

ADDRESSING THE FAMILY PLANNING NEEDS OF PEOPLE LIVING WITH HIV IN GHANA: A COMMUNITY-FACILITY PARTNERSHIP APPROACH

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Background and Significance

- Antiretroviral therapy helps people living with HIV (PLHIV) lead healthier, longer lives.
- PLHIV need quality family planning (FP) and reproductive health (RH) services.
- Family planning helps PLHIV:
 - Reduce risk of HIV transmission to partners (condoms only)
 - Prevent unintended pregnancies
 - Plan desired pregnancies to reduce risk of mother-to-child HIV transmission

Ghana: Quick Facts

- HIV prevalence is 1.9% (264,500 Ghanaians).
- 17% of married women use a modern FP method.
- Sexual and RH rights of PLHIV are not widely recognized.
- Stigma prevents many PLHIV from disclosing their status and accessing FP services.

“Family Planning for Healthy Living” Project (July 2007 – May 2008)

Implemented in 4 regions in Ghana by the ACQUIRE Project/EngenderHealth, Quality Health Partners and other in-country partners

Objectives

- (1) Incorporate awareness of family planning for PLHIV into community activities
- (2) Increase use of family planning, if desired, among HIV-positive men and women

Project Interventions

**FP Provider Trainings
July/August 2007**
Stigma reduction training & CTU for 19 FP providers from 8 referral facilities

**Peer Educator Trainings
July/August 2007**

- FP-HIV training curriculum developed
- 75 members from 43 PLHIV support groups trained in FP messaging and referral



