



# Improving Client-Provider Interaction

*Responding to Clients' FP Needs in HIV/AIDS Service Settings*

## FP/ART Integration in Ghana: Early Impressions & Interventions

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# Background: Ghana Pilot

- EngenderHealth's ACQUIRE project received Global Leadership Priorities funding to conduct a 15-month pilot project for integrating family planning with antiretroviral treatment services.
- GOAL: To gain practical experience and disseminate lessons learned from integrating FP counselling and methods provision into ART services.
- In collaboration with Family Health International (FHI), ACQUIRE began implementation in March 2005.
- FHI is supporting the monitoring and evaluation of the integration process and the intervention outcomes.



# Participating Facilities: Ghana Pilot

- **Korle-Bu Teaching Hospital (KBTH), Accra & Atua Government Hospital Odumase-Krobo.**
- **Both hospitals provide a full range of FP services, including counselling and provision of short/long-term and 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.**



# Ghana: Planning the Pilot

- **Feb 2005: Preliminary field/site assessment:**
  - **Met with key in-country stakeholders - USAID, GHS, QHP, FHI, Korle Bu Teaching Hospital (Accra) and Atua District Hospital (Eastern Region).**
  - **Established need for intervention, and Ghana partners' interest in and commitment to implementing it.**
  - **Conducted preliminary site assessment, selected target sites (interviews with staff, clients).**
  - **Agreed and refined Project design, staffing, and organisational responsibilities among ACQUIRE, FHI and GHS.**

# Ghana: Preliminary Performance Needs Assessment

- **April/June 2005: Performance Needs assessment at two intervention hospitals.**
  - Convened stakeholders meetings with reps from GHS, participating hospitals, relevant HIV NGOs/CBOs, QHP/ACQ, and FHI.
  - Adapted draft survey instruments from ACQUIRE instruments used in Tanzania.
  - Data collected by GHS staff, supervised by QHP/ACQ and FHI staff, and analysed by FHI.
  - PNA report drafted by QHP/ACQUIRE and reviewed by FHI and GHS.



# Ghana: Staff Training Programme

- Jul '05 – Jan '06 2005- Developed:
  - Prototype 3-day training curriculum based on the ACQUIRE-FHI/CD-ROM with additional sessions to address health workers' values and attitudes and to develop counselling skills.
  - Prototype job aids.
- Nov- Field-tested:
  - Curriculum →expanded course to 5 days increasing FP content and overview of facilitative supervision;
  - Job aids with senior staff/trainers from GHS, participating hospitals (HIV and FP clinics), QHP/ACQ, and FHI.
  - Finalised job aids.



# Ghana: Programme Roll-out

- Jul '05 - Jan '06: FHI developed M&E system, recording system, recording referrals between HIV and FP clinics.
- Jan – Feb 2006: Completed training of HIV and FP clinic staff in participating hospitals.
- Feb – July 2006: Trained staff providing FP integrated services with continuing support from QHP and FHI staff.
- Aug – Sep 2006: QHP/ACQ and FHI will document process and lessons learned.



# Ghana: PNA Findings & Early Impressions

## 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.



# Ghana: PNA Findings & Early Impressions (cont'd)

## 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.



# Ghana: PNA Findings & Early Impressions (cont'd)

## 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.



# Ghana: PNA Findings-Other Challenges

- FP staff are often under the mistaken belief that their clients are “low risk” for HIV.
- Busy HIV clinic staff feel they have little time to address non-urgent “elective” issues e.g. family planning.
- Health workers and service managers often assume that people with HIV are not or should not be sexually active and therefore do not need family planning services. Or if they are sexually active, the *only* contraceptive method they should use are male and female condoms.



# Ghana: PNA Findings-Strengths

- HIV and FP clinics in both hospitals are reasonably well staffed.
- Both clinics provide high levels of auditory and visual privacy during client consultations.
- Logistics system for supplying contraceptives and consumables functioning well.
- Enthusiastic staff and supervisors/ management recognize FP needs for HIV+ clients and ready to provide integrated services.



# To date...

- Routine health talks at OPD unit of HIV clinic at KBTH now include FP needs and methods usable by HIV+ Clients.
- Registers are available at HIV clinics for routine compilation of data on FP methods provided to clients.
- In addition to routine provision of male condoms, ART sites in both pilot hospitals are now providing female condoms and OCs and will expand to injectables.
- Atua hospital now offers FP information during pretest counselling for VCT.
- Established referral lines for HIV clients who need longer acting FP methods at the FP units in both hospitals.



# The Way Forward: Monitoring & Evaluation.

- To determine if providers are implementing training: Observing client-provider interaction.
- To determine the effect of the intervention on contraceptive acceptance among HIV+ women enrolled in ART: Records & Client exit interview.
- To identify the fertility desires and intentions of HIV+ women who are enrolled in the ART program: Client Exit Interview.



# Thank You

