

CHILD HEALTH RESULTS PACKAGE

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G/PHN/HN

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ACRONYMS

A&A	Award and Acquisition
AFR	Africa Region
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
BASICS	Basic Support for Institutionalizing Child Survival Project
BHR	Bureau for Humanitarian Response
BHR/PVC	Bureau for Humanitarian Response, Office of Private Voluntary Cooperation
CA	Cooperating Agency
CDC	U.S. Centers for Disease Control and Prevention
CH/N	Child Health and Nutrition
CIDA	Canadian International Development Agency
CIHI	Center for International Health Information
CS	Child Survival
CTO	Cognizant Technical Officer
DPT3	Diphtheria, Pertussis, and Polio vaccine (third dose)
ENI	Europe and the Newly Independent States
ERID	Emerging and Re-emerging Infectious Diseases
FS	Field Support (funding)
FY	Fiscal Year
G/PHN	Global Bureau, Center for Population, Health, and Nutrition
G/PHN/AIDS	Global Bureau, Center for Population, Health, and Nutrition, Office of Health and Nutrition, HIV/AIDS Division
G/PHN/HN	Global Bureau, Center for Population, Health, and Nutrition, Office of Health and Nutrition
G/PHN/OFPS	Global Bureau, Center for Population, Health, and Nutrition, Office of Field and Program Support
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HN	Health and Nutrition
IAA	Inter-Agency Agreement
IEC	Information, Education, and Communication
IMCI	Integrated Management of Childhood Illness
IQC	Indefinite Quantity Contract
IR	Intermediate Result
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MEDS	Monitoring, Evaluation, and Design Support Activity
NGO	Non-Governmental Organization

NIS	Newly Independent States (of the former Soviet Union)
OFDA USAID	Office of Foreign Disaster Assistance
OHN	Office of Health and Nutrition
OMNI	Opportunities for Micronutrient Interventions Project
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
OYB	Operating Year Budget
PASA	Participating Agency Services Agreement
PHN	Population, Health, and Nutrition
PVO	Private Voluntary Organization
RP	Results Package
SO	Strategic Objective
SSO	Strategic Support Objective
TA	Technical Assistance
TASC	Technical Assistance and Support Activity
U.N.	United Nations
UNICEF	United Nations Childrens Fund
USAID	U.S. Agency for International Development
WDR	<u>World Development Report</u>
WHO	World Health Organization

I. EXECUTIVE SUMMARY

The global Child Survival program continues to produce consistent, measurable, and increasing impact. Global estimates indicate that in the past fifteen years in developing countries under five mortality has decreased from 137 to 99 deaths per 1,000 live births (a 28% reduction). Because of these remarkable achievements, Congressional and public support for Child Survival is strong, and Child Survival continues to be a major element of USAID's strategic objective portfolio.

However, almost 12 million children continue to die from preventable causes -- most of them infectious diseases including vaccine-preventable diseases, diarrhea, pneumonia, and malaria, and malnutrition, including micronutrient deficiencies and inadequate feeding and breastfeeding. Further improving the survival, health, and nutrition of infants and children in the developing world, will require continuing efforts by USAID and its Child Survival partners over the next 10 years. The activities in this RP are directed at achieving additional and sustainable impact within its ten year timeframe.

This RP builds on G/PHN's success in providing leadership and support to USAID and the global Child Survival community in increasing and sustaining Child Survival programs. This G/PHN role combines technical innovation, global leadership, and technical assistance, all developed on a foundation of on-the-ground involvement in child health and nutrition programming. The RP also takes into account key technical and operational lessons from that experience, as well as the results of evaluations of existing G/PHN projects including BASICS, OMNI, Child Health Research, and MotherCare.

The product of this Results Package will be ***Increased use of effective, improved, and sustainable child health interventions***. This objective level result will be achieved through the following Results Framework, comprising four Intermediate Results and specific sub-results:

I.R.1 New and improved cost-effective interventions identified, developed, evaluated, and disseminated

- 1a. New/improved interventions and delivery approaches for key causes of child mortality and malnutrition identified or developed, evaluated, and disseminated
- 1b. New/improved approaches to promote and sustain improved child health and nutrition-related behaviors by families identified or developed, evaluated, and disseminated
- 1c. Systematic approach to assessing child health and nutrition status and to monitoring and evaluating child health and nutrition activities developed and applied

I.R.2 Improved policies and increased global, national, and local resources for CH/N interventions

- 2a. Key policy issues and constraints to improving child health and nutrition identified, and strategies to address these issues and constraints developed and implemented

- 2b. Allocation of resources to appropriate child health and nutrition interventions increased
- 2c. Production, promotion, and distribution of appropriate child health and nutrition-related goods, services, and information by private sector entities increased and improved

I.R.3 Effective behaviors to prevent and treat major conditions affecting child health and nutrition increased

- 3a. Systematic approach to identifying and prioritizing child health and nutrition-related behavior issues, and for selecting among options for behavior change intervention, developed, applied, and disseminated
- 3b. Families' knowledge and application of effective prevention, home care, and care-seeking behaviors increased
- 3c. Community participation and support for interventions to improve child health and nutrition increased

I.R.4 Availability, quality, and sustainability of child health and nutrition services increased

- 4a. Access to essential child health and nutrition services by underserved and high risk families increased
- 4b. Effectiveness, efficiency, and quality of child health and nutrition services improved
- 4c. Use of information to identify and improve child health and nutrition status increased
- 4d. Integration of key child health and nutrition services increased and evaluated
- 4e. Models and approaches to sustain and expand Child Survival services under health sector restructuring developed, implemented, and disseminated
- 4f. Effectiveness and contribution to Child Survival of new initiatives increased

Concrete results anticipated through this framework during the first 5-7 years of the RP include:

- Sustained increase in use of Child Survival interventions in ≥ 15 countries, including ≥ 10 priority countries.
- Increased commitment of host country resources to Child Survival in ≥ 12 countries.
- Key elements of Child Survival services improved in ≥ 10 priority countries (including ≥ 6 priority African countries), including improved availability of drugs and commodities, health worker performance, and improved use of information for management and planning.
- New approaches to delivering Child Survival interventions developed, evaluated for effectiveness, and implemented in ≥ 10 countries.
- Relationship of Child Survival to Health Sector Reform defined and operationalized in 8

priority countries.

- Use and sustainability of Child Survival interventions increased through diseases control and other initiatives.

An important element of G/PHN's Child Survival and Nutrition Results Packages is the Vitamin A Enhanced Effort (VITA). Specific results of this initiative over the 5-7 year timeframe are: 1) significant progress towards the World Summit for Children goal of "Eliminating Vitamin A Deficiency"; 2) number of vitamin A deficient children in target countries reduced by 80%; and, 3) at least 20% decrease in child deaths in target countries. This Results Package will emphasize VITA as a key child survival intervention, and part of its success will be measured against the adequate intake of vitamin A by children in need.

The RP will include the following activities:

A Global Leadership/Technical Assistance and Partnership (Flagship) Activity. This activity will assist G/PHN, other Bureaus, and field Missions in developing and implementing Child Survival programs that make the greatest possible contribution to both people level impact and to the advancement of global Child Survival programming. The Flagship activity will be staffed with highly experienced technical experts in various components of child health and nutrition programming. It will apply this expertise in technical partnerships with Missions, Regional Bureaus, and other partners (bi- and multilaterals, NGOs) to identify, plan, resource, implement, and evaluate Child Survival activities in countries and regions. This activity will support G/PHN's role of global leadership by informing and influencing global policy and program directions in key areas of Child Survival, by serving as a "brain trust" for analysis of key issues related to Child Survival, and by disseminating key information and analyses. The Flagship will also carry out operations and evaluation research to evaluate the feasibility, effectiveness, efficiency, and cost of innovative Child Survival policy and program approaches. Focusing the Flagship will be achieved by:

- choosing a limited number of priority countries for full engagement;
- selecting key operation and evaluation research topics; and,
- focusing its technical capabilities on a limited set of key areas.

A Maternal and Child Health Technical Assistance and Support (TASC) Activity.

The TASC activity responds to G/PHN's analysis indicating that USAID field missions may increasingly need a mechanism to procure and implement PHN sector activities in the face of decreasing technical, management, procurement, and administrative capabilities. The growing number of countries utilizing G/PHN activities for PHN sector activity implementation has created a management and operational load beyond the design of Flagship projects and has overstretched their core technical capability and focus. The TASC activity will establish a world-wide mechanism to support USAID Missions in the implementation of their Strategic

Objectives pertaining to maternal health, child health and nutrition. It will provide Missions and Bureaus with long-term teams of resident advisors to help implement programs, as well as on-call short-term technical assistance in maternal health, child health and nutrition and support services such as training.

Services provided to missions through the TASC activity will be carried out through a competitively pre-selected group of highly qualified cooperating agencies. These cooperating agencies will respond to each scope of work developed by a mission or bureau, with award of each task being made based on review of cost, proposed staff, and technical quality of the responses. Assistance to Missions will be initiated through task orders directly negotiated by their Contracting Officers; in some cases, missions may also designate field support for G/PHN/HN to issue task orders.

A Monitoring, Evaluation, and Design/Assessment Support ("MEDS") activity. This activity will provide expertise and assistance in monitoring, design, evaluation and assessment. It will assist Missions and Bureaus in conducting country assessments of maternal and child health and nutrition situations, associated program needs and options, and in the design of Mission health and nutrition programs (including program descriptions for task orders under MCH-TASC as well as for competitive procurement by missions themselves). MEDS will also provide expert assistance in development of monitoring and evaluation frameworks, plans, and procedures (including identification of appropriate indicators and measurement methods), and in designing and carrying out evaluations of field programs in maternal and child health and nutrition.

A Behavior Change, Communication and Social Marketing Innovation/State-of-the-Art Activity ("CHANGE"). CHANGE will be a focused technical activity that will develop and export innovative behavior change strategies and approaches to improve results of HN Flagships, other G/PHN activities, and Missions. CHANGE will also provide HN with technical focus and leadership in the field of behavior change. It will focus on closing the gap between knowledge and use of key health and nutrition behaviors by providing new approaches and improving applications of existing strategies to close the gap.

This activity will improve behavior relative to key Child Survival and other health and nutrition interventions through three approaches:

- **Developing new tools**, such as approaches that aim at groups rather than individuals, identifying determinants of personal choice, approaches that utilize individuals' identification with others to promote change, and organizational change approaches that use institutional structure to promote behavior change (e.g., Baby Friendly hospitals).
- Improving planning and evaluation, developing, applying, and disseminating to other G/PHN activities and missions a systematic approach to evaluating options for

IEC/behavior change/social marketing investments, as well as indicators and measurement approaches to evaluate the effectiveness of behavior change activities.

