

CQUIN Integration Webinar Series:
**Optimizing Family Planning and HIV
Integration: Lessons from Early Adopters in
the CQUIN Network**

June 4, 2024

HIV Coverage, Quality, and Impact Network



Welcome/ Bienvenue



Rudo Kuwengwa
CQUIN Clinical Advisor
ICAP in Zimbabwe

- Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.
- Assurez-vous d’avoir sélectionné la langue de votre choix à l’aide du menu <<Interprétation>> en bas de votre écran Zoom.



Housekeeping

- 90-minute webinar with framing presentations followed by a panel discussion with Q&A
- Slides and recording will be available on the CQUIN website (www.cquin.icap.columbia.edu)
- Please type questions in the Q&A box located on the toolbar at the bottom of your screen
- If you would prefer to speak, please use the “raise hand” function on the toolbar and we will unmute you so that you have control of your microphone
- If you are a French or English speaker, please ask your question in your language of choice and the interpreters will translate as needed



Agenda

1. **Welcome and Introductions:** Rudo Kuwengwa, ICAP/CQUIN
2. **Framing remarks:** Brief from the CQUIN Integration meeting on FP/HIV integration: Maureen Syowai, ICAP/CQUIN
3. **Case studies:**
 - Coordinating FP/HIV integration in **Ghana** – Claudette Diogo, SRH PM, MOH Ghana
 - **Nigeria experience:** models of FP/HIV integrated service delivery – Eleen Ekanem, DSD Coordinator, NACP Nigeria
4. **Panel discussion and Q&A:** Rachel Mudekereza, ICAP/CQUIN (Moderator)
 - ICAP/CQUIN: Maureen Syowai
 - MOH Ghana: Claudette Diogo, SRH PM
 - MOH Nigeria: Eleen Ekanem, DSDC NACP
 - USAID, Washington: Jessica Rodrigues
 - EGPAF, Eswatini: Mary Basumbuko, PMTCT/MNCH/FP/GBV
 - Community Perspective, Cameroon: Odette ETAME, President No Limit for Women Projects
5. **Closing Remarks:** Maureen Syowai, ICAP/CQUIN

Framing remarks:

Brief from the CQUIN Integration meeting on FP/HIV integration

Maureen Syowai, MD

CQUIN Deputy Director, Technical

ICAP in Kenya



Outline

- **Family Planning and HIV**
- **Defining integration & CQUIN's approach to FP/HIV integration**
- **Capability maturity model on FP/HIV integration from early adopters in the CQUIN network**
- **Establishing FP/HIV integrated programs**
- **Conclusion**

Integrating Non-HIV Services Into HIV Programs: Delivering Person-Centered Care for People Living With HIV

April 15 - 18, 2024 | Nairobi, Kenya



CQUIN Integration Meeting April 2024:

<https://cquin.icap.columbia.edu/event/integrating-non-hiv-services-into-hiv-programs/>

HIV Learning Network

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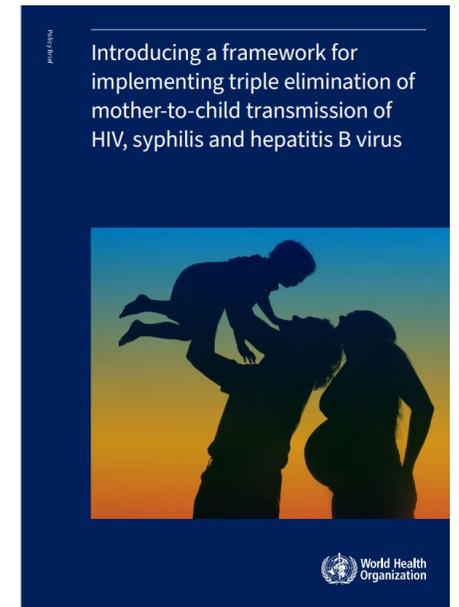
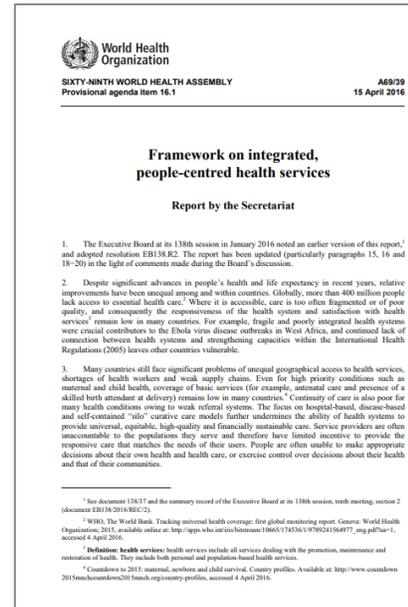
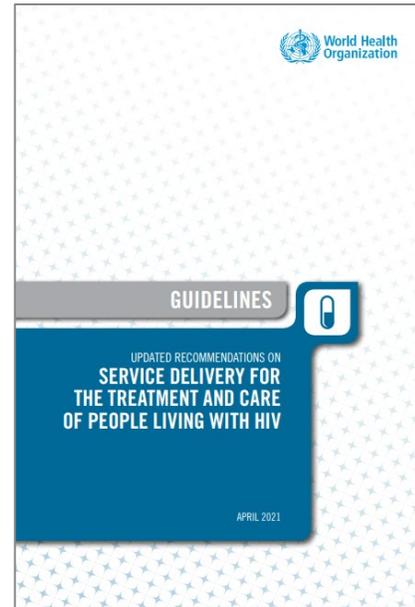
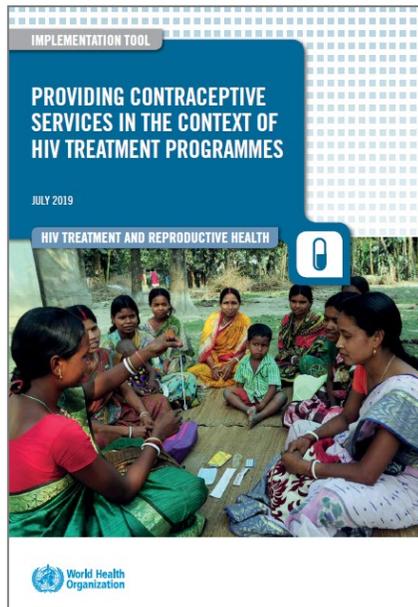


Family Planning and HIV

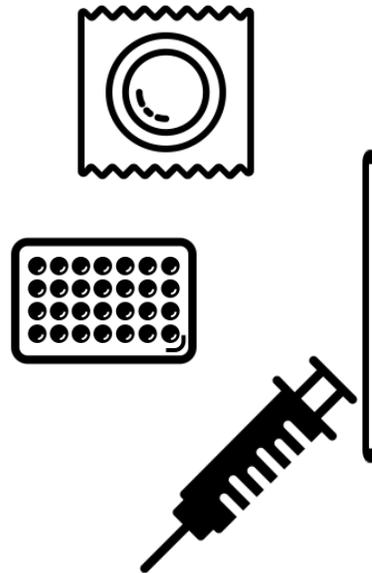
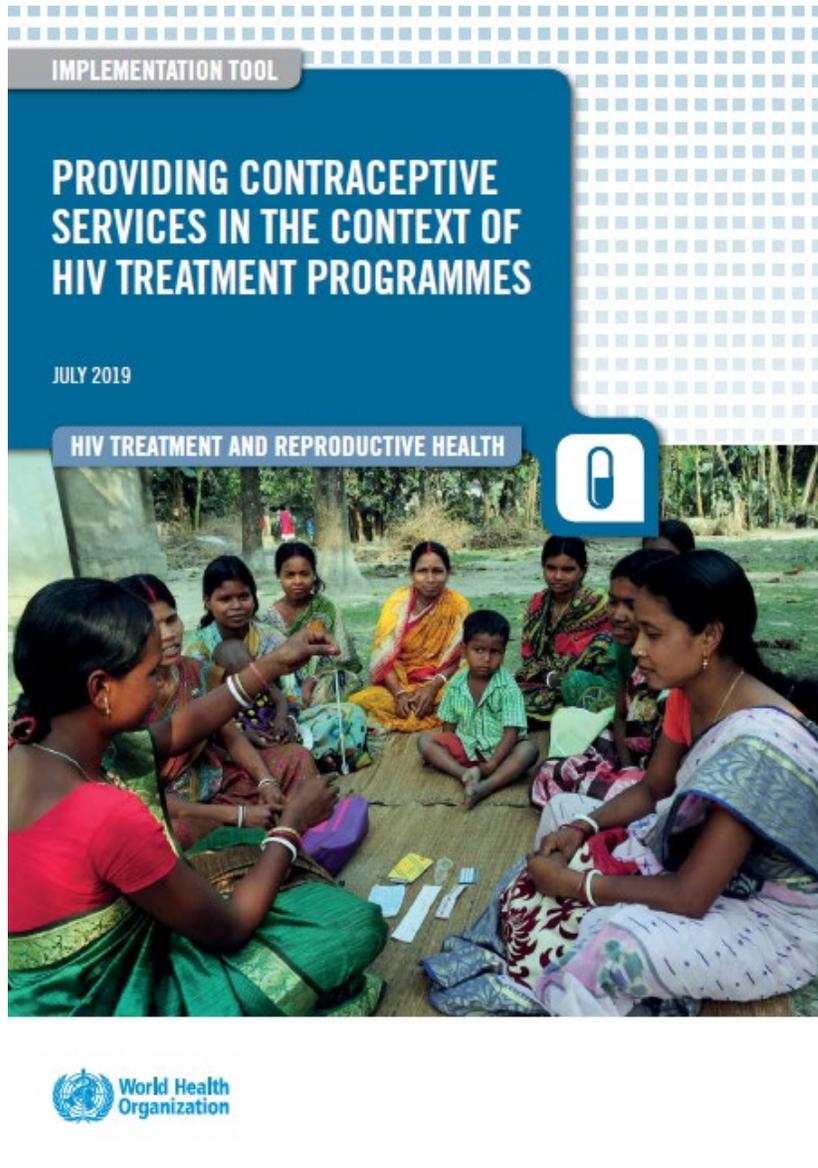


Introduction

- Global guidance on family planning (FP) integration into HIV service delivery have been developed and used by many countries to successfully implement FP / HIV integration within projects.
- There remains a persistent gap in sustaining these integration models beyond the life of the project as well as in taking these demonstration projects to scale nationally.



WHO Tools for Integration: 1



HIV Treatment and Contraceptive Services Integration Implementation Tool

- Aimed at reducing unmet need for contraception among women and girls LHIV **who do not want to become pregnant**: essential aspect of high-quality HIV and health-care services.
- Tsepamo study signal of a possible higher rate of neural tube defects demonstrated need to ensure access to FP services for WLHIV to **address unintended pregnancy**.
- Tool aimed at giving priority in national policies, programs and among donors to **meet needs of women and adolescent girls LHIV for greater contraceptive choice and improved access including**.
- A wide range of contraceptive methods.
- Comprehensive evidence-informed counselling.

