Striving toward a One Stop Shop: Assessing Integration of Family Planning and HIV Services in Iringa and Manyara Regions, Tanzania

2011 International Conference on Family Planning: Research and Best Practices
November 29–December 2, 2011
Dakar, Senegal

Background

- In Sub-Saharan Africa, an estimated 35 million women have an unmet need for family planning (FP).
- In Tanzania, one in four currently married women have an unmet need for FP.
- In some areas, unmet need for FP is coupled with high HIV prevalence:
  - In Iringa Region, HIV prevalence among women and men aged 15–49 is 15.7%—the highest in Tanzania.
About the ACQUIRE Tanzania Project (ATP)

- ATP is a 5-year project implemented by EngenderHealth and awarded by USAID/Tanzania.
- ATP supports the Tanzanian Ministry of Health and Social Welfare (MOHSW) to increase access to, quality of, and use of FP and reproductive health (RH) services, including prevention of mother-to-child transmission of HIV (PMTCT).
- The project supports cross-training of providers in FP and PMTCT counseling, contraceptive service provision, management of adverse side effects, and the referral of clients requiring additional services.
- ATP also collaborates with other partners to train providers and integrate FP services into HIV care and treatment.
Assessment Questions

To inform efforts to scale up PMTCT services in Iringa and Manyara regions, ATP assessed the degree to which FP counseling and services are integrated with PMTCT and postnatal care (PNC) services.

Assessment aim: To identify gaps in the delivery of integrated services and the areas in which integration can be strengthened.

Key areas of exploration:
- Do facilities have the necessary equipment, and/or commodities, to provide both FP and HIV/PMTCT or FP and PNC services?
- Are health care providers cross-trained on the provision of services?
- Are integrated services accepted by clients?
- Are clients satisfied with current services?
- What are providers’ views about integrated services?
Methodology

- The assessment was conducted in 12 health facilities (6 in Iringa and 6 in Manyara) supported by ATP to provide PMTCT services within these regions (October 2010).
- Service units within facilities assessed included:
  - Voluntary counseling and testing (VCT)
  - Antenatal care (ANC), under PMTCT/HIV services
  - Labor and delivery, under PNC services
  - Early infant diagnosis, under HIV services
  - HIV care and treatment
  - Child immunization, under PNC services
Methodology

- Using the Assessing Integration Methodology (AIM), the following activities were conducted:
  - Facility inventories (12)
  - Facility record reviews to collect service statistics (12)
  - Observations of client-provider interactions (36)
  - Interviews with service providers (36)
  - Exit interviews with clients (169)

- Facilities were rated on a five-point scale of FP integration, according to EngenderHealth’s “levels of integration” framework.
## Level of FP integration into HIV services

<table>
<thead>
<tr>
<th>Level</th>
<th>Provides all the following functions:</th>
<th>Provides Level A functions plus:</th>
<th>Provides Level B functions plus:</th>
<th>Provides Level C functions plus:</th>
<th>Provides Level D functions plus:</th>
<th>Provides Level E functions plus:</th>
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| A     | Provides FP information to clients accessing antiretroviral (ART), PMTCT, sexually transmitted infection (STI), VCT, and tuberculosis services  
• Performing risk/intention assessment for pregnancy or spacing.  
• Counsels on FP methods, methods’ ability to prevent STI and HIV infection, method choices available and where to access them, dual protection, and potential drug interaction with hormonal methods.  
• Provides condoms with instructions for and demonstration on correct use  
• Provides emergency contraceptive pills (ECPs)  
• Refers for other methods not offered onsite. | Provides combined oral contraceptives (COCs) with instruction for use  
• Provides follow-up or refers for follow-up  
• Counsels on potential drug interactions with COCs | Provides hormonal injectable with instruction for use and cautions to return on schedule for reinjection without delay.  
• Provides follow-up or refers for follow-up | Provides intrauterine device (IUD) with instruction for use.  
• Provides implants with instruction for use  
• Provides follow-up or refers for follow-up | Provides surgical contraceptive methods, with instructions for self-care, and provides follow-up |

KEY FINDINGS:
Facility Readiness

- Eight out of 12 facilities as a whole rated Level D or higher, offering at least all short-acting and long-acting methods, with referral for permanent methods.
- At the service unit level, only condoms were readily available at non-FP units (with one exception), rating most non-FP units Level A.
- All staff at ANC/PMTCT units received some cross-training.
- The majority (67%) of providers interviewed from VCT and HIV care and treatment units had not received any training on FP.
- Most facilities had a shortage of personnel.
- All facilities had some information, education, and communication (IEC) materials, but only half had all materials.
KEY FINDINGS:
Provision/Uptake of Services

- 80% of clients interviewed reported receiving FP counseling, but information was often incomplete; sterilization and methods out of stock were often not discussed.
- Among those who received FP counseling, 76% were offered a method.
- 50% of clients offered a method received their method of choice.
- Stock-outs were the most common reason that clients did not receive their method of choice.
- Nine of the 12 clients observed in VCT and HIV care and treatment units received FP information, counseling or methods:
  - Condoms were the most commonly chosen method.
  - Only one client chose dual methods.
  - Women were referred to an FP unit or were told to return at a later date for an FP method other than condoms.
- HIV testing and counseling were provided to all clients observed at all units.
KEY FINDINGS:

Provider Attitudes

- Providers were generally positive about service integration.
- Providers reported that FP uptake had increased as a result of offering FP counseling and methods while providing other services.
- However, providers perceived provision of integrated services as time-consuming.
Strengthening Integration: Areas for Action

- Priority areas for action highlighted by the assessment findings include:
  - Additional provider training, especially on services being integrated (e.g., FP and HIV care and treatment)
  - Addressing stock-outs of FP commodities
  - Increased promotion in HIV and FP services of dual protection for people living with HIV
Applying Assessment Findings: Next Steps

- ATP and MOHSW plan to implement a package of interventions aimed at strengthening integrated services at six of the facilities assessed.

- Intervention will focus on:
  - Cross-training providers
  - Strengthening clinical monitoring/supervision
  - Ensuring FP/HIV commodities
  - Strengthening data collection to capture the provision of integrated services

- Evaluation will assess whether interventions have been effective in addressing identified gaps/action areas (after one year).