

Integrating Family Planning and Antiretroviral Therapy Services in Uganda

Family Planning

HIV/AIDS

Key Points

- Careful preparation and systems strengthening are critical to the success of the integration.
- Community participation generates support and demand for the new service.
- Continued assessment of the facility's capacity and service delivery will guide improvement efforts and service expansion.

There is a pressing need in Uganda for family planning (FP) for the approximately one million Ugandans who are living with HIV. A majority of women attending anti-retroviral therapy (ART) sites do not want more children in the near future or at all, yet nearly one in five become pregnant.¹

The AIDS Support Organization (TASO), a nongovernmental organization providing HIV services throughout Uganda, began providing ART services at Mbale Center in 2004. TASO/Mbale currently serves around 3,000 HIV-positive clients, both on-site and with 500 home-based visits each month. Prior to 2006, TASO/Mbale did not have an FP component to their HIV services beyond the provision of condoms and were struggling to meet the FP needs of their clients. EngenderHealth and the ACQUIRE Project worked with TASO, with approval from the Ugandan Ministry of Health (MOH) and funding from the U.S. Agency for International Development (USAID), to conduct an FP/ART integration pilot project in Mbale from March 2006 through April 2007.

The goals of the project were to:

- Assess the fertility desires and reproductive health issues of HIV-positive women and couples
- Assess TASO's capacity to provide FP within ART services
- Apply the EngenderHealth Integration Approach for effective inclusion of FP services in ART services
- Monitor and evaluate the integrated services
- Use lessons learned to expand service integration

Preparing for Integration

The ACQUIRE Project developed a framework² to assess capacity (human, physical,

financial, and technical) for adding a new service to existing services. The ACQUIRE Project and TASO conducted a participatory needs assessment of the FP knowledge and practices of providers, fertility desires and contraceptive knowledge and practices of the community, and existing service delivery systems. Key findings were:

- TASO/Mbale had a strong infrastructure to accommodate the addition of FP services.
- Mbale Regional Hospital's FP clinic was a nearby referral facility for methods unavailable from TASO, but the FP clinic's staff needed training to serve the FP needs of HIV clients.
- Only one of 55 TASO staff had received FP training in the previous two years.
- Only 16 percent of HIV-positive women were receiving FP counseling.
- HIV-positive clients preferred to receive FP services from their usual HIV provider.

Conducting the Integration

TASO/Mbale staff identified the integration of condoms, oral contraceptives, emergency contraceptive pills, and injectable contraceptives as a feasible beginning for on-site FP services. Clients interested in long-acting and permanent methods were referred to the Mbale Regional Hospital's FP clinic.

The ACQUIRE Project's systems approach to integration, as applied to this project, builds service delivery capacity and includes community and advocacy activities to stimulate service demand. TASO/Mbale interventions included updating protocols, adapting existing client materials, developing a provider training curriculum, and training and providing technical assistance to trainers. Additional trainings were conducted for community nurses and for selected volunteers to help triage, counsel,

and direct clients to FP services, thereby reducing congestion and staff workload.

After five months, the ACQUIRE Project worked with TASO to strengthen service supervision and quality. TASO staff assessed performance, identified problems and causes, and developed a monitoring plan. Ongoing systems interventions focused on capturing FP in the center's data collection system, learning to use the MOH's commodity supply process, and formalizing referrals to Mbale Regional Hospital. Staff thus identified overall performance problems in addition to those encountered with FP integration.

TASO developed public awareness activities, such as FP messages in on-site health talks and on radio. They also trained AIDS community workers to share FP information and, in coordination with FP-trained community nurses, address myths and rumors. Advocacy activities focused on integrating FP into ART protocols and recommending that field officers officially be allowed to provide FP services during home-based visits.

Findings

A 2008 evaluation showed that the majority of providers (61 percent) and clients (76 percent) felt that adding FP did not adversely affect the provision of ART services. Providers felt that the level of integration was appropriate and cost-effective and added the benefits of reducing unintended pregnancy, reducing mother-to-child-transmission of HIV, and improving ease in talking about sex and fertility desires. Strengthened supervisory and staff skills improved communication and problem-solving to maintain quality services. Follow-up of clients using FP services offered an additional opportunity to improve adherence to ART. Family planning service uptake improved and home-based clients were able to receive FP services from a field officer with whom they had an ongoing relationship rather than from an unfamiliar facility where they might fear discrimination.

But integration is not without its challenges. Stock outs resulted when staff failed to submit MOH commodity supply requisitions—a new

practice—on time. Fortunately, the regional hospital provided emergency supplies, and the ACQUIRE Project provided technical assistance in using the new system. Data collection on FP services was also problematic, as the center's recordkeeping forms did not capture FP information and providers' improvised forms were inconsistent.

Recommendations

Process. Prepare all staff through training and discussion, use participatory needs assessments to foster ownership, assess capacity for the integration, and build partnerships with referral sites. Once integration is under way, monitor performance and assess expansion.

Service delivery. Strengthen systems to accommodate the added FP service, train staff at levels consistent with their roles, strengthen or build supervisors' skills to manage service quality, and invest in volunteers to assist in client triage, counseling, and referral.

Demand. Engage the community in designing integrated services to meet their needs. Ensure that community outreach addresses HIV discrimination, explore the provision of FP services to men, offer couple counseling when feasible, and provide client materials written in local languages.

Advocacy/policy. Incorporate FP guidance into ART protocols, delineate FP tasks and training for each level of staff, and develop procedures to streamline FP commodity supply, record-keeping, and use-of-service data.

Two years after the project, TASO/Mbale continues to provide FP services and address service delivery issues. TASO now includes FP integration in their five-year strategic plan and has received funding from the U.S. Centers for Disease Control and Prevention to scale up integration across its organization.

References

- 1 Homsy J, Bunnell R, Moore D, King R, Malamba S, Nakityo R, et al. Reproductive intentions and outcomes among women on antiretroviral therapy in rural Uganda: a prospective cohort study. *PLoS One*. 2009;4(1):e4149. Available from: <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0004149>.
- 2 Farrell BL. Family planning-integrated HIV services: a framework for integrating family planning and antiretroviral therapy services. New York: EngenderHealth/ACQUIRE Project; 2007.

Written by Betty L. Farrell of EngenderHealth. The ACQUIRE Project was a cooperative agreement awarded to EngenderHealth and its partners by the U.S. Agency for International Development. For more details about the Mbale project, see: http://www.acquireproject.org/archive/files/11.0_research_studies/er_study_13.pdf.



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