

HIV streaming in SRH Services

RHAC's Experience

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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.

Non pregnant W.

Edu. ANC, PMTCT

Edu. SRH, VCCT

PMTCT?

VCCT?

Pre-test counseling

Pre-test counseling

Lab

Examination

Registration

Lab

Examination

Examination

HIV tested?

HIV tested?

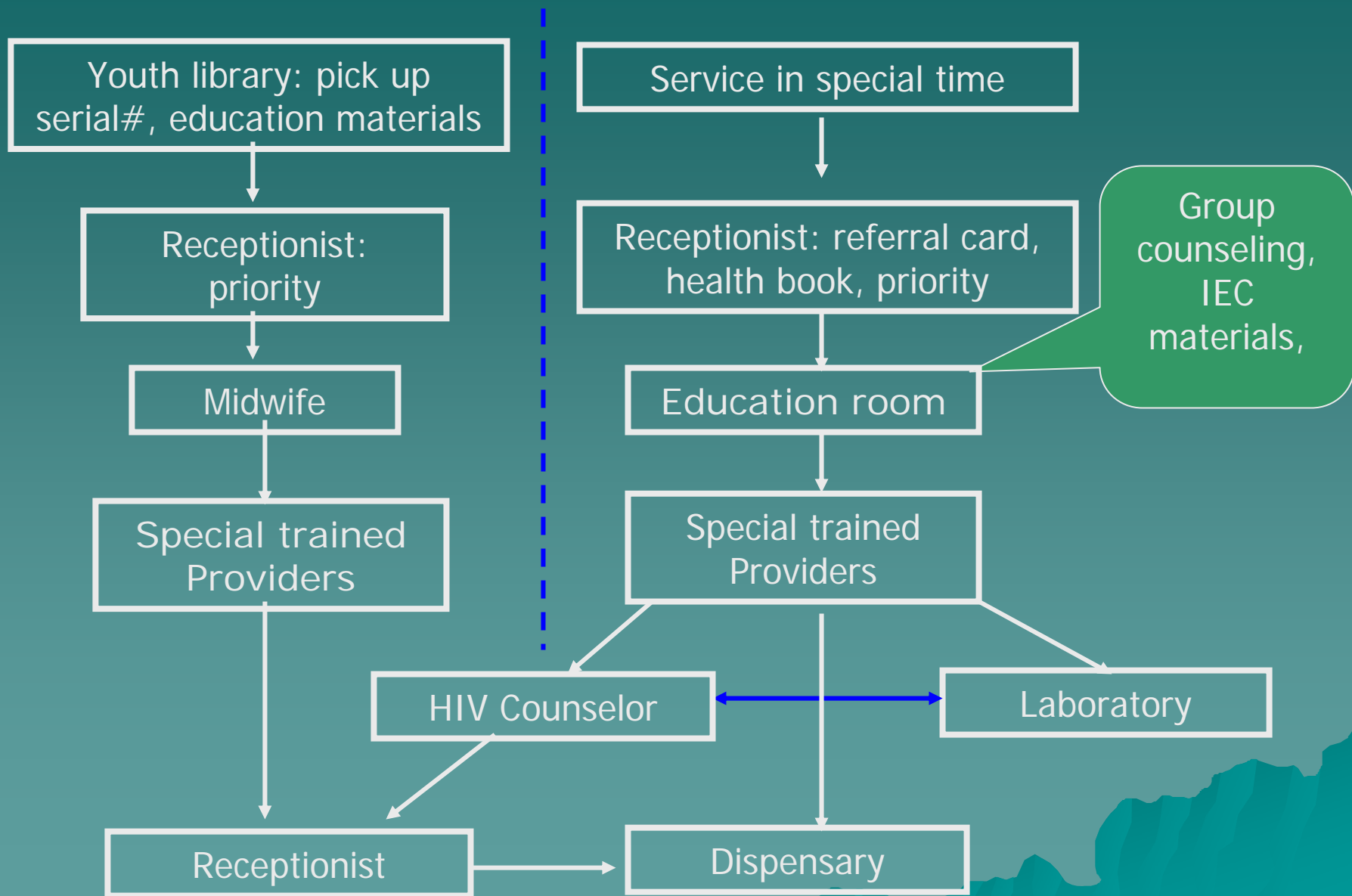
Post- test Counseling

Post-test Counseling

Cashier

Dispenser

Service Provided to Target Groups



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

Pre test	1	2	3
Greeting- introduce yourself-reassure confidentiality	2	2	2
Explore the reason for coming	2	2	2
