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INTEGRATING FAMILY PLANNING INTO EXISTING PRIMARY HEALTH CARE AND HIV CARE AND TREATMENT SERVICES IN MOZAMBIQUE

Despite improvements in recent years, the need for improved access to and quality of family planning (FP) services in Mozambique remains high. While HIV service integration has been a priority and contraceptive commodities and services were offered free of cost at public health facilities, FP services have not been systemically integrated. This technical update discusses how Pathfinder International's Extending Service Delivery-Family Planning Initiative (FPI) has begun to integrate FP into existing services, including primary health care and HIV care and treatment in the Maputo, Gaza, Inhambane, and Cabo Delgado provinces of Mozambique.



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Context

Mozambique has one of the highest fertility rates in sub-Saharan Africa. Unlike its neighbors, gains in contraceptive uptake have been limited and the total fertility rate (currently 6.6 births per woman in rural areas)¹ has remained largely unchanged. Despite the government's recent investments in promoting FP services and ensuring commodity availability, reported current use of modern contraceptive methods remains low, at 11.3, and unmet need for contraception remains high at 28.5 percent among married women aged 15-49.^{2,*} To eliminate vertical service delivery siloes that previously required clients to obtain referrals from one service to another, the Mozambican government and Ministry of Health (MOH) have supported efforts to integrate FP services into existing HIV and primary health care (PHC) services at health facilities.

Global Evidence

In its work, Pathfinder deploys the World Health Organization's definition of integration as "combining different kinds of sexual and reproductive health including HIV services or [other existing services] to ensure and maximize collective outcomes."⁴ Global evidence posits integration as an evidence-based practice for increasing both access to and uptake of FP.^{5,6,7}

as it leverages opportunities to increase access to contraception for clients who are already in contact with the health system.⁸ Clients also receive a higher quality of care when services are integrated⁹ and may be more comfortable discussing FP with a known provider. Furthermore, for women living with HIV who do not wish to become pregnant, FP is an evidence-based, cost-effective strategy for preventing unintended pregnancies and reducing new pediatric HIV infections.¹⁰ The degree of integration depends on the complexity of the intervention; capacity of the stakeholders to manage and perform integrated services; and time needed to translate training into practice.¹¹ In 2010, applying this evidence, FPI began FP integration interventions in public health facilities, using existing PHC and HIV services as entry points for counseling clients on contraception, healthy timing and spacing of pregnancy, and the importance of dual method use.

Implementation

FPI began by consulting with the MOH to determine how the project could implement the MOH's FP integration strategy. Providers from selected health facilities were then trained and supported with ongoing supervision using an adapted training curriculum and supervision checklist.

