
Integrating Family Planning into VCT Services in Kenya Operations Research Results

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**Linking reproductive health, family planning
and HIV/AIDS in Africa**

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Study design

- **One group pre-, post-test design**
 - **Baseline data collection**
 - June 2004
 - **Intervention**
 - **Follow-up data collection**
 - April/May 2005
- **Study sites: Coast and Western provinces**
 - **14 VCT centers**
 - 12 VCT centers co-located, 2 stand alone



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Intervention

- **Provincial sensitization workshops**
 - August / Sept 2004

- **VCT provider training intervention**
 - 1st provider training: Nov/Dec 2004
 - Supportive supervision: February 2005
 - 2nd provider training: March 2005



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Data collection & sample size

Data collection method	Sample sizes	
	Baseline	Follow-up
Supervisors	14	14
Provider interviews	59	60
Client exit interviews	372	369
Client provider interaction (CPI) observations	326	363



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Client characteristics

Source: Client exit interviews

	Baseline n=372	Follow- up n=369
% Female	52	57
Mean age	30	31
% with no children	38	42
% previously HIV tested	32	43
% Risk of unintended pregnancy*	29	27

*% sexually active, not desiring pregnancy next two years & not using FP method



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Provider characteristics

Source: Provider interviews

	Baseline n=59	Follow-up n=60
% Nurse/midwife	56	53
% worked in facility \leq 1 yr	34	30
% reporting VCT refresher training	59	75
% provide other services	44	52



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Provider training

Source: Provider interviews

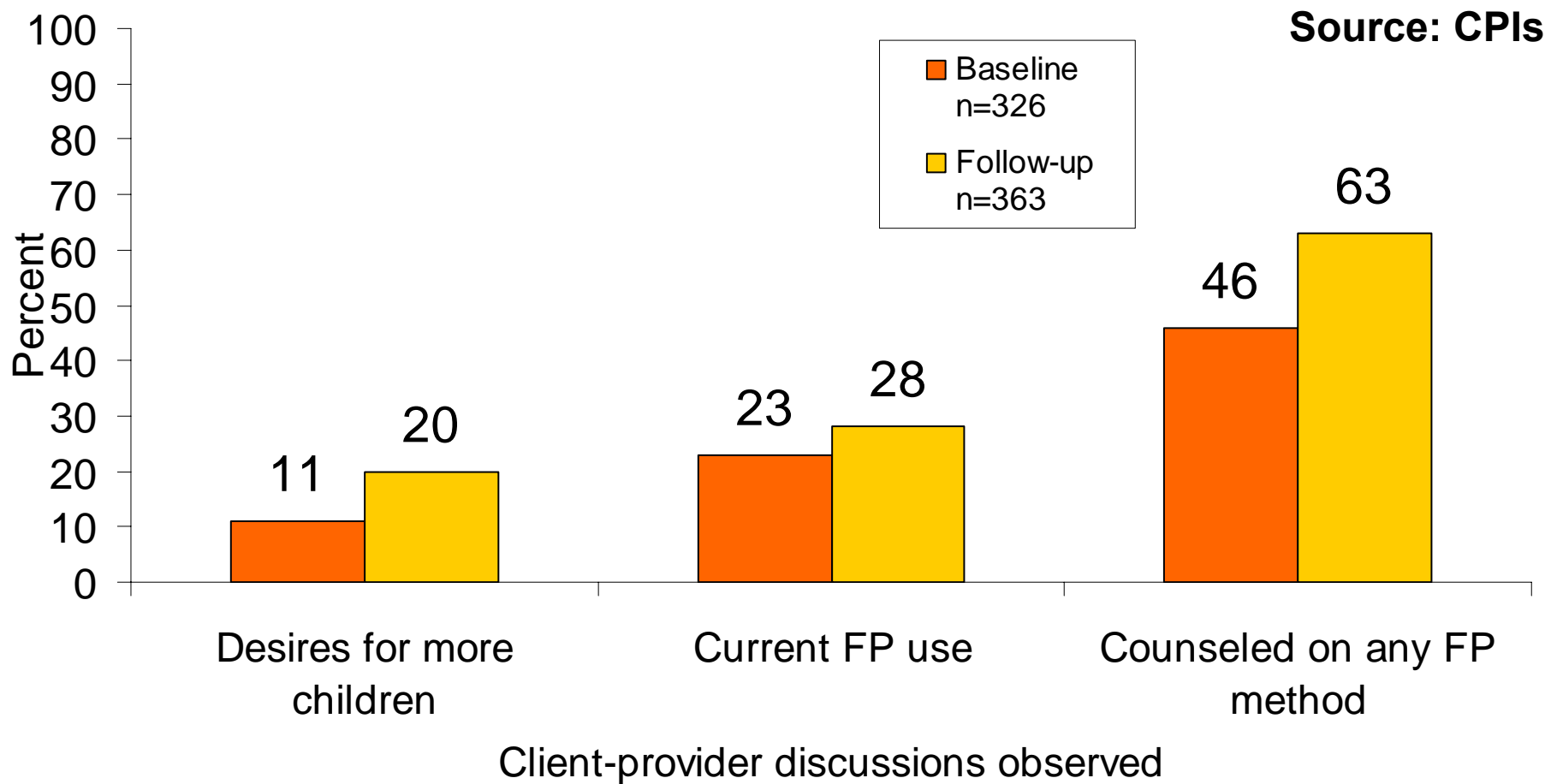
	Follow-up n=60
Trained in FP-VCT integration	33%



