



Multisectoral Collaboration for Children

Findings from interviews with USAID Africa Missions and
other partners operationalizing school health and nutrition

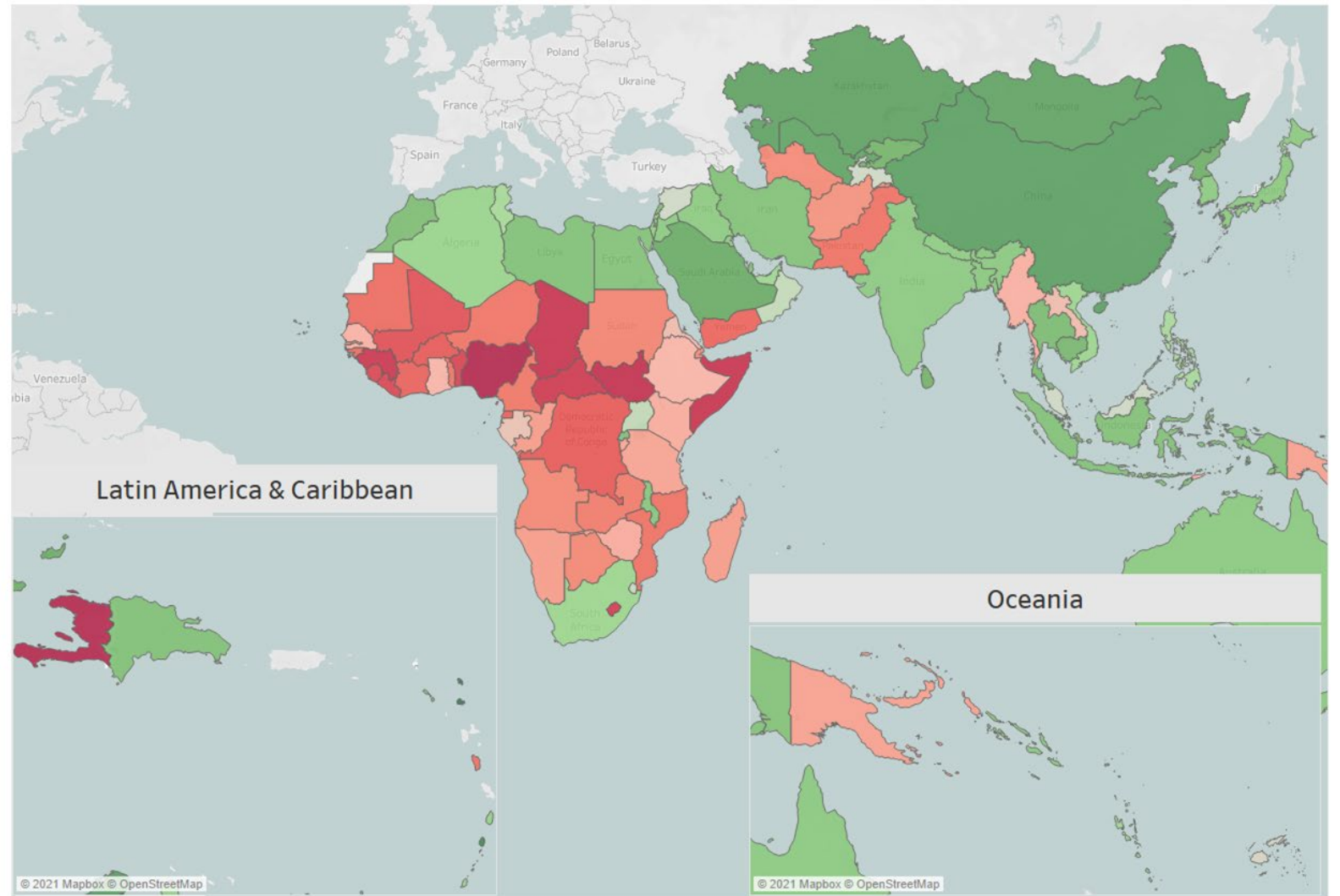
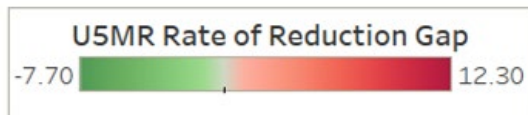
19 October 2021

What brings us together?

53 countries are off track to meeting the SDG target for under-five mortality.

Legend:

Countries colored in red are "off-track" for achieving the 2030 SDG Target for under-five mortality (2030 SDG target = 25 deaths per 1,000 live births). The colors represent the difference between the average annual rate of reduction in under-five mortality required to achieve the 2030 target and the historical rate of reduction (2010-2019). The darker the red, the greater the gap between the required rate and the historic rate. Countries in green are all considered "on-track".



