

THE MANAGER

CASE STUDY FOR TRAINING AND GROUP DISCUSSION

The La Valle District Planning Team Monitors HIV/AIDS Services

Scenario

LA VALLE DISTRICT serves several periurban communities in a poor province. The men from this district often migrate elsewhere to find work in agribusiness or manufacturing, but many return home infected with HIV. About 25 percent of women seeking prenatal care are HIV positive. Many are caring for ill husbands at home. Others are heading up their households alone.

La Valle District's HIV/AIDS planning team is working to make all the places where clients and providers interact be functional service delivery points (FSDPs) for HIV/AIDS clients. Last year the team scanned its environment: the community, clients, facilities, and management supports. The review revealed a lack of community knowledge about how to prevent HIV/AIDS and low levels of knowledge about the types of HIV-related services available. It identified a large number of people living with HIV/AIDS being cared for at home. It also identified staff frustration at the lack of privacy for counseling sessions, outdated job descriptions, and delays getting clients' HIV test results back. The district team developed a plan to address these and other issues and began implementing it several months ago.

Dr. Pressat, District HIV/AIDS Manager, is leading a quarterly review of the team's plan with program managers, district facility managers, and representatives from community social services and home care services.

"Tell me about the situation in the communities and in the clinics," requested Dr. Pressat.

"The situation at the community level is still bleak," said Mrs. Charles, Manager of Voluntary Counseling and

Testing (VCT) Programs, "but our clinics are starting to be known as providers of services that HIV/AIDS clients want to come to."

"Support from local religious leaders for our initiative is helping," said Mrs. Joseph, a community leader in home care services. "They have proposed that community volunteers provide home-based care for people living with AIDS, and the volunteers have received three months of training. Although it took some time and the work is hard, they are helping people living with AIDS in their neighborhoods to feel more comfortable. They are easing the burden of family members, and it appears that their work is encouraging people to come in and get tested."

"Some religious leaders are starting to talk about HIV/AIDS in their sermons," said Mr. Romain, district manager of a supermarket chain that provides food at reduced prices to people living with HIV/AIDS.

"It sounds as if the number of people coming for counseling and testing is increasing," said Dr. Pressat.

"Definitely," said Mrs. Charles. "The staff at many clinics are finding people waiting for them every morning when they arrive, though some clinics have seen less increase."

"Has anything else contributed to this growing interest in VCT?"

"Our new rapid testing is making a big difference," offered Dr. Bernardin, Clinical Services Manager for the district. "Before, people would have to wait between three and five days for their test results. Many never returned to get their test results. Now our clinics can give

people their results in just a few hours. Staff are finding that people are more willing to get tested if they can receive the results the same day. Some clinics have started providing educational sessions for people while they are waiting for testing, test results, or other services.”

“The new counseling rooms we created have also had a positive effect,” said Mrs. de la Croix, a clinic manager. “Before, we had to counsel people where other clients could hear what we were saying. This greatly discouraged people from returning for their test results.”

“My staff are telling me that they are doing a better job of counseling since receiving training in VCT a few months ago,” said Mrs. Val, another clinic manager, nodding to Mrs. Charles. “Before the training, they hadn’t fully appreciated the differences between VCT counseling and family planning counseling.”

“It sounds as if many of our facilities are handling more clients now than we were before,” said Dr. Pressat. Mrs. de la Croix and Mrs. Val nodded agreement. “Has this had a negative impact on the staff’s ability to do their work?”

“Not so far,” replied Mrs. de la Croix. “They seem to feel more positive about their jobs now that they can refer clients to a source of ongoing home care. There is always the risk that our counselors will burn out and leave this work, but they seem motivated by the great public need. I feel that the changes we initiated are making a difference for both my staff and our clients.”

“My staff seem more motivated too,” said Dr. Molière, Outreach Services Manager for the district. “The new job descriptions, with revised job responsibilities and skills, have made our home care volunteers and their supervisors feel recognized for all their activities.”

“It sounds as if our district has made progress in addressing the needs identified in the assessment last year and implementing its plan,” smiled Dr. Pressat. The program and facility managers nodded and smiled in return. “Are there any areas where we could do better?”

“Yes,” spoke up Dr. Molière. “Stigma is still a great problem for the people in our district. We need to do much more to get our communities to treat HIV/AIDS patients with respect. Also, some of our home care volunteers are inspired by their work, while others get

discouraged. How can we help our volunteers and their supervisors to be more effective and stay motivated?”

“Our stocks of antibiotics to treat pneumonia and other infections in the clinics are very limited,” said Dr. Bernardin. “Many of our HIV-positive clients present with fever and cough, but our health staff cannot provide all of them with the necessary medicines. More people would come in for VCT if they knew we had consistent supplies of the medicines they need.”

“Some of our clinics are not seeing as much of an increase in people coming for VCT,” said Mrs. Joseph, who always brought up difficult topics. “Have they been making the same progress as others in becoming a functional service delivery point for HIV/AIDS?”

“Our quality assurance efforts are being held up by delays in writing up our standard procedures and guidelines for HIV testing, reporting, counseling, and treatment,” said Mrs. Charles.

“Thanks for this information,” said Dr. Pressat. “I am so pleased we are making progress throughout the district, even in these difficult times. Thank you for bringing up other areas for improvement. We will incorporate these into our plan and I will follow up with the people responsible for these areas to see what can be done. I encourage you to continue your important work.”

