Country case studies on collaboration across sectors for women’s, children’s and adolescents’ health

Improving the health and well-being of women, children and adolescents and achieving the Sustainable Development Goals by 2030 will require more effective collaboration and joined-up action across sectors, especially at national and local levels. Some countries are already making great strides in working together across sectors. The Partnership for Maternal, Newborn & Child Health (PMNCH) brings together partners to support the development of 12 country case studies to showcase such successful multistakeholder collaborations across sectors in six priority areas: early childhood development; adolescent health and well-being; quality, equity and dignity; sexual and reproductive health and rights; empowerment of women, girls and communities; and humanitarian and fragile settings. The case studies will provide inspiration, insight and ideas, shedding light on what works and why, and on how to address challenges.

The 12 country case studies, summarized in this document, were selected from more than 300 responses to PMNCH’s global call for proposals. They will be launched at the Partners’ Forum on 12-13 December 2018 in New Delhi, where they will be widely profiled and promoted to inform advocacy and country-level action on collaboration across sectors in the era of the Sustainable Development Goals. The case studies will be published in a special issue of The BMJ and disseminated through traditional and digital media channels.
**EARLY CHILDHOOD DEVELOPMENT**

**GERMANY**
Promoting early childhood intervention for families in need

In Germany, the promotion of early childhood intervention for families in need has been a priority for over a decade, after severe cases of child abuse and neglect created strong pressure for political action. The National Centre on Early Prevention was established in 2007 and pilot projects were developed fostering cross-sectoral collaboration, especially between the health sector and the child and youth welfare sector. Since then cross-sectoral networks have been established across the country with collaboration across all administrative levels (national, federal state and municipality). The health sector provides access to families with young children in an inclusive and non-stigmatizing manner, while the child and youth welfare sector offers a broad range of appropriate support measures. With robust evidence of its positive impact, the Federal Initiative for Early Childhood Intervention became a mandatory programme at the beginning of 2018, receiving more than €51 million per annum. Scientific monitoring and evaluation remain a crucial element of the program. Case study lead: National Centre on Early Prevention.

**CHILE**
Innovative social protection policy covers all Chilean children and their families with specialized services for those with major vulnerabilities

Chile Crece Contigo (Chile Grows with You) is a social protection policy aimed at ensuring equal opportunities for all children, and realizing their rights to grow up healthy and to develop to their full potential. The policy was developed and began to be implemented in 2007, with active participation from multiple sectors, including the Ministries of Health and Education and coordinated by the Ministry of Social Development. Over the last decade, the intersectoral collaboration, which includes a shared vision and one budget, and is underpinned by strong political leadership, has supported over 1.9 million of Chilean children and their families and is delivered from a local municipality network. Case study lead: Universidad de Santiago de Chile.

**CAMBODIA**
Better data ensures the poorest households are not left behind

To help target services and assistance to the poorest and most vulnerable households of Cambodia (an estimated 2.5 million people), the Government developed a standardized mechanism to identify households in need. “Identification of Poor Households” (ID Poor), launched in 2005, is a collaborative effort between, health, education, agriculture, interior and social protection sector as well as NGOs and development partners under the leadership of the Ministry of Planning. ID Poor’s data are used by a wide range of development programmes in Cambodia, many of which are focused on improving maternal and child health and development outcomes. Improvements in data are facilitating the effective and efficient reach of services across sectors and increasing equity for vulnerable women and children. Case study lead: Gesellschaft für Internationale Zusammenarbeit (GIZ) in Cambodia.

**INDIA**
On a mission to rapidly increase immunization coverage

An unprecedented collaboration between India’s Ministry of Health & Family Welfare and 11 other ministries aims to increase immunization coverage among children and pregnant women to 90% by 2020. Intensified Mission Indradhanush (IMI), launched by the Prime Minister on 8 October 2017, is being implemented in 190 districts and urban areas. By the end of 2017, over 4.5 million children and approximately 1 million pregnant women had been vaccinated under IMI. The strong partnerships built across government departments and the engagement of senior leaders at district, state and national levels are serving as a platform for strengthening the delivery of health services beyond immunization. Case study lead: Ministry of Health & Family Welfare.
**ADOLESCENT HEALTH AND WELL-BEING**

**USA**
Advancing policies to improve the health of all children

Voices for Healthy Kids was created in 2013 by the American Heart Association and the Robert Wood Johnson Foundation to help all children to grow up a healthy weight. The initiative engages, organizes and mobilizes people in support of advancing policies that increase children’s access to healthy foods and to safe places for physical activity. Its collaborative framework includes a strategic advisory committee of organizations across sectors; a consortium model connecting over 140 organizations in the school, community, out-of-school-time and early child care policy spaces; a national media team; and a research policy network. By the end of 2017, Voices for Healthy Kids had supported 117 policy victories. The collaboration model embraces a targeted universalism approach that focuses on policy development for communities with the greatest need and then expands out to cover as many communities as possible. Case study lead: American Heart Association.

**INDONESIA**
Delivering essential nutrition interventions through schools

Anaemia is a public health concern for adolescent girls and women of reproductive age in Indonesia. Recognizing that adolescent girls had low accessing preventative nutrition and health services through the health system, the Ministry of Health decided that schools were the best delivery platform for weekly iron and folic acid supplements. The Ministry of Health in collaboration with Nutrition International, worked with the Ministries of Education and Religious Affairs, to design and implement a school-based project to offer adolescent girls weekly iron and folic acid supplementation and nutrition education and counselling. Implementation started in 2016 in West Java Province and included training and advocacy meetings for teachers, health centre (puskesmas) staff and key officials. In 2017, 65,000 adolescent girls were reached in over 244 schools. Now in the scale-up phase, the project has the potential to reach over 2 million adolescents. Case study lead: Nutrition International.

**SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

**MALAWI**
Toll-free hotline gives people access to health and nutrition information

In rural areas of Malawi, where 84% of the population lives, the nearest health centre is often hours away and a severe shortage of health workers means the average consultation with a health care professional can last just 2 minutes. The rapid rise in mobile phone ownership presented an opportunity to develop an innovative solution to address these challenges. Chipatala Cha Pa Foni (CCPF), or Health Center by Phone, provides individualized health and nutrition information through a toll-free hotline staffed by trained health workers, along with individualized tips and reminders. VillageReach, in close collaboration with the Ministry of Health and Concern Worldwide, created CCPF in 2011. The hotline has been available from that time on any Airtel phone at no cost to the caller. In 2015, Airtel began zero-rating calls, allowing the Government to prepare for full ownership of CCPF and ensure long-term sustainability. Initially a maternal and child health service, it has expanded to cover nutrition and youth-friendly content such as age-appropriate sexual and reproductive health information. Since that time, many partners have helped scale CCPF both programatically and geographically. CCPF is expected to have nationwide reach by the end of 2018, with a full transition to the Ministry of Health by July 2019. Case study lead: VillageReach.

**MALAYSIA**
On the fast track to universal coverage of HPV immunization

Cervical cancer is the second most frequently occurring cancer among women aged 15–49 in Malaysia. To reduce this burden, the Government decided in 2009 to fully subsidized human papillomavirus (HPV) immunization as part of the national immunization programme. The Ministry of Health was given six months to start immunizing the annual cohort of 13-year-old girls. Rapid and successful implementation was the result of a wide collaborative process involving the Ministry of Education, the private sector, religious authorities, the media and parents. HPV immunization became part of the School Health Service, and to improve acceptability, religious authorities assisted with the issuance of a fatwa for Muslims. Each year, more than 90% of 13-year-old girls are immunized, one of the highest coverage rates in the world. In 2014, the Ministry of Women, Family and Community Development further enhanced the programme by offering HPV immunization to women aged 18–24. Case study lead: Ministry of Health.
SOUTH AFRICA
Preventing HIV infection among adolescent girls and young women
Adolescent girls and young women face a disproportionate burden of HIV in South Africa, compounded by issues such as teenage pregnancy, school dropout, sexual and gender-based violence, and limited opportunities for economic independence. The She Conquers National Campaign for Adolescent Girls and Young Women (She Conquers) commenced in 2016 to align policy and programmatic initiatives to address these burdens and empower South Africa’s youth to take control of their future. Young people participate in all aspects of the campaign. By collaborating across all sectors and stakeholder groups (government departments, nongovernmental organizations, the private sector and donors, among others), She Conquers is breaking down programmatic barriers, improving the effectiveness of programmes and reducing duplication of efforts. For example, the departments of health and education are jointly developing a new strategy to improve sexual and reproductive health services in schools. Case study lead: National Department of Health.

GUATEMALA
Monitoring by health service users improves quality of care
To improve the delivery of timely, quality services that respect the dignity of Guatemala’s 3.5 million indigenous people, the National Alliance of Indigenous Women’s Organizations for Reproductive Health and Nutrition (ALIANMISAR) monitors a range of public health services, including interventions related to family planning, vaccines and micronutrients, and the provision of care to users of childbirth services. The monitoring is accepted by the Ministry of Public Health and Social Welfare and the Nutrition and Food Security Agency. The collaboration includes the Office of the Ombudsperson for Human Rights, women’s, men’s and human rights organizations, community leaders and the private sector. Increased political dialogue and community engagement with national, departmental and municipal authorities has contributed to improved quality of care for indigenous people and increased investment in culturally relevant public health services. Case study leads: ALIANMISAR and Health and Education Policy Plus (HEP+).

SIERRA LEONE
Participatory radio programme supports Ebola-affected children and their communities
To address the gender inequalities exacerbated by the Ebola crisis in Kailahun District, eastern Sierra Leone, Child to Child and the Pikin to Pikin Movement together with district offices of the Ministries of Education, Health and Social Welfare built on an existing collaboration to establish Pikin to Pikin Tok (PpPT), a child participatory radio and education programme. Child-friendly content was broadcast by a community radio station to over 500,000 people and discussed through child-friendly listening groups and panel discussions. PpPT contributed to increased school enrolment and academic performance, improved life-skills and increased understanding about the importance of girls’ education. Building on the success of PpPT, a new radio series, Fambul Tok (Family Talk) is promoting awareness about the importance of investing in early childhood development. Case study lead: Child to Child.

AFGHANISTAN
Scaling up health services
In response to decades of war and instability that left the majority of people without access to primary health services, the Ministry of Public Health developed the Basic Package of Health Services in 2003. Now implemented in all but three of Afghanistan’s 34 provinces, and reaching a population of 28 million, the collaboration between the Government of Afghanistan, nongovernmental organizations, local communities, donors and academics has encouraged the alignment of agendas and strengthened relationships between partners. Despite persistent turmoil and instability, the collaboration has contributed to improved access to quality essential health services, including services related to water, sanitation, hygiene and nutrition, and improved overall population health indicators. Case study lead: Aga Khan University.