

Addressing the family planning needs of PLHIV through integration of family planning services at an ART center in Uganda

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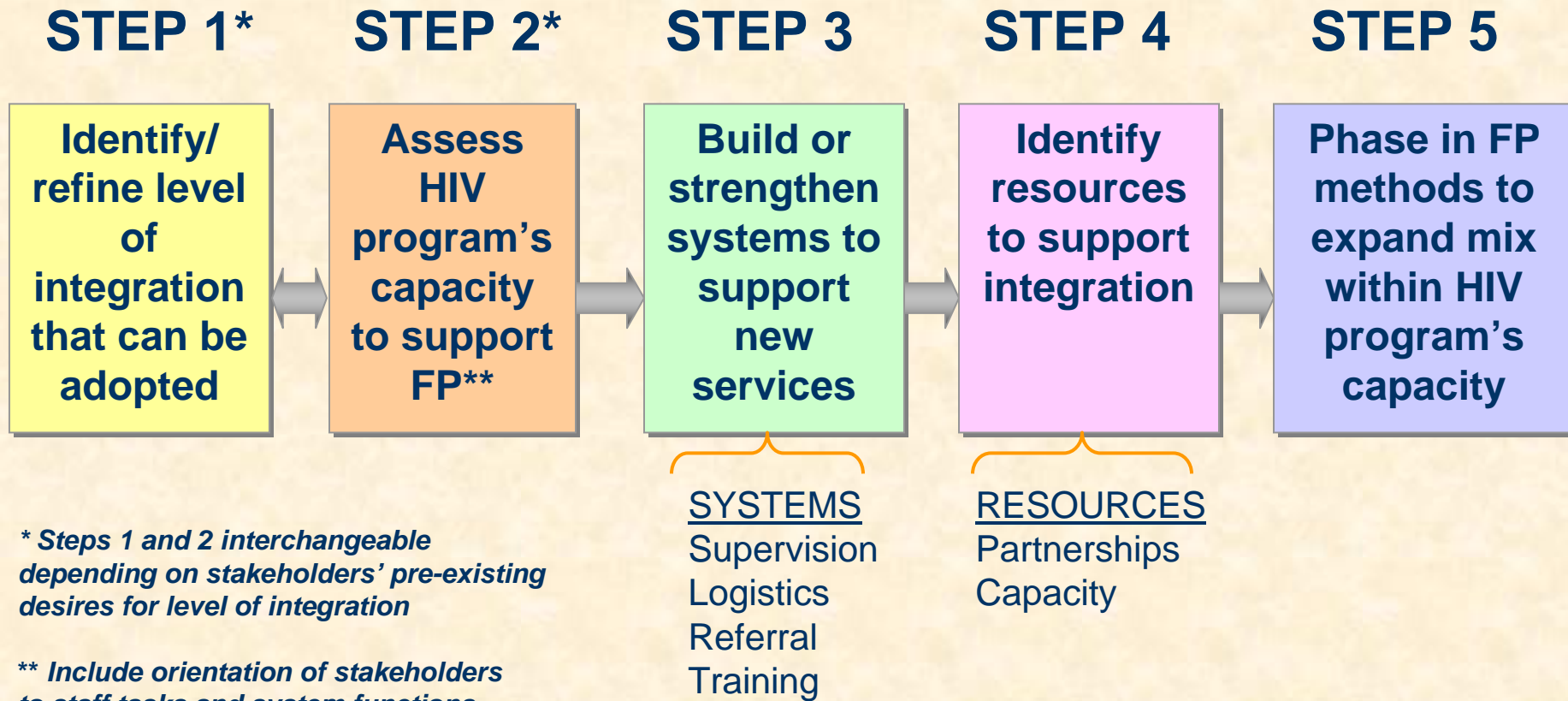
Background and Significance

In Uganda:

- 1.2 million people living with HIV; 130,000 new HIV infections/year
- Low contraceptive use (24%); high unmet need for FP (40%)
- Unintended pregnancies among people living with HIV:
 - Increase risk of MTCT of HIV
 - Compromise maternal health
 - Represent economic hardship
 - Increase number of OVCs
- In 2006-07 EngenderHealth, TASO and MoH piloted FP integration at Mbale ART Center



