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FP and HIV Integration – CQUIN Situational Analysis

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Outline

- CQUIN scope on FP and HIV Integration
- CQUIN Situational Analysis on FP/HIV Integration
- Consolidated Findings from the Situational Analysis
- Next steps

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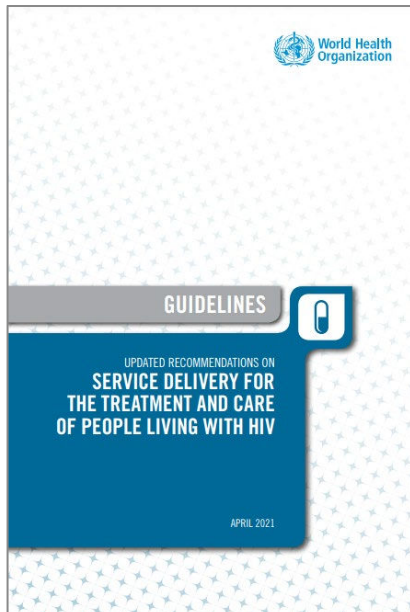
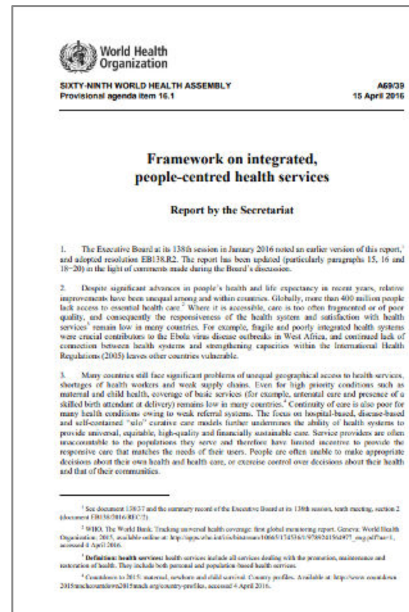
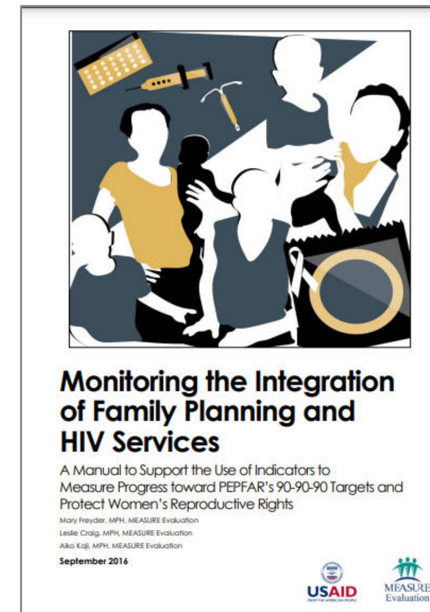
FP and HIV Integration

Introduction

- Global guidance on family planning (FP) integration into HIV service delivery have been developed and used by many countries to successfully implement FP / HIV integration within projects.
- There remains a persistent gap in sustaining these integration models beyond the life of the project as well as in taking these demonstration projects to scale nationally.

