

# CHILD SURVIVAL ACTION

*A Results Framework for Accountability,  
Advocacy and Action*

April 2024



*Acknowledgements to: Countdown to 2030, Global Financing Facility, JSI, London School of Hygiene & Tropical Medicine, MOMENTUM, PRB, Save the Children, UNICEF, USAID, and WHO*

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2. Learning agenda
3. Equity and Quality
4. Implementation milestones and indicators

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# Section I

## Introduction to CSA



# CSA's Goal:

## End preventable child deaths, with focus on children 1–59 months of age



The [CSA initiative](#) is a call to partners to address the challenges that have hampered progress in ending preventable child mortality with a focus on high burden countries

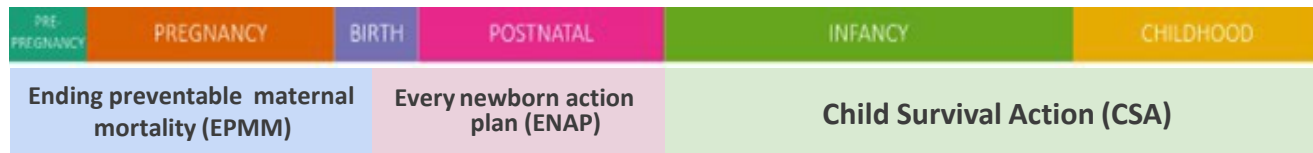
1. **Focuses on the countries**, over 75% in Africa, that urgently need accelerated efforts to achieve the SDG3 2030 target on child mortality of 25 deaths or fewer per 1000 live births (*as of April 2024*).
2. **Reaches the children being left behind** and at risk from leading killers - pneumonia, diarrhea, 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 child deaths, with focus on children 1–59 months of age*

Accelerate action to reduce mortality throughout the life course continuum



Align with efforts by other sectors and programmes

Global Action Plan  
for Child Wasting

**RBM Partnership**  
To End Malaria

**Community Health Roadmap**  
Investment priorities to scale primary care at the community level



**RBM Partnership**  
To End Malaria

Air pollution

# What are the strategies of the Child Survival Action?

## 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

## Section 2

# Development of the CSA Results Framework



# Why a CSA Results Framework?

## Advocacy & Accountability

Use impact and coverage indicators to raise awareness and financing at the global and country levels

