



Integrating Counseling and Testing for HIV into Family Planning Services in Kenya and South Africa

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Context of HIV Services

- High HIV prevalence: Kenya 6.7%; South Africa 29.5%
- High CPR: Kenya 40%; South Africa 62% with source largely being the public sector
- STIs present in FP clients: SA 33% and Kenya 2%
- Low coverage of C&T and other HIV-related services
- Routine offer of HIV testing primarily limited to pregnant women through PMTCT

Rationale for Integrated FP and C&T services

- Government policies support integration in roll out of largely vertical HIV services
- Governments' strategic plans (Kenya NHSSP 2005-10; SA 2007-11) support integrated services
- Prevention of unwanted pregnancies is a key PMTCT strategy but has received little attention
- Offers opportunity to provide prevention and testing to large sexually active client base

Objectives

- Evaluate two models of integration on feasibility, acceptability, cost and quality of family planning
- Compare the performance of the two models with the standard FP service
- Evaluate the effectiveness of the more feasible model
- Disseminate and utilize results to create conditions for scale up

Methodology

South Africa

Study design:

- 3 armed cluster randomized control trial with pre-post
- Participants were FP clients and FP providers

Sites:

- 3 Districts in North West Province

Kenya

Study design:

- Pre-post without control
- Participants were FP clients and FP providers

Sites:

- Central province: Nyeri (low C&T availability) and Thika (high C&T availability)

Methodology

Clinics were selected which:

- Provide FP services
- FP client load (> 100 per month)
- Have more than one professional nurse
- Provide HIV testing and STI treatment
(in testing model in Kenya, criterion was to select facilities that were not providing testing on site)

Preliminary Results

Feasibility: Most facilities are ready to offer HIV/FP integrated services

Category	South Africa (mean scores)			Kenya (mean scores)	
	Testing	Referral	Control	Testing	Referral
Equipment	1.0	1.0	1.0	0.9	0.9
Supplies	1.0	1.0	1.0	0.6	0.6
Infrastructure	0.7	0.7	0.7	0.7	0.7
FP Services	1.0	1.0	1.0	0.7	0.6
HIV services	1.0	1.0	1.0	0.6	0.5
Staff (per facility)	7	5	8	3	7

South Africa had better mean score (0.94) at baseline compared to Kenya (testing model 0.70 and referral model 0.66)

Integrated Approach Acceptable to Providers

Source	South Africa	Kenya
FGDs among providers	<i>“Good method of saving time for clients because of coming for VCT and FP same day” (Temba Clinic, South Africa)</i>	<i>“We do encourage clients to use dual protection and to know their HIV status” (Nyeri, Kenya)</i>
Client –provider observation	<ul style="list-style-type: none"> • Greeted client warmly * • Asked if client understood • Encouraged client to ask questions* • Consulted with client for over 15 minutes* 	<ul style="list-style-type: none"> • Greeted client warmly * • Asked if client understood * • Encouraged client to ask questions* • Consulted with client for over 15 minutes*

Provision of HIV/FP Integrated Services Acceptable to Clients

“It will be good because that day will be my FP day so I will get the results the same day.”

Moretele District, South Africa

“It is a good idea to receive both counseling and testing and a method from our FP clinic” ... if nurse knows our HIV status may guide us if positive on FP methods.”

Thika District, Kenya

Quality of FP Method Counseling Improved

Variable	South Africa (%)				Kenya (%)			
	Baseline		Endline		Baseline		Endline	
	Testing	Referral	Testing	Referral	Testing	Referral	Testing	Referral
Discussed reproductive intentions (desired no of children)	16	27	29	60	13	15	14	40
Used BCS-plus tools	0	0	32	61	0	0	41	75
Discussed how chosen method works	49	48	53	64	34	54	42	78

