Concern worldwide (U.S.) INC

NEW FRONTIERS IN CHILD SURVIVAL:

Reaching the Most Vulnerable

One in nine children in Haiti dies before reaching the age of five. Concern's urban child survival program in the slums of Port-au-Prince, Haiti improved quality of and access to maternal and child health services benefitting 78,000 women and children.

Photo: Niall Carson/PA Wire. Port-au-Prince, Haiti

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ACKNOWLEDGMENTS

This publication draws on over 14 years of experience from Concern Worldwide's child survival programs in Bangladesh, Rwanda, Haiti, Burundi, Niger, and Sierra Leone; which have been implemented in partnership with Ministries of Health at the national, provincial, and district levels. The success of our programs is largely due to the invaluable insights and commitment of thousands of community health workers, health management committees, local government leaders, and other community members. It is our great honor and privilege to partner with local communities. We would also like to acknowledge Concern's dedicated field staff, who have devoted countless hours ensuring that our programs are constantly striving to reach the most vulnerable with the highest quality services available. Special thanks are due to devoted team leaders, program managers, health advisors and country directors that have championed Concern's work in our child survival programs.

We gratefully acknowledge the support of the United States Agency for International Development (USAID) Child Survival and Health Grants Program, which has supported Concern's child survival portfolio in order to contribute to sustained improvements in child health outcomes among the most vulnerable populations. Concern also wishes to acknowledge the valuable support of USAID's technical partner Maternal and Child Health Integrated Program (MCHIP) and the various consultants used for evaluations.

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Foreword, Dr. Rajiv Shah

Administrator
United States Agency for International Development

Since 1998, Concern Worldwide has partnered with the U.S. Agency for International Development (USAID) and local communities to deliver on the promise of child health and survival in Bangladesh, Burundi, Haiti, Niger, Rwanda, and Sierra Leone. Together, we have reached nearly two million women and children with innovative, community-oriented solutions that have contributed to the significant reductions in child and maternal mortality that we have seen over the last decade in nations like Bangladesh and Rwanda.

But despite tremendous progress, more than seven million children—most of them in sub-Saharan Africa and South Asia—will die this year before they've reached their fifth birthday. They won't go to school or graduate from university or start a business. They won't have the opportunity to fulfill their potential or contribute to the development of their own nations.

We know it doesn't have to be this way. Today, the global community has the knowledge and the tools to achieve an unprecedented legacy in global health and finally bring an end to preventable child death.

In June, USAID joined with the Governments of India and Ethiopia to launch A Call to Action in Child Survival. Over two days, the Call to Action brought together faith-based organizations, private sector players, NGOs and country representatives to create a results-oriented business-led approach to achieving this remarkable goal. It emphasized the need for country-led innovative, proven strategies to accelerate reductions in child mortality and mobilize communities and families, whose decisions profoundly influence prospects for maternal and child health and survival.

The Call to Action builds on the experiences and learning of civil society organizations like Concern Worldwide. For over a decade, we've worked together to implement innovative community solutions through rigorous monitoring and evaluation strategies. In Rwanda, we focused on bringing lifesaving services directly to families and pioneered an approach to provide appropriate treatment to children in their homes within 24 hours of the onset of fever. By the conclusion of the program, 58 percent of children were receiving treatment when they needed it most. The Rwanda Ministry of Health adopted the home-based approach as national policy.

This report features programs, innovations and results—including our experience in Rwanda—that span more than a decade of work at multiple levels of health and community systems. Although they evolved in different countries, these strategies all focus on improving equitable access to quality services, promoting local ownership and sustainability, facilitating social and behaviour change, and engaging communities and local stakeholders in national policies and strategies. Even more important, this report details important lessons we can learn from as we chart the way forward in child and maternal health.

With the commitment and competence to work at the local and community levels in resource poor and high mortality settings, organizations like Concern Worldwide have a significant role to play in our global partnership to end preventable child death. Together, we can work with vulnerable communities to strengthen country-led strategies and learning agendas to accelerate progress and ensure that every child will have the opportunity to survive and grow.

Dr. Rajiv Shah
Administrator
United States Agency for International Development

Foreword, Joe Costello T.D.

Minister of State at the Department of Foreign Affairs and Trade with responsibility for Trade and Development
Republic of Ireland

I welcome this opportunity to say a few words in support of this important publication that is being launched to coincide with the Child Survival Call to Action initiative.

In recent decades we have made great progress in reducing child mortality rates through consistent, multi-sectoral, targeted interventions that have delivered for children worldwide. However, it is clear that if we are to make further gains in child survival, then we must find better ways of applying proven interventions and technologies. This excellent publication identifies effective examples of how we might do this. These examples draw upon many years of intense work by Concern in difficult circumstances. It is to these challenging environments that we must turn our attention in the years ahead if we are to realise our ambition of reducing the number of children dying from preventable illnesses.

I highlight three new frontiers so elegantly presented in this publication that stand out for me as the Minister responsible for Ireland's international development assistance program.

Firstly and most obviously, securing the next wave of gains to reduce child deaths below the annual number of 7.6 million will necessitate a focus on fragile States and fragile environments.

Secondly, we need to carefully understand, map and track inequality. Circumstances are changing fast in low and middle-income countries and inequality is worsening.

Thirdly, a new frontier in innovation is very much about the make-up and quality of partnerships. Getting the right partners together and getting them to work to their strengths is a springboard to success and Concern has illustrated how this can be done.

In launching this rich document, Concern has re-emphasised what ought to be features of future successful approaches in development work: lesson learning based on sound evaluations and analysis must drive design; strengthening health systems is important; and NGOs can make a significant contribution.

I commend Concern for their leadership and commitment to improve child survival rates. On the part of the Irish Government, I look forward to our continued collaboration with Concern, with the US Government and with all other partners who share this goal.

Joe Costello T.D.
Minister of State at the Department of Foreign Affairs and Trade with responsibility for Trade and Development
Republic of Ireland

Foreword, Dr. Marie Ruel

Director of Poverty, Health and Nutrition Division
International Food Policy Research Institute

Adequate nutrition is essential for achieving several of the Millennium Development Goals (MDGs), including eradicating extreme poverty and hunger (MDG1), reducing child mortality (MDG4), and improving maternal health (MDG5). Poor nutrition in early childhood is associated with more than 35 percent of child deaths worldwide. For children who survive, the damage caused by undernutrition in the womb and during the first two years of life (the first "1,000 days" from conception to age 2 years) is largely irreversible and has life-long consequences for their health, intellectual development, and economic performance. These children are likely to become shorter adults, complete fewer years of schooling, earn less income, and be more susceptible to obesity and non-communicable diseases such as diabetes, cardiovascular diseases, and some forms of cancer. Undernourished women are more likely to give birth to smaller babies, thereby perpetuating the inter-generational transmission of undernutrition and poverty. With undernutrition being the largest preventable cause of child deaths worldwide today, better nutrition is indeed a high-impact child survival strategy.

As is the case for child survival, *evidence-based, cost-effective interventions* to improve nutrition exist. The 2008 *Lancet* series on maternal and child nutrition identifies a series of effective targeted nutrition interventions which, if implemented at scale, could reduce child mortality and disease burden by 25 percent, and the prevalence of stunting (chronic undernutrition) by 35 percent. The set of targeted, *nutrition-specific* interventions focuses on improving infant and young child feeding practices, ensuring that mothers and children have an adequate intake of vitamins and minerals, addressing severe acute undernutrition, and promoting optimal health and hygiene practices.

In recent years, policymakers, researchers, and practitioners have expressed concern about the slow progress in the vital area of child nutrition. As a result, the Scaling Up Nutrition (SUN) movement, a global multi-stakeholder coalition of over 100 organizations and governments, was launched. SUN uses a dual approach to tackle undernutrition. The first approach champions the scaling up of *nutrition-specific* interventions to achieve rapid gains. The second approach focuses on the root causes of undernutrition, which include poverty, gender inequality, and lack of access to services, all of which play a role in the global context in which undernutrition occurs. This latter approach, referred to as *nutrition-sensitive* interventions, aims to leverage a range of sectors such as food security, agriculture, health, social protection, education, water and sanitation to improve nutrition. The ultimate goal of SUN is to achieve the highest coverage of nutrition-specific interventions possible and promote a new model of nutrition-sensitive, sustainable development.