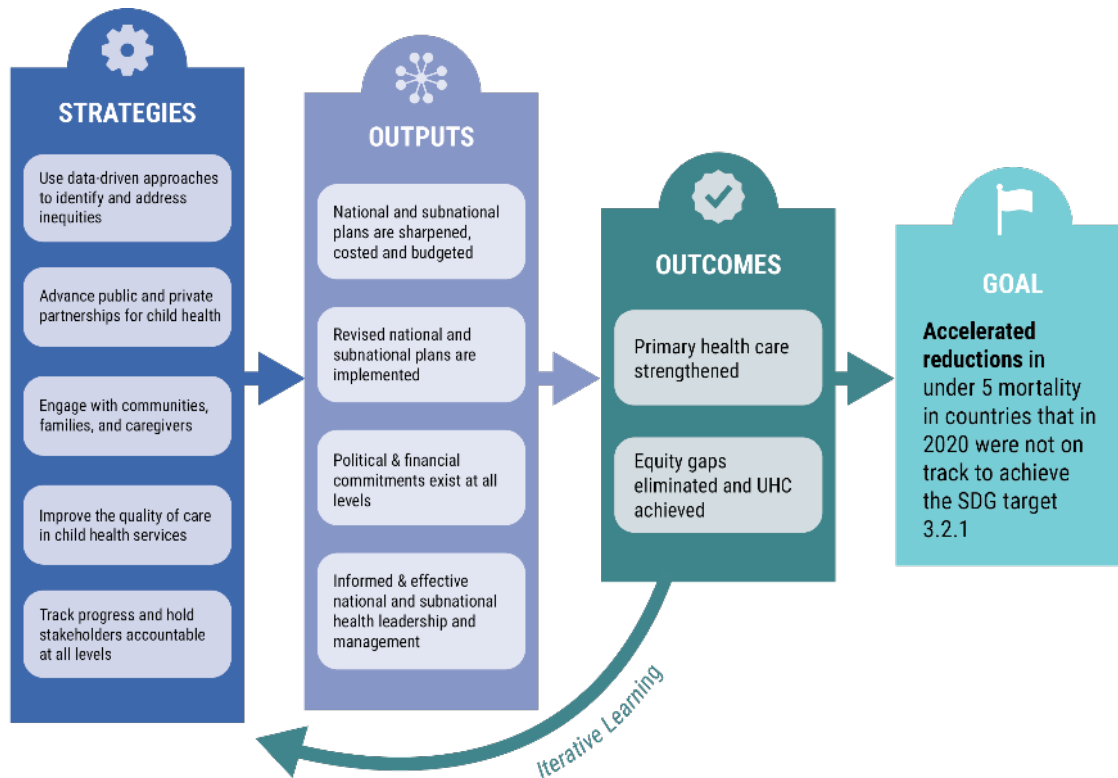
## Action

Engage and coordinate with partners in countries to collectively work toward common goals

Plan programming, inform resource allocation, and track implementation



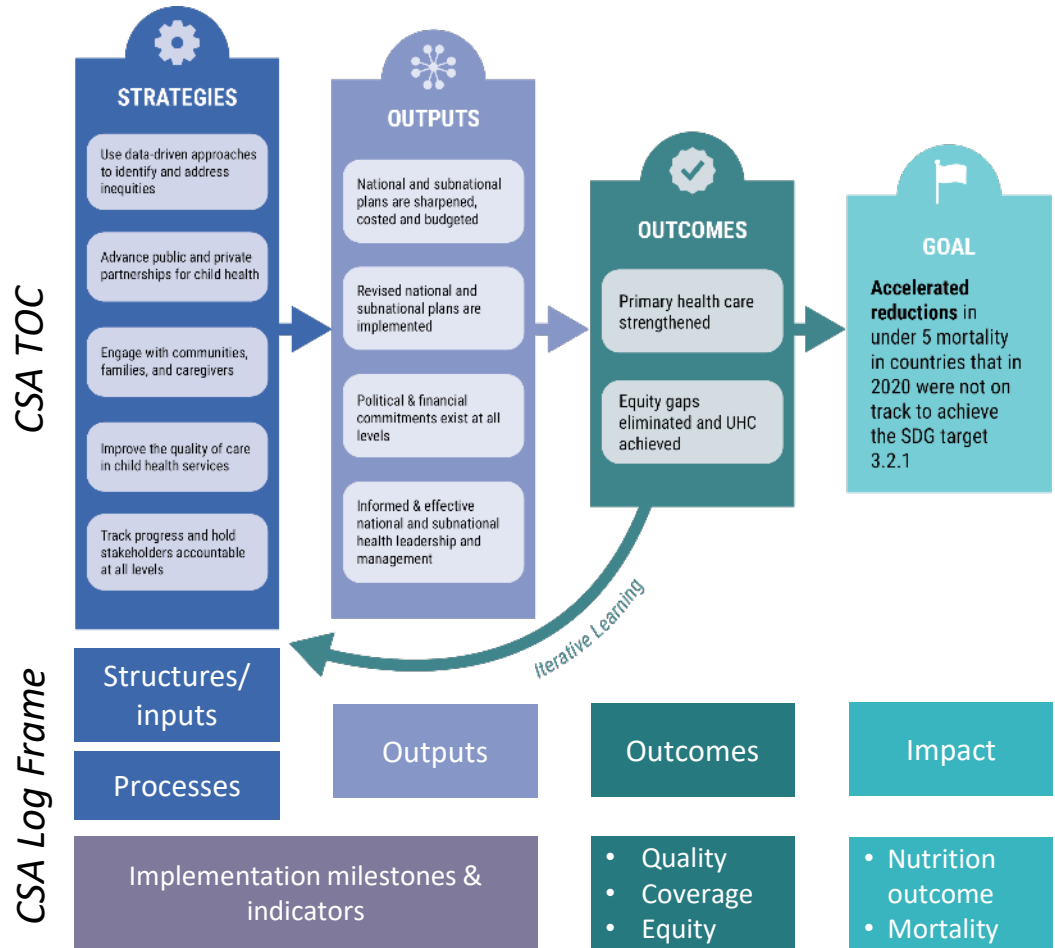
# Child Survival Action: Theory of Change (TOC)



