

Integrating Reproductive Health and Family Planning into HIV Care in African Urban Slums

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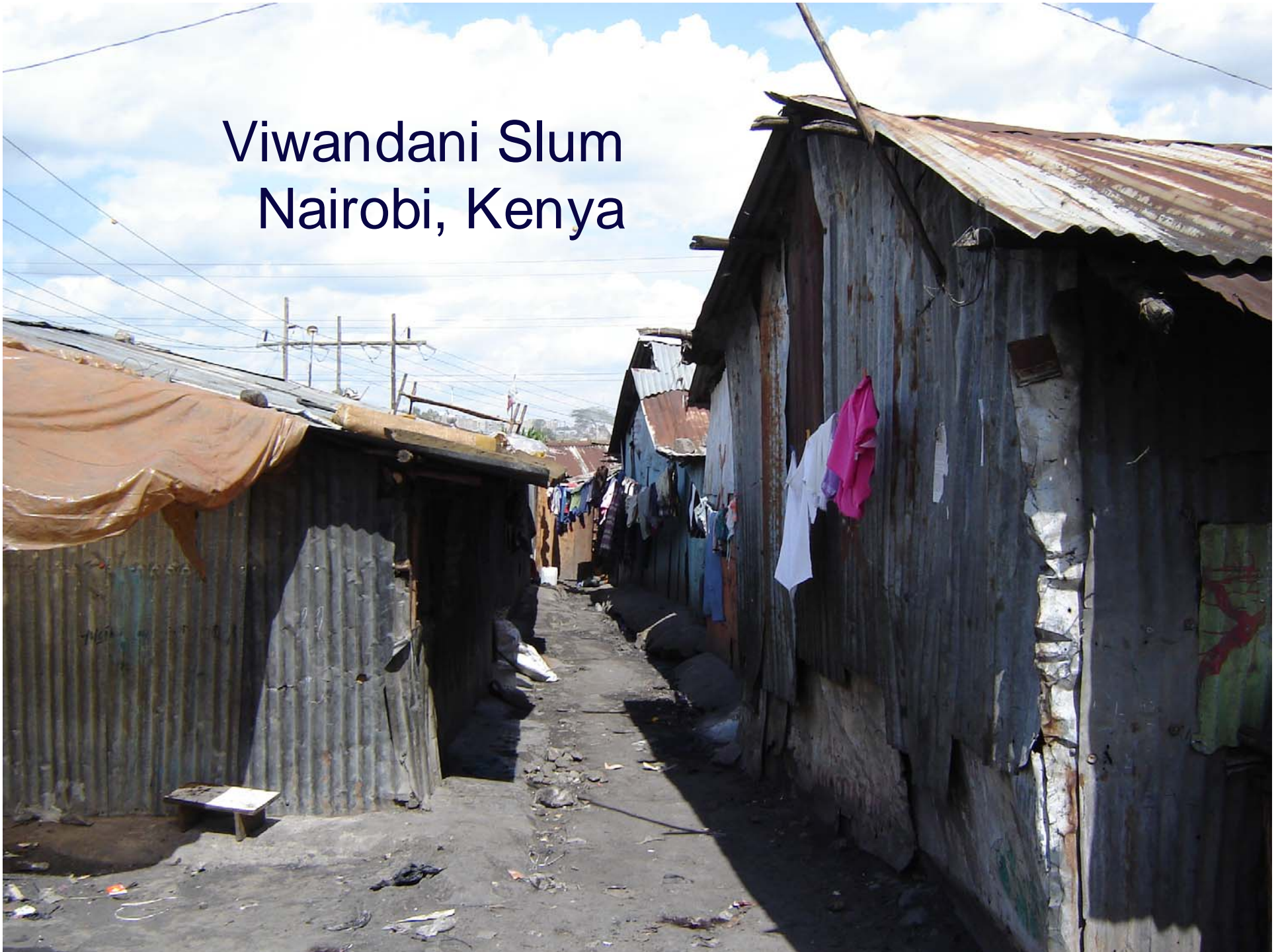


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WORKING TO IMPROVE THE HEALTH OF WOMEN AND FAMILIES THROUGHOUT THE WORLD

Viwandani Slum Nairobi, Kenya





The Slums – Context for Improvements in Health

- High disease burden
- Low utilization of formal health services
- Poor health service delivery
- Presence of community resources including (CBOs ,FBOs and CHWs)
- Commercial sex forming large part of income generation
- Slum environment impacts family stability



Background – Why RH/FP/HIV?