**Job Aids/BCC Materials
Developed July 2007**

- Contraceptive chart
- Sample FP method card
- Client brochure

**Regional Quarterly Meetings
2007-2008**
3 meetings of peer educators and providers in each region

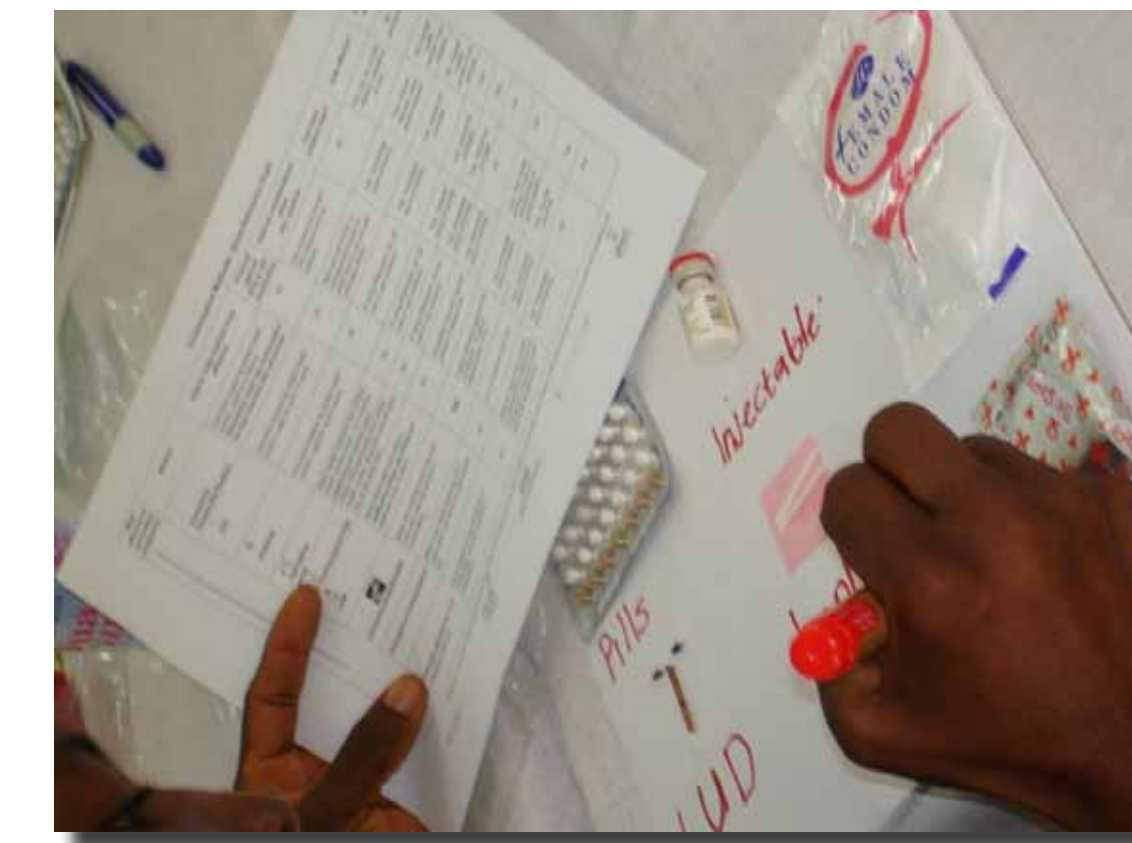
Tasks

Peer Educators

- Talk about FP at support groups
- Refer peers for FP services

Providers

- Provide FP services to PLHIV
- Attend support groups to strengthen linkages with PLHIV community



Assessment Methodology

- Baseline survey (n=180) in 34 HIV support groups
- Endline assessment
 - Endline survey (n=235) among 12 selectively sampled HIV support groups
 - Focus group discussions with peer educators (n=32) and FP providers (n=9)
 - Review of program reports, peer educator activity logs, and other program documents
 - Collection of champion stories

Findings: Peer educators and providers work together to support FP

PEER EDUCATORS

Previously I did not believe in FP but the training has corrected a lot of misconceptions.

—Peer educator, Ashanti Region

FP teaches us how to use condoms and those who want children to have them at the right time.

—Peer educator, Western region



PROVIDERS

At the training I got to know that PLHIV have the right to FP services and if we denied them they could face unwanted pregnancies and HIV re-infection. I got to know exactly what I should do for them.

—Service provider, Western Region

Findings: Increased awareness and understanding of FP among PLHIV

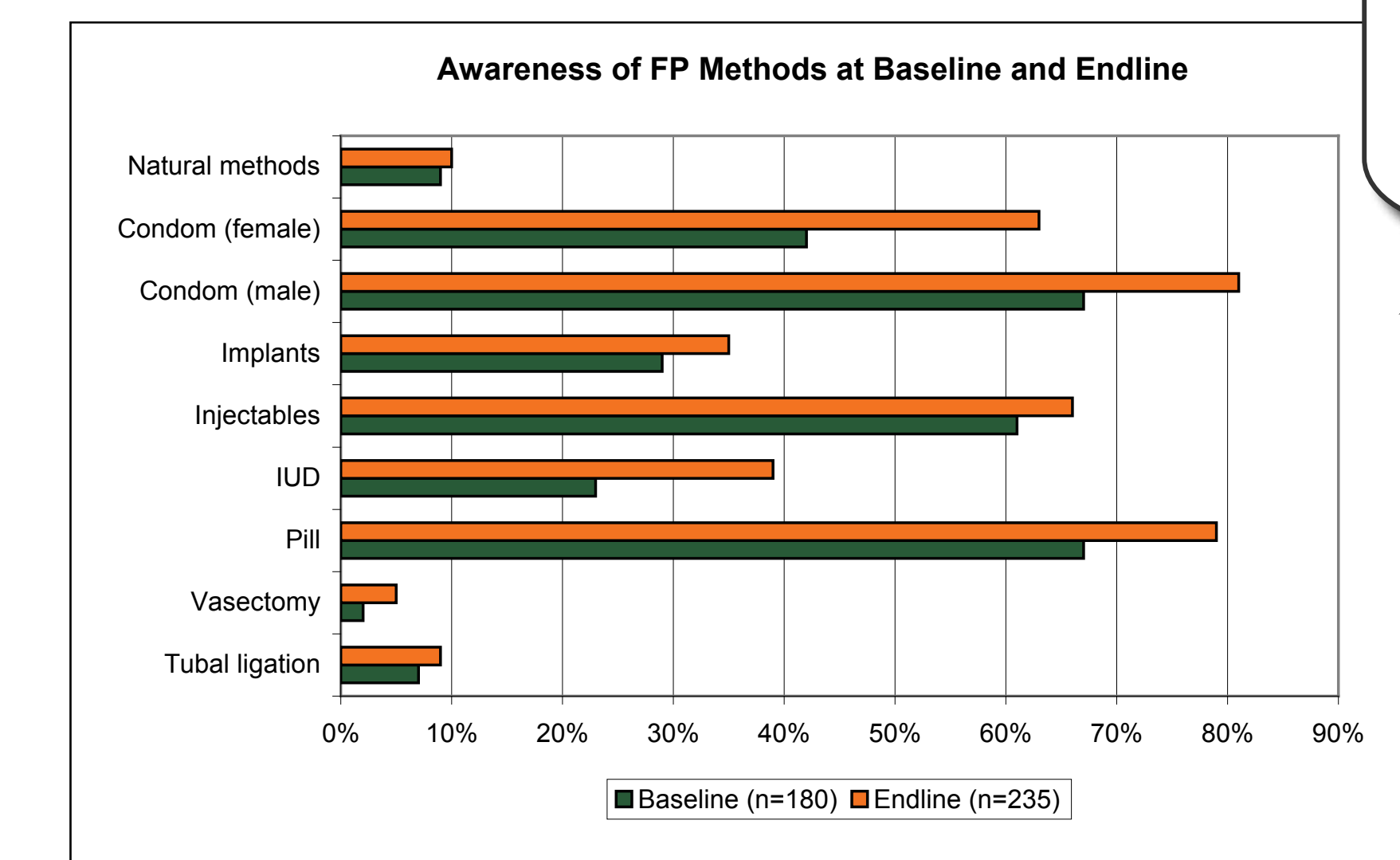
With family planning, PLHIV women are able to gain their energy properly before having another child.

