

Strengthening Family Planning in a Large-Scale PEPFAR-Supported HIV Program

PEPFAR is a strong supporter of linkages between HIV/AIDS and voluntary family planning programs. The need for family planning for HIV-positive women who desire to space or limit births is an important component of the preventive care package of services for people living with HIV/AIDS and for women accessing PMTCT services.

— PEPFAR FY 2012 Country Operational Plan Guidance

Prevention of unintended pregnancies among women living with HIV is widely endorsed as an important strategy for preventing vertical transmission of HIV. Global health policymakers and funders increasingly recognize the value of family planning (FP) to HIV programs they support. For example, recently published guidance to implementers, from the President's Emergency Plan for AIDS Relief (PEPFAR), deems family planning an essential component of HIV preventive care and urges linkages between the two service delivery areas. While PEPFAR funds may not be used to purchase contraceptive commodities, countries may undertake a broad range of other activities to ensure that women and couples living with HIV have access to rights-based contraceptive services they want and need.

Family planning also features prominently in the *Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive*, a high-profile commitment recently launched by the Joint United Nations Programme on HIV/AIDS (UNAIDS), PEPFAR, and other funders; government leaders; and development partners. The resolution includes prevention of unintended pregnancies among women living with HIV as one of four essential program strategies for achieving meaningful progress toward prevention of mother-to-child transmission (PMTCT) goals. In addition to reducing HIV transmission, supporting women and couples living with HIV to achieve their fertility intentions dramatically improves the overall health and survival of mothers and their children and offers far-reaching social and economic benefits.

Evidence emerging from small-scale pilot projects indicates that FP/HIV service integration is a promising approach to preventing unintended pregnancies among women living with HIV. To maximize existing opportunities to make family planning a more robust component of HIV programs, however, implementers need practical examples for how to advance and sustain FP/HIV integration throughout the health system.

The Zambia Prevention, Care and Treatment Partnership (ZPCT) II represents a large-scale HIV program where FP/HIV integration is happening in an intentional and substantial way. ZPCT II is a five-year (2009–2014) PEPFAR-funded task order contract with the U.S. Agency for International Development (USAID) to strengthen and expand HIV clinical and prevention services in six provinces. The ZPCT II project recognizes that family planning is an important HIV prevention strategy, particularly in Zambia where the HIV prevalence and the unmet need for family planning are both high (14.3 percent and 27 percent, respectively). ZPCT II works to strengthen and integrate family planning into the HIV clinical services that it supports. Three years into the project, implementers have learned much about how to integrate family planning into an HIV program operating within numerous health system constraints.



Our colleagues in the MOH support a strong family planning element in the national PMTCT program, and we are delighted that ZPCT II has been an effective partner in strengthening this important, and often overlooked, element. An even stronger focus on family planning will make PEPFAR programs more effective in helping eliminate vertical transmission of HIV, while reducing unintended pregnancies among women who benefit from these services. This is a must-do from a public health perspective!

— Mike Welsh, ZPCT II Chief of Party

Purpose of the Case Study

This case study demonstrates how family planning and HIV services are integrated under one large-scale, PEPFAR-funded program. By documenting how FP/HIV integration is undertaken in ZPCT II, including identifying factors that facilitate success and obstacles that hamper progress, the case study also offers practical guidance to other HIV implementers about how to put FP/HIV integration goals into practice.

Project Context

With a US\$124 million budget funded entirely by PEPFAR, ZPCT II supports the Ministry of Health (MOH) to strengthen and expand HIV clinical and prevention services in six provinces — Central, Copperbelt, Luapula, Muchinga, Northern and North Western. Working in more than 380 health facilities, ZPCT II provides technical and management support to improve and scale up PMTCT, counseling and testing (CT), and clinical care services that include antiretroviral therapy (ART) and male circumcision. All work undertaken by ZPCT II is aligned with the priorities of the MOH and National AIDS Council and serves to advance the Government of the Republic of Zambia's goals of reducing HIV prevalence rates and mitigating the impact of HIV, including providing ART.

