Commission 1.4 - Institutional Frameworks: Setting up the multisectoral integration and coordination

Achieving multisectoral integration and coordination*

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* This information will be developed in two chapters of two books that will be published in the next months.

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Achieving Multisectoral Integration and Coordination

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ECE or ECCE or ECD or ...?

- ECE usually refers to a sectoral approach for the education of children from birth to six years+. In some countries, ECE is only provided for children from 3 to 6 years - but this is changing rapidly.

- ECCE usually connotes the primacy of the education sector within a multisectoral approach to children’s policy and services, i.e. health, nutrition, sanitation, child protection and juridical protection.

- ECD usually reflects a more balanced strategy, including multisectoral and/or integrated approaches for achieving holistic early child development, from preconception to school transition.

- ECCE and ECD will be used throughout this presentation to address issues of integration and multisectorality.
Definitions

- **Multisectoral ECCE/ECD** may be defined as the inclusion of education and other sectors (such as health, nutrition, sanitation and child protection) in services for pregnant women, young children and parents through informal or formal coordination.

- **Multisectorality** can occur at any level in a country. It may be found at only one level, or at some levels, or at all levels.

- Along with separate sectoral services, the multisectoral approach to ECCE/ECD is now being used in most countries, to some degree, at national and community levels.
Formal Multisectoral Coordination

- **Formal multisectoral coordination** includes formal, written inter-agency agreements among sectors to work together for planning, ensuring equitable service access and usage, providing services, making referrals among services, and conducting joint monitoring and evaluation activities, to the degree possible.

- Multisectoral programs and services are not integrated.

- Rather they are sectoral services that are juxtaposed and inter-related through formal or informal intersectoral agreements, partnerships and/or networks.
Multisectoral Zones de Convergence

Example: Zones de Convergence in Cameroon, with 5 “entrance doors”:

1. Education services: parent education, child development and preschools
2. Health care services: prenatal and maternal/child health
3. Nutrition services: rehabilitation, feeding, micronutrients
4. Sanitation and hygiene services: potable water, waste mgt.
5. Child protection services: vulnerable children and mothers

Community Committee for leadership, monitoring, evaluation, oversight, reporting and planning
Zone de Convergence - Cameroon
Zones de Convergence

The Zones de Convergence are led by the Ministry of Planning of Cameroon. They include all relevant and well-functioning public and non-public services in each community.

Services were planned at the national level, guided at the provincial level, and training was provided at the local level. Flexible adaptations were made to fit community needs and capacities. Formal agreements were signed with each community and service.

This type of approach can be successful in situations where there are a large number of agencies, services and resources plus strong national and/or provincial leadership for service convergence.
Integrated ECD Services

+ Integrated ECD services unite resources and personnel from several fields in one program with one administrative unit. They usually create a synergy that will ensure children, and especially vulnerable children and their parents, will receive child-centered and family-focused services.

+ Integrated ECD programs usually provide comprehensive education, health, nutrition, protection and sanitation services required to achieve holistic child development and effective parenting.
Configurations of Integrated Services

- Integrated services are configured in many ways:
  - Specialists, paraprofessionals and volunteers receive training in the contents and methods of several sectors or fields, becoming “polyvalent” service providers, often to ensure services are provided in impoverished rural communities.
    - **Examples:** ICBF Hogares Comunitarios, Colombia; Madres Guías, Honduras; Educa a tu hijo, Cuba
  - Several ministries (or their local services) combine their services into one site, conduct cross-training, pool budgets, and provide one-stop services to increase access and improve service quality.
    - **Examples:** Integrated ECD Centers, Central African Republic and Rwanda
A policy is established for a network of services to work together to reduce costs, expand services, and improve child development:

Examples: Chile Crece Contigo, Chile; Early Childhood Intervention Centers in Polyclinics and Education Development Centers for Children with Special Needs, Belarus

A service organization is composed of several sectors or fields of service, works as a team, and has formal agreements with other local service providers.

Examples: Integrated Parent-Child Centers, Bosnia and Herzegovina; Any Baby Can, United States
## Integrated Parent-Child Centers

**Bosnia and Herzegovina**

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<td><strong>Home &amp; center-based</strong></td>
<td>Home &amp; center visits &amp; Toy &amp; Book Libraries</td>
<td>Home visits with center support services</td>
<td>Play groups with parents &amp; children</td>
<td>Center-based social work services &amp; referrals</td>
<td>Monitoring &amp; evaluation for all services</td>
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<td><strong>Complements health services</strong></td>
<td>Fills gap in 0 to 3 services</td>
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Integrated Parent-Child Center
Bosnia and Herzegovina
Integrated Parent-Child Centers

+ IPCCs are being developed in both Republika Srpska and the Federation of Bosnia and Herzegovina.

