



Integration of Voluntary Counseling and Testing for HIV into Family Planning and Reproductive Health Services in Arusha Region, Tanzania

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Tanzania, land of Kilimanjaro



Tanzania

- ✓ Area size: 945,000 sq. Km
- ✓ Pop: 34.6 million
- ✓ National HIV seroprevalence 7.0% (THIS survey 2003/4)
- ✓ Modern CPR is 20%



Project sites

- EngenderHealth/Tanzania supports 22 PMTCT sites in 3 districts in Arusha region under EGPAF/USAID grant.
- Out of those, 13 sites provide VCT for HIV for women attending FP/RH services.
- Of the 13 sites, 1 is a hospital, 8 are health centers and 4 are dispensaries

Target clients



- Women attending family planning (FP) services, postnatal care and child welfare clinic (women coming for ANC,L&D receive testing through the existing PMTCT services).
- Partners of above group.
- Under-five children of women attending FP and child welfare clinic.

Why integrate VCT into FP/RH services?

- Women showed interest in having VCT at FP and child welfare clinic
- It is a place to capture women who missed testing during ANC or delivery through PMTCT.
- Increases availability of VCT services to large number of clients at RCH as not all facilities has stand alone VCT services
- Integration makes it easier for some clients to use VCT services (stigma reduction)
- Entry point for early care and support services for those who test HIV positive
- VCT and RCH have similar goals of reaching sexually active, prevent unwanted pregnancy, prevent HIV/STI and promote safer and health sexuality

Why integrate VCT into FP/RH services? cont.....

- Its an opportunity to reach young people, men and couples and to increase their involvement into other RCH services including FP and HIV prevention.
- In the Tanzanian setting, reproductive and child health services (RCH) are integrated
- Through training seminars, you increase knowledge, skills, competence and motivation of health workers
- Simplify supervision, data collection and auditing

Our approach to integration

The use of the Reproductive and Child Health Clinic (RCHC), also known as ‘**the MCH clinic**’, in a hospital, health center or dispensary, as the essential platform for PMTCT, VCT for HIV and other RCH/FP services.

Our approach cont....

- ❑ All key clinical services are carried out under one roof and use the same health care providers and focus on the same clients
- ❑ The thrust of the program is to strengthen the RCH/MCH clinic so that comprehensive RCH services including HIV services can be provided.

Implementation process

1. Planning and design

- Participatory planning with the health facilities staff, community health committees, council health management teams etc
- Integrating the interventions into the Comprehensive Council Health Plans (CCHP).
- Reorganization of the facility and client flow patterns using EngenderHealth quality improvement tool known as COPE

Implementation process

2. Training and capacity building

- Participatory selection of trainees by facility team to implement whole site approach
- Decentralized and coordinated phased-in training to providers working at the health facility on PMTCT/FP, stigma reduction and COPE for quality improvement
- FP counseling training focusing also on FP needs for HIV positive clients using WHO medical eligibility criteria
- On Job Training and coaching

Implementation process

3. Interventions;

- VCT of women & their partners attending FP, Post natal clinic and under-five child welfare clinic
- HIV prevention counseling for those tested negative and their partners so that they remain negative
- FP services for HIV positive clients and their partners using WHO medical eligibility criteria.
- Emphasizing condom use for dual protection
- Referral and linkage to care and treatment services for those who test HIV positive.
- Follow up of HIV positive clients at the community using community health workers (CHWs)

Implementation process

4. Community interventions in collaboration with Pathfinder International:

- Building capacity of Community Health workers e.g. TBAs, people living with HIV/AIDS (PLWHIV) and others who are volunteers and have been accepted by the community to deliver high quality, client oriented community based HIV/AIDS services.
- Community home-based care (CHBC) program for PLWHIV to provide a continuum of care for chronically ill AIDS patients and PLWHIV from a health care facility to the home environment
- Community mobilization activities to facilitate linkages between the HBC program and other community-level support services that are available to assist affected families, and raises awareness on HIV/AIDS services like PMTCT, VCT and Care and treatment centers (CTC)
- Follow up of HIV positive clients in the community, emphasizing adherence to ART, OI prophylaxis, infant feeding, male involvement and linking them to care and support services
- Train caregivers of People Living With HIV/AIDS who are usually family members in basic nursing care for AIDS patients

Monitoring and evaluation

- Record keeping using a special register as MOH registers do not have space for recording HIV testing at RCH apart from PMTCT registers.
- Facilitative supervision conducted in all sites
- Quarterly reports submitted and shared with partners and donors.

Results

- 1,928 women attending FP and child welfare clinic were counseled and tested for HIV. Out of those 155 tested HIV positive (8%). They were referred to the Care and treatment clinic (data for the period July 2005-June 2006)
- 244 partners of those women were tested for HIV, 32 partners tested HIV positive and referred to CTC.
- 51 of those referred to CTC were started on ARV drugs
- 16 under five children of those women tested for HIV, 7 tested HIV positive and referred to pediatric CTC. 2 children were started on ARV drugs
- A total of 129 patients have been served by the HBC program, among them 28 are chronically ill AIDS patients while 101 are healthy PLWHIV.
- Improved service quality e. g strengthen postnatal care, Comprehensive RCH services provided

Results

Use of modern contraceptive methods increased significantly

- ◆ Ngarenaro Health Center: Total family planning clients increased from 14,625 to 18,500 in the last half of 2005.
- ◆ Arumeru District Hospital: Total family planning clients increased from 699 to 2,317 in the last half of 2005, a more than three fold increase.
- ◆ 120 HIV positive client accepted and provided with a method of FP
- ◆ Increase in uptake after integration could be due to reorganization of RCH services, improved quality of services, improved counseling skills after training, stigma reduction training and through this VCT approach other clients are attracted to access other RCH services.

LESSON LEARNT

- Integration of HIV testing in FP/RCH is possible and attracts more women to test than stand alone VCT centers
- Integration helped to strengthen other RCH services and health systems
- Training improves counseling skills of service providers
- Integration provides a better opportunity for male involvement and participation in HIV testing
- Integrated approach reinforces the concept of providing many services under one roof
- Community involvement and participation has improved acceptance for accessing HIV/AIDS services
- With accessibility of ARV drugs, HIV positive women are getting healthy, resuming their normal sexual lives and thinking about having more children or starting families

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- CHWs and health care providers working on the sites
- Women, Partners and children participated in the interventions

Aashe Naleng'

