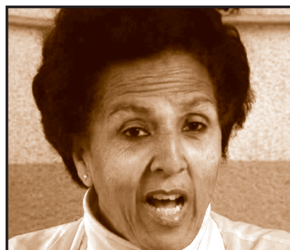


INTEGRATING HIV PREVENTION IN THE CARE SETTING

HEALTH MANAGER'S GUIDE

Gretchen Bachman, MIM|MBA

Leine Stuart, RN, PhD, ACRN

Helen Schietinger, MA, ACRN

INTEGRATING HIV PREVENTION IN THE CARE SETTING
HEALTH MANAGER'S GUIDE

Gretchen Bachman, MIM|MBA
Leine Stuart, RN, PhD, ACRN
Helen Schietinger, MA, ACRN

© 2007 Family Health International (FHI). All rights reserved. This book may be reviewed, quoted, reproduced, translated, or adapted in full or in part, provided the source is acknowledged. This document was funded by the US Agency for International Development (USAID) through FHI's Implementing AIDS Prevention and Care (IMPACT) Project, Cooperative Agreement HRN-A-00-97-00017-00.

ACKNOWLEDGMENTS

Family Health International (FHI) is proud to present this guide for the integration of HIV prevention in the care setting. FHI developed this document to help health providers in low-resource settings capitalize on all opportunities to promote prevention to persons of known and unknown HIV status. Gretchen Bachman, Leine Stuart, and Helen Schietinger wrote the guide in collaboration with other FHI staff members, including Scott McGill, Kwaku Yeboah, Mukadi Ya Diul, Irina Yacobson, Gloria Sangiwa, Philippe Chiliade, Merywen Wigley, and Paul Nary. Early reviewers included Gina Dallabetta, Graham Nielsen, and Richard Steen, whose technical expertise and practical guidance helped to develop this document.

This guide was field tested in September 2006 in Kabwe, Zambia, under the auspices of Zambia's Ministry of Health and in coordination with the Zambia Prevention, Care, and Treatment (ZPCT) Partnership. For their invaluable assistance and input, the authors thank ZPCT staff members Cathy Thompson, Kwasi Torpey, Prisca Kasonde, George Chigali, and Violet Kunda, along with the very dedicated staff of the health facilities listed below.

- Kabwe General Hospital
- Kabwe Mine Hospital
- Bwacha Health Centre
- Kasanda Health Centre
- Pollen Health Centre
- Mahatma Ghandi Health Centre
- Makululu Health Centre

CONTENTS

ACRONYMS . . . . **v**

SECTION I. OVERVIEW **1**

The Role of Prevention in Ending the AIDS Pandemic 3

HIV Prevention in the Care Setting 4

Strategies for Promoting HIV Prevention in the Care Setting 5

Prevention with Positives 5

Provider-initiated Testing and Counseling 6

Behavior Objectives for Prevention in Care 6

Why Start a Prevention in Care Program? 8

Who Should Use This Guide 10

How to Use This Guide 10

A Successful Prevention in Care Program. 11

Where Prevention in the Healthcare Setting Happens 13

How Prevention in the Healthcare Setting Happens 15

SECTION II. STEP-BY-STEP PLANNING FOR PREVENTION IN THE CARE SETTING **17**

Planning and Setting up the System 19

The Role of the Manager in Planning for Prevention 19

Developing the Plan 20

Step 1: Establish a Multidisciplinary Prevention Task Force 21

Step 2: Gather Information 22

Step 3: Assess the Situation. 24

Step 4: Develop a Plan 26

Step 5: Implement the Plan 29

Step 6: Monitor Success 30

SECTION III. HOW TO TALK TO CLIENTS ABOUT HIV PREVENTION **31**

Introduction 33

The Basics of Good Counseling 33

Talking about Difficult Subjects 35

Where Prevention Counseling Takes Place 36

Three Things Clients Need to Hear. 36
Three Steps to Prevention: Assess, Plan, Support. 38
Profile Examples: Assess, Plan, Support 39
Profile 1. ART Client 40
Profile 2. STI Client 43
Profile 3. Prenatal Client 48

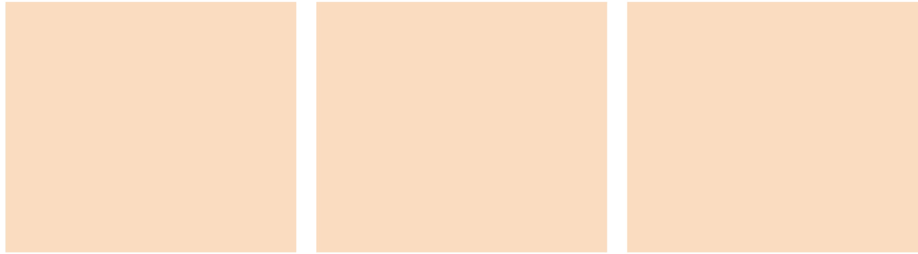
SECTION IV: PLANNING FOR PREVENTION TOOLS. 53

Tool 1: Self-assessment for Clinical Staff 55
Answer Key to Tool 1. Self-assessment for Clinical Staff 55
Tool 1A: Self-assessment for Non-clinical Staff 59
Answer Key to Tool 1A. Self-assessment for Non-clinical Staff 55
Tool 2: Client Exit Survey, General Clinic 61
Tool 2A: Client Exit Survey, HIV Care Clinic 64
Tool 3: Physical Resources Checklist 67
Tool 4: Management Checklist and Survey 72
Tool 5: Organizational Checklist 74
Tool 6: Staff HIV Prevention Competency Checklist 76
Tool 7: Brainstorming Grid 78
Tool 8: Sample Action Plan 79

ENDNOTES 80

ACRONYMS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
FHI	Family Health International
HIV	Human immunodeficiency virus
HPV	Human papiloma virus
KAP	Knowledge, attitudes, and practices
PEP	Post-exposure prophylaxis
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PTF	Prevention task force
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TB	Tuberculosis
IUD	Intrauterine device
VCT	Voluntary counseling and testing
ZPCT	Zambia Prevention, Care, and Treatment Partnership



SECTION I. OVERVIEW

PREVENTION care

The steady growth of the AIDS epidemic stems not from the deficiencies of available prevention strategies but rather from the world's failure to use the highly effective tools at its disposal to slow the spread of HIV.

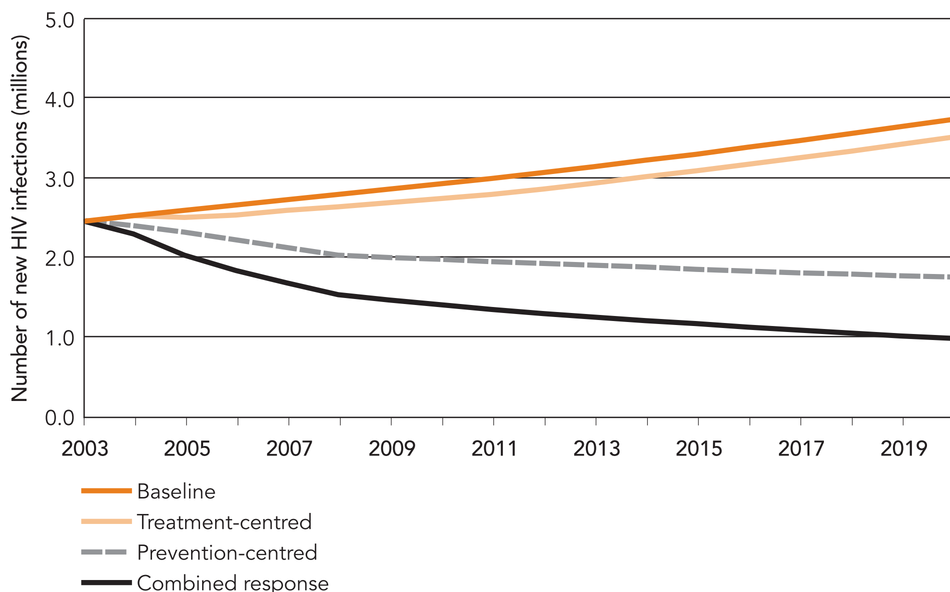
2006 Report on the Global AIDS Epidemic
UNAIDS

THE ROLE OF PREVENTION IN ENDING THE AIDS PANDEMIC

In 2005, 4.1 million people became newly infected with HIV and 2.8 million people died of AIDS. By the end of that year, nearly 38.6 million people were living with HIV.[1] Despite reduced morbidity and death since the advent of antiretroviral therapy (ART), HIV prevention efforts are not keeping pace with the pandemic. Sadly, the failure in prevention is largely due to a lack of available services, rather than a lack of effective solutions. For example, a 2003 analysis of coverage revealed that most people in low- and middle-income countries do not have access to many key prevention services, including voluntary counseling and testing (VCT) and prevention of mother-to-child transmission (PMTCT).[2]

Long overdue efforts to increase access to treatment have sometimes overshadowed, rather than complemented, prevention efforts. As figure 1 illustrates, the most effective response requires bringing both prevention and care to scale.[3]

FIGURE 1. Three Responses to HIV Infection Rates and their Differing Impacts, Projected to 2020.



Source: Salonom JA et al. (2005). *Integrating HIV Prevention and Treatment: From Slogan to Impact*

Prevention and care are interdependent components of the fight against HIV/AIDS and often intrinsically linked. Effective use of highly active ART, for example, appears to lower the chance that an HIV-positive person will transmit the virus to an uninfected partner.[4] Likewise, knowing that care and treatment options are available may persuade more people to get tested and encourage more open discussion about HIV prevention within the general population.

HIV PREVENTION IN THE CARE SETTING

Until recently, prevention efforts have primarily targeted persons *at risk* of HIV/AIDS, rather than those living with HIV. Most of these efforts—such as peer education and condom distribution—take place outside of health facilities. Prevention, however, is extremely important, regardless of a patient's HIV status. Clinic visits offer opportunities that are often missed to reach both negative and positive persons.

People living with HIV/AIDS (PLHA) require knowledge and support so they can protect others from infection, protect themselves from HIV reinfection, and avoid other sexually transmitted infections (STIs). PLHA come to health facilities for a variety of reasons: they come for the introduction or maintenance of ART, treatment or prophylaxis for opportunistic infections, and reproductive and antenatal care. All such visits are opportunities to support and reinforce prevention behaviors, yet prevention is rarely discussed on these occasions.

Persons of unknown HIV status also visit health facilities. Unfortunately, in comparison to other health needs, few go specifically to seek HIV testing or other HIV services. To reach vast numbers of people of unknown status, healthcare providers simply cannot wait to be asked for HIV services; they must actively offer them at every opportunity.

Strategies for Promoting HIV Prevention in the Care Setting

Underlying two of the primary strategies to promote HIV prevention in care settings is the basic principle of taking advantage of routine encounters between clients and providers. This guide focuses on opportunities to promote prevention with positives and provider-initiated testing and counseling. Areas for reinforcing prevention in the care setting include general counseling; access to condoms, including female condoms; and screening or management of STIs.

Another key opportunity for HIV prevention in the care setting is post-exposure prophylaxis (PEP). PEP has two main applications. One is occupational PEP, which involves providing prophylaxis to prevent HIV transmission as a result of job-related injuries such as needle sticks. The other is PEP for survivors of rape or other high-risk sexual exposures. While both PEP applications are extremely important components of comprehensive prevention programs, they are beyond the primary focus of this guide.

Prevention with Positives

HIV-positive persons need prevention support to reduce transmission to uninfected persons and reduce their own risk of co-infection from different HIV strains or strains resistant to ART.[5] HIV-positive persons also require protection from other sexually transmitted diseases, including gonorrhea, chlamydia, syphilis, genital herpes, human papiloma virus (HPV), and hepatitis.

Strategies aimed at prevention with positives are quickly becoming essential components of state-of-the-art, comprehensive HIV/AIDS programs. Brief prevention talks during routine visits for ART and tuberculosis (TB) care are a cornerstone of successful programs, since these long-term therapies provide excellent opportunities to routinely discuss prevention. Clients often need time to consider, try out, and maintain new behaviors, and multiple visits enable the building of trusting relationships between client and provider that may make it easier to have discussions about the taboo subject of sexuality.

