

# Integrated services: How do we measure and evaluate?

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## Background

The Assessing Integration Methodology (AIM) enables reproductive health programs to determine the feasibility, quality and effectiveness of efforts to link or integrate services.

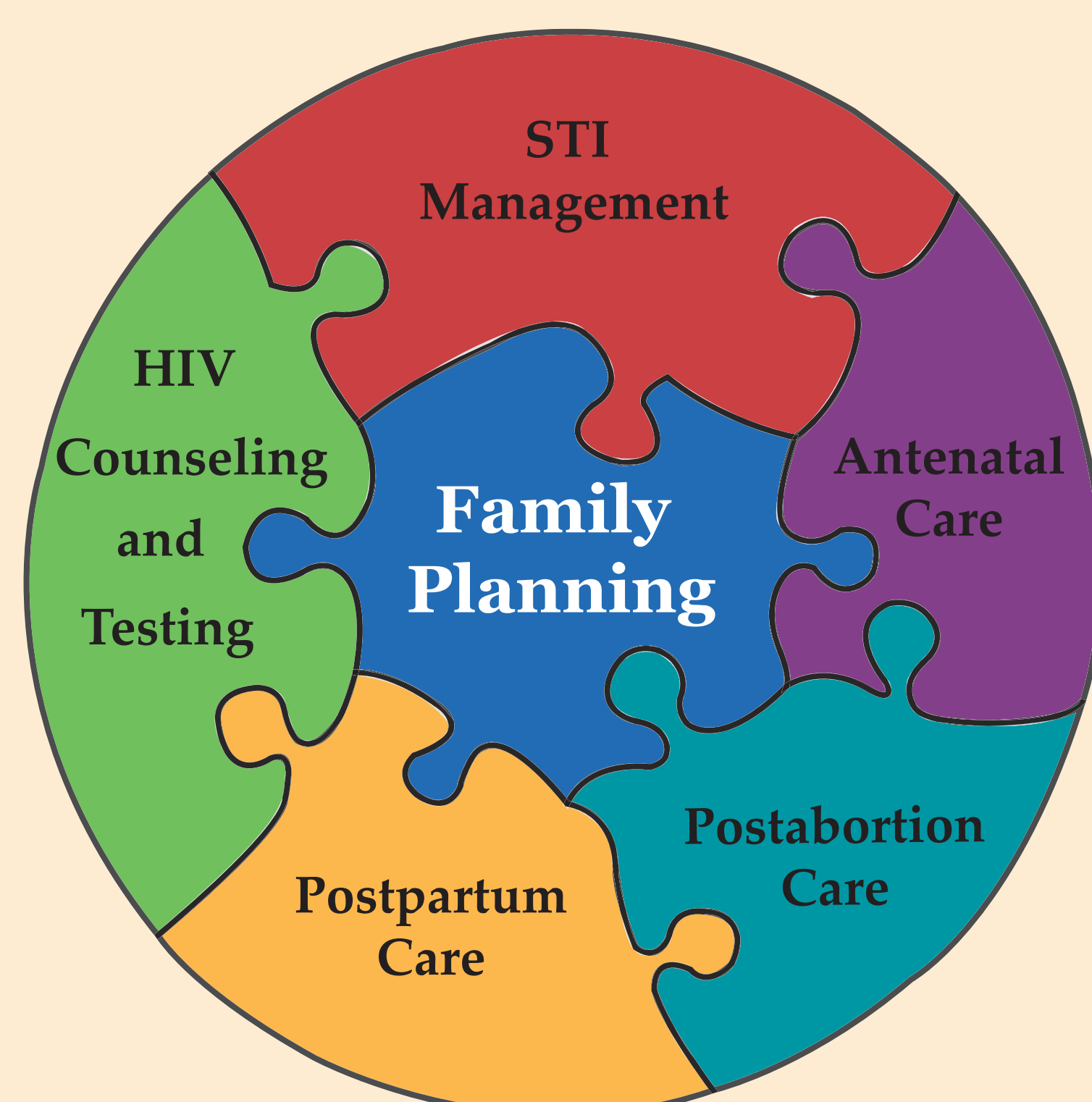
## Purpose

The AIM Manual was created to respond to the logistic challenges in integrating family planning services with RH or related services. AIM has been tested in over fifteen projects in a dozen countries in the past decade.

AIM provides methodological guidance for describing, measuring, or assessing integrated services.

