



VCT/FP

Preparedness of Voluntary Counseling and Testing Centers in Kenya to Provide Family Planning

Key Points

- Offering contraception to VCT clients can prevent vertical transmission of HIV.

- VCT is an opportunity to offer contraception to people who may not attend family planning clinics.

- Level of integration of family planning and VCT services may vary.

Summary: Integration of voluntary counseling and testing (VCT) and family planning services can be beneficial. The level of integration of these two services may vary. But, at a basic first level of integration, VCT services can provide information, education, and counseling (IEC) on methods and method choice; provide condoms and pills; and make referrals for other methods.

Overview: Integration of voluntary counseling and testing (VCT) and family planning services offers various benefits: Contraception is a primary HIV prevention strategy (by preventing vertical transmission) and VCT is an obvious opportunity to reach people who need to prevent unintended pregnancies and might not use traditional family planning services, such as men and adolescents.

In Kenya, Ministry of Health guidelines for the provision of VCT services state that “information on family planning, its role for both HIV-positive and HIV-negative clients, and how to have access to services should be included in VCT counseling sessions. If possible, family planning should be provided at VCT sites.”¹ However, little has been known about preparedness of staff and facilities to add family planning to VCT services.

With this in mind, a study was implemented in June of 2002 by the Kenya Ministry of Health and National AIDS and STI Control Program (with technical assistance from FHI and AMKENI in collaboration with other partners) to help formulate programmatic options for the integration of family planning into VCT services. Conducted in 20 VCT centers in Kenya the study among VCT supervisors, counselors, and clients used both qualita-

tive and quantitative methods to examine: potential demand for family planning services among VCT clients; acceptability of such services among clients and VCT staff (supervisors and counselors); readiness of VCT services to provide such additional services; and feasibility of integrating family planning services into the VCT service environment.

The study found that provider training needs, referral mechanisms, supervision needs, and contraceptive supply channels differed greatly by VCT center. Thus, it is recommended that the decision to integrate and the extent of the integration ultimately be made at the facility level. Level of integration may vary by type of facility, counselors’ training background, and financial and logistical factors. However, at a minimum, providers should assess clients’ risk for HIV, sexually transmitted infections (STIs), and pregnancy and make referrals for clients who do not want a pregnancy but are not using an effective contraceptive method. Because it is unrealistic to expect VCT centers to provide all contraceptive methods, a first level of integration is recommended that includes provision of information, education, and counseling (IEC) on methods and method choice; provision of condoms and pills; and referrals for other methods.

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Potential demand: Most (89 percent) of the 84 VCT clients participating exit interviews approved of providing family planning services along with VCT. However, the study identified the following unmet needs for family planning services at VCT centers:

-- *More counseling to increase use of modern contraceptive methods.* Over 40 percent of sexually active VCT clients reported that they either did not use contraceptive methods or used traditional methods, which are less effective than modern contraception.

-- *More counseling to increase dual method use as protection against both STIs, including HIV, and unintended pregnancy.* Condoms were the most frequently used modern contraceptive method among VCT clients in the study; 42 percent of modern method use was condoms. Dual method use was virtually non-existent, thus clients may need support for consistent and correct condom use and information about more effective pregnancy prevention methods.

-- *More counseling about the benefits of condoms.* Observations of 69 client-provider interactions at the VCT centers revealed that 85 percent of counselors informed clients that condoms prevent HIV transmission; however, 73 percent mentioned that condoms protect against other STIs, and only 58 percent mentioned that condoms prevent pregnancy.

-- *Effective referral mechanisms.* Referrals for family planning services were very low, occurring in only 10 percent of observed client-provider interactions. Service statistics suggest that referral is much lower even for women who test HIV-positive. This finding is of particular concern for those clients who test HIV-positive, since they will need effective contraception to prevent pregnancy and subsequent vertical transmission of the virus.

Acceptability: The majority of supervisor/managers and counselors thought some contraceptives could be provided during VCT and that the majority of their clients would benefit from some level of family planning services.

Most supervisors and VCT counselors thought family planning services were most appropriately provided during either

the pre-test or post-test session, but clients preferred such counseling to follow the HIV test.

Readiness to provide family planning services: Almost all counselors reported that they had, at some time, referred clients to family planning services. Thirty of the 41 counselors (73 percent) in the study were dissatisfied with existing mechanisms for making family planning referrals, which they often felt were ineffective or lacked confidentiality. They were also concerned that clients did not go to their referrals, that they had no way of knowing if clients went, and whether clients faced problems on referral.

Based on VCT counselors' background and training, it would appear that a substantial number could provide family planning services themselves. However, an assessment of VCT counselors' contraceptive knowledge showed that some were not adequately prepared to provide family planning methods themselves. Of particular concern, some counselors said that a woman should not use a contraceptive method if she is a teenager, has never been pregnant, has an STI, has multiple sexual partners, or has tested HIV-positive.

Feasibility: Increasing VCT session time or workload was the greatest concern associated with adding family planning services to VCT services. In this study, counselors spent 22 percent to 51 percent of their day with clients. The researchers noted that family planning services could be accommodated if counselors came to work on time, did not leave early, and used time spent on non-work-related activities to serve clients.

¹ Kenya Ministry of Health National AIDS and STD Control Programme. *National Guidelines for Voluntary Counseling and Testing*. (Nairobi: NASCOP, 2001)15.

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Read more about VCT in Kenya at <http://www.fhi.org/en/RH/Pubs/Briefs/KenyaVCT.htm>.

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