+ IPCCs work with all other local services, including Health Centers and Social Work Centers, preschools and schools.

+ They fill major gaps in services for pregnant women, parents, and young children from 0 to 10 years. Gaps are due principally to the disappearance of Yugoslavia and the Bosnian war from 1992 – 1995.

+ IPCCs focus on preconception to 3 years, Early Childhood Intervention (ECI), parent education, early education for peace, preschool parent/child play groups, and Toy and Book Libraries.
Common Challenges

In most countries, sectoral planning and service provision still predominates.

However, multisectoral coordination for ECCE/ECD is increasingly occurring in countries: Colombia, Chile, Mexico, Brazil, Cameroon, Central African Republic, Senegal, Mauritania, Bosnia and Herzegovina, Montenegro, Lithuania, Estonia, Latvia, Russia, Cambodia, Nepal, India, The Philippines, Singapore and other countries.

Integrated ECD programs are now found in many countries, and some have successfully gone to scale, such as in Cuba.
The National Level

Often people state authoritatively that integrated approaches to ECD cannot be created at the national level because of separate and competing ministerial budgets, separate ministerial guidelines, lack of encouragement to enter into integrated programming, etc. However, upon closer examination, we find that this is not universally the case.

Several nations have created ministries of health and social protection where ECD is given a special emphasis, and as a consequence, integrated or coordinated services for maternal-child health and protection are provided at all levels. Examples: USA (Department of Health and Human Services), Colombia, Chile, Republika Srpska and others.

Ministries of Social Protection often have mandates for service coordination and integration, due especially to their close relationship to the Convention on the Rights of the Child and other international instruments.
Other nations have established ministries for gender, family and community development, and sometimes rural and urban development, that attempt to develop coordinated ECD services. **Examples**: Burkina Faso, Tanzania

To my knowledge, we never find combined education and health ministries. For a brief period in the 1930s and 1940s, Brazil had a Ministry of Education and Health. It was subsequently split apart.

- Education often has the largest ministerial budget.
- Health is in competition for that budget.
- Education often develops separate units for school health and nutrition/feeding services, thereby avoiding close coordination with the Ministry of Health.
Exceptions have been found to sectoral approaches at the national level when Ministries of Planning and/or Finance take leadership for coordinating or integrating ECD services.

Examples:

- The Ministry of Planning and Cooperation, and the Executive Secretariat for Social Protection led the development of Chile Crece Contigo for multisectoral and integrated ECD services and Chile Solidario for ECD and breaking the cycle of poverty.

- The Ministries of Planning in Cameroon and the Central African Republic (CAR) were mandated to lead ECD policy planning and service coordination (Cameroon) and ECD integration (CAR).

- Ministries of Planning can convene the other ministries, lead ECD consultative processes, mandate coordination and ensure cross-service monitoring and evaluation.
The Provincial Level

- Provincial services for planning, training, supervision, monitoring and evaluation are usually sectoral. Sometimes provinces are instructed to forge intersectoral collaborations but many are slow to develop them. Few integrated ECD systems can be found at the provincial level.

- If a country does not have a strong system of provincial ECD coordination, it is usually a very small nation, has weak provincial governments or it has yet to develop a fully decentralized system. A recent study of large-scale, successful ECD programs in Latin America found that all of them had developed effective vertical and horizontal systems of coordination.

- **It is often best to focus first on central and community levels**, specifying their ECD roles and responsibilities. We find that provincial systems will be developed later in response to national-level requirements and community demand.
The Community Level

- Integrated and multisectoral ECD services are most likely to occur at the community level.

- Many integrated ECD services that originate in communities tend not to have the attributes that would enable them to go to scale. They remain pilot programs, and many disappear after a few years.

- Others are centrally or provincially sponsored. These models are more likely to have complete program development processes and attributes required for going to scale and sustainability. They must also have flexible systems for meeting local needs and using local resources.
Two typical nationally-directed and community-based examples are the Zones de Convergence and Integrated Parent-Child Centres. These basic types of programs vary in contents and methods from country to country and culture to culture, depending upon local needs and institutional, human and financial resources.

