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Proactive assessment of people living with HIV (PLHIV) within the care setting enhances identification of clients with unmet contraceptive needs and their linkage to services: a case study from East Central Uganda

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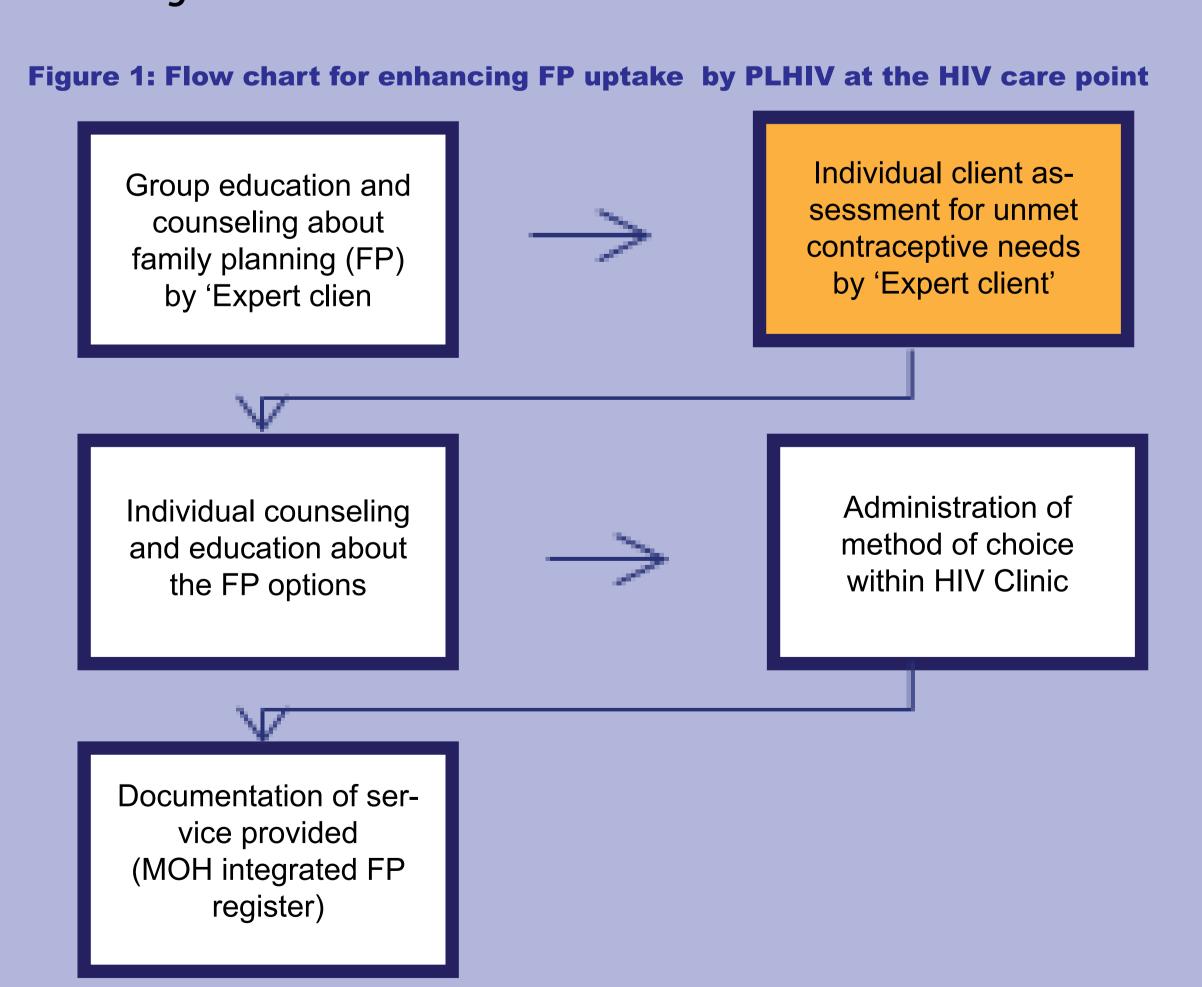
Background

East Central Uganda is characterized by an HIV prevalence of 5.6%, a total fertility rate of 7.5 births per female, a contraceptive prevalence rate of 32% and high infant and maternal mortality rates. The uptake of contraceptive services by PLHIV is encumbered by the shortage of providers at public health facilities and lack of integration of family planning services in HIV care. Furthermore, family planning (FP) service delivery at public health facilities is predominantly dependent on the client's initiative to demand for the service, often leaving out the clients that may not express their contraceptive needs while at the health care setting. As a result, there is low uptake of contraceptive services as reflected by the dismal proportions of < 1% PLHIV recorded in the FP registers.

Methods

With funding from USAID, the Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC) — a JSI managed program aims to improve access and utilization of quality comprehensive TB and HIV care and preventive services including the four pronged approach towards virtual elimination of mother-to-child transmission of HIV (eMTCT) in the region. STAR-EC reviewed the service delivery process and supported the providers through mentorship to introduce proactive assessment of individual clients for unmet contraceptive needs and to provide FP services to PLHIV at the HIV care point.