Child Health Task Force Today



2000+ members

from



80+ countries



300+ organizations



Working together in **10** subgroups

Coordination



Advocacy



**Support
Countries**



Learning



**Knowledge
Management**



Focused on **5** themes of work

Child Health Task Force Strategy & Members Survey



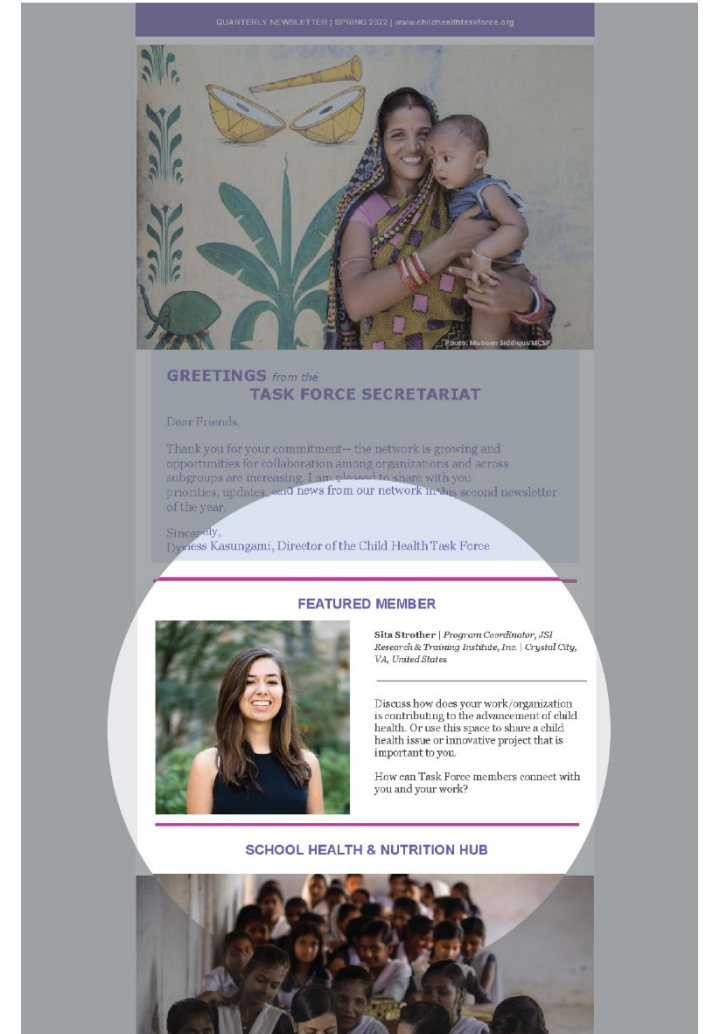
Participate in the **members' survey** to share feedback **and to win a member spotlight** in the newsletter, sent to over 2,000 global members, and on the Task Force website! We'll include your photo and a short write-up where you can use the opportunity to introduce yourself/ organization or discuss an important child health issue/ piece of work that is advancing the 2030 agenda.

Complete the survey by this Friday October 22 at this link:

<https://bit.ly/MembersSurvey2021>

We'd like to hear your thoughts on how well the Task Force is working to fulfill its mandate; which resources have been helpful; and your ideas on how to implement the Task Force's strategic plan:

<https://bit.ly/chtfstategy>



Multisectoral Collaboration for Children



Hosted by the Re-imagining the Package of Care for Children subgroup

Work stream on integration & school health and nutrition:

- Integrated Delivery of Child Health Services: Position Paper – *July 8, 2020*
- Advantage of Integrated Models in COVID-19 Response: Healthy Learners Zambia – *September 29, 2020*
- Review of WHO/UNESCO's draft Health Promoting Schools (HPS) guidance – *October 30, 2020*
- **Sharing findings from interviews with USAID Africa Missions and other partners operationalizing school health and nutrition – *October 19, 2021***

Recordings and presentations from previous Re-imagining the Package subgroup webinars and meetings: www.childhealthtaskforce.org/subgroups/expansion

