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SCIP INTEGRATION CONCEPT NOTE

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By

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1 What does integration mean for the SCIP project?

The Strengthening Communities through Integrated Programming (SCIP) project in Nampula Province, Mozambique was established in October 2009, and seeks to improve the quality of life at the household and community levels by improving overall **health outcomes,** including **nutritional status** and **increasing social welfare mechanisms.**

The key difference between SCIP and many other USG-funded projects is the **INTEGRATED** way that programming is implemented (Diagram 1).

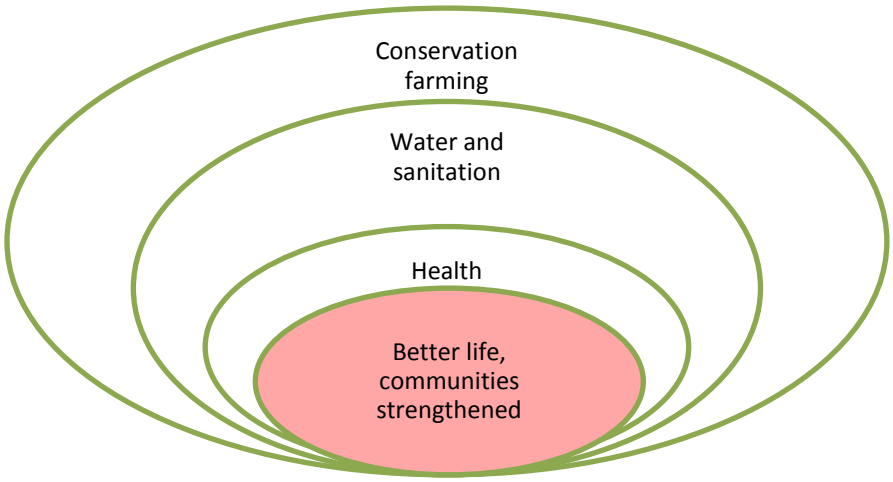


Diagram 1 – SCIP addressing water, agriculture (through conservation farming), and sanitation and health in integrated manner to improve life of Nampula communities

Hence, this concept note seeks to unpack the word INTEGRATION within this unique project which is contributing to improve the human development of Nampula Province.

This concept note is an attempt to operationalize the Pathfinder working paper titled "Health integration: What does this imply?" which was developed in October 2011 (BENEVIDES & BARKIN, 2011).

The SCIP project approach is inspired by two things, including the Alma-Ata Declaration the idea of social determinants of health. This second concept gave rise to a (1996) WHO definition of **integration,** which stated that **integration** was:

> "the process of bringing together common functions within and between organizations to solve common problems, developing a commitment to shared vision and goals and using common technologies and resources to achieve these goals" (p.4).

This definition implies the organization, coordination, and management of multiple activities and resources to ensure the delivery of more efficient and coherent services in relation to use, cost, output, and impact.

This definition has been combined with the key principles of the SCIP integration approach, as highlighted in the following box.

Key principles for the SCIP integrated approach (adapted from WHO, 1996)	Allows delivery of a range of services selected to suit local needs
	Incorporates inputs from different components of health and development systems and thus reflects a multidimensional concept of health
	Allows multipurpose use of resources, such as personnel, and allows more outputs to be achieved for a given input
	Allows planning and management of health, nutrition, sanitation, and conservation farming services according to local circumstances with appropriate political, inter-sectoral, and community involvement
	Makes it easier to respond to user needs, which saves time, and encourages humanized services and continuity of care, which thus increases convenience and user satisfaction
	Allows a more holistic approach to health, centred on the health needs of individuals and communities

Hence the SCIP approach to integration represents a benchmark in Mozambique, as it is deeply aligned with the current decentralization policy along with the revitalization of the community involvement strategy of the National Health System. Integration and decentralization ensure higher chances for universal access and more control over health production. To help current efforts toward decentralization, SCIP is strengthening 14 out of 21 the district health systems in the Nampula province, both in terms capacity building of health professionals and community personnel as well as improving health infrastructures.