Provider-initiated Testing and Counseling

A provider-initiated testing and counseling strategy seeks to normalize HIV testing by encouraging providers to offer tests routinely within health services, rather than obligating clients to ask for tests. The strategy is not meant to replace standalone counseling and testing centers; instead, it encourages providers to assume a more proactive role and reach out to millions of people who may never seek out testing. Provider-initiated counseling is especially important in high-prevalence settings, where opportunities to promote HIV prevention during routine care are frequently missed.

While all encounters in health facilities present potential opportunities for provider-initiated testing and counseling and other prevention services, three of the most critical opportunities involve TB, STIs, and pregnancy. TB care centers are excellent locations to promote HIV prevention because of the high rates of HIV-TB co-infection in many countries. Centers offering STI diagnosis and treatment present prime opportunities for prevention because persons with STIs are at higher risk for HIV. And pregnancy-related visits present rare opportunities to reach out to an entire family, since men frequent health centers less often than women, and pregnancy may be the only time in a woman's life that she visits a health center. Yet, according to UNAIDS, in 2005 only 9 percent of pregnant women in low- and middle-income countries were offered services to prevent mother-to-child transmission.[6]

Behavior Objectives for Prevention in Care

Strategies help explain how a program intends to reach a population, and behavior objectives explain what a program wants the population to do. A comprehensive prevention in care program

recognizes that providers' actions can influence what clients do. So while the focus of prevention in care is primarily to promote specific client behaviors, promoting provider behaviors that support clients is also very important.

In a successful program, providers and clients work together to ensure that clients

- test for HIV to determine their status
- disclose their HIV status to their partners
- practice safer sex
- prevent mother-to-child transmission
- practice harm reduction, if applicable

Just as it is unlikely that all clients will proactively ask for an HIV test, it is also unlikely that all providers will proactively offer a test or other prevention services. Providers, like clients, often need encouragement, specific instructions, and motivation to practice positive behaviors. This is especially the case when the subject brings up issues that are difficult for many people to talk about openly, such as sexuality, illness, and death.

Providers can provide support to their clients by helping them to

- assess their HIV risk
- make plans to reduce risk and disclose their status
- find resources in the facility and in the community that support their plans

WHY START A PREVENTION IN CARE PROGRAM?

Every day, during routine care, health workers have numerous opportunities to promote HIV prevention. The healthcare setting is ideal for enhancing the effectiveness of community prevention efforts and reinforcing individual behavior change. The recent push to increase access to treatment for PLHA worldwide is bringing more people into clinics, where health workers have excellent opportunities to promote prevention among those who are HIV positive. As ART becomes more available, people of unknown status are more likely to enter the clinic for testing.

In summary, the following are some good reasons to promote prevention in the care setting:

- In every case of transmission, one person was HIV positive. There are currently about 5 million new infections each year, compared to the estimated 3 million deaths due to AIDS annually. To prevent new infections, providers must know how to support infected and non-infected persons to reduce risk and stop transmission.
- HIV prevention is efficient: stopping infection avoids illness and lost productivity.
- HIV is causing chronic illness and early death among productive members of communities around the world. Healthcare facilities are often hit hard: employees become infected and can no longer work, and already scarce beds and medical appointments are taken up by AIDS patients. Solid prevention programs result in earlier detection of illness, which, in turn, reduces hospitalizations and takes some of the care burden off clinical staff. No country can afford to respond to the epidemic with treatment programs alone.
- Prevention and care work best together. Knowing that care is available is likely to encourage more people to accept testing, and treatment-seeking provides an excellent opportunity to discuss prevention. The sum of the two is greater than either activity alone.
- Patients who seek care are open to learning how to avoid further illness. The care setting provides unique opportunities for healthcare workers and patients to discuss prevention. When people come for medical care, they are attending to their health. This is often a window of opportunity for strengthening their understanding of their personal risk of getting HIV and advising them on how to stay healthy.

- What healthcare workers say matters, and their messages carry the weight of authority. Because physicians, clinical officers, and nurses are respected as health authorities, their prevention advice has a meaningful impact.
- Community and peer-to-peer prevention efforts are reinforced by messages from health providers. Prevention messages given in the healthcare setting give added value to community prevention efforts and vice versa.
- *Information is power.* Without information, neither patients nor providers know clearly what to do to protect themselves. Healthcare facilities can play an important role in arming staff and patients with the capacity to protect and take care of themselves. By talking about prevention, health workers demonstrate to patients that they care about them and their families.
- *Prevention works.* The significant decline of HIV seroprevalence in Uganda in the 1980s and 1990s is attributed in part to individual behavior change resulting from a successful multisectoral HIV prevention campaign.

GUIDE OBJECTIVES

1. Outline a step-by-step planning method for healthcare supervisors and managers who would like to put together a prevention team and program.
2. Give healthcare workers the tools and knowledge to take advantage of HIV prevention opportunities in healthcare settings.
3. Provide sample training, communication materials, and strategies to support prevention plans.

WHO SHOULD USE THIS GUIDE

This guide is intended for healthcare personnel in supervisory or managerial roles who have the opportunity and responsibility to ensure prevention becomes routine within a particular health-care setting. The setting may be primary, secondary, or tertiary, as possibilities for prevention occur at all levels.

Throughout the guide, "manager" refers to all levels of healthcare supervisory staff, including a hospital or clinic director, hospital matron, chief of staff, unit chief, and head nurse. The manual is also intended to support healthcare personnel who are not based at a facility, including provincial- and district-level health directors responsible for overseeing and implementing new initiatives.

How to Use This Guide

A manager can use this guide to integrate HIV prevention into a healthcare facility. After reviewing the entire manual, the manager should convene a prevention task force (PTF) that represents the different members of the clinical team. The PTF then reviews section I, which provides an overview of prevention in care and a summary of the planning process. With the manager's guidance, the team can then use section II to execute the step-by-step plan. Section III offers a model to guide providers in their discussions about prevention with clients.

Because section II provides detailed examples of prevention tactics, PTF members should be encouraged to review this section before they begin the planning process. Section III is also intended to be used as a training tool once the plan for prevention in care gets underway. Section IV is a directory of tools and resources that can be accessed and adapted to support a prevention program.

Managers and healthcare providers can also use this manual to integrate HIV prevention into their clinical practice. Section III, in particular, offers guidance on how to discuss difficult topics with clients in a time-efficient but sensitive manner.

PRINCIPLES OF PREVENTION IN CARE

- Prevention is the responsibility of every member of a healthcare team. When each person has a part to play, everyone shares the work and no individual assumes the full burden.
- People need reinforcement to make change. Each individual intervention contributes to a convincing, consistent message for a patient.
- By working closely with community partners, providers can help make sure that clients hear prevention messages many times.
- Prevention cannot be isolated from other HIV-related issues, especially sexuality, confidentiality, and stigma.
  - ***Sexuality:*** To talk successfully with patients about preventing HIV, providers must become comfortable talking about sex in non-judgmental ways.
  - ***Confidentiality:*** To feel safe getting tested for HIV and seeking treatment, patients must be assured of complete confidentiality.
  - ***Stigma:*** For people with HIV to feel safe disclosing their status to their partners and others, HIV/AIDS must be separated from shame.
- People can only practice prevention if they feel supported and safe.
  - Providers must have the knowledge and equipment to practice standard precautions and protect themselves from contaminated fluids.
  - When patients have information and the sense that their providers care, they are supported to reduce unsafe behaviors.

A SUCCESSFUL PREVENTION IN CARE PROGRAM

HIV prevention can become part of the fabric of any healthcare setting. In a facility that promotes HIV prevention, positive patients are asked about risk behaviors when they are first seen. They also receive information on HIV prevention and develop plans to reduce behaviors that put themselves and others at risk. At all subsequent appointments, patients are asked questions about how they are succeeding in these plans. In addition, persons of unknown HIV status who are at high risk of infection—including those seen for other sexually transmitted diseases and TB—are routinely offered testing and counseling or referrals to nearby VCT services.

Importantly, the clinic environment supports provider and patient behaviors:

- Posters and brochures communicate motivational messages about HIV prevention, and information is posted about local HIV/AIDS support organizations.
- Systems are in place to assure privacy and patient confidentiality.
- All staff have received basic HIV training so they understand how HIV transmission is prevented, and they are respectful and unafraid of patients with HIV.
- Clinical staff have received training in HIV-prevention counseling, as well as the fundamentals of pre- and post-test counseling.
- Working relationships and referral mechanisms are in place with other agencies needed to support HIV prevention, including, for example, PLHA support groups, domestic violence shelters, and legal services.
- Monitoring and evaluation interventions are in place to assess progress.
- Staff members understand their respective roles through supportive supervision and standard operating procedures that incorporate prevention.

HIV prevention in healthcare settings also includes protecting staff from becoming infected by exposure to blood. HIV prevention plans must include policies and procedures for standard precautions. In addition, the plans must include training for all staff in procedures, as well as provision of appropriate protective materials. Prevention plans include setting up a PEP system for health workers that includes ART.

Training staff in HIV prevention is an integral part of implementing the plan, which focuses on developing human resources in a way that supports the program policies, activities, and outcomes. Training also improves staff professionalism and morale. Basic training and continuing education that reinforce and update knowledge and skills are both essential.

Healthcare workers should understand the broader behavioral strategies into which their prevention interventions fit. The prevention interventions, developed by the multidisciplinary PTF, should be relevant to the ultimate objectives of the healthcare services offered and appro-

priate to the setting. Healthcare workers need to understand the rationale behind a particular protocol if they are expected to adhere to it. Once this is achieved, the knowledge base needs to be strengthened.

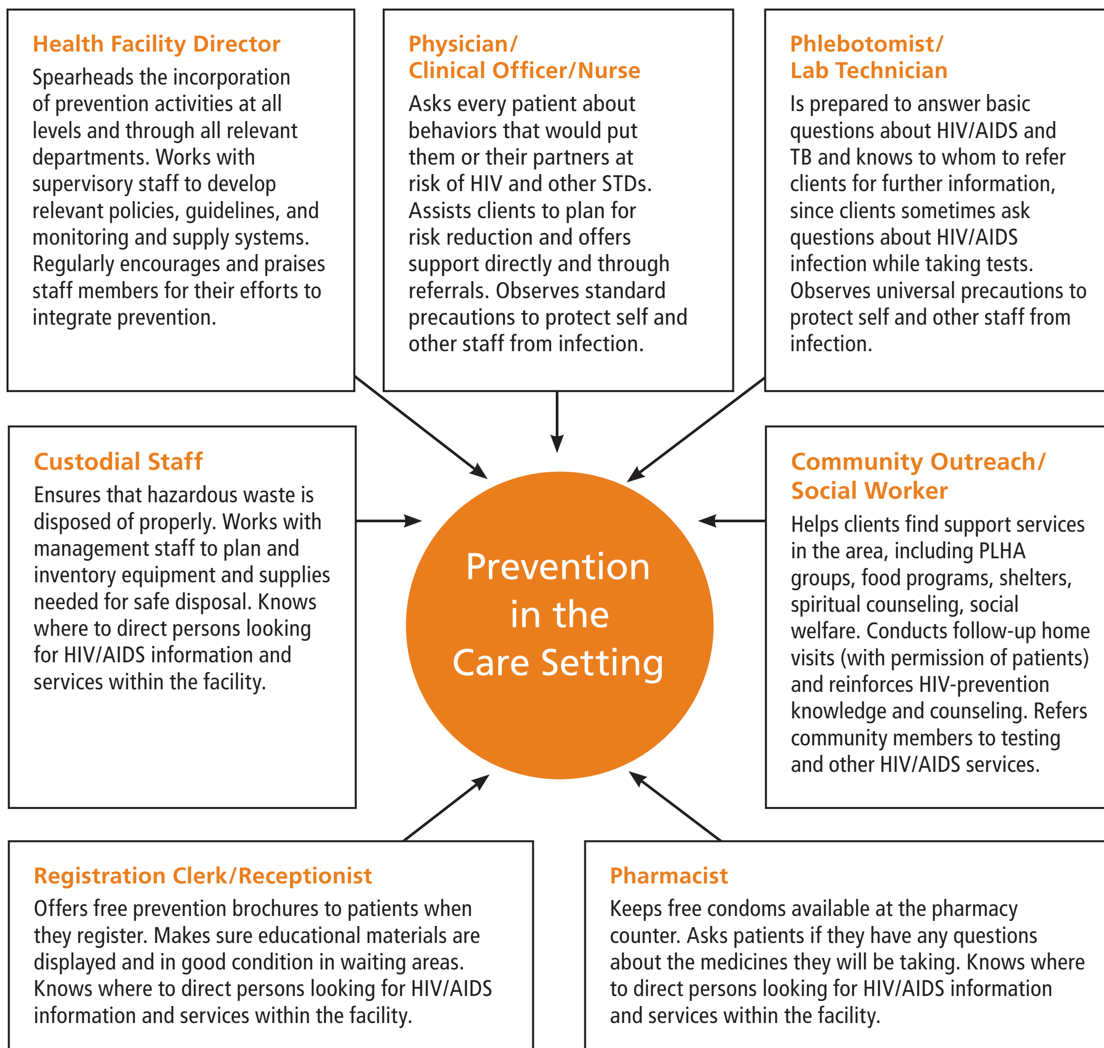
Where Prevention in the Healthcare Setting Happens

People need to receive HIV prevention messages from many sources, and HIV prevention is an appropriate part of any healthcare intervention. Ideally, each healthcare encounter with a patient provides another opportunity to explore possible HIV risks, educate about HIV prevention, and advise about reducing risks and getting tested.

