

# CQUIN Differentiated MCH Workshop

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# Integrating FP into HIV services in Zambia

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# HIV Learning Network

## The CQUIN Project for Differentiated Service Delivery



# Implementation of Enhanced model of FP/HIV Service Delivery in Zambia

- ICAP supported implementation of an enhanced model of integrated FP and HIV service delivery
- We conducted a pre-/post-evaluation at 6 health facilities in Lusaka, Zambia
- Aim:
  - to increase contraceptive uptake among WLHIV wanting to avoid pregnancy
  - to improve safer conception for those desiring a pregnancy.

# Enhanced Model of FP/HIV

## 1. Improving documentation and monitoring of FP service delivery



Conducted refresher training on documenting FP service delivery in SmartCare and FP/HIV register



Provided ongoing mentoring of documentation of FP services

## 2. Integrating FP education and counseling, including safer conception and pregnancy counseling, within the HIV clinic



Trained HIV care providers on FP service delivery (including long-acting contraceptive methods)



Promoted and offered FP services within the HIV/ART clinic

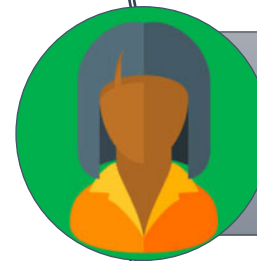


HIV/ART Introduced case management approach for integrating FP services within the clinic

## 3. Introducing a facilitated referral approach for contraceptive methods not available within the HIV clinic



Strengthened referral system between HIV/ART clinic and MCH-FP clinic, as well to outside facilities using a facilitated referral approach for contraceptive methods not available within the HIV clinic



Strengthened community-based referral system, including community-based refills using community based distributors (CBDs)



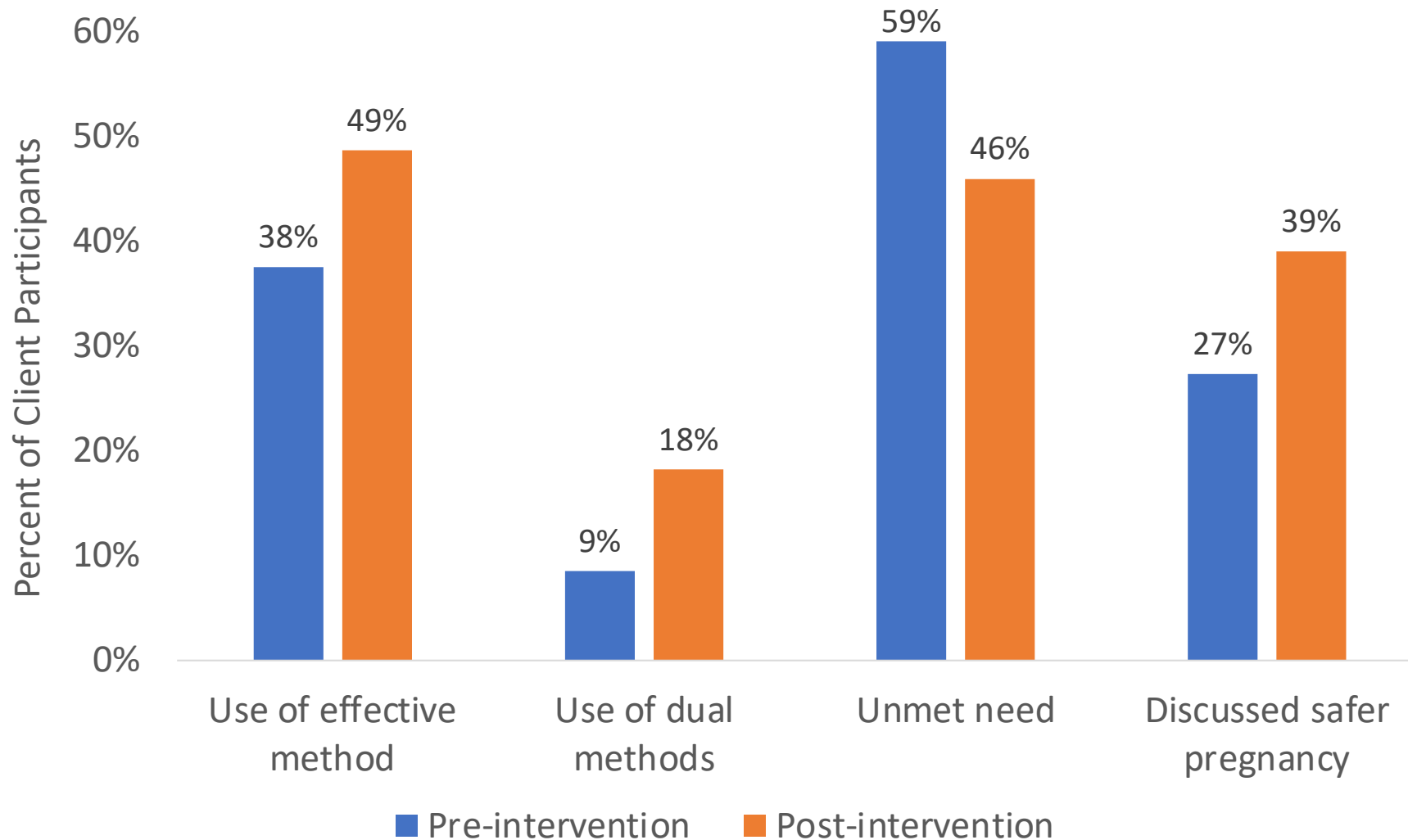
Introduced system for identifying clients who will need a refill before their next ART appointment

