

# Experience in FP/HIV Integration from Uganda

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Integrating non-HIV Services into HIV Programs  
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# Presentation Outline

- **Background: HIV Cascade as at end of December 2023**
- **Family planning uptake in Uganda**
- **The Health Structure & SRH/HIV Linkages framework**
- **The 2023 CQUIN DART CMM findings from the FP/HIV domain**
- **Status of FP/HIV integration in Uganda**
- **Challenges and Opportunities**
- **Conclusion**

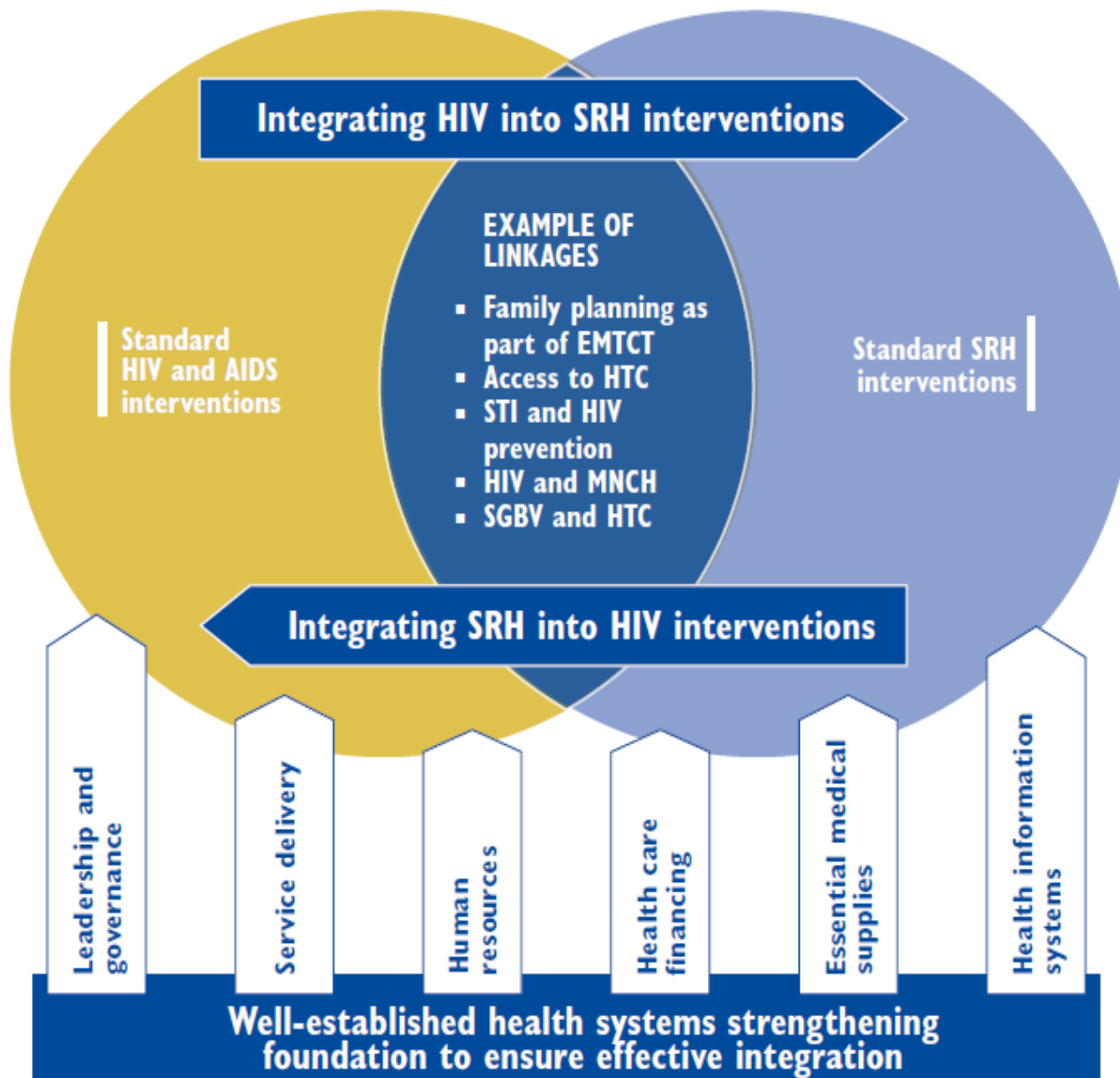
# Family planning practices and uptake in Uganda, 2022

## FP high impact practices:

- **Quality counseling on family planning**
- **Immediate postpartum family planning**
- **Post-abortion family planning**
- **Integration of FP into HIV & immunization**

Indicator	Performance
mCPR for married women	37%
Unmet need for FP	22%
Demand satisfied by modern method	60%
Total fertility rate	5.2
Teenage pregnancy rate	24%
Maternal mortality ratio	189/100,000 LB

Source UDHS, 2022



## Health Structure & SRH/HIV Linkages framework

- Ministry of Health leads on the strategic direction under which we have the SRH department.
- Each district is led by a District Health Officer (DHO) with an ADHO for Maternal & Child health.

