

Integrating HIV Prevention and Family Planning Services: the Aastha Project in Mumbai, India

Family Planning

HIV/AIDS

Key Points

- Adding family planning (FP) services to programs focused on HIV and other sexually transmitted infections (STIs) makes these programs more attractive to clients.
- The number of clients receiving services at HIV/STI clinics in Mumbai increased threefold when FP services were added.
- Integrated FP and HIV services show potential in reducing the incidence of HIV and other STIs among sex workers and their partners in Mumbai.

A Model for Success

Adding family planning (FP) services to programs focused on HIV and other sexually transmitted infections (STIs) can greatly enhance the programs' potential to attract clients, limit the spread of disease, and reduce unintended pregnancy. The Aastha Project in India offers a model for successful integration of FP and HIV/STI services.

In English, the Marathi word *aastha* means "to care about." The Aastha Project began in 2004 under the auspices of Family Health International and will conclude in 2013. It is funded by the Bill & Melinda Gates Foundation. The goal of the project is to reduce the incidence of HIV and other STIs among sex workers and their partners.

Initially, Aastha clinics provided such HIV/STI services as referrals for counseling and testing and medications for antiretroviral therapy. In 2005, Aastha also began to offer FP services in its clinics in Mumbai. Since then, the uptake of services has increased dramatically. Over the past four years, the Aastha Project has provided integrated FP/HIV services to 67,500 sex workers in 16 clinics, 36 satellite clinics, and 380 monthly health camps. Clients have consistently expressed their satisfaction with the integrated services, emphasizing the importance of "one-stop-shopping."

Assessing the Climate for Integration

Aastha Project staff consulted clients, stakeholders, and other public health organizations prior to integrating FP services into the HIV/STI clinics.

The staff collected community input in the following ways:

- Monthly meetings with 300 to 400 female sex workers and "bar girls"
- Interviews with bar managers and brothel owners; because many Aastha clinics are housed within brothels, the owners' cooperation was essential
- Review of existing resources and systems, such as clinic infrastructure, staff, and the management information system
- Monthly monitoring visits conducted by two independent agencies that offered supportive supervision and planning assistance

Given the feedback from all of these sources, the staff concluded that clients and stakeholders were receptive to integration and that public health organizations would support the project.

The Path to Integration

To achieve integration, the Aastha Project staff:

- Revised counseling and training modules to include FP content
- Trained health care providers to offer FP services during HIV counseling and STI management sessions
- Upgraded and expanded services available at the clinics to include tests for pregnancy and gynecological problems
- Established a strong referral network of local providers of FP services
- Conducted community outreach activities

The referral network gave the clients access to a greater variety of contraceptives than was available on site in the Aastha clinics. Peer educators accompanied clients to clinics outside the Aastha network and reported

The concerns of a sex worker go beyond HIV. We need a lot of advice on family planning, pregnancy, and other basic needs of a woman. At Aastha, we get all the answers to our problems, and we would wish that none of the Aastha clinic services should ever be withdrawn.

—Female sex worker, Mumbai

their observations of the contraceptive options available and the clients' preferred methods.

The community outreach activities raised awareness of the newly integrated services. Peer educators led activities that taught participants about their vulnerability to STIs and HIV, provided counseling on FP, and advocated use of the new services.

More Services, More Impact

As a result of these interventions, Aastha clinics now offer the following FP services in addition to those directly related to STIs and HIV:

- Information about FP
- Information about the use of condoms for dual protection and risk reduction
- Information about sexuality, particularly for young clients
- Assessment of the client's fertility desires and the client's risk of unintended pregnancy
- FP counseling, including counseling for the male partner
- Strategic behavior communication for informed decision making about the choice of contraceptive method
- Oral contraceptives, condoms, and referrals to clinics to obtain other FP methods

- Counseling on negotiation skills to persuade male partners to use condoms

Over the course of the project, more than 550 peer educators and 70 health care providers were trained to integrate FP information with HIV messaging, provide FP counseling, and make referrals for selected FP methods. Since FP services have been added at the Aastha clinics, the number of clients the clinics serve has grown dramatically.

The full impact of integration has not been assessed yet. As of March 2006, about 12 percent of the estimated target population of 30,000 sex workers in the areas covered by the Aastha Project received services. The figure increased to 29 percent in 2007 and to 38 percent in 2008. This nearly threefold increase in the number of sex workers receiving Aastha clinic services signifies a corollary increase in the number of women who have both the knowledge and the means to prevent unintended pregnancy and transmission of STIs and HIV.

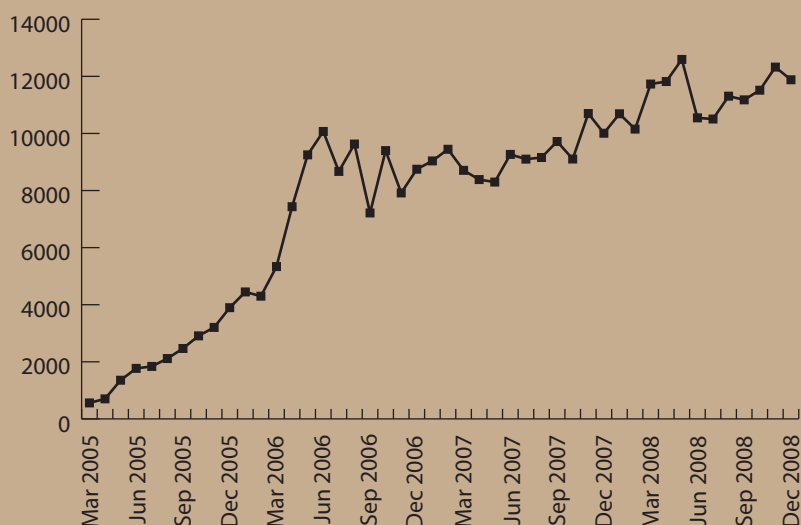
Aastha clinics will continue to provide integrated FP and HIV/STI services and build on the project's success.



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Table 1. Total Number of Sex Workers Receiving Health Services



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