Experience in designing successful nutrition-sensitive interventions across sectors is limited. In recognition that learning is urgently needed on how to effectively design and deliver such interventions, Concern Worldwide and the International Food Policy Research Institute (IFPRI) have partnered to carry out an exciting new research initiative funded by Irish Aid and the Kerry Group. The Realigning Agriculture to Improve Nutrition (RAIN) project aims to reduce child undernutrition by focusing on integrated agriculture, nutrition, and health interventions in the first two years of life. Based in the Central Province of Zambia, the project is carrying out agriculture interventions that improve Zambian households' production, year-round availability, and access to high-quality foods. Linked to these agricultural interventions, the program also includes a strong social behavior change communications campaign focusing on improving maternal and child care, achieving optimal infant and young child feeding practices, and promoting the use of preventive health care practices. In addition to these community-level interventions, a unique component of the project aims to realign and coordinate activities and mechanisms within different line ministries at the District level to more effectively and efficiently achieve sustainable nutritional outcomes.

By integrating nutrition-specific actions into the agriculture and health sectors, RAIN is addressing the multi-sectoral causes of undernutrition. The project's reliance on a range of partners, including the District Ministries of Agriculture and Livestock, Health, and Community Development & Mother Child Health; the Mumbwa Child Development Agency; and Women for Change, provides lessons for inter-sectoral collaboration at all levels, from policy makers to on-the-ground community-based organizations. Through its rigorous evaluation, the project will generate critical evidence regarding the impact of integrated agriculture, health and nutrition programs and how, why, and where these impacts are achieved. These rich lessons will be useful for scaling up such programs and to inform policies and programs elsewhere. It is our hope that nutrition-sensitive agriculture development programs such as RAIN, coupled with a strong package of nutrition-specific interventions, can work to significantly improve the survival of children on a global scale and help them grow into healthy, successful, and productive adults.

Marie Ruel
Director of Poverty, Health and Nutrition Division
International Food Policy Research Institute

Message from Tom Arnold

Chief Executive
Concern Worldwide

I am delighted to introduce Concern Worldwide's learning paper, "Reaching the Most Vulnerable: New Frontiers in Child Survival." We have sought to capture the key achievements and lessons from our child survival work in six countries over the past 14 years. We are fortunate to have done that work in partnership with, and funded by, USAID's Child Survival and Health Grants Program. The evidence presented here shows that Concern's child survival programs can achieve dramatic transformations of health systems as well as sustainable reductions of child mortality.

It is a particular honor that USAID Administrator Raj Shah agreed to write a foreword for this booklet. Since Administrator Shah took up office in early 2010, he has provided outstanding leadership for USAID. Secretary of State Hillary Clinton and he have been hugely effective in establishing the United States as a leader in increasing global food and nutrition security. The "Call to Action in Child Survival" is another very positive initiative. It focuses on an issue of fundamental importance and, given his own background as a doctor and a father of young children, is dear to Administrator Shah's heart.

In addition to thanking the Administrator for his words, I also want to thank the many USAID officials with whom Concern has worked on child survival programs over the past 14 years, particularly the Washington-based Child Survival and Health Grants Program, as well as the local missions that have supported our field operations. The collaboration and genuine sense of partnership in pursuit of a noble cause has been admirable.

I am most grateful to Minister Joe Costello for his well written and generous foreword. The Irish aid program is internationally recognized as being of high quality and well-targeted to improve the lives of the poorest and most vulnerable. Since his appointment, Minister Costello has demonstrated genuine personal commitment and passion to the aid program, and he has become an effective advocate for it, domestically and internationally.

In the International Food Policy Research Institute (IFPRI), Concern has a most valuable and valued partner. We collaborate to produce the Annual Global Hunger Index, and we are also partners in a number of projects in the field. In considering the range of issues involved in child survival programs, I felt that IFPRI's experience and learning on the critical role of nutrition, particularly during early childhood, should be part of the booklet. I am grateful to Dr. Marie Ruel for her considered foreword, drawing as it does on a lifetime of learning.

I applaud the governments of the United States, India and Ethiopia in their decision to co-convene this Call to Action, in association with UNICEF. While there have been substantial achievements in reducing child mortality in recent decades, almost 8 million children are still dying each year from preventable causes.

The cornerstone of Concern's approach to child survival is its commitment to comprehensive programming and its efforts to understand and tackle social, political and economic issues that often hinder effective health service delivery. Our child survival work over the past 14 years in six countries has prioritized partnership and building local capacity—and this has allowed us to improve health systems in ways that are culturally sensitive, sustainable, affordable and ultimately manageable by governments and communities. The resulting economies of scale and of scope eliminate the significant barriers that once kept these lifesaving interventions out of reach. By scaling up community-based health interventions and advocating for national policy change based on our evidence and learning, Concern has achieved significant results. The impact of our programs has been marked by improvements in quality and availability of local health care; measurable, sustainable increases in maternal and child health indicators; stronger Ministries of Health; and safer community health practices.

In all its work, Concern is committed to finding innovative ways to achieve results that will benefit the most vulnerable. We constantly strive to learn from what we do and to share that learning with others. We hope that this booklet, the product of reflection, action and learning over the past 14 years, will contribute to better practice and policy, resulting in fewer deaths and healthier children.

Concern is pleased to add its voice to the new Call to Action in Child Survival. Through our own programs and through our national and international advocacy, we will support the roadmap agreed among participants. Acting together, we know that it is within our power to substantially reduce child deaths from preventable causes. We must collectively translate our commitment into action and embark on a new frontier in which child survival is the norm, even in the poorest countries.

Tom Arnold

Tom Arnold
Chief Executive
Concern Worldwide

INTRODUCTION

A GLOBAL REVOLUTION

A revolution in public health was born almost four decades ago to galvanize global action to reduce huge numbers of child deaths from preventable causes. In 1978, the Alma Ata Declaration marked a global turning point, identifying primary health care as the key to reducing health inequalities among and within countries. The following year, groundbreaking research identified a small number of treatable illnesses as the major killers of children globally: chiefly, diarrhea, malaria, respiratory diseases, measles, and undernutrition.[1] These two developments triggered the "child survival revolution," which drove collaboration across a spectrum of major international organizations and national governments to deliver specific, low-cost, lifesaving interventions to children under five around the world. In 2000, these global efforts were reinforced through the setting of the Millennium Development Goals, including MDG 4, which seeks to decrease child mortality by two thirds by 2015.

The results have been dramatic. The global child mortality rate has fallen from 17 million in 1980 to 7.6 million in 2010. World leaders and the international community have shown substantial, high-level commitment to fund and deliver evidence-based, high-impact interventions at an accelerated pace. (See p. 8.) Interventions to prevent or treat the major causes of child death are more effective now than in the past, and new interventions are on the horizon.[2, 3]

Although significant, this progress has been very uneven within countries, among countries, and by disease.[7] Child deaths have decreased, but the proportion of deaths that occur within the first month of life (the neonatal period) has increased, comprising more than 40 percent of all deaths of children under five.[4] (See Figure 1.) Undernutrition is an underlying cause of 35 percent of deaths.[5] Evidence also shows that child deaths from preventable causes disproportionately affect the world's poor, most acutely in Sub-Saharan Africa. In fact, more than 98 percent of deaths of children under-five-years-old still occur in settings of poverty.[6]

One aspect of Concern's child survival program in Haiti was to build the capacity of health clinic staff to diagnose, treat, and refer children with severe acute malnutrition.

