



Multi-sectoral Approaches to Child Health: a discussion series

*Re-imagining the Package of Care for Children Subgroup
June 8, 2022*



Co-Chairs:

Cara Endyke Doran, cendykedoran@globalcommunities.org

Raoul Bermejo, rbermejo@unicef.org

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



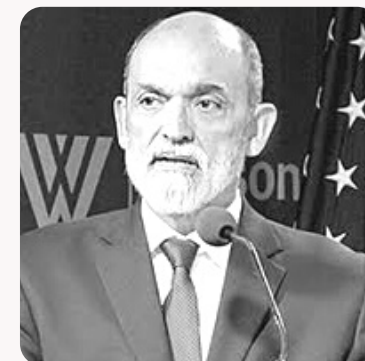
Alfonso Rosales
Respondent
Independent Consultant



June 08, 2022 | 10:00 A.M.

Case Studies on Multisectoral Programming for Children

The Honduras program



**DR. ALFONSO C.
ROSALES**

*Epidemiólogo/especialista en
medicina tropical/investigador
y consultor
Email: arosales06@gmail.com*

BACKGROUND

- The McGovern–Dole International Food for Education and Child Nutrition Program (MGD), implemented by CRS Honduras and funded by USDA.
- School feeding project focused on the strategic objective to improve the literacy of school-age children in 17 municipalities in the Department of Intibucá.
- Three phases: 2013–2015; 2016–2020; 2021–2025.
- Sectors: education, nutrition, and economic empowerment

Methodology



- Nine qualitative semi-structured narrative session interviews which included 13 key program stakeholders.
- Key informants included representatives from the funding agency (USDA), implementing agency and partners (CRS, COCEPRADI, regional department of education) and external program evaluators (Boston School of Social Work).

Methodology



- All interviews were conducted over Zoom (Zoom Video Communication, Inc.) and lasted 45–60 minutes.
- Participants were asked open-ended questions which were designed to elicit a narrative.

Themes and Trends

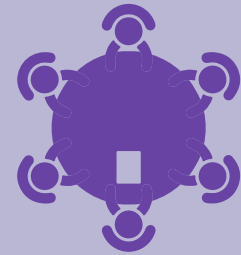


- Project coordination across multiple sectors.
- Government, civil society and stake holder buy-in.
- Challenge of health system fragility and decentralization.
- Cultural competence and gender empowerment in program planning and implementation.

Theme I: Project Coordination Across Multiple Sectors



Agreement on the need for collaboration and implementation capacity



Development of a multisector oversight



Geographic and cultural context considerations



Shared framework for project monitoring and evaluation

Theme I: Project Coordination Across Multiple Sectors



Agreement on the need for collaboration and implementation capacity

The CRS' program was born as a local, national need because the government's school feeding program did not meet the requirements and expectations of the population of school children and their parents.

"The government of Honduras has a history of supporting school meals, they are a member of the Global Scholl Meals Coalition, which was a product of the UN food System Summit in September 2021. So that is a demonstration of their national commitment. They support and have demonstrated that they have a school feeding direction" (Lindsay Carter).

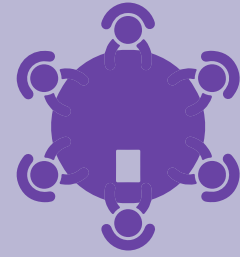
Theme I: Project Coordination Across Multiple Sectors



Agreement on the need for collaboration and implementation capacity

The ministry of education selected the centers to be included and survey studies were carried out. With this information a multisectoral (nutrition, health, and education) design process to identify a critical route began. The design process not only included institutional implementers (CRS-COCEPRADI-teachers-educational centers) and partners (national director of school feeding program, departmental directors of education, secretariat of education, municipal governments, educational development councils and community water boards) but also beneficiaries (parents of children). “The greatest merits that I can give in good results have been to the parents, As a program we have a strong operational structure in the field, however we depend heavily on the parents to receive the food, prepare the food, counterparts for all the interventions we do” (Denis Garcia, COCEPRADI).

