Assessment of PrEP Integration into Family Planning in Lesotho

Key Informant Interview Guide: Family Planning Providers

Title/designation of Person Interviewed: _____
Ministry/Organization/Body: _____
Health Facility/Site Name: _____
Type of Facility or program at community level (i.e. public, private for-profit, NGO, DREAMS):
_____
Date Interviewed: _____
Interview Conducted by: _____

Warm-up

As you may know, the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial found a high HIV incidence among women who were seeking effective contraception, a result that led to a global move toward integrating HIV prevention, including pre-exposure prophylaxis (PrEP), in FP services. The purpose of this assessment is to understand the feasibility and acceptability of providing PrEP within family planning settings in Lesotho. As part of this assessment, we'll be talking with policy makers, donors, implementing partners, health care providers, and clients. Thank you for agreeing to discuss this issue with us.

1. Can you tell me a little bit about yourself and your work as a provider?
    - *Probe for provider type, number of years of experience, type of services he/she offers*

FP Service Provision

2. What methods of family planning do you provide at this facility/community program?
   Probe for:
    - What short-acting methods do you provide? If not mentioned, ask about male condom, female condom, oral contraceptive pill, 2-month injectable NET-EN, 3-month injectable DMPA (probe for both intra-muscular and sub-cutaneous types of DMPA injection), combined injectable contraceptives (administered every 4 weeks), fertility awareness methods.
    - Do you provide long acting reversible methods such as IUDs or implants? Do you provide permanent methods such as sterilization? If you don't provide long-acting and/or permanent methods, are there other family planning providers at your facility who offer these methods? If not available at your facility, where do you refer women who want to use them?

3. What method or methods are most commonly chosen by your FP clients?
    - Why do you think that method/those methods are so commonly chosen (i.e. myths/misconceptions regarding other methods, provider bias, social norms, recommendation from friends/family, cost, availability, other)?

4. Do you consistently have everything you need to provide the FP services sought by your clients?
    - Are FP commodities, equipment and supplies consistently available?
    - What do you lack most often (i.e. certain methods, equipment and supplies required for provision of such methods as implants or IUD)?
    - Have stock-outs of certain methods (and/or equipment/supplies) occurred within the last three months? If so, why do you think this is happening?
    - Is your facility adequately staffed to provide FP services?
    - Do you have the supervision support you need to provide quality FP services?

5. Are clients ever asked to pay any formal or informal fees to cover costs for consultation, method itself, commodities/medical supplies, insertion and/or removal services?
   If yes, probe for:
    - Which methods and/or supplies?
    - Do you think that fees affect clients' interest in choosing a particular method?
    - Is there a national insurance/voucher scheme for FP?
    - Is there a voucher, sliding scale or fee waiver for those who cannot afford services?

6. Nationally, almost 40% of all women who are using a modern FP method use condoms and 35% use injectables. Do you have any insight as to why women chose these methods most frequently?

7. How does your facility/community program reach underserved and special populations with FP services (ex. youth, HIV positive women, unmarried mothers, key populations, rural populations)?

HIV Service Provision

8. Do you provide any HIV services personally?
   Probe for:
    - If yes, which HIV services do you provide personally?
    - Do you offer referrals for HIV services you do not provide yourself and, if yes, which services?
    - Are HIV services provided at this facility/community program? Which services?
    - Do you provide referrals to HIV services outside of your facility?

9. Do you assess your FP clients for HIV risk and discuss different prevention options?

- If yes, how do you assess the risk? What prevention options do you discuss?

10. Do you provide PrEP services at this facility/site?
    - If yes, do you offer PrEP to FP clients at the time of their FP visit or are the two services provided separately?
      Note to RA: If services are provided at same time, then services are considered integrated. Note this information for skip pattern.
    - If no, do you provide referrals to PrEP services outside this facility/site? Who and where provides the PrEP services in your area?

