

ACQUIRING KNOWLEDGE

Applying Lessons Learned to Strengthen FP/RH Services

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Integrating Family Planning with Antiretroviral Therapy Services in Uganda

Background

In Sub-Saharan Africa, HIV affects women disproportionately, particularly young women. In many of the worst-hit countries of the region, 10% to 30% of pregnant women are HIV-positive (UNAIDS). Family planning (FP) can help ease the burden of HIV and limit new occurrences of HIV infection by decreasing unintended and unwanted pregnancies in HIV-positive women, thereby preventing the transmission of HIV from mother to child. Not only is FP the most effective measure in the prevention of mother-to-child transmission of HIV (PMTCT), but it also improves the health and well-being of families by facilitating the spacing or limiting of births. Additionally, condoms—an FP method—prevent transmission of HIV to a partner.

FP is an integral component of safe and comprehensive HIV treatment and care services. However, it is often overlooked as a preventive measure, as the health care system's focus is primarily on offering curative care or responding to the medical and social needs of HIV-positive women and couples. In addition, society has often presumed that people living with HIV (PLHIV) should not have sex or bear children. However, now that HIV is becoming more controllable due to the increased access to antiretroviral therapy (ART), an increasing number of PLHIV are living longer and fuller lives and planning families. They have the same right to and



Provider counseling ART client on family planning

need for comprehensive, safe, and effective FP as their uninfected peers. Meeting the FP and reproductive health rights and needs of PLHIV should be a high priority. The World Health Organization (WHO) has taken an important step by updating its international guidelines and including contraceptive methods that can be used by HIV-positive women (WHO, 2004).

When HIV-positive individuals and couples seek treatment and care services, this is an opportune time to promote a thoughtful, holistic approach to client care. As strides are made in the prevention and treatment of HIV, it is important to take advantage of opportunities to expand and integrate reproductive health services. Integration is an approach that uses a client visit as an opportunity to address other health and social needs beyond those that prompted the current health visit. This tactic combines services at one site and/or enhances linkages between additional health service delivery points. In addition to benefiting the client's overall health and well-being, integration may also have programmatic and cost benefits when multiple services are provided during one visit or at one facility.

Integrating FP with HIV services is an important strategy to prevent HIV transmission, consistent with the four-pronged approach to PMTCT defined by the United Nations, which includes:

- Primary prevention of HIV infection
- Prevention of unintended pregnancies among HIV-infected women
- Prevention of HIV transmission from HIV-infected women to their children
- Provision of care for HIV-infected mothers and their infants



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In 2004, the U.S. Agency for International Development gave the ACQUIRE Project Global Leadership Priority funding to plan, implement, and evaluate a pilot project for integrating FP with ART services in Ghana and Uganda. The Ghana initiative was piloted first and has informed activities undertaken in Uganda.

Approach

In Uganda, ACQUIRE works with The AIDS Support Organization (TASO), a nongovernmental organization established by individuals unified by the common experience of facing HIV/AIDS at a time of high stigma, lack of awareness, and discrimination. TASO has become internationally known for its work in supporting and educating PLHIV. In September 2004, TASO began providing ART services, with support from the U.S. Centers for Disease Control and Prevention (CDC). In 2003–2004, a CDC study of ART sites in Uganda found that 97% of pregnant women did not want to have more children or did not want to have children at that time. It is against this background of identified need, and with the recognition that FP is a crucial and often overlooked element of HIV prevention and care,¹ that this FP-ART integration pilot project was initiated.

"As the health and well-being of women improves with antiretroviral therapy, women may reconsider previous decisions regarding their sexuality and reproduction...Health-care providers should anticipate that women receiving antiretroviral therapy may require counseling and support to make choices regarding their sexuality and childbearing and should assist them in adopting safe sexual behavior." (UNFPA & WHO, 2006, p. 57).