Theme I: Project Coordination Across Multiple Sectors



Development of a multisector oversight

From the start this project developed a multisector oversight committee. This committees were led by CRS, with active participation from partners like COCEPRADI, Caritas, ministry of education, secretary of social inclusion, and local governments. The program was part of the CONCORDE group (Education Coordinating Committee), a group of different institutions working in education throughout the country. They shared studies, experiences, and statistics. Grupo Seguridad Alimentación y Nutrición (SAN) supported the collection of data for the hunger and food security study. Reflection and learning sessions, were part of the activities of this oversight committee. There we presented the scope of the programs, the goals achieved, strategies that we built to implement some activity.

Theme I: Project Coordination Across Multiple Sectors



Geographic and cultural context considerations

The program included a wide representation from the local culture by including several local partners as well as active participation from parents. This fact was identified as having a strong facilitator role in promoting in building trust in the community. Likewise, the extended program coverage by implanting activities department wide of Intibuca, facilitated knowledge and trust in the program. "In terms of gender, for the volunteers, because I did mention that the majority were mothers in the preparation of the food, what we did to motivate more fathers, and if we have and we had some fathers who participated. There are fathers who continue to participate, it was to look for a father who was interested in participating and that he would be the leader, who looks for his friends or brothers or other men in the community to convince them to share as well." (Jennifer Mallman).

"They were all, definitely, especially implementing partners because they are part of the communities and know all the actors and are known in the area, in Intibucá and already have relationships with the different actors, so they are key in this aspect to open doors, and seek meetings and receive support and coordination with all the different people in the implementation areas" (Jennifer Mallman).

Theme I: Project Coordination Across Multiple Sectors

The program utilized annual multisectoral committee supervision reviews to increase program accountability and trust.



Shared framework for project monitoring and evaluation

"Yes, accountability meetings were held once a year, where the program presented the results obtained in the different sectors and the expenditure that had been made." (Vilma Suyapa Flores).

"We try to include all of them, for example, the Secretary of Education. We do it through reports, meetings with them, and we also take advantage of the open meetings with the community, where we deliver all this type of information. And yes, also to boards of trustees, teachers, directors. We try to reach everyone, everyone who participated from the beginning. And even if there are new ones, because we also consider other organizations that exist or that are arriving in order to be able to inform and see how to do it. There is also complementarity, coordination on some similar actions that I was initiating" (Neftalí Díaz).

Theme II: Government, civil society and stake holder buy-in

The program executed a socialization strategy through information sessions with all stakeholders, with the specific intention of increasing buy-in from all levels of partners and stakeholders.

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

- **Collaboration with the government**



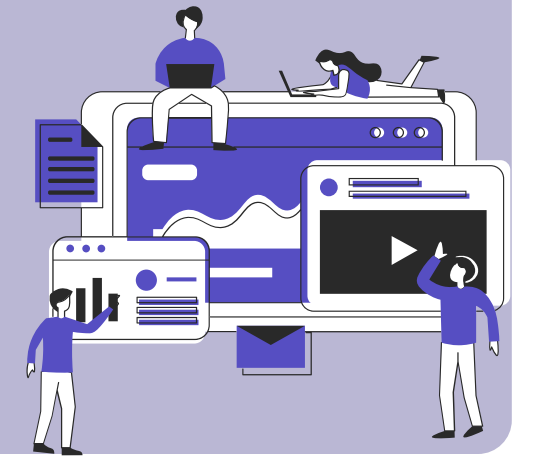
The socialization process ended up producing active involvement in the program sustainability process. On the government side, from the moment the program was known, what its intervention were, what its areas of execution were, to whom it was directed, the program had the support and political will to collaborate and develop all the actions that have been implemented. First, the permits needed to execute the program from the Secretariat of Education, as the governing body of the area, and with the local governments, they supported with items such as storage places for products, counterparts for the execution of works, transportation for some materials where the program did not have that resource.

Theme II: Government, civil society and stake holder buy-in

Also implemented community-based activities to improve community engagement and support.

