Training Manual
Fully Integrated Family Planning and HIV/AIDS Care and Treatment Clinics, Nyanza Province
Training Topics

Training Day 1 and 2 – Module 1

- Overview of FACES
- Overview of FP/HIV integration study
- Planning clinic logistics (flow of clinic & roles and responsibilities)
- FP Services for HIV positive clients
- Documentation
- Inventory Management
- NASCOP Family Planning /HIV integration guidelines
  - Effective contraceptive counseling including role plays
  - Overview of FP methods: COCs, injectibles, long-acting reversible methods (implants and IUCDs), & permanent methods
  - Safety and Infection Prevention in the context of FP services
  - Quick start and how to rule out pregnancy
Training Topics

Training Day 3- 6

- Module 2: Review of implants
  - Medical eligibility
  - When and how to insert
  - Side effects and proper management
  - Video of insertion and removal
  - Practical training using fake arms and booked clients

- Module 3: Review of IUCD
  - Medical eligibility
  - When and how to insert
  - Side effects and proper management
  - Video of insertion and removal
  - Conducting a physical exam including pelvic exam
  - Practical training using papaya workshop & booked clients
Overview of FACES
Family AIDS Care and Education Services (FACES)

- PEPFAR funded (through CDC)
- Collaboration between KEMRI and UCSF

Scope of work
- HIV/AIDS Prevention, Care and Treatment
- PPCT
- TB/HIV

Geographical areas: Nyanza (Kisumu, Suba, Migori and Rongo)
FACES Support

Mission visits
One time – 6 day visits

Site Support
1. Mentorship
2. Supportive supervision
3. Service provision
4. Supplies

Systems
• Patient flow
• Staff management
• Task-shifting
• Space management
• Service integration & referrals
• Data management & reports
• Defaulter tracing
• etc

Clinical care
- Integrated case management
- Continuous medical education
- Clinical skills
- HIV/TB medical knowledge
- Lab utilization
- Consultation habit
• etc

1 day visits
One day per week/fortnight
FACES Support (cont)

- **Staffing**
  - CCHAs and peer educators help in task-shifting (select facilities)
  - Clinical, lab and pharmacy staff provide mentorship; service delivery is a minor role
  - Community lab technologists (select facilities)

- **Supplies**
  - Forms, patient files, cabinets, stationery
  - Small quantities (buffering) of drugs (CTX, vitamins, B6, fluconazole)

- **Specimen transport and lab networking**
- **Community mobilization** for increased facility utilization
- **Training**: ART, PPCT, PITC, BHIVS, IMAI (from 2008), CCHA, etc
Task-shifting

Roles of PSC support staff (CCHAs, peer educators, volunteers):

- Patient registration and filing
- Take vital signs and weight
- HIV education and counseling
- Conduct family planning health talks and group counseling
- Adherence counseling
- Pill counting, dispensing
- Collect locator information and conduct defaulter tracing
- Assist in the formation and oversight of peer support groups and patient advisory groups
- Data collection and facility-level reporting
Overview of FP/HIV integration study
Background

- The goal of FACES and the Ministry of Health is to provide comprehensive, high quality HIV/AIDS care and treatment.
- Approximately 75% of the world’s population living with HIV/AIDS live in Sub-Saharan Africa, and 60% are women.
- Globally, 14 million children have lost one or both parents to HIV/AIDS, and roughly 80% of children orphaned from HIV/AIDS live in Sub-Saharan Africa.
- More than 90% of all pediatric HIV infections are due to maternal-child transmission of HIV, and more than 90% of these pediatric infections are in Sub-Saharan Africa.
HIV/AIDS Care and Treatment

• In 2003, the President’s Emergency Plan for AIDS Relief initiative was created to increase HIV prevention & treatment programs in 15 African countries.

• Since 2004 there has been a rapid scale-up of HIV/AIDS Care and Treatment programs in all PEPFAR-funded nations.

