Multi-sectoral Approaches to Child Health: a discussion series

Re-imagining the Package of Care for Children Subgroup
June 29, 2022

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CHTF 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/chtfstrategyen

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 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

Series dates

May 5th: *Literature review findings and framing*
June 8th: *Case studies from Malawi and Honduras*
June 29th: ***Subgroup members share case studies from Ethiopia and Kenya***
August 3rd: *Wrap up and setting the agenda*

Featuring

Ameha Tadesse
Country Director & Chief
of Party
Feed the Future
Resilience in Pastoral Area
Global Communities
Ethiopia

Helina Tufa
Nutrition Team Lead
Feed the Future
Resilience in Pastoral Area
GOAL Ethiopia

Rael Kukule Akoru
Public Health Officer
Ministry of Health Services
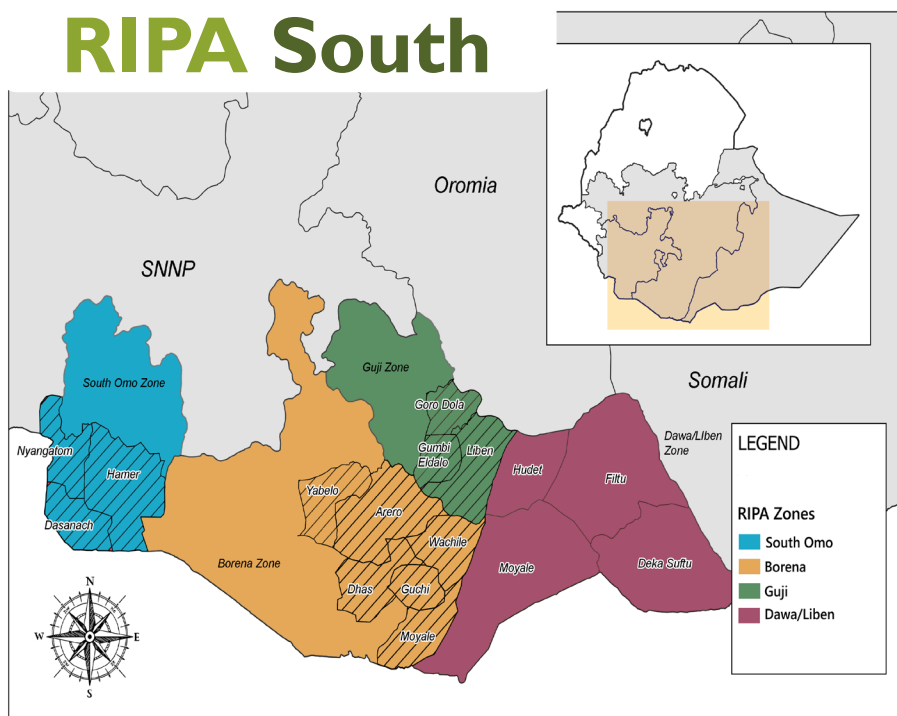and Sanitation
Turkana County, Kenya

Case Studies on Multisectoral Programming for Children

USAID/Ethiopia Funded
Resilience in Pastoral Areas (RIPA) project

Implemented by Global Communities (GC), GOAL, and International Development Enterprises (iDE)

RIPA South

Timeframe: Jan 2020 – Jan 2025

Target location: South Omo zone, Borena Zone, Guji Zone, Liben Zone, Dawa Zone (16 woredas)

Project goal: To improve resilience that enhances food security and inclusive economic growth within targeted pastoral regions of Ethiopia

Population reach: 484,906

Component 1: Improved Disaster Risk Management Systems and Capacity

Component 2: Diversified, Sustainable Economic Opportunities for People Transitioning out of pastoralism (ToPs)

Component 3: Intensified and Sustained Pastoral and Agropastoral Production and Market Systems

Component 4: Improved and Sustained Nutritional Status of Women and Children

Component 5: Crisis modifier

Key partners: MoILL, MoH, MoA, NDRMC, MoWCY, fed and regional government at all levels, target communities, private sector (financial institutions, suppliers)

