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Planning, Developing & Supporting the Health Workforce

Bridging the Gaps: Improving Decentralized HIV Services in Panama

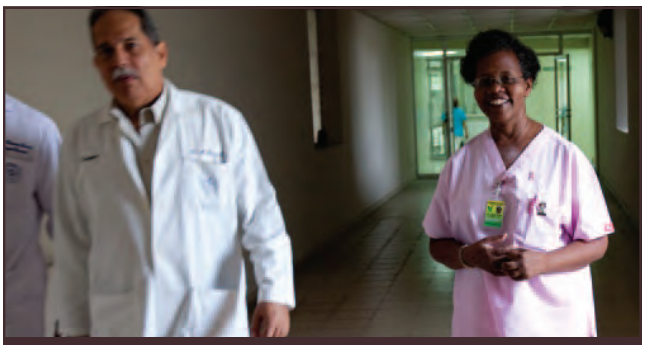
Patient at Manuel Amador Guerrero Hospital with Liliana Hines

Nurse Liliana Hines lives in Colón, a port city of 200,000 on the Caribbean side of Panama. "When I first started out in 2002, this was and is still the first clinic of antiretroviral therapy here in the city of Colón." She works at Manuel Amador Guerrero Hospital. "We started out with four patients and today we have over 300 patients receiving antiretroviral therapy."

Panama and other countries in the region are responding to the demand for HIV services by increasing the number of hospitals providing these services. Formerly, only a few specialized hospitals offered HIV services. Yet many Central American hospitals that provide decentralized HIV services struggle with issues such as weak infection prevention practices, poor nutritional care for patients and persistent discriminatory practices.

Hines describes an issue in her hospital. A donor had made a gift of yellow sheets, which staff decided to use only for patients with HIV. Patients were unhappy about this. "They feel that they have been secluded from the others, because anyone that will come to the hospital, they see that you have a yellow sheet on your bed, they know definitely that you have HIV." Many felt that this practice contributed to stigma and discrimination. Another issue involved poor coordination among staff in the clinic, in terms of working together as a team to provide comprehensive care.

The Capacity Project is supporting decentralization of HIV services by helping national HIV programs in Belize, Costa Rica, El Salvador, Guatemala, Nicaragua and Panama to improve performance and supervision systems to address their challenges. Working closely with the national HIV programs, the Project developed draft performance standards. In each country, multidisciplinary teams—including hospital staff like Hines—revised the draft standards, making them compatible with national policies and guidelines. Using the Project's performance support approach, the teams assessed the quality of HIV service provision based on performance standards, and developed and implemented local action plans for bridging the gaps.



Liliana Hines with colleagues

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"Now we are working together as one big family. Whenever a patient comes here for the first time we will send him to the social worker, the psychologist, the nutritionist…and they get a little from everybody."

Patient with Hines

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Liliana Hines

Hines tells how the multidisciplinary team in Colón addressed the problem of discrimination and the yellow sheets. "We had meetings and so forth, and after speaking with those at the laundry, we found out that all the bed linens of the hospital went through the same procedure, so there was no need of isolating the bed linens of these patients with HIV. So then we decided that we will dress everybody in yellow so that no one will feel that they had HIV [status revealed]. So we have improved in that.

"Another thing that we have gained," Hines shares, is "the togetherness in working. Now we are working together as one big family. Whenever a patient comes here for the first time we will send him to the social worker, the psychologist, the nutritionist…and they get a little from everybody. Because at the beginning they'd only see the nurse, the nurse assistant and the doctor that is taking care of them, but now they're seeing other persons that are willing to help them, to make them have a better quality life.

"We have also worked with the family," Hines continues. "Some of them, they don't tell their family [about their status] because they feel they're going to be rejected. We have sessions with the family where we explain to them what really is HIV/AIDS. We notice that these patients that have the support of their family, they have a better response to the treatment."

Patients are also benefitting from increased attention to nutritional care. "As an incentive for them to come to the clinic we give them nutrition, oatmeal—and they look forward to that," Hines explains, "so that they will come to the clinic, and when they come to the evaluation with the nutritionist they will get more. Many of them, maybe that's the only thing they have to eat that day."

Across the region, assessments showed marked improvement in hospitals' performance, many averaging an increase of 30% and some of almost 60%. Teams incorporated infection prevention supplies into the regular procurement lists, acquired basic equipment that was missing, addressed stigma and discrimination and trained cleaning staff to adhere to safety procedures. Project staff are documenting lessons learned and preparing to transition to a Capacity Project Associate Award that will continue this important work.

"We have improved a lot but there's still room for improvement, and that's what we're working at each day," Hines says, "so that we can give them better attention here at the clinic in Colón."

the Capacity Project

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