



CQUIN Differentiated MCH Workshop

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Overview 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

Assessment Overview



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

Integration of Family Planning Services into Differentiated ART Service Delivery Models

**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**

Report submitted to International AIDS Society

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Submitted by:

The Elizabeth Glaser Pediatric AIDS Foundation

- Conducted in 12 EGPAF-supported health facilities in Kenya and Tanzania
- On-site data collection by two EGPAF staff in each of the two countries between 26 October - 6 November 2020
- Data validation and review by EGPAF HQ and country staff Nov - Dec 2020

Assessment Objectives

- **Assess current contraceptive uptake** including use of long-acting reversible contraception (LARC) among women on ART
- **Assess how contraceptive care is integrated into existing DSD models** using the building block approach
- Identify **successes and current barriers to integration** of family planning (FP) into DSD models
- Understand **perception of health care workers (HCW)** of providing integrated contraceptive care in DSD models for ART



Eric Bond, DATE

Site Selection



In Kenya, six health facilities were selected from five sub-counties in Homa Bay County

Suba Sub County Hospital (Suba County)	High volume, urban hospital (level 4)	3,228 patients on ART (1903 WCA)
Marindi Sub Country Hospital (Homabay Township)	High volume peri-urban hospital (level 4)	2,402 patients on ART (1,279 WCA)
Ndiru Health Centre (Rangwe County)	Medium volume rural health center (level 3)	1,506 patients on ART (751 WCA)
Magina Health Centre (Ndhiwa County)	Medium volume rural health center (level 3)	1,412 patients on ART (700 WCA)
Simbi Kogembo Dispensary (Rachuonyo North)	Low volume rural dispensary (level 2)	379 patients on ART (209 WCA)
Randung Dispensary (Rangwe County)	Rural, low volume dispensary (level 2)	401 patients on ART (226 WCA)







In Tanzania, six health facilities were selected from four districts in Kilimanjaro Region

Mawenzi Regional Referral Hospital (Moshi Municipality)	High volume urban hospital	3,720 patients on ART (1,434 WCA)
Kibong'oto National TB Referral Hospital (Siha District Council)	High volume rural hospital	882 patients on ART (290 WCA)
Hai District Hospital (Hai County)	High volume, (semi)urban hospital	1,598 patients on ART (819 WCA)
Majengo Health Centre (Moshi District Council)	Medium volume urban health center	1,286 patients on ART (739 WCA)
Mwanga Health Center (Mwanga District Council)	Semi-urban low volume health center	360 patients on ART (195 WCA)
Handeni Dispensary (Mwanga District Council)	Rural, low volume dispensary	34 patients on ART (22 WCA)

Assessment Design: DSD Building Blocks

What are the barriers and/or facilitators to integration within each building block?

 WHEN	<ul style="list-style-type: none">• Are FP services offered through the continuity of ART services within the model?• Are ART/FP refills aligned (duration/amount of resupply)? Clinic visits for FP and ART services aligned?
 WHERE	<ul style="list-style-type: none">• To what extent are FP services offered within the same location as ART? In the same room? In the same facility? In the community?• If FP service provided via referral, how is referral facilitated and monitored?
 WHO	<ul style="list-style-type: none">• Who provides FP services within the DSD model? Is it the same provider as ART?• What is capacity of ART providers to offer FP services within the model? Range of contraceptive options?• Is task shifting happening to support integration of FP into differentiated ART delivery models?
 WHAT	<ul style="list-style-type: none">• Are family planning services offered within the differentiated ART delivery model?• Which contraceptive options are offered within the model? Which through referral only?• What contraceptive options are being used by WLHIV receiving care in the various models?

Rapid Assessment Methods



Facility Assessment Tool

Centered on four FP building blocks, evaluates service provision within DSD at each facility

Excel-based



Client Flow Mapping

Follow journey through facility within each DSD model

Hand-drawn and written description



Service Provider Discussion

Provider attitudes towards DSD, including barriers and facilitators

Guided discussion

Site Assessment Tool

Facility overview

- Facility staff (type, number, role in service provision, training history)
- FP methods provided; FP methods stocks/stock-outs
- Number of women living with HIV provided with FP method (by age and method)
- Clients on ART at site (by sex, age, on MMD)
- DSD models implemented at site
 - Include IEC/counseling for FP?
 - Contraceptive provision in model?



