



Child Survival Action Process Guide

Pathways towards sharpening prioritized actions for child survival.

Introduction

Child Survival Action (CSA) is a renewed call to all partners—national governments, civic and traditional leaders, communities, and regional and global stakeholders—to end preventable child deaths. The initiative urges partners to join hands to address the programmatic and health system challenges that hamper progress in child survival, especially in countries not on track to meet their 2030 targets for under-five mortality. Addressing these barriers will require strong national and subnational leadership, expanding strategic investments in primary health care (PHC) and multi-sectoral actions, mobilizing partnerships across stakeholders, and aligning funding and other initiatives. The initiative identifies opportunities that exist and lays out the steps that partners need to take to reach all children with life-saving interventions, aligning with maternal, newborn, adolescent, and reproductive health efforts to ensure survival across the life course and continuum of care.

The CSA initiative complements other efforts that promote the continuum of care for maternal, newborn, and child health and those that focus on ending preventable deaths, such as Ending Preventable Maternal Mortality (EPMM) and the Every Newborn Action Plan (ENAP). The initiative is also aligned with programs focused on reaching the unreached, for example children who are zero-dose for essential immunizations, which are critical to ending child mortality.

Key components to consider in a country-led CSA initiative include:

- **Sharpened, prioritized, and costed national and subnational plans** that cover the full spectrum of essential child health services, particularly those focused on the leading causes of child mortality beyond the first month of life - pneumonia, diarrhea, and malaria. Plans should be evidence-based and consider robust linkages between relevant health programs (e.g., Integrated Management of Childhood Illness (IMCI), Integrated Community Case Management (iCCM), immunization, malaria control) and other sectors that contribute to child health (e.g., nutrition, water, sanitation and hygiene (WASH), environment). They should also be balanced to support the continuum of care, from pregnancy through early childhood, in communities and across health service platforms, and developed under government leadership with the engagement of affected communities, civil society, and other stakeholders.



- **Committed, informed, and effective health leadership and management** must be in place at national and subnational levels to support the implementation of sharpened plans. Leadership and management provide essential stewardship of national and subnational strategies, mobilize and coordinate resources and partners, ensure the robust implementation of prioritized efforts, and are accountable to governments and communities for achieving the outcome.
- **Collaboration** across child health, maternal health, newborn health, immunization, nutrition, and health promotion is critical to enable coordinated action in delivering inclusive and comprehensive health services. Additionally, multi sectoral collaborations with WASH, clean air, child protection, education and social welfare are critical to the overall objective of accelerating reductions in child mortality.
- **Effective resource mobilization and optimization** that combines not only domestic financing, external pooled investments, and innovative approaches, but also a commitment to making better use of existing resources.
- An **equity-sensitive approach** that builds upon the actions to reach zero-dose and under-immunized children, as well as those with acute malnutrition and wasting, to reduce the risk of mortality in highly vulnerable children.
- A **robust monitoring and accountability framework** to track progress, increase commitment, and improve responsiveness. Locally available data from multiple sources, including health information systems, health facility assessments, population-level surveys, and in-depth studies, should be leveraged to identify populations in need of special attention. Health leadership and management skills and capacities should be strengthened to capture, analyze, and use data for decision-making.

Purpose of this document

This guide supports country efforts to implement a national CSA initiative and accelerate efforts to reduce child mortality. It outlines proposed activities to consider when sharpening prioritized actions for child survival. Each country's situation is unique and starts at different points so there is no defined start and end point to the process. Activities are organized around five key elements: advocacy/stakeholder engagement; review and analysis; planning and costing; implementation; and measuring results and impact. This document is linked to the [CSA Toolkit](#) – a resource repository for CSA planning and implementation guidance. The purple boxes below the listed activities highlight select resources within the CSA Toolkit that would be useful to review in the planning/operationalization of each activity.

Recommended activities for accelerating action for child survival



Advocacy/Stakeholder Engagement

In resource-constrained environments with competing health priorities, accelerating action for child survival may not always be the highest priority. It is critical to identify and engage key decision-makers and policy influencers to advocate for child survival and to create a supportive and sustainable environment for implementing quality and effective child health programming.

Key activities:

- Convene relevant Ministry of Health leaders (e.g., family health, maternal and child health, malaria, nutrition, primary health care, community health, etc.) to discuss the need to sharpen prioritized actions for child survival.
 - Seek agreement on whether it is necessary to develop a plan/roadmap with priorities and milestones.
 - Discuss how to engage the highest levels of leadership.
 - Discuss practical next steps.
- Identify a high-level political leader in the Ministry of Health to lead action on child survival.

