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Ghana: Community workers can communicate STI and HIV/AIDS messages effectively

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Ghana Integration

OR Summary 21

Community Workers Can Communicate STI and HIV/AIDS Messages Effectively

Community-based distribution programs in Ghana have shown that contraceptive distributors can also provide education on sexually transmitted infections, including HIV/AIDS, and maternal and child health. Overall, however, performance of CBD agents remains low. CBD programs can be improved by establishment of national standards and guidelines, better record-keeping, and more compensation for agents.

Background

To support the Government of Ghana's plan to expand community-based distribution (CBD) programs, the Planned Parenthood Association of Ghana (PPAG) and the Population Council conducted a review in 1999 of CBD programs of 13 nongovernmental agencies (NGOs). The study also assessed in depth PPAG's CBD program, which is the country's largest and oldest. Data sources were: interviews with 301 CBD agents, 27 supervisors, and 20 clinicians in rural and urban areas in 16 districts; observations of 51 PPAG agents interacting with six clients each; and 15 focus group discussions with community members, former CBD agents, and CBD clients.

Findings

CBD Programs in General

◆ All 110 districts in Ghana have at least one CBD program, although CBD agents are sparsely distributed in most areas. All CBD agents provide family planning (FP) information, distribute condoms and pills, and make referrals for clinical methods. Most programs provide education on sexually transmitted infections (STIs) and HIV/AIDS. Some programs also provide maternal

and child health services or home care for people living with HIV/AIDS.

◆ Agents in all 13 CBD programs are trained to keep records of their performance. However, records were insufficient to compare performances or support program decisionmaking.

◆ Most CBD agents are part-time volunteers. They receive a travel allowance, a commission on contraceptive sales, and/or goods such as bicycles, boots, and first aid kits. Only the Ghana Registered Midwives Association (GRMA) employs full-time, paid CBD agents; their agents had an average of 82 percent more new family planning clients than PPAG agents during 1999. Many PPAG CBD agents complained that their remuneration—an average of US\$5.50 per year—was too low. Some agents did appreciate non-monetary incentives such as the opportunity to help others, training, and prestige in their community.

PPAG's CBD Programs

◆ PPAG's CBD program, which has three similar yet different models (see box), has successfully integrated FP services with STI education. More than 90 percent of agents

observed gave their clients information on preventing STIs. Four in five condom clients received information on dual protection. Three in four agents described STI symptoms and gave information on where to obtain treatment. However, performance could be improved: only half of agents asked questions to assess clients' risk of STIs, and only 9 percent asked about the presence of symptoms.

◆ Most PPAG agents provided clients with adequate information on FP methods, cost, other sources of FP methods, and prevention of STIs and HIV/AIDS. The major shortcomings identified were that most agents did not use the pill checklist for new clients and did not provide adequate information on pill side effects and ways to manage them.

PPAG's CBD Models

Traditional Model. Agents provide pills, condoms and spermicides; make referrals for clinical methods; counsel on STIs; and treat minor ailments. They hold group and individual meetings and make home visits.

Sexual Health Model. Agents follow the traditional model except that they counsel clients about sexual health in general, rather than focusing on family planning.

Youth Peer Educator Model. Agents follow the traditional model except that they focus specifically on youth and link them with youth centers.

◆ PPAG agents are as productive as other volunteer CBD agents elsewhere in sub-Saharan Africa. During 1999, the average PPAG agent contacted 144 FP clients, made 408 follow-up

home visits, held 24 group discussions, counseled 24 clients on STIs, and treated 36 clients for minor ailments.

◆ Although PPAG has a youth-oriented CBD program, most agents were biased against providing FP services to young people without children. Agents' knowledge of the health risks of adolescent pregnancies was insufficient.

Policy Implications

◆ Health agencies should develop national standards and guidelines for CBD programs, paying particular attention to agent motivation, training, and supervision as well as financial sustainability. They should explore alternative incentives for CBD agents and part-time supervisors such as community financing, income-generating activities, or small monthly allowances.

◆ CBD programs should adopt a standardized reporting and record-keeping system to facilitate monitoring, evaluation, and strategic planning.

◆ NGOs and the Ministry of Health should also improve coordination of CBD and commercial marketing programs to provide more equitable geographic coverage.

Utilization

◆ PPAG has begun to strengthen its program by revising the training manual, introducing community diagnosis and mapping for each agent, improving record-keeping, strengthening links with referral clinics, and distributing more client education materials.

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Chege, Jane, Diouratié Sanogo, Ian Askew, Angela Bannerman, Steve Grey, Evam Kofi Glover, Francis Yankey, and Joana Nerquaye-Tetteh. 2000. An Assessment of the Community Based Distribution Programmes in Ghana. For more information, contact: Population Council, P.O. Box 17643, Nairobi, Kenya. Tel. 254-2-713-480; Fax 254-2-713-479; E-mail: publications@popcouncil.or.ke. This project was conducted with support from the U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT under Cooperative Agreement Number HRN-A-00-98-00012-00.



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