Integrating Family Planning into HIV Care/ART Services in Uganda

Background
The Ministry of Health (MoH) of Uganda has identified improving the strength of linkages between Family Planning Services and HIV care and support as a priority. With core funding from Maximizing Access and Quality, the Quality Assurance Project (now succeeded by the USAID Health Care Improvement Project or HCI) assisted the MoH to initiate in January 2007 a demonstration improvement activity in Uganda to strengthen the integration of family planning (FP) and HIV care services. The FP-HIV care/ART integration work is part of a larger Quality of Care (QoC) Initiative in HIV care to improve HIV care and treatment that QAP helped the MoH to launch in late 2005.

The Intervention
As part of the QoC Initiative, QAP/HCI has assisted the MoH to manage an improvement collaborative to improve antiretroviral therapy (ART) and other aspects of HIV care and treatment. An improvement collaborative is a shared learning system that brings together a large number of teams to work together to rapidly achieve significant improvements in processes, quality, and efficiency of a specific area of health care, with intentions of spreading these methods to other sites. Improvement collaboratives seek to adapt and spread existing knowledge (e.g., evidence-based practices and proven procedures) through the work of site teams who test ways to operationalize the best practices and overcome barriers to their implementation in their local settings. Site teams monitor the effects of the changes they make through monthly self-assessment of records to measure progress in achieving the objectives of the collaborative. In Uganda, the collaborative began work in January 2006 with teams in 59 HIV/AIDS clinics distributed in districts all across the country.

In January 2007, the collaborative expanded to include 29 more MoH facilities providing ART. At that time, the collaborative also added a new focus on improving the integration of family planning and HIV/AIDS services. New improvement indicators were added to monitor the percentage of HIV-positive clients of reproductive age who were counseled on FP methods, who were using at least one FP method, and, of those not using a method, who were referred elsewhere for FP services. Thirteen (13) sites from among the second cohort of collaborative sites that began improvement work in January 2007 volunteered to work intensively on the objective of FP-HIV care/ART integration. Since then, another two sites have begun monitoring progress in FP-HIV integration, for a total of 15 sites focusing on this process.

During the collaborative’s learning sessions, when teams came together to share experiences and results, QAP/HCI staff trained providers in the technical aspects of FP counseling and provision of contraceptive methods (in accordance with national guidelines) for HIV-positive patients and in using the national HIV Care/ART Card to collect data on FP service provision (see excerpt below). The MoH provided FP supplies at no cost to these HIV service delivery points and also provided each health unit with a copy of the National Policy Guidelines and Service Standards for Sexual and Reproductive Health.

The Uganda MOH HIV Care/ART Card (adapted from WHO) includes prompts (noted above with arrows) for the provider to ask about FP method use and to counsel and refer the patient for FP services. The MOH-HCI collaborative trained and coached providers in FP counseling and encouraged them to use these areas of the ART card to record their actions.
After training, providers went back to their facilities and started making changes in their clinics to improve FP-HIV care/ART integration. Because of their participation in the collaborative and their training in quality improvement, providers possessed the skills to change their practice and to monitor the effects of these changes. The collaborative structure and its mechanisms of ongoing sharing of lessons and reporting on progress to other teams helped to motivate teams to make changes to their clinic practices to better integrate FP and HIV care services.

Site teams typically meet once a month to review records to calculate indicators, discuss actions taken, and plan next steps. The Core Team (MoH and HCI staff) and Regional Coordinators visit each collaborative site on a monthly basis to coach teams in quality monitoring and improvement and in implementing national policies and guidelines.

**Results**

Results from the 15 sites show sustained improvement in counseling on FP methods and in FP use.

### Site Level Changes

At the facility level, changes made by teams have included:

- Providing additional on-site training in FP to all staff in the HIV clinic
- Providing group counseling to all patients on FP so that this new activity did not much add to work load and patient waiting time
- Asking patients using FP to share their experiences with other patients
- Ordering FP/HIV job aids from the MoH and displaying these in the HIV clinic
- Increasing the use of the HIV Care/ART Card and reviewing cards to ensure that data were recorded correctly
- Conducting special training sessions for men to facilitate women being able to choose to use FP
- Dispensing FP commodities in the ART clinic

---

The HCI Project is funded by the American people through USAID’s Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition. The project is managed by University Research Co., LLC (URC) under the terms of Contract No. GHN-I-01-07-00003-00. For more information on HCI’s FP-HIV integration work in Uganda, please contact Dr. Ibrahim Kirunda at ikirunda@urc-chs.com.