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**LINKING AGRICULTURE & NUTRITION  
PATHWAYS | PRINCIPLES | PRACTICE**

## GROWING TOGETHER?

Experience of Intersectoral Integration in an NGO Nutrition Program

*A Study of HKI's Enhanced Homestead Food Production Model in Burkina Faso*

SEPTEMBER 2014



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**SPRING**  
Strengthening Partnerships, Results,  
and Innovations in Nutrition Globally

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The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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### SPRING

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# CONTENTS

- ACRONYMS ..... i
- EXECUTIVE SUMMARY..... iii
  - Background ..... iii
  - Methods..... iii
  - Summary of Findings..... iv
  - Lessons Going Forward ..... vi
- BACKGROUND ..... 1
  - Context ..... 1
  - Defining and Measuring Integration ..... 3
  - Experiences of Integration in Practice..... 4
  - The Role of Frontline Community Workers..... 5
- RESEARCH AIMS AND QUESTIONS ..... 6
- METHODS ..... 6
  - Framework..... 7
  - Tools ..... 7
  - Sampling..... 8
  - Data Collection, Organization, and Analysis..... 9
- FINDINGS ..... 10
  - 1. Program Design ..... 10
  - 2. Enabling Environment ..... 11
  - 3. Perceptions of Integration..... 12
  - 4. Implementation of Integration..... 17
  - 5. Lessons Learned and Common Challenges ..... 20
  - 6. Monitoring of Integration ..... 22
  - 7. Modes of Integration ..... 22
- CONCLUSIONS..... 25
  - Summary..... 25
  - Lessons Going Forward ..... 26
- REFERENCES ..... 28
- ANNEX 1. INTERVIEW GUIDE ..... 31
- ANNEX 2. ORGANOGRAM OF E-HFP ACTIVITY ..... 38

**FIGURES**

Figure 1. Typology of Modes of Integration .....vii

Figure 2. Definitions on the Continuum of Integration ..... 3

Figure 3. Study Framework for Assessing Intersectoral Action in Nutrition..... 7

Figure 4. Representation of Intersectoral Integration as Designed at Different Levels of the HKI E-HFP Activity ..... 10

Figure 5. Typology of Modes of Integration ..... 27

**TABLES**

Table 1. Key Factors Distinguishing Modes of Integration .....v

Table 2. Types of Respondent ..... 8

Table 3. Sampling Plan for Interviews ..... 8

Table 4. Key Factors Distinguishing Modes of Integration ..... 23

## ACRONYMS

AIDS	acquired immune deficiency syndrome
APRG	Association d'Appui de Promotion Rurale du Gulmu
BCC	behavior change communication
CHW	community health worker
E-HFP	Enhanced Homestead Food Production
ENA	Essential Nutrition Actions
HC	health committee
HFP	homestead food production
HIV	human immunodeficiency virus
HKI	Helen Keller International
IFPRI	International Food Policy Research Institute
M&E	monitoring and evaluation
NGO	nongovernmental organization
OWLs	older women leaders
RC	relais communautaires
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
UNICEF	United Nations Children's Fund
VFL	village fermier leaders



# EXECUTIVE SUMMARY

## BACKGROUND

Malnutrition—in this study referring especially to *undernutrition*—is fundamentally multicausal, and efforts to address it will necessarily be multisectoral. Two sectors in particular are known to have a direct influence on the underlying determinants of malnutrition: the health sector, in particular public health and hygiene; and the agriculture sector, with its mandate for food production and income. Helen Keller International’s (HKI’s) Enhanced Homestead Food Production (E-HFP) model in Burkina Faso marries these two sectors within its programs, providing support for home gardening and small animal production alongside messages on Essential Nutrition Actions. Government agents and nongovernmental organization (NGO) facilitators provide cascades of training and input to community-level farmer leaders and health volunteers, who then deliver the information to mothers of small children. The aim of the E-HFP model is to expand access to nutritious food and to improve knowledge and practices for better nutrition outcomes.

Definition and measurement challenges commonly seen in the assessment of integrated NGO projects have led to a limited literature base from which to gather evidence on “what works.” Modes of intersectoral integration are not well defined in the few intersectoral NGO programs available for review. Where definitions of integration are made explicit in different studies, they appear to form a continuum moving from less- to more-coordinated working. Each stage along this continuum represents different levels of interaction between actors in different sectors. Some elements thought to be key to integrated working have been identified, including the external and internal working environments; types of institutional links; and the capacity of workers tasked with integrated working. There is a need for further research on different modes of integration in practice, particularly as multiple sectors are increasingly being programmed together. The current study aims to shed some light on integrated working in NGO projects from the viewpoint of those working in the program, through a case study in Burkina Faso.

## METHODS

To assess the actions and assumptions inherent in intersectoral program design, implementation, and monitoring, this case study asks:

*How and why did different sectors integrate at different programmatic levels within HKI’s E-HFP activity in Burkina Faso? Specifically:*

1. How was the E-HFP activity designed in regards to integration between the agriculture and nutrition sectors at different programmatic levels (management, frontline, and community)?
2. What was the environment in which the integrated program was working?
3. What are the perceptions of integration within the program—including conceptual understanding, self-efficacy, and motivation for integration—among actors at different levels?
4. To what extent was any designed-for integration implemented at each programmatic level; how much integrated working was implemented even in the absence of integration in design?
5. What are the perceived lessons learned or common challenges in integrated service delivery within the E-HFP activity?
6. How did monitoring systems capture and address the integrated nature of the program at different programmatic levels?
7. How does the form or programmatic level of integration matter for service delivery?

Using an existing conceptual framework to guide interviews and analysis, the views and experiences of those working in and participating in the E-HFP activity at different levels were sought through a series of structured interviews. Framework analysis was used to draw out patterns in findings and lessons going forward.

## SUMMARY OF FINDINGS

The sections below summarize key findings for each research question on the design, implementation, and monitoring of intersectoral integration within the E-HFP activity, before extracting some lessons in planning and practice for future intersectoral NGO projects for nutrition.

### **1. How was the E-HFP activity designed in regards to integration between the agriculture and nutrition sectors at different programmatic levels (management, frontline, and community)?**

The project was not designed to be integrated at all levels. The major conceptual basis for integration appears to have been through harmonized messaging; while program managers designed messages to be complementary and there was intersectoral oversight at the managerial level within each NGO, actors from separate technical sectors implemented separately in the field, and it was at the level of the beneficiary mother where all messages come together. It was therefore down to each mother to put these messages together and create improved nutrition through improved practices, preparation, and consumption of the nutrient-rich foods she produced.

### **2. What was the environment in which the integrated program was working?**

When asked directly, all respondents agreed that “malnutrition”—indicating *undernutrition* in the study context—is an important development problem for their communities; however, very few mentioned “malnutrition” among the top development issues and priorities facing the community before the interviewers mentioned the term. What respondents identified when asked about development priorities were the *determinants* of malnutrition—e.g., lack of access to water, farming inputs, health centers, and money—while the term was further down the list, possibly because it is seen as an outcome of these broader and more tangible issues.

### **3. What are perceptions of integration within the program—including conceptual understanding, self-efficacy, and motivation for integration—among actors at different levels?**

There was a high level of understanding among respondents at all levels about multisectoral causes of malnutrition, and therefore why it was important to integrate different program components to tackle the complex issue. When asked about their understanding of the roles of direct counterparts in the E-HFP activity, those closer to the community generally had a better understanding of the work of those in other sectors; as training gets more specific and work more specialized further up the hierarchy, the detailed understanding of daily tasks in other sectors diminishes.

Technical capacity and knowledge among frontline workers were reported to be adequate, with respondents reporting confidence in undertaking their specific roles. Motivation for working in general, and with those from other sectors in particular, was generally high; respondents valued the knowledge they gain from other sectors and were motivated by the sense of value the community placed on the project.

### **4. To what extent was any designed-for integration implemented at each programmatic level; how much integrated working was implemented even in the absence of integration in design?**

There appears to have been little attention paid to the day-to-day processes of integrated working in the design of the program, so management systems and field activities emerged throughout the lifetime of the program. Field workers took individual initiative as they saw fit—with some supervisors mandating intersectoral meetings and some community workers choosing to meet and plan across sectors even in the

absence of this mandate. This led to large differences in levels of integrated working across project areas. Some community-level workers ended up with two roles—farmer leader and health volunteer—meaning they received the training and provided significant time for both jobs. However, this way of working was not consistent across the project area. It was at the community level that integration between sectors became a more common way of working, with sectors more usually separated on technical grounds further up the programmatic levels.

## 5. What are perceived lessons learned or common challenges in integrated service delivery within the E-HFP activity?

All respondents were broadly positive about the intersectoral approach taken by E-HFP to implement the project. They reported many different positive impacts they perceive from changes in knowledge and attitudes to improvements in diets and food access. Project participants made several suggestions for integration in future projects, including common trainings on both sides of the project at the field worker levels, common home visits between community workers, and meetings between the health and agriculture sides in the field; workers wanted more knowledge both within their own technical areas and in complementary areas, even if undertaking dual teaching roles in both agriculture and nutrition was seen as onerous. Frequent staff turnover was cited as a challenge, particularly at the government level—it caused a loss of understanding of intersectoral action and a need for constant reiteration and training. Several respondents mentioned the issue of resources, particularly the unequal distribution of inputs across sectors at the community level, as a point of friction in the program.

## 6. How did monitoring systems capture and address the integrated nature of the program at different programmatic levels?

It was discovered early on in the research process that there was no formal monitoring of any integrated modes of working in the project; intersectoral actions, such as the understanding of key messages from different sectors in different actors, cross-sectoral planning meetings by field workers, joint home visits, and community trainings delivered jointly by actors from different sectors, were not tracked. The Steering Committee reportedly aided accountability across sectors; however, it was not clear from these interviews what the accountability mechanisms were or how decisions and learning were fed back to the project as a whole and field workers in particular.

## 7. How does the form or programmatic level of integration matter for service delivery?

Several distinct modes of integration emerged from the interviews, distinguished by approaches to targeting, design, cross-sectoral training, and joint implementation (Table 1). Each of these modes of intersectoral working is being used in parts of the E-HFP activity; however, the method used appears to be ad hoc, leading to large differences in integration in different areas. There would be pros and cons to each mode of integration in different contexts (such as availability and initial level of understanding of actors from different sectors), and these would need to be thought through for each particular project.

**TABLE 1. KEY FACTORS DISTINGUISHING MODES OF INTEGRATION**

	Similar targeting?	Harmonized design?	Cross-sectoral training?	Joint implementation?
Co-location	YES	NO	NO	NO
Coordination	YES	YES	NO	NO
Collaboration	YES	YES/NO	NO	YES
Cross-training	YES	YES/NO	YES	NO
Integration	YES	YES	YES	YES*

\*Implementation is by a single cross-trained individual

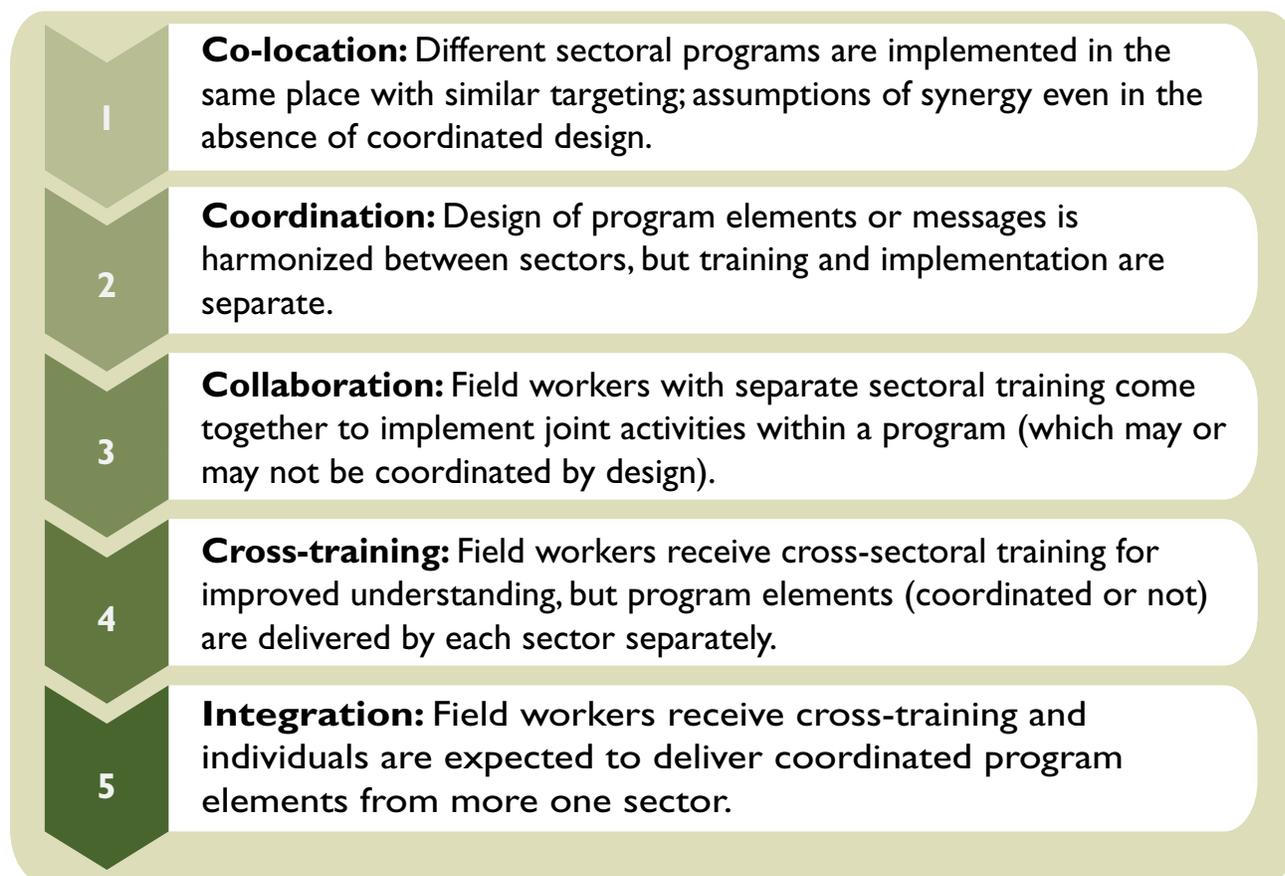
## LESSONS GOING FORWARD

This is a single case study of a single program, therefore it is not intended to generate generalizable models or look for differential effect on the impact of different modes of integrated working; nor is it supposed to provide practical guidance for individual projects. However, the study has articulated how integrated working occurred in one particular context. The responses of those interviewed have shed some light on how those involved in implementing and participating in the E-HFP activity experience intersectoral working and suggest some lessons going forward.

