



# Testing the feasibility of integrating family planning in HIV services in the ZPCT II partnership

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# Outline

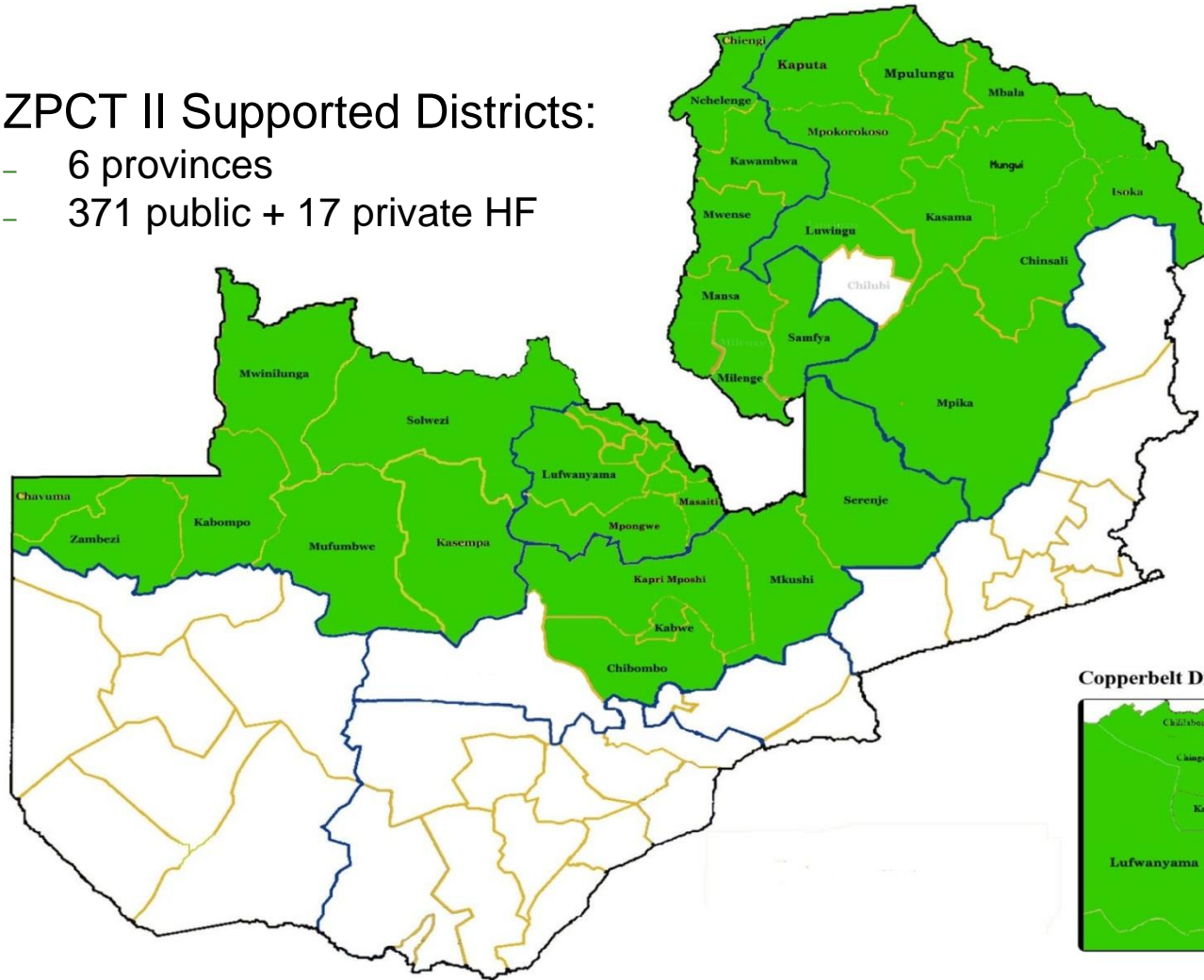
- Background
- Rationale of FP/HIV integration
- Methods
- Results
- Challenges
- Lessons Learned