Vision for Change

5 Year Vision for Change

- Enabling environment for women, men and youth created

- Pathways to resilience are paved and road tested

- Integrated into public, private and civil society systems which are working together to build pastoral resilience

20 Year Vision for Change

- Pastoral rangelands restored and protected

- Pastoralists empowered to practice healthy livelihoods in harmony with their natural environment

- Pastoralists' good services and skills are valued within the market system

THEORY OF CHANGE

DRM

IF underlying *disaster risk management systems* are *driven by community*, *enabled by technology*, and supported by the *government and private sector*; and

LIVELI-HOODS

diversified, *climate smart pastoral*, *agricultural*, and *off-farm livelihoods* are strengthened, gender and age *inclusive*, and *integrated with larger market systems* and *financial services*, and
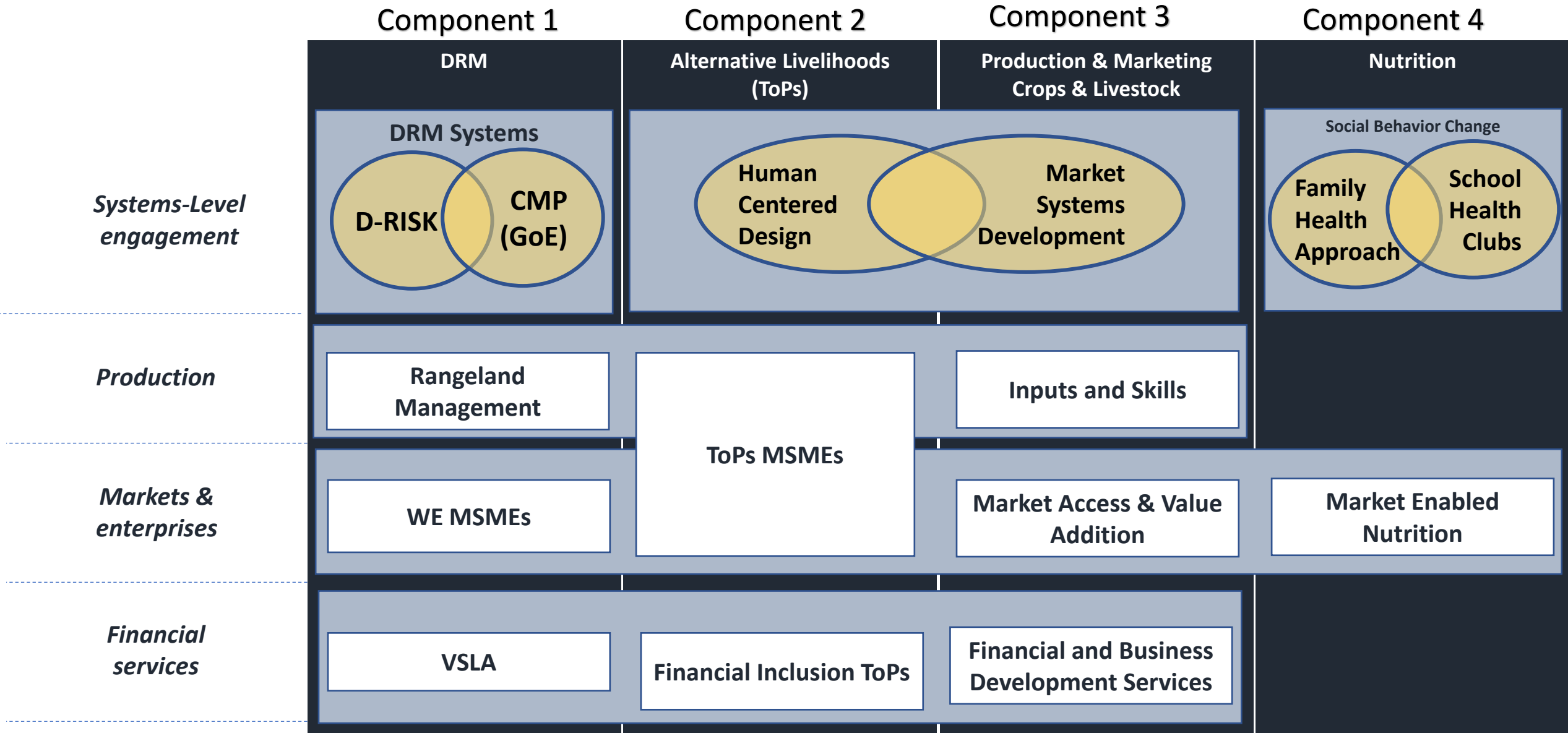
NUTRI-TION