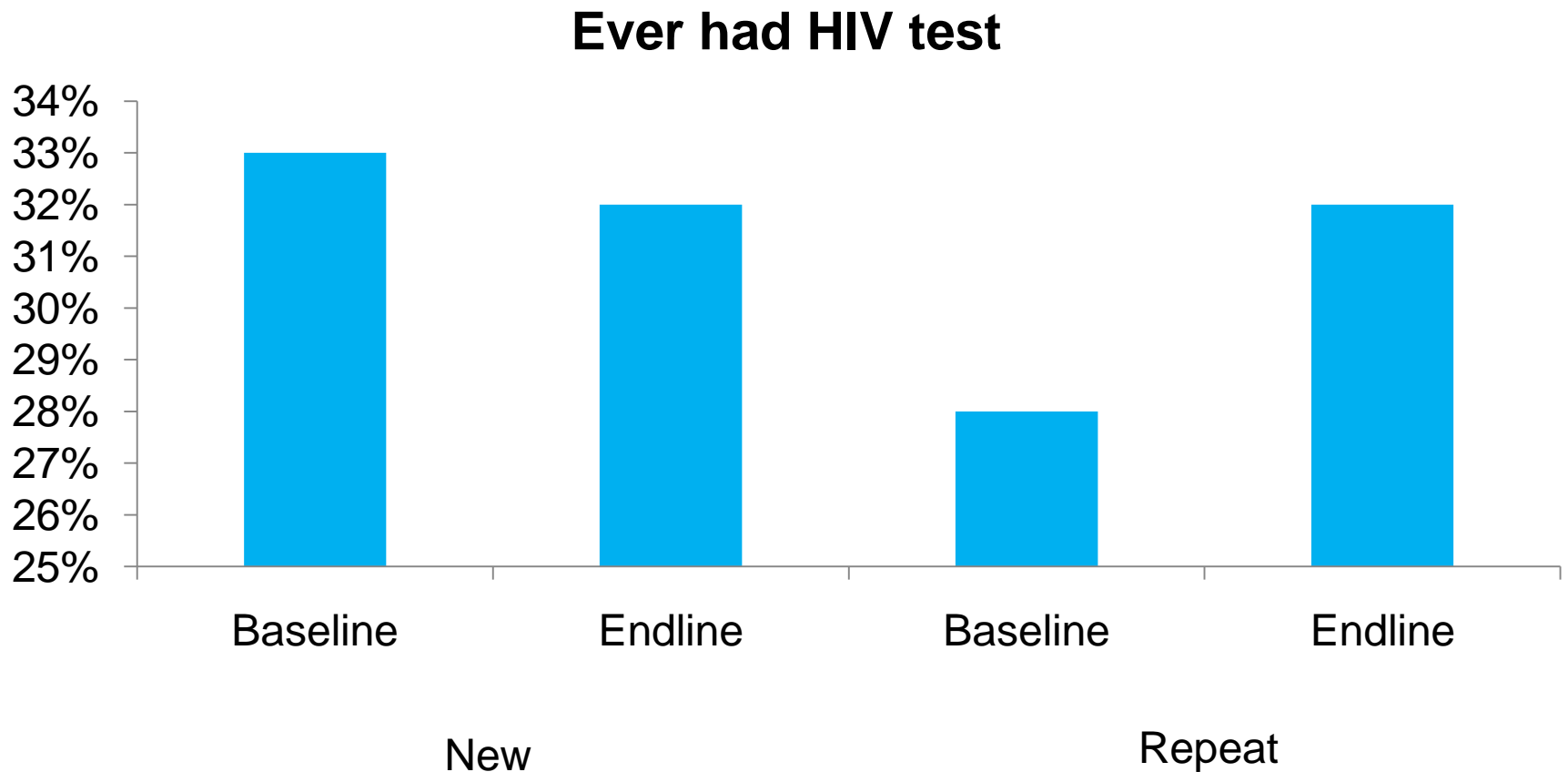
Quality of HIV Counseling Improved

	South Africa				Kenya			
	Testing (%)		Referral (%)		Testing(%)		Referral (%)	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Discuss HIV serostatus	5	63	6	81	30	77	20	83
Mentions C&T	39	80	47	98	42	82	37	92
Discuss what test tells client	27	54	24	85	36	66	31	57
Explain window period	10	39	1	78	2	53	7	31
Offer the client C&T	13	20	17	29	2	59	0	28