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

• **Civil society and private sector buy-in**



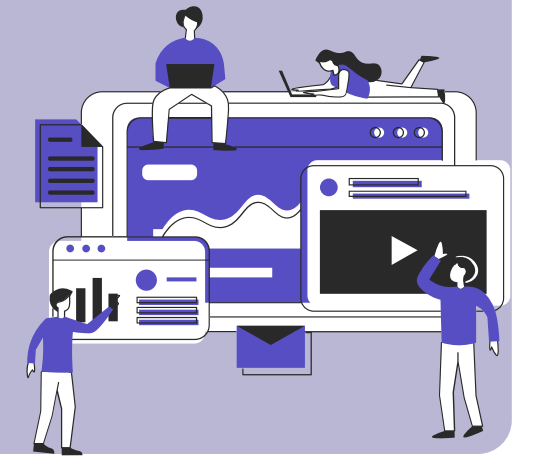
"And we understood that we had to give them these tools through training at all levels, the level of the director, the level of the principals and the level of the teachers who worked in the schools, and it was also oriented or directed towards the parents. The fact of being able to achieve 100% of their involvement. In the development and implementation of the program and for them to realize that we were all important, or that we were all necessary for the program to be a success" (Orlando Del Cid).

Theme II: Government, civil society and stake holder buy-in

The socialization process ended up producing active involvement in the program sustainability process. Thus, parents are contributing a lot from their own homes and things for school meals.

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

•**Civil society and private sector buy-in**



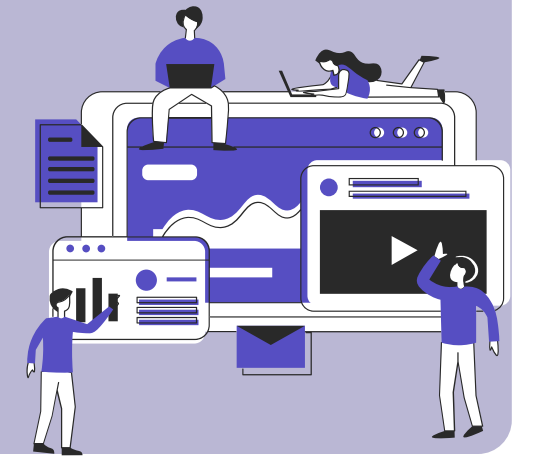
For example, firewood for cooking, condiments such as salt, sometimes vegetables in the areas that do not have the local purchase project, fruits, eggs, etc. Additionally, the program provided incentives to facilitate civil society and community involvement in the program. The mothers and fathers who volunteered in the big activities, were given an incentive of a food bag or food ration for their efforts. But that was at the volunteer level. In the case of the members of the government at the central level, when they went to the field to learn about the project, we paid for lodging and food, for example (Jennifer Mallman).

Theme II: Government, civil society and stake holder buy-in

The incentives were given more at the local level.

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

• **Civil society and private sector buy-in**



The incentives were given more at the local level and more with Civil Society personnel, in some cases was necessary to provide them with transportation, food, so that they can participate, because suddenly that is what they need, not so much the institutional personnel of the Secretary of Education, Health, who have their own resources (Neftalí Díaz).

Theme III: Health System Fragility and Community Capacity for Interventions



The beginning of the COVID-19 pandemic in 2020, strained to the limits, not only health systems but communities as wells.



The Honduras program had to quickly adapt, shift, and submit approvals to the funding agency to work around the challenges imposed by the coronavirus pandemic.

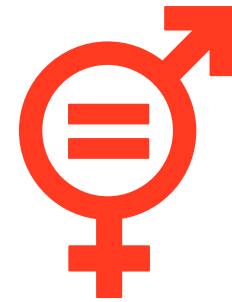


The program established agreements with key institutions to maintain some program activities (ministry health)..

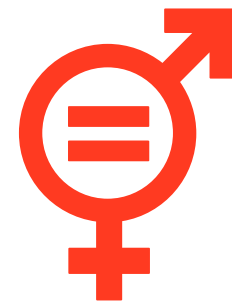


The teachers went to the schools and together with the program's technician distributed the school snack for each child daily.