nutrition-specific knowledge, attitudes, skills, and social norms can promote positive *community* and *individual* changes, and *markets leveraged* to support the same,

GOAL

THEN targeted communities and households will be better able to sustainably manage and protect collective natural resources and individual assets, increase productivity and economic growth, and elevate their nutrition and food security.
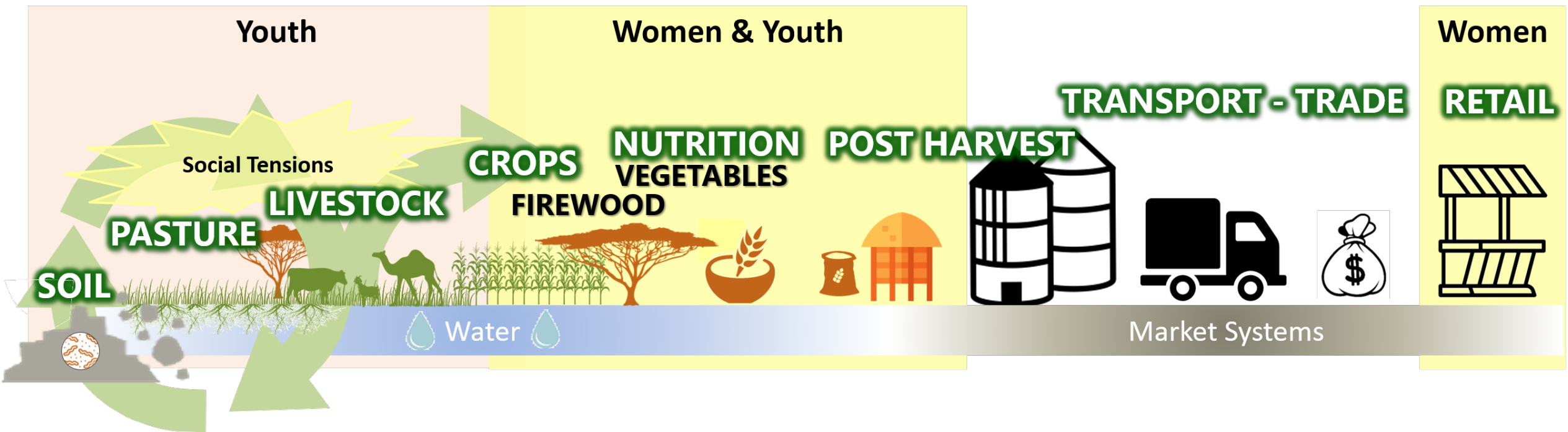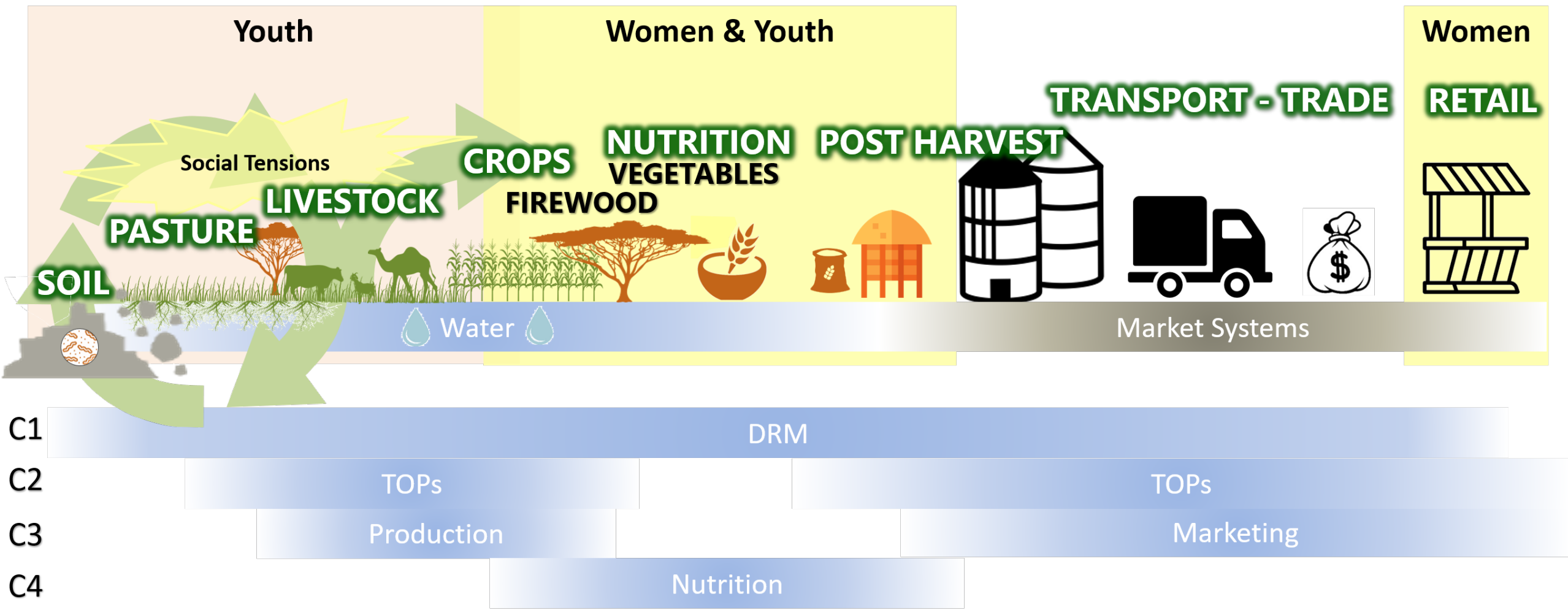
Results Framework

