Addressing the Missed Opportunity in Family Planning Services through FP/HIV Integration: 
*Experience of Pathfinder International in Ethiopia*

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Integrated Family Health Program (IFHP)

• Integrated health program covering major regions of the country (Oromiya, Tigray, SNNP and Amhara)

• 2008-2013, USD $50 million, USAID

• Partners: JSI, and the Consortium for Reproductive Health Associations (CORHA)

• Increase use of high impact family planning (FP), maternal newborn and child health (MNCH) practices
Why FP/HIV Integration in IFHP?

• Growing evidence supporting the value of FP/HIV integration, especially with ART roll-out and high unmet need for contraception among PLHIV

• A recommended approach of Ethiopia’s Ministry of Health

• Addresses Prong 2 of comprehensive PMTCT and offers support to women with HIV who desire a safer pregnancy
IFHP’s Approach

Goal

- Address FP counseling and services needs of HIV and AIDS clients.
- Provide HIV risk assessment, risk reduction support, testing and referrals for clients of FP services.

Challenges

- Lack of HIV/AIDS training materials with FP components.
- Inadequate attention provided by HIV/AIDS service providers.
- Lack of contraceptives.
- HMIS/registers do not include FP services in HIV/AIDS service delivery outlets.

IFHP’s Approach

- Capacity Training
- Facility Staff Sensitization
- Supply Facilities
- Health Systems
FP/HIV Integration Activities in IFHP

- FP/HIV integration started under IFHP’s predecessor project in 2004
- 223 health centers (HCs) in HIV/AIDS service delivery outlets (ART, VCT, PMTCT outlets)
- HCs generally provide Level 2 integration
Facility Staff Training and Sensitization

- Developed 3-day training package on FP/HIV integration counseling and service provision; 817 providers from 223 HCs trained

- Program staff conduct supervision follow-up and mentorship visits

- Training package topics covered:
  - FP integration with HIV services
  - FP counseling principles and skills
  - FP options in FP/HIV integration
  - Record keeping and making referrals
Assessments, Supplies, Tools, and Data

• Assessed HCs for contraceptive supplies and for services including scope of HIV/AIDS services, client flow, and human resource capacity

• Stocked all HCs with contraceptive supplies to fill gaps in stock

• Supplied IEC materials (flip chart, counseling cue cards, FP for PLHIV wall chart and Tiahrt chart)

• Supplied FP registers
Data Review: 2010 – 2011

• Review based on facility records from the 68 HCs that have begun systematic data collection in FP/HIV integration.

• Data review results show:
  – % clients initiating a contraceptive method
  – Clients’ chosen method mix
Uptake of Contraceptive Method Mix

n=40 Health Centers, ART Service Outlets

- Condom only: 33%
- Injectables (DMPA): 21%
- Oral Contraceptive Pills: 6%
- Implants: 39%
- Unknown or referred: 6%
Percentage of Clients Initiating a Hormonal Method

n=68 Health Centers, VCT Service Outlets

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<tr>
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<th>HIV Positive Clients</th>
<th>HIV Negative Clients</th>
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<td>Percentage</td>
<td>23%</td>
<td>91%</td>
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Lessons Learned

• Strong pre-testing of training curriculum and inclusion of interactive exercises led to positive feedback on training.

• Service integration was supported by contraceptive supply provision, job aids/tools for HIV service providers, and follow up/mentoring.

• To facilitate record keeping government FP registers were introduced into HIV clinics because HIV registers do not include FP.
Recommendations and Next Steps

• Suggest national HMIS for ART and VCT services should be revised to incorporate FP counseling (including screening for FP need), contraceptive method provided, and FP referral service.

• Recommend close collaboration between FP/RH and HIV partners for integration linkages and synergies, including supervision, mentorship, and multidisciplinary teams.

• To assess the effects of FP/HIV integration, IFHP is conducting operations research and planning improved referrals for long-acting methods in FP/HIV integration.
Thank you

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