



INSPIRE Integration Model

WHAT IS INTEGRATION?

In the INSPIRE model, **post partum family planning (PPFP); maternal, newborn, and child health (MNCH); and nutrition services** are provided as integral parts of the service package **delivered at four critical entry points:**

- Antenatal care
- Delivery
- Postpartum care
- Infant care.

In this model, family planning (FP), MNCH, and nutrition services are delivered during the same client visit based on client needs and standards of care.

WHAT IS THE VALUE OF THIS INTEGRATION MODEL?

>80% of mothers and their children visiting INSPIRE facilities were systematically offered the complete package of PPFP, MNCH, and nutrition services, thus **receiving a greater number of services** than under vertical service integration.

97% of women who were seen for a prenatal visit in one INSPIRE facility in Burkina Faso also received FP counseling during their visit (June – Dec. 2019).

188% increase in prenatal visits from June-Dec. 2019 compared to the same period in 2018 in one INSPIRE facility in Niger; prenatal visits increased 41% over the same period in a facility in Burkina Faso.

96% increase in immediate PPFP at all sites in 2019 compared to 2018, including **404% in Niger** and **37% in Burkina Faso**.

INSPIRE INTEGRATION MODEL STEPS:

- 1. Establish an inclusive TWG** at national level for integration development and implementation.
- 2. Develop a costed action plan (CAP)** for integration at national level:
 - conduct needs assessment for integration
 - conduct workshops to develop and validate the CAP
 - identify existing resources and gaps for implementation of CAP.
- 3. Identify districts** for implementation of the model.
- 4. Adapt integration tools and resources:**
 - data collection tools
 - supervision and monitoring tools
 - training modules
 - communication materials.
- 5. Oversee training and mentoring approach** of service providers at all levels.
- 6. TWG provides technical assistance, support, and coordination.**
- 7. Monitor integrated indicators** to evaluate effectiveness and services uptake.
- 8. Establish the Integration Community of Practice**, led by an independent health entity such as WAHO or WHO, which provides technical assistance and tools/resources for the national level technical working groups (TWG) to facilitate integration implementation and scale up.



INTEGRATION OF POSTPARTUM FAMILY PLANNING; MATERNAL, NEWBORN, AND CHILD HEALTH; AND NUTRITION

ANTENATAL

- FP counseling
- Maternal nutrition
- Prevention of mother-to-child transmission (PMTCT) of HIV
- Postabortion care (PAC)



INFANT






- FP and maternal nutrition
- Vaccination
- Healthy infant consultation
- Vitamin A for infant at 6 months
- Exclusive breastfeeding up to 6 months
- Education/water, sanitation, and hygiene (WASH)
- PMTCT

DELIVERY

- Postpartum FP, including post-cesarean
- Assisted delivery/partogram/active management of third stage labor (AMSTL)
- Essential newborn care
- Newborn resuscitation and infection management
- Early breastfeeding
- Exclusive breastfeeding
- Maternal nutrition/vitamin A
- PMTCT

POSTNATAL

- Postpartum FP
- Postnatal care, day 6 & 42
- Maternal nutrition
- Exclusive breastfeeding up to 6 months
- Vaccination
- Kangaroo care
- Education/WASH
- PMTCT

 <p>NATIONAL LEVEL</p> <ul style="list-style-type: none"> • TWG including officials in all relevant ministry offices such as FP, MNCH, and nutrition; OBGYN and midwives associations; civil society organizations; international NGO representative; WHO, UNFPA • Costed action plans • Revision of national level policies and protocols to include integrated service delivery 	<ul style="list-style-type: none"> • INSPIRE has developed integration packages adapted for each level of the health system • Integration tools developed for community health workers and facility providers • Data registries and tools have been adapted at all levels to ensure delivery of integrated services—prompting behavior change of providers • Job aids developed to support providers in delivering integrated services • On-site mentoring and training to sustain health provider competencies and performance in delivering integrated services • Quality standards for integrated services delivery developed/ quality assessment and assurance
 <p>DISTRICT HOSPITALS</p> <ul style="list-style-type: none"> • Multi-functional teams of service providers • Integrated FP, MNCH, nutrition services: curative care, case referrals, and preventive, health promotion services • Management of referrals 	
 <p>FIRST LEVEL DISTRICT HEALTH CENTERS</p> <ul style="list-style-type: none"> • Multi-functional teams of service providers; individual service providers trained in service integration • Integrated FP, MNCH, nutrition services: curative care, case referrals, and preventive, health promotion services 	
 <p>PRIMARY HEALTH CARE CENTERS</p> <ul style="list-style-type: none"> • Multi-functional teams of service providers; individual service providers trained in service integration • Integrated FP, MNCH, nutrition services: curative care, case referrals, and preventive, health promotion services 	
 <p>COMMUNITY HEALTH SERVICES</p> <ul style="list-style-type: none"> • Individual service providers trained in service integration • Integrated FP, MNCH, nutrition services: curative care, case referrals, and preventive, health promotion services 	

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