	Component 1	Component 2	Component 3	Component 4
	DRM	Alternative Livelihoods (ToPs)	Production & Marketing Crops & Livestock	Nutrition
Systems-Level engagement	**DRM Systems** D-RISK, CMP (GoE)	Human Centered Design, Market Systems Development		Social Behavior Change — Family Health Approach, School Health Clubs
Production	Rangeland Management	ToPs MSMEs	Inputs and Skills	
Markets & enterprises	WE MSMEs		Market Access & Value Addition	Market Enabled Nutrition
Financial services	VSLA	Financial Inclusion ToPs	Financial and Business Development Services	

Agro-Pastoral Value Chain

SOIL

PASTURE

Social Tensions

LIVESTOCK

CROPS

NUTRITION
VEGETABLES

FIREWOOD

POST HARVEST

TRANSPORT - TRADE

RETAIL

Water

Market Systems

Women and Youth in Value Chain

RIPA's Role in Value Chain

Youth

Women & Youth

Women

TRANSPORT - TRADE

RETAIL

NUTRITION
VEGETABLES

POST HARVEST

CROPS
FIREWOOD

Social Tensions

LIVESTOCK

PASTURE

SOIL

Water

Market Systems

C1	DRM		
C2	TOPs		TOPs
C3	Production		Marketing
C4	Nutrition		

COMPONENT 5: CRISIS MODIFIER

RIPA examples following themes identified for multisectoral approaches