# ZPCT II Background

- Five-year contract funded by PEPFAR through USAID (June 09 – May 14); FHI 360 is the prime partner
- Supports the Ministry of Health to strengthen and expand HIV related services in five provinces
- Objectives include:
  - Expand and scale up HIV services (CT, PMTCT, ART, MC, Lab & Pharm)
  - Collaboration with other partners in providing comprehensive HIV services
  - Capacity building of MOH
  - Private-public partnership
  - Integration at all levels

# ZPCT II Coverage

- ZPCT II Supported Districts:
  - 6 provinces
  - 371 public + 17 private HF



# Rationale for FP/HIV integration?

- Family planning (FP) is important in the prevention of mother to child transmission of HIV (PMTCT) and reducing the incidence of paediatric HIV.
- High fertility (6.2), high unmet need for FP (27%), high HIV prevalence (14.3%) and high maternal mortality ratio (470/100, 000 live births) in Zambia
- Even though FP is known as an important HIV prevention tool, it has been under-utilized
- Reducing the unmet need for FP is a key objective of the Zambian national PMTCT guidelines.
- Integrated services supported by donors, including PEPFAR

# Methods

- Capacity building
  - Trained FP providers in counseling and testing (CT);
  - Trained PMTCT providers in FP
  - Trained health care workers (HCWs) in ART clinics in FP
- Provided onsite post-training mentorship;
- Distributed job aids to standardize FP services
- Established CT corners within FP service areas.
- Demand creation:
  - Through community mobilization
  - During antenatal visits the importance of FP is discussed
  - During posttest counseling regardless of test results

# Methods (2)

To monitor outcomes of these interventions

- We analyzed routine program data from the 16 health facilities in:
  - number of FP clients provided with CT
  - Number of CT clients referred to FP
  - Number of ART clients counseled and provided with or referred to FP services.
- We used a pre- and post-intervention, cross-sectional design. This covered a period of 18 months before and after the intervention
- Assessed number of new FP acceptors using a chart review at the selected sites as indicated in the graphs

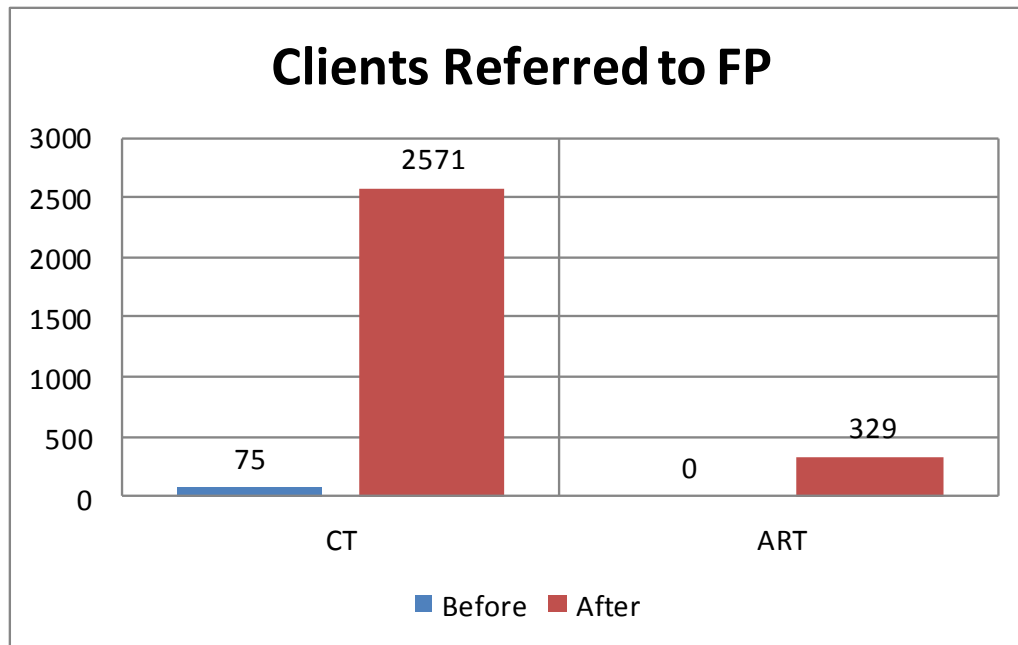
# Results

- 17 HCWs and 25 community volunteers were trained in CT and 14 HCWs in FP.
- Increase in the number of CT and ART clients referred to FP
- Increase in the number FP clients receiving CT services

