



CQUIN Differentiated MCH Workshop

May 25-27, 2021

Findings of a Rapid Assessment of the Integration of Family Planning into Differentiated ART Service Delivery Models in 12 health facilities supported by EGPAF in Kenya and Tanzania

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HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

DSD national operational guidelines: DSD and recommendations for FP/ART integration

Kenya:

- 6 month clinical visit, with 3 months ART refills
- Clients should be able to **access ART and FP** as well as other necessary medications **through differentiated ART service delivery in the community or the facility.**
- **Prepacking of FP commodities** along with ART for distribution in the various DSD models
- Patient review check list in ART Distribution Form includes review of FP use and method

Tanzania:

- 6 month clinical visit, with 3 months ART refills (moving to 6 months)
- FP to be integrated with all HIV services, incl within ART consultation
- **Family planning services as a one-stop service where women are collecting ART in a differentiated ART service delivery model**
- Long acting family planning methods encouraged to reduce clinic visits



Results

- DSD models implemented
- Family planning uptake and method use
- Summary of FP service integration by Building Block
- Recommendations for service delivery, supply chain, policy and data



Differentiated ART delivery models implemented at assessed sites in Kenya

| DSD Models at Each Site in Kenya | | | | | | |
|----------------------------------|----------------------|----------------------|-------------------------|-------------------------|--------------------|--------------------|
| Health Facility | Simbi Kogembo | Randung | Magina | Ndiru | Marindi | Suba Sub |
| Level | Dispensary (Level 2) | Dispensary (Level 2) | Health Centre (Level 3) | Health Centre (Level 3) | Hospital (Level 4) | Hospital (Level 4) |
| Facility-Based Individual Models | | | | | | |
| Fast-track ARV refills | X | X | X | X | X | X |
| ART in MCH | X | X | X | X | X | X |
| Facility-Based Group Models | | | | | | |
| Family-Centered Groups (PAMA) | X | | X | | | X |
| Mother/Adult Support Groups | | | | | X | |
| Adolescent Groups | X | | X | X | X | X |
| Community-Based Group Models | | | | | | |
| Peer-led CAG | X | X | X | X | X | X |
| HCW-led CAG | | | | | X | |

