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

REPORT FOR THE PERIOD

JANUARY 2013 TO MARCH 2014

Compiled by:

Anna Van Esch - Project Leader
Katendi Kaleji – Project Coordinator
Kimberly Racow – Deputy Project Coordinator
Lulu Mtwisha – Senior Trainer

April 2014

FAMILY PLANNING INTO HIV CARE AND TREATMENT SERVICES, WESTERN CAPE

ABBREVIATIONS

CNP	Clinical Nurse Practitioner
DFID	Department for International Development
DTHF	Desmond Tutu HIV Foundation
DoH	Department of Health
FPI Project	FP Integration project
FP	Family Planning
PHC Facility	Primary Health Care Facility
HAST Directorate	HIV, AIDS, STI and TB Directorate
IEC materials	Information, Education and Counselling materials
M&E	Monitoring and evaluation
PGWC	Provincial Government Western Cape
SRH	Sexual and Reproductive Health
SS	Sub Structure

1 INTRODUCTION

The Family Planning Integration into HIV Services (FPI) Project is a project of Desmond Tutu HIV Foundation in partnership with the Department of Health - Provincial Government of the Western Cape and the University of Cape Town, School of Public Health & Family Medicine. The project is funded through the Global Poverty Action Fund (GPAF) which is a fund of the Development Fund for International Development, UK (DFID). The FPI Project commenced its activities in September 2012 and will run for 3 years, ending in August 2015.

The FPI Project structure was pilot tested to demonstrate effectiveness of the project design and structure, as well as the uptake of full FP Integration at ARV and Wellness sites in participating PHC Facilities. The sites identified for the pilot were in an urban area (Klipfontein / Mitchells Plain Substructure) and a rural area (Overberg District).

The overwhelmingly positive preliminary results of the pilot phase were presented to the HAST Directorate Director Ms Juanita Arendse, who in turn presented the findings to the Provincial Operational Executive Committee (OPEXCO) in May 2013.

OPEXCO issued the following directives:

- That the FPI Project should be rolled out throughout the Western Cape Province
- That the FPI Project should form an integral part of the Women's Health Directorate, Provincial Contraceptive and Fertility Programme under key result area: Increase access to contraceptive services.

2 PROJECT DETAILS

2.1 FPI Projects Aim and Objective

The overall goal of the FPI Project is to increase the uptake of effective FP and reduce the occurrence of unintended pregnancies among HIV-infected women in the Western Cape Province

The objective of the project is to develop and implement a simple intervention to integrate FP into HIV care/treatment services at primary health care (PHC) facilities so as to reduce the unmet need for FP among HIV-infected women in the Western Cape Province.

2.2 Components of the FPI Project

a. Intensive FP Refresher workshops

An intensive one day FP Refresher workshop developed for clinicians (nurses and doctors) and NGO community counsellors working in HIV care and treatment services. The workshop activities focus on:

- The technical aspects of FP service provision for HIV-infected individuals, including method-specific information, indications/contraindications for contraceptive use, and HIV-specific considerations (e.g., drug-drug interactions).
- Counseling skills and techniques aimed at assisting HIV-infected clients with their needs relating to Sexual and Reproductive rights, FP and approaches to identifying client's fertility intentions and counselling strategies for individuals with different intentions.

b. On-site mentoring and support

A vital component to ensure the success of the project is the "on-site support and mentoring" service that is provided by our project mentors to ensure that implementation actually does take place at the PHC Facility level. This support service has proved to be invaluable in assisting the PHC Facility staff to overcome barriers to implementation. Our project mentors are able to share lessons learned from other PHC Facilities as well as make practical suggestions

c. Development of clinical and support tools.
The provision of a range of IEC materials and support tools that nurses, doctors and counsellors can refer to when educating / counselling HIV-infected women and men on the most appropriate FP method options available to them in different situations.

A, b and c – pave the way for Integrated FP Services in ARV and Wellness sites.
The aim of the FPI Project is to ensure that FP technologies are available within consultation rooms where HIV care/treatment services are delivered. This will enable nurses and doctors providing HIV care/treatment to identify and address their clients FP needs rapidly as part of routine consultations, thus preventing the need to refer HIV-infected individuals to separate services which lead to missed opportunities including unintended pregnancy. The FPI project emphasises the need for providers to create a space for clients to make their own informed FP choices, for providers to promote LARC (long acting reversible contraceptive methods) e.g. Intra Uterine Device (IUD) and the Implant, and to stress the importance of consistent dual contraception use. Another priority focus is on the promotion of and use of emergency contraception.

2.3 FPI Projects strategic framework (log frame) – indicators for successful implementation

Impact: (the higher-level situation that the FPI 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 FPI project)
An estimated 150,000 men and women living with HIV in the Western Cape Province have improved Sexual and Reproductive Health behaviours and outcomes.

Outcome Indicators

- Contraceptive prevalence rates among sexually active HIV positive men and women seeking services at participating PHC Facilities.
- Unmet need for FP among sexually active HIV positive men and women seeking services at participating PHC Facilities

Outputs :(the specific, direct deliverables of the FPI project)
The number of healthcare providers(clinicians and NGO counsellors) who are able to demonstrate the requisite knowledge, attitudes and skills to implement FP Integration at participating ARV and Wellness facilities.

Output indicators:

- Number of healthcare providers trained in FP Integration

- Number of healthcare providers receiving on-site mentoring and support throughout the duration of the programme
- Number female and male healthcare providers with requisite knowledge, attitudes and skills to implement FP Integration at participating PHC Facilities
- FP services are accessible to people living with HIV/AIDS utilizing services at participating PHC Facilities.
- Number of participating facilities offering integrated FP services out of the total 80 participating PHC Facilities
- Number of HIV positive female and male clients receiving FP counseling and FP methods during their HIV care and treatment consultations
- Number of male and female clients who are satisfied with their FP consultation and prescribed method of choice at PHC Facilities
- Healthcare providers working at participating PHC Facilities have the tools to identify and address unmet FP needs.
- Number of HIV care and treatment healthcare providers using the FPI Programme tools to identify FP needs
- Number of people gaining information/reached by FP education at participating facilities.

