

Part II.H.3
Integration of
Services

- Percent of clients who receive more than one reproductive health service during a given visit

INTEGRATION OF SERVICES

Part III of this *Compendium* presents indicators for multiple areas of reproductive health. The presentation of these different sections may suggest that reproductive health programs consist of a series of vertical interventions. However, as a result of the Cairo Conference and health reform initiatives, we have witnessed increasing integration across different areas of reproductive health in programs at the field level in developing countries. The concept of integration directly relates to “constellation of services” in the Bruce/Jain QC framework (Bruce, 1990).

Despite the wave of enthusiasm for integration, surprisingly little has been done to evaluate the extent to which integration has actually occurred. Rather, program managers and evaluators tend to assess program results based on data for each separate area.

Certain areas within reproductive health naturally link to others. For example, the promotion of breastfeeding goes hand-in-hand with the promotion of the lactational amenorrhea method (LAM). Adolescent programs often promote condoms as the method of choice for preventing both pregnancy and sexually transmitted infections. Antenatal visits provide an opportunity for counseling women on nutrition and micronutrient supplementation. Family planning clinics, STI treatment facilities, and antenatal care offer opportunities for screening women for possible domestic violence.

Not all services “integrate” as easily as one may expect. In the early days of the AIDS epidemic, many assumed that family planning services could readily expand to include condom promotion to prevent STIs. After all, both services involved populations of sexually active adults, and the two shared a common “solution:” the condom. Although efforts toward integration of family planning and STI services continue, the field now recognizes the challenges of combining these services. (Family planning programs tend to serve married

women, whereas HIV prevention activities focus on sex workers, truck drivers, and other high-risk groups. The condom is the only viable method of HIV prevention for sexually active adults, yet it is generally less acceptable among adults married or in union than are other methods for contraceptive purposes.)

One approach to evaluating integration consists of observing client-provider interactions (CPI) to determine the extent to which service providers discuss more than one RH service during a single visit. In a related vein, one can determine the extent to which clients in one service (e.g., family planning) receive counseling or services for another (e.g., STI/HIV prevention). Alternatively, one can assess the “readiness to provide integrated services” through facility audits of equipment and supplies or training of personnel in multiple areas.

The International Planned Parenthood Federation/Western Hemisphere Region developed a self-assessment module on “Integrating STI/HIV/AIDS Services into Sexual and Reproductive Health Programs” (IPPF/WHO, 2000a). Although the module does not describe indicators of integration as such, evaluators can use its list of “minimum standards of integration” (module 2, page 3) to develop indicators. This resource contains a questionnaire to collect data on this topic.

In most sections of this *Compendium*, we present indicators tested in actual field programs and proven to yield useful information. Relatively few programs systematically track and report on integration. However, given the importance of integration to the evolving field of reproductive health, we have opted to present one basic indicator for integration and to list a series of illustrative indicators in Box II.H.3.1. The indicators in Box II.H.3.1 involve the integration of family planning and STIs (though one could look at this same set of indicators among new antenatal care clients as well).

Indicator

PERCENT OF CLIENTS WHO RECEIVE MORE THAN ONE REPRODUCTIVE HEALTH SERVICE DURING A GIVEN VISIT

Definition

The clients receiving multiple services during a single visit

“RH service” refers to the areas outlined in Part III of this *Compendium*: family planning, STI/HIV/AIDS, safe motherhood, newborn care, adolescent RH services, postabortion care, breastfeeding, nutrition, FGC, and violence against women.

“A given visit” generally equates with attendance at the clinic on a specific day.

This indicator is calculated as:

$$\frac{\text{\# of clients who receive more than one RH service in a single visit}}{\text{Total \# clients}} \times 100$$

Data Requirements

Responses on a checklist (observation); data on services received (client records); and/or client exit interviews

Data Source(s)

Observation of provider-client interaction; client records (if reliable); client exit interviews

Purpose and Issues

As a crude proxy for integration of services in a RH service delivery facility, one may track the percentage of clients for a given type of service (e.g., family planning) who receive a second type of service during the same visit (e.g., STI counseling and/or treatment). The advantage to this approach is that it communicates to staff the importance of providing integrated services.

Several caveats warrant mention. Not all clients want or need multiple services on a given day. The evaluators should avoid inadvertently punishing a service delivery facility for providing the clients with the single service they desire. Second, evaluators may easily ob-

tain the data for this indicator through an observation checklist or exit interviews, but such data collection requires a special study. The routine data collection at public health facilities may not allow for reliable tracking of this indicator, or it may create an additional recording burden for clinic staff.

The evaluation community will likely develop and refine indicators of integration, given the value placed on integration in reproductive health programs and the potential benefits to clients.

Gender Implications of this Indicator

Vertical programs that compartmentalize such services as family planning, STI diagnosis and treatment, antenatal care, nutrition services, among others, fail to recognize the holistic and interrelated health needs of women. The integration of health services has been a key goal of both the international health reform movement and the action agenda of the International Conference on Population and Development to improve gender equity and reproductive health. To the extent that health services can meet the multiple needs for women within a single site and/or a single visit, the system is responding to a woman’s need for improved access to health care and the range of health needs of herself and her children. Integration of services also, in principle, recognizes the value of a woman’s time by allowing “one-stop shopping” for a variety of health needs. Whether services are organized in such a manner to actually save her time should also be examined, as well as the overall quality and range of health services provided.

**Box II.H.3.1 Illustrative Indicators of Integration:
Family Planning and STI Services**

- Percent of new FP clients¹ with whom the provider discusses STIs and/or HIV/AIDS (any aspect of the topic or specific subtopics such as prevention, transmission, symptoms, health-seeking behavior);
- Percent of new FP clients with whom the provider discusses the dual benefits of the condom (to prevent pregnancy and infection);
- Percent of new FP clients orally screened for STIs (broken down to include behavioral risk assessment questions, symptom questions, and questions on the client's and client's partner's history of STIs);
- Percent of new FP clients receiving a physical exam (for STI detection or other purposes);
- Percent of new FP clients diagnosed with an STI syndrome;
- Percent of new FP clients diagnosed with an STI syndrome managed correctly according to a recommended algorithm or referred to an STI clinic, if appropriate;
- Percent of new FP clients receiving treatment on-site (versus those referred elsewhere); and
- Percent of FP clients diagnosed with an STI who are asked to bring in partner for STI diagnosis and counseling.

¹ Some may argue that these integration indicators should apply not only to new FP clients but also to all FP clients. We opted to limit the indicators to **new** FP clients, given that new clients generally participate in a counseling session or in other types of information exchange, whereas this counseling is often absent in resupply visits. In countries where both new and returning clients participate in information/counseling sessions, evaluators may drop the limitation and may include all FP clients.