An E-tutorial from FHI360

for Bridge Project

FP-HIV Integration model
Welcome to FHI 360 e-Tutorial on Family Planning-HIV (FP-HIV) Integration for Sex workers (SWs)

This e-Tutorial describes the purpose and benefits of a focused approach on FP-HIV Integration which enables SWs to access family planning services. This e-Tutorial takes approximately one hour to complete.

After completing this e-Tutorial, participants will know:

- Aastha’s FP-HIV Integration model: Participants will know how to integrate FP services in HIV interventions with SWs
- Will understand tools such as a tailored strategic behavior communication (SBC) package and various screening and record forms for effective integration of FP-HIV services
FHI 360 E-tutorial on FP-HIV Integration

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Lesson I: Background and Rationale for FP-HIV Integration

- **Contextualizing the FP needs of FSWs versus those of the general population**
- **Benefits for integrating FP into the STI/HIV**
- **Benefits for the prevention of parent to child transmission (PPTCT) of HIV**
- **Benefits of FP in Positive Prevention programs**
Lesson I: Background and Rationale for FP-HIV Integration

- **Contextualizing the FP needs of SWs versus those of the general population**

  - Most often, HIV prevention projects for sex workers (SWs) are vertically-oriented and focus only on HIV-related activities such as STI screening and condom promotion. However, meeting the contraceptive needs of FSWs is a critical part of meeting their sexual and reproductive health needs, preventing unintended pregnancies and unsafe abortions, and for FSWs with HIV, to prevent new infant HIV infections.

  - Sex workers have many of the same reproductive health needs as all women, with a few additional concerns that arise from their occupation. For example, given the high frequency of sexual activity, the chances of conception are very high for a SW as compared to a woman with a single partner.
Lesson I: Background and Rationale for FP-HIV Integration

**Benefits for integrating FP into STI/HIV services**

- Enhanced ability to prevent new HIV infections, especially among infants
- Improved access to and better-quality of HIV and FP services customized to meet the needs of people at risk or people living with HIV (PLHIV)
- Enables tailoring of FP messages and methods to the client’s HIV status and desire to prevent a pregnancy or conceive as safely as possible
- Greater support for dual protection against unintended pregnancy and STIs
- Better coverage of SWs in areas of high HIV prevalence
- Enhanced community involvement and participation
- Reduces stigma in accessing care and treatment, and promotes increased uptake of HIV services
- Maximized productive use of available resources
Lesson I: Background and Rationale for FP-HIV Integration

• Benefits for prevention of parent to child transmission (PPTCT) of HIV
  – FP/PPTCT integration enables HIV positive SWs who desire a pregnancy to practice dual-method use until their level of infection has been effectively lowered through antiretroviral drugs and it becomes safer to conceive
  – Encourages exclusive breastfeeding (as appropriate) and the initiation of an effective contraceptive method before the return of fertility (six months after child birth for women who are exclusively breastfeeding)
  – Helps SWs avoid a subsequent unintended pregnancy through the use of short-acting, long-acting, and permanent contraceptive methods for both males and females
Lesson I: Background and Rationale for FP-HIV Integration

- **Benefits of FP in Positive Prevention programs**
  - Prevents unintended pregnancies and reduces the risk of new HIV infections among infants
  - Helps SWs who desire a pregnancy to conceive more safely and encourages them to space pregnancies
  - Higher uptake of dual method use (FP method plus condoms) can help prevent HIV transmission to uninfected partners
Role of FP in HIV Prevention

- Prevention of HIV in women, especially young women
- Prevention of unintended pregnancies in HIV-positive women
- Prevention of transmission from an HIV-positive woman to her infant
- Support for mother and family

