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Thematic Discussion: Integrating sectors to address the holistic needs of children

Discussion Synthesis Report

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DISCUSSION INTRODUCTION

The new era of the Sustainable Development Goals (SDGs) has enhanced the conversation around the need for partnerships (SDG 17) and has accelerated a conversation about how organisations should best work together. The success of each SDG is linked to the progress of all the other Goals, especially when we consider the most vulnerable, such as children in their first 1,000 days of life. A mother's primary concern is a healthy, thriving child able to reach his/her full potential. The differences between nutrition and early childhood development messages do not matter to her, nor do technical distinctions between water, sanitation and hygiene, and maternal, newborn and child health interventions. To a mother, the essential elements which contribute to her child's well-being are interconnected. Therefore, meeting the full spectrum of needs for a mother and her child requires greater collaboration and innovation among stakeholders from different sectors and leads us to a new way of working, free from our traditional development partitions.

The **BabyWASH Coalition**, made up of more than 30 organisations from civil society, funding organisations, the private sector and academia, was set up to explore how best to integrate sectors and break down barriers that hinder collaboration. By prioritizing advocacy, the creation of programme guidance for integration, and the development of integration metrics, the Coalition is advancing the conversation around the benefits and challenges of integration. The BabyWASH Coalition hosted this conversation around integration to further the case for sensible integration and to collect case studies and tools that could be helpful for other organisations. What follows is a summary of each of the three topics.

DISCUSSION TOPICS

4 Oct – Examples of Successful Integration
What examples of success or failure has your organisation had in integrating programming? In what ways can integration be helpful or detrimental? http://bit.ly/2e8LVzF

12 Oct – Tools for Integration
What tools already exist to help organisations integrate across the sectors? http:/bit.ly/2fUDUjT

18 Oct – Defining the Gaps
What tools and/or guidance do not already exist that would be helpful to have in order to integrate more fully? http://bit.ly/2fF9EpG

Conversation Word Cloud

The word could to the right depicts the most common words that were brought up during the discussion. The size of each word corresponds to how often it was mentioned in the course of the discussion. As you can see, an integrated approach requires *evidence* and a *change* in the way both *development* works and in the way *communities* have traditionally interacted with the development sector. While there was a lot of talk about WASH integration, health and nutrition were also mentioned frequently. We need to continue to strive to involve our early childhood development (ECD) colleagues in these discussions and find where ECD messages can be inserted into current health, nutrition and WASH platforms, as the new 2016 Lancet series on ECD suggests. Do any of the most common words strike you as unusual or interesting?

Meet the Experts!

We were fortunate to have 4 experts leading us through this thematic discussion on integration. They were:

Theme 1 Expert
Kirk Dearden – IMA World Health
Sr. Advisor for Research and Quality Assurance

Theme 2 Expert
Tricia Petruney – FHI 360
Technical Advisor to Integrated Development Department

Theme 3 Experts
Emily Mates – ENN
Technical Director
Debjeet Sen – PATH
Regional Specialist ECD & Nut

Key Studies in Support of Integration

These studies in particular point to the need to approach health and nutrition from a more holistic perspective including WASH and early childhood development.

Dewey and Adu-Afarwah (http://bit.ly/2fkkIHC) reviewed 38 intervention studies and found that even in the best nutrition programmes, promoting good foods addressed only one-third of the average deficit in stunting (chronic malnutrition) experienced by Asian and African children. This study reminded us that food alone does not solve the challenge of poor nutrition.

Jean Humphrey's 2009 Lancet article (http://bit.ly/2eiwuFU) suggested that toddlers' poor hygiene and sanitation—including frequent exposure to and ingestion of animal faeces—contributes to environmental enteropathy which, in turn, is associated with greater morbidity and poor growth.

Ngure and colleagues (http://bit.ly/2eRNfE5), as part of the SHINE project in Zimbabwe, found that infants living in unhygienic environments ingest large amounts of animal faeces when they are left on their own to play.

Bartram and colleagues (http://bit.ly/2fwj1r8) show the benefits to health from integrating WASH into health programming.

Joint WHO and UNICEF teams (http://bit.ly/1HXkihc) discovered the poor state of WASH in healthcare facilities for low and middle income countries, thereby making the case for the need for WASH in Health.

Theme 1 Recap: Examples of Successful Integration

The discussion was a lively time of sharing programme approaches, examples, and key learnings. The following 10 takeaways were pulled out as what worked for the implementers that took part in the conversation. These can assist other implementers as they plan for integrated approaches.

