

CAH

Summary programme of work 2000–2001



DEPARTMENT OF CHILD
AND ADOLESCENT HEALTH
AND DEVELOPMENT
WORLD HEALTH ORGANIZATION

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Summary Plan of Work 2000–2001

The Department of Child and Adolescent Health and Development (CAH) is responsible for interventions concerning health, growth, and development outcomes for the age group 0–19 years. For **children under five years of age**, the basic struggle is survival. Five conditions (acute respiratory infections, diarrhoea, measles, malaria and malnutrition) account *directly* for over 50% of deaths of children in this age group, and if the *indirect* contribution of malnutrition is added this proportion rises to 70%. **Older children** face issues that hinder their ability to develop adequately, such as mild or moderate malnutrition (associated in many places with helminth infestation), malaria, chronic otitis media, and visual and auditory disorders. **Adolescents** face dangers related to substance abuse, early and/or unsafe sex, HIV infection, injuries, and violence. These issues also have critical implications for health later in life, for the health of the next generation, and for the capacity of individuals to be caring, supportive parents and responsible, productive members of society.

CAH, in collaboration with its partners, aims to change the current and predicted trends in child mortality, to promote healthy child and adolescent development, and prevent and respond to adolescent health problems. The Department is also actively involved in the support of the Convention on the Rights of the Child (CRC), with activities both within WHO and with partners, including organizations and countries.

The primary strategy for addressing the health and development of children is Integrated Management of Childhood Illness (IMCI). Because the conditions addressed by IMCI place a heavy burden on the health of the poor, the implementation of this strategy is critical to the

reduction of poverty in the developing world. IMCI addresses prevention as well as treatment of illness, with emphasis on infant feeding including exclusive breastfeeding, and immunization. Additional research on infant feeding is especially critical for areas with high HIV prevalence.

For adolescent health and development, the context for work in countries is created by the joint WHO/UNICEF/UNFPA programming framework. Within this framework, the Department is working to develop and promote an orientation programme to enable health care providers to better understand and respond to the needs of adolescent patients, to develop specific diagnostic and treatment guidelines for adolescent health, to strengthen the relationships between older children/adolescents and “significant adults” in their lives, and to broaden the evidence base for preventive and environmental interventions.

The revised budget of CAH for 2000–2001 is US \$50.7 million (please see Annex for budget summary). This reflects the scope and breadth of the Department’s work.

Plan of work for 2000–2001

The work of the Department is organized according to the following areas, each of which comprises a structural team: research and development on interventions to improve **health services delivery**, research and development to develop and maintain a **safe and supportive environment**, the provision of selected **technical support** activities, **monitoring and evaluation**, and **management and global issues**.

Safe and supportive environment aims to strengthen capability in countries to

work with communities to devise, test and implement health promotion, prevention and care interventions for children and adolescents in homes and the community. The main areas of work are:

Research to define good practices, norms and standards, and to design, test and improve interventions to promote:

- improved child and adolescent nutrition, growth and development (including feeding practices of infants and young children, micronutrients, psychological development)
- improved individual and family response to illness and health concerns (careseeking for children, help-seeking for adolescents, neonatal survival)
- improved home and community environments (indoor air pollution, safe and supportive communities for adolescents)

Development of tools for intervention planning, design and delivery:

- IMCI planning and documentation of the community component
- Community interventions to promote improved nutrition
- Community interventions to improve careseeking for children and help-seeking for adolescents
- Health facility and community-based interventions to promote children's psychological development
- Peer counselling for promotion of breastfeeding
- Approaches for working with adolescent boys

Improving health services delivery focuses on the development, improvement, and testing of generic standards and good practices for health care providers to contribute to healthy development, and to prevent and manage the major health problems of children and adolescents. The major areas of work for 2000–2001 are:

- Case management guidelines and standards for clinical practice (including diarrhoea and dysentery, antimicrobial resistance, neonatal health, IMCI and HIV, and adolescent health problems)

- Interventions to improve performance of health care providers (including IMCI preservice training, and orientations for health service providers on adolescent care)

- Interventions to improve drug availability

- Interventions to improve the referral system and emergency care (including referral care, and care of severely ill children)

- Interventions to improve management, planning, and financing of child and adolescent health (including adolescent-friendly health services)

- Links between health services and the community (including school health services, and HIV and infant feeding)