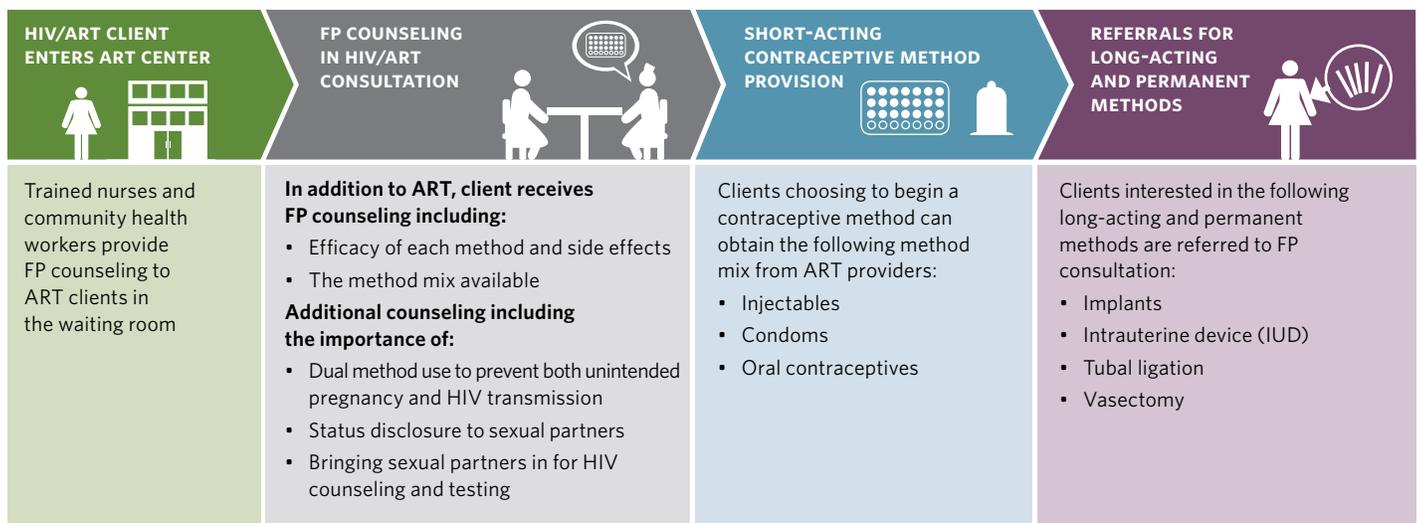
Curriculum development

Before FP integration began, Pathfinder's existing FP integration tools were adapted in collaboration with the MOH to align with Mozambique's quality standards and context. The FP Integration Curriculum for Health Providers covers an integrated package of topics, including: contraceptive counseling and method provision; postabortion, postpartum, and emergency contraception; and sexual and reproductive health and rights.

Facility selection and orientation

In collaboration with District and Provincial Health Directorates, the project then identified 158 facilities from 16 districts for FP integration, 89 percent of which were Level II rural health facilities, and 22 of which had antiretroviral therapy (ART) centers. Management representatives from each selected facility then participated in FP integration orientation sessions during which participants planned three-day training sessions, follow-up on-the-job mentoring, and supportive supervision visits to the trained health providers. Task-sharing approaches were recommended; however, recognizing that even providers trained in FP integration may not be able to provide the full contraceptive method mix in HIV or PHC service settings, a flow of services and referral mechanisms between cadres was also recommended.

FIGURE 1: RESTRUCTURING THE FLOW OF SERVICES—CLIENT EXPERIENCE OF FP INTEGRATION INTO ART CONSULTATION



* The data cited are from the 2011 Demographic and Health Survey (DHS), which was not available during project planning. Data from the 2003 DHS were available and reflect the following: total fertility rate (6.1 among rural women); current use of modern contraception (20.8 percent); and unmet need (18 percent among married women aged 15-49).³

Provider training

Nurses, doctors, and other clinical officers from all selected health facilities were then invited to participate in a three-day FP integration training covering all aspects of the curriculum. Health providers from facilities not supported by the project were also invited to participate, thus creating opportunities for future expansion. To date, 2,022 providers from HIV and PHC services (including immunization and outpatient care) have been trained on FP integration. FPI has also conducted training and project update sessions with officials at all levels to orient them on Pathfinder's means of supporting Mozambique's FP integration strategy, challenges, progress to date, and future sustainability.

Supportive supervision

Provincial Health Directorate and Pathfinder staff provided follow-up supervision to trained providers using supervision checklists adapted from existing MOH quality standard guidelines for maternal and child health. The integration checklist includes questions on equipment, stock supplies, and provider performance in integrated FP service provision. Providers are assessed on the accuracy and comprehensiveness of the FP information they provide, as well as the method mix offered.[†] ART providers are also supervised to ensure their clients receive counseling on the importance of dual method use, status disclosure, and bringing sexual partners in for testing. In addition, District FP Officers, project-supported nurses, or the Provincial Project Officer conduct supportive supervision sessions, on-the-job training, and quarterly technical updates in small group training formats on topics including: quality standards, emergency contraception, gender-based violence, youth-friendly services, and community engagement.

Facility-community linkages

The FPI project also aims to increase FP service access through community health workers (CHWs) and integrated service delivery at the



FP counseling and community-based distribution during mobile brigade outreach

PHOTO: José Dias Mazoio

community level. Project CHWs conduct home visits, FP counseling sessions, and community debates, and provide client referrals to health facilities for additional services such as long-acting and permanent methods.[‡] Access barriers faced by clients in rural areas have been mitigated by community-based distribution of oral contraceptives and condoms, a proven high-impact practice for increasing FP uptake.¹² The project has also leveraged client interactions with mobile outreach units or “brigades” as entry points for FP counseling and method provision. To date, 188,075 clients have accessed mobile brigade services.

Challenges

Integration of FP services into existing HIV and PHC services has been hindered by preexisting and recurring challenges including the following:

Training on FP counseling and method provision in Mozambique was previously reserved exclusively for maternal and child health and FP providers. As a result, PHC and HIV service providers have required significant ongoing supervision to translate training into practice. To improve the adoption rate of integrated FP services and further institutionalize integrated

approaches to increasing access to FP at the health system level, FPI has piloted training modules on FP counseling and method provision in seven pre-service institutions in Gaza, Inhambane, and Cabo Delgado.[§]

Client information is collected in separate logbooks for FP, PHC, and HIV services, contributing to inconsistent registration of client services by overburdened providers.

