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HEALTH CARE  
IMPROVEMENT  
PROJECT



MINISTRY OF HEALTH

# **INTEGRATING FAMILY PLANNING INTO HIV CARE**

## **A Case of Masaka District in Central Uganda**

FP NATIONAL CONFERENCE, DAR-ES-SALAAM TANZANIA

PRESENTED BY:

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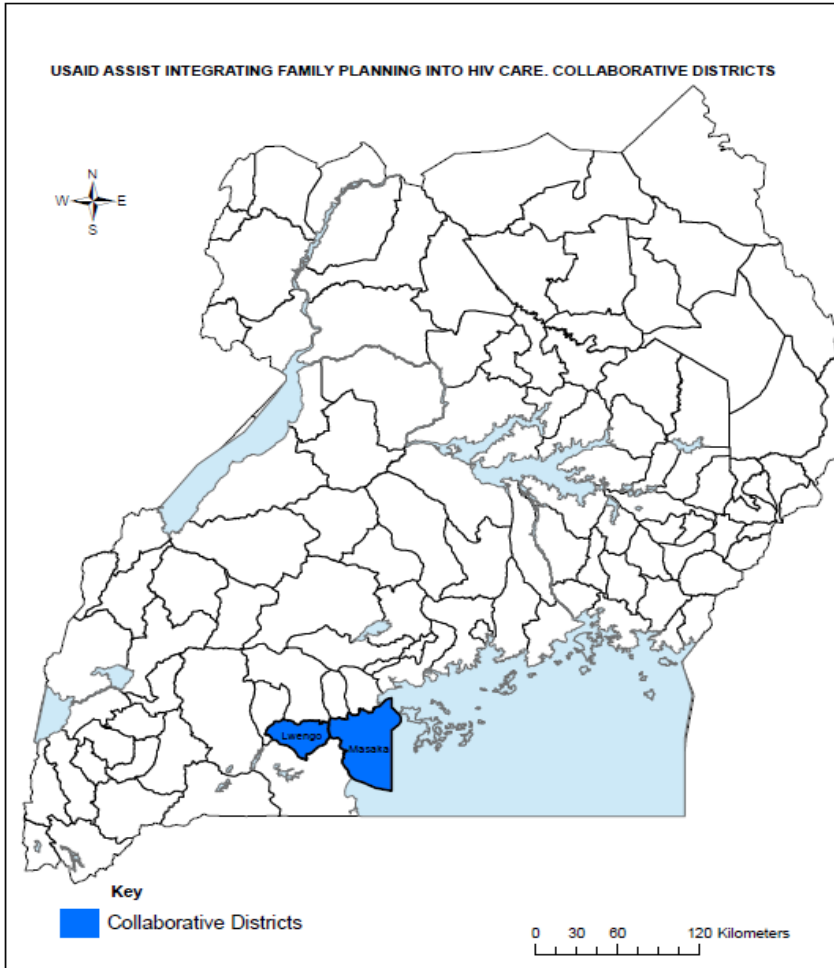
**URC/USAID ASSIST PROJECT**

# Presentation outline

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- Background
- Interventions
- Facility-level Changes
- Results
- Lessons Learnt
- Conclusion
- Acknowledgements

# Background



## Coverage:

One district of central Uganda

## Fertility rate:

7.2 per woman

## HIV prevalence:

7.3%

## HCI support:

Use QI to support the integration of FP in HIV care

# Goal of the improvement collaborative

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- Produce tools and knowledge that will enable more efficient and effective scale-up of family planning services integrated within HIV and AIDS programs
- Incorporate family planning into the QI work of an existing HIV and AIDS collaborative in Uganda aimed at expanding the global knowledge base of how to effectively integrate services

# Interventions

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- Conducted a situational analysis on FP services in facilities
- Trained providers
- Provided counselling job aides
- Monthly QI coaching
- Conducted leaning sessions
- Leverage of resources from partners through coordination meetings
- Training of facility teams in FP
- Provision of FP commodities

# Facility-level Changes

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- Integrated FP counseling into HIV health education sessions
- Assigned Village Health Teams and expert clients to conduct FP counseling
- Dispensed FP methods together with ARVs
- Provided HIV testing for all at FP clinics

# Facility-level Changes

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- Created a column in the HIV/AIDS clinic outpatient registers to capture FP counseling
- Aligned FP and HIV clinic schedules
- Shared of FP commodities among sites

