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Community Delivery of integrated family planning/HIV testing and counseling services by VHTs in Uganda

Aurélie Brunie[1], **Alison Cheng[5]**, Patricia WamalaMucheri[2], Jane H. Namwebya[3], Tricia Petruney[4], Benson Tumwesigye[6], Sarah Mercer[4], Victor D. Afayo[3], Angela Akol[3], Vincent J. Wong[5]

1. FHI 360, Washington DC, 2. Clinton Health Access Initiative, Kampala, UGANDA; 3. FHI 360, Kampala, UGANDA, 4. FHI 360, Durham, NC, 5. USAID, Office of HIV/AIDS, 1200 Pennsylvania Ave, Wash DC, 6. Ugandan Ministry of Health, National HTC Coordinator, Kampala, UGANDA.

BACKGROUND

- In Uganda, HIV prevalence is rising and yet HIV testing rates remain low
- Family Planning (FP) clients are simultaneously at risk of unintended pregnancy and HIV infection
- Community and home-based HIV testing and counseling (HTC) provision has potential to increase access and uptake
- Village Health Teams (VHTs) are a nationwide government-supported platform for community-based health programming.
- VHTs have established relationships with communities and already provide FP services, including DMPA, in many areas
- This study integrated HTC into FP service delivery by VHT, seeking health system efficiency while meeting comprehensive reproductive and sexual health needs
- New, innovative model with potential to reduce access barriers to HTC and increase range of services available to FP clients

OBJECTIVES

- To evaluate the extent to which trained VHTs can safely provide quality HTC services in addition to their FP work;
- To examine acceptance of community-based FP/HTC integrated services and the specific factors contributing to acceptance of testing by VHTs;
- To assess effectiveness in modifying HIV testing attitudes and practices;
- To characterize the effect of HTC/FP integration on VHTs' client loads and perceived workloads; and
- To examine the effect of HTC/FP integration on FP uptake and clients' perceptions of the quality of the base FP service

METHODS

SITES AND SERVICES

- 8 randomly selected health centers III were assigned to intervention or control (matched pairs) in two districts: Busia and Kanungu
- VHTs in the intervention arm offered FP and HTC services; only FP services were provided in the control arm

DATA SOURCES

- Survey of all trained VHTs and survey of 256 FP clients in the intervention and control groups 10 months after implementation
- Service statistics

INTERVENTION ELEMENTS

- 38 VHTs already providing FP, with six months experience offering DMPA injections
- Training with 8 days of classroom training and 4 days of practicum
- Community mobilization meetings as follow-on practicum
- Adaptation of mechanisms for FP supervision, quality assurance, commodity management and record keeping
- Collaboration between the Ministry of Health and FHI 360

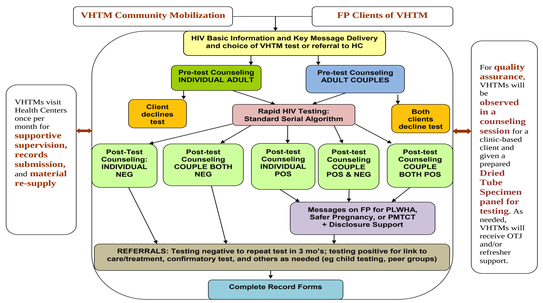
RESULTS

- VHT records show 647 client visits for HTC between January and March 2013
- Men were tested in 80.0% of visits, and women in 49.6% of visits
- 27% of surveyed clients who accepted a test were first time testers for HIV
- Three surveyed clients tested HIV+ with the VHT - all reported functional linkages to care
- 93.5% of surveyed clients who tested HIV- with the VHT intend to get tested again and would like to get their next test from the VHT
- External Quality Assessment conducted in April-June 2012 quarter as part of program implementation: Proficiency Testing panels sent by National Lab through districts
- 29 VHTs participated in exercise
- 85% of participating staff had 100% concordance with the national lab
    - 3 staff failed due to recording problems
    - 2 staff failed due to technical factors

Table 1: VHT Profile

	Busia (N=18)	Kanungu (N=18)	Total (N=36)
Mean age (years)	45.5	41.9	43.7
Mean years of experience providing pills and condoms	5.5	6.9	6.2
Mean years of experience providing injectables	4.2	5.1	4.6
Sex (%)			
Female	77.8	83.3	80.6
Male	22.2	16.7	19.4
Highest level of school attended (%)			
Primary	11.1	44.4	27.8
Secondary or higher	88.9	55.6	72.2
Prior experience with HIV counseling (%)	38. 9	66. 7	52.8
Prior experience with HIV testing (%)	11.1	0	5.6

Figure 1: Intervention Schema



RESULTS

Table 2: Surveyed clients' perspectives on HTC services within intervention group (n=110)

	%
Fingerpricking technique	
No problem with fingerpricking site at last test	100
Counseling content	
What client can do to avoid getting infected/infecting others	90.9
FP methods that protect against both HIV and pregnancy	90.9
Condoms	94.6
Rapport with VHT	
Comfortable discussing HIV with VHT	95.5
Satisfied with explanations about test results	99.1
Trusted VHT with private information	99.1
Satisfied with HTC services received overall	99.1

Table 3: VHT workload and satisfaction (n=36)

	%
Change in overall monthly number of clients	
More now than prior to HTC service provision	83.3
Same number of clients	13.9
Fewer clients now	2.8
Workload	
Easy to manage	91.7
Somewhat difficult to manage	8.3
Change in overall quality of work	
Better now than prior to HTC service provision	91.7
About the same	5.6
Not as good now	2.8
Change in work satisfaction as VHT	
More satisfied now than prior to HTC service provision	91.7
Equally as satisfied	8.3
Wish to continue HTC service provision	100

- **Challenges and recommendations by VHTs** (n=36): Reported supply challenges (47%); 50% are very concerned about contracting HIV through testing, 16.7% are somewhat concerned; 61% wanted transport assistance/financial incentives; 44% desired more training

LIMITATIONS

- Recall and reporting bias
- Reliability of record data
- Interim analysis has only included the evaluation of the intervention group
- Small number of units of randomization limits ability to match health centers

CONCLUSIONS

- Noting the need to ensure adequate supporting mechanisms and quality assurance and improvement processes, overall, this integrated model appeared feasible to implement and client acceptability was high, suggesting this approach could be used to offer comprehensive sexual and reproductive health services at the community level.
- The small number of newly diagnosed HIV positive clients in the study sample suggests limited overall contribution to enrollment into HIV care and treatment in this target population. However, a number of clients received HIV testing for the first time.
- In an era of reduced resources for community-based HIV prevention and HTC services, an integrated FP/HTC approach that takes advantage of the existing community FP system could be more efficient and sustainable.
- Programs should consider the specifics of the context to determine the potential added value of this model. The effectiveness of similar integrated approaches should consider rates of HIV positivity in target populations.

Corresponding Author: Vincent J. Wong, USAID Washington, Office of HIV/AIDS, vwong@usaid.gov