FPI continues to build provider capacity to accurately complete registration forms, leading to improved data collection and commodity supply forecasting. In addition, FPI staff participate in ART committee meetings at each supported ART center to discuss providers' challenges and emphasize the benefits of FP integration.

Performance

Findings to date indicate an increase in the uptake of FP methods during HIV consultation; however, the abovementioned challenges in completing multiple client registration logbooks have impeded tracking of clients counseled on FP within PHC services. Within the 22 project-supported ART centers, in the first three quarters, 1,352 HIV treatment clients initiated a method after receiving

[†]The method mix offered depends on the stock supply of contraceptives, which is affected by health facility commodity supply management and forecasting, but also the availability of methods nationally. [‡] All new acceptors of FP are first referred to the health facility for a full physical exam. Clients interested in initiating a contraceptive method are either referred back to their CHW (for oral contraceptives and condoms) or provided with the short- or long-acting method of their choice (e.g., injectables, IUD, implant). Not all supported health facilities have the capacity to provide permanent methods. [§] These efforts are complemented by pilot training modules initiated in 24 pre-service institutions through another Pathfinder project throughout the four supported provinces.

FP counseling during their consultation. In comparison with district-level data on FP users, these data show promise with regard to increasing FP uptake among clients with HIV.

Recommendations

Pathfinder has facilitated and participated in technical working group forums with donors, implementing partners, and the MOH to expand on the global evidence, and share experience implementing FP integration in the four supported Mozambican provinces. The recommendations below reflect the key enabling factors and strategic choices that have contributed to the progress achieved.

Ongoing supportive supervision strengthens the capacity of PHC and HIV service providers and is essential in monitoring the quality of integrated service delivery. FPI's capacity building efforts have extended beyond training to ongoing supervision and on-the-job mentoring. Use of the adapted supervision checklist during follow-up visits has created a consistent performance management system, thus enabling all supervisors to use uniform criteria to identify PHC and HIV service providers' areas of need.

Collaboration with health facility management is key in restructuring service flows among FP, PHC, and HIV services. Sustainable service flow restructuring and the management of

integrated services require assessment and ongoing coordination. Thus, partnership with facility management from the outset creates an enabling environment for the: assessment of current service flows; design of tailored capacity building approaches; and institutionalization of integrated FP, PHC, and HIV services, and of performance management systems.

Support from and partnership with the government, MOH, and District and Provincial Health Directorates have contributed to successfully aligning strategy with implementation. Such partnership is recommended to ensure that national policies and strategies align with program priorities and approaches.

Next Steps

FPI's implementation experience has demonstrated that integrating FP services into HIV and PHC service settings is a viable approach to increasing client access to contraceptive counseling and methods. This experience contributes to the growing evidence base in support of this practice in contexts similar to Mozambique. Preliminary data show that integrating FP services into existing HIV and PHC services shows promise when partnership with relevant health ministries and directorates is established at the outset. To ensure the future viability of FP integration, challenges related to data collection and the institutionalization of FP training within

pre-service institutions must be resolved. Findings from an endline evaluation will provide further insights and will be disseminated in-country to the MOH and implementing partners to share lessons learned and inform Mozambique's national FP integration strategy moving forward.

ENDNOTES

- 1 Institute of National Statistics (INS) [Mozambique] and ICF International, *Mozambique Demographic and Health Survey 2011* (Maputo and Calverton, MD: Central Statistical Agency and ICF International, 2012).
- 2 Ibid.
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- 5 A. S. Kuhlmann, L. Gavin, and C. Galavotti, "The Integration of Family Planning with other Health Services: A Literature Review" *International Perspectives on Sexual and Reproductive Health* Vol. 36, No 4 (2010): 189-196.
- 6 R. Wilcher, et al. "Integration of Family Planning in HIV Services: A Synthesis of Recent Evidence" *AIDS* 27 Suppl 1 (2013): 65-S75.
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ABOUT THE PROGRAM: The Extending Service Delivery–Family Planning Initiative is a four-year (2010–2014) USAID-funded project implemented in Maputo, Gaza, Inhambane, and Cabo Delgado provinces of Mozambique. The project aims to increase family planning access and quality through integrated service delivery interventions, including capacity building for providers in contraceptive counseling and method provision as part of existing primary health care and HIV services.

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