Most administrators and managers must prioritize, however, in selecting services into which to integrate HIV prevention. The services they choose should be those that serve people who are at highest risk of having or transmitting HIV. Resources can then be focused on developing a comprehensive prevention plan for integrating prevention into care for these services through the use of staff training, educational materials, supervision, and ongoing assessment.

FIGURE 2. Prevention Teamwork in Everyclinic

Whether primary care, HIV, maternal and child health, or another kind of setting. Each role described can be played by other providers, and the patient may be HIV positive or negative.



Share the responsibility. You can't ask healthcare providers to do tasks they don't have time to do or those they don't want to do. But if everyone on the team contributes, no person's burden is too great.

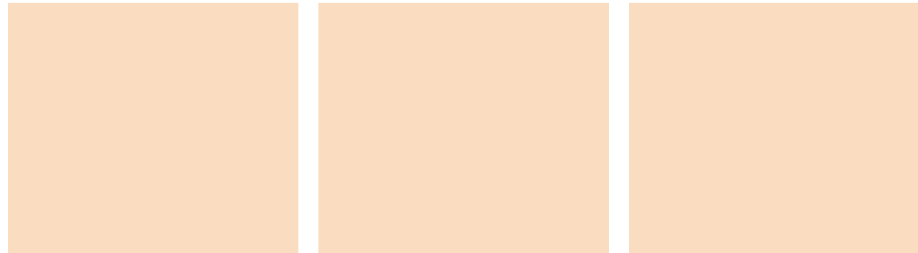
How Prevention in the Healthcare Setting Happens

The manager plays the central role in making HIV prevention a reality in the healthcare setting. A strong leader creates a positive climate for change and provides the vision of what staff will gain from integrating prevention into their practice.

This guide provides managers with a planning process that mobilizes key staff and engages them in assessment, planning, training, initiating, supervising, and evaluating the new activities (see figure 3). Section 3 guides managers through the process, and section 4 contains tools for assessment and planning, training, developing policies and procedures, and evaluation.

Getting There: The Planning Process

STEP 1	**Convene a prevention task force (PTF)** Establish a multidisciplinary PTF from various departments—for example, the laboratory, pharmacy, antenatal care, inpatient ward, and pediatric unit; build enthusiasm, collaboration, and teamwork.
STEP 2	**Gather information** Survey patients and staff; do a "walk-through" of the facility; examine all aspects of the facility, using an HIV- prevention checklist that will help identify places where prevention can occur; hold a brainstorming session to gather further suggestions.
STEP 3	**Assess the situation** Identify the strengths and constraints of the facility; brainstorm potential solutions.
STEP 4	**Develop a plan** Select prevention objectives; identify the needs for training, equipment, materials, and policies to achieve the objectives; decide who will conduct the activities; prioritize and scale back if necessary; select ways to measure progress.
STEP 5	**Implement the plan** Allocate resources; order supplies; establish new policies; change or adapt procedures; train staff, set up processes for ongoing supervision and evaluation.
STEP 6	**Monitor success** Continue to collect information for monitoring and evaluation; reconvene the PTF regularly (perhaps quarterly) to assess progress and goals; shift course if necessary; continue to give staff positive feedback and encouragement.



SECTION II. STEP-BY-STEP PLANNING FOR PREVENTION IN THE CARE SETTING

PREVENTION care

PLANNING AND SETTING UP THE SYSTEM

Integrating HIV prevention into healthcare services starts with planning. The process is undertaken by representatives from various groups of stakeholders who are impacted by and can contribute to HIV prevention. The prevention task force (PTF) creates and implements a plan tailored to the unique needs of the health facility in question. The steps in planning are to establish a multidisciplinary PTF to

- gather information
- assess the situation
- develop an action plan
- implement the plan
- monitor accomplishments

The final plan to incorporate HIV prevention into care will most likely include activities such as establishing policies and procedures; allocating resources; procuring supplies and educational materials; setting up ongoing training for staff, including HIV prevention orientation for new staff; assigning responsibilities and supervision of personnel; and establishing and overseeing evaluation mechanisms.

WHAT SUCCESS LOOKS LIKE

A cultural shift should be occurring after the first wave of training, when new policies and procedures are being followed and HIV prevention has become a routine part of HIV clinical care. If the changes have been developed with input from all sectors and are comprehensive, HIV prevention will be a natural part of the care that patients receive. This entails making the physical environment safe and supportive, training all staff, and implementing new policies and procedures and monitoring their impact. In a supportive atmosphere, patients should be hearing how HIV prevention can enhance their wellbeing and their lives.

As implementation proceeds, the manager and PTF provide supervision, encouragement, and praise for successes. The members meet regularly to assess progress and, as necessary, revise objectives and timelines.

The Role of the Manager in Planning for Prevention

The active support of the manager—whether a district health officer, hospital matron, chief of staff, or clinic manager—is critical for instituting a successful HIV prevention program. The manager initiates the planning process, advocates for and obtains needed resources, and supervises the implementation and ongoing evaluation of the plan.

That means that the manager must

- convene the PTF and initiate the planning process
- allocate resources for training and education, supplies, and other costs associated with the plan
- arrange training for providers and assure replacement staff during training
- establish or support appropriate policies, such as those that protect patient confidentiality and ensure use of standard precautions
- organize clinic facilities to allow for privacy and educational activities
- allow providers time to educate patients
- reward provider efforts in patient education
- institute ways to assess progress and assure ongoing evaluation of what has been accomplished
- keep the hospital director and others informed about activities

DEVELOPING THE PLAN

Developing the prevention plan is an important undertaking that can inject enthusiasm into the workplace. It should occur over time and involve a wide range of people, since staff are far more likely to accept and act on suggestions that they themselves have made. The manager needs to ensure that staff have the support and knowledge required to develop a good prevention plan and that the planning and implementation process is timely.

If the budget does not permit the hiring of a facilitator for the process, consider asking a retired hospital administrator or another supervisor to assist on a voluntary or part-time basis. Though a facilitator should have some management experience, preferably within a healthcare setting, he or she does not have to be the manager. In fact, it may be helpful if the facilitator is a disinterested outsiders. Another good option is for the facilitator to be a communications advisor who is working to ensure that health facilities and community groups promote prevention messages that reinforce each other.

The facilitator's role is to encourage participation and to guide discussions without dominating them. The facilitator may also support the day-to-day logistics of planning—for example, making sure meetings are arranged and held, assignments are made, and information is distributed among PTF members.

STEP 1: Establish a Multidisciplinary Prevention Task Force

The manager convenes a PTF to develop the plan and carry out all activities that the task force agrees will take place. The PTF should include representatives of all personnel groups as well as others who will be impacted by the changes. Among those who should be represented are local health authorities; health providers (physicians and nurse practitioners, nurses, social workers, and nursing assistants); support staff (reception, clerical, housekeeping, and janitorial staff); departments such as pharmacy and laboratory; local PLHA groups, health communications advisors, and patients and families. Consumer representation might be periodic, but it is important.

Inviting all stakeholders to come to the table builds enthusiasm, creates collaboration, and reduces the likelihood of resistance to change. The PTF divides into committees for various planning responsibilities, and members report back to the larger group periodically. In the long run, the teambuilding that occurs during this collaborative planning process is important to developing positive attitudes about activities that will be introduced. PTF members also need to communicate to their fellow workers about the new process.

At the first meeting, the manager welcomes participants and describes the purpose and importance of the task force. A brief orientation for the group on local HIVAIDS epidemiology is conducted by a staff person or an invited HIV expert. The information provided should convince the group that HIV prevention is relevant to them, their community, and their work.

Material: General background on HIV/AIDS, section IV (30 minutes)

This orientation is followed with an overview of basic HIV prevention information.

Material: HIV prevention basics, section IV (50 minutes)

Before the end of the first meeting, PTF members should fill out a knowledge, attitudes, and practices (KAP) survey—one they will subsequently use to assess their fellow staff members—and discuss the findings.

The purpose of the KAP, it should be stressed, is to discover what the PTF needs to know to plan future trainings. It is not a test of what members are expected to know already, and the KAP will not be used to evaluate individuals. In fact, to provide assurance that it is only a self-assessment, task force members might be encouraged to retain their own survey results. By the end of this meeting, the PTF should be sufficiently informed and motivated to begin its work.

Material: Tool 1 and 1A, staff self-tests—A survey of HIV-related knowledge, attitudes, and practices for health providers, section IV

STEP 2: Gather Information

The PTF must gather information about HIV prevention activities already occurring in their workplaces, along with information about constraints that may exist (including physical facility limitations, lack of laboratory facilities, gaps in staff knowledge or practices, and inadequate human and financial resources). They also need to amass information on potential opportunities to promote prevention within the current setting.

At this point, task force members divide into separate committees or teams to collect information, and they reconvene in a month or two to report their findings and recommendations. These findings focus on patients and staff, as well as facility, management, and organizational resources.

1. **Patients:** One team gathers information from patients about their perceptions of the services they currently receive at the healthcare facility. Topics of interest include how well patients feel their privacy and confidentiality are guarded; what patients know and want to know about HIV; what prevention messages, channels, and activities patients are exposed to inside and outside the health facility; and from whom they want to hear messages.

The client survey can be based on written surveys or on interviews with individuals. These allow the PTF to gather important insights into provider behaviors and services. Exit surveys should be spread across areas of the facility where HIV prevention should be common practice, including outpatient, inpatient, and maternal and child health departments.

An important consideration is how and where to approach patients. It should be done in a manner that makes patients appreciate being asked for their opinions, rather than feeling that their answers may be held against them.

Materials: Tool 2 and 2A, client exit surveys, section IV

GATHERING INFORMATION ABOUT HEALTHCARE PROVIDER PRACTICES

Gathering information about how people behave or practice can be difficult. Most people tend to do things more carefully or knowingly if they know they are being watched. Asking them how they practice also presents problems. While they might answer correctly, they might not have had the time or the inclination in a real situation to carry out the practice they describe.

Instead of observing providers or asking them questions directly, many researchers use client exit surveys to estimate provider practice. This kind of survey enables the PTF to gather information about what clients think and estimate provider practices. It should be noted, however, that client exit surveys are also subject to some problems. For example, some clients may not remember details that providers told them; others with more knowledge about the subjects discussed may recall more particulars. Most researchers agree, however, that client exit interviews provide a closer estimation of provider behavior than other methods do.

2 Staff: Another PTF team gathers information from staff about their own knowledge of HIV and their attitudes toward people who are infected. The survey tool they use is a self-test. To enable staff to feel comfortable about answering the survey honestly, it is important to tell them: 1) they should not put their names on the survey; 2) all staff members are being asked to take the survey; and 3) the survey's purpose is to find out what further training might be needed, not to assess individual staff knowledge. This approach should ensure that staff want to share their honest opinions without fear of reprisal. The assessment survey should be given to all staff members (including, for example, records clerks) because all should be able to answer basic questions about HIV and AIDS. A shorter version of the tool can be used for staff members who lack clinical backgrounds.

Material: Tool 1 and 1A (shortened version), self-assessment survey for facility staff on knowledge and attitudes—section IV

3 **Facility Resources:** Two or more members of the PTF conduct a walk-through of the facility to observe its physical resources. This team—perhaps the same as the one interviewing patients or staff—uses a checklist and takes notes as it moves from service area to service area. Before starting this process, team members should introduce themselves to staff, explain that they are gathering information about how things work, and assure staff that they are not evaluating individual workers.

