


# **Maximizing opportunities for integrated HIV prevention in the health sector**

## **Tools to complement the guidance document on rapid acceleration of HIV prevention in the health sector in the WHO African Region**

Draft – not yet endorsed

 <p>AIDS Projects Management Group</p>	<p><b>Draft</b> <b>Prepared by Lou McCallum for the Department of HIV/AIDS, WHO Geneva and the WHO Regional Office for Africa – not yet endorsed</b></p>
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## Acronyms

AFRO	Africa Regional Office
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
BCC	Behaviour Change Communication
BSS	Behavioural Surveillance System
CBO	Community-based Organization
CDC	United States Centres of Disease Control
FBO	Faith-based Organization
G8	Group of Eight Nations (Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the United States.
HCW	Healthcare worker
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
IMAI	Integrated Management of Acute Illness
MCH	Maternal and Child Health
NGO	Non-government Organization
PITC	Provider-initiated HIV Testing and Counselling
PMTCT	Prevention of Mother to Child Transmission of HIV
RCH	Reproductive and Child Health
STI	Sexually Transmissible Infections
T&C	Testing and Counselling
TB	Tuberculosis
TBA	Traditional Birth Attendant
UNAIDS	United Nations Joint Program on AIDS
WHO	World Health Organization



## 1. Purpose of this package

This package of tools supports the Guidance Document on Acceleration of HIV Prevention in the Health Sector in the WHO Africa Region and provides countries with a framework for rapidly accelerating the health sector's contribution to HIV prevention.

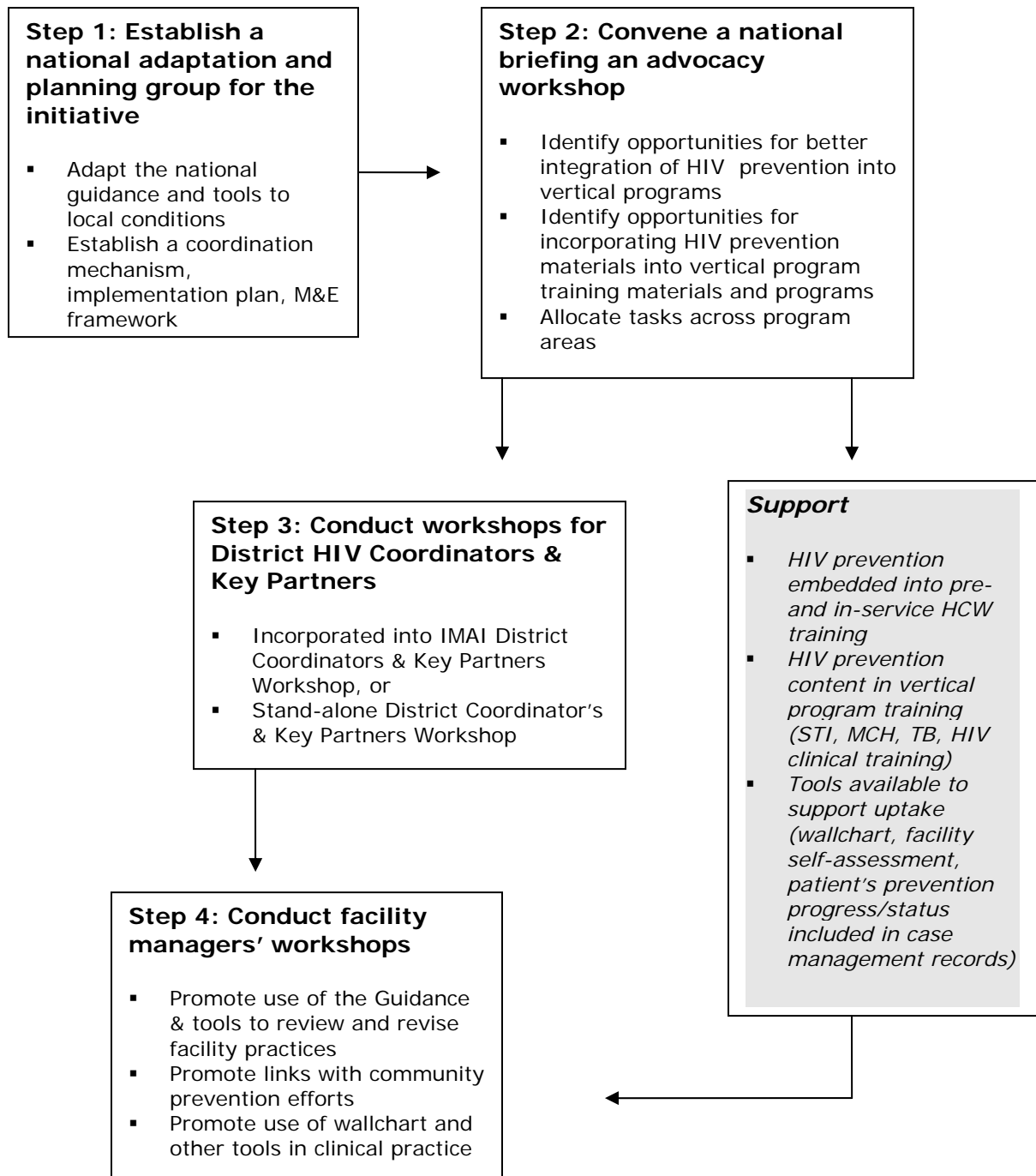
It is intended that countries will take these tools, adapt them to local conditions and use them to embark on a concerted effort at national, district, facility and community level to increase the knowledge and skills of health and community workers to incorporate HIV prevention more consistently into their daily work and to re-organize services so that they are more able to support HIV prevention efforts.