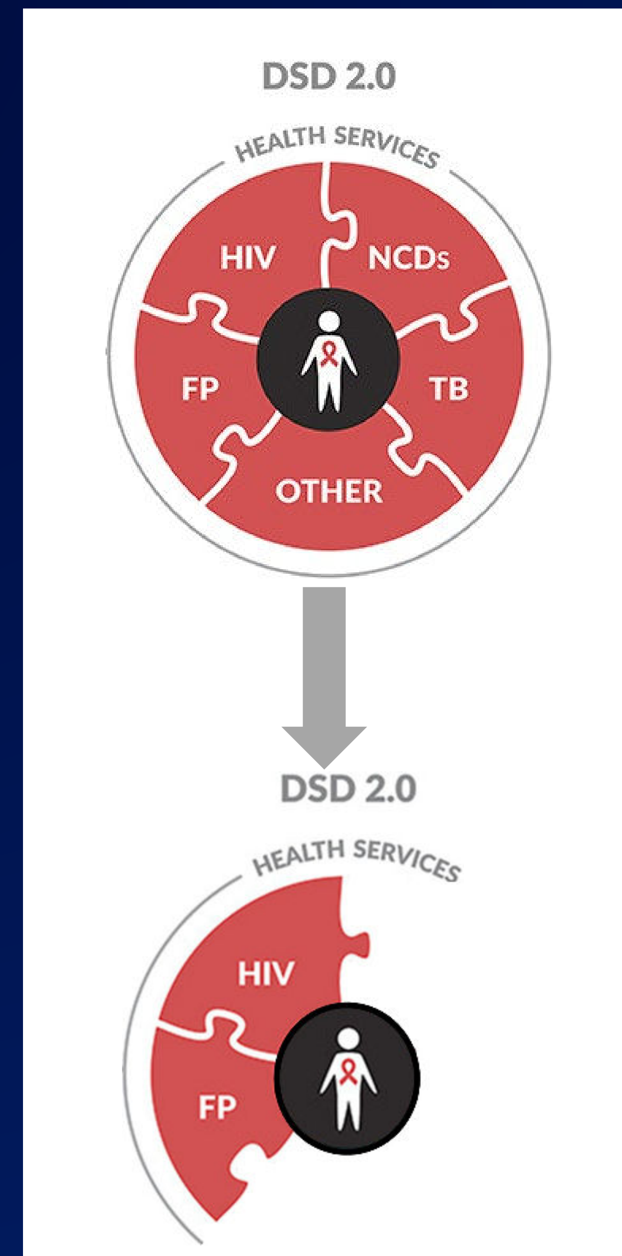






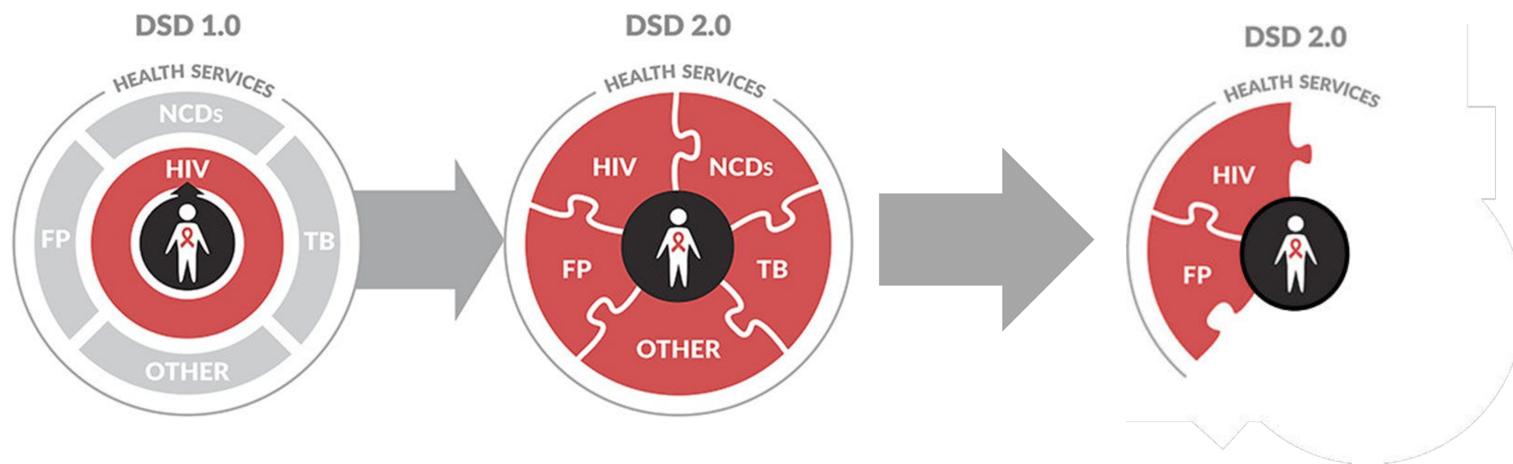
CQUIN 2.0

- CQUIN 2.0 has an expanded focus that includes the integration of non-HIV services into HIV programs (and, more specifically, into DSD models) with the goal of providing holistic person-centered care.
- Within the CQUIN MCH / FP community of practice, the integration stream of work in 2023 has been distilled to focus on integration of FP into HIV service delivery and specifically within Differentiated Treatment Models



CQUIN 2.0

- CQUIN 2.0 aims to provide holistic person-centered care to people living with HIV. It has an expanded focus that includes **integrating non-HIV services into HIV programs, specifically into Differentiated Service Delivery (DSD) models.**
- The CQUIN MCH community of practice focuses on **integrating family planning (FP) services into HIV service delivery,** particularly within Differentiated Treatment Models.



Ehrenkranz P, Grimsrud A, Holmes CB, Preko P, Rabkin M. Expanding the Vision for Differentiated Service Delivery: A Call for More Inclusive and Truly Patient-Centered Care for People Living With HIV. *J Acquir Immune Defic Syndr*. 2021 Feb 1;86(2):147-152. PMID: 33136818; PMCID: PMC7803437.

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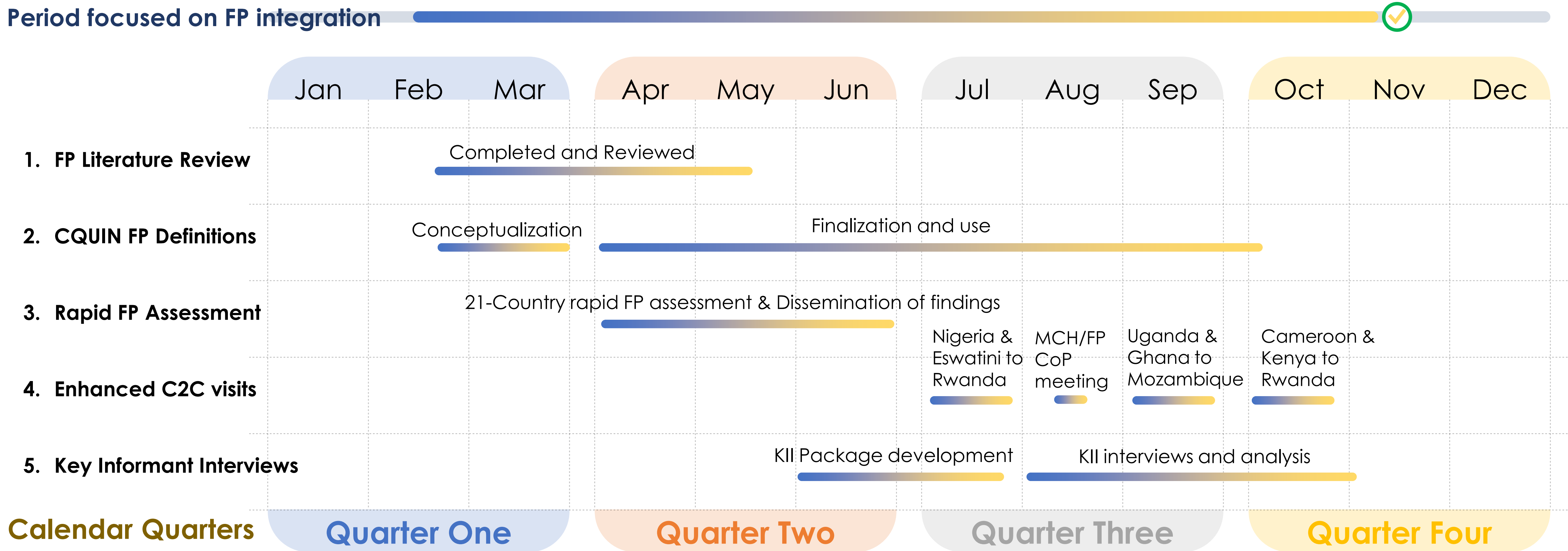
CQUIN Situational Analysis on FP/HIV Integration

Methods



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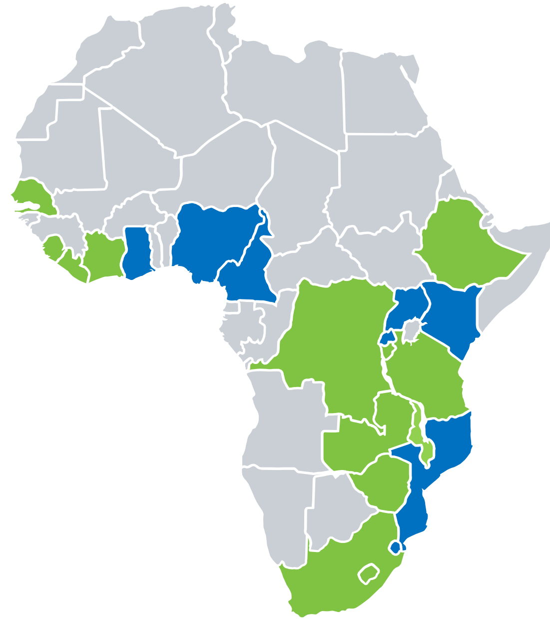
Methods

Rapid FP survey (April 2023)

83 respondents from **21 countries** (MOH DSD, MOH MCH, implementing partners, recipients of care and others)

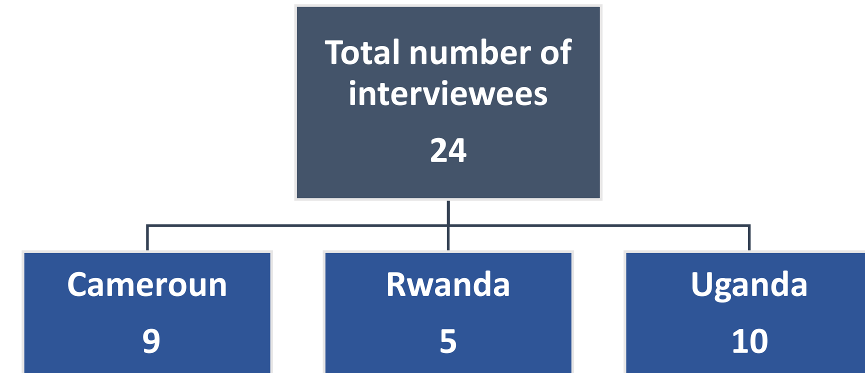
Country-to-country visits (July-Oct 2023)



