

# A Systematic Approach to the Planning, Implementation, Monitoring, and Evaluation of Integrated Health Services

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VCT/FP

## Integrating Family Planning and Voluntary Counseling and Testing Services in Kenya

### Key Points

- Integrating family planning and VCT services is expected to allow more comprehensive service provision, expand access to services, and make services more cost-effective.

- Research demonstrating the feasibility of integrating family planning into VCT centers has led the

**Summary:** In response to research demonstrating the feasibility of integrating family planning into voluntary counseling and testing (VCT) centers in Kenya, the government of Kenya has moved quickly to develop and begin implementing a strategy for providing family planning services at all VCT centers in the country. Government leadership, an effective task force, and stakeholder commitment have been key to translating this important research into improved family planning and VCT services for Kenyan clients.

*“Integration was an idea that the Kenya Ministry of Health identified as a way forward. And it was the Ministry’s leadership that facilitated the consensus-building process because all of the partners evolved to help the Ministry accomplish what it had set out to do.”*

-- Dr. Ndugga Maggwa, regional director of FHI’s Institute for Family Health in East and Southern Africa, who is helping facilitate the integration process

FHI Brief, 2004



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# Integration has global vision

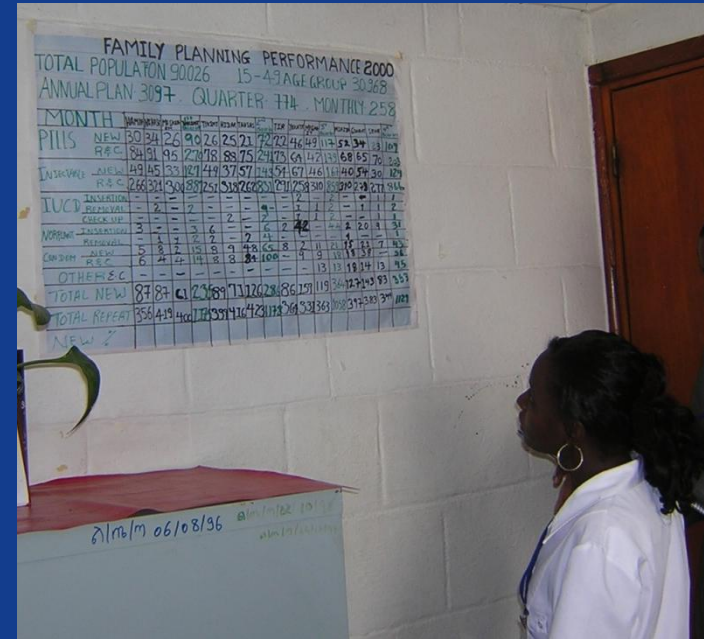


## Needs to be nationally driven



# Strong M&E systems

- Manage complexity
- Part and parcel of strategic and program planning
- Assess progress
- Generate information for management (data use)
- Refine logic model inputs, processes, indicators (data use)
- Produce evidence



# 6-steps in the M&E of integrated health services for the national level

1. Define the public health problem
2. Identify primary points of care contact
3. Define interventions and service packages
4. Create logic model
5. Conduct research and evaluation
6. Use data in decision making



# 1. Define the public health problem

- What are the major causes of mortality and morbidity?
- Data: Surveillance & surveys
- Help define outcome & impact measures
- Help set goals
- National strategies



## 2. Identify primary points of contact for care

- Prioritize existing care platforms & interventions to integrate
- Data: Service mapping & assessment, evidence & guidelines
- Define target populations
- Define program reach
- Plan model of integrated care
- National program strategies



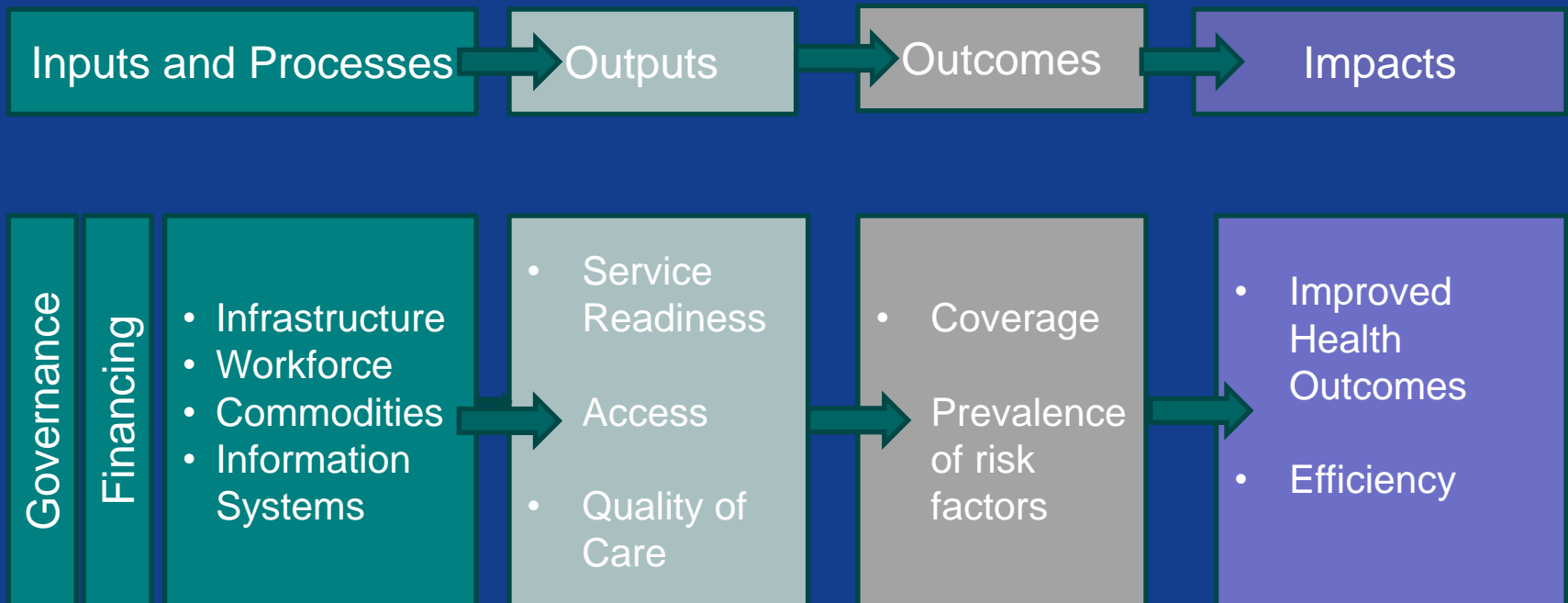
# 3. Define and test interventions and service delivery packages