Photo: Gianluca Galli for Concern Worldwide, Port-au-Prince, Haiti

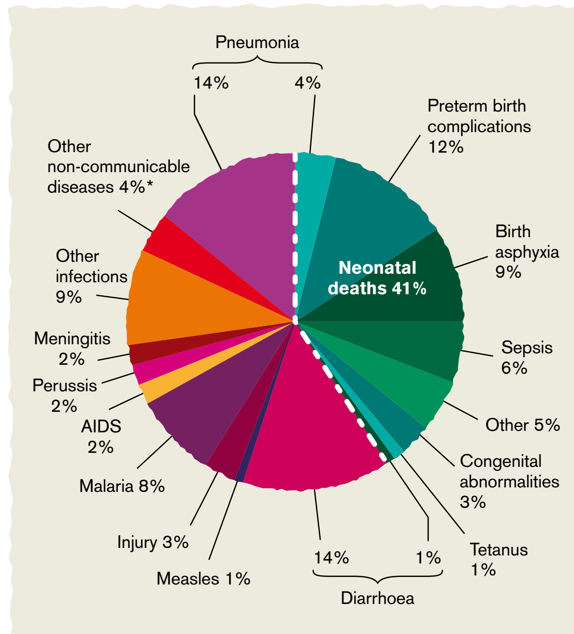


Figure 1: Global causes of child deaths Data are separated into deaths of neonates aged 0–27 days and children aged 1–59 months. Causes that led to less than 1% of deaths are not presented. *Includes data for congenital abnormalities. **Source**: Lancet 2010[3]

RENEWING THE CALL TO ACTION

In 2002, a call for a second child survival revolution challenged not only international organizations, but also national governments, political leaders, donors, private-sector companies, academic institutions, and civil society organizations to ***work together to improve scale, access, and equity of child survival initiatives***.

Since then, the dedication and partnership among major global influencers, including USAID's Child Survival and Health Grants Program, the Countdown to 2015, the Bill & Melinda Gates Foundation, UNICEF, and the CORE Group as well as international NGOs, Ministries of Health, and countless others, have yielded new knowledge about what is working in child survival and what is not.

But the fact remains that close to eight million children are still dying every year, and almost all of them are poor. The majority of these deaths could be prevented.

Barriers imposed by extreme poverty and lack of access to health services prevent basic, lifesaving treatments from reaching the millions of mothers and children who need them most. We have the proof that simple, low-cost interventions successfully prevent and treat the main causes of death among children younger than five years, but we lack a delivery system that has proven to be effective at-scale and across contexts (See Figure 2.)[8]

An estimated 63 percent of child deaths could be prevented worldwide if this "coverage gap" were eliminated and proven interventions became universally available.[9]

Dramatic increases in funding for community-based programming are needed now to scale up child survival interventions.[10]

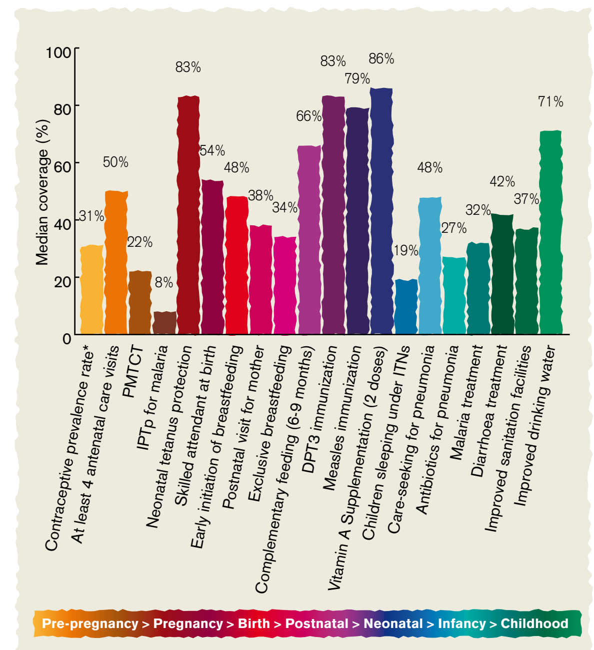
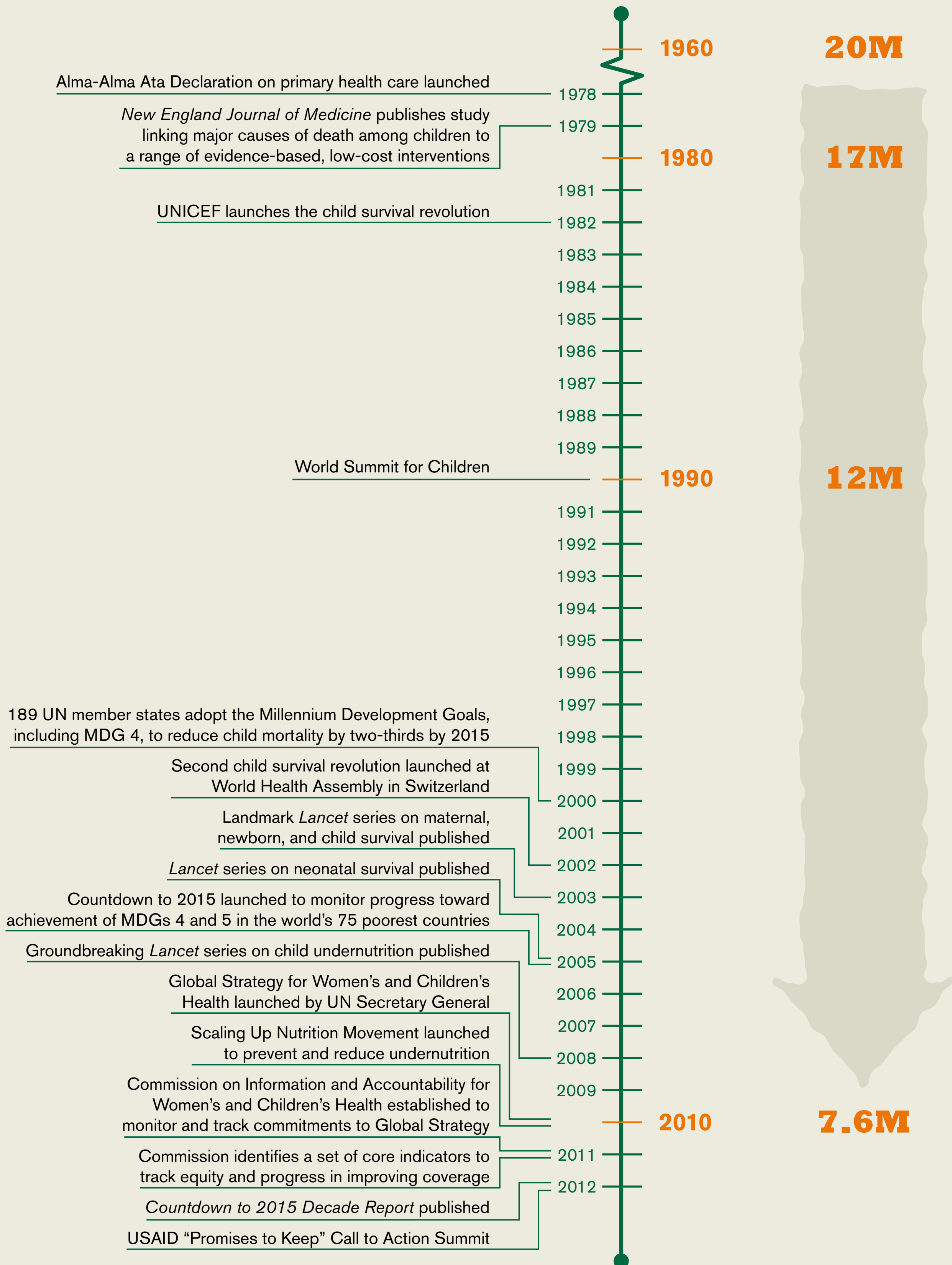


Figure 2: Median coverage for effective maternal, newborn, and child interventions in 68 Countdown countries. Data are most recent available estimates since 2000. PMTCT = prevention of maternal-to-child transmission of HIV. IPTp = intermittent preventive treatment (for malaria) in pregnancy. DPT3 = diphtheria, pertussis, and tetanus. ITNS = insecticide-treated bed nets. *Target coverage rate is not 100%. **Source:** Countdown to 2015 Report

Based on 14 years of innovation and learning in the field, Concern joins its global partners in renewing an urgent call to action to ensure that we increase the momentum to deliver quality, sustainable health care at scale to the poorest children.