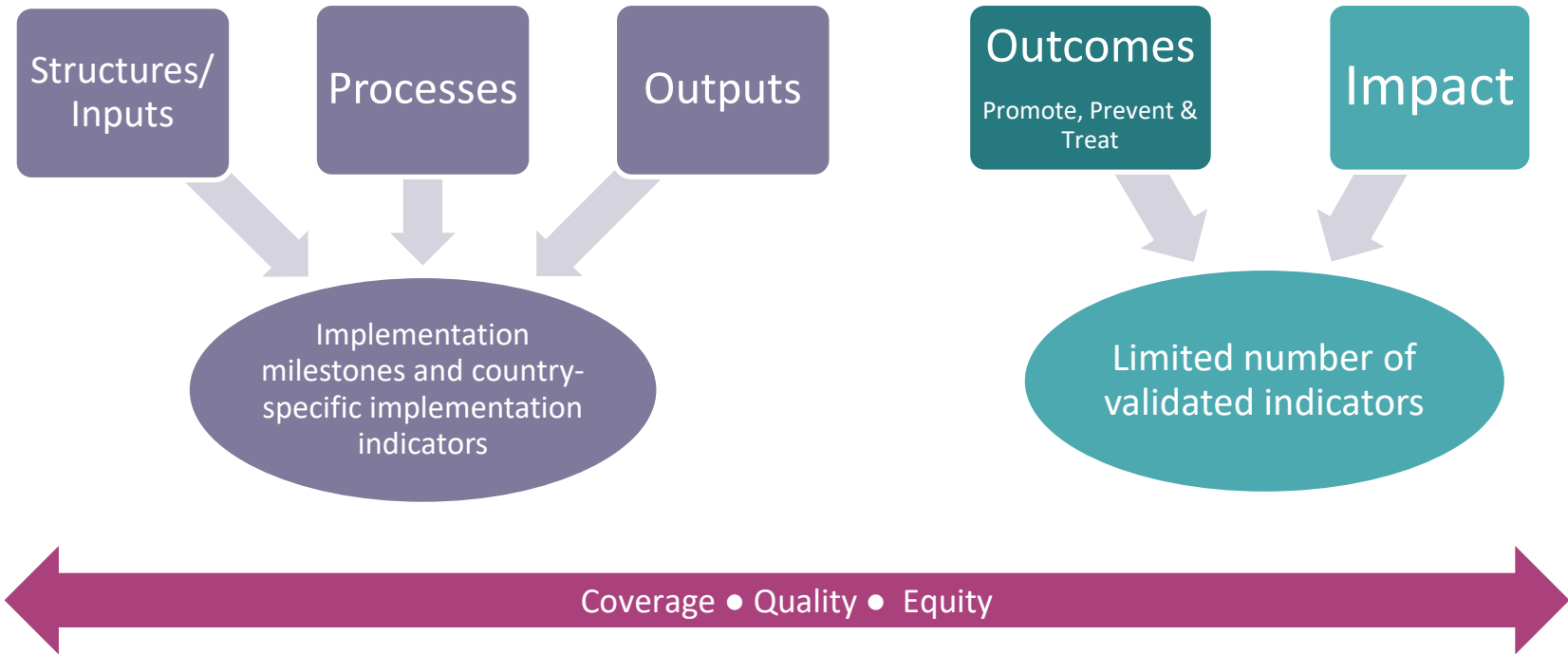
## GUIDING PRINCIPLES:

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

# Map of CSA TOC to Results Framework TOC

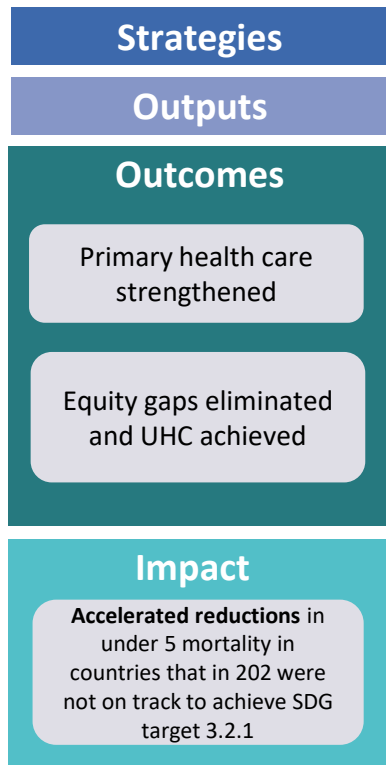


# CSA follows ENAP and EPMM approach to a global results framework

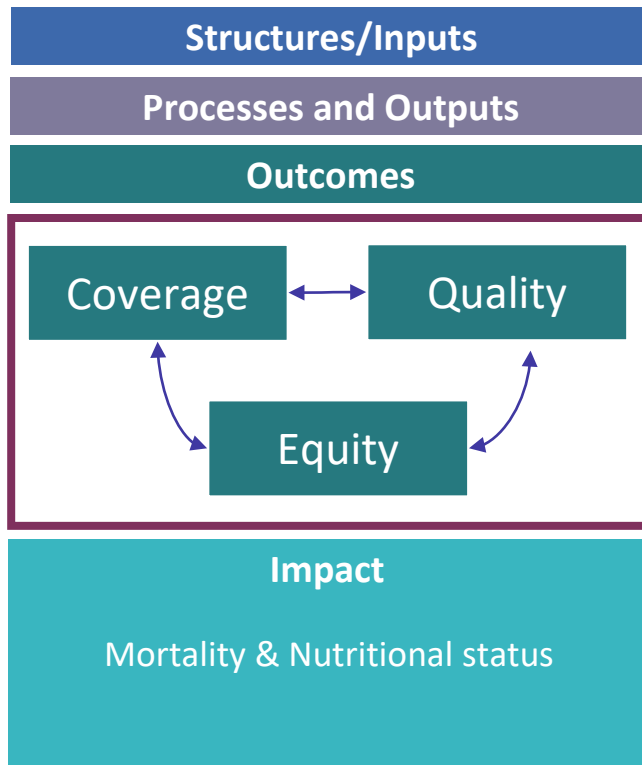


# CSA Outcome Indicators: Coverage, Equity, Quality

## CSA Theory of Change



## CSA Results Framework Log Frame



### Outcome Categories

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

# Principles in results framework development



## Overarching principles of CSA

Child's rights to survive and thrive • Leave no child behind • Family- and child- centered care • Whole-of-government action • Accountability

Build on other global tracking initiatives such as SDGs, Countdown to 2030, and Child Health and Well-Being dashboards to highlight and advocate rather than recreate and duplicate

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 countries off-track to reach SDG 3.2.1

- Direct causes: Malaria, pneumonia, and diarrhea
- Underlying causes: Nutrition
- Contextual factors that contribute to mortality

Select validated indicators (Child Health Accountability and Tracking [CHAT] technical advisory group review) aligned to WHO observatory

# Processes to date in CSA results framework development



Mapped existing indicators from global recommendations and initiatives to TOC

## 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](#)
- [WHO District Level HMIS data use](#)
- [ALMA](#)
- [QoC Network](#)
- [CAP2030](#)

## Impact and Outcome/Coverage Indicators

- Preliminary indicator set derived from CHAT recommendations and other global initiatives
- Selected indicators vetted by CSA working groups
- Selected indicator definitions refined in consultation with external technical groups and with CHAT (e.g., MERG, JMP, TEAM/DataDENT, WUENIC)