Whilst these are presented as stand-alone tools, these materials have also been integrated into WHO's IMAI curriculum materials and it would be desirable to coordinate this rapid acceleration of HIV prevention in the health sector with a treatment, care and support scale-up using the integrated IMAI program. In countries where the treatment, care and support scale-up is well advanced, a concentrated effort to bring prevention within the health sector to the same level might be more preferable.

The rapid acceleration package calls for a coordinated effort at national, district and facility/community levels.

Level	Components
National	<ul style="list-style-type: none"><li>▪ A national Guidance on HIV prevention in the health sector</li><li>▪ A national briefing and advocacy workshop to encourage integration of HIV prevention into health programs and training</li></ul>
District	<ul style="list-style-type: none"><li>▪ Incorporation of elements set out in the national Guidance into the IMAI district management team training</li><li>▪ Advocacy at district level for the acceleration of HIV prevention in the health sector</li></ul>
Facility/community	<ul style="list-style-type: none"><li>▪ A training workshop for facility managers to assist them to identify ways to incorporate HIV prevention into services</li><li>▪ The development of brief basic essential HIV prevention support tools, for integration into IMAI, all HCW training and vertical programs, backed up by a wallchart for use in all health sector facilities</li></ul>

## 2. Suggested implementation process:



### **3. Tools to assist in operationalizing the initiative**

#### **3.1 Action at national level**

##### **Adaptation and coordination**

This initiative will be more effective if it is adapted to local conditions and coordinated by a small group of people at national level. Few countries have a person in the national AIDS coordinating body allocated particular responsibility for coordinating HIV prevention in the health sector. For the initiative to gain and maintain momentum, it will need leadership and coordination at national level. Finding a person who can take on this role will be essential. This person can then bring together an adaptation/coordination group to assist them.

Potential members of this adaptation/coordination group include:

- A representative from the national AIDS coordinating body or who has a national coordinating role within the MOH – someone who already has responsibility for health sector initiatives
- A national health sector workforce development representative – from the MOH or national HCW training body
- A representative from the national PLHIV organization
- Representatives from health service planning and primary health care coordination within MOH
- Selected representatives from key national programs, particularly PMTCT, STI, MCH, ART
- National health coordinators from other sectors – prisons health, major employers with private health services, armed forces health service

The tasks for this group would be to:

- Adapt the guidance document so that it reflects the local environment
- Adapt the workshop plans for the district coordinators' and facility managers' workshops
- Adapt the wallchart and other tools for use (or plan for their adaptation in the national or district coordinators' workshops
- Develop an implementation plan for the initiative
- Organize the national briefing and advocacy workshop
- Identify the human and financial resources for conducting the workshops for district coordinators and key partners
- Supervise the production and distribution of the printed resources
- Follow up on national tasks identified in the national briefing and advocacy workshop – integration of HIV prevention material into training curricula and vertical programs
- Develop appropriate performance indicators and a framework for M&E

## **National briefing and advocacy workshop**

This initiative needs the support of key individuals and programs at national level. This can only be achieved if they are aware of the initiative and included in the planning and implementation. Holding a national briefing and advocacy workshop is a good way to bring these people together and to enlist their support.

*Participants should include:*

- Coordinators of the national Stop TB, STI, PMTCT, ART and MCH programs
- Coordinators of any other relevant vertical programs in the health sector
- Representatives from the national PLHIV organization
- National MOH coordinators for delivery systems such as acute care, primary care, community care
- Leaders of national HCW training institutes
- Representatives from government departments involved in workforce development and planning
- Representatives from other departments with health portfolios – prisons health, the armed forces
- Representatives from national health worker associations – national medical and nursing bodies
- Representative from the private health sector and from employers with significant health service programs

The task of this workshop is to take people through the Guidance document and assist them to develop strategies within their jurisdictions to integrate greater attention to HIV prevention in the vertical programs, training programs and services they provide. By the end of the workshop, each department or program should be able to come up with a set of entry points for acceleration of HIV prevention in their program or services and identify how they will bring this about.