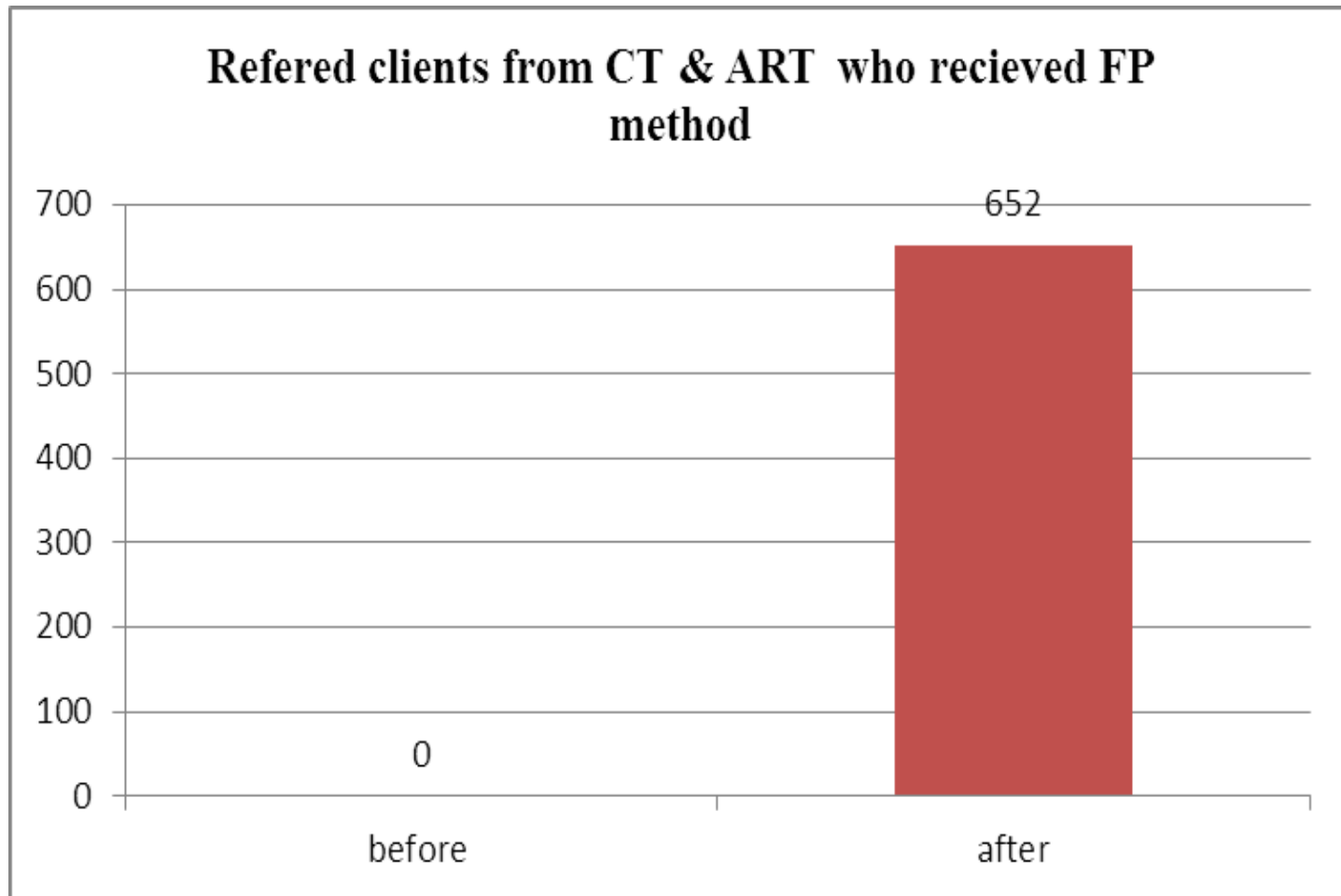


# Impact of FP/HIV Integration in ZPCT II Supported Facilities

- Increase in the number of CT and ART clients referred to FP
- Table shows numbers 18 months before and after integration