Theme IV: Cultural competence and gender considerations

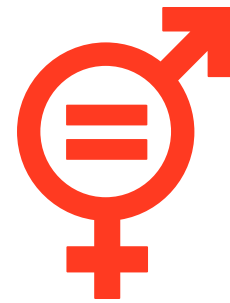


The program did not have a truly gender approach.



All gender activities instead of transformative, reinforced gender roles within a strong macho culture.

Limitations



Lack of a gender approach.



Vertical funding.

Take Home Messages



Consensus on the definition of the problem and how sectors align within a solution is the first prerequisite to drive change.

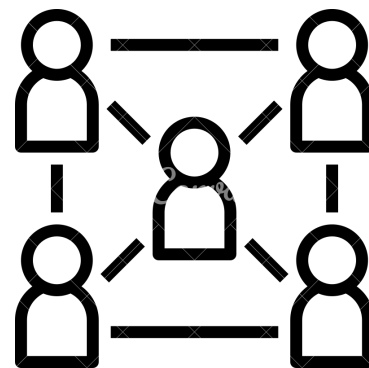


Building on existing national and local platforms, while adapting to the defined local problem, drawing on local knowledge and expertise is important.

Take Home Messages



Implementation needs to incorporate a learning process.



Without a relationship building approach no multisectoral programming will work.

Thank you!

Have a great day



Case Studies on Multisectoral Programming for Children

Honduras McGovern-Dole International Food for Education and Child
Nutrition Project & Tiwalere II Project in Malawi