   Material: Tool 3, physical resources checklist—section IV

4 **Management Resources:** Management structures to be assessed include standard operating procedures and job descriptions. By including prevention in these structures, prevention is more likely to be viewed by staff as a routine part of their work.

   Material: Tool 4, management checklist—section IV

5 **Organizational Resources:** True integration of HIV prevention depends on the support of leadership, as demonstrated through involvement of senior staff and organizational policy. Up to two members of the PTF can review policies and interview senior staff to gather information for the checklist.

   Material: Tool 5, organizational checklist—section IV

PTF members gathering information from other staff or individual patients should receive an orientation about how to conduct interviews. The members need to know how to protect the confidentiality of informants, as well as how to remain neutral so those interviewed feel free to answer honestly, without fear of reprisal.

STEP 3: Assess the Situation

The PTF examines all the information gathered to assess the situation in their healthcare facility. The members review survey results and checklists for themes and issues, then they discuss what actions need to occur and in what order.

- ***Interviews and Surveys:*** Team members who interview or survey patients or staff review all responses to each question and identify themes that appear. One way to do this is to make a list of the different responses to each question and tally how many people gave each answer.
- ***Checklists:*** PTF members completing the HIV prevention checklists review their answers and look for issues that stand out. They identify strengths within their healthcare setting, as well as opportunities for strengthening HIV prevention services. Team members should also be prepared to make a presentation that summarizes the important issues they find.

IDENTIFYING THEMES: SOME EXAMPLES

In a TB clinic, three of twelve people interviewed said they came to be tested for TB, eight came for treatment, and one came for a 3-month checkup. Though these respondents may not be truly representative of the facility's patients, some assumptions can be safely made from their responses.

- ***Theme:*** Patients in the waiting room will be in different phases of treatment.

Do such patients feel their confidentiality would be protected by staff if they were tested for HIV? Seven of ten people interviewed said they would not get an HIV test under any circumstances, and two said they would feel safe getting tested at the clinic. One woman said she would not. She went on to say news had leaked out of the clinic when she came for a birth control shot, and her husband had beaten her after he heard about it.

- ***Theme:*** Many patients don't want to be tested for HIV.
- ***Theme:*** Confidentiality is an issue.

Once each team has assessed its own findings, the PTF reconvenes to hear each report, review all the information gathered, and put it together. This is an important part of the process. Discussions begin to establish not only what has not been done yet, but also the limitations on what can occur. During the final planning phase, PTF members need to be realistic: they should not expect to achieve too much too quickly. As each team reports its findings, a note taker writes down the themes, ideally on a flipchart that everyone can see.

Finally, the PTF uses the themes to answer brainstorming questions that center on strengths and problems, along with questions about patients, staff, the facility, and the community:

- How is HIV prevention already happening or being supported, including by attitudes, behavior, resources, and services?
- What problems are getting in the way of HIV prevention, including those related to attitudes, behavior, resources, and services?

- In light of these strengths and problems, what is needed to incorporate HIV prevention as a regular component of the care that this facility provides?
- Who could be involved in setting this up?
- What resources would be needed?
- How long would it take?

The objective of the discussion is to identify as many strengths, problems, and ideas for integrating HIV prevention as possible, so that the next step—planning—can be concrete and realistic. Team members should not feel limited during this brainstorming session, especially since problems that have more than one source may have more than one solution.

Materials: A flipchart with brainstorming topics written at the top of each page—for example, strengths, problems, HIV prevention ideas, persons who can help, and resources needed.

STEP 4: Develop a Plan

The development of a plan begins with an understanding of what is possible within the context of existing staff and resources, so that realistic objectives can be chosen. As specific components of the plan are mapped out, goals may need to be further revised, based on the estimated time and resources required to meet various objectives.

At the first meeting of the PTF to develop its plan, one person should briefly review the previous meeting's findings and answer the following questions:

- What are the strengths of our healthcare facility that can support HIV prevention?
- What are the problems that must be solved?

Based on this information, the group selects the prevention objectives that are most important. The challenge is for them to identify objectives that are achievable with the resources at hand, as well as sufficiently comprehensive to assure a successful outcome.

A good rule to follow for creating objectives is "SMART," which stands for specific, measurable, achievable, realistic, and time-bound. One example of a SMART objective for the PTF plan

might be: "By month 6, the number of new TB clients tested for HIV increases 50 percent or more over baseline."

The objectives should be based on the main themes drawn from the information gathered in step 2. Consensus among staff about what is achievable is very important, as is setting a realistic goal. If only 10 percent of selected clients are currently choosing to take an HIV test when offered, then expecting an increase to 100 percent within a few months is likely to be unrealistic.

A NOTE ABOUT NEWCOMERS

Because the planning process takes place over a period of weeks or months, individuals may have dropped off the task force, and new members may have joined or been appointed. The best way to maintain continuity and avoid wasting precious meeting time is for an "old-timer" to be asked to meet with each newcomer before his or her first meeting to describe what has occurred so far.

Once objectives are set, the PTF must map out the activities to achieve each of them, including how it will happen—who will be responsible for each task, with what resources, and when. A sample action plan is shown below.

Sample Action Plan for Incorporating HIV Prevention into Care

Objective	Activities	Person(s) responsible	Resources needed	Finish date	Monitoring method	How often
By month 6, the number of new TB clients tested for HIV increases 50 percent or more over baseline	HIV basic counseling training	TB service supervisors	Training materials; trainers' HIV testkits	July 5, 2007	Clinic register reviewed	Monthly

A critical component of any PTF action plan is how progress will be monitored. The PTF must decide what methods will be used to measure achievement of objectives and how often this achievement will be measured. Information that is already being collected should be reviewed before considering any monitoring that requires new data or systems to collect it.

For example, to monitor progress for the sample action plan, the PTF may propose adapting existing client-record forms or client registers, and then checking how many new patients have accepted HIV testing each month. Other routine monitoring activities might include noting the number of condoms distributed or the number of referrals made that support clients to practice prevention.

Some objectives that require more resources to monitor may be done with less frequency. For example, to determine whether prevention was discussed with providers, clients leaving the facility might be asked twice a year what they recall from their conversations with providers.

In sum, the creation of an action plan involves

- selecting prevention objectives
- identifying activities needed to achieve each objective, including training, equipment, materials, and policies (for example, training clinical staff or incorporating questions into intake forms)
- deciding what each team member can reasonably contribute
- prioritizing objectives, based on what is realistically possible, revising them, and (most likely) reducing their number
- finalizing the plan, including deciding times for completion, responsible persons, and ways to measure progress for each activity

Materials: Several copies of an action plan grid that each team fills out, or a large chalkboard that can be erased as plans are changed.

The planning process may involve heated discussion and debate about whether certain activities are possible and who can take them on. It should also involve a good deal of rewriting. The manager needs to remain involved, have a positive attitude, praise and encourage staff, and be ready to give a realistic estimate of the resources that can be provided, whether these are materials, reorganization of space, and staff time for training and additional duties.

The facilitator should try to keep each objective as specific as possible, identifying as completely as he or she can what would be needed to achieve it. If other suggestions are made as an objective is discussed, the note taker should write these down on a separate sheet (under "other objectives") so the focus is not lost. The facilitator should guide the PTF toward agreement on each item. If this is not possible, the note taker should keep track of specific differences of opinion.

At the end of the process, the action plan is presented as a whole, and the entire set of objectives decided upon is reviewed. At this point, the manager's role is to thank PTF members for their hard work and praise them for it. However, their task is not yet completed; most likely, many team members will also be identified as implementers of the plan.

The final plan should be posted in a location where all team members can check it periodically. It should be presented first to senior management of the facility and then, with their support, to all staff.

STEP 5: Implement the Plan

Multiple tasks occur during this phase. Various PTF members, including the manager, begin to act on the responsibilities they have accepted. In addition, the manager keeps an eye on the timeline and checks in with each PTF member periodically.

Most likely, activities will include allocating resources and ordering materials; establishing new policies and procedures and orienting staff to them; developing and conducting training for various levels of staff; and implementing procedures for ongoing supervision and assessment.

The PTF continues to meet periodically during the implementation phase to keep people focused on responsibilities that have been added to already busy schedules. Together, an enthusiastic, supportive manager and an active, multidisciplinary task force can set a positive tone, keeping PTF members motivated to fulfill their responsibilities and counteracting the natural tendency among staff to resist change.

STEP 6: Monitor Success

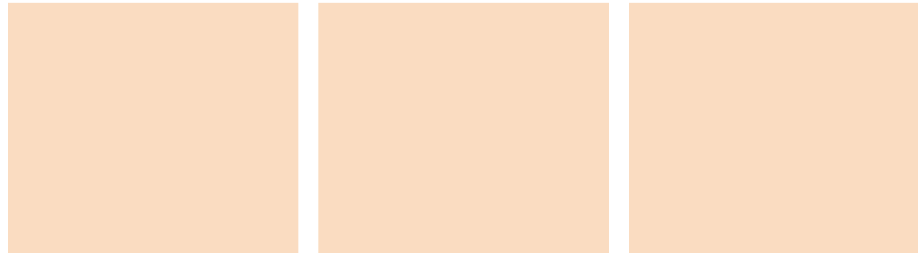
Creating a health facility culture that embraces HIV prevention requires continuity and ongoing commitment. To ensure this commitment, the manager periodically meets with key individuals and reconvenes the PTF to review progress and discuss whether a shift in course is needed. Providing regular progress reports to both senior management and staff will to help ensure ongoing interest and involvement.

PRACTICAL STRATEGIES TO IMPROVE HEALTH WORKER MOTIVATION

- Emphasize from the outset that HIV prevention is part of routine care. This includes helping staff understand that salaries will not be increased. Further training can be used as the motivating factor.
- Underline that preventing HIV impacts the clinical setting by reducing potential HIV cases, morbidity, and suffering.
- Involve senior management from the beginning. This expands program "ownership" and reduces rivalries between departments.
- Use supportive supervision to recognize and praise staff, build skills, and address the needs of providers.

The manager also looks for opportunities to celebrate and publicize the achievement of key milestones by praising colleagues for a job well done in a meeting or by posting an impressive increase toward an important objective.

Tools in section IV used to assess the existence of prevention can also be used to monitor progress over time.



SECTION III. HOW TO TALK TO CLIENTS ABOUT HIV PREVENTION

PREVENTION care

INTRODUCTION

When HIV prevention is fully integrated into the care setting, each staff member communicates some aspect of HIV prevention to every client at the facility. Management supports staff in terms of training, supplies, and systems, as well as supervises, encourages, and evaluates the effectiveness of HIV prevention efforts. Prevention should be such a natural part of the facility's culture that no special effort is required on anyone's part.

For prevention to become routine within a facility, each staff member must be clear on the specific tasks required and have received the appropriate training and managerial support to perform them. Training for staff in the basics of prevention counseling is especially crucial. Because HIV is associated with the difficult subjects of sexuality and death, healthcare workers often require coaching and practice to feel comfortable discussing it with clients. Training that gives providers opportunities to role play with peers and practice discussing risk with "pretend" clients has been shown to result in more effective risk screening when providers face real clients.

WHAT PROVIDERS SAY MATTERS TO PATIENTS

In several studies, HIV-positive clients were significantly less likely to engage in unprotected sex after receiving brief safer-sex counseling from their medical providers.[7] And clients have greater confidence in clinicians who ask about their sexual and STI history during their early interactions with them.[8]

THE BASICS OF GOOD COUNSELING

Many providers share the concern that they do not have enough training or skills to talk to clients about the difficult subjects of HIV/AIDS. These providers need to know that basic counseling skills can be learned; they are not beyond their capacity. Often, the best counselors are not those with the most education; they are those with the greatest ability to communicate trust and who have a keen sense of how people relate to one another.

Counseling is a set of techniques and skills that a healthcare provider applies to help a client explore and understand a problem, deal with related feelings and concerns, evaluate alternatives and make choices, and take action.