- Develop and implement care standards & protocols to standardize care
- Informs program inputs
- Outcome indicators such as
  - Quality
  - Readiness
  - Access (barriers to uptake)
  - Client satisfaction
- Data: RHIS, process eval, OR





# 4. Create theory driven logic models



Adapted from: Monitoring the building blocks of the health system. WHO Report. October 2010.

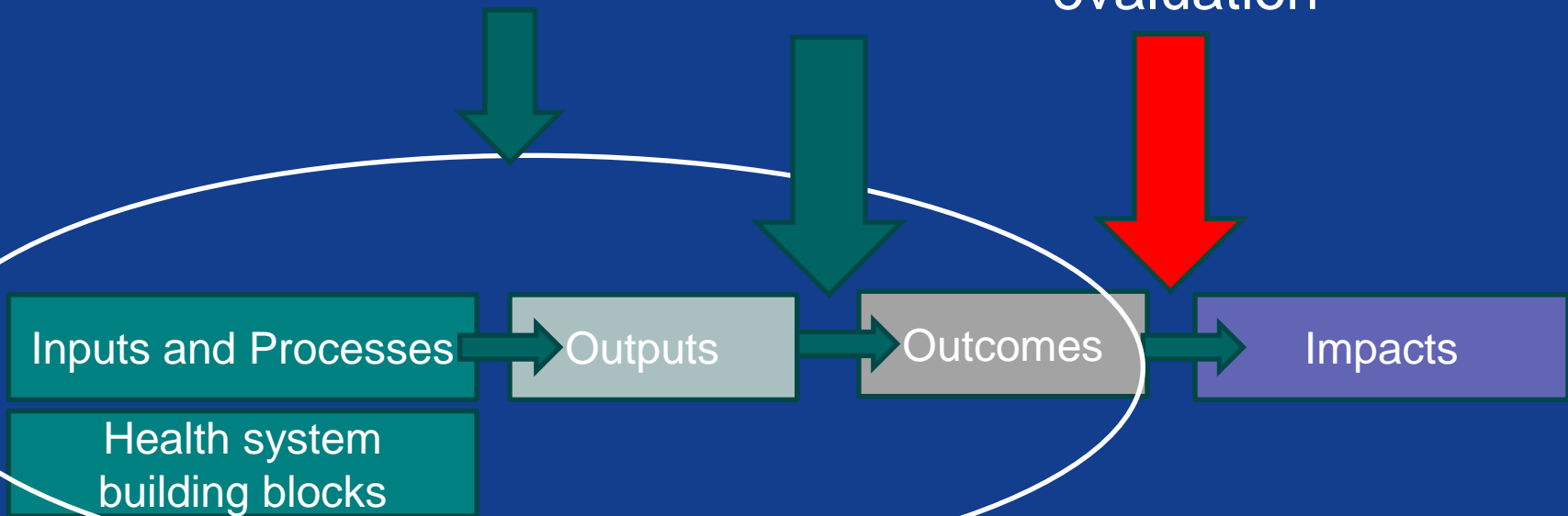


# 5. Conduct research and evaluation

- Case studies
- Operations Research

Process and plausibility evaluations

Conduct outcome and impact evaluation



# 6. Use data in decision making

- Inform program decision making
- Refine logic model inputs, processes, indicators
- Strengthen the evidence base of what works



Foreit, Morland & Lafond, 2006

# M&E systems need good data

- HIS are sources of data to measure inputs, processes, outputs, and outcomes and impacts
- Innovations for integration
  - Interlinked patient records
  - Interoperable single sector routine HIS



# Discussion

- Integration is complex
- Models vary by country context
- Apply basic M&E principles at country level
- Define indicators at country level
- Address information systems for integrated approaches, no quick fix
- Share lessons learned for global learning



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