

# Applying a Quality Improvement approach to integrate PrEP and contraceptive (family planning) services in Nairobi City County

## – Capacity building of providers

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**CHOICE** Collaboration for HIV Prevention Options to Control the Epidemic

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# Background



**54%**

Unmet need for modern contraception among sexually active adolescent girls who do not want to become pregnant

**44% versus  
32%**

Unmet need for contraception is higher among unmarried, sexually active adolescent girls/young women (AGYW) than among married AGYW



**33.5%**

of all new HIV infections are among adolescents and youth ages 15-24 years

**23.6%**

of all new HIV infections are among adolescent girls/young women (AGYW) ages 15-24 years

HIV prevention and contraception are critical for AGYW who are at risk of HIV and unintended pregnancies, and integrating these services could improve access, uptake, and continuation of both.



# Project Objectives

- Engage Nairobi City County Health Managers, Sub-County Health Managers, and staff from select healthcare facilities to apply QI methods to support and champion the integration of PrEP and family planning (FP) services
- Identify tools, practices, and facility-level changes that support the effective delivery of integrated PrEP and FP services to AGYW
- Disseminate the results of the QI collaborative and promote utilization of effective PrEP-FP integration practices and tools to other PrEP and FP policymakers, program implementers, and providers in Kenya and the region



# Quality Improvement cycle

## Step 1:

- **1a.** Identify quality problems
- **1b.** Prioritise quality problems
- **1c.** Develop problem statement

**Step 2:** Root cause analysis to understand what is causing the problem

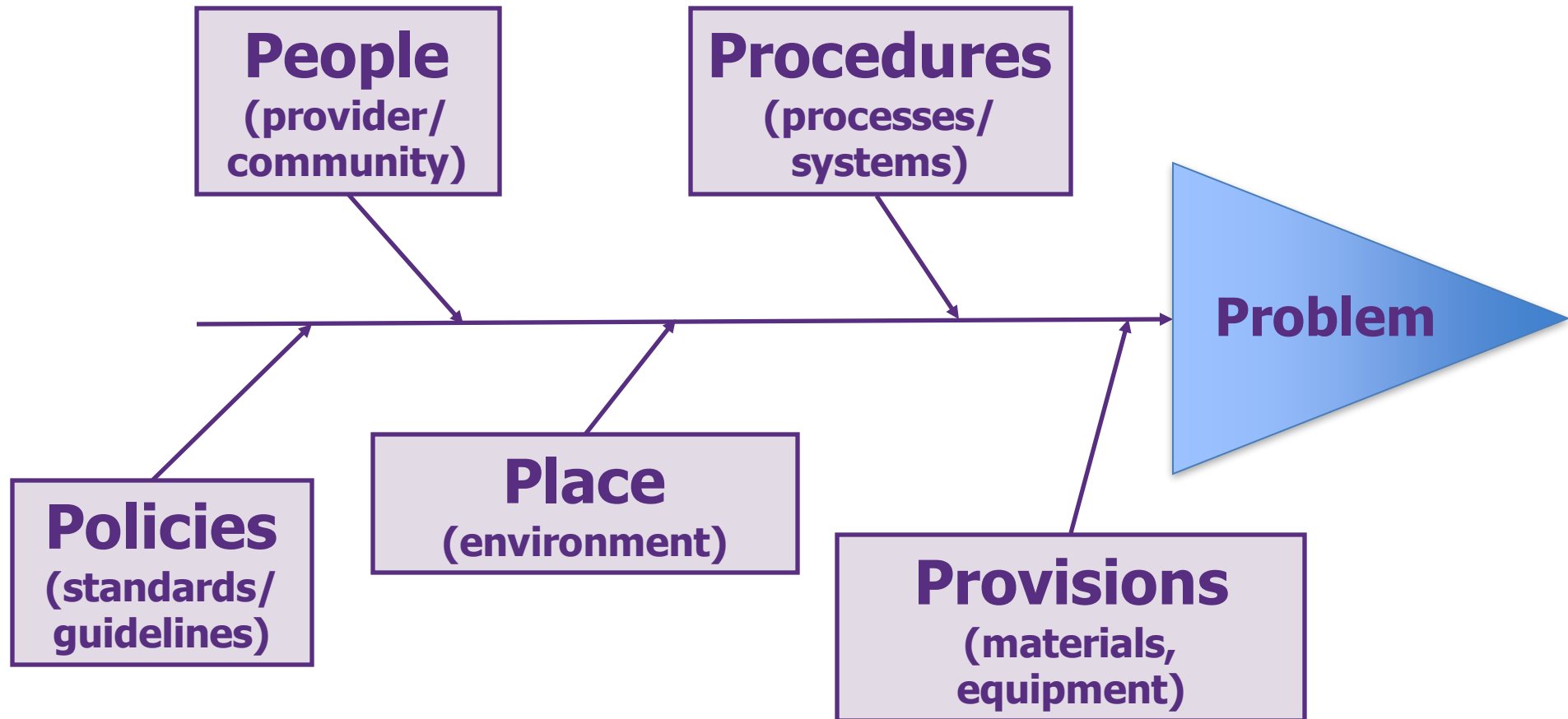
**Step 3:** Develop solutions to address the causes of the problem

