Assessment of FP-HIV Integration under the Self-care Oriented Differentiated ART Service Delivery Models in Selected Regions of Uganda

Dr. Fredrick Edward Makumbi
Makerere University, School of Public Health
Kampala, Uganda
16 November 2023

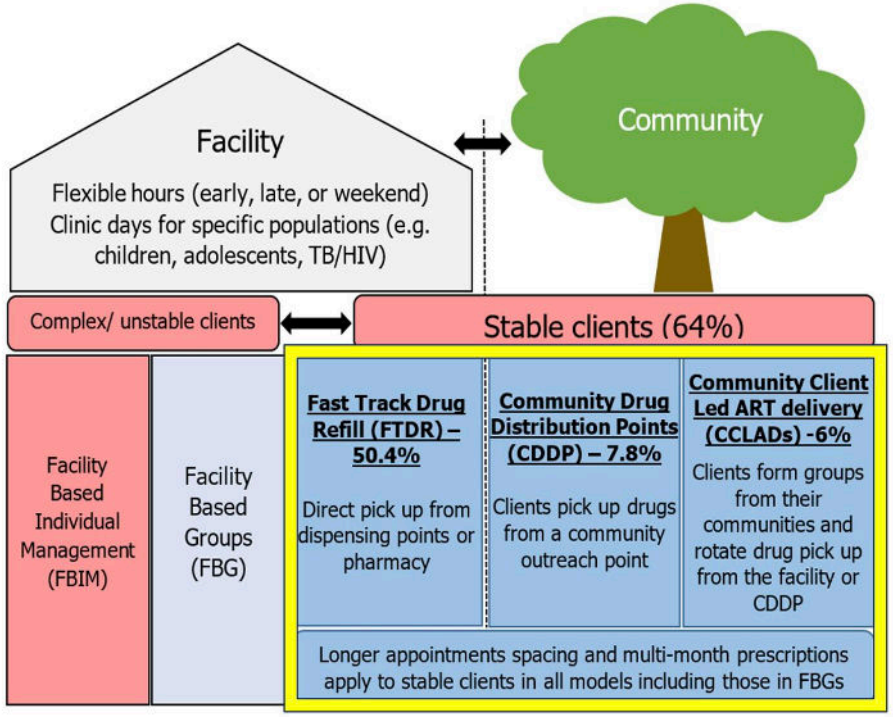
CQUIN 7th Annual Meeting
November 13 – 17, 2023 | Johannesburg, South Africa

Outline

- Background
- Study goal and specific objectives
- Study design and data collection
- Key findings
- Recommendations
- Acknowledgements

Background

- Since 2018, Uganda has rapidly scaled up differentiated HIV treatment
- As of June 2023, 64% of people on ART are in less-intensive (Stable) models
  - Fast track drug refill (FTDR) – facility-based individual model
  - Community drug distribution point (CDDP) – community-based individual model
  - Community client-led ART distribution (CCLAD) – community-based group model



- Uganda's less-intensive treatment models are oriented to support self-care and self-management, with longer intervals between appointments and multi-month prescribing
- **Can they be leveraged to increase access to self-care-oriented family planning services?**

Goal and Objectives

Goal: To document the **implementation processes** and **perceptions** of integrating FP services and methods into self-care oriented DSDM (SC-DSDMs) from the perspective of policy makers, implementing partners (IPs), program managers, healthcare providers and HIV-positive women enrolled in SC-DSDMs

Specific Objectives:

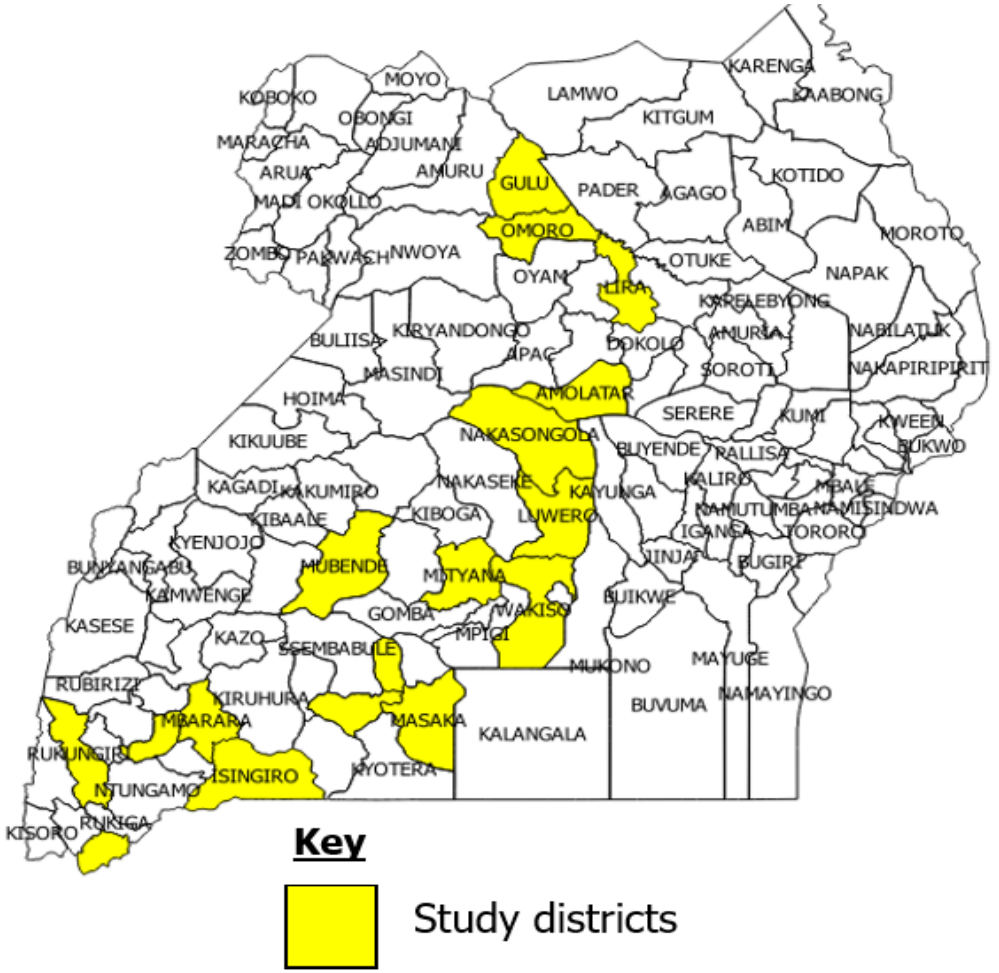
- ✓ Document the different forms of FP-HIV integration into SC-DSDMs
- ✓ Explore the extent to which FP-HIV integration is aligned to DSDM guidelines
- ✓ Document client, healthcare provider, and IP perceptions of FP-HIV integration into SC-DSDMs
- ✓ Explore the barriers that providers face in integrating FP into the SC-DSDMs

Research funded by USAID-W under the R4S Projected, led by FHI360 in consortium

Study Design

- A qualitative study was conducted at 18 high volume health facilities in 17 districts across 4 high HIV prevalence regions *(South-west, Central 1, Central 2 and Mid-North)*
- HIV prevalence in the selected regions ranges from 6.2 to 8.2%; higher than the national average of 5.5%
- Data were collected in September and October 2022

Study Sites

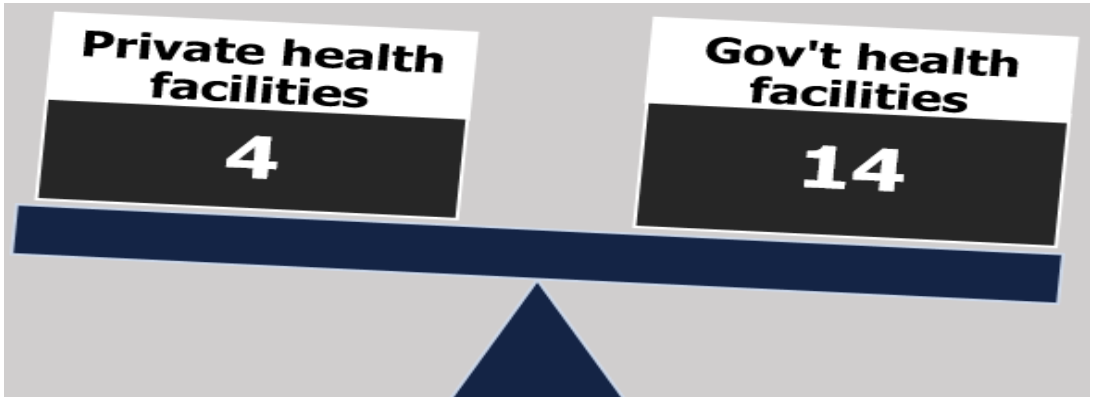


Data collection methods

Triangulation across data collection methods and sources

83 Qualitative Interviews		
Health facility staff (35)	**HIV+ women on ART (36)**	**Policymakers, IPs, Program Managers (12)**
13 health facility in-charges	19 Fast-track drug refill model	3 policy makers
14 ART in-charges	11 Community drug distribution points	5 implementing partners
8 MCH in-charges	6 Community client-led ART delivery	4 program managers