Main audience:

- HIV, family planning and reproductive health program managers
- Members of national guideline development and technical advisory groups
- Implementing partners and professional societies involved in HIV treatment programs

WHO Tools for Integration: 2

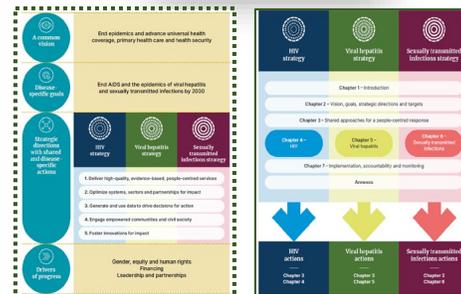
Policy Brief

Introducing a framework for implementing triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus



World Health Organization

Catalyzing integration through the Triple Elimination Initiative, advised by the joint global health sector strategies 2022-2030



Implementing Triple Elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus

The World Health Organization (WHO) is committed to the ‘triple elimination’ initiative – the elimination of mother to-child transmission of HIV, syphilis and hepatitis B virus – and its global role in guiding a coordinated, person centered service delivery approach through the life-course that meets the needs and supports the rights of women, newborns, children and families.

The success of triple elimination depends on the combined efforts of advocates, policy-makers, health care providers and the community.

Central to the success of this initiative are gender equality considerations and the involvement of women and girls in planning and delivery of non-coercive interventions in order to ensure that the human rights of women, children and families affected by HIV, syphilis and hepatitis B are protected.

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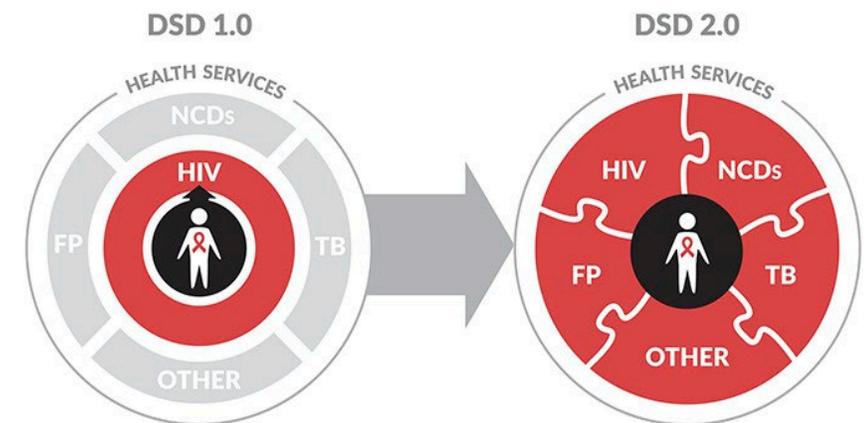


Defining integration & CQUIN's approach to integration



Differentiated Service Delivery and Integration

- **Differentiated Service delivery** is a **client-centred approach** that simplifies and **adapts HIV services across the cascade** to reflect the preferences and expectations of groups of **people living with HIV (PLHIV)** while reducing unnecessary burdens on the health system.
- Integration is a **means not an end** – the goal is not integration itself, but improved coverage, quality, and impact of health services for people living with HIV
- Differentiated approaches contribute to this goal by delivering **person-centered services** that meet the needs and expectations of recipients of care
- Our hypothesis is that integrating **non-HIV services into HIV programs** will expand and accelerate these efforts
- Robust engagement of recipients of care in planning, implementation, and evaluation of integration activities is key



Ehrenkranz P, Grimsrud A, Holmes CB, Preko P, Rabkin M. Expanding the Vision for Differentiated Service Delivery: A Call for More Inclusive and Truly Patient-Centered Care for People Living With HIV. *J Acquir Immune Defic Syndr.* 2021 Feb 1;86(2):147-152. PMID: 33136818; PMCID: PMC7803437.

Defining Integration

- Level of integration:

- **Systems:** Integration at the health system level

For example: policies, financing, training, procurement, M&E

- **Services:** Integration at the point of service

For example: co-location, co-scheduling, coordinated medication dispensing

- Direction of integration:

- Integration of HIV services (e.g., testing and prevention) into non-HIV programs
- Integration of non-HIV services into HIV programs

CQUIN and Integration

- Level of integration:

- CQUIN focuses on integration of both systems and services
- Consistent with the network's approach to capability maturity, which focuses on both enabling (systems) and outcomes (services) domains

- Direction of integration:

- As an HIV learning network, CQUIN's current focus is primarily on the **integration of non-HIV services into HIV treatment programs**
- Three of CQUIN's communities of practice have been working in this space for years, focusing on **TB/HIV, FP/HIV and NCD/HIV integration**

Defining Services Integration

CQUIN's situational assessment revealed that the term “integration” is often not clearly defined, and descriptions of how non-HIV services are integrated into HIV programs frequently lack specificity.

Commonalities include:

- ✓ **Co-location** of services (*e.g.*, both provided at the same site)
- ✓ **Co-scheduling** of services (*e.g.*, both provided at the same time)
- ✓ **Coordination of medication refills** to maximize recipient of care convenience and minimize visits to health facilities / pharmacies

Defining Services Integration

1. One-stop shop

- Recipients of care receive HIV and non-HIV services in the same place, at the same time
- For example, hypertension services are provided by the ART clinic

2. Coordinated referral within the same health facility

- Recipients of care receive HIV services at the ART clinic and non-HIV services elsewhere at the same facility, but attention is paid to co-scheduling appointments to maximize convenience and minimize queuing/wait time and to shared medical records/communication between clinics
- For example, appointments at ART clinic and FP clinic are on the same day

3. Non-coordinated referral within the same health facility

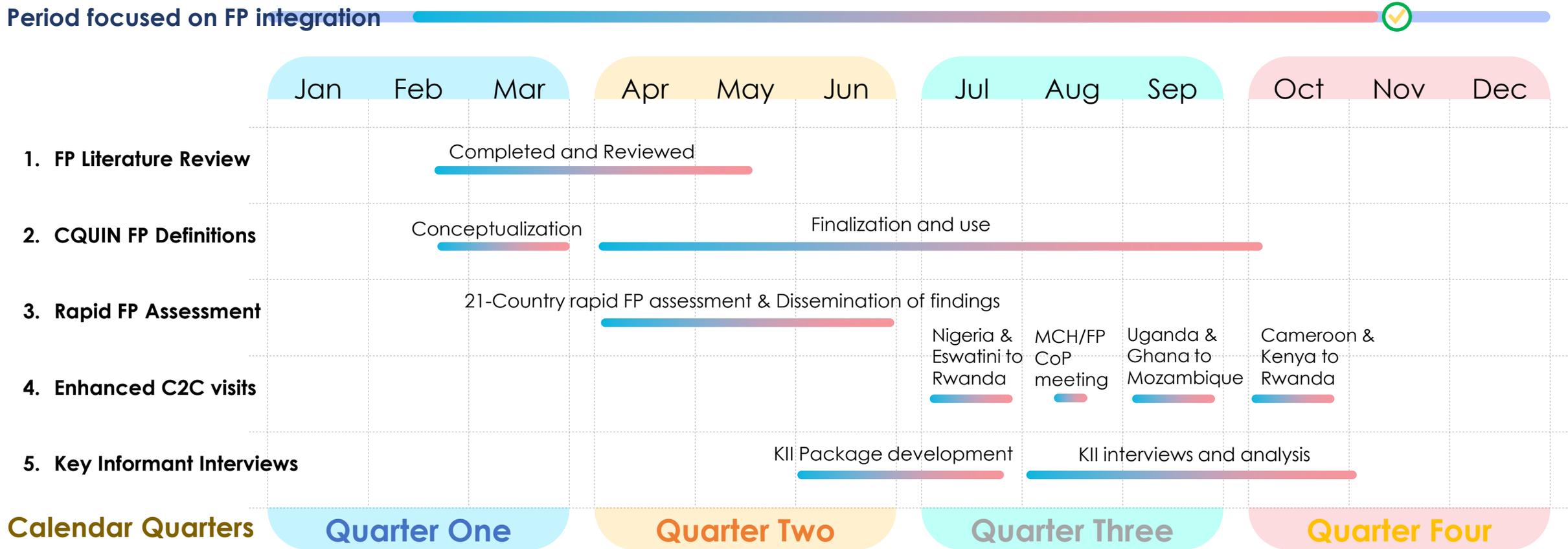
- Recipients of care receive HIV services at the ART clinic and non-HIV services elsewhere at the same facility without attention to co-scheduling

4. Referrals between service delivery sites

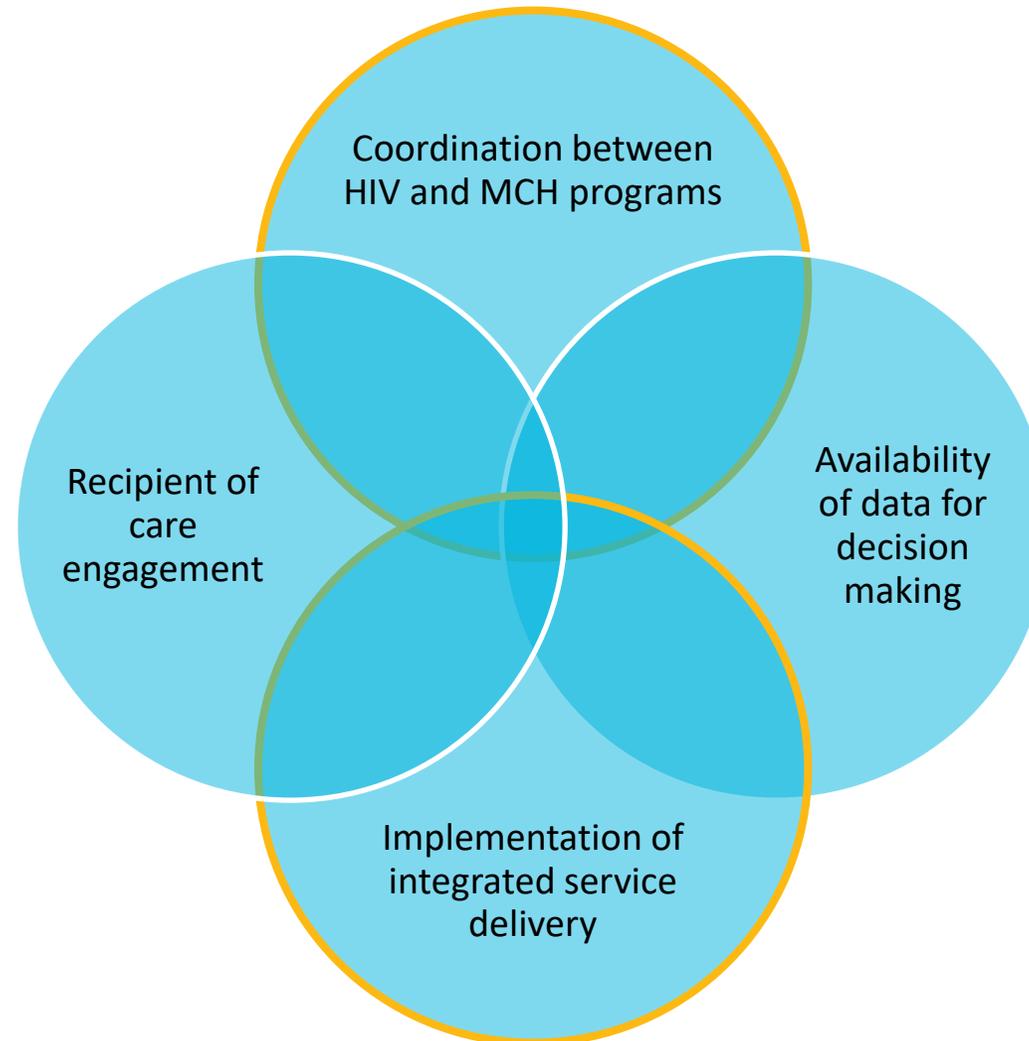
- HIV services are provided at one site and non-HIV services at another
- This includes referrals between facilities (including public, private, and faith-based facilities), pharmacies, community-based services and more