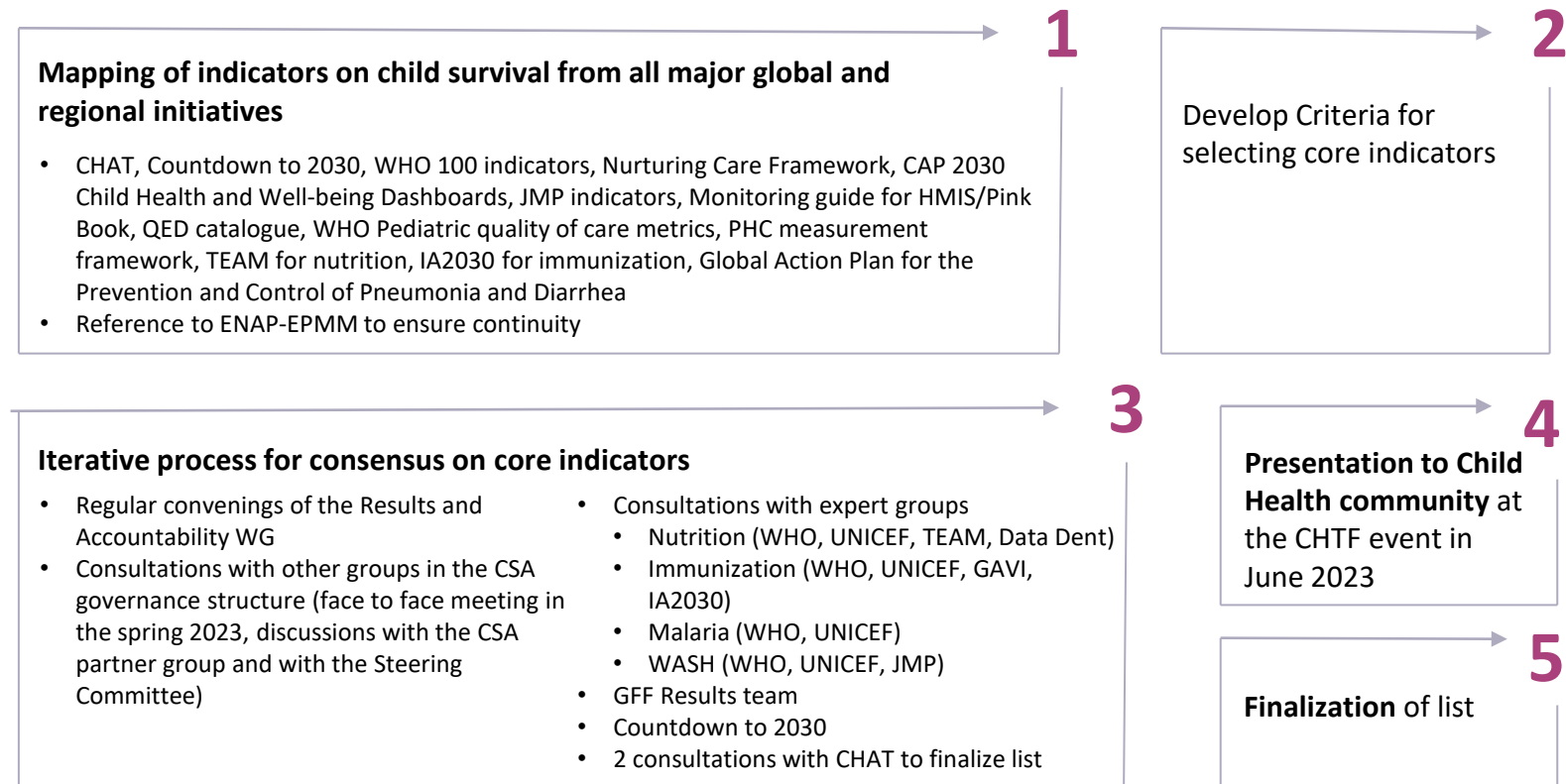
## Implementation Milestones and Indicators

- Domains proposed based on ENAP/EPMM and mapping to CSA TOC, other global frameworks, and Implementation Bottlenecks identified in Sierra Leone
- Continue iterations, gather feedback, engage with countries  
→ revise and finalize

