

Improving Reproductive Health Choices to Mitigate the Impact of HIV/AIDS

Final Report

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Family Health International

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
DOH	Department of Health
FHI	Family Health International
FP	Family Planning
HIV	Human Immunodeficiency Virus
PMTCT	Prevention of Mother-to-Child-Transmission
STI	Sexually Transmitted Infection
TA	Technical Assistance
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

BACKGROUND

With over 5 million people living with HIV/AIDS in South Africa, the country has seen an expansion of HIV prevention and care programs and services, including prevention of mother-to-child transmission (PMTCT) programs, voluntary counseling and testing (VCT) centers, provision of anti-retroviral therapy, and home-based care programs. However, these programs rarely provide linkages to family planning services, thus missing opportunities to prevent unwanted pregnancies and HIV transmission. For HIV-positive women, the prevention of unwanted pregnancies is essential for preventing mother-to-child transmission of HIV and reducing the number of children orphaned when parents dies of AIDS-related illnesses. For both HIV-positive and HIV-negative individuals, contraceptive barrier methods such as the male and female condom provide dual protection against pregnancy and HIV transmission.

In 2004, Family Health International (FHI), in partnership with the National Department of Health, conducted a qualitative, programmatic assessment of how the HIV/AIDS epidemic in South Africa is affecting family planning needs and services. The assessment was undertaken in five provinces and information was gathered through a desk review of relevant epidemiological, policy and programmatic documents, and through in-depth interviews and group discussions with family planning and HIV/AIDS key informants, including policy-makers, donors, program managers, service providers, and other opinion leaders. The objectives of the assessment were to gather information on the current status of family planning and HIV/AIDS programs in the country, identify needs of and opportunities for family planning programs and services, and reveal possible strategies for strengthening family planning programs and services in light of the increasing burden of the HIV/AIDS epidemic. One of the key recommendations to emerge from the assessment was to better integrate family planning and HIV/AIDS services in order to make the best use of available financial and human resources to provide comprehensive, convenient healthcare.

This project was a follow-on to that programmatic assessment. As the assessment approached completion, FHI received funding from the United States Agency for International Development (USAID), through the President's Emergency Plan for AIDS Relief, to provide technical assistance to the Departments of Health (DOH) in two of the assessment provinces to develop and implement strategies for strengthening the linkages between reproductive health and HIV/AIDS services. The specific objectives of the project were to:

- Use the assessment findings to inform the development of provincial DOH action plans for strengthening the service delivery linkages between reproductive health and HIV/AIDS services;
- Provide technical assistance to the DOH in two provinces to implement action plans; and
- Monitor and document implementation of action plans.

PROJECT IMPLEMENTATION

Site Selection and TA Planning

Gauteng and Northern Cape provinces were the focus provinces for the technical assistance. These provinces were selected due to expressed interest by senior management in the DOH in these two provinces to strengthen their family planning services through integration with HIV/AIDS services. In addition, the DOH staff were able to commit to collaborating on the technical assistance within the one-year Emergency Plan timeframe. Limpopo province was also originally considered for the project and initial plans were developed, but the DOH subsequently withdrew as the province had other priorities and could not work within the project timeframe.

At the beginning of the project, FHI held a series of consultative meetings with DOH staff in Gauteng and Northern Cape provinces to discuss the assessment findings and develop action plans for strengthening the linkages between family planning and HIV/AIDS services. In Gauteng province, FHI held telephonic conference calls with the Head of the Department of Maternal Health and attended two meetings with staff members of the same department. In the Northern Cape province, a meeting was held with DOH staff members from a variety of units.

Through this series of consultative meetings, FHI and DOH staff came to consensus on the types of technical assistance that would be most beneficial in terms of enabling the provinces to strengthen the linkages between its reproductive health and HIV/AIDS services. The agreed upon technical assistance activities for Northern Cape and Gauteng provinces were as follows:

Northern Cape

- Conduct a training for VCT counselors in family planning counseling and service delivery;
- Conduct a training for professional nurses on risk assessment, family planning, couples counseling, and support for the caregiver;
- Develop a provider checklist for integrated family planning and HIV/AIDS service delivery; and
- Develop a monitoring system for VCT counsellors.