8 Countries:

- Nigeria and Eswatini to Rwanda
- Uganda and Ghana to Mozambique
- Cameroun and Kenya to Rwanda

Key informant interviews (July-Sept 2023)



- 24 interviews from **3 countries** (Cameroon, Rwanda, Uganda)
- MOH (HIV treatment lead, MCH lead), facility-level staff, implementing partners, recipients of care

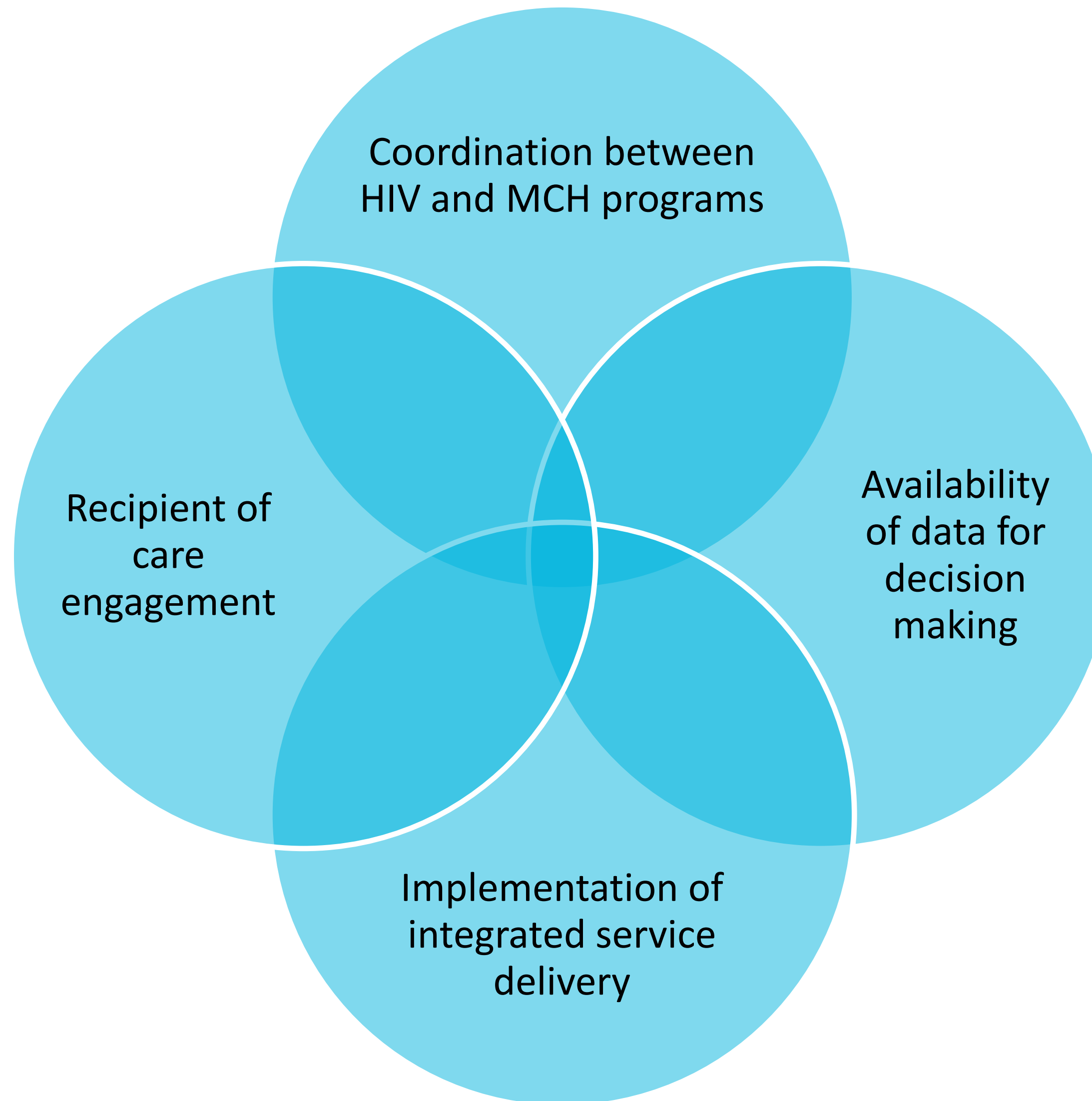
Defining FP/HIV integration

From the CQUIN perspective, FP/HIV service delivery was defined *within each type of differentiated treatment model* using the following definitions:

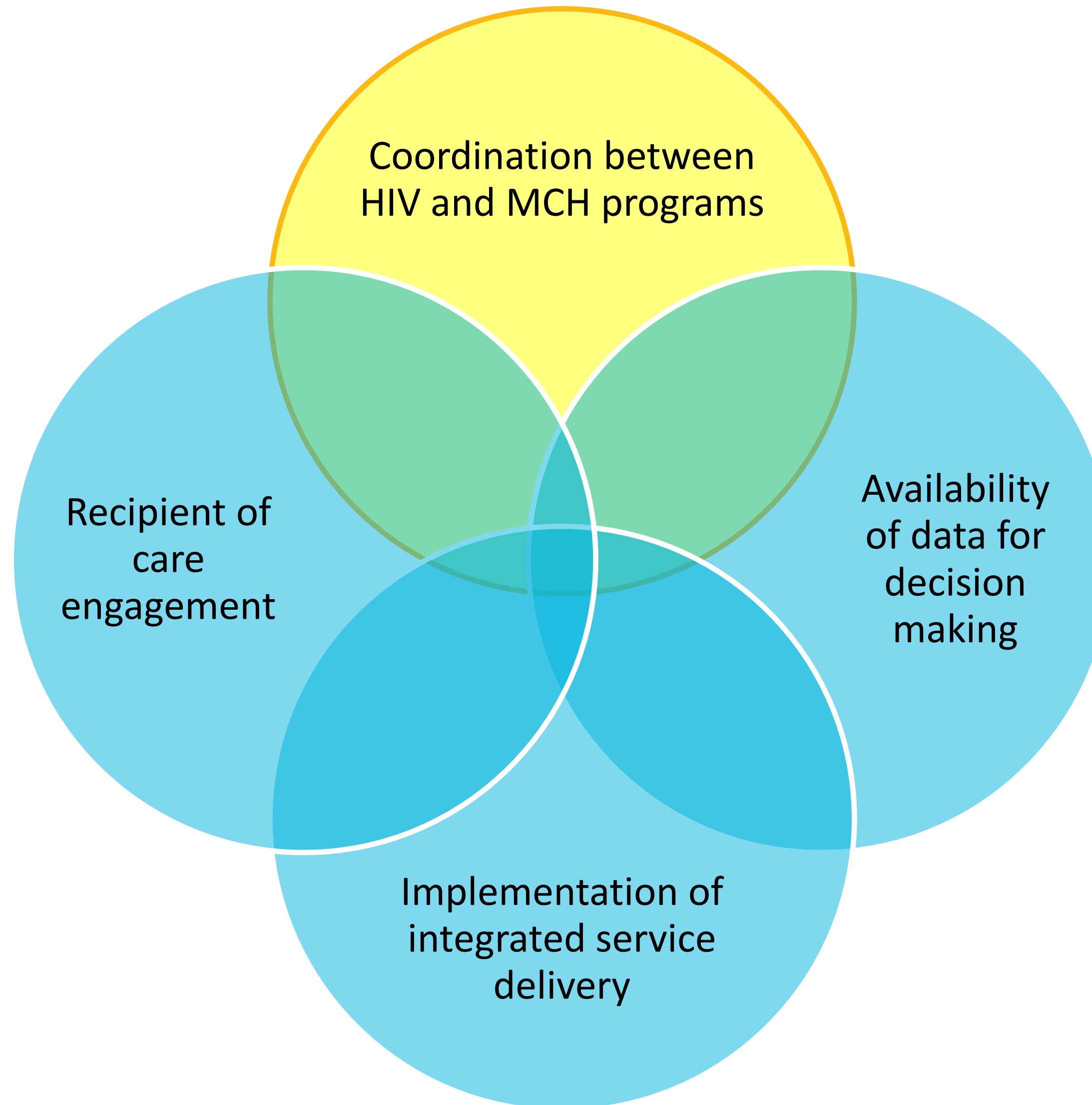
1. **One stop shop within the HIV/ART clinic or in the community:**
   - WLHIV receive their FP and ART in the same service delivery point, at the same time.
2. **Coordinated intra-facility referral:**
   - WLHIV receive ART from the HIV clinic and are referred from the HIV clinic for FP at another service delivery point (MCH, OPD, etc.), but attention is paid to co-scheduling appointments on the same day to maximize convenience and minimize queuing and wait times and to shared medical records/communication between clinics.
3. **Non-coordinated intra-facility referral:**
   - WLHIV receive ART from the HIV clinic and are referred from the HIV clinic to a different service delivery point for FP (MCH, OPD, etc.), without attention to co-scheduling and same-day appointments.
4. **Inter-facility referral:**
   - Referral to a different site for FP services not available on site. This includes referrals between facilities (e.g., to a higher-level HF, from a faith-based HF to another HF providing FP); from HF to community-based FP service delivery points; from public HF to the private sector and more
5. **Other**