• Unfortunately family planning services were not been included in this initiative, leaving HIV-infected women to seek family planning services elsewhere.
Rationale for Integration of FP and HIV

- Comprehensive services will be provided in one setting
- Increase access to reproductive health options
- Increase use of FP among HIV-infected individuals will:
  - Decrease unintended pregnancies, thereby
    - Decrease the number of children orphaned by HIV/AIDS
    - Decrease the number of children infected with HIV
    - Decrease maternal mortality and adverse pregnancy outcomes through safe, planned parenthood and thus fewer unsafe abortions
Overview: FP/HIV integration study

- Study Aim: To determine how to best to meet the family planning needs of HIV-infected women and men
- Study Sites: 18 public health facilities supported by FACES (FP and HIV services were not integrated prior to the study)
Study Design for FP/HIV integration

- 18 sites in Nyatike, Kisumu East, Suba and Rongo
- 12 randomly selected for full integration
- 6 randomly selected for basic integration
- Basic Integration: HIV care and treatment at the PSC with referral for FP services at the MCH/FP clinic
- Full Integration: Comprehensive HIV care and treatment in the PSC including FP services
- At both the basic and fully integrated clinics, FP & HIV Care and Treatment will follow the Kenyan National Guidelines
Training to strengthen FP/HIV integration at already integrated sites
## FP/HIV Integration Study Sites

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<th>Fully Integrated</th>
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Expected Application of Results

- Recommendations on the most effective approach for FACES and the District Ministries of Health in Nyanza
  - Model of care that results in increased FP service uptake and retention and other desired outcomes (i.e. fewer unintended pregnancies)
  - Situation where the model of care works best (i.e. level of facility, patient volume, availability of human resources, and structure of FP provision)
  - Mechanisms to address the challenges of each model
- Lessons for wider implementation of service integration in Kenya and other Sub-Saharan African countries
Planning clinic logistics for FP/HIV integration
Work Stations

- Registration bench
- Vitals bench
- Clinical bench
- Phlebotomy bench
- Adherence counseling and patient support bench
- Medication dispensing bench
- Check out and follow up appointment scheduling
Work Stations

- Which team members can be used at which work stations?
- What can volunteers be trained to do?
- What stations require a clinical license?
Planning Clinic Logistics

- Assign tasks to each staff member
- Ensure proper documentation
- Provide patient appointments
  - Document in the appointment book
  - Spread patients evenly throughout the week
  - Give clients a PSC & FP appointments on the same day
- Trace defaulter patients
- Utilize space creatively
Multidisciplinary Team

Each member of the HIV care team should be assigned the following roles while working in the PSC:

- Registration clerk
- Clinical Officer, Doctor, or Nurse Provider
- Medication dispenser or pharmaceutical technologist
- Laboratory technician
- Clinic and Community Health Assistant (CCHA)
- In Charge (Nurse or CO)

In some sites, one person may assume more than one role.
Registration Clerk (usually a CCHA)

- Assign patient IDs and open a new file (new clients)
- Pull clients files (existing clients)
- Place forms in file (Enrollment, Follow-up, etc.)
- During active recruitment, conduct Informed Consent for eligible participants in the study
- Take the initial vital signs
- If client is interested in FP services, flag client’s file using a blue sticker
- Complete the PSC register (all clients)
Registration Clerk (usually a CCHA)

After the visit:

• Enter the client’s next appointment date in the appointment book
• Ensure that all forms are filled out correctly before placing in the file cabinet
• If FP fields are blank or have errors, take the form to the appropriate provider to query the entry
• At the end of each day, make a list of all missed appointments.
Clinical Officer, Doctor, Nurse Provider (“Clinician”)  

- Conduct the clinical history and physical exam  
- Complete the enrollment form and the follow-up forms  
- Assess the WHO staging of each patient at each visit  
- Design a care and treatment plan for each patient  
- Request any required lab tests  
- Prescribe necessary medications  
- Monitor the patient for ARV treatment eligibility using WHO staging & CD4 count  
- For patients receiving ARVs, monitor side effects and assess patients for treatment failure based on clinical signs and CD4 counts
Clinical Officer, Doctor, Nurse Provider (“Clinician”) (cont.)