**The recording and presentations from this webinar will be available on this page later today*

Speakers



Linda Schultz
International Development
Specialist

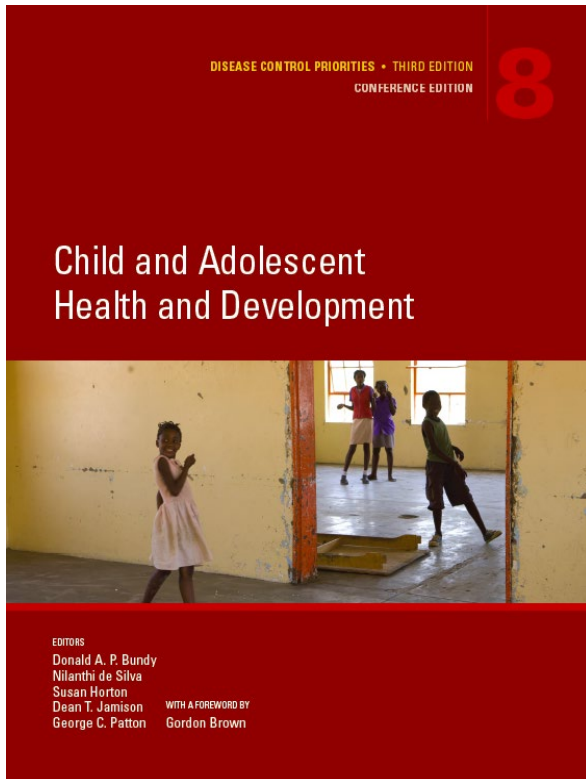


Luke Shors
Global Health and
Education Consultant &
Researcher

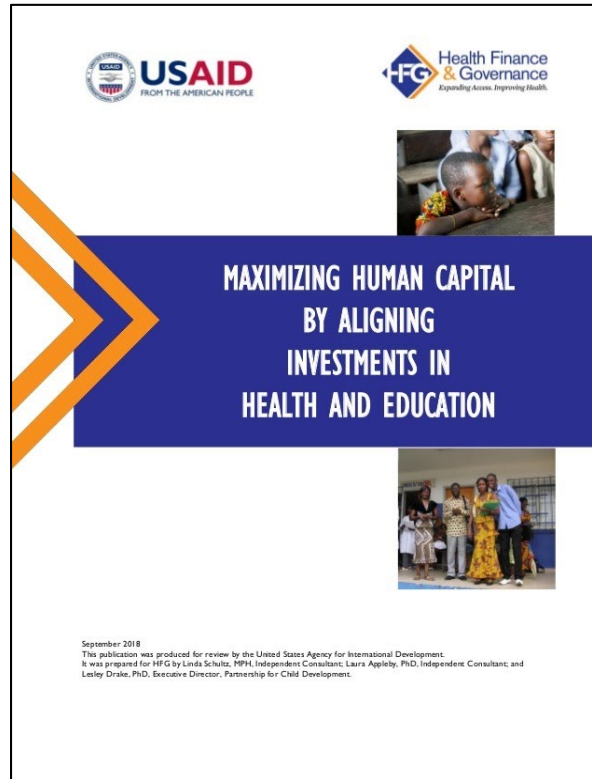
Setting the Stage

- Context of our report
- Current events that require no introduction, ie. COVID-19
- Global pandemic and its impact on school health and nutrition
- Countries have made adaptations, but those adaptations haven't reached all kids
- The global pandemic highlighted the irreplaceable and important safety net that school health and nutrition services provide

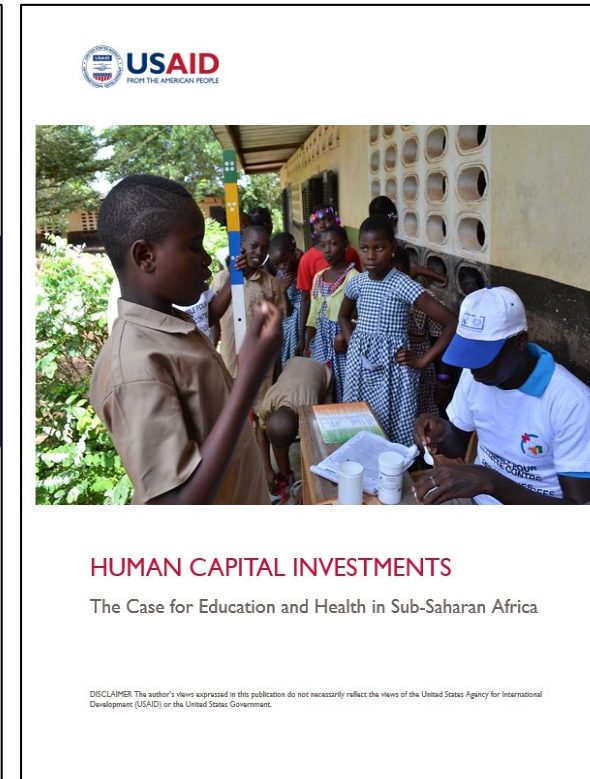
School Health: Moving from “Why” to “How”