5. Other

CQUIN Situational Assessment on FP/HIV Integration – 2023



Key Themes



Key themes

Coordination between HIV and MCH programs:

- **Mixed perspectives**, varied by level of health system
- **Different approaches to coordination** between HIV and MCH/SRH departments
- **HIV departments were not always familiar with FP targets**
- **Facility-level FP/HIV service delivery** occasionally described as a bit “orphaned” – unclear which program is responsible

Implementation of integrated service delivery

- **Delivery** of integrated FP/HIV services **varies** within and between countries
- **Detailed implementation guidance** is often lacking
- **Step-by-step SOPs, HCW training, and performance indicators** are in high demand

Coordination & Implementation Findings from the CQUIN Integration Meeting 2024

Status:

- **HIV integration into FP services has been ongoing; while FP integration into ART begun recently.**
- **FP integration into PMTCT is easier because midwives, trained in both HIV and SRH services, provide these services.**
- **Countries have minimal policy barriers to FP/HIV integration but struggle with implementation.**
- **Most countries have policies for integration, but these are not detailed enough to account for DSD.**

Best practices:

- **Policies and guidelines are largely aligned to integrate FP into HIV services across all countries;**
- **Integrated TWGs exist at the country level in some countries (e.g., Uganda);**
- **Allowance of lay providers to distribute some FP commodities such as Sayana Press through supportive policies**

Coordination & Implementation Findings from the CQUIN Integration Meeting 2024

Challenges:

- **Siloed funding by donors, which challenges coordination as donors influence program directions;**
- **Lack of a joint coordination body for FP/HIV integration (e.g., TWG) leading to siloed planning, implementation, and management across HIV and SRH programs;**
- **Partial alignment of FP and HIV guidelines, especially around DSDM and MMD for FP;**
- **Unavailability of free FP commodities in some countries; shortage of stock/challenges with quantification;**
- **ART clinic HCWs are often inexperienced in providing FP services;**

Recommendations:

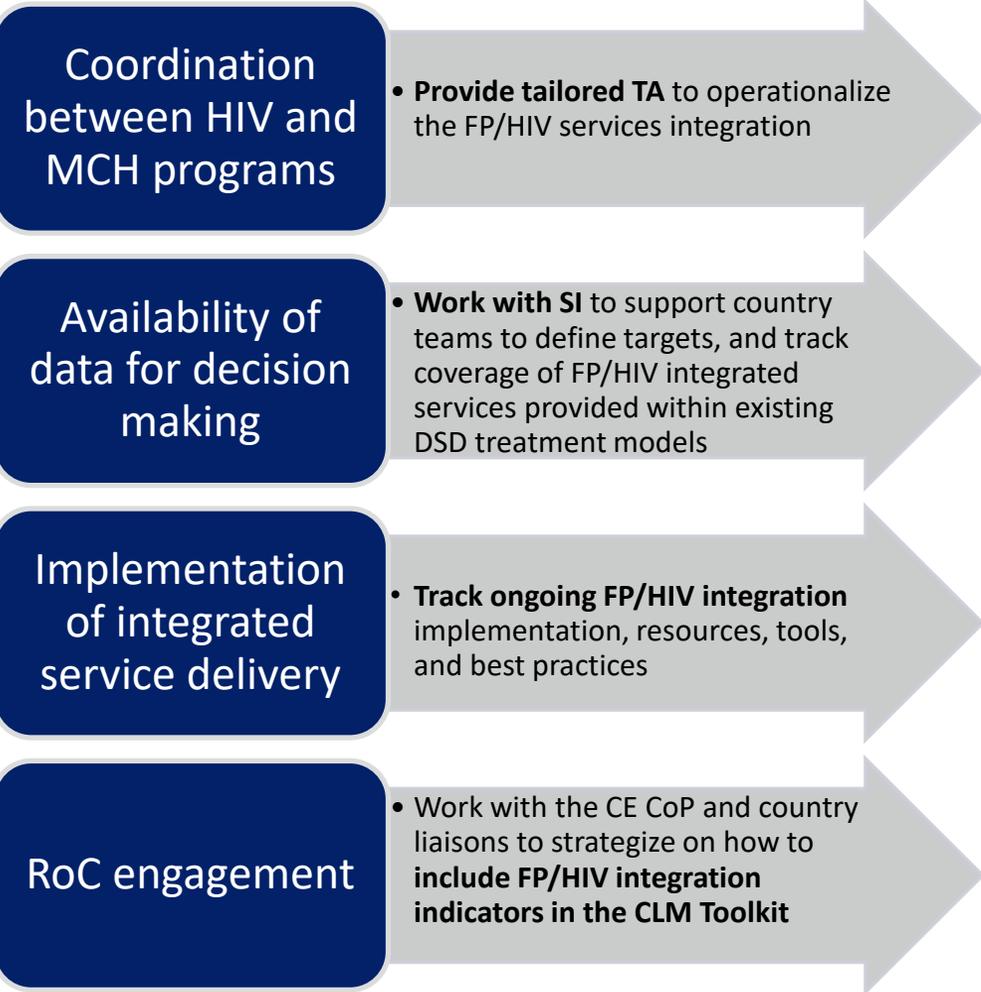
- **Establish a coordination entity led by MOH leadership in the form of an SRH/HIV Integration (TWG) with clear TORs;**
- **Develop a donor coordination mechanism at the country level to address overlaps and leverage different funding streams effectively;**
- **Develop detailed integration roadmaps at high levels (national blueprints);**
- **Integration of financing mechanisms and supply chain management - leveraging lessons learnt from TB/HIV TWG;**
- **Align FP and HIV guidelines & training materials to DSD, clearly stipulating FP considerations where ART is provided through DSDMs;**
- **Develop streamlined indicators to decrease reporting burdens.**

Capability maturity model on FP/HIV integration from early adopters in the CQUIN network



10 early adopter countries for FP/HIV integration

Country	Block	2022 score	2023 score	2024 projected score
1 Burundi	C	Red	Red	Yellow
2 Cameroon	C	Red	Orange	Yellow
3 Eswatini	N	Orange	Orange	Yellow
4 Ethiopia	N	Orange	Orange	Green
5 Ghana	Q	Orange	Orange	Yellow
6 Kenya	I	Orange	Orange	Yellow
7 Mozambique	N	Red	Red	Orange
8 Nigeria	Q	Orange	Orange	Yellow
9 Rwanda	N	Yellow	Orange	Green
10 Uganda	Q	Orange	Orange	Green



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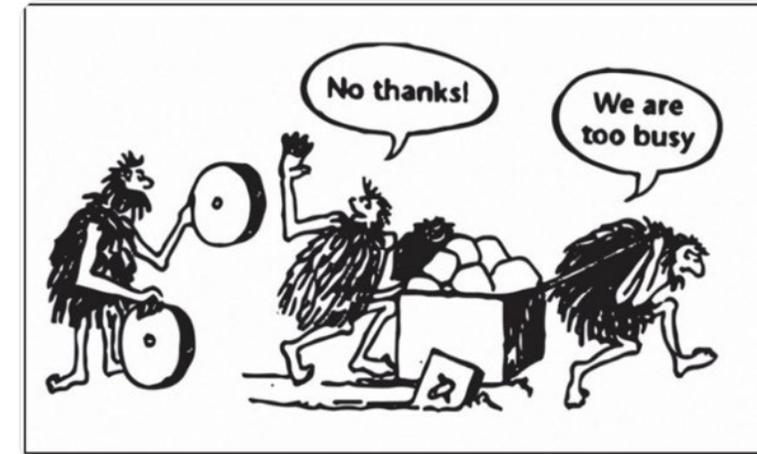
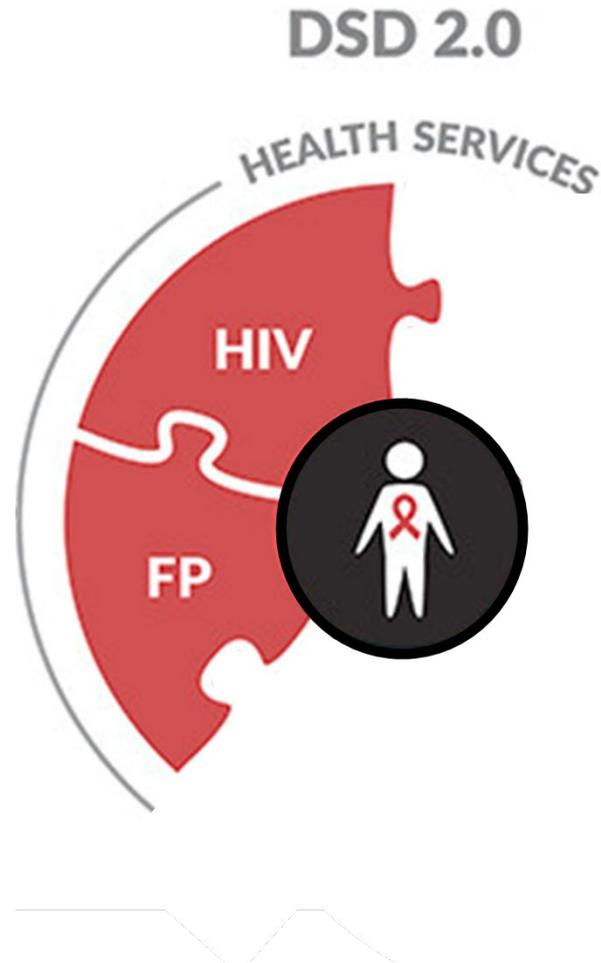


Establishing FP/HIV integrated programs



Meeting PLHIV's FP needs and preferences

- Recognise that FP less-intensive DSD already exists and can be leveraged.
- Identify opportunities to integrate ART and FP service delivery:
 - Adapt existing FP or ART DSD models; and/or
 - Build new models



Remember the ART DSD evolution...

	ART maintenance
	Clinical consultation + ART refill
WHEN Service frequency	Monthly
WHERE Service location	Health facility
WHO Service provider	Doctor/Nurse
WHAT Service package	ART clinical guidance



	ART maintenance <i>(from 6 months on ART with VL suppression)</i>	
	ART refill only	Clinical consultation
WHEN Service frequency	3 to 6 monthly <i>(increasingly 6MMD)</i>	6 to 12 monthly
WHERE Service location	Community pick-up Health facility fast lane	Community outreach Health facility
WHO Service provider	Client, Peers, Lay health providers	Nurse
WHAT Service package	Minimum package commonly only distributing ART	ART clinical guidelines

Remember the ART DSD for HIV treatment evolution...