- Explains basic principles for using AIM
- Offers tips for data collection
- Provides validated data collection instruments
- Provides guidance for program planning

## Service Combinations



## Methods

AIM has been used to assess integration of the following service combinations:

- Family planning
- Specific Components of MCH (antenatal, delivery and post-natal care and HIV/STI)
- Family planning and post abortion care
- Family planning and HIV counseling and testing

Data collection tools:

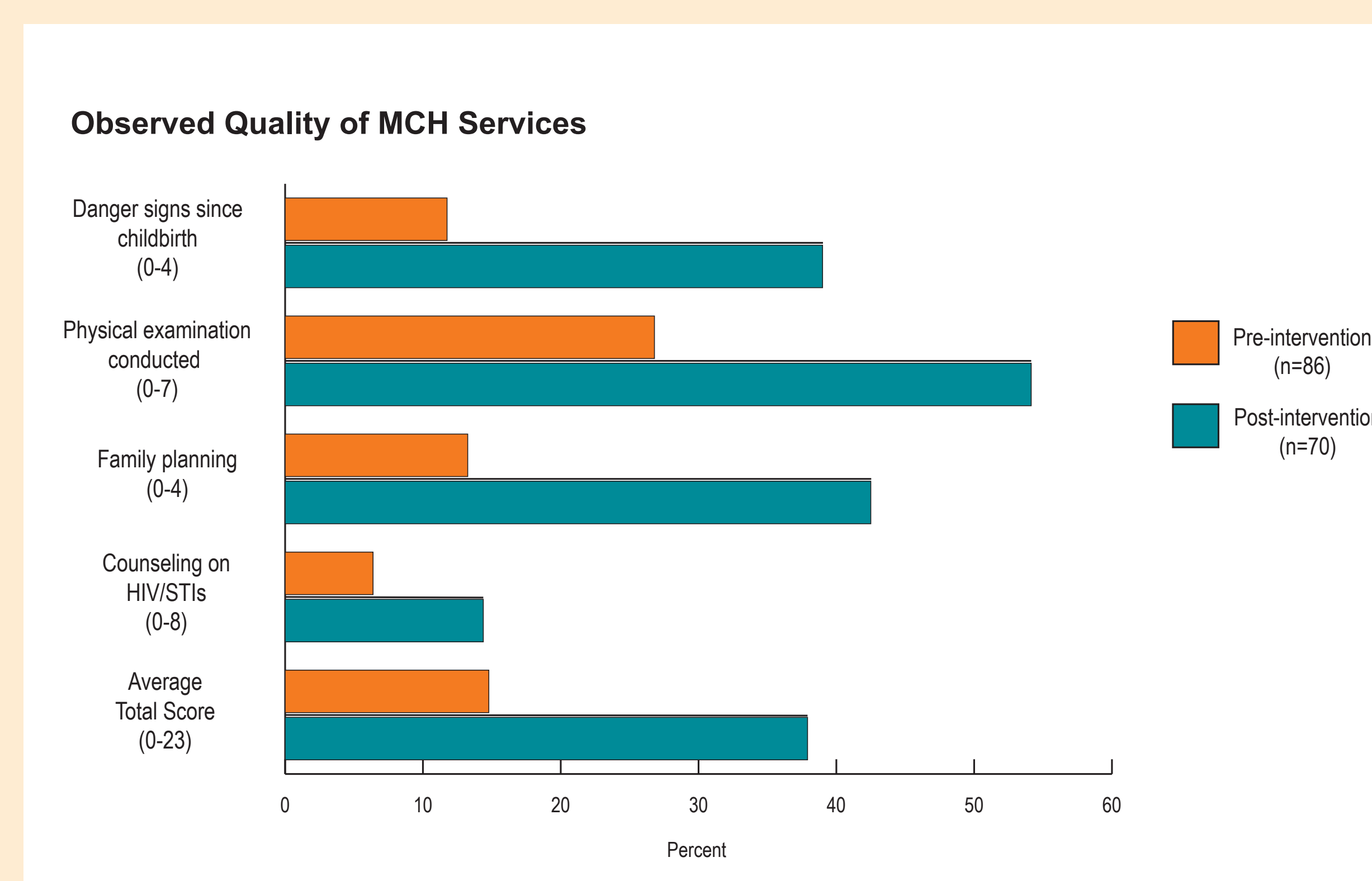
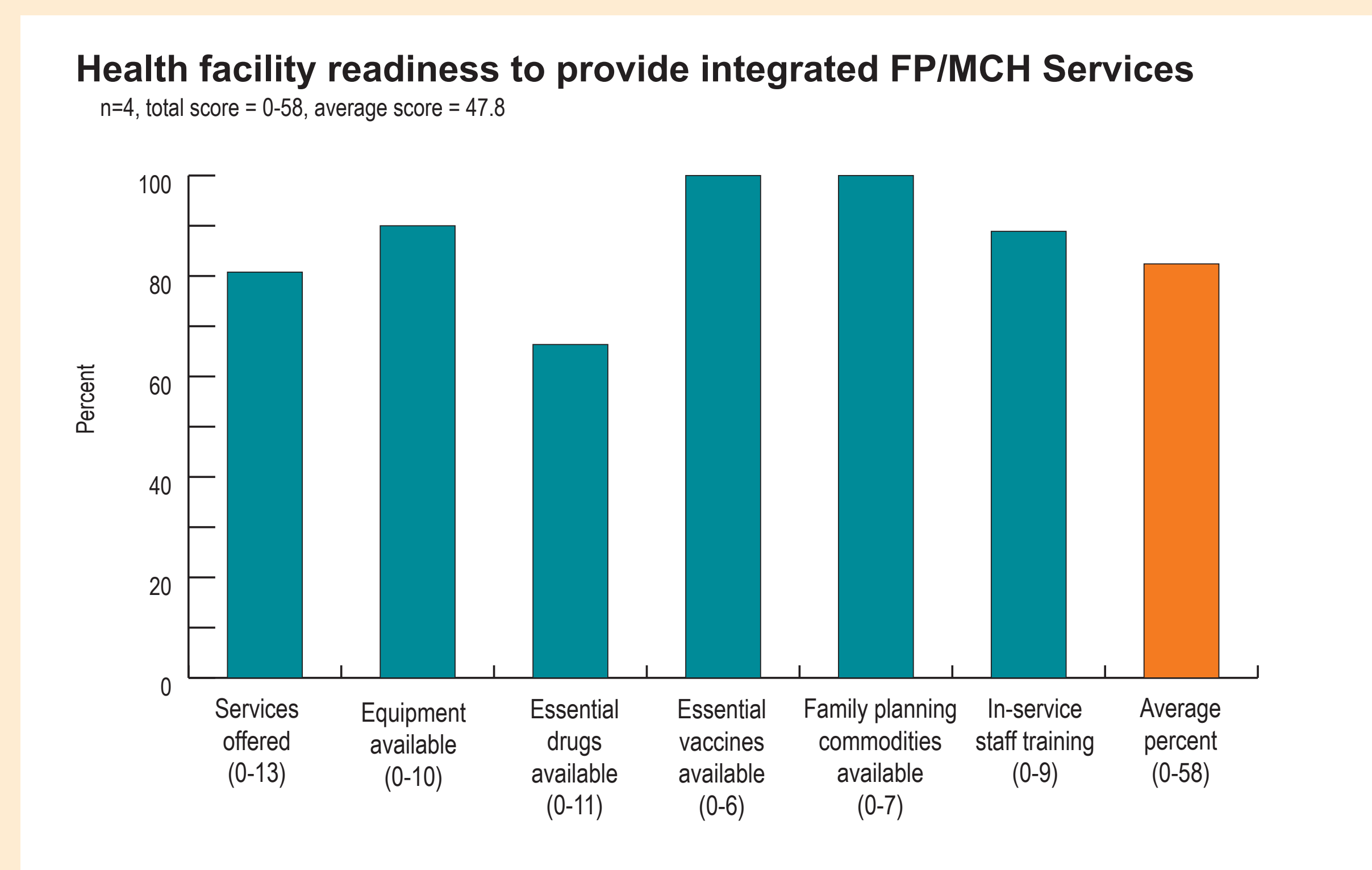
- **Facility Inventory** of services, staff, equipment and commodities
- **Observation guide** for provider-client interactions
- **Standardized questionnaires** for clients and providers
- **Focus group protocols** with clients



