Integrating Counseling and Testing for HIV into Family Planning Services:
What happens to the quality of FP?

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1. Population Council (FRONTIERS)
2. National Department of Health, South Africa
South African context

- South Africa (National average 29.5% (range 15.4%-40.7% by province); 2004)
- VCT, PMTCT and ARV programs have been rolled out – low uptake
- FP relatively well established program (55% CPR)
- STIs and HIV are common in FP clients (20-30%), many missed opportunities
Objectives

■ Evaluate two models of integration on feasibility, acceptability, cost and quality of family planning

■ Develop and evaluate a “best” model for effectiveness:
  ✓ Improving the uptake of VCT
  ✓ Enhancing the practice of dual protection
Concerns that integration may result in a decline in quality of FP

Hypothesis:
- Integration of Counseling and Testing and the Balanced Counseling Strategy into FP services will result in NO decline in quality of FP services (possible improvement?)
Methodology

Implementation sites:
- Odi, Moretele, and Rustenburg Districts, Bojanala Region, North West Province

- 18 Clinics which:
  - Provide family planning services
  - Have a high volume of FP clients (>= 100 per month)
  - Have more than one professional nurse
  - Conduct HIV testing
  - Provide STI treatment
Methodology (cont.)

Two phase project

- Phase I: 18 clinics (6 for each model and 6 standard)
  - Evaluate the two interventions on feasibility, acceptability, quality of family planning and cost
- Phase II: 12 clinics (6 best model and 6 standard)
  - Evaluate the effectiveness of a “better” intervention model in increasing VCT and dual protection use as compared with standard practice
Description of Interventions

In both interventions:

- Family planning services were standardized and strengthened through training providers in the “Balanced Counseling Strategy” (BCS) approach to family planning.
- HIV/STI prevention, dual protection and VCT awareness information was integrated into FP services.
Balanced Counseling Strategy

Algorithm for family planning and a supporting set of job aids.

The job aids consist of a set of palm-sized cards, one per contraceptive method, designed for providers to use and to facilitate discussions with clients.

Each card is dedicated to one method and their use begins with laying out a set of choices of methods and eliminating unsuitable methods as the consultation proceeds.
Balanced Counseling Strategy

In the end the client is provided with information and a choice on the narrowed down set of appropriate methods. The information is also given to the client in the form of a pamphlet to take home. Cards on STI/HIV risk and dual protection were also used during the session to ensure that STI risk information is provided during all consultations.
Intervention Description (cont)

Two integration models:

- **High level integration**: FP Providers trained to conduct routine offer of C&T and conduct testing if required.

- **Low level integration**: FP Providers trained to conduct routine offer of C&T but refer to vertical service for testing.
Implementation Steps

- Develop a training strategy, training materials and job aides in collaboration with DOH
- Conduct provider training with 141 nurses in the two models
- Monitor supplies and equipment
- Provide supervision and support for providers
- Degree of restructuring/ reorganizing clinics varied
Exit interviews

- Average age: 28 (range 15-48)
- Marital status:
  - 29% married
  - 67% partner
  - 4% no partner
- 83% have been pregnant (of these 55% did NOT want to fall pregnant the last time)
- A third wanted to fall pregnant in future >50% after 3 years
Are FP clients at risk of STI/HIV?

- Almost all using hormonal methods
- Majority are repeat clients
- Multiple partners: 17% have other partners in addition to their main partner
- Condom use is variable

30% know their HIV status
Few perceive themselves at high risk:
- No chance: 35%
- Some chance: 39%
- High chance: 23%
Proportion of CPO in which provider used BCS tools

- HLI
- LLI
- Control
**STI/HIV and DP discussed during consultation (pre N=333 post N=366)**

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<tr>
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<th>HHL</th>
<th>LLI</th>
<th>Control</th>
<th>Total</th>
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<td>Pre</td>
<td>Post</td>
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<td>Post</td>
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<td>Condom with pill</td>
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Scores developed to assess quality of FP

- Reproductive history and intentions
- Method specific counseling
- Reproductive health issues
- General counseling skills
- STI risk factors and prevention counseling
- Condom counseling
Reproductive History taking and intentions

- Clients age
- Date of last menses
- Marital status
- Medical history
- Obstetric history
- Previous use of FP
- Discussion of FP with spouse or partner
- Age of youngest child
- Current breastfeeding
- Desired number of children
- Timing of next birth
- S/S of pregnancy
Method specific counseling

- Provider check for contraindications
- How method works
- Advantages
- Disadvantages
- Side effects
- How to use method
- What to do if client forgets to take method
- Practices affecting effectiveness
- Possible side effects
- When to return to clinic
- Possibility of changing method
- Discuss emergency contraception
- Discuss dual protection
Condom counseling

- Mention use of male condom
- Ask about latex allergy
- Explain how to use
- Demonstrate use
- Mention emergency contraception
- Lubrication

- Explain removal and disposal
- Use of new condom for each act
- Proper storage and care
- Expiry date
- Discuss negotiation of use
## Quality of FP scores

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<thead>
<tr>
<th>Indicator</th>
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<th>Low Level</th>
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<td>Post</td>
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<td>Post</td>
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## Quality of FP scores

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# Condom counseling scores

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Summary

- Integration resulted in improvements in selected aspects of HIV/STI related care
- Results seem to suggest some modest improvements in certain aspects of FP quality of care
- No evidence of a significant decline in quality of FP services
- Quality of FP needs to be addressed
- Considering high rates of unwanted pregnancies and potential drug interactions with ARVs, reintroduction of the IUD may be appropriate
Conclusion

- There is a rationale and need for integration of HIV into FP services in South Africa.
- Integration of HIV prevention and the routine offer of testing in FP settings is feasible, acceptable to clients and providers and does not negatively impact on quality of existing FP services.