3 FPI PROJECT MODEL DESIGN

The FPI Project ream content that adherence to the following steps are essential, to ensure buy-in at all levels and optimal integration of FP services by doctors, nurses and NGO counsellors working in ARV and Wellness sites at participating PHC Facilities.

Phase 1 - Project set-up

- Meeting with the Provincial HAST Directorate to identify districts and substructures where the FPI project will be implemented.
- 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 to identify a senior liaison person for the project.
- Meeting with key PHC Facility staff (Facility Managers, Pharmacists, doctors and nurses) at each of these participating facilities to:
    - Outline the FPI project's goals, clarify concerns and questions, confirm FP workshop dates and confirm monitoring and evaluation activities.
    - Select project "FP Champions" and task them to drive implementation at the Health Facility level.
    - Install locks for FP methods to be stored securely in drawers / cupboards in each of the clinicians consulting rooms, to ensure that all facilities are within regulation regarding FP consumables.
- Meetings with NGO Managers whose staff have been seconded to work in the PHC 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 – Facilitation of the 1 day FP Refresher workshops

- A staggered approach is recommended for recruiting health service providers to attend the workshops. This is to ensure that all eligible and relevant facility staff are able to attend the workshops whilst the PHC Facility is still able to function, albeit with a skeleton staff
- Facilitate the one-day intensive FP Refresher workshop for all doctors, nurses and NGO counsellors who work at participating PHC Facilities. Where necessary arrange for "mop-up" workshops to accommodate those who were unable to attend the first time round.
- Each participant to receive an educational support pack that consists of: A comprehensive FPI workshop workbook, a FP Effectiveness and Contraindications hand-held reference sheet, FP brochures for clients, FP posters that describe FP methods' effectiveness, a copy of the FPHandbook for providers - 2011 edition and the World Health Organisation Medical Eligibility Criteria wheel for contraceptive use.

Phase 2.2 – On-site mentoring and support services

- Conduct on-site support and mentoring visits at PHC Facilities and NGOs with the aim of:
    - Providing assistance to Facility Managers and health service providers to assess and ensure that effective implementation of all aspects of the FPI project are taking place.
    - Ensuring that the spirit of these visits is to mentor and support, rather than to be perceived as "inspectors!"
    - Conducting quality control to ensure that clinicians are offering quality integrated FP services for their clients.
    - Conducting quality control checks to ensure that the FP health education talks delivered by the NGO Counsellors in the PHC Facility waiting areas include accurate content and are engaging for their listeners, and allow for discussion if required
    - Conducting quality control to ensure that all data being collected and captured by health providers are up-to-date and accurate.
- Arrange for regular feedback meetings with Provincial, District and PHC facility managers to ensure that the project is on track and resolve issues that arise.
- Conduct quarterly Learning Forums with groups of FP Champions to reinforce effective implementation and to assist with problem solving.

Phase 3 – Monitoring and evaluation

- Phase 3.1 – Pre-intervention monitoring and evaluation
    - 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.
    - The M&E Team to collect data at 60% of participating PHC Facilities to measure baseline FP knowledge, attitudes and practices of healthcare providers and clients.

- Phase 3.2 – Post-intervention monitoring and evaluation
    - The M&E team to conduct follow-up interviews with healthcare providers and clients at six (6) month post intervetion and twelve (12) months post intevention

- Pre and post data will be analysed to determine the effectiveness of the intervention and its impact on FP services at participating PHC Facilities.

- Phase 3.3 – Final evaluation
  - As per the funders requirements, a final evaluation will be conducted by external consultants on completion of the FPI project in August 2015.

4 REPORT BACK ON PLANNED ACTIVITIES

4.1 1 day, FP Refresher workshop.

During the period September to December 2012, the FPI Project Team interviewed SRH practitioners and researched international best practice models in order to develop the format and content for a one day FP refresher workshop aimed at clinicians (doctors and nurses) and community NGO counsellors. Once the PowerPoint slides and teaching materials had been developed the workshop was pilot tested with DTHF staff and SRH Practitioners attending. They were asked to provide us with critical feedback on their experience. Their comments and suggestions were integrated and the overall product was fine-tuned for implementation, commencing January 2013.

At the same time FPI Project resources were developed which included a FP Workbook, information tools, posters and IEC materials to assist the providers with implementation.

In December 2013, the FPI Project Team again revised and up-dated the content of the FP Refresher workshop(s), the workbook, and all resource and IEC materials to ensure congruence with the new National Contraception and Fertility Planning Policy and guidelines (2012) as well as to integrate feedback received over the year from participants.

In addition – after a review of the accuracy of information and proficiency of facilitation skills of the Health Talks that were being delivered by the NGO counsellors, subsequent to them having attended the one-day workshop, the FPI Team was prompted to develop a follow-up workshop for NGO counsellors. The focus of this workshop is to build confidence so as to ensure that counsellors are better able to deliver accurate content in an engaging way thereby ensuring - as far as is possible – that information transfer to the listeners does take place.

4.2 Materials development

During the first 6 months of the project the FPI Project Team researched, designed and developed a range of project tools and IEC materials aimed at supporting clinicians and counsellors with their work of FP integration from their consulting rooms.

These include

- Poster for providers and clients (Small and large sizes)
- FP brochure for clients
- General brochure that highlights What's new in the Contraceptive Guidelines of 2012
- FP and Contraindications hand-held tool for providers
- Emergency Contraception dosing wheel
- Return-Date calendar for injectable contraceptives

Having been thoroughly field tested, all project materials were reviewed and revised again at the end of year one of implementation (December 2013).

In order to ensure sustainability of these materials going forward, and to ensure easy access for clients and clinicians alike, discussions are currently taking place with the Women's Health Directorate PGWC for them to take on the responsibility for regular print and distribution runs of the materials throughout the province.

