



Institute for HIV/AIDS
2101 Wilson Blvd., Suite 700
Arlington, VA 22201 USA
703-516-9779 Fax: 703-516-9781
www.fhi.org

FHI's Experience with HIV Care and Support

The goal of HIV care and support programs at Family Health International (FHI) is to improve the quality of life of people and families affected by HIV/AIDS and to mitigate the impact of the epidemic on communities.

The needs of persons living with HIV/AIDS (PLHA) and their families can be categorized into four connected areas: clinical care, psychosocial support, socioeconomic support, and human rights and legal support. Interventions to respond to these needs are interrelated and reinforce one another. For example, patients who are able to cope with their HIV status and feel supported adhere better to antiretroviral therapy (ART). Over the years, relevant responses in these areas have resulted in comprehensive care, treatment and support services. When new services build upon existing structures, the outcomes have proven effective, efficient and sustainable if the various providers complement each other's activities. Furthermore, the types of services that PLHA need change as their illnesses progress. Providing comprehensive care across a continuum—from home and community to institutional services—ensures that the specific needs of clients and their families are met.

The scope of comprehensive HIV care and support is broad and requires a wide range of expertise. Therefore, FHI focuses principally on those areas of care and support in which it has specific technical expertise, though FHI continues to develop partnerships where it has less direct expertise, such as with food and economic security, human rights capacity building, legal support and social marketing. The following section provides an overview of select FHI activities in HIV/AIDS care and support.

Selected Care and Support Activities

Clinical Care, including Antiretroviral Therapy, in Rwanda

In Rwanda, FHI has helped develop a comprehensive clinical care program by strengthening existing HIV/AIDS services. With funding from the U.S. Agency for International Development (USAID), this program provides sexually transmitted infection management; prophylaxis and treatment of opportunistic infections, including tuberculosis; active referral to nutritional services and ART. Rwandan nurses and physicians have been trained in HIV clinical management, including ART and treatment adherence. Patients and “buddies” (friends or relatives who support adherence) are counseled on adherence before beginning ART and participate in ongoing follow-up monitoring. The first patients began ART in February 2003 at the Biryogo Medical and Social Center; the medical center's laboratory equipment has been upgraded to permit ongoing biological monitoring of patients. Patients at the Kabgayi District Hospital will start in August 2003. (FHI also supports comprehensive HIV care and support in Ghana and Kenya, providing clients there with ART since May 2003.)

Voluntary Counseling and Testing in Kenya

The government of Kenya—in collaboration with FHI, the U.S. Agency for International Development and the U.S. Centers for Disease Control and Prevention—has embarked on an ambitious program to expand VCT throughout the country. With funds from USAID/Kenya, FHI supports 59 VCT clinics in

Nairobi, Coast, Western and Rift Valley provinces, where more than 100,000 clients have been served since January 2001. FHI plans additional sites, up to about 100 VCT clinics in the next year. Working with the Ministry of Health, FHI is providing technical assistance in the roll-out of VCT services at government facilities in other provinces to help meet the national objective of at least five VCT sites per district. The program has adopted two models for VCT service provision: stand-alone sites and sites integrated into public health facilities, such as large hospitals, smaller health centers and rural dispensaries. Most of the VCT sites are integrated into health care services, and some are linked with tuberculosis prophylaxis therapy, home-based care, and PMTCT projects. FHI has been a key partner in developing both national VCT guidelines and a national VCT task force, training counselors to offer VCT services, and establishing a quality assurance system for HIV testing and counseling.

Home-Based Care in Malawi

To ensure a continuum of care for PLHA and their families in Malawi, FHI manages various programs promoting integrated home-based care (HBC) and support for orphans and vulnerable children (OVC). Four major activities, funded by USAID, are: developing community capacity, enhancing coordination at the district and community levels, strengthening referrals and linkages within the health care system and other social services, and enhancing care at the household level. Following an assessment in July 2002, FHI identified a need to focus on the household as the unit of intervention in HBC/OVC programs. To decrease stigma and enhance integration, these programs have broadened the definition of “HBC” to include non-chronically ill PLHA.