Differentiated ART delivery models implemented at assessed sites in Tanzania

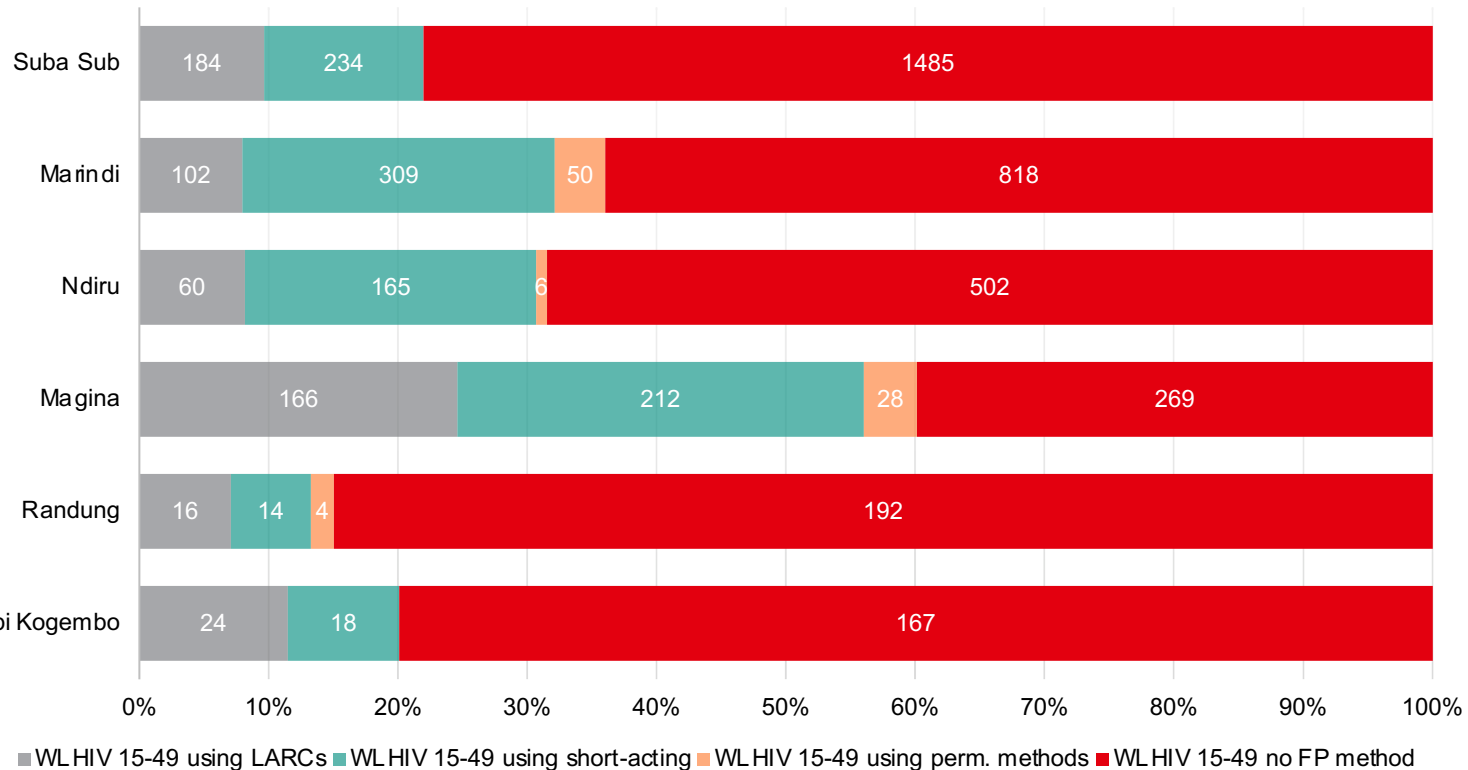
| DSD Models at Each Site in Tanzania | | | | | | |
|--------------------------------------|--------------------|----------------------|-----------------------|-----------------------|---|----------------------------|
| Health Facility | Handeni Dispensary | Mwanga Health Centre | Majengo Health Centre | Hai District Hospital | Kibong'oto Infectious Diseases Hospital | Mawenzi Regional Hospital |
| Level | Dispensary | Health Centre | Health Centre | District Hospital | National TB Referral Hospital | Regional Referral Hospital |
| Facility-Based Individual Models | | | | | | |
| Fast-track ARV refills | | X | X | X | X | X |
| ART in MCH | X | X | X | X | | |
| Facility-Based Group Models | | | | | | |
| Family-Centered Groups (Ariel Clubs) | | X | X | X | X | X |
| Mother Support Groups | X | X | X | X | | |
| Adolescent Groups (Teen Clubs) | | X | X | X | X | X |
| Community-Based Group Models | | | | | | |
| Peer-led CAG | | | | | | |
| HCW-led CAG | | | | | | |

Service Provision and MMD enrollment

| KENYA | | | | | | |
|---|--------------------|--------------------|-----------------------|-----------------------|------------------|------------------|
| Site | Simbi Kogembo | Randung | Magina | Ndiru | Marindi | Suba Sub |
| Facility Level | Dispensary (Lvl 2) | Dispensary (Lvl 2) | Health Centre (Lvl 3) | Health Centre (Lvl 3) | Hospital (Lvl 4) | Hospital (Lvl 4) |
| WLHIV 15-49 on ART | 209 | 226 | 700 | 751 | 1279 | 1903 |
| Multi-month Dispensing (≥ 3 months) | | | | | | |
| % WLHIV 15-49 on ART receiving MMD | 51% | 45% | 51% | 53% | 64% | 43% |