In addition to developing FP and related materials, the FPI Project was able to successfully source teaching aids such as the WHO FP Handbook for Health Service Providers - 2011 edition, and the WHO Medical Eligibility Wheel which are distributed to each participant.

4.3 Pilot testing of the FP Integration Project model

Initial discussions for the way forward for the FPI Project were held between the DTHF and the HAST Directorate, Ms Juanita Abrahams. These discussions were based on a Concept Paper outlining the need for FP Integration into HIV care and treatment services submitted by Associate Professor Landon Myer. The plan for the initiative was approved by the Provincial District Health Services management and a proposal was submitted to DFID. The DFID grant was approved for implementation by the DTHF in partnership with the PGWC in August 2012.

Commencing in January 2013, the first step of the implementation phase was to pilot test the FPI Project structure in order to:
a) Demonstrate effectiveness of the project design and structure, and
b) Demonstrate the effective uptake of FP Integration at ARV and Wellness sites in participating PHC Facilities.

The sites identified for the pilot were in an urban area (Klipfontein / Mitchells Plain substructure) and a rural area (Overberg District).

Based on the overwhelming success of the preliminary results from the two pilot sites, permission was granted by Provincial OPEXCO to roll the FPI Project out throughout the Western Cape province.

In addition, the FPI Project was recognised as an integral component of the Contraceptive and Fertility Implementation Plan for the Province led by the Women's Health Directorate.

5 AREAS OF IMPLEMENTATION

As from January 2013, the FPI Project has completed FP integration implementation in the following substructures and districts within the Province:

1 The Overberg Sub-Districts of Swellendam, Cape Agulhas, Overstrand and Theewaterskloof
2 The Substructure Klipfontein and Mitchell's Pain
3 The Substructure Khayelitsha and Eastern
4 The Substructure Northern and Tygerberg

Implementation in the Cape Wineland's Health District commenced in March 2014 starting with introductory meetings with the Health Director and her senior management team.

5.1 PROGRESS WITH IMPLEMENTATION (March 2013 to March 2014)

Total number of PHC Facilities participating per substructure or district:

Klipfontein / Mitchell's Plain SS	9
Khayelitsha / Eastern SS	10
Northern / Tygerberg SS	13
Overberg District	26
Total	**58**

5.2 FP Refresher Workshops

1-day FP refresher workshops were held for clinicians (doctors and CNP's) and NGO community counsellors. Workshop activities focus on both:

- *Technical aspects of fertility and FP in HIV-infected individuals*, this includes method-specific information, indications/contraindications to specific methods, and HIV-specific considerations (for example drug on drug interactions), and

- *Counseling aspects related to FP*. The need to support the reproductive rights of HIV-infected women and men, including approaches to identifying patients' fertility intentions and counseling strategies for individuals with different intentions.

The table below shows the total number of workshops facilitated for clinicians and counsellors per substructure or district

Substructure / District	Number of FP workshops run	Number of participants
Pilot workshop	1	16
Klipfontein / Mitchells Plain	13	164
Overberg	9	163
Khayelitsha / Eastern	12	229
Tygerberg / Northern	5	99
DTHF	2	17
Total	**42**	**688**

The table below shows the total number of follow-up workshops offered for counsellors per substructure or district

Substructure / District	Number of follow-up workshop	Number of participants
Klipfontein / Mitchells Plain	5	47
Overberg	3	41
Khayelitsha / Eastern	2	39
Tygerberg / Northern	2	44
Total	**12**	**171**

Total number of FP educational talks given per substructure or district

2013		Number of Individuals reached per substructure / district								
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**
Klipfontein / MP	6094	5560	9563	9911	7929	1872	6895	7387	2731	57942
KHS / Eastern					875	441	647	3207	1194	6364
TWK / Overstrand			250	89	10		22	463	180	1014
Agulhas/Swellendam							245	408	105	758
Unknown							1512	0	0	1512
Total	**6094**	**5560**	**9813**	**10000**	**8814**	**2313**	**9321**	**11465**	**4210**	**67590**

2014	**Jan**	**Feb**	**March**	**Total Jan – Mar 2014**	**Total Jan 2013 - Mar 14**
Klipfontein/MP	6885	10413	6803	24101	**82043**
KHS/Eastern	791	3581	3190	7562	**13926**
TWK/Overstrand	216	589	105	910	**1924**
Agulhas/Swellendam	275	237	300	812	**1570**
Tygerberg/Northern		107	4277	4384	**4384**
Unknown					**1512**
Total	**8 167**	**14 927**	**14 675**	**37 769**	**105 359**

Benefits of FP talks

- Through the FP talks, clients gain knowledge about the range of FP methods available, which empowers clients to make informed FP decisions.
- Effective health promotions via education talks on a regular basis at all PHC Facilities leads to an overall increase in FP uptake
- By also giving talks that address general sexual and reproductive health issues, clients are alerted to raising these health issues with their clinician.
- Accurate information demystifies the myths that are circulating in the communities causing barriers to FP uptake.
- Information about new methods such as the recently lunched Implant is channelled through the FP talks.
- By integrating FP information together with HIV and ART, FP is not seen in isolation.

Challenges

- The FP educational talks usually take place in the clinic waiting area early in the morning. During this time, there are many disruptions and knowledge transfer may be compromised.
- Counsellors typically conduct one talk every morning, which means that clients who arrive later in the day are not gaining information. Ideally the health talks should be repeated a number of times during the day to reach more clients
- There is limited availability of brochures / patients information sheets at facilities. There should be stock available at all times to re- enforce the information gained after the health talks.
- There are no educational tools to facilitate the educational talks. Some counsellors use the large FPI posters we have developed to demonstrate the methods. To address this, a flipchart is currently in the development stage.