COUNSELING BASICS	
Establish rapport	Establishing rapport with clients is crucial in all counseling situations, and is central to developing trusting relationships. Developing rapport demonstrates the counselor's interest in and respect for a client's issues and concerns. It is an ongoing process that can be facilitated by respect and lack of prejudice, common or complementary goals, open verbal and nonverbal communication (often called body language), and mutual trust
Ensure privacy and confidentiality	The counselor can ensure privacy and confidentiality by • providing adequate and appropriate space for counseling to take place • understanding that information about clients cannot be divulged without their consent • maintaining adequate records of all work with clients, while taking all reasonable measures to preserve the confidentiality of the information • ensuring that colleagues, staff members, and trainees understand and respect the need for confidentiality in counseling services • being aware that notions of shared confidentiality and partner notification often raise an ethical dilemma in the context of HIV counseling "Shared confidentiality" refers to confidentiality that is shared with a limited number of people, such as family members, loved ones, caregivers, and trusted friends. It is provided only at client's request, or with his or her consent.
Show respect	Providers need to understand that people cope with their situations in uniquely personal ways that are influenced by a number of factors, including culture, social class, and personality. Respecting the basic rights, dignity, and worth of all people is critical. Differences between people (such as those relating to gender, race, ethnicity, religion, sexual orientation, disability, and social and economic status) should not affect how providers act toward their clients. Providers must not participate in or condone discriminatory practices based on these differences, and they should respect the rights of clients to their own viewpoints

COUNSELING BASICS	
Show empathy	The ability to empathize is one of the most essential counseling skills. Empathy involves identifying with clients, trying to understand their thoughts and feelings, and communicating that understanding to them.
Acknowledge difficult feelings	The presence of difficult feelings is an important and unavoidable part of counseling. To help address difficult feelings, providers should • be aware of their own feelings • acknowledge clients' feelings and realities • understand that it is not the provider's job to take feelings away or to fix them • communicate and respond to nonverbal messages • accept clients' feelings as normal and confirm them
Attend and listen	"Attend" refers to a provider's ability to pay close attention to the client by limiting distractions and showing that the client has the provider's full attention. Attending involves using responsive, nonverbal skills, such as listening, eye contact, relaxing, and natural hand movements. Providers also need the ability to actively listen to clients when they are talking. Listening signals concern for the client's problems and allows a counselor to detect common themes and recognize revealing omissions in a client's remarks.

TALKING ABOUT DIFFICULT SUBJECTS

Healthcare providers often have to discuss subjects that may not be considered polite or appropriate. For example, many providers find it difficult to ask questions about sexual relations or drug and alcohol use. Saving lives, however, demands that healthcare providers overcome their own feelings, including any discomfort or reluctance to discuss sex and other "forbidden" subjects. Some tips for discussing difficult subjects follow:

- Put the most difficult questions in non-personal terms. For example, it often helps to say, "I'm asking everyone who comes into the clinic this question because a lot of people have been falling sick from HIV in our community. We must talk to everyone we meet if we are going to save lives." Another technique is to use the expression "some people" or "some couples." For

example, "Some couples practice anal sex because it does not cause pregnancy and they mistakenly believe it cannot transmit HIV, the virus that causes AIDS. However anal sex without a condom is very risky."

- Always give your clients reasons for bringing up difficult topics that are important to them. For example, you might say, "Although it will be difficult for you to talk to your wife about HIV, she and others will likely find out sooner or later. She (and others) will be less likely to be upset and angry with you if you show that you are acting responsibly now."
- Reassure clients that you and others can help them find support, no matter what challenge they are facing.
- Practice making difficult statements. The more you say the words, the less they will feel strange when you have to say them to patients. Try several different ways of saying the same thing, so the words don't sound like they belong to someone else.
- Remember, your most important job is to save lives, even if it may make others uncomfortable. You owe it to your clients to ask the questions.

Where Prevention Counseling Takes Place

HIV counseling can take place in any location where private and confidential discussions can be held. These settings can be as varied as hospital wards, antenatal clinics, community health centers, or even churches or schools.

Providers should be reminded that it matters less where talks take place than that they do take place. Every time an opportunity to discuss HIV prevention does not occur, a provider loses a chance to help someone reduce their chances of HIV transmission.

Three Things Clients Need to Hear

Honest discussion about prevention can only take place if clients believe that a provider has their best interests at heart. To build trust, a provider must communicate to clients that what they say will be kept confidential. Providers must also tell clients that they have the right to choose their healthcare options and the right to decide whether to take an HIV test. Clients also need to hear that it is always appropriate to ask for further explanations. These concepts are summed up in the following key messages:

"I can be trusted to keep a secret."

"You always have a choice."

"I want you to tell me if I haven't been clear about something."

Knowing the key messages and using them are two different things. Providers should practice saying them in their own words to encourage use of these messages. A role-playing exercise gives providers the chance to say the words out loud, and may help them feel less self-conscious.

THE THREE THINGS YOU NEED TO TELL ALL CLIENTS	THE THREE THINGS YOU NEED TO TELL ALL CLIENTS (IN YOUR OWN WORDS)
1) I can be trusted to keep a secret. It's important for you to know that you can be open and honest about what you tell me. Telling me as much as possible will help me to help you as best I can. My job is not to judge you or anyone else. Anything you tell me today is confidential. This means that only healthcare workers who are caring for you will know your private information, but only when they need to know something to provide you the best care.	1)
2) You always have a choice. As your healthcare provider, I can give you advice about what to do, but it is always your choice. If there is something you don't want to do—such as take a test or a certain medication—or if you want to take more time to think, that is your choice.	2)
3) I want you to tell me if you don't understand something. If you don't understand what I'm telling you, I want you to tell me. Sometimes healthcare workers like me don't realize that what we are saying is not making sense to people who do not work in clinics. I don't mind going over the explanation of anything you don't unders-tand until you understand it.	3)

THREE STEPS TO PREVENTION: ASSESS, PLAN, SUPPORT

The use of simple techniques to underline important aspects of prevention counseling can help providers frame their discussions and remember key points. The three-step approach—*Assess, Plan, Support*—is intentionally brief, due to the time constraints most providers face. Because behavior change is a process that occurs over time, the cycle—*Assess, Plan, Support*—is repeated at every client visit.

ASSESS, PLAN, SUPPORT During the Initial Visit

1. ASSESS. Help clients assess their HIV risk.

At every visit and with every client, assess HIV risk. Ask clients whether they and their partner(s) have had HIV tests. Ask about other protective and risky behaviors, and learn answers to the following questions:

- What do you already know about HIV and HIV risk?
- Have you and your partner(s) been tested for HIV?
- What has or hasn't worked to reduce risk?
- What would help you to keep up protective behaviors or reduce risky behaviors?

2. PLAN. Help clients make a prevention plan.

- Discuss ways to reduce high-risk behaviors, such as unprotected vaginal or anal sex.
- Help clients think of actions to protect themselves, now and in the future.
- Reflect back the client's risky and protective behaviors.
- Express concern and praise protective behaviors.
- Correct any misinformation and fill in any knowledge gaps.
- Ask clients what might work for them and offer suggestions when they don't know.
- Agree verbally with clients on plans to keep them safe and reduce risk. A plan might include learning more about how to prevent HIV or bringing partners in for HIV testing.

3. SUPPORT. Offer clients support to succeed in their plans.

- Reinforce what clients have to lose or gain by maintaining or changing their behavior.
- Discuss support resources available and provide all the information clients need to find resources. If the resource is an organization, tell them what fees are charged, if any; what hours it is open; and its location.
- Provide literature and condoms.
- Say positive things about HIV prevention, assure confidentiality, and be respectful.
- Invite clients for return visits.

ASSESS, PLAN, SUPPORT During Follow-up Visits

1. ASSESS. Ask clients about progress since their last visit.

- Follow up by asking what clients have done since their last visit; ask what has worked and what hasn't worked.
- Ask if there are any new challenges. For example, you might say, "Last time you were here, you told me you were going to talk to your partner about getting an HIV test. How did that go?"

2. PLAN. Help clients adapt plans.

- Help your clients plan how they will meet any new challenges. For example, you may learn that the client's partner is resistant to having an HIV test. Together with your client, you might decide that it would help if someone respected by your client's partner talks to him or her about testing. Your client then makes a plan to do this.

3. SUPPORT. Help clients locate additional resources they may need.

- Help your clients think through what resources might enable their plans to succeed. For example, you may know that certain community leaders were trained to talk about HIV testing and that one of them could help by talking to your client's partner.

PROFILE EXAMPLES: ASSESS, PLAN, SUPPORT

For many providers, the topic of HIV and sexual behaviors is difficult to discuss, and talking about it is anything but routine. To help overcome these barriers, short training sessions can give providers opportunities to practice or think about how to talk to clients on these topics, without the pressure of being with actual clients.

The following client profiles illustrate how providers might discuss risk with clients in a setting where prevention is routine. The profiles are not meant to be scripts that providers follow word-for-word. Through training, providers should find their own words to discuss prevention, and the sheets with each profile, "in my own words," encourage them to do so.

Ideally, this section of the guide is used to conduct role plays with several providers so they can learn from each other. If that is not possible, this section could be read and filled in during self-study.

PROFILE 1. ART CLIENT

Prevention Opportunities

Key opportunities to introduce or support prevention are presented when clients seek or receive antiretroviral treatment (ART). These clients already know they are HIV positive, and they may be ready to talk to others about their infection. Engaging them in discussions about their positive serostatus may contribute to preventing them from passing the infection to others. By seeking or staying with treatment, they are showing that they are likely to be open to learn other ways in which they can protect themselves and their partners. ART programs usually require—at least at the beginning—regular clinic visits, and these provide many opportunities to talk about and support safer sex practices.

Key Issues

1) Prevention of HIV re-infection

The risks between people who are both positive are often overlooked. Safer sex is important for both partners for several reasons. While the likelihood of being re-infected with HIV is not yet well understood, evidence shows it can happen. Unprotected sex between positive partners may result in transmission of drug-resistant strains or more aggressive HIV strains.

Regardless of sexual orientation, it is important to ask clients about both vaginal and anal sex. While both are efficient routes of transmission, anal sex is more risky, due to thinner membranes, greater chance of tearing, and the lack of natural lubrication.

ART decreases the amount of HIV in the body, and this makes people who correctly use ART less likely to spread HIV to others. However, protection against HIV and other diseases is still very important. Condoms used consistently and correctly protect against HIV re-infection.

2) Prevention of other STIs

Condoms, used consistently and correctly, also provide some protection against other STIs that can greatly impact health and wellbeing, including gonorrhea, chlamydia, syphilis, genital herpes, trichomonas, HPV, and hepatitis.

3) Prevention of mother-to-child transmission

Positive women and their partners should be aware of the risk of transmitting HIV to an unborn child and should know how to reduce this risk, should they decide to become pregnant. If a woman is interested in becoming pregnant, she can participate in a PMTCT program. The section on talking to clients about PMTCT begins on page 41.

4) Prevention of unwanted pregnancy

Contraception, used correctly and consistently by positive women who are sexually active and do not choose to be pregnant, provides the surest guarantee that mother-to-child transmission will not occur. Positive women often do not know their family-planning choices, or they may assume that they cannot get pregnant.

PROFILE 1. ART Client

1. ASSESS, 2. PLAN, 3. SUPPORT

Preventing HIV transmission and re-infection

- Can you explain how you can avoid giving others, including your loved ones, HIV?
- Are you aware of the risks of HIV re-infection? What can you tell me about these risks?

Preventing other STIs

- Are you aware of the risks of other sexually transmitted diseases? What can you tell me about them?
- How are you protecting yourself against HIV re-infection and sexually transmitted diseases?

(If the client does not mention anal sex, it is important to discuss this possibility.)

- Some couples use anal sex—that is, when the penis is put inside the anus or buttocks. Is this something you and your partner ever do?
- A person can get infections from anal sex (that is, when the penis is put inside the anus or buttocks). Infections that happen in the anus or buttocks often do not show any signs. We ask this question because many people do not realize that anal sex without a condom puts a person at risk for HIV and other diseases.

Preventing mother-to-child transmission and unwanted pregnancies

- Are you aware of the risk of passing HIV to a baby? What can you tell me about it?
- Do you want to become pregnant? (If no) How are you protecting yourself from getting pregnant? (If yes, refer to profile of prenatal client on page 41.)

