Integration: A Systems Approach for Wider Application

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The SEED Model for Family Planning Programming

**SUPPLY**
Staff supported in delivering quality services that are accessible, acceptable, and accountable to clients and communities served.

**DEMAND**
Individuals, families, and communities have knowledge and capacity to ensure SRH and seek care.

**MEETING CLIENTS’ REPRODUCTIVE INTENTIONS**

**ENABLING ENVIRONMENT**
Policy, program, and community environment, coupled with social and gender norms, support functioning health systems and facilitate healthy behaviors.

**Quality Client-Provider Interaction**

**Systems Strengthening**

**Transformation of Social Norms**
Principles of the Integration Approach

• Design integrated services relevant to clients’ desires/needs.

• Integrate to the capacity of the core service.

• Support service delivery systems modifications.

• Complement integrated service delivery.

• Engage men in prevention and health-promoting behaviors.
Choosing a Level of FP Integration

<table>
<thead>
<tr>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
<th>Level D</th>
<th>Level E</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provides all the following functions:</strong></td>
<td><strong>Provides Level A functions plus:</strong></td>
<td><strong>Provides Level B functions plus:</strong></td>
<td><strong>Provides Level C functions plus:</strong></td>
<td><strong>Provides Level D functions plus:</strong></td>
</tr>
<tr>
<td>• Provides FP information to clients accessing core services.</td>
<td>• Provides combined oral contraceptives,* with instructions for use.</td>
<td>• Provides injectable hormones, with instruction for use and return schedule for reinjection.</td>
<td>• Provides intrauterine device (IUD), with instructions for use.</td>
<td>• Provides surgical contraceptive methods, with instructions for self-care, and provides follow-up.</td>
</tr>
<tr>
<td>• Performing risk/intention assessment for pregnancy or spacing.</td>
<td>• Manages pill-related side effects and complications.</td>
<td>• Manages injectable-related side effects and complications.</td>
<td>• Manages side effects and complications related to IUD and implants.</td>
<td>• Manages complications related to surgical procedure.</td>
</tr>
<tr>
<td>• Counsels on FP methods, methods’ ability to prevent STI and HIV infection, and dual protection.</td>
<td>• Provides follow-up or refers for follow-up.</td>
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<td>• Provides follow-up or refers for follow-up.</td>
<td></td>
</tr>
<tr>
<td>• Counseling on the standard days method and its use for achieving or preventing pregnancy.</td>
<td>• Provides condoms with instructions for and demonstration on correct use.</td>
<td>• Provides follow-up or refers for follow-up.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provides emergency contraceptive pills.*</td>
<td>• Refers for other methods not offered on-site.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If facilities or programs providing Level A functions are not immediately prepared to provide oral contraceptives for ongoing uses, they may provide emergency contraceptive pills with referral for ongoing FP management. If the facility or program already provides oral contraceptives (Level B), it can also offer emergency contraceptive pills.*
Approach to Integrating FP into a Core Service

1. Identify/refine level of integration that can be adopted
2. Assess service center’s capacity to support FP*
3. Build or strengthen systems to support new services
4. Identify resources to support integration
5. Phase in FP methods to expand mix without stressing center’s capacity

Steps 1 and 2 are interchangeable depending on the stakeholders’ pre-existing desires for level of integration.

* Includes orientation of stakeholders to staff tasks and system functions required to support levels of integration.
**Information, Education, & Communication Materials/Job Aids**

### Quick Reference Chart for Contraceptive Methods

<table>
<thead>
<tr>
<th>Method Description</th>
<th>Protects against STIs/HIV**</th>
<th>Anything to do before sex?</th>
<th>Use only when needed?</th>
<th>Reversible?</th>
<th>Fertility Intention</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vasectomy** or female sterilization</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Limiting</td>
<td>Side effects: Pain at cut site</td>
</tr>
<tr>
<td>Contraceptive implant</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Limiting</td>
<td>Side effects: Heavy menstrual bleeding</td>
</tr>
<tr>
<td>Intrauterine device</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Delayed return of normal menstruation</td>
<td>Side effects: Menstrual changes</td>
</tr>
<tr>
<td>Male condom</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Delaying or spacing</td>
<td>Side effects: Menstrual changes</td>
</tr>
<tr>
<td>Female condom</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Delaying or spacing</td>
<td>Side effects: Menstrual changes</td>
</tr>
<tr>
<td>Pill</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Delaying or spacing</td>
<td>No side effects</td>
</tr>
<tr>
<td>Intrauterine Copper IUD</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Delaying or spacing</td>
<td>Side effects: Menstrual changes</td>
</tr>
</tbody>
</table>

### Client-Centered Reproductive Health Counseling Following Fistula Repair

1. **No**
   - Family Planning for Women and Couples following Fistula Repair
   - FAMILY PLANNING

2. **Yes**
   - Contraceptive implant
   - Intrauterine device
   - Male condom
   - Female condom
   - Pill
   - Intrauterine Copper IUD

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*Use condoms to prevent STIs/HIV.*

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**USAID**

**FistulaCare**

**EngenderHealth**

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For more information, visit [www.fistulacare.org](http://www.fistulacare.org)
Integration Experience

A five-step approach was used with fistula services to:

- Focus on FP for spacing, for limiting, and for achieving a desired pregnancy.
- Implement systems modification to avoid duplication of services—offering seamless access to FP information and methods.
- Reinforce message of FP’s value to women/couples affected by fistula.

With FP expansion in HIV services:

- Add male engagement activities.
- Reassess expanding the method mix offered on-site.
Preliminary Monitoring Finding: Successes

• Promoting comprehensive core services

• Revitalizing interest in FP

• Supporting updating of supervisors and providers in contraceptive technology and practices

• Supporting the Ministry of Health’s refocusing on FP logistics system
Preliminary Monitoring Findings: Challenges

• Problems with contraceptive security in the overall reproductive health service delivery system create a problem for FP-integrated services

• Recordkeeping system may not capture FP component of integrated services

• Staff may have limited or dated FP K-A-S

• Parallel administrative and fiscal lines can pose barriers to coordinating planning for service integration

• Engagement of men is not universally implemented
Initial Results of Experience

• FP-integrated HIV care and treatment services at The AIDS Support Organization (TASO):
  – 82% service users FP-counseled
  – >70% of counseled accessed methods (condoms-implants)

• FP-integrated fistula care services (repaired women):
  – >54% FP-counseled (Nigeria)
  – FP information included in discharge counseling (Uganda, Mali, and Guinea)

• But tracking FP method uptake was challenging.
Wider Application of Integration Approach

• Application where FP has been traditionally weak in existing services:
  – Postabortion care
  – Postpartum/postnatal services
  – Child health services, including immunization

• Applications to address emerging needs:
  – FP within malaria services
  – FP within tuberculosis services
  – Any emerging service needing to be integrated into a core service
Program Implications

- Engaging a wide stakeholder base, including organizational leadership at the start of integration program planning
- Selecting a level of integration consistent with the capacity of the core service
- Investing in key partners to make integration work—e.g., referral site staff, community networks
- Maintaining an ongoing mechanism for monitoring and evaluating quality by preparing supervisors early in the process
- Enabling the engagement of men
Closing

- FP integration as both prevention and a vehicle
- *Integration is not an end or objective, but a means to achieve more efficient and coherent service delivery relevant to clients’ needs for achieving a particular goal of improving health.*
Thank you!

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