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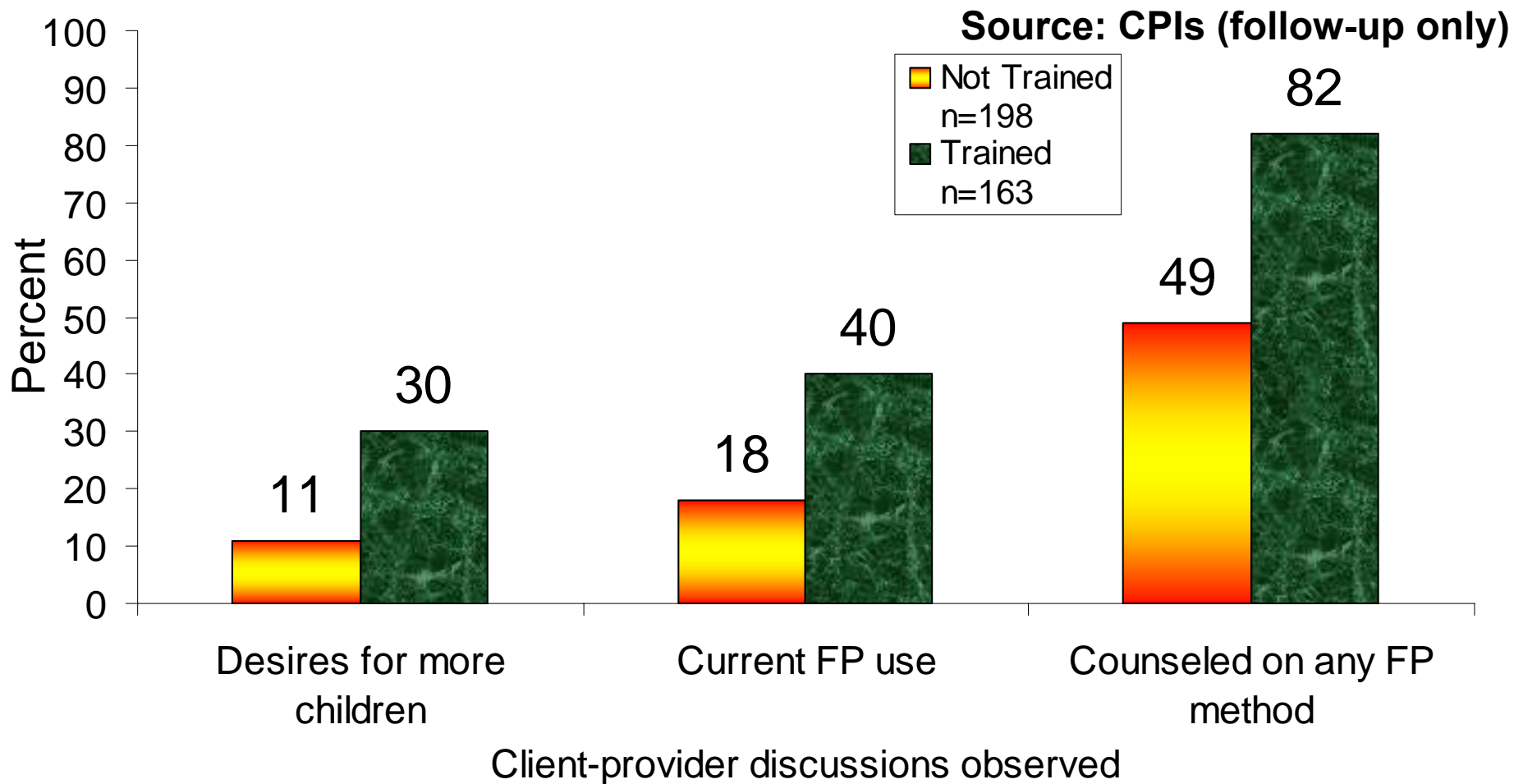
Observations of fertility and FP discussions, by time