# Results

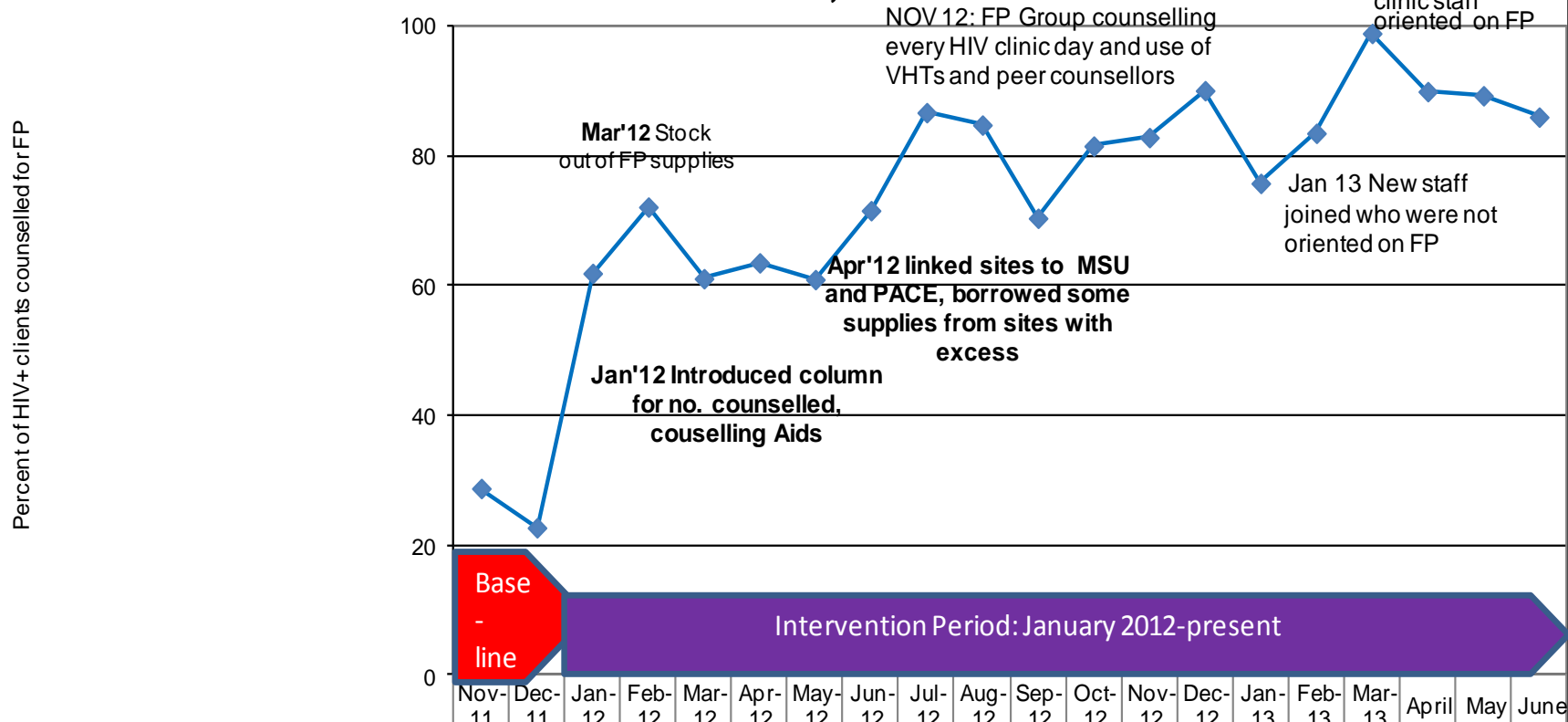
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- Family planning counselling improved from 29% in November 2011 to 86% by June 2013
- Family planning use among HIV+ clients increased from 16% to 60% in February 2013; recent drop due to the stock-out of preferred FP method