# The CQUIN treatment CMM findings from the FP/HIV domain and post assessment action

- Uganda's FP domain result from the CQUIN treatment CMM self-assessment – **Orange**
  - **There are no national targets for WLHIV enrolled in DART models receiving integrated FP services**
- Held stakeholder discussions after the self-assessment and identified the following strategies to improve the domain:
  - Improve coverage, integration of FP into community DSD models as a priority.
  - Increase the FP options available for use among WLHIV.
  - Strengthen documentation for FP services in the ART clinics.

## Orange Stage of Maturity

National policies **do** support integration of FP services into less-intensive DART models

**BUT** there are no national coverage targets for the number or proportion of eligible women enrolled into DART models who receive integrated FP services

**OR** there are targets, but no data with which to assess progress towards targets in the past year

# Status of FP/HIV Policies and Guidelines

- There is the *National Strategy and Implementation guidelines for Integration of Sexual Reproductive Health; HIV and AIDS; and Gender Based Violence 2020 - 2024*
- In Uganda SRH/HIV/SGBV Integration is crucial for the attainment of the National Development Plan 3 (NDP III) which is designed to propel the economy towards middle income status by 2025. It is also in line with the vision 2040 as well as the Second National Health Policy (NHP III).

# Status of FP/HIV Policies and Guidelines

- Family Planning integration refers to having family planning commodities available in the current DSD models and there has been a policy developed jointly by the Sexual and Reproductive Health (SRH) and AIDS Control Program departments (ACP).
- Currently, FP commodities are freely available at the facility level in the PMTCT or ART clinics
- There is limited access of FP commodities at the community level.
  - Where available in the community, only condoms have been accessed.

# Coordination, Training and Stakeholder Engagement

## Coordination

- SRH/HIV/GBV integration TWG has been established and meets quarterly
- There is national FP focal person who is a member of the SRH/HIV/GBV integration TWG
- At subnational level, the FP/HIV integration is championed by the Assistant District Health Officer - MCH

## Training

- Majority of ART providers have had facility-based mentorship on FP/HIV integration across the country and CQI projects are in place to strengthen this.

## Stakeholders

- Marie Stopes, PSI, DKT health care, RHU, Pathfinder, JHPIEGO, CHAI, FHI360, URC, Uganda Family Planning Consortium, Uganda Youth & Adolescent Health Forum, BRAC, SAMASHA Medical foundation, among others.



# Models used in Uganda for FP/HIV Integration

## 1. One stop shop within the HIV/ART clinic or in the community:

- Some facilities have integrated FP into the HIV clinics and recipient of care receive both services at the same place. However, for the methods that need more expertise, they are referred to the FP clinic.

## 2. Intra-facility referral:

- This is most common model used in most of the facilities. RoC, receive ART in the HIV clinic and are referred to the FP clinic. These referrals are both coordinated and non-coordinated.

## 3. Inter-facility referral:

- This is another common model mostly in the rural areas where we have lower-level health centers that can only offer certain methods of FP and therefore refer to higher facilities for some of the methods.

# FP indicators for FP/HIV integrated services that are routinely tracked (Oct- Dec 2023)

Indicator	Numerator – Data element	Denominator – Data Element	Disaggregation	Indicator
% FP clients that tested for HIV	105-HT01k1. Facility testing at Family Planning - Tested for HIV 28,968	Total (105-FP01 → FP 20) (1,402,485)		2.1%
		Plus		
		105-MF01. Female sterilization (tubal ligation) (3932)		
		Plus		
		105-MF02. Male sterilization (vasectomy) (2529)		
% FP users newly testing +ve	105-HT01k2. Facility testing at Family Planning - New HIV+ (Total) (122)	105-HT01k1. Facility testing at Family Planning - Tested for HIV (28968)	Total	0.42%
% of FP clients testing HIV+ linked to care	105-HT01k3. Facility testing at Family Planning - Linked to Care (41)	105-HT01k2. Facility testing at Family Planning - New HIV+ (122) (Total)	Total	33.6%