Gauteng

- In a workshop setting, review existing provincial DOH training material for family planning and HIV/AIDS services;
- Develop a training module on family planning/HIV integration to supplement the existing training materials;
- Pilot test the module in 10 clinics; and
- Conduct a debriefing meeting with DOH trainers and clinic managers on the results of the pilot test and how to use the module.

FHI hired a consultant based in South Africa to lead the development and implementation of the technical assistance activities. The consultant had a technical background in both family planning and HIV/AIDS, as well as extensive experience designing and implementing

trainings. All activities led by the consultant were implemented in close collaboration with FHI and provincial DOH staff.

TA Provision: Northern Cape Province

FHI provided extensive technical assistance in the Northern Cape province, reaching several cadres of service providers and community members and resulting in the production of the following materials:

- Training manual for VCT lay counselors;
- Training manual for professional nurses;
- Checklist for integrated family planning and HIV/AIDS services; and
- A monitoring system for VCT counselors.

Training for VCT Lay Counselors

A participatory training manual was developed for VCT lay counselors on integrating family planning information into their pre-HIV test counseling sessions. The training manual included information on the following topics:

- Male and female reproductive organs
- The menstrual cycle and fertility
- Rumors and myths about family planning methods
- Counseling on family planning methods
- Dual protection
- Correct use of male and female condoms
- Gender issues that may influence the effective use of male and female condoms
- Signs, symptoms, and transmission of STIs
- Counseling on STIs
- Refresher information on pre- and post-test counseling for VCT
- Conducting assessments of a client's dual risk of getting pregnant and being infected by an STI, including HIV
- Integrating family planning and STI information/referral/services into VCT counseling sessions
- Effective communication skills including active listening, paraphrasing, and non-verbal communication
- Basic counseling skills, such as praise and encouragement, questioning, and reflecting
- Referring clients appropriately
- Dealing with challenging or difficult clients in a nonjudgmental way

The manual was used for a four-day training with 35 VCT lay counselors representing 10 clinics in the Northern Cape province. The participants were well-versed in counseling techniques and information on HIV/AIDS, but the family planning information was new to most counselors. Much of this information had to be repeated and clarified throughout the training, and refresher trainings and support supervision will be needed to reinforce new knowledge. Nevertheless, most participants were eager to integrate family planning counseling into the VCT counseling sessions. Evaluations of the training indicated a high degree of satisfaction among participants.

Training for Professional Nurses

A participatory training manual was also developed for professional nurses. This manual is similar to the one for VCT lay counselors in terms of its focus on integrating family planning and HIV/AIDS services and strengthening basic counseling skills; but, it also provides more in-depth technical information on contraceptive methods and includes information on counseling for PMTCT. This manual was used for two separate four-day trainings with professional nurses in Northern Cape province.

The first training was attended by 28 professional nurses from 3 districts in the Northern Cape: Francis Baard, Kgalagadi, and Bo Karoo. The second training was held with 23 professional nurses and a few DOH staff members. In both trainings, participants quickly grasped and applied the concepts of effective counseling, but the technical updates required substantially more time. Thus, much of the professional nurses training focused on providing thorough technical updates on family planning methods, STIs, and PMTCT. The training also promoted understanding of integration by asking participants to identify points in the service delivery chain that are well-suited for integrating services. The consensus of the group was that the most feasible way to introduce the integration of family planning and HIV/AIDS services was to promote it in the clinic waiting areas, followed by use of the checklist during the individual counseling sessions.

Evaluations of the training indicated a high degree of satisfaction among participants. One participant wrote, "Thank you for sharing your knowledge with us; you have improved my counseling skills and given me valuable information about family planning." Yet another participant reflected, "I learned more in 3 days than I have in 3 years." Moreover, participant learning was measured by using a competency based pre- and post-test. The pre-test average score was 63% and the post-test average score was 85%.

KhoiSan Training

Following the lay counselors training in Northern Cape province, the DOH requested FHI to implement the same training with providers and community leaders from the Khoi-San community. While this was not part of the agreed upon technical assistance scope of work with the province, FHI agreed to conduct the training with this traditionally underserved population. Two workshops were held with 25 participants. The trainings were implemented in Afrikaans and covered information on family planning and STI management. However, due to the low level of education, only basic information was introduced.