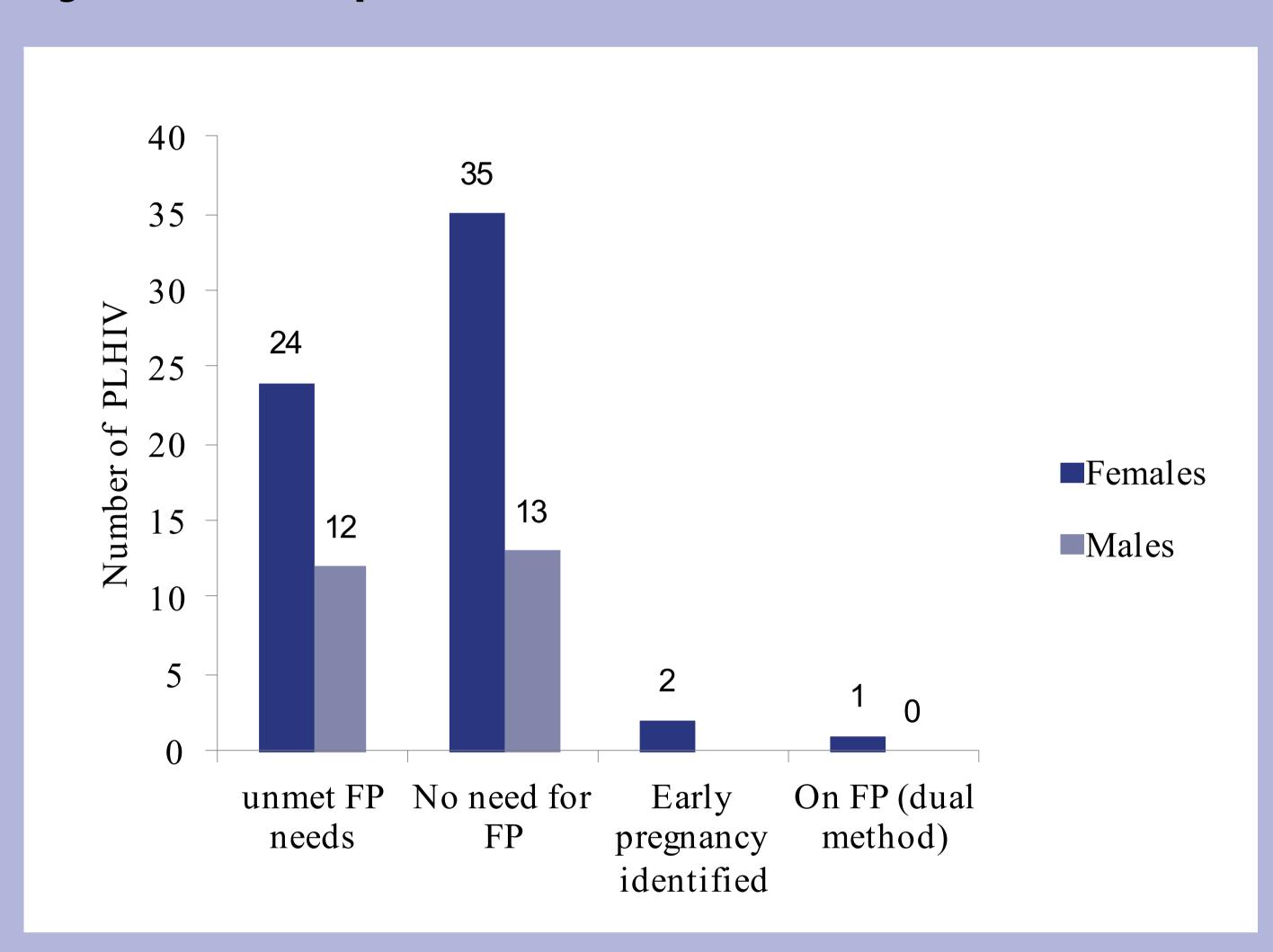
'Expert clients' (PLHIV peers) were oriented on the assessment of individual clients for unmet contraceptive needs using standard questions and documentation of contraceptive status as either unmet FP need, no need for FP or already on FP and the method being used, and then referral to the clinician as appropriate to provide the service during the routine individual clinical evaluation.



Results

During a routine HIV clinic at Kidera HC IV, 87 adults were assessed for unmet FP needs with the findings illustrated in Figure 2.

Figure 2: Contraceptive status of PLHIV assessed at Kidera HC IV



- Clients with unmet FP needs were defined as sexually active clients that either did not wish to have children or wanted to postpone childbearing at the time but were not using any modern contraceptive method
- Clients with no FP needs were those who reported not to be sexually active
- PLHIV with early pregnancies were identified in the process and were immediately evaluated for prophylactic antiretroviral regimens

Lessons learned

- Oriented and supported expert clients can effectively be utilized to identify PLHIV with unmet FP needs and link them to the service
- Proactive assessment of PLHIV for unmet FP needs is essential for reducing missed opportunities for uptake of FP and will contribute to early initiation of antiretroviral regimens for eMTCT

Conclusion

- Enhancing uptake FP services by PLHIV requires assessment of individual clients for unmet FP needs in addition to group education and counseling and ensuring access to FP services at the HIV care point
- Lay providers ('expert clients') can effectively be utilized to proactively identify PLHIV with unmet FP needs for targeted attention by the few trained FP service providers

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