While the overall intersectoral goal of delivering harmonized messages and activities to project participants remained throughout the design and implementation of the E-HFP project—and project staff at all levels were generally motivated to work with those from other sectors—intended modes of intersectoral working in practice were not clear in the project design. This is to be expected with a new project where ways of working across sectors are being learned at an organizational level, and tallies with findings from other assessments of intersectoral working. But without explicit attention to these different potential modes of working from the start, intersectoral processes become ad hoc. The initiative taken by different supervisors and individuals, and not overall project management, therefore determine the level, type, and frequency of integration. Integration becomes uneven throughout the project areas, left to chance as to who integrated and how. While this ad hoc style might have been sufficient in this particular program with these particular managers, clearer structures and processes may have led to improved implementation, and would be needed if the program were to scale up coherently beyond the current technical staff. Trialing different modes of integration to see what works on the ground is a valid method, and should be taken forward in future research, assigning different modes of integration to different groups and assessing outcomes. Given that there was no explicit monitoring of or accountability for intersectoral working at any programmatic level in this particular case, it would have been difficult to extract any systematic learning of what was working better among the different modes discussed below.

The findings from this case study indicate the beginnings of a typology of modes of integration (Figure 1. Typology of Modes of Integration), which can help project designers be more explicit about the expected ways of intersectoral working and help researchers test these different modes. In future projects involving cross-sectoral working, program designers and managers should pay explicit attention to modes of integration at the design stage, thinking explicitly about strategies as well as day-to-day processes for collaborative working, about how to track and monitor whether these are happening during implementation, and about how to assess whether the processes are useful. This learning can start to improve ways of working in complex intersectoral programs such as those required for tackling malnutrition.

FIGURE I. TYPOLOGY OF MODES OF INTEGRATION



Source: Authors



## BACKGROUND

Malnutrition—in this study referring especially to *undernutrition*—is fundamentally multicausal, and efforts to address it will necessarily be multisectoral. The United Nations Children’s Fund’s food, health, and care framework (UNICEF 1990) and its subsequent iterations (Ruel 2008; Black et al. 2013) have demonstrated for over 20 years that at the underlying level, a range of actions delivered by a range of sectors are necessary to prevent and address malnutrition; what has not been so consistently studied is how these services are best delivered and the institutional set-ups that allow this intersectoral work to proceed. Several studies have described processes of intersectoral integration between technical government ministries for nutrition in different countries (Garrett and Natalicchio 2012; Pelletier et al. 2011; Levinson and Balarajan 2013; Benson 2008), but none has explicitly looked at this process and how it proceeds within nongovernmental organizations (NGOs).

Two sectors in particular are known to have a direct influence on the underlying determinants of malnutrition: the health sector, the traditional home for work on nutrition; and the agriculture sector, with its mandate for food production and income. Helen Keller International (HKI) has been implementing its Homestead Food Production (HFP) model in Asia for over two decades, marrying these two sectors within its programs. The model aims to improve household production of diverse vegetable and animal-source foods and combine this assumed improved access to nutrient-rich foods with behavior change messages around defined Essential Nutrition Actions (ENA). These messages are assumed to increase nutrient-rich food consumption, as well as improve other nutrition-relevant practices, to achieve impact on stunting rates and micronutrient status. This model has more recently been adapted for an African context, and research on HKI’s Enhanced Homestead Food Production (E-HFP) program in Burkina Faso has found positive impact of E-HFP on women’s production of nutrient-rich foods, women’s ownership of agricultural assets, and ownership of small animals. Nutritional impact has been limited to increases in children’s dietary diversity, intake of iron-rich foods, and small increases in hemoglobin concentrations among young children (Dillon et al. 2012).

It is therefore clear that a more comprehensive implementation package will need to be developed by HKI to improve nutrition through these programs by addressing each of the recognized food, health, and care determinants of undernutrition. The next phase of the project—and its linked research—will aim to design, deliver, and assess further enhanced packages of interventions (CHANGE project) in four African countries: Burkina Faso, Côte d’Ivoire, Senegal, and Tanzania. With the addition of more program components to integrated programs, the need for an understanding of different modes of integration between technical sectors becomes more pressing. The research below is an initial foray into comprehending intersectoral dynamics within the E-HFP activity. It will feed findings into ongoing impact assessment research, as well as provide practical insights for other organizations seeking to bring sectors together for nutrition.

## CONTEXT

Many of the key determinants of child undernutrition are seen to be suboptimal in Burkina Faso, and in particular the eastern region, which is where the E-HFP activity was implemented (Dillon et al. 2012). Burkina Faso is a Sahelian country and, as is the case with many of its neighbors, food insecurity is a major challenge; agricultural production is subject to cyclical crises of drought, heat waves, and flooding. Food access is therefore variable, with an annual hunger season falling between June and September during which staple grain stores are low, and availability of fresh foods varies over the year. Alongside poor access to diverse foods, child feeding practices are often seen to be inadequate in the country, with very low rates of exclusive breastfeeding in infants and late introduction of complementary foods. As a result, levels of chronic malnutrition (manifesting as stunting) remain at around 45 percent.

In response to these poor figures, HKI implemented the E-HFP activity, a three-year initiative running between 2009 and 2012. The project targeted women and children in 1,200 households across 30 villages. It had as its overall

goal the improvement of maternal and child nutrition, specifically vitamin A and iron status and child growth.

The project was targeted to mothers of children under two years of age and was designed to 1) increase the availability of micronutrient-rich foods through increased household production of these foods; 2) generate income through the sale of surplus production; and 3) increase knowledge and adoption of optimal health- and nutrition-related practices, including the consumption of micronutrient-rich foods. These pathways were supported by homestead food production activities and nutrition behavior change activities and delivered by a variety of NGO, government, and volunteer trainers. A multisectoral Technical Steering Committee was established to help monitor performance and guide project implementation when needed. Members of the committee included beneficiaries, trainers, managers, and high-level government functionaries.

A number of distinct levels of staffing was involved in the E-HFP project; these are summarized below and illustrated in Annex 2. See also the Findings section for more detail on roles and responsibilities.

The E-HFP project was administered by a team of four **managers** based in HKI and a fifth manager from the implementing partner organization *Association d'Appui de Promotion Rurale du Gulmu* (APRG). Managers were responsible for overall financial and logistical management of the program and provided technical oversight in production, health, or communications.

Those with the most technical expertise in agriculture and health at the local level were the **government agents** from agriculture, livestock, and health departments. Agriculture and livestock agents in their regular work undertake agricultural and livestock extension and teaching; health agents worked in rural health centers and undertook health outreach within communities. For the E-HFP project, health and agriculture agents were recruited to provide technical training to field facilitators and community-level workers engaged by the two NGOs.

The main field workers in the E-HFP project were nutrition and production **facilitators** engaged by HKI (production) and APRG (nutrition and production). The facilitators received training in their particular field (nutrition or production) from government agents and HKI teams. They were responsible for maintaining training of community-level workers and supporting them in the mobilization and training of the women recruited into the project.

At the community level, agricultural and livestock trainings revolved around Village Model Farms, which were run by local volunteer **farmer leaders** or *village fermier leaders* (VFL)—four per village—trained by agents and facilitators from the project. They in turn facilitated trainings for groups of mothers (the project beneficiaries) in their communities, who were then able to establish homestead gardens and begin to raise small animals.

Another group of volunteers—six per village—were trained by agents and facilitators in ENA and behavior change communication (BCC). In some villages, these **health volunteers** were drawn from existing health committees; in others, older Older Women Leaders (OWLs) were chosen to provide information.<sup>1</sup> These health volunteers regularly met with the same group of beneficiary mothers who were being trained on the Village Model Farms. In this way, the **beneficiary mothers** received both practical knowledge on nutritious food production and complementary knowledge on how and why the foods were to be consumed.

These different levels of participants—managers; government agriculture, livestock, and health extension agents; NGO production and nutrition facilitators; and community-level farmer leaders and health volunteers, as well as project beneficiaries—are the respondents for this study, providing their thoughts, experiences, and insights on the design, implementation, and monitoring of an intersectoral program from the point of view of those working within it.

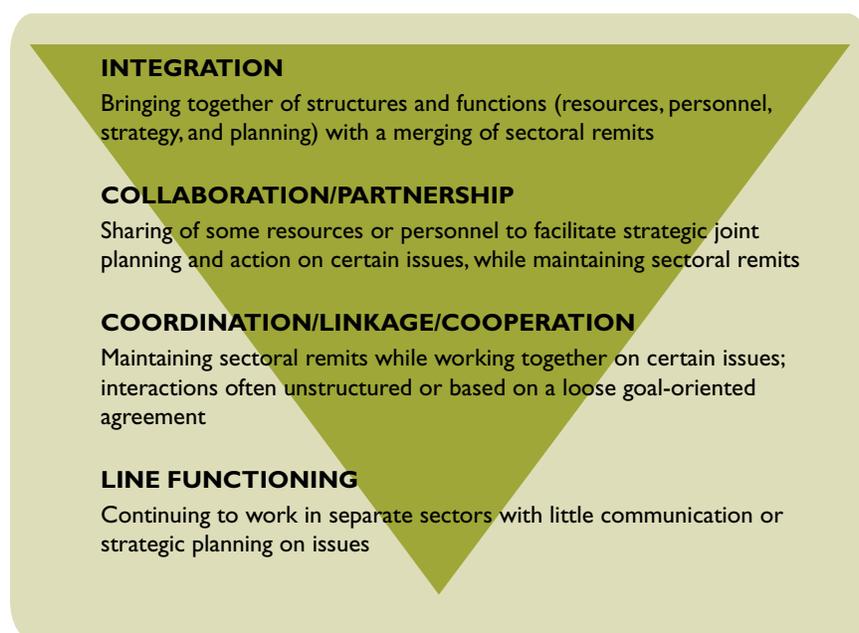
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<sup>1</sup> These two different modalities were assessed in an impact evaluation (Dillon et al. 2012).

## DEFINING AND MEASURING INTEGRATION

While “integration” between sectors is intuitively and practically appealing, its evaluation is beset by lack of a common understanding of what it actually involves. Various terms are used for integrated working, without clarity on exactly what is being described or evaluated. Within development literature, “intersectoral” working often refers to work that spans the government, business, and civil society realms, but it can equally mean bringing together different technical sectors to address a multicausal issue, which is how it is used in this study. The term “integrating” is used in this study and many others to mean the coming together of different sectors; in other cases, it is used to mean the integration of a sub-sector into its parent sector (for instance, integration of family planning into public health services). A representation has been developed in Figure 2. Definitions on the Continuum of Integration<sup>2</sup> to delineate a continuum of integration (Harris and Drimie 2012); while this does not attempt a definitive definition of terms (which are used interchangeably in different projects), it does illustrate that integration forms a continuum, moving from more to less coordinated working, with different anticipated levels of interaction between actors in different sectors. These distinctions are important when trying to assess the nature of any intended or realized integration in a program; generally, the middle levels of coordination and collaboration are desired in integrated programs.

**FIGURE 2. DEFINITIONS ON THE CONTINUUM OF INTEGRATION**



Source: Harris and Drimie (2012)

The life of a project has distinct (if overlapping) *phases* that progress with time, and it is likely that the potential value of integration will need to be considered in each phase (Ved and Menon 2012). Firstly, integration may be considered in the design phase, when project systems and plans are drawn up. Secondly, any integration designed into a project may be incorporated during the project implementation phase. Thirdly, monitoring can track integration within the design and implementation phases and can feed into project management processes. Design, implementation, and monitoring phases may therefore have an integration lens applied, but this usually does not happen without explicit attention and may not always function as originally intended.

Finally, different actors, decisions, and actions can be assessed at each of the phases outlined above (Ved and Menon 2012), providing a number of *programmatic levels* at which integration can be considered and practiced, including management, frontline, and community levels within different partner organizations. The concepts of *integration*, *phases*, and *programmatic levels* are incorporated below in articulating the research aims, questions, and

methods.

Ultimately, the success of a partnership has been defined as “to emerge, to maintain itself over time, and to realize activities related to its goal” (O’Neill et al. 1997). While various (mostly quantitative) tools exist to assess integration, they have been criticized for their lack of contextual information and lack of validation (Horton, Prain, and Thiele 2009), and therefore there is increased likelihood of misinterpretation of findings (Halliday, Asthana, and Richardson 2004). The measurement and evaluation of intersectoral coordination are acknowledged to be challenging in any context (Horton, Prain, and Thiele 2009), and use of a detailed, contextualized, qualitative case study involving different perspectives and methods is therefore encouraged (Hardy, Hudson, and Waddington 2003). Various elements have been postulated as being important in intersectoral working and are therefore important themes to consider in any assessment (Garrett and Natalicchio 2012). Overall, this drive to both define and refine intersectoral action can be framed as one of long-term global interest (Berg 1987; Field 1987) but for which reliable evaluation of effective mechanisms remains scarce.