Checklist for Integration of Family Planning and HIV/AIDS Services

A checklist on integrated family planning and HIV/AIDS service delivery was developed for both the lay counselors and professional nurses (Appendix A). The purpose of the checklist is to prompt service providers to provide integrated FP and HIV/AIDS services; to promote effective counseling techniques; and to facilitate an assessment of level of risk for unwanted pregnancy, STIs and HIV transmission. The checklist does not provide a script for the counselor-client interaction, but rather ensures that all related topics are covered in either a pre-HIV test counseling session or a visit for family planning services. The checklist was pre-tested in three workshops and during on-site clinic follow-up sessions.

Monitoring System for VCT Counselors

A monitoring report form was developed to record the VCT counselors' progress in providing integrated services. The form was designed to capture information on whether the counselor conducted a risk assessment; provided information on VCT, PMTCT, family planning, STIs, and dual protection; distributed condoms; and/or made referrals. VCT counselors were asked to complete the monitoring forms daily and submit them monthly to the clinic supervisor.

TA Provision: Gauteng Province

In Gauteng province, FHI provided technical assistance by:

- Reviewing existing training material for family planning and HIV/AIDS services
- Developing training modules on integrated family planning and HIV/AIDS counseling

Review existing training material for family planning and HIV/AIDS services

A two-day workshop was held with 18 trainers from Gauteng province to review existing family planning and HIV/AIDS training activities and materials used in the province, and to make recommendations on what types of tools are needed to strengthen the linkages between family planning and HIV/AIDS services.

Participants were asked to develop an inventory of their current training activities and resources. This process revealed that service delivery training in Gauteng province is not conducted in a systematic or uniform manner. Trainers are tasked with providing training to ensure that the National Service Delivery Guidelines are adhered to; however, each trainer is autonomous in the selection of training topics and the method of training.

To begin identifying how the trainers could better support integrated services, the participants were asked to write down the clinic services that are provided under each of the following headings: family planning, STIs, HIV prevention, and AIDS care and support. Once the group came to consensus on the range of services provided under each of these service delivery areas, they were asked to indicate which of these services could be better linked or integrated. Participants were then asked to prioritize these opportunities for integration. As a result of this exercise, the trainers agreed that they needed more training materials on strengthening providers' counseling skills in family planning, STIs, VCT, and PMTCT. They also requested support materials on the medical interactions between family planning methods, ARVs, STI drugs, and TB drugs.

Training Modules on Counseling

Training modules on counseling were developed in response to the needs of the province. The modules cover the following topics:

- Communication Styles
- Basic Counseling Skills
- Talking About Sensitive Issues
- When it is Challenging to Be Nonjudgmental
- Pregnancy, STI and HIV/AIDS Risk Assessment
- Counseling in an Integrated FP/STI/HIV/AIDS Program
- Dual Protection

- Voluntary Counseling and Testing
- Counseling HIV-Positive People
- Counseling for the Prevention of Mother-to-Child Transmission
- Support for the Care Giver

The counseling manual was pre-tested by a selection of district trainers who were able to incorporate the training content into on-going trainings they were implementing. Other trainers who did not have the resources to pre-test the manual, reviewed it and provided feedback. The integration checklist developed for Northern Cape province was also made available to Gauteng province.

To address trainers' request for support materials on drug interactions, FHI disseminated the World Health Organization's wall charts on medical criteria for contraceptive methods. These laminated posters are user-friendly and can be readily referred to in clinic settings.

OUTCOMES & RECOMMENDATIONS

With Emergency Plan funding from USAID, FHI provided technical assistance to the Departments of Health in two provinces in South Africa to develop and implement strategies for strengthening the linkages between reproductive health and HIV/AIDS services. In both provinces, DOH staff thought that counseling could be an effective mechanism through which the broader reproductive health concerns of a client could be broached, and linkages between family planning and HIV/AIDS could be created. Thus, strengthening counseling skills while updating technical knowledge of family planning and HIV/AIDS was the cornerstone of the technical assistance FHI provided.

The products of this technical assistance include a training curriculum on integrating family planning and HIV/AIDS for VCT lay counselors; a training curriculum on integrating family planning and HIV/AIDS for professional nurses; and counseling modules that can be incorporated into existing training curricula. In addition, FHI developed a monitoring report form to help VCT counselors document integration efforts, and a provider checklist to support provision of integrated family planning and HIV/AIDS services. Over the course of the technical assistance, five workshops were held and approximately 130 people were reached.

