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Research Paper

The Role of Counselling in Improving Uptake, Acceptance and Retention in PPCT Services: MSF- B, Kibera Experience.

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ABSTRACT: *It is estimated that about 100, 000 babies are born to HIV +ve mothers in Kenya every year. Without intervention, 30- 40% of these would acquire the virus vertically. PPCT programs have been in place to offer the much needed interventions to reduce mother to child transmission to a minimum. During ante- natal care, routine HIV testing was being done by Clinicians / Nurse Midwives with minimal Counselling – which lead to a big loss to follow-up. In Kibera, MSF –Beligium incorporates Counselling right from the initial testing and subsequent. This paper was presented in the KAPC 8th Annual conference September 2007 that brought together over three thousand Counsellors / Psychologist's fraternity from all over the world at Safari Park Hotel in Nairobi Kenya to share practical challenges in counseling field. The paper explored The role of Counselling in improving uptake, acceptance and retention in prevention of parents to child transition (PPCT) services in Medecins Sans Frontieres Beligium's Kibera – Kenya's experience. Methodologically, the paper utilized primary data collection based on practical experience of the Counsellors with the client for a period of over four year's follow-up sessions through clinic appointments. Secondary data was basically drawn from medical records.*

Keywords: *Counselling, uptake, acceptance retention, PPTC, Kibera informal settlement.*

I. INTRODUCTION

The material for this article comes from own experiences in working in the Prevention of Parent to Child Transition (PPCT) clinic with client on Highly Ant-retro Viral Therapy (HAART) for the past 15 years coupled with the experiences of other counselors detailing the stresses they encountered within this field. The Counsellors work within the voluntary, public and private sectors.

The process of PPCT Counselling involves; Group pretest counselling where between 5 to 8 patients are brought together for pre- test counselling to save their waiting time given that there was only one counselor in PMTCT clinic to reach as many clients as possible. Then patients are send out and Individual post counselling is offered to maintain confidentiality since in the slum each person knows the neighbors.

For those who are HIV reactive, baseline investigations involving CD4 counts would be done whose results are ready in less than two weeks to determine if they would be started on ARV or continue with CTX treatment. If CD4 results are less than 500 cells or counts, then one plus partner are prepared for ARVs initiation. This involves two sessions two weeks apart giving them a chance to reflect on lifetime treatment and follow-ups at the facility to avoid defaulting from taking treatment. This involves first session on the day of CD4 results contacts followed by second session visit where information about PPCT, CD4 results counselling on benefits and side effects of ARVs are explored coupled with any other psychosocial issues.

During the second session, of week two on HAART, the client is taken through adherence counselling process based on: Pill count, Opportunistic infections, side effects, & psychological conditions, Patient

empowerment through; issues around disclosure to sexual partner, Joining mini –groups, Post -test clubs and Treatment literacy sessions, Subsequent adherence session ns at: 1 month on HAART, on patient request and Referral from clinician.All the above issues are reviewed at any point of these stages. And for those who are non-reactive, repeat zero positive test is done after every three months and if +ve, the trend is followed.

This paper explored the role of counselling in improving uptake, acceptance and retention in PPCT services: MSF- B, Kibera experience. The paper was based on a personal coupled with colleague's experiences with PPCT clients who attend MSF-B clinics in Kibera slum that was presented at Kenya Association of Professional Counsellors (KAPC) 8th annual conference at Safari park hotel in Nairobi in 2007.

Medecins Sans Frontieres (MSF) is an international, independent, medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from health care and natural disasters. MSF offers assistance to people based on need and irrespective of race, religion, gender, or political affiliation (www.msf.org).

MSF has been continuously working in Kenya since 1987. It was the first organization to provide free antiretroviral (ARV) therapy in public health facilities in Kenya.

MSF –B established programs in Nairobi's Kibera slum in 1997 to provide urgent medical care, such as for people living with HIV/AIDS coupled with Sexual Gender Based Violence (SGBV). The Kibera South and Silanga health centers were run jointly by MSF and the Ministry of Health (MoH) County of Nairobi.

Prevention of Parent to Child Transition continues to be a major social and medical issue of concern in the slums of Nairobi. Each month many come to MSF clinics for treatment in Kibera slum. It is in view of this that the paper sought to highlight the role of counselling in improving up -take acceptance and retention in PPCT services: MSF- B, Kibera experience.

II. RESEARCH METHODOLOGY

Data was collected from monthly reports, Counsellors personal inputs; Client's & Care givers verbal inputs through mini-groups & empowerment sessions. Feedback from Post Test Clubs members and leaders through Treatment Literacy sessions.

III. RESULTS AND DISCUSSION

This involved the counsellors from day one to improve uptakes, acceptance and retention to PPCT service. The programme also opened doors to spouses and family which lead to behavior change where Men were more involved and offered support especially among discordant couples coupled with those who did not disclose had poor adherence.

IV. CONCLUSION AND RECOMMENDATIONS

It is important to involve Counsellors from 1st testing and in follow-up in order to improve uptake, acceptance and retention to PPCT service.

Men should be involved more in PPCT programs to improve disclosure, reduce societal stigma & discrimination and improved outcomes.

Last but not least, Counselling should be incorporated in the medical interventions of PPCT to inform and empower clients in such facilities as demonstrated by MSF-Belgium.

Therapeutic moments for a client is realized when the Counsellor enters the client's darkest world and experience it together with the client. It is that moment of sharing the suffering and pain for those few minutes during the session, and allowing the client to decide what to do: even if it means, going back to their source of suffering while the Counsellor remains warm and non-judgmental. Hence, just being there for them! (Collins, 1994). Ellis (1984) suggests that the Counsellor should search out the absolutistic viewpoints and obsessive demands that seem to trigger their difficulties. Hellman *et al.* (1987) unveiled that more inflexible Counsellors reported greater levels of stress compared to their flexible counterparts.

To battle these forces, two important strategies for the Counsellors are recommended to; If Counsellors acknowledged their own injuries and become involved in their own self-healing, the risks to their clients would be minimized. Lastly Counsellors should adopt the role of personal counselling and supervision which would give them essential and realistic feedback.

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