UNICEF

UNITED NATIONS CHILDREN'S FUND
FONDS DES NATIONS UNIES POUR L'ENFANCE

INTEROFFICE MEMORANDUM

TO: Executive Staff
Regional Directors
Director, Geneva Office
Field Staff visiting HQ

FROM: Nyi Nyi
Director, PDPD

DATE: 19 May 1983

FILE NO.: NN/PDP/304/83

SUBJECT: Action Framework for Accelerating Child Survival and Child Health and Related Papers

...

Please find attached, the following three draft working papers which constitute the 'Task Force report on Action Plan for Accelerating Child Health and Survival' to be considered in the Post-Board meeting on 23 May 1983:

1. Action Framework for Accelerating Child Survival and Child Health.

2. EXD on Guidelines for Programme Action at Country Level to Accelerate Child Survival and Health.

3. Financial Plan.

Some of the problems which should be addressed include:-

1. Scope, framework and contents of various activities proposed in the three papers.

2. Whether should all three papers be sent to the field?

3. The name:
   - Action Framework or Action Plan?
   - Accelerating Child Health and Survival
   - Accelerating Child Survival and Health
   - Accelerating Child Survival and Child Health.

4. Distribution of resources e.g.
   - Should JNSP countries be excluded?

5. Purpose and functions of the Panel of International Consultants.

6. Focal points at country, regional and headquarters level.

FINAL DRAFT 3
NN/PDP/304/83
18 May 1983.

ACTION FRAMEWORK FOR ACCELERATING CHILD SURVIVAL AND CHILD HEALTH

Introduction

1. The central theme of the message of the SWCR 1982-83 is that even in periods of grave financial difficulties opportunities exist to significantly improve child survival and child health. A number of low cost and proven effective technologies are available, which when combined with the newer technologies and advances in communication, and the changes taking place in social organisation, especially in relation to the development of PHC, could have dramatic impact.

2. PHC is the overall framework within which such actions can be taken, indeed are already being taken in most countries, although their coverage and effectiveness is still limited. The objective of this UNICEF initiative is to accelerate such actions, and improve the quality, coverage and effectiveness of particularly those actions which will have the most immediate impact on child health and reducing infant and child mortality. PHC however has to be interpreted in its broad multisectoral context - extending when necessary beyond the health sector to include measures in the domain of social affairs, education, agriculture, water resources, rural development and income-generation.

3. It is recognised that none of these technologies are new, although experience in their use and modifications over recent years (e.g. in improving the stability of measles vaccine or ORS, or cold chain) and development of new technologies altogether, are rapidly opening up new possibilities for wider and more effective implementation. It is also recognised that in developing PHC, many countries are facing some serious difficulties and constraints, politically, managerially, and financially, the latter being both at national,

and community level. Motivating and mobilising community involvement, and fostering effective working relationships between health system and community, and with other sectors contributing to PHC, has proved a complex task. It is to nurture, foster, and accelerate development of such relationships around concrete programmes which can be seen to be effective, that UNICEF needs to give priority attention.

4. Finally, it must be emphasized that what is being advocated here is action by governments and by nationals. The organisation and strengthening of global, regional and country level support for these actions by UNICEF, is the purpose of this action framework.

Objectives

5. The objectives of the Action Framework are to:

a) Accelerate PHC support to countries especially in relation to child survival and child health activities.

b) Identify and provide special support in 10-20 countries in all regions and country-income groups in order to show results and to learn how best to support PHC development and demonstrate effectiveness in reducing infant and child mortality in different socio-economic conditions.

c) Utilise UNICEF field experience more systematically for policy and programming.

d) Find effective ways of communicating such experience within the organisation and outside.

e) Utilise technical and professional expertise and experience inside and outside UNICEF, to provide relevant and timely support and information globally.

f) Mobilise international and national public opinion and global support for technical advancement and efforts to reduce infant and child mortality.

g) Intensify working relationships with a variety of international and local agencies and sectors to achieve the targets of improved child health.

Partners in Action

6. The principal actors in the accelerated action would be national, sub-national and local governments with communities and the professionals and paraprofessionals in the country. UNICEF could serve as the catalyst and motivator in mobilising support to these national actions.