## EXPERIENCES OF INTEGRATION IN PRACTICE

There is a large literature in the management field on partnerships between sectors or organizations and a smaller literature on intersectoral working for nutrition (mostly at national government ministry/policy level), which informs this study. Within literature on NGOs, there has been some writing on combining sectors for complex social issues such as HIV, which is also taken into account here.

Within integrated NGO programs, it is useful to consider what partners or collaborators could seek to gain and what can support their efforts. Looking at literature focused in low-income countries, and within the health sector specifically, there is a body of research available that explores integration of HIV and AIDS into other health programming (Batley and Rose 2011; Dudley and Garner 2011; Killam et al. 2010; Pfeiffer et al. 2010). These efforts generally represent the expansion of services into sub-specialties within a single sector. For example, a major report authored by Duffy (2013) lists at least 24 studies (all conducted between 2005 and 2012) of HIV and AIDS service integration with other areas, including family planning, immunization, reproductive health, early childhood development, nutrition, and antenatal care. Regarding implementation, the Duffy report echoes the Public Health Agency of Canada (2007), concluding that “there is no single effective model of integration” (pg. 18) and cautions against pinpointing a “one size fits all” model. Integration is best implemented as a gradual process according to service capacity, and program planners should remain focused on local context, the profile of the specific problem, and service gaps, as well as designing and maintaining strong communication channels between different actors.

Another exploration of integration was undertaken by the Government of Norway (Norwegian Missions in Development 2006, pg. 2), which reported on its 29 “Integrated Projects,” defined as small-scale “effort[s] in mobilizing many sectors in the community at the same time.” Even this 90-page document, when beginning a section called *Mechanism for Coordination and Integration of Sectors and Components*, was obliged to state that, “project documents, interviews and project visits have not given a clear picture of expectations or methods for cross fertilization between sectors” (pg. 49), although a different part of the report indicated partnership difficulties arose when the scope became too complex, and capacity needs in general outgrew what was immediately available. The most commonly cited mechanism for promoting sectoral integration (11 of 29 projects) was simply “internal team work.”

There is a lack of research in general on this topic; notwithstanding the fact that attempts at multisectoral working were common in the 1970s and 1980s, little of this experience seems to have been documented, much less found its way into the academic literature. The “how” of intersectoral integration is not well defined or documented in the few intersectoral NGO programs available for review. There is a need for further learning in this area, particularly as nutrition, health, agriculture, and other sectors are again increasingly being programmed together.

## THE ROLE OF FRONTLINE COMMUNITY WORKERS

It is known that the motivations and abilities of those implementing integrated programs—often the community workers and volunteers in NGO projects—can affect capacity not only for technical work but also for intersectoral working (Harris and Drimie 2012), so this study also assesses these issues. In general, while intersectoral NGO projects such as E-HFP are becoming more prevalent again after efforts floundered over previous decades, there remains a gap in research describing workload, motivation, and incentives for those involved in implementation. This is particularly true for frontline workers—here defined as those individuals engaged by a project, NGO, or government for community-level teaching or support in the field—who are at the base of many projects, delivering parts of interventions one-on-one or in small groups.

Most studies of frontline worker motivation focus on a specific cadre; with relation to nutrition, this would be primarily community health workers (CHWs), whose function and application in the provision of community health programs is globally recognized (Lehmann 2007) and considered broadly necessary within resource-limited public health systems (Bhutta et al. 2010; Bhattacharyya et al. 2001). While the overall role of CHWs may be to reinforce or deliver basic health services at a local level, their effectiveness in doing so—including the contextual factors that contribute to or inhibit it—continues to be discussed (Prasad 2007; Brenner 2011).

Several studies have pointed to the importance of examining supervisory factors, as well as the motivations and individual experiences of CHWs themselves (Shakir 2010). A study in Haiti used both qualitative and quantitative interview techniques to explore supervisory and motivational factors that might impact effectiveness of two different nutrition interventions (Menon et al. 2008). The authors found differential effects of bureaucratic (negative) versus supportive (positive) supervision. They identified seven motivational factors important to CHWs, including a feeling of value from colleagues and beneficiaries, satisfaction with training (both positive), and excessive workload (negative). A more recent study in Uganda notes that CHW motivation—as measured by worker retention—is linked to the actual CHW selection process, in addition to training and supportive supervision (Ludwick et al. 2013). Callaghan-Koru et al. addressed similar motivational questions during a CHW training in Malawi. They found that “helping beneficiaries” was again a source of motivation, as was higher perceived status for those taking on a role with more responsibility. Both managers and CHWs agreed that supportive supervision was beneficial (2012). These and other studies consistently highlight how selection, motivation, supervision, and training either support or inhibit CHW work. Thus, while the use of CHWs is globally accepted, project designers and governments cannot simply assume they will form an effective cadre without proper engagement of the workers themselves. These factors are all the more crucial when workers are being asked to work in an integrated manner, reaching out of their comfort zones across sectors to execute their work.

Overall, the definition and measurement challenges seen in the assessment of integrated projects have led to a limited literature base, with few assessments of modes of integrated working or of the contribution of frontline worker capacity and motivation to the functioning of integrated projects.

## RESEARCH AIMS AND QUESTIONS

The assumption in all homestead agriculture–nutrition programs, including HKI’s E-HFP activity, is that the provision of interventions to improve agricultural production, health behavior, and empowerment will create synergies that help to improve nutrition outcomes. What is often less explicitly articulated is exactly *how* these synergies are expected to occur; it is likely that the form of integrated action chosen, and the assumptions underlying these choices, would affect achievement of program goals.

The aim of the study was to explore experiences of intersectoral integration in HKI’s E-HFP activity in Burkina Faso to provide insight into intersectoral working arrangements from the viewpoint of those working in (or targeted by) this integrated program at all levels. Findings may in turn help HKI and other NGOs in designing and implementing further intersectoral work with more program components from different technical sectors.

### RESEARCH QUESTION:

How and why did different sectors integrate at different programmatic levels within HKI’s E-HFP activity in Burkina Faso? Specifically:

1. How was the E-HFP activity designed in regards to integration between the agriculture and nutrition sectors at different programmatic levels (management, frontline, and community)?
2. What was the environment in which the integrated program was working?
3. What are the perceptions of integration within the program—including conceptual understanding, self-efficacy, and motivation for integration—among actors at different levels?
4. To what extent was any designed-for integration implemented at each programmatic level; how much integrated working was implemented even in the absence of integration in design?
5. What are the perceived lessons learned or common challenges in integrated service delivery within the E-HFP activity?
6. How did monitoring systems capture and address the integrated nature of the program at different programmatic levels?
7. How does the form or programmatic level of integration matter for service delivery?

## METHODS

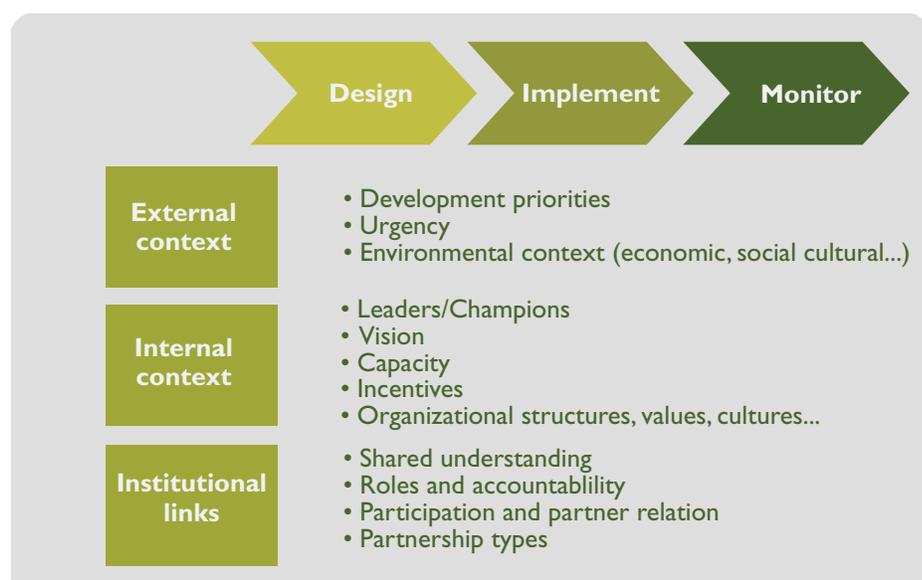
A detailed, contextualized, qualitative case study approach involving different perspectives and methods is encouraged in the study of intersectoral coordination (Hardy, Hudson, and Waddington 2003); this study is a qualitative case study by design. Various documents associated with the program were reviewed to provide background, in particular on the project planning phase. Subsequently, and drawing on the totality of the reviewed literature as well as guiding frameworks noted below, tools were designed and interviews undertaken to capture information on integration in design, implementation as it actually occurred, and monitoring, according to selected respondents involved with the E-HFP activity.

The Ethics Committee for Health Research, under the Ministry of Health in Burkina Faso, granted ethical approval for work on the impact and process evaluations of the original HKI/Burkina Faso E-HFP activity. This approval covered the current study as a continuation of the investigation into the previous program; no further ethical approval was required in Burkina Faso. Approval from IFPRI’s Institutional Review Board was granted separately for this work.

## FRAMEWORK

Few frameworks exist for assessing intersectoral action for nutrition, and of those that are available each takes a slightly different viewpoint. Garrett and Natalicchio (2012) look at collaboration between sectors for the enactment of nutrition programs, focusing on three key areas of integration in program design, implementation, and monitoring: external context (the “enabling environment,” such as development priorities, the urgency of the problem, and the social and political environments); internal context (organizational characteristics, such as leadership, vision, capacity, and structures); and institutional links (processes or mechanisms used to integrate sectors or organizations). This framework forms the backbone of the study (Figure 3. Study Framework for Assessing Intersectoral Action in Nutrition). Elements from the framework are assessed along the different project phases (design, implementation, and monitoring) and at different programmatic levels, from management to frontline workers to beneficiaries.

**FIGURE 3. STUDY FRAMEWORK FOR ASSESSING INTERSECTORAL ACTION IN NUTRITION**



Source: Adapted from Garrett and Natalicchio (2012)

## TOOLS

Several tools exist for evaluating integration between different organizations or sectors (Mattessich, Murray-Close, and Monsey 2001; Hardy, Phillips, and Lawrence 2003). However, the accuracy of these largely quantitative tools has been questioned, and none has been validated (Horton, Prain, and Thiele 2009). New tools were therefore needed for this study.

Each of the key concepts in the framework above were used in formulating questions for structured interview guides (see Annex 1). A total of three guides were developed, representing different programmatic levels of E-HFP:

1. **Managers**, to include program design, implementation, monitoring, and sustainability for HKI and partners.
2. **Frontline workers**, to include program implementation, with a focus on the practicalities of intersectoral integration.
3. **Beneficiaries**, to include program implementation from the point of view of those participating in the program.

In addition to the interviews, an initial scoping visit to Burkina Faso in summer 2013 provided an understanding of how intersectoral integration was designed into the E-HFP project and provided access to key program design documents.

## SAMPLING

Purposive sampling was employed for this case study to collect the views and experiences of a cross-section of the full range of program managers, implementers, and recipients as described above. Annex 2 shows the types and numbers of people involved in the E-HFP project, sorted according to their level of work and employer type, so sampling can take this into account. Table 2 details which of these respondents were included in the study sample, and Table 3 details which could actually be reached for interview. Where practical, all possible respondents at each level were interviewed to obtain the broadest cross-section of views. Where numbers of potential respondents were too large to usefully produce additional information, informants were chosen purposively to reflect the largest diversity of views. Most intended respondents were available for interview, and several in each category of participants were interviewed.

**TABLE 2. TYPES OF RESPONDENT**

	Community	NGO	Government
<b>Beneficiaries</b>	Mothers		
<b>Frontline workers</b>	Farmer leaders, health committee members, grandmothers	Nutrition and production facilitators	Agriculture, livestock, and health agents
<b>Management</b>	N/A	Managers	High Commissioner

\* Respondents were additionally categorized by sector (production/agriculture, nutrition/health, both, or neither).

**TABLE 3. SAMPLING PLAN FOR INTERVIEWS**

Level	Role	N	Sampling	Sampled	Achieved
HKI - National	Management	3	All	3	2
HKI - Local	Management	1	All	1	0
	Production facilitators	3	All	3	2
Government - Local	High Commissioner	1	All	1	1
	Health agents	17	4 (to match the other agents) <sup>a</sup>	4	4
	Agriculture agents	4	All	4	4
	Livestock agents	4	All	4	4
APRG	Management	1	All	1	1
	Nutrition facilitators	5	All	5	3
	Production facilitators	4	All	4	3
Community	Health volunteers <sup>b</sup>	180	2 volunteers from 4 different villages (2 with OWLs; 2 with committees) <sup>a</sup>	8	9
	Farmer leaders <sup>b</sup>	120	2 farmer leaders from 4 different villages <sup>a</sup>	8	8
	Beneficiary mothers	1,109	2 mothers from 4 different villages <sup>a</sup>	8	8
<b>Total</b>				<b>54</b>	<b>49</b>

<sup>a</sup> Chosen from areas where integration is thought by managers to have gone well and not so well.

<sup>b</sup> Note that some farmer leaders are also health volunteers, so there is some overlap at the community level.

## DATA COLLECTION, ORGANIZATION, AND ANALYSIS

As part of the planning process for this study, an understanding of how integration was designed into the program was required. An initial scoping visit to the program site was conducted in the summer of 2013. Initial interviews were undertaken and program documents were reviewed by the principal investigator. A visual tool was constructed from these interviews and documents to summarize integration of agriculture and nutrition as designed into the study at different levels (Figure 4); this was checked with program staff for accuracy. The schematic in Figure 4 represents how the two major sectors involved in the E-HFP activity—agriculture and health—were designed at each level of the program, from HKI regional offices to beneficiaries at the community level.