# Lay Counselor - Supported Demand Creation

- Benefits
  - FP is safe and effective against pregnancy and some are effective against STIs/HIV
  - Clients have the right to choose
- Methods Available
  - Condoms, IUCDs, injection, Pill, and more!
  - Importance of dual method use
- More information is available!
  - Encourage clients to speak with the LC or their provider
  - Be prepared to make referrals



# Changes in Key Outcomes



629 WLHIV were interviewed pre-intervention and 684 post-intervention

All changes were significant ( $p < 0.005$ )

# Comparison of Key Outcome Variables Pre and Post Integration of FP within HIV Treatment Services at Six Health Facilities in Lusaka, Zambia

| Variable                              | Pre-intervention<br>n (%) | Post-intervention<br>n (%) | Unadjusted<br>p-value | Adjusted<br>p-value* |
|---------------------------------------|---------------------------|----------------------------|-----------------------|----------------------|
| <b>Women Not Desiring a Pregnancy</b> | N=379                     | N=402                      |                       |                      |
| Use of highly effective method        | 133 (38)                  | 195 (49)                   | .0020                 | .0025                |
| Use of dual methods <sup>1</sup>      | 30 (9)                    | 73 (18)                    | .0001                 | .0003                |
| Unmet need for FP <sup>2</sup>        | 210 (59)                  | 184 (46)                   | .0003                 | .0003                |
| <b>Women Desiring a Pregnancy</b>     | N=210                     | N=249                      |                       |                      |
| Discussed safer pregnancy             | 56 (27)                   | 97 (39)                    | .0093                 | N/A*                 |

\*Adjusted model includes facility, age group, and time since diagnosis. The adjusted model could not be fit for discussion of safer pregnancy due to insufficient data.

<sup>1</sup>Defined as condom use plus another effective method of contraception.

<sup>2</sup>Defined as not desiring a pregnancy in the next six months but not currently using any FP method to prevent becoming pregnant

