The Impact of Integration of Family Planning Services into VCT sites in the Amhara Region of Ethiopia.

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Learning Objectives: Participants attending this session will be able to: 1)learn the current situation of Family Planning and HIV/AID programs in Ethiopia; 2) examine the process of integrating FP services into VCT sites; 3) identify the effects and challenges in the integration process; 4) translate successful features of the process for adaptation in other settings.

Background:
In the face of huge fund resources to prevent and halt the spread of HIV/AIDS and mitigate the impact posed, the available fund for Family Planning has been dwindling from time to time. To maximize the program impact using the existing resource by integrating FP into the existing and flourishing HIV/AIDS program is an excellent way of exploiting opportunities. The VCT and PMTCT sites are the best points of integration.

Amhara Region is one of the regional states in Ethiopia where higher infection rate has been reported and different anti-HIV/AIDS activities being carried out. The adult HIV/AIDS prevalence in the region in 2005 was 6.5% and a CPR of 16.1%. The first few VCT sites became functional in 1997 in selected zonal hospitals. In early 2006 there were 175 VCT sites; in 17 hospitals, 126 health centers, and 10 private and NGO clinics. Following the African Region Implementing Best Practice (IBP) meeting in Entebbe, Uganda in 2004, Pathfinder International-Ethiopia in collaboration with the Amhara regional Health Bureau introduced Family Planning Information and services in public health facilities.

Method/Design
A document review and providers interview was performed in 2 hospitals and 6 health centers integrating FP into VCT sites and with Community Based Reproductive Health (CBRH) Agents who are working as a referral linkage to the VCT facilities.

Results/outcome:
The study revealed that FP information and services are integrated in all the facilities assessed and there is an established linkage with the CBRH program both for initial referral and follow up of clients at the village level. In all the facilities IE/BCC materials such as flip charts, wall charts and different contraceptives were available during the assessment. Close to 30% of the clients counseled at the VCT facilities took one method of contraception after their post test counseling. High workload of health workers at VCT sites, high turnover and inconvenience of physical set up of the sites were identified as barriers to facilitate the integration process.

Conclusion:
There is a wider opportunity to reach men and women who visited VCT sites, that only need to spare a few minutes by the health worker to orient clients on the importance of Family Planning. Moreover, by addressing the missed opportunity at the VCT sites there is a great contribution in avoiding unwanted pregnancies and their complications and addressing the unmet need for Family Planning. In scaling up the activity it is necessary to address the challenges faced by health workers in implementing the integrated activity.