- For clients interested in family planning (FP):
  - Assign a FP clinic number and fill out the FP register
  - Provide FP counseling and FP methods
  - Refer patients to FP clinic if unable to provide desired FP method using FP Referral Form (filled in duplicate)
- Provide FP follow-up:
  - Assess side effects
  - Address clients complaints related to FP method
  - Provide follow-up services (repeat injections, multiple pill packs)
- Synchronize FP return date with ART return date
Counselor

- Counseling is performed by nurse or CCHA
- The counselor will counsel patients
  - Adherence to HIV care & treatment and FP methods
  - Stress adherence and ‘treatment buddies’
  - Risk reduction including dual protection
  - Create a treatment alliance with the patient
  - Provide patient education
Nurse or Clinical Officer in Charge

- Each HIV team will be assigned a team manager
- Manager will ensure the smooth running of the clinic
- Provide logistical support
- Conduct quality control of completed forms
- Ensure availability of forms and FP commodities
- Replenish FP commodities and files
- Maintain FP records and files
Medication Dispenser/Pharmacist

- Complete the pharmacy forms
- Assess patient adherence to ARVs and timing of DMPA injections and oral contraceptive pills
  - If the adherence is poor, counsel on the importance of adherence and refer to the clinician or counselor
  - Remind patient that if he/she has poor adherence for several visits, they risk becoming resistant and not responding to treatment
- Dispense the correct drugs
- Give clear instructions on how to take medications
- Inform patients about side effects of medications
Phlebotomist or Lab Tech

- Draw blood, conduct available lab tests, and store specimens for pick up for reference lab
- Record each blood draw in the appropriate register
- Receive and document laboratory results
- Issue blood test results to the registration clerk or Nurse in charge
- Notify the manager when their supplies are running low so that they will be able to restock lab supplies
Clinical & Community Health Assistant

- Conduct *daily* FP Health talk for all of the clients
- Consent eligible PSC clients to participate in the FP study (during active recruitment).
- Trace clients who default from their scheduled visits as per FACES protocol
Supervision

- **Family Planning Nurse**
  - Mentorship to the clinicians, CCHA, and volunteers
  - Assist the CCHAs conduct daily FP health talks
  - Ensure that there constant supply of FP commodities
  - Ensure that FP commodities are stored appropriately
  - Review forms for accuracy and completeness, especially FP indicators and complete the QA/QC
  - Create monthly reports and fill the Pathfinder report
Supervision

Nurse or Clinical Officer in Charge

- Ensure the smooth running of the clinic
- Conduct quality control on all completed forms and follow-up on staff as needed
- Provide technical assistance as needed
- Ensure that forms are available in sufficient quantity
- Conduct inventory management to ensure adequate FP commodities are available
- Address any logistical problems which arise
FP services for HIV positive clients
HIV and pregnancy

- Pregnancy alone has not been shown to hasten the progression of HIV, but:
- Women living with HIV may have increased risks of:
  - Stillbirth
  - Spontaneous abortion, low birth weight, preterm delivery, and chorioamnionitis
  - Postpartum complications, e.g., sepsis
  - Opportunistic infections (OIs), such as TB & pneumonia, which are more dangerous in pregnancy
Considerations before becoming pregnant

- Possibility of HIV transmission to uninfected sex partner in HIV-discordant couples
- Possibility of transmission of other STIs or new strains of HIV in HIV-concordant couples
- Possibility of mother-to-child transmission of HIV
- Benefits of optimizing health prior to pregnancy (getting on ARV’s if indicated, decreasing VL)
- Who will take care of children if patient becomes unable to care for them
- Safest spacing of pregnancy is 2 years from the birth of the last child
Clinic Flow – Integrated Sites

• Client presents to the registration desk with their follow-up cards for file tracing (existing clients). New clients to will get a new PSC file and PSC ID number.