- Core health interventions for poverty reduction

Technical support will be provided to WHO regional offices, to countries, and to partners, to plan and introduce activities to support child and adolescent health and development. The main areas of work are:

- Planning with regional offices (including regional reviews, intercountry co-ordination meetings, and coordination with other WHO departments)

- Catalyzing and supporting partners in the implementation of child and adolescent health strategies (other WHO departments, other UN agencies, bilateral partners, and non-governmental organizations)

- Capacity building of WHO staff and partners at all levels

- Capacity building of staff in countries (this includes south-to-south transfer of skills, using qualified consultants from developing countries)

- Development of planning tools for use at national and district level (for IMCI and for adolescent health activities)

- Development of effective approaches for the use of new tools

- Documentation and analysis of experiences in implementation (country experience with adolescent health

programming, linking breastfeeding counselling with IMCI at country level, positioning IMCI in World Bank projects, and the transition from early implementation to expansion in IMCI implementation)

- Support to selected core interventions for poverty reduction
- Production and dissemination of materials for technical support

Monitoring and evaluation is essential at the global and country levels. Results of work under this category will provide the basis for improving programme implementation, for demonstrating progress at all levels, and for guiding new work of the Department. The main areas of work for 2000–2001 are:

- Improving information on epidemiology and protective risk factors (including improved estimates for child health problems, and epidemiology of older children and adolescents)
- Identifying needs for monitoring and evaluation at country level, and promoting and coordinating the development of consistent guidelines, tools and approaches for use at country level
- Developing, maintaining, and continuing to improve the evidence base on

effectiveness, cost and impact of strategies and interventions

- Ensuring that all tools and interventions disseminated by CAH are accompanied by guidance on how to evaluate their use and effectiveness (“user evaluation”)
- Monitoring and advocating for progress toward the achievement of global goals, through the use of indicators and milestones (“global monitoring”)

Management and global issues: In addition to department management and internal coordination, information management, and external relations, work under this category includes selected global issues. One issue of particular interest is the Department’s continued support to child and adolescent rights. The Department works to ensure that national activities to promote child and adolescent health are based on rights, and are guided by the framework of the Convention on the Rights of the Child; to ensure that children’s rights to health and health care are consistently included on the agendas of both the health and human rights communities; and to use the rights of children as a practical tool to strengthen health action and health care for children and adolescents.

Annexes

SAFE AND SUPPORTIVE ENVIRONMENT (SSE) WORKPLAN, 2000–2001

ID	Team	Component	Budget	ID	Product
1	SSE	Research to define good practices, norms and standards, and to design, test and improve interventions to promote improved nutrition, growth and development		1.1	Improving feeding practices of infants and young children
				1.2	Improving zinc status
				1.3	Improving iron status
				1.4	Promoting child's psychological development
				1.5	Promoting adolescent development
				1.6	Developing anthropometric standards for adolescents
2	SSE	Research to define good practices, norms and standards, and to design, test and improve interventions to promote improved individual and family response to illness and health concerns		2.1	Improving careseeking practices for children
				2.2	Improving adherence to treatment for children and adolescents
				2.3	Improving utilization of health facilities
				2.4	Improving help-seeking by adolescents
				2.5	Improving home care/self care
				2.6	Improving neonatal survival
3	SSE	Research to define good practices, norms and standards, and to design, test and improve interventions to promote improved home and community environment		3.1	Reducing indoor air pollution
				3.2	Promoting safe and supportive communities for adolescents
4	SSE	Development of tools for intervention planning, design and delivery		4.1	IMCI planning and documentation
				4.2	Community interventions to improve nutrition
				4.3	Community interventions to improve careseeking
				4.4	Community interventions to improve child psychological development
				4.5	Facility-based counselling to improve child psychological development
				4.6	Basic health workers' training in IMCI
				4.7	Peer-counselling for breastfeeding promotion
				4.8	Approaches for working with adolescent boys
5	SSE	Additional priority activities identified in the biennium			
		Salaries and related costs			
		TOTAL SSE	US\$ 8 644 750		