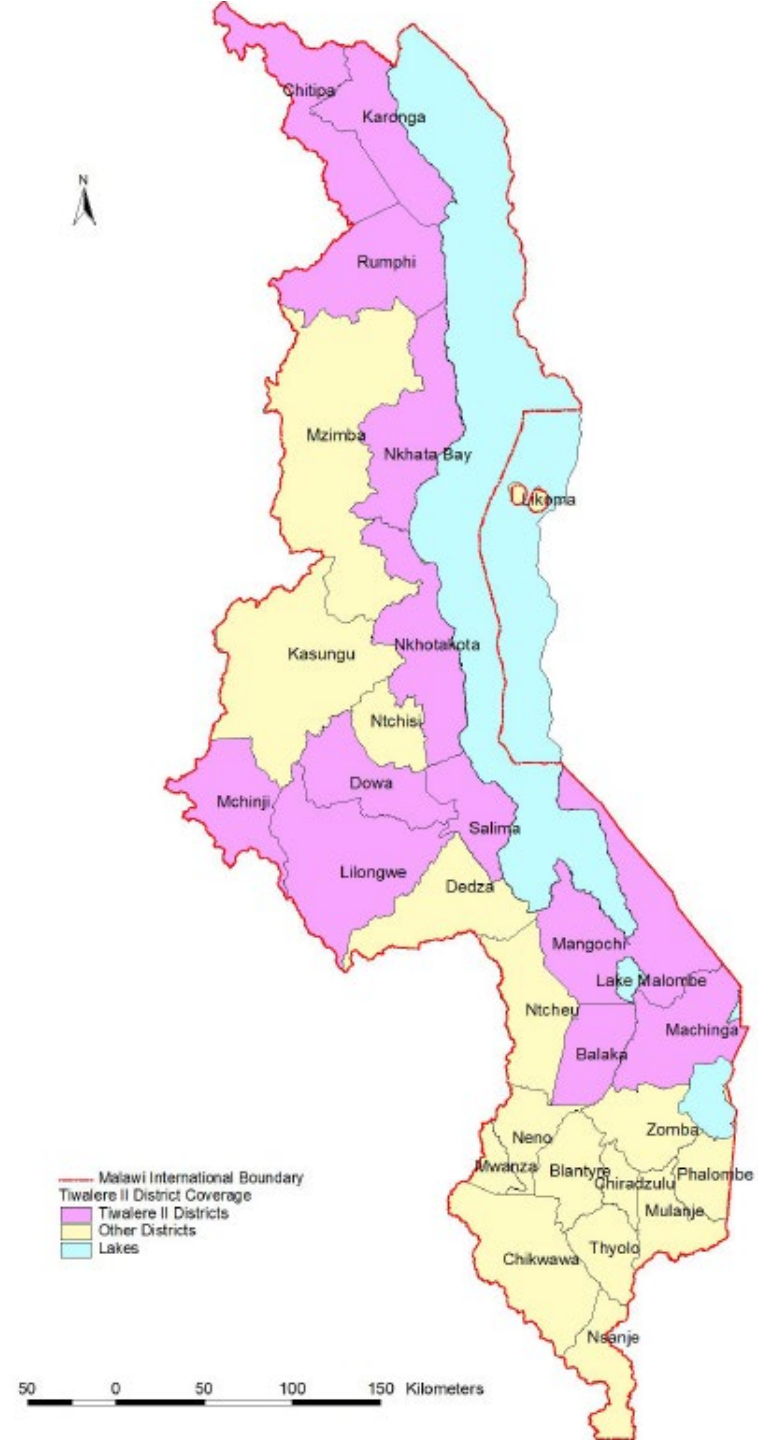
Patricia M. Gross, MPH, MSW


Malawi Tiwalare II Case Study



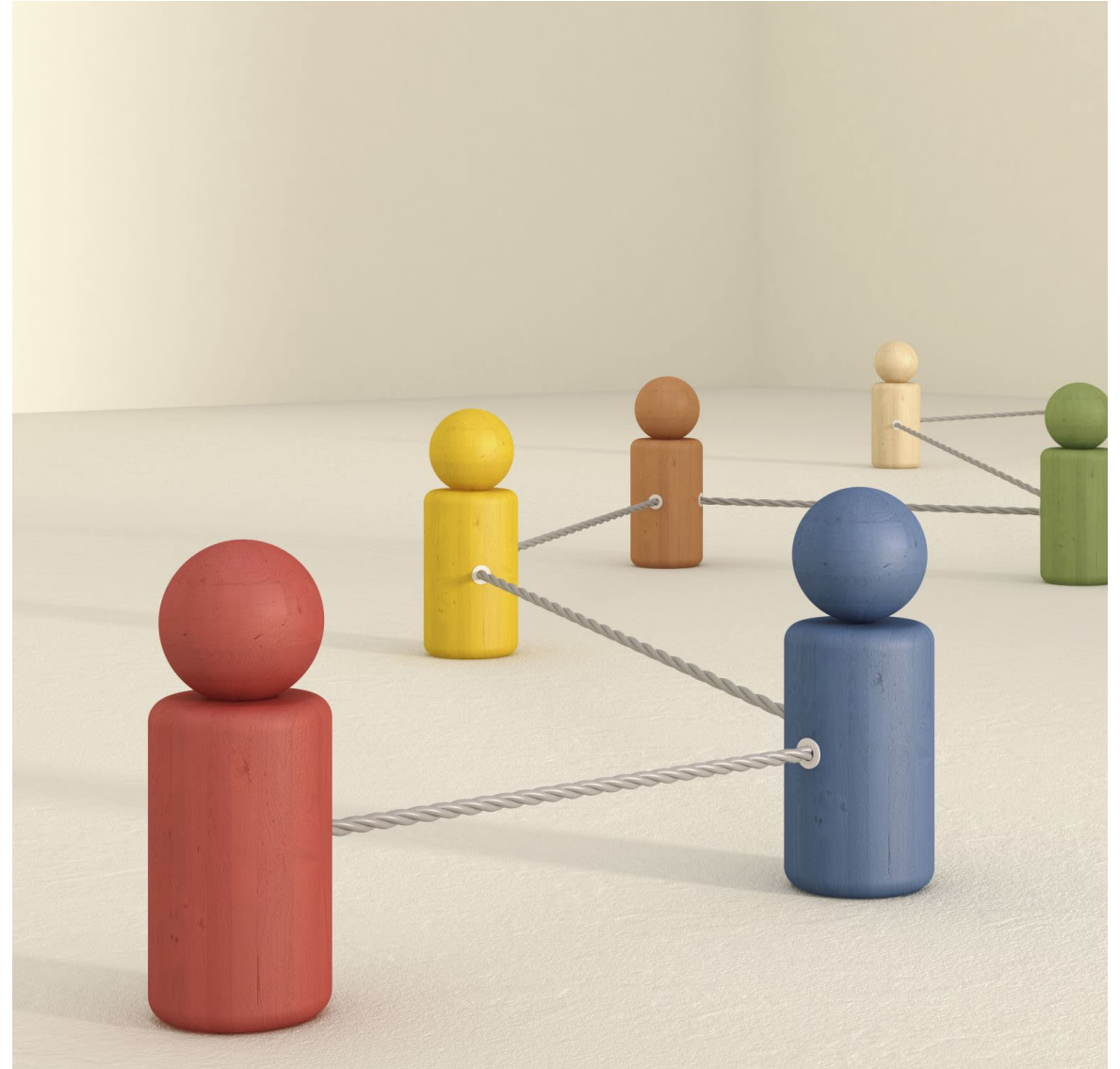
Summary of Malawi Tiwalere II

- Tiwalere II project is a five-year (July 2016- June 2021) multi-sector project funded by the USAID (US\$39.4 million) implemented in 11 districts across Malawi by Feed the Children along with its consortium partners (World Relief and Total Landcare), and Private Sector Partners: NuSkin and Proctor and Gamble (P&G). Tiwalere II focuses on maternal and child health.
- Scope: nutrition-sensitive interventions including WASH, agriculture, and economic empowerment.
- Goal: improve the nutritional status of children under-five-years-of-age, pregnant and lactating women, mothers of children under-two-years-of-age and adolescent girls.





Project Coordination Across Multiple Sectors



Multisector Involvement in Coordinating Committees

- Tiwalere II decided to coordinate through the [Ministry of Health Committees](#) because the [Department of Nutrition and HIV and AIDS](#) uses multisectoral committees at the [National, District, Area, and Village levels](#) which includes: Nutrition, Agriculture, WASH, and Economic Empowerment Sector specialists, as well as Civil Societies and Non-Governmental Organizations and Donors.
- However, there was not a sector specialist focusing on economic empowerment while a component of local implementation through VSLA groups. Agricultural components of the project were all led through local Malawian subrecipient Total Landcare.
- There was not a Tiwalere II specific coordinating committee however, internally the team met on a monthly to discuss program successes, challenges, and coordination.