5.7 Follow-up workshops for NGO counsellors

From our intensive on-site follow up support and mentoring sessions – up to 3 visits per facility, it became evident that the NGO counsellors were finding it challenging to manage their health talks with confidence as for most of them the FP refresher workshop that they attended was the first time they had been exposed to in-depth information regarding FP. To accommodate this need we developed a follow-up workshop for counsellors which focuses on soft skills - including group facilitation. The methodology used comprises roll plays and lots of practice. In addition we are currently developing a flip-chart to assist counsellors with these talks.

To date, 12 follow-up FP workshops have been offered to 171 NGO counsellors from participating SS's and Districts**.**

5.8 FP Champions at Facility Level

Critical to the success of the FPI Project is the need to have a FP Project Champion based at the PHC Facility level. This is the individual who will ensure sustainability by actively driving implementation of the project at the PHC Facility level. All participating PHC Facilities have nominated a FP Project Champion

Total number of FP Champions participating per substructure or district

Substructure / District	**Number of FP Champions**
Klipfontein/Mitchells Plain	8
Overberg	25
Khayelitsha / Eastern	11
Tygerberg / Northern	13
Total	**57**

5.9 FP Champions Learning Forum meetings

One learning forum for FP Project Champions has been held in each sub-structure. The objective is for practitioners from the different participating facilities to come together, to share and build best practice on how to effectively implement FP Integration into HIV treatment and wellness services. Successes and challenges discussed at the forum are then shared with the district management teams. This strategy has seen the resolution of a range of potential challenges.

Total number of FP Champions Learning Forum meetings facilitated per substructure or district

Date	**Substructure or District**	**Attendance**
20/3/13	Klipfontein /Mitchells Plain	8
5/7/13	Overberg	12
25/10/13	Overberg	9
15/11/13	Khayelitsha / Eastern	7
12/12/13	Klipfontein /Mitchells Plain	20
28/3/14	Tygerberg / Northern	15
	Total	**71**

Successes and challenges facing FP Champions

- The FP Champion's learning forums are an opportunity for the FPI Team to provide feedback from on-site mentoring visits and M&E activities
- Suggestions such as an appointment system or for fast track systems have been made to improve patients` waiting time at the facilities. Some progress has been made in this regard as a result of the implementation of FPI Project - however there is still a lot more to be done.
- In the Overberg, a challenge of shortage of instruments for IUD insertion was highlighted. After the relevant people were informed the issue was speedily resolved
- A challenge is that at some facilities, doctors are resistant to participate in the FP Integration initiative and continue to refer their clients on. Some believe that FP is a nurse's job. Strategies were discussed as to how these attitudinal issues can best be addressed.
- A combined Nur-Isterate and Petogen return date calendar was developed by the FPI Project in response to a complaint by the clinicians that they experience difficulty in giving their clients correct return dates for the injectable contraception. To- day this calendar forms part of the package of tools that are distributed to every participant after attending the FP refresher workshops.

5.10 On-Site Mentoring and Support Meetings

A vital component of the FPI Project is the on-site mentoring and support service that is provided by the FPI Project Team. These sessions - as many as three separate visits if required, take place after the workshops have been conducted. During each support / mentoring visit to a PHC Facility meetings are held with all the participants who attended the workshops, to check if implementation is actually taking place at the facility level, and to help them overcome any barriers to implementation. Certificates of attendance and additional tools IEC materials are distributed if required.

Once providers have attended a FP Refresher workshop most of them are really keen and motivated to implement the requirements of the FPI Project and also to continue strengthening FP Integration within their facilities. Those that are less keen are encouraged via on-site support visits aimed at assisting to overcome possible barriers to implementation. The overall positive results that are revealed once implementation is completed have generated lots of excitement and enthusiasm for FP in general. This enthusiasm is being picked up by other services no necessarily our specific target group. The increasing number of requests from other organisation for our FP training can attest to this

Key findings from the on-site mentoring and support interventions

- FP integration started promptly after the workshop in most facilities.
- FP methods were kept under lock and key in each consulting room as required.
- FP posters are displayed in waiting areas, consulting and counseling rooms. In facilities where the posters have not been displayed, this is because of a lack of notice board spaces. This issue has been brought to the attention of the Provincial manager.
- The mentoring visits have created an atmosphere of working comradeship between the DTHF and the staff of the PHC Facilities.
- Men as partners are gradually brought into the FP arena.
- After attending the one-day FP Refresher Workshops, clinicians are more confident to manage their patients concerns regarding most all aspects of FP
- We have noted that as the PHC facilities are currently promoting male circumcision, male sterilization is at great disadvantage, in addition to the limited number of bookings for male sterilization being available.

- Isolated problems of the availability of the full range of FP methods at some PHC Pharmacies have been rapidly resolved.

6 MONITORING AND EVALUATION - KEY RESULTS

Critical to ensuring successful outcomes for the FPI Integration project is the monitoring, evaluation and reporting component of the project. The aim of this component is to measure FP knowledge, attitudes and practices of health care providers and clients before and after the intervention.

6.1 Sampling

M&E of the FPI project is conducted at three time points:

1. Pre-intervention baseline survey
2. Six (6) months post-intervention survey
3. Twelve (12) months post-intervention survey

A total of 231 doctors, nurses and counsellors participated in M&E interviews:

- 161 providers were enrolled at baseline
- 113 providers were followed up six months post-intervention
- 41 providers were followed up 12 months post-intervention

Clients were sampled cross-sectionally at all-time points:

- 340 clients were interviewed at baseline
- 432 clients were interviewed six months post-intervention
- 136 clients were interviewed 12 months post-intervention

Note: Follow-up M&E assessments are still on-going in Khayelitsha/Eastern, Northern/Tygerberg, Theewaterskloof/Overstrand, Cape Agulhas/Swellendam

6.2 Outcome indicators

Contraceptive prevalence rate

- DoH calculates the Couple Year Protection Rate (CYPR) to estimate contraceptive coverage. This is defined as: the rate at which couples (specifically women) are protected against pregnancy using modern contraceptive methods including sterilisations. The numerator is contraceptive years equivalent and the denominator is the target population 15-44 years (couples using females as proxy).

