

Integrating HIV Services & Effective Clinic Flow

OPA/OFP HIV Prevention Project
Annual Technical Support Conference

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Welcome and Introductions



Mindset Activity

What do you see?

The first image shows a white profile of a face on a black background. The second image shows a woman's profile that can be perceived as either young or old. The third image shows a goblet and a cluster of dots that can be perceived as either a goblet or a face.

What do you see?

Face or Liar

Young or Old Woman

Which center dot is bigger

Faces or Goblet

The first image is labeled 'Face or Liar'. The second image is labeled 'Young or Old Woman'. The third image is labeled 'Which center dot is bigger' and 'Faces or Goblet'.

Mindset Discussion

- What does our mind set have to do with HIV Integration into Family Planning?
- Where are your priorities?
- What are the barriers?
 - Beliefs or biases about who gets HIV?
 - Beliefs or biases about HIV and women?
 - Beliefs or biases about the population of women we serve specifically?

Definition of HIV Service Integration

"HIV Integration into reproductive health settings is the routine provision of HIV prevention and care services which are easily accessible and client-centered. These services may include but are not limited to information and education, counseling, testing, referral, and treatment."

CDC Smart Team 2003

Reasons For HIV Service Integration

- Reduce HIV incidence among women whose only contact with health services is family planning - Reduce the number of missed opportunities
- Reduce the progression to AIDS and decrease mortality among infected women
- Reduce mother to child transmission of HIV

What Is HIV Service Integration ?

- Discuss the following
 - What does getting HIV testing or services look like in your agency?
 - Who does it, when and where.
 - What methods are used (i.e. Screening or Assessment, Client Focused, Solution or Problem Focused etc.)
 - How many staff are involved in your HIV services process
 - Planning
 - Implementation
 - Quality Assurance

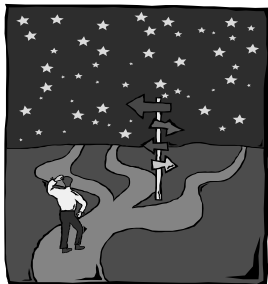
Short-Term & Intermediate Goals

- Increased number of clinics integrating HIV counseling & testing
- Increased proficiency in HIV counseling
- Increased proficiency in HIV testing
- Increased number of HIV tests at clinics
- More referrals for HIV testing
- Increased number of HIV+ individuals served

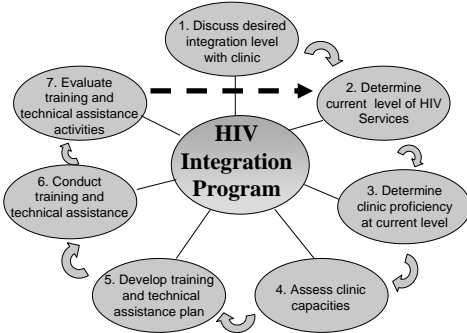
Long-term Goals

- Reduced risky sexual behavior among people served in RH clinic/settings
- Increased number of HIV+ individuals seeking & adhering to treatment
- Reduced incidence of HIV among people in the service area

There is no one right way ...



Key Steps in HIV Integration



Planning

- First Steps
 - 1) Establish program champion
 - Strong buy in
 - Willing to go the extra mile if needed
 - 2) Create a stakeholders group
 - Management
 - Clinicians
- Planning w/ Stakeholders
 - SWOT Analysis
 - CDC Checklist (needs assessment)
 - Scheduling (based around clinic availability)
 - Assess clinic flow

Champions - Stakeholders



Who is leading the effort ?

WHO SAID CAN'T ?

Someone is always doing something someone else said was impossible.



TRY TRYING !

SWOT Analysis

- Strengths
- Weaknesses
- Opportunities
- Threats

Strengths

- The strengths-focused questions would include
 1. How can the agency / clinic be strengthened through or by integrating HIV services?
 2. What strengths do the clinic / agency and training components bring to the HIV service integration project?

Weaknesses

- The weakness-focused questions would include
 1. How can the agency / clinic be weakened through or by integrating HIV services?
 2. What weaknesses do the clinic / agency and training components bring to the HIV service integration project?

Opportunities

- The opportunities question should focus on external opportunities for the clinic / agency.
 - What opportunities would open up to the clinic or agency because of integrating HIV services?

Threats

- The threat-focused questions should focus on external and internal threats to the clinic / agency as well as the project itself.
 1. What threats can you envision regarding the clinic or agency as a result of integrating HIV services?
 2. What threats to the HIV service integration project and its success can you imagine?

Building a plan from the SWOT

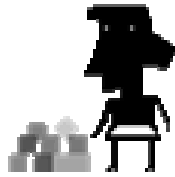
- From each of the SWOT analysis components strategies can be created that will lead to an action plan.
 - Strategies should be explored to
 1. increase or enhance the strengths expressed,
 2. decrease or overcome any weaknesses voiced,
 3. increase the number and type of opportunities or make the opportunities predicted happen, and
 4. lessen the threats to the agency and project.