Family planning and effective use of contraceptives

Lesson II: Aastha model of FP-HIV Integration

- Screening for unmet FP need
- FP-HIV Algorithm
- Provider-initiated FP screening, counseling, and referrals
- Clinic flow chart for FP-HIV services
The Aastha Project introduced an FP screening form to assess the unmet need for FP among SW and to provide information on contraceptive choices. Every SW presenting at an Aastha clinic for HIV prevention services is screened for her FP needs by the health care provider using the FP screening form. The form was developed to collect data related to personal information, menstrual history, obstetric history, past history of abortions, unintended pregnancies and contraceptive usage and includes information on the current relationship status and whether she cohabits with her partner.
Lesson II: Aastha model of FP-HIV Integration

FP-HIV Algorithm

Based on the information shared by FSWs during the screening process, healthcare providers identify FSWs either as ‘Eligible for FP Counseling’ (EFPC) or ‘Not Eligible for FP Counseling’ (NEFPC). Any SW who has either undergone sterilization or hysterectomy is categorized as permanently NEFPC and is not screened again. Those who are currently pregnant and wanting to have the child also fall under the NEFPC category. These SWs will undergo a repeat screening after delivery. SWs reporting current use of OCPs, injectables and Intrauterine Contraceptive Devices (IUCDs) are also categorized as NEFPC, but will continue to be screened each time they visit the clinic to monitor continuity.
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- Lesson II: Aastha model of FP-HIV Integration

- Provider-initiated FP screening, counseling, and referrals

  - Aastha being a HIV prevention project, condoms are promoted and distributed to FSWs for protection against STI and HIV from their regular partners and clients. In order to ensure a comprehensive understanding of male condom usage as dual protection, FSWs reporting use of male condoms as an FP method during their first screening are categorized as EFPC and referred for FP counseling. FSWs who are not currently using any FP method to avoid getting pregnant or those who report an unintended pregnancy are categorized as EFPC, including PLHIV SWs

  - Eligible SWs are then provided with FP counseling by the health care provider and referred for FP methods accordingly. Systems have been put in place to ensure that healthcare providers administer tool to all EFPC SWs each time they visit the clinic
Lesson II: Aastha model of FP-HIV Integration

Clinic flow chart for FP-HIV services
SWs aged 18-49 years coming to Aastha clinic

History taking using ‘FP Screening Form’

- Unintended pregnancy
- Eligible but not using any FP method
- Not eligible for FP method/ using a method

FP Counseling

- Condoms for FP
- Any other FP method

Aastha Clinic
Referred

Follow up
PLHIV SW visits clinic

Ask LMP, advice UPT If necessary

SW is pregnant

<20 weeks

Wants MTP

Counsel and Refer for MTP

Follow up

Not pregnant,

<20 weeks

Wants to Continue pregnancy

Counsel and Refer for MTP

Refer to PPTCT/ART centre
Counsel for positive prevention including
Safe sex
ANC care
Pre ART registration
CD4 count
ART initiation (if necessary) and adherence
ARV prophylaxis
Infant feeding
Lesson III: FP-HIV Integration communication material and other tools

- *SBC Material One: Jewelry Box*
- *SBC Material Two: Basket of choices*
- *Job Aid*
SBC Material One: Jewelry Box

FP-HIV Integration communication material and other tools

• Used by the Outreach team to start a discussion around FP methods with FSWs and to promote use of FP methods with regular partners and spouses

• An outreach team member will show the jewelry box to the FSW and build a conversation as follows: “What is there in the box? What do you think the box contains? It contains something precious – jewelry and even more precious - information.”

• Images with key messages on the relationship with regular partners and the need to practice safe sex behavior with them are on the leaflet inside the box. These images are to be shown to the FSW and discussed. The other side of the leaflet has images of FP methods – male condom, female condom, OCP, Copper T, Injectable and permanent methods for both men and women as a basis for information sharing and discussion. The fact that only condoms provide dual protection is also discussed.
This material is used by the counselor at the time of FP counseling to help the SW to make an informed FP choice. Before the session begins, the counselor needs to ensure that all the necessary contraceptive methods are in the basket: male and female condoms, injections, Copper T and OCPs.

