

Country Assessments: Documenting Family Planning-HIV Integration Programs

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Assessment Study (2007)

- Phase 1
 - A desk review of integration programs in PEPFAR focus countries
- Phase 2
 - A situation analysis in a subset of five countries

Youth programs are a subset

Rationale



- Increasing number of integrated or linked programs
- Limited operational research evidence
- No one model of integrated or linked services
- No consensus on the components necessary to include in effective integrated programs
- Need for a strategic assessment of existing models

Project Goals

1. Create an inventory of integration and/or linked programs
2. Describe the programs' service delivery inputs and infrastructure
3. Examine the context (contraception, HIV)
4. Document factors, including costs, that result in various programs
5. Identify factors for implementation and scale up
6. Determine what programs (“integration” or “referral/linkage”) work best in situation-specific settings

Youth Integration Programs

Phase 1 identified:

n=6

Ethiopia

Kenya

South Africa (n=2)

Uganda (n=2)

Phase 2 data collection

(to date):

n=2

Kenya

Uganda

Kenya: FHOK Mombasa Youth Center

- **History:** “Model youth service center” in 2005 (started in 1990s)
- **Outreach:** Peer educators create demand
- **Youth Served:** 10-24yrs, 90% >18yrs, mostly female
- **Services Offered:**
 - Contraceptives, VCT, ANC, PMTCT, well-baby, pregnancy dx, male circumcision, STI (dx,tx), Rxs
- **Service Delivery:**
 - VCT counselor offers condoms, as well as oral contraceptives
 - ARV referral
 - Pharmacy on site

Kenya: FHOK Mombasa Youth Center (cont.)

- **Technical Inputs:**
 - Providers trained on FP and VCT
 - Range of contraceptives available: pills, injectables, implants, condoms, foaming tablets
- **Challenges:**
 - High demand for VCT; 2 counselors insufficient to meet need
 - Infrequent supervision
 - Lack ways to track integrated services
 - Limited opportunities for training and technical updates
 - Center-based support group for PLWHA not very strong
 - Lack any ARVs, including nevirapine

Uganda: Gulu Youth Center

- **History:** Began working with IDP camp to provide VCT in 2003; run by the Straight Talk Foundation
- **Outreach:** Peer educators, services provided at IDP bi-weekly, mass media
- **Youth Served:** 90 per day, out-of-school, and in school
 - 2,737 males and 2,547 female tested at center (2006)
- **Services Offered:**
 - Contraceptives, VCT, minor medical
- **Service Delivery:**
 - VCT and FP offered on opposite sides of the building
 - Pills and injections provided
 - ARV and STI referrals

Uganda: Gulu Youth Center (cont.)

- **Technical Inputs:**
 - 23 staff members
 - Partnership with FPAU to provide FP services, but this is now dormant
 - With loss of FPAU nurses, trained own staff to offer FP services
- **Challenges:**
 - Gender inequity and retaining female peer educators
 - High demand for VCT, but proportion testing positive is relatively low
 - Sustainability compromised by need for training, which is expensive
 - Fundraising

Uganda: Gulu Youth Center (cont.)

- **Challenges (cont.):**
 - Family planning services hard to sustain
 - Lack of staff
 - Stock outs of commodities
 - VCT highly scripted; talking about FP “knocks [counselors] off their track”
- **Opportunities:**
 - Potential linkages with STI treatment
 - New focus on high-risk youth testing negative
 - Girl’s empowerment initiatives
 - Offer services and activities at different times to attract youth with different needs, particularly vulnerable girls

Next Steps



- Disseminate results and lessons learned
- Offer programmatic guidance to improve existing programs and inform scale-up
- Use assessment to help identify opportunities for further research/evaluation



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