Integrating family planning into HIV prevention, care and treatment services in Uganda

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Background

Meeting the family planning needs of HIV+ men and women remains an important public health challenge. As more HIV positive women and men gain access to antiretroviral treatment, increasing numbers are living healthier and longer lives. Individuals or couples with HIV/AIDS face similar choices as others regarding the number (if any), the timing and the spacing of their children. However, their need for family planning (FP) services is often neglected due to a number of factors, including focus on medical and social needs, lack of provider time and support, and lack of community awareness and support for family planning information and services for People Living with HIV and AIDS (PLHIV).

The need for integrated FP-HIV services is acute in sub-Saharan Africa, where HIV prevalence remains high. In Uganda, for example, recent estimates indicate that 6.4% of the population is infected with HIV (Uganda MOH 2005). Of the approximately 520,000 women living with HIV/AIDS in Uganda (UNAIDS 2006), many may have an unmet need for family planning that results in unintended pregnancies. Unwanted or mistimed pregnancies can lead to unfavorable health outcomes for HIV-positive mothers and their children, as well as contribute to the overall spread of the HIV/AIDS epidemic. In 2003-04, a study by the Centers for Disease Control and Prevention (CDC) of ART sites in Uganda found that among female ART clients who were pregnant, 97% of the pregnancies were unplanned.

The ACQUIRE Project (managed by EngenderHealth)[1] seeks to address the family planning needs of PLHIV by integrating family planning and HIV/AIDS services. In 2004, the ACQUIRE Project received USAID Global Leadership Priority funding for a pilot project integrating family planning with ART services in Uganda. ACQUIRE identified The AIDS Support Organization (TASO), a local NGO providing HIV/AIDS services, as a collaborative partner for this initiative. Together, ACQUIRE and TASO identified an existing TASO ART site in Mbale, Uganda for the

[1] The ACQUIRE (Access, Quality, and Use in Reproductive Health) Project , managed by EngenderHealth in partnership with ADRA, CARE, IntraHealth International, Meridian Group International, and Society for Women and AIDS in Africa, began in October 2003 with a mandate to advance and support family planning and reproductive health services.

FP-ART integration pilot project. With a home-based ART program providing VCT, treatment and care and nearly 1000 clients on ARVs as of December 2005, TASO/Mbale was well positioned to address the family planning needs of a large group of ART clients.

Methods

Following formalization of an agreement between ACQUIRE and TASO/Mbale in 2005, a performance needs assessment (PNA) was conducted in TASO/Mbale in March/April 2006 to assess family planning knowledge of providers, status of service delivery systems, and fertility desires and FP knowledge of community members. The PNA process helped identify desired and actual performance for FP-ART integration, and root cause analysis was conducted to identify the reasons for performance gaps.

The PNA indicated that TASO/Mbale's infrastructure and management systems could support FP services. However, only one of 55 staff members had recently received FP training, and providers expressed concerns that FP integration would encourage HIV-positive clients to become sexually active. Community interviews revealed that there was interest in FP but FP messages focused primarily on women, and method side effects were a common concern. Based on these findings, ACQUIRE and TASO developed an action plan to integrate combined oral contraceptives (COC) and Depo-Provera (DMPA) into ART services at TASO/Mbale.

Program activities for the FP-ART integration pilot were implemented in partnership with the Uganda MOH and TASO. ACQUIRE provided training (classroom + counseling/clinical practicum) in family planning for TASO trainers (n=23) in July 2006, and technical assistance to TASO trainers conducting their first FP training for counselors and providers (n=15) in September 2006. TASO conducted awareness sessions (n=33) in September and December 2006 on FP for PLHIV with community nurses, counselors, at-risk groups, interest groups, peer and community groups, as well as through radio talk shows and at general clinics. In February 2007, ACQUIRE trained TASO/Mbale staff in Facilitative Supervision (n=21) and COPE® (Client-Oriented, Provider-Efficient) for ART (n=19). Post-training follow up, including reinforcement in use of performance checklists to support new practices, was conducted in March/April 2007. Community nurses (n=12) were trained in April 2007 to provide information, counseling and methods (COC and DMPA) at the community level.