- At the [District, Area, and Village Nutrition Coordinating Committees](#) were also multisectoral in nature and included specialists from nutrition, health, WASH, Agriculture, and Economic empowerment at the local level as well as local implementing partners and civil society organizations.

Multi-Sector National Coordination Mechanisms

National Government: Ministry of Health, Ministry of Water and Sanitation/WESnet, Ministry of Agriculture Community Development and Social Welfare

Ministry Level: Department of Nutrition, HIV and AIDS

National Working Groups and Clusters: National Nutrition Committee, Cluster and Working Groups, Infant and Young Feeding Task Force, Scaling Up Nutrition Task Force

District Level: District Executive Committees, District Nutrition Coordinating Committees, District Coordinating Committee for Water and Sanitation

Community Level: Area Nutrition Coordinating Committees, Area coordinating Committee for Water and Sanitation

Village: Village Nutrition Coordinating Committees, Village Coordinating Committee for Water and Sanitation

Incentives Provided for Multisector Coordinating Committees

- National Level Incentives and funding for Coordinating Committees provided by Government of Malawi, World Bank, Irish AID, and UNICEF
- District Level Nutrition Coordinating Committees Incentives provided by Feed the Children (project Prime) and other local implementing NGOs.
 - Incentives provided included: travel per diems, fuel for government officials, snacks/lunch, Bicycles and t-shirts for community volunteers

How did interviewees rank the coordination?