11. Are any essential HIV services (other than PrEP) integrated with FP services at this facility?
    - Probe for HIV counseling and testing, HIV treatment and care, PMTCT, condom as dual protection, provision of post-exposure prophylaxis (PEP)

Service Readiness

- ☐ **If integration is NOT occurring, continue with question 12**
- ☐ **If integration IS occurring, skip to question 25**

If integration is not occurring, ask these questions

12. I'm interested in understanding your opinions on integrating PrEP services into FP services. Do you think it is a good idea to offer PrEP within FP settings/services?
    - Probe for reasons why or why not.

13. Can you describe what your workload looks like on a typical day?
    Probe for:
    - How many (on average) clients a day you are seeing? How many of these clients are FP clients?
    - How long (on average) is a consultation for a first-time FP client? For return client?
    - How long (on average) is clients' waiting time for FP services?
    - How much time do you spend on routine paperwork (FP as well as other services) or other activities outside of the direct client care (supply chain management, meetings, etc.)?
    - How do you feel if another service, such as PrEP, is added to your current workload? Probe for effect it may have on the number of clients, visit length, quality of services, client waiting time, routine activities outside of client care.

14. Can you explain to me the setup of FP services at this facility?
    Probe for:
    - Do you provide family planning only, or do you also see clients with general health issues?
    - How many providers routinely offer FP services? On any given day, is there one or several FP providers available?

- Is FP provided only on certain days and/or in a FP-specific room?
- When you refer your FP clients for another service within your facility, do they have to wait in line again, or are they given a priority? If given a priority, what procedures are in place to ensure that they are seen without a delay? How do you track if referral is completed?
- If certain FP methods are not available onsite, do you refer clients to another facility? How are those referrals tracked?
- Do you have your own lab facilities at the clinic, or do you have to refer for lab work to a different location? Do you know if your lab or referral lab have a capacity to test for creatinine/calculate creatinine clearance?
- Do you have staff (either paid or volunteers, such as CHWs or peer educators) who conduct educational sessions on certain health topics with the groups of clients while they are in the waiting area?
- Do you have any educational materials on FP methods and HIV prevention for clients to read on their own while they are in the waiting area?

15. Have you received any special training to provide PrEP services?
    - If yes, describe the training.
    - If not, would you like to receive training?

16. Has anyone/anyone else at your facility received training to provide PrEP services?
    - If yes, probe for what type of providers receive training on PrEP.

17. Are PrEP services available in this facility?
    If yes, probe for:
    - Who provides PrEP services? Is it provided only be particular health care providers?
    - Where are they provided (e.g. dedicated room/location)?
    - Are PrEP services available every day and during all clinic hours or there is a schedule (e.g. available only on certain days of the week or certain hours)
    - Do PrEP services include both PrEP initiation and follow-up/refills?

    If no, probe for:
    - If PrEP is not available not, do providers at your facility make referrals to sites that offer PrEP? How these referrals are tracked?

18. In your opinion, what are the factors that may help to integrate PrEP into FP services in your facility?
    If not mentioned, probe for:
    - PrEP demand creation efforts
    - High demand from clients
    - MOH advocacy or support
    - Clinical guidelines in support of integration
    - Provider training
    - Access to lab with appropriate capacity

- Referral systems
- Commodity security
- Dedicated space to provide services

19. Do you anticipate any barriers to integrating PrEP into FP services in your facility? If yes, what are those?
    If not mentioned, probe for:
    - Need for MOH advocacy and support
    - Need for clinical guidelines in support of integration
    - Time constraints on providers/inadequate staffing
    - Lack of lab capacity (e.g. to measure creatinine/calculate creatinine clearance)
    - Need for referral system
    - Supply chain/commodity stock outs
    - Reporting requirements for both FP and PrEP
    - Lack of demand
    - Fear of stigma associated with FP and/or PrEP services

20. What FP service statistics are regularly reported from service delivery point up to the district, regional, and national levels?
    Probes
    - What systems are in place to monitor the quality of these data?
    - How are these data used?