# Results: FP Counseling

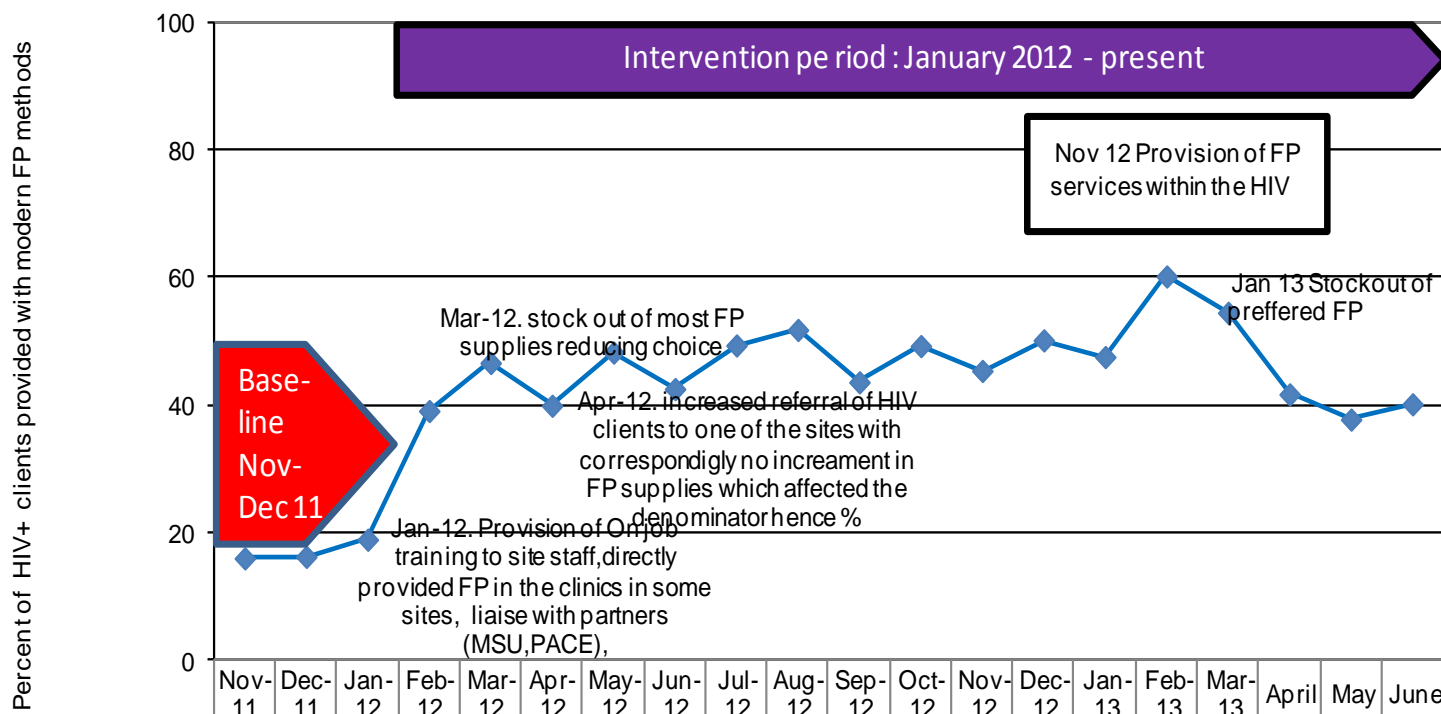
**Percent of HIV+ Clients counselled for FP, November 2011 - June 2013**



	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	April	May	June
# of HIV +ve clients of reproductive age counselled for FP	106	121	355	563	524	440	632	553	667	732	682	961	1066	821	866	960	1031	862	796	740
# of HIV +ve clients of reproductive age group.	368	532	573	780	857	692	1036	772	769	863	968	1178	1286	911	1142	1149	1042	958	891	860
◆ % of HIV+ clients counselled for FP	28.8	22.7	62.0	72.2	61.1	63.6	61.0	71.6	86.7	84.8	70.5	81.6	82.9	90.1	75.8	83.6	98.9	90.0	89.3	86.0
# of Sites Reporting	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4

# Results: FP Uptake

## Percent of HIV+ clients provided modern FP, November 2011 - June 2013



	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	April	May	June
# of HIV +ve clients provided a modern FP method	47	74	95	273	413	276	443	213	354	387	336	507	538	430	495	592	568	358	333	345
# of HIV +ve clients of reproductive age group and legible for modern FP methods.	296	459	505	699	886	692	918	501	717	747	771	1029	1186	857	1041	983	1042	859	883	860
◆ % HIV+ clients provided a modern FP method	15.9	16.1	18.8	39.1	46.6	39.9	48.3	42.5	49.4	51.8	43.6	49.3	45.4	50.2	47.6	60.2	54.5	41.7	37.7	40.1
# of Sites Reporting	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4

# Lessons Learnt

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- QI interventions targeting local HIV clinics can overcome local barriers to FP service delivery
- Involving District Health Officers in implementation of facility-based QI interventions promotes leadership and capacity to sustain successful interventions
- Regular shared learning among providers, managers, and district, regional and national leaders accelerates spread of best practices

# Conclusion

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With high fertility and HIV prevalence rates, QI interventions targeting local HIV clinics can overcome local barriers to FP service delivery and demonstrate successful implementation models that can scale up national FP/HIV integrated policies and guidelines

# Acknowledgments

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Masaka District facility QI teams

***THANK YOU***