Consolidated Findings from the Situational Analysis

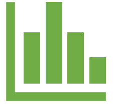
Key themes



Key themes



Coordination between HIV and MCH programs – 1



Illustrative survey findings:

- Respondents reported that the **lack of supportive policies** was the **#1 barrier** to FP/HIV integration *in less-intensive DART models* (not in general)
- Some noted that **siloed funding and decision-making** limited development of helpful FP/HIV integration policies, guidelines, and HCW training more broadly
- Very few respondents had **information** about where **WLHIV in community-based models received their FP services**

Coordination between HIV and MCH programs – 2

Illustrative KII findings:

- **Mixed perspectives on** coordination – reported as both a success and a barrier, depending on country, respondent, and health system level
- HIV stakeholders were less likely to be aware of **FP coverage targets and indicators**
- Integration at the **health facility level** was perceived as **less coordinated**

> *"So, at the level of policy it's integrated, and at the level of protocol and the guidelines it's integrated, but when you go down there at the health facility level, now, there is not really ownership in between the two divisions who is looking for FP/HIV integration. Is this the maternal child health division, or where the family planning is based? Or is the is it the HIV division?"*

Coordination between HIV and MCH programs – 3

Illustrative C2C findings:

- All 8 countries had **policies/guidelines** that were supportive of FP/HIV integration
- **National coordination mechanisms were variable** – only 2/8 countries had a single point person or designated team responsible for FP/HIV integration

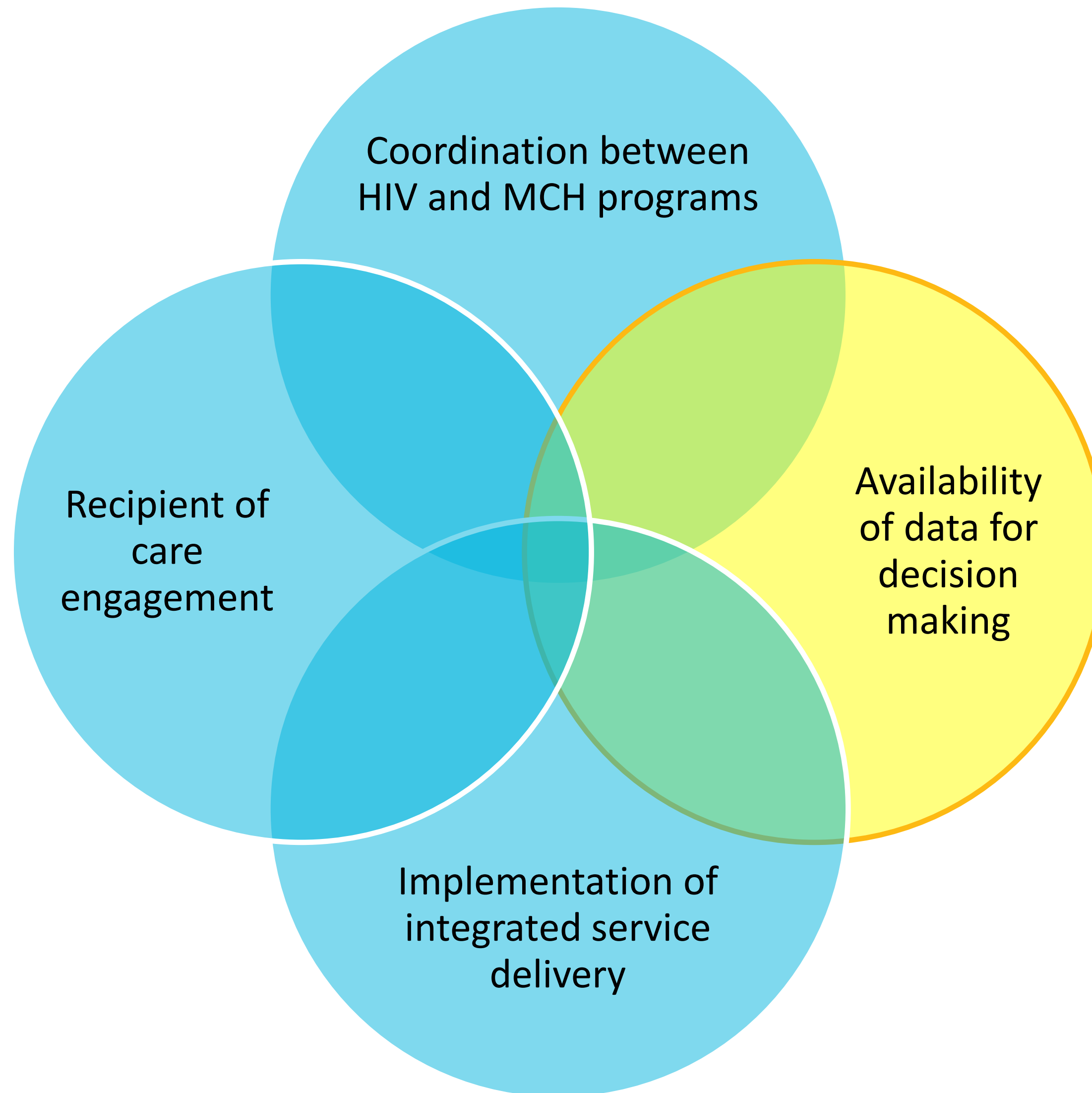
Rwanda	Eswatini	Nigeria	Mozambique	Uganda	Ghana	Cameroun	Kenya
No integration Focal Point FP/HIV integration discussed in both MCCH and HIV TWGs	No integration Focal Point FP/HIV integration discussed in both SRH and HIV TWGs	**Integration core team inaugurated recently**	No integration Focal Point FP/HIV integration discussed in both SRH and HIV TWGs	**SRH/HIV/GBV integration TWG sits quarterly.**	No integration Focal Point FP/HIV integration discussed in both SRH and HIV TWGs	No integration Focal Point FP/HIV integration discussed in both DFH and CNLS TWGs	No integration Focal Point FP/HIV integration discussed in both DRMH and NASCOP TWGs