Very Good

- I'd rate it very good as WASH. However, when we look at the coordination within the project, I saw one challenge which needs to be addressed in future. **Integrated programs of WASH, nutrition and agriculture, in my view, requires specific professionals at a lower level.** Otherwise, we could hit everything on possibly a food security officer to go into WASH, to go into nutrition, to go into whatsoever.
- I know they've got impact, but also even after the end of the project, I think people are still talking about it. They're still practicing what was happening because I think they were spread. They made sure that everyone in the districts was aware of what was happening, why it was happening, and the funding mechanism and everything. I would rate it as having been successful.

Good

- It was good because you would meet as a group, as a committee. You would review the activities for the projects and then plan together. Even during implementation, we are all working together with our colleagues from our government.
- I think it was good because whenever we would have budget meetings, whenever, it was all the people who were in charge of a sector in the room, **so everyone knew what everyone else was doing and what was going to happen where.** An easy example is the WASH program. When we were going to drill boreholes, our WASH guy would go out and coordinate with the people on the ground who are covering an area and come up with the location for the boreholes and that. There was coordination. To me, that's done because **you get everybody around the table, and then in the project, the right-hand knows what the left hand is doing.**

Neutral

- I think there's a lot of **improvements that could be made that's more regular check-ins and more regular progress updates.** It would have been nice to get more regular check-ins about the progress. I also think that's a two-way street. I don't think we were asking regularly for it. Whenever we do ask for something, they're very responsive.

Poor/Unsatisfactory

- **The entry point in the beginning probably was wrongly done.** Entry point is about when you have a project or indeed an intervention and then if it is health sector, or indeed if it is agriculture, you need to go to the sectoral departments that are responsible. This information for the project itself, they started reaching out to the districts instead of reaching out to the national level, and also to get advice on who at national level can guide it better, either on the nutrition or agricultural sector or indeed, Child Health part. **That was not done at the central level, but rather the entry was at a lower level ignoring the governance structures at central level.** You have that area of lost opportunity, if I can say so, it was not done according to the expectations.

Government, Civil Society, and Stakeholder Participation

Collaboration with Government

- Primary collaboration was through the Ministry of Nutrition and HIV and AIDS, national working groups/clusters, and then district and local government structures. Working groups within each of the departments allowed for multisectoral collaboration at the local level.
- Key challenge was as a point of **streamlining efforts not all ministries were involved** at the same level. For example, under the Ministry of Health, the Integrated Management of Childhood Illnesses department was not as involved which also is the holder of the Child Health Policy and Child Health work as they report all under 5 mortality. Since the project had a large focus on child health and improving childhood stunting, this was a missed opportunity.

Collaboration with USG/Donors

- Tiwalare II was a USAID GDA Program. GDA projects are focused on public-private partnerships and co-creation.
- Tiwalare II responded to a USAID annual program statement and once accepted they co-created the project together with multiple sectors both within the consortium and within USAID including WASH, maternal-child Health, and agriculture.
- All individuals interviewed responded that collaboration with the USG/donor was positive and that they hoped the project would continue collaboration in phase III.
- Each interview respondent also discussed challenges with funding being stalled during the project that delayed implementation. As funding appropriations from Washington DC were delayed and stalled for all USAID programs, the funding was halted for almost 1.5 years. While the program was able to reach its targets eventually, the question remains as to how much more could they have exceeded the targets if funding had not been stalled.

Collaboration with the Private Sector

- NuSkin provided Vitameal averaging about 84,000 2-kg bags of fortified porridge a month, that we then distributed to 1,421 preschools
- Procter and Gamble (African Division) provided WaterGuard to communities to purify and create portable water.
- Feedback provided was that the partnership was successful and that both partners have continued to work with Feed the Children both within the program, after the program completed.
- However, private sector partners reported that feedback provided to them on program results, successes, and challenges could have been more consistent.