*Preparing for the workshop:*

- Adapt, print and distribute the Guidance before the workshop – make sure that people have the document at least one week before the workshop and ask them to read it before they attend
- Send a one-page summary of the objectives of the workshop with the Guidance, including a short list of the issues that you want them to think about before they come. These could include:
  - How is HIV prevention addressed in your program at present?
  - What opportunities do you see for increasing attention to HIV prevention in your program?

- What would you need in order to bring this about?
- Plan ahead to get the right people into the workshop. This initiative requires action. Therefore the best people to be involved from each program or sector are those who are likely to be responsible for carrying out the action you want. Try to select participants who have the time, the motivation and the responsibility for carrying forward the things that you want their program or department to do under the initiative
- Think about the style of the workshop. This needs to be a planning workshop, so enlist a good facilitator who can get people to think and work actively together. It should not be a passive workshop in which people watch PowerPoint presentations and do not participate
- Identify a person to document the outcomes of the workshop accurately so that the national coordinating group can follow up of the commitments to action that are made
- Bring other relevant resources to the workshop, particularly those that people can take away and use to help them with the work they agree to do – adapted IMAI materials, other policy and training materials

## Sample one-day program for the national briefing and advocacy workshop

Time	Session	Outcomes
8:30 – 9:00	Opening address Introductions Program overview	
9:00 – 10:00	<b>Briefing</b> on the initiative and guidance document (Presentation, questions & discussion)	Participants understand the guidance document and the initiative and how these relate to their work.
10:00 – 10:30	Break	
10:30 – 12:00	<b>Scanning/gap analysis:</b> Looking at their current program or sector Identify current contribution to HIV prevention plus gaps and opportunities (Group work & feedback)	Scan of current contributions to HIV prevention for each program or sector. Gap analysis and identification of entry points.
12:00 – 1:00	Lunch	
1:00 – 2:30	<b>Planning and priority setting:</b> Each program or sector sets out the elements of a plan – where, how & by when (Group work & feedback)	Priority actions identified District level workshops planned Plans for integration of HIV prevention materials into training curricula developed
2:30 – 3:00	Break	
3:00 – 4:30	<b>Coordination, M&amp;E:</b> Plenary discussion	Mechanism for onward coordination of the initiative identified Indicators for progress and success identified
4:30 – 5:00	Wrap up and closing	

## 3.2 Action at district level

### Workshop for district AIDS coordinators and district health personnel

The district AIDS coordinator and the district health management team have a key role to play in this initiative. They are able to see the health services in the district as a whole, to see the connection between services and the way that individuals move between the services.

Bringing together district AIDS coordinators and the district health management teams from neighbouring districts provides an opportunity to achieve a consistent approach to accelerating prevention across a whole region, so that as people move from place to place for services, their HIV prevention needs are met consistently.

This workshop, organised and facilitated by the national staff identified in the national workshop, provides an opportunity to familiarize health sector personnel at district level with the Guidance and the acceleration of HIV prevention initiative as a whole. To maximize opportunities for integrated prevention and care, the more detailed IMAI Training Curriculum for District Coordinators and Key Partners would be used, as this covers both prevention and care planning at district level. If this is not possible, then the one-day format set out below, focussing specifically on the acceleration of HIV prevention in the health sector should be used.

*Participants should include:*

- District AIDS Coordinator
- District coordinators of TB, STI, MCH and other vertical programs
- District PEPFAR or ART scale-up coordinators
- District health managers and coordinators of specific areas such as acute care, primary care, community care or public health (where they exist)
- District level PLHIV group representatives
- Managers of NGOs/CBOs/FBOs with health services across the district
- Those responsible for HCW training at district level
- District health coordinators from other sectors – prisons health, armed forces
- District hospital management

*Objectives of the workshop:*

This is intended as an action-oriented workshop. Try to choose people who have direct responsibility for carrying out tasks and who have the time and resources to take the initiative forward. The objectives for the workshop should include:

- To familiarize district health staff with the Guidance and the initiative and to gain their support in taking the initiative forward at district level
- To provide an opportunity for district staff from a number of districts to get together and plan for accelerated HIV prevention across a number of districts
- To identify and brief a team of people at district level who will conduct the facility managers' workshops and meetings to take the initiative forward within the district and who will take on the ongoing monitoring and support for the acceleration within the district
- To assist participants to identify the particular opportunities and barriers that exist in their district for achieving consistent access to prevention services and messages for the people who need them
- To provide district health staff with a set of tools to work with health facilities and communities to accelerate the health sector's contribution to HIV prevention
- To identify a person or group at district level who will take on the on-going coordination of the initiative

*Preparing for the workshop:*

This should be a participatory planning workshop, so it would be good to limit the number of people in each workshop to no more than about thirty, so that people have a chance to actively contribute. Covering three or four districts in each workshop with six to eight participants from each district would be ideal. Other preparation suggestions include:

- Cluster the districts strategically – choose neighbouring districts, or those that have similar epidemic patterns or issues. Matching a district with a more advanced health-sector HIV prevention program with a less-advanced district might also facilitate the transfer of experience and ideas
- Circulate the Guidance a week in advance of the workshop to familiarize participants with the initiative and to give them time to think about the issues for their district
- Ask participants to bring along to the workshop the district AIDS plan or any information they have on current access to HIV prevention services and messages
- Have resources available at the workshop to assist participants to carry out their planning – IMAI course materials, policy and best practice reference documents on GIPA, PLHIV peer support, lay counselling, community linkages and so on

*Sample one-day workshop program:*

Gathering a number of districts together in one workshop provides an opportunity to build some momentum for the initiative and can help to set up networks of support for the implementation of the initiative. If this is not possible for a particular district or area, the program below could be adapted

into an agenda for a one-day facilitated working session for a small group in one district.

### Sample program for district coordinators' workshop

Time	Session	Outcomes
8:30 – 9:00	Opening address Introductions Program overview	
9:00 – 10:00	<b>Session 1: Briefing</b> on the initiative and guidance document (Presentation, questions & discussion)	Participants understand the guidance document and the initiative and how these relate to their work
10:00 – 10:15	Break	
10:15 – 12:15	<b>Session 2: Particular opportunities and barriers</b> for the health sector's contribution to HIV prevention in the district (Working in district groups, then feedback and discussion)	A clear understanding is developed about the particular context in each district, and the opportunities and barriers that exist for the acceleration
12:15 – 1:15	Lunch	
1:15 – 3:00	<b>Session 3: Starting the initiative at the facility and community level</b> - familiarization with key steps identified in the guidance for each type of service Adaptation of facility managers' workshop materials (Briefing, questions, then group work)	District staff are prepared for the rollout of the initiative at facility/community level
3:00 – 3:15	Break	
3:15 – 5:00	<b>Session 4: Implementation plans, ongoing support coordination monitoring and evaluation</b> - to keep the acceleration going, to measure progress and overcome obstacles as they arise	Strategies for ongoing support and coordination of the initiative are established
5:00 – 5:15	Wrap up and closing	

## **Session notes**

### **Session 1: Briefing**

Set aside time for people to introduce themselves to the group and take them briefly through the program and objectives for the day.

The briefing session is based on Section 1 of the Guidance. It provides an opportunity to explain the rationale for the initiative and the process that is being followed. Using the implementation process diagram at the beginning of this document will show district management team where they fit into the overall process of acceleration of prevention. Prepare a PowerPoint or flipchart presentation, based on Section 1 of the Guidance and on the adaptation process that explains the acceleration initiative stages and summarizes the objectives and tasks at each level. Allow plenty of time for questions and discussion.

### **Session 2: Particular opportunities and barriers**

This session focuses primarily on Section 2 of the Guidance and also on the list of issues set out at the end of Section 1.

The particular opportunities and obstacles for strengthening the health sector's contribution to HIV prevention differ from place to place. The list at the end of Section 1 is an example of some of the factors that reduce the impact of HIV prevention in health settings. This can be used as the basis of a presentation and discussion of the particular local factors that affect consistent access to prevention services and messages in the health sector.

Do not dwell too long on this list – its purpose is to start people thinking. Give participants fifteen or twenty minutes to discuss the list in pairs or groups of three and see if there are any additional things they can come up with that get in the way of HIV prevention. Brainstorm their suggestions for additions to the list for fifteen minutes

Then move on having the participants work on the four main action areas that the initiative will focus on:

1. Promoting HIV prevention for all
2. Helping people to access HIV testing and counselling
3. Providing HIV prevention support for people who test HIV negative
4. Providing HIV prevention support for people who test HIV positive

Include attention on the four enabling factors identified:

1. Availability of healthcare workers

2. Healthcare worker knowledge and skills
3. Structural issues within services
4. Continuity of care between services

Break the participants into district small groups and ask them to look at Section 2 of the Guidance. Their task is to set out the health sector's current contribution to HIV prevention in their district, what is currently working well in terms of access and continuity and where the opportunities are for reaching more people with prevention messages and services through the health sector.