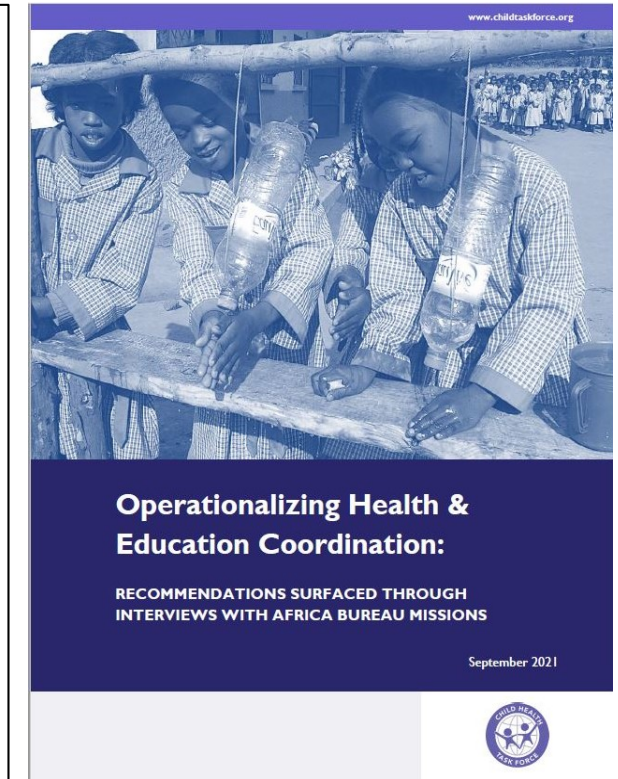
2017



2018



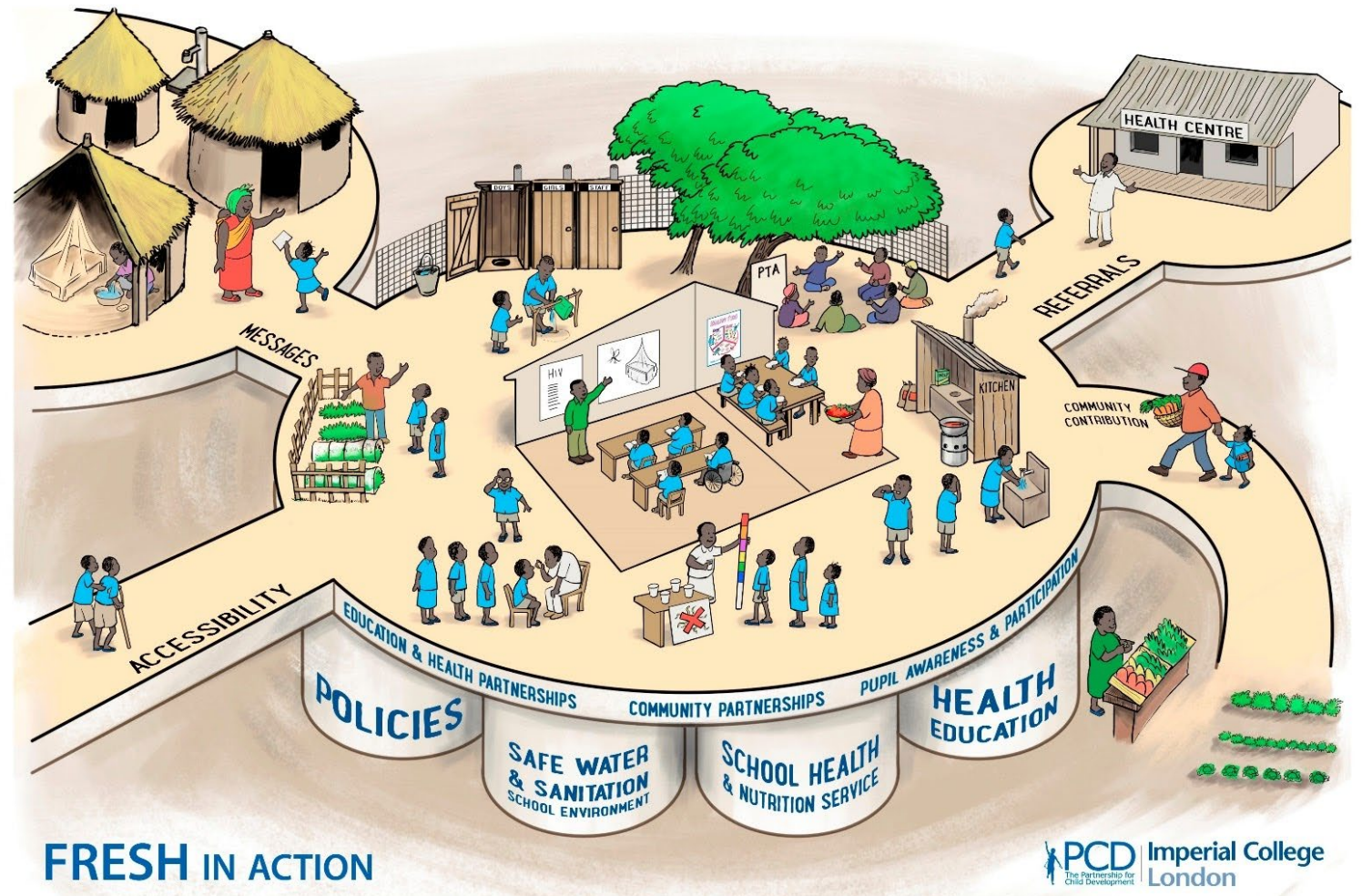
2020



2021

Defining School Health

“Services provided to students enrolled in primary or secondary education within school premises or in specially designated school health clinics that serve several schools”





WHAT IS SCHOOL HEALTH?



