



## FAMILY PLANNING INTEGRATION INTO HIV CARE AND TREATMENT SERVICES PROJECT IN THE WESTERN CAPE

### 1.0 PROJECT FRAMEWORK

**Impact** - the higher-level situation that the project will contribute towards achieving

Improved maternal health and reduction in unintended pregnancies and Mother-To-Child-Transmission of HIV in the Western Cape Province

**Outcome** - what will change, and who will benefit, over the lifetime of the project

An estimated 150,000 females and males living with HIV in the Western Cape Province have improved Sexual and Reproductive Health behaviours and outcomes.

#### a. Outcome Indicators

- i. Contraceptive prevalence rates among sexually active HIV positive males and females seeking services at participating healthcare facilities.
- ii. Unmet need for family planning among sexually active HIV positive males and females seeking services at healthcare facilities participating in the FPI project.

**Outputs** - The specific, direct deliverables of the project

- 1 Number of healthcare providers demonstrating the requisite knowledge, attitudes and skills to implement family planning integration at participating facilities.

#### a. Output indicators

- i. Number of healthcare providers trained in family planning integration
- ii. Number of healthcare providers receiving on-site mentorship and support throughout the duration of the programme
- iii. Number of female and male healthcare providers with Requisite knowledge, attitudes and skills to implement family planning integration at participating facilities

- 2 Family planning services are accessible to people living with HIV/AIDS utilizing services at participating facilities in the Western Cape Province.

#### a. Output indicators

- i. Number of participating facilities offering integrated family planning services out of the total 80 participating facilities

- ii. Number of HIV positive female and male clients receiving family planning counseling and family planning methods during their HIV care and treatment consultations
  - iii. Number of male and female clients who are satisfied with their family planning consultation and prescribed method of choice at FPI healthcare facilities
- 3 Healthcare providers working at participating facilities have the tools to identify and address unmet family planning needs.**
- a. Output indicators**
    - i. Number of HIV care and treatment healthcare providers using the FPI Programme tools to identify family planning needs
    - ii. Number of people gaining information/reached by family planning education at participating facilities

## **2.0 PROJECT APPROACH**

Adherence to the following steps are essential, to ensure buy-in at all levels and optimal integration of Family Planning services by doctor, nurses and counsellors working in ARV and Wellness sites at participating Health Facilities.

### **PHASE 1 - PROJECT SET-UP**

- 1 Meeting with the Provincial HAST Directorate to identify districts and substructures where the FPI project will be implemented.
- 2 FPI project briefing to the Substructure or District Health Director and his/her senior management team to provide an orientation on the project, obtain permission to proceed with the intervention and identify a senior liaison person for the project.
- 3 Meeting with key Health Facility staff (Facility Managers, Pharmacists, doctors and nurses) at each of the participating facilities to:
  - a. Outline the FPI project's goals, clarify concerns and questions, confirm FP workshop dates and confirm monitoring and evaluation activities.
  - b. Select project "Champions" and task them to drive implementation at the Health Facility level.
  - c. Install locks for family planning methods to be stored securely in drawers / cupboards in each of the clinicians consulting rooms, to ensure that all facilities are within regulation regarding family planning consumables.
- 4 Meeting with NGO Managers whose staff have been seconded to work in the Health Facilities to gain buy-in by explaining the objectives of the FPI project and the critical role that the community counselors play in ensuring successful implementation of the project.

### **PHASE 2 – PROJECT IMPLEMENTATION**

#### **Phase 2.1 – One-day refresher workshops**

- 1 Recruit for workshops. A staggered approach to recruiting is recommended to ensure that all relevant facility staff attend the workshops whilst the Health Facilities are still able to function, albeit with a skeleton staff.
- 2 Facilitate the FPI project's one-day intensive refresher workshop for all doctors, nurses and community counselors who work at participating Health Facilities.

- a. Each participant to receive an educational support pack that consists of: A comprehensive FPI workshop workbook, a family planning effectiveness and contraindications hand-held reference sheet, informational family planning pamphlets for clients, A3 and A1 family planning posters that describe family planning methods' effectiveness, a family planning flipchart for counselors, the Family Planning Handbook for providers - 2011 edition and the World Health Organisation Medical Eligibility Criteria wheel for contraceptive use.

### **Phase 2.2 – On-site mentorship and support**

- 3 Conduct on-site support and mentoring visits at health facilities and NGOs with the aim of assisting Facility Managers and health service providers to assess and ensure that effective implementation of all aspects of the FPI project are taking place. Ensure that the spirit of these visits is to mentor and support, rather than to be perceived as “inspectors!”
  - a. Conduct quality control to ensure that clinicians are offering quality integrated family planning services to clients.
  - b. Conduct quality control to ensure that the counsellors' FP health education talks in Health Facility waiting areas are up to standard.
  - c. Conduct quality control to ensure that all data being collected and captured by health providers are accurate.
- 4 Arrange for regular feedback meetings with Provincial, District and Health Facility managers to ensure that the project is on track and resolve issues that arise.
- 5 Conduct quarterly Learning Forums with groups of Champions to reinforce effective implementation and to assist with problem solving.

