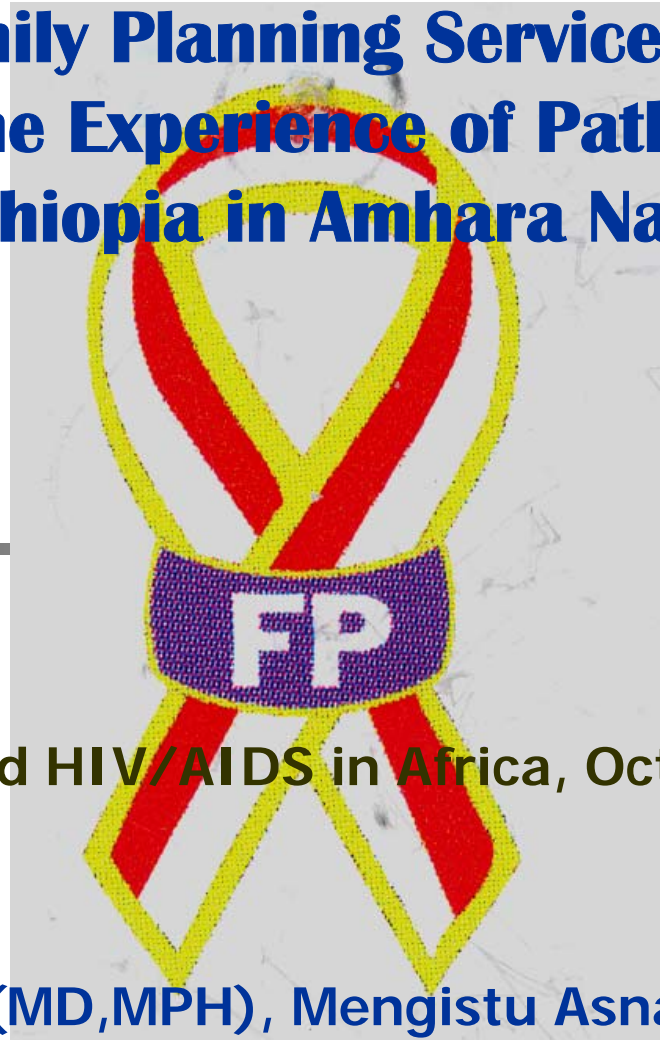


# Integrating Family Planning Services in VCT and PMTCT sites: The Experience of Pathfinder International-Ethiopia in Amhara National Regional State



Linking RH, FP and HIV/AIDS in Africa, October 9 - 10, 2006

Yared Abera, (MD,MPH), Mengistu Asnake, (MD,MPH)

