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”.

USMR Rate of Reduction Gap
-7.70 | 12.30
Child Health Task Force Today

- 2000+ members
- 80+ countries
- 300+ organizations

Working together in 10 subgroups

Focused on 5 themes of work
Child Health Task Force Strategy & Members Survey

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/chtfstrategy

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.
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
• 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, i.e. 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”
“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

1. Inputs
   - WASH supplies & infrastructure
   - Sanitary napkins
   - Bednets
   - Curricular materials
   - Desks

2. Activities
   - Health & nutrition education
   - Routine health services & commodities, including meals
   - Deworming
   - Vision, hearing, dental screening
   - Teacher training

3. Outputs
   - Quality, equitable & effective learning environment
   - Effective, engaging & supportive teachers
   - Robust curricula
   - Safe physical & social environment

4. Outcomes
   - Joy in learning, more active participation in school & improved school performance
   - Healthy & secure children with basic literacy

5. Impact
   - Greater educational attainment
   - Greater earning opportunities
   - Improved morbidity & mortality outcomes
   - Human capital formation
# Landscape Analysis: Who’s Who, Where?

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>ACTORS IN COUNTRY</th>
<th>INTERVENTION</th>
<th>ACTORS IN COUNTRY</th>
<th>INTERVENTION</th>
<th>ACTORS IN COUNTRY</th>
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<tbody>
<tr>
<td>HIV/AIDS</td>
<td>DREAMS, AIDSFREE, LIFT</td>
<td>SBGBV</td>
<td>UNESCO, FCDO, Rockflower, WUSC, Plan International</td>
<td>HIV/AIDS</td>
<td>DREAMS, 4Children, AIDSFREE, Linkages</td>
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<td>Immunization</td>
<td>GAVI</td>
<td>School Feeding</td>
<td>McGovern Dole (via Project Concern), PCD (TA), PCI International</td>
<td>Immunization</td>
<td>GAVI</td>
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<td>Malaria</td>
<td>NMCP, NMIR Tanga</td>
<td>Vision Screening</td>
<td>Brien Holden Vision Institute</td>
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<td>Integrated</td>
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<tr>
<td>Programming</td>
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<td>or TA</td>
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For Tanzania:
- FCDO (via Crown Agents), USAID (via RTI), SCI
- UNESCO, FCDO, Rockflower, WUSC, Plan International
- McGovern Dole (via Project Concern), PCD (TA), PCI International
- Save the Children, Partnership for Child Development

For Kenya:
- DFID (via ASCEND | EAST), Evidence Action
- DREAMS, 4Children, AIDSFREE, Linkages
- GAVI
- Mary’s Meals, McGovern Dole, Catholic Diocese of Lodwar
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
<table>
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<tr>
<th><strong>STRENGTHS</strong></th>
<th><strong>WEAKNESSES</strong></th>
<th><strong>OPPORTUNITIES</strong></th>
<th><strong>THREATS</strong></th>
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<tbody>
<tr>
<td>Knowledgeable staff</td>
<td>Limited examples of integrated school health and nutrition programming financed by Africa Bureau Missions</td>
<td>Sufficient global and regional evidence to support multisector action</td>
<td>The COVID-19 pandemic has further constrained government and donor budgets</td>
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<td>Existing examples of coordination</td>
<td>Incongruent programmatic cycles and geographic investments between sectors in country</td>
<td>Constrained fiscal environment fosters momentum for cost-effective interventions</td>
<td>School closures due to COVID-19 has revealed the limitations of relying on schools to deliver routine health services and related safety nets</td>
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<tr>
<td>Conducive mission culture that supports but does not mandate coordination</td>
<td>Emphasis on sectoral attribution in budgetary and M&amp;E reporting complicate multisector action</td>
<td>Innovations and cross sector collaboration has become increasingly prevalent to address common challenges</td>
<td>Emphasis on catch-up upon resumption of schooling may reduce bandwidth/appetite for non-academic inputs</td>
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<tr>
<td>Recent cross-sector collaboration for school-age children in response to COVID-19</td>
<td>Disproportionate staffing between sectors</td>
<td>SDG 3 (<em>Ensure Healthy Lives and Promote Well-Being for All at All Ages</em>) provides justification for lifecourse approach</td>
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Existing Frameworks for School Health and Nutrition
Frameworks Can Be Applied Across the Program Cycle

<table>
<thead>
<tr>
<th>Phase</th>
<th>Tools</th>
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<tbody>
<tr>
<td>1</td>
<td>Situation Analysis</td>
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<td></td>
<td>Systems Assessment for Better Education Results (SABER) and/or Situational Analysis</td>
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<td></td>
<td>Stakeholder Mapping</td>
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<td>2</td>
<td>WHO Guidelines on School Health Services</td>
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<td></td>
<td>Focusing Resources for Effective School Health (FRESH) Framework</td>
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<td></td>
<td>Health Promoting Schools Country Case Studies</td>
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<tr>
<td>3</td>
<td>SHN Program Implementation</td>
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<td>Health Promoting Schools Implementation Guidance</td>
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<tr>
<td>4</td>
<td>SHN Program Monitoring &amp; Evaluation</td>
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<td></td>
<td>Health Promoting Schools Global Standards and Indicators</td>
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<td></td>
<td>FRESH Thematic Indicators for School Health</td>
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Pathways to Operationalize Multisector Action for School Health

STRATEGIES TO OPERATIONALIZE SCHOOL HEALTH

Reducing Obstacles
Removing Bottlenecks
Cultivate Champions
Research & Knowledge Dissemination
1.3 Knowing the Context: Assessing School-health Needs and Priorities

<table>
<thead>
<tr>
<th>Nbr</th>
<th>Recommendation</th>
<th>Ease of Implementation</th>
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<tbody>
<tr>
<td>1.3.1</td>
<td>Conduct a situational analysis to inform country-level multisector strategic planning</td>
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<tr>
<td>1.3.2</td>
<td>Develop and maintain a multisector landscape analysis in order to inform priority setting discussions when drafting the CDCS Concept Note</td>
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<td>1.3.3</td>
<td>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*</td>
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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](http://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](http://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](http://www.childhealthtaskforce.org/hubs/school-health-and-nutrition)
- Read the report sharing findings from today’s presentation
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