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# CHILD ALIVE

## THE DIARRHOEA CONTROL/NUTRITION PROGRAMME

of the

League of Red Cross and Red Crescent Societies

A Preliminary Statement

January 1984

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## SUMMARY

In the context of its commitment to primary health care, and in consultation with WHO and UNICEF, the League of Red Cross and Red Crescent Societies will make an all-out effort to combat the two main causes of death and ill-health among the world's children: diarrhoea and malnutrition. Taking advantage of the progress made possible by recent technological and social breakthroughs, the League has launched a long-term (5-10 year) Diarrhoea Control/Nutrition Programme called CHILD ALIVE.

The prime objective of the CHILD ALIVE Programme (CAP) is to reduce diarrhoea-related mortality and morbidity by increasing the Red Cross/Red Crescent emphasis on diarrhoea control (prevention and treatment) and on improved nutrition, especially breastfeeding and proper weaning. It is expected that in the process this will also lead to the strengthening of National Society capacity to assess health needs and carry out effective programmes to meet them. Furthermore, because of the comprehensive community-based approach to be used in this Programme, it will lend support to all basic child health measures.

There will be two main thrusts in the Programme: 1) a general campaign to stimulate and support appropriate action on diarrhoea and nutrition in all National Societies, 2) a series of pilot projects in 8-12 selected National Societies to develop and demonstrate effective methods of promoting diarrhoea control through Red Cross action. The Programme will build on existing National Society activities, making the most of Red Cross experience in health and health learning. It will tap the Red Cross potential, as a widespread community organization, to reach large sectors of the general public as well as specific target groups.

Funding is being sought for the detailed planning of the Programme. A Work Plan and Budget for the Planning Phase will be available at the end of January.

# CHILD ALIVE!

## DIARRHOEA CONTROL/NUTRITION PROGRAMME

### BACKGROUND

In October 1983 the General Assembly of the League of Red Cross and Red Crescent Societies adopted a Resolution committing the organization to an intensive effort to combat diarrhoea and address the nutritional problems linked to it. (The text of the Resolution is given in Annex 1.) The General Assembly acted after several speakers had drawn attention to these points:

### The Problem

It is unconscionable that five million children under five years of age - about 10 every minute - should die each year as a consequence of diarrhoeal disease, when the means exist to prevent most of these deaths. It is unconscionable that a condition as dangerous and debilitating as diarrhoea should be accepted as almost a "normal" part of childhood. In the poorest parts of the world, children average 160 days of illness every year, a substantial part of which is attributable to diarrhoeal infections.

It is unconscionable that so many of these children will grow to adulthood stunted in their physical and mental development because they have been victims of the tragic interaction between diarrhoea and malnutrition: malnutrition predisposing the child to repeated bouts of diarrhoea, and the diarrhoea contributing in return to even worse malnutrition.

It is the interaction between these two major threats to children that the General Assembly decided to address, realizing that, because of the many factors involved, it presents a very complex challenge.

### The Opportunity

At the same time the Assembly recognized that certain recent developments work in favour of any organization taking up that challenge at this time:

- The health professionals have relatively recently recognized the importance of continuing to give food and fluids during attacks of diarrhoea. The strong belief in the traditional practice of withholding food and drink from someone with diarrhoea has prevented the acceptance of this new knowledge by those who should put it to use. Dissemination of this information in a culturally acceptable way will result in a faster recovery from the sickness and prevent unnecessary weight loss. -

- The technological breakthrough of oral rehydration therapy (ORT) provides a simple, inexpensive and effective way to treat the

dehydration that makes diarrhoea deadly. The oral rehydration solution can be prepared at home from pre-packaged salts. A solution for the prevention of dehydration can be made from ingredients found in most households. ORT has the potential for bringing about a revolutionary improvement in child health... if it can be made widely available, accepted and used by the people who actually care for children in their homes.

- Current social developments make it more likely than ever before that the necessary "social breakthrough" can occur. These developments include: the rising rate of literacy among women; improved means of communication (especially radio, which now reaches one out of every two households in developing regions); the growing acceptance of a community-based or primary health care approach, coupled with local groups who are becoming more and more adept at organizing themselves to bring about improvements in their living conditions.

- Breastfeeding - among its many other benefits - makes an important contribution to the prevention of diarrhoea and provides needed nourishment during and after the illness. The fight against diarrhoea cannot but benefit from the increased attention now being given to breastfeeding and weaning.

- In a campaign where so much depends on acceptance of new ideas and practices by entire communities, it is an advantage to have several organizations doing the same thing, as they all reach slightly different audiences and reinforce each other's efforts. By initiating the CHILD ALIVE Programme now, the League will benefit from the fact that WHO, UNICEF and a number of governmental and non-governmental agencies throughout the world are putting the spotlight on the same subject.

