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# **Landscape Analysis of Survive, Thrive and Transform Interventions for Children**

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Maternal and Child  
Survival Program



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# Purpose

Explore country experiences of adding thrive and transform interventions to platforms used to deliver child survival interventions

## AT A GLANCE:

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S  
AND ADOLESCENTS' HEALTH (2016-2030)

### VISION

By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

OBJECTIVES AND TARGETS aligned with the Sustainable Development Goals (SDGs)



### **SURVIVE** *End preventable deaths*

- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country
- Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being



### **THRIVE** *Ensure health and well-being*

- End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women
- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights
- Ensure that all girls and boys have access to good-quality early childhood development
- Substantially reduce pollution-related deaths and illnesses
- Achieve universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines



### **TRANSFORM** *Expand enabling environments*

- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including birth registration
- Enhance the global partnership for sustainable development

# Methodology (I)

1. Global desk review of policy and program guidance
2. Regional mapping in Africa and Asia
3. Country case studies in Kenya, Senegal and Zambia



# Methodology (2)

## Key Informant Interviews: 59

- MOH, WHO, UNICEF, USAID, NGOs, universities
- Skype and phone calls; no country visits
- Ghana and Rwanda – not full case studies
- Country selection criteria: national commitment (per regional KIs); initial activities; variation in approach; ability to access KIs and documents

*Note: Most country work is still at the policy and planning stages*

# Key Questions for Countries

- Why have countries decided to address the thrive/transform agenda?
- What interventions have they chosen?
- Linkages to child survival programming
- Additional evidence needed



# Findings



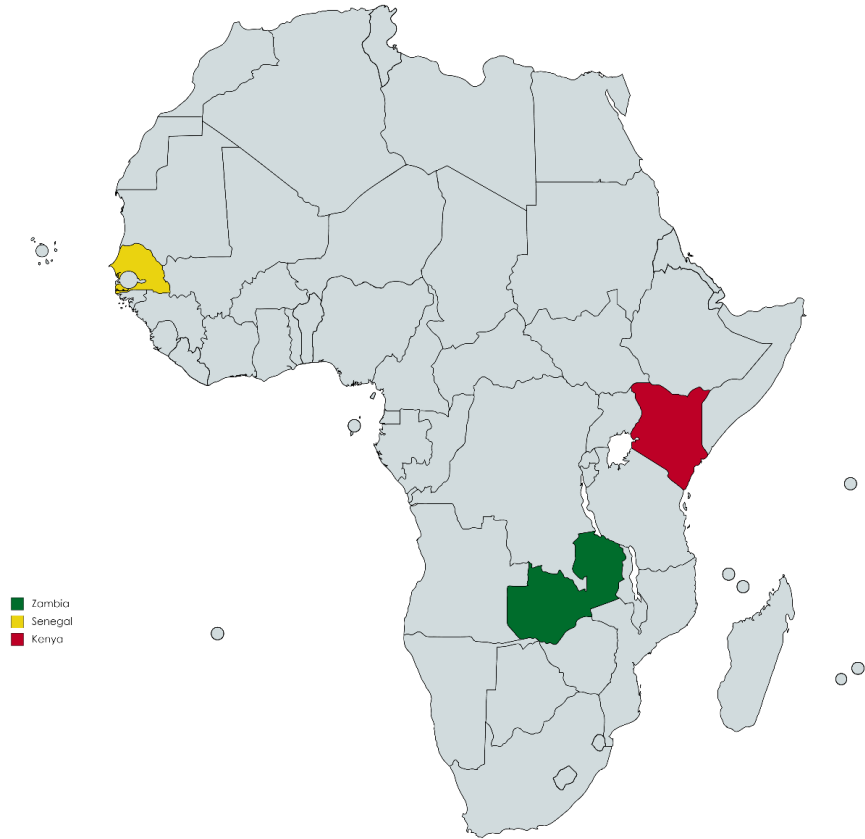
Photo: Kate Holt/MCSP, Kenya

# Global

- Key global initiatives launched to influence country policy
- Solid evidence base for interventions
- Training and advocacy packages exist
- Reports on country/multi-country experience available
- Perspectives of global KIs on:
  - 1) scale of and funding for implementation, 2) the main intervention areas seen in countries, 3) implementation platforms for thrive and transform, 4) the tension and balance needed between priorities, and 5) the complex issue of multisectorality



# Country



# Why have countries decided to address Thrive & Transform?

*“While children are surviving fairly well in Zambia, there are no effective interventions that could foster child development beyond survival. Children need to survive and thrive. Seen in the context of the high rates of chronic malnutrition, limited skills in play, and communication, interventions that support thriving become imperative.”*

- Zambia National Health Strategic Plan 2017-2021

# Why have countries decided to address Thrive & Transform?

- Stagnation of child health indicators - Zambia
- Investing in human capital - Kenya & Senegal
- Global evidence base – the Lancet series
- Government commitment to UNSG's Global Strategy, SDGs, Universal Health Care, and SUN Movement