2 How is integration being implemented by the SCIP project?

The proposed interventions are designed for prevailing conditions - geographic, social, and institutional. The activities are integrated into three intervention packages to progressively move communities toward improved health and productivity. These packages are designed to horizontally and synergistically integrate project activities across geographic regions and technical sectors, providing coordinated, efficient implementation, complete with stakeholder engagement. The social and physical environment will be transformed by joint action and contribute to the project goal of: ***Healthier, stronger families, less vulnerable to disease, contributing to increased economic productivity and involved in civil society activities.***

There are four levels where integration is implemented by the SCIP project:

1) Internal administrative integration (within SCIP),
2) External administrative integration (with other actors and programs) in the target areas,

3) Internal service delivery integration (delivering SCIP activities in an integrated fashion across various health, nutrition, water and sanitation, conservation farming, and community social welfare initiatives),and
4) External service delivery integration (synergistically delivering activities in partnership with other projects, programs and services in the target areas).

Table 1 below, illustrates how integration is implemented throughout the SCIP project.

Table 1 – the four levels of integration of the SCIP project

Levels	Internal	External
Administrative	• SCIP as a consortium where all members (Pathfinder, PSI, Care International, Word Relief and CLUSA)share the same physical and functional unit • One agreed project plan • One coordinating unit • One M&E system with an integrated reporting system, one set of reporting tools, and one set of procedures defined • Shared use of logistics and material resources	• Liaising activities with government (DPS, DPMAS, DPA, DPOPH, District Governments of Moma, Angoche, Meconta, Mogovolas, Nacala Porto, Nacala-a-Velha, Memba, Erati, Monapo, Malema, Ribaue, Mecuburi, Nampula District and NampulaCity and other partners (e.g. MYAP, MCA, AGRIFUTURO) at provincial, district, and community levels • Participation in provincial and district health coordination councils • Regular planning meetings and sharing of experiences with SCIP Zambézia • Participation in civil society platform and good governance provincial network
Service Delivery	**Relying on SCIP leadership to intensify interventions** • Six project results being implemented in an integrated manner targeting the same population • Communities trained to deal with the determinants of health and reproductive health • Health services supported to improve infrastructures, and deliver an integrated health package • Youth farmers' clubs delivering community health, nutrition, and sanitation • Strong role in the continuum of care in partnership with other stakeholders **Intervention Focus: SPECIALIZED and FOUNDATION PACKAGES**	**Building on existing interventions and exploring complementarities to achieve desired results** • Joint/complimentary activities with other partners (e.g. MCA, MYAP, SDSMAS, CLL, CLC) • Continuum of care supported from the health services to the community in partnership with other stakeholders and led by other partners **Intervention Focus: COMPLEMENTARY and FOUNDATION PACKAGES**

Each one of these levels of integration is now expanded with demonstrative examples and diagrams.

2.1 Internal administrative integration

In order to bring together common functions within and between organizations, SCIP managed first to **bring together** all consortium NGOs members [Pathfinder International, Population Services International (PSI), World Relief, Cooperative for Assistance and Relief Everywhere (CARE), Cooperative League of USA (CLUSA)] in one coordination unit to allow for better planning, sharing and use of resources, and building coherent competencies for optimal results. This internal administrative integration is further consolidated by the

structures and tools that were developed upon internal agreement. These include one agreed project plan for the five years approved by the USAID and converted every year into a project work plan (under the responsibility of the programmatic staff), a project Performance Monitoring Plan that is fed from one agreed-upon M&E system, with an integrated reporting system, one set of reporting tools, and one set of procedures defined and implemented by the M&E staff.

The diagram below illustrates how the five NGO partners are operating in an integrated manner to meet the six project results.