HIV Risk assessment	2	2	2
Assess knowledge on HIV- understanding of HIV test	2	2	2
Assess client reaction if the result is positive	1	2	2
Explain meaning of HIV test- result-window period	2	2	2
Discuss partner involvement	2	2	2
Assist client in developing a personalized risk reduction plan- condom use	2	2	2
Reassure final decision	1	2	1
Make appointment date- IEC materials given	2	2	2
TOTAL	18	20	19
	90%	100%	95%

2 points = done according to standard

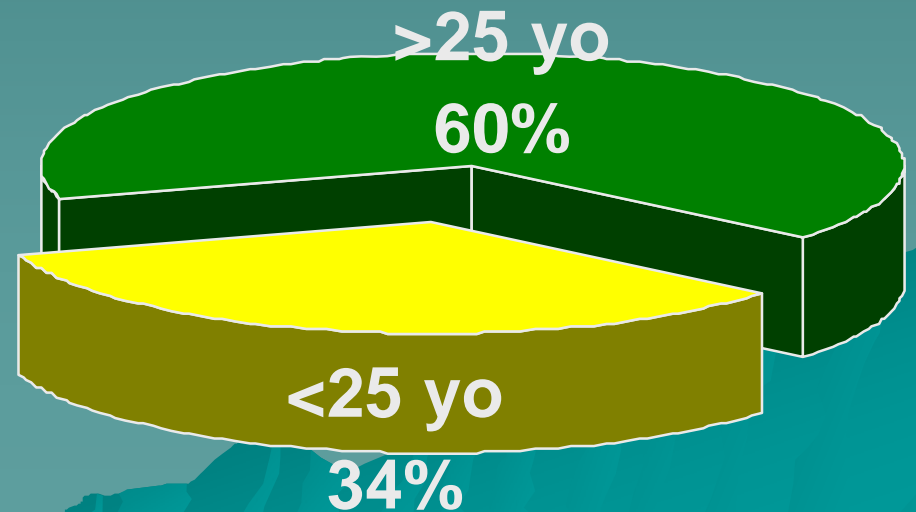
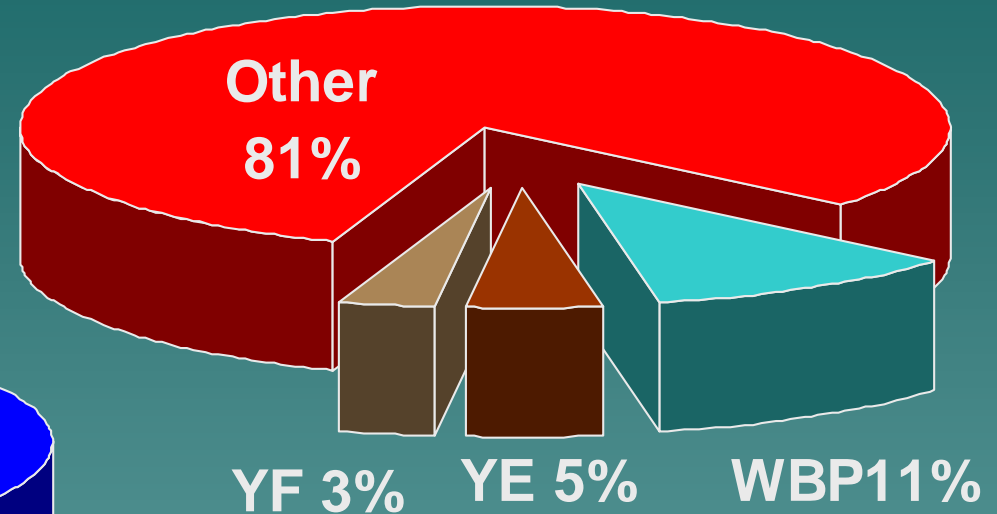
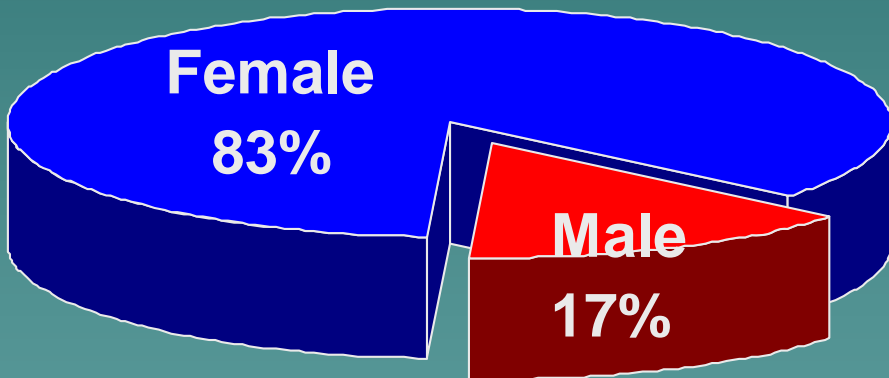
1 point = done according to standrad after prompting