- Draft letter template introducing CSA and requesting for leadership support from MoH or other key opinion leaders. Child Health Task Force (2024). *Coming soon.*

- Identify a technical focal point in the Ministry of Health to lead action on child survival.

- Terms of reference template for in-country CSA focal point. Child Health Task Force (2024). *Coming soon.*

- Hold an initial call with the government and partners to introduce CSA.



- Invite all relevant programmes/departments to participate, especially: Child Health, Quality Management, Malaria, Nutrition, WASH, PHC/community health.
- Suggested participation includes in-country focal points of the global CSA partners (GFF, Save the Children, USAID, UNICEF, WHO).
- If existing/functional, the Child Health/Child Survival TWG or other platform should be used to convene all relevant actors.
- Consider alignment and opportunities with other existing initiatives (e.g., ENAP/EPMM, RMNCAH Investment Case development).

- **CSA introduction slide deck.** Child Health Task Force (2024). *Coming soon.*
- **CSA key messaging document.** Child Health Task Force (2024). *Coming soon.*
- **CSA country advocacy brief template.** Child Health Task Force (2024). *Coming soon.*
- **[Child Survival Action two-pager.](#)** Child Health Task Force (2023).

- Identify and engage national stakeholders responsible for existing child health programs.

- **CSA Stakeholder Mapping and Analysis Guide.** Child Health Task Force (2024). *Coming soon.*

- Identify champions who have a high-level of influence and the ability to advocate for child survival.

- **CSA Champion Mapping Tool.** Child Health Task Force (2024). *Coming soon.*

- Strengthen or establish a government-led, multi-sectoral technical working group to coordinate and advise on efforts regarding child survival.

- **Terms of reference template and checklist for CSA Technical Working Group.** Child Health Task Force (2024). *Coming soon.*

- Develop a media engagement plan that identifies the media partners, target audience, key messages, and the media channels to deliver advocacy activities.

- **CSA Media Engagement Tool.** Child Health Task Force (2024). *Coming soon.*

- Determine how best to engage/strengthen the private sector in delivering child health services.



- [Engaging the private sector in delivering quality maternal, newborn and child health services: a step-by-step workbook to inform analysis and policy dialogue](#). World Health Organization (2024).

- Advocate with Ministry of Finance, donor organizations and implementing partners for increased financing for child health programming.

- [CSA Budget Advocacy Tool](#). Child Health Task Force (2024). *Coming soon*.

For additional resources and tools to support Advocacy/Stakeholder Engagement activities, please see the [CSA Toolkit Advocacy/Stakeholder Engagement](#) section.



Review and Analysis

Analyzing the child health situation in a country and assessing the status of the health system in providing quality care are some of the first critical steps in developing an effective plan of action. A comprehensive situational analysis on child health services can provide a realistic assessment of the strengths and challenges in delivering quality services. The process involves reviewing new and existing data sources that provide a good understanding of a country's situation in relation to child health and its ability to address existing gaps. Identifying any barriers that are preventing the delivery of quality child health interventions and services can help countries prioritize and implement targeted actions to accelerate progress.

Key activities:

- Agree on a process for developing a Child Survival Action plan. This may be a standalone action plan or there may be an opportunity to integrate/strengthen priorities within a broader RMNCAH plan.
 - Determine if there is an existing plan that defines clear priority actions for child survival.
 - Determine if the plan is based on a situational analysis covering key components.
 - Determine if the actions are cross cutting and seen as priorities for all programs within the MoH (e.g., malaria, nutrition, primary health care, community health, etc.).



- Review situation and bottlenecks by conducting a situational analysis or reviewing previous situational analyses to assess the health system and the country's capacity for delivering child health services and interventions.

- **Guide for reviewing child health situation in country.** Child Health Task Force (2024). **Coming soon.**

For additional resources and tools to support Review and Analysis activities, please see the [CSA Toolkit Review and Analysis](#) section.



Planning and Costing

When sharpening and revising child health plans, countries must first agree on which activities to prioritize. Prioritization exercises can help ensure funds are purposefully allocated and that resources and interventions are strategically selected. Criteria for prioritization should be clear and informed by data and outcomes from previous review and analysis activities, as well as consultations with multiple stakeholders.

