

Family Planning and HIV Integration: A One-stop Shop Model at Spilhaus Clinic, Harare Zimbabwe

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Abstract : The Government of Zimbabwe embarked on integrating family planning with Sexually Transmitted Infection (STI) and Human Immunodeficiency Virus (HIV) services in May 2020 with support from the World Health Organization (WHO). There was high HIV prevalence, incidence rates and STI infections among women attending FP clinics. Spilhaus is a specialized center of excellence clinic which offers a range of sexual reproductive health services. HIV services were limited to testing only, and clients were referred to other facilities for further management. Integration of services requires that all the services be available at one point so that clients will access them during their visit to the facility. Objectives: The study was conducted to assess the impact the one-stop-shop model has made in accessing integrated Family Planning services and sexual reproductive health services compared to the supermarket approach. It also assessed the relationship family planning services have with other sexual reproductive health services. Methods: A secondary data analysis was conducted at Spilhaus clinic in Harare using family planning registers and HIV services registers comparing years 2019 and 2021. A 2 sample t-test was used to determine the difference in clients accessing the services under the two models. A Spearman's rank correlation was used to determine if accessing family planning services has a relationship with other sexual reproductive health services. Results: In 2019, 7,548 clients visited the Spilhaus clinic compared to 8,265 during the period January to December 2021. The median age for all clients accessing services was 32 years. An increase of 69% in the number of services accessed was recorded from 2019 to 2021. More services were accessed in 2021. There was no difference in the number of clients accessing family planning services cervical cancer, and HIV services. A difference was found in the number of clients who were offered STI screening services. There was also a relationship between accessing family planning services and STI screening services ($\rho = 0.729$, p -value=0.006). Conclusion: Programming towards SRH services was a great achievement, the use of an integrated approach proved to be cost-effective as it minimised the required resources for separate programs. Clients accessed important health needs at once. The integration of these services provided an opportunity to offer comprehensive information which addressed an individual's sexual reproductive health needs.

Keywords : intergration, one stop shop, family planning, reproductive health

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