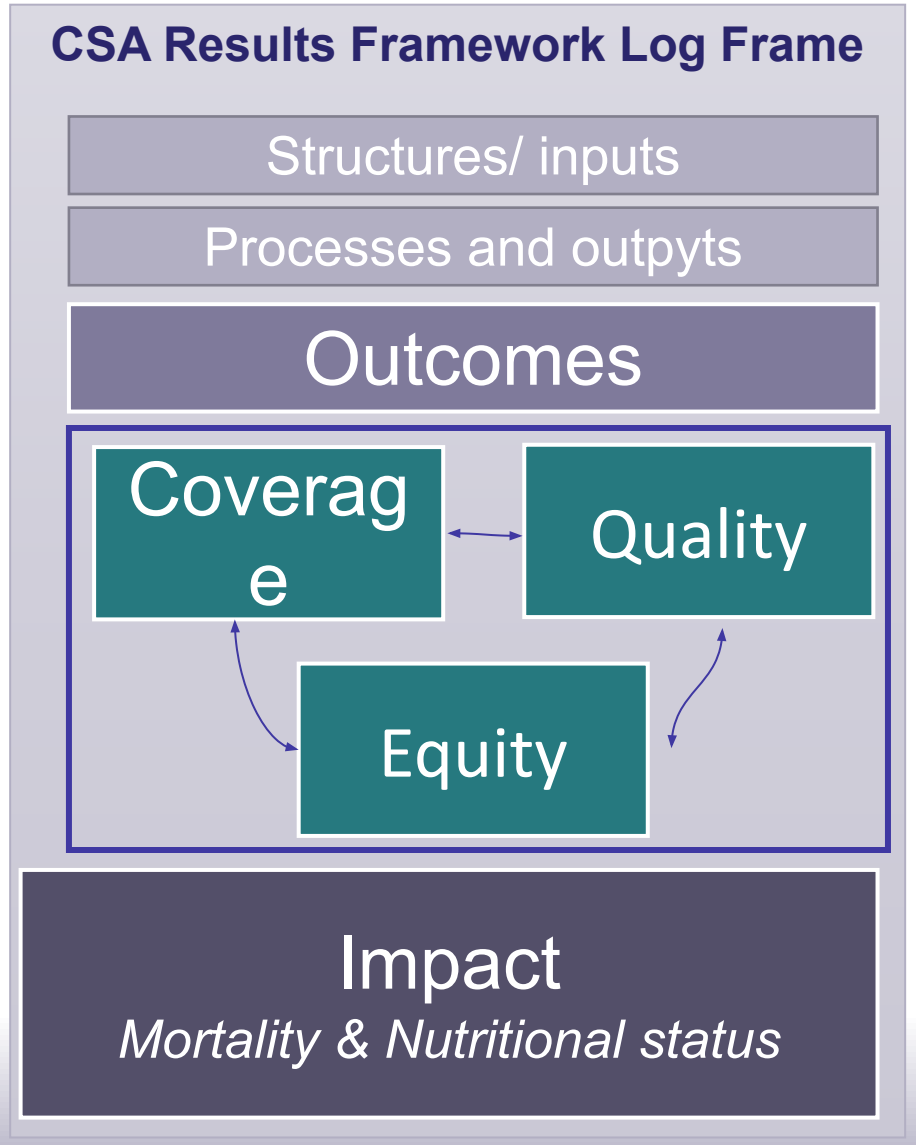
1. Mortality 1 month-59 months
2. Under-five Mortality
3. Wasting prevalence (includes moderate and severe, severe)
4. Stunting prevalence (includes moderate and severe, severe)

~~Add Graph with contribution of nutrition to mortality?~~

Chart of mortality trends (IGME) – line chart or something with note on undernutrition contribution

Outcome Indicators





Outcome Categories

- Nutrition
- Illness Prevention
- Illness Management (including Diagnosis & Treatment)