Primary data for this study were collected through interviews. Structured interview guides were informed by elements in the study framework (see Annex 1), with questions formulated to ask about the relevance of each element to respondents' work. Interviews were undertaken by a small team of four Burkinabé interviewers familiar with both French and local languages; each had previously worked on IFPRI qualitative research. Interviews were recorded where consent was given, but interviewers were trained to take detailed field notes, and time was given in the field schedule for write-up of these notes in Word; interviewers checked recordings for accuracy. These interview notes in French are the primary data for the study analysis. Management-level interviews were undertaken by the study authors in French, and notes were written in English.

The first author organized and analyzed all documents and interview notes using Nvivo10 software. The elements outlined in the study framework informed the coding for data analysis, providing initial codes, with others added as themes emerged from the data. After initial coding, data were analyzed using framework analysis, whereby data for each theme were summarized in tables for subsequent synthesis and pattern recognition. Where appropriate, data within themes were compared between respondents of different categories (agriculture versus health sector workers; field workers versus managerial staff; community versus NGO versus government level, etc.) to look for similarities or differences in patterns of responses. Where responses were similar, they were synthesized; where responses differed, an attempt was made to present the differing viewpoints. Where the literature suggested a hypothesis around factors influencing collaboration, effort was made to find evidence both for and against the initial notion. Findings were then written up under each research question; broader points that emerged as particularly influential on integrated working were synthesized and lessons drawn out. Findings were illustrated with quotes from respondents in different sectors at different levels, highlighting consensus or conflicting viewpoints.

## FINDINGS

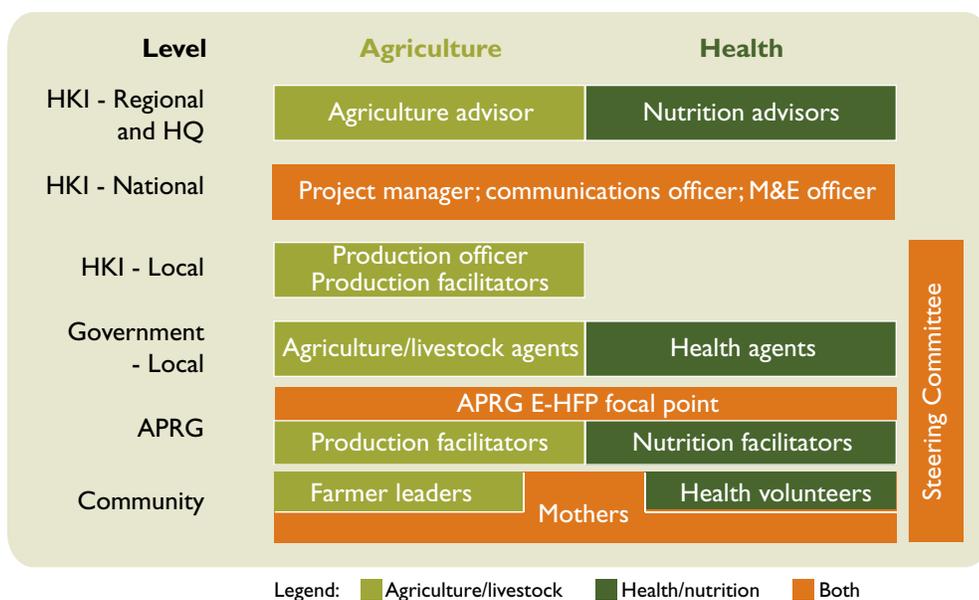
The sections below detail findings from a review of program documents and analysis of interviews relating to intersectoral integration within the E-HFP activity in Burkina Faso. Sections below provide findings for each of the research questions.

### I. PROGRAM DESIGN

**How was the E-HFP activity designed in regards to integration between the agriculture and nutrition sectors at different programmatic levels (management, frontline, and community)?**

The schematic in Figure 4. Representation of Intersectoral Integration as Designed at Different Levels of the HKI E-HFP Activity represents where actors for the two major sectors involved in the E-HFP activity—agriculture and health—were designed to be present at each level of the program, from HKI regional offices to beneficiaries at the community level. Note that this schematic depicts only intended intersectoral design as described by management respondents; what was actually implemented is discussed in subsequent sections. See Annex 2 for details on supervisory structures.

**FIGURE 4. REPRESENTATION OF INTERSECTORAL INTEGRATION AS DESIGNED AT DIFFERENT LEVELS OF THE HKI E-HFP ACTIVITY**



Source: Authors

At the HKI/Regional level, there is a strong understanding and long experience of intersectoral programming for nutrition, even though the advisors had separate technical expertise. Within the two NGOs at the country level (HKI and APRG), intersectoral oversight was designed into the project at the managerial level, but technical sectors were designed to be separate in the field.

Within HKI at the national level, where the E-HFP project was conceived, there were three core program staff: the project manager, who had oversight of the full project; the communications officer, responsible for communications and training for the full project but with a focus on BCC/ENA for nutrition; and the monitoring and evaluation (M&E) officer, who covered M&E for the full project. The project manager had long experience in agriculture programming, but there was no official technical advisor for the health side of the project. At HKI/Local level, there was a production officer, who was charged with running the production side of the project; he supervised a

team of three HKI-employed production facilitators, who worked full-time alongside those production facilitators employed directly by APRG in the training of VFL. There was, however, no direct equivalent management or field-level structure on the health side within HKI (as at the national level).

There were Memoranda of Understanding in place with local ministries of health, agriculture, and livestock, whose agents were involved in the initial training of community-level field workers in their respective specialties.

APRG employed a focal point for liaison with HKI, as well as five additional production facilitators and four nutrition facilitators, all of whom live in different villages. Each facilitator reported to the focal point and worked part time (in addition to their other APRG work) to train and supervise community-level field workers. Training of the facilitators was undertaken separately (production or nutrition), though the production training involved some information on the nutrient content of foods promoted. Based on initial interviews, facilitators were reportedly supposed to meet once each month to discuss challenges in the field and to plan themes to be covered over the coming month; however, this innovation was not noted in any of the planning documents available for review. Facilitators' visits to the field sites were designed to be separate.

Farmer leaders were women who met the inclusion criteria for the project and were chosen by their community to maintain a model farm and teach other beneficiary mothers about vegetable and animal production; there were four farmer leaders per village to tend the model farms. The health volunteers were based on one of two models: Health Committees (HCs) or OWLs. In the HC villages, a committee was established (based on an existing government HC, which may have been functional at the start of the project); the committees comprised one or two volunteer health workers and the four VFLs. These committees were trained in ENA by the project, with some health volunteers also having wider training and mandates in maternal health and birth attendance from the government. The second model comprised individual village elders, who were thought to be influential and may also have been farmer leaders; the OWLs received training on ENA and other health matters from the government health agents and the APRG nutrition facilitators. The farmer leaders and health volunteers were the direct link to the beneficiary mothers, teaching them information and skills from the two different sectors.

In addition, a steering committee was formed for the project; this comprised a wider group of agriculture and nutrition actors, including other NGOs involved in nutrition work in the province. It was headed by the *Haut Commissaire* (provincial government administrator) and was designed to meet twice annually for around half a day to discuss the program and any issues and make high-level decisions regarding program function. Both agriculture and health side staff from HKI, APRG, and government, as well as local government and community representatives, were invited to the meetings, so issues from either sector could be addressed.

The project was not therefore designed to be integrated at all levels; it was designed to have intersectoral oversight at the managerial level within each NGO, but separate lines of training and implementation according to sector. Production and nutrition were budgeted separately in the original proposal, with half of the funds available for each sector. The major conceptual basis for integration appears to have been through harmonized messaging. While program managers designed messages to be complementary, it was at the level of the beneficiary mother where all messages came together; it was therefore down to each mother to put them together and create improved nutrition through the improved practices, preparation, and consumption of the nutrient-rich foods she produced.

## 2. ENABLING ENVIRONMENT

### What was the environment in which the integrated program was working?

The enabling environment for nutrition encompasses any programs in place or services available locally, including NGO programs, engaged in combating undernutrition and the economic, political, or logistical environment supporting or hindering them. It also includes less tangible areas, such as the development priorities seen as

urgent locally, as a factor that might inhibit or enable integrated action on malnutrition.

## Prioritization of Malnutrition

The development issues and priorities mentioned as the most urgent by respondents at all levels were many and varied, from poor schooling and illiteracy to early marriage to a lack of roads and toilets. However, certain themes recurred, including a severe lack of water and long distance to water points; disease and a lack of health services close by; food insecurity and uncertainty of harvests, particularly due to lack of rainfall; and general poverty and a lack of credit or financial aid, particularly for buying inputs for farming. The perceived priorities for development did vary somewhat by sector, with those in the health sector providing more detail on the health services required and those in agriculture providing detail on farming issues. However, almost every respondent identified lack of water points and lack of rainfall as a major issue, affecting not only the communities but also the E-HFP project.

When asked directly, all respondents agreed that “malnutrition”—understood to be *undernutrition* in the study context—is an important development problem for their communities; however, very few mentioned “malnutrition” among the top development issues and priorities facing the community before the interviewers mentioned the term. What respondents identified when asked about development priorities were the *determinants* of malnutrition—e.g., lack of access to water, farming inputs, health centers, and money—while the term was further down the list, possibly because it is seen as an outcome of these broader and more tangible issues.

## Actors in Nutrition and the Role of HKI

When asked who would need to be involved in a response to undernutrition, respondents identified a range of actors from several sectors and from outside of regular systems, with most respondents noting at least two or three different important actors. These included government health, agriculture, livestock, and environment ministries; households; community and religious leaders and chiefs; men/husbands; older women and grandmothers; nurses and midwives; village development committees; HKI; entire communities; and mothers of small children. This suggests an understanding that it takes many different actors to work together if all aspects of nutrition are to be addressed.

Asked whether they were aware of local service providers in the area of nutrition, respondents at the higher frontline levels (agents and facilitators) generally knew several.<sup>2</sup> Project beneficiaries and community-level workers generally did not know of any service providers or mentioned the health center and its agents, in addition to HKI. It was felt that these other actors worked very differently from HKI, either treating existing malnutrition or giving out food and supplements, rather than dealing with underlying issues of production and knowledge.

## 3. PERCEPTIONS OF INTEGRATION

**What are the perceptions of integration within the program—including conceptual understanding, self-efficacy, and motivation for integration—among actors at different levels?**

### Understanding of Malnutrition

Respondents were asked about malnutrition from two angles: their own perceptions of the causes and consequences, and how they think others in the community understand them. When reporting the understanding of the community at large, malnutrition was defined as either a problem of insufficient food (hunger) or a disease. No respondents distinguished between different technical types of malnutrition; the health center was often mentioned as the place that would deal with malnutrition. This is distinct from responses given when asked for respondents’ own understanding, which tended to be more nuanced and provide more detail on the food (variety as well as quantity; noting specific nutrient-rich foods), health (diarrhea, anemia), and care (exclusive breastfeeding

<sup>2</sup> Either local NGOs, including PAM and NUTRIFASO; international organizations, including ACF and UNICEF; and the government health facilities, *Centres de Santé et de Promotion Sociale* (CSPS).

and hygiene) determinants, similarly at all levels from government to NGO to community. Throughout the sample, correspondingly high levels of knowledge were seen in terms of recognizing malnutrition (thinness; failure to grow) and ways to avoid or treat it. This difference in the level of sophistication of interviewees own responses versus perceptions of how the community at large sees malnutrition (projecting that “the community” does not have a nuanced understanding) suggests that participants learned about some of the nuances of nutrition through the E-HFP activity at all levels, from field workers to beneficiaries.

## Understanding Others’ Roles

A potentially important enabling factor for integrated working is having an understanding of the roles of those undertaking complementary work in other sectors. When asked about their understanding of the roles of direct counterparts in the E-HFP project, those closer to the community generally had a better understanding of the work of those in other sectors; as training gets more specific and work more specialized further up the hierarchy, the detailed understanding of daily tasks diminishes. As seen in the design of the project—where the main locus of integration was at the point of the beneficiary mother—it was at the community level that integration between sectors became the default way of working, but sectors were separated on technical grounds further up the chain.

## Frontline Worker Capacity

The technical capacity, motivation, self-efficacy, and level of resources available to frontline workers are key factors underlying the ability to work with or around those from other sectors.

Respondents were asked about their training and experience to understand how much cross-sectoral capacity they might have. At higher levels, those working in government on the agriculture side had training and experience in production-related roles (from fertilizer support to crop production to gardening), and those on the health side had health training and experience (including vaccination, midwifery, and reproductive health); neither side had long experience in nutrition (where there was experience on the health side it was in the management of acute malnutrition), and neither group had significant training or experience outside of their sector. Most of the training and experience of the NGO-employed field workers was from HKI or APRG within the E-HFP activity, and some also had previous experience in literacy, which is the mainstay of APRG’s work; again, very few had worked on nutrition before, but some noted that they had learned information or techniques outside of their main sector through E-HFP. At the community level, most of the health volunteers and farmer leaders had experience in other community roles (particularly reproductive health) before beginning their HKI role. At this level, cross-sector training by the E-HFP project was most evident, with most farmer leaders noting training in both production and BCC/ENA and health volunteers noting training in orange-fleshed sweet potato production, as well as their nutrition and health roles. Few of the beneficiaries had any experience in community roles.