For all these reasons, and in view of the overwhelming need, the Assembly decided that <u>now</u> is the time to launch CHILD ALIVE!

## THE RED CROSS RESPONSE

The Resolution calls for a programme which will build on the already extensive involvement of National Societies in primary health care and use the same integrated, community-based approach. CAP will maintain the strong Red Cross stand on breastfeeding and expand its nutrition education work to put more emphasis on weaning food, stressing in both instances the connection with diarrhoea control.

The many Red Cross channels for transmitting health messages will be used to dispel incorrect ideas about diarrhoea and encourage the use of oral rehydration solutions, whether made from household ingredients for the prevention of dehydration, or from pre-packaged salts for its treatment. National Societies will be encouraged to face the complexities of diarrhoea prevention, to analyze the causes in each locality, and to support the community in its efforts to eliminate them.

CAP is an information, advocacy and action Programme that is relevant in all National Societies and can mobilize many groups within a Society: health workers and other community workers, trainers, relief workers, First Aiders, Youth, information people, etc. It is an opportunity par excellence for international solidarity.

## OBJECTIVES OF THE PROGRAMME

The goal of the CHILD ALIVE Programme is to contribute to the reduction of child mortality and morbidity.

A long-term programme is envisaged (5-10 years), with the aim of stimulating national actions that will ultimately be self-reliant and self-sustaining.

The specific objectives of the CAP have been formulated as follows:

1) First objective: To reduce diarrhoea-related mortality and morbidity by increasing the Red Cross/Red Crescent emphasis on diarrhoea control (prevention and treatment) and on improved nutrition, especially breastfeeding and proper weaning

This is the prime objective of the CHILD ALIVE Programme.

Through its health learning programmes, clinics, dispensaries and relief operations, the Red Cross is frequently in touch with the groups most at risk of diarrhoea. It is also involved in training members of the community in basic hygiene, first aid, nursing, etc. The first task of the Red Cross - via these personal contacts and through other channels - is to gain acceptance among all the people who care for children, of a package of ideas about diarrhoea and nutrition. These ideas can be summarized as follows:

- Diarrhoea is not a normal part of childhood but is potentially an extremely dangerous condition which must be recognized as such.

- Diarrhoea can be prevented, and it can be treated.

- Because there are many causes of diarrhoea (inadequate water, poor domestic hygiene and sanitation, bottle feeding, etc.), preventive action has to be based on careful analysis of the causes in any given situation.

- Two ideas are essential in treating children with diarrhoea: the body fluids being lost must be replaced, and feeding must be maintained. The continuation of breastfeeding helps in both respects.

- Giving a properly proportioned sugar-salt solution (oral rehydration therapy or ORT) enables the child's body to absorb fluids and salts rapidly, thus preventing or correcting the dehydration that makes diarrhoea dangerous.

- An effective solution for the treatment of dehydration can be made from pre-packaged salts (oral rehydration salts, ORS). Simple solutions for the prevention of dehydration can be made at home from locally available ingredients. All persons involved in the care of young children should know how to prepare these solutions and how to give them to a child with diarrhoea.

Secondly, the Red Cross must see that people have the possibilitiy of putting these ideas into practice. They must be taught how to make a solution that will guard against dehydration and there must be a sure source of ORS packets nearby for treatment. Prevention of diarrhoeal infections usually calls for more far-reaching action. It may be necessary for the community to increase its water supply, build or improve latrines, raise standards of personal and domestic hygiene, etc. Also, mothers wishing to breastfeed must be given the social support that makes breastfeeding possible.

The Programme's success in meeting this prime objective should be measured only in "end results". In the areas where pilot projects are conducted (see below), one would expect a measurable decrease in diarrhoea-related child mortality and morbidity, as well as a measurable change in attitudes and practices contributing to the prevention of diarrhoea and to good nutrition. The exact indicators to be used in each project, and the time frame, will have to be worked out as part of the project design, but the overall measure of success for this Programme is clear: that fewer children die, that more children have a healthy, active and enjoyable existence.

With respect to the general campaign (see below), it will be more difficult to measure overall results because the response is likely to be different in each country. Still, there will be certain indicators of the extent to which the campaign has succeeded in helping National Societies make their programmes more relevant and effective. Again, deciding on these indicators is a task for the planning period.

2) Second objective: To strengthen National Society capacity to assess health needs and carry out effective programmes to meet them

It is expected that National Societies, in the process of meeting the first objective, will gain valuable experience in health programming, and there should be carry-over into other fields as well. The Programme will provide ideas, guidance and technical assistance to help National Societies in:

- Assessing health problems, analysing causes and pinpointing needs.

