

## Integrating Family Planning into HIV Care:

### Implementation Experience by the Cameroon Baptist Convention Health Services

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## Background

- Cameroon has a high HIV prevalence with an estimated 4.3% of the population within the age 15-49 years confirmed HIV positive. Women are at higher risk for HIV than men, 5.6% and 2.9% respectively (1).
- Recent studies in sub-Saharan Africa have found that HIV-positive women desire fewer children than their negative counterparts and that a lack of integration between family planning (FP) and HIV services contributes to this unmet need (2,3).
- Integration of HIV-FP services improve access to and quality of HIV care, program efficiency, provider knowledge and skills, stigma reduction, and an increase in contraceptive use (4,5,6).
- PEPFAR/CDC Cameroon, through the CBCHS piloted HIV-FP integration in two high volume Care and Treatment (C&T) centers in the Southwest Region: Baptist Hospital Mutengene and Regional Hospital Buea.

## Goal & Objectives

The goal of the project was to evaluate the change in unmet need for FP and modern contraceptive usage rate among HIV-positive WRA attending two HIV C&T clinics in Southwest Region Cameroon following integration of FP services in these C&T settings.

### Objective 1:

- Determine the change in unmet need for FP among HIV-positive WRA who present for C & T services at two HIV clinic locations following integration of FP service provision into C & T services.

### Objective 2:

- Determine the change in modern contraceptive usage rate among HIV-positive WRA who present for C & T services at two HIV clinic locations following integration of FP service provision into C & T services.

## Project Methodology

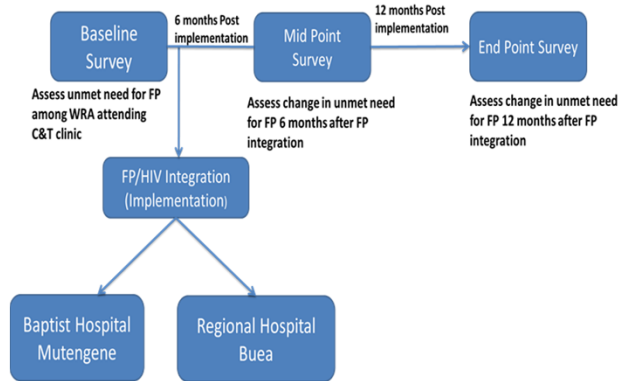
- The project had both an investigative and an implementation component.
- The investigative component involved the collection of individual level data through the use of surveys and medical abstraction.
- The implementation component focused on counseling on the various methods of FP and provision of FP method of choice, training of service providers and provision of both short and long acting reversible methods at no charge in HIV C&T centers

## HIV Care and Treatment (C&T) Clinic



**FP Counseling and Method Provision Rooms after Renovation**

## Project Design



## Results/ Lessons Learned

Project data is currently being analysed by CDC Atlanta.  
Preliminary lessons from results worth mentioning:

- Integration of FP services into HIV care resulted in increased uptake of FP methods among HIV positive women in the two clinics in SWR of Cameroon(7)
- Provision of FP services within C&T clinics, including long acting reversible contraceptives, was feasible and acceptable to both providers and clients.

### Recommendations:

- Develop a plan to upscale the integration of FP services into C&T clinics throughout Cameroon
- Work with UNFPA and the Cameroon Ministry of Health to provide free or low cost FP commodities to women with unmet FP needs in C&T as a priority

More information: <http://bit.ly/2qNo8eU>

**Thank you for your  
kind attention**

## References

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