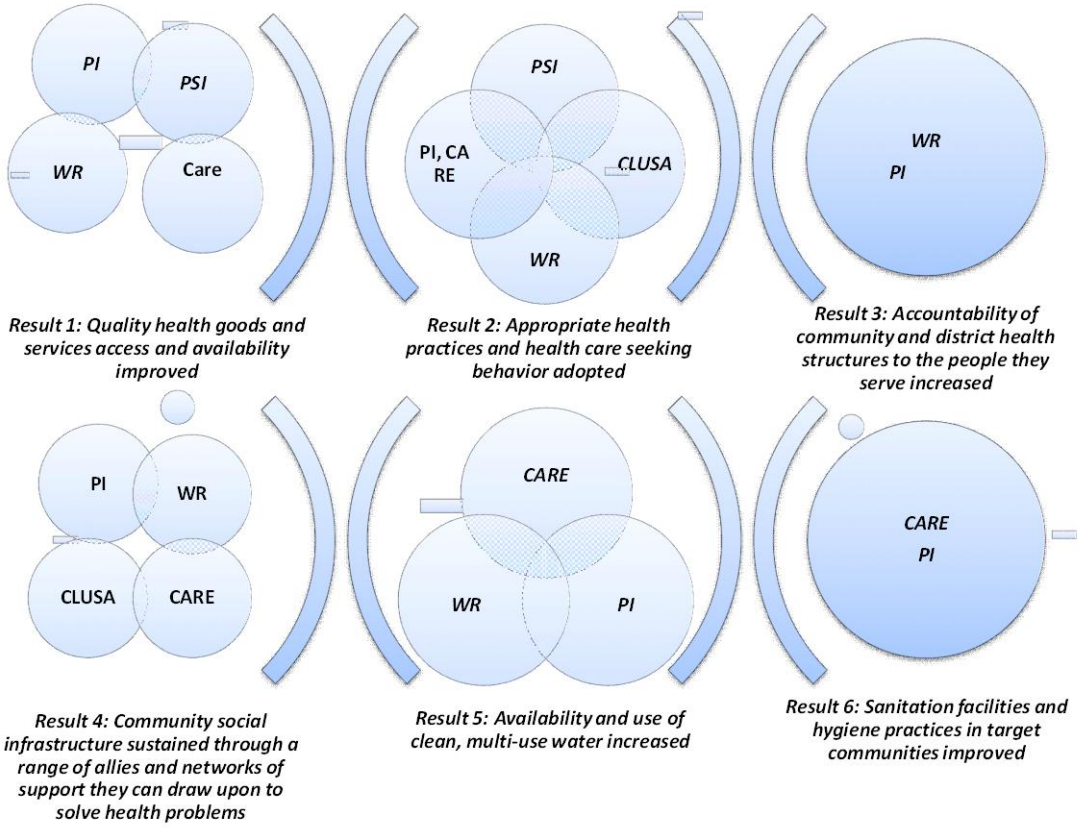


Diagram 2 – The five consortium members integrated to achieve the six project results

2.2 External administrative integration

Administratively, SCIP internal integration needs to be complemented by external integration in order to meet the six project results, that is, the ability to plan, coordinate, share experiences, and explore synergies with stakeholders outside SCIP, unrelated to service delivery.

The SCIP strategy is aligned with local government priorities, and as such participates in planning and balance meetings with the Provincial Health Directorate (DPS), the Provincial Directorate of Women and Social Action (DPMAS), the Provincial Directorate of Agriculture, and the Provincial Directorate of Public Goods and Housing

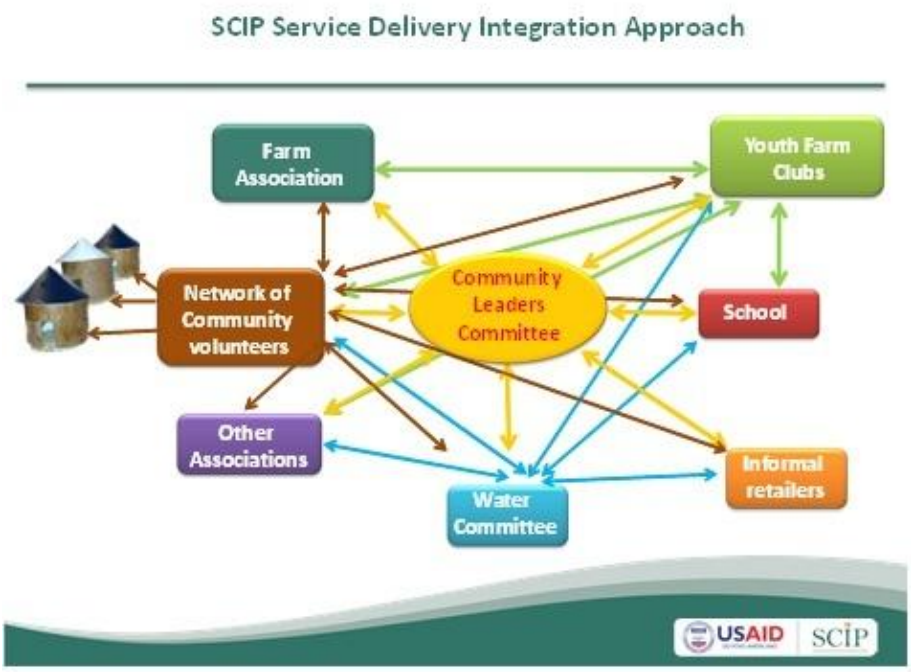
(DPOPH). As SCIP is represented in 14 districts (both specialized and complementary packages) of Nampula Province (Moma, Angoche, Meconta, Mogovolas, Nacala Porto, Nacala-a-Velha, Memba, Erati, Monapo, Malema, Ribaue, Mecuburi, Nampula District, and Nampula City), planning, coordination, and accountability is done alongside the respective district governments.