PROFILE 1. ART Client

1. ASSESS, **2. PLAN,** 3. SUPPORT

Preventing HIV transmission and re-infection

Whether you and your partner are HIV positive or just one of you is, unprotected sex is risky for both of you. The only way to be absolutely sure that you do not pass HIV or any other infections between you and your partner is by not having any sex where you pass fluids between each other. By this I mean fluids from both the penis and the vagina and blood. It is important to know that these fluids can pass between partners even when the man pulls out his penis early or does not finish (ejaculate). Some people living with HIV decide to not have sex at all, so that is one choice you both could make. Another choice is to use a condom every time you have sex.

(If the sexual partner is also HIV-infected)

- As you know, HIV is a virus, and different types of the HIV virus exist. For example, your partner's HIV may be a little bit different than yours, or your HIV may be a little different from your partner's. Although we don't know exactly how big the risk is, we do know that there is a possibility that you could make your immune system weaker by re-infecting each other. If you have more than one kind of HIV, then your body would have to fight even harder to keep you healthy.
- The HIV you have, or the HIV your partner has, may not respond to some ART medicines. We call this "resistance" because the HIV resists the medicine.

Preventing other STIs

- In addition to HIV, there are other infections that may be passed via sex between you and your partner, including gonorrhea, chlamydia, syphilis, genital herpes, trichomonas, and hepatitis. You can also pass something we call HPV for short, which can increase a person's chance of getting cancer. Condoms do not provide total protection against HPV, but they do provide some.
- Do you have any questions about what I've just told you?

Preventing mother-to-child transmission and unwanted pregnancies

- You can use any family planning method to prevent pregnancy. What methods are you interested in using?
- Whatever method you choose, it is a good idea to also use condoms. Condoms can provide a back-up method in case the first method fails, and condoms will help protect you from re-infection with HIV and other infections. This is very important if you or your partner have anal sex.
- How do you plan to get the method you want to use?

PROFILE 1. ART Client

1. ASSESS, 2. PLAN, **3. SUPPORT**

Preventing HIV transmission, re-infection, other STIs, and unwanted pregnancies

- We have free condoms here. Whenever you want them, feel free to stop by the clinic and get some.
- Can I give you some free condoms today?
- If you think your partner might have questions about using family planning or condoms, you could bring him/her here, and we could talk together.
- Why don't we make an appointment for both of you to come back before you leave today?
- We have a handout, "Prevention for Positive People," that you and your partner can read to better understand the risks.
- Would you like me to refer you to a support group of positive couples?
- If you have more questions, you don't have to wait for an appointment to come and talk to us.

PROFILE 2. STI CLIENT

Prevention Opportunities

Having an STI increases the chance that an individual will get HIV or give it others. Clients with STIs are also at higher risk for getting (or already having) HIV because they had unprotected sex. These risks are higher in areas where there are numerous cases of HIV/AIDS and in populations where it is common practice for a sexually active person to have more than one regular partner.

The fear and discomfort caused by STIs often mean that clients who come to the clinic are ready and open to learn about prevention. Since men are more likely to have STI symptoms than women, a man's STI visit provides an opportunity to make contact with those who would otherwise not know to seek care. Offering HIV testing routinely to STI clients with post-test prevention counseling is a crucial opportunity to prevent the spread of HIV infection and to identify individuals who may already be positive and refer them to services.

Key Issues

- Untreated STIs increase the risk of sexual HIV transmission. Men are more likely to have symptoms of STIs than women, and their symptoms are easier to diagnose when they do. Tests that tell if a person has an STI are often unavailable due to their cost. Women are usually presumptively treated, based on their risk of exposure.
- It is important to note that women with vaginal discharge do not necessarily have STIs. There are many common reasons for vaginal symptoms, and vaginal discharge is not a marker for STIs in most women.
- Because STIs and HIV usually carry a stigma within the community, patients must feel their confidentiality is being protected.
- Healthcare workers must leave their values at home, accepting each patient's situation without judging or making assumptions about the behavior that resulted in the STI. Patients can be influenced when they feel respected, not when they feel judged.
- An STI client should be strongly encouraged to return for another HIV test if the result is negative. Such clients will likely want to know why they need to return. Explaining the window period (the time it can take for HIV antibodies to appear in the blood) will build client understanding and help to motivate a return visit.
- Having more than one regular sexual partner greatly increases the risk of HIV exposure.

PROFILE 2. STI Client

1. ASSESS, 2. PLAN, 3. SUPPORT

Treating and preventing STIs

According to the (exam or test) you have a disease called _________________________, which you got by having unprotected sexual intercourse. It is important for you to be treated for __________________ as soon as possible, or you may have more serious problems than the symptoms you have now, such as ____.

It's not unusual for my patients to try to treat diseases like this on their own, before they come to me.

- Can you tell me what you've done on your own to try to feel better?

The best way get cured from this disease is to take medication called _________________________. You have to take _________________________ until all the medicine is finished. Too little of the right medicine may allow this infection or other sicknesses to come back, and it will make the disease much more difficult to treat next time.

Women often do not know they have infections because their bodies do not show the same signs as men's do. For women, these infections can cause very serious problems, including making them unable to have babies. Women who are pregnant can also give the disease to the unborn baby.

- Do you have any questions about what I've just told you?

We can talk about what you can do to get better, but first I want to ask you a few questions to help you avoid getting this disease and others.

- Have you ever had this kind of infection before?
- Tell me how you think you might have gotten this infection.
- Are you sexually active now?
- Tell me about the type of sex you have. Remember, anything you tell me is private.
- Do you use condoms when you have sex? (If yes) At what times might you not use a condom?
- Do you have one regular sexual partner or several? Do you know if your partner(s) has other partners?

Avoiding the risk of HIV and other STIs

A person can get infections from anal sex—when the penis is put inside the anus or buttocks. Infections that happen in the anus or buttocks often do not show any signs. We ask questions about this because many people do not realize that anal sex without a condom puts a person at risk for HIV and other diseases.

- Have you ever had anal sex? (If yes) How long ago?
- Do you ever drink alcohol? (If yes) About how often do you drink and how much?
- Do you ever use marijuana, heroin, glue, or other street drugs? What kind? How often?
- Have you ever been tested for HIV, the disease that causes AIDS? (If yes) How long ago? What was the result of the HIV test?

PROFILE 2. STI Client

1. ASSESS, **2. PLAN,** 3. SUPPORT

Preventing HIV infection and other STIs

You got this infection by having sexual intercourse with a person who was infected. By having sex without a condom, you also put yourself at risk of getting HIV. If you have sex with other people you also put them at risk.

To avoid getting this and other infections in the future, you have three choices:

1. You can decide that you will not have sex at all.
2. You can decide that you will only have sex with one partner—someone you know for certain does not have any infections and someone you know for certain does not have any other sexual partners.
3. You can use a condom each and every time you have sex.

Of these choices to protect yourself and others from HIV, which do you think you are most likely to choose and be able to keep up?

- What might make it difficult for you to stick to your choice?
- To protect yourself and others, could you have only one sexual partner?
- What can you do ahead of time—before you are at the point of having sex—to make sure that you do not get another infection?

Testing for HIV infection

Because you've been having sex without a condom, we need to make sure that you did not also get HIV. We can find this out in less than an hour. Can you take an HIV test today?

If the HIV test shows that you **do not have HIV**, we still need you to come back in _____ weeks for another HIV test. That is because HIV does not always show up right away.

If we find out today that you **do have HIV**, then we can start taking care of it now. We can help people live a lot longer with HIV today than we could only a few years ago. There are many people who have been living with HIV for more than 10 years, and they are still strong and looking healthy. We can help the most if we start taking care of people as soon as we know they have it.

- Do you have any questions about what I've just told you?

Safeguarding partners who are at risk

You told me you are still sexually active (or plan to be). That means that your partner(s) is at risk and may also be infected. We need to discuss a plan to make sure your partner(s) also gets the care that is needed.

To be safe, we need to give the same treatment to your partner(s), since we can't be sure if they are also infected. We also need to test your partner(s) for HIV.

- How do you plan to tell your partner(s) about the need to take the same treatment as you are taking and also get an HIV test?

PROFILE 2. STI Client

1. ASSESS, 2. PLAN, 3. SUPPORT

Safeguarding partners who are at risk

Would it help to bring your partner(s) back to talk to me? I can talk to both of you at the same time, since that often works best. I could also talk with your partner about the risks of having more than one sexual partner.

- Do you want to practice saying what you would say to your partner(s) with me?

Determining the risk of HIV infection

The nurse will discuss this with you when you get your test result, but I want to remind you that it is very important to come back within the next three months for another HIV test if your test today is negative. It can take a while for HIV infection to show itself in the blood. If you had unprotected sex in the last three months with someone who has or might have HIV, the virus may not show in the blood yet. That is why it is important for you to return for another test: so you can know for certain whether or not you have been infected and get the care and support you need.

- Do you have any questions about what I have just said?

Preventing HIV infection and other STIs

We always have free condoms here, and you can take as many as you need.

- Do you want to take some home with you today?

Treating STIs

I want you to come back when you are finished with the medicine. Please come back before that if you have any problems taking the medicine, and come right away if your symptoms are not going away or if they come back. You should be finished in __ days.

- Can you come back on that date?

PROFILE 3. PRENATAL CLIENT

Prevention Opportunities

Because some women visit a health clinic only when attending prenatal care, these visits present unique opportunities to introduce HIV prevention and care. A woman's prenatal visit may also be a rare opportunity to introduce her entire family to care, since men go to clinics less frequently than women, and children depend on their parents for care.

The identification of HIV infection during the prenatal period capitalizes on two crucial prevention opportunities: 1) prevention of transmission between mother and child, and 2) prevention, if desired, of future pregnancies. The prenatal visit also offers a unique opportunity to identify HIV-positive women and begin care that can improve and prolong their lives.

Key Issues

- HIV transmission can occur during pregnancy, during labor and delivery, and during breastfeeding. Within non-breastfeeding populations, it is estimated that 65 percent of perinatal infections occur late in pregnancy and during labor and delivery.
- In the absence of any intervention, rates of mother-to-child transmission are higher in resource-constrained countries than in the industrialized world (25–40 percent, compared to 15–25 percent). The high rates are largely due to the lack of access to existing prevention interventions, including VCT, replacement feeding, selective caesarean section, and ART. In addition, positive women require better knowledge and access to family planning methods to prevent unwanted pregnancies.
- Positive women and their partners should be aware of the risk of transmitting HIV to an unborn child and how to reduce this risk.
- Regardless of HIV status, all pregnant women should be made aware of the benefits—for themselves and the unborn child—of using condoms during pregnancy. Used consistently and correctly, condoms provide protection against HIV infection and HIV re-infection. In addition, condoms provide some protection against other STIs. Such infections during pregnancy might result in fetal death or substantial physical and developmental disabilities, including mental retardation and blindness.

Family planning services often receive lower priority than other PMTCT interventions, yet they are essential to ensure that women have the choice of preventing pregnancy and can avoid the risk of HIV transmission. Family planning options should be discussed with all women, regardless of HIV status, prior to childbirth. Discussions about family planning held during later antenatal appointments (second and third trimester) give women sufficient time to plan ahead and afford them the opportunity to choose immediate postpartum methods in conjunction with delivery, such as the intrauterine device (IUD) and tubal ligation. Positive women, especially those who choose not to breastfeed, should be made aware that pregnancy can occur before the first menstrual period after childbirth.

PROFILE 3. Prenatal Client

1. ASSESS, 2. PLAN, 3. SUPPORT

Preventing HIV infection and other STIs

I want to ask you a few questions about sexual relations with your partner because it can affect your health and the health of your baby. Anything that you tell me is private and will not be shared with others.

- Are you currently having sexual relations with your partner (or husband)?
- Can you explain to me what kind of sexual relations you have? What I mean is, for example, do you have vaginal sex? Or do you have anal sex? This is private information between you and me that will not be shared with others.
- Do you use any protection against sexually transmitted diseases when you have sex?

Preventing transmission between mother and child

Diseases that can affect you and your baby can be passed through sex, including syphilis and HIV. Condoms used consistently and correctly offer protection against both diseases. At this clinic, we have tests for both syphilis and HIV.

Determining the risk of HIV infection

We are now offering the HIV test to all women who are pregnant, since they have had unprotected sex and are at risk for HIV, even if they have only one sexual partner. HIV is the virus that causes AIDS.

- What have you heard about HIV? (Ask about both sexual transmission and mother-to-child transmission, if not brought up by the client.)
- Have you and/or your partner ever been tested for HIV? (If yes) Have you and your partner talked about the results of the HIV test?