FP integration by DSD model

- Model name and description
- Eligibility criteria
- Building blocks of each model
- FP method uptake within this models (by age group)
- *repeat for each model

DSD by Model

WHAT?	Group IEC on Family Planning	Individual family planning counselling	Oral Pills	Injectable
Are these FP services offered within this model?	Yes-within model	No-not in model but in same facility	No-referral only	No-not offered
Are there counseling tools readily available that address this method? (Verify)	Yes	No	N/A	
Are there patient IEC materials readily available that address this method? (Verify)	Yes	No	N/A	N/A
Is provision of FP services within this model documented? (Verify)	Yes	No	N/A	

WHERE?	Group IEC on Family Planning	Individual family planning counselling	Oral Pills	Injectable
Where are the FP services provided?	same room as ART	different room within same health facility	other health facility (referral)	other location
If other, please describe				fill in with text

WHEN?	Group IEC on Family Planning	Individual family planning counselling
When are FP services offered? (Mark all that apply)	At start of DSD, At subsequent visits, Other	N/A
If other, please describe	able to fill in with text	
Does the client receive this method at the same time as ART refill?	Yes	N/A

WHO?	Select the cadres that provide services IN THIS MODEL from the blue dropdowns to the left. The questions below refer only to staff who provide services IN THIS MODEL.								
Select cadre here	Group IEC on Family Planning	Individual family planning counselling	Oral Pills	Injectable	Implants	IUD	Diaphragm	Lactational Amenorrhea Method (LAM)	Permanent Methods
How many of this cadre provide ART services in this model?	0	If other, please describe cadre here							
How many of this cadre provide this FP method within the model?									
How many of this cadre have been trained in providing this FP method in the past 12 months (formal/refresher training only)?									

Key Features of Excel Tool

- Focus on seamless data collection
 - Can be used offline
 - Assessment staff can access all portions of tool - able to refer to previous sections and look ahead
 - Color coded tables for clear guidance
- Standardized response options
 - Drop-down menus
 - Excel macros – pre-load facility names, districts
 - Conditional formatting for numerical data – sum areas for totals, limit responses to $\# \geq 0$
 - Restrict cells that can be edited (i.e. cannot edit questions or drop-down options)

Example of Excel Functionality

Cue to verify data with stock registers

Family planning options provided in this health facility		Oral Pills	Injectable	Implants	IUD
Is this contraceptive option offered in this health facility?		Yes	Yes		
If not offered, are they offered through referral?		N/A	Yes		
Have there been any stockouts at this facility in the past 6 months? (Verify)		Yes	No	Yes No	
Will there be adequate stock in the next 3 months? (Verify)		Yes	N/A		
THE FOLLOWING REFER TO ALL STAFF AT THE FACILITY, NOT JUST THOSE WHO ARE PR					
Doctor	How many staff of this cadre are actively involved in providing this method (i.e. in past 6 months)?		3		
	How many staff of this cadre have been trained in providing this method in the past 12 months (formal/refresher training)?		1		

Type of model
(Select from dropdown, from "yes" responses on DSD models in facility overview)

If other, please describe the model

What is the model commonly called?

WHO is eligible for this model?

Description of the model

WHAT services are provided in this model?

WHERE are the services provided?

WHEN - how often do clients attend this model? (frequency)

WHO provides the services in this model?

