INTEGRATION OF FAMILY PLANNING AND HIV SERVICES IN ZIMBABWE

Hormonal Implants and Dual Protection Messages
Mrs. and Mr. Simango, married for 15 years with five children between the ages of 15 and two, accessed HIV testing and counseling services offered by the PSI New Start mobile outreach team at their local clinic in Chipinge District in rural Zimbabwe. Both tested HIV negative.

After handing out the results, the counselor also provided information on family planning methods and dual protection. Mrs. Simango previously used hormonal oral contraceptives, but she was interested in more convenient long-term FP methods since she could not afford to travel to the FP clinic to regularly resupply her former FP method. Indeed, this was the reason why she fell pregnant with her last child.

The couple was counseled on implants, a FP method that Mrs. Simango perceived as unaffordable and only available in the private sector. Mrs. Simango was then referred to the District Hospital. There she was able to receive a hormonal implant free of charge, as the hospital was benefiting from the Dutch funded FP program providing capacity building in implant insertion as well as improved supplies in hormonal implant commodities.

The program used the following three strategies to achieve this goal:
- Integration of FP with HIV testing and counseling (T&C) and prevention services for people living with HIV,
- Targeted interpersonal communications (IPC) and marketing and distribution of hormonal contraceptives that are not readily available in Zimbabwe through the private and public health sector,
- Awareness and demand generation for dual protection through national mass media.

More than one million people in Zimbabwe are currently living with HIV. With an adult HIV prevalence of 13.7%, Zimbabwe is among the countries in Southern Africa hardest hit by the epidemic. Concurrent sexual partnerships and low condom use in long-term relationships are the main factors fuelling the spread of HIV among the general population.

Dual protection (DP), which is the concurrent use of condoms and other contraceptive methods, is an effective strategy to prevent unintended pregnancies as well as HIV and sexually transmitted infections (STIs). DP can also reduce vertical transmission by helping to prevent unintended pregnancies among HIV-positive women and it can reduce re-infection of HIV among positive women. Furthermore, mathematical modeling suggests that prevention of mother to child transmission (PMTCT) programs that offer family planning (FP) services combined with a single dose of the antiretroviral drug Nevirapine would significantly reduce the number of HIV infections. According to recent literature, rates of unintended pregnancy are higher among HIV-infected women than among the general population. Despite evidence that FP/HIV integration prevents STIs, HIV, and unintended pregnancies, FP and HIV services are often offered in parallel structures with very little emphasis on integration. This has been seen in many high HIV prevalence countries, including Zimbabwe.

With this need in mind, PSI/Zimbabwe developed an FP/HIV integration program under the Strategic Alliances with International NGOs (SALIN) project funded by the Dutch government. The primary program goal of the program is to promote dual protection strategies to prevent primary infection of HIV and unintended pregnancies in young women (age 15 to 29), as well as vertical and horizontal HIV transmission in infected women (i.e. from one sexual partner to another) and discordant couples. PSI/Zimbabwe launched the program in October 2008, with activities aimed at increasing both awareness and adoption of DP among the three target groups: young women (age 15 to 29), infected women and discordant couples.

INTEGRATION OF FP AND TESTING AND COUNSELING (T&C) SERVICES

T&C reaches the largest number of clients of any HIV service; this includes HIV negative and HIV positive clients, men, youth and unmarried women who may not use traditional FP programs. When T&C is integrated with family planning it offers increased opportunities for clients to avoid unintended pregnancy. PSI/Zimbabwe initiated HIV T&C services, branded New Start, in 1999. Today, 19 static centers and 23 mobile teams are reaching more than 35,000 people with T&C and FP services every month. Fifteen of the static sites and 14 of the mobile teams are operated by local partner organizations, which include eight NGOs, two private health facilities and five public sector health facilities.

With support from SALIN, PSI/Zimbabwe trained 250 counselors from the New Start network in FP service delivery, counseling, and referral, successfully integrating FP into 42 T&C sites. With the help of FP cards and flipcharts that were developed by the program, the counselors help their clients identify the most suitable FP method based on the clients’ individual needs. During FP counseling sessions, special emphasis is placed on the importance of DP use and counselors demonstrate both female and male condom use.

