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Strategies Used by Facilities to Integrate FP into HIV Care:

What works and what doesn't

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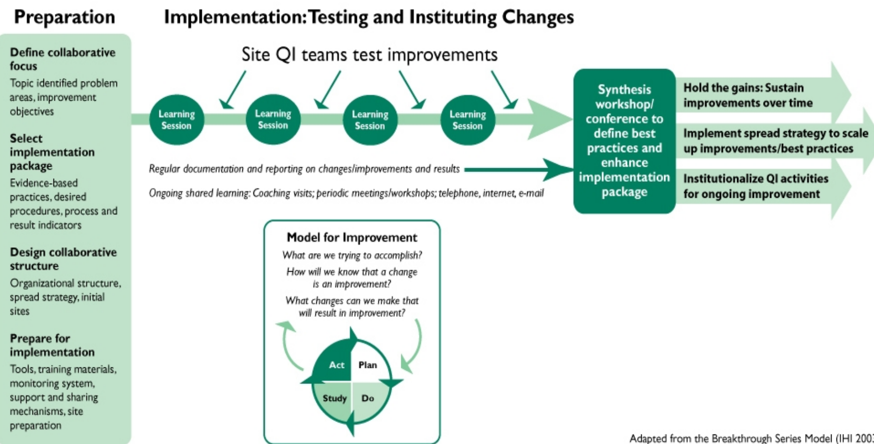
Introduction

- On going ART Collaborative in 183 sites, 3 cohorts
- What is a Collaborative?
  - A quality improvement approach in which site-teams are trained in quality improvement (QI),
  - Provided with support from external coaches in applying the principles they learned, and
  - Brought together every 3-4 months to share lessons learned about how best to improve care.
  - This sharing intended to provide motivation for change and spreading best practices.

Diagrammatic Representation



Background: HIV care-FP Integration

- The stigma that HIV-positive clients face affects their decision making when it comes to accessing HIV/FP.
- Personal bias on the part of the provider may act as a barrier to providing FP services to HIV clients.
- Discussing sexual behaviour is another obstacle for both provider and client when trust is limited.
- An increase in ART use tends to lead to an increase in sexual activity.
- FP offers the benefit of delaying pregnancy to optimize maternal health.

Objectives of the Demonstration Collaborative

- To help HIV care clinics improve FP care for their clients.
- To ensure improved linkage/networking and referral systems.
- To facilitate FP services for HIV-positive clients.
- Strengthen referral for services not available in the ART clinic for current ART clients.
- To encourage participating site health providers ensure the availability of FP services.

Implementation of the FP-HIV Collaborative

1. Developed 3 QI objectives/indicators for site-teams periodic evaluation.
2. 13 self-selected team take on the challenge of integrating FP into their sites and collect data.
3. Trained providers at the 13 sites in FP to offer to document and offer integrated HIV Care/FP services.
4. Updated providers on MOH current policies & guidelines.
5. Linked providers to distributors of FP commodities.
6. Distributed WHO counseling job aids.
7. Monitor sites performance using FP-HIV care indicators.

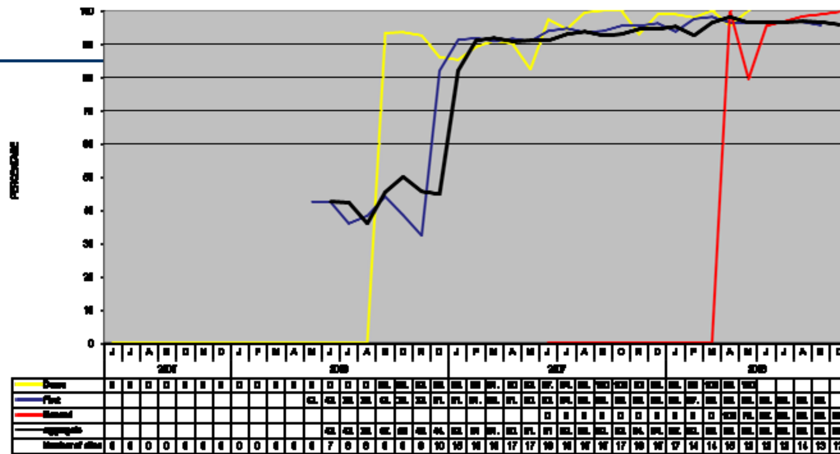
Strategies/Changes Providers Considered for Testing

