Does integration of multiple services lead to a reduction in client load?

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Rationale

• PLWHAs on ART increasingly desire access to contraceptive services

• High unmet need for contraceptives in the general population and Multiple barriers to FP access – distance, quality, misconceptions, facility-level human resource shortage, stock-outs.

• Large networks of community-based health workers for HIV established through PEPFAR

• How could the presence of existing community home-based care providers be leveraged to provide contraceptive and other health services?
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| - CDC, PEPFAR, Private Funding  
- Existing Home-Based Care Provider network  
- Staff, space, transport | - Trainings for CHWs  
- Home nursing, palliative care, linkages, referral (1,300)  
- CBD for FP services (600)  
- Home-based counseling  
- Gov. health facility linkages for FP referral (home & site) | - Cadre of CHWs skilled at integrated HIV /FP service provision  
- Improved home based counseling and testing  
- Improved two-way referral and linkage system to gov. facilities  
- Increased demand for FP methods | - Improved integrated care  
- Improved coverage (new clients, regular visits)  
- Increased uptake of modern FP methods | - Reduced rate of unmet need for contraceptive services  
- Reduced HIV morbidity & mortality rates  
- Reduced burden of care on health system |
Family Planning

- From October 2009 to September 2011
  - A total of **68,618 new FP users**
  - **113,115 FP revisits** have been supported,
  - generating over **81,787 couple-years of protection**
  - Service provided by **471 (CBDs)** of whom 371 are CHBCPs.
  - **CYP generated per provider = 174**
  - Compared to TDHS 2010 data for sexually active women, program results indicate a higher use of longer acting contraceptive methods among the program clients.

- For example, 13% of program clients chose implants as their contraceptive method of choice compared to a national average of 8%.
- 11% chose IUCDs compared to 2% nationally.
**HIV**

- **Over 29,844 PLWHAs** supported with HBC services
  - Each HBC provider supported 24 clients on average

- More than **50,000 referrals** made, including 10,795 for FP
  - Each HBC provider made 45 referrals on average.

- **153,879 people** tested and counseled for HIV
  - 708 HBC providers also trained to recruit clients for testing and counseling. So each provider recruited 217 people for counseling and testing on average.
Conclusions

• HIV and FP services can be integrated at the community level through community providers offering a broad range of contraceptive methods

• Effective platform for increasing service availability in the general population as well as for PLWHAs.

• Community health workers can be trained to provide HIV support services as well as FP counseling and referrals, as well as contraceptive distribution.

• Counseling for FP from a trusted community source can result in a method choice that reflects the fertility desires of the client and effectively links her to the service that can provide the method she wants.
Next Steps

- Further expansion to Shinyanga – where FP uptake is very low and focus on Dar es Salaam, where 2010 DHS results indicate that there has not been a significant increase in modern CPR uptake

- Training to improve contraceptive counseling for PLWHAs, especially those on ART

- Focus on PMTCT clients to counsel for post-partum FP and HIV-free, well spaced and timed births too.
Next Steps

• Continued advocacy for more HIV funding in Tanzania to be used for FP programming.

• Development and evaluation of FP decision-making mHealth module (with FHI360 and D-Tree International)

• Integrate community-based response to S/GBV to address gender inequalities