2018

The BabyWASH Coalition

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Integration How-To for Programme Implementers

ACKNOWLEDGEMENTS

This project would not have been possible without the support of the BabyWASH Coalition members who created a common case-study template, and then collected relevant examples from their organisations. All of the principles in this document have been compiled from common themes in these case studies. A special thank you to World Vision, Action Against Hunger, Banka BioLoo, CARE, GOAL Global and International Medical Corps for their contributions to this process.

THE BABYWASH COALITION

The BabyWASH Coalition is a group of organisations focused on increasing integration between water, sanitation and hygiene (WASH), early childhood development (ECD), nutrition, and maternal, newborn and child health (MNCH) programming, policy-making and funding to improve child well-being in the crucial first 1,000 days of a child’s life; from conception to age two. For more information, visit <http://babywashcoalition.org> or send us an e-mail at [info@babywashcoalition.org](mailto:info@babywashcoalition.org).

BACKGROUND

When the BabyWASH Coalition began in 2016, the three recognised gaps that it aimed to fill were the lack of definition and best practices for integration, the lack of advocacy for multi-sectoral programmes, and the lack of measurement for integration. This publication is our contribution to help to fill the first gap around definitions and best practices. This document first describes what we mean by integration in order to create a common understanding and to showcase the possible continuum of integration. We then present lessons from integrated programmes we collected through a created case study template (Annex 1) that was completed by multiple organisations. The lessons presented in this document reflect the commonalities between these programmes and are the beginning stages to help organisations assert more integration in their own programming. It is meant to provide a framework for people to think about integration in their current and future programming.

INTEGRATION DESCRIPTION

Integration can be defined as a continuum that requires, at a minimum, coordination of technical sectors to ensure coherence, minimise duplication and ensure sectors don’t work against each other. At the other end of the continuum, integration is a complete synergy of sectoral interventions that are designed and implemented using a unified strategy, joint resources and shared competencies through every step of the project.

The idea of integration in the BabyWASH Coalition is to bring together water, sanitation and hygiene (WASH); maternal, newborn and child health (MNCH); nutrition; and early childhood development (ECD) technical sectors to intentionally address the multiple needs of children in the first 1,000 days from pregnancy to age 2, with the common goal of improving the quality of life of children.

## INTEGRATION CONTINUUM

The BabyWASH Coalition is interested in integration at various levels, ranging from geographical co-location and shared targets to delivery of a fully multi-sectoral programme through the same field workers, including monitoring and evaluating progress toward the common goal. While the term integration is often used in various ways, the BabyWASH Coalition focuses on integration of technical sectors to address multi-causal issues. Based on ideas from SPRING, Action Against Hunger, WASHPlus, and others, we have concluded that there are four basic typologies on the integration continuum:

1. Co-location: Different sectoral programmes are implemented in the same place with similar, or potentially shared, target audiences. Though the design is not coordinated, there is the assumption of coherence at this level.
2. Coordination: Programme elements or messages are coordinated and harmonised among sectors, information is shared across sectors to limit duplication and to facilitate learning from one another, but training and implementation activities are separate.
3. Collaboration: Field workers come together to implement joint activities within a programme under a specific common goal. Sectoral activities are chosen and prioritised to have the highest potential to contribute to the common goal. Field workers receive training in other sectors, outside their typical area of expertise, so they can support multi-sector collaboration as they work toward the common goal.
4. Synergy: Field workers are trained across disciplines and individuals are expected to deliver coordinated programme elements from more than one sector. Synergy requires a unified strategy, shared resources and competencies at every step of the project management cycle, and a shared monitoring and evaluation framework to reach and measure the programme’s contribution to the overarching common goal.

Integration can happen within one single programme, or through the combined forces of several partners/programmes. Although integration ideally should be conceptualised from the earliest stage of strategic planning, it can also be built gradually by adding components over time using a scaffolding approach. For instance, a programme could begin with just a WASH programme, and then slowly add other sectoral interventions over time. This is ideal in situations where certain interventions (I.e. water access) are essential enablers to other interventions.