None of the frontline workers claimed that the E-HFP work was technically difficult. When asked about “resources” for undertaking E-HFP work, this was understood in different ways. In terms of physical inputs for the program, particularly for production, it was felt that these were broadly sufficient but sometimes very late, which can be an issue when working within inflexible agricultural cycles. At the field worker level, there was general dissatisfaction with the level of money available for fuel for motorcycles for getting to the field and for covering costs incurred by agents and facilitators using their own vehicles, which was seen as a significant disincentive to work. In addition, at this level, per diems were occasionally mentioned as insufficient. At the community level, the issue was also partly around transport (in this case health-side workers did not receive bicycles but farmer leaders did), farming inputs (lead farmers got them but health volunteers didn’t), and lack of any salary or per diem on either side. While some respondents at all levels were happy with the level of resources available to them to do their work, most were not; at higher levels, this split was even across sectors, but at the community level, the health sector workers were far less satisfied than the agriculture sector workers, potentially inhibiting

goodwill for intersectoral collaboration.

*“It was very complicated. We had small per diems that couldn’t cover gas and repairs for the mopeds we were using. That discouraged certain workers, who left because they found something better to do.”*

—NGO health facilitator<sup>3</sup>

*“I have enough resources. I don’t know about the others.”*

—Government health agent<sup>4</sup>

*“We didn’t have all the support we needed; other than posters, we didn’t get anything. I would have liked if you’d given us bikes to cover distances more quickly and be more effective. On the other hand, the VFL had more support. They received watering cans, shovels, wheelbarrows, and picks.”*

—Health volunteer<sup>5</sup>

## Self-Efficacy and Motivation

Motivation is an important factor in integrated working; if frontline workers are not motivated in their work, then adding the additional pressure of working with those from other sectors is unlikely to be a success. Aspects of motivation explored in this work were frontline workers’ perceptions of their workload; impacts on the time they had available for other activities; and any personal, professional, or financial incentives or disincentives they perceived as important.

HKI identified and trained government agents from agriculture and health to provide assistance to frontline workers in the form of specialized training and occasional supervision. Government agents from both sectors were evenly split in terms of their feelings around time pressures for this work, which was in addition to their formal roles: Some felt that they had too little time available for this additional work, that it upset their regular work, and that it was particularly time consuming to gather individuals for meetings or trainings. Others reported no difficulties in undertaking this additional work and were able to organize one set of roles around the other with no conflict with other activities.

*“There was too little time, and I gave less to the HKI activities. No, I didn’t have enough time, and that disturbed my work in the sense that my monitoring of activities around the area became erratic.”*

—Government agriculture agent<sup>6</sup>

*“Yes, I had enough time. It’s a question of organization, and I organized my time according to my activities.”*

—Government health agent<sup>7</sup>

<sup>3</sup> « C’était très compliqué, nous n’avions que les perdiems qui ne peuvent pas couvrir le carburant et la réparation des motos. Cela a découragé certains agents qui sont partis dès qu’ils ont eu mieux à faire. »

<sup>4</sup> « On avait suffisamment de ressources. Je ne suis pas informée pour les autres. »

<sup>5</sup> « Nous n’avons pas eu tout l’appui nécessaire. Excepté les Posters, nous n’avons rien reçu. Nous aurions aimé que vous nous doté en vélos pour nous permettre de réduire les distances et d’être plus efficace. Les VFL par contre avaient plus d’appui. Elles ont bénéficié d’arrosoir, de pioches, de brouettes, de pelles. »

<sup>6</sup> « Le temps était trop peu et je consacrais moins de temps pour les activités de HKI. Non, je n’avais pas assez de temps et cela perturbait mon travail en ce sens que mon programme de suivi au niveau des bas-fonds était bouleversé. »

<sup>7</sup> « Oui, j’avais le temps car c’est une question d’organisation et j’organais mon temps en fonction de mes activités. »

*“What satisfies me is to know my work is appreciated. But that’s not always the case with everybody. Some agents would say the [financial] protocol is good, but not sufficient—sometimes we had to move around a lot more frequently.”*

—Government agriculture agent

*“People need to get something out of it; there can’t be nothing in it for them at all—but there shouldn’t be the expectation that this kind of work [this committee] is going to make them rich.”*

—Government manager

Frontline workers for the two NGOs are employed specifically for the project; HKI employs production facilitators full time, and APRG hires facilitators to work on both production and health alongside other APRG work. A majority of workers felt they had time for their E-HFP work, though sometimes this was because they prioritized their work over other work or their own household or farming activities. Several workers did note that the E-HFP work did not allow them to spend time on other things, and one worker reported having to work on weekends, depending on the mobilization of the beneficiaries.

*“Yes, I had enough time to do my work well. But during harvest season I often had to abandon my own harvesting in order to do the HKI activities.”*

—NGO production facilitator<sup>8</sup>

*“I don’t think we worked more than the others, but each one had their job in the project.”*

—NGO health facilitator<sup>9</sup>

At the community level, the farmer leaders maintained a demonstration garden and trained mothers on agricultural techniques, while the health volunteers conducted ENA trainings. As with the NGO facilitators, feelings about time available for work versus household activities varied across both sectors: Some reported finding the time to do both by either doing the essentials of each or having family members help with household work, while others spoke of having to abandon other activities.<sup>10</sup> Almost all spoke of having to fit in the E-HFP in work with other daily tasks; the difference was in how this was framed by different respondents (as a chore or a difficulty or as an additional activity that could be fit in fairly simply). The biggest hardship noted was again the distances workers needed to travel, particularly by those needing to go door-to-door for part of their work. Several community workers were found to play both roles together, which does not seem to have been foreseen in planning documents and led to increased workload (see the Implementation of Integration section below). There was no consensus on who worked more, other than those who played the two roles: some felt those who had to visit door-to-door worked harder (health) and others felt it was those who had to physically maintain a demonstration garden (farmer leaders). This was fairly evenly split between respondents working on the different sides.

When asked about motivation specifically for working with others, there were two broad responses from project workers. One came from a more technical or practical standpoint, whereby one’s assigned work could be completed comfortably without the need to work with anyone else. The other, from a more holistic perspective, conveyed the idea that the ultimate goal cannot be achieved without input from different people working together. This highlights different perspectives on the E-HFP work—either it is a job that one does or a goal that one works toward. The perspective held may well influence motivation to work in an integrated manner.

<sup>8</sup> « Oui, j’avais le temps nécessaire pour bien faire mon travail. Mais pendant la période des récoltes je suis souvent obligé d’abandonner mes propres récoltes pour les activités de projet HKI. »

<sup>9</sup> « Je ne trouve pas que nous travaillions plus que les autres mais chacun avait ses tâches à accomplir dans le projet. »

<sup>10</sup> This was also found in the E-HFP Operations Research project undertaken by IFPRI (Olney et al. 2013).

Specific incentives for working across sectors reported by NGO and government field workers were predominantly professional, including being able to gain knowledge in areas outside of their sector and to profit from the experience of others. One agent brought up the disincentive of insufficient finances, particularly for petrol and transport, but no other respondent directly raised finances or per diems. Very few community-level workers spoke of a desire for more money or inputs as incentives for their own work, the exception being a desire expressed by some health volunteers for equality with farmer leaders regarding inputs (bicycles and farming inputs). A concept expressed by a government manager was that people need to get something out of their work—that there cannot be nothing in it for them at all, but there shouldn't be the expectation that this kind of work is going to make them rich. Those who spoke of motivations for the community work spoke predominantly of wanting to improve the community or have trust placed in them and wanting to live up to that trust.

*“I didn't need to work with agents in different sectors to complete my activities.”*

—NGO production facilitator<sup>11</sup>

*“Working together brings with it certain advantages, such as complementarity and effectiveness.”*

—NGO production facilitator<sup>12</sup>

Self-efficacy relates to feelings of confidence and preparedness for the work required; as with motivation, if a frontline worker is not confident, it may be harder to foster working across sectors. Most frontline workers at all levels professed to be confident in their work (being able to answer questions posed to them by those they were teaching) and to feel well-understood and supported by supervisors or colleagues (whether HKI, APRG, or government). Several government staff in particular expressed confidence in their training, but one noted having come across something new in the course of the E-HFP work (Newcastle Disease in chickens). Several NGO frontline workers commented that the work is not complex. Any questions they felt unable to answer were around project specifics (timing of animal distributions, dealing with water issues) or content outside of project training (reproductive health), rather than technical issues related to the project. A few respondents noted mobilization of the population for trainings as the most difficult task. Several respondents reported nervousness at first, but growing confidence with experience; several said the fact that the women were learning was proof that they were doing a good job. At the community level, several respondents professed confidence in their training, and some noted the importance of refresher trainings to maintain their knowledge.

*“At the beginning of the trainings, I had some doubts because I was in the trainings with people who had a higher education level than me. I was afraid I wouldn't understand as well as them, but when I started to work in the field, the results of my work gave me confidence and proved that I gained enough from the training to do the work.”*

—NGO production facilitator<sup>13</sup>

<sup>11</sup> « Pour accomplir mes tâches, je n'ai pas forcément besoin de travailler avec d'autres agents de domaines différents. »

<sup>12</sup> « Travailler ensemble comporte des avantages certains, comme la complémentarité et l'efficacité. »

<sup>13</sup> « Au début des formations je doutais car je suivais les formations avec des personnes avec un niveau de scolarisation plus élevé que moi. Je craignais de ne pas bien comprendre la formation comme eux, mais quand j'ai commencé le travail sur le terrain, les résultats de mon travail m'ont mis en confiance et prouvé que j'ai reçus la formation suffisante pour bien faire le travail. »

## 4. IMPLEMENTATION OF INTEGRATION

To what extent was any designed-for integration implemented at each programmatic level; how much integrated working was implemented even in the absence of integration design?

### Organizational Structures and Leadership

The structures and systems in place within and between different organizations involved in the project, and how they are managed, can have a large impact on intersectoral working. Supervisory structures are shown in Annex 2; these reflect the mostly separate sectoral lines at field level. While budgets in the initial plan were split evenly between agriculture and nutrition, managers reported that in reality, a far larger proportion was spent on agriculture—including inputs for community workers on the agriculture side—than was spent on nutrition BCC/ENA. The major structure in place for intersectoral coordination was the Steering Committee, comprising representatives for each sector at each level, from management to beneficiaries. It is convened every six months to discuss project experiences, problems, and results. The committee was said to be mostly a reporting body between different parts of the program that also undertook cross-sectoral field visits and learning journeys, and made decisions around process issues such as levels of procurement.

*“[The committee] facilitates integration. It allows different actors to be conscious of the importance of the project that is bringing them all together. It’s a project that accounts for health, nutrition, and production. Each one knows that he has a role to play. The result—everyone is accountable to the results. Each one wants his sector to have the best result in the project. It lets everyone talk in one voice and avoid conflicts between agriculture, gardening, and health.”*

—NGO manager

Management systems appeared to have evolved as the project progressed, adapting to the competencies of managers on the ground. In the design of the project, there was no HKI manager for the health side below the communications manager in Ouagadougou. Some respondents felt that this left a gap in technical and supervisory capacity on the health side, with BCC/ENA activities left entirely to APRG in terms of implementation. To fill this gap on an ad hoc basis, the HKI M&E officer (who has training in epidemiology) was drafted in to support field workers on the health side. An innovation in intersectoral supervision was the advent of joint supportive supervision visits: Government and NGO managers from both sectors (health and agriculture) undertook periodic tours together of Village Model Farms to critique and find solutions to issues relating to different sectors. Management respondents did not mention visiting the health volunteers on these visits. Overall, management was kept within separate sectors both by design and by implementation, other than the intersectoral Steering Committee and joint supervision visits every six months.

*“There are no difficulties [in integrating the sectors from a management point of view]; it’s just that the managers [at HKI] haven’t seen that it is necessary. HKI has a different manager for each sector, who attends only that sector’s training. If there was a strategy for integration, it would be very interesting.”*

—NGO manager

*“When something is new, the most difficult part is convincing partners to be interested and work together. Before that, agriculture worked for agriculture; health worked for health. Now you ask that they think together, work on programs together. It’s not easy.”*

—Government manager

## Intersectoral Working in Practice

While working across levels within sectors was common (for example, government agriculture agents working with NGO production facilitators and farmer leaders), frontline respondents at all levels reported that they were not required by their supervisors to work together in the field with those from other sectors. Some reported working together anyway; this varied by level. Government agents in particular were not told by their supervisors to meet across sectors, and according to these respondents, they never did; one of the government agriculture agents was not aware that health agents were also working with the project. NGO facilitators were also not required to work together in the field, though they were supposed to hold monthly planning meetings together. Some reported working together anyway, for practical reasons they had ascertained (such as companionship on journeys or better planning of coherent training sessions); this was not mandated centrally, so it was down to individuals to decide and organize joint working. While joint field visits were reported on occasion, few facilitators reported holding joint trainings as a regular event. At the community level, the picture appears to be more confused; several community-level workers professed that meeting with those working on the other side of the project was not ordered and did not happen; others said it was not ordered but happened anyway. Others said meetings were ordered and facilitated by supervisors. Again, processes appear to have been ad hoc, depending on the level of initiative taken by supervisors and individuals. Integration in this form was likely to have been uneven throughout the project areas.

*“No, we never initiated a joint activity together. The health volunteers did their work; we did ours. There was no confusion between tasks.”*

—VFL<sup>14</sup>

*“Although it wasn’t planned that we worked together, he came with me on certain trips because of the long distances.”*

—NGO health facilitator<sup>15</sup>

*“No, it wasn’t planned, but we worked together. The farmer leaders helped often, and I supported them on certain occasions as well. That was a personal initiative and allowed us to pass certain information in a collaborative way, and to show us where our work needed to be completed.”*

—Health volunteer<sup>16</sup>

*“Yes, we two grandmothers met with the VFL, which happened because of the HKI field worker. We did it in order to motivate beneficiaries who were reticent at the beginning, and gave them advice.”*

—OWL<sup>17</sup>

Several farmer leaders and health volunteers recruited for the interviews turned out to be undertaking both roles, in which case the matter of meetings between sectors was moot. A distinct theme in the interviews was that those undertaking both roles—farmer leader and health volunteer—were perceived both by themselves and by others to have more work and more disruption to other household work, mostly due to the distances they traveled.