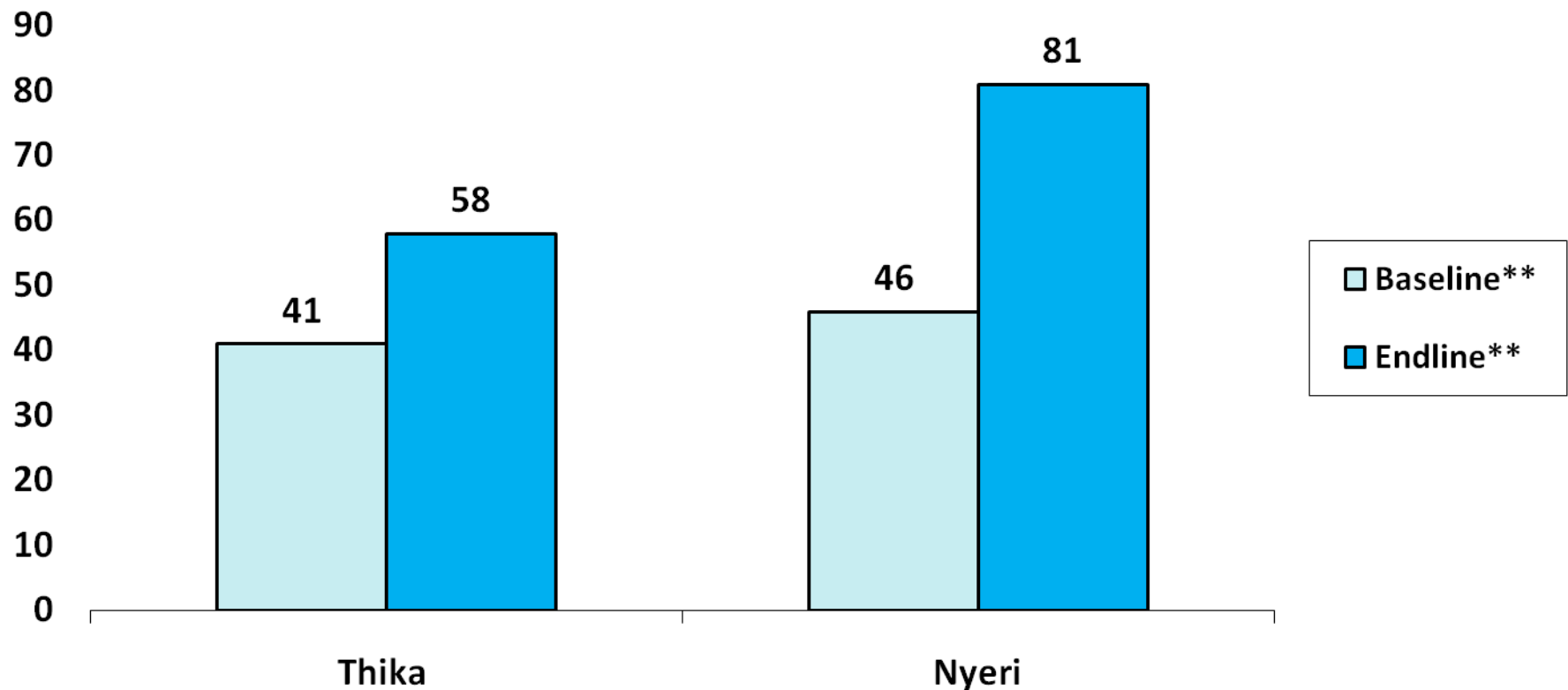
Dual Protection Improved

	South Africa				Kenya			
	Testing (%)		Referral (%)		Testing (%)		Referral (%)	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Explains condoms protect against STIs/HIV and pregnancy	18	37	27	76	22	33	11	57
Give information on how to use condom	20	35	29	64	9	33	12	61
Emphasize correct/consistent condom use	23	37	29	63	10	30	9	52
Explains how to negotiate condom use	2	40	13	48	8	23	7	46
Give the client male condoms	10	24	21	41	2	13	2	9

Uptake of HIV testing improved among FP repeat clients in SA



Uptake of HIV Testing Improved Among FP Repeat Clients in Kenya



**p<0.01

Conclusions

- Integration is feasible without compromising coverage or quality of existing FP services
- Provider Initiated C&T and HIV/FP integration is acceptable to both clients and providers
- Access, quality and uptake of HIV counseling and testing improved
- Responding to client needs improved client-provider rapport
- Use of the BCS+ tools facilitated integration