• CCHA will:
  • Take vital signs & record data in the client file
  • Give health talk on family planning methods available
  • If client is interested in FP services, flag file with a blue sticker
Clinic Flow – Integrated Sites

- Clinician will
  - Perform targeted history and physical exam
  - Document information on the ‘Adult Enrollment Form’ or the ‘Follow-up Form.’
  - Using the clinical forms, the clinician will collect information on sexual history, family planning, and obstetric history.
  - If the client would like to become pregnant, counsel appropriately
  - If the client does not want to become pregnant, stress the importance of family planning services
Clinic Flow – Integrated Sites

- Clinician will:
  - Provide counseling on all FP methods that are safe for her and available
  - If client does not wish to become pregnant or desires long term delay of childbearing, stress the importance of long term methods i.e. permanent methods and long term reversible methods (implants and IUCD’S)
  - Encourage use of dual protection & provide condoms
  - Help client make an informed choice based on physical exam, client preference & health status
  - Ascertain if the client is pregnant using checklist
  - If client is not pregnant, provide desired FP method taking infection prevention into consideration
Clinic Flow – Integrated Sites

- Clinician will:
  - Record provision of FP method in the FP register and the FP file
  - Advise to return in case of any complications
  - If FP method is not available refer or schedule client appropriately using duplicate referral form (one to client, one in PSC file)
  - Given a return date based on FP method & PSC needs
Follow-up appointment depends on the client’s choice of FP method

- **Implants**: client should remove the bandage after three days and look for signs of infection such as pain, redness, hotness around the area. If there is a problem at the insertion site then she should return to the clinic.

- **IUCD**: clients should be scheduled for follow-up visits at Three to Six Weeks. Counsel clients to return to the clinic immediately in case of any signs of complications.

- **Injectable contraceptives**: administered every two or three months depending on the type used.

- **Oral Contraceptive**: follow-up is between one to three months.
Follow-up appointment depends on the client’s choice of FP method

- **Condoms:** The correct and consistent use should be emphasized with every distribution.

- **Emergency Contraceptive:** The use should be rational and clients who have used EC multiple times should be counseled about highly effective reversible ongoing contraception options. EC should never be withheld from a patient who requests it and is medically eligible to use it.

- **Surgical Contraception:** This is a procedure that is performed by a qualified medical practitioner. Review the client one week after the procedure. For Vasectomy, a backup contraceptive method should be used for the first 15-20 ejaculations (or about 12 weeks)
Follow-up System

• All clients who choose a FP method should be informed of the appropriate follow-up requirements
• Encourage clients to return to the service provider should they have any concerns
• Service providers should try to synchronize FP due date with the due dates for antiretroviral therapy
VISIT FLOWSHEET FOR FULLY INTEGRATED FP AND HIV CARE AND TREATMENT

**WALK IN: PSC**

**RECEPTION:**
- Client gives TCA cards to the receptionist
- Retrieve client files
- Put appropriate OpenMRS forms in the file

**PSC WAITING BAY: Health talks by CCHAs**

**CCHA BENCH:**
- New clients
  - Enroll new clients
- All clients:
  - Collect and document vitals
  - Complete required fields on Open MRS forms
  - For clients interested in FP services, flag PSC file with a blue sticker and pull FP file (or start a new one).
  - Write PSC ID on FP file (upper right hand corner)

**CLINICAL BENCH:**
- Physical exam and history
- HIV care and management
- If sexually active, collect data on sexual history, FP, & obstetric history on OpenMRS forms
- Counsel based on physical exam, vitals, history, and FP desires
- Provide condoms
- If interested FP services, provide patient education, answer questions or concerns, and provide desired method
- If method is not available, refer to the nearest location using referral form
- If using FP services – complete FP file and register
- Schedule follow-up visit based on PSC and FP needs

