



Multi-sectoral Approaches to Child Health: a discussion series

Re-imagining the Package of Care for Children Subgroup
May 5, 2022



Co-Chairs:

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Child Health Task Force Today



2600+ members

from



80+ countries



300+ organizations



Working together in 10 subgroups

Coordination



Advocacy

Support
Countries



Learning

Knowledge
Management



Focused on 5 themes of work

Goal: Strengthen equitable and comprehensive child health programs - focused on children aged 0-19 years in line with Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) - through primary health care, inclusive of community health systems.

Strategic Plan Priorities



STRATEGIC PRIORITY 1: *Engage global and country stakeholders about the need for increased resources, accountability and a multi-sectoral approach to child health.*



STRATEGIC PRIORITY 2: *Align around common goals and measures of success for child health along the life-course (including the newborn period, post-neonatal, and adolescence), with a focus on post-neonatal mortality reduction.*



STRATEGIC PRIORITY 3: *Partner to implement interventions, monitor for equitable coverage and quality care, and track progress towards SDG targets.*



STRATEGIC PRIORITY 4: *Foster the generation and sharing of evidence, lessons learned, tools and promising program approaches.*



STRATEGIC PRIORITY 5: *Synthesize and package information in sharable and accessible products and enhance communications.*

Read the Child Health Task Force Strategic Plan on the website:

<https://bit.ly/chtfstategyen>

Series objectives

- Inform operationalization to strengthen multi-sectoral programs for children.
 - Specifically, we will:
 - Acknowledge the importance of a multi-sector approach
 - Highlight challenges working across ministries and sectors
 - Share successes and failures through case studies and discussions
- Identify evidence and knowledge gaps to inform a research agenda on multi-sectoral approaches to child health

Previous subgroup discussions

Multisectoral approaches to child health within the subgroup

- Reviewed a [position paper](#) on integrating packages for child health services within and across sectors, including nutrition and early childhood development.
- Held a series of discussions on school health and nutrition which shared lessons from countries on collaboration between health and education sectors.
- Reviewed WHO's Health Promoting Schools guidance and USAID's Climate Change Strategy with a view on child health.

The resources from these sessions, including recordings, slides and publications, are available here on the Task Force website: <https://www.childhealthtaskforce.org/subgroups/expansion>

Series dates

May 5th: *Literature review findings and framing*

June 8th: *Case studies from Malawi and Honduras*

June 29th: **Case studies from subgroup members**

Sign up at the link below to share your experience!

<https://forms.gle/Glv5nSbtuHCKEopW7>

August 3rd: *Wrap up and setting the agenda*

We want to hear from you!

