HIV streaming in SRH Services

RHAC’s Experience

Dr. Ping Chutema
Director of Clinical Services, RHAC
Outline presentation

- RHAC’s story
- Integrated VCCT procedure
- Achievement
- Challenges
- Factors contributing to integration
- Conclusion
Why need to be Integrated?

- Current trend of epidemic
- Client Perspectives:  
  - A one-stop-shopping*
  - Avoid stigma for some diseases
- Provider Perspectives**  
  - Cost-effectiveness
  - Respond to the needs of the clients

*RHAC Client exit interview (CQI in 1999)
**RHAC clinic action plan (CQI in 2000)
What integrated services?

- Integrated VCCT services
- SRH clinics
- BCC on HIV/AIDS and RH for “in school” and “out of school” adolescent
- BCC on HIV/AIDS and RH for vulnerable groups: Fishermen, young entertainers (beer and massage girls), Factory Workers, MSM
How to integrate VCCT into SRH Clinics

History:

- **1994**: family planning, ANC and STIs services.
- **1996**: Train staff on pre and post test counseling, refer for HIV testing
- **1997**: Conduct feasibility study on introducing HIV testing services in the clinics
- **1998**: Adolescent friendly services
How to integrate HIV into SRH (Clinic cont.)

Integration:

- **2001**: HIV counseling only (send blood sample to Pasteur for testing)
- **2002**: HIV counseling and testing, part of PMTCT (lab available)
- **2003**: Post rape support, premarital counseling
- **2005**: HIV-SRH services in special time for vulnerable groups
CLIENT FLOW

Registration

Pregnant W.

Edu. ANC, PMTCT

PMTCT? Yes

Lab

Registration

Examination

HIV tested? Yes

Post-test Counseling

Cashier

Dispenser

Non pregnant W.

Edu. SRH, VCCT

VCCT? Yes

Pre-test counseling

Lab

Examination

HIV tested? Yes

Post-test Counseling
Service Provided to Target Groups

- Youth library: pick up serial#, education materials
  - Receptionist: priority
  - Midwife
  - Special trained Providers
  - HIV Counselor
  - Receptionist

- Service in special time
  - Receptionist: referral card, health book, priority
  - Education room
  - Special trained Providers
  - Laboratory
  - Dispensary

Group counseling, IEC materials,
Quality assurance

- **Daily**: Client record monitoring
- **Monthly**: Statistic monitoring
- **Quarterly**: 
  - Observation interaction client provider (if permit)
  - Tape recorder (if permit)
  - Cross check within RHAC clinics
- **Yearly**: External assessment include client exit interview
Client exit interview (10 rights)

- **Information**: Did you receive information on SRH packages?
- **Access**: are the working hour convenient for you?
- **Safety**: Have you had any problems or difficulties as a result of services you received from this clinic?
- **Privacy**: When you were receiving counseling or a physical examination, did you feel comfortable when other people were present in the room?
- **Confidentiality**: Did providers reassure you that any information concerning your personal situation and the service you received will remain confidential?
- **Opinion**: Have you been given opportunities to express your opinion about the services provided in this clinic?
# Technical observation

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<th>Pre test</th>
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<td>Greeting- introduce yourself-reassure confidentiality</td>
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<td>Explore the reason for coming</td>
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<td>HIV Risk assessment</td>
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<td>Assess knowledge on HIV- understanding of HIV test</td>
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<td>Assess client reaction if the result is positive</td>
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<td>Explain meaning of HIV test- result-window period</td>
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<td>Discuss partner involvement</td>
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<td>Assist client in developing a personalized risk reduction plan-condom use</td>
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<td>Reassure final decision</td>
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2 points = done according to standard  
1 point = done according to standard after prompting  
0 points = not done according to standard even after prompting
Achievements
Client Demography in 2006

Female 83%
Male 17%

Other 81%
YF 3% YE 5% WBP11%

>25 yo 60%
<25 yo 34%
Service breakdown in 2006

- STI: 43%
- HIV: 12%
- Gyne: 11%
- S&A: 9%
- ANC: 10%
- PHC: 9%
- FP: 6%
No of Clients received HIV’s counseling and testing

- In 2006: Among VCT and PMTCT clients: 3.7% and 0.9% found (+) respectively.

- In 2006: 45% of new client received HIV counseling and testing where 91% of new pregnant women received HIV testing.

- RHAC VCCT shares 28% of National VCCT.
% of Client’s satisfaction

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Challenges in the Integration

- Some resistance from staff, but could be overcome by providing them with appropriate training and assurance
- Space of the clinics, burden of the staff, increase in client waiting time
- Not meet the requirement from HIV(+) client (ARV not permitted at clinics)
- No feedback from referral institution (ARV, PMTCT)
- Complicated referral system for PMTCT (BTB only)
Factors Contributing to Integration

- Inter-connection between FP-RH-STI-HIV/AIDS
- Health situation in the country
- Commitment from management and staff
- Donor support and encouragement
- Good support for NCHADS-MoH-NMCHC
Factors Contributing to Integration

The integration has been made smoothly at RHAC partly due to the facts that RHAC was established during a period in which the international community identified HIV/AIDS as a central component of the reproductive health agenda (ICPD), and during the period in which Cambodia faces both RH and HIV/AIDS problems.
Conclusion

Integrated service:

- Increase access to VCCT/STIs
- Improve knowledge of condom used as dual protection
- Increase male involvement
- Improve client satisfaction
- Respond the needs of providers