Milestones in Child Survival
Annual Number of Child Deaths
1960
20M
Alma-Alma Ata Declaration on primary health care launched
1978
New England Journal of Medicine publishes study linking major causes of death among children to a range of evidence-based, low-cost interventions
1979
1980
17M
1981
UNICEF launches the child survival revolution
1982
1983
1984
1985
1986
1987
1988
1989
World Summit for Children
1990
12M
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
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2002
2003
2004
2005
2006
2007
2008
2009
2010
7.6M
2011
2012
189 UN member states adopt the Millennium Development Goals, including MDG 4, to reduce child mortality by two-thirds by 2015
Second child survival revolution launched at World Health Assembly in Switzerland
Landmark Lancet series on maternal, newborn, and child survival published
Lancet series on neonatal survival published
Countdown to 2015 launched to monitor progress toward achievement of MDGs 4 and 5 in the world's 75 poorest countries
Groundbreaking Lancet series on child undernutrition published
Global Strategy for Women's and Children's Health launched by UN Secretary General
Scaling Up Nutrition Movement launched to prevent and reduce undernutrition
Commission on Information and Accountability for Women's and Children's Health established to monitor and track commitments to Global Strategy
Commission identifies a set of core indicators to track equity and progress in improving coverage
Countdown to 2015 Decade Report published
USAID "Promises to Keep" Call to Action Summit

CONCERN WORLDWIDE'S APPROACH

Concern's mission includes reducing extreme poverty by targeting its root causes, which we define according to three dimensions: inequality, risk and vulnerability, and lack of basic assets or low return on assets. Given our mandate, Concern has developed a unique approach to child survival programming that prioritizes working with local partners to rigorously identify the most socially and economically vulnerable populations and develops strategies to enhance their access to life-saving interventions. Our approach empowers both civil society and local government to plan, implement, and monitor health services. Concern acts as a catalyst to improve existing services—not to replace them.

In Concern's target countries, the rates of infant, child, and maternal mortality are among the very highest in the world. Reducing the threats to child survival necessitates an approach that harnesses the power of all of the networks at local and national levels, with government, business, and community leaders all united around one common goal: to provide timely and affordable quality care to the households that need it most.

Often, there is an existing array of government, private, and traditional health providers in these contexts and these health systems are frequently under-resourced. Training, coordination, and the targeting of the existing available services to those in the most dire and immediate need are all vital-especially for the long haul. Sometimes this requires working with governments to improve policies about how health care is delivered, such as using trained and supervised community health workers not just to diagnose, but to actually treat simple cases of malaria, diarrhea, pneumonia, and malnutrition in children under five.

Each context presents unique challenges and barriers, and demands locally sensitive solutions. This requires the nurturing of integrated and participatory processes that often fall outside the boundaries of the health sector. For example, due to frequent drought and food insecurity in Niger, our child survival program has integrated the treatment of acute malnutrition and runs alongside a livelihoods development program and a program that aims to prevent and mitigate the impact of emergencies. In every context, our approach aims for lasting change that the communities and the health system can carry forward without external funding and technical support.

The process is a combination of investment in people, infrastructure, as well as systems that ultimately empowers communities to protect the health of the poorest.

Concern's approach is informed by ten key strategies.

CHILD SURVIVAL means...

targeting PROVEN SOLUTIONS

1. Maternal and newborn care
2. Vitamin A and micronutrient supplements
3. Exclusive breastfeeding and appropriate complementary feeding
4. Antibiotics
5. Prevention and treatment of diarrhea (safe water, hygiene promotion, and oral rehydration therapy)
6. Immunization
7. Improved infant and young child feeding practices
8. Prevention and treatment of malaria (bed nets, intermittent preventive treatment for malaria in pregnancy, and artemisinin-combination therapies)
9. Community-based management of acute malnutrition

...to MAJOR KILLERS OF CHILDREN UNDER FIVE

1. Newborn infections and birth complications
2. Pneumonia and acute respiratory infections
3. Diarrheal diseases
4. Malaria
5. Measles
6. Undernutrition

through delivery of quality COMMUNITY-CENTERED APPROACHES

such as social and behavior change communication and community case management and **HEALTH FACILITY SERVICES** including outreach services, integrated management of childhood illnesses, and supportive supervision

10 KEY STRATEGIES: CONCERN'S APPROACH TO CHILD SURVIVAL

Targeting the Poorest and Addressing Inequity: Concern works in close partnership with local stakeholders to jointly identify the poorest and most vulnerable; understand the barriers to improved health status including those due to inequities; and define and implement strategies to ensure the most vulnerable receive at least the same or better improvements in their health status by the end of the project.

Forging Linkages and Building on Existing Resources: Concern builds links with many diverse stakeholders to build and strengthen existing systems and resources, not to replace them. Our programs build both the organizational and technical capacity of communities and health systems to sustainably plan, implement, and monitor health initiatives.

Mobilizing Leadership: Concern mobilizes leadership from the health sector, local government, and youth as well as, religious leaders and teachers to drive child survival initiatives and to ensure ownership, accountability, and sustainability. Involving stakeholders in the development and rollout of plans that improve health in their communities is a vital aspect of Concern's consultative approach to both the design and implementation of our child survival programs.

Community Case Management: Concern is a leader in training community health workers to both screen for and treat simple cases of malaria, pneumonia, diarrheal diseases, and malnutrition. To ensure that community case management is effective and of high quality, Concern has developed innovative supervision and quality assurance systems, as well as data collection and information-sharing methods that connect these frontline workers to health facilities. Concern's programs have been among the first to implement community case management in Rwanda, Burundi, and Niger. (Worldwide in fact, as of 2010, only 29 countries had a policy allowing community-based health workers to manage pneumonia with antibiotics.)[11]

Promoting Social and Behavior Change: Concern conducts community-based analysis to understand the social, economic, and cultural factors that influence the health environment and care-seeking practices within each context. Through a multi-channel approach, such as home visits from community health workers and Care Groups, we work closely with the users of the health systems—families and community members—to promote social change as well as individual behavior change and to improve health and care-seeking practices.

Scaling up from the Ground up: Concern maintains a strong field presence to provide quality coaching and technical support to health facility staff and local health teams and other partners; to build community capacity; and to operationalize national policies at the field level—where it counts. Our experience shows that a strong field presence strengthens the scale-up process.

Operations Research: Through partnerships with Johns Hopkins University and others, Concern engages in formative and evaluative operations research to discover and document optimal and innovative ways to improve impact and quality and deliver desired outcomes for maternal and child health across different contexts.

Rigorous Quality Control: At baseline, mid-term, and end-line and through continuous monitoring, Concern uses a strategic mix of quantitative and qualitative data to evaluate progress and measure the impact of services against key indicators. Involving local partners in both the collection and analysis of data—and in joint discussion and decision making—Concern modifies plans as needed to ensure results.

Documenting and Disseminating Learning: Concern prioritizes learning about what works, as well as what does not, so that programs can grow to scale and be replicated in other areas.

Advocacy for Policy Change: Concern applies evidence and learning from the field to advocate for policy change at the national level where necessary.

These approaches seem straightforward, but Concern's 14 years of experience have shown that the process is far from simple. The work is hard, unglamorous, and mostly unpublicized. It requires thousands of hours of community consultations, education, training, and outreach.

— Jennifer Weiss, Health Advisor, Concern Worldwide US

CONCERN'S CHILD SURVIVAL PORTFOLIO

In 1998, Concern Worldwide undertook its first USAID-funded Child Survival project to improve community health and service coordination in two urban centers of Bangladesh. Since then, our child survival programs have grown into more complex operating environments in six countries, including post-conflict Rwanda and Burundi; the urban slums of Port-au-Prince, Haiti and Freetown, Sierra Leone; and pastoralist Niger.

Independent evaluations have revealed that at a very low cost, Concern has achieved significant improvements in household level knowledge and practices, in the quality and accessibility of primary health services, and in the capacity of local communities by leveraging existing resources within communities and working in partnership with local governments.

Since 1998, Concern's child survival initiatives have benefitted more than 1.8 million children under five and women of reproductive age. The average annual cost per woman of reproductive age and child under-five across Concern's programs in Bangladesh, Rwanda, Haiti, and Burundi was USD$2.63.[12]

Each of Concern's child survival programs brings its own set of opportunities and challenges, and although challenges are a significant impetus to learning, our analysis in this paper focuses on examples of promising practice and approaches that worked.[13] The common thread in our work is a commitment to creating new connections between communities, local health services, and policy makers, which empower each sector to unite in the fight against childhood mortality and improved community health.