SWOT Small Group Activity Sheet

How could the clinic be Strengthened by HIV Service Integration?	How could the clinic be Weakened by HIV Service Integration?
Strengths each agency involved (training agency, hospital, individual clinic etc.)?	Strengths each agency involved (training agency, hospital, individual clinic etc.)?
What potential threats to the agency exist because of Integrating HIV Services?	What potential opportunities exist for the agency because of Integrating HIV Services?
What potential threats to the HIV Service Integration Project exist?	

Levels of HIV Prevention CDC Checklist

- HIV Prevention Education
- HIV Prevention Counseling
- HIV Testing Services
- Health Care for HIV + Women



Checklist: Handout

Does the facility...	YES	NO	If "No", are related clients in education provided?		
1.1. Provide a written policy on confidentiality? Checklist for Client HIV Prevention Education.			All of Yes, 2 or 3. - None at all, 0 or 1. - Those who require the information. - Other		
How well do the facility personnel practice... (Choose one)					
1.1 Identify goals and objectives for HIV prevention education?	Met/Exceeded excellent practice Outdated	Good quality/adequate practice None written	Only quality/adequate internally		
1.2 Outline the education requirements for each client encounter?	Met/Exceeded excellent practice Outdated	Good quality/adequate practice None written	Only quality/adequate internally		
1.3 Define staff roles and responsibilities for HIV education?	Met/Exceeded excellent practice Outdated	Good quality/adequate practice None written	Only quality/adequate internally		
1.4 Assure client privacy and confidentiality when providing HIV education?	Met/Exceeded excellent practice Outdated	Good quality/adequate practice None written	Only quality/adequate internally		
1.5 Address literacy, culture and age appropriateness of the HIV educational materials?	Met/Exceeded excellent practice Outdated	Good quality/adequate practice None written	Only quality/adequate internally		
1.6 List training requirements for staff doing education and discussion testing practices?	Met/Exceeded excellent practice Outdated	Good quality/adequate practice None written	Only quality/adequate internally		
1.7 Provide for periodic retraining for staff?	Met/Exceeded excellent practice Outdated	Good quality/adequate practice None written	Only quality/adequate internally		
1.8 Address client referral for services not provided in-house?	Met/Exceeded excellent practice Outdated	Good quality/adequate practice None written	Only quality/adequate internally		
1.9 Require periodic observation assessments to ensure high-quality education?	Met/Exceeded excellent practice Outdated	Good quality/adequate practice None written	Only quality/adequate internally		
1.10 In general for all or most of management, what is the level of motivation to provide HIV prevention education?	High	Moderate	Average	Limited	Low

How to move up the continuum

- Discuss the possible steps your agency can make to move up the HIV service integration continuum
- Are policies and procedures for HIV services documented and known by all staff?
- What are staff attitudes and preparation for offering HIV services? (Support and Management)
- Which services are being offered to whom?
- What is the impact of offering HIV services during a family planning clinic session.

Level of HIV Service Integration

- Discuss what level of HIV Service Integration your facility is at and how you came to that conclusion - what does that level look like in your organization

Patient Flow

- WinPFA
- Re-look at appointment system
- Staffing patterns
- Physical lay-out
- Staff assignments
- Video for Waiting Room / Patient Ed Room

Win PFA

- Produces 11 Reports
 - Show rate
 - Client time in the clinic and with staff
 - Waiting time between stops
 - Staff time available
 - Time client spends at each stop ...
- Produces 2 graphs: Client graph
Staff graph

Essential Capacities

- Management awareness & motivation to integrate
- Staff awareness & motivation
- Clinical staff skills
- Adequate referral systems



Management Awareness & Motivation

- Established policies and procedures for HIV prevention integration
- Motivated management staff
- Adequate resources for services
- Established clinic flow procedures
- Established commitment to quality assurance



Staff Awareness & Motivation

- HIV-related knowledge of most staff
- Staff motivation to provide HIV prevention services
- Staff comfort in delivering HIV prevention services

HIV Integration Toolkit

- Regional Training Centers product
 - Definition of integration
 - Supporting literature
 - Description of levels of HIV prevention
 - Common barriers to integration
 - Description of needed capacities
 - Tools for assessment of levels & training needs
 - Examples of training tools
 - Technical assistance tools
 - Monitoring & evaluation
 - Experiences of different types of providers



Planning = Success

- Strong Planning will result in a long-term project able to sustain itself.
- Evaluation & plan modification through stakeholders meetings is helping to sustain the project
- Training and Training of Trainers also is helping to create a sustainable project

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"THE COMPUTER SAYS I NEED TO UPGRADE MY BRAIN
TO BE COMPATIBLE WITH ITS NEW SOFTWARE."

Questions & Discussion