

Resource December 4, 2012

Tanzania | Manyara PMTCT/RCH Integration Improvement Collaborative

Date improvement activities began:

October, 2011

Aims/objectives:

To improve PMTCT services in Reproductive and Child Health Clinics (RCH) through service integration

Implementation package/interventions:

Changes implemented include the integration of ART services at Reproductive Child Health (RCH) by ensuring that all newly identified HIV positive clients at RCH receive ART services at RCH. Follow up visits are also done at the RCH (four out of six facilities have managed to start this integration); three out of six facilities have started provision of family planning services at Care and Treatment Center (CTC) at all six facilities to have this integration and all the collaborative sites have started TB screening to HIV positive pregnant women.

Measurement:

Teams track the following key indicators monthly: % of People Living with HIV both men and women (above 15 years) receiving Family Planning (FP) services; % of pregnant women tested for HIV in their first ante-natal care (ANC) visit, % of non-pregnant women accessing RCH services tested for HIV; % of male partners tested for HIV; % of PLHIV initiated on Highly Active Antiretroviral Therapy (HAART) at RCH; % of PLHIV enrolled into care and treatment services; % of PLHIV at RCH screened for TB; % of HIV positive children below 2 years of age initiated on ART; Use of invitation letters (community efforts to promote attendance, fast-tracking of couples).

Spread strategy:

Best practice from the integration work in Manyara will be documented and shared with other stakeholders for dissemination and scale to other regions in Tanzania.

Number of sites/coverage:

This quality improvement collaborative is being implemented in six facilities (1 health center, 4 district hospitals and 1 mission hospital).

Coaching:

The first coaching visit was conducted in July 2012 and reached health workers from the 6 collaborative sites. The coaching team (RHMT, CHMT and HCI staff) supported QI teams to review and implement suggested changes of the identified gaps. Teams were also assessed to see if they meet regularly and members know their responsibilities and the teams' understanding of indicators and the concept of numerator and denominator.

Learning sessions & communication among teams:

During the first learning session, held in May 2012, 30 health care workers, 6 District Reproductive and Child Health Coordinators (DRCHCO) and 6 District AIDS Control Coordinators (DACC) from the implementing facilities and district level management in the region were built capacity on quality improvement principles, dimensions, application of improvement models and interventions in PMTCT/RCH services integration. Also QI teams for each facility were formed.

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[HIV Counseling and Testing](#) [3]

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Organization(s): MOHSW, Regional Health Management Team (RHMT), Council Health Management Teams (CHMTs), EngenderHealth

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