Community Collaboration

- Malawi Tiwalare II primarily used the Care Group model as the main method for imparting information to communities and improving maternal and child health.
- Through these groups, health educators and community volunteers shared information on nutrition, WASH, VSLA, and agriculture supported nutrition (food security).
- Because Tiwalare II was a follow-on community feedback was considered in the design of the project and used to adapt the project to better meet community needs.

Health System Fragility and Disaster Preparedness

Disaster Preparedness: Was Anyone Ready?

- I must say, we were not prepared then. We were all taken unaware. We had a backlog of work maybe even for one year, because then I think it just came as a surprise. We didn't have resources to prepare and also be ready to fight the pandemic. It took a bit of time for us to come back to say, "We need to wear masks, we need to have these sanitizers, we need to have this so that we can continue with our normal living." I must say we weren't prepared at all, all the sectors I know.
- The Tiwalere II had no special allocation for response to COVID-19. The project had no contingency budget that could address emerging health problems. However, the government and other development partners responded well to the COVID-19 pandemic. We were part of implementing their initiative.

Cultural Competence and Gender Empowerment

Tiwalare II Gender Perspective and Focus

- Overall, multisector interventions used by Malawi Tiwalare II included a gender perspective but were not gender transformative. Some examples of interventions included:
 - Inclusion of male community volunteers, male care group members, and even male care group leaders
 - Promotion joint decision making at the household level on issues of food security, agriculture, nutrition, finances, and reproductive health.
 - Worked to reduce economic imbalances through education, agriculture, WASH, and small business initiatives.
 - Stay in school initiatives working to reduce teen pregnancy and keep girls in school.
 - The community action groups/community leaders lobbied and advocated for more male participation.
 - Post-partum depression (PPD) identification, PPD support groups, and referrals.

Case Study Recommendations

Tiwalare II Case Study Recommendations

Ensure common interest in the design phase, defining clear problem statements, and ensuring that each partner understands their role (and other sectors roles) in ensuring the goal is met.

- Financing has an influence on funding mechanisms and problem definitions. Therefore, at the donor level, clear definition of the problem and the relevant ministries that need to be engaged needs to happen in the co-design phase.
- Each sector needs to understand its role and contribution toward solving the problem and how the other sectors are contributing to the goal.

Engage Key Stakeholders including private sector partners from the design phase and inform them of reporting structure so they can be engaged in program successes and challenges and better market the value of private sector partnerships. Incentives:

- For ministry level actors especially at the national level, incentives such as inclusion of budget lines for fuel, transportation, lodging if needed, and food for program visits was key to ensuring engagement at all levels.
- Local engagement of multiple sectoral committees was often encouraged by national level ministry staff but also engagement through food or transportation support (if needed) and incentives such as t-shirts and bicycles for community volunteers.
- For private sector Stakeholders often incentives of why they should be more engaged or how they could benefit from reports and more frequent updates needs to be better explained. Private sector partners in this case were simply engaging and receiving reports on the same level as they did for other feed the children initiatives. However, they missed an opportunity to see clear data on the benefit of their engagement which was already built into the program reporting process. This data could help them in further advocating for the benefit of private sector partnerships and their own philanthropy.

100% of interviewees discussed challenges of funding and/or stockouts. While the project succeeded in large-part due to the private sector partnership in meeting M&E targets, the question loomed how much more could have been accomplished.

- Funding lulls in the US directly affect funding for project overseas. Thus, we need to ensure continued advocacy and discussions around financing.

Funding and disaster mitigation needs to be a part of all project multisector designs.

- If there had been even small funding allocations for disaster mitigation, it would have been easier for programs to roll-out covid-19 mitigation efforts. However, they were reliant on other projects or private funding in order to ensure beneficiary needs were met.

Multisector Gender interventions need to help shift the status quo and flip the transcript. Male engagement needs to go beyond just being involved in reproductive health or care groups. Example, Men need to be encouraged to lead their own parenting groups that support multisector interventions for children.



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



The Child Health Task Force is managed by JSI Research & Training Institute, Inc. through the USAID Advancing Nutrition project and funded by USAID and the Bill & Melinda Gates Foundation.

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.