0 points = not done according to standard even after prompting

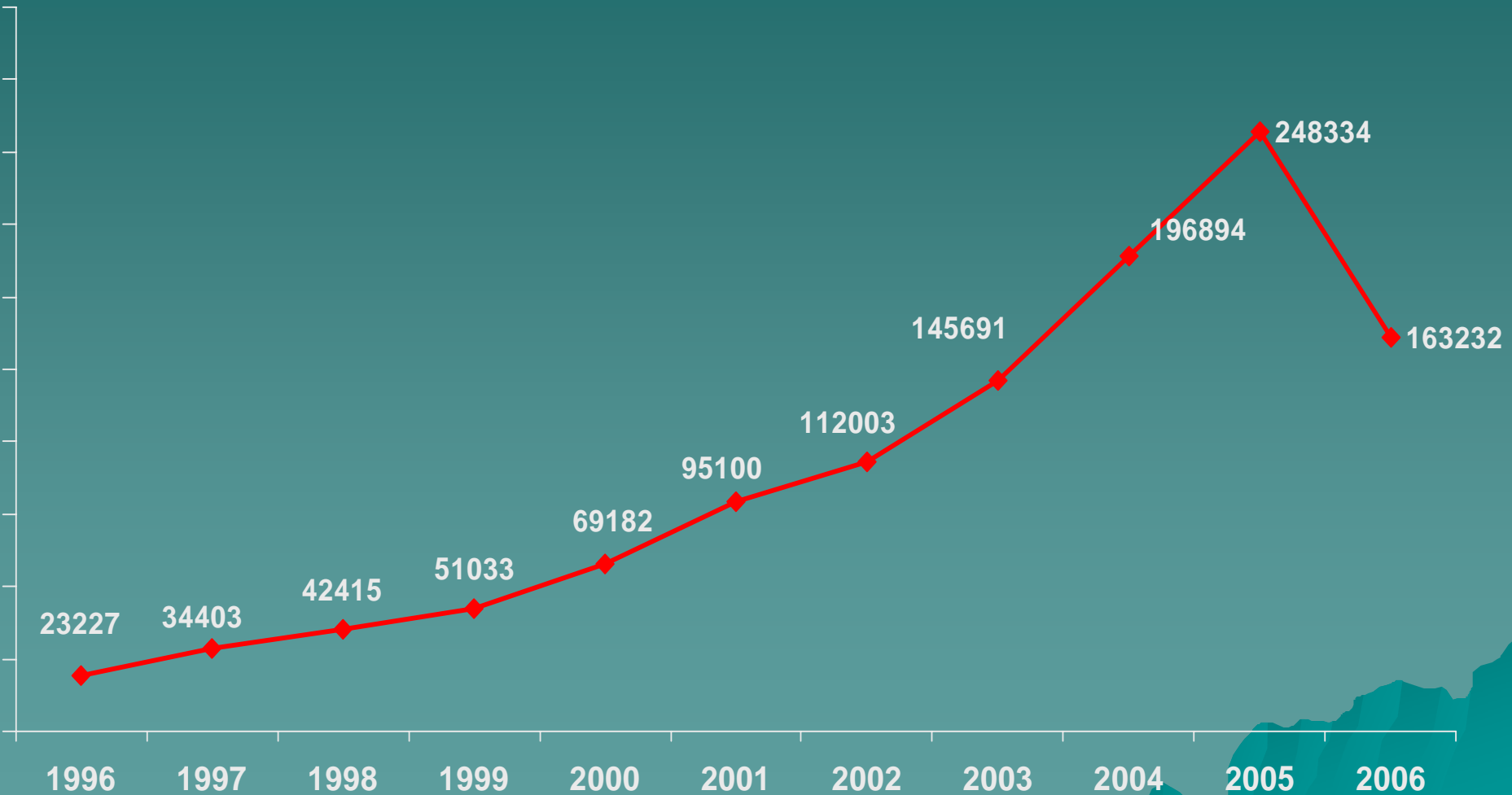
Achievements



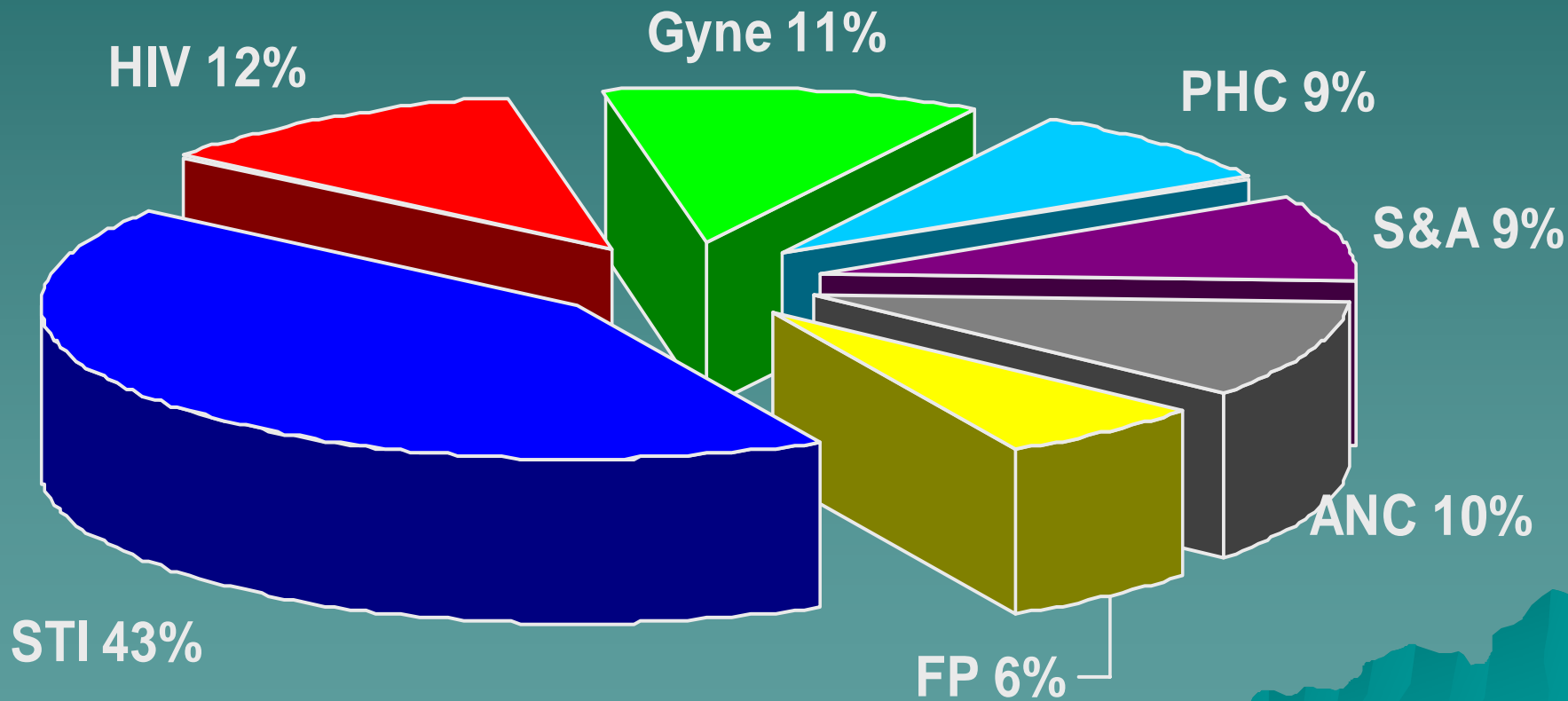