- **Testing comprehensive packages**, working in partnership with other G/PHN and field mission activities to design, implement, and evaluate behavior change programs involving multiple approaches aimed at documenting effectiveness and cost-effectiveness in improving key maternal and child health related behaviors.

CHANGE will focus its efforts on behaviors that have important impact on children's survival and health, maternal health, and maternal and child nutrition, such as sick child careseeking, infant and child feeding and breastfeeding, adolescent health risk, and improved hygiene. CHANGE will work through collaborative engagement in child health and nutrition program activities of Missions and G/PHN Flagships. The CHANGE activity will not replace the important role of other G/PHN activities, including the Flagship, MCH-TASC, and MEDS activities, in applying behavior change and communications approaches in their policy and program work: such broad application is essential for USAID's PHN sector programming and for achieving I.R. 3 of this Results Package. CHANGE will complement the work of other activities by focusing on advancing the state of the art and developing and testing new methods that other PHN activities can apply.

Targeted Grants and PASAs/IAAs with international organizations and U.S. Government agencies may be developed during the course of this Results Package to combine G/PHN's comparative advantage in Child Survival with the comparative advantages of the participating organization, in order to achieve outcomes related to the objective of this Results Package and G/PHN's SO 3.

This Results Package will apply systematic approaches to monitoring progress and results in all of its activities. For program implementation, these activities will draw on the suggested "common indicators" developed by an Agency-wide group for performance monitoring in Child Survival, health, and nutrition. Additional, situation-appropriate, outcome and management level indicators related to the key results planned for this RP will be identified and used for monitoring of each country or regional activity.

The Results Package is authorized as a ten year, \$432.5 million dollar program. It includes contracts, cooperative agreements, and the ability to issue grants with organizations such as WHO, UNICEF, and PVOs/NGOs, and to develop PASAs and IAAs. Over the life of the program, it is estimated that approximately 70% of the funds will come from OYB transfers and field support. The initial year of obligation will be FY 1998, with an estimated requirement of \$9.2-10.2 million in Global core funding will be needed for the first year of obligation.

Responsibility for the technical and operational management of this Results Package will primarily

rest with OHN's Child Survival Division, with the exception of the MEDS activity, which will be based in OHN's Health Policy and Sector Reform Division. There will be three mechanisms provided for Results Management: CTOs/CTO teams for the individual activities; a Strategic and Technical Coordinating and Advisory Group for the RP as a whole; and Technical Coordinating groups for specific key technical areas. Each activity under this Results Package will be assigned a CTO/COTR, who will have responsibility for strategic management toward planned results, as well as for administrative and other required oversight of the contracts, agreements, PASAs/IAAs, or grants under the RP.

II. RATIONALE

A. Overview

The global Child Survival program continues to produce consistent, measurable, and increasing impact. Global estimates indicate that in the past fifteen years in developing countries under five mortality has decreased from 137 to 99 deaths per 1,000 live births (a 28% reduction). However, almost 12 million children continue to die from preventable causes. Almost three-fourths of these deaths are the result of a limited number of diseases and conditions, including vaccine-preventable diseases such as measles and pertussis, diarrheal diseases, acute respiratory infections (principally pneumonia), and -- in sub-Saharan Africa and southern Asia -- malaria. In over half of these deaths, malnutrition is the underlying cause. In many of the largest and poorest countries, micronutrient deficiency is a major contributor to infant and child mortality, with the potential for over 20 per cent reduction in under five deaths through achieving adequate intake of vitamin A alone. Reducing this burden of disease -- much of it the result of infectious diseases and malnutrition -- is the challenge USAID faces over the next 10 years.

USAID's Child Survival program has focused on increasing the use of key cost-effective interventions aimed at these major causes of infant and child mortality. These interventions form the nucleus of the Agency's Child Survival Portfolio, and are the foundation of the Results Package. Key elements include:

- ***Immunizations*** - immunization against vaccine-preventable diseases;
- ***Control of Diarrhea*** - prevention and treatment of diarrhea;
- ***Control of ARI*** - prevention and standardized treatment of acute respiratory infections (ARI);
- ***Control of Malaria*** - household level prevention and standardized treatment of malaria in infants and children;
- ***Reduction of Micronutrient Deficiencies*** - prevention and treatment of vitamin A and other micronutrient deficiencies;
- ***Reduction of Child Undernutrition*** - improved breastfeeding and child feeding; and,
- ***Increased Birth Interval*** - increased birth-spacing, especially for reduction of high risk births.

Significant progress has been achieved by Global Bureau, Regional Bureau and USAID field programs worldwide. In most developing countries, immunization coverage (DPT3) has increased from roughly 30% to an estimated 83%, appropriate use of oral rehydration therapy (ORT) has reached almost 75%, and total fertility has declined from 4.4 to 3.4 children per woman. The result of these achievements is an estimated 4.7 million children's lives saved annually. Because of these remarkable achievements, Congressional and public support for Child Survival is strong, and Child Survival continues to be a major element of USAID's strategic

objective portfolio.

Addressing future challenges, and further improving the survival, health, and nutrition of infants and children in the developing world, will require continuing efforts by USAID and its Child Survival partners over the next 10 years. The activities described in this Results Package are directed at achieving *additional and sustainable impact* within the 10 year timeframe.

B. Rational Basis and Cohesion with USAID Field Activities

This Results Package will provide the major activities that will continue G/PHN's role in support of USAID's Child Survival program. Since 1985, USAID has been a global leader in improving the health, nutrition, and survival of infants and children in the developing world. Over half of USAID field Missions include Child Survival as an element of their PHN sector programming. Throughout USAID's Child Survival program, G/PHN has had a key role, working with global partners to help develop feasible and cost effective interventions and set new directions, and directly partnering with Missions through technical assistance and support to country programs. This Results Package will continue G/PHN's contribution to Child Survival.

C. The Problem

C1. Reaching World Summit for Children's Goals - As noted, almost 12 million children die before their fifth birthday. However, with continued and expanded effort, several of the health and nutrition goals of the World Summit for Children -- including 50% reduction of diarrheal disease mortality, achievement of 90% immunization coverage, and eradication of polio -- may be achieved by the 2000 target year. Unfortunately, much less progress has been made toward other goals, including 33% reduction of ARI mortality, 90% reduction of measles infections and 95% reduction of measles deaths (mid-decade goal), 50% reduction of children suffering severe and moderate undernutrition, and the elimination of vitamin A deficiency. This Results Package will focus on meeting the challenge of the millennium (and beyond) to improve Child Survival and reduce the untimely deaths of millions of children. *To do this, Child Survival programs must increase the access, use, and quality of proven and new cost-effective interventions.*

C2. Increasing Access - After fifteen years of Child Survival experience, achieving further improvement in children's survival and health will require accelerated attention to expanding best existing approaches to reach more children. In many countries, doing so will involve building program capabilities, but keeping the process focused on key outcomes and impact on key child health and nutrition indicators. Increasing access will also require finding innovative approaches to extend proven and new interventions to families not yet reached. Significant impact can be achieved through extending existing interventions that have not received adequate programmatic implementation, including ARI case management and vitamin A delivery. Activities of this Results Package will focus on increasing access to proven and new interventions in concert with

host country, mission and multilateral programs.

C3. Increasing Use - In all regions of the world, practice of key preventive behaviors such as exclusive breastfeeding and home hygiene remains low. Although ORT has demonstrated that significant impact can be achieved through appropriate home treatment, even for ORT there is still a significant gap between levels of knowledge and of use, with a further gap in correct use. The same "knowledge-use" gap exists to even greater degrees for other Child Survival interventions. A major element of this Results Package will focus on closing this "knowledge-use gap" and promoting positive behavior change for key interventions.

C4. Improving quality - Quality of care is often inadequate to reduce child mortality. Health facility surveys frequently demonstrate inadequate diagnosis and treatment of pneumonia and diarrhea, missed opportunities for immunization, and inadequate communication with mothers. In order to further improve children's health and survival, investments in reaching families and promoting use of services will have to be accompanied by approaches that identify and address the major constraints on quality of care. Thus, improved quality remains an important element of this Results Package.

C5. Sustaining impact - A challenge equal to increasing impact in Child Survival, health, and nutrition is sustaining that impact. This Results Package will continue to build sustainability at the same time as it supports programs in achieving impact. One key will be advocating for and developing sustainable approaches to child health and nutrition programming, as well as in assisting countries in developing the capabilities that make sustainability feasible. Another will be developing approaches that increase Child Survival program efficiency, including integration of key program components, improved drug supply management and logistics, and improved quality and use of information by policy makers and program managers. Engaging private sector partners in appropriate child health and nutrition interventions will be an important contributor to sustainability and an important element of this Results Package. This Results Package will also focus on relating Child Survival programs to major evolutionary trends that are underway in most USAID-assisted countries. These changes have the potential to increase the effectiveness of Child Survival programs, but also to undermine them; they include health sector reform, decentralization, and new initiatives, including disease control initiatives aimed at polio, measles, and emerging and re-emerging infectious diseases. Under this Results Package, G/PHN will identify and help implement approaches that will support effective implementation of these changes and initiatives while also assuring their greatest possible positive effect on the health and nutrition of children.

D. Previous Experience and Impact From Related Projects/Activities

D1. G/PHN's Role - G/PHN has provided leadership and support to USAID and the global Child Survival community in increasing and sustaining Child Survival programs. This combines

technical innovation, global leadership, and technical assistance, all developed on a foundation of on-the-ground involvement in child health and nutrition programming.

D2. The BASICS Flagship - Through its Flagship Child Survival activity (the Basic Support for Institutionalizing Child Survival ["BASICS"] Project), G/PHN has provided technical assistance and support for USAID Missions' programs in over 40 countries in all regions. This has included long-term (multi-year) assistance in 30 countries, with resident advisors or advisory teams in 15 of those countries and in four regional offices. G/PHN assistance has directly contributed to an increased number of mission bilateral Child Survival activities, especially in the AFR and ENI regions. In BASICS, G/PHN has combined cutting-edge technical expertise with challenging new programming opportunities, to develop innovative approaches that also respond to the Agency's strategic requirements. Examples include: immunization activities that began the development of national capabilities and systems in rapidly changing political environments such as the NIS and the Democratic Republic of Congo; development of a private sector "community partnerships" approach to delivering child health services in Nigeria; and, development of a child primary health care transition activity with the new government of South Africa. The Flagship has provided technical leadership and support to Regional Bureaus, including immunization initiatives, the introduction of Integrated Management of Childhood Illness (IMCI), incorporating nutrition interventions into Child Survival programming, logistics and planning support to improve efficiency, and linking commercial private sector activities to mainstream public health interventions.