Project coordination across multiple sectors

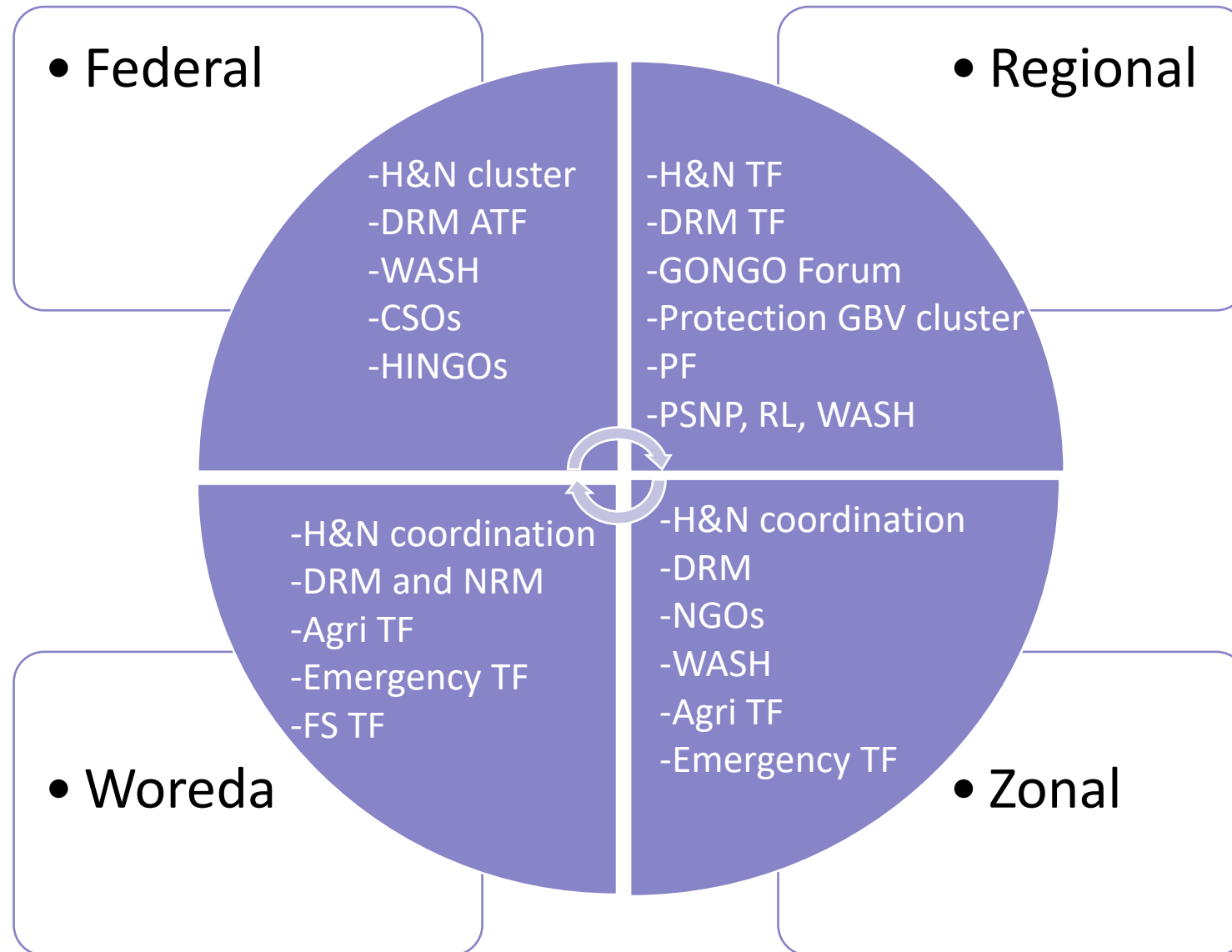Government, civil society, and stakeholder participation

System strengthening, including community health system

Gender empowerment in program planning and implementation

Project coordination across multiple sectors

Federal level:
-Nutrition WG
-DRM ATF WG
-Partner meeting

Regional, zonal and woreda levels: -H&N
-DRM
-HA
-GO-NGO

Community level:
-School communities
-Private sectors
-Youth and women enterprises

Working with all levels: agriculture, water, DRM, women and children, irrigation and lowland development bureaus and offices

Government, civil society, and stakeholder participation

• Federal

-H&N cluster
-DRM ATF
-WASH
-CSOs
-HINGOs

• Regional

-H&N TF
-DRM TF
-GONGO Forum
-Protection GBV cluster
-PF
-PSNP, RL, WASH

• Woreda

-H&N coordination
-DRM and NRM
-Agri TF
-Emergency TF
-FS TF

• Zonal

-H&N coordination
-DRM
-NGOs
-WASH
-Agri TF
-Emergency TF

Gender empowerment mainstreaming

- Staff: Gender Manager
  - Priority for women in targeting for both development and emergency support