ACQUIRE's goal in this pilot project was to integrate FP within HIV care and treatment services, using the following strategies to integrate services:

- Determining the fertility desires and reproductive health issues of HIV-positive women and couples, including how women accessing HIV care and treatment services meet their FP needs
- Assessing the service-delivery system's capacity to provide FP within HIV care and treatment services, looking at factors such as service providers' capability, supervisory support, and medical policies
- Assisting service providers, supervisors, and service-delivery systems in using a model to provide FP within HIV care and treatment sites

¹ Especially for women and couples who are using antiretroviral drugs and/or antibiotics to prevent or treat opportunistic infections.

- Monitoring and evaluating FP-integrated HIV care and treatment services
- Sharing project experiences to guide expansion of integrated FP-HIV services

A common dilemma for providers in the field of HIV/AIDS has been the introduction of FP methods other than condoms and the possible drop in condom use and increased risk of exposure to HIV reinfection and sexually transmitted infections. ACQUIRE aims to integrate FP into HIV treatment and care and promote and emphasize dual protection (dual method use). Concurrently, the complexity of women's lives may put them at risk of unintended pregnancy, particularly when a woman may not have her partner's cooperation for condom use. In these circumstances, contraceptive alternatives to condoms offer her the desired pregnancy prevention. In addition, HIV-positive women and couples have the right to access all of the FP methods they need to reach their reproductive goals safely and effectively.

In Action

ACQUIRE and TASO identified an ART site in Mbale, in eastern Uganda, at which to implement an integration pilot. A performance needs assessment (PNA) was conducted to assess the FP knowledge and practices of providers, the fertility desires and contraceptive knowledge and practices of community members, and the status of service-delivery systems. As part of the PNA, a preliminary stakeholder meeting was held to share information about the sexual and reproductive health rights and needs of PLHIV and about changes in the medical eligibility criteria for contraceptive use by HIV-positive women and ART users. The stakeholder meeting helped to define desired performance with regard to FP in the ART center's package of services.

Following are some of the key findings from the PNA:

Client Voices

- PLHIV want guidance on how to achieve desired pregnancies, as well as accurate information on how to avoid unintended pregnancy.
- Women living with HIV want options for preventing pregnancies when their partners refuse to use condoms.
- Men living with HIV feel pressured to reproduce and strengthen the clan; thus, it becomes a challenge if they have not disclosed their HIV status to their family and/or they want no more children.

- PLHIV who used the ART center wanted a dedicated area where they could receive FP without having to go through clinic processes, particularly for refills. They indicated that they preferred receiving all services (including FP) at one place.

Organizational Observations

- TASO has a strong organizational and service-delivery infrastructure, including a system for reliable supplies of FP commodities (through private- and public-sector resources).
- Senior-level and facility management and staff were enthusiastic about integrating FP into their ART services package.
- TASO fosters active and meaningful involvement by PLHIV in the planning, implementation, and monitoring of the center's facility- and community-based services.
- Organizational and service-delivery guidelines are in place and used.
- An FP referral point within a few yards of the ART center at the Mbale Regional Hospital's FP clinic (where methods other than combined oral contraceptives and injectables are available) is functional.

Staff Perspectives

- Only one of the 55 staff has received FP training in the last two years.
- FP-integrated client communication materials and job aids are lacking.
- Staff are ambivalent about the sexual and reproductive health rights of PLHIV.
- Supervisors juggle a multitude of program activities and do not seem to have adequate time to provide desired supervision.
- Mbale Regional Hospital's FP clinic staff need updating on contraception, including additional support for effectively addressing the FP needs of PLHIV.

After a comparison of desired and actual performance, a second stakeholders' meeting was held to share findings, locate gaps, identify root causes for the performance gaps and possible solutions, and refine the action plan. Since the PNA, ACQUIRE has carried out a range of recommended activities in the areas of policy, capacity building, communications, and systems support.

