

ADVANCING PARTNERS & COMMUNITIES SUMMARY SERIES

Increasing Access to High-Quality, Community-Based Family Planning Services: APC's Comprehensive Approach in Uganda

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Chapter Five: Integrating Family Planning and HIV Services in Public and Private Health Facilities

The Challenge

Research shows that most sexually active Ugandan women enrolled in antiretroviral therapy (ART) services do not plan to have more children. In fact, one study found that 75 percent of HIV-positive women had an unmet need for family planning (FP), more than double the unmet need reported by HIV-uninfected women (34 percent) in the study. Ensuring that all women living with HIV have access to FP services can significantly reduce unintended pregnancies, maternal deaths, and new pediatric HIV infections. In Uganda, private-sector health facilities provide FP methods to 45 percent of people who use them. Enhancing FP provision within private-sector ART services is an important way to meet HIV-positive women's FP needs and eliminate mother-to-child HIV transmission.

The APC Solution: Strengthening Private, Faith-based, and Public Sector Health Facilities

USAID's Advancing Partners and Communities (APC)—led by JSI Research & Training Institute, Inc. (JSI) and implemented by FHI 360 in Uganda—integrated FP into ART services in 22 public and private health facilities. In partnership with the Uganda Protestant Medical Bureau, USAID's Private Health Sector Support Project, and the Uganda Ministry of Health, APC worked to build the health team in each facility's capacity in gender, FP/HIV service provision and referrals. This intervention began with a readiness assessment in 2014 (Box 2) to ascertain the capacity and readiness of FP integration with ART services into health



FP training for providers at Uganda Protestant Medical Bureau.

Credit: Christopher Arineitwe, FHI 360

facilities with high ART client volumes and informed the model of integration that facilities will adopt.

Two integration models were used: the one-stop shop (same room integration); and the intra-facility referral model. In the one-stop shops, used by 18 of 22 facilities, HIV-positive clients accessed FP services within the same HIV clinic room. The availability of contraception in these clinics were varied; some provided most methods, including long-acting methods in the HIV clinic, while others provided short-acting modern methods and referred those who selected long-acting reversible contraception to FP clinics. In the intra-facility model, HIV-positive clients were counseled and then escorted to the FP clinic for their choice of method. Escorts were offered to make sure clients received the services they desired.

APC trained health providers in gender and FP service provision, informed-choice counseling on contraceptive methods, and dual protection counseling. Gender training helped health care workers

BOX 1: APC'S FP/HIV INTEGRATION RESULTS

- 22 facilities now have integrated FP/HIV services.
- More than 3,200 HIV-positive clients accessed FP services.
- More than 120 health care workers received on-the-job mentorship and support.

BOX 2: APPLYING FINDINGS FROM READINESS ASSESSMENT

At the start of this intervention, APC assessed the capacity of each facility to integrate FP into ART service provision. The assessment areas were physical space, waste management, staff numbers and training, informational materials, availability of FP commodities, and intra-facility referral and service data management. Of the facilities assessed:

- 50% were ready to integrate and 50% needed service delivery procedural adjustments.
- All facilities had visual and auditory privacy.
- 56% had dedicated rooms and equipment for administering long-term methods.
- No facility had FP methods in their care and treatment departments and 81% of facilities had stockouts of a method in the 3 months before the assessment.
- 88% did not have FP information materials or counseling guides.
- 94% did not report HIV-positive FP users through the health management information system (HMIS).

APC, district and facility staff used these findings to determine that 19 percent of facilities will integrate FP and HIV care and treatment in the same room; 25 percent will integrate through intra-facility referral, and 56 percent will use both models.

Strengthened Mentorship for Improved Service Delivery

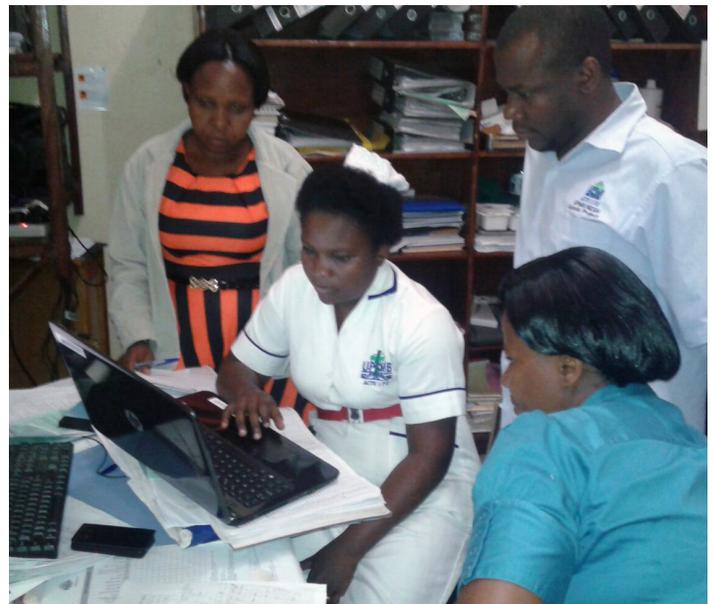
As part of the integration approach, APC staff, FP master trainers, and district FP trainers provided on-the-job mentoring to health workers at multiple health facility departments (outpatient, FP clinic, HIV clinic, records). Using a checklist, mentors provided technical support on FP counseling and methods, infection prevention, and record-keeping. Examples of mentoring support and guidance included:

- Coordinating clinic environment and systems to improve client flow and/or ensure client confidentiality.
- Reviewing and updating facility action work plans.
- Assessing service delivery points for infection prevention and control measures.
- Reviewing stock cards and other stock management tools to inform projections.

To ensure that the services were captured accurately, mentoring supported data quality, use of APC summary registers, and reporting on HIV and FP services provided through the HMIS. Data collection tools were reviewed by teams to resolve concerns about how best to use the tools. Quarterly partner review meetings with staff from the Uganda Protestant Medical Bureau and Private Health Sector Support project and district stakeholder meetings offered the opportunity to discuss results and recommendations from mentoring activities.

understand gender's role in reproductive health; HIV and FP services; and how to work with couples and make health facilities more welcoming for males. Contraceptive counselling focused on the provision of intrauterine devices, implants, condoms, pills, injectables and standard days method and referrals for permanent methods not available onsite, such as tubal ligation and vasectomy. Since most clients were receiving prevention of mother-to-child transmission of HIV services, effective counseling was essential to helping couples determine the appropriate FP method.

APC developed and distributed supportive materials, such as a FP/HIV integration client flow chart and a Q&A guide for providers to respond to frequently asked questions. The USAID-supported and FHI 360-led Communication for Healthy Communities project and the MOH endorsed these tools so they can be used by other implementing partners and facilities.



Providers and APC staff collaborate during a mentoring visit.

Credit: Christopher Arineitwe, FHI 360

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Applying What We Learned to Future Health Programs

There is a growing body of evidence on the feasibility, effectiveness, and cost-effectiveness of integrated FP and HIV services. Through service integration, the data show higher levels of modern method contraceptive use and knowledge among women living with HIV. APC's experience has added to this evidence base, particularly the one-stop shop model, which allowed for easier documentation, simpler client tracking, and reduced travel to other departments or facilities. APC's contributions have resulted in the adoption of FP/HIV job aids and tools by the Ministry of Health HIV task force and FP technical working group for use by other programs. As other APC activities have shown, mentorship and supportive supervision facilitate intervention implementation and improve health outcomes.

References

Calvert C, Ronsmans C. The contribution of HIV to pregnancy-related mortality: a systematic review and meta-analysis. *AIDS* 2013 Jun; 27(10):1631-1639. Available from: http://journals.lww.com/aidsonline/Fulltext/2013/06190/The_contribution_of_HIV_to_pregnancy_related.12.aspx [doi: 10.1097/qad.0b013e32835fd940]

Haberlen SA, Narasimhan M, Beres LK, Kennedy CE. Integration of Family Planning Services into HIV Care and Treatment Services: A Systematic Review. Warren CE, Mayhew SH, Hopkins J, eds. *Studies in Family Planning*. 2017;48(2):153-177. doi:10.1111/sifp.12018.

Homsy J, Bunnell R, Moore D, et al. Reproductive Intentions and Outcomes among Women on Antiretroviral Therapy in Rural Uganda: A Prospective Cohort Study. KissingerP, ed. *PLoS ONE*. 2009; 4(1):e4149. doi:10.1371/journal.pone.0004149.

Jhangri GS, Heys J, Alibhai A, Rubaale T, Kipp W. Unmet need for effective family planning in HIV-infected individuals: results from a survey in rural Uganda. *J Fam Plann Reprod Health Care* 2012;38:23-29.

Performance Monitoring and Accountability 2020, Round 5 Survey 2018.

Uganda Bureau of Statistics (UBOS) and ICF. 2017. Uganda Demographic and Health Survey 2016: Key Indicators Report. Kampala, Uganda: UBOS, and Rockville, Maryland, USA: UBOS and ICF.

Wilcher R, Petruney T, Cates W. The role of family planning in elimination of new pediatric HIV infection. *Current opinion in HIV and AIDS*. 2013; 8(5):490-497. doi:10.1097/COH.0b013e3283632bd7.

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SUPPLEMENTS

[Family Planning/HIV Integration Quality Assurance Tool](#)

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[APC Uganda FP/HIV integration client flow chart](#)

[FP/HIV Question & Answer Guide for Providers](#)



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Advancing Partners & Communities

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