Ownership of health facilities visited



No. of Interviews and Health Facilities

Facility level	Number of Facilities in sample	Clients Interviewed
Regional Referral Hospital	6	14
General Hospital	2	6
Health Center-IV	4	7
Health Center-III	3	5
Special Clinics	2	4

Findings

1. Forms of FP/HIV integration
2. Alignment of FP/HIV integration with guidelines
3. Client, provider, and IP perceptions of FP/HIV integration
4. FP/HIV Integration Barriers

1. FP/HIV Integration: How are services being delivered?

One-Stop Center approach:

- FP and HIV services are offered at the same time, in the same place, by the same provider

Collaboration (referral) approach:

- Women living with HIV (WLHIV) receive HIV services in their SC-DSDM model and are referred elsewhere for family planning services

How are services being delivered? – 2

One-Stop Center approach:

- 18/18 Health Facility (HF) offered integrated **FP information and counseling** to women living with HIV (WLHIV) in SC-DSDMs
- 3/18 HF offered integrated **FP methods to** WLHIV in SC-DSDMs

Collaboration (referral) approach:

- 14/18 health facilities referred WLHIV in SC-DSDMs to the MCH/FP clinic on the same compound as the ART clinic for FP methods
- 1/18 HF (faith-based) referred WLHIV in SC-DSDMs outside the health facility for FP methods

How are FP and HIV services being delivered? – 3

	Community Drug Distribution Point (Community-based individual model)	Community Client-Led ART Delivery (Community-based group model)	Fast Track Drug Refill (Facility-based individual model)
	FP information and counseling		
One-Stop Center	**18/18**	**18/18**	**0/18**
Collaboration (Referral)	**0/18**	**0/18**	**0/18**
	FP services		
One-Stop Center	**3/18**	**0/18**	**0/18**
Collaboration (Referral)	**15/18**	**18/18**	**0/18**

FP/HIV service delivery in community models

Community drug distribution point

(Community-based individual model)

3 HF provided FP services in CDDPs
(two TASO clinics and 1 RRH)

" ….For CDDP, **we carry condoms and also carry the injectables** to the community but the other long-term methods like IUD, implants, they are not commonly taken to the community, we can agree with the clients to come and pick it here or we link the client to a nearby health unit".

- Health provider South-West

Community client-led ART distribution

(Community-based group model)

No HF provided FP services in CCLADs

"….but in that [CCLAD] group, in case there is a client who is on injectable, we are **not able to dispense to the [CCLAD]** leader. We shall **link** that client to the nearby health facility to receive the method. But if the client in that group is able to come to the facility, then we shall be able to provide the family planning method she wants"

- **Health provider South-West**

2. Alignment of FP-HIV Integration with the DSDM Guidelines

- FP-HIV integration into the DSDMs was not comprehensively discussed during the design of the guidelines, which are silent on how FP should be integrated into HIV care

- Training of health providers on DSDM guidelines focused exclusively on improving efficiency in ART provision, limiting the ability of healthcare workers in ART clinic to provide FP services

Access to FP services as per DSDM Guidelines

Women in the DSDMs were expected to receive FP through intra-facility referrals

"I think we did not think so much about family planning at that time [of developing the guidelines]. **We concentrated more on HIV, access to HIV services**. We did not concentrate on integration [of family planning]; the only thing we integrated early were those things which are closely related to HIV like TB" **– Policy maker, MoH**

Health providers' training on DSDM Guidelines

No specific training on FP-HIV integration was provided to the health providers during the roll out of the guidelines

"I can ably say that in my own assessment... FP was not given that due attention [during the training]. We **were focusing on the general principles of DSDMs** so when we reached on what services we were supposed to offer [under DSDM], I think our focus was mainly on ARVs, INH prophylaxis, anti-TBs" **- Implementing Partner, South-West**

3. Client, Provider, and IP perceptions

Client Perceptions: One-Stop Center

- Convenient and less time-consuming

"… when you reach there at the facility, you can easily get all these [ART and FP] services at once from the same place, you receive the ARVs and […] the family planning injection [at the same time]" **- FTDR Client, South-Western Region**

Client Perceptions: Collaboration (Referral)

- Long waiting times
- HIV and FP services are sometimes offered on different days

"… sometimes there are many people at family planning [unit] so I come early and I end up leaving late. I would wish that [the services are on] the same day. That's the only challenge I have found, time. Because I come around 9am and leave around 2pm" **-FTDR Client, South-Western Region**

Perceptions on FP-HIV Integration in the context of SC-DSDMs

PROVIDER

- Providers thought that FP-HIV integration into SC-DSDMs would reduce HF waiting time
- They cited challenges that hinder FP-HIV integration, including:
  - Space challenges
  - Increased workload