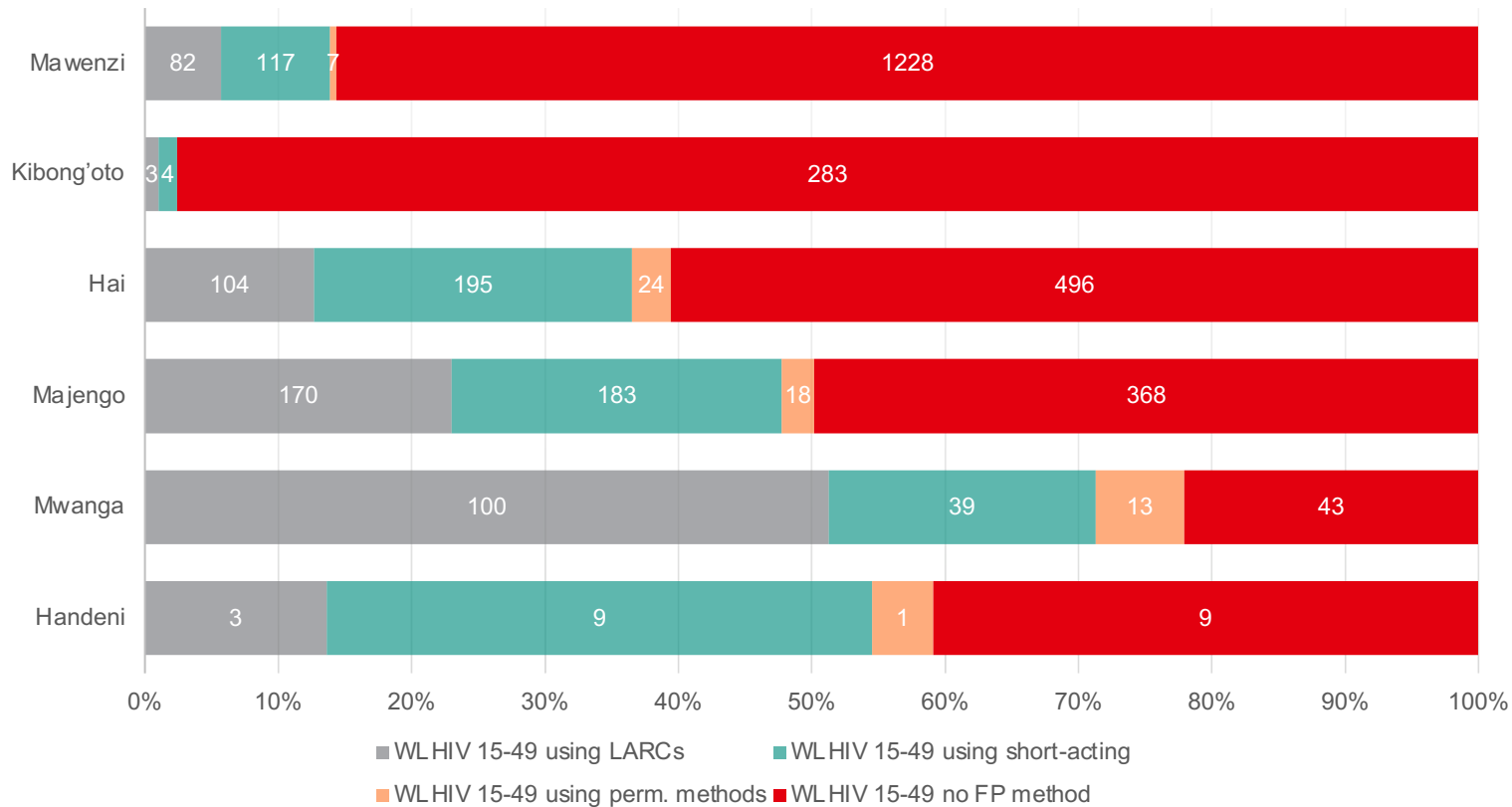
| TANZANIA | | | | | | |
|---|--------------------|----------------------|-----------------------|-----------------------|-----------------------------------|---------------------------|
| Site | Handeni Dispensary | Mwanga Health Centre | Majengo Health Centre | Hai District Hospital | Kibong'oto Inf. Diseases Hospital | Mawenzi Regional Hospital |
| Level | Dispensary | Health Centre | Health Centre | District Hospital | National TB Ref. Hospital | Regional Ref. Hospital |
| WLHIV 15-49 on ART | 22 | 195 | 739 | 819 | 290 | 1434 |
| Multi-month Dispensing (≥ 3 months) | | | | | | |
| % WLHIV on ART 15-49 receiving MMD | 73% | 63% | 64% | 65% | 86% | 70% |

Contraceptive uptake among women 15-49 years living with HIV on ART, Kenya



32% of women living with HIV 15-49 years on ART using a modern contraceptive

Contraceptive uptake among women 15-49 years living with HIV on ART, Tanzania



**There were recognized data challenges in Tanzania due to lack of linkage between ART and FP data tools*

31% of women living with HIV 15-49 years on ART using a modern contraceptive

Summary of service integration - Kenya

WHEN

- Screening for FP needs only in clinical ART visit
- FP follow up/refills **not aligned** with ART

WHERE

- ART and FP **not in same place**
- Escorted referral to MCH

WHO

- ART and FP services **provided by different provider**
- CHW/lay staff not engaged in FP services

WHAT

- **Short-acting and LARCs (referral to MCH)**
- FP education (but not FP commodity refills) in some DSD

Example:

Operation Triple Zero
(Facility-based Group Model):

- 3 months ART for stable adolescents (10-24)
- FP needs assessed with counseling and condom provision by ART provider at ART visit.
- Referral for other contraceptive methods to nurse in MCH (same day escorted if possible).
- Group activities, including health education sessions (incl. SRH/FP) provided by peer educator or adherence counselor.

