

# Measurable Results: PSI Child Survival



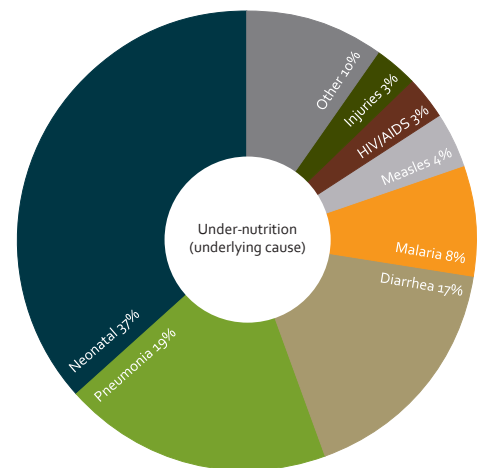
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## THE GLOBAL CRISIS

Nearly 9 million children under five years of age died last year of causes that are largely preventable: pneumonia, diarrhea and malaria with malnutrition as an underlying cause of over half of these deaths.

The leading killer of children aged six to 59 months is pneumonia. Causing the death of one child every 15 seconds, pneumonia is a curable acute respiratory infection when a child has access to prompt treatment. The second most common cause of child deaths worldwide is diarrheal diseases. Nearly 1.8 million children die each year from lack of safe water, poor hygiene and virtually nonexistent sanitation. These deaths are highly preventable, given access and availability of treatments. The most unspoken of these diseases is malnutrition which not only exacerbates the severity of pneumonia, diarrhea and other infections, but also deprives a child's body of essential nutrients necessary for growth and development.

CAUSE OF DEATH AMONG UNDER FIVES



To date, PSI programs have delivered more than 120 million long-lasting insecticide-treated mosquito nets, more than 1 million pneumonia pre-packaged therapy kits and 5 million diarrhea treatment kits.

## PSI RESPONDS

In more than 65 countries around the world, PSI applies marketing concepts and techniques to influence healthy behaviors among a target audience that benefits individuals and society. PSI relies on existing commercial market channels and community mobilization to generate awareness about the value of key child health behaviors that combat pneumonia, diarrhea, malaria and malnutrition. These channels allow PSI programs to reach national scale by building health products and communications into existing networks. From television, radio and print media, to community level interpersonal communication (IPC), PSI combines education to motivate behavior change with the provision of necessary health products and services to reduce child deaths. Local

knowledge, attitudes and practices are integrated into communications messages by continually conducting outreach and research. PSI supports national ministries of health to implement integrated child survival programs and enable the scale up of proven, evidence-based interventions that are appropriately packaged and marketed in the local context.

In every country where PSI works, local initiatives are designed, implemented and managed in collaboration with national and local officials, international organizations and community-based organizations. Although a non-profit organization, PSI is run like a private-sector business. PSI harnesses the size and strength of existing public, private and community-based networks to minimize costs, maximize long-term sustainability and extend essential health products and messages across a country's population. These active networks, combined with on-the-ground technical and management expertise, enable PSI to rapidly begin new projects and to scale up promising initiatives. While PSI is perhaps best known for working through the private sector, the organization also works extensively with the public sector and through community-based channels to reach those in need.

PSI strives to focus on the needs of the child by integrating pneumonia, diarrhea, malaria and malnutrition programs that produce measurable results and ensure a positive impact on the health of children worldwide.