# FP indicators for FP/HIV integrated services that are routinely tracked (Oct- Dec 2023)

Indicator	Numerator – Data element	Denominator – Data Element	Disaggregation	Indicator
Number HIV+ clients accessed an FP Method	105-FH01. Number HIV+ FP Users	1	Total	15,360
% FP clients that were screened for STI	105-FH03a. STI Screening in Family Planning - Total Screened (302,380)	Total (105-FP01 → FP 20) (1,402,485)	Total	21.5%
		Plus		
		105-MF01. Female sterilization (tubal ligation) (3,932)		
		Plus		
		105-MF02. Male sterilization (vasectomy) (2,529)		
% FP clients that were screened for STI testing positive	105-FH03B. STI Screening in family Planning - Positive (4,341)	105-FH03a. STI Screening in Family Planning - Total Screened (302380)	Total	1.4%

# FP/HIV M&E Systems in Uganda

## FP/HIV integration data sources

- ART card,
- ART Register
- Family planning register.
- HIV Testing Services register
- Integrated of FP data elements Post-Natal Register
- HMIS 105

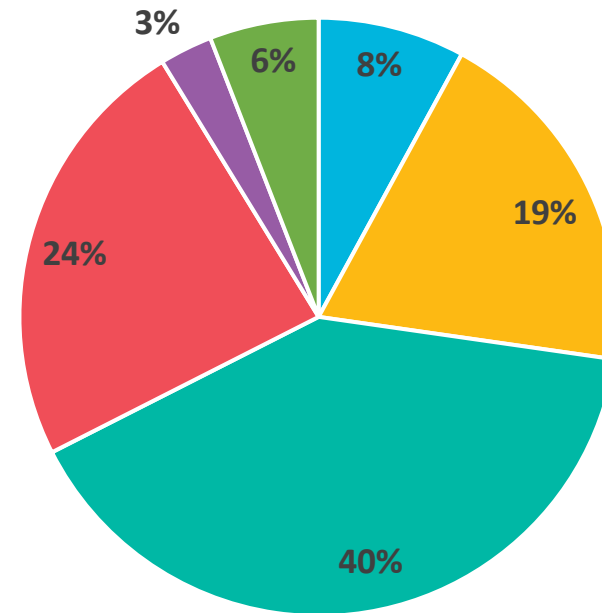
Data flow system is from ART cards, ART register, family planning register, 105 monthly report to DHIS2.

# FP Data – HIV and STI integration (Oct – Dec 23)

DATA ELEMENT		23-OCT	23- NOV	23- DEC
<b>FP integration into HIV</b>	Number HIV+ FP Users			
	Total (women in reproductive age using FP)	327737	327709	287343
	HIV+	5561	5422	4377

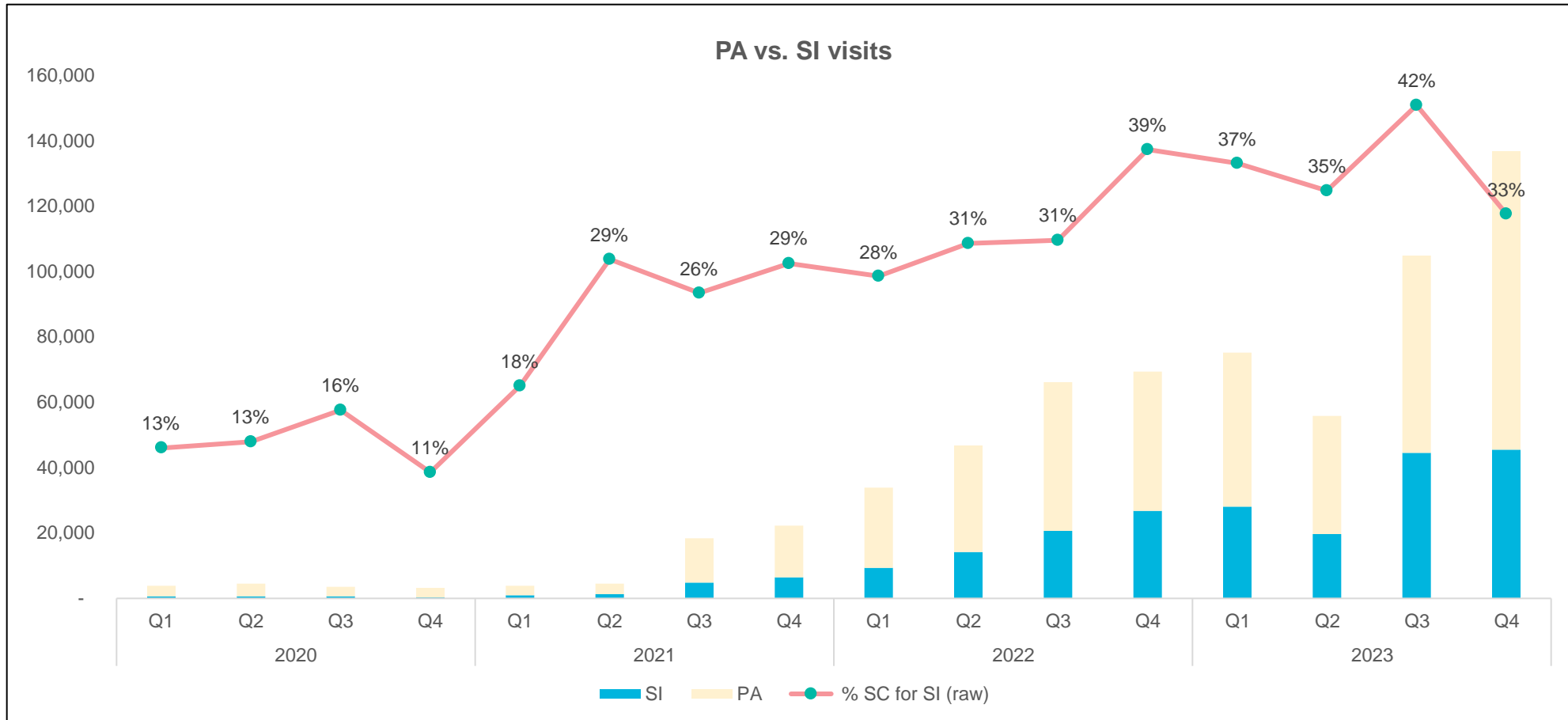
# Modern contraceptive method mix breakdown – all women of reproductive age, Dec 2023