HEALTH SERVICES DELIVERY (SDH) WORK PLAN, 2000–2001

ID	Team	Component	Budget	ID	Product
1	SDH	Case management guidelines and standards for clinical practice		1.1	Management of diarrhoea and dysentery
				1.2	Antimicrobial resistance and management of ARI
				1.3	Management of meningitis
				1.4	Neonatal health
				1.5	Nutrition and micronutrient interventions
				1.6	Vaccine studies
				1.7	Clinical management practices to meet special needs of adolescents
				1.8	Clinical guidelines for adolescent care
				1.9	Improved IMCI guidelines for high HIV prevalence countries
				1.10	Radiology recommendations
				1.11	IMCI Technical Updates
2	SDH	Interventions to improve performance of health care providers		2.1	Preservice training
				2.2	Alternative training approaches
				2.3	Maintaining performance of trained health workers
				2.4	Adaptation Guide
				2.5	Orientation on adolescent health for health care providers
				2.6	Child health and the private sector
3	SDH	Interventions to improve drug availability		3.1	Rational use and availability of drugs

ID	Team	Component	Budget	ID	Product
4	SDH	Interventions to improve the referral system and emergency care		4.1	Referral care
				4.2	Emergency triage assessment and treatment (ETAT)
				4.3	Referral between different levels of health care providers
				4.4	Managing severely ill children
5	SDH	Interventions to improve management, planning, financing of child and adolescent health services		5.1	Youth-friendly services
				5.2	Costing models for child and adolescent health interventions
				5.3	District planning
6	SDH	Links between health services and the community		6.1	Health services accessibility for adolescents
				6.2	Home care of severe malnutrition
				6.3	School health services
				6.4	HIV and breastfeeding
7	SDH	Core health interventions for poverty reduction		7.1	Contributions to the development of a set of interventions for poverty reduction
8	SDH	Additional priority activities identified in the biennium			
		Salaries and related costs			
		TOTAL SDH	US\$ 14 573 000		

TECHNICAL SUPPORT TO COUNTRIES (TST) WORKPLAN, 2000–2001

ID	Team	Component	Budget	ID	Product
1	TST	Planning and management with regional offices		1.1	Annual regional review/replanning meetings in all regions annually
				1.2	Annual meeting of Regional Advisors at HQ
				1.3	Intercountry coordination meetings at regional level
				1.4	Planning with other departments at HQ or regional offices
				1.5	Ongoing coordination with regional offices
				1.6	Joint country planning with other FCH ^a departments
2	TST	Catalysing and supporting partners in the implementation of child and adolescent strategies		2.1	Planning with the World Bank at HQ and at country level in selected countries
				2.2	Coordination with UNICEF, UNFPA, UNAIDS, Red Cross/Red Crescent, IFMSA
				2.3	Coordination with major initiatives in WHO
				2.4	Work towards coordinated country action with selected bilaterals and NGOs
3	TST	Capacity building of WHO staff and partners at all levels		3.1	Planning of child and adolescent health and development interventions at country level
				3.2	Capacity for new training tools (preservice, orientation course on ADH, ^b orientation course on Child Rights)
				3.3	Capacity for HIV and infant feeding counselling
				3.4	Planning in the context of Health Sector Reform
				3.5	Capacity for use of evaluation tools
				3.6	Implementation of referral care guidelines, ETAT
				3.7	HQ input into regional capacity building events
4	TST	Development of planning tools for use at national and district levels		4.1	Development of planning process and guidelines for adolescent health
				4.2	Contributing to district planning guidelines for IMCI
5	TST	Development of effective approaches for the use of new tools		5.1	Early application in two-three countries
				5.2	Documentation of the experience and definition of implementation strategy
6	TST	Documentation and analysis of experiences in implementation		6.1	Document country experience with adolescent health planning
				6.2	Linking breastfeeding with IMCI at country level
				6.3	Positioning IMCI in World Bank projects

^a Family and Community Health

^b Adolescent Health

ID	Team	Component	Budget	ID	Product
				6.4	Transition from early implementation to expansion
				6.5	Experience with adaptation
				6.6	Experience with follow-up
				6.7	Document in-country experience with community component
7	TST	Support to infant feeding in relation to mother-to-child transmission of HIV/AIDS		7.1	Regional briefing and planning visits and meetings
				7.2	Breastfeeding training preparatory and follow-up courses
				7.3	HIVC ^a introductory courses
8	TST	CAH contribution to core health interventions for poverty reduction			
9	TST	Additional priorities identified in the biennium			
10	TST	Production and dissemination of materials for technical support		10.1	Printing of training materials
				10.1.1	Printing of IMCI materials
				10.1.2	Printing of adolescent health materials
				10.1.3	Printing of general materials
				10.2	Translating essential materials
				10.3	Distributing materials (freight, storage, etc.)
				10.4	Contributing to Child Health Dialogue
		Technical support to regions			
		Salaries and related costs			
		TOTAL TST	US\$ 15 829 500		