Featuring



Patricia Murray Gross
Presenter
Independent Consultant



Alfonso Rosales
Respondent
Independent Consultant



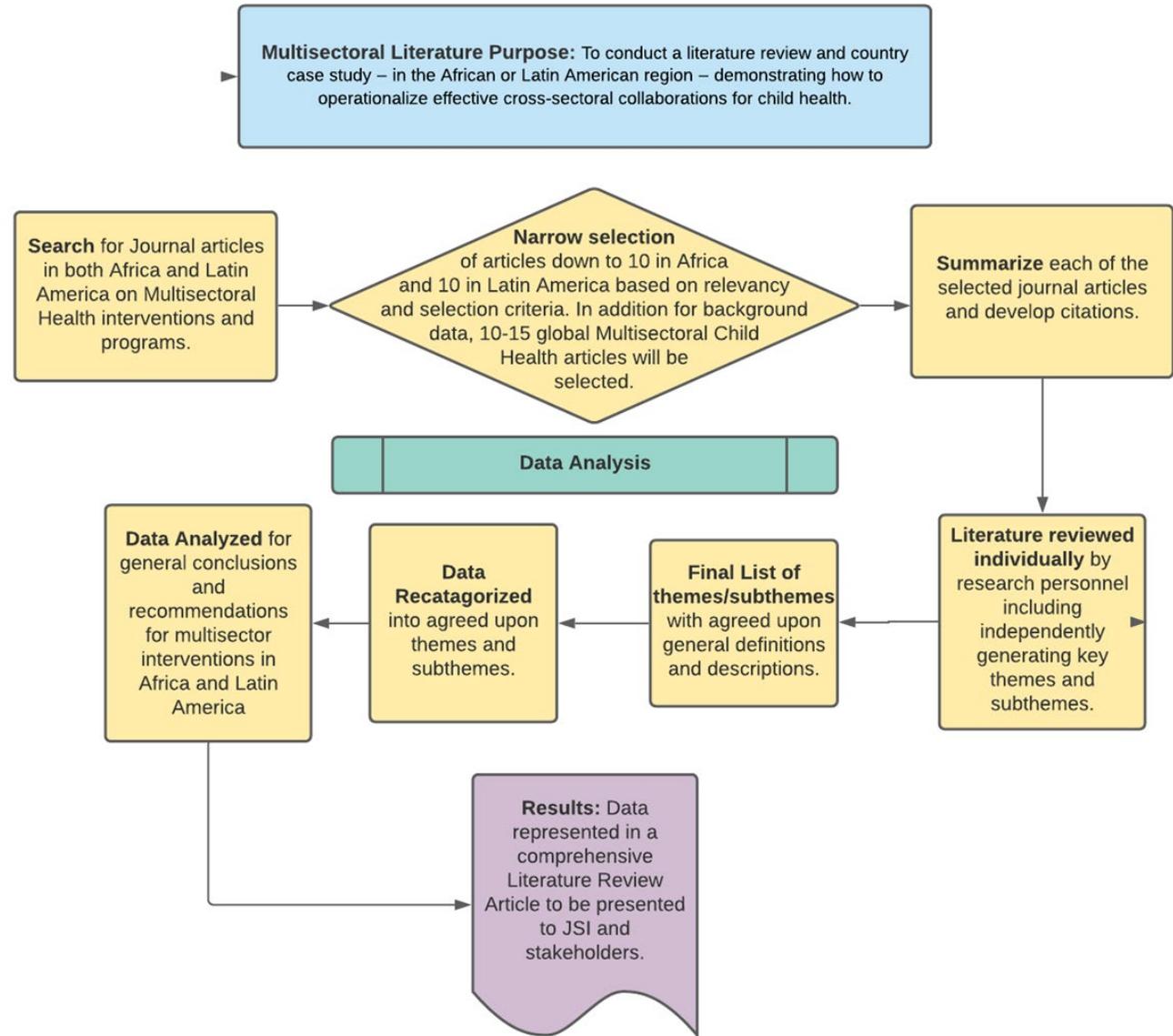
Case Studies on Multisectoral Programming for Children

A Literature Review on Select Countries in Africa and Latin America

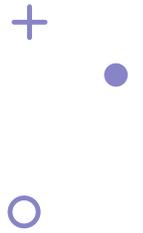
Background

- In 2018, the Atstana Declaration put in motion a movement to reevaluate the state of child health care and advance the SDGs. The WHO, UNICEF and Lancet Commission was formed in 2018 to consider the ways governments, medical professionals, and society accelerate child health and wellbeing strategies.
- Post COVID-19, The Child Health Task Force established the Re-imagining the Package of Care for Children subgroup to address the expansion of child health services. The task force focused expansion includes:
 - 1) shift towards a life course, rights-based approach,
 - 2) comprehensive integrated care to promote resilience and minimize vulnerability,
 - 3) child centered and child focused using whole government and multisectoral approach, and
 - 4) encouragement of communities and families in playing an active role in the design of child health policies and programs.
- In 2020, the Task Force commissioned a paper on integrating packages for child health services within and across sectors, including nutrition and early childhood development.
- In 2021, the Child Health Task Force commissioned this literature review to better understand how to implement multisectoral child focused programs across other health and development sectors in Africa and Latin America.

Methodology



Themes and Trends



Project coordination
across multiple sectors

Government, civil
society, and
stakeholder buy-in

Challenge of health
system fragility and
decentralization

Cultural competence
and gender
empowerment in
program planning and
implementation

Theme I: Project Coordination Across Multiple Sectors



Agreement on the need for collaboration and implementation capacity



Development of a Multisector Oversight Committee



Geographic and Cultural Context Considerations



Shared framework for project monitoring and evaluation

Challenges with Multisectoral Coordination

- Divisions of roles and responsibilities
- Monitoring and documenting program successes and strengths
- Ensuring project ownership and avoid working in sector isolation
- Lack of appropriate resources for program support
- Planning for potential challenges

Theme 2: Government, civil society, and stakeholder buy-in

To be effective, collaboration needs to be perceived as worthwhile and an incentive.