1. Focus on just a few behaviours, and for certain behaviours - such as handwashing - only focusing on a few critical points so as not to dilute the message or make it too complicated

2. Get buy-in through two-day district orientations that included government authorities from a variety of sectors. This acted as a way to have multiple sectors in the same room collaborating on how to solve problems

3. Bring technical as well as community-based staff up to speed on WASH. The reverse is also true: WASH experts at all levels can benefit from exposure to agriculture and other disciplines. For example, staff who promoted homestead food production are very knowledgeable about agriculture but don't have much experience in WASH. However, their efforts in WASH were critical to overall programme success

4. Integration should be done right from the start, since trying to merge components later on is almost impossible. This is difficult as there is always a rationale for one component to rush ahead and not wait for a proper integrated assessment

5. Select one sector as a (first under equals) leader that takes precedence over the other sectors to some limited extent. This helps coordination and helps to drive the programme forward

6. Start relatively small and focused (i.e. not too many sectors involved) to establish your norms and practical ways of working, learning and measuring success, and add in more sectors as you gain expertise

7. Have community health workers use action cards to help caretakers think through barriers to behaviour change. Especially when integrating, a lot of messages will be given and a caretaker can get confused. The action cards walk through common barriers and help to operationalize messages, making them more concrete and memorable

8. Work in a multi-disciplinary team to help individuals to appreciate development from a variety of angles and provide a richer approach to improving their own sector

9. Focus on engaging communities in discussions on how to solve their own problems so they are owners of messages and solutions, even with an increased number of messages due to integration. The whole aim of more integration is to better respond to the needs of individuals

10. Allow middle level staff from different departments to plan and work together. This requires faith from the department head and is empowering to the middle level staff, creating a sense of pride in the integrated work

Examples of Integrated Programmes

- ASTUTE Project in Tanzania (Addressing Stunting in Tanzania early) http://bit.ly/2eiEkPJ
- Village based child nutrition programme in Rwanda http://bit.ly/2eS2Pzr
- Project in Nicaragua using the Healthy Start Campaign http://bit.ly/2fkLvDP to provide WASH and health messages to expectant mothers
- The WAMMA Project in Tanzania http://tinyurl.com/p7w4a2b
- Go-Baby-Go for integrated ECD http://bit.ly/2eJscWG
- Project in Peru using the arts to promote hygiene behaviour change youtu.be/nWWZCGpOt34
- Suaahara Project in Nepal for integrated Nutrition http://bit.ly/2fBhKOp
- Project in Nepal integrating vaccinations and hygiene promotion http://bit.ly/2fwlPod

Theme 2 Recap: Tools for Integration

The discussion encouraged the sharing of tools for integration. The following are the tools that were shared:

Development Sector Adjacency Map: FHI 360 identifies sectors that lie outside of a programme's scope, yet are related enough to its core goals and objectives that they pose opportunities for enhanced impact via integration. The map helps practitioners determine which other sectors are important to consider as they make strategic decisions about development solutions. http://bit.ly/2fld8wn

A Resource Package for Integrated Development: FHI 360 has delivered or is currently implementing more than 70 integrated development programmes. This package provides a curated synthesis of their collective lessons learned from a diverse array of programmes and research, as well as a broad range of materials, tools and resources for global development practitioners to use in advancing their own integrated efforts. http://bit.ly/2fdXS6W
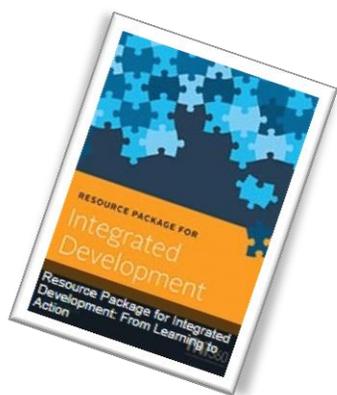
Integrated Development Case Study Series: Each case study provides three common challenges documented by 68 integrated FHI 360 projects and illustrates how each project approached those challenges. http://bit.ly/1THQB9x

Guidance for Evaluating Integrated Global Development Programs: This comprehensive framework is a guidance document for evaluating multisector, integrated programmes. It summarizes current research methodologies and approaches specific to integrated programmes and includes guidance and key considerations on formative research, performance indicators, programme monitoring, process evaluation, cost analyses, impact evaluation and scale-up evaluation. http://bit.ly/2fYqhiF

A Prioritized Research Agenda for Integrated Development: Developed together with the LOCUS coalition, the research agenda is focused on research questions about integration rather than methods used to evaluate it. It aims to

enable the field to strengthen the evidence base for integrated development approaches. http://bit.ly/2cn1Q96

Integrated Development Evidence Map: This user-friendly, interactive map includes information on more than 500 impact evaluations of programmes that applied integrated, multisector approaches. Users can see the main trends in the evidence, plus easily search and identify evidence relevant to various areas of specific interest, including geographic region, study design, interventions by sector and outcomes. fhi360integrationevidence.com/site/

SCALE+ is a systems-based methodology for approaching global challenges from multidisciplinary perspectives and with stakeholders from multiple sectors. It can help decision makers design and invest more efficiently in smart, enduring solutions to problems. Its purpose is to bring about broad and sustained collective impact. http://scaleplus.fhi360.org/

Make Me a Change Agent is a multi-sectoral SBCC curriculum http://bit.ly/29NINXv that can be used for any repeated behaviour and focuses on small doable actions to change behaviour.