IMPLEMENTION PARTNER

- IPs agreed that FP-HIV integration into SC-DSDMs is a good strategy to reduce unmet need among HIV clients
- They cited challenges that hinder FP-HIV integration, including:
  - Difficulty to harmonize FP and HIV service targets and timelines
  - Increased workload

Provider Perceptions on FP-HIV Integration in the context of SC-DSDMs

- Providers thought that FP-HIV integration into SC-DSDMs would reduce HF waiting time
- They cited challenges that hinder FP-HIV integration, including:
  - Space challenges
  - Increased workload

"For me I say [FP-HIV integration into SC-DSDMs] is very good. **Because it reduces the time clients take within the hospital**. The client will come, get all the services in one place and go. Other than referring to the MCH, where she finds the line is too long, and she waits for 4-5 hours yet she stays far"- **Health Provider, central 2**

"FP-HIV integration into SC-DSDMs is okay but **the challenge we have now is space**, because initiating any mother or any client on family planning, we first need to examine and now at ART clinic space for examination of mothers it is not there"- **Health Provider**

IP Perceptions on FP-HIV Integration in the context of SC-DSDMs

- IPs agreed that FP-HIV integration into SC-DSDMs is a good strategy to reduce unmet need among HIV clients
- They cited challenges that hinder FP-HIV integration, including:
  - Difficulty to harmonize FP and HIV service targets and timelines
  - Increased workload

"…[FP-HIV integration into SC-DSDMs] is a good thing but the **implementation is not as smooth** …

I just want to give an example of someone in fast-track [FTDR]; right? This mother is going to…. **take ARVs for 6 months and maybe on that day she gets her family planning shot, in those 6 months she will be expected to have gotten another family planning shot**"

– **Implementing partner, Northern Uganda**

4. FP-HIV Integration barriers faced by providers

FP-HIV Integration Barriers

Staff shortages:

"One [challenge] is staffing [...] Right now if you look at our unit, we still need more staff. **If you are to integrate FP it means that you have to get a health worker in charge of FP** [in the ART clinic]" – *ART provider, Central 1*

Stock-out of FP supplies:

"Another challenge [to integration] is .. commodities … are not there. **If they would be providing us with a constant [supply of] these short-term commodities and there are no stock-outs**, then our service delivery will be perfect" -*Healthcare Provider, mid-North region*

Lack of space:

"**…**I would say our space [is a challenge]. By the time we made that construction in ART clinic, family planning program was not there **but now we have to squeeze in the limited space we are having**, it is where we do the screening for cervical cancer, then again it is where we have FP, it is the same place"

- *Healthcare Provider, mid-North region*

Documentation challenges:

"The issue is about the documentation and even the accountability of the commodities. **We are not supposed to be having 2 data tools [registers] within the facility**, it is supposed to be one. So, it is better to offer it [FP] through MCH" -*Health provider central 1, region*

SUMMARY OF FINDINGS

- Two forms of FP-HIV integration were being implemented at the 18 HF: **one-stop center** and **collaboration** (referral).
- **Women enrolled in SC-DSDMs preferred the one-stop approach**, but this was rare
  - Only 3/18 HF offered one-stop services to WLHIV enrolled in SC-DSDMs
  - Only 3/18 HF offered integrated FP methods (the other 15 offered integrated FP counseling and information)
- **Stock-outs of short-term FP supplies, staff shortages, and limited space** were cited as critical challenges to FP-HIV integration in the context of SC-DSDMs
- FP-HIV integration into DSDMs **was not considered an integral part** of the national DSDM guidelines or DSDM training

RECOMMENDATIONS

- **Ministry of Health:** Support enabling systems for FP/HIV integration
  - Develop/revise policies to strengthen FP-HIV integration into the DSDMs; develop FP-HIV implementation guidelines
  - Objectively review staffing needs and cross-train existing staff/recruit new ones, where appropriate
  - Address stock-outs and space challenges as needed

- **USAID/Other Development Partners:** Support further research/programmatic assessment
  - **Explore barriers** to and **facilitators of implementing FP-HIV integration in DSDMs** in both **high** and **low** volume facilities across the country
  - **Determine uptake of FP methods and services through the different DSDMs** among HIV+ women receiving ART refills and their male partners
  - **Conduct another evaluation of the implementation of FP-HIV integration** into DSDMs at least one year from this landscaping study
  - Extend the FP-HIV integration assessment to cover **supply chain issues** around short-term FP supplies

R4S Research for Scalable Solutions

Acknowledgements

USAID FROM THE AMERICAN PEOPLE
fhi360 THE SCIENCE OF IMPROVING LIVES
EVIHDAF
MAKERERE UNIVERSITY
psi
Save the Children.

Thank you!