- Peer counselors to share FP information with other patients (8 sites)
- Additional on-site training in FP to all staff/CME (all)
- Group counseling to inform patients about the importance of FP (all)
- Used job aids to remind staff to counsel on family planning (11sites)
- 10 sites considered availing FP services (including commodities) in the HIV care clinic
- Ensure proper documentation on HIV care card

Results

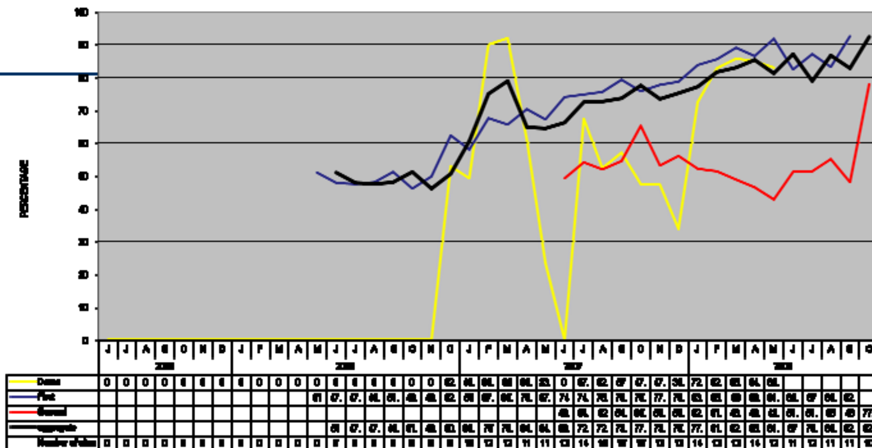
- Ten (10) sites implemented review records to ensure completeness of data.
- Seven (7)sites dispensed FP commodities in the ART clinic.
- Two (2) sites conducted FP counseling for men.
- Eleven (11) sites improved documentation using one MOH record card (HIV care/ART card)
- More clients disclosed to partners after peer counseling.

Indicator 3a: % of HIV+ patients of reproductive age seen in the clinic who are counselled on family planning methods



Numerator: Number of HIV+ patients of reproductive age seen in the clinic (for general care or ART) who were counselled on family planning methods within the past (month)
Data Source/Sampling: HIV care/ART card
Denominator: Total number of HIV+ patients of reproductive age who were seen in the clinic within the past (month)
Any important changes in measurement: *List out any changes in measurement*

Indicator 3b: % of HIV+ patients of reproductive age seen in the clinic who are currently using at least one family planning method



Analysis of the Results

- The sites that used peer counseling increased counseling by 46% compared to an increase of only 10% in those not using peer counselors (p= 0.078).
- A 54% reduction in stigma among those peer counseled compared to a 12% reduction among those counseled by providers.
- Eleven (11) sites using job aids had an increase of 38% compared to no increase in the two (2) sites that did not use them.
- Site teams with proper documentation demonstrated better forecasting of FP commodities for replenishment.

Lessons Learned

1. It is easy to work with self-selected sites
2. Trained providers can do better when supported.
3. Missed opportunities can be reduced through Integration of services.
4. Self-evaluation, on its own, motivated providers.
5. Sustainability of integration is achievable through Quality Improvement efforts.
6. Increased utilization can be realized by service integration.
7. Reduced stigma among their HIV clients is possible with proper Integration.

Impediments/Challenges/Barriers

- The management of faith-based institutions are not supportive of clients' FP needs and expectations.
- Irregular supplies of FP commodities have negatively impacted quality of services.
- Facility space may be small for possible integration.

Recommendations

1. Provide quality FP and HIV/AIDS services in an integrated manner.
2. In-depth FP trainings to QI teams/health providers.
3. Improve quality of logistics & supplies management.
4. Improve referral mechanisms and facilitate continuous quality improvement activities.
5. Harmonize FP-HIV Care/ART integration services with all the relevant partners.
6. Recognize good performing sites.
7. Introduce peer-coaching sessions in HIV care.