7. The partners in support action are most likely to be popular and mass movements; NGOs, religious bodies, business and labour; media; multilateral and bilateral donors; development banks; foundations; the U.N. system , etc.

Some Cautions

(Is this para still necessary in view of paras 1-4?)

8. It is a worldwide programme of support for national action, but it is NOT -

- a universal plan or identical remedies for each country;
- a substitute for national commitment and organisation;
- a shift from primary health care or basic services approach, but a strengthening of priorities within them;
- a UNICEF-focussed action, but UNICEF support for actions by nationals.

Strategy and Key Elements

Need for Assessment: Child Survival Focus

9. UNICEF cooperation has always had a focus on child survival and development (as in some developing countries, half or more of the total number of child deaths occur among children under five). In the current difficult situation, this focus should become sharper, based on more vigorous analysis of harder epidemiological and cost data, in order to generate greater political commitment, and to make services more cost effective. A situation analysis may thus be advisable not only for the country but for specific areas of the country.

10. An assessment is also needed of the current extent of access to and utilisation of services, especially MCH services including immunisation, growth monitoring, nutrition education on breastfeeding and weaning, availability of ORS and knowledge of ORT, access to food and means of conservation, women's education and literacy and means of improving household income, water and sanitation, and access to communication and media information. The current strategy and PHC delivery system for technical support services should also be assessed.

Key elements

11. Depending on the priority needs for child survival in a particular area, main or key measures are likely to be among the following, for which low-cost and acceptable technologies are available. In most countries these are already being carried out, but coverage and effectiveness may be limited. Reasons for problems need to be carefully analysed and alternative solutions looked for and supported. This may mean trying out innovative approaches or using different organisational methods, mobilising other sectors and agencies. In some countries water and sanitation programmes have provided the most effective entry point for other elements of PHC such as ORT and nutrition activities. The provision of a "minimum package of services" for technical support may be considered.

12. The key elements in the 'minimum package of services' would include -

a) Growth monitoring and supporting measures, including during pregnancy.
b) Diarrhoeal disease control.
c) Breastfeeding and good weaning practices.
d) EPI
e) Child-spacing services.
f) Essential drugs.
g) Health education.

13. Three additional basic needs may be more costly to services, though there are also some low-cost measures available to mitigate them -

h) Food entitlement.
i) Water supply and sanitation.
j) Education of women.

All the above key elements are described in more detail in EXD.....

Access to services and delivery
of technical support

14. All the key elements are dependent on the effectiveness and coverage of a delivery system and the extent of community involvement in and support of the system. The PHC strategies being implemented by many countries are at different stages in the process. UNICEF will continue to support these efforts, assisting the countries' assessment of weaknesses and problems, and finding ways to overcome them. The advent of new technologies provides an opportunity to take a fresh look at alternative delivery systems. It will also include finding ways to strengthen intermediate managerial levels, building inter-sectoral collaboration and developing improved information and monitoring systems.

15. Support and participations of sectors and organisations outside the health sector should be explored and intensified, including:

- the communications media, especially for health education and motivation of public support and involvement;
- women's organizations, religious organizations, cooperatives and other bodies outside the governmental sector, especially to motivate and help communities to organize;
- the school system and the non-formal education system;
- the social affairs system, for day care, household and community social organization;
- the agricultural and home economics extension system.

Main Lines of UNICEF Support Action

Country Level

16. At the country level the possible actions which can be taken are destribed in EXD..... The country, area and regional offices may take the following actions in support of country activities:

a) Advocacy.

b) Review of current national programmes and UNICEF's cooperation -

   i) opportunities for sharpening the child survival focus in the current programmes;

   ii) flexibility and reprogramming, if necessary.

c) New programme submissions/preparations emphasizing child survival and child health activities.

d) Looking for and working with partners.