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Observations of fertility and FP discussions, by training

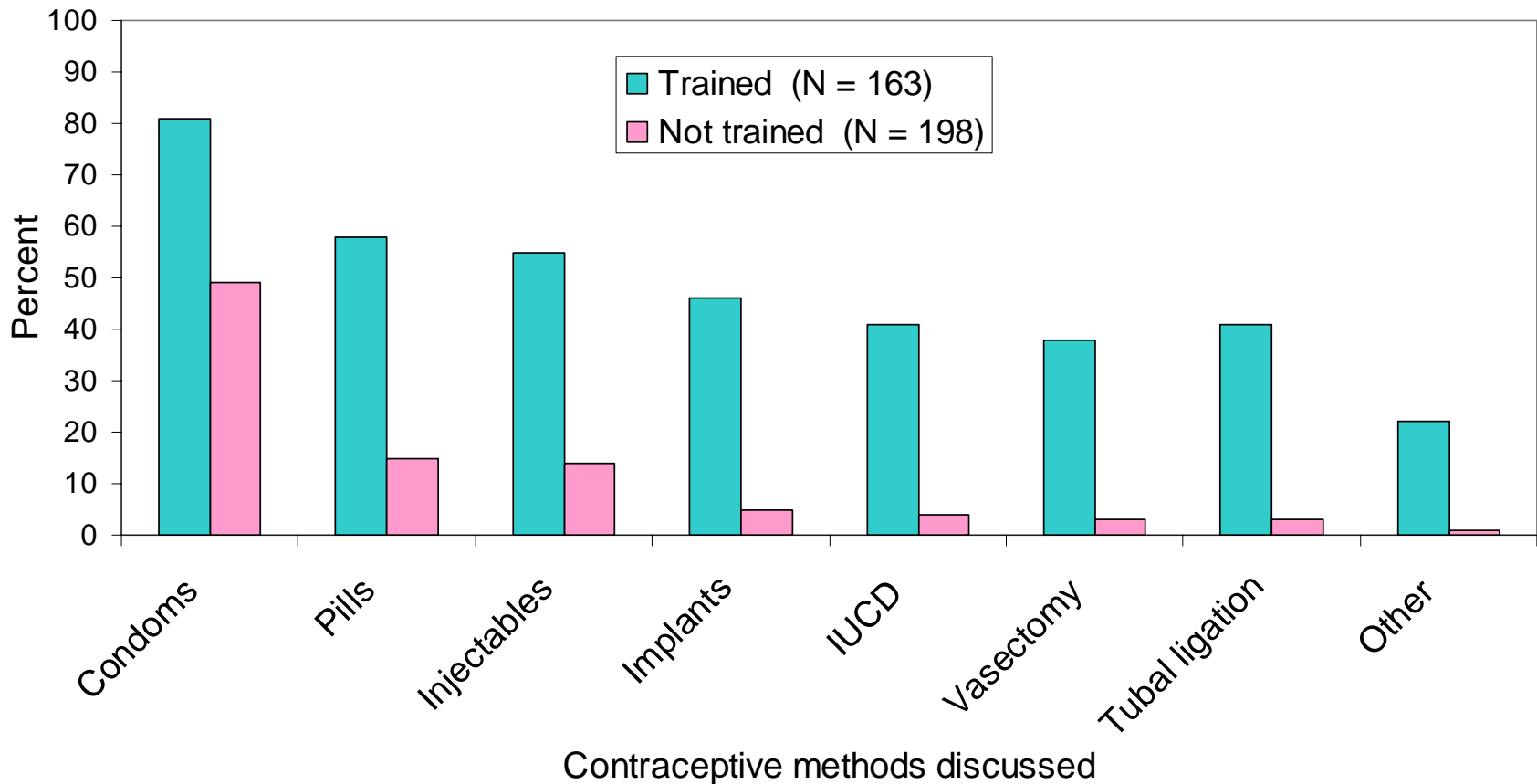


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Observations of methods discussed by providers, by training

Source: CPIs (follow-up only)