ACQUIRE's Approach to Integrating FP and HIV Services



** Steps 1 and 2 interchangeable depending on stakeholders' pre-existing desires for level of integration*

*** Include orientation of stakeholders to staff tasks and system functions required to support levels of integration*

Choosing a Level of FP Integration

Level A	Level B	Level C	Level D	Level E
<p><i>Provides all of the following functions:</i></p> <ul style="list-style-type: none"> • Provides FP information to clients accessing ART services • Performs risk/intention assessment for pregnancy or spacing • Counsels on FP methods including ability to prevent HIV/STIs, dual protection, potential drug interactions and availability/access • Provides condoms, instructs/demonstrates correct use • Provides Emergency Contraceptive Pills* • Refers for methods not offered on site 	<p><i>Provides all of Level A functions plus:</i></p> <ul style="list-style-type: none"> • Provides oral contraceptives* with instructions for use and caution to adhere to daily, on-time pill taking • Counsels on potential drug interactions with oral contraceptives • Provides follow-up or refers for follow-up • Refers for methods not offered on site. 	<p><i>Provides all of Level B functions plus:</i></p> <ul style="list-style-type: none"> • Provides injectable hormones with instructions for use and caution to return on schedule for re-injection • Counsels on potential drug interactions with injectable methods • Provides follow-up or refers for follow-up • Refers for methods not offered on site. 	<p><i>Provides all of Level C functions plus:</i></p> <ul style="list-style-type: none"> • Provides IUD with instructions for use, including discussion of new evidence for safe use among HIV+ and those clinically well on ARVs • Provides implants with instructions for use • Provides follow-up or refers for follow-up • Refer for methods not offered on site. 	<p><i>Provides all of Level D functions plus:</i></p> <ul style="list-style-type: none"> • Provides surgical contraceptive methods with instructions for self-care and provides follow-up
<p><i>* If facilities or programs providing Level A functions are not immediately prepared to provide oral contraceptives for ongoing uses, they may provide emergency contraceptive pills with referral for ongoing FP management. If the facility or program already provides oral contraceptives (Level B), it can also offer emergency contraceptive pills.</i></p>				

TASO/Mbale Interventions

Strengthening Service Delivery

- Conducted PNA to determine capacity for integration
- Provided TA for action plan
- Developed FP-HIV integration training curriculum
- Adapted job aids, client materials
- Trained TASO staff to provide FP counseling & methods (condoms, pills, injectables, EC)
- Trained supervisors and department heads in FS/COPE®
- Provided TA for FP recordkeeping and commodity logistics
- Provided post-training follow-up

Generating Demand

- Integrated FP messages into health talks
- Oriented AIDS community workers to FP
- Developed radio spots and community sessions on FP

Advocating for integration

- Encouraged provision of FP in community outreach activities
- Facilitated consultation with TASO HQ for future scale-up

Methodology

End line evaluation conducted in November 2007 by independent research agency:

- Client exit interviews (n=105)
- Client-provider observations (n=30)
- Provider questionnaires (n=37)
- Key informant interviews with ACQUIRE, MoH and TASO/Mbale staff (n=6)
- Focus group discussions with clients (n=3) and providers (n=3)

Findings



- Level of integration appropriate for site
- Strengthened systems to support FP
- Over 70% of surveyed clients counseled on FP
- FP provided to 605 clients (406 DMPA, 131 COC, 68 referred for LAPMs), with average caseload of 30 FP clients per month



- ART providers respected clients' sexual and reproductive rights
- Increased FP knowledge among ART providers and clients
- Clients satisfied to receive FP from ART providers

Findings: Stories of FP Advocates

ART Providers support FP for PLHIV



“Family planning is about people’s lives. I don’t want PLHIV to have unintended pregnancies.”



Community nurses talk about FP and address myths

HIV-positive mothers adopt FP



“We now encourage others to come for family planning. We share the information we got from TASO. Now clients are learning to plan.”

Challenges

- Record keeping forms did not accommodate FP
- Referral of clients for LA/PMs problematic
- Contraceptive stock outs
- Persistent rumors and myths on FP in the community
- Stigma and discrimination and non-disclosure between sexual partners
- Concept of dual protection needed reinforcement



Lessons Learned



- FP-integrated HIV services are acceptable, feasible and effective in meeting HIV-positive clients' needs.
- The participatory nature of program design and implementation was critical to success.
- FP provision needs to be part of the comprehensive HIV prevention and treatment package.
- Service systems should be strengthened to support FP in coordination with demand and advocacy activities.

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