INTEGRATING FP INTO HIV PREVENTION, CARE, AND TREATMENT SERVICES IN UGANDA

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Background

- As more HIV+ women and men access antiretroviral treatment (ART) and live healthier, longer lives, they face similar choices as others regarding reproduction and family planning. However, their need for comprehensive, quality reproductive health services has largely been overlooked.
- Family planning (FP) helps HIV+ women avoid transmitting HIV to their partners and children, prevent unintended pregnancies, and more safely plan desired pregnancies. ART centers are a key service point for people living with HIV and AIDS (PLHIV) to obtain information and services.
- FP-integrated HIV services are acutely needed in Uganda, where many of the 520,000 women living with HIV/AIDS (UNAIDS 2006) may have an unmet need for family planning resulting in unintended pregnancies.
- In 2004, the ACQUIRE Project received USAID Global Leadership Priority funds for a pilot project integrating FP with ART services in Uganda. In collaboration with The AIDS Support Organization (TASO), a local NGO providing HIV/AIDS services, a TASO ART center in Mbale was selected as the pilot site.

Methods

- A performance needs assessment (PNA) was conducted in early 2006 to identify service gaps and develop an action plan for FP-integrated ART services at TASO/Mbale. The PNA found:  
  - Infrastructure and management systems could support FP services, but only 1 of 55 staff had recently received FP training.
  - Providers were concerned FP would encourage sexual activity among PLHIV.
  - Community members were interested in FP but had concerns about side effects.

- Based on the PNA findings, ACQUIRE and TASO developed an action plan to provide combined oral contraceptives (COC), Depo-Provera (DMPA) and emergency contraceptive pills (ECP) in addition to condoms at TASO/Mbale ART center. Program activities included:
  - FP training (classroom + counseling/clinical practicum) for TASO trainees (n=23) in July 2006, and for TASO counselors and providers (n=15) in September 2006.
  - Awareness sessions (n=33) on FP for PLHIV in September/December 2006 with providers, counselors and community groups and through radio shows and clinics.
  - Facilitative Supervision (n=21) and COPE® (Client-Oriented, Provider-Efficient) (n=19) trainings in February 2007 for quality improvement, staff performance and needs, with post-training follow up in March/April 2007.
  - Community nurses (n=12) trained in April 2007 to provide information, counseling and FP methods (COC, DMPA and ECP) at the community level.

Results

- TASO/Mbale ART center began providing COC and DMPA in September 2006. As of June 2007, they had provided FP methods to 447 clients and referred 22 clients for FP methods not available on site (see Figure).
- Most clients expressed interest in family planning; some were already receiving FP methods from other sources. 56 clients reported using dual methods to protect against pregnancy and HIV/STIs. However, persistent myths regarding FP indicated the need for more awareness-raising activities in the community.
- TASO staff credited the ACQUIRE trainings with helping to adopt new skills and confront biases on sexuality and reproduction for PLHIV. Staff reported increased appreciation for “FP as a strategy for improving quality of life of people living with HIV/AIDS” and increased capacity for “identification of (FP) myths and perceptions and how to develop counseling messages to address those issues.”

Challenges

- Supervision. TASO’s supervisory system precluded effective feedback on ART staff performance in FP counseling and method provision. Training in supervisory skills and quality improvement led to improved supervisor-staff interactions and staff performance.
- Logistics. Previously, TASO/Mbale was purchasing contraceptives on the open market. With ACQUIRE’s support, TASO/Mbale center negotiated the MOH FP requisition system to access MOH FP commodities.
- Infrastructure. TASO/Mbale lacked a separate clinic area for providing FP services, and addressed this challenge by re-allocating space and implementing policies to accommodate private, confidential FP counseling and method provision.
- Recordkeeping. Data managers had not been formally oriented to reporting FP services, which posed a problem for record keeping and service statistics.
- Training. More ART providers and counselors needed to be trained in FP, and some trained staff continue to struggle with issues of reproductive health/rights and contraception for PLHIV.

Lessons Learned

- A formal evaluation of the ACQUIRE/TASO pilot project is scheduled for November 2007. However, ACQUIRE has identified preliminary lessons learned from its experience at TASO/Mbale that will inform policy development and plans to scale-up FP-integrated HIV services throughout the TASO system.
- Successful integration takes more than training! It requires involving stakeholders (including community) to identify needs, assessing capacity of service delivery systems to achieve and sustain integration, setting realistic goals for integrated services, and monitoring quality of staff and program performance.
- FS/COPE® strengthens systems to provide quality FP-integrated ART services. Effective supervision requires skills in communication and use of performance checklists to support new FP practices. Quality improvement is crucial for strengthening neglected systems (e.g. infection prevention) to support integration.
- Counseling/clinical training in FP with practitioners, post-training follow-up and job aids/IEC materials gives ART staff confidence to carry out and sustain new FP practices.
- Negotiating the FP commodity requisition system and keeping accurate, organized records to track provision of FP counseling and methods are key components of integrated services.
- Community outreach (e.g. health talks and radio shows) helps address myths and misconceptions about family planning for PLHIV and integrate awareness of FP services into community activities.

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- ACQUIRE/NY - A. Kaniauskene
- ACQUIRE/Uganda - Staff

For more information

- For specific information on TASO/Mbale, visit http://www.tasouganda.org
- To learn more about TASO and their activities, visit their website at http://www.tasouganda.org

Facilitative Supervision training, TASO/Mbale

Community nurses FP-HIV training

Provider talking with ART client, TASO/Mbale

TASO Mbale FP Clients Served in the Last Three Quarters

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References

- Acquire Project, “Community outreach (e.g. health talks and radio shows) helps address myths and misconceptions about family planning for PLHIV and integrate awareness of FP services into community activities.”
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