Preventing unintended pregnancies among women living with HIV is a priority intervention in Zambia's national PMTCT guidelines, which are based on the World Health Organization's guidelines for preventing vertical transmission of HIV. A key objective in the guidelines is, "To reduce the unmet need for family planning by 50 percent from the

current levels of 27 percent by 2015." ZPCT II supports the MOH in rolling out the government's HIV guidelines by including family planning as an element of the project.

Putting FP/HIV Integration into Practice

ZPCT II implements a referral-based model of FP/HIV integration. At most sites, family planning counseling is integrated into CT, PMTCT and ART services, and referrals are provided to the family planning provider on site for women who desire a method. Within PMTCT services, family planning counseling is provided at all visits, from antenatal care to postnatal care, and women are encouraged to obtain a method at the 6-week postnatal visit. ZPCT II also supports the integration of provider-initiated CT into family planning services at ZPCT II-supported clinics.

The project supports the integration of family planning and HIV services by incorporating content or messages on family planning into the core project activities listed in the table on the opposite page.

Notably, family planning is not a stand-alone intervention strategy added peripherally to the main project. Instead, the family planning activities are incorporated into the core project interventions that support HIV service delivery. Having family planning within this set of connected, mutually reinforcing project elements serves to institutionalize it as an essential program component and enhances the likelihood that FP/HIV integration will be sustained over time.

Impact of FP/HIV Integration

Shortly after family planning was introduced as an integrated component of the project, ZPCT II staff conducted an analysis of routine program data from 16 selected ZPCT II-supported health facilities in five provinces. The number of CT clients referred for family planning increased from 75 during the 18 months before the FP/HIV integration intervention to 2,571 during the initial 18 months after the intervention was introduced. The number of ART clients referred for family planning services increased from zero at baseline to 329. Since then, ZPCT II has continued to monitor and report on the number of CT and ART clients referred for family planning on a monthly basis at all of the facilities the project supports. More recent program data indicate that the average number of clients referred from CT and ART to family planning each month is 2,500 and 250, respectively.

While these data provide some good information on the extent to which ZPCT II is fostering linkages between HIV and family planning services for clients, the indicators used to monitor and evaluate FP/HIV integration have some limitations. For example, no data are collected on whether the referrals to family planning services are completed. In addition, no data are collected to gauge progress in implementation of the family planning element of the national PMTCT guidelines. Thus, the impact of ZPCT II's FP/HIV integration efforts on

ZPCT II Activities That Integrate Family Planning and HIV Services

Training of providers	Modules on family planning are incorporated into ZPCT II-supported trainings for CT, PMTCT and ART providers. Family planning providers are trained on CT.
Task shifting	In antenatal care and postnatal care, where there is high client volume, some task shifting occurs whereby lay counselors provide group education on family planning to all clients before they are seen by providers.
Facilitated referrals	Referred clients are often escorted to the on-site family planning provider, even on days when family planning is not routinely provided; clients are not turned away or asked to come back.
Commodity security	Contraceptive commodities are available in the family planning unit on site; stockouts are rarely a problem in ZPCT II clinics. While family planning commodities are not procured with ZPCT II project funds, ZPCT II staff participates in the MOH's national Family Planning Technical Working Group, where projections for commodities are made.
Monitoring and evaluation	At ZPCT II facilities, providers are trained to document in the registers when CT and ART clients are referred for family planning and when family planning clients are referred to and receive CT. These data are tallied and reported on a monthly basis to ZPCT II program staff.
Supportive supervision and mentorship	ZPCT II staff review monthly data and provide technical assistance and mentorship based on weaknesses or gaps observed in the data. Referrals of CT and ART clients to family planning are among the indicators routinely reviewed by ZPCT II program staff, so staff are regularly prompted to provide technical support to providers on family planning integration.
Quality assurance/quality improvement (QA/QI)	Family planning counseling and referrals are included on the quality improvement facility checklist for CT and PMTCT, which is administered at ZPCT II-supported clinics on a quarterly basis to ensure provision of quality services.
Community mobilization	Family planning messages are part of community mobilization efforts aimed at raising awareness of HIV prevention, generating demand for services and promoting male involvement.

reducing unmet need, preventing unintended pregnancies and preventing HIV acquisition among infants remains undefined. Additional data are needed — such as measures of the percentage of CT and ART referrals to family planning that are completed or postpartum contraceptive uptake among PMTCT clients — to understand better the impact and gaps of ZPCT II's FP/HIV integration activities.

