



VCT/FP

Integrating Family Planning and Voluntary Counseling and Testing Services in Kenya

Key Points

- Integrating family planning and VCT services is expected to allow more comprehensive service provision, expand access to services, and make services more cost-effective.

- Research demonstrating the feasibility of integrating family planning into VCT centers has led the government of Kenya to develop a national integration strategy.

- The new strategy highlights four potential levels of integration, each contingent on available resources at individual facilities.

- Government leadership, an effective task force, and stakeholder commitment have facilitated the development and implementation of the strategy.

Summary: In response to research demonstrating the feasibility of integrating family planning into voluntary counseling and testing (VCT) centers in Kenya, the government of Kenya has moved quickly to develop and begin implementing a strategy for providing family planning services at all VCT centers in the country. Government leadership, an effective task force, and stakeholder commitment have been key to translating this important research into improved family planning and VCT services for Kenyan clients.

“Integration was an idea that the Kenya Ministry of Health identified as a way forward. And it was the Ministry’s leadership that facilitated the consensus-building process because all of the partners evolved to help the Ministry accomplish what it had set out to do.”

-- Dr. Ndugga Maggwa, regional director of FHI’s Institute for Family Health in East and Southern Africa, who is helping facilitate the integration process

Overview: In most settings, family planning and HIV services have traditionally been offered through separate, vertical programs. But service integration has potential benefits. It may allow more comprehensive services, expand access to the services, and improve the cost-effectiveness of providing them. In addition, offering family planning to HIV-infected individuals or those at risk of infection can prevent unintended pregnancies and thus mother-to-child transmission of HIV. For these reasons, the government of Kenya has acted quickly to translate important research findings on integration into action. The research, conducted in June of 2002 on the feasibility of integrating family planning into HIV voluntary counseling and testing (VCT) centers in Kenya, suggested that integration was feasible.¹ Within months of release of the study findings, the Kenya Ministry of Health (MOH) began developing a national strategy for integration, and implementation of the strategy is under way.

Feasibility research: The Kenya MOH, FHI, and partners conducted the research to identify opportunities and challenges for integration and to inform the development of the integration strategy. Overall, results suggested that counselor training, referral, and contraceptive supply needs varied among centers. Researchers concluded that decisions on whether to integrate services and to what extent to integrate needed to be made at the facility level.

Government support: Even before the feasibility research was conceptualized, Kenya was a promising setting for integration. The MOH had an ambitious program to expand VCT services. Nearly 300 VCT centers have been registered in the country, and Kenya is one of few countries to have developed national VCT guidelines. The government also recognized the benefits of family planning, with Kenya identified in a recent analysis as one of six countries to mention family planning in its VCT guidelines.²

Overcoming barriers: Results of the feasibility research were presented to the Main VCT Committee of the MOH's National AIDS and STD Control Programme (NAS COP), which includes donors, trainers, MOH officials, and nongovernmental organizations involved in providing VCT services in Kenya. Some committee members had difficulty agreeing on the development of a national integration strategy, in part because VCT centers were funded through different mechanisms and because some service providers thought they might be overburdened if family planning was introduced into their facilities. To address these concerns, the MOH established a subcommittee to develop a strategy that could be applied to all facilities, would not disrupt existing VCT services, and would not compromise the quality of either the family planning or the VCT services provided. The subcommittee includes diverse VCT and family planning experts from NAS COP (subcommittee chair), the Division of Reproductive Health (co-chair), FHI (facilitator), the national service-delivery project AMKENI, the international public health organization JHPIEGO, and additional local and international partners.

Comprehensive strategy: The subcommittee developed a strategy that identifies four levels of integration, each contingent on resources available at particular facilities. Assessment of pregnancy and sexually transmitted infection risks, provision of information and counseling on contraceptive methods, and referral for methods that are not available at the VCT centers are included in all levels.

The levels differ, however, in the methods that are provided on site:

- Level I: Condoms and pills
- Level II: Condoms, pills, and injectables
- Level III: Condoms, pills, injectables, and intrauterine devices
- Level IV: A full range of contraceptive methods

Each progressive level requires more extensive training of VCT counselors and more equipment and supplies. Thus, the strategy recommends that VCT centers first focus on achieving at least the first level of provision, while the fourth level is viewed as a long-term goal.³

To accompany the strategy, EngenderHealth (the managing partner of AMKENI) and JHPIEGO have developed tools for training current and new VCT counselors to provide family planning services. Eventually, the MOH will combine the tools to create one, comprehensive curriculum.

Implementation and evaluation: The subcommittee presented the strategy and training tools to the Main VCT Committee, and NAS COP and the Division of Reproductive Health both gave provisional approval in November of 2003. FHI is now working with AMKENI and JHPIEGO to implement the first level of integration, as outlined in the strategy, into 20 proposed VCT centers in two provinces in Kenya. Operations research will test the effectiveness and costs of implementation, and lessons learned from this research will inform activities to scale up integration throughout Kenya.

¹ Reynolds HW, Liku J, Maggwa, BN, et al. *Assessment of Voluntary Counseling and Testing Centers in Kenya. Potential Demand, Acceptability, Readiness, and Feasibility of Integrating Family Planning Services into VCT*. Research Triangle Park, NC: Family Health International, 2003.

² Strachan M, Kwateng-Addo A, Hardee K, et al. *An Analysis of Family Planning Content in HIV/AIDS, VCT and PMTCT Policies in 16 Countries. Working Paper #9*. Washington, DC: The Futures Group International, 2004.

³ Kenyan Ministry of Health. *Strategy for the Integration of HIV Voluntary Counseling and Testing Services and Family Planning Services*. Nairobi, Kenya: National AIDS and STD Control Program and Division of Reproductive Health, 2004.

This work was supported by the U.S. Agency for International Development (USAID). The contents do not necessarily reflect USAID views and policy.

Copyright Family Health International, 2004.

Read more about the feasibility research behind the integration strategy at <http://www.fhi.org/en/RH/Pubs/Briefs/KenyaVCT.htm>.

For more information, contact FHI's Research to Practice Initiative at top@fhi.org.