Discussion Questions

1. What objectives did the HIV/AIDS planning team of La Valle District set for themselves to improve HIV/AIDS services? What actions have they taken so far?
2. What are some indicators of the impact of the district team’s FSDP initiative so far? What would you suggest they do to monitor the progress of their initiative? Suggest other indicators that might help the team track its progress and achievements.
3. Based on your own experience and on information provided in the issue and the scenario, what other actions could the La Valle team take in order to achieve its goal of making all district clinics FSDPs for HIV/AIDS clients?

QUESTION 1 What objectives did the HIV/AIDS planning team of La Valle District set for themselves to improve HIV/AIDS services? What actions have they taken so far?

The initial review revealed a lack of community knowledge about HIV/AIDS and low demand for HIV-related services, a large number of people living with HIV/AIDS being cared for at home, a high level of staff frustration at the lack of privacy for counseling, outdated job descriptions, and delays in getting clients' HIV test results back. The team's plan appears to have included objectives such as:

- improving the district clinics' relationships with the community;
- providing services in their homes to people living with HIV/AIDS;
- increasing the number of people who receive the results of their HIV tests;
- improving management supports.

The district clinics, with the support of the La Valle District's HIV/AIDS planning team have undertaken a number of actions. They have:

- involved the community in the FSDP effort by involving local religious leaders;
- established a home-based care initiative for people living with HIV/AIDS;
- provided rapid testing for HIV;
- provided educational sessions for people in the waiting room;
- improved client privacy;
- improved staff counseling skills;
- reworked job descriptions;
- monitored the FSDP initiative, as indicated by the team meeting and discussion.

QUESTION 2 What are some indicators of the impact of the district team's FSDP initiative so far? What would you suggest they do to monitor the progress of their initiative? Suggest other indicators that might help the team track its progress and achievements.

The scenario provides several examples of the impact of the FSDP initiative so far:

- an increased number of people are coming in for VCT;
- an increased percentage of VCT clients are receiving their test results and post-test counseling;
- people living with HIV/AIDS are receiving care in their homes;
- job descriptions have been reworked;
- job satisfaction on the part of clinic staff has increased;
- staff's VCT skills have improved.

Suggestions of ways the team could monitor the progress of its initiative include asking clinics to do client exit interviews, scan their environment on a regular basis, carry out work climate assessments (see *The Manager*, Volume 11, Number 3), and/or carry out behavior or attitude surveys in the community.

Other indicators that the district team might use to track its progress and measure its achievements could include:

- an increase in the number of men and women reporting symptoms of STDs and seeking care;
- an increase in the percentage of clients with STDs receiving advice on condom use and partner notification, and being referred for HIV testing;
- a reduced incidence of stockouts of medicines used to treat respiratory infections;
- dissemination of written guidelines for HIV testing, reporting, counseling, and treatment.

QUESTION 3 Based on your own experience and on information provided in the issue and the scenario, what other actions could the La Valle team take in order to achieve its goal of making all district clinics FSDPs for HIV/AIDS clients?

Actions that La Valle team could take can be grouped under the four areas of the FSDP Framework. Some actions might relate to more than one area.

Community Participation and Support

According to the VCT Program Manager, stigma is still a great problem for people living with HIV/AIDS. The team could help clinics do more to educate the community about HIV/AIDS and reduce stigma. Perhaps clinics could partner with local groups to provide outreach activities such as educational forums or drama performances that educate while entertaining the community.

Clients' Demand for and Use of Health Services

The case scenario does not discuss the level of client knowledge of HIV prevention methods or prevention of mother-to-child transmission of HIV. The team may wish to develop or identify existing IEC materials for counseling sessions. The team may want to encourage clinics to partner with local middle and high schools to provide educational sessions on HIV prevention.

Providers' Supply of Health Services

The Outreach Services Manager appears concerned that some volunteers are losing their motivation. Training for staff who supervise the volunteers could help improve their effectiveness and help them stay motivated. It might also be helpful to hold periodic community events and celebrate or reward the volunteers for their efforts.

What other social services are available to people living with HIV/AIDS, such as free or subsidized food? This is not discussed in the scenario. The team might want to learn about these types of social services, if available, and encourage clinics to refer their HIV clients to them.

Management Supports

The case scenario does not discuss stocks of equipment and supplies. Are gloves and clean syringes and needles consistently available to the staff as needed and safely disposed of? Does the clinic have enough condoms on a regular basis, or does it suffer from stockouts? For clinics where stockouts are a problem, the supply and order system may need some attention.

The team may want to conduct community knowledge and behavior assessments, to improve its understanding of these issues, learn how to address them, track changes in knowledge and behavior over time, and monitor the impact of the FSDP initiative over time.

The team may want to do more to monitor the progress of different clinics as they work to become FSDPs for HIV/AIDS. Why are some doing better than others? What barriers are they encountering? How are they overcoming them?

As suggested in the scenario, the team needs to finish writing up the standard procedures and guidelines for HIV testing, reporting, counseling, and treatment, send them out to all clinics, and provide training in them as needed.

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Management Sciences for Health
165 Allandale Road
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USA

Phone: 617.524.7799
Fax: 617.524.2825
E-mail: bookstore@msh.org
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