<sup>14</sup> « Non, nous n'avons jamais initié une activité conjointe ensemble. Les Relais faisaient leur travail, nous on faisait le nôtre. Il n'y avait pas de confusion de tâche. »

<sup>15</sup> « Malgré que ce ne fût pas prévu qu'on travaille ensemble, il m'accompagnait dans certains voyages du fait de la distance très éloignée. »

<sup>16</sup> « Non cela n'était pas prévu, mais nous travaillions ensemble. Les VFL m'assistent souvent, et je les appuie à certaines occasions aussi. Cela était une initiative personnelle et nous permettait de passer certaines informations de façon conjointe et de nous compléter en cas de zone d'ombre. »

<sup>17</sup> « Oui, nous les deux grands-mères ont rencontrés les VFL, et cela a été facilité par l'animateur HKI. On l'a fait pour pouvoir motiver les bénéficiaires qui étaient réticentes au début et se donner des conseils. »

*“Playing both roles was difficult because I had a lot of responsibilities, and I didn’t have the means for moving around and making house visits—even though the houses were very far from each other.”*

—Community health and agriculture worker<sup>18</sup>

*“Those of us who were both Relais and VFL worked more than anyone. The two roles are more demanding, but I remember that didn’t stop me from reconciling them with other activities.”*

—Community health and agriculture worker<sup>19</sup>

Respondents were asked whether they felt that they worked as part of an intersectoral team. Most responded that they did not feel that they worked as a team comprising different sectors; those who felt more part of a team highlighted complementary contributions to the overall goal they were working toward, rather than day-to-day processes of working together. Several respondents noted that the messages given by different parts of the project were complementary, this being the main way that beneficiaries were seen to understand coherence between different parts of the project. Beneficiaries were broadly encouraging of the cross-sectoral nature of the program, understanding the complementarity of the messages and the relative contributions of the different sectors to the overall goal. At all levels, the advantages of integrated working expressed by respondents were using comparative advantages to deliver complementary interventions, and learning from each other; disadvantages expressed particularly at higher levels were around practical issues, such as timing of getting to the field together.

*“There are two situations at the HKI office. If we take, for example, the [different] field agents, we can say that there is a synergy across actions that allows us to coordinate our efforts, our competencies, and thus to describe ourselves as a team. But at the manager level within each job—for example, the production manager or the training manager—I felt that this spirit didn’t exist. Each one did what fell to him and stopped there.”*

—NGO production facilitator<sup>20</sup>

*“For me, we truly worked in a team because everyone worked for the health of our children. All the efforts joined together in the end. We have garden produce to eat and counseling in nutrition.”*

—Farmer leader and health volunteer<sup>21</sup>

*“It would be good if the different actors in the project took the opportunity to work together because union makes strength.”*

—Beneficiary<sup>22</sup>

*“Yes, in the end we produced green vegetables thanks to the work of the VFL, and made meals rich in vitamins thanks to the Relais. The messages were complementary.”*

—Beneficiary<sup>23</sup>

<sup>18</sup> « Jouer les deux rôles était difficile parce que j’avais beaucoup de charge, et que je n’ai pas de moyens de déplacement pour les visites à domicile alors que les concessions ici sont très éloignées les unes des autres. »

<sup>19</sup> « Nous qui étions relais et VFL travaillions plus que quiconque. Les deux rôles sont plus contraignants, mais je rappelle que cela ne m’empêche pas de concilier d’autres activités. »

<sup>20</sup> « Il y a les deux situations au sein de HKI. Lorsque nous prenons par exemple les agents de terrain, on peut dire qu’il y a une synergie d’action qui nous permet de coordonner nos efforts, nos compétences, donc de parler d’équipe. Mais au niveau des responsables de volet (par exemple responsable production, ou renforcement de capacité) j’ai eu l’impression que cet esprit d’équipe n’existait pas. Chacun faisait ce qui relevait de ses attributions et après ça s’arrêtait là. »

<sup>21</sup> « Pour moi, on travaillait vraiment en équipe parce que tout le monde travaille pour la bonne santé de nos enfants. Tous les efforts se rejoignent finalement. Nous avons les produits du jardin pour consommer et les conseils en nutrition. »

<sup>22</sup> « Ce serait bien que les différents acteurs du projet travaillent davantage ensemble car l’union fait la force. »

<sup>23</sup> « Oui, on arrivait à produire des légumes verts grâce au travail des VFL, et préparer des repas riches en vitamines grâce aux conseils des relais. Ces messages étaient complémentaires. »

## 5. LESSONS LEARNED AND COMMON CHALLENGES

What are the perceived lessons learned or common challenges in integrated service delivery within the E-HFP activity?

### Views on the E-HFP Model

All frontline workers interviewed were broadly positive about the aims and approach of the E-HFP project, including its focus on child malnutrition, and in particular the training of women to produce for themselves, so they have a sustainable source of foods for their families. Several mentioned that this production saved households money in the purchasing of nutritious foods; once this was realized, the lack of actual income from the gardens was better understood. Many respondents noted that the E-HFP project was more appreciated, sustainable (by beneficiaries), and replicable (by non-beneficiaries) than other projects working on malnutrition in the area. Several respondents reported variations on the saying: “Give a man a fish and he will eat for a day; give him a rod and he can feed his family forever.” Most of the comments around appreciation of the project related to the production side of the project (particularly the gardening but also animal production); fewer, but notable numbers, expressed appreciation for the nutrition behavior change elements. Overall, there was an understanding of the goal of the E-HFP activity (to reduce malnutrition) and of the reasons for and value of including the various constituent parts of the program from both sectors, which gave those working in the project and participating in it an appreciation of its work.

*“People think that helping means you distribute gifts, but I think that capacity building in food production and support with seeds and sweet potato vines are very helpful.”*

—Government agriculture agent<sup>24</sup>

*“The producers appreciated it [the project]. At first, we thought that a farm/garden that has only two or three [rows for gardening]—that won’t produce very much. But when the producers and agents understood it was for family’s wellbeing, then it made sense. This needed to be communicated better. The farms were so small that the economic return was nil. They see it won’t give even 500CFA. But when they understand they can get up every morning, get some leaves without paying, make food, then there were a lot who loved the idea.”*

—Government agriculture agent

One of the difficulties noted was around staff turnover, and the loss of not just technical capacity in those supporting the project, but also loss of understanding of the more holistic nature of the project.

*“That was a difficulty. We train our partners on the links between agriculture and nutrition, and then next year they are sent to work somewhere else. The personnel changes.”*

—NGO manager

### Perceptions of Impact

Respondents described various forms of impact they had noted from the E-HFP project in terms of knowledge gained (mostly around foods to eat for health, and in particular vitamin A); food production (green leaves and eggs were mentioned most commonly); empowerment (occasional mentions of economic empowerment but more around knowledge and ability to provide a healthy diet); changes in attitudes (to nutritious foods, and taboos such as giving eggs to children, and prelacteal feeds); diet (the concept of diversity was a strong theme); and

<sup>24</sup> « Les gens pensent que aider plus c’est distribuer plus de cadeaux, mais je pense que le renforcement de capacités de production, l’appui en semences et en stolons ont été très bénéfiques. »

nutrition (people noted reductions in malnutrition but did not elaborate on types of malnutrition). Eggs were a particular theme among beneficiaries, in particular the breaking down of taboos and the understanding of their nutritional importance, as well as production and sale of eggs or hatching and sale of chickens. Respondents on either side did not explicitly mention ENA and nutrition messaging as a factor that struck them as important or lasting in the project; however, many mentioned learning from the project, so elements of the education appear to have been internalized.

Most respondents at different levels, but particularly at the community level, mentioned a major barrier: a lack of access to water for gardens (and presumably, though less mentioned, for adherence to proposed hygiene practices); this was also found in the process evaluation (Dillon et al. 2012). This is not something the project explicitly aimed to improve, according to the design documents, and appears to be a significant drag on perceived ability to put promoted activities into practice.

In terms of sustainability, several facilitators noted that women from outside of the project had replicated the gardens once it was seen as a positive idea; several reported having been told that women would continue gardening after the end of the project. Beneficiaries mentioned animals as the particular factor they saw as potentially allowing them to gain income and maintain better family diets over time. The particular approach of the E-HFP project to production was seen to be more empowering than other NGO projects and therefore more sustainable after the end of the project.

*“My part had a real impact, I’m convinced of it. The mothers learned a lot in my intervention zones. The level of ignorance dropped. Behaviors changed. Green vegetables became available even after the hot season [when people traditionally garden]. People understood it’s important to give an egg to a child.”*

—NGO production facilitator<sup>25</sup>

*“Members of the community liked gardening and said that even if the E-HFP project draws to a close, they’ll continue to do it.”*

—NGO production facilitator<sup>26</sup>

*“The things they told us that were useful were the production techniques in gardening and raising animals because that allowed us to have something to eat. We also sold a portion of the green vegetables to gain some money, and this money helped us to pay for doctors’ visits if someone got sick. That brought good health to our children.”*

—Beneficiary<sup>27</sup>

## Ideas and Suggestions

Respondents made several suggestions to improve intersectoral integration in the field, including common trainings on both sides of the project at field worker levels, common home visits between community workers, and meetings between the health and production sides in the field; however, other respondents cited some of these suggestions as difficulties that would create more work. In general, workers wanted more knowledge both within their own technical area and in complementary areas, even if undertaking training roles in both production and nutrition was seen as onerous. In addition, several workers noted that they would have been more effective in their work if they had had a stronger overview of the aims and intersectoral processes of the project from the start.

<sup>25</sup> « Ma part a eu un impact réel, j’en suis convaincu. Les mères ont beaucoup appris dans mes zones d’intervention. Le niveau d’ignorance a baissé. Les comportements ont changé. Les légumes verts sont devenus disponibles même après la saison sèche. Les populations ont compris que donner un œuf à un enfant est très important pour sa santé. »

<sup>26</sup> « Les membres de la communauté ont aimé le jardinage et disent que même si le projet E-HFP prenait fin, ils allaient poursuivre le jardinage. »

<sup>27</sup> « Ce qu’il nous disait d’utile c’était les techniques de production dans le jardinage et l’élevage, car cela nous a permis d’avoir à manger chez nous, et on vendait aussi une partie des légumes verts pour gagner de l’argent et cet argent nous aidait à payer les ordonnances en cas de maladie, et puis ça procurait plus de bonne santé à nos enfants. »

*“We would have liked training on ENA much like the nutrition facilitators received. That would have allowed for a certain complementarity on the ground, a certain junction of our activities.”*

—NGO production facilitator<sup>28</sup>

*“I think the VFL and the Relais should have visited beneficiary houses together for the sensitizations. That would have been better. Additionally, I think that the VFL and Relais should have been in the same technical trainings in food production. That would allow a better transmission of skills to the communities. And the VFL and the Relais and the beneficiaries should have met regularly at the model farms and worked together.”*

—Beneficiary<sup>29</sup>

*“That’s the other important thing—if we’d had the meetings [between health and agriculture] we could show them the best plants to fight iron and vitamin A deficiencies. Honestly, I didn’t have the idea to propose that. I was more preoccupied by disseminating agriculture techniques.”*

—Government agriculture agent

## 6. MONITORING OF INTEGRATION

### How did monitoring systems capture and address the integrated nature of the program at different programmatic levels?

It was discovered early in the research process that there was no formal monitoring of the integrated modes of working in the project; intersectoral actions, such as the understanding of key messages from different sectors by different actors, cross-sectoral planning meetings by field workers, joint home visits, and community trainings delivered jointly by actors from different sectors, were not tracked. The Steering Committee reportedly aided accountability across sectors; however, it was not clear from these interviews what the accountability mechanisms were or how decisions and learning were fed back to the project as a whole and field workers in particular.

## 7. MODES OF INTEGRATION

### How does the form or programmatic level of integration matter for service delivery?

Several distinct modes of integration emerged from the interviews. Different modes are distinguished by the particular combination of a range of key factors respondents described, in particular whether a program is using:

- similar targeting of areas or populations
- harmonized design of program elements or messages
- cross-sectoral training for field workers
- joint implementation in practice.

These different modes are described in both Table 4. Key Factors Distinguishing Modes of Integration<sup>4</sup> and the text below beginning on page 24; these modes are not mutually exclusive ways of working. Each is being used in parts of the E-HFP activity, and they map well to the continuum illustrated in Figure 2. Definitions on the Continuum of Integration.