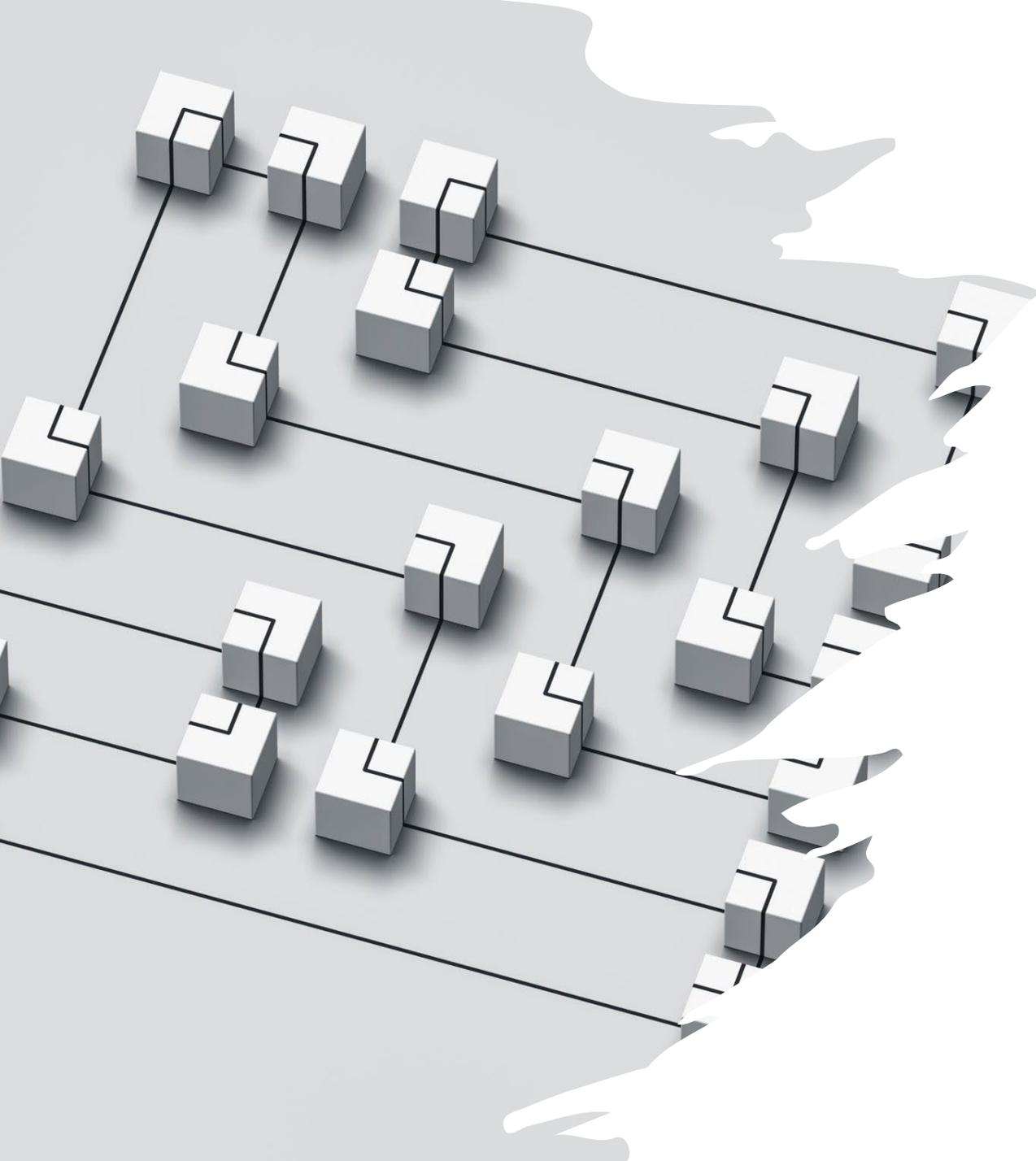
- Collaboration with the government
 - National Cuba Pediatric TB Program
 - Senegal Multisectoral Stunting Programs between 1992-2017
 - USAID ZIKA in Columbia, El Salvador, Dominican Republic, Honduras, and Nicaragua (2016-2019)
- Civil society and private sector buy-in
 - Senegal Stunting Program: Community Engagement at inception
 - Ethiopia School Health Malaria Program: Family and Peer Influence
 - DRC Malaria Control: Tenke Fungurume Mining Company