Margaret Dadiye, Population Council

## Results

The Kenya MOH was interested in implementing integrated postnatal care and family planning services. More specifically, the feasibility and acceptability of a new service model encouraging at least 3 visits within 6 weeks of delivery was tested.

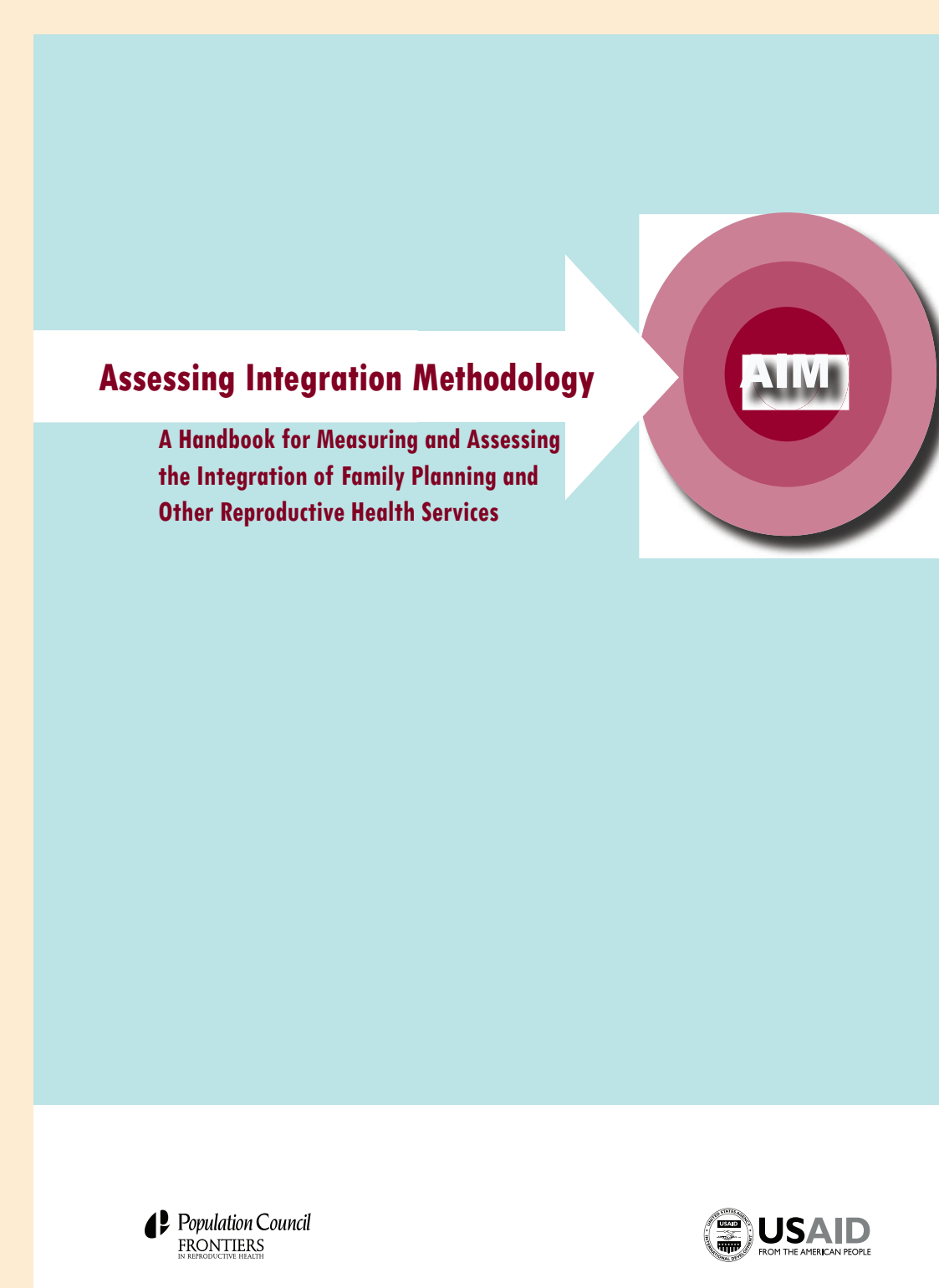


## Key Findings

AIM is an effective tool for planning and monitoring facility readiness and quality of care, identifying necessary improvements for the efficient provision of integrated services. The experience thus far is that the methodology is able to measure the type and level of integration. Further, it can both generate quantitative and qualitative information to shed light on the process of integration. AIM can feasibly be implemented in field situations across a range of program settings with a low refusal rate of participation.

Continued emphasis on integration and linkages on the policy, facility and community level with strengthen reproductive health service delivery.

Challenges that remain include balancing focus between the integrated service versus the individual component of the service package; the choice of sampling frame; and the level aggregation required for analysis for research and programmatic purposes.



For further information about AIM or to download a version of the AIM manual please visit the Frontiers page on the Population Council website.

<http://www.popcouncil.org/pdfs/frontiers/Manuals/AIM.pdf>