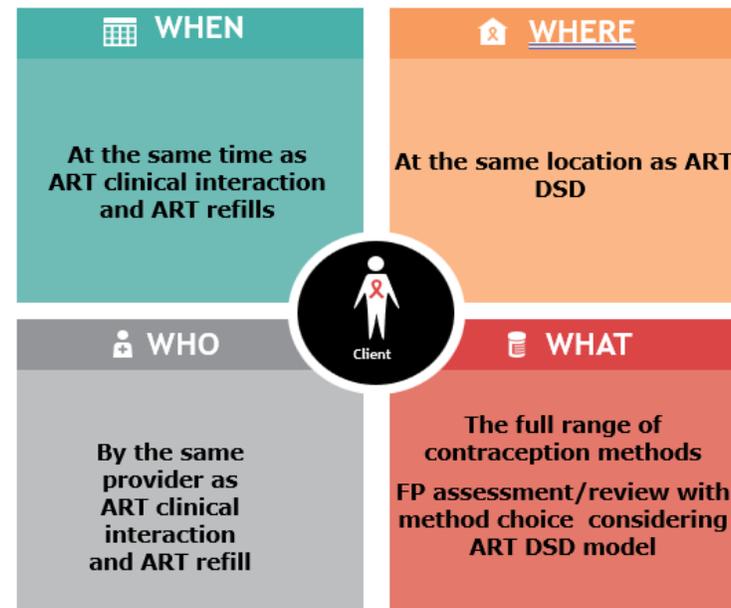
	ART maintenance
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WHO Service provider	Doctor/Nurse
WHAT Service package	ART clinical guidance



	ART maintenance <i>(from 6 months on ART with VL suppression)</i>	
	ART refill only	Clinical consultation
	HEALTHCARE WORKER-MANAGED GROUP	CLIENT-MANAGED GROUP
	FACILITY-BASED INDIVIDUAL	OUT-OF-FACILITY INDIVIDUAL

Apply DSD principles to FP to enable integration

1. Separate (re)initiation/early follow-up and maintenance phases
2. Is “stability” on specific method required before the maintenance phase?
3. Maintenance phase – “how to reduce intensity of service delivery burden”
 - i. Separation of clinical consultation and refill collection visits
 - ii. Integrate FP/ART DSD building blocks



Global Landscape for HIV and FP Procurement

Funding Source	ARVs	HIV commodities	Contraceptives	Condoms & lubricants	Pregnancy tests	MNCH/SRH commodities
 PEPFAR 20 YEARS OF IMPACT	X	X		X		
 THE GLOBAL FUND	X	X	Condoms	X		
 USAID FROM THE AMERICAN PEOPLE			X	X	X	X
 UNFPA		X	X	X	X	X
National governments	X	X	X	X	X	X

- Access to FP is an important part of prevention, care, and treatment, PMTCT, KP and DREAMS programming
- **PEPFAR funds cannot be used to buy contraceptive commodities; however, male and female condoms can be purchased with PEPFAR funds.**
- PEPFAR resources **can be** used for FP/HIV technical interventions, e.g., training, counseling, strengthening supply chain systems, HMIS support, communications , quality assurance.

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Conclusion

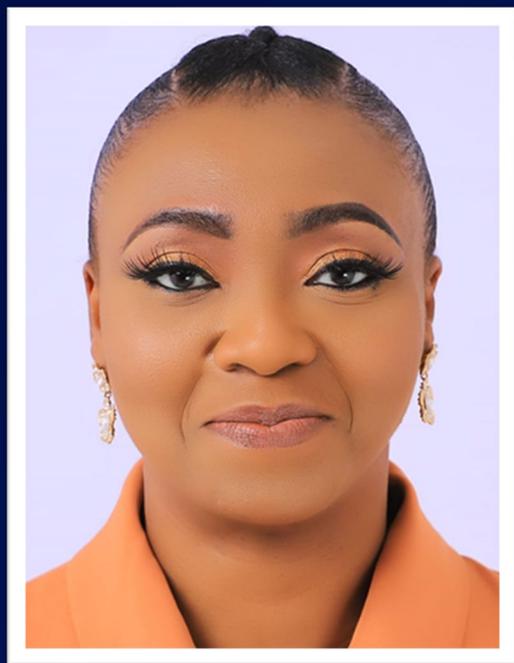


Conclusion

- Integration is needed at both the **systems** (policies, financing, training, procurement, M&E) and **service delivery levels** (co-location, co-scheduling, & coordinated medication dispensing)
- Integration is a **means, not an end** as the goal is not integration itself. Global and national programs need to define what success looks like and measure it
- **Joint coordination and planning** by the different departments must be considered a priority
- **Define your standards** – clarify what you are integrating (levels and directionality), determine the models of integration as well as how integrated to operationalize and routinely monitor progress
- Put the **recipient of care at the center** at all levels of planning, implementation and monitoring
- **Ongoing sharing of case studies and identification of TA** support along the four themes in support of integrated services

Thank you!





Ghana Case Study: Country experience on the best practices and challenges on coordinating FP/HIV integration

Claudette Diogo, MD

Project Manager, Sexual & Reproductive Health

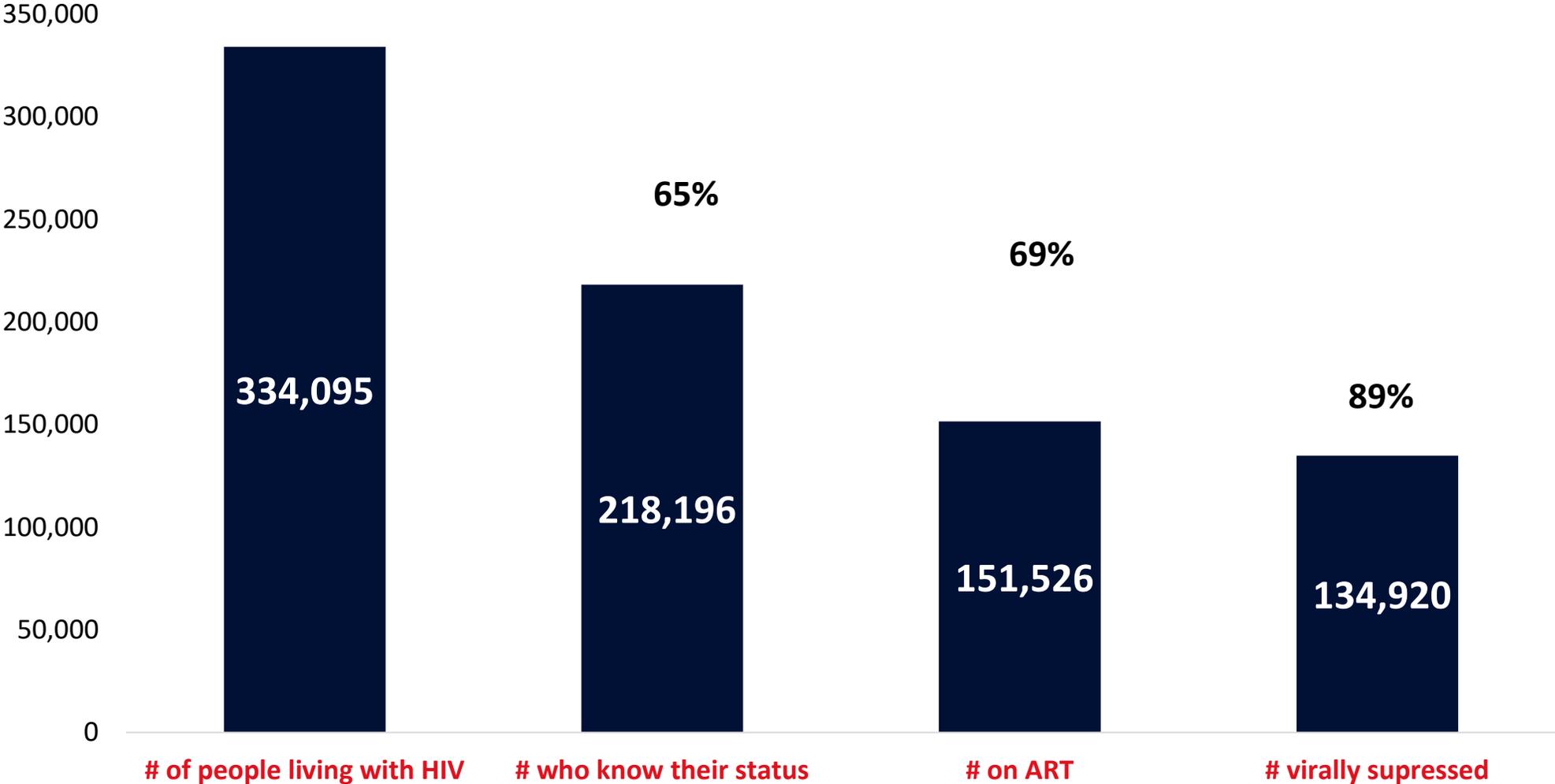
Ministry of Health, Ghana



Outline

- **HIV Epidemic in Ghana**
- **Family planning methods**
- **Policy framework on HIV-Family planning integration**
- **Multi-sectoral collaboration for contraceptive security**
- **HIV-Family Planning coordination**
- **Progress update on C2C activities**
- **Action plan following CQUIN Integration meeting**

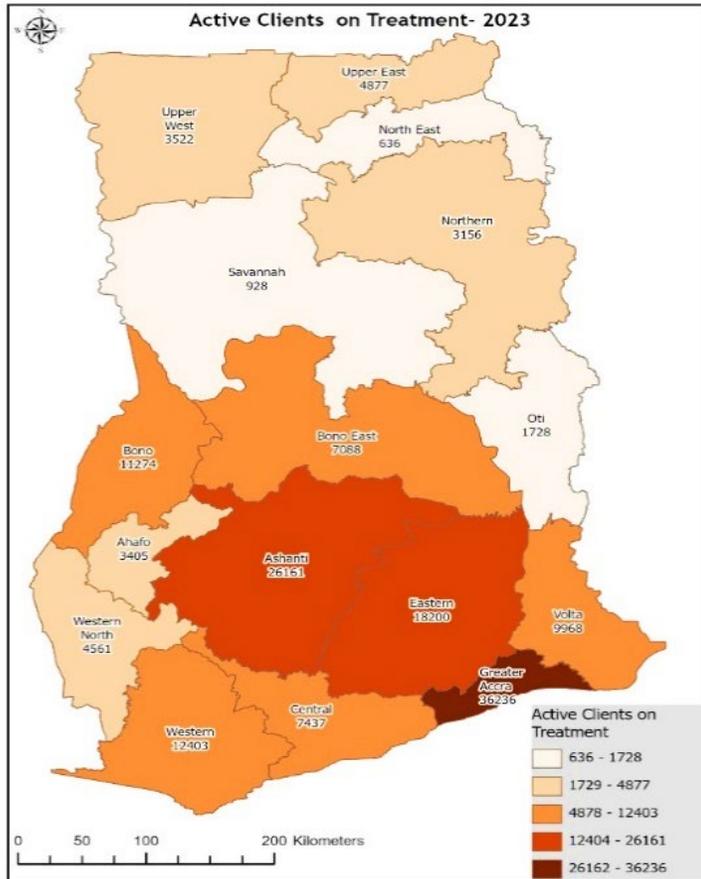
Background: HIV Epidemic in Ghana - the 95:95:95 targets (2023 estimates)