This should not be just the generation of a long list, but some kind of analysis of:

- what HIV prevention services exist,
- who is accessing them
- who is not accessing them
- the extent to which HIV testing and counselling is leading to on-going prevention
- the extent to which HIV prevention support is a consistent part of long-term care for PLHIV
- the extent to which general health workers reinforce HIV prevention with patients

This is a problem analysis session. They will be asked to discuss solutions and priorities in the session after lunch. Ask the groups to prepare their feedback on flipcharts that can be put up around the room and referred to later in the day.

Allow about 45 minutes for this small group work and then bring them back to plenary to report back and discuss.

In guiding the groupwork and discussion, focus on getting an accurate and detailed picture of what is happening in each district in relation to health sector HIV prevention. Try to tease out the real gaps and under-served groups and communities. Try also to move the participants towards thinking longitudinally about HIV prevention as they do their gap analysis – what happens to a woman after she is diagnosed HIV positive in a MCH/PMTCT clinic? Who helps her with disclosure to her husband and family? Are there innovative ways to get men into testing and counselling without putting their wives at risk of violence and rejection?

### **Session 3: Involving health facilities and communities in the initiative**

This is a two hour session that focuses on the work that we want the district team to do with facility managers and others in the district. It is based around Section 3 of the Guidance.

Spend the first hour of the session discussing the key steps identified for each of the services in the table at the beginning of Section 3. Present a short overview of this in plenary and then ask participants to discuss the list in small groups to identify any addition or changes they would make in the key steps. Take the opportunity to have people from different districts in each group, and have each group focus on one or two of the particular service areas covered in the list. Make sure that all of the seven sites are covered. Spend thirty minutes in these groups and thirty minutes reporting back. This is a checking exercise to make sure that the steps identified for each service area are practical and relevant.

Spend the second hour going through the training curriculum for facility managers. The district staff will need to be comfortable facilitating the planning sessions with facility managers. Break participants into district groups to go through the content of the facility managers' curriculum to identify any areas that require clarification or discussion. Move around the groups clarifying issues and concerns. By the end of this session, districts should have their own adapted facility managers' program.

Introduce participants to the wallchart and other resources that have been developed through the national adaptation to support the initiative.

#### **Session 4: Implementation plans, district-level activities, ongoing support coordination monitoring and evaluation**

The main aim of this final session is to set out a district plan for rolling out the initiative including:

- Conducting facility managers' workshops:
  - Who will conduct the facility managers' workshops and meetings?
  - What facilities will be targeted first?
  - How will facilities be grouped for the workshops?
- Assisting facilities to audit their procedures to better integrate attention to HIV prevention
  - How will this be done?
  - Who will be primarily responsible?
- Determining district level interventions:
  - Supporting the development & strengthening of PLHIV groups
  - Task-shifting to increase the available workforce – policy and practical support for the inclusion of PLHIV and lay counsellors as part of health teams
  - Policy and practical support to allow facility staff to follow people up in community
  - Provision of ART-Aid or lay counselling training for PLHIV and other community members

- Provision of training opportunities for HCWs in basic HIV prevention counselling and support
- Fostering linkages between services and between services and community workers
- Providing overall coordination and mentoring/monitoring
- Measuring progress and outcomes

Break the participants into groups and have them work on their plans for one hour. Move around the groups providing assistance and direction. Ask groups to focus on the tasks set out in the list above and detail how they will address each task area.

Assist them to ensure that their plans are specific – including what, when, how and by whom. Bring the participants back together for the final thirty minutes of the session to discuss any questions or concerns that they have about taking the initiative forward.

Wrap up the workshop by asking participants to offer their reflections on the day and on the task ahead.

### **3.3 Action at facility/community level**

Implementation at this level will depend on the way that health services in the district are organized. For large districts with a diverse range of health services, a series of workshops for facility managers may be the most effective way to proceed, followed by monitoring/mentoring visits over time to individual services. In some districts, the district health officer responsible for the vertical program (PMTCT, MCH, STI for example) may choose to hold workshops or meetings for the services within their jurisdiction. In smaller districts it may be more effective to work facility by facility to introduce the initiative. If this approach is chosen, it will still be important to work on linkages between services, to ensure that people are not falling through the cracks in terms of HIV prevention follow-up and support.

Working with the team members directly responsible for the implementation will also strengthen increase the likelihood up smooth and sustained uptake of the changes. It is important that all team members (doctors, nurses, nurse assistants, counsellors, PLHIV, lay counsellors and so on) all understand their role in supporting HIV prevention and understand what other team members' contributions will be. This avoids the situation where team members do not reinforce HIV prevention with patients, wrongly assume that someone else is working with them on these issues. Solving some of the structural issues that minimize opportunities for prevention support requires discussion and problem solving by the whole care team.