- From April 2012-March 2013, across substructures & districts where the FPI project was just beginning to roll-out, the baseline CYPR was 48%. The CYPR increased to 62% during the period of April 2013-January 2014, by which time the FPI project had been introduced across all 58 facilities.

- It is suggested that the increase in CYPR is partly attributable to the FPI intervention but also to the Provincial DoH's increased efforts to prioritise FP across the Province.

Unmet FP need

- Unmet FP need is defined as women and men who desire to either terminate or postpone childbearing but who are not currently using a contraceptive method.

- Clients' contraceptive history as well as any contraception they received during their consultations on the day they were interviewed were taken into account when determining unmet need.

- Pre-intervention and six months post-intervention, 16% of clients who reported not having a current fertility desire had an unmet FP need and were not using any form of contraception. Unmet need decreased to 12% by 12 months post-intervention.

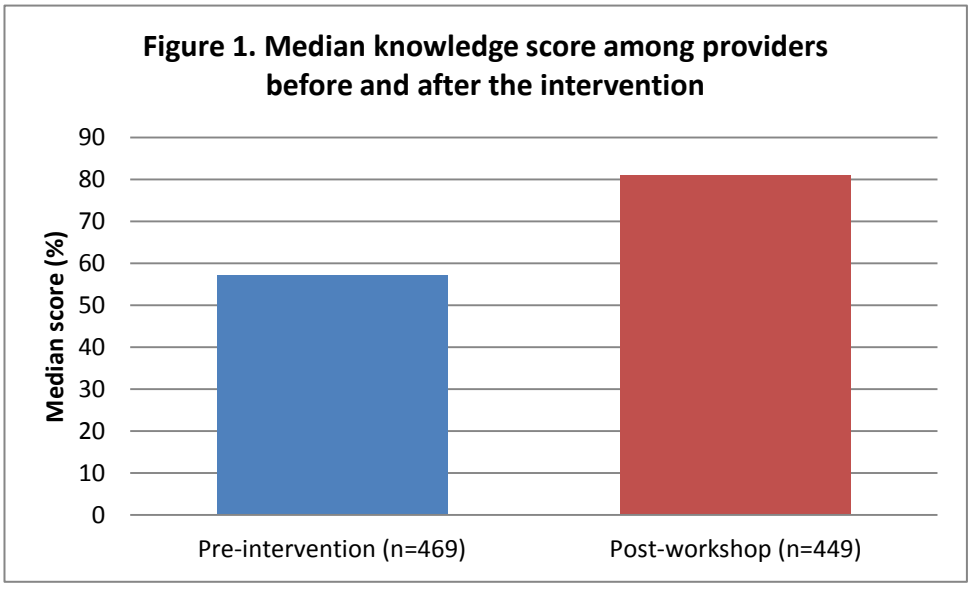
- These data show a 4% reduction in unmet need, which is an indicator of the FPI project's success in achieving its outcome.

6.3 Output indicators

Requisite FP knowledge

- The FP knowledge assessment evaluated knowledge across the range of FP topics covered during the workshop. Results from the pre-intervention knowledge assessment and post-intervention knowledge assessment given immediately following the workshop are shown below.

- Figure 1 clearly shows an increase in knowledge from a median score of 57% to a median score of 81% among providers who participated in the intervention. These data provide evidence that the workshop achieved its goal of improving FP knowledge.



- Given the intensity of the FPI intervention and continued on-site support, the project considered a score of 75% to be a sufficient indicator of requisite FP knowledge. Prior to the intervention, 15% of providers

achieved at least a 75% knowledge score. After the intervention, 67% achieved this score, which equates to 4.5-fold increase in the proportion of providers with requisite FP knowledge.

- Despite the substantial increase in knowledge, providers are still struggling with the following areas:
    - How long a Copper T IUD remains effective in the uterus
    - The maximum length of time a woman has to take Emergency Contraception
    - What to do when a woman forgets to take her oral contraception
    - ARV-related contraindications for contraceptive use

Requisite FP attitudes

- Positive and negative FP attitudes were measured according to likert scale responses to provocative statements such as "the injection is the best method for people living with HIV".

- Providers exhibited a baseline median of 75% positive attitudes towards FP issues, which improved to a median of 86% positive attitudes six months after the intervention.

- The project deemed a 75% pass rate as having the requisite FP attitudes necessary to provide high-quality FP care. Prior to the intervention, 65% of providers achieved at least 75% overall positive attitudes about FP issues. After the intervention, 75% of providers exhibited positive FP attitudes.