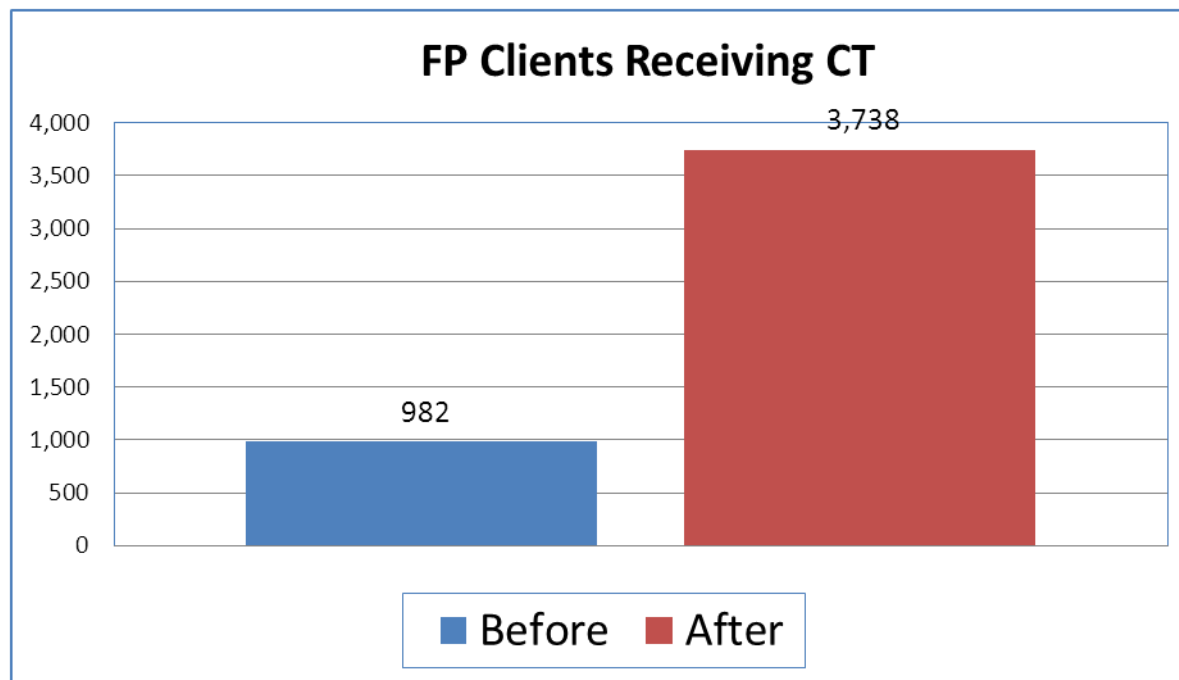


## Referred clients from CT & ART who recieved FP method



# Impact of FP/HIV Integration in ZPCT II Supported Facilities

- Increase in the number FP clients receiving CT services
- Table shows numbers 18 months before and after integration



# Lessons learned

- It is feasible to advance FP/HIV integration in a PEPFAR-supported program by incorporating content on FP into core activities that support HIV service delivery.
- May need task shifting some elements to community volunteers in the face of human resource constraints
- Requires capacity building for both HCWs and community volunteers.

# Challenges

- Misconception that FP services are only for women
- Limited condom use by some HIV positive clients especially the men
- Lack of linkage to community support groups
- Myths and misconceptions about FP methods
- Inadequate trained staff and staff attrition to provide the service
- Limited IEC materials on family planning to take home
- Incomplete documentation in FP register to show linkage



KUC MCH ACTIVITIES  
MORNING AFTERNOON  
MUMS' GROUPS (HOME, HOSPITAL, THE SANITARY, & SOCIAL)  
MUMS' GROUPS (HOSPITAL, PLANNING)  
TUBERCULOSIS (HOME, HOSPITAL, PLANNING)