**COMMON SUCCESS FACTORS FOR INTEGRATION**

After reviewing 8 different integrated programmes, the following key themes appear to be common in the majority of the programmes. These principles should be considered by programme implementers as they begin down the path of increased integration.

1. **START SMALL**

This is a practical matter to overcome enthusiasm gaps from donors and from staff. Often there is the perception that an integrated programme will be more work than a siloed programme because additional meetings and additional time are needed to understand different sectors. Similarly, donors are hesitant to fund new programmes, especially ones that lack a lot of clear evidence. A small pilot, if done well, can showcase to staff the benefits of integration, help to raise enthusiasm for a bigger project, and show evidence of impact. Likewise, funders are often willing to fund new and innovative ideas as long as they start small.

1. **UTILISE INTERNAL CHAMPIONS**

Many organisations are successful with integration because they have someone inside the organisation that is passionate about the need to bring efforts together. Managing integrated programmes can be difficult as there are many moving parts. Having a champion at the helm ensures energy and perseverance from the beginning.

1. **IF SECTORAL EXPERTISE IS NOT AVAILABLE WITHIN YOUR ORGANISATION, LOOK FOR PARTNERSHIPS**

Successful integration requires expertise multiple sectors. If an organisation has appropriate expertise in house, integration can be accomplished all on their own. However, when expertise is lacking, look to co-location. There are likely other organisations working close by that have experience where you are lacking that you could partner with. USAID partners have a particular advantage as there is likely already a framework for consultation and knowledge sharing.

1. **FOCUS ON STRENGTHENING THE EVIDENCE BASE**

A common challenge for funding of integrated programmes is the weakness in the evidence base. We have anecdotal evidence that integration works, but the overall evidence base is rather small. If you can run an integrated programme, be sure to include some quantitative and qualitative research components that can demonstrate an integrated programme has better health impacts than siloed programming.

1. **CONNECT TO INTEGRATED GOVERNMENT FRAMEWORKS**

More and more governments are creating integrated nutrition plans or integrated ECD plans. Therefore, to get strong government involvement, pitch your programme in this way: Is it mainly a WASH programme with a nutrition and health component? Emphasise the nutrition pieces if the government is moving in the direction of an integrated nutrition strategy. And, advocate with government agencies to further influence their strategies toward a multi-sectoral approach.

1. **MAKE THE LINKAGES BETWEEN HEALTH OUTCOMES**

The most important key to success for all integrated programmes reviewed was enthusiasm from the community. Discussing inter-linkages of health outcomes and the rationale behind a multi-sectoral approach often made individuals more invested. For instance, nutrition programmes were normally viewed as primarily for women, but adding a WASH component made men more active in all parts of the programme. Community enthusiasm allowed programmes to spread farther and reach more people than a siloed approach would have been capable of due to individuals sharing key messages with their neighbours. If not done carefully however, integration can include too many key messages and demoralise participants.

1. **FRAME INTEGRATION AROUND THE NEEDS OF A CHILD**

Most of the organisations that succeeded in integration had a commitment to children and their well-being in their mission statement. Integration in the first 1,000 days is ultimately about what is best for young children. Stressing the importance of this can help to build internal commitment, which will help with external engagement.

1. **INSIST ON FACE-TO-FACE MEETINGS BETWEEN SECTORS**

Joint ownership between multiple sectors is key for integration. It is essential that sector experts sit down and talk to one another before embarking on a programme, or before joining current programming to make it more integrated. A co-creation process allows all sectors to explain what they need and helps outline an overarching goal that is important for everyone. This should include face-to-face meetings with government ministries and key partners.

