



Integrating Family Planning and HIV Care in Ethiopia

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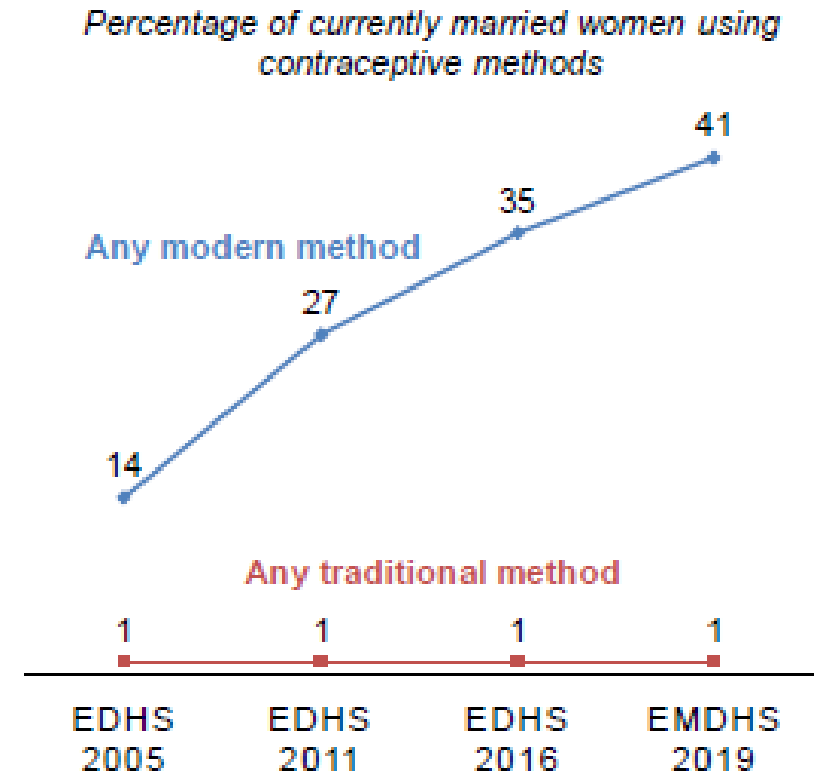


HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

Background

- 91% ART coverage for HIV pregnant women
- 61% Infant prophylaxis coverage
- 67% EID coverage at 2 months
- Unmet need for FP decreased from 37% in 2000 to 22% in 2016* (EDHS trend)

Source *EDHS 2016, **HMIS/DHIS 2019/2020, +

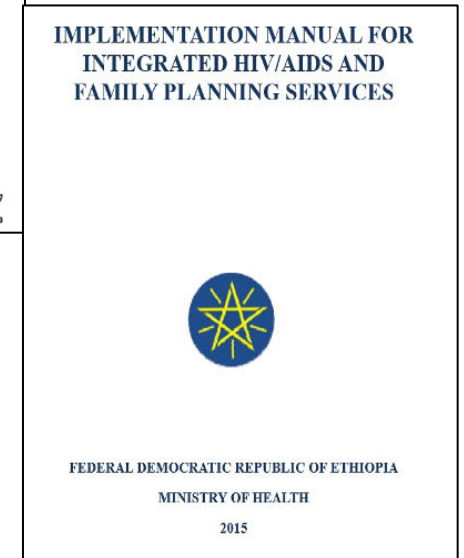
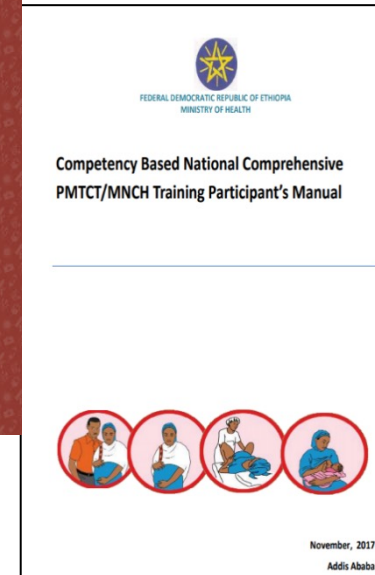
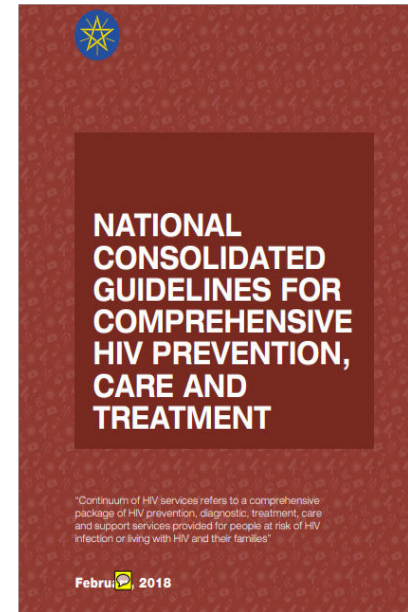


Need for FP appears to be greater for HIV-positive women compared to the general population

Source: Mini DHS, Ethiopia (2019)

What has been done so far to enhance integration of FP to HIV Care?