HIV Epidemic in Ghana - 2023

The first AIDS cases were reported in Ghana in 1986

Ghana's HIV prevalence depicts a generalised epidemic



Prevalence in General Population
1.53%
Estimates 2023)

New Infections
17,742 (10% chn)
Estimates 2023

2020 FSW HIV Prevalence
4.6%
2020-Bio-Behavioural survey

ANC-HIV Prevalence
2.0%
GHS/NACP, HSS 2021

PMTCT ART coverage
91% *(87%, new +)
GHS/NACP Service data-2023

MTCT@6WKS
5.36%
Estimates 2023

Final MTCT rate
12.77%
Estimates 2023

2023 Prisons Assessment
2.3%

Key Pop-2023 (FSW+MSM+TG)
110,751

2023 MSM HIV Prevalence
26%, 48% for Transgender
Men's study-2023

HIV among STI
12.3%
GHS/NACP, HSS 2021

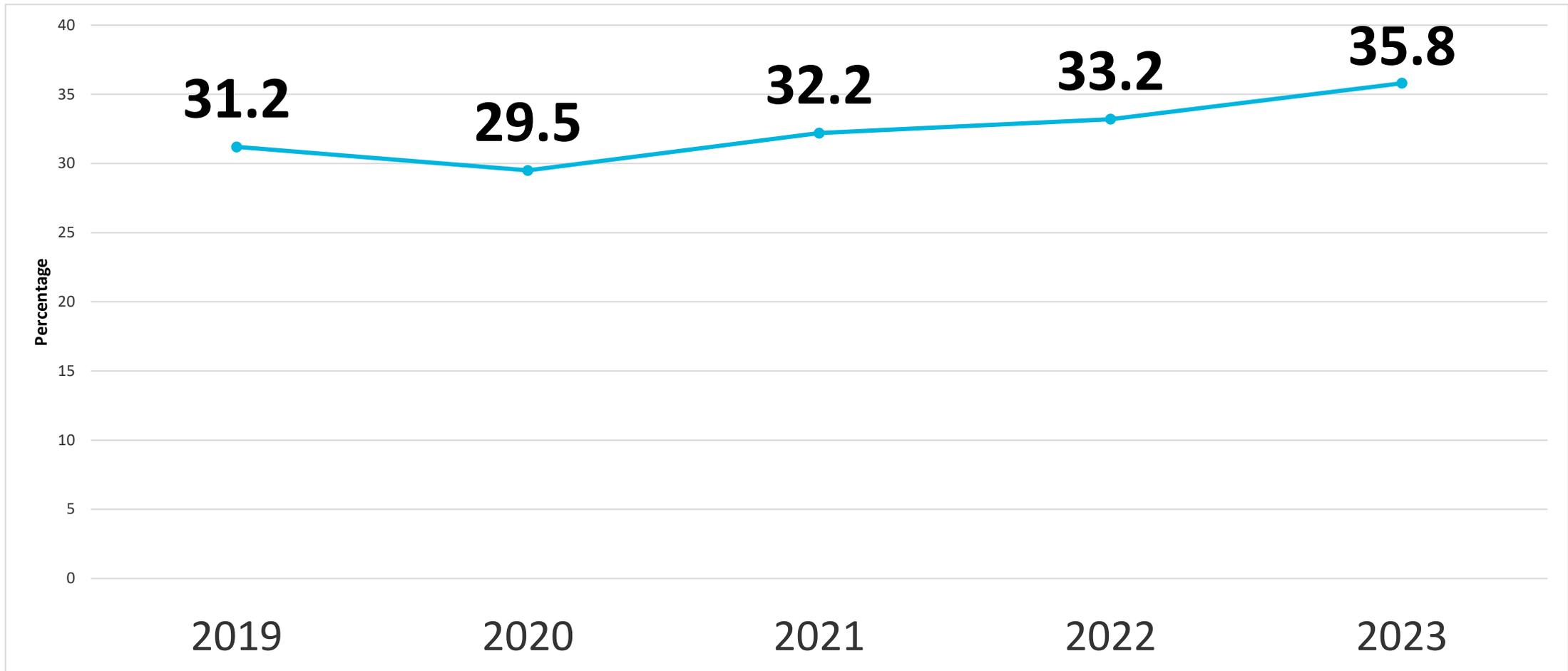
TB CLIENT
14%
NTP 2022 Annual Report

2022 PWID Assessment 2.5%

Other Vulnerable Population
4.3%

AIDS Related Deaths
12,505 (11% chn) Estimates 2023

FP Utilization: Family Planning Acceptance Rate 2019-2023



Methods	Duration
Short acting reversible methods	
Pills	Daily
Condoms (Male and Female)	Per sexual act
Injectables	1/3 month(s)
LAM/Natural method	1 month
Long acting reversible methods	
Intra Uterine Contraceptive Device	
Copper T (CuT380A)	12 years
Levonogestrel Intra Uterine System (LNG-IUS)	5 years
Implants	
Jadelle	5 years
Implanon NXT	3 years
Permanent methods	
Vasectomy	For life
Female sterilization	For life

Family Planning Methods in Ghana



Focus Areas/Package

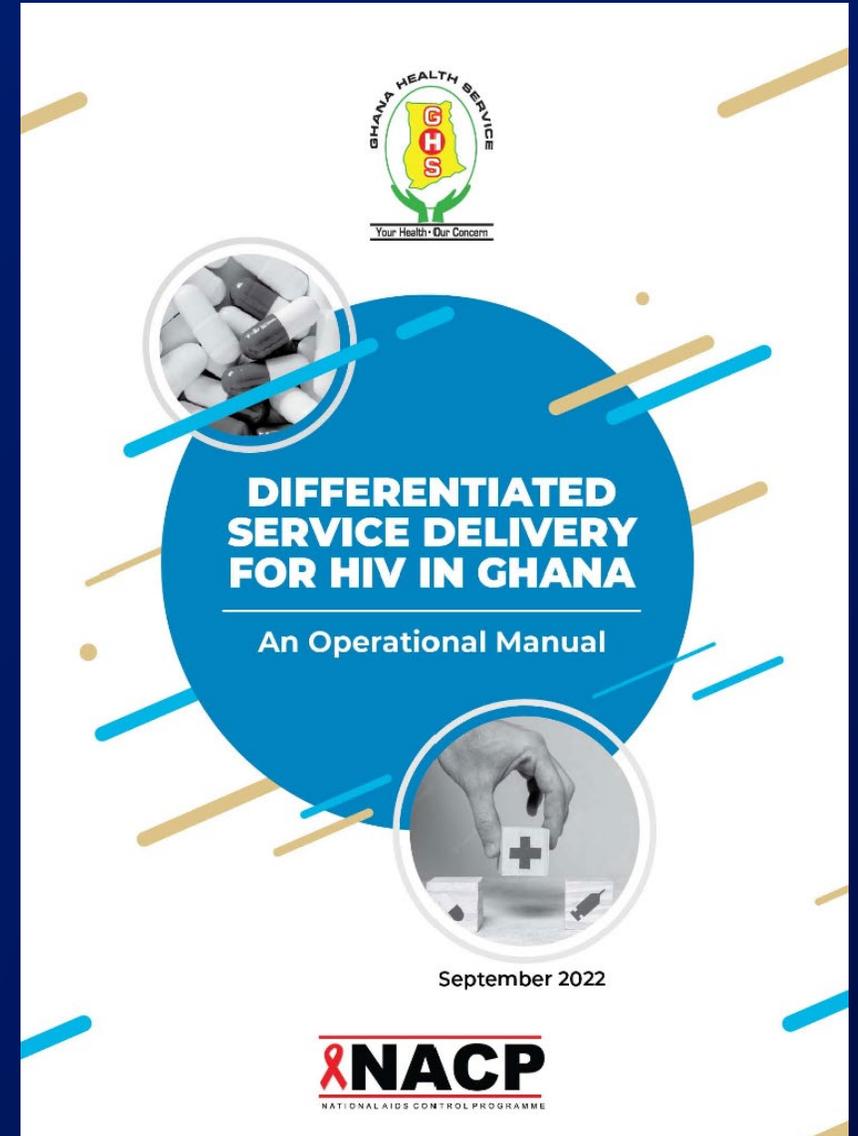
- Social and Behaviour Change Communication (SBCC)
- Counselling on human sexuality and contraception
- Assisted Conception
- Provision of full range of contraceptives
- Management of side effects
- Prevention and management of STI/condom use/safer sex
- Cervical Cancer Screening and Management
- Testing and Counselling of HIV
- Logistics management – Referral
- Training of service providers

GOAL

The goal of family planning is to assist couples and individuals of all ages to achieve their reproductive goals and improve their general reproductive health.

Policy Framework on FP-HIV Integration

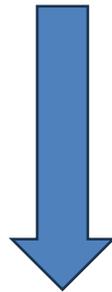
- All PLHIV should access SRH services (e.g. family planning) within their DSD models
- Utilization of long-acting contraceptives encouraged to minimize facility visits
- Where clients use depot injections, they should ideally be able to access this on the same day as their ART refill in an integrated approach or in the community
- Sexual and Reproductive health services should be integrated with HIV services at CHPS and Health Centers.



FP-HIV Capability Maturity Model

2023 staging FP domain orange

- HIV policies support FP integration into DSD
- No national targets for FP/HIV integration
- Stakeholder engagement to set targets planned and review M&E system by Q3 2024



2024 staging FP domain aspiration - **Yellow**

	Ghana	
	2022	2023
Policies	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green
Diversity	Light Green	Light Green
Scale-up Plan	Orange	Light Green
Coordination	Dark Green	Dark Green
Community Engagement	Light Green	Light Green
Training	Light Green	Dark Green
M&E System	Orange	Orange
Facility Coverage	Light Green	Light Green
Client Coverage	Light Green	Light Green
Quality	Orange	Yellow
Impact	Red	Light Green
P&SM	Dark Green	Dark Green
AHD	Orange	Orange
KP	Red	Red
TB/HIV	Red	Red
MCH	Orange	Orange
FP	Orange	Orange
HTN	Grey	Yellow

Multi-sectoral Collaboration

Government: Ghana MOH AIDS Commission, Other Ministries

Civil society organizations

Donors

- UNFPA
- GF
- USAID
- WAHO
- USAID
- Others

NGOs:

- All KPIs
- PPAG
- DKT International
- MSI- RH, etc

HIV-FP Coordination

National

1. Interagency Coordinating Committee on Commodity Security
2. Task Team - (NACP, FHD, NAP+, PPMED, CSOs implementing the Mentor Mothers program)
3. HIV TWG
4. FP/HIV Coordinator
5. Training content for FP/HIV integration being developed

Challenges

1. Funding
2. Staff attrition
3. Data capture tools not ready
4. Competing priorities affecting scheduled meetings
5. Occasional non-acceptance of offer due to fear of status disclosure

