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

**STEP 1**
Identify/refine level of integration that can be adopted

**STEP 2**
Assess HIV program’s capacity to support FP

**STEP 3**
Build or strengthen systems to support new services

**STEP 4**
Identify resources to support integration

**STEP 5**
Phase in FP methods to expand mix within HIV program’s capacity

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*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

SYSTEMS
- Supervision
- Logistics
- Referral
- Training

RESOURCES
- Partnerships
- Capacity
## Choosing a Level of FP Integration

<table>
<thead>
<tr>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
<th>Level D</th>
<th>Level E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides all of the following functions:</td>
<td>Provides all of Level A functions plus:</td>
<td>Provides all of Level B functions plus:</td>
<td>Provides all of Level C functions plus:</td>
<td>Provides all of Level D functions plus:</td>
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<tr>
<td>• Provides FP information to clients accessing ART services</td>
<td>• Provides oral contraceptives* with instructions for use and caution to adhere to daily, on-time pill taking</td>
<td>• Provides injectable hormones with instructions for use and caution to return on schedule for re-injection</td>
<td>• Provides IUD with instructions for use, including discussion of new evidence for safe use among HIV+ and those clinically well on ARVs</td>
<td>• Provides surgical contraceptive methods with instructions for self-care and provides follow-up</td>
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<td>• Performs risk/intention assessment for pregnancy or spacing</td>
<td>• Counsels on potential drug interactions with oral contraceptives</td>
<td>• Counsels on potential drug interactions with injectable methods</td>
<td>• Provides implants with instructions for use</td>
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<tr>
<td>• Counsels on FP methods including ability to prevent HIV/STIs, dual protection, potential drug interactions and availability/access</td>
<td>• Provides follow-up or refers for follow-up</td>
<td>• Provides follow-up or refers for follow-up</td>
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<td>• Provides condoms, instructs/demonstrates correct use</td>
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<tr>
<td>• Provides Emergency Contraceptive Pills*</td>
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<td>• Refers for methods not offered on site</td>
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</table>

*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.*
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
Retrospective evaluation conducted in November 2007:

- 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
- Over 70% of surveyed clients counseled on FP
- Strengthened service delivery systems to support FP
- FP provided to 605 clients (406 DMPA, 131 COC, and 68 referred for LAPMs) with ongoing uptake of 30 clients per month
- Clients’ reproductive rights respected by ART providers
- Increased knowledge of family planning among ART providers and clients
- Clients satisfied with receiving 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; 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 delivery systems should be strengthened in coordination with demand and advocacy activities.
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