

Assessing Integration of HIV Services into Antenatal Care Clinics Across Different Health Facility Contexts

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Background

- **Integration has been promoted to meet multiple needs of a patient simultaneously**
- **Integrating services is not straightforward and may place a strain on staff, logistics, training and supervision**

Goal

- **Assessment was conducted to explore variations in the extent to which health facilities involved in the SHAIP Trial were implementing fully integrated or non-integrated services**

Methods

Study Design	Integration Assessment
Intervention	Full integration of HIV care including HAART <u>into antenatal care clinics</u> (intervention), compared to referral for HIV care and treatment (control)
Health facilities	District hospitals, sub-district hospitals, health centers, and dispensaries
Data Source	Integration Assessment Tool adapted from the Assessing Integration Methodology (AIM) handbook ¹
Assessment Period	June 2010, March 2011, and March 2012
Analytical Methods	Composite scores constructed to assess the extent of integration

1. Rivero-Fuentes, Estela, et al. "Assessing integration methodology (AIM): A handbook for measuring and assessing the integration of family planning and other reproductive health services," *FRONTIERS Manual*. Washington, DC: Population Council.

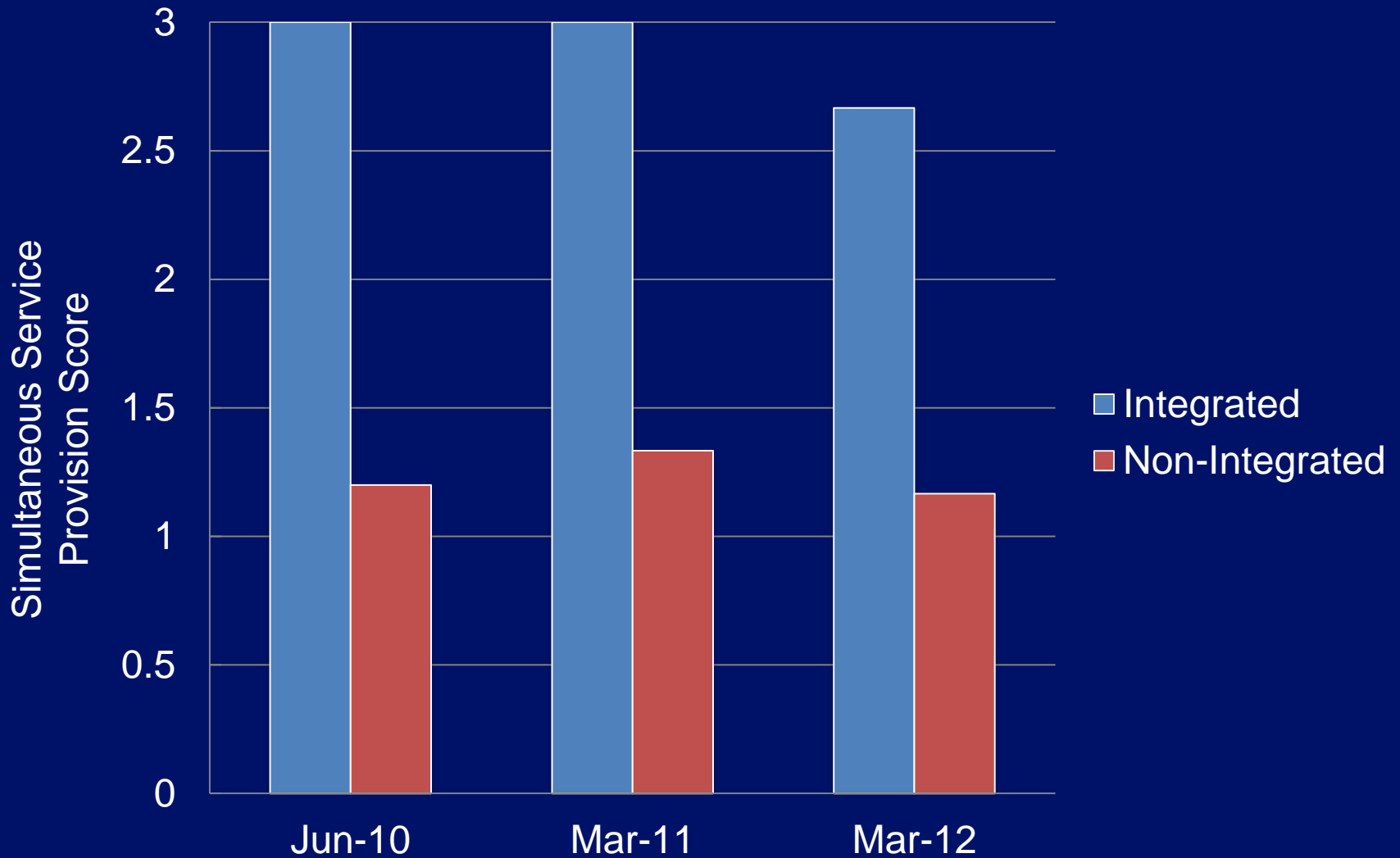
Integration Assessment Tool

- **Services offered at facility**
- **HIV and ANC Clinics**
 - Staffing
 - Infrastructure
 - Equipment
 - Medical and laboratory supplies
 - Flow of the clinic
 - Number of clients

Results – Composite Scores

Average Composite Score (March 2012)	Fully Integrated ANC clinics	Non-Integrated ANC clinic
Equipment (out of 8)	7.0	5.0
Supplies (out of 19)	16.0	10.3
Infrastructure (out of 8)	5.3	5.3
Formal staff training in HIV care and treatment	89%	50%

Same Time, Room, and Provider



Results

- In general, fully integrated clinics provided ANC, prevention of mother-to-child transmission (PMTCT), and HIV care and treatment services in the same room, at the same time, and by the same provider
- Non-integrated clinics, ANC and PMTCT services were offered in the ANC clinic and HIV-infected women were referred for HIV care and treatment within the same facility

Results

- **Variations existed depending on the availability of**
 - Trained staff and staff turnover
 - Commodities and equipment
 - Pharmacy and laboratory services
 - Size and lay-out of the facility
- **Primary level facilities were more likely to share staff, supplies, and equipment than secondary and tertiary facilities.**

Conclusions

- **Overall, the integration scores of the facilities matched their study assignment, with some variations based on the availability of resources.**
- **Adaptation of the integration model for different levels of health facilities is necessary to promote feasible, acceptable, quality and cost-effective services**