D3. Donor Coordination and Leadership - G/PHN has also developed increasingly effective partnerships with donors and NGOs involved in Child Survival, including WHO, UNICEF, the World Bank, CDC, other bilateral agencies, and U.S. PVOs and indigenous NGOs.

D4. New and Improved Tools, Interventions, and Approaches - G/PHN has been at the cutting edge of applied research over the last decade. USAID was the major supporter of the research that led to ORT for diarrhea, to effective and affordable treatment for ARI, key research on Vitamin A as a child survival tool, the development of single-use, and pre-filled syringes, and vaccine vial monitors for cold chain integrity. Within the next five years, additional new technologies are expected for Child Survival programs, including important new vaccines against principal agents of pneumonia, dehydrating diarrhea, and potentially malaria. This Results Package will provide leadership in introducing and evaluating these new tools in actual Child Survival programming. G/PHN has also been a global and agency leader in developing and introducing new approaches to delivering existing interventions, including Integrated Management of Childhood Illness (IMCI), innovative programs to reach children in peri-urban slums, and new approaches to mobilize community resources to complement health system capabilities. Development, evaluation, and wide implementation of such innovative approaches will also be a major focus of this Results Package.

D5. Increasing Involvement of the Private Sector - G/PHN projects helped initiate approaches that engage commercial private sector entities in the production, promotion, and distribution of Child Survival related goods such as ORS and the promotion of soap for handwashing. The interaction of G/PHN projects with PVO's and NGO's has expanded and matured over the last five years, producing mutual benefits which will be expanded in this Results Package.

D5. G/PHN Leadership - G/PHN projects have provided strong technical and policy leadership in Child Survival. Key examples include: the development and implementation of IMCI; a Polio Eradication Framework which maximizes sustainability of immunizations; the development and evaluation of approaches to engage for-profit private sector entities in Child Survival programming; and the development of community-based approaches to complement health system delivery of Child Survival interventions.

E. Lessons Learned - This Results Package has been developed to respond to important technical and operational lessons learned from G/PHN and USAID Child Survival programs during the past five years.

E1. Technical Lessons

- Maintain competence in the core areas of Child Survival
- Strengthen, evaluate, and expand preventive interventions
- Accelerate under-implemented program areas (eg. ARI, etc.) and expand access for undeserved populations
- Balance sector reform with expanded and sustainable interventions
- Support integrated approaches to increase use
- Develop new approaches to support decentralization at the district and community levels
- Document effectiveness and cost-effectiveness of new approaches
- Strengthen, focus and develop new approaches to promote behavior change

E2. Operational Lessons

- There is a high demand for G/PHN Technical Assistance and support
- G/PHN involvement helps to shape USAID Mission and Regional Bureau Programming
- G/PHN leadership requires technical excellence grounded in field implementation
- Overextending "Flagships" in field operations reduces leadership excellence and increases management burden
- Consortia and inter-disciplinary approaches are difficult to manage, but pay off in achievements

F. Alignment of Results Package with Past Evaluations - A 1997 evaluation found the BASICS Project: "one of the most successful USAID/Washington activities...", substantially contributing to USAID's global leadership and field implementation of Child Survival programs. An evaluation of the OMNI Project noted micronutrient malnutrition was an important focus, and activities in vitamin A, iron/folate and zinc should be expanded in the future. An evaluation of the Child Health Research Project noted that applied research should be focused and directly linked to potential child survival interventions. This Results Package responds directly to past evaluations and major findings/conclusions therein. Furthermore, this Results Package also responds directly to feedback from Missions, other USAID Bureaus, and the expanded Results Package design team. A synopsis of major recommendations from previous evaluations is presented below.

Increase Design and Monitoring & Evaluation Functions - G/PHN should strengthen assessment, design, monitoring and evaluation support to field Missions for Child Survival strategy and activity development.

Reduce Management Burden - G/PHN projects should reduce the management burden of "routine program" implementation of USAID Mission's Child Survival and PHN programs and focus on state of the art implementation.

Expand Prevention - The CS Flagship should work to identify, evaluate, and implement preventive and community-level interventions, while maintaining competence and engagement in existing mainstream Child Survival interventions and their delivery.

Strategic Partnerships - G/PHN Projects should engage in "strategic partnerships" with one another to develop, evaluate, and implement new interventions in key areas including improved infant and child nutrition and reduction of peri- and neonatal mortality;

Effective Lifespan of Projects - "Flagships" and other major activities should have a longer lifespan in order to reduce the cost and inefficiency resulting from start-up and close-down of large and complex activities.

Behavior Change - G/PHN should develop a mechanism to assess the behavioral aspects of maternal and child health and nutrition programs, and to help develop and test appropriate, state-of-the-art communication, social marketing, and behavior change interventions for USAID-assisted countries.

III. RESULTS SUMMARY STATEMENT

The strategic objective level result of this Results Package will be *Increased use of effective, improved, and sustainable child health interventions*. Child health interventions include those

aimed at reducing infant and child mortality and morbidity from major preventable and treatable illnesses, and at improving nutritional status.

This result -- increased use of key interventions -- will be the criterion against which plans for activities under the Results Package will be reviewed and against which performance will be judged. Under some circumstances, increasing use of these interventions will require development and application of new approaches. If so, these approaches will be evaluated in terms of their effectiveness in increasing use; if effective, broadened application of these new approaches will be supported. In other settings, the most important strategy for increasing use of child health and nutrition interventions may not be innovation, but rather wider and more effective application of existing approaches. When this is the case, cooperating agencies under this Results Package will focus their expertise and resources on implementing proven approaches, again with the final evaluation criteria being increase in use of key interventions for improving child health and nutrition.

IV. RESULTS PACKAGE STRATEGIC FRAMEWORK

A. Summary of Results Package Strategic Objectives - This Results Package will be G/PHN's major vehicle for providing global leadership and technical assistance and support in the development and implementation of Child Survival policies and programs. It will complement G/PHN's existing activities focused on applied child health research and on development of appropriate technologies and new children's vaccines; when existing authorizations of these activities are completed, they may be incorporated into this Results Package through amendment of the Results Package, or may be combined into a separate but closely linked Child Survival research Results Package to complement this implementation-oriented Results Package.

This Results Package will link closely to the planned Maternal and Child Nutrition Results Package, which will be shared with G/PHN's SO2, by incorporating key components of micronutrient, breastfeeding, and child feeding into Child Survival programming. It will also be linked to the planned Maternal Health Results Package through joint and coordinated focus on key elements of neonatal and early infant health and survival. Two of the activities authorized under this Results Package and contributing to its strategic objective and intermediate results -- the Maternal and Child Health Technical Assistance and Support Contract ("TASC") and the Monitoring and Design Support ("MEDS") activity -- will also support and implement these two other Results Packages and will therefore contribute to both G/PHN's SO's 2 and 3.

The Framework's intermediate results and sub-results are presented below.

I.R.1 New and improved cost-effective interventions identified, developed, evaluated, and disseminated

- 1a. New/improved interventions and delivery approaches for key causes of child mortality and malnutrition identified or developed, evaluated, and disseminated

- 1b. New/improved approaches to promote and sustain improved child health and nutrition-related behaviors by families identified or developed, evaluated, and disseminated
- 1c. Systematic approach to assessing child health and nutrition status and to monitoring and evaluating child health and nutrition activities developed and applied

New or improved interventions against major causes of child illness and undernutrition are needed to achieve greatest possible progress in Child Survival. This Results Package will engage with partners in program-based development and testing of new/improved interventions. Major areas of focus include measles, neonatal mortality, malaria treatment and prevention, IMCI, immunization sustainability and safety, vaccine financing and private/public sector cooperation. This Results Package will also help improve delivery approaches, evaluate their effectiveness, and facilitate their introduction into Child Survival programming. Examples include integrated approaches to delivering child health and nutrition services, and approaches that link vertical efforts (e.g., polio) to the sustainable delivery of other child health and nutrition interventions.

This Results Package will also help evaluate the effectiveness and cost-effectiveness of new technologies such as new vaccines, vaccine vial monitors, bednets, and other interventions, and facilitate their integration into existing Child Survival programs.¹ Improved behavior change methods and strategies that yield direct and measurable changes in community, family, and individual behaviors to improve child health are also included in this Results Package. This Results Package will support the development of M&E frameworks for Mission, Global and Regional Bureau programs. Results Package activities will also coordinate with other PHNC efforts (eg. the MEASURE Results Package), other partners, CAs and NGOs to better define progress towards the World Summit for Children goals and goals that will follow after the year 2000.

An important focus of the Results Package will be to assure that innovative approaches and "best practices" in terms of effective delivery of child health and nutrition interventions will be transferred and applied as widely as possible. Doing so will include not only approaches resulting from activities under the Results Package itself, but also effective and innovative approaches developed by other components of USAID and by international partners.

I.R.2 Improved policies and increased global, national, and local resources for CH/N interventions

- 2a. Key policy issues and constraints to improving child health and nutrition identified, and strategies to address these issues and constraints developed and implemented
- 2b. Allocation of resources to appropriate child health and nutrition interventions increased

¹ The "upstream" research required to develop new technologies for Child Survival will be carried out under other G/PHN activities notably the CHR and HealthTech Projects.

- 2c. Production, promotion, and distribution of appropriate child health and nutrition-related goods, services, and information by private sector entities increased and improved

Results Package activities will help identify and address critical policy issues affecting availability, use, and sustainability of key child health and nutrition interventions. Examples include decisions regarding measles control or eradication, national policies on drug use for malaria and ARI (relative to the emergence of antimicrobial resistance), and the role of private sector in service delivery. This Results Package will also support G/PHN leadership globally and bilaterally to increase and sustain public health resources, expand vaccine financing, improve resource management, expand the role of the private sector, and introduce new children's vaccines in the future. The Results Package will also expand G/PHN's partnership with BHR and PVOs. Areas of activity will include policy dialogue, analyses, operations and evaluation research, and advocacy.

