

Integrating Family planning counselling and services into HIV prevention and treatment: Preliminary findings from Ghana.



Introduction

EngenderHealth's ACQUIRE project and Family Health International (FHI) received Global Leadership Priorities funding in 2005, to conduct a 15-month pilot project for integrating family planning with antiretroviral treatment services in Ghana.

GOAL: To gain practical experience and disseminate lessons learned from integrating FP counselling and methods provision into ART services.



Background

- HIV prevalence in Ghana 3.1% as of May 2005 (currently 2.7%).
- Number of reported AIDS cases from public health institutions, cumulatively stood at 104,505 as of December 2005
- Four Hospitals provided Antiretroviral Therapy (ART) as of May 2005
- Enrollment for ART was 5487, but 2635 were actually on antiretroviral drugs (ARVs).
- Contraceptive Prevalence Rate (modern methods) 19% (GDHS 2003)
- Unmet Need for limiting births 12% (GDHS 2003)
- Unmet Need for spacing births 22% (GDHS 2003)



Profile of Pilot Facilities

- Korle-Bu Teaching Hospital (KBTH), Accra & Atua Government (District) Hospital (AGH) Odumase-Krobo selected for pilot.
- Both hospitals provide a full range of FP services, including counselling and provision of short and long term/permanent methods.
- Both hospitals provide a comprehensive range of HIV services (VCT, PMTCT, out/in-patient clinical care, treatment of OI, ARV, and ongoing psychological support).
- FP and HIV services were provided at separate clinics within both facilities.
- KBTH ran 3 clinic days/week for PLWHAs and received about 140 -150 visits on each day.
- AGH ran 2 clinic days/week and received about 40 - 50 visits per clinic day.



Intervention Steps:

- ➔ Stakeholder Contacts/Agreement
- ➔ Performance Needs Assessment
- ➔ Development of Training Curriculum
- ➔ Training of Health Care Providers



Intervention Steps:

- ➔ Development and deployment of Job Aids Counselling Algorithms and FP eligibility charts, Client Information Brochures).
- ➔ Integrated FP into services at HIV Clinic.
- ➔ Development of Site Action Plans (for procedures, commodity supply systems, referral systems, managerial support systems)



PNA Findings

CLINICS:

FP needs of HIV-positive women and men have been largely neglected.

HIV-positive women attending the HIV clinic would have liked the provider to talk about FP during their consultation.

FP clinics moving towards integration; providers routinely talk to clients about HIV and AIDS.



PNA Findings

SYSTEMS:

HIV and FP clinics lack integrated clinical guidelines/protocols and IEC materials.

Absence of a formal system of referral.

Service statistics and medical records lack information on FP service provision to HIV positive women and men.



PNA Findings

STAFF:

Staff recognised knowledge gaps in HIV and FP.

The concepts of “dual protection and dual method use” were not understood (50% of HIV staff did not know what the terms meant).

Supervisors demand updates on use of quality monitoring tools and facilitative supervision skills.



5-day Curriculum for FP/HIV Integrated Services*

- Overview of HIV Epidemic.
- RH Rights of HIV+ Men and Women.
- RH Choices and FP Needs of HIV+ Women.
- Dual Protection.
- WHO Eligibility Criteria for Contraceptive Use in HIV+ Women.
- CTU (short & long term/permanent FP methods).
- Negotiations and Condom use skills.
- Counseling and related ethical issues.
- Facilitative Supervision, Team Building and Effective Leadership.
- Job Aids for Integrated FP/HIV Services.

*Developed from "Contraception for Women and Couples" – FHI & EngenderHealth



Facility Action Plans for Integrated FP/HIV Services

- Conduct briefing meetings on FP/HIV integration with Management and other staff.
- Develop policy for integrated FP/HIV services.
- Orient all staff on policy.
- Organize monthly meetings for supervisory staff to discuss emerging issues with integrated services.
- Develop a supervisors' checklist for supervision.
- Open a register for recording FP services received by HIV+ persons.
- Develop a system for referrals and feedback on LTPM received by HIV+ persons.
- Organize training/refresher for staff on integrated FP/HIV services.



JOB AIDS

- Contraceptive Methods: A Quick Reference Chart.
- Client-centered RH Counseling Chart.
- Client Information Brochure (FP & ART)



Service Statistics

Month	KBTH						AGH						
	Total Counsellled	FP Methods Provided					Total Counsellled	FP Methods Provided					
	Male /Condom	Female /Condom	Pills	DMPA	Total		Male /Condom	Female /Condom	Pills	DMPA	*Others	Total	
February-06	0				0	7	3	4				7	
March-06	196	5	11		16	4	1	2		1		4	
April-06	90	4	2	1	7	5	4	0			1	5	
May-06	108	0	4		4	10	1	6	1	1	1	10	
June-06	114	6	9		16	6	2	2	1	1		6	
July-06	154	2	0		2	2	0	2	2			4	
August-06	153	16	14		30	12	2	10	1	4		17	
TOTAL	815	33	40	1	1	75	39	10	22	5	7	2	46

*1Ovrette + 1 Norigynon



ACHIEVEMENTS

- Staff recognize RH rights of PLWHA and their fertility desire needs.
- Counseling on fertility needs now a composite part of HIV counseling.
- Available FP methods at HIV clinic and through responsive and systematic referral channels.
- Message of 'dual protection' now operational.
- Job Aids on integrated FP/HIV services available and in use.



CHALLENGES

- At KBTH some trained staff in integration (mostly doctors) have relocated to other service areas after completing their rotation at the HIV clinic.
- At AGH, only visiting doctors work at the HIV clinic, thus leaving only the nurses and counselors to provide integrated service.
- Prolonged strike action by health workers in the country affected services.
- System for ensuring FP commodities supply to the HIV clinic not 'perfected' as yet.
- Client information brochures took some considerable time to be developed and delivered at sites due to need for extensive pre-testing.
- Some 'unwillingness' by staff in HIV clinic to provide methods considered 'invasive' e.g. injectables.
- Lack of confidence in providing methods by some staff with no previous FP experience.
- Insufficient time to provide counseling due to heavy client loads on 'clinic days'.
- Perception of FP services being an 'extra', for which no additional compensation is made to staff.
- Limited support from hospital administration.



THANK YOU