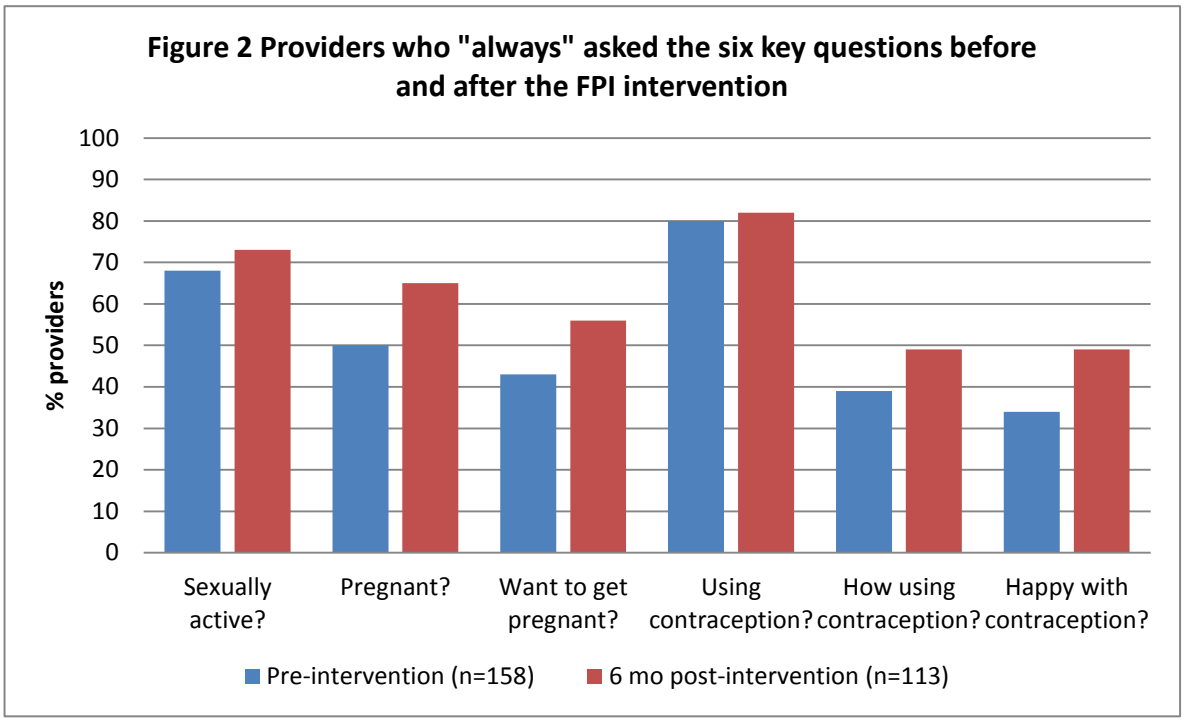
- Although the majority of providers exhibited requisite FP attitudes, the following attitudes are still prevailing:
    - Some still agree that injectables are the best method for people living with HIV, which may influence the way they counsel clients about the range of FP in an attempt to deter them from learning about and using other methods
    - Some providers still agree that oral contraceptives are problematic for people living with HIV primarily due to the perception that oral contraceptives will contribute to the already high pill burden of being on ARVs

    - A small proportion of clinicians reported that they know what is best for clients, which may disempower clients from making their own informed decisions

Requisite FP Counselling skills

- Counselling skills were assessed by measuring self-reported responses to how often providers asked clients key questions that are considered a critical transition into comprehensive FP counselling. The six key questions include:
    1. Are you sexually active?
    2. Are you currently pregnant?
    3. Do you want to get pregnant?
    4. Are you currently using contraception?
    5. Are you happy with your contraception?
    6. How are you using your contraception?

- Figure 2 illustrates the proportion of providers who reported "always" asking HIV positive clients the six key questions. This graph shows an increase in providers asking all of the six key questions post-intervention.



- To be deemed competent, providers were required to ask at least four out of the six questions (75%) during HIV consultations. The results showed that prior to the intervention, 46% of providers asked at least four of the six key questions. After the intervention, 57% of providers asked at least four questions.

- Despite the overall improvement in the quality of counselling, the number of providers asking at least four key questions is still too low. When this came to the attention of the project team, they explored reasons why providers were not giving adequate counselling. Providers stated that they did not have time to counsel clients due to their high client load. As a result, they preferred to check clients' folder records and wait for clients to initiate discussions about FP. In our efforts to address this, the tools training and counselling sessions in the FPI workshop were revised to provide more in-depth, practical information on how to provide high-quality, streamlined counselling using FPI tools.

Clients' experiences of FP Counselling

- Clients' experiences of FP counselling was assessed by measuring self-reported responses to whether they were asked the six key questions (see above for list of questions) during their consultation that occurred on the day they were interviewed.

- Prior to the intervention, 74% of clients were asked at least one of the six FP-related questions. Six months post-intervention, 65% were asked at least one question. 12 months post-intervention, 76% were asked at least one question. The most commonly asked question was "Are you currently using contraception?" and the least commonly asked question was "Do you want to get pregnant?"

- High-quality counselling was defined as a client being asked more than half of the applicable, relevant questions during their consultation. A question was considered relevant depending on the client's gender and current contraception use. These data showed that before the intervention, 47% of clients received high-quality counselling, six months post-intervention 37% of clients received high-quality counselling and 12 months post-intervention 47% received high-quality counselling.

- The lack of improvement in counselling may be due to providers reported lack of time to provide comprehensive FP counselling services given the high volume of clients they must see. To address this, the FPI project has encouraged providers to implement new strategies such as:
    - Coordinating FP services (e.g. coordinating ART refills and FP method refills)
    - Utilising the appointment system
    - Offering a fast-lane for clients who need to access FP services only
    - Offering afterhours FP services that cater to individuals unable to access services during normal working hours (e.g. school-going children, working adults)

- Currently, the FPI workshop does not address conception needs of people living with HIV and most likely contributed to why providers are not discussing conception desires as much as they should. Many of our stakeholders have requested that we incorporate this aspect of FP into our intervention and we are currently working on designing this.

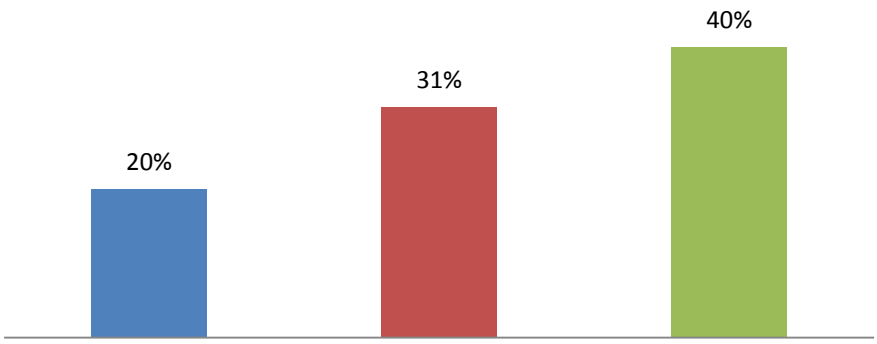
- 60% of providers had never received FP training prior to the intervention, despite their role in offering FP services. Among those who had previous training, 72% had not been trained since 2010. This may also explain why, despite our intensive intervention, counselling abilities are not adequate. To address this, the project aims to continue providing on-site mentoring and support.