Update on the implementation of the 2023 post-C2C action plan

Activity description	Funding source	Responsible Person	Proposed Timeline	Progress update March 2024
Goal 1: Conduct baseline assessment				
Targeted engagement of managers (RHD, DHMT, Med Supts, Reg HIV/FP Coordinators) for strong buy-in and leadership	NACP	Director Family Health Division	By Q2 2024	Ongoing
Conduct baseline assessment of FP/HIV integration	UNICEF/ NACP	PM NACP	By end of year2024	Re-Scheduled for July 2024
Pilot FP/HIV in selected pilot sites	CQUIN, Global fund, UNICEF	PM NACP	By end of year 2024	Re-Scheduled for September 2024

Update on the implementation of the 2023 post-C2C action plan

Activity description	Funding source	Responsible Person	Proposed Timeline	Progress update March 2024
Goal 2: Build capacity of Service providers				
Finalize discussions on indicators to monitor FP/HIV	NACP, FHD	PM NACP, Dir FHD	By end of year 2024	Ongoing
Adapt service registers and reporting forms to capture relevant data on FP/HIV integration	GHS, MOH	PM NACP, Dir FHD, Dir PPME	By the end of 2024	Re-scheduled
Conduct training of service providers	NACP	FHD, NACP	By end of July 2024	Re- scheduled
Provide FP commodities to ART Clinic through routine supply channels	NACP/FHD/GHS			Ongoing

Country action plan post-CQUIN integration meeting, 2024 -1/4

Activities	Timeline (When)	Responsible (Who)	Funding Source	Comments
Objective 1: Establish a coordination mechanism for FP/HIV integration activities				
1. Conduct a meeting between both Programmes	April 2024	NACP/FHD	UNFPA/USAID	Quarterly ICC/CS meeting
2. Get a coordinator to facilitate integration activities	May 2024	NACP/FHD	Non-Funded	
3. Conduct annual review meeting to track progress	Q4 2024	NACP/FHD	UNFPA	

Country action plan post-CQUIN integration meeting, 2024 -2/4

Activities	Timeline (When)	Responsible (Who)	Funding Source	Comments
Objective 2: Improve engagement of recipients of care, and CSOs in FP/HIV integration				
1. Update NAP+ Regional Coordinating team members on FHD integration into DSD	Q4 2024	NACP/FHD	TBD	
2. Conduct semi-annual meeting with NAP+ and other CSOs to update on HIV-FP integration	Q1 2025	NACP/FHD	GF	Cadres review meetings
3. Work with NAP+ and other CSOs to create demand for HIV-FP service uptake	Q3 2024	NACP/FHD	GF	Capacity building for cadre

Country action plan post-CQUIN integration meeting, 2024 -3/4

Activities	Timeline (When)	Responsible (Who)	Funding Source	Comments
Objective 3: Establish a system to document and report on HIV-NCD Service integration by Q1 2025				
1. Engage PPMED on the need for new indicators to track service integration	May 2024	Ken Danso Ayeh	WHO/USAID CHISU	
2. Develop indicators (with their SOPs) to track service integration	Q3 2024	PPMED/NACP/FHD	WHO/USAID CHISU	Boot camp
3. Revise data collection tools	Q4 2024	PPMED/NACP/FHD	WHO/USAID CHISU	Boot camp
4. Build capacity of service providers on new indicators and reporting needs	Q1 2025	PPMED/NACP/FHD	GF	
5. Provide supportive supervision	Q1 2025	PPMED/NACP/FHD	GF	

Country action plan post-CQUIN integration meeting, 2024 -4/4

Activities	Timeline (When)	Responsible (Who)	Funding Source	Comments
Objective 4: Increase the proportion of ART sites providing integrated HIV-FP packages of care by at least 20%				
1. Conduct situational analysis to guide the development of integration models	Q3 2024	Dr Ayisi Addo	GF	DSD monitoring funds
2. Develop training content, SOPs and guidelines for service integration	Q4 2024	Dr Ayisi Addo/ Dr Commeh	TBD	
3. Build capacity for service providers to pilot integration package	Q1 2025	NACP/NCD	USAID CCP	Pilot in PEPFAR sites
4. Provide FP commodities at ART sites	Q4 2024	FHD	USAID/GOG/UNF PA/WAHO	
5. Provide supportive supervision	Q1 2025	NACP/NCD	USAID CCP	

Conclusion & Next Steps

Conclusion

1. HIV-FP Integration is key towards reducing new child infections
2. Coordination of integration activities has to be intentional to ensure success

Next Steps

1. Set FP/HIV Integration targets: Q3 2024
2. Develop SOPs for service delivery models for FP/HIV integration

Thank You!





Nigeria Case Study: Country experience on the best practices and challenges on models of FP/HIV integrated service delivery

Elen Ekanem, MD

Nigeria DSDC NATIONAL AIDS Viral Hepatitis and STIs
Control Program (NASCP)

June 4, 2024



Presentation Outline



Country Profile



Family Planning Coverage for PLHIV in DSD



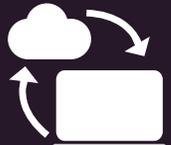
Overview of Differentiated Service Delivery/Differentiated ART Models



Family Planning tools and Documentation

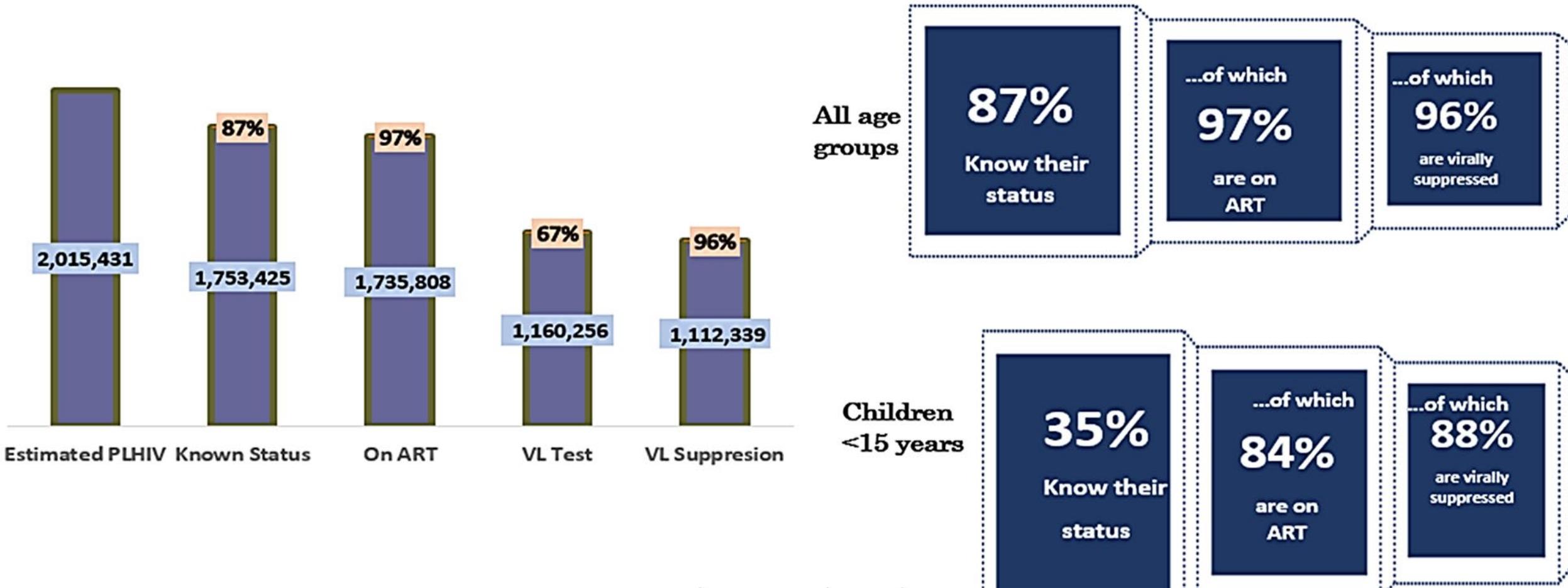


Family Planning Service delivery modalities



Implementation challenges, gaps and remedial strategies

Progress towards the 95:95:95 targets Dec 2023



DSD Implementation Roadmap



Overview of Differentiated Service Delivery in Nigeria



Eligibility Criteria for Less Intensive DSD Models (LIM)

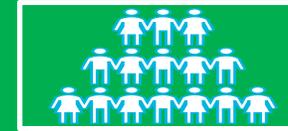
Age > 5yrs

- On ART for at least one year
- Clinically stable with no OIs
- Adherent with an optimal understanding of lifelong treatment
- Virally suppressed
- CD4+ count >200 cells/mm³
- Has no adverse drug reactions and has completed TPT



Facility-based LIM Models:

- Fast-track
- Decentralization (Hub and Spoke)
- After hours
- Weekend and Public holidays
- Facility ART group: HCW-led
- Facility ART group: Support group-led
- Child/Teen/Adolescents club (Peer managed)
- Mother infant pair/Mentor mother led



Community-based LIM Models:

- Community Pharmacy ART refill
- One Stop Shop (OSS)
- Home delivery
- Community ART Refill Group: HCW-led
- Community ART Refill Group: PLHIV-led
- Adolescent Community ART/ peer-led groups

Capability Maturity Model Staging Results 2022 - 2023

	Nigeria	
	2022	2023
Policies	Dark Green	Light Green
Guidelines	Dark Green	Dark Green
Diversity	Dark Green	Light Green
Scale-up Plan	Orange	Dark Green
Coordination	Dark Green	Light Green
Community Engagement	Light Green	Light Green
Training	Yellow	Light Green
M&E System	Orange	Yellow
Facility Coverage	Dark Green	Dark Green
Client Coverage	Dark Green	Dark Green
Quality	Orange	Light Green
Impact	Red	Red
P&SM	Dark Green	Dark Green
AHD	Light Green	Dark Green
KP	Red	Red
TB/HIV	Yellow	Dark Green
MCH	Orange	Orange
FP	Orange	Orange
HTN	Grey	Yellow

- Orange:**
National policies do support integration of FP services into less intensive DART models **BUT there are no national coverage targets or there are targets, but no data with which to assess progress towards targets in the past year.**
- Nigeria is currently looking to establish **national targets** and collect **data** related to the integration of Family Planning (FP) and HIV services. These targets and data collection efforts are part of **broader national health strategies and policies** aimed at improving reproductive health outcomes and combating HIV/AIDS.