**ANC referral**
- Issue condoms

**Phlebotomist or Lab Tech**

**Pharmacy**

**CCHA Bench**
Receive date for follow-up visit.
Documentation
OpenMRS forms

Create accessible patient and clinic-wide data that:

- Streamline, automate, and improve accuracy of reporting
- Enhance provider care
  - Re-designed forms to match patient flow and expand use of multiple choice questions (over free text)
  - Additional prompts and instructions to improve comprehensive, quality care
- Generate patient summaries
- Evaluate quality of patient care and efficiency
- Enhance funding opportunities by providing evidence of clinical needs, challenges, and successes
- Enable FACES evaluators and public health researchers to examine research questions
  - OpenMRS data is the data source for the FP/HIV research study
Form Development

- Co-developed by FACES clinicians, staff, and partners
- Tailored to strengthen patient care and generate findings that demonstrate progress and outcomes
- Promote comprehensive care – smoking and alcohol screening, quality of life, reproductive health and family planning, sexual history, TB and disclosure questions were added
- Forms piloted at Lumumba and revised accordingly
- Forms will be scaled up to all FACES-supported sites
Form Revision

• Forms updated every 6 months, as needed
• Feedback important!
  • Please provide comments and suggestions to the CCHA Coordinator
• Suggestions collected, reviewed, and considered
General Instructions I

- Always use blue or black pen - never pencil
- Tick responses on □ or O, don’t bubble
- Do not skip questions unless instructed to
- If ‘none’, ‘never’ or ‘N/A’ applies, be sure to tick that option
  - For example - current meds, referrals made
- If ‘none’, ‘never’ or ‘N/A’ applies and there is no option, write it in
  - For example - if no follow up plans, write in ‘none’
- Always complete ‘specify’ section
  - For example - contraceptives, ARV regimen
General Instructions II

- If data are missing or not collected, indicate this on the form. You can write ‘msg’ for missing.
  - Data entry staff will know you did not forget to collect the information.
- If an error is made, cross it out with a single line, initial and date the correction and write in the correct response.
- If text is added (such as N/A, ‘msg’, or ‘don’t know’) – initial and date the response.
- Write clearly
  - Data entry staff will search for the response from a list of responses
- Review the entire form before the patient leaves to ensure that all questions have been asked and responded to
General Instructions III

- Ensure the next appointment date is completed on the last page of enrolment and follow-up forms
  - This is crucial for tracking missed appointments and daily workload
- All providers (CCHA, nurses, CO, MO) that complete any portion of any encounter form need to clearly write their name in the space provided.
  - Important for data entry
  - Need to know who to contact if they have questions on a particular item for QA/QC purposes
Sensitive Topics

- Introduce sensitive subjects gently such as questions on alcohol, sexual history, and FP
- You could say something like
  - “these next questions are sensitive, but it is important for your health that we discuss sexual behaviours, I appreciate your understanding and honesty”
- Sensitive issues must be presented in a professional manner, make sure that your opinions are not used to judge the response of the patient.
Sensitive Topics

- Asking questions about sexual history and family planning methods may be difficult, but it is necessary to fully assess the participant’s health and risk for sexually transmitted infections and pregnancy.
- As a health worker, you’re role is to learn what you can from the patient to provide the best care. With time, clients will feel comfortable being open in their responses.
- Men, singles, and widows need to be asked sexual history and FP questions. Also, please offer them condoms.
  - They could meet someone tomorrow!
OpenMRS Form Flow

Patient encounter forms will be:

- Completed by PSC staff
- Missing or unclear data will be returned to provider for corrections or clarifications
- Paper records are stored in the patient files
- Paper records are entered into an OpenMRS database
Patient ID Numbers

