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

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 FP 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 trainers (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.



Facilitative Supervision training, TASO/Mbale



Community nurses FP-HIV training

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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."

"[The training] helped me (identify) what I did not appreciate about FP methods and helped change my attitudes." —ART provider

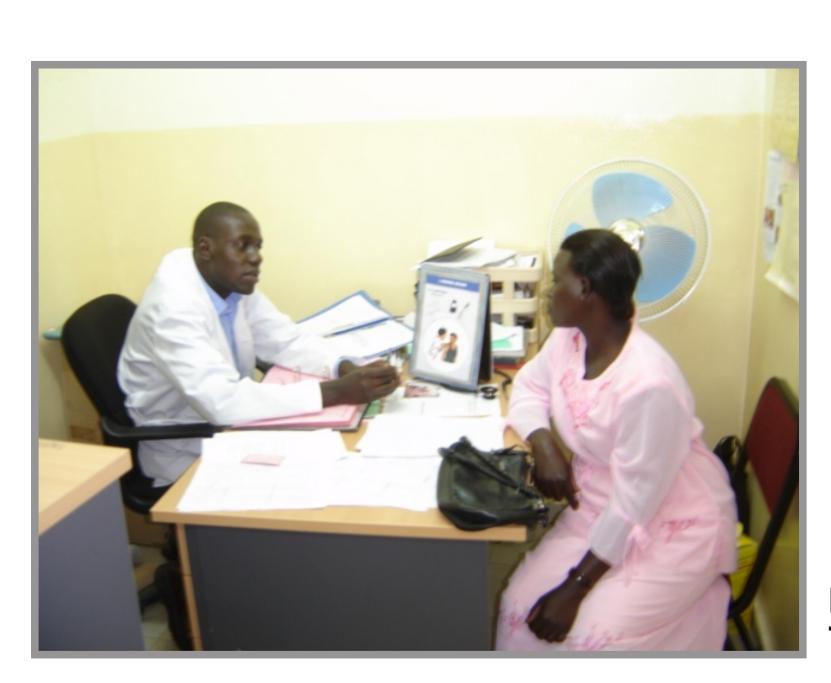
"When counseling in FP, don't coerce or force clients to decide on a method; support them to make an informed decision." —ART provider

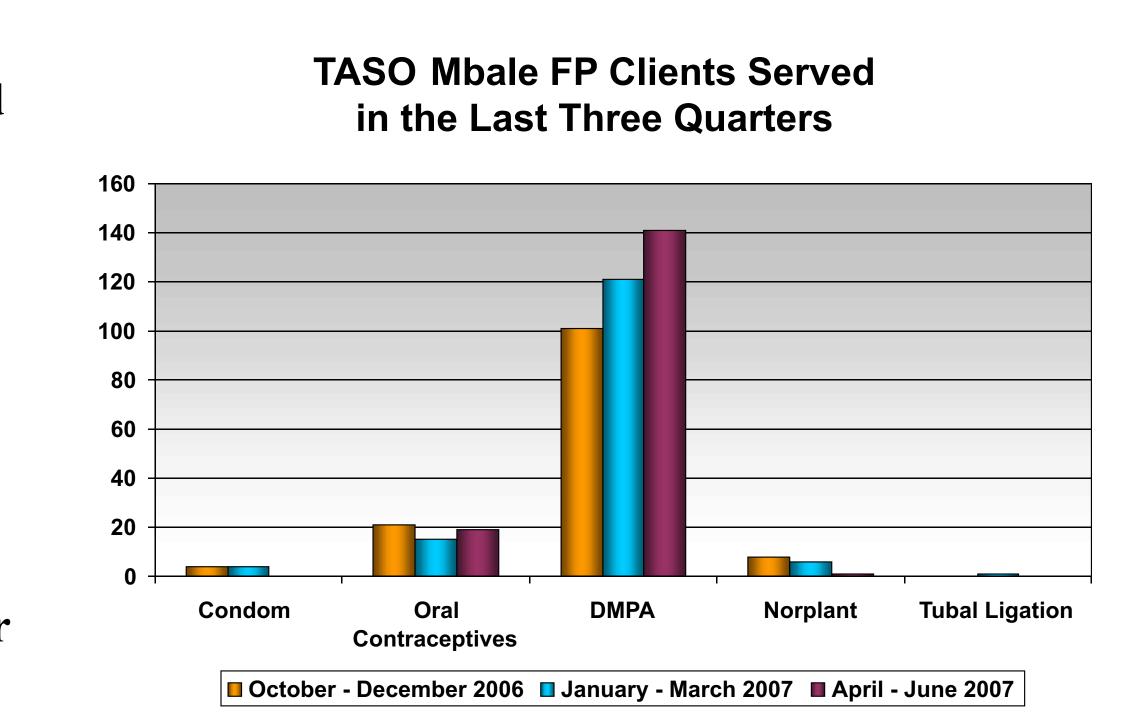
- **FS/COPE[®]** strengthened systems for managing quality of FP-integrated ART services.
- FS trainings strengthened supervisor-staff relations supervisors provide constructive feedback and work with staff to help improve their performance.
- COPE[®] trainings helped TASO identify key service gaps and strengthen quality improvement systems to provide higher quality services overall, not just for FP.

Challenges

- **Supervision.** TASO's supervisory system precluded effective feedback on ART staff performance in FP supervisor-staff interactions and staff performance.
- **Logistics.** Previously, TASO/Mbale was purchasing contraceptives on the open market. With ACQUIRE's
- **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.
- **Record** Record keeping. 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.







counseling and method provision. Training in supervisory skills and quality improvement led to improved

support, TASO/Mbale center negotiated the MOH FP requisition system to access MOH FP commodities.

Provider talking with ART client, TASO/Mbale

Lessons Learned

- practices.
- services.

Acknowledgments

- ACQUIRE/Uganda Staff

For more information

- www.tasouganda.org





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.**

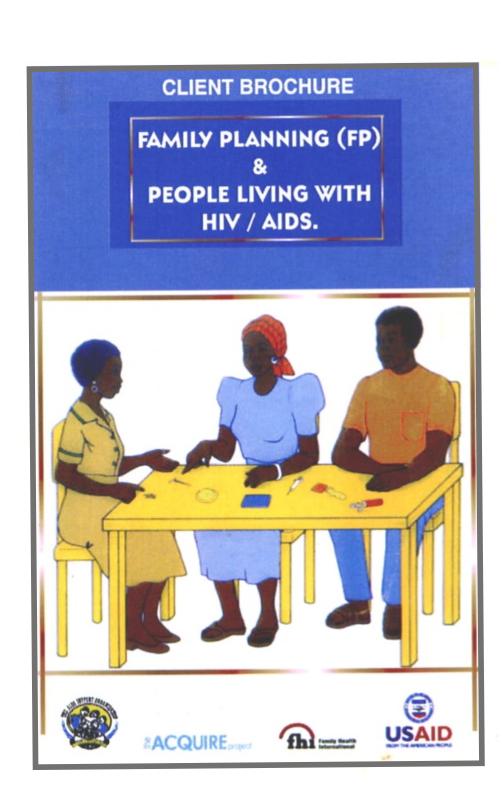
Successful integration takes more than training! It requires involving stakeholders (including community) to identify needs, assessing capacity of service delivery systems to achieve and sustain integration, setting realistic goals for integrated services, and monitoring quality of staff and program 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 practicum, post-training follow-up and job aids/ IEC materials gives **ART staff confidence to carry out and sustain new FP**

- Negotiating the *FP commodity requisition* system and keeping *accurate, organized records* to track provision of FP counseling and methods are key components of integrated

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

