

Introducing Innovations to Fragile Health Systems: The Case of HIV-Family Planning Service Integration

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Health System Building Blocks

Service Delivery

Health Workforce

Medical Products

Information

**Leadership and
Governance**

Financing



PEPFAR BLUEPRINT:

CREATING AN AIDS-free GENERATION



“Optimize PEPFAR as a platform to incorporate and integrate other essential health services for women, including the integration of HIV and family planning (FP) services....”

- Articles on 2 trials testing service delivery interventions
- Systematic review of 12 additional studies
 - 5 of 12 studies conducted in context of clinical trials
 - Only 5 articles reported process data



Promoting long-acting and permanent methods to PMTCT clients in Cape Town

- PEPFAR-funded provider training in FP for HIV+ women
- Training: IUD insertion
- Coaching
- Counselling aids
- IUD insertion equipment
- Reinforced referrals for sterilization



Results: Survey with Postpartum PMTCT Clients

	Pre-intervention (n=265) %	Post-intervention (n=266) %
Desire future pregnancy	11	15
CURRENT METHOD AMONG FP USERS		
IUD	0	<1
Sterilization (F)	7	9
Condoms (M/F)	6	12
Injectables	86	86
PROVIDER HAS TALKED TO YOU ABOUT...		
IUD	4	13
Female sterilization	28	36

Intervention Tracking Tool

Intervention components as planned	Activities as actually implemented	Contributions of individuals and organizations	Considerations for replication/expansion
INTERVENTION COMPONENT 1			
Activity			
Activity			
Activity			
INTERVENTION COMPONENT 2			
Activity			
Activity			
INTERVENTION COMPONENT 3			
Activity			
Activity			

Process Evaluation Findings

- Training providers to provide new methods was challenging
 - Inadequate foundation of FP knowledge
 - Incomplete participation in classroom sessions on the IUD
 - Low client recruitment for on-the-job practicum
 - Some providers lacked confidence to counsel on sterilization
- Training not reinforced with changes to service delivery procedures
- Routine supervisory system inadequate
- Coaching: Some providers were not inclined to take on additional responsibilities

Promoting Family Planning Use by Care & Treatment Clients through Constructive Male Engagement

- Provider training:
 - ❖ FP for HIV+ women
 - ❖ Gender
- Mentoring
- Clinic adjustments
 - ❖ To accommodate FP counselling
 - ❖ To engage men
- Counseling flipbook



Results: Survey with Care & Treatment Clients (Intervention Group)

	Pre-intervention (n= 416) %	Post-intervention (n=330) %
Desire future pregnancy	31	31
CURRENT FP USE		
Dual method use	13	14
FP method other than condoms	56	49
SERVICES RECEIVED		
Provider talked about FP	18	35
Offered couple's counselling on FP	30	43

Process Evaluation Findings

- Learning needs surpassed time allotted for training
- Need for ongoing mentoring greater than anticipated
- Commodity stock-outs
- High client volume and health worker shortage
- Low morale

WHO Health System Building Blocks

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Recommended targets for future research on HIV-FP integration

Service Delivery	Improve client flow
Health Workforce	Motivate providers
Medical Products	Reinforce commodity management
Information	Track performance
Leadership and Governance	Translate policy guidance into performance expectations
Financing	Deliver services in a way that's affordable to facilities and clients