Decisions about the particular approach within a district can be made at the district coordinators' workshop.

## **Workshop for facility managers**

This section provides a sample one-day workshop format for facility managers and a series of tools to assist facilities to assess and monitor their contribution to HIV prevention and incorporate changes as required. Although the term facility is being used throughout these materials, the service may not be a physical facility, but may also include community outreach services and other non-facility based support services.

The main aim of the intervention at this stage is to work with facility and service managers to cast a critical eye over their own services and see where the opportunities for strengthening HIV prevention exist. These are generally busy people with many demands on their time and few financial or staff resources to meet all of the needs they are presented with. The managers of integrated services, particularly primary health services, are often bombarded with requests to integrate a wide range of vertical programs into their service – MCH, PMTCT, STI, ART scale-up and so on. It is important that this approach for their support in the acceleration of HIV prevention be made in a constructive and facilitating manner, rather than as another demand made on their scarce resources.

*Participants should include:*

- Managers and key staff of primary care clinics and speciality clinics (ANC, PMTCT, Family Planning/RCH, STI, TB, HIV/ART)
- Managers of district hospital and other acute care services
- PLHIV support group coordinators or expert patients
- T&C Counsellors/welfare coordinators
- Community outreach/home care coordinators

*Preparation for the workshop/facility meeting:*

Ask participants to bring along to the workshop examples of:

- the case management and monitoring tools they use in their facility – case records, forms for recording progress
- policies and procedures and job descriptions that determine who does what in the facility – to assist in task reallocation
- IEC/BCC materials that they currently distribute
- examples of successful long-term HIV prevention interventions that they have carried out (couple counselling/community follow-up/assisted disclosure)

Bring along IMAI and other curriculum materials that will provide the participants with examples of the resources available for training HCWs to better integrate HIV prevention into their work. These can be used in the planning session after lunch.

## Sample one-day workshop program for facility managers

Time	Session	Outcomes
8:30 – 9:00	Opening address Introductions Program overview	
9:00 – 10:00	<b>Session 1: Briefing</b> on the initiative and guidance document (Presentation, questions & discussion)	Participants understand the guidance document and the initiative and how these relate to their work
10:00 – 10:30	Break	
10:30 – 12:30	<b>Session 2: HIV prevention in the health sector</b> – what are we trying to achieve? What prevents us from achieving this? (Groupwork and discussion)	Participants outline the current barriers and opportunities for strengthening HIV prevention in their services
12:30 – 1:30	Lunch	
1:30 – 2:30	<b>Session 3: Solution areas</b> – what do we need to focus on to bring about change? (Presentation and discussion)	Participants understand the four key and for bring about the acceleration of prevention
2:30 – 3:00	Break	
3:00 – 4:30	<b>Session 4: Detailed planning within services</b> – using the assessment and monitoring tool (Groupwork, feedback and discussion)	Participants outline how their service will respond and prepare plans for implementation
4:30 – 5:15	<b>Session 5: Linkages between services</b> – closing the gaps (Plenary discussion with recommendations)	Participants identify strategies to improve linkages between services and continuity of care
5:15 – 5:30	Wrap-up and closing	

## **Session notes**

### **Session 1: Briefing**

Set aside time for people to introduce themselves to the group and take them briefly through the program and objectives for the day.

The briefing session is based on Section 1 of the Guidance. It provides an opportunity to explain the rationale for the initiative and the process that is being followed. Using the implementation process diagram at the beginning of this document will show facility managers where they fit into the overall process of acceleration of prevention. Prepare a PowerPoint or flipchart presentation, based on Section 1 of the guidance and on the adaptation process that explains the acceleration initiative stages summarizes the objectives and tasks at each level. Allow plenty of time for questions and discussion.

### **Session 2: HIV prevention in the health sector**

This session focuses on what the initiative is trying to achieve – an acceleration of HIV prevention in the health sector. It provides an opportunity for participants to consider and discuss the range of factors that contribute to sustained HIV prevention.

Spend the first twenty minutes presenting the four main action areas that the initiative is focussing on:

5. Promoting HIV prevention for all
6. Helping people to access HIV testing and counselling
7. Providing HIV prevention support for people who test HIV negative
8. Providing HIV prevention support for people who test HIV positive

Stress the following:

- the aim of the acceleration is to include attention to HIV prevention in the work of all health workers in their interaction with all patients
- sustained HIV prevention required long-term support, not just the one-off provision of information

Take the participants through the list of problems set out in Section 1 of the Guidance.