BANGLADESH (1998–2009)

Context: Maternal mortality ratio: 570/100,000 Child mortality rate: 54/1,000 UNDP Human Development Index Ranking: 146 out of 187[14]

Target population: 343,152 women of reproductive age and 169,487 children under five in nine municipalities in Rajshahi Division, Northern Bangladesh

Approach: In 1998, Concern began pilot testing and eventually implementing an approach to strengthen the organizational capacity of two Municipal Health Departments (Saidpur and Parbatipur), and, through them, the Ward Health Committees, who in turn recruited, trained, and supported a network of community health volunteers. In 2004, the two municipalities became learning centers, and Concern scaled up the model in seven additional municipalities. Concern's organizational capacity building model empowered the Municipal Health Departments to work towards sustained improvements in maternal and child health planning and coordination systems, improved prevention and care practices for sick children, and stronger maternal and newborn care services. This was achieved in partnership with an array of stakeholders and a diverse cast of community champions.

RWANDA (2001–2011)

Context: Maternal mortality ratio: 1,300/100,000 Child mortality rate: 76/1,000 UNDP Human Development Index Ranking: 166 out of 187.

Target population: 410,549 women of reproductive age and 318,438 children under five in six districts in Southern and Eastern Rwanda, representing nearly 18 percent of the country's population of children under five

Approach: From 2001–2005, Concern's child survival program in Rwanda's Gisagara District (formerly Kibilizi District) supported the Ministry of Health (MoH) in the roll-out of home-based management of malaria, which was done in partnership with the International Rescue Committee (IRC) and World Relief. The program's impact was striking: timely treatment of malaria in children under five increased four-fold and 58 percent of children were being treated by a trained provider, at home, within 24 hours of the onset of fever.

Building on this success, Concern, IRC, and World Relief formed a consortium in 2006 to implement the Expanded Impact Child Survival Program. Implemented in partnership with the Ministry of Health, the project was designed to scale-up community case management for malaria, diarrhea, pneumonia, and malnutrition and to promote key preventative actions at the household level. The project was implemented in six out of 30 districts in Southern and Eastern Rwanda and trained more than 6,600 community health workers to provide lifesaving treatment at the household level and strengthen linkages between households and health facilities. The project successfully integrated community-based management of acute malnutrition (CMAM) into management of childhood illnesses by training health workers to conduct screening, case finding, and referral for facility and community-based treatment of acute malnutrition.

HAITI (2005–2010)

Context: Maternal mortality ratio: 670/100,000 Child mortality rate: 72/1,000 UNDP Human Development Index Ranking: 158 out of 187

Target population: 53,967 women of reproductive age and 32,555 children under five in five urban slums of Port-au-Prince

Approach: In Haiti, Concern partnered with the Ministry of Health, Food for the Hungry, and several local community-based organizations to enhance the availability and quality of reproductive and child health services; to empower communities with increased knowledge of health and care-seeking practices; and to improve the policy environment for reproductive and child health in urban contexts, with an emphasis on coverage for the poorest and most vulnerable. The project trained more than 900 youth volunteers to conduct community dialogue sessions to promote health information as well as to refer sick mothers and children to facilities for care. The youth volunteers were trained to screen and treat children for severe malnutrition. Concern also significantly built the capacity of local partners to plan, implement, and manage community-based health services.

A final evaluation provided evidence that youth volunteers are a viable approach to community mobilization, especially in an urban setting, and an effective means of disaster risk reduction and effective outreach in times of crisis, such as the 2010 earthquake.

BURUNDI (2008–2013)

Context: Maternal mortality ratio: 1,100/100,000 Child mortality rate: 168/1,000 UNDP Human Development Index Ranking: 185 out of 187

Target population: 53,967 women of reproductive age and 44,112 children under five in Mabayi District, Cibitoke Province

Approach: In Burundi, Concern is working to improve household practices for nutrition and for maternal and child health care, as well as to improve access to child health services, and to strengthen community leadership in health. Concern is working in partnership with the Mabayi District Health Team to strengthen facility-level health systems, and is building the capacity of 152 community health workers and over 3,000 Care Group volunteers to conduct effective household health promotion visits, a model that is informing the design of the national Community Health Strategy. In addition, Concern is working in partnership with the Ministry of Health in one of the first districts in the country to roll out community case management of malaria using rapid diagnostic tests (RDTs).

NIGER (2009–2014)

Context: Maternal mortality ratio: 1,800/100,000 Child mortality rate: 167/1,000 UNDP Human Development Index Ranking: 186 out of 187

Target population: 145,167 women of reproductive age and 164,962 children under five in Tahoua and Illéla districts, Tahoua Region

Approach: Targeting populations extremely vulnerable to frequent drought and food insecurity in Tahoua Region, Concern is working in partnership with the Tahoua District Health Team to strengthen health systems and implement intensive health promotion activities at the community-level for sustained behavior change. Concern is building the capacity of the District Health Team in supply chain management and also in conducting cascade trainings on integrating CMAM within the integrated management of childhood illnesses. Concern is also providing intensive on-the-job mentoring, and supervision to health facility staff. Using the Care Group model, Concern is training mother leaders to promote social and behavior change at the household level. In the second half of the project, these mother leaders will be trained to conduct community case management of malaria, diarrhea, and pneumonia, which will significantly improve access to critical child health services among this underserved population.

SIERRA LEONE (2011–2016)

Context: Maternal mortality ratio: 2,100/100,000 Child mortality rate: 194/1,000 UNDP Human Development Index Ranking: 180 out of 187

Target population: 36,726 women of reproductive age and 35,480 children under five in ten urban slum communities in Freetown

Approach: In partnership with the Western Urban District Health Management Team and the Freetown City Council, Concern is working to improve the quality of maternal, newborn, and child health services delivered in health facilities; increase household-level maternal, newborn, and child health practices; strengthen community capacity to plan, implement, and monitor health activities; and improve the policy environment at national and district levels for maternal, newborn, and child health. The Sierra Leone project will modify and apply the urban health model that Concern brought to scale in Bangladesh.

In the slums of Freetown, Sierra Leone, Concern is applying and adapting learning from its urban health program in Bangladesh to improve maternal and child health coverage.

Photo: Megan Christenson, Freetown, Sierra Leone

MAJOR ACHIEVEMENTS

Over the past 14 years, Concern's child survival programs have gained global recognition for pioneering lifesaving maternal and child health interventions, a testament to the unique strategy the program employs and to the local communities that committed enormous time and energy to achieving this success. Here are some of our key achievements since the program's inception.

IMPROVED HEALTH OUTCOMES

Rwanda: Selected Results

- Appropriate treatment for fever increased from 20% to 43%
- Care-seeking for pneumonia increased from 13% to 63%
- Families who treated their water before use doubled
- By the end of the initiative, 69% of mothers of children up to two years old had consulted a community health worker at least once
- Over the 12 months prior to the evaluation, the six districts supported by the program (about 20% of Rwanda's districts) had delivered a third of the country's total community treatments in pneumonia, diarrhea and malaria

Bangladesh: Selected Results

- Mothers' knowledge of danger signs of childhood illness increased from 15% to 60%
- Complementary feeding practices increased from 57% to 92%
- Vitamin A supplementation for children increased from 59% to 92%
- Appropriate newborn care within 48 hours after birth increased from 24% to 45%
- The program reduced the healthcare equity gap from 30% to 16%, ensuring the poorest and most vulnerable had access to care and demonstrating Concern's ability to target and effectively reach the poorest segments of the population

IMPROVEMENTS IN LOCAL CAPACITY

- Development of the Health Institution Community Assessment Process (HICAP) empowered Ward Health Committee members in Bangladesh to increase their capacity by an aggregated 66% across domains such as leadership, human resources, resource mobilization, planning, monitoring, and evaluation
- Intensive development of community capacity in Rwanda by training 6,600 community health workers in community case management, and 2,700 local leaders and 12,000 Care Group volunteers in health promotion (The volunteers conducted an average of 44 home visits per month.)
- Tested sustainability of the urban health model in Bangladesh, with many elements still functioning without external assistance after five years
- Developed user-friendly community-based monitoring and evaluation systems in Bangladesh, Rwanda, Burundi, and Sierra Leone, contributing to improved measurement and analysis of health data, ultimately leading to increased resource allocation for community health programs
- Documented and disseminated learning on the replication and scale-up of our effective urban health model through the development of an operations manual

