



# Integrating FP Communication into other Health Communication at the Village and Household Levels

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# Outline

## Background/Introduction

## References Made To Previous Global Examples

## Specific Interventions

- USAID funded ROADS2-FP project
- USAID –APHIA II RV and APHIA II Coast

## Lesson Learned

## Take Home Message



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# Background

## Community based FP/HIV integration

- Results in broadened access to HIV prevention education; increased demand for HIV testing; and expanded FP method use.
  
- Aims to respond to client needs and increased facility –based integrated services

# Types of CHWs



CBDs

Peer Educators

Care Givers for PLHIV and OVCs

CHEWS



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# Evidence using CHWs to integrate FP/HIV communication in the community

Zimbabwe – used CBDs to visit PLHIV in their homes and counseled them on FP and provided them with methods

Tanzania-used peer educators to provide FP counseling to PLHIV

Uganda -community volunteers and peer educators were used to provide FP to PLHIV

Malawi- CBDAs were trained in FP/HIV and they reached 100,000 people with FP/HIV messages



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# Specific examples of message integration

- **ROADS FP project [2007-2009]**
  - Multi-country project : Burundi, Rwanda & DRC
  - Consortium members: FHI, JHU
  - Funding –USAIDEA
- Cluster based interventions
  - Low income women
  - Youth
  - PLHIV
- Peer educators trained to deliver/sensitize community members on FP and GBV in addition to HIV

# ROADS –FP CHWs Training

Country	Peer Educators	CBDs	Drugs store	Numbers reached with FP messages
Burundi	100	20	-	<b>2529</b>
DRC	60	15	33	<b>14548</b>
Rwanda	104	-	19	<b>10198</b>
All the three countries	264	35	52	<b>27,275</b>



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# USAID-APHIA II Rift Valley

Funding -USAID

Consortium members: FHI, CRS, JHPIEGO, NOPE, World Vision

Community interventions

- HBC and OVC care givers trained on FP

Trainings =2 Total clients reached =4687 Referred=1669

- CHWS conduct sensitization meetings on integrated RH/FP/HIV /malaria messages =1,099,847[2009]



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## APHIA II Coast

Funding – USAID

Consortium ; FHI,CRS,JHPIEGO,CLUSA

No. of HBC [CHWs] (trained on HBC/FP)=  
919

No reached through the HBC=11,023

No referred=5926

No. Reached with integrated  
HIV/RH/FP/malaria)=754,845[2009]



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# Evidence supporting increase FP service uptake as a result of the intervention

- Referrals[A2RV & C] –These were complete [effective] referrals by HBC caregivers
  - Coast-5926 clients
  - Rift Valley-1669 clients
- Interviews with Program officers indicate that they have noticed an Increase in the number of clients receiving FP services in the facilities of the intervention area

# Lessons learned

Expanding the roles of community based health workers is strategic in delivering messages and services on both FP and STI/HIV which may results in increased uptake of both

Community based health workers should be linked to the nearest health facility for supportive supervision, supplies and referrals

Having Country Coordinators [in the case of ROADS project or Focal persons at Regional level [in the case of APHIA II projects], facilitates implementation



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# Take Home Message

It is feasible to expand the roles of CHWs to provide an integrated FP/HIV communication approach and services to the community



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- ROADS Project Team
  
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