- FP integration incorporated into PMTCT training manual, PMTCT guideline and HIV comprehensive care and treatment guidelines and training materials
- Incorporated in program monitoring



FP integration with the HIV care:

FP methods provided within ART clinics				
FP method	Yes		No	
	# facilities	%	# facilities	%
Male condom	33	100.0%	0	0.0%
Oral Pills	27	81.8%	6	18.2%
Injectable	27	81.8%	6	18.2%
Emergency pill	10	30.3%	23	69.7%
Implant	3	9.1%	30	90.9%
IUCD	1	3.0%	32	97.0%

27/33 (82%) ART units provide short-term methods...

...but ARTs units rarely provide LARCs

Referral system between ART and FP sites

Of 33 ART sites assessed....

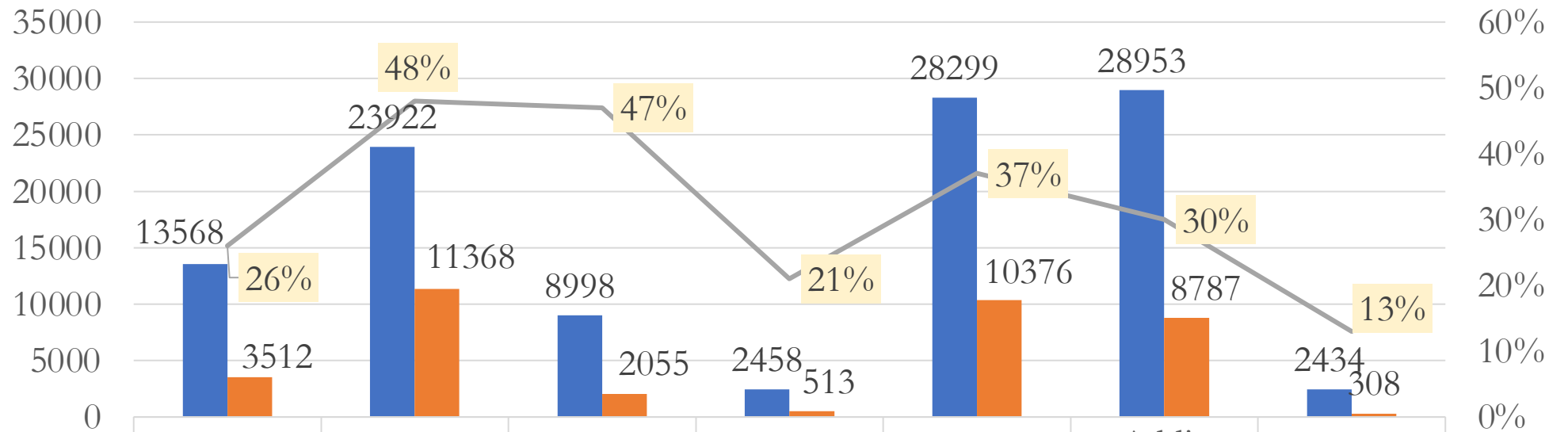
- 45%** Refer clients to an **entirely different facility** for some or all family planning services. 3 of these are tertiary hospitals that refer down as part of their 'offloading' strategy.
- 4** Use a **referral slip** for their ART clients referred out for family planning services.
- 4** **Receive written feedback from referral site** to know whether the client has sought and received service.

Ideally, all FP services could be provided within the ART site. However, it's likely that **IUDs and sterilization will continue to be referred.**

These findings demonstrate gaps in the sharing of referred patient information across units / facilities that must be strengthened.

