

## Contextual factors in the integration of family planning into VCT services in Ethiopia

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This paper examines the role of the context of service delivery in shaping the integration of family planning services in VCT centers in health care facilities in Ethiopia. The Ministry of Health of Ethiopia, as well as a number of donors and NGOs, has promoted the integration of family planning and HIV services over the past few years in Ethiopia. Pathfinder International responded by training health care personnel to provide family planning within VCT centers in government health care facilities in several regions of the country. The main objective of the study on which the paper is based was to evaluate the impact of the integration of family planning and HIV services on the practice of health care practitioners.

The study interviewed 25 health care providers trained in delivering family planning within VCT as well as 14 supervisors in 18 government health care facilities in Amhara and Oromiya regions of Ethiopia. Interviewers used a topic guide in outline form to guide discussions that included questions about their professional background, their training in FP and VCT services, and their experiences in providing FP services. Interviews were tape recorded with permission, transcribed in Amharic, and then translated from Amharic into English.

The research team found that only 10 of the 18 health facilities included in the study were offering integrated VCT/family planning services in their VCT unit; the other eight health facilities did not offer family planning in their VCT units at all. The proportion of health facilities offering family planning services in VCT units was greater in Oromia (six out of nine facilities) than in Amhara (four out of nine facilities). Of the 10 health facilities that did offer integrated VCT/family planning services in their VCT units, only a few were offering both family planning counseling and family planning methods. The rest offered family planning counseling in their VCT units but referred clients to family planning units for contraceptives.

The factors that impeded the integration of family planning services in VCT units included the selection of health care staff other than VCT counselors for the training, the shifting of personnel from the VCT unit to other units because of staff shortages, the high workloads of counselors leading to the suspension of the integrated service, and the lack of adequate and convenient work spaces for counseling clients. These factors all form part of the context of service delivery in these health care facilities. The salience of contextual factors in impeding the establishment of integrated services suggests that the intervention did not sufficiently consider contextual factors in planning the integration of services.

The research team identified several suggestions for improving the process of implementing integration in the future. Those suggestions can usefully be grouped into two: (1) the content and follow up of training in family planning; (2) taking account of the local context of service delivery.

First, the health care providers reported that although the training gave them additional skills and motivation to serve clients, the workshop was too short and not sufficiently practical. They also said that they were disappointed that they were so rarely contacted by Pathfinder Ethiopia after being trained. While those trained were told to expect supplies and supervisory visits, those supplies

and visits did not materialize. In future rounds of training, supervisory visits should be part of the overall plan.

Second, it is important to consider how best to take advantage of how services are currently provided in health facilities and shape the trainee selection and the training itself to reflect those conditions. Many facilities have a severe shortage of personnel, so everyone operates in all the units from time to time. Most of the staff also rotates regularly through the various service units, so if family planning services are to be offered in VCT units, several individuals in each facility must be given training. With only one or two persons trained in both VCT and family planning, a health care facility will be unable to assure integrated services over time. Plans for future training of health care personnel to provide family planning services along with HIV services should consider these contextual factors in designing and implementing the training.