\***Common steps:** high level support and events; analyses of current efforts; ex. Zambian Stocktaking exercise; Kenyan economic analysis

# What interventions have they chosen?

- Early Childhood Development (ECD)
- Early Childhood Education (ECE)
- Nutrition
- Financial or social protection
- Birth registration
- WASH



Photo credit: Kate Holt/MCSP, Ghana

# Why focus on ECD?

- Lancet series on advancing ECD: Strong evidence to support the effects of ECD on health, education, development, and nutritional status of children
- Launch of Nurturing Care Framework (NCF)
- Existence of global tools and guidance: “Care for Child Development” and “Caring for Child’s Healthy Growth and Development”

# Linkages to Child Survival Programming

*"We are targeting every provider to use every touchpoint to reach every caregiver."*

- WHO/Kenya



# Linkages to Child Survival Programming

- Service integration examples:
  - ECD/NCF added in sick child consultations, well child clinics, immunization days, growth monitoring and promotion, ante- and post-natal care
  - Thrive seen as natural extension to Survive
- Jury still out on practicality related to workloads, time, scale and cost; perceived improvement in quality of care



# Linkages to Child Survival Programming

- Policy integration examples:
  - Newborn, Child and Adolescent Health policy in **Kenya** incorporates NCF
  - “Young child centers” in **Senegal** include ECD and nutrition
  - RMNCAH&N Road Map in **Zambia** includes ECD

# Monitoring Implementation

- Monitoring and documentation a weak point in all three countries
- Some movement on indicators
  - Zambia and Kenya developing indicators for HMIS/DHISII
  - Senegal: M&E part of existing health system
- Global: Countdown to 2030 country profiles in ECD
  - Future - a population measure added to DHS, MICS etc.

# Factors for Successful launch

Strong level of agreement on importance of:

1. High-level political support
2. Multisector involvement
3. Engaging the community

# High-level Political Support

- **Kenya:** Office of the First Lady supported the launch of the Lancet ECD series; First Lady of Siaya County is patron of nurturing care
- **Zambia:** Vice President launched Lancet ECD series
- **Ghana:** Second Lady and Minister of Health led NCF launch

# Multisectorality



Governance



Policy



Accountability



Budgets

# Engaging the Community

All 3 countries use the community platform to implement survive interventions and have extended this to implementation of thrive and transform interventions

Issues highlighted:

- Need for a well-defined package of interventions
- Need for community-level planning to agree on actions
- Need for examples of successful engagement models



# Challenges to Implementation

1. Funding
2. Documentation of impact and process of implementation

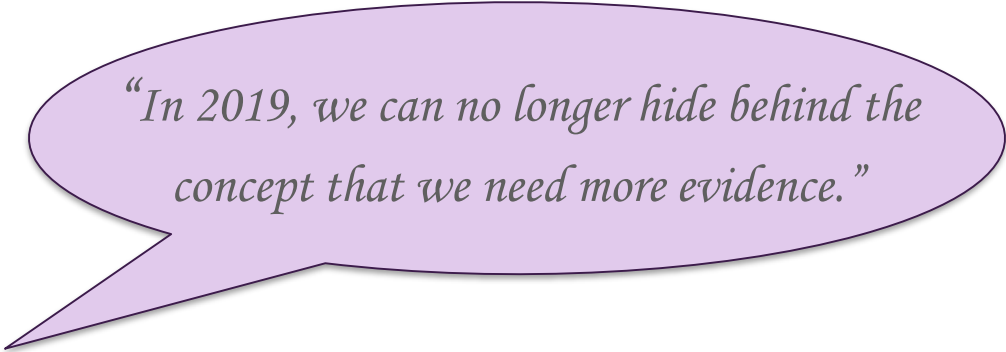


Photo: Kate Holt/MCSP, Mozambique



# Perceived Gaps Related to Research

One key informant pushed firmly for prioritizing implementation over research:



*“In 2019, we can no longer hide behind the concept that we need more evidence.”*

# Perceived Gaps Related to Research

- How to:
  - Improve implementation
  - Reach communities in an integrated manner
  - Improve functionality of cross-sectoral coordination groups
- Implications of adding ECD to existing health services
- Issues related to developmental milestones

# Conclusions (I)

- Support countries to strengthen and maintain mechanisms for multi-sectoral collaboration
- Support efforts to implement the NCF
- Help monitor and improve the quality of care and counseling skills within the health sector
- Learn about experiences in additional countries in Africa and other regions

## Conclusions (2)

- Continue to explore means of implementing T & T interventions that would complement ongoing work
- Support the development of common indicators for process and impact
- Support institutionalizing indicators across sectors
- Ensure that countries can adequately document processes and progress, and share results

For more information, please visit  
**[www.mcspprogram.org](http://www.mcspprogram.org)**

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