Coordination between HIV and MCH programs – 4

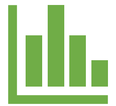
In summary:

- **Mixed perspectives**, varied by level of health system
- **Different approaches to coordination** between HIV and MCH/SRH departments
- **HIV departments were not always familiar with FP targets**
- **Facility-level FP/HIV service delivery** occasionally described as a bit “orphaned” – unclear which program is responsible

Key themes

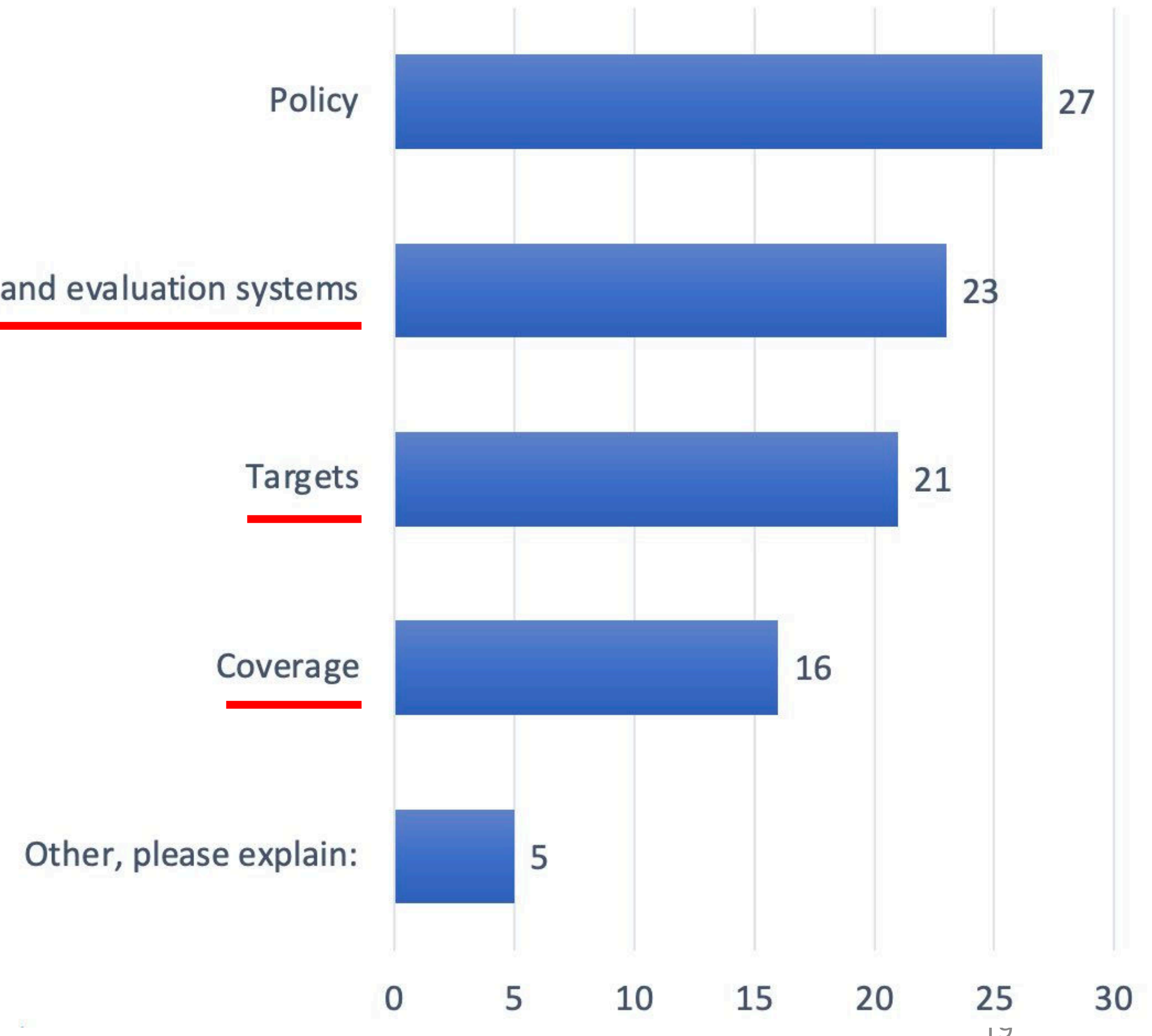


Availability of Data for Decision-Making – 1



Illustrative survey findings:

- **Three of the top five barriers** to achieving mature scores on the CQUIN FP/HIV integration domain were **data-related**
- Detailed **definitions of "integrated" FP/HIV services** were rare, and the availability of integrated services is **not routinely tracked**



Availability of Data for Decision-Making – 2

Illustrative KII findings:

Use of **FP coverage targets for WLHIV** complicated by multiple factors:

- Most respondents said their country **did not have FP targets specifically for WLHIV**
- No M&E framework for FP integration for WLHIV
- MOH HIV department respondents in 2/3 countries knew there were FP targets, but did not know the actual targets or performance
- As a result, **disaggregation of FP use by HIV status not prioritized** / frequently not available
- Disaggregation of **FP coverage for WLHIV by treatment model not routinely available** in any country

Availability of Data for Decision-Making – 3

Illustrative C2C findings:

- **None of the 8 countries had separate FP coverage targets for WLHIV**
- **Lack of data** was highlighted as a key barrier:
  - Data on FP coverage for WLHIV is either missing, incomplete, or poor quality
  - Participating countries noted that a necessary first step is for them to define indicators and a minimum requirement for data reporting
  - Next, they will need to set targets (or sensitize the HIV program to existing targets) and monitor performance – this is likely to incentivize HCW to collect more and better data
- Some participants felt **routine reporting of presence/absence of integrated services and/or disaggregation of FP access by DART model might be unrealistic**