Results

TASO/Mbale began providing services for COC and DMPA to HIV+ clients in September 2006. As of April 2007, TASO/Mbale had provided family planning methods to 447 clients. The method distribution was as follows: DMPA (380), COC (55), POP (4), and condoms (8). TASO/Mbale staff also provided 22 referrals for long-acting and permanent methods: Norplant referrals (15), IUD referrals (1) and tubal ligation referrals (6). Of the 447 clients provided with an FP method, 56 reported using dual methods to protect against pregnancy and HIV/STIs. Most clients showed an interest in family planning, and some clients were already receiving FP methods from other providers. However, myths regarding FP were still prevalent in the community, and a need was identified for more activities to increase awareness about family planning, such as training drama groups in FP and developing topic guidelines for health talks and radio shows.

TASO providers and counselors reported that the ACQUIRE trainings helped them confront existing biases regarding sexuality and reproduction for HIV+ men and women. In one ART provider's words, "[the training] helped me [identify] what I did not appreciate about FP methods and helped change my attitudes." Another provider identified a key post-training lesson as, "when counseling in FP, don't coerce or force clients to decide on a method; support them to make an informed decision." Providers remarked that they had 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 practicum component of the training was identified as being particularly helpful in adopting these new attitudes and skills.

ACQUIRE identified several key challenges involved in its integration efforts at TASO/Mbale. For example, the nature of the supervisory system precluded effective communication and feedback about ART staff performance in FP counseling and method provision. Supervisors were providing support for individual staff tasks, but were not trained to provide facilitative supervision (skills of constructive feedback, planning, and team building). Supervisors were also functioning simultaneously as providers, limiting their ability to effectively oversee integration efforts. Training in supervisory skills and quality improvement led to increased recognition of performance gaps and improved supervisor-staff interactions.

Another weakness identified by ACQUIRE was the logistics systems for family planning. TASO/Mbale was able to access MOH commodities, but needed technical assistance to

negotiate the process of achieving ongoing procurement of supplies and equipment via the FP commodities system. The physical structure of the clinic also proved to be a challenge for integrating services, since space limitations prevented the use of a separate clinic area for providing FP services. In addition, during the first few months of the pilot, ACQUIRE and TASO identified a need for further staff training and support. More providers and counselors needed to be trained in FP for PLHIV, and data managers had not been formally oriented to reporting FP services, which posed a problem for record keeping and service statistics. Staff biases regarding reproductive rights of PLHIV continued to remain a challenge, as some staff struggled with issues of reproductive health and contraception for HIV+ women and couples.

Lessons learned

A formal evaluation of the ACQUIRE/TASO pilot project is scheduled for May/June 2007. However, ACQUIRE has identified preliminary lessons learned from its experiences at TASO/Mbale. A key lesson from the pilot project is the importance of strengthening of supervisory and logistics systems for family planning. Specifically, the role of supervisors in managing integrated services requires an understanding of the concept of supervision as a multi-faceted process involving problem-solving and team-building. Training in quality improvement is also crucial for strengthening previously neglected systems (e.g. infection prevention and housekeeping).

In addition to systems considerations, feedback from staff trainings indicated that the practicum component was especially valuable in facilitating service integration. The week-long practicum gave providers and counselors the confidence to carry out new tasks, and post-training follow-up was crucial for sustaining these new practices. From a demand perspective, community outreach (e.g. health talks and radio shows) is necessary to address myths and misconceptions about family planning for PLHIV and integrate awareness of FP services into community activities.

In summary, technical assistance for improving supervisory and logistics systems, hands-on training and follow-up for providers, and community outreach are vital for the success of FP-ART integration efforts. Pending formal evaluation of the pilot project, ACQUIRE plans to disseminate lessons learned and best practices for FP-ART integration from its experiences in Uganda. These will include promoting family planning as a strategy for positive prevention among people living with HIV/AIDS.