Theme 3: Health System Fragility and Community Capacity for Interventions

- In Haiti, the USAID Emergency Food Security Program found a need to integrate technological innovations to improve resilience and access to climate information, agricultural extension services, early warning, and civil protection. In the first cycle of the program, 5,770 beneficiaries were not reached due to COVID-19 complications. However, all the remaining missed beneficiaries were reached during subsequent program cycles.
- During the 2013–2016 Ebola outbreak in Liberia, skilled birth attendance fell from 52% to 38%, vaccination rates dropped, and 64% of health facilities were not operational. In urban areas, only 20–30% of patients seeking care received services and, in rural areas, only 70–80% of those seeking care were able to access it. Unfortunately, these gaps were not improved until the epidemic subsided.
- USAID’s Resilience and Economic Growth in the Sahel – Enhanced Resilience (REGIS-ER) program aimed to increase the resilience of chronically vulnerable people, households, communities, and systems in targeted zones in Niger and Burkina Faso. On January 1, 2019, security concerns forced the project to reduce its focus to 13 communes. Only 18 days later, the project further reduced its focus to 8 communes due to security issues, eventually reducing implementation to only 4% of the population in Niger and Burkina Faso.
- During a focus group with the African Bureau of Education, participants shared post-COVID-19 challenges of multisectoral school health programs including school closures and the shifting focus to catching up on learning. This limited the focus on school multisectoral platforms, including integrating health into lessons. Emphasis on staff resources also focused on pandemic response rather than longer term program solutions.

Theme 4: Cultural Competence and Gender Considerations

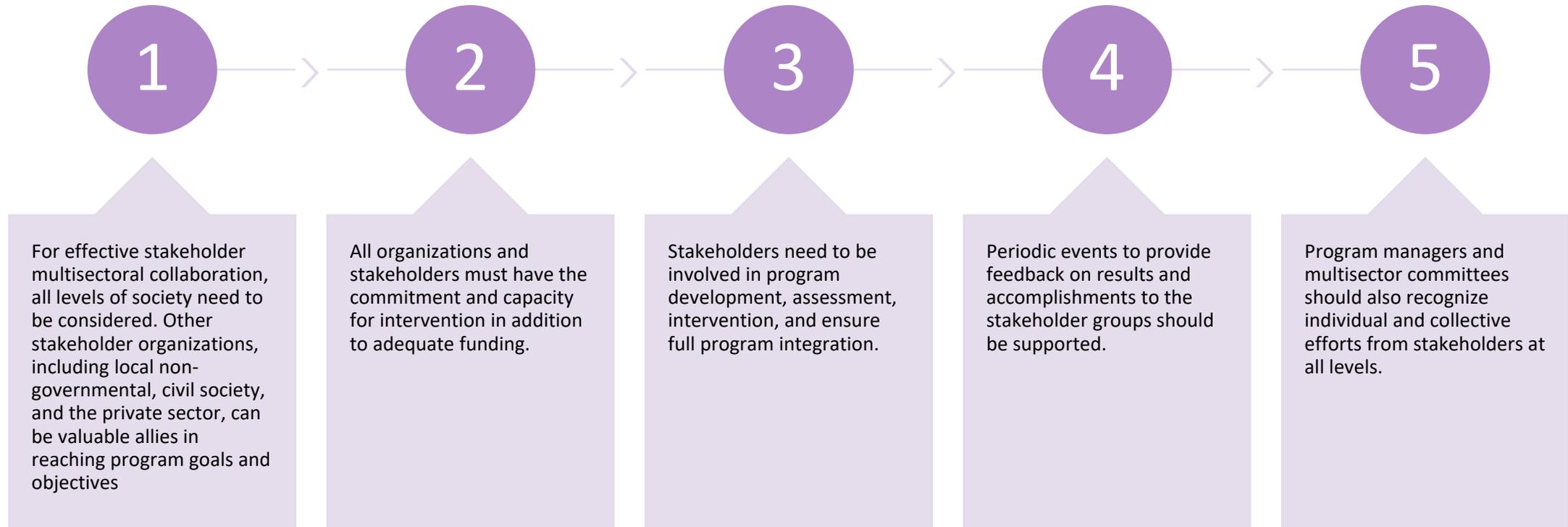
- *To make positive change, multisectoral programs must address cultural nuances and differences. If the most vulnerable populations are to be reached then gender sensitivity and empowerment must be incorporated into program design, implementation, and evaluation.*
- Karamoja Uganda Agriculture and Nutrition
- Nigeria Climate Change Program
- Narok Kenya Feeding Practices and Nutrition
- Chagas Vector Control Program