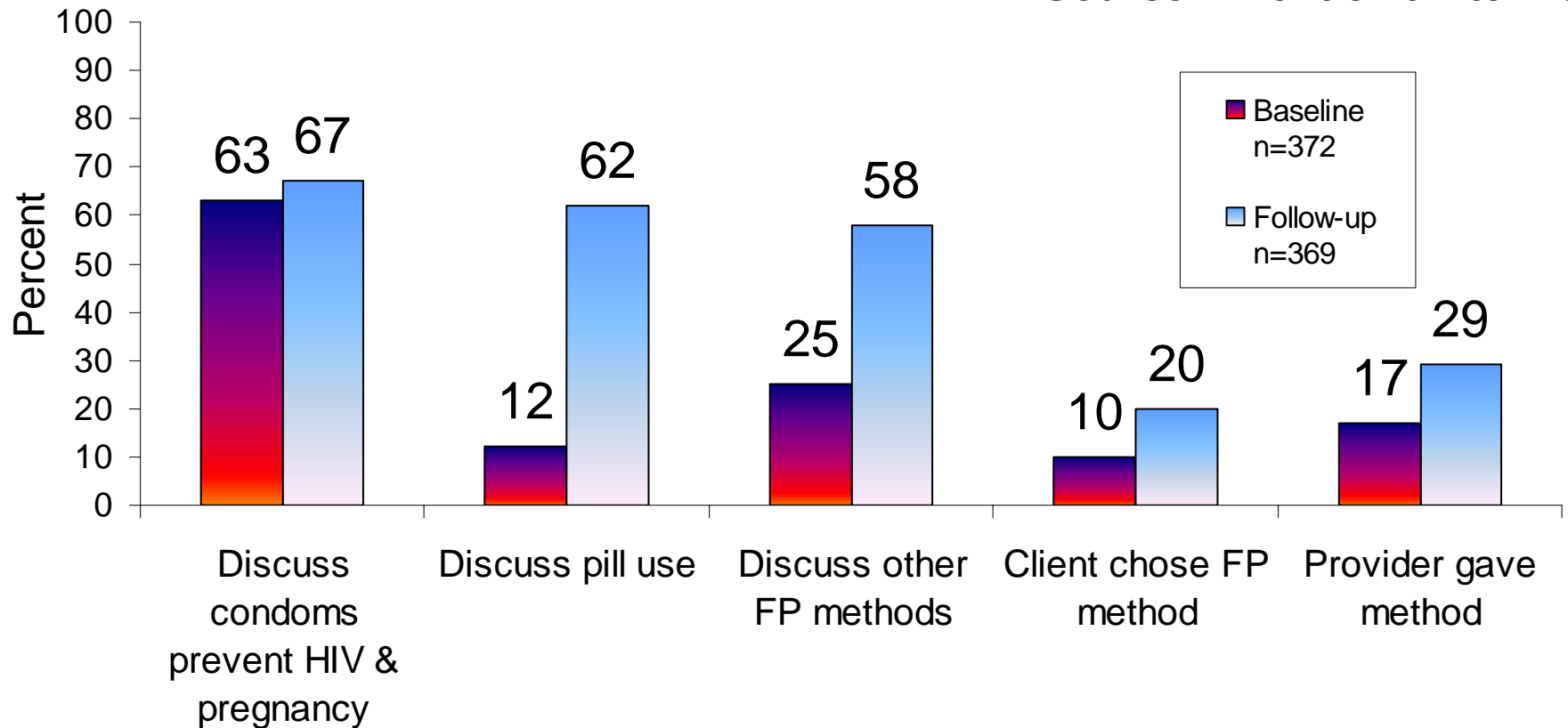


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Client reports of FP discussions, method choice & provision

Source: Client exit interview



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Waiting and session time

Source: Client exit interviews & *CPIs

	Base-line	Follow-up	Trained	Not Trained
% clients reported wait time <30 min	63	63		
Average session length (in minutes)*	52	58	56	59



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Perspectives on how FP in VCT affected VCT quality

Source: Client exit interviews (follow-up only)

VCT quality...	Clients %
Improved	48
Did not change	11
Decreased	1
Did not receive information	40



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Conclusions

- **Many clients at risk of unintended pregnancy**
- **Discussion of FP methods improved**
- **Pregnancy risk screening improved, but low**
- **Method choice and method provision improved**
 - Limited method mix (condoms)
 - Low relative to unmet need
- **VCT quality was not affected**



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Program implications

- Advocacy efforts to stress VCT clients have risk of unintended pregnancy
- Strengthen training and supervision to increase:
 - Pregnancy risk screening
 - Informed choice counseling
 - Dual protection counseling
 - Referral mechanisms
 - Method provision



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Program implications

- Train more than 1 to 2 provider per centre to improve coverage
- Enhance abilities to target messages according to client characteristics
- Conduct research to assess whether a strengthened intervention can increase contraceptive uptake



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Partners

- **MOH (NASCOP & DRH)**
- **EngenderHealth / AMKENI**
- **JHPIEGO**
- **Service Providers**

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