Improving integration of family planning into ART services: Experiences from development of a provider Orientation Package

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Objective

- To describe the process and experiences from the development of a package for ART service providers in the provision of FP services.
Background/Rationale

- KENYA Aids Indicator Survey [KAIS] 2007, revealed that only 39% of clients who knew their status were on ARVs and that there was a 60% unmet FP need among married or cohabiting women.

- A Formative research was conducted in 2007 to understand fertility intentions of HIV-positive clients at a Provincial General Hospital and the results revealed that there was more than 25% unmet need for FP.
Anti Retroviral Therapy Centres

- HIV Positive clients access these clinics
- Services such as: Provision of ARVs, Adherence counselling, treatment monitoring, Psychosocial support are provided
- Good for FP services as clients usually make several repeat visits to these centres
The Process

- A task force to develop the orientation Package of FP-HIV integration was established

- Materials were used from existing manuals [FHI,CDC,WHO,JHPEIGO] to produce the first draft

- 40 TOTs were trained on the OP

- Field testing was done in November to January 2008-2009 in Kenya and a total of 89 providers were trained

- The OP has undergone further reviews and now it is complete.
Indicators

• A bilateral project in Kenya funded by USAID[APHIA2] came up with draft indicators of Selected Integration services

• A sub-committee with representation from NASCOP, DRH, WHO, Pathfinder, Population Council and MSH was formed to refine the indicators for inclusion in the National RH-HIV integration strategy

• Indicators to capture the FP/ART service were included
Selected Indicators

- # of ART/CCC clients provided FP services
- # of ART/CCC clients referred for FP services
- # CCC clients treated for STI
- # of HIV +ve women referred for cervical cancer screening
- # of FP clients undergone provider initiated counselling and testing for HIV
The process

- Task force formed
- Draft orientation package
- TOTs trained
- OP field tested
- Indicators for RH/HIV Developed
- OP Finalised

Outcomes
- Trainings conducted and ongoing
- Service Provisions

2008  2009
## FP/ART TRAININGS

<table>
<thead>
<tr>
<th>Province</th>
<th>Number of SPs Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>60</td>
</tr>
<tr>
<td>Nairobi</td>
<td>23</td>
</tr>
<tr>
<td>Eastern North</td>
<td>30</td>
</tr>
<tr>
<td>Coast</td>
<td>138</td>
</tr>
<tr>
<td>Rift Valley</td>
<td>206</td>
</tr>
<tr>
<td>Western</td>
<td>30</td>
</tr>
<tr>
<td>North Eastern</td>
<td>64</td>
</tr>
<tr>
<td>Nyanza</td>
<td>60</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>610</strong></td>
</tr>
</tbody>
</table>
Outcomes

- HIV-CT services at the provincial level and selected district level facilities are able to provide comprehensive FP services including screening for fertility intentions of clients, FP counseling, provision of FP methods.

- These services are delivered through three types of delivery systems:
  - Onsite
  - Mixed
  - Referral
Lessons learnt

• The Ministries of Health remain critical partners and its leadership is essential.

• Introducing an innovation takes time.

• Pooling of resources makes an initiative go an extra mile.
Challenges

• Each partner indicated that their material was ‘better’ but eventually consensus was reached

• There was pressure to finalise the training material due to demand for the update from programs/service providers
Conclusion & Way Forward

• The initial step has been taken which is the development of the Orientation package

• Scale up of the FP/ART services needs to continue

• Inclusion of key indicators in the existing data capture tools
  - There is need to have standard tools to capture FP/ART services

• Need to define which of the integration models are cost-effective