First the counselor establishes rapport with SW. The counselor should begin with asking questions such as how many children the SW has, their ages, whether the FSW wants any more children and so on. Then she takes the SW through each method in the basket – giving their advantages and disadvantages, price (in the case of injection) and where it is available. Sterilization should be mentioned and prescribed only after ensuring both partners are willing to give consent. It should be mentioned that all the contraceptives, except condoms, do not give protection against HIV and STIs.

The counselor can carry the basket along with her when she is planning on conducting counseling sessions in an outreach setting.
A board of FP methods giving detailed information regarding all FP methods is prominently displayed in the clinic and referred to during FP counseling sessions.

**Family Planning Methods**

**Male and female sterilization**
Male and female sterilization are surgical procedures. Both procedures block the tubes making it impossible for the egg and sperm to meet. Sterilization provides permanent effective protection from pregnancy and may be a good choice for couples who are certain they don’t want any more children.

**IUD & Contraceptive**
IUD is a small, flexible, plastic frame with copper sleeves or wire that is inserted in the uterus by a specially trained provider. IUDs are very effective and provide protection from pregnancy for as long as 12 years. However, if woman wants to get pregnant, IUD can be removed any time.

**Long-acting Injectables – DMPA**
Long-acting injectables – DMPA – contain only 1 hormone, progestin. Injections are given in the upper arm or buttocks every 3 months (DMPA). Injectables primarily work by stopping the production of eggs. They are very effective in preventing pregnancy. The only thing woman needs to remember, is to return for her next injection as scheduled.

**Oral Contraceptive Pills**
Combined oral contraceptives (COCs) are pills containing two hormones, estrogen and progestin, which are similar to the natural hormones found in a woman’s body. The Pill works primarily by stopping the production of eggs. Pills should be taken every day to be very effective. When pills are missed, women may get pregnant. Should not be taken if on ARV drug – ritonavir.

Progestin-only pills (POPs) contain one hormone, progestin, and require strict daily schedule. They may be a good choice for breastfeeding women because they don’t affect milk production. Moreover, they may be more effective in breastfeeding women due to additional pregnancy protection provided by lactational amenorrhea. Should not be taken if on ARV drug – ritonavir.

**Condoms**
Condoms are rubber (latex) sheaths that cover the penis during sex. Condoms work by collecting semen, thus preventing sperm from fertilizing the woman’s egg. Effective if used correctly every time couple has sex. Partner cooperation is a key.

**Fertility awareness-based methods**
Fertility awareness-based methods require that the woman learn the days of the menstrual cycle when she can get pregnant and avoid sex or use condoms on these days. As with condoms, partner cooperation is required.
Conclusion and Recommendation

- Recommendations for women at high risk of HIV infection
- Recommendations for women living with HIV infection
Conclusion and Recommendation

• **Recommendations for women at high risk of HIV infection**

  • Women at high risk of HIV can continue to use all existing hormonal contraceptive methods without restriction

  • It is critically important that women at risk of HIV infection have access to and use condoms, male or female, and where appropriate, other measures to prevent and reduce their risk of HIV infection and sexually transmitted infections (STIs)

  • Because of the inconclusive nature of the body of evidence on progestogen-only injectable contraception and risk of HIV acquisition, women using progestogen-only injectable contraception should be strongly advised to also always use condoms, male or female, and other preventive measures. Condoms must be used consistently and correctly to prevent infection
Conclusion and Recommendation

- **Recommendations for women living with HIV infection**

- Women living with HIV can continue to use all existing hormonal contraceptive methods without restriction
- Consistent and correct use of condoms, male or female, is critical for prevention of HIV transmission to non-infected sexual partners
- Voluntary use of contraception by HIV-positive women who wish to prevent pregnancy continues to be an important strategy for the reduction of mother-to-child HIV transmission
You have completed the E-tutorial on FP-HIV Integration model

Thank you!