- Reviewing the needs in relation to the National Society's managerial resources and other potential strengths, and finding cost-effective ways to respond.

- Working with others, whether they be "multipliers" of Red Cross activities at the community level (schools, local leaders, women's groups, youth groups, etc.), or those with whom the National Society works at the national level (ministries, media, businesses, other voluntary agencies, etc.)

3) Third objective: To lend support to all basic child health measures as part of the information activities surrounding the diarrhoea control and nutrition programmes.

It cannot be emphasized too strongly that this is not another isolated or "vertical" programme. CAP activities will be developed as part of comprehensive, community-based health care programmes, within a true PHC system wherever that is possible. CAP puts a particular emphasis on an area where the need is great and where the Red Cross is especially qualified to respond. However, CAP will advocate a totally integrated approach to child health, and all basic child health measures should benefit from the greater awareness generated by the Programme.

ACTION

Two types of action are planned: 1) a general campaign aimed at all National Societies, and 2) pilot projects in selected Societies, with a good deal of "cross-fertilization" between the two. The general campaign may bring to light possibilities for pilot projects and provide the framework for a more intensive effort later. Pilot projects will, on the other hand, furnish practical knowledge and examples that can later benefit everyone through the general campaign.

1) General campaign

This is designed to stimulate and support action on diarrhoea in all National Societies. First, it will show the global extent of the problem and the importance of diarrhoea control and good nutrition for child health and well-being everywhere. Secondly, it will urge each National Society to study the situation in its own country and take action that is appropriate both to local needs and its own resources. Lastly, the campaign will encourage National Societies that can do so to support diarrhoea control and nutrition programmes in other countries.

The general campaign will not involve the same kind of intensive support that is envisaged for pilot projects, but it can, when needed, provide a National Society with ideas and documentation, help in preparing/adapting teaching materials or media presentations, or arrange for a visit by an adviser from the Programme team, from another part of the League Secretariat or from another National Society.

The campaign will start with what National Societies are doing now and try to see that no opportunity is missed in the course of present activities to promote the acceptance and application of the package of ideas described earlier. Relatively small modifications or additions in existing programmes could make a tremendous difference: a change of emphasis in training, reorientation of a project to reach a new target group, reappraisal of an information programme to see if radio or local theatres could be used for CHILD ALIVE messages, etc.

The campaign will make use of all the possibilities within the League for spreading awareness and stimulating action. The Operations staff and technical advisers will be closely associated with CAP planning and implementation. The Health Services Division, in dealing with curriculum for first aid or training materials for health workers and relief workers, will have valuable opportunities for incorporating the CAP package of ideas. Delegates going into the field will be briefed on the Programme. Red Cross Youth will be asked to include CAP ideas in their health education and community service projects and to promote the idea of youth working for children in International Youth Year. League publications, World Red Cross Day, the Radio Prize for Communication on PHC, and the Varna Film Festival - all will be enlisted in the CAP campaign.

2) Pilot projects

Pilot project identification and design will be the main preoccupation of the planning phase. However, some tentative plans can be outlined at this time.

It is likely that CAP will start with two or three pilot projects and add others at the rate of about two per year. This will allow the Programme to build on experience and will spread out the demands on the team at the League Secretariat.

The selection of pilot project Societies will begin immediately. It will be partly a process of self-selection by Societies that demonstrate interest and motivation. It will also be guided by the knowledge and experience of the Regional Departments and Technical Advisers of the League who have helped to draw up a list of factors to be considered, including, first of all, the need for the project in the country. There will be consultations with WHO, UNICEF, National Societies and others who might want to provide technical, financial or other assistance for a project.

Once a pilot project Society is decided upon, an intensive survey will be carried out, with these objectives: to get baseline data; to assess factors that would influence project design (causes of diarrhoea, nutritional practices, etc.); to analyse the health system and social patterns; to evaluate National Society possibilities; to see what other agencies are doing and make sure the Red Cross project is coordinated with the rest; to determine the needs for outside assistance.

The survey should be considered an integral part of the pilot project, in itself an educational tool for all concerned. It will be carried out by a team that includes, amongst others, key people from the National Society where the project will take place, the Health Coordinator from the CAP office in Geneva, someone from a Sister Society interested in supporting the project.

After analysing the results of the survey, the team must work out the specific objectives and procedures of the project, including reporting requirements, evaluation methods, etc. A project proposal with a work plan, staff requirements and budget can then be completed.

The pilot projects as a group should present a certain diversity in respect to: regions of the world, climate and geography, urban and rural settings, large and small Red Cross Societies, etc.