Regional Level

17. The essential task for the regional office is to participate in reviews and imaginative reprogramming in each country. It may also provide support services and monitor progress in the region. Some of the activities which may be undertaken by regional offices are:

a) Preparation of regional advocacy plan(?)
(Do we have a forum?)

b) Regional technical support:

i) Assessment of requirements for regional technical support.

ii) Identification of relevant technical resource institutions and individuals within the Region; strengthening of linkages with other technical agencies, especially WHO.

iii) Strengthening of linkages with other funding organizations e.g. World Bank, Regional Banks, IFAD, WFP, UNDP, UNFPA and Bilaterals.

iv) Identification of specific requirements for strengthening technical support for each region.

v) Development of regional reference materials resource centre at regional office drawing on resources developed both within and outside the region (e.g. examples of good teaching materials, media programmes, project reports and evaluations, technical papers, guidelines, bibliographies, basic library, etc.).

c) Identification of useful learning experiences within the region, analysing, synthesizing, and communicating them within the region and to the PHC network more generally.

d) Identification of weakness, and provides technical guidance and to country programmes.

e) Providing information and feedback to HQ and contributing to policy development.

HQ Level

18. The eseential tasks of headquarters are to mobilise international public opinion and support for country efforts to reduce infant and child mortality. It would also help arrange for general support, staff training, sharing of experiences and streamlining of procedures.

General support

a) Support to more effective programming and development:
   i) review of programming procedures that prevent community participation;
   ii) review of integration of birth spacing into programmes;
   iii) review and development of policy on help to recurrent expenses during the recession in low income countries;
   iv) review and development of a more effective system and funding of essential drugs, at least for the duration of recession (including the possibility of financing of a global support for vaccines and growth charts).

b) More systematic collection, synthesis and sharing of UNICEF field experience.

c) Preparation of support plans (Advocacy, Information and Communication Support Plan is given as an Appendix).

d) Mobilization of international public opinion and global material support.

e) Identification and mobilization/facilitation of global partners and alliances.

f) Selective participation and intensive involvement in selected countries (to show results and to learn) e.g. JCHP countries and others (see below).

g) More in depth analyses of the following issues:
   i) Food supplementation: choices.
   ii) Birth spacing: programming implications.
   iii) PHC evaluations. Selective support for more professional evaluation of UNICEF supported PHC programmes: to identify bottlenecks and obstacles, as well as reasons of success.
   iv) Local level management and relationship/coordination with support structures.

h) Identification of consultants, resource institutions and resource persons internationally for support to headquarters and field offices to provide support and advice, when necessary:

i) WHO, especially EPI and CDD, SHS, Family Health, and Regional Advisers;

ii) Selected institutions in Asia, Africa and Latin America and others such as the Institute of Child Health, International Children's Centre, etc.

iii) An international panel, or rosta, of Consultants.

Intensive involvement in selected countries

19. All countries will be encouraged to accelerate PHC, giving particular attention to child survival and child health action, and necessary support will be provided for reviewing current programmes, and for intensifying activities for reducing child mortality in new programme submissions.

In general, additional material and financial support will be provided to low income countries with very high or high IMR. Middle income countries will be encouraged to reprogramme through reallocation of existing resources while mostly advisory support will be provided to higher income countries.

20. Regional offices and headquarters will be involved intensely in a few selected countries in order to show results and to learn:

a) JCHP countries - UNICEF inputs will be especially to intensify child health and survival strategies.

b) lThe following countries, which have already moved ahead rapidly with PHC coverage and the potential exists to improve the quality of services for children and mothers especially in priority programme areas: Indonesia, Thailand, Philippines.

c) Other countries which have made a high level political commitment to PHC but do not, as yet, have much PHC coverage or infrastructure: Pakistan, Bolivia, Colombia, Ethiopia, Tanzania.

d) Countries with a relatively well-developed PHC infrastructure which are small and manageable but which have a relatively high IMR: Lesotho, Malawi.

e) Resource rich countries: Gulf, Egypt.

f) Priority countries selected by WHO for concentration on strengthening EPI and CDD programmes.

g) Countries concentrating on special problems in geographical areas, e.g. Brazil (urban), Sri Lanka (tea estates).

h) A few selected countries with difficult working conditions to gain experience: Upper Volta (Naam People's Movement), Niger, Haiti, ?Laos.

The above list, however, is not exclusive but only suggestive.

Staff Training

21. Learning packages and 'kits' will be developed on the following subjects and various means of learning and comnmunications used:

a) programming - concentrating on major sectors, e.g. health, education, etc.

b) costing (for the country) and how to redeploy resources more effectively.

c) management information systems.

d) programming for work with the community and local level.

