SOWK 675 Module 2 Assignment 1

Integrated Health and UNICEF Nutrition Strategy Frameworks

For Maternal-Child Health

February 28, 2013

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SOWK 675 S01

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**Introduction**

Maternal mortality generates serious emotional, social and economic consequences for communities and is a significant factor in the continuation of poverty (Bhutta, Cabral, Chan & Keenan, 2012, S14). And while healthy children grow up to become healthy adults, high child mortality rates persist in developing countries where malnutrition and lack of access to adequate health care and infrastructure are central causes (UNICEF, 2013; United Nations, 2013). With improving maternal health and reducing child mortality as two of the UN’s Millennium Development Goals, the area of maternal-child health is clearly a pressing matter (United Nations, 2013).

I have selected one key framework and one supporting framework to examine and critique from a social work perspective. As the key framework, I will explore an Integrated Health Framework as found in Ekman, Pathmanathan and Liljestrand’s (2008) journal article, *Integrating health interventions for women, newborn babies, and children: a framework for action*. And as the supporting framework, which is related to the specific component within the maternal-child health sector of nutrition, I will examine the UNICEF Nutrition Strategy Framework, which is described in UNICEF’s and the World Bank’s (2002) *Background papers: World Bank/UNICEF Nutrition Assessment*. I will explain each framework individually and follow with critiques of the frameworks. I will conclude with recommendations on implementing the frameworks as guided from a social work perspective.

**Integrated Health Framework**

In their article, Ekman et al. (2008) describe an action framework for integrating health interventions in the area of maternal-child health. While there is no one concrete definition of an Integrated Health Framework, the key point conveyed is that, in effectively addressing maternal-child health, there needs to be an emphasis on the integration of interventions, services and sectors all the way through from the community and district levels to the national and global levels (Ekman et al., 2008; Bhutta, Ali, Cousens, Ali, Haider, Rizvi, Okong, Bhutta & Black, 2008; Bhutta et al., 2012). For example, the integration of interventions may include the “addition of interventions at one point of service delivery” and the “creation of links between different levels of services” (Ekman et al., 2008, p.990). The heavy emphasis on integration is what I find that this specific framework brings which may be lacking in other frameworks. While, for example, community involvement has been recognized as significant in other frameworks, this framework highlights the need for community involvement in conjunction with other factors such as poverty reduction and infrastructure when addressing maternal-child health (Ekman et al, 2008, p.990).

Breaking this framework down, at the community level, there needs to be the delivery of effective primary health care, which includes maternal-child health, as communities become actively “involved in the design, implementation, and assessments of interventions” (Ekman et al., 2008, p.991). At the district level, integrated interventions should include program planning, implementation and financing, research and result dissemination, as well as monitoring and assessing of interventions by district health planners (Ekman et al., 2008, p.991). At the national level, there needs to be national strategies of maternal-child health in health and social protection and funding, the management and regulation of the health sector, and support for district-level health care (Ekman et al., 2008, pp.991, 990). A necessary policy tool would be a national health strategy that highlights the significance of maternal-child health (Ekman et al., 2008, p.997). Then at the global level, there needs to be funding, policies, technical guidance, and strategies for integrated maternal-child health provided by global partners such as government and non-government organizations and research institutions (Ekman et al., pp.991, 999). Also, overall there needs to be an emphasis on the promotion of actions in other sectors that relate to health, such as transport, social protection, and water and sanitation (Ekman et al., 2008, p.990).

**UNICEF Nutrition Strategy Framework**

In the area of maternal-child health, child undernutrition is a key concern as it is a strong determinant of child mortality, with child undernutrition contributing to more than one-third of all childhood deaths globally (Bhutta et al., 2012, p.S14; UNICEF, 2013). As improving child health is one of UNICEF’s core objectives, it is suitable to use the UNICEF Nutrition Strategy Framework when looking at the specific maternal-child health component of nutrition (UNICEF, 2013). In this framework, “malnutrition and child death are viewed as two of the manifestations of a multisectoral development problem” and the goal is to address both the manifestations as well the development problem itself in terms of immediate, underlying and basic causes (World Bank & UNICEF, 2002, pp.2, 3). Immediate causes may include inadequate diets, underlying causes may include inadequate maternal and child care, and basic causes may include potential resources and economic structures (World Bank & UNICEF, 2002, p.2). A key implication of this framework is that “nutrition goals should be part of the other goals of a given sector or institution” rather than, for example, the goals of solely the health sector (World Bank & UNICEF, 2002, p.5).