The technical assistance in the two provinces was designed to build local capacity and enable both provinces to continue strengthening linkages between family planning and HIV/AIDS programs through training in and monitoring of integrated service delivery. Indeed, training activities were conducted jointly with designated individuals for training in the DOH, and user-friendly curricula were used to facilitate replication. In addition, the checklist and the monitoring system are tools designed to assist both provinces to promote and sustain integrated service delivery.

Nevertheless, the following action steps are recommended to ensure the sustainability of the technical assistance and to further strengthen the linkages between reproductive health and HIV/AIDS services in the provinces:

- Conduct further testing of training materials. Technical assistance training materials for the provinces on family planning and HIV/AIDS integration were rapidly developed

and implemented only once or twice. Further testing and refinement of these materials is needed prior to replication.

- Provide follow-up support to trained participants. Following the trainings on family planning and HIV/AIDS integration, there is a need to conduct support supervision with training participants to assess how they are applying new skills in the clinic setting and provide on-the-job technical assistance. Such follow-up is necessary to assure the quality of the services being provided and foster sustainability.
- Expand training. Through this project's trainings, it was apparent that many participants would benefit from more than the single training course that was offered. For example, many of the lay VCT counselors and professional nurses need more in-depth training on technical family planning content.
- Conduct training-of-trainers workshops with DOH trainers. Only a limited number of providers and counselors could be accommodated in the trainings this year and some DOH officials are eager to offer the training courses to additional providers in the province. By training DOH trainers to implement the training curricula developed for the provinces, the DOH could provide ongoing technical assistance to their clinics on family planning and HIV/AIDS integration.
- Translate the integration checklist into local languages, particularly Afrikaans, to increase its use.
- Assess clients' reactions to integrated services and refine the integrated service delivery approach as needed.
- In Gauteng province, district trainers are in need of a systematic manner to provide training. Presently, trainers identify training priority areas, set their own learning objectives, and use their own training material. A systematic competency-based training program would ensure that the different levels of health care providers have the appropriate training for the services provided.

The short-term technical assistance provided through this project has created a demand for additional support in Northern Cape province. The technical assistance provided to the DOH in Northern Cape was so well-received that the Maternal, Child, and Women's Health Sub-directorate of the DOH submitted a proposal to FHI's South Africa office for funding to continue efforts to integrate family planning and STI/HIV services. While FHI did not have funds to respond directly to this request, it is being addressed to a certain extent through an ongoing project in the province to strengthen PMTCT services, including FP counseling and referral. However, opportunities for dedicated resources to build on the groundwork of this project and further strengthen the capacity of the DOH to provide integrated services should be explored.

Appendix A: Checklist for Integrating Family Planning and HIV/STI Services

FP/STI/HIV/AIDS Integration Checklist	√
I. Rapport	
1. Greet client and ask reason for visit	
2. Listen without interrupting	
3. Use open ended questions	
4. Ask probing questions	
5. Paraphrase back to client	
6. Encourage and gives praise	
II. Family Planning	
7. Ask about family planning priorities	
8. Ask about current family planning method	
9. Ask about preferred family planning method	
10. Explain preferred contraceptive methods and provides other options:	
11. Discuss Advantages/Disadvantages of each contraceptive method	
12. Discuss dual protection	
III. STI/HIV Risk Assessment	
13. Ask about STI symptoms	
14. Explain STI symptoms	
15. Ask about number of sexual partners and if any of them had an STI Symptom	
16. Ask if the person has had an HIV test	
17. Ask if any of their sexual partners has had an HIV test	
18. Promote VCT	
19. Discuss the interaction of ARVs on contraceptive methods; if appropriate	
IV. Planning Decision-Making, Problem Solving	
20. Help client assess their risk of pregnancy, STIs and HIV	
21. Help client identify decision areas or problems	
22. Help client explore options	
23. Assist client to explore consequences of each option	
24. Let client make the decision	
IV. Next Steps	
25. Offer educational material, if available	
26. Offer referral resources	
27. Summarizes	
28. Invite client to return and bring partner(s)	