- ID numbers uniquely identify each client
- IDs are the entered on all of the forms
- Each patient must have a unique PSC and FP ID number
- ID Numbers are never reused even if a previous patient no longer attends the clinic
- The data entry system will NOT allow a duplicate ID to be entered
FP Referral Form

- Used at fully integrated sites when referring for a desired method that is not available
- Completed by clinician at the PSC for women referred to MCH/FP clinic
- Completed during a routine follow-up visits at the PSC for every woman who wants to start a new FP method
- Carbon copies (duplicate):
  - One copy is given to the woman to take to the MCH/FP clinic – where it is filed in a folder to track met and unmet referrals compared to patient’s records
  - Duplicate copy is kept in the patient’s file
- Woman’s PSC ID is entered onto the referral form
Record Keeping

- PSC service providers record the clients’ details in the PSC file and the FP file
- Client’s FP file contains client’s history (medical, social, obstetric, demographic, contraceptive use), vital signs, results of the physical assessment, method of choice, and return date
- FP registers identify each client, type of contraception provided, type of visit, vital signs, HIV status and any special circumstances associated with its provision.
- TCA card contains the client’s name, PSC and FP number, method of choice, and return date (based on FP and PSC needs)
Record Keeping

- There are two FP registers
  - One in the MCH/FP
  - One in the PSC – for PSC clients using FP services
- PSC clients who are currently getting FP services in the MCH/FP will be transferred to the PSC (if they prefer). Their original FP files will be transferred to PSC and the FP register in the PSC will be updated. If their original FP file cannot be located, a new FP file should be opened using the original FP number (based on the TCA card)
- The clinician will fill out the FP files and register for every visit.
Inventory Management
Inventory Management

- Process that ensures proper ordering, receipt, storage, and use of commodities. Includes:
  - Determining order quantities
  - Receiving commodities
  - Storage
  - Issuing commodities
  - Record-keeping
Inventory Management

- Reproductive Health commodities:
  - Contraceptives (all types)
  - Syringes
  - Gloves
  - Insertion kits of implants and IUCDs
  - STI drugs and medical supplies

- Once acquired, commodities need to be appropriately stored, used, and accounted for
Logistics

- Maintenance of an effective logistic and supply system helps staff at service delivery points (SDP) avoid both understocking and overstocking.
- SDP staff should adhere to procedures for proper storage and handling of contraceptive commodities as well as other supplies.
Tools for Inventory Management

Daily Activity Register (DAR)
- Used to capture service data and commodity use data

Request and Issue Voucher (RIV/S11)
- Used for ordering and issuing commodities

For all FP commodities used, clinician must record
- Date of transaction involving the commodity
- Name of commodity
- Quantity of commodity received
- Quantity of commodity issued to clients
- Quantity expired, damaged, or lost
- Ending balance for specified time interval
RH tools for inventory management

Commodity utilization reports:
- Quantities of commodities available at various levels
- Quantity of commodities needed for resupply
- Commodities requiring redistribution
- HCP workload
Commodity Storage

- There are standards on how to store commodities.
- Commodities are to be kept in such a manner to protect their quality and integrity while, at the same time, making them available for use.

Reason for storage:

- Safety of commodities from theft and damage
- Easy accessibility
- Easy monitoring and planning
- To ensure uninterrupted supplies
Equipment required

- Autoclave, disinfectants and buckets for infection control
- Safety box for used needles
- Private room or screen
- Couch
- Locked cabinet for FP consumables
- Lamp or torch
NASCOP Family Planning /HIV integration guidelines
Patients’ rights

In serving clients, remember that they have:

- The right to decide whether or not to practice FP
- The freedom to choose which method to use
- The right to privacy and confidentiality
- The right to refuse any type of examination
- The freedom to choose where to seek services
Counseling

FP counseling helps clients:

- Make an informed choice of reproductive options
- Select an appropriate contraceptive method
- Use the method safely and effectively
THANK YOU