ACQUIRE is working with stakeholders in planning to update ART protocols to include guidance for the pro-

vision of FP according to international standards and guidelines. In the area of capacity building, ACQUIRE provided FP orientation and training to staff from various levels of the health care system (e.g., onsite trainers, clinicians, counselors, and field officers). ACQUIRE adapted the FP-integrated training curriculum that was used in Ghana, incorporating relevant modules from an Elizabeth Glaser Pediatrics AIDS Foundation training manual *Strengthening Family Planning Within the PMTCT Program in Uganda*. The ACQUIRE Project's consolidated integration training manual was approved by a review team led by Uganda's Ministry of Health. This curriculum was then used to conduct the first training of TASO trainers in July 2006. The training included one week of didactic and simulation practice and a second week of practice in clinical and community settings.

In addition to TASO trainers, service providers (both facility- and field-based) and counselors were trained in updated FP information, counseling skills, FP method provision, and special considerations for women using ART. In the future, community nurses will be trained to provide information, counseling, oral contraceptives, and injectables at the community level. Supervisors were oriented to the updated FP content and the specific needs of providing FP-integrated ART services.

After the trainings, the service providers and center administrators integrated FP services into their range of service options, including conducting FP health talks in the waiting area of the clinic. Selected methods were available onsite (oral contraceptives, emergency contraception, injectables, and condoms), and providers referred clients to the nearby hospital for other methods.

A key recommendation from the stakeholders' meetings was the need to conduct social marketing and communications on FP to increase public awareness and knowledge. Discussion groups suggested that to increase acceptance of FP, particularly in rural areas, publicity efforts should feature ART clients who are currently satisfied with their contraceptive method. Providers initiated weekly FP-oriented programs on local FM radio stations. A client brochure and two job aids developed in the Ghana integration pilot are being adapted by the TASO team to support information dissemination, counseling, and method provision.

To address myths, rumors, and fears about contraceptive methods and increase access to FP, community nurses were trained to counsel about and provide FP. Traditionally, FP messages, information, and services are focused on women, leaving men out of the picture. Since male cooperation in using condoms is critical, ACQUIRE is supporting outreach efforts designed to target men and promote their involvement in FP and reproductive health.

In the area of systems support, ACQUIRE oriented site supervisors to facilitative supervision and the COPE[®] approach (client-oriented, provider-efficient services) to improve provider performance and service quality. The use of performance checklists for integrated service delivery (at the facility, community, and home-based levels) was promoted.

The Way Forward

Early results from the project have been promising. A follow-up conducted two months after the ACQUIRE-supported training revealed that FP information had been provided to 106 clients. Of these, 102 women accepted FP methods. In the coming months, field officers providing home-based care will begin offering FP counseling and methods.

Adding services at a site with an existing heavy case-load is an issue of concern. Mbale is a center with a high volume of clients. Incorporating FP counseling and method provision may prove a challenge for the management of client flow and services. While staff members have a positive attitude and are eager to begin providing FP services to their clients, they are anxious about the existing focus on the number of clients served—in response to targets set by the President's Emergency Plan for AIDS Relief (PEPFAR)—and its effect on the quality of services. However, the staff believe that their clients would be best served with FP methods being available onsite. Some clients suggested that the center should provide a designated space where dedicated staff could offer contraceptive methods to reduce the waiting time for FP clients. The center will need technical assistance to continue to meet their ART targets and uphold quality, while adding a service component. ACQUIRE is addressing these challenges through its technical assistance to supervisors and service managers on facilitative supervision and COPE[®], important tools for improving provider performance and service quality.

Staff members have voiced a concern that providing contraceptive methods other than condoms might raise the likelihood that clients will stop using condoms, and thus increase the risk of HIV/STI transmission. As mentioned above, at Mbale dual protection is promoted, and during the training and posttraining follow-up activities, additional exercises are being planned to help staff address and change attitudes that may create barriers to providing FP-integrated services.

To measure the effects and results of the integration activities at the facility and community levels, the ACQUIRE Project will be conducting a formal evaluation of the Ugandan integration pilot. Evaluation results from this pilot are expected in August 2007 and will offer guidance on how best to assist organizations in incorporating FP into HIV care and treatment. While challenges exist, the integration of FP into HIV treatment and care services can significantly help those living with HIV to plan their families, and their futures.

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