<sup>28</sup> « Nous aurions aimé avoir aussi une formation en ENA du même genre que ce que les animatrices santé reçoivent. Cela favoriserait une certaine complémentarité sur le terrain, une certaine jonction de nos activités. »

<sup>29</sup> « Je pense que les VFL et les Relais devraient faire ensemble des visites à domiciles des bénéficiaires pour les sensibilisations, cela sera meilleur, en plus je pense que les VFL et les Relais devraient suivre ensemble les formations sur les techniques de productions cela permettrait une meilleure transmission des connaissances aux populations. Aussi les VFL les Relais et les bénéficiaires tous ensembles devraient se retrouver régulièrement dans les VMF pour travailler ensemble. »

**TABLE 4. KEY FACTORS DISTINGUISHING MODES OF INTEGRATION**

	<b>Similar targeting?</b>	<b>Harmonized design?</b>	<b>Cross-sectoral training?</b>	<b>Joint implementation?</b>
1. Co-location	YES	NO	NO	NO
2. Coordination	YES	YES	NO	NO
3. Collaboration	YES	YES/NO	NO	YES
4. Cross-training	YES	YES/NO	YES	NO
5. Integration	YES	YES	YES	YES*
*Implementation is by a single cross-trained individual				

## Defining Modes of Integration in E-HFP

- 1. Co-location:** Not requiring any cross-sectoral design, training, or implementation, programs from different sectors can nonetheless be targeted to similar areas or population groups. With this co-location model, there is an assumption of synergy when program participants hear messages, learn skills, or receive inputs from more than one sector and apply these to their own nutrition-related practices. The E-HFP activity used co-location by definition, as it was delivering both agriculture and health activities.
- 2. Coordination:** At the lower end of the spectrum is coordination in the design of harmonized program elements (such as messages around the importance of consuming green leafy vegetables alongside training in growing plants with edible leaves), with separate sectors delivering their specific activities. Little interaction is required between field workers on different sides of the program. This appears to be the route followed in the initial design of the program, and it emerged as a clear rationale for integrated working in the minds of many respondents—that of working separately, but toward a single defined goal.
- 3. Collaboration:** At the next level of collaboration, field workers undertake joint implementation of some program elements, despite having separate sectoral training. This can occur whether or not there has been coordination in program design. Some respondents reported collaboration in the E-HFP activity, though most frontline workers at all levels reported that they were not advised or required to meet with those from other sectors as part of their work. However, some reported meeting anyway, and a few reported that their particular supervisor had instructed them to meet. As noted above, this appeared to be ad hoc in nature and to have relied on the initiative of individual workers within the program.
- 4. Cross-training:** Training of field workers with cross-sectoral information but without expecting individuals to perform dual roles and deliver activities outside of their core sector. In this case, cross-sectoral information is provided purely for clearer understanding and ownership of intersectoral action. Cross-training was not reported in the E-HFP project; those farmer leaders who were trained in both sectors were expected to deliver both sets of messages (see “integrated delivery” below); other frontline workers, agents, and facilitators reported not receiving training from the other sector, even though they would have liked to.
- 5. Integration:** Integrated delivery is the coming together of cross-sectoral information in a single individual, with cross-sectoral training for field workers and an expectation that individuals would deliver cross-sectoral activities or messages. If one individual is trained in two roles, essentially the integration would happen at the level of the individual’s understanding and ability to deliver two harmonized sets of messages or activities. Though this was not the initial design across the whole E-HFP activity, this did occur in many instances at the community level, as many farmer leaders were also health volunteers; they received both sets of training and were required to undertake both roles. Comments from respondents at the community level who are currently fulfilling this dual role would urge caution in the use of this mode: Time constraints, in particular for home visits requiring the coverage of large distances, and the task of monitoring for both sectors were reported to be a higher burden for these workers than for those with a single-sector role. This chimes with findings on frontline worker workload and motivation in the literature reviewed.

There would be pros and cons to each mode of integration in different contexts (such as availability and initial level of understanding of actors from different sectors), and these would need to be thought through for each particular project. Several respondents in this study reported having to “figure out” the project before they fully understood why and how it integrated the different sectors, suggesting that the intended modes of integration were not well-defined within the project. Arrangements for day-to-day integration across sectors became ad hoc as a result, potentially leading to differences in the quality of implementation in different project areas.

## CONCLUSIONS

The sections below summarize key findings for each research question on the design, implementation, and monitoring of intersectoral integration within the E-HFP activity before extracting some lessons in process planning for future intersectoral NGO nutrition projects.

### SUMMARY

#### 1. How was the E-HFP activity designed in regards to integration between the agriculture and nutrition sectors at different programmatic levels (management, frontline, and community)?

The project was not designed to be integrated at all levels. The major conceptual basis for integration appears to have been through harmonized messaging; while program managers designed messages to be complementary and there was intersectoral oversight at the managerial level within each NGO, actors from separate technical sectors implemented separately in the field, and it was at the level of the beneficiary mother where all messages come together. It was therefore down to each mother to put these messages together and create improved nutrition through improved practices, preparation, and consumption of the nutrient-rich foods she produced.

#### 2. What was the environment in which the integrated program was working?

When asked directly, all respondents agreed that “malnutrition”—indicating *undernutrition* in the study context—is an important development problem for their communities; however, very few mentioned “malnutrition” among the top development issues and priorities facing the community before the interviewers mentioned the term. What respondents identified when asked about development priorities were the determinants of malnutrition—e.g., lack of access to water, farming inputs, health centers, and money—while the term was further down the list, possibly because it is seen as an outcome of these broader and more tangible issues.

#### 3. What are perceptions of integration within the program—including conceptual understanding, self-efficacy, and motivation for integration—among actors at different levels?

There was a high level of understanding among respondents at all levels about multisectoral causes of malnutrition, and why it was important to integrate different program components to tackle the complex issue of malnutrition. When asked about their understanding of the roles of direct counterparts in the E-HFP project, those closer to the community generally had a better understanding of the work of those in other sectors; as training gets more specific and work more specialized further up the hierarchy, the detailed understanding of daily tasks in other sectors diminishes.

Technical capacity and knowledge among frontline workers were reported to be adequate, with respondents reporting confidence in undertaking their specific roles. Motivation for working in general, and with those from other sectors in particular, was generally high; respondents valued the knowledge they gained from other sectors and were motivated by the sense of value the community placed on the project.

#### 4. To what extent was any designed-for integration implemented at each programmatic level; how much integrated working was implemented even in the absence of integration in design?

There appears to have been little attention paid to the day-to-day processes of integrated working in the design of the program, so management systems and field activities emerged throughout the lifetime of the project. Field workers took individual initiative as they saw fit—with some supervisors mandating intersectoral meetings and some community workers choosing to meet and plan across sectors even in the absence of this mandate. This led to large differences in levels of integrated working across project areas. Some community-level workers ended up with two roles—farmer leader and health volunteer—meaning they received the training and provided significant time for both jobs. However, this way of working was not consistent across

the project area. It was at the community level that integration between sectors became a more common way of working, with sectors more commonly separated on technical grounds further up the programmatic levels.

### **5. What are perceived lessons learned or common challenges in integrated service delivery within the E-HFP activity?**

All respondents were broadly positive about the intersectoral approach taken by E-HFP to implement the project. They reported many different positive impacts they perceive from changes in knowledge and attitudes to improvements in diets and food access. Project participants made several suggestions for integration in future projects, including common trainings on both sides of the project at the field worker levels, common home visits between community workers, and meetings between the health and agriculture sides in the field; workers wanted more knowledge both within their own technical areas and in complementary areas, even if undertaking dual teaching roles in both agriculture and nutrition was seen as onerous. Frequent staff turnover was cited as a challenge, particularly at the government level—it caused a loss of understanding of intersectoral action and a need for constant re-iteration and training. Several respondents mentioned the issue of resources, particularly the unequal distribution of inputs across sectors at the community level, as a point of friction in the program.

### **6. How did monitoring systems capture and address the integrated nature of the program at different programmatic levels?**

It was discovered early on in the research process that there was no formal monitoring of any integrated modes of working in the project; intersectoral actions, such as the understanding of key messages from different sectors in different actors, cross-sectoral planning meetings by field workers, joint home visits, and community trainings delivered jointly by actors from different sectors, were not tracked. The Steering Committee reportedly aided accountability across sectors; however, it was not clear from these interviews what the accountability mechanisms were or how decisions and learning were fed back to the project as a whole and field workers in particular.

### **7. How does the form or programmatic level of integration matter for service delivery?**

Several distinct modes of integration emerged from the interviews, distinguished by approaches to targeting, design, cross-sectoral training, and joint implementation (Table 4). Each of these modes of intersectoral working is being used in parts of the E-HFP activity; however, the method used appears to be ad hoc, leading to large differences in integration in different areas. There would be pros and cons to each mode of integration in different contexts (such as availability and initial level of understanding of actors from different sectors), and these would need to be thought through for each particular project.

## **LESSONS GOING FORWARD**

This is a single case study of a single program, therefore it is not intended to generate generalizable models or look for differential effect on the impact of different modes of integrated working; nor is it supposed to provide practical guidance for individual projects. However, the study has articulated how integrated working occurred in one particular context. The responses of those interviewed have shed some light on how those involved in implementing and participating in the E-HFP activity experience intersectoral working and suggest some lessons going forward.

While the overall intersectoral goal of delivering harmonized messages and activities to project participants remained throughout the design and implementation of the E-HFP project—and project staff at all levels were generally motivated to work with those from other sectors—intended modes of intersectoral working in practice were not clear in the project design. This is to be expected with a new project where ways of working across sectors are being learned at an organizational level, and tallies with findings from other assessments of intersectoral working. But without explicit attention to these different potential modes of working from the start, intersectoral processes become ad hoc. The initiative taken by different supervisors and individuals, and not overall project

management, therefore determine the level, type, and frequency of integration. Integration becomes uneven throughout the project areas, left to chance as to who integrated and how. While this ad hoc style might have been sufficient in this particular program with these particular managers, clearer structures and processes may have led to improved implementation, and would be needed if the program were to scale up coherently beyond the current technical staff. Trialing different modes of integration to see what works on the ground is a valid method, and should be taken forward in future research, assigning different modes of integration to different groups and assessing outcomes. Given that there was no explicit monitoring of or accountability for intersectoral working at any programmatic level in this particular case, it would have been difficult to extract any systematic learning of what was working better among the different modes discussed below.

The findings from this case study indicate the beginnings of a typology of modes of integration (Figure 5), which can help project designers be more explicit about the expected ways of intersectoral working and help researchers test these different modes. In future projects involving cross-sectoral working, program designers and managers should pay explicit attention to modes of integration at the design stage, thinking explicitly about strategies as well as day-to-day processes for collaborative working, about how to track and monitor whether these are happening during implementation, and about how to assess whether the processes are useful. This learning can start to improve ways of working in complex intersectoral programs such as those required for tackling malnutrition.

**FIGURE 5. TYPOLOGY OF MODES OF INTEGRATION**



Source: Authors

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# ANNEX I. INTERVIEW GUIDE

## Travailleurs sur le terrain

### L'INTRODUCTION

**ASSUREZ-VOUS DE VOUS PRESENTER ET DE PRESENTER LE PROJET E-HFP DE HKI, ET D'AVOIR COMPLETE LA PROCEDURE DE CONSENTEMENT AVANT DE COMMENCER L'ENTRETIEN – REFEREZ-VOUS A VOTRE FEUILLE DE DIRECTIVES.**

#### LISEZ AU REpondANT:

*Cette étude vise à comprendre les expériences des personnes travaillant dans le projet E-HFP de HKI. Nous souhaitons tirer les leçons qui seront susceptibles d'améliorer les projets de HKI et d'autres ONG à l'avenir. Nous comprenons que vous avez travaillé avec le projet E-HFP entre 2009-2012, donc nous aimerions vous poser quelques questions sur votre formation et votre travail.*

### LES CARACTÉRISTIQUES PERSONNELLES

*D'abord, pour commencer j'aimerais vous poser quelques questions sur vous-même, sur votre profil professionnel, et sur votre travail...*

### LES CARACTÉRISTIQUES DÉMOGRAPHIQUES

- A. Quel âge avez-vous?  
Quel est votre niveau d'étude le plus élevé? (**CLASSE**)
- B. Quelles sont vos rôles habituels, dans la communauté?

#### SI UN RÔLE FORMEL :

- i. Depuis combien de temps avez-vous le fait?
- ii. Avez-vous déjà fait un travail semblable? Quels? Dans quels projets? (**PEUT ETRE PLUSIERS**)

### LA CHARGE DE TRAVAIL

- A. Pourriez-vous me dire quels étaient les objectifs du projet E-HFP?

**NOTE: CONTINUEZ A ENCOURAGER JUSQU'A CE QUE LE REpondANT AIT TERMINE, MAIS FAITES ATTENTION DE NE PAS 'GUIDER' LE REpondANT. ECOUTEZ LE REpondANT : MENTIONNE-T-IL LA NUTRITION/LA MALNUTRITION ? DE QUELLE FACON EN PARLE-T-IL, AVEC QUELS MOTS ? UTILISEZ CES INFORMATIONS LORSQUE VOUS PROCEDEZ DANS L'ENTRETIEN AFIN DE FORMER LES QUESTIONS QUE VOUS POSEZ, ET DE COMPRENDRE COMMENT LE REpondANT VOIT LES OBJECTIFS DU PROJET.**

- B. Pourriez-vous me parler de votre rôle au sein du projet HKI E-HFP?
  - i. Quand est-ce que vous avez fait un travail pour E-HFP la dernière fois?

- ii. Qu'avez-vous fait?
- iii. Est-ce que c'était une activité régulière pour vous entre 2009-12? Que faisiez-vous d'autre?
- iv. Que pensez-vous sur votre rôle dans le projet ? Selon vous, comment était le travail?

**NOTE: ECOUTEZ LE REpondant – S'IDENTIFIE-T-IL PLUS AVEC LE TRAVAIL D'PRODUCTION ALIMENTAIRE OU AVEC CELUI DE LA SANTE/LA NUTRITION? UTILISEZ CES INFORMATIONS LORSQUE VOUS PROCEDEZ DANS L'ENTRETIEN AFIN DE FORMER LES QUESTIONS QUE VOUS POSEZ ET DE COMPRENDRE DANS QUEL DOMAINE LE REpondant CONSIDERE QU'IL TRAVAILLE.**

- C. Quand est-ce que vous avez commencé sur le projet?
- D. Lorsque vous avez travaillé pour un projet E-HFP la dernière fois, combien de temps a-t-il fallu?
  - i. Est-c'était habituel? D'habitude, mettez-vous autant de temps, plus de temps ou moins?
- E. Trouvez-vous que le temps que vous passiez sur le projet E-HFP était trop, trop peu ou juste assez:
  - i. Pour terminer tout le travail?
  - ii. Pour concilier vos responsabilités ménagères et professionnelles/communautaires?