Model for integration at schools https://youtu.be/bS_LQJ2N7YY

The Missing Ingredients: Through an analysis of nutrition and WASH plans and policies in 13 countries, WaterAid and SHARE's 'The missing ingredients' report highlights why WASH is essential for nutrition, identifying gaps and ways of working – and where and how improvements must be made. http://bit.ly/2fwx7sQ

Case-studies on the experience of the SPRING project that can help others improve inter-sectoral collaboration. http://bit.ly/2fQoIEm

SNAP – Situational Needs Assessment and Planning: The tool provides options for multi-sectoral collaboration for Integrated health and wellness for communities, which can be directly applied in the context of improving WASH outcomes, ensuring better nutrition and thereby improved maternal and child health.

Annotated Bibliography providing a very brief summary and links to 25 articles related to WASH in development, MNCH, economics and so forth. http://bit.ly/1CQGklp

Essential Elements of Canada's International Development Assistance: a recent advocacy tool for integration of WASH across thematic priorities of Global Affairs Canada http://bit.ly/2fwFMLH

THEME 3 – GAPS TO FILL

The main goal of the third discussion was to think through the gaps and barriers that still remain that prevent effective integration. The following ideas came out of the discussion:

- We need a set of simple, clear and harmonised messages for the first line worker, whether delivered from food security, WASH, social protection, nutrition or health workers, to embed integrated programming from the bottom up. The question is, can these messages be global and then contextualized per context or do situations vary too widely?

- There is a risk of overloading service providers with too many messages, so we need to work on simplifying messages and prioritizing the most important ones. This will be helped by having messages that cut across sectors.

- Integration should be added into pre-service training so as to support the enabling environment. This will help to prevent managers from looking at the addition of new messages as extra-work.

- Inter-sectoral coordination at national and subnational level is weak. Not only do meetings between sectors need to be prioritized, but moving from rhetoric to action also needs to be a priority.

- Generating momentum through joint advocacy is a key need to keep the integration conversation in the fore. A lack of will by policy makers and practitioners to work together to push the integration agenda is posing serious developmental setbacks.

- Mapping out institutions and their stakeholders on a country level is critical for integration and can result in an array of wonderful collaborative experiences.

Key Thoughts on Integration
Important points brought up during the discussion about integration....

In the end, Integration is something like 60% common sense, 20% joint planning, and 20% integration of M&E and other tools.

Integration can be hard on an interpersonal level because experts from every sector often want to prioritize their specific focus (and often ego), leading to conflict and less integration then desirable.

Two simple WASH messages to add into nutrition programming are washing hands before preparing food and before feeding children, and keeping toddlers out of the dirt by placing them on mats.

Siloed funding streams and/or implementation targets are hard to overcome when prioritizing integration.

The Sustainable Development Goals are helping the push for more integration.

If we have to select "lead" sectors, it would probably have to be a sector that has discrete tangible outcomes, such as sanitation. The focus of powerful actors (policy makers, NGOs for transparency & governance, even funding agencies) is often on tangible outcomes because they are easier to track, so we should determine which sectors are inter-linked and identify sectors which may not get adequate priority to ensure inclusion in the lead sector's planning, implementation and M&E.

For integrated goals of multiple sectors, we will need to adopt a pooled funding approach on all aspects, even if funding comes from only one sector.

Technical teams often have more difficulty with integration than field workers, who understand from their everyday work that you don't focus on WASH on Monday, agriculture on Tuesday, nutrition on Wednesday, etc.

Multi Criteria Decision Analysis (MCDA) is a good way of identifying and deciding when there are multiple priorities involved (even when stakeholders have different priorities).

Evidence for environmental enteropathy is strong, but research into how to prevent it is scant. We are anticipating results from the SHINE trials and the WASH Benefits trial.

In general, it seems like there is much advocacy work to be done by the WASH sector to raise the profile of WASH in the health sector and other areas of development.

Integration implies being able to use the same service delivery touch-point and the same service provider to deliver multiple services. Such combinations of services and messaging should ideally extend all the way up to the enabling environment—policies, guidelines, training curricula, etc.

Ideally, integration should lead to cost savings (from the use of a single service provider or service touch-point to provide multiple services) and better health and well-being outcomes of children (as a result of children receiving a complete package of services, rather than discreet services that may not address her/his holistic needs).

Discussion Contributors

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This Conversation took place on the forum of the **Sustainable Sanitation Alliance (SuSanA)** http://www.susana.org/en/. SuSanA provides a networking, sharing and knowledge management platform to the actors in sanitation who are working hard to solve the sanitation crisis. The Thematic Discussion Series is an initiative from SuSanA to engage actors from interconnected areas of expertise in discussions which are organised and focused on a thematic area, and led by experienced practitioners of the field. For more information on thematic discussion, visit **http://www.susana.org/en/resources/thematic-discussion-series**

This conversation was hosted by the **BabyWASH Coalition**. The BabyWASH Coalition **is** a group of more than 30 organisations interested in the integration of sectors during the first 1,000 days of life. They are specifically interested in integration between maternal newborn and child health (MNCH), early childhood development (ECD), water sanitation and hygiene (WASH), and nutrition. Please visit our website for more information: **BabyWASHCoalition.org**

Meet Peter Hynes - the BabyWASH Coalition Coordinator
Have Questions? Want to join the Coalition?
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Thank You!