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## Making decisions on integration

### What to consider in planning to work within existing programs (e.g. health, nutrition, education, social protection)

Services/systems that reach children/families:

- What existing services/programs are possible for integration?
- What is the motivation within these services to include/expand ECD?
- Is there demand from the government? Is it possible to generate government buy in?
- Is there public/community demand?

Existing service:

- What are the objectives for the existing program/service? What is the content and how is it delivered?
- How well is the program meeting its objectives, how robust is the service (e.g. for a primary health service what proportion of children attend well baby visits and are immunized), are additional activities feasible? If not, what is needed to make it feasible?
- How committed are staff at various levels to integrating ECD?
- Need for sensitization meetings across different levels of service to obtain input on integration.

Integrating Reach Up content into the existing structure or service content into Reach Up visit:

- What will be the balance of Reach Up with existing program?
- If a service already involves home visits or parent groups, how many components can be included in a visit/group session?
- Is there space to conduct groups in the service centres?
- How much time does it take for a visit for existing service and for Reach Up?
- Can the visits be longer?

Staff:

- What existing categories of staff can conduct program (management, supervision, home-visiting/facilitate groups)?
- Staff availability and current workload
  - Can there be integration with existing workload?
  - What is feasible for staff to do? Is there a need to modify/reduce workload or hire additional staff?
- Are there funds to hire more staff and/or is it possible to modify duties?
- Is there additional compensation needed e.g. for travel, communication?
- Important to consider the number of families per home visitor and frequency of visits
- What is needed to promote commitment and motivation, and make part of routine responsibilities?
- Formal certification of training.
- Inclusion of some of Reach Up training in general training of staff category (e.g. CHWs).
- Make ECD part of job description.

Supervision:

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- Number of visitors per supervisor.
- Which staff can conduct meetings to review visits and field observations?

Caregivers:

- How much content and messages are possible in one session?
- What location is best for caregiver – visits or groups in community/centre?

Funding:

- Who is paying for existing components?
- Who will pay for addition of Reach Up (e.g. materials, training, supervision, coordination)?

Longevity/sustainability of the potential program:

- Is it planned to be an ongoing program or one with a short- or medium-term end point?
- If external funding for program how will program be sustained?