Along with this concept that nutrition goals should not be restricted to one sector only, another key point with this framework is that it emphasizes the significance of engaging households and communities in UNICEF’s identified “Triple A cycle” of “assessment, analysis and action,” as opposed to relying on “external institutions or expert analysts” (World Bank & UNICEF, 2002, pp.4, 2). The strengthening of this “Triple A cycle,” in contrast to a “heavy reliance on a fixed set of national actions,” can be considered the very “core” of this framework (World Bank & UNICEF, 2002, p.6). This emphasis on the significance of engaging the local communities is one of the multiple similarities between the Integrated Health Framework and the UNICEF Nutrition Strategy Framework that can be identified which, I find, makes these frameworks highly complementary.

Both frameworks also acknowledge that actions in multiple sectors may be needed and actions within any one sector should take into account actions within other sectors (World Bank & UNICEF, 2002, p.5). And like the Integrated Health Framework’s emphasis on integrating action at the community, district, national and global levels, the UNICEF Nutrition Strategy Framework notes the importance of mobilizing resources at not just one level but at all levels (World Bank & UNICEF, 2002, p.6). This stress on actions through from the household and community level to the global level is in opposition to programs that are “based entire, or largely, on national resources with little or no local resource mobilization or, alternatively, programs based entirely only on household or community resources even when the situation calls for external inputs and/or policy changes” (World Bank & UNICEF, 2002, p.6).

**Critique of Frameworks**

As mentioned, there is no singular and coherent definition of an Integrated Health Framework for maternal-child health and with the UNICEF Nutrition Framework, one of its features is that there is an “absence of an *explicit* conceptual framework” which distinguishes this framework from other views of malnutrition (World Bank & UNICEF, 2002, pp.4,5). I feel that this lack of concrete and explicit frameworks yields both advantages and disadvantages. An advantage would be that the flexibility of these frameworks allows for its accommodation of diverse situations and cases as, for example, addressing maternal-child health in one community may be vastly different from addressing the issue in another community. Factors such as cultures and traditions, economic structures, political ideologies, the environment, and available resources need to be taken into account and may widely differ from one case to another. It is beneficial then that these frameworks allow room to take into account such a range of factors.

However, a notable disadvantage to this very feature of flexibility is, as noted by Bhutta et al. (2008), that there is a lack of “clear, consistent, and agreed strategy” for integrated maternal-child health and of “a universally agreed minimum set of [maternal-child health] interventions,” which contributes to the failure of effectively delivering maternal-child health interventions (pp.973, 983). Use of these two frameworks may be implemented to highly varying degrees of effectiveness as there is a lot of room for interpretation. For this reason, it may be problematic to measure or evaluate how effective the frameworks are.

Another significant feature of these two frameworks that produces both advantages and disadvantages are their highly inclusive perspectives, as they are both emphasizing the relevance of integrating services across sectors as well as the necessity to mobilize actions at all levels. From a social work perspective, a holistic approach is desirable as, for example, it allows us to examine what pieces may be missing that would be generally be overlooked and ask questions that may often go unasked with other frameworks (Vreeken, 2013). For example, the Integrated Health Framework recognizes that the health sector does not stand alone and “community development and intersectoral collaboration, community empowerment, and poverty alleviation strategies” are also necessary in order to make a real difference in maternal-child health (Bhutta et al., 2012, p.S16). And with the UNICEF Nutrition Strategy Framework, it is argued that linkages between different sectors or areas, such as agriculture and women’s available time to perform child care, need to be explored as actions within one sector can positively or negatively impact another (World Bank & UNICEF, 2002, p.5).