## LA FORMATION

### SI UN TRAVAIL FORMEL EN DEHORS DU E-HFP:

- A. Avez-vous reçu une formation pour faire votre rôle normale?
  - i. **SI OUI** – Quels étaient les principaux sujets traités dans votre formation générale?

### POUR TOUT REpondant:

- B. HKI a-t-il fourni une formation pour le projet E-HFP?
  - i. Quels sujets étaient traités? **ENCOURAGEZ JUSQU'A CE QUE LE REpondant TERMINE MAIS NE LE GUIDEZ PAS**
- C. Quelle était la partie la plus importante de la formation que vous avez reçue pour votre travail avec le projet E-HFP?
  - i. Veuillez expliquer pourquoi cette partie était la plus importante.
- D. Qu'est-ce que vous aimeriez savoir de plus ou mieux comprendre pour votre travail avec le projet E-HFP?

## L'AUTO-EFFICACITÉ

- A. Y a-t-il des questions vous avez trouvé difficile pour répondre à tout seul?
  - i. Pourriez-vous me donner un exemple?

- B. Que faisiez-vous si vous n'avez pas pu répondre à une question?
- C. Etiez-vous confiant de pouvoir accomplir ce qui a été attendu de vous au sein de votre travail E-HFP?
  - i. Pourquoi/ pourquoi pas?

## LE CONTEXTE EXTERNE

*Maintenant, je voudrais vous poser des questions sur cette partie du Burkina Faso...*

## LES PRIORITÉS DE DÉVELOPPEMENT, ET L'URGENCE

- A. D'après vous, qu'est-ce que la communauté considère comme étant les plus gros problèmes du développement dans le zone du projet E-HFP?
  - i. Et en ce qui concerne la santé?
  - ii. Et en termes d'production alimentaire?
- B. Les gens considèrent-ils la malnutrition comme un problème?
  - i. Est-il considéré comme un problème important à aborder?
  - ii. Les mères et les pères vous disent-il que leurs enfants sont malnutris ou qu'ils se préoccupent de la croissance de leurs enfants?
- C. A quelle fréquence vous parle-t-on de la nutrition comme étant un problème auquel on est confronté?
  - i. Comment parlent-ils de la malnutrition? Comment le définissent-ils?

## L'ENVIRONNEMENT PROPICE

- A. Connaissez-vous d'autres structures qui ont travaillé sur la malnutrition dans cette région?
- B. Selon vous, quelle structure fait le meilleur travail sur la malnutrition ici?
- C. Qu'est-ce qu'il fait ? Pourquoi c'est le meilleur?

## LES CONNAISSANCES

- A. Pourriez-vous me dire comment vous reconnaissez un enfant malnutrie?
- B. Pourriez-vous me dire ce qui conduit une personne à souffrir de la malnutrition?
  - i. Autres choses ? **ENCOURAGEZ DAVANTAGE JUSQU'À CE QUE LE REpondANT AIT TERMINE**
- C. Quels sont les meilleurs moyens d'éviter la malnutrition?
  - i. Autres choses?

## LE CONTEXTE INTERNE

*Maintenant, je voudrais vous poser quelques questions sur le travail HFP, avec vos collègues...*

## LA VISION / LA COMPRÉHENSION

- A. Vous m'avez parlé des choses que l'on peut faire pour éviter la malnutrition. Qui dans la communauté peut donner de l'aide avec chacune de ces choses que vous avez identifiée comme étant important?  
**NOTE: REFEREZ-VOUS A LA QUESTION 3C DANS 'CONNAISSANCES'. RELISEZ LES REPONSES SI NECESSAIRE.**
- B. **NOTE : NE LISEZ PAS CE QUESTION AUX VFL. UTILISEZ LE RÔLE OPPOSANT DU REpondant (PRODUCTION ALIMENTAIRE/SANTE) :** Savez-vous ce que faisaient les (animateurs/agents production alimentaires/santé; VFL ; relais communautaires [RC]) dans le projet E-HFP?
- C. Avez-vous l'impression que vous comprenez ce que faisaient les autres acteurs travaillant dans d'autres parties du projet E-HFP?
- i. Pourriez-vous donner des exemples?

## LES ORGANISATIONS

- A. **UTILISEZ LE RÔLE OPPOSANT DU REpondant (PRODUCTION ALIMENTAIRE/SANTE):** Etiez-vous censé rencontrer les personnes du projet E-HFP qui étaient animateurs/agents production alimentaire/santé; santé; VFL ; RC?

### SI OUI:

- i. Quels étaient les autres types des personnes que vous avez rencontré?
- ii. Qui vous a demandé de rencontrer avec eux?
- iii. Pourquoi aviez-vous les rencontré?
- iv. Qu'aviez-vous discuté?

### SI NON :

- v. Aviez-vous vous les rencontré quand-même?
- vi. Pourquoi aviez-vous les rencontré?
- vii. Qu'aviez-vous discuté?

## LES MOTIVATIONS

- A. Pensez-vous qu'il-y-a des avantages ou à des difficultés à travailler avec les personnes avec d'autres rôles?
- i. Et des avantages ou des difficultés de nature personnelle? Pouvez- vous citer quelques exemples de ceux-ci?

- ii. Et des avantages ou des difficultés en termes du travail que vous faites?
- iii. Et les avantages ou des difficultés de nature financière?

## LES CAPACITÉS

- A. Trouvez-vous que vous aviez accès à suffisamment de ressources de projet pour mener à bien votre travail E-HFP?
  - i. Trouvez-vous que les personnes travaillant dans d'autres rôles du projet avaient le même niveau de ressources disponible pour leur travail? De quelles façons?
- B. Trouvez-vous que vous disposez de suffisamment de temps pour mener à bien votre travail?
  - i. Sinon, est-ce qu'il était un conflit entre votre travail E-HFP et vos activités quotidiens? Comment?
- C. **POUR LES VFL SEULEMENT** : Est-ce qu'il était des difficultés ou des avantages en reprenant les deux rôles : VFL et Relais?

## LES LEADERS

- A. Dans votre travail E-HFP, à qui vous adressiez-vous au cas où vous auriez besoin d'un soutien ou de l'aide en cas de difficultés?
- B. Pensez-vous que qui vos superviseurs comprenaient vos difficultés dans la réalisation de votre travail E-HFP?
  - i. Les personnes pour qui vous travailliez peuvent-elles vous aider à faire face à ces problèmes?
    - a. Pourquoi/ Pourquoi pas?
    - b. Comment vous aident-elles?

## LES LIENS INSTITUTIONNELS

*Maintenant, je voudrais vous poser encore des questions sur le travail avec les personnes des autres parties du projet E-HFP...*

## LES RÔLES ET LA PARTICIPATION

- A. Vous faut-il travailler avec d'autres personnes pour accomplir vos tâches E-HFP?
  - i. Si oui, avec qui? Quels étaient leurs rôles?
  - ii. Pourquoi c'était nécessaire?
  - iii. Comment est-ce que vous avez travaillé ensemble?
- B. **UTILISEZ LE RÔLE OPPOSANT DU REpondant (PRODUCTION ALIMENTAIRE/ SANTE)** : Travaillez-vous avec les personnes du projet E-HFP d'autres domaines que le vôtre, qui étaient animateurs/agents production alimentaire/santé; santé; VFL ; RC?

**NOTE : ASSUREZ-VOUS QUE LE REpondant AIT COMPRIS VOTRE QUESTION SUR LA RENCONTRE DES PERSONNES D'UN AUTRE DOMAINE/SECTEUR DU PROJET (PRODUCTION ALIMENTAIRE/SANTE).**

**SI OUI:**

- i. A quelle fréquence travailliez-vous avec les personnes des autres domaines?
  - ii. Ce travail que vous faisiez avec les personnes des autres domaines, était-il facilité par les personnes pour qui vous travailliez, ou l'organisiez-vous entre vous?
  - iii. D'après vous, quel était l'effet de cette collaboration sur votre travail?
- C. Travailler avec les personnes des autres domaines pour la réduction de la malnutrition vous aidait-t-il dans votre travail ou cela rendait-il votre travail plus difficile?
- i. Pourriez-vous expliquer votre réponse?
- D. Trouviez-vous que les personnes travaillant dans des domaines différents du projet effectuaient la même quantité de travail dans votre travail E-HFP?
- i. Si non, qui en faisait plus et qui en faisait moins ? Pourquoi pensez-vous ainsi?
- E. Trouvez-vous que vous travailliez en tant qu'équipe de personnes de domaines différents au sein du projet E-HFP ou séparément dans des domaines différents?
- i. De quelles façons vous sentiez-vous soutenu/non-soutenu par les acteurs des autres domaines?

## **L'IMPACT**

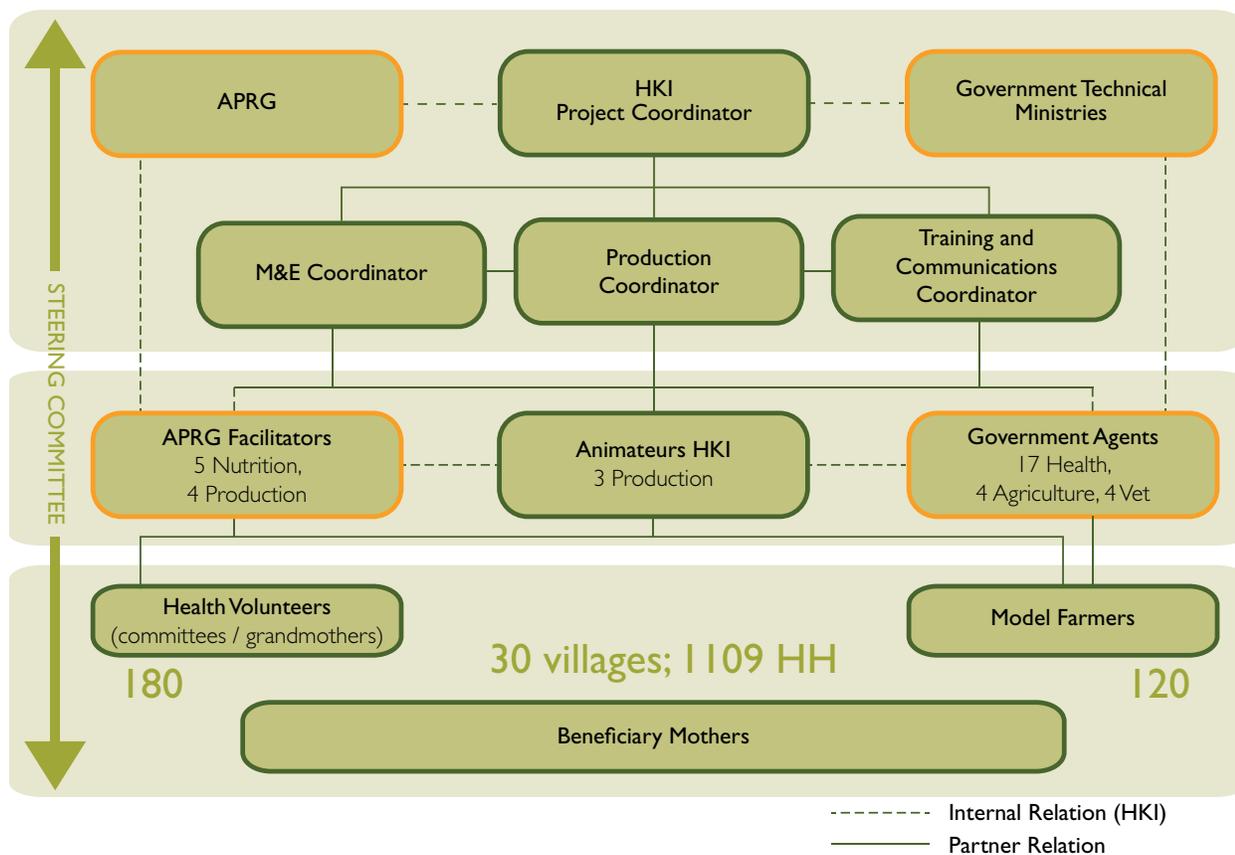
- A. Pensez-vous que votre travail dans le programme E-HFP a aidé dans la lutte contre la malnutrition ici?
- i. Comment?
- B. Ce projet tente-t-il de réduire la malnutrition de la même manière que les autres projets? Et de la même manière que d'autres initiatives gouvernementales?
- i. Pensez-vous qu'il a aidé les gens plus ou moins que les autres projets?
  - ii. Les membres de la communauté vous disent-ils ce qu'ils aiment dans le projet ou ce qui est difficile?
- C. Avez-vous d'autres idées sur le travail que vous pourriez faire avec les personnes des autres domaines afin de réduire la malnutrition dans cette communauté?

**N'OUBLIEZ PAS DE REMERCIER LE REpondANT POUR SON TEMPS !**

<b>PRODUCTION</b>	<b>SANTE</b>	
VLF	RELAIS	<b>COMMUNAUTE</b>
ANIMATEURS APRG	ANIMATRICES APRG	<b>ONG</b>
ANIMATEURS HKI		
AGENTS AGRICULTURE/ELEVAGE	AGENTS SANTE	<b>GOVERNMENT</b>

# ANNEX 2. ORGANOGRAM OF E-HFP ACTIVITY

## ENHANCED HOMESTEAD FOOD PRODUCTION





## **LINKING AGRICULTURE & NUTRITION** PATHWAYS | PRINCIPLES | PRACTICE

SPRING is working with USAID Missions to understand and apply a set of agriculture–nutrition pathways and principles. Through targeted technical assistance and knowledge-sharing, this work aims to improve the design, implementation, and monitoring of Feed the Future activities.

Visit us: <http://www.spring-nutrition.org/technical-areas/ag-nut>