SCIP also meets, explores synergies, and tries to avoid duplication of efforts with other concurrent social, development, and health partners, such as MYAP, MCA, AGRIFUTURO. Additionally, regular planning meetings and sharing of experiences take place with the SCIP project from Zambézia.

2.3 Internal service delivery integration

The ability to implement activities related to each of the six project results in an integrated fashion, with both intensity and quality, and to the same target population, represents the cornerstone of SCIP. The typical example of internal service delivery integration (both technical and programmatic) within SCIP is the **Specialized Package,** which is being implemented in four districts (Ribaue, Rapale, Mecuburi, and Malema) and in two areas of Nampula City (Namutequeliua and Mutauanha). These districts are benefiting from a more intensive and integrated package of interventions covering the whole four districts and two areas of Nampula City. Additionally, SCIP implements a **Foundation Package**, which is designed to: strengthen health systems, work with a variety of community health workers to disseminate health education and change health and hygiene behaviors, and implement an HIV prevention program including community counseling and testing and the operationalization of an OVC program. Diagram 3 illustrates an example of how SCIP uses its integrated approach in implementing interventions within each of the six project results.

Diagram 3 – Community leaders committee as the hub for integration of interventions



2.4 External service delivery integration

In addition to integration through building networks with other stakeholders, SCIP also builds on existing interventions led by other partners, and explores complementarity to achieve desired results. The focus of the intervention is through the **Complementary Package,** which is being implemented in nine districts (Angoche, Namapa-Erati, Meconta, Memba, Mogovolas, Moma, Monapo, Nacala-Porto, and Nacala-Velha) where Title II[1] programs (including the SANA project) are ongoing. Among these nine districts, five of them (Erati, Memba, Monapo, NacalaVelha and Nacala Porto) are also benefiting from WASH interventions, including access to potable water and latrine use. Building on and working in close collaboration with Title II, SCIP trains the SANA community volunteers to provide family planning counseling and referrals to health facilities. In addition SCIP trains the animadoras in the areas of family planning, community-based distribution, prevention of mother-to-child transmission, orphans and vulnerable children (OVCs), and chronically ill patients within the framework of the continuum of care. The **Foundation Package** is also implemented in these districts.

[1] Title II is the US government-funded Food for Peace Multi-Year Assistance Program (MYAP).

3 How is integration measured within SCIP?

Effectively measuring approaches to integration has been a challenge for many years, and efforts to date to document integration interventions have been hampered by the lack of standardized indicators. Adamchak (2011) has developed and tested a system to monitor family planning and HIV integration as an attempt to propose commonly recognized indicators to monitor the results of integration efforts.

Because the SCIP project includes a strong component related to integration of family planning and HIV prevention and mitigation, this concept note draws upon a list of indicators proposed by Adamchak (2011), as presented in Table 2.

Table 2– Example of SCIP output indicators related to service delivery integration