- Component 1 activities complemented by Women Empowerment (WE) groups
  - Establishing WE groups, provision of BDS training, linking them with formal financial institutions, WASH targeting, AfriScout app

- Focus on gender-sensitive program activities
  - Priority in targeting, late start and early departure from some participatory activities, involve in WASH planning, digital transaction of business

- Focus on improving the capacity of systems to do gender-responsive and inclusive DRM
  - Involve women in DRM planning, rangeland/NRM, AfriScout mapping

System (community health) strengthening

Strengthening health workforce and community service delivery

- Building the capacity of health workers (HWs) including health extension workers (HEWs) through formal and informal trainings.

- Engaging HEWs and their supervisors/HWs during implementation of new approaches to promote sustainability

- Supporting the HEWs to use FHA and SHNC approaches to reach the community with optimal health-related messages and support
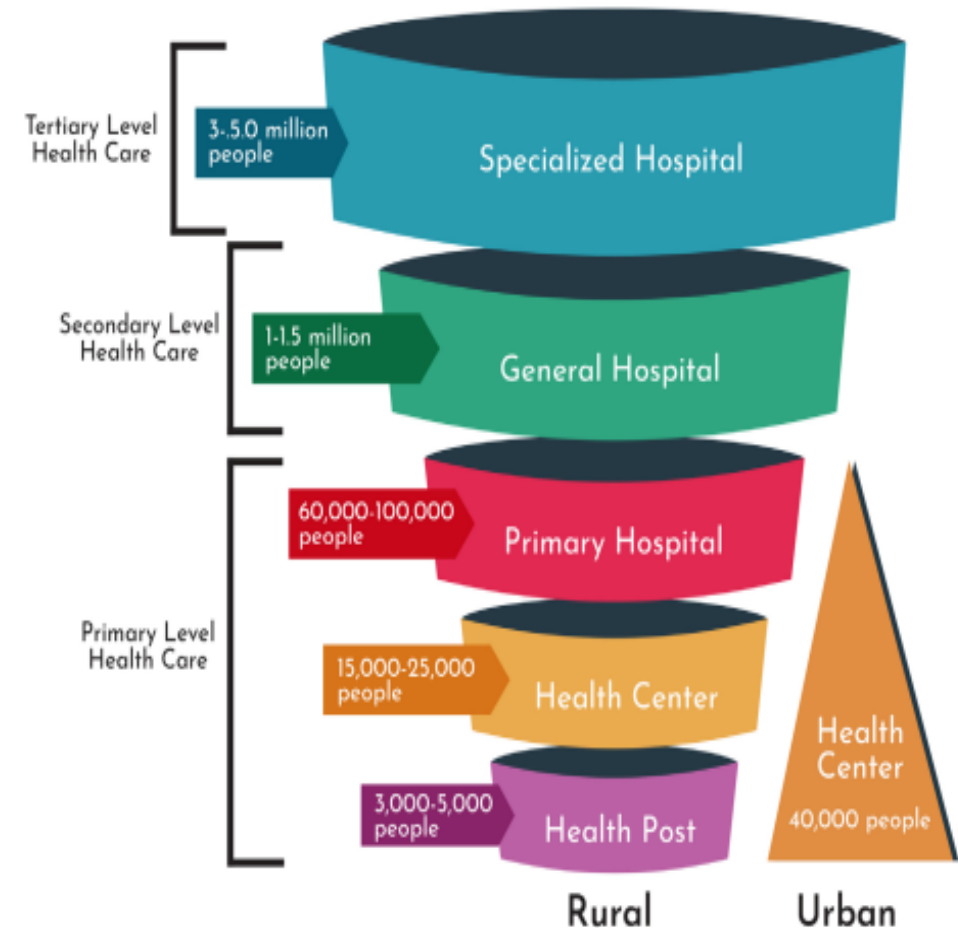
Structure of Ethiopian health system
Source: FMOH