21. Do you think that your FP clients would want to receive PrEP services at the same time as FP services?
    - Probe for reasons why or why not and for what concerns providers anticipate women themselves may have?

22. In your opinion, what would make integration of PrEP into FP services most attractive to FP clients?

23. How do you think services and processes at your facility/community program should be strengthened to be able to integrate PrEP into FP services?

24. What concerns, if any, do you have about integrating PrEP into FP services?

    All -> Skip to question 36

<u>If integration is already occurring, ask these questions</u>

25. You mentioned earlier that at your facility, PrEP services are integrated into FP services. I'd like to gain a better understanding of how this kind of integration works, and to get your

opinions on improving and strengthening this integrated service. Can you please explain the integrated service provision to me?
Probe for:

- Which elements of PrEP cascade are integrated into FP services?
  - Assessing interest in PrEP and determining PrEP eligibility
  - Provision of HIV counseling and testing on a day of PrEP initiation
  - Initiating PrEP
  - PrEP follow-up/resupply and adherence counseling
  - Lab monitoring (quarterly HIV testing, creatinine levels at baseline and every 6 months)
- The process/steps that provider follows for clients who initiate PrEP.
- How FP clients who continue taking PrEP are handled (e.g. do they come back for PrEP to FP provider or transitioned to HIV provider after PrEP is initiated within FP setting)
- Are male partners of FP-PrEP clients offered PrEP services from the FP provider/setting?
- If FP provider does HIV risk assessment and/or provides information about PrEP but refers for PrEP eligibility screening/PrEP initiation to a different provider, probe for how referrals are facilitated, is there another wait, how/if FP provider tracks completion of the referral.

Also, if not mentioned, probe for:

- Does your clinic have lab facilities capable of testing for creatinine, or do you have to refer for lab work to a different location?
- Do you have staff (either paid or volunteers, such as CHWs or peer educators) who conduct educational sessions on certain health topics with the groups of clients while they are in the waiting area?
- Do you have any educational materials on FP methods and HIV prevention, including PrEP, for clients to read on their own while they are in the waiting area?

26. Do you have sufficient commodities/supplies to provide PrEP services to your FP clients based on current demand/client load?
    Probe for:
    - Availability/stockouts of PrEP pills
    - Availability/stockouts of HIV test kits/supplies
    - Do you have enough PrEP and HIV test kits supplies to cover only PrEP initiation visits or both PrEP initiation and follow-up/resupply visits?
    - Are there any differences in a way you are managing PrEP commodities/supplies and FP commodities/supplies

27. Did you receive special training to provide PrEP services?
    - If yes, describe the training.

28. Do you feel like you would benefit from additional training on PrEP? If yes, what topics you want to be addressed in such training?
    Probe for:
    - Assessing risk for HIV
    - Screening for PrEP eligibility
    - Conducting HIV counseling and testing
    - PrEP initiation
    - PrEP follow up
    - Counseling about side effects
    - Adherence counseling
    - Lab monitoring (HIV testing, creatinine clearance)
    - Record keeping

29. In your opinion, what are the factors that helped or may help to better integrate PrEP into FP services at your facility?
    If not mentioned, probe for facilitating factors, such as:
    - PrEP demand creation efforts within the community
    - High demand for PrEP among women, including AGYW
    - MOH advocacy or support
    - Clinical guidelines in support of integration
    - Well defined referral systems
    - Commodity security
    - Adequate staffing
    - Having lab services with appropriate capacity (e.g. capable of creatinine testing).
    - Having supportive supervision for integrated PrEP/FP services
    - Well defined recording and reporting structure.