- **N = 287343**
- **65% of WRA are using injectables with the majority using the Sayana press**
- **Use of LARCs is low due to prevailing myths and misconceptions**



■ Oral contraceptives ■ Injectable IM  
■ Injectable SC ■ Implants  
■ IUD ■ Other

# Access to DMPA-SC by Mode of provision



\* Overall, DMPA-SC is mostly dispensed through Provider Administered (PA), compared to Self Injection (SI)

# Challenges and opportunities for FP integration

## Challenges

- No national targets for FP use / coverage in among WLHIV
- Myths on FP usage and services outside health facilities

## Opportunities

- FP methods integrated onto the HIV card / EMR
- Available system that can be used to track FP commodities at the CRPDDPs
- FP methods available at most facilities including private facilities
- Task shifting to the community players

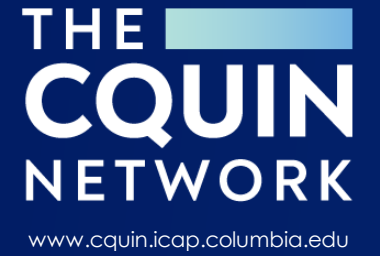


# Progress on the Post FP/HIV learning exchange visit Acton Plan

Activity description	Funding source	Responsible Person	Proposed Timeline	Progress update December 2023	Progress
Goal 1: Comprehensive Family Planning Integration					
The integration of Family Planning (FP) services at every stage of care within HIV clinics, including the utilization of job aids and the promotion of method mix.	PEPFAR /GF	FP focal person	Immediately	In progress	Deferent models as shown previously are being used at the facility. We have started piloting integration into the community pharmacy model as an entry to the community.
Development of visual aids to support integration	SBCC/ MOH	FP focal person/ACP	Jan-24	Not started - behind schedule	Planning for review and development of IEC materials for PMTCT will include some for FP/HIV integration
Review data elements to develop trackable indicators	PEPFAR/ Joint UN Program	FP focal person/ACP	Immediately	In progress	Some of the data elements have been included in the pilot for FP in the community Pharmacy and also translate to the facility. They will be modified as implementation takes shape.
Goal 2: Scale up of HIV Service provision centers					
The ongoing initiative to expand HIV services to the most basic Primary Healthcare (PHC) facilities that already offer Reproductive Health (RH) services, like Health Center II	PEPFAR / GF	ACP	On going	Completed	Expanding to another 700, assessment and training planned for next quarter (On going)

# Conclusion and next steps

- **In conclusion,**
  - Widespread use of Sayana press provides an opportunity to further integrated FP provision within community-based models.
  - Some of the models of integration are specific to WLHIV while others are serving the general population however, the country strategy is to ensure access for all women needing contraceptive including the HIV positive RoC. The ongoing pilots will be very informative in the development of SOPs for FP/HIV integration.
- **Next steps,**
  - Use the learning's from the current pilot to develop implementation structure for the HIV + RoC for easy follow up (Draft for the pilot have been Developed and completed)
  - Pilot this in the HIV service delivery. (This has started in 5 regions )



Thank You!