Determining the risk of HIV infection

A woman can pass HIV to her baby during pregnancy, labor, and delivery, and through breastfeeding. With new drugs, however, we can lower the chance that the baby will get HIV. And, we can do more to help people with HIV live longer.

Some women worry that if they are HIV-positive that their family or their partner could become violent or ask them to leave. If you are worried about this, we should talk about what we can do to try to support you.

You have a right to not take the HIV test but, as a healthcare provider, I advise all women who are pregnant to take it. The HIV test is private. This means that only healthcare workers who are caring for you will know your HIV test result and other private information. No matter what your test result is, it is very important for you to continue to come to the clinic for your pregnancy care.

- Do you have any questions or concerns about what I've just told you?

PROFILE 3. Prenatal Client

1. ASSESS, **2. PLAN,** 3. SUPPORT

Preventing transmission between mother and child

If you have HIV, there are several things we can do to take good care of you and your baby if we plan ahead:

- We can give you medicines to lower the chance of passing HIV to your baby. You must start taking these medicines before you deliver.
- We can give you other tests to find out how well your body is fighting the HIV on its own and talk with you about your treatment choices. Many people can live with HIV for several years without needing treatment. If you need treatment, it is available.
- We can make arrangements for you to have your baby in a health facility, where steps can be taken to protect your baby from HIV during labor and delivery that most likely would not be available if you have your baby at home.
- Because HIV can be passed between mother and baby during breastfeeding, we can also explain ways to feed your baby more safely

Do you have any questions about what I've told you so far?

Testing for HIV infection

We can do the test right now, and it will only take about an hour to get the results.

- Are you willing to take the HIV test today?

We can talk more about these plans after the test. Before you take the test, we should also talk about your partner. It is important for your partner to test for HIV. It is common for one person in a couple to have HIV while the other person does not. When couples have different test results, the partner who does not have HIV is at high risk of getting HIV. After the test, we can talk about ways to prevent the passing of HIV from a partner who has HIV to a partner who does not.

Your partner should also get an HIV test because you could get HIV during pregnancy or breastfeeding and give it to your baby. We can refer your partner to get tested at _________. Or you can come and receive counseling together, before and after your partner's test.

Safeguarding partners who are at risk

- What do you think about receiving HIV counseling together with your partner?
- Do you think it will be difficult to persuade your partner to come back for the counseling and testing? Do you want to practice what you would say to your partner with me?
- Is there any reason that you might feel unsafe asking your partner to take a test? If so, we need to make a plan that will help you stay safe.
- Do you have any questions about what I have just told you?

I want to say again that no one will tell your partner or your family the results of your test. Sometimes people bring their partners back for couples testing because it makes it easier to talk about the results together, with another person there.

PROFILE 3. Prenatal Client

1. ASSESS, 2. PLAN, **3. SUPPORT**

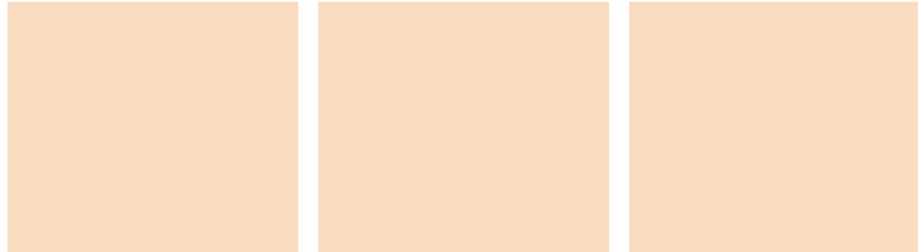
We can make that appointment for you and your partner to come back together so your partner can test as well.

There is a group that helps women who have had trouble with their family and/or their partner. Some of my patients have become part of this group, and they say they have received a lot of help. I can tell you how to find the group, if you like.

Preventing future pregnancies
Since you are getting close to the end of your pregnancy, it would be good to find out more about your family planning choices. Some family planning methods can be started the same day you give birth to your baby, but you would need to decide this ahead of time.

We also have free condoms, if you would like to take some with you. Some women explain to their partners that they are using condoms because they have been told that it helps protect the baby from getting sick. Sometimes adults carry infections that are more harmful for babies than they are for adults, so it is good to be careful. Do you think this explanation might work for you?

- Since you are near to the time when you will have your baby, would you like to talk to a family planning counselor today?
- Do you have questions about anything we've talked about today?



SECTION IV: PLANNING FOR PREVENTION TOOLS

Assessment Tools

1. Self-assessment for Clinical Staff
1A. Self-assessment for Non-clinical Staff
2. Client Exit Survey, General Clinic
2A. Client Exit Survey, HIV Care Clinic
3. Physical Resources Checklist
4. Management Checklist
5. Organizational Checklist
6. Staff HIV Prevention Competency Checklist

Planning Tools

7. Brainstorming Grid
8. Action Plan Grid

PREVENTION care

TOOL 1 AND 1A: STAFF SELF-ASSESSMENT

Instructions

The staff self-test tools can help the PTF identify gaps in staff knowledge about HIV/AIDS and related reproductive health issues. Because attitudes about HIV and related reproductive health issues can negatively influence clients, these tools also help to assess potential problem areas. The tools could also be used to measure gains in staff knowledge or changes in attitudes over time.

The survey should be given to staff members to fill out on their own, or it can be read out by an interviewer for staff members of low literacy. The self-assessment can also be used in a group setting as a method of learning through discussion.

Answer Key to Tool 1. Clinical Staff

Section I	Section II
1. False	1. D
2. False	2. B
3. True	3. B
4. False	4. B
5. False	5. C
6. False	
7. False	
8. True	
9. False	
10. True	
11. True	
12. True	
13. False	

Answer Key to Tool 1A. Non-clinical Staff

Section I
1. False
2. False
3. True
4. False
5. False
6. False
7. False

PLEASE DO NOT WRITE YOUR NAME ON THIS FORM

TOOL 1. SELF-ASSESSMENT FOR CLINICAL STAFF

Your help is needed! The answers you provide to the questions that follow will help plan future training for staff. We are not evaluating individual staff members. The information you give will be confidential: no one in the facility will know who filled out this information.

Section 1: True or False

Please answer each of the questions by checking "true" or "false."

1. HIV and AIDS are the same thing.
   ☐ True ☐ False

2. All people who have TB also have HIV.
   ☐ True ☐ False

3. You cannot always tell whether a person has HIV by looking at them.
   ☐ True ☐ False

4. Once a patient starts ARV treatment, he or she can no longer transmit HIV infection to others.
   ☐ True ☐ False

5. If a person is HIV-infected, then his or her partner must also be HIV-infected.
   ☐ True ☐ False

6. Once a person has HIV, he or she cannot be infected again with HIV.
   ☐ True ☐ False

7. When one family member with HIV infection begins ARV treatment, it is helpful for him or her to share drugs with other family members who also have HIV infection but do not have access to ARV treatment.
   ☐ True ☐ False

8. Sexually transmitted infections, including HIV, are more easily transmitted from men to women than from women to men.
   ☐ True ☐ False

9. Infants living with HIV are likely to progress to AIDS more slowly than adults with HIV.
   ☐ True ☐ False

10. Women—and especially adolescent females—who are at high individual risk of sexually transmitted infections should avoid using an intrauterine device (IUD) to prevent pregnancy.
    ☐ True ☐ False

11. Some antiretroviral drugs taken for HIV may reduce the effectiveness of birth-control pills in preventing pregnancy.
    ☐ True ☐ False

12. Untreated sexually transmitted diseases increase the risk of sexual HIV transmission.
    ☐ True ☐ False

13. Pregnancy cannot occur before the first menstrual period following birth.
    ☐ True ☐ False

Section II: Multiple Choice

Please answer each question by checking only one of the possible answers provided.

1. Mother-to-child transmission of HIV can occur during
   ___ A. pregnancy
   ___ B. labor and delivery
   ___ C. breastfeeding
   ___ D. all of the above

2. The "window period" refers to
   ___ A. the time it takes for a person taking ARV to have an undetectable viral load
   ___ B. the time it takes for a person who has been infected with HIV to test positive for HIV antibodies
   ___ C. none of the above

3. A woman who presents with vaginal discharge should be
   ___ A. treated for STI right away
   ___ B. treated for STI only if she answers questions that reveal she has been at risk for STI
   ___ C. none of the above

4. PCP (Pneumocystis carinii pneumonia) and other infections in infants living with HIV can be prevented by
   ___ A. ciprofloxacin
   ___ B. cotrimoxazole or TMP/SMX (Septrim)
   ___ C. doxycycline
   ___ D. all of the above

5. If you are HIV-negative and get a needle-stick injury (from a used needle), you should do the following to reduce your risk of HIV transmission:
   ___ A. take a very strong antibiotic such as ciprofloxacin
   ___ B. wait until you see signs of HIV and then talk to someone about it
   ___ C. ask about antiretroviral prophylaxis as soon as possible
   ___ D. none of the above

Section 3: Your recommendations

1. Do you have any specific questions about HIV and AIDS that you would like answered? Please write them below.

2. Are there any specific topics related to HIV and AIDS that you think should be included in future training and updates for staff? Please describe these below.

Please do not answer this section

Circle service area most appropriate to staff interviewed. (More than one area may apply.)

HIV/ART	OPD	STI
IPD	TB	MCH
FP	PEDS	Laboratory
Pharmacy/dispensary	Casualty	Administration
Other ____		

PLEASE DO NOT WRITE YOUR NAME ON THIS FORM

TOOL 1A. SELF-ASSESSMENT FOR NON-CLINICAL STAFF

Your help is needed! The answers you provide to the following questions will help plan future training for staff. We are not evaluating individual staff members. The information you give will be confidential: no one in the facility will know who gave this information. You do not need to write your name on this form.

Section 1: True or False

Please answer each of the below questions by checking "true" or "false."

1. HIV and AIDS are the same thing.
   ☐ True ☐ False

2. All people who have TB also have HIV.
   ☐ True ☐ False

3. You cannot always tell whether a person has HIV by looking at them.
   ☐ True ☐ False

4. Once a patient starts ARV treatment, he or she can no longer transmit HIV infection to others.
   ☐ True ☐ False

5. If a person is HIV-infected, his or her partner must also be HIV-infected.
   ☐ True ☐ False

6. Once a person has HIV, he or she cannot be infected again with HIV.
   ☐ True ☐ False

7. When one family member with HIV infection begins ARV treatment, it is helpful for him or her to share drugs with other family members who also have HIV infection but do not have access to ARV treatment.
   ☐ True ☐ False

Section 2: Your recommendations

1. Do you have any specific questions about HIV and AIDS that you would like answered? Please write them below.

2. Are there any specific topics related to HIV and AIDS that you think should be included in future training and updates for staff? Please write these in the space below.

Please do not answer this section

Circle service area most appropriate to staff interviewed. (More than one area may apply.)

HIV/ART	OPD	STI
IPD	TB	MCH
FP	PEDS	Laboratory
Pharmacy/dispensary	Casualty	Administration
Other ____		

TOOL 2: CLIENT EXIT SURVEY, GENERAL CLINIC

Interviewer instructions

Please give all clients exiting the clinic a copy of this survey and ask them to fill it out and return it to you before they leave. You may also read the form to clients and record their answers for them. Please read the questions exactly as they are stated.

Please circle the service area that best describes the facility area where this interview was conducted. (More than one area may apply.)

OPD	STI	IPD
TB	MCH	FP
PEDS	Laboratory	Pharmacy/Dispensary
Casualty	Other ___________________________________	

Please remember to tell each client:

1. We are asking questions so that we can provide the best service to you and your family.
2. You should not write your name on the form. It is confidential: no one will know who gave this information.
3. You do not have to answer the questions or any one question, if you do not want to.

It is very important that the person conducting the interview is NOT the same person who provided care for the client during their visit to the health facility.

TOOL 2. CLIENT EXIT SURVEY, GENERAL CLINIC

Your help is needed! The answers you provide to the following questions will give information to improve the services we provide to you. The information you give will be confidential: no one in the facility will know who gave this information. You do not need to write your name on this form.

We are asking you questions about the care you have received today.