## Section 3.1 CSA Results Framework: Core Set of Indicators



# Process for selecting the core set of indicators





# Four types of Core Indicators

## *Indicator Type*

Impact (Mortality and Nutrition)

Outcome: Nutrition (*Promote*)

Outcome: Illness Prevention (*Prevent*)

Outcome: Illness Management (*Treat*)

Contextual Factors

We have also developed the following:

- **Learning agenda**
- **Approaches for measuring equity for the selected indicators**

*Accompanying quality of care metrics for the core outcomes are under development*

# CSA Core Impact Indicators: Mortality

Indicator	Associated Global Target	Global target and initiatives alignment
<b>Under-five Mortality</b>	Reduce child under-5 mortality rate to at least as low as 25 deaths per 1 000 live births by 2030	Global target is SDG target 3.2. and <a href="#">SGD Indicator 3.2.1</a> . Indicator is aligned with major child health global initiatives.
<b>Mortality 1 month-59 months</b>	Child 1 to 59 months mortality rate at least as low as 13 deaths per 1,000 children aged 28 days by 2030	Proposed global target. Indicator aligned with <a href="#">UNIGME reporting 2024</a> and <a href="#">mortality estimates dashboard</a> .

*\*CSA advocacy products will also include analyses of the leading causes of deaths in children 1-59 months in the off-track countries*

# CSA Core Impact Indicators: Nutrition

Indicator	Associated Global Target	Global target and initiatives alignment
<b>Wasting prevalence (moderate/severe)</b>	<p>By 2025, 5% or less prevalence of childhood wasting;</p> <p>By 2030, 3% or less prevalence of childhood wasting</p>	<p>Global target is <a href="#">SDG Target 2.2.2</a>. Target is included in the <a href="#">Global Action Plan on Child Wasting</a> and the <a href="#">Global Nutrition Monitoring Framework</a> endorsed by WHO's Member States as <a href="#">target number 6</a>. <a href="#">Target for 2030 proposed by nutrition community</a>.</p> <p>Indicator consistent with these and other initiatives.</p>
<b>Stunting prevalence (moderate/severe)</b>	<p>By 2025, achieve a 40% reduction in the number of children who are stunted</p> <p>By 2030, achieve a 50% reduction in the number of children who are stunted</p>	<p>Global target is SDG Target 2.2.1, and included in the <a href="#">Global Nutrition Monitoring Framework</a>, endorsed by WHO's Member States as <a href="#">target number 1</a>. <a href="#">Target for 2030 proposed by nutrition community</a>.</p> <p>Indicator consistent with these and other initiatives.</p>

Note: Wasting and stunting prevalence are reported on the [WHO Global Health Observatory](#) dashboard, [UNICEF nutrition dashboards](#), the [WHO Global Nutrition Monitoring Framework dashboard](#), and in the [country profiles at Countdown to 2030](#).

# CSA Core Coverage Indicators: Nutrition (promote)

Indicator	Associated Global Target	Global target and initiatives alignment
1. Exclusive breastfeeding	<p>By 2025, at least 50% of infants are exclusively breastfeeding in the first 6 months</p> <p>By 2030, at least 70% of infants are exclusively breastfeeding in the first 6 months</p>	<p>Global target is stated in the <a href="#">Global Nutrition Monitoring Framework</a>, endorsed as <a href="#">target number 5</a>. Target also included in the <a href="#">Global Action Plan on Child Wasting</a> and <a href="#">Global Action Plan for Prevention and Control of Pneumonia and Diarrhea</a>. <a href="#">Target for 2030 proposed by nutrition community</a>.</p> <p>Indicator consistent with these and other initiatives.</p>
2. Minimum dietary diversity	N/A	Indicator aligned with indicator in the <a href="#">Global Nutrition Monitoring Framework</a> and recommended by the TEAM advisory group.
3. Vitamin A supplementation (second dose)	N/A	Indicator aligned with indicator in indicator in the <a href="#">Global Nutrition Monitoring Framework</a> and recommended by the TEAM advisory group.