I.R.3 Effective behaviors to prevent and treat major conditions affecting child health and nutrition increased

- 3a. Systematic approach to identifying and prioritizing child health and nutrition-related behavior issues, and for selecting among options for behavior change intervention, developed, applied, and disseminated
- 3b. Families' knowledge and application of effective prevention, home care, and care-seeking behaviors increased
- 3c. Community participation and support for interventions to improve child health and nutrition increased

Activities under this Results Package will use communication, social marketing, and behavior change methods to promote family and community behaviors that will improve the health and nutrition of their children. As new methods and approaches are developed and proven, they will be applied to further improve these key behaviors. The Results Package will develop and apply a systematic approach to assessing options for IEC and behavior change interventions in a particular setting, as well as improved tools to monitor and evaluate the effects of these interventions. Results Package activities will also build on and apply at scale program experiences and approaches that promote the effective mobilization and participation of communities to increase the impact of Child Survival interventions. The recent commitment of UNICEF and WHO to community approaches supports G/PHN's investment in this area, since this is an area where USAID and its PVO and NGO partners have substantial experience and comparative advantage.

I.R.4 Availability, quality, and sustainability of child health and nutrition services increased

- 4a. Access to essential child health and nutrition services by underserved and high risk families increased
- 4b. Effectiveness, efficiency, and quality of child health and nutrition services improved

- 4c. Use of information to identify and improve child health and nutrition status increased
- 4d. Integration of key child health and nutrition services increased and evaluated
- 4e. Models and approaches to sustain and expand Child Survival services under health sector restructuring developed, implemented, and disseminated
- 4f. Effectiveness and contribution to Child Survival of new initiatives increased

This Results Package will dedicate substantial effort to increasing availability of key child health and nutrition interventions in countries characterized by weak infrastructure and low access to health services. Special efforts will focus on difficult to reach groups such as slum dwellers, refugees, and minorities. This Results Package will also help to develop, implement, and disseminate effective approaches to information gathering, analysis and use. It will help develop approaches for collecting and using health status and management information at the peripheral levels of health system. The Results Package will dedicate significant effort to help develop effective surveillance systems in priority countries, linking closely with the emerging disease Results Package in system development as a means to broader improvement in information use for decision making. The Results Package will support the further development and expansion of IMCI and broader integrated approaches, especially by including additional preventive interventions at the facility and community levels. Major areas of prevention (beyond immunization) to be considered will include improved hygiene, disease recognition, household malaria control, improved weaning and feeding practices, and the prevention of ARI. The Results Package will also support country programs in developing and evaluating broader approaches to integration, linking child health and nutrition interventions to family planning, maternal health, other key primary health care services, and possibly with interventions in other sectors. This Results Package will help to maximize the beneficial effects of health sector reform and decentralization relative to *sustaining and increasing the impact of Child survival interventions*. This will include assistance to help develop *countries'* technical capabilities and tools at central and peripheral levels to plan, implement, and monitor programs, *using key child health and nutrition outcomes as indicators*. Special initiatives will also be undertaken including efforts to increase delivery of vitamin A, increase measles vaccination coverage, and respond to ERID issues such as malaria treatment/control and reduction and management of drug resistance to malaria, respiratory and intestinal infections. This Results Package will engage in these initiatives as appropriate, to assure greatest effectiveness relative to sustainable development and to achieving the results of this Results Package.

B. Linkages to Agency and PHNC Strategic Objectives - This Results Package will contribute directly to achieving G/PHN's Strategic Objective 3, "***Increased Use of Key Cost-Effective Child Health and Nutrition Interventions***"; the planned product of this Results Package, as well as its Intermediate Results, are directly aligned with the G/PHN strategic objective and its underlying I.R.'s. The Results Package, as a major component of G/PHN's activities to achieve its SO 3, therefore also directly supports the Agency's Objective of "***Sustainable Improvement in Child Survival, Health, and Nutrition***".

C. USAID’s Vitamin A Enhanced Effort

An important element of G/PHN's Child Survival and Nutrition Results Packages is the Vitamin A Enhanced Effort (VITA). VITA has the firm endorsement of the USAID Administrator and represents a clear Child Survival priority over the next 5-10 years. Expanding the intake of adequate vitamin A in mildly and severely deficient children will increase survival by 23% (at 80% coverage). Vitamin A delivery is a highly cost-effective Child Survival intervention and will be integrated into USAID Child Survival programs globally where vitamin A deficiency exists. Delivery will focus on supplements, fortification and dietary intake in order to assure at least 80% sufficiency in children at risk. Strategic partners will include USAID host governments, cooperating agencies, NGOs, civic groups, the U.S. food industry, and, multi- and bilateral donors (at present, other donors include UNICEF and CIDA). Key technical areas include integration of supplementation into CS programs, policy dialogue and advocacy, public/private sector cooperation in food fortification, expansion of private sector markets, community-based behavior/dietary change, donor coordination, and, monitoring and evaluation of impact. Potential emphasis countries include, but are not limited to, India, Bangladesh, Nepal, Indonesia, Zambia, Uganda, Ethiopia, Tanzania, South Africa, Nicaragua, Peru, and El Salvador. Specific results over the 5-7 year timeframe are: 1) significant progress towards the World Summit for Children goal of “Eliminating Vitamin A Deficiency”; 2) number of vitamin A deficient children in target countries reduced by 80%; and, 3) at least 20% decrease in child deaths in target countries. This Results Package will emphasize VITA as a key child survival intervention, and part of its success will be measured against the adequate intake of vitamin A by children in need. Similarly, the effectiveness and success of Cooperating Agencies within this Results Package will be partially assessed by VITA results.

V. RESULTS, ACTIVITIES AND MONITORING

A1. Major Results Over 5-7 Year Results Package Timeframe² - The following results are anticipated.

Sustained increase in use of Child Survival interventions in ≥ 15 countries, including ≥ 10 priority countries.

² These results will be achieved in concert with other G/PHNC Results Packages and Activities, as well as with Mission projects and programs.

- 50% increase in appropriate careseeking and treatment of ARI
- Vitamin A coverage >80% in six priority countries
- 90% measles coverage sustained in 15 priority countries (including ≥ 6 priority African countries)
- ORT use increased by 50% or sustained at $\geq 80\%$ of diarrhea episodes
- Improved infant and child feeding in ≥ 10 priority countries
- 50% increase in appropriate careseeking and treatment of malaria in infants and children in >8 African countries

Increased Commitment of Host Country Resources to Child Survival in ≥ 12 Countries

Key Elements of Child Survival Services Improved in ≥ 10 Priority Countries (Including ≥ 6 Priority African Countries)

- Availability of drugs and commodities for treatment of child illnesses increased by $\geq 50\%$
- Health worker performance of key diagnostic, treatment, and counseling tasks improved by 50%
- Improved use of information for management and planning in $\geq 25\%$ of districts

New Approaches to Delivering Child Survival Interventions Developed, Evaluated for Effectiveness, and Implemented in ≥ 10 Countries

- Fully operating IMCI and other integrated approaches
- Interventions for prevention of diarrhea and malaria
- Improved behavior change approaches
- Interventions to reduce neonatal morbidity and mortality
- District and community level tools and models

Health Sector Reform Implemented to Expand and Sustain Child Survival in 8 Priority Countries

Use and Sustainability of Child Survival Interventions Increased Through Diseases Control and Other Initiatives

A2. Anticipated Impact

It is expected that these results at the strategic objective level, combined with other efforts by USAID, other development partners, and host countries themselves, will be associated with demonstrated impact including:

- $\geq 10\%$ reduction in under five mortality in ≥ 10 priority countries
- $\geq 25\%$ reductions in ARI-specific mortality in at least 8 priority countries and in malaria-specific under five mortality in at least 4 African countries
- $\geq 20\%$ reduction in neonatal mortality in at least three countries
- Proportion of children with mild and moderate malnutrition reduced by $\geq 20\%$ in at least four priority countries.

B. Description of Results Package Activities - To achieve results, and the intermediate results described above, this Results Package will include the following activities:

CS Flagship - A SOTA, Global Leadership, and Technical Partnership Flagship activity;

TASC IQC - A Maternal and Child Health Technical Assistance and Support Contract (TASC) activity to provide on-demand implementation support to field Missions and other Bureaus (shared with G/PHN SO2);

MEDS - A Monitoring/Evaluation/Design Support (MEDS) activity to provide systematic support to Missions and Bureaus for development of new maternal and child health and nutrition activities (shared with G/PHN SO 2);

CHANGE - A SOTA Behavior Change, Communication, and Social Marketing activity to provide technical leadership and innovation in support of other G/PHN activities and field programs (shared with G/PHN SO2); and,

Grants/PASAs - Occasional Targeted Grants or PASAs/IAAs with multilaterals and/or USG organizations engaged in international Child Survival activities.

The functions, capabilities, and illustrative sub-activities to be carried out under these activities

are described in below.

B1. Global Leadership/Technical Assistance and Partnership (Flagship) Activity

B1a. Overview - This activity will assist G/PHN, other Bureaus, and field Missions in developing and implementing Child Survival programs that make the greatest possible contribution to both people level impact and to advancing the state of the art of global Child Survival programming. The Flagship will be staffed with highly experienced technical experts in various components of child health and nutrition programming. This activity will continue the G/PHN Flagship approach by combining cutting edge approaches, highest quality technical expertise, and engagement in actual on-the-ground programming in selected countries.

B1b. Focusing the Flagship - Focusing the CS Flagship will be achieved by:

- Choosing a limited number of priority countries for full engagement (described in section B1c);
- Selecting key operation and evaluation research topics; and,
- Focusing Flagship technical capabilities on a limited set of key areas (described in section B2)

B1d Global Leadership - This activity will inform and influence global policy and program directions in key areas of Child Survival by providing internationally recognized expertise, by conducting technical and policy analyses for dialogue and advocacy, and by developing, implementing, evaluating, and disseminating innovative strategy, policy, and program approaches. The Flagship activity will also serve as a "brain trust" for analysis of issues related to Child Survival, convene meetings on these issues and to assess the state of the art in child health and nutrition, and disseminate information and analyses in a manner aimed at influencing global policy and programming. Key areas in 1998 include: immunization (including measles elimination/control), IMCI at the health system and community levels, neonatal mortality, ARI control, HIV and Child Survival, private sector involvement/social marketing, malaria prevention and treatment, effective approaches to improve child nutrition, and the relation of sector reform and decentralization to Child Survival.

B1e. Operations and Evaluation Research - This activity will provide and apply program-oriented expertise in the design, application, and analysis of operations and evaluation research. This capability will be used to evaluate the feasibility, effectiveness, efficiency, and cost of innovative Child Survival policy and program approaches, usually in the context of ongoing Mission programs in one or more countries. Examples include interventions to improve treatment of children by private sector health care providers, approaches to managing severely ill children when referral care is not readily accessible, strategies to reduce and respond to antimicrobial resistance in important childhood infectious diseases, and community-based approaches to improve child nutrition and prevent childhood illness.