Key learnings to date

- Engagement of government staff from the outset of the project helped the approaches get buy in from the local government

- FHA groups level of understanding on nutrition and health interesting and their willingness to adopt some behavior from the start of FHA is promising

- Women allowed to participate in CGM meetings in South Omo, which was not the case before

Case Studies on Multisectoral Programming for Children

Turkana County, Kenya

Responding to child and adolescent need in pastoralist communities

Background Turkana County

- 70% of population are Pastoralist , spread in three geographical zones, with illiteracy level of 75%. They move with livestock in search of pasture and water, the average kilometers to health facility for settled population is 30-50km,for nomadic 50 -100km,these distances increase during drought season when nomadic pastoralists move to mountain ranges
    - Communities' leadership systems, in North move in arigan, south and Loma, Arumrum and in Turkana west in Ngadakarin.
    - This nomadic movement has led to moving into neighboring countries of Ethiopia in the North, Southern Sudan in the west and Uganda in the south-west.
    - Their clarion call is *the cow follows grass and water and the pastoralist follows the cow, after all grass is green every where*.
    - This movement in mountain ranges of Mogilla,Loima,Sukuta,Lorionotom and Lokwanamorr,has always been a cause of conflict with international neghbors,as pastoralists from the three neghboring,Ethiopia,Southern Sudan and Uganda, all drive their herds of livestock and families to these water towers, which are in international borders.
- **Health structure in Turkana County**
    - The county Government Turkana considers the health of children as key in promoting health communities.
    - The senior management Team (SMT) provides technical leadership under the Director of Health Services as stipulated in the Health Act 2017. The County Health Management team (CHMT) brings on board program managers and heads of thematic areas to provide technical leadership. This stewardship team is mandated to steer policy development and implementation.
    - **Education systems**

    Early Childhood Centers(ECDs)- 398

    Primary Schools   -402

    Secondary Schools   55

    Tertiary Institutions   23

HEALTH CARE SYSTEMS

PUBLIC	Number	Faith Based	Refugee	
Hospitals	3	1	1	5
Health Centers	39	8	2	49
Dispensaries	194	27	5	226
Functional Community Units	136	36	Camps	175
Referrals	1	0	0	1
TOTAL	**373**	**72**	**8**	455
Villages	Linked to			2000

Project coordination across multiple sectors

By putting the family unit in the center of health and education programming, the county government adjusts service delivery to meet the needs of a mobile population.

- Arumrum: cluster of households moving together with animals for pasture and water.

- Kimormor: Turkana word meaning "putting together." It is a holistic approach covering health care and social development that brings all sectors to provide services in an integrated system, to the nomadic pastoralists in water points, where animals together and community members congregate to access water

- One Health: Is a collaborative approach to health which recognizes that humans and animals share environment and there is added value at the interface, this approach works perfectly in pastoral communities, since animals are their priority

- Peace and conflict resolution partners play a big role in health service delivery, as most conflict occur during drought when all pastoralists in the region drive their livestock and families to mountain ranges, which serve as reservoirs to pasture and water

Turkana county has around 2000 villages linked to a community unit and health facility

- Community units are manned by community health volunteers and community health officers, who link services to villages, through dialogue days and action days, conducted at a greed intervals, services are linked to the health facilities through community units

- Community units are also linked to between 5-10 schools, at a radius of 20 Kilometers. This allows community units staff to organize visits to schools to conduct schools dialogue days, schools action days (this is a new initiative by the school health program)

- Linkage to schools is aimed at reducing the time children go to seek medical attention, through Schools Integrated Medical Outreaches by the link CU and HF, where link CUs and health facility staff organize and integrated outreach in schools

UNICEF is the lead agency health activities and programming in schools in Turkana county

Government, civil society, and stakeholder participation

- **The MOH's PHC strategy in the 80s and 90s did not achieve required results:**
  - Planning was done at the ministry head office in Nairobi(appx.1000km) there was no community involvement and engagement at the crucial planning stages
  - health workers did not align their activities to needs of the community; to customize their work plans to realities on the ground,
  - HCWs used policies designed without understanding the needs of pastoral communities into consideration