Break the participants into small groups and ask them to look at the list of problems set out in Section 1 and the list of outcome areas above.

Ask them to discuss and document on flipcharts the opportunities and barriers to accelerating HIV prevention in their services. Ask them to think about and discuss:

- Who is responsible for HIV prevention information and support in their services?
- What methods are used and how effective are these?
- Who accesses this information and support?
- Who does not?
- What follow-up is carried out in patient care – how do you know if a person is managing to sustain safer behaviour?
- What do they really know about the impact of their counselling and information provision – about disclosure, about pregnancy planning for PLHIV, about exclusive feeding of infants by new mothers with HIV for example?

Have the groups report back in plenary after forty-five minutes of small group discussion.

In assisting the small groups and facilitating the feedback session, ask questions that require participants to shift their thinking from single episodes of care with patients to longer-term case management. Focus on the long-term HIV prevention needs of a person and their family and how these are going to be met by services. Ask participants to reflect on how their services track the success or failure of their prevention efforts – are they just imparting information or do they know if the person is able to incorporate safer behaviours into their life? Focus the plenary discussion on shifting towards a set of interventions that allow for this longer-term view.

### **Session 3: Key enabling factors**

This session focuses on the four key enabling factors set out at the beginning of Section 2 of the guidance:

- 1. Availability of healthcare workers:** Are there adequate numbers of healthcare workers to meet the ever-increasing demand for HIV prevention and care services? Is the workforce being expanded by the inclusion of PLHIV as peer counsellors and other community members as additional supports?
- 2. Healthcare worker knowledge and skills:** Do healthcare workers feel confident to raise HIV prevention issues in a meaningful way with their patients? Is HIV content included in pre and in-service training? Are healthcare workers regularly assessed, mentored and supported in their role as prevention supporters? Do all staff recognize that they need to make a contribution to prevention?

3. **Structural issues:** Does the way that patients move through the service, the way patient records are kept and used and the way that staff are allocated to tasks allow HIV prevention interventions to be carried out effectively? Is there time, personnel and space allocated to provide on-going counselling in private?
4. **Continuity of care issues:** Are services and service providers connected well enough, so that people are not lost when are referred from one service to another? Are people falling through the cracks? Do healthcare workers have tools or procedures in place to track how their patients are progressing with issues like disclosure and sustaining safer behaviour? Is there an overall plan and adequate coordination to ensure that wherever a person presents for health services, they get consistent prevention messages and services.

Present these four enabling factors in a short PowerPoint or flipchart presentation/discussion session. Focus on what they are doing at present in each area – what they have tried that has worked and what has not worked or not been possible. Allow about fifteen minutes for each of the four areas. Place particular emphasis on introducing or reinforcing the notion of expanding the available health prevention workforce by bringing more people into the health team, particularly PLHIV.

#### **Session 4: Detailed planning within services**

In this session, facility managers are divided into groups and asked to start the process of assessing their service's current contribution to HIV prevention and planning for modifications to accelerate prevention efforts. Divide the groups up according to the type of service that the participants are managing or working in. Cluster the services together strategically so that they can learn from each other. For example, it may be desirable to put the smaller generalist clinics together, the acute care services together, the specialist clinics together, and so on.

The key resources for this session are the table at the beginning of Section 3 of the Guidance and the facility assessment form (which will have been modified during the national adaptation process).

Ask participants to:

- work their way through the list of key steps outlined in the table, adding more steps if they identify gaps or changing steps if they are not relevant
- apply the facility self-assessment form to their facility to determine opportunities for strengthening HIV prevention outcomes and gaps
- use the four key areas set out in session 3 to come up with a detailed plan for filling those gaps – including specific attention to what, how, who and by when

- remind participants to think laterally – do they have resources that they are not using like PLHIV groups, retired HCWs who can act as lay counsellors, other services working in their communities that they do not currently communicate regularly with?
- ask them to include a section on how they will monitor and review their progress

Allow one hour for the group work and thirty minutes for feedback in the plenary. Report-back time will have to be managed carefully to keep to time. Ask groups to feedback a brief summary of their plans and try to avoid duplication in the feedback.

### **Session 5: Linkages between services and participation in a whole of district response**

This final discussion session is an opportunity to examine ways that services can work together to provide continuity of care and to avoid situations where people fall through the cracks and are lost to follow-up. Many under-resourced health services struggle to provide care for the people who turn up for services and have little time to reach out to people who are lost to follow-up or who do not present for services. The difficulty in achieving long-term HIV prevention outcomes is that people require long-term support for prevention. Denial plays a big part in people's reaction to a diagnosis of HIV, or their perception of HIV risk. People's ability to disclose their HIV status to partners and family is affected by their fear of judgement, violence or rejection.