B1c. Technical Partnerships The largest component of this Flagship activity will be technical partnerships. This term emphasizes the cooperative relationship the Flagship and Missions, Regional Bureaus, and in some cases other partners (bi- and multilaterals, NGOs) in identifying, planning, resourcing, implementing, and evaluating Child Survival activities in countries and regions.

- ***Country-Level Technical Activities*** - Long-term, full engagement technical partnerships (>3 years, with one or more resident advisors) will be established in 10 priority countries.³ Additional long term continuous relationships carried out through a continuum of technical assistance in partnership with one or more in-country institutions (without resident advisors) will be established in approximately eight additional countries each year. Each of these country programs will involve joint planning, joint monitoring of progress, operational and technical support from Flagship staff, and Flagship funding of some key activities. Beyond these continuing technical inputs, the Flagship will provide short-term TA to Missions, countries, and partner organizations in its focus technical areas and other areas of Child Survival programming as appropriate. The following is an illustrative list of countries that could be candidates for long-term technical partnerships:⁴

Africa: Benin, Dem. Rep. of Congo, Eritrea, Ethiopia, Ghana, Kenya, Madagascar, Mali, Nigeria, Senegal, Uganda, Zambia.

Asia/Near East: Bangladesh, Cambodia, India, (Vietnam)

Latin America/Caribbean: Bolivia, Guatemala, Honduras, Haiti

Newly Independent States: Ukraine, Central Asian Republics

- ***Bureau-Level Technical Partnerships*** - The Flagship activity may enter long term strategic partnerships with Regional and/or other Bureaus to achieve results under this Results Package. Examples might include the development, assessment, and implementation of new approaches (such as the ongoing regional partnerships for IMCI, private sector, malaria, the integration of nutrition into Child Survival programs, and the partnership with BHR/PVC to strengthen PVO child health and nutrition programming). In some cases these partnerships will also involve other organizations, such as WHO and its regional offices, UNICEF, and international PVOs. With support from the regional Bureau, the Flagship activity may provide

³ It is anticipated that the Flagship will be fully engaged in a long-term partnership in approximately ten countries each year. In these countries, the resident technical advisors will be complemented by additional short term technical assistance and other inputs from the Flagship.

⁴ A principal criterion for selection of a country as a site for long-term technical partnership will be the opportunity to achieve specific results relative to the Results Package and Mission SO Plan. Priority will also be given to countries where the magnitude and/or severity of child health and nutrition problems are great and where the planned interventions are likely to achieve substantial impact on these indicators. Selection of countries result from negotiation between G/PHN and Missions, and Regional or other Bureaus as appropriate.

one or more expert **Regional Advisors** to provide technical, program, and policy support to child health and nutrition activities within the region.

- **Global Technical Partnerships** - With agreement of G/PHN, the Flagship may directly support technical partnerships with organizations engaged in Child Survival at the global level. This may involve the secondment of a technical expert(s) for defined and limited time periods and for coordination of specific program areas. Global partnerships may also involve partnerships with other international organizations for joint implementation of activities. Examples might include working with WHO, UNICEF, and/or an international PVO to jointly implement and evaluate innovative approaches to child survival or support a global initiative such as Polio Eradication.

Blf. Transfer of project experience and "products" - In addition to the expected production of routine reports on technical and management aspects of the activity, the "flagship" activity will produce structured documentation of key project experience as well as undertaking activities to transfer this experience and key approaches, methods, technologies, and instruments developed by the Flagship through USAID's investment. In order to accomplish effective documentation and transfer of experience and of resultant "products" (such as guides, manuals, and tools aimed at improving key elements of child health and nutrition programs), the Flagship will develop a dissemination strategy for each of its major technical and country components. This strategy will aim at achieving maximal dissemination and application of project experience, and of "products" resulting from the Flagship's work and experience, in order to have greatest impact on Child Survival policy and programs. Each strategy will include a multi-step sequence for documenting and transferring key experience and products, beginning with definition of key target audiences and of the types of information approach(es) best suited to reaching them, and including definition in advance of the type(s) of data, information, or evaluation that will be required to use this approach effectively. Approaches may include publication (including activity-specific products as well as articles in the peer-reviewed literature and "white papers"), but will not limited to print or electronic media: these approaches will also include the strategic use of conferences and workshops, presentation at international conferences, and other more "multi-dimensional" approaches such as study tours. In many instances, it is probable that impact of documentation and dissemination efforts will be increased by co-production with other organizations, especially multilateral organizations such as WHO and UNICEF; this approach will be considered, and appropriate partnerships defined and entered, as part of the documentation and dissemination strategy.

Blg. Capacity Building - The Flagship will maximize collaborative relationships with local institutions and preferentially utilize technical expertise from developing countries. The Flagship will also maximize cooperation and technical exchange among developing countries, using modes such as study tours, state of the art meetings, and documentation and exchange of "best practices".

B2. Focus Technical Areas - To achieve greatest impact, the Flagship will focus on a limited number of areas which respond to critical program needs and Child Survival technical priorities. At the time of development of this Results Package four major areas have been identified: effectiveness and sustainability of immunization; integrated Child Survival; neonatal survival; and, child nutrition. The relationship of HIV and Child Survival merits special attention, but is not a full focus area.

B2a. Increased Effectiveness and Sustainability of Child Immunization - The Flagship will assist countries (primarily in Africa and Asia) in developing sustainable immunization strategies to reach greater numbers of children in a decentralized environment. This will include improving policies and practices to increase the efficiency of immunization services, as well as new approaches for mobilizing community, district, national, and international resources. The Flagship will help countries implement and evaluate new methods of financing immunization services to facilitate greater sustainability of routine immunization services. The Flagship will also apply communications and other behavior change approaches to increase demand for immunization services. The Flagship will also help immunization programs respond to the challenge of achieving disease control rather than focusing only on coverage, and will help assure that disease control initiatives are effectively implemented and contribute to overall improvement and sustainability of immunization and other PHN services. Finally, the Flagship activity will assist immunization programs in adopting new and changing technologies and practices such as new children's vaccines, new auto-destruct syringes and vaccine vial monitors, and safe injection practices, that will require new policies and operational approaches.

B2b. Integrated Approaches to Child Health - During the past five years substantial progress has been made in the development of Integrated Management of Childhood Illness (IMCI). IMCI is an integrated approach to delivery of the core interventions of Child Survival.⁵ The Flagship activity will continue development and implementation of this integrated approach. It will work with appropriate partners to develop, apply, evaluate, and improve broader integrated approaches that include additional interventions to **prevent childhood illnesses and malnutrition and improve the availability and effectiveness of treatment of ill children**. In some settings, it will assist in integrating essential elements of Child Survival with other key PHN sector interventions (including family planning, maternal health and nutrition, and reproductive health) and potentially with interventions in other sectors.

B2c. Incorporating Nutrition into Child Survival Activities - Undernutrition and

⁵ IMCI includes treatment of children ill with diarrhea, pneumonia, and malaria, combined with immunization, administration of vitamin A, and nutritional assessment and counseling. This initiative has begun addressing the health system capabilities required for effective delivery of these interventions, the household and community components of these interventions, and the incorporation of additional prevention activities.

micronutrient deficiencies underlie over half of infant and child deaths. Therefore, the Flagship activity will assist Child Survival programs in applying a "*Minimum Package of Nutrition Interventions*" ("MinPak") that can be incorporated well into the delivery of other Child Survival interventions. This "Minimum Package" includes key areas such as promotion of breastfeeding, improved complementary feeding, appropriate feeding of ill and convalescent children, and promoting adequate intake of vitamin A. The new Flagship activity will incorporate these key interventions broadly into its Child Survival program assistance. Other nutrition options include the use of participatory methods that develop appropriate infant and child feeding recommendations as part of the process of introducing IMCI, and the evaluation of approaches developed to implement "growth promotion" in the context of integrated community-based Child Survival programs. Efforts in this area will be coordinated with other G/PHN Results Packages focused specifically on infant, child, and maternal nutrition. In many cases the Flagship will carry out its nutrition-related activities in structured partnerships with these other Results Packages and activities therein. The role of the Flagship will be to assure that opportunities for improving infant and child nutrition are linked and integrated into other Child Survival interventions, and that these opportunities are recognized and utilized at country and global scales.

B2d. Neonatal Survival and Health - Globally, neonatal mortality comprises about half of infant mortality, with the proportion being greater in countries that have most significantly reduced other causes of infant mortality. Causes include damage suffered by infants during complicated or inadequately managed births; neonatal tetanus; other neonatal infections (especially sepsis and pneumonia); and, low birthweight, which significantly increases the risk of neonatal mortality. Basic preventive interventions, such as maternal immunization, clean and safe delivery, early exclusive breastfeeding, and appropriate care of the newborn, can prevent many of these illnesses and deaths. For others, early recognition and appropriate treatment have the potential to save infant's lives. The Flagship will participate in identifying, applying, evaluating, and disseminating approaches that improve the health and survival of newborns. For greatest impact, these approaches will be developed and implemented in strategic partnerships with other G/PHN activities -- especially under the Maternal Health and Women's and Children's Nutrition Results Packages -- and with other organizations addressing girls' and women's health and nutrition, maternal health and health services, and breastfeeding.

B2e. HIV and Child Survival - An additional area in which the Child Survival Flagship will provide technical assistance is the development of appropriate responses to child health and nutrition in countries having high prevalence of HIV/AIDS. It is recognized that the principal intervention to protect infants and young children from HIV is development and implementation of effective strategies to prevent infection of their parents; and, for "AIDS orphans", the principal support required lies outside the health and nutrition sphere. However, Child Survival programs will need to respond to important issues related to the health of children in areas of high HIV/AIDS prevalence. Health care and community workers must be able to give appropriate counseling and information regarding risk of infection of children by breastfeeding, living in

household with persons infected with HIV, and practices such as tattooing, scarification, and circumcision. Safety of injection and of medical procedures will require urgent attention. Policies and guidelines for medical care of suspected or known HIV-positive children will need to be developed. Policies must also assure that children with conditions suggesting, but not diagnostic of, HIV infection (such as persistent diarrhea, severe ARI or other infections, or deteriorating nutritional status) are not inappropriately classified as having AIDS. These efforts will be coordinated with G/PHN/AIDS activities and other G/PHN activities.

B3. Maternal and Child Health Technical Assistance and Support (TASC) Activity⁶

B3a. Overview/Rationale - This activity will establish a world-wide mechanism to support USAID Missions in the implementation of their Strategic Objectives pertaining to maternal health, child health and nutrition. It will provide Missions and Bureaus with long-term teams of resident advisors to help implement programs in the public, private and non-governmental sectors in support of Mission strategic objectives (related to maternal health, child health and nutrition). It will also provide on-call short-term technical assistance in maternal health, child health and nutrition. G/PHN/HN and USAID Mission staff will have substantial involvement in designing, implementing, and monitoring assistance under this activity.

