Integration of Family Planning and HIV Services in Zimbabwe

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HIV Epidemic Zimbabwe

- Population of 12.6 Million
- HIV prevalence of 13.7 % among adults
- 1.1 Million people living with HIV, 60% are women
- Young women are three times more likely to be infected than young men
- Vertical transmission of HIV accounted for 10% of all new HIV infections in Zimbabwe in 2009
- Strong prevention of mother to child (PMTCT) program

Source: MOHCW, 2009 HIV estimates
Maternal and Child Health, SRH

- Maternal mortality ratio 725/100,000 births in 2009 (ZMPMS)
- Total fertility rate 3.8 births per woman*
- Contraceptive prevalence rate 63%*
- Unmet need for contraception 13%*
- 2% condom use among married women, 26% among unmarried*

* Source: Zimbabwe Demographic and Health Survey for 2005–2006
HIV Services program PSI in Zimbabwe

**New Start HIV testing and counseling**
- 18 centres and 23 mobile teams, initiated in 1999
- Tested 2.4 Million people since inception, 35,000 monthly clients
- 18% are accessing services as a couple
- One Stop-Shop approach
  - Safer sexual behaviour counseling
  - Integration FP services
  - Point of care CD4 cell count and referral into care
  - TB screening and referral into care
  - Male Circumcision counseling and referral

**New Life HIV care services**
- Network of 14 centres and outreach teams, managed by local NGOs
- Psycho-social support counseling and support in positive living and positive prevention
- ART adherence counseling
- Collaboration with national ART and PMTCT programs
- Support of PLHIV support groups
- Support of PLHIV in the work places
Prevention of Mother to Child transmission (PMTCT)

- Prevention of HIV in women, especially young women
- Prevention of unintended pregnancies in HIV-positive women
- Prevention of transmission from an HIV-positive woman to her infant
- Support for mother and family

Primary Prevention of HIV in young women
Family planning and effective use of contraceptives

Dual Protection Intervention
Dual protection

- Dual protection (DP) is the concurrent use of condoms and other modern contraceptive methods
  - Effective in preventing unintended pregnancies in HIV positive women, thus preventing mother to child transmission of HIV
  - Prevents HIV and STIs in the uninfected.
- Population based surveys have shown that awareness and use of dual protection is low in Zimbabwe (DHS 2005/2006, PSI, 2008).
  - Key barrier to DP use is linked to women’s perception of their ability to negotiate use
  - 33% of women aged 15 to 29 believe they are unable to negotiate DP
Program Interventions (1)

- Integration of family planning counseling and referral with HIV testing and counseling (New Start) and care services for HIV positives (New Life)

- Distribution of family planning methods through New Start and New Life centre networks

- Awareness and demand generation for dual protection through national mass media and interpersonal communications
FP/HIV services integration

- Trained 433 providers within 2 networks in FP service delivery, counseling, and referral
- Special emphasis placed on the importance of dual protection use with condom demonstration and distribution
- Distribution of oral contraceptives and injectables and long-term reversible FP methods through integrated FP/HIV services
- Developed FP cards and flipcharts to help clients identify the most suitable FP method based on individual needs.
Dual protection communications

- **TV campaigns**
  - Rapid awareness of Dual Protection
  - Increase its credibility,
  - Increase risk perceptions around using a single method

- **Radio campaigns,**
  - Explain the concept of DP & Protective benefits
  - Discuss challenges of practicing Dual Protection and negotiation skills

- **Road shows in communities**
  - Small group discussions on condoms in rural growth points, mining and farming settlements. Target young women and older men to increase risk perception and male social support for DP

- **IPC sessions at tertiary institutions**
  - To reach out to young girls in universities with messages on DP
Results (1) FP/HIV integrated services

October 2010 – September 2011

- Conducted 400,000 family planning counseling sessions (New Start and New Life networks)
- Reached 15,985 women and couples with integrated family planning consultations (method distribution)
- Distributed 35,000 oral contraceptive cycles, 25,000 injectables and 100 implant insertions

Source: MOHCW, 2009 HIV estimates
Results (2) Dual Protection

- Significant increase in mean scores of behaviour determinants among sexually active women 15-29 for use of dual protection between 2008 and 2011 for:
  - Perceived availability of services, increase from 3.73 in 2008 to 3.96 in 2011 (p<0.05)
    - Sexually active women 15-29 years reporting knowledge of where to access condoms and other family planning methods
  - Social Support, increase from 2.82 in 2008 to 2.91 in 2011 (p<0.05)
    - Sexually active women ages 15-29 years who report their partners approve of dual protection

Mean scores: Scale: 1 to 5; 5 = Strongly Agree, 1 = Strongly Disagree
Lessons learned

- High demand for family planning services especially in rural areas reach by mobile services, need to increase coverage.

- High demand for long-term reversible FP methods, hormonal implants, need to expand range of FP methods to include implants and IUD with New Start and New Life networks.

- FP counseling prolongs counseling session by between 20 —25 minutes, carefully integrate in HIV counseling session.

- Integration of FP and DP counseling well received by both service providers and clients.

- HIV Testing and Counseling and HIV Care services for positives can provide an ideal opportunity for individual counseling of women and couples on the best family planning option for their needs.
Women awaiting implant insertion at local health clinic in Zimbabwe
Questions?

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