1. **UTILISE GENDER EMPOWERMENT AND COMMUNITY MOBILISATION AS KEY CROSS-CUTTING THEMES**

Since integrated programmes often have many outputs to measure, cross-cutting themes can be very helpful. Gender empowerment and community mobilisation both came up as key unifying themes in programmes that had successful integration. Gender empowerment provides critical support to the health and thriving of mothers, and community mobilisation cultivates the support network critical to the well-being of both mother and child.

1. **VIEW INTEGRATION AS A MEANS FOR CAPACITY BUILDING**

Carrying out an integrated approach requires programme implementers to have knowledge of the key facets of multiple sectors. This requires capacity building and further investment in current employees. This resulted in higher excitement from employees and the willingness to stay at an organisation longer because they viewed their company as investing in their growth.

**CONCLUSION**

There is no one-size-fits-all way to do integration. However, the above 10 principles will support a better chance for success and help to move organisations along the continuum of integration. Annex 2 provides a framework that organisations can use to integrate more fully and can be used at any point along the continuum. The framework was adapted from a World Vision tool trialled in Uganda to bring together WASH, Nutrition, MNCH and ECD and to help connect to a new government ECD strategy. The steps were well received by programme participants and can be utilised, with edits, by anyone who is looking towards more joint programming.

ANNEX 1: Case Study Template

# **Call for case studies in joint WASH, ECD and Nutrition/MNCH Implementation**

## Introduction:

* **Why are case studies being collected?**

Although there is significant evidence of WASH impact on nutrition outcomes, particularly of children under 5 years old, there is still relatively little information on promising practices for integrating WASH and nutrition or mother and child health interventions for nutrition outcomes, including early childhood development outcomes. The purpose of this template is to guide the collection of case studies that illustrate some level of collaboration, coordination or integration on WASH and nutrition, in order to build support for more integrated programming. We are looking for case studies that illustrate different approaches, results, and lessons learned. We understand that best practices are emerging and therefore many programmes are in early stages – please feel free to share what you have learned so far.

* **What type of case studies is being sought?** Case studies should be focused explicitly on joint implementation of WASH and nutrition or mother and child health or early childhood development, integration of elements into ongoing programmes, collaboration between sectors, or between organisations working in different sectors.

## 1. Programme Details: What activities have you undertaken with respect to integration of WASH with nutrition, maternal, newborn and child health (MNCH), and/or early childhood development (ECD)? **(Please provide a link to (or via attachment) a programme evaluation, programme document or webpage that can describe key programme elements and details.)**

* **In what country/countries is/was the programme carried out?**
* **What are/were the dates of the project?**
* **Who are the stated beneficiaries, and how many beneficiaries does/has the programme targeted/reached?**
* **Please indicate which of the below best describes the programme:**
  + **A nutrition/MNCH programme with WASH components**
  + **A WASH programme with nutrition or MNCH components**
  + **An ECD programme with WASH or nutrition elements**
  + **An integrated WASH and Nutrition/MNCH programme**
  + **Other: please describe**
* **What are the high level objectives of the project for WASH, Nutrition, MNCH or ECD?**
* **Are there any key activities related to integration not listed in the attached project documents? Please explain in detail.**
* **Were any key activities aimed at children under 2? From 0-6 months? Please describe in detail.**

## ****2. Integration/Links:****

**Which of the types of integration below best describes your programme?**

**Please select one, and please describe briefly why your programme best fits that type of integration.**

* + **Co-location**
  + **Coordination**
  + **Collaboration**
  + **Synergy**
* **At what level are WASH and nutrition/MNCH/ECD elements implemented in an integrated or linked manner?**

**Please select all that apply**

* + - **At the household level**
    - **At the community level**
    - **At the local government level**
    - **Among partner organisations (non-government)**
    - **At the policy level (national)**
    - **Other: please describe**
* **Please describe how the WASH and nutrition/MNCH/ECD programme elements are shared, integrated or linked within the programme: (what did you do? -how did you do (how are you doing) it?**
* **How are you measuring these linkages? Do you have any shared metrics that you are using or shared outcomes?**