Client Demography in 2006



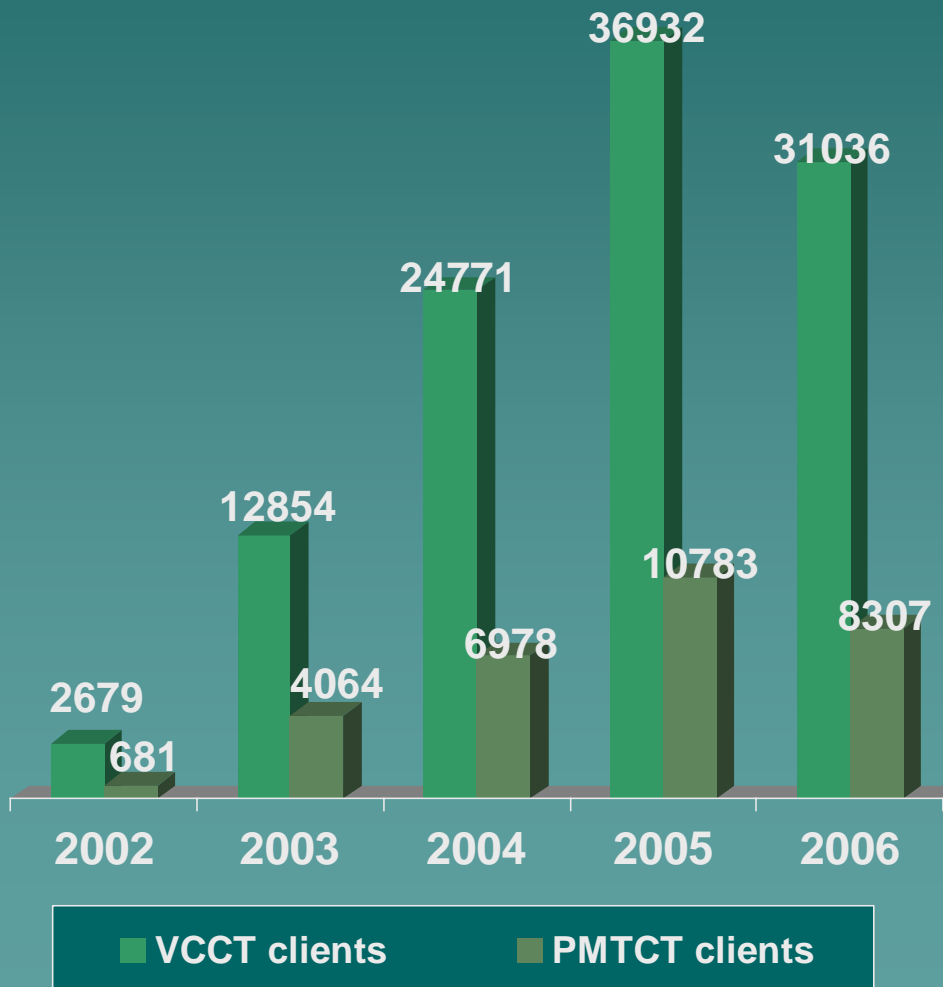
Total Client Visits by Clinics



Service breakdown in 2006