FP integration in the HIV care: Jan. 2021, *Source EMR*

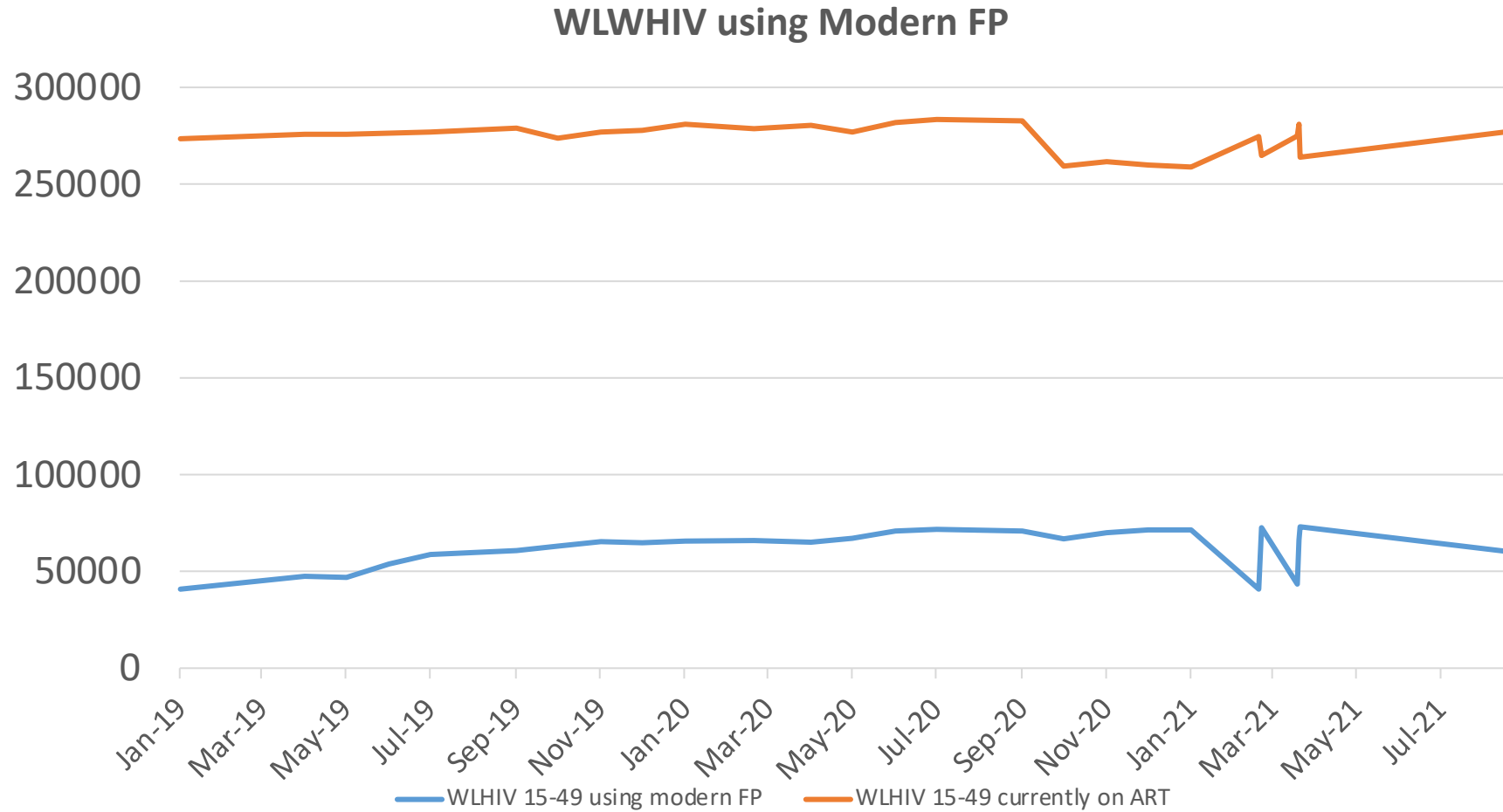
FP performance among regions



■ Women 15_49 years	13568	23922	8998	2458	28299	28953	2434
■ FP utilization in number	3512	11368	2055	513	10376	8787	308
— %	26%	48%	47%	21%	37%	30%	13%

■ Women 15_49 years ■ FP utilization in number — %

WLWHIV using Modern FP: DHIS2



Lessons Learnt

- Capacity building (training, mentorship) has to be provided for HCWs
- Address work overload (high volume of patients with few health workers)
- Improve challenges of limited physical space at service delivery sites, which creates a barrier to service expansion.
- Need to address supply chain management and storage issues
- Advocacy, communication, and social mobilization for FP integration
 - Need to address community misconception on FP, hesitancy from community
 - Involvement of community (HEW, HDAs, PLHIV associations)
 - Enhancing male partners engagement
- Strengthen quality of data reporting, analysis and utilization

Thank you