FP methods dispensed to clients during HIV consultations

- Figure 3 illustrates an increase in the proportion of clients who received FP methods during their HIV consultations. Pre-intervention, 20% of clients were given FP; six months post-intervention, 31% of clients were given FP; and 12 months post-intervention, 40% of clients were given FP.

- Among all clients who received FP during their consultations, the most common methods were male condoms (25%) and injectables (4%). Most clients reported that did not receive methods on the day of their interviews because they were not due for their next refill or had enough contraception in stock (e.g. condoms).

Figure 3 Proportion of clients who received a family planning method during their HIV consultation

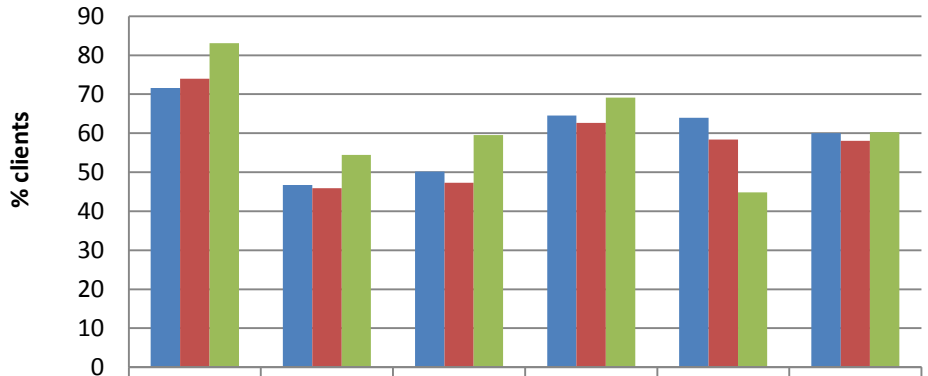


Client satisfaction with FP services

- Client satisfaction was measured by responses to the following indicators:
  - Level of comfort discussing FP with provider
  - Amount of FP information received from provider
  - Ability to make an informed FP choice
  - Willingness to recommend FP services to a friend
  - Time spent at the clinic
  - Overall satisfaction with FP services

- After the FPI intervention, clients reported an increase in satisfaction regarding their FP care across all of the abovementioned categories in Figure 4. However, nearly all clients before and after the FPI intervention reported that they would like to receive more information about FP.

Figure 4 Proportion of client who reported being satisfied with the family planning service they received before and after providers participated in the FPI intervention



	Felt comfortable	Got enough info	Felt had choice	Would recommend clinic	Spent too much time	Satisfied with service
Pre-intervention (n=340)	72	47	50	64	64	60
6-mo post-intervention (n=427)	74	46	47	63	58	58
12-mo post-intervention (n=136)	83	54	60	69	45	60

- A composite client satisfaction score comprised of the six aspects of client satisfaction shown in Figure 4 was used to determine overall client satisfaction. The project team considered a positive response to at least four of the client satisfaction indicators a sufficient level of client satisfaction. Prior to the intervention, 50% of clients were satisfied with their FP care, which increased to 52% and 63% six months and 12 months post-intervention, respectively.

- Given that this is a new intervention, a delayed impact on service strengthening is expected, which may explain why there was only a marginal improvement in client satisfaction six months post-intervention followed by a more substantial increase by 12 months.

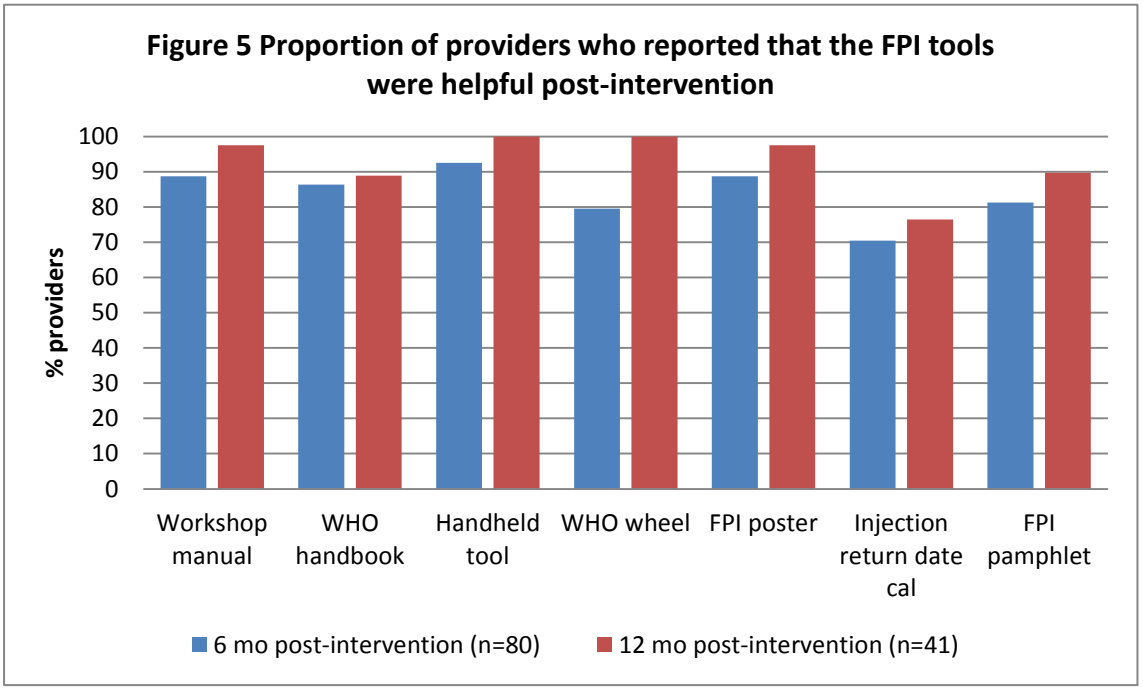
- Although client satisfaction increased as a result of the FPI intervention, 63% client satisfaction still leaves room for improvement. The project will continue offering on-site mentoring and support to participating providers.