## KEY PROGRAM AREAS

### DIARRHEAL DISEASE

PSI empowers individuals to purify water in the home and to practice proper hygiene and sanitation to reduce deaths from diarrheal diseases. These deaths in children under five are easily preventable, yet the lack of widespread understanding about improved hygiene practices continues to present many challenges. Safe drinking water is promoted via household water treatment, a water-quality intervention that employs proven, easy-to-use and inexpensive solutions appropriate for the developing world. PSI currently has national-scale safe water programs to prevent diarrheal disease in more than 30 countries in Africa, Asia and the Caribbean. Efforts to promote safe water and hygiene are complemented by the promotion of oral rehydration salts (ORS) and zinc supplements to save the lives of children who may otherwise die from diarrhea-related dehydration. The use of diarrhea treatment kits (DTKs), a pre-packaged combination of two ORS sachets and 10 zinc tablets, have averted more than 80,000 DALYs in 2010 alone. PSI's diarrheal disease treatment programs educate caregivers on the use of ORS and zinc and expand the availability of these life-saving products through commercial and other non-traditional channels, including community based outreach and community case management of diarrhea. Globally, PSI socially markets diarrhea treatment in 12 countries: Benin, Cameroon, Cote d'Ivoire, Burundi, Malawi, Sudan, Madagascar, Zimbabwe, Haiti, Cambodia, India and Myanmar.

## ENSURING ACCESS TO DIARRHEA TREATMENT IN CAMBODIA



In Cambodia, Champey is a mother of three young children, aged one to seven. She lives with her family in Houndo village, where clean water is not available. Her children are often sick with diarrhea, yet Champey always assumed they would get better. Upon hearing media messages disseminated from PSI, she learned the importance of rehydrating children and continuing with fluids during bouts of diarrhea. She also learned the importance of diarrhea treatment, with ORS and zinc, called *OraselZinc* in Cambodia. Now, Champey seeks out her local health center for a diarrhea treatment kit when her children become ill. She knows that diarrhea treatment kits keep her family healthy, and she eagerly shares her knowledge with other mothers in her village. Champey believes *OraselZinc* will help alleviate the burden of disease in young children in her community.

## STRENGTHENING CHILD HEALTH SERVICE PROVISION IN MYANMAR

In Myanmar, PSI established a social franchise network of existing providers to improve access to and effectiveness, equity and quality of health services in the private sector. This approach strengthens health services in Myanmar where health infrastructure is otherwise lacking. The Sun Quality Clinic Network provides comprehensive training on acute respiratory and diarrheal disease diagnosis and treatment along with other health services. The network has recently expanded to the community level to ensure provision of treatment for non-severe cases of illness and health communications on prompt treatment-seeking for pneumonia and diarrhea. The Sun Quality Network includes 729 Sun Quality Health clinics across 149 townships and 441 Sun Quality Health providers across 16 townships.

## PNEUMONIA

In line with the WHO/UNICEF Joint Statement on pneumonia management and in response to the Global Action Plan for pneumonia, PSI strives to scale up a proven, but often inaccessible intervention – early diagnosis and treatment with simple antibiotics – that can prevent a large proportion of pneumonia-related deaths.

Pneumonia, a severe form of acute respiratory infection, can be treated effectively using PSI's easily administered pre-packaged therapy kits that contain cotrimoxazole or amoxicillin. PSI works in accordance with national

country guidelines to provide treatment through community-based outreach and private-sector clinics to treat pneumonia among children under five. Through comprehensive communication campaigns targeted to caregivers and providers in Myanmar, Congo, Uganda, Malawi and Madagascar, PSI raises awareness about the availability of effective pneumonia treatment and improves the ability of caretakers of children under five to recognize pneumonia symptoms, promptly seek care and complete treatment. Since expanding into pneumonia treatment in 2008, PSI programs have provided more than 367,000 pre-packaged therapies.



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## MALNUTRITION

Given the direct and indirect consequences that malnutrition can wreak on a child, ensuring adequate replacement and intake of macro and micronutrients is essential for the prevention of deaths. PSI works to minimize the deleterious effects of malnutrition by marketing multi-micronutrient fortified supplements, such as *Sprinkles*. These supplements are mixed into children's porridge to prevent iron deficiency anemia that can otherwise lead to impairment of cognitive growth and susceptibility to diarrhea, pneumonia and malaria. *Sprinkles* provide the recommended daily requirement of micronutrients for children ages 6 to 24 months. Additionally, PSI markets multivitamins with iron and folic acid to women of reproductive age in several countries to prevent birth defects and promote healthy fetal growth. In 2010, PSI provided more than 1.6 million packets of *Sprinkles* to children, 2 million Iron Folic Acid tablets and 2.7 million multivitamin supplement tablets to women of reproductive age.