The TASC activity responds to G/PHN's analysis indicating that USAID field Missions may increasingly need a mechanism which allows them to procure and implement PHN sector activities in the face of decreasing technical, management, procurement, and administrative capabilities. The number of countries utilizing G/PHN activities for PHN sector activity implementation has continued to grow, creating a management and operational load that has suResults Packageassed the design of Flagship projects and overstretched their core technical capability and focus. Thus, the need for a TASC activity is clear.

B3b. Provision of Long-Term Expert Resident Advisors - The TASC activity will provide Missions with individual resident advisors, and/or including teams of advisors when required. These teams may include individuals who can carry out "chief of party" functions as well as an array of technical, administrative and management expertise required within the context of the Mission's PHN country program. Specific advisors will be proposed by cooperating agencies participating in the TASC activity in response to scopes of work prepared by each Mission. Missions will have the right to accept or reject Teams and/or Team Members.

B3c. Provision of Expert Short-Term Technical Assistance - The TASC activity will also provide short-term assistance in core areas of Child Survival (as well as maternal health and nutrition) and MCH program implementation (such as management, HMIS, etc.). Participating

⁶ This activity will be shared with the Maternal Health and the Nutrition Results Packages.

cooperating agencies will maintain rosters of qualified consultants in these areas, and will respond to scopes of work developed by Missions or Bureaus on a competitive basis. Short-term TA may be provided intermittently or over a continuum.

B3d. Other Technical Support - The TASC activity will also be able to provide specific support services required by Missions and Bureaus, again in response to scopes of work developed by USAID. An example of such support might be the provision of training for health sector personnel from a country or region in areas such as planning, management, or information systems. Another example might be the provision of a series of seminars on a core area related to maternal and child health and nutrition programming.

B3e. The TASC IQC group - Services provided to Missions through the TASC activity will be carried out through a group of competitively pre-selected group of highly qualified cooperating agencies. These cooperating agencies will develop proposals in response to each scope of work developed by a Mission or Bureau, with award of each task being made based on review of cost, proposed staff, and technical quality of the responses. It is estimated approximately six CAs will comprise the IQC group.

B3e. Access to TASC - TASC will provide cost-effective technical assistance and implementation support that responds to field needs, permits programming that integrates Child Survival, maternal and reproductive health, and nutrition, and allows Flagship activities to limit the number of countries in which they work (and the associated management burden). Under this activity, assistance to Missions will be initiated through the issuance of task orders directly negotiated through their Contracting Officers. In some cases, when approved by G/PHN/HN in advance, Missions may also designate field support for G/PHN/HN to issue task orders. Program descriptions, performance standards, and time frames will be established under the task orders which define the specific task to be accomplished. The dollar value of the task orders under this contract will vary depending on the Mission's requirements.

B4. Monitoring, Evaluation, and Design/Assessment Support ("MEDS")

B4a. MEDS Description - MEDS will provide independent, on-demand technical expertise and assistance in monitoring, design, evaluation and assessment. This activity will assist in conducting country assessments of maternal and child health and nutrition situations, associated program needs and options, and in the design of Mission health and nutrition programs (including program descriptions for task orders under TASC as well as for competitive procurement by Missions themselves).⁷ MEDS will also provide expert assistance in development of monitoring and

Such assistance will need to be delivered by an entity that will not participate in the competitive procurement process through which services will be delivered under resultant task orders.

evaluation frameworks, plans, and procedures (including identification of appropriate indicators and measurement methods), and in designing and carrying out evaluations of field programs in maternal and child health and nutrition. In addition, MEDS will provide a secretariat for the Technical and Strategic Coordinating Group (Section IX.C.) that will provide coherence among programming approaches of activities under this Results Package. MEDS will also assist G/PHN and the Agency in analyzing and making available lessons learned and "best practices" in Child Survival, maternal health, and maternal/child nutrition.

B4b. *The MEDS Team* - The MEDS activity will have a core team of senior experts in design, implementation, monitoring, and evaluation of USAID PHN sector activities. The capabilities of this team will be supplemented on a short-term basis by experts in areas of maternal and child health and nutrition relevant to the strategic objectives and program direction of the Mission being assisted in each case. Some of this supplementary expertise may be drawn from G/PHN "flagships" or other G/PHN activities; however, supplementary experts from other G/PHN activities will not participate in development of scopes of work or budgets that will be used by Missions for procurements. SOW and budget development will be restricted to the MEDS team and its direct consultants, who will not participate in competition for activities developed by MEDS. In this way, Missions and countries can receive full and independent support in program development, without potential issues of conflict of interest or of limiting the pool of potential cooperating agencies or G/PHN activities that might be involved in execution of the program.

B4c. *Technical Breadth of MEDS* - In addition to in-depth experience with design and implementation of USAID PHN sector activities, the MEDS activity staff and consultants will be expected to have in-depth understanding of G/PHN's strategic approaches in maternal and child health and nutrition, and to keep abreast of the state of the art in these areas. Periodic technical updates by G/PHN "flagships" and other technical activities, and sharing of field experiences by these activities and by TASC, will be coordinated by G/PHN through the Strategic and Technical Coordinating Group to assure up-to-date technical approaches by MEDS. In addition, the MEDS core staff will familiarize themselves with the activities in the G/PHN portfolio, so that an appropriate mix of technical support can be included in design, implementation, and monitoring recommendations to Missions.

B5. *Behavior Change, Communication and Social Marketing Innovation/State-of-the-Art Activity - CHANGE*

B5a. *Overview/Rationale* - PHN has been a global leader in the development of communication and social marketing to improve family planning, maternal and child health, and nutrition. Despite contributions of these approaches to increasing knowledge and positive attitudes concerning key behaviors, *actual behavior change* for HN has seldom occurred at the necessary scale or speed to ensure full program success. In case after case, effective communication and social marketing did not result in sustained behavior change. The gap between knowledge and use of key interventions

has remained large.

CHANGE is a focused technical activity that will develop and export innovative behavior change strategies and approaches to improve results of HN Flagships, other G/PHN activities, and Missions. CHANGE will also provide HN with a new technical focus and leadership in the field of behavior change. It will focus on closing the gap between knowledge and use of key health and nutrition behaviors by providing new approaches and improving applications of existing strategies to close the gap.

B5b. Major Strategies - CHANGE will implement three strategies to improve behavior relative to key Child Survival and other health and nutrition interventions. They are:

Developing New Tools - CHANGE will apply/adapt and evaluate innovative approaches to achieve behavior change. Examples include:

Group Behavior Change - approaches that aim at groups rather than individuals, including those having groups as targets ("normative change", e.g., changing social norms about adolescent pregnancy), groups as vehicles (e.g., community growth monitoring), and groups as agents (e.g., Bamako Initiative and community pharmacy initiatives).

Determinants of Personal Choice - approaches that analyze and respond to the underlying factors that influence behavior, such as skill-based competency (e.g., correct child feeding), decision making analysis (e.g., care seeking for sick children), and stages of behavior analysis (e.g., acceptance of immunization).

Peer-Based Approaches - approaches that utilize individuals' identification with others to promote change, such as positive deviance approaches (e.g., appropriate child feeding, delay of pregnancy).

Organizational Change - approaches that use institutional structure to promote behavior change (e.g., Baby Friendly Hospitals).

Improved Social Marketing - approaches that improve the effectiveness of social marketing, including psychographics (e.g., bed net purchase and use) and relationship marketing (e.g., correct home treatment of childhood illness)

Improving Planning and Evaluation - CHANGE will develop, apply, and provide to other G/PHN activities and Missions a systematic approach to evaluating options for IEC/behavior change/social marketing investments. CHANGE will also develop and apply indicators and measurement approaches to evaluate the effectiveness of behavior change activities.

Testing Comprehensive Packages - In selected settings, CHANGE will work in partnership with other G/PHN and field Mission activities to design, implement, and evaluate behavior change programs involving multiple approaches. These "package" interventions will aim at documenting effectiveness and cost-effectiveness in achieving normative shifts and improving key maternal and child health related behaviors.

B5c. Target Behaviors - CHANGE will focus its efforts on behaviors that have important impact on children's survival and health, maternal health, and maternal and child nutrition. Examples include:

Sick Child Careseeking - Clear operational models to increase appropriate recognition and careseeking in the face of child illness such as ARI, diarrhea, and malaria;

Infant and Child Feeding- Behavioral-based approaches to increase rates of appropriate feeding and breastfeeding;

Adolescent Health Risk - Peer- and group-based behavior change approaches to delay first pregnancy and reduce adolescent health risk; and,

Improved Hygiene - Behavior and social marketing tools to improve hygiene practices in the home.

B5d. Collaboration and Testing - Much of the innovation anticipated under this activity will be carried out and evaluated through collaborative engagement in child health and nutrition program activities of Missions and G/PHN Flagships. The principal focus of this activity will not be technical assistance to implementation, but development and field evaluation of new state-of-the-art approaches and their broad dissemination and application by G/PHN activities and other organizations engaged in Child Survival. It is not anticipated that the CHANGE activity will carry out large scale field activities independent of programming of other G/PHN activities or field Missions. The CHANGE activity will not replace the important role of other G/PHN activities, including the Flagship, MCH-TASC, and MEDS activities, in applying behavior change and communications approaches in their policy and program work: such broad application is essential for USAID's PHN sector programming and for achieving I.R. 3 of this Results Package. CHANGE will complement the work of other activities by focusing on advancing the state of the art and developing and testing new methods that other PHN activities can apply.

PHN Leadership - This activity will also serve as a focus for HN technical leadership in this area, engaging in technical coordination and exchange with other international organizations such as WHO and UNICEF. This leadership will be achieved through:

- development and dissemination of innovative, effective approaches to behavior change;
- active participation in international fora such as the interagency Task Force on behavior change; and,
- setting of an international agenda for research in behavior change for maternal and child health and nutrition.

B6. Targeted Grants and PASAs/IAAs - Targeted grants and agreements with international organizations and U.S. Government agencies may be developed during the course of this Results Package. The purpose of such grants and agreements will be to combine G/PHN's comparative advantage in Child Survival with the comparative advantages of the participating organization, in order to achieve specified outcomes contributing to the objective of this Results Package and G/PHN's SO 3. Examples might be grants to WHO or UNICEF aimed at combining G/PHN's technical expertise with the in-country status and policy role of these U.N. organizations. Another example might be a PASA or IAA with CDC to combine that organization's expertise in disease control and surveillance with the field presence and Child Survival program expertise of G/PHN's Flagship. Such grants or agreements will be developed with strategic frameworks, indicators, and monitoring plans that are consistent with the results framework of this Results Package. It is anticipated that the average duration of such grants and agreements would be 2-3 years.