POLICY CHANGE

- Application of evidence and learning resulted in successful advocacy to influence the Rwandan government to adopt home-based management of malaria as national policy
- Based on learning demonstrating they were the providers of choice for the poorest urban families in Bangladesh, Concern successfully advocated for the inclusion of informal health care providers in the national IMCI strategy in Bangladesh
- Successful advocacy for the integration of CMAM into the national nutrition protocol in Rwanda

Improved community capacity + Increased local leadership + Strengthened health systems = LIVES SAVED

KEY LEARNING

Because we implemented child survival programming for 10 years in Bangladesh and Rwanda, most of our learning comes from projects completed in those two countries. However, learning is also emerging from Haiti, Sierra Leone, Burundi, and Niger, particularly in relation to adapting our program approaches based on key factors in each context. Key lessons from our programs are outlined below–each of which can be applied and adapted at a global scale.

10 YEARS IN BANGLADESH

The municipal health services in Bangladesh are extremely limited in terms of financial and human resources and their linkages to the Ministry of Health and Family Welfare. Concern's urban child survival program in Bangladesh set out to achieve sustained improvements in the quality of municipal maternal and child health systems by establishing ward health committees in the urban slums of Bangladesh's growing, impoverished cities.

LESSON 1: Development of Ward Health Committees, Comprised of Community Members, was an Effective Strategy to Improve Health Outcomes

Urban Health Model

Ward health committees comprise a cross-section of the community, including mothers and fathers, traditional healers, business persons, teachers, religious leaders, pharmacists, grandmothers, and youth. Separately, these community actors have limited capacity for impact on health, especially without training. However, by connecting them to one another through a Ward Health Committee and adding a cadre of energetic young volunteers who visit households in their neighborhood several times a month, their collective impact becomes quite impressive.

As a program facilitator, Concern worked hand-in-hand with locally elected political leaders to set up nearly 100 ward health committees. These committees set health priorities, supported the poorest residents during medical emergencies, organized health campaigns, and leveraged resources from the municipal coffers and the private health service providers. The Concern team invested tens of thousands of hours in education, training, and outreach—meeting with families; facilitating discussions among leaders at community, district, and national levels; building trusting partnerships; and helping government and community leaders reach a common vision.[15]

Another key achievement was the development of a Health Institution Capacity Assessment Process (HICAP) tool that allowed local organizations to self-monitor their capacity.

LESSON 2: Improving Health did not Cost the Communities Anything Other than Time

By utilizing only pre-existing human resources within communities and within the current network of healthcare providers—whose work on the project was provided on an entirely voluntary basis—no increased recurrent costs were left behind to burden the cash-strapped municipalities. Concern covered the cost of developing curricula, learning materials, and the training, but the model was not dependent upon expensive inputs that would place an economic burden on the municipality and/or community to maintain.

> **Concern never gave us money, they gave us ideas.**
>
> — *Ward Health Committee members*

Concern's first child survival program in Bangladesh reduced the health coverage equity gap by 50 percent, ensuring the poorest and most vulnerable had access to care, and demonstrating Concern's ability to target and effectively reach the poorest segments of the population, like Jharna and her four-day-old baby boy.

Photo: Maire McCallan/Press 22, Paltan slum community, Dhaka, Bangladesh

LESSON 3: It is Possible to Reduce the Health Equity Gap

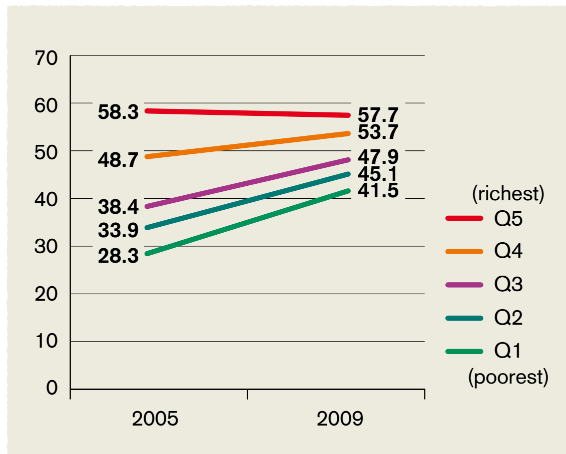

Figure 3: Change over time in composite maternal, newborn and child health indicators by asset quintiles, 2005 vs. 2009. **Source**: Final Evaluation, Concern Worldwide Bangladesh Child Survival Program, 2009.

Concern worked with the Ward Health Committees to define indicators for the least advantaged and most vulnerable households. Using these indicators, Concern and the Ward Health Committees divided the municipal population into wealth quintiles and developed a physical map to identify the location of these vulnerable households. Concern and partners then utilized this list to ensure that services were specifically targeted to households in the lowest quintiles. In addition, the list was shared with other health and social service providers, thereby strengthening the social safety net.

By working with the Ward Health Committees to identify and specifically target services to the poorest families, the overall equity gap between the poorest quintile and wealthiest reduced from 30 percent to 16 percent, indicating that the project was successful not only in improving health outcomes, but also in directly targeting and reaching the poorest of the urban community. (See Figure 3.) This project demonstrated that the status of the urban poor will improve when community members and local government have the ability to prioritize the needs of the poor and directly target services to this population.

LESSON 4: Data Drives Leadership and Decision-Making

Reliable and timely evidence and information on the health status of target populations are vital to improving quality of care and for effective stewardship of health systems.

One of the more unique aspects of Concern's urban health model was the development of a Health Information Management System. In many instances, health data were only collected at the health-facility level, and then aggregated at the district/municipal level, before ultimately being sent on to the national Ministry of Health or other statistics bureau. Critical information on community health indicators, such as incidence of disease and uptake of services, was therefore unavailable to mid-tier leadership and local health committees who are responsible for planning and implementing community-based health programs. This Health Information Management System was designed to augment health facility data collection; provide standardized and regular feedback to municipalities and communities on how the health program is working; and became an integral part of the larger project monitoring and evaluation system.

By having access to key community health data, local government leaders were able to track improvements in the health status of their community over time, and ultimately reflect those priorities in their municipal health budget. From 2007 to 2009, health spending in the municipal budgets increased by $188,000. Based on this learning, Concern is focusing on developing a Health Information Management System in our Sierra Leone urban child survival program.

LESSON 5: Local Ownership Drives Sustainability

The Concern Bangladesh urban health model is one of the best examples of what can be achieved when improved civil society meets a strengthened health sector. The approach can turn doubting or hesitant leaders into supporters by demonstrating to them the commitment and capability of the Ward Health Committees. The municipal and ward leaders saw evidence that their involvement on behalf of their constituents' health had positive political dividends and that it was possible for them to "do well by doing good."[16]

> **We now know what to do; we are linked to local government. We can manage.**
>
> *—Ward Health Committee, Saidpur, Bangladesh*

Local ownership is a key factor in the sustainability of community initiatives. In 2007, Concern conducted a three-year post-project sustainability assessment[17] of the two original project municipalities, Saidpur and Parbatipur. The study concluded that from 2004 to 2007, in spite of a 98 percent reduction of external inputs, the municipalities were able to maintain basic operations and observed only a marginal decline in maternal and child health practice and coverage indicators. The assessment confirmed the potential value of an urban health model resting on the Municipality Health Departments and Ward Health Committees. In 2009, Concern conducted a five-year post-project sustainability assessment[18] which showed that from 2007 to 2009, in the absence of any further inputs by Concern, basic operations, and health indicators were maintained, and that, after five years, the model has continued to provide services to a new generation of children and mothers, and that the municipalities had the capacity to continue to launch new initiatives, partnerships, and mobilization efforts.