# CSA Core Coverage Indicators: Illness Prevention (prevent)

Indicator	Associated Global Target	Global target and initiatives alignment
1. ITN use	N/A	Indicator aligned with <a href="#">WHO World malaria report</a> , <a href="#">Roll Back Malaria</a> recommendations, and SDG 3.3.
2. Diphtheria, tetanus and pertussis (DTP3) immunization coverage	By 2030, 90% global coverage of immunization for DTP3	DTP3 indicator and target are aligned with <a href="#">SDG 3.b.1</a> and the <a href="#">Immunization Agenda 2030 goals and targets</a> .
3. Measles immunization coverage (second dose)	By 2030, 90% global coverage of immunization for MCV2	MCV2 indicator and target are aligned with <a href="#">SDG 3.b.1</a> and the <a href="#">Immunization Agenda 2030 goals and targets</a> .
4. Zero dose (absolute number)	By 2030, 50% reduction in the number of zero dose children at country, regional and global levels	Zero dose indicator and target are aligned with the <a href="#">Immunization Agenda 2030 goals and targets</a> .

# CSA Core Coverage Indicators: Illness Management (treat)

Indicator	Associated Global Target	Global target and initiatives alignment
1. Diarrhea treatment with oral rehydration salt solution (ORS) and zinc	By 2025, 90% access to appropriate diarrhea case management (with 80% coverage in every district)	Global target stated in <a href="#">Global Action Plan for Prevention and Control of Pneumonia and Diarrhea</a> . Indicator aligned with <a href="#">WHO 100 Core Health Indicators</a> , SDG 3.8.1, and other initiatives.
2. Malaria diagnostics usage	N/A	Indicator aligned with <a href="#">Roll Back Malaria</a> recommendations and SDG target 3.3.
3. Care seeking for symptoms of ARI	By 2025, 90% access to appropriate pneumonia case management (with 80% coverage in every district)	Related global target stated in <a href="#">Global Action Plan for Prevention and Control of Pneumonia and Diarrhea</a> ; GAPPD target and indicator differ. Indicator is aligned with measurement of SDG 3.8.1 and included within the <a href="#">Universal Health Coverage index (3.8.1)</a> .
4. Care seeking for fever	N/A	Indicator aligned with <a href="#">Roll Back Malaria</a> recommendations.
5. Malaria treatment ( <i>children under the age of five diagnosed with malaria who received ACT (or other first-line treatment according to national policy)</i> )	N/A	Indicator aligned with <a href="#">WHO World malaria report</a> , <a href="#">Roll Back Malaria</a> recommendations, and SDG 3.3.

# Contextual Indicators

- 1 Population using basic drinking water services\* (**SDG 6.1.1**)
- 2 Population using basic sanitation services\* (**SDG 6.2.1**)
- 3 Population with basic handwashing facilities at home\*
- 4 Food Insecurity Experience Scale (**SDG 2.1.2**)
- 5 Gender/Women's empowerment (**SDG 5.1.1.**)

\* Indicator recommended by the [WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene \(JMP\)](#)

## Section 3.2 CSA Results Framework: Learning agenda





# CSA Results Framework Learning Agenda

## Protect Measures:

- Work with the nutrition community on improving measurement of nutrition counseling interventions and other interventions delivered through the health system, such as management of acute malnutrition
- Examine and improve indicators related to air quality and links with childhood asthma and respiratory disease

## Prevent Measures:

- Consider measures for the malaria vaccine rolls out
- Improve measurement around DTP3 drop-out rates
- Examine whether identification and measurement of zero-dose children can identify children missing out on other services

## Illness Management Measures:

- Examine ways to improve indicators of pneumonia and malaria treatment, especially within the context of antibiotic and antimicrobial resistance
- Improve the measurement of disease severity for fever, diarrhea, etc. related to careseeking and treatment indicators

## Equity Measures:

- Improve measurement of important, but difficult to capture equity categories such as disability status, ethnicity/race, more granularity by age, etc.