NATIONAL & SCHOOL-LEVEL POLICIES

- National policy in support of school health and nutrition
- Referral mechanisms between schools and health facilities
- Curriculum standards for health education
- National standards for school meals
- Skills-based health education taught during teacher training
- Confronting school-based gender-based violence



ROUTINE HEALTH SERVICE DELIVERY AT SCHOOL

- School feeding, snacks, and/or take home rations
- Deworming
- Immunization
- Vision, hearing, and dental screening
- Micronutrient supplementation
- Bednet distribution



HEALTH EDUCATION

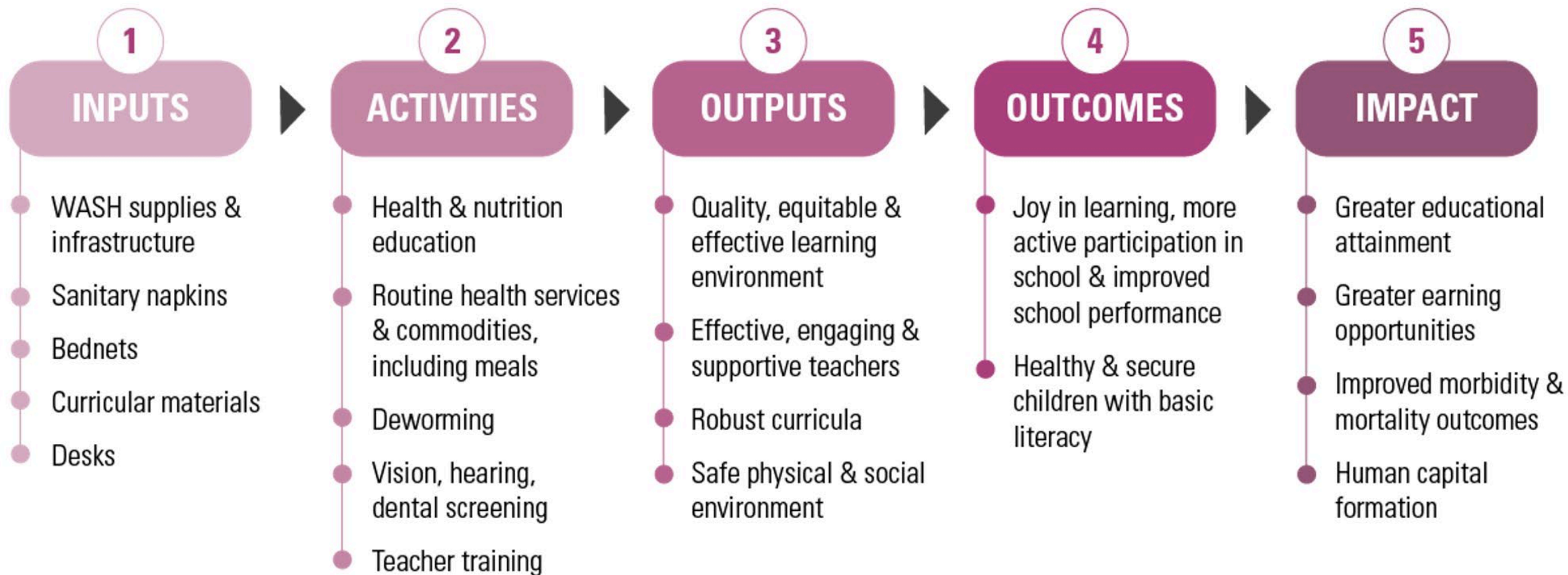
- Comprehensive sexuality education
- HIV/AIDS education
- Education on emerging health issues
- Physical activity
- Skills-based health and nutrition education
- Internet safety and injury prevention



SCHOOL ENVIRONMENT

- Safe construction with shelter from elements
- Separate latrines for male & female students
- Potable water
- Tobacco and/or drug free zone
- School climate assessments
- Indoor residual spraying

School Health and Nutrition Investments: Logic Model



Landscape Analysis: Who's Who, Where?



Tanzania

INTERVENTION	ACTORS IN COUNTRY	INTERVENTION	ACTORS IN COUNTRY
Deworming 	FCDO (via Crown Agents), USAID (via RTI), SCI	MHH/ WASH 	Amref Africa , CARE , SNV , WaterAid , World Vision , UNICEF (via AusAid)
HIV/AIDS 	DREAMS , AIDSFree , LIFT	SBGBV 	UNESCO , FCDO , Rockflower , WUSC , Plan International
Immunization 	GAVI	School Feeding 	McGovern Dole (via Project Concern), PCD (TA) , PCI International
Malaria 	NMCP , NIMR Tanga	Vision Screening 	Brien Holden Vision Institute
Integrated Programming or TA 			



Kenya

INTERVENTION	ACTORS IN COUNTRY	INTERVENTION	ACTORS IN COUNTRY
Deworming 	DFID (via ASCEND EAST) , Evidence Action	MHH/ WASH 	Amref Africa , SWASH+ Consortium (via CARE)
HIV/AIDS 	DREAMS , 4children , AIDSFree , Linkages	SBGBV 	DFID , GPE
Immunization 	GAVI	School Feeding 	Mary's Meals , McGovern Dole , Catholic Diocese of Lodwar
Malaria 		Vision Screening 	Brien Holden Vision Institute
Integrated Programming or TA 	Save the Children , Partnership for Child Development		