Service delivery integration output indicators	Definition/*Rationale*	Data available?
# of rehabilitated health facilities	Number of rehabilitated health facilities. *This expresses direct collaboration between SCIP and DPS and the results influences almost all health related indicators*	Yes
# of pregnant woman waiting houses built	Number of pregnant woman waiting houses built. *This expresses direct collaboration between the community, community leaders, SCIP, and government authorities*	Yes
# of health care workers who successfully completed an in-service training program within the reporting period	Number of health care workers who successfully completed an in-service training program within the reporting period. *This expresses direct collaboration between SCIP, SDSMAS and communities*	Yes
# of contraceptive pills distributed through community based distribution (CBD)	Number of contraceptive pills distributed through community based distribution (CBD). *This is a result of collaboration between health facilities and the SCIP CHWs (animadoras)*	Yes
CYP provided through USG-supported programs	CYP is 'couple years protection'. This is a calculated indicator derived from the distribution of male and female condoms (collected at the district depot and feeding only into this indicator to avoid double counting), IUDs, injectables, sterilizations, and contraceptive pills provided to women. *This expresses direct collaboration between SCIP, communities and SDSMAS*	Yes
% of health facilities meeting with CLC representatives at least quarterly to evaluate health issues	N: Number of health facilities meeting with CLC representatives at least quarterly to evaluate health issues D: Total number of health facilities *This expresses collaboration between community leaders, SCIP, and health authorities*	Yes
# of localities with integrated water and health committees	Number of localities with integrated water and health committees. *This expresses collaboration between community structures and SCIP staff*	Yes from Mapping exercise
# of pregnant women in PMTCT who are FP clients	Number of pregnant women in PMTCT who are FP clients. *This expresses integration of HIV activities with SRH.*	Potentially
# of households with chronically ill patients with a toilet and/or a Tip-Tap	Number of households with chronically ill patients with a toilet and/or a Tip-Tap	Potentially
Proportion of HIV+ clients who received FP method or referral after FP counseling	N: Number of HIV-related clients of reproductive age who received a FP method or referral during the reporting period D: Total number of HIV-related clients of reproductive age served with services at the reporting period	Potentially
Proportion of FP clients who received HIV testing at the FP SDP (service delivery points) or were referred for HIV testing	N: Number of FP clients at SDP provided or referred to HIV test D: Total number of FP clients screened for unmet HIV testing need at FP SDP	Potentially
Proportion of ANC clients who received HIV testing with a positive result whose partners were tested for HIV at the community level	N: Number of ANC clients at SDP tested positive for HIV whose partners were HIV tested at the community level D: Total number of ANC clients tested as HIV + at ANC SDP	Potentially
Proportion of youth from the Youth Farmers' Clubs who are involved in community counseling and	N: Number of youth from the Youth Farmers' Clubs who are involved in community counseling and testing of HIV and/or counseling about FP	Potentially

Service delivery integration output indicators	Definition/*Rationale*	Data available?
Testing of HIV and/or counseling about FP	D: Total number of youth from the Youth Farmers' Clubs	
Proportion of youth from the Youth Farmers' Clubs who are counseled and tested for HIV	N: Number of youth from the Youth Farmers' Clubs who are counseled and tested for HIV D: Total number of youth from the Youth Farmers' Clubs	Potentially
Proportion of youth from the Youth Farmers' Clubs who are OVCs	N: Number of youth from the Youth Farmers' Clubs who are OVCs D: Total number of youth from the Youth Farmers' Clubs	Potentially
Proportion of youth from the Youth Farmers' Clubs who receive IEC materials for FP and HIV	N: Number of youth from the Youth Farmers' Clubs who distribute IEC materials for FP and HIV D: Total number of youth from the Youth Farmers' Clubs	Potentially
Proportion of youth from the Youth Farmers' Clubs coming from MYAP farm associations and others	N: Number of youth from the Youth Farmers' Clubs who have been referred by the MYAP farm associations D: Total number of youth from the Youth Farmers' Clubs	Potentially
Number of youth trained within Youth Farmers' Clubs who are integrated into SANA/MYAP activities	Number of youth trained within Youth Farmers' Clubs who are integrated in to MYAP activities	Potentially?
Proportion of Animadoras or Voluntárias who deliver at least three of the following six activities: • CBD of pills/condoms • Health lessons (in FP, nutrition, SRH, WASH, HIV, malaria, child health) • Follow-up for chronically ill • Follow-up for OVCs • Promotion of activities at the YFC	N: Number of Animadoras or Voluntárias who deliver at least four of the five listed activities D: Total number of Animadoras and Voluntárias	Potentially
Number and proportion of CLC that integrate community players (e.g. water committee, schools, YFCs, CHW networks) in their meetings	N: Number of CLC that integrate community players (e.g. water committee, schools, YFCs, CHW networks) in their meetings D: Total number of CLC	Potentially
Proportion of community theatre groups that address at least three of the following themes: • HIV and AIDS • WASH • Conservation farming • Malaria • FP • Stigma	N: of community theatre groups that address at least **three** of the six listed themes D: Total number of community theatre groups	Potentially

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