## Programme phases

Although the phases of the Programme are described here separately, there will of course be some overlap among them. For example, preliminary steps to implement the general campaign will no doubt be taken while the planning for pilot projects is still going on. A provisional time chart showing the expected articulation between the different activities is in preparation.

### 1) Pre-planning phase

In the pre-planning phase, i.e. the period from the adoption of the Resolution to the present, the following has been done:

- A Programme Manager has been named and has been working part-time on the Programme since November.
- A member of the League Secretariat has been designated as Coordinator of Internal Affairs for the Programme and is serving as a contact point for the Programme during this interim stage.
- A basic concept paper was prepared and circulated within the League Secretariat. After discussion with key members of the staff it was revised to incorporate their suggestions.
- Initial meetings have been held with WHO and UNICEF.
- Steps have been taken to recruit necessary staff for the planning phase.
- A work plan, time chart and summary budget for the planning phase have been drafted. They will be completed after further consultations with experienced health planners in late January.

- Discussions are continuing within the Secretariat on the possibilities for pilot projects.

2) Planning phase

During the first few months of 1984, the Programme office will be established, administrative procedures set up and the selection and engagement of staff for the planning phase completed. (See below for more on staffing.) During this period it will be necessary to undertake the rather large task of collating available data on this subject. The bulk of the planning will be done between March and October, although some aspects would begin before that and certain planning functions would have to continue afterward.

The planning phase will be used primarily for pilot project identification and design, field assessments, drawing up detailed work plans and budget for the general campaign, and preparing proposals for the first pilot projects.

The other major task for this period will be fundraising for the various parts of the Programme: core costs, costs of the general campaign, assistance needed for the first pilot projects.

3) Implementation phase

It is premature, at this time, to go into detail about implementation, since much depends on developments during the planning phase. Some of the principles that will guide the implementation of the Programme have been touched on earlier in this statement. These principles, and other aspects of implementation, are spelled out somewhat further in the basic concept paper prepared for in-house discussion.

## STAFF

Details of organization and staffing will be worked out during the planning phase, after a plan of action is completed and a time frame established.

In the planning phase the team will consist of the Programme Manager, the Coordinator of Internal Affairs, and the Health Coordinator/Director of Pilot Projects, plus the necessary administrative/secretarial personnel.

As the programme develops, others will be added to the team, notably someone to manage the general campaign and/or an information specialist, depending on findings during the planning phase.

Special expertise that is needed only on an ad hoc basis will be obtained through the use of consultants if it cannot be made available through the League or a National Society.

While only those specifically assigned to the Programme team have been mentioned here, one should not overlook the contribution to the Programme which will be made by other members of the League Secretariat, especially those in Operations and others involved in on-going programming. They will participate in the planning and implementation of all CAP activities, not only to guarantee coordination but to take advantage of their Red Cross experience and professional expertise.

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Text of the Resolution adopted by the General Assembly,

12 October 1983:

The General Assembly,

aware of the appalling mortality and morbidity associated with diarrhoeal infections, malnutrition and preventable diseases in children, and realizing that most of this suffering and death is avoidable with present knowledge,

recognizing that National Red Cross and Red Crescent Societies can make a significant contribution to the control of diarrhoeal infections by continuing to promote breastfeeding and by supporting comprehensive, community-based programmes that help people learn how to prevent and treat diarrhoea,

knowing that these activities are most effective when carried out in conjunction with other basic child health measures such as immunization and monitoring of normal development, and bearing in mind that the Red Cross can encourage maximum use of all basic child health measures through its information and health learning programmes,

recalling Resolutions XXII and XXIV of the XXIVth International Conference of the Red Cross, which recommend that National Societies co-operate with governments in the field of Primary Health Care, using an integrated approach,

mindful of Recommendation No. 2 on Primary Health Care of the Second Session of the General Assembly, which "calls upon the Secretary General of the League to provide National Societies with all possible support through concrete plans, measures and actions at national, regional and especially local levels" and underlines the necessity for the League to co-operate with the World Health Organization, UNICEF and other governmental and non-governmental organizations,

(1) invites National Societies to undertake an objective examination of the situation in their country and see that the required priority is given in their medico-social activities to diarrhoea control, promotion of breastfeeding and nutritional awareness, and support of all basic child health measures through information and health learning programmes;

(2) requests that the League Secretariat, in consultation with specialists from the regions, draw up a plan to stimulate and support this work and ensure co-operation with the World Health Organization and UNICEF at all levels;

(3) requests the Secretary General of the League to mobilize the necessary resources to carry out the planning of this work as an immediate priority.