

A Promising Start: Integration of Family Planning into PMTCT Interventions in Ethiopia



Sadik Mohammed, MD, MSc.
IntraHealth International/Ethiopia
Linking RH, FP and HIV/AIDS in Africa
October 9-10, 2006



USAID
FROM THE AMERICAN PEOPLE

- Objectives
- Background
- Process
- Outcome
- Challenges
- Lessons learned
- Next Steps

- To share IntraHealth's experience of integrating FP in to PMTCT

- IntraHealth present in Ethiopia since 2003
- Initiated PMTCT as a part of the Hareg Project in 10 Hospitals and 13 Health Centers (HCs).
- Is implementing PMTCT in 116 HC and will expand to **267** HCs by September 2007

Definition of Integration

- *Utilizing all the channels (from community up to the level of policy makers) and all services available for PMTCT, for promotion, provision and follow up of FP services.*

Activity: Conducted assessment of the sites

Findings:

- Almost all providers were not trained on FP or PMTCT
- No protocols/guidelines on integrating FP with PMTCT
- No IEC/BCC materials on FP and PMTCT
- Very few job aids on FP
- Shortage/interruption of FP commodities

Activity: Discussion forums with facility, Woreda Health Office (WHOs) and Regional Health Bureau (RHB)


Findings:

- Vertical organization at the RHB and WHOs levels
- Weak supervisory mechanism for FP in the context of PMTCT
- Dependence on donors for FP commodities
- Limited capacity to train all health care providers on FP/PMTCT

Activity: Prepared grid of gaps, causes and opportunities for integrating FP/PMTCT

Entry point of Integration	Potential Gap(s)	Possible Causes	Focus of Improvement
ORGANIZATIONAL	No protocol available	PMTCT is a new service	Revising the PMTCT Guideline
FACILITY			
COMMUNITY			

Activity: Selection of appropriate model(s) and levels for integrating FP/PMTCT

Level	Service Provided	Area of Integration	Requirement
I	Assessment, information, counseling Condom & COC Referral	OPD ANC EPI IMCI	Training Job aids Supplies Time & space
 II	Level I + Injectables	VCT PNC	Level I + Infection Prevention
III	Level II + IUCD	FP	As above + IUCD
IV	Level III + Permanent methods	FP clinics	As above + Trained MD or HO

I- The Mother Support Program

- All the four site coordinators and the 14 mother mentors were trained on FP/PMTCT
- Job aids, and IEC materials on FP/PMTCT distributed
- HMIS include no. of women: counselled on FP, using FP and the method they are using
- **80 out of the 168 (47%) HIV positive mothers are using modern contraceptive methods**

II- Tigray Regional State

- Providers in 9 HCs are trained on FP/PMTCT
- Job aids on FP/PMTCT distributed.
- Uninterrupted supply of FP commodities.
- **33 out of the 41 (80%) HIV positive mothers are using modern contraceptive methods.**
- More than 60% of the deliveries occurred at home.

III-Other Sites

- Refresher training on FP/PMTCT was provided for providers.
- Job aids on FP/PMTCT were distributed.
- **79 out of the 247 (32%) HIV positive mothers are using modern contraceptive methods.**

- FP commodities
- Absence of standardized integration manual/protocol
- Disclosure and its impact on dual protection
- Defaulters form continuum of care

- Commitments of HBs and providers
- Partnership's crucial role
- Quality of counselling
- Need for follow up of defaulters

- Ensuring availability of FP methods.
- Facilitating the preparation of standard FP/PMTCT integration protocol.
- Training providers on long-term and permanent contraceptive methods.
- Integrating PMTCT into FP.

For more information, contact:

Sadik Mohammed/ Yetnayet Asfaw
INTRAHEALTH/ETHIOPIA

Tel: 251-11-662 74 80/81

Fax: 251-11-663 92 41

smohammed@intrahealth.org
ydemessie@intrahealth.org



USAID
FROM THE AMERICAN PEOPLE