- The HIV crisis has overshadowed other healthcare needs, including utilizing FP as a preventative intervention
- Integration is a feasible means to achieve multiple key goals:
 - Prevent new HIV infections among women and girls
 - Reduce transmission of mother to child
 - Increase uptake of FP/RH services



Rationale for FP/HIV Integration

- FP among HIV-positive women will prevent more AIDS orphans
- Supports HIV-positive women's reproductive rights and fertility choices
- Addressing both HIV and FP together:
 - better serve the needs of clients
 - better serve the needs of health providers
 - Is comprehensive and cost effective



Rationale for FP/HIV Integration (cont)

- Integrated RH/FP/HIV interventions:
 - Help to address shortage of healthcare workers
 - Target the same audience (i.e. women and girls of reproductive age)
 - Reduce stigma and discrimination associated with stand alone facilities
 - Can reduce cost associated with PMTCT and unwanted pregnancies

Performance and Quality Improvement (PQI)

- Jointly involve community and facility in identifying gaps in health provision
- Plan and design method of filling gaps
- Together implement the agreed plan
- Involve community and facility in monitoring progress of intervention





JHPIEGO's Interventions – Health Facility Level

- 26 District Health Management Teams trained as supervisors of health services
- 15 service providers trained in FP/HIV Integration
- 23 service providers trained in FANC/PMTCT
- 23 service providers given contraceptive technology updates
- 17 service providers trained in adolescent sexual reproductive health
- Whole site training in BCC and Infection Prevention



JHPIEGO's Interventions – Health Facility Level

- Support supervision
- On-the-Job Training (OJT)
- Identified facility-based champions
 - Champions mentor other service providers in FP/HIV
- Exchange visits to health facilities in other slums that offered exemplary integrated RH/FP/HIV services
- Outreaches and linkages with community



Health Facility Outcomes

- Increase in referrals to PMTCT services
- More clients accessing HIV services especially when offered in the FP room
- Prevention of unwanted pregnancies among HIV-positive women
- Trained health providers able to offer integrated services
- Dual method reducing STDs and unwanted pregnancies as well
- More youth accessing services



JHPIEGO's Interventions – Community Level

- Advocacy meetings held where community leaders supported use of RH/FP services
- Community mapping of RH/FP/HIV services
- Trained:
 - PLHAs on dual protection
 - CHWs in community mobilization for uptake of FP/HIV services
 - peer educators and community champions in RH/FP/HIV
 - TBAs to support health facility services and encouraged TBAs to refer deliveries to facilities



Community Level Outcomes

- Community empowered:
 - Have RH/FP and HIV knowledge
 - Able to make informed health decisions
 - Able to access information about where RH/FP and HIV services are offered
- Trained peer educators encourage use of health facilities for FP/HIV services
- Community ownership of their health
 - Community organizing forums to discuss RH/FP and HIV



Challenges of Integration

- Lack of trained health professionals
- High turnover of trained staff
- Provider bias
 - Especially against HIV+ women who are sexually active
- RH/FP programs impacted by high response to HIV
 - Reduction in donor funding for RH/FP
 - Separate funding streams for RH/FP and HIV



Lessons Learned

- Need to revise health facility registers to capture integration of services
- FP clients able to easily accept HIV tests
- There is need to train VCT counselors in family planning and supervise them
- Trained health providers easily accept and promote integrated services
- Community supports integration of services



Acknowledgements

- Wallace Global Fund
- Rockefeller Foundation
- Urban slums health facilities
- Urban slums communities
- Nairobi City Council



Thank You!

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