**Step 4:** Implement solutions and test for change



# Root cause analysis

A graphic tool that helps identify, sort and display possible causes of a problem

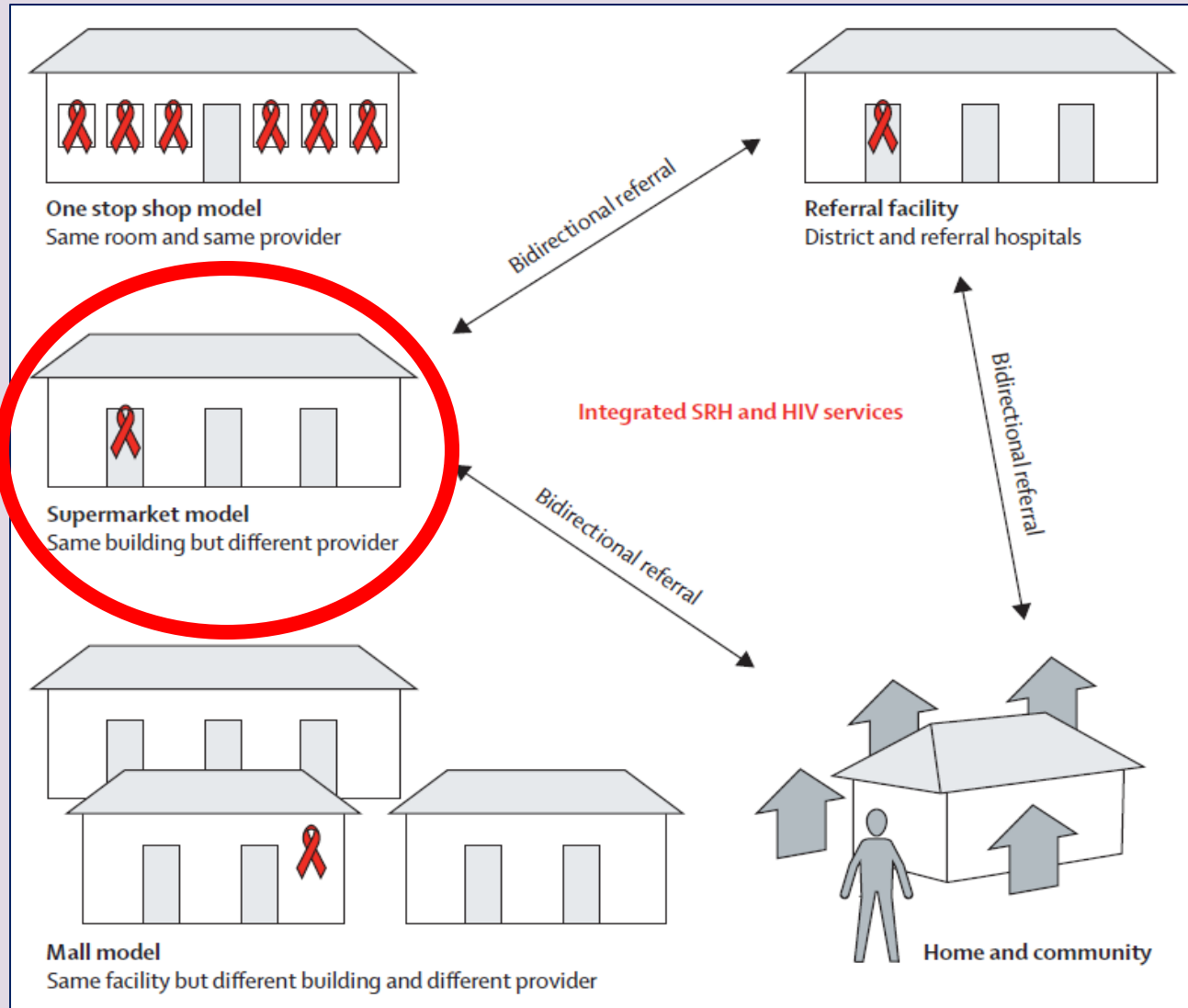


# Overview of the key root causes that emerged from the root cause analyses carried out by the three teams

<b>Procedures</b>	<ul style="list-style-type: none"> <li>• FP providers not trained in PrEP services and vice versa</li> <li>• FP providers not provided with PrEP service delivery tools and PrEP data collection and reporting tools and vice versa</li> <li>• Weak referral systems between HIV prevention and sexual and reproductive health (SRH) services within facilities</li> <li>• Weak referral systems from community to facility level</li> </ul>
<b>People</b>	<ul style="list-style-type: none"> <li>• FP providers not trained in PrEP services and vice versa</li> <li>• Some service providers have a negative attitude towards provision of PrEP to AGYW</li> <li>• Lack of demand for PrEP among AGYW due to inadequate awareness of the existence of PrEP and/or inadequate knowledge about PrEP</li> </ul>