This discussion session is to focus on the following.

In the area of linkages:

- How can services work more closely together to meet the long-term HIV prevention needs of individuals and communities?
- How can services reach further into communities to make sure that people are followed up and supported in their HIV prevention decisions and actions?

In the area of district-wide approaches:

- What training is available in the district that facility managers can have their staff participate in?
- How can facilities and the district as a whole measure its progress in accelerating preventions?
- What further planning and coordination is required to maintain the momentum of this acceleration?

### 3.4 Other tools

#### Wallcharts to trigger discussions between HCW and patients about HIV prevention

#### HIV prevention for people living with HIV

##### Get support

(illustration)

- Join a PLHIV support group
- Talk regularly to a person you trust

##### Disclose to your partner

(illustration)

- Get help to disclose to your partner
- Visit the clinic together for support

##### Use condoms

(illustration)

- Use condoms with all partners
- Maintain a regular supply
- Plan ahead

##### Plan pregnancy

(illustration)

- Avoid unplanned pregnancy
- If you are planning a pregnancy, get advice and support

##### Protect your children

(illustration)

- Have regular ANC checkups if pregnant
- Get on ART or PMTCT
- Get help and advice with exclusive breastfeeding

##### Stay healthy

(illustration)

- Get plenty of rest
- Eat well
- Reduce/avoid use of alcohol & other drugs
- Have regular health checkups

##### Get treated

(illustration)

- Access checkups and get on ART when eligible
- Maintain your treatment regime

##### Stay involved in family & community life

(illustration)

- Join groups, get involved in life
- Avoid being isolated

##### Help others

(illustration)

- Help other PLHIV
- Work in community

## HIV prevention for all

### Know your HIV status

(illustration)

- Get HIV testing & counselling

### Stay informed

(illustration)

- Get the facts about HIV
- Inform others

### Protect others

(illustration)

- Always practice safer sex
- Talk to your children about sex and HIV

### Protect yourself

(illustration)

- Talk to your partner about sex and HIV
- Get counselling and support to protect yourself

### Support others

(illustration)

- Support family & community members with HIV
- Promote tolerance & understanding

### Stay healthy

(illustration)

- Get any STIs diagnosed and treated immediately
- Reduce or avoid alcohol and other drug use

### Stay involved in family & community life

(illustration)

- Join groups, get involved in life
- Avoid being isolated

### Plan pregnancy

(illustration)

- Test for HIV before planning pregnancy

### Educate you family & community

(illustration)

- Join a community group
- Help dispel myths
- Get you church or community involved in prevention & care

### Facility self-assessment tool (for local adaptation)

Enabling area	Questions to guide assessment and monitoring	Answers/comments/strategies for improvement
<b>1. Healthcare worker knowledge &amp; skills</b>	What is the level of basic knowledge about HIV transmission, prevention and care among staff? Do they have access to section 1 of the IMAI patient flipchart for HIV prevention?	
	How confident do they feel about informing and advising patients about HIV prevention?	
	How is their HIV knowledge kept up to date?	
	What orientation in HIV prevention is provided for new staff?	

Enabling area	Questions to guide assessment and monitoring	Answers/comments/strategies for improvement
<b>2. Available workforce for HIV prevention</b>	Who provides HIV prevention information, support and advice in your service?	
	What is their assessment of the time they have to do this?	
	To what extent are PLHIV involved as care team members?	
	What is their role in HIV prevention?	
	How can other people be brought in to add to the team's capacity to incorporate HIV prevention?	

Enabling area	Questions to guide assessment and monitoring	Answers/comments/strategies for improvement
<b>4. Structural issues</b>	Who is currently allocated responsibility for informing and advising patients about HIV prevention? How can this responsibility be shared with others?	
	How is HIV testing and counselling provided? Routine offer/opt in/opt out/referral?	
	To what extent is time and space allocated to HIV prevention information and counselling? How could this be improved?	
	How are patients (positive and negative) followed up to ensure longitudinal support for HIV prevention?	
	In what way is the patient's HIV prevention progress noted in their record? Disclosure to partner? Access to PMTCT? Maintaining safer sex? Reducing alcohol intake? etc	

Enabling area	Questions to guide assessment and monitoring	Answers/comments/strategies for improvement
<b>4. Continuum of care</b>	How do your staff ensure that referrals to other services are successful?	
	What is the nature of the relationship between facility and community-based staff from your service or other services in your community?	
	To what extent do you work with other services to provide coordinated care for individuals and families?	
	What other strategies do you implement to promote coordination of care?	