- **MOH's Universal Health Coverage (UHC), adapted in 2017, shows promise.**
  - Family unit is the basis of operation under UHC
  - Has a community strategy concept with a system of community linkages from the village dispensary through level 4 health facilities
  - Work plans are integrated through the arid and semi arid geographical areas

- **Key governance fora provide linkages between the citizens and the health system for oversight on management. These include:**
  - The County Stakeholder's forum, the hospital boards, facility management committees, and health management committees at various levels
  - School fora include: Kenya National Union of teachers(KNUT,)Kenya Primary Schools Heatteachers Association(KEPSHA),Teachers Service Commission(TSC),Parent Teacher Associations(PTA), Board of Management(BOM), Children's Cabinets, School Health Clubs'Environemtn Clubs, Girl Guides, Scouts, these systems are constituted as per policy guidelines and key entry points in schools, linking schools with stakeholders and partners (G.O.K, MHM Strategy 2019-2024),all these play different roles towards ensuring the rights of children and teachers are respected

Gender Empowerment

- Turkana county had a population of 855,399, as per the 2009 population census. Population of women of reproductive age (15-49 years) was 192,737.
    - This groups is the single most important determinants of population growth has a significant implication on both child and maternal health (TCG ,2018pg 6)
- **Guiding Policies**:
    - *The Protocol to the African Charter on People and human rights of women in Africa recognizes that any practice that hinders or endangers the normal growth and affects physically and psychological development of women and girls should be condemned and eliminated and at the same time it seeks to ensure that rights of women are promoted, realized and protected in order to enable them to enjoy fully all their human rights (MHM Strategy ,G.O.K.2019,pg 7)*
    - *Article 2; Elimination of discrimination against women; states that ,' state parties shall combat all forms of discrimination against women through appropriate legislative, institutional and other measures,article 3 ,12,14 and 18 are all dedicated to gender empowerment, targeting women(MHM Strategy,G.O.K 2019, pg 7)*
- **Women empowerment programs are linked with health and social services.**
    - "women came out of their cocoon" through women organizations like TWADO, women are trained on entrepreneurial skills and are given tenders by the county government and other partners operating in Turkana. Stakeholders like Tullow oil, operating Lokichar oil fields, support women groups in Turkana south by giving contracts to supply goods and products to their camps, and organizing entrepreneurial training to women
    - Around 2017, Reformed Church of East Africa started Kapese Secondary school, targeting girls who get pregnant in school and who fear going back to regular school due to stigmatization. The school offers flexible learning timetable and girls are allowed to bring their children, with care takers to the school, where girls are given adequate time to breast feed children between lessons. The school was among the top three in 2021, Kenya Certificate of Secondary Education(KCSE).

Key results

- Formation of Technical working groups(TWGs) within programs

- Formation of Advocacy groups: Turkana Women Advocacy Development Organization (TWADO), Echami auto (Love of a mother)

- Linkages of services through community strategy to the lowest unit(Community Units 30-50 households)

- Partner and stakeholder engagement and mapping (Turkana County Stakeholder Forum)

- Engagement of International, National NGOs (UNICEF-key lead agency)

- Coordinated activities through Kimormor strategy (AFYA-TIMIZA 2017) and One Health

- Installation of containers clinics in migratory corridors, Ngadakarin Bamocha Project in Turkana West(AMREF 2008)

- Vaccination of livestock through One Health strategy (Ministry Of Livestock)

- Development of policy guidelines and strategy papers (Turkana County Community Health Services Bill,2018)

- Elaborate referral system from community Unit(C.U) through to level 4 facility

- Elaborate curriculum for Community Health Volunteer

- Use of DIGISOMO device which does not need internet connection and electricity to package key health messages in Kiturukana Language for the illiterate members of the community, played at water points

Girls at a secondary school presenting group work on MHM Tools

Photo Credit: Courtesy of school health program

Multisectoral Approaches to Child Health Discussion Series

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