<b>Policies</b>	<ul style="list-style-type: none"> <li>• No dissemination of existing national policy documents and guidelines pertaining to integration of HIV prevention and SRH services to country, sub-county and facility level</li> <li>• No facility-level standard operating procedures (SOPs) for HIV prevention/SRH services integration at facility level</li> </ul>
<b>Place</b>	<p><i>No real barriers to PrEP/FP integration emerged under Place</i></p>
<b>Provisions</b>	<ul style="list-style-type: none"> <li>• Inadequate and/or erratic supply of the relevant commodities (it was highlighted that this is not so much a cause for the problem as it is something that could get worse with implementation of integrated PrEP/FP services resulting hopefully in higher uptake of these services)</li> </ul>



# Solutions



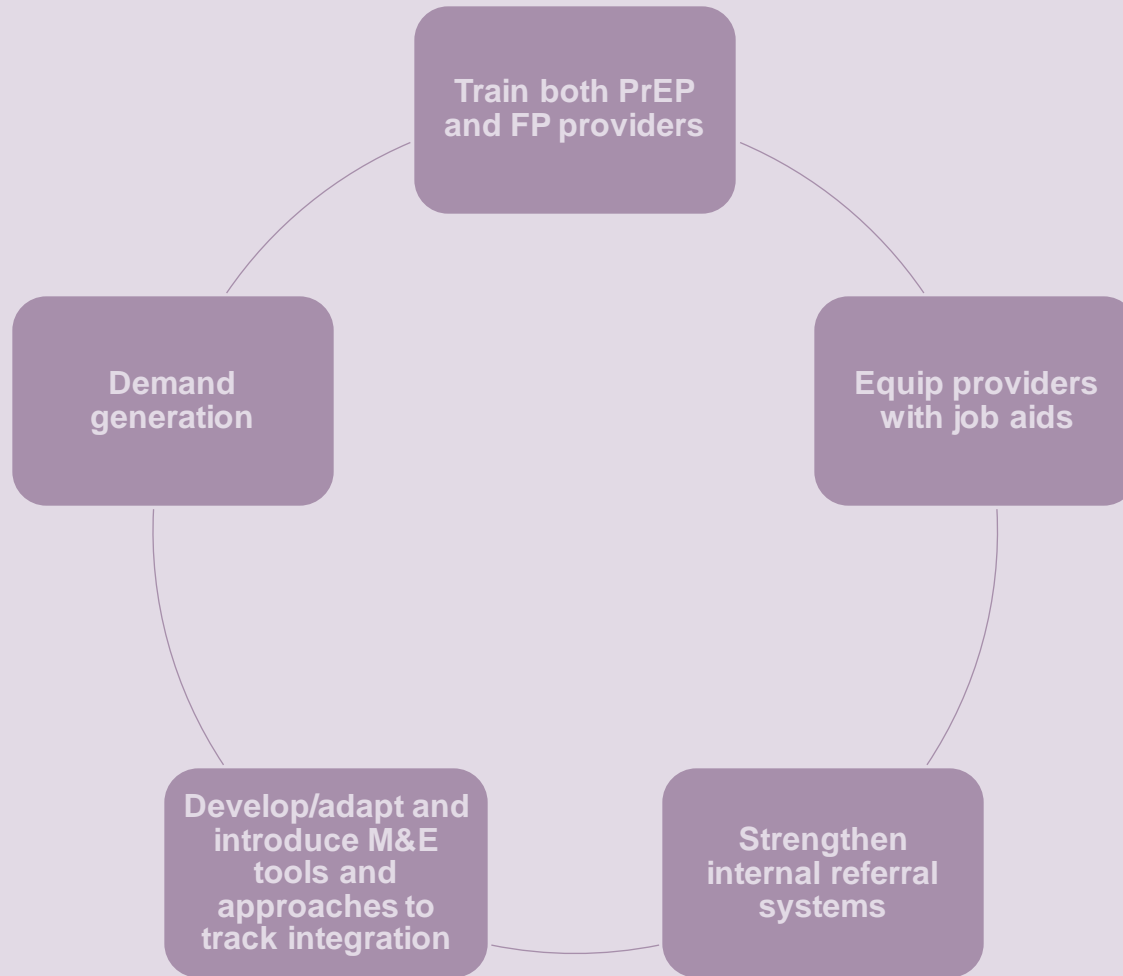
**Figure 1: Integrated SRH and HIV service configurations**