Finance

22. See Financial Plan.

Implications for UNICEF as a whole

23. The implications for UNICEF as a whole may be summarised below:

a) Need for more professionalism in analysis and programming:

i) Need for resources and research
- Nationally
- regionally
- globally

Need for research institutions and persons in varioud fields.

ii) More technical support in the form of staff training/orientation, manuals, training procedures and publication (need for information clearing house, library services, etc.).

iii) Better communication of innovations, experience and new ideas, especially in areas of technology, communication and innovative programmes (use of networks).

iv) Well-managed reference/resource centres at HQ, RO's and CO's, effectively linked to wider resource networks to training materials, PSC materials, appropriate technologies, information reports, inventory of institutions, demonstration rooms, etc.

v) Adequate supply of technical materials to be sent on request and ongoing mechanism for acquiring it.

b) Information and Advocacy

i) Need to develop closer working relationships between information and programme sections, especially strengthening programming links with PSC in field and at HQ.

ii) To develop relevant materials to be used in advocacy, and communication support for PHC activities, provision of material, methods, etc. on each country by the respective field offices.

c) Management Information Systems and Improvement of Evaluation and Monitoring

i) Support strengthening of management information systems (including training of the country's responsible officials in interpretation and use of management information).

ii) Step up system for more effective ongoing evaluation of supply and training assistance and ensure new technologies and training/communication innovations adequately reflected in supply policy and procedures and in actual supplies procured.

iii) Initiate/revise more appropriate activity codes to monitor programme spending.

iv) More professional and systematic institutional learning from extensive field experience, involving appropriate internal information systems and use of these systems, as well as a more critical perspective and approach to our own performance.

v) More structured reporting system and more effective two-way communication between HQ and the field.

d) Focal Points

24. The focal points shall be designated as follows:

a) Country level : Representatives

b) Regional level : Regional Directors and/or designated officials

c) Headquarters level : Designated officials in - Programme Development and Planning Division; Programme Field Services Division; Information Division.

25. A working group will be formed in headquarters under the chairpersonship of .....to monitor the progress and development of activities in child survival and child health.

Time Schedule

26. The following time schedule is suggested for implementation:

1.	Formation of HQ Working Group	- March 1983
2.	HQ Support Plans	- end March 1983
3.	Consolidated Action Framework	- end April 1983
4.	Consultation with Regional Directors (Post Board)	- May 1983
5.	EXD to Field Offices	- end May/early June 1983
6.	Regional/Country Plans	- July-September 1983
7.	Studies:	
	- Preliminary results	- October 1983
	- Comprehensive Studies	- October 1984
8.	HQ Actions:	
	- Separate Support actions/ mobilisation	- Beginning March 1983
9.	Selective Country Participation:	
	a) Preliminary selection	- April-May 1983
	b) Assignment of HQ responsibilities (for each country)	- May 1983

c)	Background studies	- May 1983
d)	Consultation	- May/June 1983
e)	Further action	- June/July 1983

10. Review of Progress - Monthly? quarterly? (after May 1983.

Nyi Nyi

18 May 1983.

ADVOCACY, INFORMATION AND COMMUNICATION SUPPORT

With the growth of communiations infrastructure in many developing countries, the prospect of bringing "advocacy" into the community and the family has become realistic. It is feasible to systematically disseminate on a broad scale directly to parents useful, even vital, information with which they can improve the lives of their children. Given the magnitude of the problems, the scarcity of resources, and the cost-benefit ratio of broad-scale dissemination, such an effort represents not just a communications alternative but a virtual programme imperative, even more so in view of the emphasis on helping to provide the basis for self-reliance at the community level.

These efforts, recognizing the varying extent and effectiveness of major communications systems in many developing countries, will need to be based on a comprehensive picture of each country's total information environment and cultural norms. This picture should encompass not only traditional and modern channels of communication but also the different levels of governmental structure: central, intermediate and local; institutions and organizations such as political parties, labour unions, co-operative associations and women's movements; and particular commercial enterprises-- banks and credit institutions; together with the possibilities inherent in the education system and such information-carriers as travelling salesmen, local markets and fairs.