C. Synopsis of Activities and Results

The anticipated contributions of each of the Activities to the Intermediate Results and sub-results are illustrated below.

Table 1: Contributions of Activities to Results

Result	Activity 1 (Flagship)	Activity 2 (TASC)	Activity 3 (MEDS)	Activity 4 (CHANGE)	Activity 5 PASAs, Etc.
1a. New service delivery approaches	*****				**
1b. New behavior change approaches	***			*****	**
1c. Improved assessment and monitoring	***		*****	***	
2a. Improved policy environment	*****	**		*** (info/advocacy)	**
2b. Increased resource allocation	*****	**		*** (advocacy)	**
2c. Increased private sector role	*****	**		**** (soc. mar)	*

3a. Systematic behavior change assessment	***	***	***	****	
3b. Improved knowledge & practice	****	****		****	**
3c. Increased community support	****	***		****	**
4a. Increased access	****	****			**
4b. Increased effectiveness and efficiency	****	****		*** (client feed-back/demand)	**
4c. Improved information use	****	****	****	*** (behavior indicators)	**
4d. Increased integration of CS services	****	****		*** (integrated IEC)	**
4e. CS related to sector reform	****	***		**	**
4f. Increased impact of CS initiatives	****	****		***	**

D. Participation in Multiple Activities - Under this Results Package, a cooperating agency will be eligible to participate in more than one of the Flagship, TASC, and CHANGE activities. The MEDS activity will be directly engaged in design and evaluation of USAID mission health and nutrition programs; therefore, the cooperating agency implementing the MEDS activity will be excluded from implementation of the Flagship, TASC, or CHANGE activities, since these activities or their cooperating agencies might be candidates for roles in implementation of activities designed or evaluated by MEDS. (As noted in Section B4b., G/PHN activities including the Flagship, TASC, and CHANGE activities will be able to provide technical inputs to MEDS assessments, designs, and evaluations; if this occurs, the MEDS activity and the relevant activity managers will assure avoidance or mitigation of Organizational Conflict of Interest.)

E. Relationship of Results Package with Other Results Packages, Activities and Projects - This Results Package will link with other PHNC and Bureau Results Packages, activities and projects in the field and in Washington. Future incorporation of existing G/PHN/HN Child Survival projects such as Child Health Research, HealthTech, and the Children's Vaccine activity into this Results Package is still under consideration.

E.1 Research - This Results Package will support focused operations and evaluation research to develop and evaluate new and improved approaches and interventions. In addition, substantial

amounts of complementary and more "upstream" research will be carried out by other G/PHN activities such as the Child Health Research and Quality Assurance projects. The operations and evaluation research carried out under this Results Package will be distinguished by its more "downstream" nature, its focus on specific child health and nutrition interventions (rather than on broader delivery system issues, as is the case for Quality Assurance, Rational Pharmaceutical Management, and Frontiers), and its grounding in actual Child Survival program implementation.

E2. New Tools and Technologies - New approaches and technologies developed by G/PHN's Child Health Research, Children's Vaccine, and HealthTech activities may be evaluated in field settings by the Flagship. Both the Flagship and TASC activities will incorporate such new technologies and approaches into their Child Survival programming once effectiveness and feasibility have been demonstrated.

E3. Links to QA, RPM and PHR Projects - Specialized activities such as the Quality Assurance, Rational Pharmaceutical Management, and Partnerships for Health Reform activities, will contribute to IRs 3.2 and 3.4 by engaging in focused work in their specialty areas related to health service delivery systems and policy, and by developing cutting edge innovations in these areas. This Results Package will apply existing approaches in these areas, and incorporate new approaches as they are developed, as part of its support to programming in child health and nutrition in countries. It will also collaborate with other G/PHN and USAID projects, cooperating agencies, and partner organizations to take up and apply new approaches and technologies once they have been developed and evaluated.

E4. MEDS, MEASURE and Other Evaluation Activities - In design of monitoring and evaluation approaches for country programs, MEDS will identify appropriate roles for the various components of the MEASURE Results Package and for other G/PHN activities participating in the country's program. Development of new indicators or evaluation approaches by the Flagship or "CHANGE" activities will be coordinated with MEASURE.

VI. Performance Monitoring

A. Standardized Performance Monitoring - This Results Package will apply systematic approaches to monitoring progress and results in all of its activities. For program implementation, these activities will draw on the suggested "common indicators" developed by an Agency-wide group for performance monitoring in Child Survival, health, and nutrition. Major CS indicators focus on improved diagnosis, treatment, counseling, and prevention of childhood diseases (Appendix 1 contains a more detailed list of suggested indicators).

B. Activity and Country-Specific Performance Monitoring - Additional, situation-appropriate, outcome and management level indicators related to the key results planned for this

Results Package will be identified and used for monitoring of each country or regional activity. The management information system which links performance measurement to other relevant cost and management information, developed through the BASICS activity, will be built on to support performance monitoring by activities under this Results Package.

Overall performance frameworks and benchmarks will be established in each Results Package activity. Each country program under the Flagship and TASC activities will have a strategic plan, with indicators and planned results; if the MEDS activity is involved in design of country programs or monitoring frameworks, it will assist in identifying appropriate indicators and measurement approaches. Resources and mechanisms for baseline and subsequent measurement will be specified in country plans. Detailed implementation plans will specify results planned for each phase of work.

Implementation plans will be required for global leadership and research and development tasks under the Flagship, CHANGE, and any grants or PASAs/IAAs. In these plans, indicators and milestones of progress, as well as monitoring and reporting requirements, will be established and agreed upon with G/PHN.

Regular review of and reporting on agreed upon indicators will be required for monitoring progress toward results as well as for evaluation of performance for incentive fee determination where applicable. For the Flagship, performance monitoring of global leadership and research activities will be added to monitoring of implementation activities.

C. Responsibility and Requirements - G/PHN will have overall responsibility for monitoring progress toward the objective of this Results Package and toward its SO 3, using the monitoring information provided by Results Package activities themselves, as well as that provided by other activities such as MEASURE and CIHI. Progress toward intended results will also be monitored by Performance Assessment Committees, comprised of OHN staff, for the contracts, cooperative agreements or grants having performance based criteria. These committees will meet annually to review the performance of the cooperating agency and, if applicable, set the appropriate incentive fee level. These groups will receive information support from the cooperating agency, as well as from other activities such as MEDS, and CIHI. The overall performance monitoring system will follow Agency guidance contained in Chapter 203 of Managing for Results, "Monitoring and Evaluating Performance, Sections 203.5 ("Policy") and E203.5 ("Essential Procedures"). The system will also include the elements required in ADS 203.5.1a for tracking inputs, outputs, and processes at the activity level.

VII. IMPLEMENTATION PLAN (Not included)

VII. FINANCIAL PLAN (Not included)

VIII. STAKEHOLDER ANALYSIS

The major stakeholders for this Results Package are:

- USAID Missions
- USAID Regional Bureaus
- USAID Global Bureau
- International health organizations (e.g. UNICEF, WHO, CDC)
- Host countries

The process for obtaining input into the design of this Results Package began with the mid-term evaluation of the BASICS contract. The evaluation team conducted a survey of field Missions receiving technical services through the project, and interviewed Mission PHN officers, country counterparts, and key representatives of G/PHN, other USAID Bureaus, and other international organizations involved in Child Survival. This evaluation identified strengths and weaknesses in the current contract which led to the design of this Results Package. Subsequent to the contract evaluation, input regarding design issues and future demands for services from G/PHN was requested from USAID Missions and regional Bureaus through a questionnaire requesting comments on specific design issues directly related to this Results Package.

Consultation on technical and activity design issues was held with field PHN officers during regional PHN conferences in the Africa and Asia/Near East regions during 1997.

The design team for this Results Package was comprised of representatives from regional Bureaus, BHR/PVC, COTRs of other G/PHN projects (e.g. MotherCare, Linkages, OMNI, AIDSCAP, etc., OFPS, OFDA, visiting PHN officers from field Missions, HN front office staff, and members from other PHN SO teams. This team met on numerous occasions to discuss design options and review stakeholder needs for support. This process culminated in a one day retreat where five design options for the Results Package were reviewed and assessed for their ability to respond to the needs of Missions, regional Bureaus, and G/PHN.

These consultations revealed a number of issues that have informed the design of this Results Package. Field Missions were almost without exception highly appreciative of the high quality of technical assistance provided by G/PHN "flagships", and specifically by the BASICS Project. They also valued G/PHN's role of technical leadership linked to field implementation. There was consistent expression of need to continue minimizing management burden. However, both Missions and USAID/Washington representatives were almost equally divided on the issue of whether all functions previously carried out by the BASICS Project should be continued under one activity: many representatives appreciated the low management burden of this arrangement, while others felt that the positive effects of increased competition on quality and cost, and on increasing focus of the Flagship, would be worth the extra management burden of dividing functions.

Missions and Bureaus clearly saw increasing need for G/PHN support for implementation of PHN sector programs as Missions and Mission staff continue to be reduced. Several Missions specifically appreciated assistance in assessment and design, and identified this area as an important need for the future. Regional Bureaus and BHR/PVC appreciated the responsiveness and collaboration of G/PHN and its cooperating agencies. However, a number of Missions commented that, because of design and capacity limitations, the present BASICS Project had been unable to respond effectively in implementation of some country programs.

In addition to involving USAID stakeholders in the design of the Results Package, input was sought from interested parties outside of USAID. This included WHO, UNICEF, CDC and various PVOs/NGOs. Members of the Results Package design team met with colleagues from these organizations to discuss specific issues related to the design of the Results Package and its various activities. These discussions were characterized by open and productive comments concerning the role of USAID in Child Survival activities worldwide.

These international agency partners were also unanimous in their appreciation of G/PHN's role and the role of Flagship projects. Especially noted were the strengths of G/PHN activities in field implementation and in working in areas where other organizations have little expertise, such as the private sector. These organizations felt that coordination at headquarters level had generally been good, and emphasized the need to increase communication and collaboration within regions and in individual countries. These organizations identified a number of program challenges for the future; most commonly noted were the effect of sector reform and decentralization on Child Survival programs and on child health and nutrition outcomes, and the continued need to identify innovative strategies to reach unreached families. In the face of these issues, these partner organizations indicated that the emphasis of G/PHN activities on linking global expertise to field programming would represent a considerable asset to collaborative programming in the future. The findings of these processes, as summarized throughout this document, were key inputs for determining the final design of the Results Package.