## Section 3.3 CSA Results Framework: Equity and Quality



# Equity in the CSA Results Framework



Impact and outcome indicators should be disaggregated by key equity factors such as **rich-poor, urban-rural, geography, and mother's education**

## Recommended equity analyses

- Compare equity patterns across countries using national estimates and equity patterns within countries using subnational estimates
- Examine progress towards mortality targets at the national level and amongst the poorest quintile
- Calculate coverage gap between wealthiest and poorest quintile
- Compare coverage level in the poorest quintile to the national average
- Examine progress towards coverage targets between poorest, wealthiest, and national average
- Use maps and equiplots to visualize the data
- Consider other equity indicators for specific analyses, such as child food poverty measures

**Note:** Gender equity captured through relevant disaggregation (e.g., women's education) and context indicator for Gender/Women's empowerment SDG 5.1.1

# Incorporating Quality of Care Indicators in the CSA Results Framework

## Rationale:

Quality of Care (QoC) is an important outcome in reducing child mortality. QoC measures are considered both as outcomes and processes within the CSA Results Framework. There are limited standard child health QoC measures collected and available across countries.

## Processes:

Drawing from global recommendations and resources, CSA will develop a recommended menu of prioritized QoC indicators for countries to consider tracking at national and sub-national levels, based on their specific programs to improve child health and survival.

## Key Resources:

The following global resources include QoC measures pertinent for child health and survival

- [WHO QoC Standards and Core and menu of pediatric QoC indicators](#)
- [WHO Analysis and use of facility data – 2023 recommendations for MNCAH programme managers](#)
- [Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents Health](#)
- [Network for Improving quality of care for maternal, newborn and child health – core indicators in monitoring framework](#)

## Section 3.4 CSA Results Framework: Implementation Milestones



# Development of Implementation Milestones: Mapping of domains across similar initiatives

1

----- CSA Theory of Change

2

----- ENAP-EPMM milestones and results framework

3

----- WHO Primary Health Care Monitoring framework & indicators

4

----- WHO Quality of Care Network Leadership, Action, Learning and Accountability

5

----- CSA country engagement learnings. For example, Sierra Leone identified a set of country-specific bottlenecks potentially relevant to all countries in implementation

## Development of Implementation Milestones: Criteria to identify suitable milestones

Indicates the quality of program implementation

Signals importance to countries for accountability, tracking, advocacy and dialogue

A menu of milestones and further resources that countries can use and adapt

Some milestone areas may need data that are not routinely collected and reported



**ENAP Milestones seen as “best fit” for CSA to use as its model**

# CSA Implementation Milestone Categories\*

## 1. Governance & accountability, national plans, & financing

- National & district governance structures
- National vision, strategy & operation plan(s)
- Advocacy & mobilization strategy
- Civil society engagement & social accountability mechanisms
- Standards & policies for QoC
- Financing & allocation of resources

## 2. Service delivery systems

- Health Workforce with adequate resources, deployment, training, and support
- Availability of Medicines, Diagnostics & Other Products
- Adequate facilities & physical infrastructure
- Models of Care with referral systems & care pathways
- Structures for empowering and supportive experience of care

## 3. Community & Family engagement

- Community, civil society and other stakeholder involvement
- Parents' voices and champions

## 4. Data & Evidence

- Minimum child health data set, including service delivery/coverage, equity & quality
- Institutionalized CRVS & child health death surveillance & response
- Research, development, & learning for innovation, implementation & adaptation
- Prioritized & coordinated research agenda

## 5. Partnerships

- Public-private partnerships leveraged & aligned
- Multi-sectorial partnerships & partnership platforms
- Partnership and coordination with private sector services



## Section 4

### The Way Forward



# CSA Results Framework: the way forward



The CSA Results Framework as presented here is a “living document.” A more detailed report on the development and details of the CSA Results Framework will be forthcoming.



## **Future iterations of the CSA Results Framework will include:**

- Consideration of additional targets
- Implementation milestones and relevant guidance materials
- Incorporation of quality of care measures
- Data analysis and use plans