1. Sensitization of Policy-Makers and Professionals

Single-concept materials such as a slide set analysing the problems of, and opportunities for, the protection and promotion of breastfeeding, diarrhoeal management through ORT, disease control through EPI, etc. should be prepared to sensitize selected policy/decision-makers and professionals. The subjects of such materials should derive from national realities and priorities. In many countries there is a wealth of solid information on the various elements of GOBI-FF buried in various studies and government statistical publications. This information may need to be brought up-to-date and synthesized. In this form it is an extremely useful advocacy tool as it helps to dramatize the actual situation in a concrete manner.

2. Media Support

A concerted effort should be undertaken to sensitize the mass media to initiate in-depth articles, TV and radio coverage of the various elements of GOBI-FF in addition to the traditional news which are well-covered hitherto in most countries.

Intensive, one-day seminars joining UNICEF staff with representatives of television, radio and print media could serve as a starting point to establish and maintain a continuing relationship between UNICEF and the mass media on the issue. This action may lead to the reorientation of mass media educational programmes to provide more and better-targeted messages.

In addition to these efforts, consideration needs to be given to mobilizing the best writing, acting and production talent for, say, a major radio series to run for six months or a year. Drama or comedy popular enough for prime time broadcast, perhaps centering around an extended family of these generations, would carry-- woven into the weekly episodes-- reliable and tested messages about child health, nutrition, pregnancy, sanitation and illiteracy. The series-- and the actors themselves, likely to be already well-known-- could be promoted in other media. The messages might be reinforced by radio spots, and written or graphic materials, independent of the series but involving the actors and their characters, and linked to the dramatic situation; these would be broadcast or distributed before, during and after the series itself. The actors would have to commit themselves to some dialogue with the target audience, by replies to letters, by public appearance or by attendance at technical demonstrations, thus providing for some exchange and interaction between the communicators and the target audiences.

The effectiveness of the programmes and messages would also be monitored through this interaction and other forms of feedback to allow any necessary adaptation or change of emphasis.

3. Orientation and Training of Health and other Field Workers

This institutionalisation of new behaviours and practices in the communities entail lthe acquisition of new knowledge and skills. To accomplish this, extension workers need to be prepared in how:

(a) to identify gaps in knowledge, practices and utilise social factors that surround behaviours responsible for bad child health;

(b) develop culture lsensitive educational messages and materials.

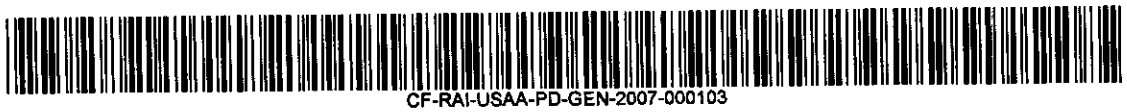
4. State of the Art

Identification, analysis and documentation in a visual form in-country experiences will form a logical basis for advocacy and training efforts.

5. Information and Educational Materials

There is a serious dearth of educational materials tailored to semi-literate persons at the community level. Therefore an investment in such materials to support the efforts of the field workers and mass media messages should be considered.

19 May 1983.



Expanded Number **CF-RAI-USAA-PD-GEN-2007-000103**

External ID

Title

"Action Framework for Accelerating Child Survival and Child Health" internal document, UNICEF Hq, NN/PDP/304/84, Final draft 3. With distributing memo from Dr. Nyi Nyi, Director, PDPD, UNICEF Hq

Date Created / From Date	*Date Registered*	*Date Closed / To Date*
5/18/1983	**8/10/2007 at 2:21 PM**	

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-09436 (In Container)**

FI2: Status Certain? **No**

Itm Fd01: In, Out, Internal Rec or Rec Copy

Owner Location **Programme Division, UNICEF NYHQ (3003)**

Current Location/Assignee **In Container 'CF-RAF-USAA-DB01-2007-09436 (Upasana Young)' since 8/19/2007 at**

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FI3: Record Copy? **No**

Record Type **A01 PD-GEN ITEM**

Contained Records

Container **CF/RA/BX/PD/CM/1986/T001: PSC Files - Programme Support Comm**

Fd3: Doc Type - Format	*Da1:Date First Published*	*Priority*

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Notes

References to PSC highlighted. Importance of PSC is mentioned.

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