No of Clients received HIV's counseling and testing

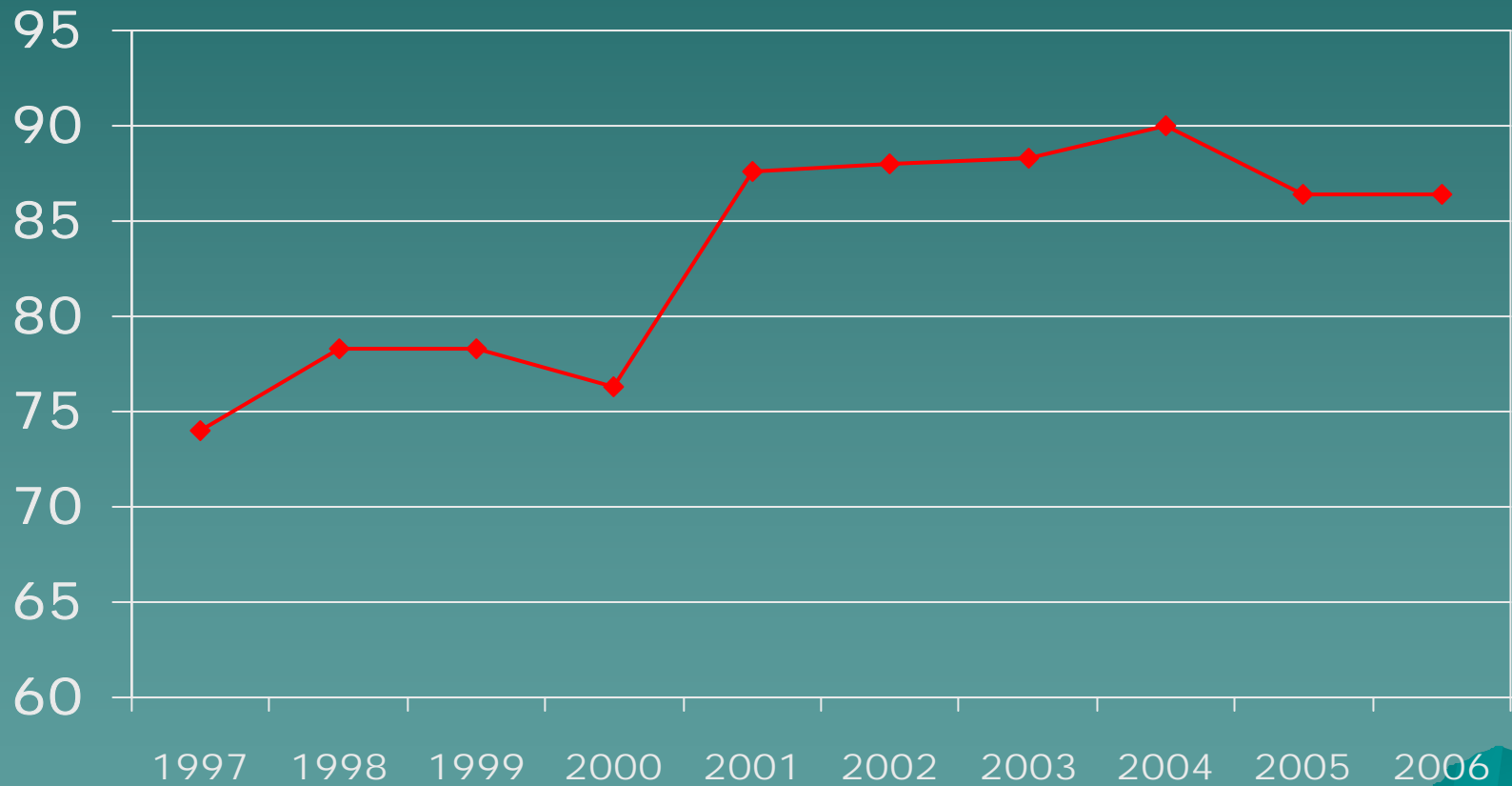


- In 2006: Among VCT and PMTCT clients: 3.7% and 0.9% found (+) respectively

- 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



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



Thank you!