However, the holistic approaches of these frameworks can also be problematic. The scope of these frameworks may be viewed as simply too broad and with so much breadth, they may be overwhelming to take on. For myself, I generally appreciate a holistic approach but with maternal-child health, the scope becomes so vast, extending to global partners, politics, and the question of funding amongst a plethora of other aspects to take into account, that I find these frameworks rather intimidating. While these frameworks may be successfully implemented, the road to reaching their objectives is lined with immense barriers and a significantly lengthy time frame will be necessary. The issue of time may be problematic as, for example, both governments and donors have expressed their desire to obtain “evidence of success within short timeframes” (Ekman et al., 2008, p.991). And an example of a serious challenge would be that the vast majority of current donor assistance is delivered only through specific projects rather than general health sector support in the recipient countries (Ekman et al., 2008, p.999). Therefore, the objectives of the frameworks do not necessarily fit with the objectives of potential donors, which forms a clear challenge then in actively implementing these frameworks.

Another notable critique that has been made pertaining to these frameworks is that, while a number of countries have implemented some form of integrated maternal-child health intervention, “the range of proven interventions implemented is limited, and there have been no systematic assessments” that are relevant to maternal-child health (Bhutta et al., 2008, p.972). The successful application of these frameworks in the area of maternal-child health has not been readily supported by research-based evidence and therefore it cannot be said how effective these frameworks are. However, it should be kept in mind that, as Bhutta et al. (2008) argue, lack of evidence is a “reflection of poor investments” in the area of maternal-child health (p.983).

**Social Work Recommendations**

Overall, I believe that the Integrated Health and UNICEF Nutrition Strategy Frameworks can greatly contribute to the area of maternal-child health. Coming from a social work perspective, I feel that the most significant pieces to these two frameworks are their holistic approaches and their stress on active community participation and capacity building. My recommendation for implementing these frameworks then would be to place a large emphasis on these two features. While small short-term projects may yield short-term results quickly, their objectives are not necessarily to foster sustainable change. I would argue then, that instead, any program or project in the area of addressing maternal-child health should invest more critically with the central aim of creating sustainable change. For example, if a project were to address maternal-child health by solely addressing the issue of malnutrition by providing donated food, this may be somewhat of a quick fix but it does not foster sustainable development.

However, by using a holistic approach guided by the two frameworks, a project may, for example, involve the input of a range of actors including community members, health district planners, doctors and traditional practitioners while also taking into account the need to address national health policies and garner both financial and non-financial support from global partners. A holistic approach may also take into account the need to address all primary health care, of which maternal-child health is one aspect of, food insecurity, poverty, gender inequity and local resources. By recognizing and incorporating such diverse yet interconnected aspects that relate to maternal-child health, I would argue that a project that utilizes the two discussed frameworks may be more inclined to yield sustainable change.

Community involvement and capacity building, as emphasized in the frameworks, also contribute to sustainable development and hence these features should be greatly highlighted in all maternal-child health efforts. While it is significant that both frameworks recognize the need to mobilize action at all levels, I feel that is especially important from a social work stance the need to emphasize the capacity of the local communities in which maternal-child health is being addressed. Rather than having external decision makers implementing top-down change, with a bottom-up approach, members of the communities can be involved in the assessment of their current situations and the identification of what specific issues need to be addressed. For example, community members may identify gender inequity over externally-identified food insecurity as a more pressing issue to address in maternal-child health. Hand in hand with the active involvement of communities is capacity building of the individuals in the communities as well as the communities themselves. I identify with a strengths-based social work approach so I really appreciate recognizing people’s skills, abilities and capacities to create change as well as the need to foster and support self-reliance. Therefore, I would recommend that in any implementation of these frameworks, these two aspects be explicitly highlighted.

**In Conclusion**

The Integrated Health and UNICEF Nutrition Strategy Frameworks are just two of the various frameworks that can be applied to the area of maternal-child health but I feel that they are both very suitable and their potential for mobilizing sustainable development in the area is very strong. The two frameworks complement each other well and while there are criticisms that can be applied to them, I would argue that their central concepts and objectives are very much so aligned with a social work-informed development approach. While a wide range of actors may be involved in the area of maternal-child health, from health practitioners and community members to non-government organizations and international donors, social workers can also have important roles to play.

Particularly in utilizing these two frameworks, a social worker may, for example, be the one to emphasize the significance and value of the holistic approach when approaching potential donors. A social worker may also act to ensure that, despite how macro-level a project may be, the community in which the project is being implemented in must be actively included throughout the planning, evaluation and implementation processes. Overall, in selecting potential frameworks with which to guide a social worker’s actions in addressing maternal-child health, I find that these two frameworks would be highly complementary to a social work approach.

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