Summary of service integration - Tanzania

WHEN

- FP services in clinical and ART refill visits
- Oral pills refills **aligned** with ART refills (if supply allows)

WHERE

- ART and FP services **provided in same clinic**
- ART and oral pill refills in same place (but not distributed within the DSD model itself)

WHO

- ART and FP services by **different provider**, except in OSM
- CHW/lay staff not engaged in FP services

WHAT

- **Short-acting and LARCs** in both visits
- FP education in some DSD models (e.g. Teen Clubs/Mother Support Groups)

Example:

Fast-track refill visit

- Clinical ART visit every 6 months;
- 3 months ART refill in between 6 month clinical visit
- Women screened at triage for FP needs
- Oral pills refills provided along with ARV refills (pharmacy or dispensing room)
- Other FP services (injectables/ LARCs) in adjacent FP room in CCC
- (Group meetings before or after clinical ART/refill)

Key findings



Kenya

- HIV care takes place in the Comprehensive Care Center (CCC), and family planning in the MCH unit
 - Generally with escorted referral
- Uptake of FP among women on ART was 31% (of which 34% LARC)
- Operational guidance supports FP through DSD, but this is not implemented in an integrated manner
- Pre-packing of ART does not include FP commodities – for facility- or community-based models
 - But this is recommended in guidelines
 - Supply chain issues limit MMD and alignment of oral contraception
- **Key takeaway – HIV care provided in the CCC, and family planning in the MCH unit. Need to move FP services within CCC**

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Tanzania

- Access to a full range of contraception options (permanent may require referral)– ART and FP both offered within the Care and Treatment Centers (CTC)
- Uptake of FP among women on ART was 31% (of which 43% LARC)
 - Existing M&E tools pose challenge to monitoring of FP uptake among WLHIV
- Strong integration of FP and ART, particularly during the ART clinical visit
- Supply chain challenges affect ability to align FP commodities with MMD of ARVs
- **Key takeaway – Integration could be strengthened by improvement to the supply chain of family planning commodities**

Recommendations (1)

- Implement **One-Stop model** for HIV and FP services, incl by same provider where possible
- Increase capacity for provision and **promote access to LARCs**
 - Ensure women are counseled on benefits of LARCs when enrolled in MMD3/6 (for WLHIV who do not wish to become pregnant)
 - Advantages: less vulnerable to supply chain issues, less frequent visits to facility, can facilitate continuity of FP for women enrolled in DSD
- **Align provision** of oral pills and ARVs, particularly as MMD is extended to MMD6
 - Integration of FP provision in facility-based and community-based ARV refills: Consider **prepacking of ARVs and FP commodities**
 - Must **address supply issues**
 - **Improve forecasting** of FP commodities to adequately include the needs of WLHIV, particularly as MMD expands

Recommendations (2)

- Opportunities with **adoption and roll-out of self-injection** ; prepackage with ARVs
 - **Kenya:** Accelerate DMPA-SC rollout and include pre-packed DMPA-SC for those enrolled in both facility-based fast track and community-based DSD models
 - **Tanzania:** Consider including DMPA-SC (self-injectable) as approved FP method, and include with pre-packed ARVs for provision in DSD models
- Support implementation of existing policies with **operational guidance** and **capacity building**
 - Operational guidance for integration not only for the clinical visit but also for the refill visit as part of the DSD model
- **Strengthen monitoring** of contraceptive uptake among WLHIV in DSD models
 - Reinforce need for documentation among service providers
 - Adapt/strengthen ART monitoring tools to include integrated reporting of FP service delivery
 - Method used, DSD model enrolled in (Tanzania), and referral completion (where needed) (Kenya)

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Elizabeth Glaser
Pediatric AIDS Foundation
Fighting for an AIDS-free generation



Thank you