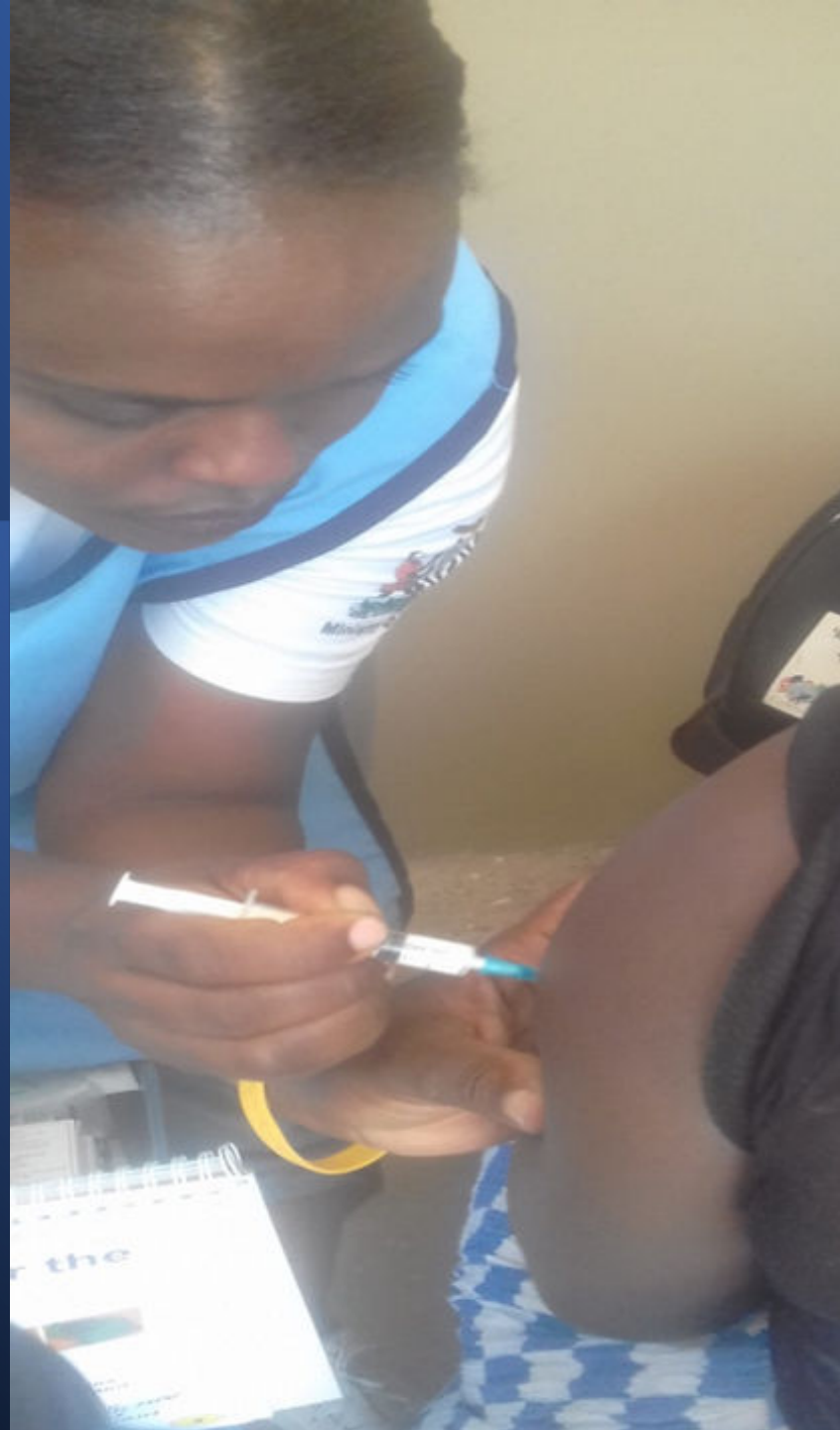


# WLHIV: Benefit of FP/HIV Integration

“There is no queuing here; there is nothing like waiting; just after finishing with the collection of your ARVs, you enter a room where you also get your family planning and that is the same way home.”

