Referral mechanism improves uptake of ART services for HIV+ FP clients

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Background

An operations research (OR) intervention to improve the linkage between family planning services and Comprehensive Care Centres (CCC) has led to a dramatic increase in the proportions of HIV+ clients in family planning (FP) clinics who go on to receive HIV/AIDS treatment and care services at the same facility.

The OR study implemented by APHIA II OR Project in collaboration with the Ministry of Health and the Provincial Health Management Team in Central Province aimed to design a referral framework for linking HIV-positive FP clients to treatment and care in selected health facilities and assess its acceptability and effectiveness in increasing the number of eligible HIV-positive FP clients receiving HIV care and treatment services. In recent years, interest has grown in the integration of HIV/AIDS and other Reproductive Health services, to improve clients’ access to both types of services, improve efficiency and reduce costs. Previous research has shown that integrating STI/HIV counselling and testing into FP services is feasible and acceptable to clients and providers, and can lead to significant improvement in the quality of care provided. However, a major limitation found was that those FP clients who tested HIV-positive were not actively linked to care and treatment services, including antiretroviral treatment (ART), and screening and management of sexually transmitted infections; the health providers simply advised them to attend any of the health facilities (mainly hospitals) that had comprehensive care centres (CCCs) for managing HIV/AIDS.

The Intervention: APHIA II OR Project and the MOH developed and tested a modified approach for linking HIV-positive FP clients to HIV care and treatment and STI services, which comprise the following activities and was implemented over a period of six months in six facilities in Central Province:

i) Strengthening the referral system for HIV-positive FP clients: A referral directory was compiled for providers to use in referring HIV+ FP clients, which listed all CCCs sites and other ART/STI services available in the vicinity of their facility.

ii) Review of existing training materials and job aids: Training and participant manuals on integrating CT into FP were reviewed and updated to include screening for HIV and making referrals. The Balanced Counselling Strategy (BCS+) tools (algorithm, cards and brochures) were also revised to include information on STIs, and translated into Kiswahili.

iii) Training service providers on the referral system and using the new materials: Twenty-four FP service providers were trained in the six facilities.

iv) Strengthening supervision activities: A structured supervisory tool was developed and used during monthly visits to monitor the intervention.

v) Strengthening health management information systems: To capture information on clients referred to the CCCs, providers were trained to include this information in the current FP register. A referral form was developed and provided to the six facilities, to facilitate the referral process.
Key findings from the project evaluation:

- 93% of HIV+ clients enrolled for ART at respective CCCs had been referred from the FP clinic at the same health facility, indicating that having FP service providers give referrals to clients testing HIV+ can increase the uptake of ART and related HIV/AIDS services.
- 58% of FP service providers reported having a directory of CCC facilities in their locality, to which they could refer FP clients testing HIV positive in their clinics.
- 96% of providers at endline reported that they discussed referral issues during routine management meetings, up from 71% at baseline.
- 25% of clients were recorded as continuing on ART (over 6 months) at the endline, compared to only 8% at baseline, indicating a significant increase.

Challenges:

Some facilities in the study did not have adequate resources to support the referral of HIV-positive FP clients to the CCCs (directory, register for documenting referrals and client/patient tracer card). In addition, only half of the facilities had the minimum number of staff in the MCH/FP and CCC units necessary to support referrals.

Recommendations:

It is recommended that the Division of Reproductive Health, NASCOP and KEMSA and the provincial and district health management teams strengthen the supply of tools and commodities to health facilities in order to support the referrals of HIV+ FP clients to care and treatment services. Update training on referral practices including the use of appropriate tools should also be provided to all health providers, to improve coverage and quality of care provided. Correct documentation and recordkeeping needs to be improved in order to keep track and monitor all referred cases in the facilities making and receiving referrals.

Utilization of findings: In the course of the research, the emerging findings were discussed with the PHMT and the DHMTs involved and corrective measures taken where possible. For instance, the supply of HIV test kits and client tracer cards was addressed during the course of this study. It is expected that these findings will guide the scaling up of the intervention to other sites, especially the use of the referral form, which can be adopted for use with HIV+ clients in antenatal and postnatal services.

Resources Available

1. Job aides and service protocol for linking HIV+ FP clients to ART and STI services
2. Modified protocol for testing clients seeking FP services
3. Research reports:

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