From October 2008 to January 2010 a total of 334,000 T&C clients received FP and DP counseling. Although the majority of New Start clients reported current use of a FP method during their visit, 3,948 new clients were referred to FP providers for consultation. Each center and mobile unit created direct links to private and public FP service providers in the various districts where they operate. The New Start teams follow up with all referred clients, ensuring that the referral has been successful. To better meet the needs of T&C clients and to avoid loss of clients in the referral process, specifically trained nurse-counselors at five selected New Start centers began offering hormonal contraceptives (combined and progestin-only oral contraceptives and injectables) in January 2010. This model is likely to be expanded to the entire network if proven to be successful.
Integration of FP with HIV care and treatment programs maximizes the opportunity to prevent unintended pregnancy among HIV positive women and, through dual protection use, prevent horizontal transmission of HIV. In 2004, PSI created a network of post-test support services (PTSS) at centers branded New Life. These centers provide psycho-social support and counseling for people living with HIV. The network has grown from four to 15 centers countrywide and includes mobile teams that visit hospitals and antenatal clinics, providing support for HIV positive mothers post delivery. Twelve of the centers and mobile teams are managed by local partner organizations including NGOs, private and public health care facilities. Seventy percent of New Life clients are women. With its wide reach, New Life is well positioned to reach women and couples living with HIV with information and counseling on FP and DP to prevent transmission of HIV. More than 100 counselors from New Life centers received training in FP counseling, FP service delivery and referral in a combined training with New Start counselors.

Between October 2008 and January 2010, 104,000 HIV positive women and couples benefitted from FP and DP counseling through the New Life program; 1,659 were successfully referred to FP service providers (many New Life clients already use one FP method). PSI/Zimbabwe developed information, education and communication materials including counseling cards for one-on-one counseling sessions, as well as brochures and posters. A flip chart was developed to guide New Start and New Life counselors during FP counseling sessions and interpersonal communications (IPC) small group discussions that take place in colleges, workplaces and high risk areas such as mining, farming and rural growth points (i.e. small urban settlements situated in rural areas).

**TABLE 1: FP/HIV INTEGRATION ACTIVITIES OUTPUTS (OCTOBER 2008-JANUARY 2010)**

<table>
<thead>
<tr>
<th>OUTPUTS</th>
<th>NEW START</th>
<th>NEW LIFE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP and Dual Protection Counseling Sessions</td>
<td>334,000</td>
<td>104,000</td>
<td>438,000</td>
</tr>
<tr>
<td>Successful FP Referrals</td>
<td>3,948</td>
<td>1,659</td>
<td>5,607</td>
</tr>
<tr>
<td>Fixed Centers</td>
<td>19 (15 partner operated)</td>
<td>15 (12 partner operated)</td>
<td>34</td>
</tr>
<tr>
<td>Mobile Teams</td>
<td>23 (11 partner operated)</td>
<td>15 (12 partner operated)</td>
<td>38</td>
</tr>
<tr>
<td>Counselors Trained</td>
<td>265</td>
<td>168</td>
<td>433</td>
</tr>
</tbody>
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**CAPACITY BUILDING OF PUBLIC AND PRIVATE HEALTH CARE PROVIDERS FOR JADELLE IMPLANTS**

Access to long-acting and reversible contraceptive methods, specifically implants, especially in rural areas, is still very limited in Zimbabwe. This is due mainly to the lack of trained health care providers as well as the lack of sufficient commodities. Before the FP/HIV integration program started, the costs for an implant insertion at Zimbabwe Family Planning Council (ZNFPC) family planning clinics were prohibitively high for women of low socio-economic status, at roughly 25USD. Using its strong collaboration and partnership with the Ministry of Health and Child Welfare, PSI/Zimbabwe launched activities in June of 2009 to build the capacity of public sector health care providers in implant insertion. Dutch funds supported the training of 300 health care workers in implant insertion at 250 public sector hospitals, 23 partner clinics and for the procurement of 35,500 implants provided through public and private sector service providers. In the first seven months of operation, 16,502 women benefitted from expanded implant services in the public and private sector. The demand for implants continues to increase.