## ****3. Rationale for integration:****

* **Please describe your motivation, rationale, or value proposition for the initiative – why did you integrate/link these elements?**
* **Was there a champion for integration that helped to bring the programme to fruition? Do you think a champion is important for integration to occur?**
* **At what point was the programme integrated? Was it integrated from the programme design phase, or were integrated components added to another/existing programme at a later time?**
* **Was the integration sustained once initiated? How did the integrated elements change over time during implementation of the programme?**
* **What are the sources of funding for this programme?** Was it a single ‘stream’ of funding or multiple? Please comment on the dynamics of funding.
* **Was/were the donor(s) specifically interested in supporting an integrated programme?**
* **Were funds initially procured for an integrated programme, or did funding help achieve additional, integrated components of the programme** (i.e. additional funding at a later date)?

## 4. Impact and Successes; describe the impact of this integration (even if ongoing):

* **Does your programme have evidence of improved health, nutrition or WASH outcomes as a result of this programme? If so, briefly describe the nature of that evidence, or reference a programme evaluation.**
* **Did your programme measure impacts on child-development outcomes and see any links to WASH/ BabyWASH interventions?**
* **Is there any evidence (anecdotal or quantitative) that an integrated approach was more effective/had greater impact on programme outcomes than a traditional or standalone approach (nutrition, MNCH, WASH, etc)? If so, please describe briefly:**
* **Were there additional or unanticipated benefits of this integration (i.e. on partnerships, policy, behaviours, other health outcomes, donor awareness)? If so, please describe briefly.**
* **What are the particular successes of this integration, either from a process perspective, or an outcome perspective?**
* **What were key factors critical to the above successes (i.e. policy environment, particular champions, global trends, scientific evidence, staff enthusiasm, timing, funding, etc)?**
* **Any other successes or impacts not captured in the above?**

## ****5. Challenges:****

* **What particular constraints or challenges are you facing/did you face?**
* **How will your approach to integration change as a result of this programme or challenges faced?**

## ****6. Scale and Implications:****

* **Has your programme encouraged more integration, internally to your organisation, among partners, or among governments? To what degree is there evidence of further integration? (further dialogue, specific metrics, etc.) Please describe what evidence you’re seeing of further integration**
* **What motivates programme staff and/or partners to embrace/conduct this integrated programme/integrated elements? (we realise motivations for integration may be different at all levels; are there particular motivating factors for integration at the implementation level)?**
* **Has your initiative, or particular elements or approaches within it, been replicated or scaled up? If so, how and by whom? If not, do you recommend scale?**
* **How does your organisation or partners, plan to build on this programme? Or, what plans for future integrated nutrition, MNCH, or WASH programming?**

## 7. Additional comments:

Anything we missed in the above? Please feel free to provide any additional insights into your programme and its integrated elements.

# ANNEX 2: BabyWASH Integration Implementation

**BabyWASH Integration Implementation Roadmap**

[**Prepare**](#Stage1) **(3 weeks)**

**Stage One**

[Communicate about BabyWASH](#Communicate)

[Build a Working Group](#Build)

[Gather and Review Data](#Gather)

[Map Key Stakeholders](#Map)

[**Prioritize**](#Stage2) **(2 weeks)**

**Stage Two**

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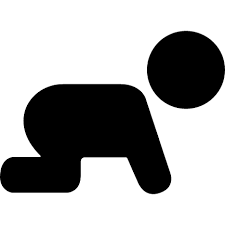
[Identify and Prioritize Key Concerns](#Identify)

[Determine Possible Sectoral](#Determine) Overlap

[**Plan**](#Stage3) **(6 weeks)**

[Summarize Learnings with Key Players](#Summarize)