10 YEARS IN RWANDA

Overview

From 2001-2005, Concern's child survival program in the Kibilizi Health District (now called Gisagara) demonstrated significant improvements in the health of women and children as a result of its interventions addressing malnutrition, malaria, maternal and newborn care, and HIV and AIDS. As part of the program, Concern advocated for and pilot tested the *Home Based Management of Malaria* initiative. As a result of Concern's evidence and advocacy, the Rwandan Ministry of Health adopted the home-based management approach as national policy.

Building on this success, Concern became the lead agency from 2006–2011 in a partnership with International Rescue Committee and World Relief to scale-up community case management for malaria, diarrhea, and pneumonia and to promote key preventive actions at the household level. This Expanded Impact project, called Kabeho Mwana, or "Life for a Child," was implemented in six of Rwanda's 30 districts, reaching nearly 20 percent of the country's children under the age of five. Kabeho Mwana aimed to increase access to prompt first-line treatment for young children with malaria, diarrhea, and pneumonia by strengthening the delivery of services through health systems; increase coverage of key preventive interventions by improving targeting and increase the breadth of preventive child health services through outreach; and increase the adoption of key family health practices through community mobilization and social and behavior change.

Defining Scale-up[19]

Scale-up increases the impact of an intervention by significantly increasing reach or coverage within a population and requires:

- Strong political will
- Effective partnerships with multiple players
- Addressing the nuts-and-bolts of service delivery: human resources, supervision, supply chains, and information systems
- Consistent capacity building (not one-off efforts) to implement new policies
- Effective social mobilization and community engagement

Mukarurangwa Cecile, a community health worker in Marebe, visits the home of Valentine (3), to examine her for illness.
Photo: Esther Havens

LESSON 1: Scale-up Means Capacity Building

The greatest achievement of the Rwanda Kabeho Mwana program was successfully scaling up community case management in partnership with the Ministry of Health.

The program built on the existing community health system in Rwanda by using a standardized training package developed by the Ministry of Health Community Health Desk and by utilizing input from the Community Health Technical Working Group. The project contributed to the development of the national curricula for community health workers, trainers, and supervisors Overall, more than 6,600 community health workers were trained, along with staff from the 88 health centers to support and supervise them.

As national protocols for community case management evolved throughout the life of the project, Kabeho Mwana earned high praise for its continuous efforts to train and re-train and bring in additional resources to support the development of new learning material, including data collection tools, training materials, job aids, and record forms.

This program made community health workers the first line of treatment for children with fever, respiratory symptoms, and diarrhea. Until they were incorporated into the government's community drug supply chain, the program also provided the initial tools the community health workers needed to start caring for their communities, such as a lockable box for storing drugs and supplies, oral rehydration salts (including a spoon and cup for mixing), artemisinin-combination therapy (ACT), amoxicillin, and a respiratory timer.

If I treat a sick child, and the mother comes to tell me the child has survived, I feel then that I am helping my community, and my country.

—Niyonezeye Jeanine, Community Health Worker trained by Concern Rwanda Kabeho Mwana program

LESSON 2: Scaling-up Requires Flexibility and Strong Collaboration with Government Partners at the Highest Levels

The rollout of community case management required an extensive training plan in partnership with the Ministry of Health and the consortium partners. On average, 71 people were in training each working day of the project. The Kabeho Mwana program constantly adapted to support the momentum of the Ministry of Health and their timeline for scale-up. The project did not and could not charge ahead independently. This initially created delays against program schedules, but then provided tremendous buy-in and support once national policies were in place. The evolution of national protocols over time also required the project to adjust plans and re-train a cadre of volunteers, health staff, and program staff and support development of new learning material when necessary. Among the various changes to which the program both contributed and adapted were:

- Switching malaria treatment protocol from amodiaquine/sulfadoxine-pyrimethamine to *artemisinin*-combination therapy (ACT)
- Introducing rapid diagnostic tests for malaria
- Discontinuation of intermittent preventative treatment for malaria

Praise from the Ministry of Health across central and district levels for the project's capacity to deliver speaks loudly for the agility of the project in implementation and for its contribution to scaling-up national priorities. [20]

The outstanding legacy of the program is the capacity development of the people within the community. These community health workers have the knowledge now, and they will always have that knowledge.

—Joanne Smyth, Assistant Country Director, Concern Worldwide Rwanda

LESSON 3: Field Presence Matters in Scale-up

Although the project's mandate was to provide technical assistance to the Ministry of Health for the national scale-up of community case management, the project achieved scale-up by working from the "ground up." The Kabeho Mwana program operated at the district and sub-district (sector) levels to provide day-to-day technical support as well as tools, and mentoring to operationalize routine monitoring and reporting systems. This field presence also strengthened supervision and medical stock management and expanded community outreach. This approach to scaling up community case management emphasized building capacity on the ground through formal trainings as well as through a continuous presence at facilities and in communities. On-the-ground presence and ongoing technical support helped translate knowledge—and policy—into practice.

The Kabeho Mwana program showed that building scale from the ground up is essential and complementary to advocacy for improved national policies. Ministry of Health staff at all levels praised the program for its support and presence in the field. Far from being confused with substitution for local capacity, this field presence showed the imperious necessity of coaching and accompaniment at the most operational levels, and in between these levels, in order to build capacity.

TOWARD INNOVATION: RESEARCH AND PROMISING PRACTICE

Data from Countdown to 2015 shows that reducing child deaths requires not only interventions to tackle specific health issues, but also solutions that address general systemic bottlenecks to service delivery. There is an evidence gap in the area of health system strengthening and there are key gaps in available information and monitoring systems relating to health-systems governance, availability of commodities, and price for services.[21]

Concern has built innovation and operations research into its programs in order to contribute to the evidence base at national and global levels to address critical bottlenecks and barriers that prevent lifesaving interventions from reaching the most vulnerable mothers and children.

ADAPTING THE CARE GROUP MODEL FOR UNDER-RESOURCED CONTEXTS

In ***Burundi***, there is a critical need to enhance preventative health and nutrition behaviors and to improve uptake of curative services. However, the Ministry of Health is under-resourced and outreach services at community level are minimal. Based on Concern's experience in Rwanda, we have identified Care Groups as an appropriate model to support social and behavior change in our Burundi program.

Care Groups comprise of 10 to 15 volunteer, community-based health educators that meet regularly with project staff for training, supervision, and support. In turn, the volunteers each provide one-to-one behavior change communication to mothers in 10-15 households. Care Group members provide each other with support and the group provides a platform to coordinate and collaborate.

Despite these benefits, the Care Group model requires intensive management and supervision from full-time project staff, which makes it expensive and difficult for communities and the Ministry of Health to sustain. Concern is now working to overcome this barrier by designing and assessing the effectiveness and sustainability of a Care Group model that is integrated with the Ministry of Health and minimizes the involvement of project staff by leveraging the skills and potential of community health workers and other Ministry of Health staff. Preliminary findings show no significant difference in the impact of the two approaches, and the results of Concern's research will be shared with Ministries of Health and other agencies implementing the Care Group model in Burundi and other under-resourced settings around the world.

EMPOWERING "MOTHER LEADERS" TO MANAGE COMMON CHILDHOOD ILLNESSES

In ***Niger***, access to quality maternal and child health services is very poor. Only 53 percent of the population lives within five kilometers of a health center (the World Health Organization minimum standard). Although the government has invested heavily in establishing health posts at the community level, these facilities offer limited services and are chronically understaffed and underequipped. Concern is piloting a community case management model that trains largely illiterate "Mother Leaders" instead of community health workers who are in short supply to screen and treat common childhood illnesses, while strengthening the health system to support this community-based strategy. Concern is conducting formative research to determine the most appropriate way for Mother Leaders to implement community case management though the design and testing of training tools and curriculum, and Concern is conducting evaluative research to assess the quality of community case management services provided by Mother Leaders.

IMPROVING SYSTEMS FOR TRACKING & ASSESSING COMMUNITY HEALTH DATA

In ***Sierra Leone***, health information systems have been established, but only report and collect data on mothers and children that have arrived at the health facility for care. This means that information on illness and treatment sought outside the facility is omitted creating gaps in populations' health data. In addition, health facility staff and community stakeholders are not using the data that is collected. As one Health Management Committee member expressed, *"The lack of a community data collection system means that no one takes responsibility for monitoring and improving community health."* To address this barrier, Concern is working in partnership with Johns Hopkins University to develop and pilot a "participatory community-based health information system" model. This model will train community health workers to collect community and household-level data on births and deaths among children and mothers, as well as on cases of fever, respiratory illnesses, and diarrhea among children under five. This model aims to gather evidence that community members have greater ownership and motivation when involved in the process of gathering and using their own health information.