- *Please answer each question by placing a check (✓) in the box that indicates your answer: Yes or No.*
- *If you are not sure, please check don't know.*

Today's date: ___________________

Please check one: ☐ Male ☐ Female Age: _______

	Yes	No	Don't know
1. Were you able to speak to a healthcare provider during your visit today? (If you answered no, you do not need to answer the rest of the questions.)			
2. Did the healthcare provider tell you that what you talked about with them was confidential? (That means it will not be shared with anyone else.)			
3. Did the healthcare provider listen carefully to you?			
4. Did the healthcare provider explain things in a way that was clear?			
5. Did the healthcare provider talk to you about how to avoid getting HIV or avoid giving HIV to others?			
6. Would you feel comfortable talking to this healthcare provider about private issues, such as safer sex and how to prevent HIV and other infections from being transmitted through sex?			
7. Would you tell a friend or family member to use this facility?			

8. Are there any questions that you have about HIV or AIDS that you were unable to ask today? If so, what were they? Please write these in the space below.

Thank you.

TOOL 2A: CLIENT EXIT SURVEY, HIV CARE CLINIC

Instructions

Please give all clients exiting the HIV care clinic a copy of this survey and ask them to fill it out and return it to you before they leave. Tell clients that they should not write their names on the form. You may also read the form to clients and record their answers for them. Please read the questions exactly as they are stated.

Remember to say to each client:

1. We are asking our clients questions so that we can provide the best service to you and your family.
2. You should not write your name on the form. It is confidential. That means that no one will know who gave this information.
3. You do not have to answer the questions or any one question, if you do not want to.

It is very important that the person conducting the interview is NOT the same person who provided care for the client during their visit to the health facility.

TOOL 2A: CLIENT EXIT SURVEY, HIV CARE CLINIC

Your help is needed! The answers you provide to the following questions will give information to improve the services we provide to you. The information you give will be confidential. That means that no one in the facility will know who gave this information. We are asking you questions about the care you received today.

We are asking you questions about the care you have received today.

- *Please answer each question by placing a check (✓) in the box that indicates your answer: Yes or No.*
- *If you are not sure, please check Don't know.*

Today's date: __________________

Please check one: ☐ Male ☐ Female Age: _______

	Yes	No	Don't know
1. Were you able to speak to a healthcare provider during your visit today? (If you answered no, you do not need to answer the rest of the questions.)			
2. Did the healthcare provider tell you that what you talked about with them was confidential? (That means it will not be shared with anyone else.)			
3. Did the healthcare provider listen carefully to you?			
4. Did the healthcare provider explain things in a way that was clear?			
5. Did the healthcare provider talk to you about how to avoid giving HIV to others?			
6. Did the healthcare provider talk to you about how to avoid getting HIV again (that is, HIV re-infection)?			
7. Did the healthcare provider talk to you about other infections that can be shared through sex?			
8. Would you feel comfortable talking to this healthcare provider about private issues, such as safer sex?			
9. Would you tell a friend or family member to use this facility?			

10. Are there any questions that you have about HIV or AIDS that you were unable to ask today? If so, what were they? Please write these in the space below.

11. Is there anything else that you would like to say about your care today?

Thank you.

TOOL 3: PHYSICAL RESOURCES CHECKLIST

Instructions

This checklist can help the PTF assess whether HIV prevention resources exist, identify new resources that may be needed, and measure progress. To use the form, two team members walk through the facility and note where prevention resources exist and where they do not.

Services	
HIV/ART	HIV care/antiretroviral therapy
FP	Family planning
IPD	Inpatient department
MCH	Maternal and child health
OPD	Outpatient department
STI	Sexually transmitted infection
TB	Tuberculosis
VCT	HIV voluntary counseling and testing

Not all facilities will have all the services listed. Some services have their own discrete location. For example, VCT services may be offered in a standalone unit called VCT. Other services may be located within other service areas—for example, STI services may be offered within the OPD, and FP may be offered within MCH. In these cases, the notation would read "OPD/STI" and "MCH/FP."

It is important that all available services are covered to ensure prevention is integrated throughout the facility.

TOOL 3: PHYSICAL RESOURCES CHECKLIST

Prevention Resources	Service	Yes	No	Comments
HIV prevention information is displayed.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			
Take-home information on HIV prevention is in a place where it can be seen, and clients do not have to ask for it.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			
HIV testing and counsel-ing is available.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			

TOOL 3: PHYSICAL RESOURCES CHECKLIST

Prevention Resources	Service	Yes	No	Comments
There is auditory privacy: others cannot hear discussions between clients and providers.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			
Condoms are available in an area where clients can see them; they do not have to ask for them. (Check the expiration dates of condoms and ensure that these occur at least six months after the current date.)	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			
A referral directory listing HIV prevention and care resources is available to staff members.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			

TOOL 3: PHYSICAL RESOURCES CHECKLIST

Prevention Resources	Service	Yes	No	Comments
Written information about family planning choices is available for persons who are HIV-positive.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			
Latex gloves are available and appear to be in use.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			
Needles and other sharps are separated for disposal in impermeable containers.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			

TOOL 3: PHYSICAL RESOURCES CHECKLIST

Prevention Resources	Service	Yes	No	Comments
Disposable needles and syringes are available and appear to be used one-time only, as intended.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			
ART is in stock and available for occupational PEP. (Verify that it is not due to expire in less than 1 month.)	HIV/ART or general clinic			
ART is in stock and available for PEP for rape survivors or other high-risk sexual exposure. (Verify that it is not due to expire in less than 1 month.)	HIV/ART or general clinic			

TOOL 4: MANAGEMENT CHECKLIST AND SURVEY

Instructions

This checklist can help the PTF assess management systems that support HIV prevention, identify areas for improvement, and measure progress. To use the form, staff in charge of each of the service areas listed below should be interviewed by up to three PTF team members.

Services	
HIV/ART	HIV care/antiretroviral therapy
FP	Family planning
IPD	Inpatient department
MCH	Maternal and child health
OPD	Outpatient department
STI	Sexually transmitted infection
TB	Tuberculosis
VCT	HIV voluntary counseling and testing

Not all facilities will have all the services listed, and some services may have their own discrete location. For example, VCT services may be offered in a standalone unit called VCT. Other services may be located within other service areas—for example, STI services may be offered within the OPD, and FP may be offered within MCH. In these cases, the notation would read "OPD/STI" and "MCH/FP." It is important that all the available services are covered to ensure prevention is integrated throughout the facility.

Management Checklist	Service	Yes	No	Comments
Written SOPs that include HIV prevention counseling are available.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			
Written SOPs that include standard precautions are available.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			

Questions for Supervisory Clinical Staff

1. Can you please describe for me the quality assurance mechanisms that might be in place to ensure staff who report to you are providing information on HIV prevention to all clients?

2. Can you please describe for me the quality assurance mechanisms that might be in place to ensure that all staff reporting to you practice standard precautions?

Questions for Non-supervisory Clinical Staff

1. In your opinion, which staff members at this facility are responsible for talking to patients about how to prevent HIV infection?

2. In your opinion, which patients should be offered an HIV test?

TOOL 5. ORGANIZATIONAL CHECKLIST

Instructions

A member of the PTF interviews facility managers to fill out this checklist. The results help the PTF to assess organizational policies and leadership support for HIV prevention, identify areas for improvement, and measure progress.

Organizational Checklist	Area	Yes	No	Comments
Written policies are in place to assure confidentiality of clients and client records.	Facility-wide			
Written policies are in place to hold staff accountable if client confidentiality is breached.	Facility-wide			
Written policies are in place to observe standard precautions.	Facility-wide			
Written policies are in place to provide occupational post-exposure prophylaxis.	Facility-wide			
Written policies are in place to provide post-exposure prophylaxis for rape survivors or other high-risk sexual exposures.	Facility-wide			

Organizational Checklist	Area	Yes	No	Comments
The facility has a list (updated within the past 2 years) of support organizations in the nearby community that accept referrals, such as organizations that provide food and legal and psycho-social support.	Facility-wide			
A written protocol describes referral procedures that link clients to community-support organizations.	Facility-wide			
The facility's senior staff approved the formation of the PTF.	Facility-wide			
The facility's senior staff approved the plan and budget of the PTF.	Facility-wide			

TOOL 6. STAFF HIV PREVENTION COMPETENCY CHECKLIST

Instructions

This checklist corresponds to tool 1 and 1A, the staff self-assessment surveys beginning on page 55. This tool can help the PTF assess staff competency in HIV prevention and identify training needs. It can also be used to measure progress. To fill out the form, up to three PTF team members should interview staff in charge on each of the wards below. Not all facilities will have all the services listed.

Services			
HIV/ART	HIV care/Antiretroviral therapy	PEP	Post-exposure prophylaxis
FP	Family planning	STI	Sexually transmitted infection
IPD	Inpatient department	TB	Tuberculosis
MCH	Maternal and child health	VCT	HIV voluntary counseling and testing
OPD	Outpatient department		

TOOL 6. STAFF HIV PREVENTION COMPETENCY CHECKLIST

HIV Prevention Knowledge	Services	Yes	No	Comments
Over 80% of *non-clinical* staff correctly answered all questions on the staff self-assessment survey.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			
Over 80% of *clinical* staff correctly answered all questions on the staff self-assessment survey.	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			
Over 85% of *clients* responded "yes" to the interview question, "Did the healthcare provider talk to you about how to avoid getting HIV or giving HIV to others?"	HIV/ART			
	FP			
	IPD			
	MCH			
	OPD			
	STI			
	TB			
	VCT			

TOOL 7. BRAINSTORMING GRID

Strengths			
Problems			
Possible Prevention Objectives			
Objective (List objective and activities)	Who can help?	What resources are needed?	How long would it take?

TOOL 8. SAMPLE ACTION PLAN

Objective	Activities	Person(s) responsible	Resources needed	Finish date	Monitoring method	How often

NOTES

Page 3

1 UNAIDS, *2006 Report on the Global AIDS Epidemic* (Geneva: UNAIDS, June 2006).

2 USAID, UNAIDS, UNICEF, and the Policy Project, *Coverage of Selected Services for HIV/AIDS Prevention, Care and Support in Low and Middle Income Countries in 2003* (Washington DC: The Policy Project, June 2004). www.who.int/hiv/pub/prev_care/en/coveragereport_2003.pdf

3 UNAIDS *2006 Report*

Page 4

4 Myron S. Cohen, M. Hosseinipour, A. Kashuba, and S. Butera, Use of Antiretroviral Drugs to Prevent Sexual Transmission of HIV, *Current Clinical Topics in Infectious Diseases* 22 (2002):214–51.

Page 5

5 Lucinda Furci et al., Non-cytotoxic Inhibition of HIV-1 Infection by Unstimulated CD8+ T Lymphocytes from HIV-exposed Uninfected Individuals, *AIDS* 16 no. 7 (3 May 2002): 1003–08.

Page 6

6 USAID, UNAIDS, WHO, UNICEF, and the POLICY Project, *Coverage of Selected Services for HIV/AIDS Prevention, Care and Support in Low and Middle Income Countries in 2003*. (Washington DC: The POLICY Project, June 2004). http://data.unaids.org/pub/Report/2004/2004-CoverageSurvey2003Report_en.pdf

Page 33

7 JL Richardson, J Milam, A McCutchan, et al, "Effect of Brief Safer Sex Counseling by Medical Providers to HIV-1 Seropositive Patients: A Multi-clinic Assessment," *AIDS* 18 (2004): 1179–86; J Fisher, W Fisher, D Cornman et al., "Clinician-delivered Intervention During Routine Clinical Care Reduces Unprotected Sexual Behavior Among HIV-infected Patients." *JAIDS*, 41, no. 1 (2006):44–52.

8 Centers for Disease Control and Prevention, "Incorporating HIV Prevention into the Medical Care of Persons Living with HIV: Recommendations of CDC, Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America," *MMWR Recomm Rep.* 52 (Jul 18 2003):1–24. www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1287525

Intended for use in low-resource countries, *A Guide for Integrating Prevention in the Care Setting* systematically leads a team of providers through the process of incorporating HIV prevention within all services of a clinical facility. The guide details six steps that lead to this goal, including establishing a multidiscipinary prevention task force and developing and implementing an action plan. To support clinic managers in this process, the guide includes easy-to-use tools for rapid assessment and training materials to encourage prevention counseling within routine clinical encounters.

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201

t 703.647.1908
f 703.516.9781

www.fhi.org
aidspubs@fhi.org

PN-ADK-364