**Stage Three**



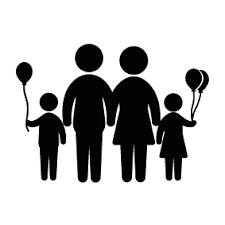
[Hold Design Workshop to plan BabyWASH Implementation](#Workshop)

[Develop Research and Communications Plan](#Develop)

[**Perform**](#Stage4) **(15 weeks)**

[Launch Integration Pilot](#Celebrate)

**Stage Four**



[Document Learnings and Share with Stakeholders at Appropriate Intervals](#Document)

| Stage One: Prepare |
| --- |

Key objectives of stage 1:

* Make sure key staff across leadership, resource acquisition, and all 4 technical sectors are aware of the BabyWASH concept and are supportive
* Form a dedicated BabyWASH working group to move planning forward
* Briefly examine national policies and external organisations that could hinder or help with integration
* Map key stakeholders that need to be engaged to ensure success.

## Communicate about BabyWASH

The key to success for BabyWASH is to get buy-in from health, nutrition, WASH and education staff to see the value of integration and to work together in more meaningful ways. To do this, the following key points need to be communicated:

* What is BabyWASH?
* What is sepsis?
* What is environmental enteric dysfunction (EED)?
* Why is multi-sectoral action key in solving these problems?
* Importance of getting leadership and resource acquisition staff involved

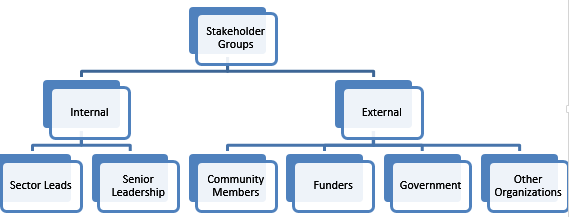
## Build a Working Group

Identify key WASH, MNCH, ECD and nutrition focal points, as well as someone responsible for grants/ resource acquisition and an M&E specialist. If a sector is not part of your programme, consider locating other organisations in the same area that have expertise in that area that you could invite to your BabyWASH discussions. Communicate with identified BabyWASH Working Group members and organise initial meeting to present BabyWASH concept and discuss way forward.

## Gather and Review Data

Review co-located programmes and see if additional synergies can be created. If this is a new programme with integration starting from the beginning, review government policies to see the best angle for talking about the project to get government buy-in (i.e. do you present it as an integrated nutrition project or an integrated WASH project?). Some key questions to ask may include:

* How does this intervention apply to multiple sectors?
* How does this affect children under two and their caretakers?
* Why is hygiene important for this intervention?
* What information do experts from other sectors need to know about an intervention?
* How does this improve child well-being?How can we strengthen what we are already doing to have a larger impact on the first 1,000 days?

Identify key stakeholders that are necessary to support BabyWASH. Consider government ministries, organisations operating in the area, community faith leaders and key staff. The following table can help to identify these stakeholders. Make sure to think through all sectors of MNCH, WASH, ECD and Nutrition.

## Map Key Stakeholders

| Stage Two: Prioritise |
| --- |

Key objectives of stage 2:

* ****Select possible pilot location
* Identify BabyWASH interventions not currently being implemented
* Prioritise implementation of missing intervention and determine best platforms to implement

## Identify and Prioritize Key Concerns

Identify one or two areas where integration is feasible. The key is to start small to build trust and momentum. The areas chosen should already be implementing at least two of the four sectors (co-located). Identify what sectors are missing and what key activities should be implemented by whom to reach full integration. With the working group, discuss what sector is best positioned to take the lead on implementing missing interventions, and how the rest of the sectors can continue to support and engage. Implementing a SWOT analysis might be helpful at this stage.

