

Do Existing Health Information Systems Provide an Accurate Picture of Integrated Family Planning and HIV Services?

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Rationale

- Increasingly national programs for reproductive health, HIV and AIDS are adopting integrated service strategies
- Assessment of effectiveness is essential, but a lack of standardized indicators hampers measurement
- Performance does not get recorded or reported; lack of data hinders efforts to improve program quality due to limited evidence to recommend change
- Standardized indicators are needed to track results of integration efforts

Objectives

- To determine the feasibility of collecting data to calculate standardized indicators for the integration of family planning (FP) and HIV services
- To obtain information to refine the indicators
- To identify how existing health information systems must be modified to calculate the indicators

Health Information System



Six indicators of FP-HIV service integration

- HIV service clients who are screened for FP needs
- Female HIV service clients of reproductive age with unmet need for FP
- HIV service clients who receive an FP method or referral
- Continuing clients who report an unintended pregnancy
- FP service clients who receive or are referred for HIV testing
- Service delivery points (SDP) offering integrated services

Methods

- Feasibility study conducted to determine whether indicators could be calculated using existing data
- 5 countries:
 - Ethiopia, India, Rwanda, Tanzania, and Uganda
 - approximately 10 sites per country
- Fieldwork took place between October 2010 and March 2011

Data collection

- Excel-based data extraction form used to review registers and reports
- Recorded 12 data values needed to calculate 5 indicators; 6th was calculated at the program level
 - data source
 - last complete month
 - whether data could be disaggregated by age, sex and originating service
 - comments on data quality

What did we learn?



Results: Feasible to collect data for 3 indicators

Indicator	Ethiopia	India	Rwanda	Tanzania	Uganda
1. HIV clients screened for FP needs	--	--	--	--	--
2. Female HIV clients with unmet need for FP	--	--	--	--	--
3. HIV clients who receive FP method or referral for method	X	X	--	X	X
4. Unintended pregnancy	NA	NA	NA	NA	NA
5. FP clients tested for HIV or referred for test	X	X	--	X	X
6. Integrated service delivery points	--	X	X	X	X

Recommended indicators to retain now

- proportion of service delivery points that offer integrated services
- proportion of HIV-positive **women** receiving a family planning method
- proportion of **women** accessing FP services who are tested for HIV

- Future indicator: Proportion of women accessing HIV services who are screened for unmet need

Data challenges

- Most HIV care and treatment sites were unable to estimate current active case load
- Defining denominators
 - Use of longitudinal registers
 - Visit recorded only if receive ARVs, not routine check up
- Multiple sites recorded in registers
 - Lower level health facilities included
 - Special campaigns, such as mobile testing

Data challenges (2)

- Most facilities did not use unique client identification numbers
- Age groups
 - Age recorded as years, year of birth, date of birth, or none
 - Different services use different age groups for aggregation
 - Different software versions producing different age bands

Conclusions

- Current data do not deliver a clear picture of integration efforts
- Data utility could be improved by:
 1. Using unique client codes across all health services
 2. Employing standardized formats to record client age
 3. Introducing service codes to identify the originating service in shared registers
 4. Limiting data from other sources in facility registers