Lessons from Ethiopia Integrating Family Planning and HIV/AIDS Services in Home and Community Based Care Program

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Overview

- Country profile
- Background on FHI-Ethiopia HCBC program
- Why should FP services be integrated?
- Steps for integrating SRH Into FHI/Ethiopia's HCBC program
- What are the successes, outcomes and lessons learned from integrating SRH Into FHI/Ethiopia's HCBC program?
- What are the challenges?
Country Profile

- Population: 78 million
- Annual growth rate: 2.6%
- CPR: 15%
- HIV prevalence 2.3%
- HIV+ pregnant women: 84,189
- Annual HIV+ births: 14,140
- Children living with HIV: 72,945
- AIDS orphans: 855,720
Since 2007, FHI has worked with HCBC partners to integrate SRH services, especially family planning, into existing home and community based programs to improve SRH services and to reduce unintended pregnancies among HCBC clients and their families.

The integration program is implemented in 14 sites across four major regions of Ethiopia.

17,000 HCBC clients are receiving care and support at this sites; 88% are of RH age.
Key Community Health Care Activities

- Health (curative & prevention) including RH
- Psychological support
- Socioeconomic support
- Human rights and legal support
- Supportive Strategic Behavioral Communication
Current HCBC Program Structure

- FHI: Technical assistance and funding for initiation of operations
- Local NGO/CBO sub-grantees
- Nurse supervisors (60)
- Volunteer caregivers & social workers (860)
- CBO (202) and community leaders (1010)
Why should FP services be integrated?

- More than 50% of clients on ART sexually active and felt that they needed discussions on fertility issues
- Yet among them there is unmet need for contraceptives
Steps For Integrating FP Into FHI/Ethiopia’s HCBC Program

Step 1: Identify integration activities

Step 2: Internally prioritize integration activities in terms of:

- Magnitude of need among clients
- Staffing
- Capacity of partners

Consideration: Determine whether the activity can be done immediately or in the future
Step 3: Conduct consultative meeting to obtain partners’ input and buy in.

Step 4: Conduct needs assessment meeting with all nurse supervisors.

Step 5: Conduct sensitization workshops were conducted at 14 sites.
Steps for Integrating (cont’d).

Step 6: Training module developed and incorporated in the HCBC training package

Step 7:
- Train nurse supervisors, volunteers and social workers
- Plan SRH activities
- Develop monitoring and evaluation tool
Integration in community based care and support

• All clients of reproductive age are registered at HCBC centers are offered FP counseling

• FP service provision in sites where commodities are available for distribution at the HCBC center and home

• FP referral to health facilities and follow up of clients after referral
Cumulative FP Uptake in HCBC, 2007-09

Number

- OCP: 2450
- Injectable: 767
- IUD: 898
- Implant: 20
- Contraceptives: 21
- Sterilization: 48

At HCBC center
Referral
Lessons Learned

• HCBC programs are an appropriate and effective entry point for reaching people living HIV with important SRH information and services.

• Community based service providers can play an important role in increasing access to family planning services and helping HIV-positive individuals understand their reproductive choices.
Lessons Learned

Community members and volunteers, especially PLHA, can be trained and supported to play a vital role in SRH counseling of their peers.
Challenges

Some caregivers were initially reluctant to discuss SRH issues with home and community based clients. However, timely supportive supervision and refresher trainings helped overcome this challenge.

Long term contraceptive methods were rarely used by HCBC clients though these methods are safe and highly effective.