FP Data – General Population

- 5.3 Total Fertility Rate (TFR)
- mCPR 12%. CPR 17%. [National Target 27% mCPR by 2023]
- The use of modern methods increased from 4% in 1990 to 10% in 2008 and to 12% in 2018
- Unmet need for FP is 48% among sexually active unmarried women and 19% currently married women
- MMR of 512 per 100,000 live births - Nigeria accounts for 14 percent of global maternal deaths
- The proportion of women receiving antenatal Care (ANC) from a skilled provider has increased steadily since 2008, from 58% to 67% in 2018
- The infant mortality rate is 67 per 1,000 live births (2) while the under-five mortality rate is 132 per 1,000 live births

FP Data – General Population

Indicators	Nigeria DHS 2013	Nigeria DHS 2018	Nigeria 2023 FP Progress Brief (Track 20 Project)
Unmet need for family planning (%)	12.7	18.9	18.6 (AW) 24(MW)
Met need for family planning (currently using)			
All methods (%)	15.1	16.6	
Modern methods (%)	9.8	12	
Total demand for family planning (%)	28.7	35.5	
Percentage of demand satisfied			
All methods	55.7	46.9	
Modern methods	38.8	33.9	43.6(AW) 41(MW)

Multi-Sectoral Collaboration (Government agencies, NGOs: funding partners, SRH Community based organizations)

- Nigeria have a Technical Working Group (TWG) for the coordination of Family Planning (FP) and HIV integration.
- This TWG operates under the broader framework of Nigeria's health sector coordination mechanisms. The group is responsible for developing policies, strategies, and guidelines to integrate family planning and HIV services, ensuring a cohesive approach to sexual and reproductive health.
- Typically includes representatives from various government agencies, non-governmental organizations (NGOs), international partners, and other key stakeholders.
- The TWG is crucial in addressing the dual burden of family planning needs and HIV/AIDS, ultimately contributing to improved health outcomes in Nigeria.
- Several implementing partners have been supporting the integration of Family Planning (FP) and HIV services in Nigeria. These organizations work in collaboration with the Nigerian government, particularly through the Federal Ministry of Health, to enhance the delivery of integrated health services.

Multi-Sectoral Collaboration (Government agencies, NGOs: funding partners, SRH Community based organizations)

- These partners contribute through various projects, including capacity building, service delivery enhancements, research, advocacy, and policy development, ensuring that FP and HIV services are accessible and effectively integrated into the Nigerian healthcare system.
- Integrated training programs for Family Planning (FP) and HIV are implemented in Nigeria. These training programs aim to equip healthcare providers with the necessary skills and knowledge to deliver both FP and HIV services comprehensively and effectively.
- Key aspects of these integrated training programs include: Curriculum Development, Capacity Building, Monitoring and Evaluation, Policy and Guidelines Training. These Implementing partners provide technical assistance, resources, and sometimes direct training to healthcare workers at various levels of the health system.
- There are also several organizations and individuals that champions the integration of Family Planning (FP) and HIV services in Nigeria. These champions play a crucial role in advocacy, implementation, policy development, and service delivery.
- They contribute significantly to the advancement of FP/HIV integration in Nigeria through their dedication, advocacy, and implementation efforts, aiming to improve health outcomes and access to comprehensive healthcare services for the Nigerian population.

Best practices in Coordination

- **Establishment of a Technical Working Group (TWG)**
- **Stakeholder Engagement** Engage a broad range of stakeholders, including community leaders, healthcare providers, policymakers, and beneficiaries, in planning and decision-making processes.
- **Integrated Policy Development** The country have been able to align FP and HIV policies to avoid duplication of efforts and ensure cohesive service delivery, there's an ongoing clear guidelines and standard operating procedures (SOPs) for integrated service delivery at all healthcare levels.
- **Capacity Building** Conduct comprehensive training programs for healthcare providers on integrated FP and HIV services, emphasizing both technical skills and interpersonal communication.
- Advocate for policies that support the integration of FP and HIV services at national and local levels.

Policy Framework and Strategic Planning on Family Planning Integration

The National Health Policy of Nigeria emphasizes the importance of family planning as a key component of reproductive health services.

National Reproductive Health Policy:

It focuses on increasing access to and utilization of family planning services to reduce maternal and infant mortality rates.

Nigeria Family Planning Blueprint:

This plan was developed to increase the modern contraceptive prevalence rate (mCPR) in Nigeria. It outlines specific goals, strategies, and activities to expand family planning services across the country.

- Integrating family planning with other health services such as maternal and child health, HIV/AIDS services, and primary healthcare.
- Community-Based Distribution: Strategy to include utilizing community health workers to distribute family planning commodities and provide education at the grassroots level.
- Public-Private Partnerships: Collaborations between the government, non-governmental organizations (NGOs), and private sector entities to enhance service delivery.
- Strategy in strengthening the supply chain to ensure the availability of contraceptives and other family planning commodities.

National Strategic Health Development Plan (NSHDP):

The NSHDP includes family planning as a critical component of the health development strategy.

It aligns with international commitments like the Sustainable Development Goals (SDGs) and Family Planning 2020 (FP2020) commitments.

Family Planning Service Delivery Guidelines

Health care providers should leverage on DSD referral and follow-up as an opportunity for providing and linking PLHIV to FP assessment, initiation, FP method change and follow-up.

FP services can be provided by same trained HIV providers in the same clinic or by referral to a separate family planning clinic in the same hospital (intra-facility referral) or in another hospital (inter-facility referral).

In the community, FP services for RoC will be provided through any of the DSD models (CART, Adolescent clubs, community pharmacists e.t.c) by trained HIV provider, nurse or peer.

Invasive FP procedures such as implants and injectables may be better provided in a facility setting (where community providers do not have the required skills). RoC with side effects for contraceptives should also be referred to the facility for further evaluation.

- **The 2024 revised National Treatment guidelines has explicitly captured the integration of Family Planning in LIM .**

Dual contraception, with consistent and correct use of condoms, is recommended to prevent transmission of other STIs. Implants should be reserved for only women with mild or asymptomatic HIV infection.

Building Blocks of Family Integration into DART Models

Methods	Oral Pills	Injectables	Implants	IUD
WHEN	Every 3 months aligned	Every 3 months aligned	At DSD entry At DSD Clinic visits At facility walk ins or between visits if need of contraceptives arise.	Upon request
WHERE	Collect ARVs and FP script from same clinic room. Train CHWs in the community.	Injection given in same room as ART assessment	At same facility as ART where transition to DSD initiated or collected by peer educator for distribution where possible.	FP unit
WHO	FP trained HIV trained, nurse provides script	FP trained HIV trained, nurse	Implant trained peer doctor, clinical officer, midwife or nurse	ART provider trained in FP
WHAT	Information counselling, Script for Pills, Management for side effects	Information Counselling, Injectables, mgt of side effects	Information Counselling Implant, insertion & removal, mgt of side effects	Information Counselling Implant, insertion & removal, mgt of side effects

HIV/FP Tools: ART Care Card

E7	E8	E9	E10	E11	E12	E13	E14	E15	Codes E8 Family planning status. FP = On Family planning No FP = Not on family planning In brackets write type of FP used 1 = Condoms 2 = Oral contraceptive pills 3 = Inject able/implantable hormones (e.g. Depo-provera) 4 = Diaphragm/cervical cap 5 = Intrauterine device 6 = Vasectomy/tubal ligation/hysterectomy 7 = Others	Codes E11 TB status (assess at each visit): 1. No signs = no signs or symptoms of TB 2. Presumptive TB = Patient with signs and symptoms of TB and referred for evaluation 3. TPT = Currently on TPT 4. Confirmed TB = Patient has active TB 4a. Confirmed with GeneXpert 4b. Confirmed with CXR 4c. Confirmed with LF LAM (check guidelines) 5. TB Treatment = Currently on TB treatment	Codes E13 Cervical Cancer Screening Status 1. Not ordered 2. Ordered yet to screen 3. Screened negative 4. Screened positive, yet to treat 5. Screened positive & treated 6. Screened positive & referred 7. Screened positive & declined treatment 8. Suspicious for cancer 9. Other findings (specify)..... Treatment Provided CR = cryotherapy TA = thermal ablation LE = LEEP	Codes E15 New OI or other problems: 1. Herpes Zoster 2. Pneumonia 3. Dementia/Encephalitis 4. Thrush: oro-pharyngeal/esophageal 5. Pyrexia of unknown origin 6. Cytomegalovirus 7. Histoplasmosis 8. Severe bacterial infection 9. Toxoplasmosis 10. Pneumocystis Jiroveci Pneumonia
Pregnancy/ Breastfeeding Status	Family Planning (write code)	Functional status (write code)	WHO Clinical Stage	TB Screening Status (write code)	Cryptococcal Screening Status	Cervical Cancer Screening Status (Write code)	Hepatitis Screening Result	Other OIs/ Other Problems				
						Treatment (write code)						

Care and Support/Positive Health Dignity and Prevention Services												
Services (Indicate 'X' if service provide on date)	Page 4		Page 7			Page 10			Dates			
Adherence counseling												
Basic HIV education and transmission including nutrition												
Prevention counselling: abstinence, safer sex, household precautions												
Disclosure, partner testing and counseling, family situation												
Condom provision												
STI screening, diagnosis and referral for management												
Provision/referral for RH/FP services												
Alcohol & other substance use risk reduction counseling												
Symptom management and palliative care at home												
Positive living counselling												
Support group enrollment, community support, clinic contacts												

FP Tools: Adult Clinical Evaluation/Combined Pharmacy Order Form

4. Drugs for other OIs or non-HIV related conditions

29. Plan (specify orders on requisition)

Lab evaluation _____ CD4 count evaluation _____

TB Investigations: Xpert MTB/RIF CXR LF_LAM CD4 LFA <200 ≥200

OI Prophylaxis _____ OI therapy _____

Adherence counseling _____ Admission _____

Cervical cancer screening _____ Symptomatic treatment/pain control (specify) _____

Cryptococcal antigen test _____ Other referrals (specify) _____

30. Enrol in: General medical follow-up ARV therapy AHD management Pending lab results

31. Plan for Antiretroviral Therapy (ART)

Ongoing monitoring: ARV Tx postponed for clinical reasons Restart treatment

Start new treatment Stop treatment

Change treatment

32a. Regimen

Ordered by (Print Physician's Name)

Signature & Date

Counseled by (Print Adh. Counselor's Name)

Signature & Date

Page 6

Page 13

Page 20

Indicators for FP Reporting

S/O	INDICATORS	NUMERATOR	DENOMINATOR	SOURCES
1	Number of ART sites that are providing integrated voluntary FP services	Number of ART that are providing integrated voluntary FP services	Total number of ART sites	NDR EMR
2	% of ROC's (WLHIV) who received voluntary FP counselling (including safe conception and safe pregnancy counselling)	% WRA who receive FP counseling at an ART service delivery point (SDP)	Total WRA who receive services at an ART SDP	FP registers, HIV client charts, or electronic records and community outreach logbooks.
3	% of ROC's who received a FP method	Number of clients of reproductive age received a FP method at HIV SDP during the reporting period.	Total number of clients of reproductive age served at supported HIV SDP during the reporting period.	FP registers, HIV client charts, or electronic records and community outreach logbooks.
4	% of ROC's who received a referral from HIV ART clinic to a FP clinic	Number of clients who received a referral from HIV SDPs to the FP clinic	Total number of clients of reproductive age from HIV SDP during the reporting period	Referral Registers
5	Number of clients who accept (for the first time in their lives) modern contraception at HIV service delivery points (SDPs)	The number of clients who accept (for the first time in their lives) modern contraception at ART supported HIV SDP	N/A	FP registers, HIV client charts, or electronic records and community outreach log books.