Participating providers using FPI tools and IEC materials post-intervention

- Prior to the FPI project, there was a lack of good-quality IEC materials available as resources for providers and clients. To address this gap, the FPI project developed a range of high-quality IEC materials tailored to providers and clients.

- The FPI project trained providers on the range of useful tools to help streamline FP consultations. We then measured how many providers used the FPI tools after the intervention.

- Figure 5 shows the percent of providers who reported that the specific FPI tools were either "extremely helpful" or "helpful" six months and 12 months post-intervention. Overall, these data indicate a very high level of "helpfulness" for all tools. Furthermore, at 12 months, providers reported an even higher level of helpfulness, which may suggest that they are becoming more comfortable with the tools and seeing their value.



- A score was tabulated for each provider based on the number of FPI tools they frequently used. Six months post-intervention, 68% of providers reported that they frequently used at least two-thirds of the FPI project tools. By 12 months post-intervention, 90% reported frequent use of at least two-thirds of the tools. The strong FPI tool training component in the FPI workshop and the team's ability to quickly identify and address gaps in FPI tool usage during on-site mentorship and support ensured that nearly all providers are using FPI tools.

7 KEY LESSONS LEARNED

- The advocacy and introductory processes use by the FPI Project team to ensure "buy-in" from management and staff at both the District level and the PHC Facility level has facilitated effective implementation. We have found that a comprehensive orientation with regard to the purpose of the project including discussions about logistics and processes is extremely beneficial. These discussions

should also include staff from the pharmacy to check feasibility of Clinicians disbursing FP methods from their consulting rooms.

- The presence of a district official when conducting the introductory meetings at the facility level is critical as this helps the clinicians to understand that the project is being implemented in partnership with the Department of Health. Working in consultation with department officials is very beneficial, as they are the people who know the logistics of the areas and therefore are in the best position to guide the logistics of the project

- This also applies to the NGO sector whose counsellors are allocated to work at PHC facilities. If they are clear about the projects objectives and are provided with the necessary training, then they become actively engaged in promoting FP with their clients at the HIV service sites

- When developing project plans and date schedules we have learned to to factor in compliance to government protocols and lines of communications as these can cause delays with implementation. Important also to allow for delays caused by PHC Facilities busy work schedules and priority health campaigns.

- We have learned not be tempted to adopt a "one size fits all" approach for the project. District managers and PHC Facility staff do not necessarity adopt similar procedures and processes - but rather have developed approaches that cater to their specific needs. FPI Project staff accommodate these differences as far as is possible.

- Identifying a "FP Project Champion" at each PHC Facility who has accepted the role of driving FP integration and implementation at the PHC Facility level. To date, the positive response and enthusiasm shown by these FP champions has been nothing short of amazing. They are certainly a key to the overall success of the FPI project.

- A vital component to ensure the success of the project is the "on-site support and mentoring" service that is provided to ensure implementation actually does take place at the PHC facility level. This support service has proved to be invaluable in assisting the PHC Facility staff to overcome barriers to implementation. Our project mentors are able to share lessons from other PHC Facilities as well as make practical suggestions.

- Emphasising the importance of developing an effective M&E system, including the development of a comprehensive database, M&E tools to measure key indicators and additional reporting mechanisms. It is also critical to extensively pilot all M&E tools prior to implementing them.

- The project encourages a culture of reflection through a weekly staff meeting. At these meetings, lessons learned are discussed and where necessary integrated so as to improve operations. The result being that adjustments and new approaches are implemented to stay on course according to project plans, time frames and deliveralbes.

- We regularly have reflection and progress report back meetings with the Provincial, District and PHC Facility managers as well as the FP Project Champions to ensure that on-going improvements are made to service delivery. In addition reflection sessions are held on completion of every workshop as well as M&E site visits.

6. CONCLUSION

As the data in the M&E section of this report shows, the FPI Project has performed excellently during this reporting period. A total of 682 health care providers have been trained and most are demonstrating the requisite knowledge, attitudes and skills to implement FP integration during HIV care and treatment consultations.

This has been made possible by the FPI project offering the following:

- An intensive 1-day FP workshop for health care providers, which has been reported to be an excellent intervention that offers technical and soft skills information about providing integrated FP care for people living with HIV.
- Training health care providers to use the project's clinical tools and IEC materials when providing comprehensive FP services to people living with HIV
- Providing intensive on-site support and mentoring sessions (up to 3 per PHC facility) to promote, guide and evaluate progress with implementation.

58 PHC Facilities are now offering and integrated FP service, which means that FP services have become more accessible to people living with HIV. Our M&E data shows an increase in the number of clients who are happy with the quality of the FP service that they are receiving. Increased method choice is cited here as a key factor.

Approximately 100,000 clients have been reached through PF health promotion / educational talks and through the distribution of IEC materials. These efforts have contributed to the celebrated improvement in CYPR since the FPI project began in the WC Province in January 2013.

At the WC Provincial level, the FPI project has been incorporated into the 2013-2015 Western Cape DoH Contraception & Fertility Planning (CFP) Programme managed by the Women's Health Directorate and is now recognised as a critical component of the programme. The FPI project's inclusion was as a direct result of the impressive results emanating from the FPI pilot project conducted in a rural and urban area.

7. PLANS FOR THE PERIOD MARCH 2014 TO MARCH 2015

- Implementing the FPI Project in the Cape Winelands District, and Southern / Western Substructure
- Continuing with on-site support (next 6 months) to ensure full implementation in the Northern / Tygerberg Substructure
- Continuing with M&E site visits in Khayelitsha / Eastern Substructure, Northern / Tygerberg Substructure, Overberg District and Cape Winelands District
- Preparations for and implementation of a FPI Master Trainer training package to be offered to all Provincial FP Trainers during the first quarter of 2015. The Master training package will focus on the management of the FPI Project Model to ensure sustainability of the initiative throughout the WC Province.

In addition:

- During the second quarter of 2015, the Project Team aims to finalise the FPI Project Model so that it can be marketed for introduction / replication in other Provinces of SA