In addition, Community or Municipal ECD Plans of Action are increasingly being developed in communities and large urban neighborhoods: Examples: Montenegro, Colombia, others.

Community Plans of Action will continue to be prepared annually if they regularly receive their annual budget from provincial and/or national levels. Communities will provide regular reports if they are used for planning and preparing annual budgets at higher levels.
Structuring Multisectoral & Integrated ECD Approaches: The National Level

+ **Multisectoral ECD Council** at the national level, with:
  - **ECD Policy and Strategic Plan** that reinforces other sectoral and multisectoral policies, fills in gaps with new strategies and services, provides for service expansion and improvement, and harmonizes elements of policies and services.
  - **Policy implementation** promoted.
  - **Policy advocacy** planned and conducted.
  - **Regular annual reports, reviews, budgeting and Work Plans** prepared.
ECD “Motor” Designated

- Executive agency, semi-autonomous agency or a unit in the lead ministry

- The ECD “motor” is essential for ECD Policy implementation. Those countries that have not designated one have tended not to implement their ECD policies and strategic plans well. Duties:
  - Planning and budgeting
  - Intersectoral coordination (vertical and horizontal)
  - Program design and promotion
  - Oversight of pre- and in-service training
  - Monitoring, evaluation and reporting
  - Policy advocacy and social communications
  - Secretariat to the Multisectoral ECD Council
Often the Ministry of Education is the lead ministry for ECD. However, some countries designate the Ministry of Health, Ministry of Social Protection, Ministry of Planning, or a combined Ministry of Gender, Children, Community Development and Urban or Rural Development.

If the Ministry of Education is the lead, it must ACTIVELY reach out to the Ministries of Health and Social Protection to ensure their full involvement. It must place an appropriate focus on maternal/child health, nutrition, sanitation, and women’s and children’s protection and juridical protection. If not, other ministries rarely will collaborate.

To ensure good child development from 0 to 3 and 3 to 6, provide quality parent education, reach vulnerable children, and improve the internal efficiency of their education systems and learning outcomes, Ministries of Education need to collaborate well with Ministries of Health and Social Protection.
The New Focus on Zero to Three Requires Multisectorality and Integration

- Other ministries often provide educational and developmental services for infants, toddlers and parents. Such services are essential for children to be well developed upon entry to the reception year or first grade.

- Many Ministries of Education currently do not serve children 0 to 3. This is changing rapidly. Increasingly, Ministries of Education begin their mandate at birth, building systems for parent education and child development. Some are establishing Early Childhood Intervention services for children with developmental delays, malnutrition and/or disabilities.

- However, some nations have placed 0 to 3 services under Ministries of Social Protection, the police, orphanages and other agencies. They rarely benefit from approved educational curricula, materials, methods, training, monitoring and evaluation. There is a pervasive lack of standards, service guidelines, and guides for multisectoral coordination and integration.
Preschool Education

Ministries of Education increasingly:

+ Promote the inclusion of all children and develop policies to ensure services are available for special needs children.
+ Provide services for health and school feeding in or near school.
+ Develop referral systems with social protection services.
+ Provide home-based preschool playgroups, Toy and Book Libraries combined with integrated parent education.
+ Provide cross-training in health, nutrition, hygiene and parent education to prepare preschool teachers and aides.
+ Develop standards, regulations, and guides for multisectoral coordination for services during the preschool-age period.
Structuring Multisectoral & Integrated ECD Approaches: The Provincial Level

- Provincial ECD Committees are created, often as a mirror image of the national level or in response to pressure from the community level.

- They often have the option of only playing roles for sectoral cooperation OR proactively handling key multisectoral activities for planning and coordination.

- Provincial levels will evolve over time to acquire the attributes of mature national ECD structures; however, planning ahead can help.
Community (Municipal/District) ECD Committees are formed, often as a sub-committee of Municipal Councils.

They are often the most creative level because they work for their children and the future of their communities.

Local formal and informal leaders as well as parents and service providers usually become actively involved in Community ECD Committees.