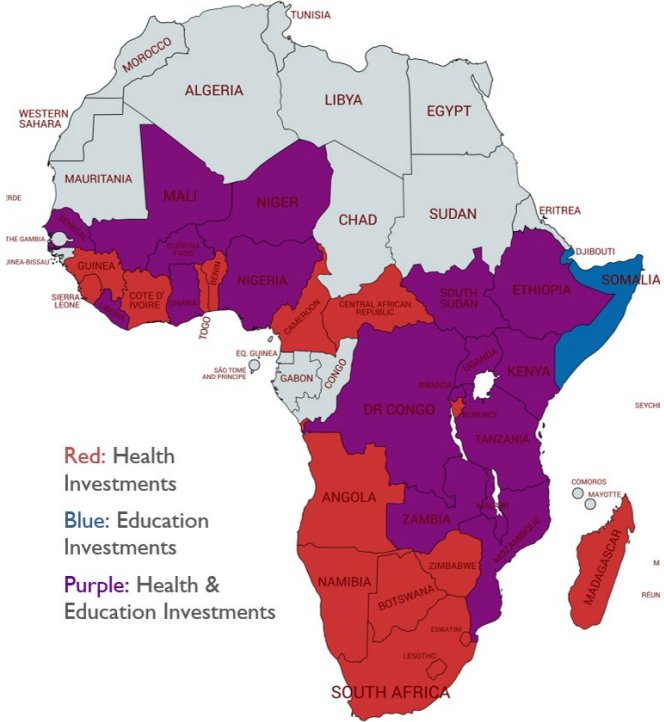


Examples of Multisector Action within Africa Bureau Missions: Senegal

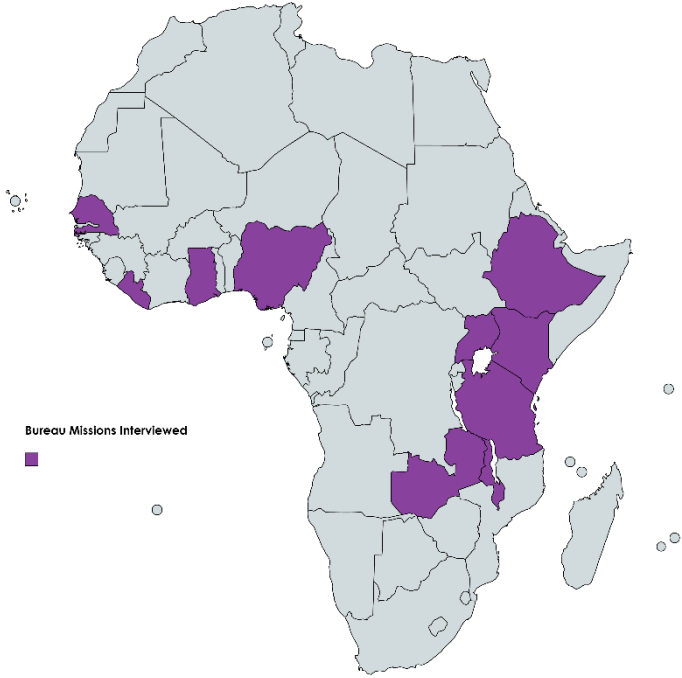
- **Co-funding:** Education and Economic Growth Bureaus
- **Objective:** Help schools reopen and keep students safe through better access to handwashing stations in schools
- **Investment:** Hand-washing stations, including rehabilitating micro-boreholes and transporting water in arid regions
- **Complementary activities:** Hygiene education to prevent the spread of COVID-19

Qualitative Interviews: SWOT for Multisector Collaboration

Africa Bureau Missions with Health and/or Education Investments



10 Missions Interviewed



Created with map

Created with mapchart.net

STRENGTHS

- Knowledgeable staff
- Existing examples of coordination
- Conducive mission culture that supports but does not mandate coordination
- Recent cross-sector collaboration for school-age children in response to COVID-19
- Existing examples of integrated teams
- Clear entry points within updated CDCS (ex. integrated DOs)
- Precedent for using flexible funds, such as MCH resources, to support multisector actions

WEAKNESSES

- Limited examples of integrated school health and nutrition programming financed by Africa Bureau Missions
- Incongruent programmatic cycles and geographic investments between sectors in country
- Emphasis on sectoral attribution in budgetary and M&E reporting complicate multisector action
- Disproportionate staffing between sectors