Key Recommendations

- Multisectoral Coordination:
 - Multisectoral coordinating platforms are a key to success
 - Proposed Solutions need to be designed from inception so that each sector's full capacity is utilized and built throughout the project.
 - Ensure mechanisms to enable cross-sectoral exchange of program successes and challenges
 - Evidence resulting from monitoring and evaluation efforts will need to be utilized to help adapt and redefine program interventions

Key Recommendations : Multisectoral Stakeholder Recommendations



Health Fragility and Community Capacity Recommendations

- For multisectoral programming to succeed, program implementers need to be nimble, flexible, and able to adapt quickly to shifting contexts and challenges. Health systems are already strained and urgent needs place additional strain on program implementation.
- Interventions should aim to build the capacity of people.
- Lack of a universal framework to strengthen healthy systems within a multisector approach needs to be further explored.
- Sub-issues that affect child health, including availability of affordable and accessible health care services, sector capacity building, and emergency preparedness and response, should be addressed by program implementers and donors during emergencies.
- While not all emergencies can be prevented, nimble programs can better respond and adapt when needed.

Cultural Competence and Gender Empowerment Recommendations

- Community involvement in designing and implementing culturally applicable programs is crucial. Completing a full geographic and regional assessment of program intervention areas is essential to understanding community level
- Functional and operational approaches to improving gender empowerment need to be further explored.
- Innovations need to be driven by multisector teams that include diverse cultures and abilities to ensure innovations and practices are research-based and culturally sensitive.
- Gender empowerment is also a key factor in improving children's health and ensuring improved access to food, nutrition, and economic security. If child health outcomes are to be improved, men need to be involved in child health advocacy and community interventions in meaningful ways.

Implications for Future Research

- This literature review serves as phase one in a comprehensive report of multisector child health programs in Africa and Latin America. While the literature review was not able to fully respond to the question, “In which countries in Africa and Latin America are multisectoral approaches implemented and who are the key stakeholders?”, the authors were able to identify that a large proportion of international programs are using multisectoral interventions to improve child Health needs and identify several key examples of program successes and challenges.
- During the second phase of research, case studies from both Africa and Latin America will be selected to gain further insight through key informant interviews at multiple levels and make suggestions for future programs. Case studies will focus on coordination, government buy-in, health system fragility, and gender empowerment. Key recommendations will be developed after the data has been fully reviewed.



Multisectoral Approaches to Child Health Discussion Series



Volunteer to present on June 29th by completing this form:

<https://forms.gle/Glv5nSbtuHCKEopW7>

Engage with the co-chairs:

- Cara Endyke Doran: cendykedoran@globalcommunities.org
- Raoul Bermejo: rbermejo@unicef.org

Reach out to the Child Health Task Force Secretariat at childhealthtaskforce@jsi.com

Read the full literature review here on the Task Force website: <https://bit.ly/MultisectorLit>

Series Dates & Case Study Discussions:

- **May 5th:** *Literature review findings and framing*
- **June 8th:** *Case studies from Malawi and Honduras*
- **June 29th:** *Case studies from subgroup members*
- **August 3rd:** *Wrap up and setting the agenda*

Time: 10:00 - 11:00am EDT [GMT-4]

Subgroup information, recordings and presentations from previous webinars are available on the subgroup page of the Child Health Task Force website:

www.childhealthtaskforce.org/subgroups/expansion



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