The most devastating outcomes of iodine deficiency are increased perinatal mortality and delayed cognitive growth among children. PSI built on its experiences in health communications to support "universal" fortification of salt with iodine in Ethiopia and Mozambique. PSI has focused on communications and marketing of iodized salt, including the development of an umbrella quality assurance brand in Mozambique.

## MALARIA

A global leader in delivering long-lasting insecticide-treated nets, PSI supports ministries of health with mass distribution net campaigns to rapidly achieve high and sustained net coverage among vulnerable populations. Between mass free net campaigns, routine health facility-based distributions and highly subsidized delivery through the private sector, PSI has successfully improved national net coverage in more than 30 countries and delivered its 100 millionth net in 2010.

PSI supports global efforts to increase access to effective malaria treatment through public and private sectors and at the community level, primarily through the implementation of community case management (CCM) strategies. CCM strategies enable at-risk populations to access prompt and effective malaria treatment within 24 hours of the onset of symptoms, essential for the prevention of severe malaria and eventual death. To date, PSI has delivered more than 30 million anti-malarial artemisinin combination therapy (ACT) treatments in a number of high-burden countries such as Nigeria, Tanzania and Sudan. In 2010 alone, PSI averted more than 39.3 million cases of malaria and prevented more than 308,000 malaria related deaths.

## COMMUNITY-BASED TREATMENT OF CHILDHOOD DISEASES

Life-saving treatment for leading causes of child death, including pneumonia, diarrheal disease and malaria, are often inaccessible to children living in areas without access to facility-based care. According to WHO and UNICEF, a child in a low-income setting often dies at home as she did not have access to timely care: 60 percent of the 9 million children who die annually could survive if they had access (geographic, cultural and financial) to appropriate care and treatment.

PSI has growing experience working with community-based networks to improve access to health products (preventative and curative) in rural communities as well as conducting interpersonal communications. PSI has recently been involved in CCM by providing products and services related to diarrhea, pneumonia and malaria through community-based organizations, NGO partners and government health workers across many countries. This includes supporting private-sector providers and communities to deliver CCM in Myanmar, Uganda and Madagascar and public sector providers and communities in Cameroon, Southern Sudan, Malawi and the Democratic Republic of Congo.



## LINKING SOCIAL FRANCHISES TO COMMUNITY CASE MANAGEMENT IN UGANDA



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PACE, PSI's Ugandan affiliate, is working to improve access to and quality of child survival services in rural health clinics by offering simple diagnostic tools and affordable treatments for malaria, pneumonia and diarrhea through a network of trained providers in Mubende district. The project increases participation of the private sector in delivery of high-quality, affordable health services through a comprehensive package of standard case management with a focus on malaria, pneumonia and diarrhea. A network of community health workers play a vital role in promoting franchised treatment services, referring sick children to the network of private health facilities and assuring adherence to treatment at the community level. This multi-channel approach ensures wide availability of quality diagnosis and treatment of childhood diseases.

## MEASUREMENT AND SCALE

Measuring the results of PSI's health interventions isn't as simple as counting the number of products sold or distributed. PSI programs continuously evaluate PSI performance against evidence-based objectives and verifiable indicators. Such strict measurement of PSI performance, and PSI's ability to provide health communications, products and services at national scale, set the organization apart from others in the field and feeds into the design of innovative, targeted and cost-effective interventions.

## WHAT IS A DALY?

PSI adopted the DALY in 2006 as a key performance metric to estimate the health impact of its products and behavior change interventions, and to inform programmatic decision-making. One DALY is equal to one year of life lost to illness or death. When PSI averts one DALY, it means that PSI has prevented the loss of one year of productive, healthy life – a year of life that, without PSI's intervention, would have been lost to illness or death.

## INCREASING HEALTH IMPACT THROUGH SCALABLE APPROACHES

Across its 67 countries, PSI programs work at national scale through existing commercial and community channels to communicate and provide health-related products and messages. PSI is able to increase the health impact of its programs through a more cost-efficient approach.

Through existing commercial and community-based channels, PSI programs provide essential health messages, products and services at national scale to influence the adoption of healthy behaviors.