## **PHASE 3 – MONITORING AND EVALUATION**

### **Phase 3.1 – Pre-intervention monitoring and evaluation**

- 1 Submit the Monitoring and Evaluation protocol to the relevant bodies of authority including University of Cape Town's Health Research Ethics Committee and the Provincial Health Research Committee.
- 2 The M&E Team to collect data at 60% of participating Health Facilities to measure family planning knowledge, attitudes and practices of healthcare providers and clients.

### **Phase 3.2 – Post-intervention monitoring and evaluation**

- 1 The M&E team to conduct follow-up interviews with healthcare providers and clients at:
  - a. Six months post-intervention
  - b. 12 months post-intervention
- 2 Pre and post data will be analysed to determine the effectiveness of the intervention and its impact on family planning services at participating health facilities.

### **Phase 3.3 – Final external monitoring and evaluation**

- 1 External evaluators to conduct monitoring and evaluation activities at participating facilities.
- 2 Data will be analysed to determine the effectiveness of the intervention and its impact on family planning services at participating health facilities.

ACTIVITY	OUTCOME	TIME FRAME
<b>PHASE 1 – PROJECT SET-UP</b>		
<b>Orientation, Consultation, Selection and Planning meetings with HAST Directorate</b>	Districts and substructures have identified sub-structures where the project will be implemented.	Week 0
<b>Orientation, Consultation, Selection and Planning meetings with Substructure / District Management Team</b>	Substructure Management Team have gained enough information on the FPI into HIV Services Project, to help them create a supportive environment for the project to take place at the selected health facilities, to formalize the partnership, to work together and meet regularly to support / strengthen implementation	Week 1
<b>Orientation, Consultation and Planning meetings with Facility Managers</b>	Facility Managers have gained enough information on the FPI into HIV Services Project to gain buy-in and create a supportive environment for implementation to take off. As well as <ul style="list-style-type: none"> <li>• A champion has been selected and tasked to drive implementation at facility-level.</li> <li>• Locks are installed on drawers / cupboards.</li> </ul>	Week 2
<b>Orientation, Consultation and Planning meetings with local NGO and CBO coordinators</b>	Local NGO, CBO are oriented and inducted into the FPI into HIV Services Project. They have acquired information necessary for them to gain buy-in and create a supportive environment for counsellors to play an active role in family planning service provision at facility-level.	Week 3
<b>PHASE 2 – PROJECT IMPLEMENTATION</b>		
<b>1-day refresher workshop for clinicians and counselors</b>	Doctors, Nurses and Counsellors offering services at ART & Wellness sites have completed a 1-day refresher workshop on Family Planning and have gained requisite knowledge and skills to effectively implement the project at their health facilities	Week 5
<b>On-site support meetings</b>	Target groups have received additional information, materials and have acquired relevant skills to effectively implement FPI into HIV services at their health facilities. <u>Evidence shows:</u> <ul style="list-style-type: none"> <li>• Clinicians are offering quality integrated family planning services to clients</li> <li>• Counselors are conducting quality FP health education talks in waiting areas</li> <li>• All data being collected and captured by health providers are accurate</li> </ul>	Week 6-7
<b>Learning Forums for Project Champions</b>	Project Champions meet quarterly to share results, improve their plans, and to extend partnership support. <u>Evidence shows:</u> <ul style="list-style-type: none"> <li>• how the facilities have delivered on the plans</li> <li>• how effective DTHF FP team's support has been</li> <li>• how DTHF FP Team has delivered on its plans</li> <li>• lessons learned are drawn on for improvement</li> </ul>	Quarterly

<b>Feedback meetings</b>	Regular feedback meetings with relevant stakeholders have been conducted. <u>Evidence shows:</u> <ul style="list-style-type: none"> <li>• How implementation is progressing</li> <li>• Challenges that must be addressed</li> <li>• Lessons learned are drawn on for improvement</li> </ul>	Quarterly
<b>PHASE 3 – MONITORING AND EVALUATION</b>		
<b>Pre-intervention M&amp;E</b>	Baseline survey completed and report available for use in the planning, design and continued implementation of the FPI into HIV Services Project in the different facilities <u>Evidence shows:</u> <ul style="list-style-type: none"> <li>• M&amp;E protocol approved by relevant bodies of authority</li> <li>• Current family planning knowledge, attitudes and service provision at participating facilities</li> <li>• Identified gaps in knowledge, negative attitudes and sub-quality service provision</li> <li>• Recommendations given to inform the design of the intervention</li> </ul>	Week 4
<b>6 &amp; 12 - Month post-intervention M&amp;E</b>	M&E survey completed and report available <u>Evidence shows:</u> <ul style="list-style-type: none"> <li>• Family planning services have improved as a result of the intervention</li> <li>• Current family planning knowledge, attitudes and service provision at participating facilities</li> <li>• Identified gaps in knowledge, negative attitudes and sub-quality service provision</li> <li>• Recommendations given to inform the re-design of the intervention</li> </ul>	6 monthly 12 monthly
<b>Final external M&amp;E</b>	Final external evaluation completed and report available for use in developing a model for future replication to other Provinces of Southern Africa. <u>Evidence shows:</u> <ul style="list-style-type: none"> <li>• Family planning services have improved as a result of the intervention</li> </ul>	Once off – end of project

**Compiled by FPI Project Team members**

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28 May 2013