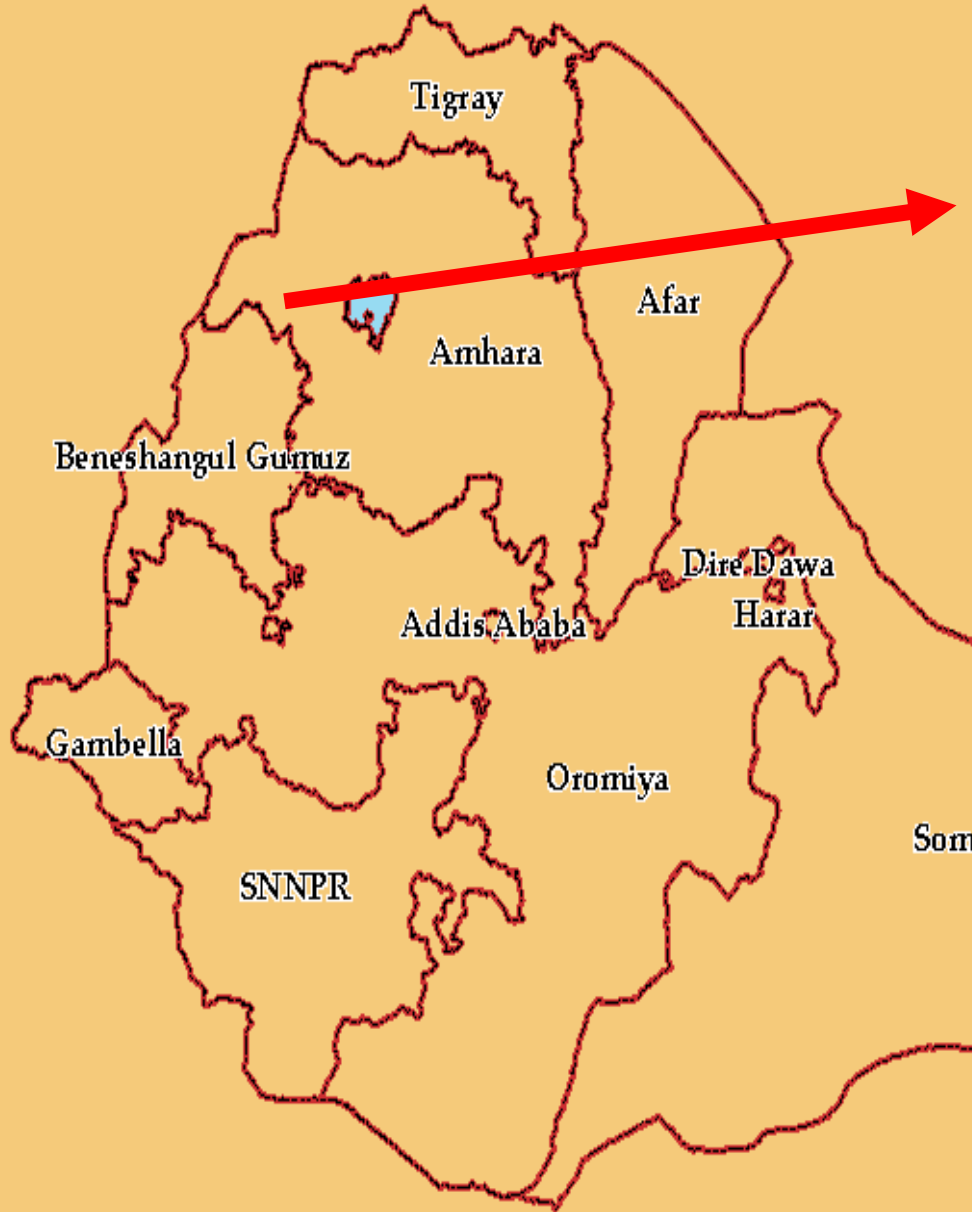


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## Amhara National Regional State



**Population 19million**  
**Adult HIV prevalence= 6.5%**  
**(MOH, Indicator 2004/05)**  
**CPR = 16.1 % (DHS-2005)**  
**VCT sites:**

- 17 Hospitals
- 126 Health centers
- 10 private and NGO Clinics

**(ARHB April 2006)**

**Over 2,400 CBRH agents**



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# Why integration?

RH/FP and HIV/AIDS prevention services integration

## Reduce missed Opportunity

- Majority of VCT service seekers
  - 15-24 yrs
  - at risk of STI
  - at risk of unwanted pregnancy
- High number of pre-marital testing (delay first Pregnancy & influence fertility)
- FP as primary PMTCT

Huge funding sources for HIV prevention; dwindling for FP

Cost effective and improves quality



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# Inception of the integration:

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- An Ethiopian delegation went to Entebbe in 2004 to attend the Africa Regional IBP meeting
- Post-Entebbe the delegation prioritized the integration of FP into VCT and PMTCT sites
- The ANRS team agreed to implement the integration activity in 20% of the facilities (32 health facilities)



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# Integration strategies:

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- **Integration of HIV prevention/control into existing family planning services**
- **Integration of FP services into existing HIV prevention/control programs**





# Levels of the integration:

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- **Facility Level:**
  - hospitals
  - health centers
- **Community Level:**
  - market places (MP)
  - community based reproductive health (CBRH) sites
  - Work places



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# The integration process

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- **Facility level**

- Selection of the 32 facilities
- Meetings with health program managers of woreda/zonal offices and heads of health facilities
  - Orientation on integration
  - participatory situational assessment
  - Plan of action





# The process (cont'd)

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- **To the service providers:**
  - **Orientation on the importance of integration**
  - **Training on FP counseling and update on contraceptive technology**
- **Contraceptive Supplies**





# The process (cont'd)

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- IE/BCC materials provided
- Facility upgrading
- Update the recording formats to capture the integrated services





# Integration at community level

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- **At community level (in all CBRH sites)**
  - **Refresher training to CBRHA**
  - **Provision of information of FP and HIV/AIDS**
  - **Agents referred clients to VCT sites**
  - **Agents referred clients to health facilities for STI treatment**
  - **Provision of condoms for dual protection**
  - **Provision of pills and referral for other clinical methods**





# Summary of the process

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- In the past six months among the total clients who visited the VCT centers average 30% of them received FP methods; (majority condoms, next oral contraceptives)



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# Summary of the process

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- **At community level through the MP and CBRH agents:**
  - **6203** clients referred for VCT
  - **4817** clients referred for STI treatment
  - **564,699** condoms distributed for dual protection (majority for HIV/STI prevention)
  - **1,258,643** reached with HIV/AIDS prevention educational messages





# Challenges

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- High turn over of service providers and existence of limited number resulting in the interruption of services
- Seasonal high work load and Staff burn out
- Poor utilization of post test contact periods to give FP services





# Challenges (cont'd)

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- Absence of incentives to service providers
- Resistance to modify the log book to include FP counseling and service provided (considered as additional work load)
- The FP Counseling contacts focus only to condoms and oral pills





# Conclusion/recommendations

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- Existence of enabling environment for integration
- The need for willingness and understanding the importance of integration and commitment from providers in order to bring changes
- There is an opportunity to reach a significant number of population with both RH/FP and HIV/AIDS messages and services at a point of contact
- A need for further OR to identify barriers and solutions for better integration





# Acknowledgment

- USAID
- FMOH
- Amhara Regional Health Bureau
- Zonal and Woreda health offices
- The health workers and health program managers at the different health facilities
- Community volunteers



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