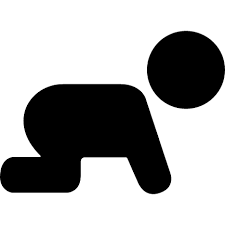
## Determine Possible Sectoral Overlap

Identify the best places to integrate BabyWASH. Key questions to consider are:

* How can we build on efforts and models that are already being implemented?
* How can we encourage BabyWASH interventions to be the priority of more than one sector?
* Are there other organisations in the area that have expertise that we can invite to partner?
* How do we involve the government in the process?
* What additional resources do we need (training, monetary, tools, checklists, etc) to be able to implement the missing interventions?

| Stage Three: Plan |
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Key objectives of stage 3:

* Hold a design workshop to plan pilot activities for BabyWASH
* Build a coalition of interested partners to advocate for BabyWASH together
* Consider possible research questions to help strengthen the literature on integration

## Summarise Learnings with Key Players

Summarise learnings from stage one and two with BabyWASH Working Group and key staff. Summarised learnings should include:

* Key findings from data review
* Summary of government enabling environment
* Key WASH, MNCH, ECD and nutrition concerns and opportunities identified through SWOT
* Identified BabyWASH interventions that need to be strengthened

## Hold Design Workshop to Plan BabyWASH Implementation

Plan and execute a 3-day design workshop to plan a BabyWASH pilot in the selected AP. Design workshop is best held in the AP where the pilot is planned so implementing staff can attend. Consider inviting the following groups of people where applicable:

* Community Health Workers (CHWs), Health Promotors (HPs) and Community-Led Total Sanitation (CLTS) Champions
* Field staff in the AP focused on WASH, MNCH, education and nutrition
* Local government officials and external organisations identified in the stakeholder analysis

The three days of the workshop can be roughly scheduled as follows:

Day 1

* Welcome all participants and introduce the BabyWASH concept
* Explain why this area was chosen and highlight the key gaps for BabyWASH that will be discussed over the course of the workshop
* Visit a local health facility or proposed implementation site so each sector specialist can view it with a BW lens and determine how multi-sectoral action could speed up progress

Day 2

* Have each sector share their main programming objectives, what programme models they use, and what their major challenges are
* List out key outcomes and indicators for each sector and determine areas of overlap
* Discuss how current programming can be strengthened to focus more on the first 1,000 days (prevention of sepsis and EED) and what BabyWASH pieces need to be prioritised.
* Discuss capacity building needs (tools, trainings, etc.) needed to carry out multi-sectoral actions appropriately.

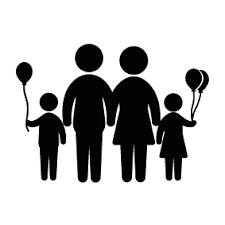
Day 3

* Discuss how current funding is being spent on BabyWASH interventions or could be focused more efficiently on BabyWASH
* Discuss resource mobilisation
* Create plan for measuring impact
* Create timeline and budget for the pilot process, as well as meeting schedule for the working group
* Define roles and next steps before adjourning the meeting

## Develop Research and Communications Plan

Work with local, academic institutions to evaluate the pilot and help advertise the results of more targeted integration. Plan who in the government and from funding organisations you will share the information with to influence scale-up of BabyWASH after the pilot. Operational research can be performed to determine the most acceptable behaviours to champion, and case-control studies can be performed to highlight the benefits of multi-sectoral actions over vertical programmes.

| Stage Four: Perform |
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Key objectives of Stage 4:

* Celebrate progress to date
* Carry out the pilot plan
* Perform operational research to share
* Report project success to encourage scale-up across the country

## Launch Integration Pilot

Communicate and celebrate the cumulative efforts of initiating this integrated process. Be sure to alert government of the pilot so they can stay up to date and get involved in the future if they are not already.

Since BabyWASH is a new way of working, we need to be proactive about sharing our learnings. Implement the pilot according to the timeline and study procedures for the research. Maintain communication with key stakeholders in the country that hold the keys to resources and scale-up. Share relevant case studies with the wider BabyWASH Coalition so others can learn.

## Document Learnings and Share with Stakeholders at Appropriate Intervals