**MARKETING AND DISTRIBUTION OF FP PRODUCTS**

To ensure that clients of New Start and New Life services have access to FP products, PSI/Zimbabwe markets and distributes implants, injectables and the emergency contraceptive pill Postinor2 at New Start and New Life service sites. A total of 21,220 injectables were distributed from October 2008 to January 2010. The emergency contraceptive Postinor2 is distributed through a large network of pharmacies and through ZNFPC family planning clinics as well as through two clinics providing medical services for rape victims. Over 34,665 Postinor2 have been distributed since the start of the project.
DEMAND GENERATION FOR DUAL PROTECTION

PSI conducted an initial population-based survey to inform the program design and develop comprehensive communications materials. Based on findings, the communication strategy for DP was developed to include a balanced mix of mass media and IPC campaigns to increase personal risk perception among the target groups and their partners. A central communication message is that women and couples should weigh the positive benefits of DP against the limitations of using a single method. The communication strategy also aims to create social support for male partner behavior and enhance women’s negotiation skills to be able to introduce DP to their partner. A key barrier to DP use is linked to women’s perception of their ability to negotiate use; 33% of women aged 15 to 29 believe they are unable to negotiate DP. A follow-on population-based survey to measure changes in this perception, as well as the program’s impact on increasing DP awareness and use will be conducted at the end of the two-year project in October 2010.

RADIO PROGRAMS
PSI/Zimbabwe developed a series of 15-minute radio programs to explain the concept of DP and its protective benefits against HIV and unintended pregnancy. The radio programs discuss the challenges of practicing DP and the negotiation skills needed to introduce the practice into sexual relationships. The discussions customize the benefits of DP for various target groups such as discordant and HIV positive couples, and young women aged 15 to 29 (who are most likely to be at risk of engaging in cross-generational sexual relationships). To date, eight programs produced in Zimbabwe’s two major languages have been recorded and are currently aired during prime listening time. As of November 2009, 500 radio sessions had been broadcast. By the end of the project, a total of 5,000 radio spots are expected to be broadcast.

TELEVISION
PSI/Zimbabwe developed a television campaign to achieve rapid awareness of DP and increase its credibility, as well as increasing the risk perceptions around using a single method only. The campaign uses simple analogies of how certain objects are more beneficial when there are two of them instead of one. The campaign portrays a woman limping with only one shoe, a cyclist struggling on a bicycle with one punctured wheel and a man squinting in the sun while wearing a pair of sunglasses with only one lens. Just as one shoe, wheel or lens does not function well alone, “two methods work better” than one when it comes to protection. The campaign is currently being pre-tested and will be launched by the end of February 2010. Through the program, a total of 300 TV spots are expected to air before the end of the project.

IPC ACTIVITIES
PSI/Zimbabwe is working in partnership with local youth-based organizations such as SAYWHAT and SHAPE to reach out to young girls in universities with messages on DP. Dual protection messages have also been integrated into small group discussions on condoms that take place in rural growth points, mining and farming settlements. The small group discussions target young women and older men to increase risk perception and male social support for DP. The program aims to reach 25,000 people with 500 discussions about DP in colleges, homes and churches by the end of 2010. Between October 2009 and January 2010 a total of 18,832 individuals were reached through road shows promoting dual protection.

CONCLUSIONS AND RECOMMENDATIONS

Using diverse, innovative strategies to increase awareness and demand for dual protection can have an impact on primary prevention of HIV as well as avert HIV positive births in Zimbabwe. So too can the promotion of contraception as an HIV prevention intervention combined with increased availability of long-acting and reversible FP methods. The FP/HIV integration program funded under the SALIN partnership and implemented by PSI has demonstrated that HIV T&C and PTSS can provide an ideal opportunity for individual counseling of women and couples on the best family planning option for their needs. Counseling combined with direct, onsite access to FP methods as well as female and male condoms or counseling combined with strong linkages to FP service providers can increase DP use among women and couples. Lessons learned from the successful integration of FP T&C delivery supplemented with strong referral systems with T&C and PTSS can be used in other countries in the region. The DP communications campaigns can also be adapted for use by other platforms working on HIV and family planning.

PSI supports HIV/FP integration programs in eight countries. To learn more about PSI and our FP/HIV integration programs, visit www.psi.org.

IV Ndola Prata, Amita Sreenivas, Ben Bellows: Potential of dual-use policies to meet family planning and HIV prevention needs: a case study of Zimbabwe and Mozambique. Fam Plann Reprod Health Care 2008; 34(4)

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