**WLHIV, Kabwata**

## Lay Counselor: Benefit of FP/HIV Integration

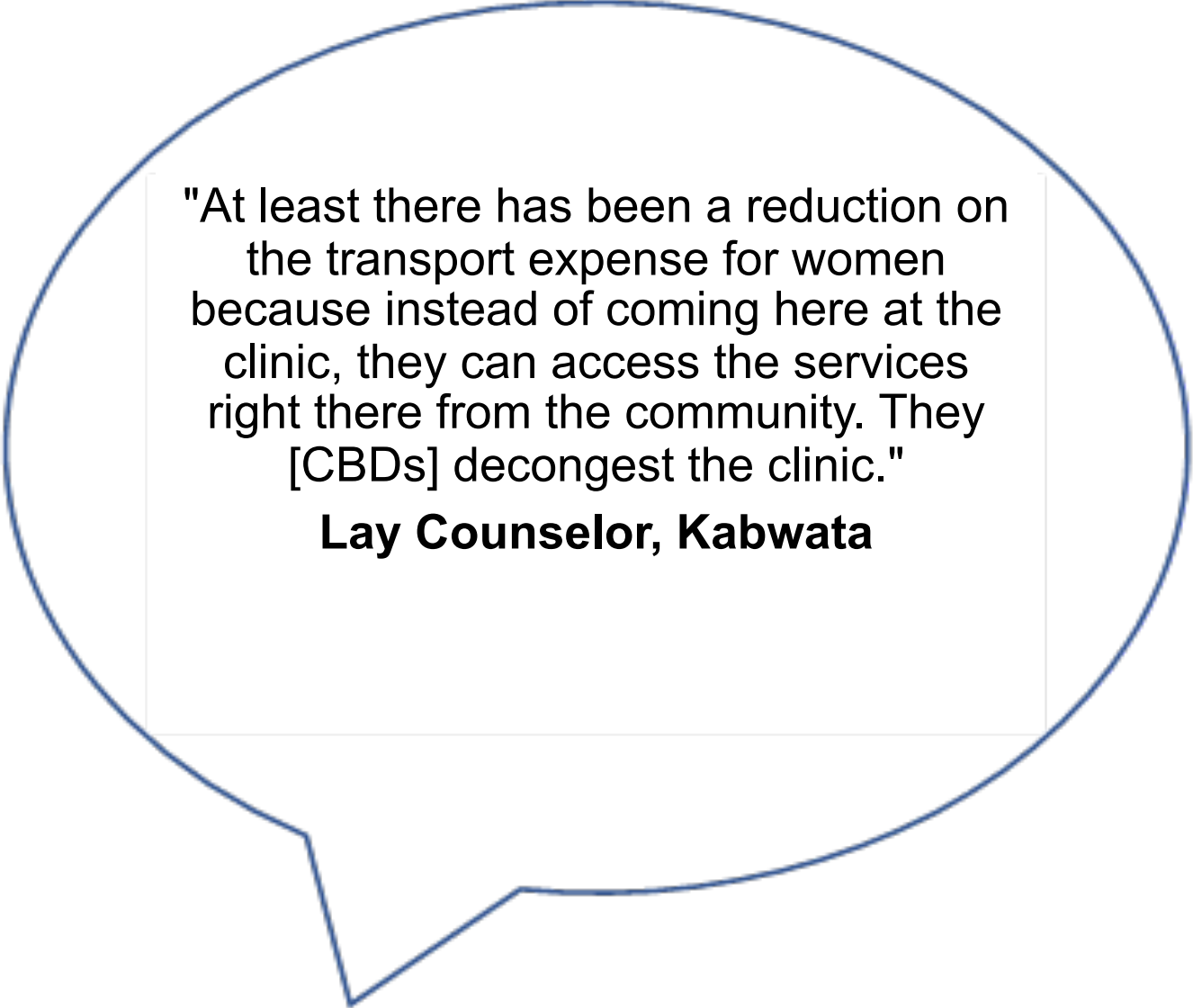


*"I think a lot of HIV positive women now have access to family planning, especially those who didn't know the benefits of family planning. So I think it has helped a lot because those days it was only done in MCH and a lot of women were not going there, but now it's done in ART they are getting the service."*

**Lay Counselor, Matero Main**



## Attitude Towards Community Based Distributors



"At least there has been a reduction on the transport expense for women because instead of coming here at the clinic, they can access the services right there from the community. They [CBDs] decongest the clinic."

**Lay Counselor, Kabwata**

# Conclusions

- Our model of FP/HIV integration significantly increased the number of WLHIV reporting use of an effective FP method and a met need for FP
- Distribution of contraceptives by CBDs to women between clinic visits also likely contributed to decreased reports of an unmet need for FP
- These results support continued efforts to integrate FP and HIV services to improve women's access to a full range of contraceptive methods and to safer conception counseling for those desiring to become pregnant