After priorities have been determined, they can be translated into priority action items within a medium-term plan. The process should include setting objectives and key targets in line with identified priorities and the formulation of key actions (or activities) to achieve the objectives.

Costing is also an integral part of the planning process. Estimating the costs of a plan provides information on the financial resource needs for planned activities, allowing decision-makers to consider whether strategic activities are feasible and affordable. A mapping of relevant documents, including costing exercises from previous plans should be conducted to inform current cost projections. Projected costs can be compared to available financial resources to identify potential resource gaps. Costing is an iterative process, often requiring several rounds of discussion and calculation.

Key activities:

- Through meetings/workshops with key stakeholders, discuss and analyze the main problems/bottlenecks impacting the reduction of child mortality and how to resolve them.
 - Identify and prioritize activities/interventions which will be most important to reduce child mortality.



- Group work - each group takes a bottleneck(s) and discusses solutions, key actions to implement the solutions, and milestones.

- Agenda template for priority setting workshop. Child Health Task Force (2024). *Coming soon.*
- PowerPoint template for group work for priority setting workshop. Child Health Task Force (2024).
- [OneHealth Tool](#)
- OneHealth User Recommendations. Child Health Task Force (2024). *Coming soon.*
- [Lives Saved Tool \(LIST\)](#)
- LiST User Recommendations. Child Health Task Force (2024). *Coming soon.*
- [EQUIST Tool](#)
- EQUIST User Recommendations. Child Health Task Force (2024). *Coming soon.*

- Strengthen, revise or develop a costed and prioritized action plan for improving child survival.
 - Define objectives and set clear roles and responsibilities for the key actions.
 - Set clear milestones and targets for the key activities.

- Terms of Reference template for work required to develop and/or cost a CSAP. Child Health Task Force (2024). *Coming soon.*
- CSA Plan template. Child Health Task Force (2024). *Coming soon.*

For additional resources and tools to support Planning and Costing activities, please see the [CSA Toolkit Planning and Costing](#) section.



Implementation

There are several essential components to ensure that activities are carried out and implemented effectively to reduce child mortality. Ongoing coordination and advocacy for child health at national and sub-national levels; ensuring sufficient resources (human, financial and material) and managing their effective use so that activities can be carried out as planned; enabling a supportive supervision environment to motivate staff and ensure quality care; properly engaging communities to create awareness and demand for health services; and monitoring implementation progress by analyzing routinely collected data.

Key activities:

- Dissemination of the CSA plan at national and subnational levels



- Identify and engage subnational stakeholders responsible for existing child health programs in further planning and implementation at subnational level.
- Conduct ongoing advocacy efforts at subnational, national, regional and global level.
- Ensure strong governance and coordination structures are in place at subnational level.
- Develop or refine a resource mobilization plan. Engage the Ministry of Finance, donor organizations, implementing partners and other relevant organizations to understand resources required and gaps.
 - Bridge investment gaps through optimization of existing resources

- **Resource mobilization guidance tool.** Child Health Task Force (2024). *Coming soon.*

For additional resources and tools to support Implementation activities, please see the [CSA Toolkit Implementation](#) section.



Measure Results and Impact

An essential component for implementing a successful CSA initiative is effective monitoring and evaluation. This can help countries determine whether progress has been achieved as a result of interventions and measure those achievements against national and global standards and goals. A CSA monitoring and evaluation framework, sometimes as part of broader comprehensive framework for RMNCAH, should include the identification of relevant child health indicators; the identification of data sources for indicators; and analysis and reporting of results to inform improved practices.

Key activities:

- Strengthen, revise or develop a robust monitoring and evaluation framework to track progress of child health activities.

- **[CSA Results Framework](#)**. Child Health Task Force (2024).



- Strengthen systems for measuring, monitoring and reporting on child health services at national and subnational level.
- Measure progress, track milestones and review and address any gaps in implementation.

- [Guide for conducting national and subnational programme reviews for maternal, newborn, child and adolescent health](#). World Health Organization (2024).
- [Facilitators' guide for conducting national and subnational programme reviews for maternal, newborn, child and adolescent health](#). World Health Organization (2024).
- [Maternal, newborn, child and adolescent health programme review data tool](#). World Health Organization (2024).

For additional resources and tools to support Measure Results and Impact activities, please see the [CSA Toolkit Measure Results and Impact](#) section.