Adapted from unpublished figure developed by the Interagency Working Group on SRH and HIV Linkages, November, 2019. SRH=sexual and reproductive health.

Mukuru, Lunga Lunga and Kangemi health centres all chose to pursue an internal, bidirectional referral-based **supermarket** model of integration.



# Solutions





# Provider training workshops- key considerations

- Facilitators
  - Nairobi Metropolitan Services Directorate of Health Services- Head HIV/AIDS Unit, PrEP Focal Person/Adolescent HIV Focal Person and Reproductive Health Services Coordinator
  - LVCT Health CHOICE Project Team
- Participants to be invited
  - Sub-County level: Sub-County MOH; Sub-County AIDS/STI Coordinator, Sub-County Public Health Nurse/Reproductive Health Coordinator; Sub-County Quality Improvement Focal Person, Sub-County Community Health Services Focal Person
  - Facility staff: In-Charge of each facility, maternal and child health (MNCH) department staff, CCC department staff
- Duration
  - 4 days
- On-site or off-site?
  - Off-site



# Provider training workshops- key considerations

- Learning objectives
  - Build capacity of FP providers to counsel on combination HIV prevention including PrEP, screen for eligibility for PrEP using PrEP Rapid Assessment Screening Tool (RAST), and refer for PrEP services
  - Build capacity of PrEP providers to screen for risk of unintended pregnancy, provide basic information on contraception, and refer for FP counseling and method selection
  - Build capacity of all providers to provide AGYW-friendly services
  - Establish procedures for documenting and tracking referrals of clients between FP and PrEP services
  - Foster collaboration between FP, HTS and PrEP providers to deliver integrated HIV prevention/SRH services for clients
- Training content to be drawn from
  - National Ministry of Health PrEP training materials
  - National Ministry of Health FP training materials
  - OPTIONS Provider Training Package



# Lessons learnt thus far

- It is crucial for FP and PrEP providers to understand very clearly and specifically how and to what extent integration of the other service is expected
- HTS providers (in addition to PrEP and FP providers) are important to include in training workshops since HIV testing is a crucial component of PrEP services and HIV testing may not always be done by the same provider who is providing PrEP
- Sub-County Pharmacists and pharmacy staff at facility level should be included in training of healthcare providers
- Healthcare providers find job aids and standard operating procedures (SOPs) useful
- Monitoring and evaluation (M&E) is critical and is likely to involve the development of new M&E approaches and tools that facility staff should be taken through with practical exercises to reinforce learning
- M&E should be owned by facility staff for sustainability