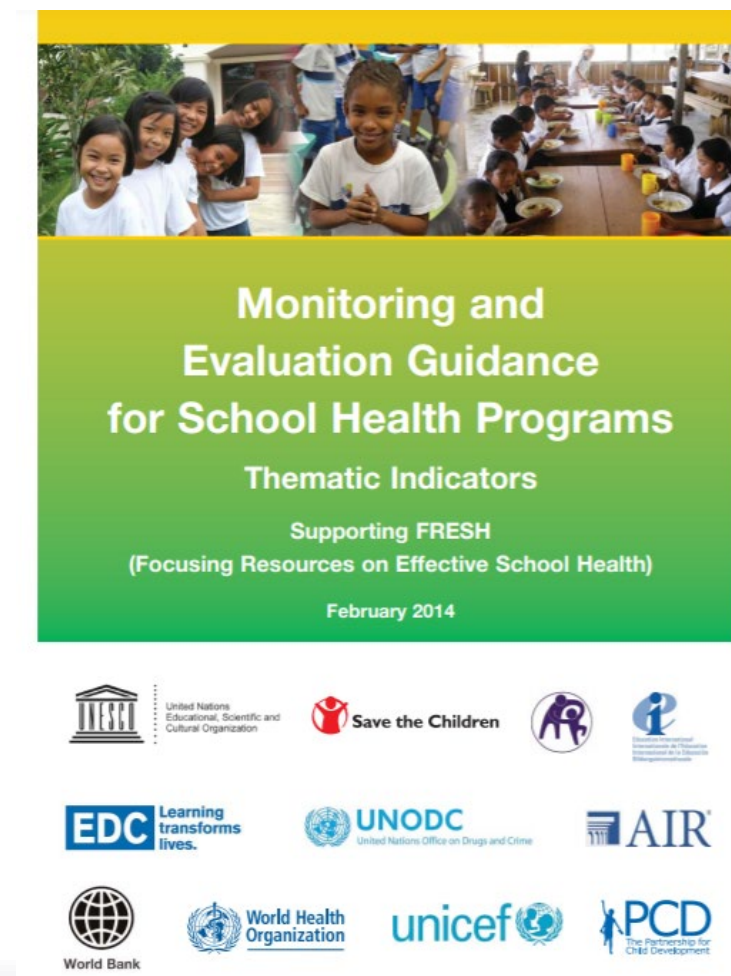
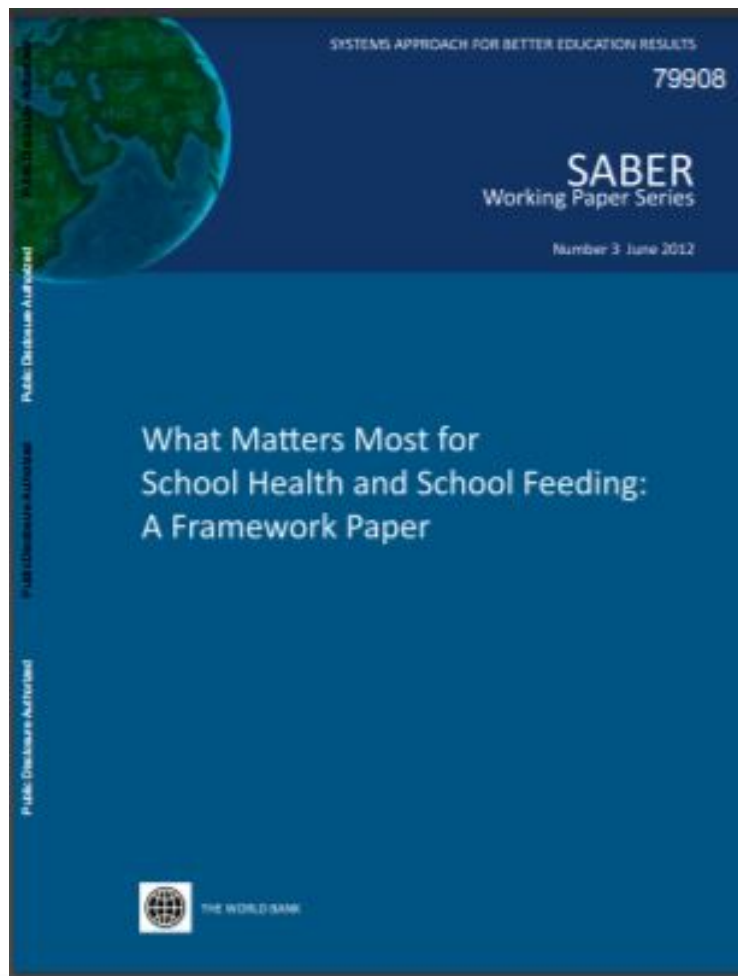
OPPORTUNITIES

- Sufficient global and regional evidence to support multisector action
- Constrained fiscal environment fosters momentum for cost-effective interventions
- Innovations and cross sector collaboration has become increasingly prevalent to address common challenges
- SDG 3 (*Ensure Healthy Lives and Promote Well-Being for All at All Ages*) provides justification for lifecourse approach