—34-year-old female, Greater Accra



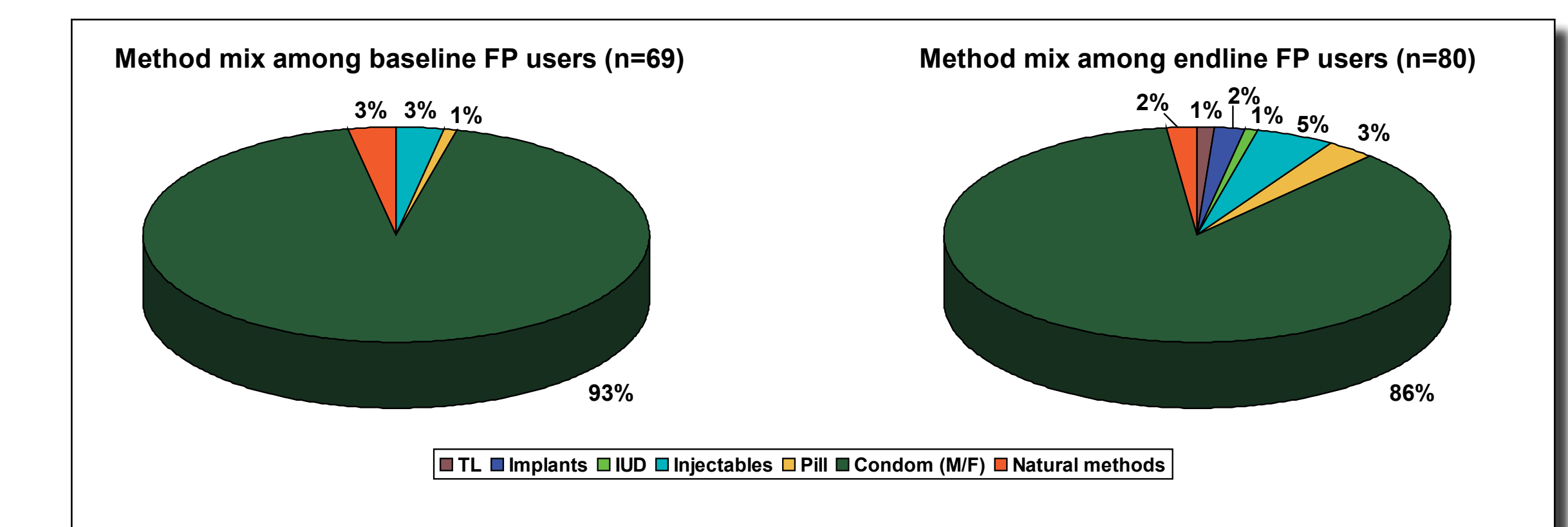
Family planning helps us to give birth to the number of children we are able to cater for.

—41-year-old man, Greater Accra



Findings: Family planning use among PLHIV

- FP method mix expanded to include long-acting methods



Lessons Learned

- Support peer educators through adequate training and supervision
- Ensure trained provider coverage of HIV support groups and facilities
- Foster peer educator-provider partnerships for referrals
- Identify champions to advocate for FP and promote scale-up
- Address barriers to FP uptake: stigma, transport costs, myths/misperceptions

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