Update on the action plan post - FP/HIV C2C in 2023

Proposed activity	Proposed timeline	Ninth month progress update
Conduct advocacy visit to health care workers on proper documentation of FP/HIV services at Service delivery point	Sep-23	Completed
Develop SMART indicators for monitoring HIV/FP integration	Sep-23	Completed
Integration of FP monitoring into NEPWHAN 's CLM activities	Dec-23	Not started - Behind schedule
Fast track the development of FP module on the NDR	Dec-23	In progress
Include FP services into the HIV training module	Dec-23	Completed
Update current DSD models in line with emerging issues	Mar-24	Completed
Develop referrals documents for FP/HIV services	Dec-23	In progress
Develop appropriate IECs, SOPs and Job aids for FP/Services	Mar-24	In progress
Engagement of relevant Stakeholders to improve coordination of FP/HIV services	Dec-23	Completed
Create IECs, radio & television jingles to increase uptake of FP services at ART sites	Mar-24	In progress

Update on CQUIN Action Plan on FP integration (2024): Coordination

Activities	Timeline (When)	Responsible (Who)	Funding Source (GF, PEPFAR, Govt , other)	Comments
Objective 1: Establish a coordination mechanism for FP/NCDs/HIV integration activities				
Leveraging on the already established Technical working Group on Service Integration these committee will include representatives from key stakeholders i.e. experts in NCDs and family planning, Professional bodies, Research and Academia in HIV/AIDS,NCDs, and FP, Community representatives and health care providers.	3 rd Quarter 2024	NASCP, PEPFAR, FP, NCDs RTSL	PEPFAR, Global Fund	Ongoing
Develop a strategic plan, outlining goals, objectives, priorities, timelines, and resources required for integrating Family planning, NCDs, FP, HIV activities. Ensuring that the plan aligns with national health policies and priorities.	3 rd Quarter 2024	NASCP, PEPFAR, HTN, FP, RTSL	PEPFAR, Global Fund	Ongoing
Implement mechanisms for sharing information, data, best practices, and lessons learned among stakeholders. Utilize platforms such as conferences, forums, newsletters, and online portals for effective communication.	4 th Quarter 2024	NASCP, PEPFAR, HTN, FP, RTSL	PEPFAR, Global Fund	Ongoing
Implement NCD,FP data standards/indicators and interoperability frameworks, also leverage on the Community Led Monitoring tools in the community to facilitate data sharing, integration, and analysis by collaborating with IT experts to ensure system compatibility and security.				Ongoing

Update on CQUIN Action Plan on FP integration (2024): Community engagement

Activities	Timeline (When)	Responsible (Who)	Funding Source (GF, PEPFAR, Govt , other)	Comment
Objective 2: Improve engagement of recipients of care, and CSOs in NCDs, FP, HIV integration				
Strengthen partnerships between healthcare institutions, CSOs and community-based organization to leverage resources, expertise and networks.	3 rd Quarter 2024	NASCP, NCD, FP, RTSL, NEPHWAN	PEPFAR, Global Fund	
Conduct community awareness campaigns to increase knowledge and awareness about NCD,FP, HIV/AIDS, and their integration. Use culturally appropriate messaging and engage community leaders, influencers, and local media.	3 rd Quarter 2024	NASCP, NCD, FP, RTSL, NEPHWAN	PEPFAR, Global Fund	
Provide community-based screening, testing, counseling, and treatment services for NCD,FP and HIV/AIDS. Collaborate and build the capacity of community health workers, CSOs, volunteers to reach underserved populations.	4 th Quarter 2024	NASCP, NCD, FP, RTSL, NEPH WAN	PEPFAR, Global Fund	
Implement NCD,FP data standards/indicators and interoperability frameworks leveraging on the Community Led Monitoring tools to facilitate data sharing, integration, and analysis by collaborating with IT experts to ensure system compatibility and security.	3 rd Quarter 2024	NASCP, NCD,F P, RTSL, NEPH WAN	PEPFAR, Global Fund	

Update on CQUIN Action Plan on FP integration (2024): Implementation

Activities	Timeline (When)	Responsible (Who)	Funding Source (GF, PEPFAR, Govt, other)	Comments
Objective 3: Improve coverage of NCD,FP,HIV Integration				
Leverage on context-specific/ evidence-based DSD NCD,FP, Integration Model that will meet the individual needs of clients across all health care level in country.	3 rd Quarter 2024	NASCP, NCD, FP, NEPHWAN,RTSL	PEPFAR, Global Fund	
Equip facilities with basic NCD,FP equipment and technologies to support the provision of NCD,FP services to all eligible clients	4 th Quarter 2024	NASCP, NCD, FP, NEPHWAN,RTSL	PEPFAR, Global Fund	
Provide specialized training and capacity-building programs for healthcare providers on principles of service integration, leveraging on existing service delivery model using a training curriculum adapted from CDC Hypertension Management Training Curriculum, with inputs from the WHO hypertension treatment guidelines and Nigeria hypertension treatment protocol	4 th Quarter 2024	NASCP, NCD, FP, NEPHWAN, RTSL	PEPFAR,GF	
Implement integrated service delivery models that combine NCD,FP, HIV/AIDS screening, diagnosis, treatment, and follow-up care within the same healthcare settings. This includes primary care clinics, HIV treatment centers, and community health facilities.	4 TH Quarter 2024	NASCP, NCD,FP, NEPHWAN, RTSL	PEPFAR, Global Fund	
Incorporate task-shifting and task-sharing strategies to optimize the use of healthcare providers' skills and ensure comprehensive care for patients with both NCD, FP, HIV/AIDS	4 TH Quarter 2024	NASCP, NCD,FP, NEPHWAN, RTSL	PEPFAR, Global Fund	

Update on CQUIN Action Plan on FP integration (2024): M&E

Activities	Timeline (When)	Responsible (Who)	Funding Source (GF, PEPFAR, Govt, other)	Comment
Objective 4: Develop a national system for recording, reporting and data use on NCD, FP & HIV integration by Q4 2024				
Develop a standardized indicators reflecting service integration on FP, NCD and HIV alongside protocols, tools, and templates for data collection across integrated services to ensure that data collection methods to track progress, measure impact, and identify areas for improvement.	3 rd Quarter 2024	NASCP,NCD,FP, NEPHWAN, RTSL	PEPFAR,GF	Ongoing
Collect and analyze data on service integration indicators, client satisfaction, contraceptive use, HIV testing rates, and NCDs health outcomes and ensure that data gotten are consistent, comprehensive, and aligned with evaluation objectives.	3 rd Quarter 2024	NASCP,NCD,FP, NEPHWAN, RTSL	PEPFAR,GF	Ongoing
Implement NCD,FP,HIV data interoperability frameworks to facilitate data sharing, integration, and analysis by collaborating with IT experts to ensure system compatibility and security.	4 th Quarter 2024	NASCP,NCD,FP NEPHWAN, RTSL	PEPFAR,GF	Ongoing
Establish a robust quality assurance mechanisms to monitor and maintain quality on service integration across programs.	1 st Quarter 2025	NASCP,NCD,FP,NE PHWAN,RTSL	PEPFAR,GF	Ongoing

Challenges and opportunities of Implementation of FP/HIV integration at scale

Challenges

- Cultural and religious beliefs that oppose family planning.
- Limited funding and resources.
- Inadequate infrastructure and healthcare workforce.
- Poor data collection and management systems.
- Poor documentation of FP services and methods provided to clients can lead to under-reporting.

Opportunities

- Increasing political commitment and international support.
- Technological advancements in health information systems.
- Growing involvement of NGOs and community-based organizations.
- Opportunities for innovative approaches such as mobile health (mHealth) solutions.
- Standard protocols, as well as consistency in provider trainings with an aim to improve staff motivation and documentation of services, can help minimize bias. Surveys and interviews with training participants following training sessions can provide feedback on training strengths and missed opportunities.



Thank You!



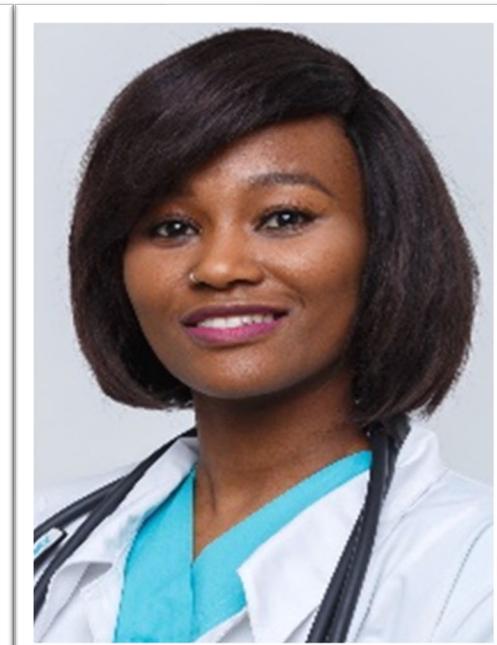
Moderator/Panel Discussion

Rachel Mudekereza

CQUIN Senior Regional Clinical Advisor
ICAP in Cote d'Ivoire



Panel Discussion and Q&A



Claudette Ahliba Diogo
Logistics & Supply Manager
Ghana Health Service

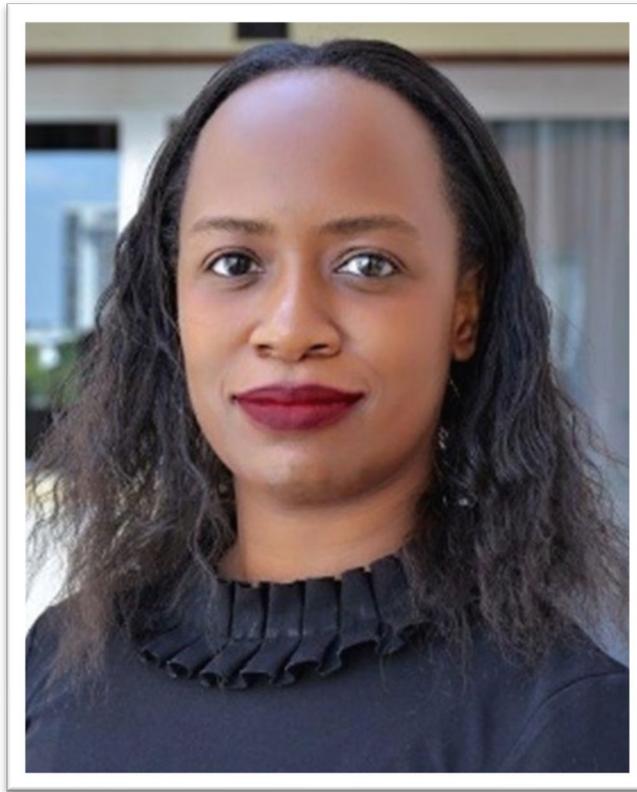
Eleen Ekanem
DSD Coordinator
NACP, Nigeria

Jessica Rodrigues
Senior HIV/Family
Planning Integration
Advisor
USAID, Washington

**Mwizerwa Mary Mercy
Basumbuko**
Senior Clinical Advisor,
HTS & PMTCT
EGPAF, Eswatini

Odette Etame
President
NoLFoWoP,
Cameroon

Closing remarks



Maureen Syowai

CQUIN Project Deputy Director, Technical
ICAP in Kenya

**Slides & recordings from this session
are available on the CQUIN Website
<https://cquin.icap.columbia.edu>**

***The next webinar will be held on July 2:
Hypertension and HIV Integration***
HIV Coverage, Quality, and Impact Network