Stigma Reduction Among Health Care Workers in Ghana

Formative research studies conducted by FHI revealed that stigma in Manya and Yilo Krobo districts has critical implications for service delivery in both quality and demand for services. PLHA in these districts report that prejudice and unfair treatment by service providers (even if unintentional) inhibits PLHA from using HIV/AIDS services—and discourages frank discussion of HIV status. Clinic attendees expressed a desire to be treated humanely, with compassion, confidentiality and patience. The studies were financed by FHI/Corporate and USAID; to share the feedback from PLHA and provide a forum for discussing the findings, FHI staff facilitated a seminar with 60 health care workers from district health centers. Health care workers’ responses made it clear they were unaware of their attitudes, felt the PLHA deserved to be treated with respect and dignity, and vowed to do better. Following this seminar, routine client exit surveys revealed greater satisfaction with voluntary counseling and testing (VCT) services. The client exit reports are shared regularly with health care workers at the program’s quarterly stakeholders’ meetings. In addition to providing VCT, PMTCT and clinical care services (including ART) in Manya and Yilo districts, FHI is facilitating a dialogue between PLHA and health care workers that will help both groups better understand each other’s perspectives and thereby strengthen care and treatment services.

Tuberculosis Services in Rwanda

With USAID funding, FHI is supporting a pilot initiative to integrate tuberculosis services into VCT services in two district hospitals (Rwamagama and Kabgayi) in rural Rwanda. This pilot project will increase access to VCT services among tuberculosis patients, actively screen partners of HIV-positive tuberculosis-infected patients for tuberculosis, and integrate tuberculosis preventive therapy into existing VCT services. A separate clinic has been set up adjacent to the hospital VCT centers, operated by a trained nurse and supervised by the national tuberculosis control program. Initial data from this initiative demonstrate that demand for preventive treatment services is high and adherence to tuberculosis prophylaxis is strong.

Preventing Mother-to-Child Transmission in India

FHI provides technical assistance (training, monitoring, evaluation, identification and dissemination of lessons learned) in preventing mother-to-child transmission (PMTCT) of HIV at seven “Call to Action” sites funded by the Elizabeth Glaser Pediatric AIDS Foundation. The program aims to introduce HIV counseling and testing within maternal and child health services; train maternal and child health staff in HIV education, counseling, safe delivery, and infant and maternal nutrition; provide access to nevirapine therapy to prevent MTCT; and plan expanded programs to reduce MTCT. FHI technical staff travel to project sites several times each year to observe PMTCT services, including client intake, counseling, testing and clinical intervention, and to discuss with local counterparts ways to ensure optimal service delivery and evaluation. FHI staff also help identify and assess new sites to determine capacity-building needs in preparation for PMTCT activities. FHI will provide assistance to add care and support services (PMTCT-“plus”) for mothers, babies and families at selected demonstration sites, to be scaled up rapidly. Outside India, FHI provides similar support to Elizabeth Glaser Pediatric AIDS Foundation sites in 20 other countries.

Behavior Change Communication for Care and Treatment in Kenya

FHI is creating a health literacy campaign in Kenya that will support improved treatment outcomes for PLHA in association with the launch of antiretroviral therapy (ART) and opportunistic infection prophylaxis and treatment. The Pfizer-funded campaign targets health care providers, clients and family members to increase adherence to medications and to increase an understanding of the importance of seeking early treatment. Given the limited availability of publications on ART and opportunistic infection treatment for low-literate and illiterate audiences where FHI works, FHI will develop a manual, based on experiences in Kenya and Rwanda, to support such publications.

Support for Orphans and Vulnerable Children in Zambia

With USAID funding, FHI supports CARE Zambia in implementing the SCOPE OVC project. This project mobilizes districts and communities to address children’s basic needs, including household economic security, schooling, psychosocial support, legal protection and health care. The project invests considerable effort in building the capacity of nongovernmental organizations, community-based organizations, faith-based organizations, and district and community committees. Small grants help jump-start new activities, while capacity-building activities ensure the long-term viability of local efforts. Training for nearly 70 community committees and 12 district committees has built local skills and knowledge in children’s rights, advocacy, proposal writing, resource mobilization, basic business management, psychosocial counseling, record keeping, report writing and leadership. In addition, the Family Support Unit at the University Teaching Hospital provides psychosocial support to HIV-positive children and their families. This project offers a variety of activities to help children with their own development and provide them an opportunity for fun, as well as to help parents and guardians cope with the children’s needs.

For more information on these and other FHI programs, please visit FHI’s website (www.fhi.org), which features profiles of our country activities.