30. Do you see or anticipate any barriers to effective integration of PrEP into FP services at your facility?
    If not mentioned, probe for:
    - Need for MOH advocacy and support
    - Need for clinical guidelines in support of integration
    - Time constraints on providers/inadequate staffing
    - Lack of lab capacity (e.g. to measure creatinine/calculate creatinine clearance)
    - Need for referral system
    - Supply chain/commodity stock outs
    - Recording and reporting requirements for both FP and PrEP
    - Lack of demand
    - Fear of stigma associated with FP and/or PrEP services.

31. In your opinion, what makes integration of PrEP into FP services most attractive to your FP clients?

32. Did integrating PrEP into FP services increase or decrease the number of FP clients you see on a daily or weekly basis? Why?

33. Describe your record-keeping process for FP and PrEP clients if both services are provided by the same FP provider or through referral from FP to PrEP provider within the same facility.
    Probe for:
    - If FP ledgers have a place to record PrEP and/or PrEP ledgers keep track of FP method used and if PrEP client was referred by FP provider.
    - If FP ledgers have a place to keep track of PrEP initiation only or of both PrEP initiation and continuation (follow-up/resupply visits)
    - Does PrEP record keeping follow the same process as FP record keeping in terms of storage and confidential access?

34. What service statistics (for both FP and PrEP) are regularly reported from service delivery point up to the district, regional, and national levels?
    Probes
    - What systems are in place to monitor the quality of these data?
    - How are these data used?

35. What do you think are the strengths of your integrated FP/PrEP services and what the areas for improvement may be?
    Probe for:
    - Ways in which provision of FP and PrEP services complement each other (e.g. both involve voluntary informed choice, convenience, synergy between visits) and ways in which they are different (e.g. PrEP requires different type of adherence support, starting and stopping PrEP is driven by client's risk for HIV and may change more frequently than their need for protection from pregnancy)
    - Need for FP providers to address these similarities and differences in counseling.

<u>Enabling Environment</u>

36. Are up-to-date FP guidelines, protocols, and policies available at your facility?
    Probe for:
    - Have you been trained on the most up-to-date national FP guidelines, protocols, and policies?

37. Are up-to-date PrEP guidelines, protocols, and policies available at your facility?
    Probe for:
    - Have you been trained on the most up-to-date PrEP guidelines, protocols, and policies?

38. Are you aware if there are FP/HIV integration guidelines in Lesotho?
    - If yes, are they available at your facility?
    - If yes, is PrEP specifically addressed?
    - If yes, have you been trained on these guidelines?

39. Do you, as a FP provider, engage in any joint planning or collaborative activities with HIV providers?
    - *If yes, what kind of activities you collaborate on?*
    - *If no, why do you think there is no collaboration?*

40. In your opinion, what are the biggest challenges to provision of quality FP services, including PrEP integration, your facility/community program faces?

    Probe:
    - *Infrastructure*
    - *Government support (e.g., budget, regulations)*
    - *Staff shortage/turnover*
    - *Staff training, motivation, oversight/supervision*
    - *Education and outreach (at all levels)*
    - *Availability of the references and resources on-site (e.g., protocols, guidelines, job aids)*
    - *Client access (e.g., costs/fees, hours; waiting times; provider availability/attitudes)*
    - *Commodity supply (e.g., logistics, budget, transport, warehousing, information system)*
    - *Sociocultural issues (e.g., myths/misconceptions, biases; spouse/family opposition; gender inequalities)*
    - *Political or religious factors/opposition*
    - *Unnecessary medical policies or criteria/barriers to services (e.g., menstruation or Pap smear requirements)*
    - *Population segments that are more difficult to reach (e.g., urban vs. rural)*

Wrap-up

41. There have been major disruptions to service delivery and the supply chain worldwide due to COVID-19. Have there been problems with FP and/or PrEP service provision in Lesotho due to COVID-19? If so, what were/are they? Do you have any opinions about how to minimize FP and PrEP service disruptions while the pandemic is ongoing?

42. Do you have anything else to share that you think is important?