CONCLUSION

DISCOVERING, DEVELOPING & TESTING INNOVATIVE IDEAS TO REDUCE DELIVERY AND IMPLEMENTATION BARRIERS

Concern's *Innovations for Maternal, Newborn and Child Health initiative (Innovations)* aims to identify and test innovative solutions to intractable bottlenecks in the delivery of crucial maternal, newborn and child health services. To bring about much-needed change, *Innovations* is engaging communities who must cope with weak health systems but who are often left out of planning and decision-making. Ideas were solicited through local open competitions and facilitated workshops targeting a range of local stakeholders. Community-generated suggestions were further developed and refined with input from global domain experts both inside and outside the health sector.

A select number of innovations are currently being implemented, and new innovations are moving forward into the testing stage. Over the coming months, *Innovations* will consult with various local stakeholders and technical experts to further refine the concepts through a process of rapid prototyping and microtesting. Ideas holding the most promise for impact at scale will be pilot tested at district-level and rigorously evaluated in order to generate solid evidence that will inform and potentially influence those working in the health sector.

Ideas currently in the pilot testing or development stage include:

- Using "Makers" to Address MNCH Equipment Needs (Kenya)
- Technology as a Tool for Health Worker Retention (Nigeria)
- Community-Led Drug Security (Sierra Leone)
- Quality Circles for Health Care Improvement (Sierra Leone)
- Creative Roles for TBAs in the Continuum of Care (Sierra Leone)
- Evidence-driven Delivery of Emergency Care (Kenya)
- Multiplying the Impact of Health Care Seeking (Kenya)
- MNCH Access through Mobile Technology (Malawi)
- Helping Health Workers Cope (Sierra Leone)
- Male Health Workers for Accessible Health Care (Odisha, India)

Together, the child survival community has achieved remarkable progress towards ending preventable deaths in children under five over the last 40 years. New evidence, technologies, and program approaches provide a comprehensive framework for action and we continue to learn how to more effectively address barriers to quality health care.

However, progress continues to exclude many children, even in countries with declining child mortality rates. Among the 26 countries where the national under-five mortality rate has declined by 10 percent or more since 1990, ***the gap between child mortality rates in the richest and poorest quintiles either increased or remains unchanged*** in 18 of these countries. And in 10 of these 18 countries, this gap grew by at least 10 percent.[22]

In rich and poor countries alike, the poorest and most disadvantaged children continue to miss out on lifesaving interventions. Concern's child survival approach, implemented in diverse contexts and settings, often in the most hard-to-reach areas, offers compelling lessons and targeted solutions on how to equitably and sustainably reduce preventable child deaths by 2015 and beyond.

RENEWING GLOBAL EFFORTS: KEY RECOMMENDATIONS

NATIONAL GOVERNMENTS SHOULD:

- **Show Leadership in Scaling up What Works**: Progress in child survival is not possible without the leadership of local and national governments—and partnerships with civil society. We have the knowledge and tools that have been tested and are proven to save lives. Now, we must continue to work in partnership to scale-up these high-impact interventions.
- **Integrate Community Health Workers into the Health System**: Community health workers and volunteers are the cornerstone for community health efforts and particularly for delivering high-impact child survival interventions. Solutions for integrating community health workers and volunteers into the health system and providing them with adequate supervision must be prioritized to achieve sustainability and scale. Overall, community health workers are most successful when they have the respect and support of governments, public service workers, and the communities they serve.[23]
- **Prioritize a Continuum of Care**: A child needs many coordinated preventive and therapeutic interventions to ensure health and survival. The launch of multiple, disease-specific global initiatives have contributed to fragmented delivery systems in many countries. We must strengthen the coordination and integration of health care services to support a continuum of care through pregnancy, childbirth, and childhood and to provide an effective referral network from the community to formal health facilities. This approach has proven highly effective in reducing maternal and child deaths.
- **Ensure Equity**: Coverage to the poorest and most vulnerable communities is not systematically measured at national level, and the poorest are often forgotten when national development plans are drafted and resources allocated. The poorest are also the least likely to have a voice in global and national decision-making forums. We must address delivery and implementation barriers to reduce disparities in child survival gains and prevent the exclusion of poor mothers and children from lifesaving interventions.

INTERNATIONAL DONORS AND CIVIL SOCIETY PARTNERS MUST JOIN FORCES TO:

- **Let Local Leaders Lead**: Concern's experience has shown that sustainable solutions require strong local leadership—and local ownership—at the ground level to coordinate and strengthen existing services. Empowering local leaders with responsibility and accountability for the health of their communities is critical to long-term success and should be a central part of child survival programming.
- **Keep a Focus at the Grassroots Level**: Health system strengthening programs tend to focus on the formal health sector, and frequently communities are left out of the equation. Mobilizing communities, harnessing their unique abilities, building their capacity, and linking them with the formal health sector has been a strength of Concern's programs, and we have identified it as a key element in improving the health of women and children. Policy makers must ensure that communities are not forgotten in health system strengthening initiatives.
- **Be a Catalyst for Change**: Effectively implemented child survival interventions strengthen facility and community-based health systems along the continuum of care. Implementing partners have a vital role to play to provide targeted technical assistance and catalytic support to operationalize national policies and implement new approaches and ensure that necessary change happens. In Concern's experience, this facilitation role at the field level is a critical and often overlooked strategy to ensure national level policies are implemented to the standard at which they were envisioned.
- **Invest in Innovation and Operations Research**: Strong research and innovation are both critical in understanding and eliminating barriers to both the delivery and utilization of evidence-based interventions within a health system. The current investment strategies for achieving the MDGs are heavily focused on removing barriers to service provision, including for the poorest and most vulnerable. Less attention has been paid, however, to overcoming barriers to service utilization, such as social and cultural norms, the time and distance required to reach essential services, and the uneven quality of care delivered to poor communities. Above all, policymakers must continue to seek practical solutions to overcoming entrenched barriers by continuing to address a fundamental question: what barriers continue to keep poor children and families from accessing and utilizing services?
- **Retain a Focus on the Hard to Reach**: While concentrating on the largest, most highly populated countries where the majority of child deaths occur may yield dramatic results in terms of reducing the global total of child death—and acknowledging that value for money is a key criteria in child survival programs—we have a moral imperative to focus efforts to reach children in marginalized groups or who live in remote areas that are more costly to access. Concern prioritizes the hard to reach and the most vulnerable, and urges policy makers and donors to sustain efforts to serve the hard to reach.

Information is a powerful force for change. Political will, combined with solid evidence, can change the world.

— Countdown to 2015 for Maternal, Newborn, and Child Survival

Undernutrition contributes to 35 percent of all child deaths per year. In Niger, Concern's child survival program is providing intensive training to District Health Teams and health facility staff to integrate community-based management of acute malnutrition into its existing integrated management of childhood illnesses.

Photo: Tagaza Djibo, Affala Commune, Tahoua Region, Niger

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11. *Countdown to 2015 Decade Report*.
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13. Full details on the challenges and learning from each program are provided in mid-term and final evaluations of Concern's USAID-funded Child Survival programs: *www.mchipngo.net/controllers/link.cfc?method=project_doc_search*
14. *Human Development Report* 2011. New York, NY, USA: United Nations Development Programme, 2011.
15. Studies carried out during the Entry Grant period included and Coverage (KPC) surveys, Health Institution Capacity Assessment Process (HICAP), Participatory Learning for Action (PLA) studies and Expanded Program for Immunization (EPI) facility assessment.
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Cover Image:

Concern's Expanded Impact Child Survival program in Rwanda reached close to 20 percent of the nation's children under the age of five, and trained 6,600 community health workers to provide lifesaving treatment for malaria, diarrhea, pneumonia, and malnutrition at the household level.

Photo: Esther Havens, Gisagara District, Rwanda

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