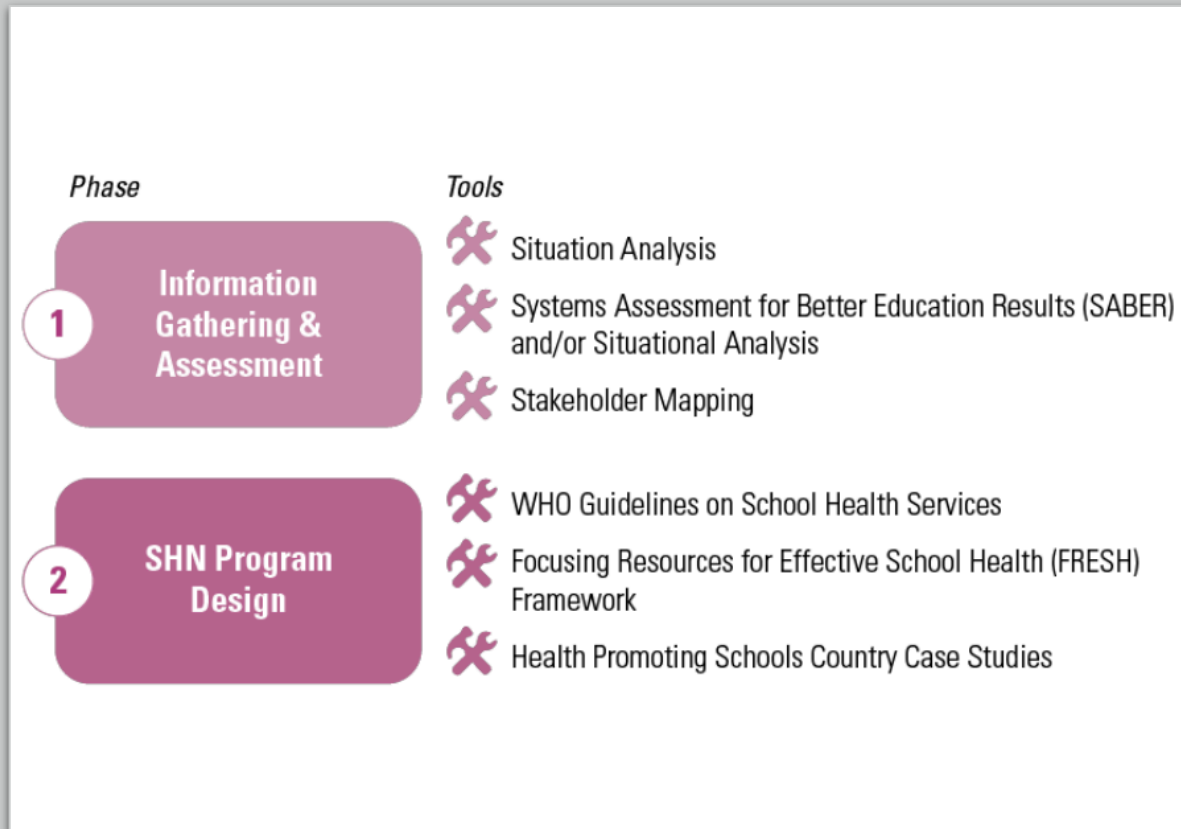
THREATS

- The COVID-19 pandemic has further constrained government and donor budgets
- School closures due to COVID-19 has revealed the limitations of relying on schools to deliver routine health services and related safety nets
- Emphasis on catch-up upon resumption of schooling may reduce bandwidth/appetite for non-academic inputs

Existing Frameworks for School Health and Nutrition



Frameworks Can Be Applied Across the Program Cycle



Pathways to Operationalize Multisector Action for School Health



Pathways to Operationalize Multisector Action for School Health



1.3 Knowing the Context: Assessing School-health Needs and Priorities

Nbr	Recommendation	Ease of Implementation
1.3.1	Conduct a situational analysis to inform country-level multisector strategic planning	● ○ ○ ○ ○ ○
1.3.2	Develop and maintain a multisector landscape analysis in order to inform priority setting discussions when drafting the CDCS Concept Note	● ● ● ○ ○ ○
1.3.3	Identify opportunities to strengthen engagement between health and education, including layering investments for siloed programs; co-locate activities that run adjacent to its mission and attribute project outcomes to their respective policies and strategies*	● ● ● ● ● ●

Discussion Questions

- The report identified that many actors do not share a common understanding of SHN, multisector, integration, and coordination. To what extent—if at all—does this present a challenge for joint efforts?
- How might a SWOT on school health and nutrition for your organization differ from what we found?
- What strategies have you found to be effective in facilitating multisector coordination?
- What are examples of public goods that could benefit a wide range of actors in this space that does not yet exist (or is not yet popularized)?

Opportunities for Continued Engagement & Discussion

CHTF Member

- Register to become a member of the Child Health Task Force
- www.childhealthtaskforce.org/subscribe



Re-Imagining the Package Subgroup

- Learn about multisectoral efforts to improve the health and wellbeing of children as they mature through regular webinars and discussions organized by the subgroup.
- All recordings and materials from past subgroup webinars are available here:
www.childhealthtaskforce.org/subgroups/expansion



SHN Hub

- Stay up-to-date on the latest news related to school health and nutrition
- www.childhealthtaskforce.org/hubs/school-health-and-nutrition
- Read the report sharing findings from today's presentation
- <https://bit.ly/chtfsHNreport>



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