Coverage Indicators

Nutrition

1. Exclusive Breastfeeding
2. Minimum Dietary Diversity
3. Vitamin A Prevalence

Illness Prevention

1. **DTP3:** Diphtheria, Tetanus and Pertussis, third dose
2. **MCV2:** Measles Containing Vaccine, second dose
3. **PCV3:** Pneumococcal Conjugate, third dose
4. **DTP1:**
   - A "zero dose" measure that behaves in the same direction as other indicators
   - Calculate absolute number of zero dose cases for advocacy only
5. **Rotavirus**
6. **ITN use:** for children under 5 years

Illness Management

1. **Diarrhea treatment with oral rehydration salt solution (ORS) and zinc**
2. **Anti-malarial treatment of children under age 5**: Any antimalarial vs ACT (or other first-line anti-malarial according to national policy) under consideration
3. **Malaria diagnostics use:** finger or heel stick for malaria testing
4. **Care Seeking for symptoms of ARI**
5. **Care-seeking for fever**

EQUITY: Examine coverage estimates disaggregated by rich-poor, urban/rural, geography, mother's education.

Coverage Indicators: Context/WASH

- **Use of safely managed drinking water services (SDG 6.1.1)**
  - Improved source accessible on premises, available when needed and free from contamination
- **Proportion of population with basic hygiene services (SDG 6.2.1b)**
  - Handwashing facility with water and soap available at home
- **Use of safely managed sanitation services (SDG 6.2.1a)**
  - Improved facility not shared with other households where excreta are safely disposed of in-situ or removed and treated offsite

Quality of Care Indicators

- Validated, comparable clinical QoC indicators are not collected routinely across countries
- Recommendations for use at country level based on WHO pediatric QoC standard indicators

Learning and Advocacy Agenda

- Standardized measures of quality of care, especially for pneumonia and management of malnutrition, etc
  - e.g. Pneumonia treatment with 1st choice antibiotic
- Standard, more frequent QoC measures for effective coverage in countries and globally