Refers to previous facility overview sheet to guide

Free text areas provide essential details and context; able to provide instructions within cell

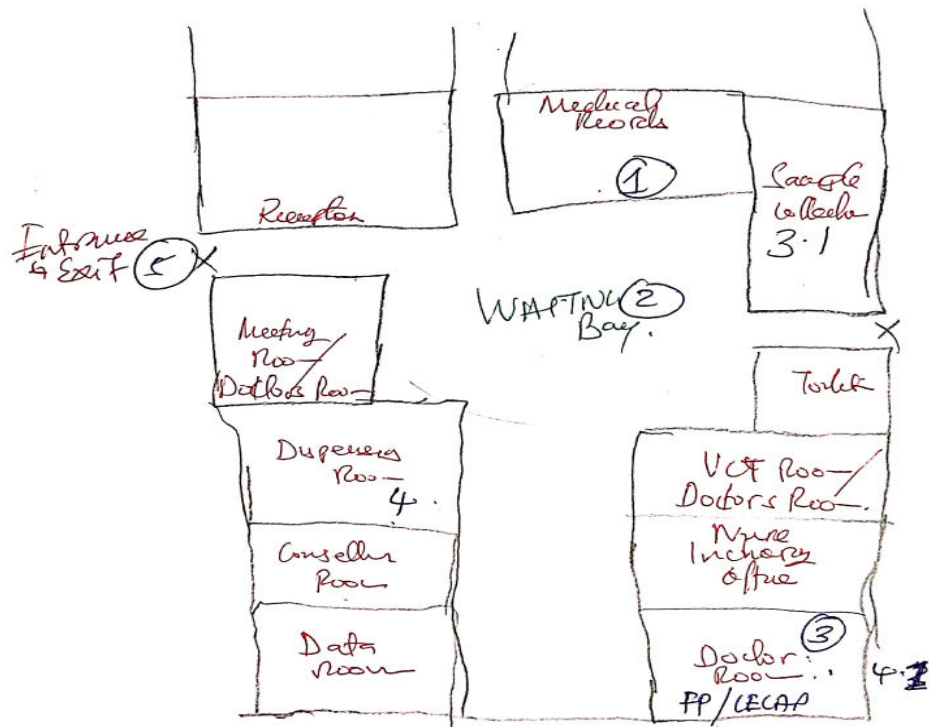
Cue for Client Flow Mapping for this model

Mapping Client Flow



- Service provider(s) in charge of providing services within the DSD model
- Draw and describe the process from when the patient arrives at the health facility [or DSD model] to leaving the health facility [or DSD model]
 - WHAT happens at each step
 - WHO provides services/activities at each step
 - Clinical consultations vs. refill visit only
 - WHEN/WHERE patients get their ARV and their FP commodities
 - Observations from assessment staff
 - Note barriers and inefficiencies
 - Additional comments on various steps

Sample Client Flow Map



- Client flow maps were especially useful to clarify ART and FP service provision within the various DSD models
- Provided for standard care pathway (CTC/CCC) and each DSD model
- *Note what happens at a refill visit vs. clinical consultation visit*

Majengo CTC Block

Data Validation & Analysis

- Rapid assessment collected data on FP uptake and method, ART refill model, and DSD enrollment from patient registers at the facility
 - Kenya: patient ART card (“green card”)
 - Tanzania: national HIS FP register (MTUHA8) and CTC2 database
- EGPAF country teams thoroughly reviewed assessment data to address discrepancies (particularly in Tz)
- During the data review period, EGPAF staff who conducted the assessment provided key clarifications and additional context to inform analysis
- Assessment results and client flow maps were used to develop a site profile for each facility
 - Described integration of FP and ART services within standard care pathway and all DSD models at the site following the building blocks
 - Profiles were used to identify and describe common findings regarding the integration of FP into the various DSD models implemented in Tz and Ky and differences in the various models and between the two countries (following the DSD building blocks)

Challenges and Lessons Learned

- Initial pilot of tool at two sites in Kenya gave needed feedback on tool design in the field
 - Informed slight revisions to the tool structure to improve ease of data collection
- Essential to orient assessment staff on the tools, and in particular, ensure that there is a clear understanding of the response options
 - Important that assessment staff understand the different aspects necessary for integration. Assessment staff initially had various definitions of "integration" and the use of the building blocks helped to clarify.
 - Client flow maps flagged inconsistencies in assessment tool responses
- Data quality and harmonization at the facility level was a significant challenge and required significant data validation work by EGPAF staff