Opportunities for Improvement

ZPCT II project staff are working to institutionalize family planning as a core component of activities that support HIV service delivery. As a result, measurable progress has occurred toward meeting the contraceptive needs of women and couples in contact with the health system for their HIV care. The project does face challenges, however, in ensuring that family planning remains a priority in the context of human resource constraints, budget limitations and pressure to meet aggressive HIV-specific targets.

For example, ZPCT II-supported trainings for CT, ART and PMTCT providers do not cover all technical aspects of counseling on and providing contraception to clients living with HIV. Time and budget limitations only allow for a basic overview of informed choice contraceptive counseling, method options, dual method promotion and the importance of family planning for reducing unintended pregnancies and advancing PMTCT goals. Linkages with family planning service delivery partners must be strengthened to ensure that the platform created by PEPFAR through ZPCT II is optimally leveraged and well-equipped to offer quality, rights-based family planning services to women and couples living with HIV.

With guidance from the in-country funder community, ZPCT II could engage family planning programs active in districts supported by the program, fostering linkages between activities such as trainings, community mobilization and supply chain management. Such coordination could offer

Technical Resources to Support FP/HIV Integration

Increasing Access to Contraception for Clients with HIV: A Toolkit (FHI 360)

Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services (WHO, FHI 360, USAID)

Preventing HIV and Unintended Pregnancies: Strategic Framework 2011–2015 (Inter-Agency Task Team for Prevention and Treatment of HIV Infection in Pregnant Woman, Mothers, and Their Children)



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opportunities for select ZPCT II-supported providers to participate in more comprehensive trainings organized by family planning program partners. Similarly, information and educational materials developed by family planning partners could be used by ZPCT II to enhance family planning messaging in its community mobilization and education activities. Where community-based family planning programs exist, working with them to provide women living with HIV information and counseling on contraception would bring these services closer to the community and reduce the burden on busy, over-stretched clinicians.

Lessons for Other PEPFAR Programs

More needs to be done to translate policy support for FP/HIV integration into widespread practice. PEPFAR implementers, in particular, have unprecedented opportunities to accelerate progress toward HIV prevention goals and improve maternal and infant health by addressing the contraceptive needs of clients they serve. This case study shows how FP/HIV integration has been institutionalized within one large-scale PEPFAR-funded HIV prevention, care and treatment project. Moreover, it underscores the promise that HIV programs in Africa hold for providing more holistic, integrated care for women, couples and families affected by HIV.

Each PEPFAR-supported HIV service delivery program is unique. The ZPCT II experience highlights the feasibility of using a referral-based model to make family planning a routine part of HIV services. Other HIV programs may be able to do more — such as bypass the need for referrals by enabling on-site provision of contraceptive methods in the HIV service delivery setting. Others may have to do less. Regardless, leveraging the HIV service delivery platform to expand access to family planning and strengthening partnerships with family planning programs will reduce unintended pregnancies among clients living with and at risk of acquiring HIV and, ultimately, enhance the impact of PEPFAR and other HIV programming investments.

ZPCT II is implemented by FHI 360 in collaboration with Management Sciences for Health (MSH), CARE International (CARE), Cardno Emerging Markets Group (EMG), Social Impact (SI), Churches Health Association of Zambia (CHAZ), Kara Counseling and Training Trust (KCTT), the Salvation Army World Service Office (SAWSO), the Salvation Army/Zambia (TSA/Zambia) and the Male Circumcision Unit, University Teaching Hospital Surgical Department (UTH).

About FHI 360: FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology — creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.