Shane~ 10 min minutes

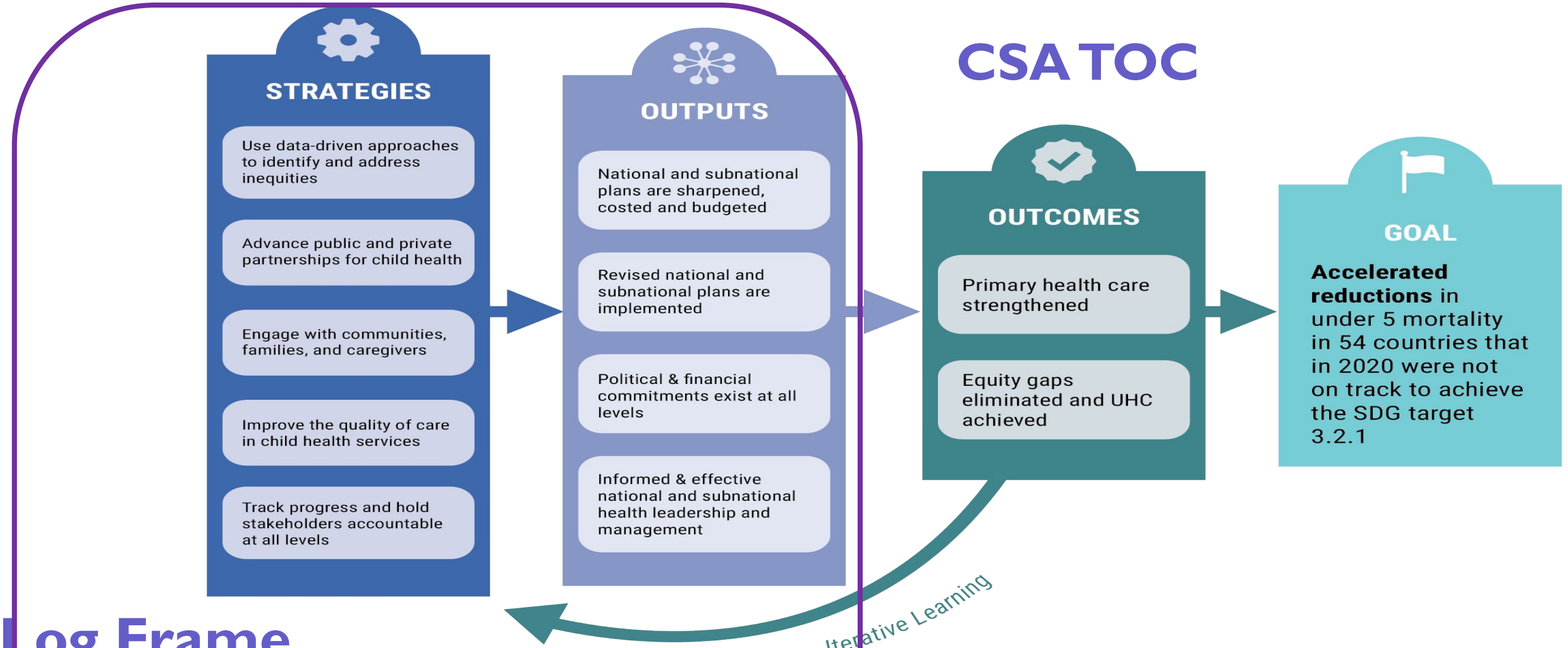
Section 3.2

CSA Results Framework:

Implementation Milestones (DRAFT)

Photo: MCSP Ghana

CSA TOC



Log Frame

Structures/ inputs	Processes	Outputs	Outcomes	Impact
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Started with Example from ENAP Milestones

1. National Plans	Review and sharpen national strategies, policies and guidelines for RMNCAH in line with goals, targets and indicators in the ENAP, including a clear focus on care around the time of birth and small or sick newborns
2. Quality of Care	Adopt standards of quality and indicators for assessing quality of maternal and newborn care at all levels of the health system; and ensure access to essential commodities for RMNCAH
3. Investment in health workforce	Develop or integrate costed human resources for health strategy into RMNCAH plans and ensure sufficient financial resources are budgeted and allocated. Ensure training, deployment and support of health workers, in particular midwifery personnel, nurses, and community health workers
4. Community engagement, including parents' voices and champions	Involve communities, civil society and other stakeholders to increase demand and ensure access to, and coverage of, essential maternal and newborn care. Parents' voices and champions shift social norms so that it is no longer acceptable for newborns to die needlessly, just as it has become unacceptable for women to die when giving birth
5. Data	Count every newborn by using and improving programmatic coverage data including equity and quality gap assessments. Institutionalize CRVS, adapt and use a minimum perinatal data set, implement maternal and perinatal death surveillance and response.
6. Research and innovation	Develop, adapt and promote access to devices and commodities to improve care for mothers and newborns around the time of birth, and agree on, disseminate and invest in a prioritized and coordinated research agenda for improving preterm and newborn health outcomes. A particular focus is required for stillbirths, which are often left out or left behind.

Framework for Implementation Milestone Development

- Adapt from ENAP
- Harmonize with CSA Theory of Change
- Draw from other established Implementation Milestones and Indicators for descriptions/statements, e.g.:
  - PHC – Monitoring framework & indicators
  - QoC –QoC Network Leadership, Action, Learning and Accountability; WHO Pediatric QoC indicators
  - Data – SCORE, and others
  - Community engagement – UNICEF Minimum Quality Standards and Indicators, 2020

- **Coverage – Quality – Equity** dimensions to be embedded in all 5 CSA Implementation Milestones

