Integrated Development in Action: Responsive Learning and Adaptation in APHIAplus

WHAT IS INTEGRATED DEVELOPMENT?

Global shifts in the economy, technology, and demographics are forcing the development community to rethink the way we address today's complex interrelated challenges. Our response must reflect the multifaceted reality of people's lives and experiences.

FHI 360 defines integration as **an intentional approach that links the design, delivery, and evaluation of programs across sectors to produce an amplified, lasting impact on people's lives**. Integrating development programs has the potential to make a deeper, more enduring difference in people's lives, not only through multisector activities, but through collaboration, partnerships, and coordination. FHI 360 is working to improve the evidence and advance the global conversation on integrated development, as well as collaborate with other organizations interested in the approach.

Integrated Development Resource Package: From Learning to Action offers collective lessons learned, tools, and other resources from a diverse array of FHI 360's program and research efforts.

In an effort to better understand the effectiveness of multisector, integrated approaches, FHI 360 systematically aggregated information from 68 integrated development (ID) programs that we have delivered or are currently implementing. Rarely are distinct programs, even from the same sectors, offered the opportunity to combine their lessons. By packaging and sharing this body of knowledge, we aim to inform and improve the design, delivery, and evaluation of integrated development approaches. This series of case studies — on select FHI 360 programs in Uganda, Kenya, and Tanzania — is one product of that collected knowledge. The perspectives in each study are based on desk reviews of project materials and in-person interviews with the project staff, partners, and community members. Each case study provides three common challenges documented by the 68 integrated projects examined through this review, and illustrates how each project approached those challenges.

Implementing partner staff members work through stakeholder mapping exercise

APHIAplus NURU YA BONDE OVERVIEW

APHIAplus (AIDS, Population and Health Integrated Assistance) Nuru Ya Bonde is a USAID-funded project focused on improving the delivery of health care and multisector services to vulnerable populations in Kenya's Rift Valley region. The project emphasizes local participation and leadership, universal access to services, and sustainability. Over the course of a decade, the project has evolved from providing HIV/AIDS treatment and capacity building to implementing a multisector approach that supports vulnerable populations, particularly people living with HIV/AIDS (PLHIV) and their families, orphans and vulnerable children (OVC), and key populations, including female sex workers. The project expanded services in 2011 to match the growing complexity of the HIV/AIDS epidemic in these communities and stakeholders' understanding of the issues. APHIAplus goes beyond capacity building in the healthcare sector to partner with a variety of local organizations. Some offer economic empowerment services, educational tutoring, and nutritional counseling, whereas others promote healthy hygiene practices and improve sanitation facilities.[1] Many of these services are coordinated by drop-in centers — the core of a multisector household approach — to build economic resilience in vulnerable populations. The project also operates a network of "link desks" at existing health facilities to connect eligible community members to services. Together, the

1. Full list of activities: APHIAplus Technical Brief No. 12, 2013.

drop-in centers and link desks provide referrals and health services, educational tutoring and support for children and youth, access to savings groups and vocational training, nutritional counseling and supplements, and linkages to other government social programs.

COMMON ID CHALLENGE

Many programs are conceptualized and designed with a single-sector focus, regardless of whether the problem is affected by conditions influenced by multiple sectors.

APHIAplus APPROACH

To expand reach and access, APHIAplus was developed with a multisector lens that fills gaps in existing services and creates linkages between services.

APHIAplus was designed to go beyond the health focus of the predecessor project, APHIA (2006-2010), to expand services from other sectors. Staff members from the project and USAID applied their knowledge of the communities (gained during APHIA) to develop a mapping process that identified existing services and critical gaps. The team discovered that although some services were available in the community, they were not accessible to the most vulnerable households.

Providing coordinated, centralized services and a point of contact fostered a greater sense of trust and consistency among community members.

In response, APHIAplus created a system of drop-in centers and link desks so that vulnerable households could learn about and receive services that were not offered elsewhere. Link desks — located inside health facilities and staffed by PLHIV — connect community members to health and non-health services (e.g., vocational training). The centrally located drop-in centers provide an integrated array of services to OVC, who are referred from community volunteers, schools, and health facilities. The drop-in centers function as resource focal points, directing clients to whatever they need beyond any single issue. Services in sectors as disparate as WASH and food security can be coordinated through these centers because staff have a relationship with the community. "A client will come with one problem, but we can see all other problems," a counselor from a Nakuru drop-in center said. In this way, drop-in centers and link desks operate as a platform for integrated services.

This multi-pronged approach allows the project to simultaneously address the gaps in services for vulnerable populations and their lack of access to some services that are offered in the community. Project staff members say that this approach has increased access for different population groups through community- and facility-based referrals to drop-in centers. APHIAplus has also documented that linking community and household services increased the satisfaction of program participants. Providing coordinated, centralized services and a point of contact fostered a greater sense of trust and consistency among community members. In this way, APHIAplus developed a district-wide but context-specific integrated project that meets the unique needs of vulnerable populations within their community.

COMMON ID CHALLENGE

Limited availability of technical guidance, programmatic resources, and job aids for certain integrated models to support high-quality implementation.

APHIAplus APPROACH

APHIAplus established clear management procedures to streamline multisector coordination and uses sub-sector integration experience to fill the gaps in guidance.

Coordinating multiple stakeholders and partners can be a significant stumbling block for the implementation of an integrated project. During its first few years, the APHIA

project had difficulties getting all the providers to participate because they did not see the value of integration. Additionally, the goals of the project were not clearly communicated to all staff members and partners at the start, so they were not able to contribute to a common objective.