Rwanda	Eswatini	Nigeria	Mozambique	Uganda	Ghana	Cameroun	Kenya
Available in HIV and FP primary source documents but **not routinely reported**	Electronic system captures info on FP for WLHIV **but not reported**	**No data available**	Available in HIV and FP primary source documents but **not routinely reported** Data capture in primary source usually incomplete	Uganda has some FP/HIV integration indicators	**No data available**	Only data point available to monitor FP among WLHIV is post partum FP	Available in the KenyaEMR and primary source documents for HIV and FP

Barriers to FP/HIV data collection and use

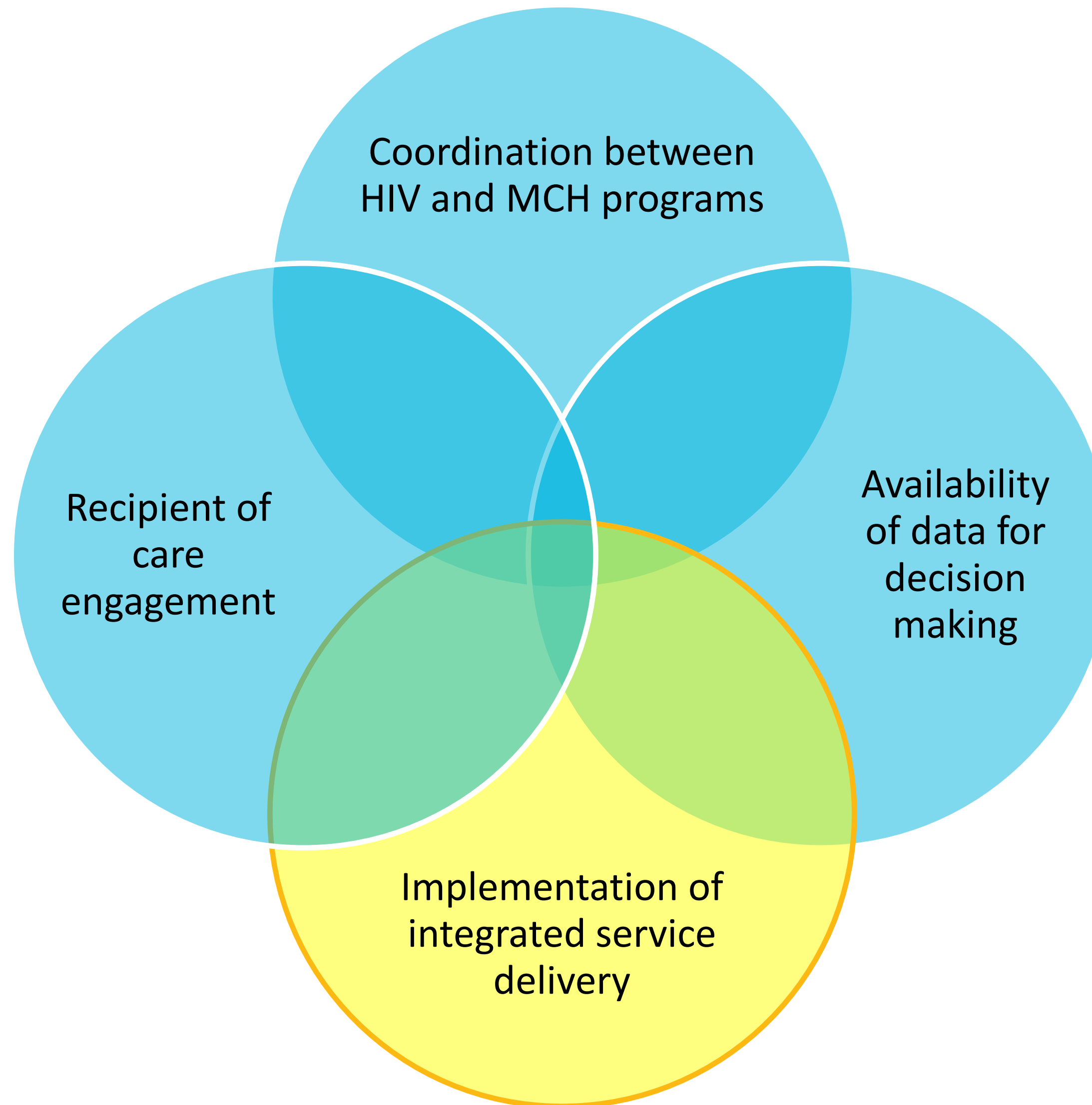
- **FP tools and HIV tools are verticalized** or siloed making it difficult to get FP/HIV integration data.
- Currently there is **no ownership of FP/HIV/LIM integration,** and this **will affect ownership of the M&E** as well.
- There are **few current data elements for FP in HIV/ART** tools especially those for reporting and to get them into these tools will take a while as countries have to wait for the system-wide update of the M&E system which in most countries does not happen regularly and this applies for electronic systems as well.
- Countries **rely on implementing partner support** for most of the data collection, utilization, quality assessments and mentoring/capacitation at site level and if **FP/HIV integration is not in their priority** MOH may not have the capacity to do all this in the short to medium term especially as the planning cycle for the next implementation period has already been concluded and FP/HIV integration was not prioritized.

Availability of Data for Decision-Making – 4

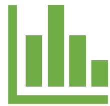
In summary:

- **Target-setting** can be limited by lack of clear definitions and indicators
  - For FP coverage
  - For integration
- **Siloing of HIV and FP M&E tools and systems** is a barrier at program/facility level
- Many countries **lack FP coverage data for WLHIV** (vs. all women)
- All countries **lack data on FP coverage that is disaggregated by DART model type**

Key themes



Implementation – 1



Illustrative survey findings:

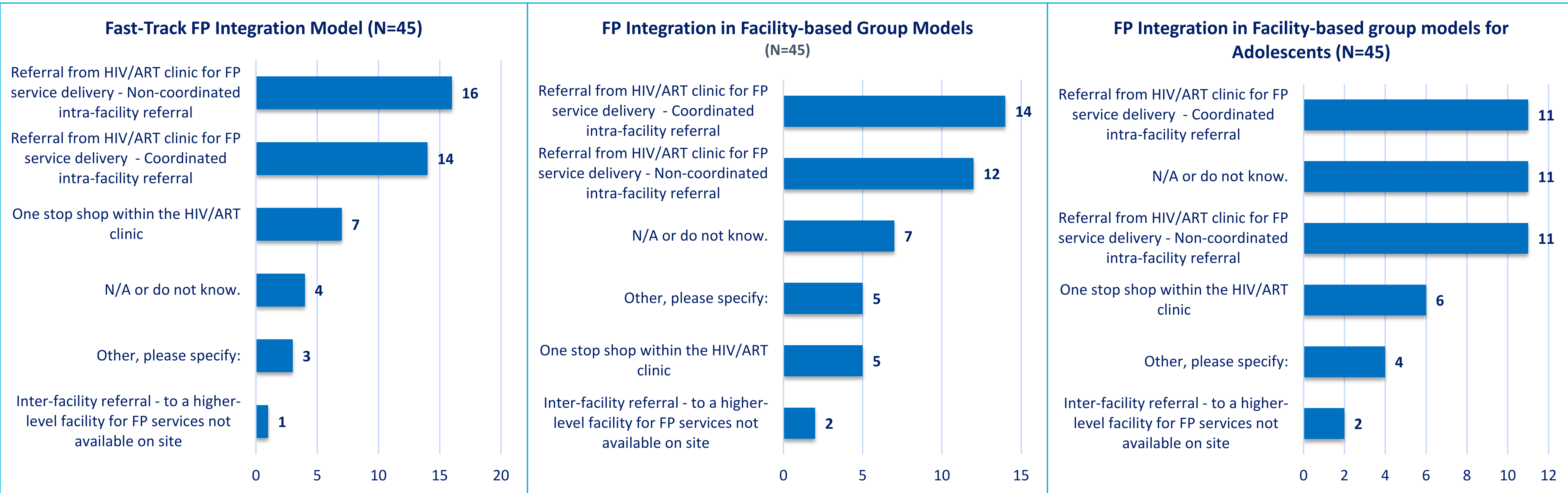
Out of 40 responses indicating the **most common method of FP integration,** both **Coordinated** and **Non-Coordinated** intra-facility referral models were the most common models for FP service delivery

