

Accelerated Child Survival and Development in West Africa

A more recent example of an integrated approach to primary health care is the Accelerated Child Survival and Development (ACSD) initiative, which was launched by national governments in cooperation with UNICEF in West and Central Africa and aims to reduce infant (under-one), under-five and maternal mortality rates. The programme originated when the Canadian International Development Agency (CIDA) asked UNICEF to develop an innovative project that would reduce child mortality. It was initiated in 2002 in four countries, covering 16 districts and 3 million people. Since then, ACSD has grown rapidly and by 2004 was targeting more than 16 million people in selected districts in 11 countries of West and Central Africa that have high rates of under-five mortality. ACSD concentrates on three service-delivery strategies to augment coverage for women and children:

- *Community-based promotion* of a package of family health and nutrition practices, employing mostly volunteers.
- *Outreach and campaigns* to provide essential services and products, such as immunization, vitamin A, anthelmintic treatment and selected prenatal services.
- *Facility-based delivery* of an integrated minimum-care package consisting of all the selected priority interventions.

These priority interventions are also organized around three areas that build on the strengths of existing programmes and approaches:

- *Antenatal Care plus (ANC+)*, which provides intermittent preventive treatment of malaria during pregnancy, iron and folic acid supplementation, tetanus vaccine and prevention of mother-to-child transmission of HIV.
- *Expanded Programme on Immunization plus (EPI+)*, which includes immunization, vitamin A supplementation and deworming.
- *Integrated Management of Childhood Illness plus (IMCI+)*, which covers promotion of insecticide-treated mosquito nets, oral rehydration therapy, antimalarial drugs, exclusive breastfeeding and complementary feeding.

The 'three by three' delivery and intervention framework is supported by cross-cutting strategies to address behavioural, institutional and environmental constraints. These strategies include:

- Advocacy, social mobilization and communication for behavioural change.
- A results-based approach to service delivery at the community level.
- District-based monitoring and micro-planning.
- Integrated training.
- Improved supply systems.

Accelerated Child Survival and Development adopts an integrative framework, building on existing interventions with international and local partners. The programme strongly emphasizes bringing the framework into the mainstream of national policies and programmes, such as health sector-wide approaches, poverty reduction strategies and associated medium-term expenditure frameworks, basket funding and budget support. It also emphasizes building capacity at regional, district and community levels.

ACSD has a strong community-based component and is considered a 'behaviour-centred' programme because the majority of interventions – such as utilizing insecticide-treated nets in communities where malaria is endemic, improving care of sick children and newborns, and encouraging breastfeeding and complementary feeding – promote behaviour change. ACSD also includes active outreach and mobile strategies that are essential to reaching the most remote areas.

Based on preliminary data presented by district health teams in Ghana, this integrated approach, which includes immunization, infant and young child feeding, integrated management of childhood illness, and antenatal care, is already having a positive impact on routine immunization coverage. Subsidized insecticide-treated mosquito nets are being distributed in conjunction with immunization-plus activities.

See References, page 106.