Community ECD Committees should prepare annual plans and budgets, guide services and conduct oversight.
Essential Elements for ECD Structures and Processes

Each level must have:

- Criteria for membership
- Formal roles and responsibilities
- Planning authority, and responsibilities for coordination and reporting
- Monitoring, evaluation and reporting processes
- **At the community level**: oversight by parents, community council, ECD personnel and others is essential.
Some Challenges

- Intersectoral coordination and integration for ECD is not working well in many countries due to:
  - Sectoral “institutional cultures”
  - Competition for budgets
  - Inter-ministerial rivalries and politics
  - Lack of leadership for multisectoral and integrated approaches
  - Lack of experience in: conducting ECD policy planning, enabling participatory processes, negotiating with other sectors, and building consensuses.
Recommendation 1: Promote multisectoral coordination and integration

- Prepare intersectoral or multisectoral formal agreements
- Ensure roles and responsibilities are clearly defined at each level
- Establish jointly agreed upon standards and guidelines (service policies and procedures)
- Create an “institutional culture” that promotes collaboration, partnerships and networks for planning and implementing coordinated or integrated services
Steps to Take in Ministries of Education

- Intersectoral work should not be considered as “voluntary” but rather as a part of ministerial personnel’s core roles and responsibilities.

- Leadership from the top: model positive behaviors, attitudes and values for multisectoral coordination and integration.

- Distribute writings regarding the importance of coordination and integration to improve early childhood and family development, especially for the country’s most vulnerable children.

- Establish ECD Policies, Strategic Plans and Service Work Plans with precise guidance for multisectoral coordination and integration. Revise existing policies and plans if they do not cover these points adequately.

- Conduct impact evaluations and distribute evaluation results.
Steps to Take in Ministries of Education-2

+ Take successful multisectoral and integration services to scale within your country.

+ Provide positive incentives for ministerial personnel to promote and conduct activities for multisectoral coordination and/or integration. Ministries of Education, Health and Social Protection should jointly establish rules for acceptable behaviors as well as incentives and systemic supports for multisectoral work in ECD:
  + Include concrete roles and responsibilities for multisectoral coordination and integrated services in job descriptions.
  + State the amount of time staff members are expected to engage in inter-agency activities, i.e., 20%, 30% or more.
  + Establish formal, written inter-agency official agreements.
  + Do performance reviews that include inter-agency work plus 360 reviews from personnel in other agencies.
  + Provide annual awards for outstanding achievement in intersectoral coordination and integration.
Recommendation 2: Exchange experiences in multisectoral coordination & integration

- Establish a worldwide ECD initiative with a special webpage to exchange experiences regarding effective ECCE multisectoral coordination and ECD service integration.

- Share good practices, lessons learned and research results through UNESCO’s website, policy briefs and other publications.

- Sponsor inter-program exchange visits: the best form of in-service training!
Recommendation 3: Promote decentralized community planning of integrated ECD services

+ Integrate some early childhood services through promoting decentralized and comprehensive municipal planning, pre- and in-service training, monitoring, evaluation and community oversight.

+ Exchange experiences in community planning, service implementation, and monitoring and evaluation.
Recommendation 4: Develop “mosaics” of integrated and coordinated ECD services

- As needed, use integrated and coordinated multisectoral approaches to develop “mosaics of ECD services and support activities” that feature innovative and high-quality early childhood services designed to achieve scale.

- For some services, “scale” will be provincial while others will provide nationwide coverage.

- Share experiences regarding the development of purposeful mosaics of integrated and multisectoral ECD services
Recommendation 5: Conduct research on integrated and multisectoral ECCE/ECD services

- Focused research is urgently required on multisectoral and integrated ECD experiences in all world areas:
  - Baseline situation analyses and pre- post evaluations
  - Experimental and quasi-experimental designs
  - Effectiveness of pre- and in-service training systems in integrated ECD services
  - “Institutional cultures” of ministries and agencies that favor (or not) multisectoral coordination and/or integrated services
  - Methods and effectiveness of vertical and horizontal systems of coordination (all levels)
  - Effectiveness of alternative methods for home visiting and group sessions
  - Comparative outcomes from multisectoral coordination approaches in contrast to fully integrated services.
Conclusion: We can achieve our ECCE/ECD goals through multisectoral coordination & integration!

+ Nations should expand their investment in integrated and well-coordinated multisectoral ECCE/ECD services in order to achieve national development goals.

+ They should decide upon **roles of parents and the state** to:
  + **Support parents:** the first and best nurturers and teachers of their children
  + **Provide essential public and non-public ECCE/ECD services for children and families:** through multisectoral coordination, service integration and public-private partnerships
  + **Give priority to:** central leadership and coordination; integrated community planning, coordination and oversight; and developing low-cost, high quality, and cost-effective services for children from preconception to inclusive primary school.