Distribution of Most Common FP-Integration Model into HIV Service Delivery (N=40)

Model	Count
Referral from HIV/ART clinic for FP service delivery - Non-coordinated intra-facility referral	11
Referral from HIV/ART clinic for FP service delivery - Coordinated intra-facility referral	11
One stop shop within the HIV/ART clinic	7
Other, please specify:	6
Inter-facility referral - to a higher-level facility for FP services not available on site	5

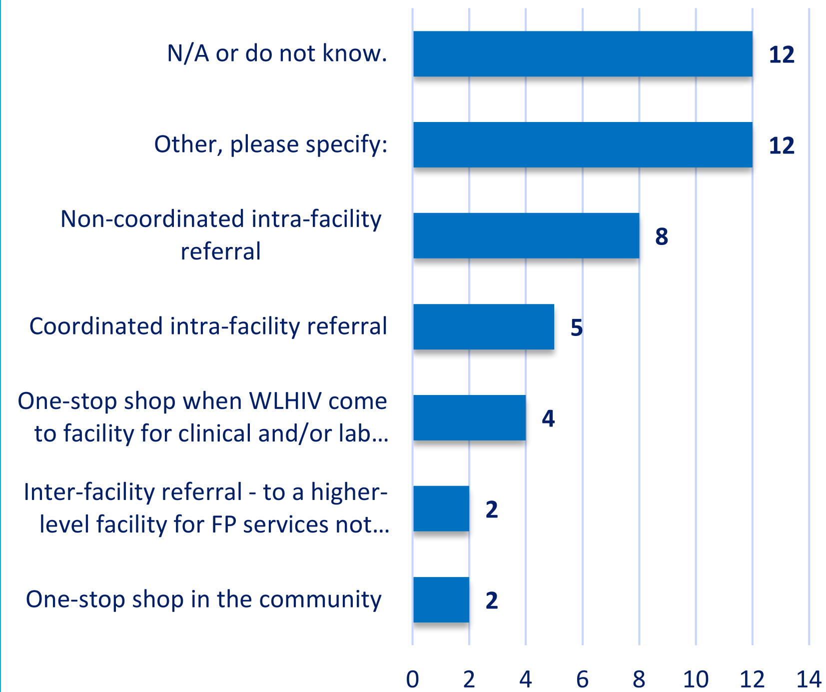
0 2 4 6 8 10 12

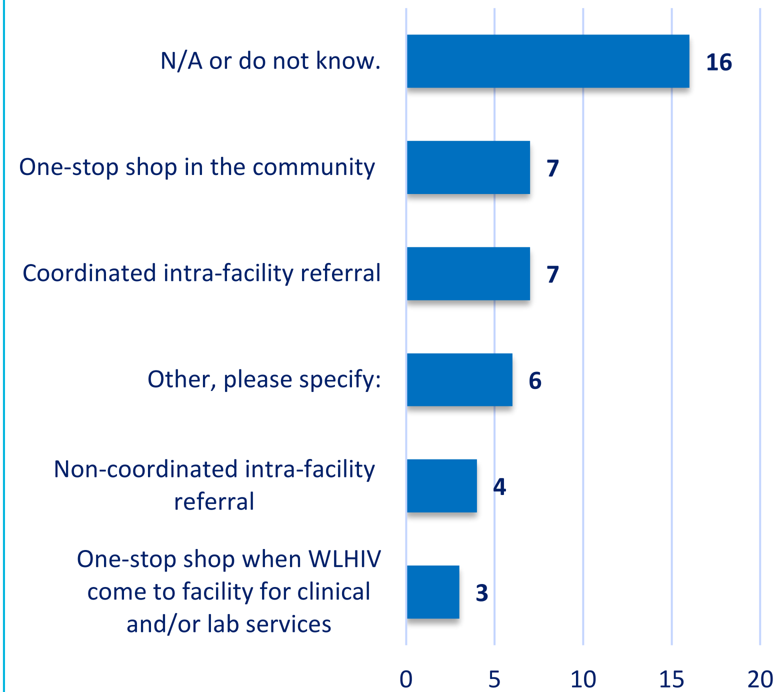
FP Integration into Facility-based DSD Models

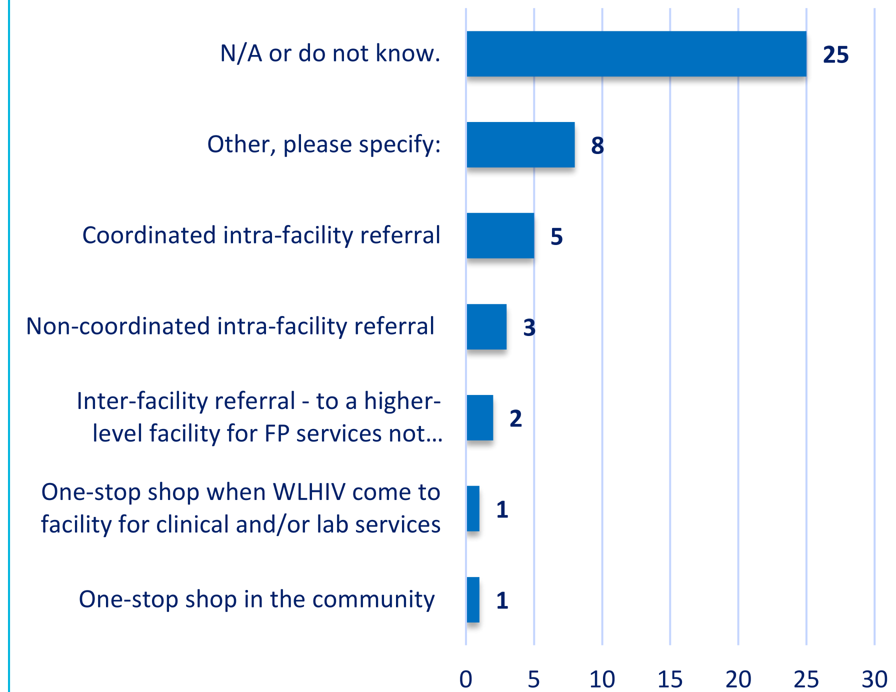


- **Non-coordinated intra-facility referrals** - most common model of FP integration for WLHIV in fast-track models: **16 (36%)**
- **Coordinated intra-facility referrals** - most common model of FP integration for WLHIV in facility-based group models: **14 (34%)**
- **Coordinated intra-facility referral model** - most common models for adolescent facility-based group models: **11 (24%)**