To address these issues, APHIAplus instituted an open and inclusive planning process. The project holds annual planning meetings that involve every aspect of the project and staff members from a variety of levels. It also emphasizes the importance of having clear roles that are known to the entire integrated system, and aims to have every staff member understand the broad targets and goals the project is working towards. Partners are also involved in country-level planning. A detailed statement of work for each partner was included in the USAID work plan, and the prime implementer and all partners worked together to develop joint work plans.

APHIAplus also works to build multisector capacity among staff, who are encouraged to become familiar with activities and competencies in other sectors. This approach allows them to recognize opportunities for further integration and provide the community with a more comprehensive understanding of the available services. As one APHIAplus staff member observed, "Without integration, there are so many missed opportunities." The project staff members praised the cross-training they received in gender mainstreaming and requested further capacity building in other sectors. The project is exploring the potential feasibility of training all staff in sectors that are unfamiliar to them (e.g., WASH or vocational training).

APHIAplus uses management solutions to address multisector communication issues. Whenever possible, project staff members work in a common office space to promote knowledge sharing of competencies and activities in other sectors. All partners are represented and work alongside the project staff in the shared office. The project management team facilitates regular meetings with all teams to discuss different perspectives and challenges. A program coordinator at each regional site ensures that the teams integrate their efforts while they work toward joint objectives.

Finally, a strength that APHIAplus brought to multisector project implementation was the institutional knowledge from its predecessor, APHIA, which integrated HIV services into other health services. Many of the management challenges of multisector integration are similar to those found in the integration of services within the health sector (e.g., family planning and HIV). Sharing lessons learned from integrating sub-sectors can be particularly helpful when coordinating, co-locating, and improving linkages between services. APHIAplus also leveraged its familiarity with government and community systems (acquired during the integration of health services in APHIA) to fill gaps in technical guidance on the best practices for multisector integration models. For instance, the project's experience in working with health officials at the district level made it easier to partner with other government ministries, such as the Ministry of Agriculture, on food security interventions. These deliberate systems are designed to make the delivery of a complex, integrated project more transparent and effective.

COMMON ID CHALLENGE

Bundling standard indicators from each sector in an integrated program can produce overly long indicator lists and burdensome reporting requirements.

APHIAplus SOLUTION

APHIAplus uses proxy indicators to track the progress of their integrated activities and the linkages between different activities without overburdening the project team.

With many standard indicators for each sector, and limited guidance on how to measure the integrated aspects of a project, there is a need to develop strategies to measure

Tamimah laughs while demonstrating her recipe for Biryani

Tamimah and her three younger siblings joined APHIA (before it was APHIAplus) in primary school, where they received uniforms, school fees, access to health services, and health education. With this support, Tamimah and two of her siblings graduated high school (her youngest sister is still in school). Tamimah was the first in her family to graduate, and she is among the minority of people in her neighborhood who have completed high school. After high school, Tamimah participated in a vocational training program for tailors and saved about $200 USD over the course of a year.

Tamimah used her savings to open a small café in her neighborhood. Named after her brother, the Al Hamis Café seats 20 and is most crowded at lunchtime. Now 22, Tamimah uses the profits from the café to support her family, including paying her sister's school fees. She is saving too, this time to move her café to a busier part of town once she amasses enough money. Growing up, Tamimah and her siblings needed a diversity of interventions to help address the complex, interrelated challenges they faced. Now, Tamimah has been able to start her adult life ahead, instead of behind. "It is hard to grow up in this place... but now I try to influence others," she said about her role in her community today, "I am a role model."

About FHI 360: FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research, technology, communication and social marketing — creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 70 countries and all U.S. states and territories.

the different aspects of integration. Integrated outcomes cannot always be measured by standard sector-specific indicators, and when outcomes are not measured there is no room for learning, activities can lack focus, and impact remains unclear. To address these challenges, APHIAplus uses proxy indicators that serve as simple measurements to determine and monitor the impact of the integrated parts of the program. Proxy measures have been applied widely in other development programs, such as measuring percentages of births attended by a skilled health professional as a proxy for maternal mortality. In the case of integrated programs, it is critical to have a clear and detailed understanding of the pathways through which integrated activities operate in order to choose proxy indicators that will be indicative of integrated outcomes.

Some examples from APHIAplus illustrate how proxy indicators can be used. The proportion of OVC who have been tested for HIV is an indicator of the coordination between health services and community OVC services. School retention rates for OVC measure the success of the educational support provided to OVC through the drop-in centers. The number of people who accessed non-health services at the drop-in centers after referred from health services measures the mechanism that links coordinated services. APHIAplus has demonstrated some powerful results with these indicators. For example, although only 30 percent of OVC were tested for HIV when the program started in 2011, approximately 97 percent had been tested by December 2015.

Other proxy indicators for integrated projects include measures of increased access and measures counting the proportion of households that receive different interventions. Increased access can demonstrate that the project is reaching more diverse populations — a valuable result of multisector integration. For instance, APHIAplus staff members noted that, by integrating services, more women and girls were able to access non-health services — especially those related to economic livelihoods. Measures that count which households access one, two, and three or more interventions can also demonstrate how an integrated project is operating. Finally, conducting vulnerability assessments at the project's baseline and throughout its implementation has helped APHIAplus monitor whether families are making progress toward less economic vulnerability. These types of proxy indicators can help to monitor the progress of multisector projects when indicators do not exist to adequately measure integrated outcomes.

CONCLUSION

The APHIAplus project is an excellent example of one way to add integrated services to an existing system (or project) and how to use existing tools and guidance to advance an integrated approach. However, these are not the only lessons that emerged from APHIAplus, nor are they the only approaches that could have been used. Other briefs in the FHI 360 Case Study Series describe additional approaches used by other successfully integrated projects. FHI 360 has also developed a resource package with additional guidance and tools that can be used to explore unique multisector models and improve approaches for more effective, meaningful development practice.

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