MONITORING AND EVALUATION (MNE) WORKPLAN, 2000–2001

ID	Team	Component	Budget	ID	Product
1	MNE	Improving the epidemiological base for child and adolescent health		1.1	Improved estimates for leading child health problems
				1.2	Descriptive epidemiology of school-age children
				1.3	Adolescent epidemiology
				1.4	Use of behavioral surveillance for adolescent health programming
2	MNE	Monitoring and evaluation at country level		2.1	The Measurement Project, Phase I: Developing evaluation frameworks for adolescent health interventions
				2.2	The Measurement Project, Phase II: Applying evaluation frameworks for adolescent health interventions
				2.3	Tools for measuring the quality of Adolescent-friendly health services (SDH 5.1)
				2.4	IMCI survey tools for health facilities and households
				2.5	Reassessment of country needs and potential in monitoring and evaluation strategies, and response
3	MNE	Strengthening the evidence base for strategies and interventions		3.1	Research coordination and effective use of results
				3.2	Multi-country evaluation of IMCI
				3.3	IMCI and health services utilization
				3.4	Cost effectiveness of 6 vs 11 day IMCI training
				3.5	Costing approaches for adolescent public health interventions
				3.6	Review of cost and effectiveness evidence for interventions for pregnancy prevention and care, HIV/STI and tobacco use among adolescents
				3.7	Expanded capacity for evaluation at all levels
4	MNE	FCH cluster Working Group on Monitoring and Evaluation		4.1	Monitoring framework for the dissemination and use of FCH and OSD ^b materials
				4.2	Guidelines on the selection and use of health information, including indicators
				4.3	Working glossary for use in FCH and OSD monitoring and evaluation activities

^a Counselling for HIV and infant feeding

^b WHO Department of the Organization of Health Services Delivery

ID	Team	Component	Budget	ID	Product
5	MNE	Monitoring use and effectiveness of tools		5.1	Assessment tools for IMCI preservice (SDH 2.1)
				5.2	Outcome evaluation for inclusion in adolescent orientation modules (SDH 6.1)
				5.3	Additional tools developed over the biennium
6	MNE	Monitoring of and advocacy for global goals		6.1	Participate in setting of global goals
				6.2	Agree on global indicators, milestones and their measurement, and periodic summaries of progress
				6.3	Establish and maintain links with the United Nations Development Assistance Framework (UNDAF)
7	MNE	Additional priority activities identified in the biennium			
		Salaries and related costs			
TOTAL MNE			US\$ 3 953 600		

MANAGEMENT AND GLOBAL ISSUES (MGI) WORKPLAN, 2000–2001

ID	Team	Component	Budget	ID	Product
1	MGI	Department management and internal coordination		1.1	Planning and strategy development
				1.2	Financial management: budgets and workplans
				1.3	Income management
				1.4	Purchase and maintenance of computer hardware/software
				1.5	Internal communication/Director's office
				1.6	Quarterly Departmental and individual workplans monitoring
				1.7	Oversight of personnel; staff development and training
				1.8	General administrative support
2	MGI	Information management		2.1	Informatics/website
				2.2	Publications, technical documents, reports, displays, mailing list
3	MGI	External relations and coordination		3.1	Resource mobilization
				3.2	Coordination with partners outside WHO (UN system, bilateral partners)
				3.3	Briefings for partners and potential consultants
				3.4	Advocacy
				3.5	Coordination with partners within WHO
				3.6	Meetings of governing bodies
				3.7	CAH global meetings
4	MGI	Child and adolescent rights		4.1	Capacity building on child rights and child and adolescent health for WHO staff
				4.2	Technical support to enhance health input to the CRC reporting process, and to assist countries in follow-up to health-related recommendations
				4.3	Development of strategies and tools with partners for effective implementation of the CRC
5	MGI	Other global issues		5.1	Adolescent/youth coordination activities
				5.2	HIV/AIDS coordination activities
				5.3	Global child and adolescent projects
6	MGI	Additional priorities identified in the biennium			
		Salaries and related costs			
TOTAL MGI			US\$ 4 030 500		
Subtotal			US\$ 47 031 350		
Programme support costs			US\$ 3 665 205		
TOTAL CAH BUDGET 2000–2001			US\$ 50 696 555		