Draft CSA Implementation Milestones

1. Governance and accountability, national plans, and financing	• National & District **governance structures** for child health are established/strengthened and functioning • **National vision, strategy & operation plan(s)** for improving Child Health services are developed, funded, monitored and regularly reviewed • National **advocacy and mobilization strategy** for Child Health is developed and implemented • National framework and mechanisms for **civil society engagement and social accountability** are established and functioning • National plans include **standards & policies** for quality Child Health Services (e.g., IMCI, iCCM, QoC)? • **Financing & allocation of resources**, including purchasing & payment systems, for Child Health Services are in place, implemented, monitored and regularly reviewed.
2. Service delivery systems	• Adopt **Models of Care** which include patient referral, counter-referral, and emergency transfer for children, and existence of care pathways for IMCI conditions • Ensure **adequate physical infrastructure** and health facility density and distribution (including primary care) offering Child Health Services, e.g., IMCI, iCCM • Develop/Integrate **Health Workforce plan** for an integrated costed human resources for health strategy into RMNCAH plans and ensure sufficient financial resources are budgeted and allocated, and ensure training, deployment and support of health workers, in particular pediatricians, nurses, and community health workers • Ensure **availability of Medicines, Diagnostics & Other Products** for child health services (e.g., ORS, Zink, Amox, ACT, RDT, ITN) • Assure empowering and supportive **experience of care** for children, caregivers and families
3. Community & Family engagement	• **Involve communities, civil society and other stakeholders** to increase demand and ensure access to, and coverage of, essential child health care. • **Parents' voices** and champions shift social norms so that it is no longer acceptable for children to die needlessly
4. Data & Evidence	• **Count every child** by using and improving programmatic coverage data including equity and quality gap assessments. Institutionalize CRVS, adapt and use a minimum child health data set, implement child health death surveillance and response. • **Research & Development**, innovation, adaptation and promote access to devices and commodities to improve care for children. • Agree on, disseminate and invest in a **prioritized and coordinated research agenda** for improving child health outcomes, including implementation and health systems research.
5. Partnerships	• **Public-private partnerships** are leveraged for **alignment** of public & private, domestic & external resources • Partnership and coordination with **private sector services** to achieve service delivery goals • **Multi-sectorial partnerships** and partnership platforms across sectors to assure comprehensive PHC/UHC for children

Coverage Quality Equity

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Coverage Quality Equity

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Example for Planning Steps:

1. Identify challenges and prioritize across Implementation Milestones to guide planning and action

   => Analysis of CSA impact and outcome measures can guide this

2. Refer to catalog of on-line resources, e.g.:
   - SCORE
   - PHC
   - Quality of Care
   - Health Data Collaborative
   - Standards of Care/Guidelines
3. Develop/Adapt Indicators & Targets for planned implementation activities to track implementation milestones

Initial ideas for discussion in developing guidance

Using Implementation Milestones for Planning

Implementation Milestones:	Identified bottlenecks (ex. Sierra Leone)	**Coverage** of interventions		**Quality** of interventions		**Equity** of interventions	
		Structures/ Inputs	Processes/ Outputs	Structures/ Inputs	Processes/ Outputs	Structures / Inputs	Processes/ Outputs
1. Governance and accountability, national plans, and financing							
2. Service delivery systems							
3. Data & Evidence							
4. Community & Family engagement							
5. Partnerships							

Implementation indicator and measurement guidance

- Are there any domains missing?
- Any milestones that are NOT needed?

- Other?

- Based on initial X for guidance document:
  - Would this meet your needs? What else is needed?

Shane~ 5 min minutes

Section 4

Next steps

Photo: MCSP Ghana

CSA's Next Steps

Measurement

- Finalize Impact and Outcome Indicators
  - Develop accompanying learning agenda
- Continue developing Implementation Milestones
  - Seek country level feedback
  - Determine demand for country guidance
- Align publications, data analysis, and data products with CSA's Country Engagement team and with country demand
- Key publications: global advocacy report, country profiles

Big Picture

- Country Engagement
- Funding

Questions?

Theme

MEASURING INEQUITIES, MONITORING & TRACKING PROGRESS

THANK YOU

CHILD HEALTH TASK FORCE

USAID FROM THE AMERICAN PEOPLE

unicef for every child

World Health Organization

Save the Children

MOMENTUM A Global Partnership for Health and Resilience

GLOBAL FINANCING FACILITY