FP Integration into Community-based DSD Models







- Majority of responses **24/45 (53%)** indicated that FP integration into CAGs was either unknown or were provided through an un-listed approach
- **16 (37%)** of responses indicated that FP integration into the outreach model was N/A or unknown
- Over half, **25 (56%),** of responses indicated that FP integration into the community pharmacy model was N/A or unknown

Implementation – 2

Illustrative KII findings:

- “the **HIV service delivery framework** does not from my understanding, does not fully expound on **how family planning integration should be accomplished**.”
- “I think that [for] integration the problems would be more on the side of the **health worker. The fact that they are already overloaded**, and the numbers are not adequate these together can prove a little challenging and ultimately might compromise on the quality of services of on either side. But also, the environment where this is offered some of the long-acting family planning they require added **space that may not be available in the HIV clinic** and that might be a bit challenging.”

Implementation – 3

Illustrative C2C findings:

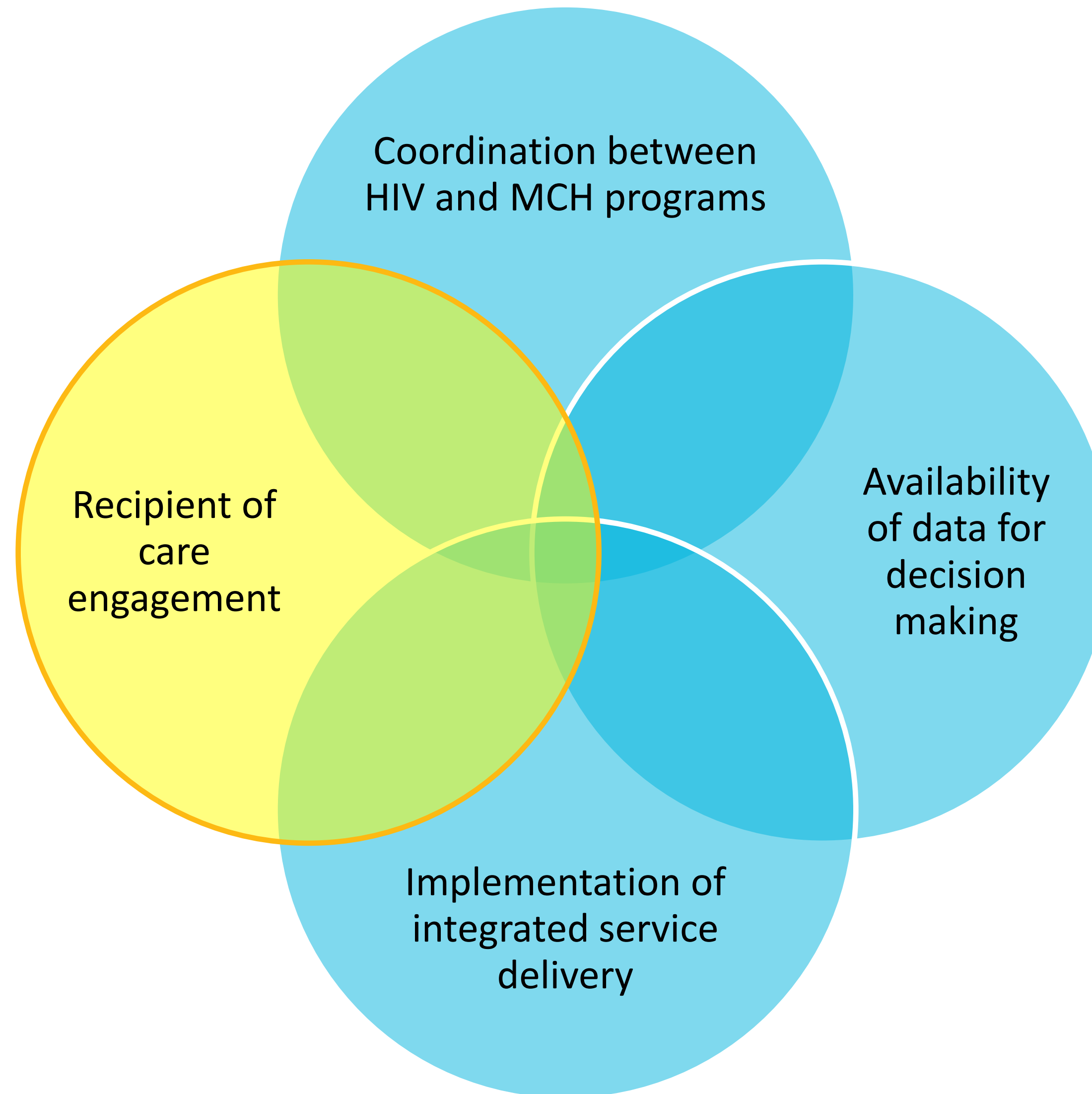
- Implementation quite varied from country to country
- Strong sense that **implementation guidance is lacking** – multiple requests for step-by-step guidance/SOPs on different approaches to FP/HIV service delivery
- In many countries, **clinicians providing HIV services** were perceived to have **limited skills providing FP services** ← a barrier to "one stop shop" models
- **Training and job aides** related to integrated FP/HIV services also lacking in some countries

Implementation Guidance – 4

In summary:

- **Delivery of integrated FP/HIV services varies within and between countries**
- **Detailed implementation guidance is often lacking**
- **Step-by-step SOPs, HCW training, and performance indicators are in high demand**

Key themes



Recipient of care engagement

From KII:

- **Community-led monitoring** rarely includes the topic of FP/HIV integration – a missed opportunity to get the perspective of WLHIV

From C2C:

- **Limited awareness of modern FP methods** among WLHIV perceived as a barrier in some countries
- Suggestions included making sure that FP information is provided during morning health education talks, actively asking WLHIV specific questions related to FP, and requiring a data point in patient ART care booklet or EPMRs

Next Steps

Next steps

- ICAP / CQUIN will continue to work with the Foundation and collaborate with global stakeholders to jointly identify **solutions to the barriers** elicited from this situational analysis while **identifying and strategizing on ways to take facilitators to FP/HIV integration to scale**.
- ICAP / CQUIN will continue to promote cross learning to CQUIN Member Countries within the **MCH/FP community of practice** in the conceptualization / design, implementation and monitoring of FP / HIV integration of services.
- Look out for further details on the **ICAP / CQUIN integration meeting in April** where FP / HIV integration will be a key topic

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Thank you!