

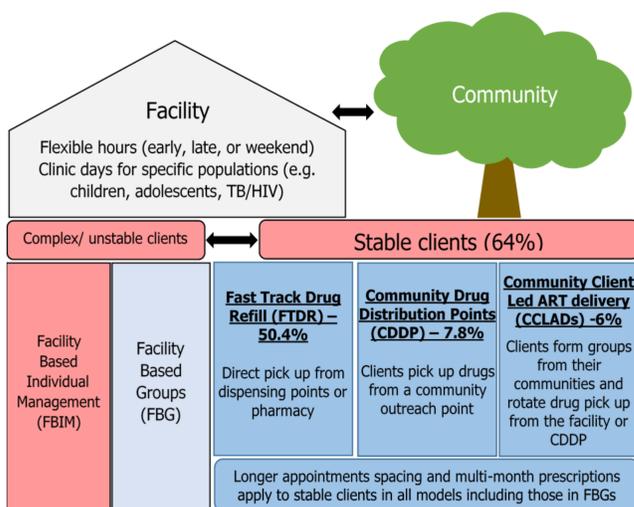
Assessment of FP-HIV Integration under the ART Therapy Differentiated Service Delivery Models in Selected Regions of Uganda

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BACKGROUND

- Decentralized service delivery models (DSDM) are designed to make antiretroviral therapy (ART) available through convenient approaches, locations, and times, providing clients more control over their health care
- In Self-care oriented DSDMs (SC-DSDMs), stable HIV-positive clients receive their ART drug refills for an extended period with limited provider interaction
- These integrated platforms can be leveraged to improve access to and utilization of family planning (FP) services among stable HIV clients.
- No formal evaluations have documented the approaches to FP integration in SC-DSDMs

Figure 1: Summary of DSDMs



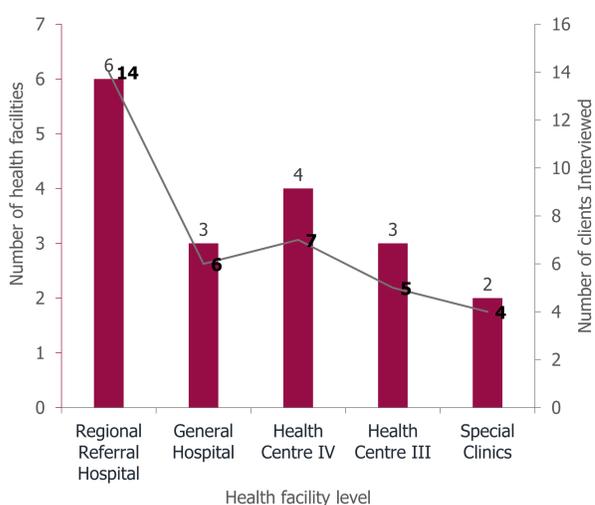
STUDY GOAL

- To document the implementation processes and perceptions of integrating FP services and methods into SC-DSDM from the perspective of policy makers, program managers, health facility staff and clients

STUDY APPROACH

- A qualitative study was conducted in 18 health facilities in 17 districts across four geographical regions with high HIV prevalence in Sept 2022
- HIV prevalence ranged from 6.2-8.2% across regions; higher than the national average of 5.5%
- The four regions include Central 1, Mid-North, South-western and Central 2

FIGURE 2. Health Facilities visited and number of clients interviewed by level



DATA COLLECTION METHODS

- We conducted 83 IDIs and KIIs with:

Participant categories		
Health facility staff IDIs	Client IDIs	KIIs
13 Health Facility in charges	19 Fast tract drug refill model	3 policy makers
14 Art in charges	11 Community drug distribution points	5 implementing partners
8 MCH In charges	6 Community client lead ART delivery	4 program managers

STUDY FINDINGS

1. FORMS OF FP-HIV INTEGRATION

A. FP-HIV INTEGRATION INTO THE SC-DSDMS

- All (18) health facilities (HFs) integrate FP information and counseling into the SC-DSDMs
- Three (3) HFs integrate FP methods into the SC-DSDMs:
 - 1 Regional Referral Hospital (RRH)
 - 2 TASO special clinics

B. FP-HIV INTEGRATION THROUGH REFERRAL TO THE MATERNAL AND CHILD HEALTH/FP CLINIC

- 14 HFs (1 private & 13 public) refer for FP methods to MCH/FP Clinic in the facility compound
- 1 HF (Catholic, Faith-based) does not offer FP methods on site

2. FP-HIV INTEGRATION IN THE DSDM GUIDELINES

- FP-HIV integration was not comprehensively discussed when designing the DSDM guidelines
- Women in the DSDMs were expected to get their FP methods from the MCH/FP clinic

"I think we did not think so much about family planning at that time [of developing the guidelines]. We concentrated more on HIV, access to HIV services. We had not concentrated on integration [of family planning], the only thing we integrated early were those things which are closely related to HIV like TB"

- Policy maker, MoH

3. HEALTH PROVIDERS' TRAINING ON DSDM GUIDELINES

- Focused on improving efficiencies in ART delivery with no explicit emphasis on FP-HIV integration

4. SUPPORT FOR FP AND HIV SERVICES

- All (18) HFs are supported by Government of Uganda and implementing partners to offer HIV and FP services
- FP and HIV services are offered largely as vertical programs

5. CLIENT PERCEPTIONS ABOUT FP INTEGRATION INTO SC-DSDMS

- FP-HIV Integration in the SC-DSDMs is perceived to be convenient and less time-consuming:

".....when you reach there at the facility, you can easily get all these [ART and FP] services at once from the same place, you receive the ARVs and [...] the family planning injection [at the same time]"

- FTDR Client, South-Western Region

- Integration through referral to the MCH/FP clinic was reported to have some challenges:

- Long waiting time
- FP and ART services offered on different days

6. Barriers to integration



"One [challenge] is staffing [...] Right now if you look at our unit, we still need more staff. If you are to integrate FP it means that you have to get a health worker in charge of FP [in the ART clinic]"

- ART provider, Central 1

CONCLUSION AND RECOMMENDATIONS

CONCLUSION

- FP-HIV integration into the DSDMs was not considered an integral part of the DSDM guidelines
- Most health facilities offer only FP information, counseling and referrals. Very few offer FP methods as part of the SC-DSDMs.
- Limited space, staff shortages and stock-outs of FP supplies remain critical challenges to FP-HIV integration into the SC-DSDMs especially at health facility level

RECOMMENDATIONS

- Policies and guidelines:** Revise DSDM guidelines to strengthen FP-HIV integration into the SC-DSDMs
- Staffing:** Objectively review staffing needs and hire more staff where needed; train existing staff in FP-HIV integration
- Supplies:** Strengthen commodity security by ensuring a regular supply of short-term FP methods
- Space:** Objectively review space issues within the ART clinic and allocate additional space, as needed

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