USAID Mission and Regional Bureau involvement in the implementation of the Child Survival activities described is critical to the successful accomplishment of the Child Survival objectives of this Results Package, G/PHN, and the Agency. The Results Package must represent a foundation for partnerships between the various components of the Agency if Child Survival activities are to be maintained at the level that has characterized the last ten years. It will be necessary to secure both the technical and financial support of Missions and Bureaus in order to further the technical agenda that will allow the Agency to achieve its goals. This Results Package has been designed with that relationship in mind and will continue to be the basis for a sound and productive relationship for promoting Child Survival interventions worldwide.

Features of this Results Package that respond to this stakeholder input include:

- developing the MEDS activity to provide systematic support to Missions for assessment, design, monitoring, and evaluation;
- maintaining the Flagship's engagement in field program implementation, while focusing it on priority countries, technical leadership, development of innovative approaches, and partnership with other organizations engaged in Child survival;
- Providing the TASC activity to meet Missions' increasing needs for technical and implementation assistance in Child Survival and broader maternal and child health and nutrition programming.
- Developing the CHANGE activity to exercise USAID's comparative advantage in IEC and behavior change and to provide increasingly effective and sustainable approaches in this area.

IX. MANAGEMENT PLAN

A. Overview - Responsibility for the technical and operational management of this Results Package will primarily rest with OHN's Child Survival Division of the Office of Health and Nutrition, with the exception of the MEDS activity, which will be based in OHN's Health Policy and Sector Reform Division. There will be three mechanisms provided for Results Management: CTOS/CTO teams for the individual activities; a Strategic and Technical Coordinating and Advisory Group for the Results Package as a whole; and Technical Coordinating groups for specific key technical areas. These mechanisms are described in the following sections.

B. Activity Management - Each activity under this Results Package will be assigned a CTO, who will have responsibility for strategic management toward planned results, as well as for administrative and other required oversight of the contracts, agreements, PASAs/IAs, or grants under the Results Package. In consultation with their Division Chief and the SO3 team leaders, CTOs will oversee the development of strategic and operational plans for each activity to achieve intended results. Annual workplans will be developed for each activity. For TASC, workplans will developed for individual task orders in consultation with the Mission or Bureau CTOs for each task order. For all activities, the planning process will include definition of end results and of a monitoring process and milestones by which to assess progress toward those results. Routine interaction and coordination among activity managers will be required for the successful planning, implementation and evaluation of this Results Package.

Because of the multiple procurements anticipated in this Results Package, it will be necessary to designate at least four CTOs and up to three technical support staff within the Office of Health

and Nutrition. In all cases the CTO will have technical responsibilities as well as management responsibilities.

C. Results Package Strategic and Technical Coordination - Accomplishment of the results described in this Results Package will require coordinated management of the individual activities. In addition, making best use of resources through the Results Package will require the exchange of experience and effective approaches among the individual activities. To achieve this coordination and exchange, the Results Package will have a "*Strategic and Technical Coordination and Advisory Group*". This group will be made up of the CTOs, Division Chiefs, the SO3 Team Leader, other OHN staff, representatives of each of the cooperating agencies involved in implementation of the Results Package, and selected outside technical experts. The group will set priorities for the Results Package, review progress in implementation, identify and exchange important experiences, "best practices", prioritize new approaches, and discuss technical and strategic issues identified as important to improving child health and nutrition policy and programming. This group will meet quarterly during the first year of the Results Package, and semi-annually thereafter. The MEDS activity will serve as Secretariat for the "Strategic and Technical Coordination and Advisory Group".

D. Strategic Coordination in Focus Technical Areas - In addition to the overall coordination provided by the "Strategic and Technical Coordination and Advisory Group", accomplishment of maximum progress in key focus areas will require focused coordination, strategic planning, and constant review of issues and state-of-the-art approaches. For example several key technical focus areas, such as infant and child nutrition and neonatal health and survival, involve other Results Packages. To provide the strategic management and coordination required in these focus areas, G/PHN will form Technical Coordination Groups who will review and monitor issues and progress of results within that technical area. Key groups envisioned at this time include: Sustainability and Improvement of Immunization; Integrated Approaches to Child Health; Infant and Child Nutrition; Peri- and Neonatal Health and Survival; and Sector Reform for Child Survival. These groups will be led by an OHN CTO and include SO Team Leaders, Division Chiefs and other interested G/PHN staff, Bureau staff, relevant representatives from the cooperating agencies, and in some cases customers, partners and stakeholders outside of USAID. These groups will develop recommendations regarding strategic direction and priority tasks for Results Package activities in these key technical areas. They will also track the progress of the portfolio within the specific technical focus area and ensure efforts are being implemented to achieve Results Package results. These technical focus groups will be coordinated and supervised by the SO3 Team Leader and the OHN Division Chiefs.

E. Shared Results Package Management - Since the Results Package was designed to promote partnership arrangements with Missions and Regional Bureaus, there will be supplementary management involvement from Missions and Regional Bureaus. In situations where Missions are implementing elements of their program through a delivery order under

TASC, it is anticipated that a Mission CTO will have management responsibility for that activity. Where Missions or Bureaus are accessing one of the technical activities in this Results Package, the technical and operational inputs of that Mission or Bureau will be sought to augment G/PHN technical and management oversight. Final responsibility for implementation of the Results Package and accomplishment of the stated results will rest with G/PHN through the SO3 team leader and the respective Division Chiefs.

F. Financial, Administrative, Operational and Technical Management - The CTO for each activity will have responsibility for routine, management of the activity and will oversee the financial, administrative, operational and technical aspects of each Results Package activity. The CTO will interact directly with OP to implement the activity, will be under the supervision of the Chief of their respective Division, and will be supported by the SO3 Team and Team Leader. The CTO will also participate in all Performance Assessment Committees that review the performance of his/her activity. The CTO will receive administrative and program support from OHN program staff and designated support staff.

G. Coordination with other SOs Results Packages and PHN and Regional Projects - An important element in the implementation of this Results Package will be coordination with activities which are outside of the Results Package but which contribute to the accomplishment of its results. The SO3 (and other) Team Leader(s) and Division Chiefs will be responsible for coordinating OHN activities in a way that ensures that the proper synergies have been developed to accomplish the objectives of the Results Package and of SO 3. This includes activities under other SOs and other Results Packages within OHN (e.g. the Maternal Health Results Package and the Nutrition Results Package), as well as activities that are not currently under these Results Packages but which directly relate to the Child Survival Results Package Objective (e.g. HealthTech, PHR, etc.) As described in section IX.D. above, in specific key technical areas, this broader coordination process will be part of the function of Technical Coordination Groups. Finally, the CTOs and the SO3 Team Leader and Division Chiefs will also coordinate activities with Regional Projects and, to the extent possible, country level bilateral projects that support the results identified under this Results Package.

X. ANALYSES

A. Technical Analysis - The Results Package represents technical approaches to child health issues that have been developed and refined over the last quarter of a century. USAID's has drawn from a number of projects and activities, but the most significant central projects which have contributed to the state of our current knowledge have been the PRI-TECH Project, the REACH Project, the HEALTHCOM Project and the current BASICS Project. From the wealth of experience, the primary Child Survival interventions have been established as childhood immunization, ORT/prevention of diarrhea, standard case management/prevention of ARI, prevention/treatment of micronutrient deficiencies, improved breastfeeding/infant and child

feeding, and birth spacing. These interventions have proven to be the basis for a sustained and cost effective approach to improving child health, resulting in the prevention of almost 5 million child deaths each year. While the evidence for the success of this technical approach is significant, the reality exists that 12 million under five deaths still occur each year. Drawing from the experience of USAID and other child health activities, the Results Package team has identified the following challenges to the technical agenda for Child Survival:

- under-implementation of interventions such as ARI, Vitamin A, Nutrition
- specific vulnerability of some countries and populations
- new technical areas that have gone unaddressed such as neonatal health, HIV/AIDS, new vaccines
- changes in the health sector such as sector reform, decentralization and vertical disease specific initiatives (polio, measles)

These areas of technical focus have been validated through discussions with other technical partners and experts in the field of Child Survival. For example the BASICS evaluation identified a number of technical issues that should be incorporated into the new design. Those concerns have been taken into account in the development of this Results Package. Furthermore, the technical approach represented in this Results Package has been discussed and refined through the strategic planning process which culminated in the Office of Health and Nutrition Strategic Plan. The thrust of the plan is reflected in the four intermediate results which define the technical direction of this Results Package.

In addition to concern for the technical feasibility and degree of impact on child morbidity and mortality, attention has been given to the availability of cost-effective interventions when deciding on the technical agenda for this Results Package. Review of sources such as the 1993 World Development Report has shown that the technical focus areas identified in this Results Package will have significant impact on disease burden but also constitute the most cost effective approaches known in the area of child health. This further supports to selection of technical focus areas within this Results Package.

B. Economic Analysis - The Child Survival interventions elaborated in this Results Package were selected on the basis of their potential benefit in terms of years of healthy life saved for a given investment. The economic implications of child mortality itself are not fully understood, but child health is a goal not solely dependent on its role in economic growth. This Results Package supports the efficiency with which Child Survival programs produce health benefits from the resources they consume. Alternative Child Survival interventions to those defined within this Results Package were considered, but they also require substantial resource investment and offer fewer health benefits, at both the societal and the household levels. The 1993 World Development Report notes that improved health contributes to economic growth in four ways: "it reduces production losses cause by worker illness; it permits the use of natural

resources that had been totally or nearly inaccessible because of disease; it increases the enrollment of children in school and makes them better able to learn; and it frees for alternative uses resources that would otherwise have been spent on treating illness." The WDR goes on to fully support the cost effectiveness of the Child Survival interventions defined in this Results Package. While data is not available to generate Internal Rate of Return (IRR) for the specific activities proposed in this Results Package, The body of literature documenting the impact of Child Survival interventions overwhelmingly supports the value of these interventions to the economic health of the recipient country as well as to the U.S.

C. Social/Gender Analysis - The Results Package will address women's needs and issues in several ways, including identification and correction of gender-based inequities in child health service delivery, improved health status of female children, and delivery of services in ways that meet the needs of women in the role of caretakers. The Results Package's emphasis on improving the functioning of health care systems will benefit and support health care workers, many of whom are women. By creating increased involvement of the private sector in child health service delivery, the activities included in this Results Package will support the development of new employment opportunities for women.

D. Environmental Analysis - This program qualifies for a Categorical Exclusion from the normal Initial environmental Examination requirement pursuant to section 216 (c) (2) (viii) of USAID Regulation 16.