

# Partnership Defined Quality: A tool for improving VCT/STI screening services



Cambiarlo Cambiarlo Cambiarlo, Mejorando la Vida

***USAID HIV/AIDS Prevention Program for  
Central America and  
Mexico Implemented in Partnership with  
PSI, PASMO, and IRH***

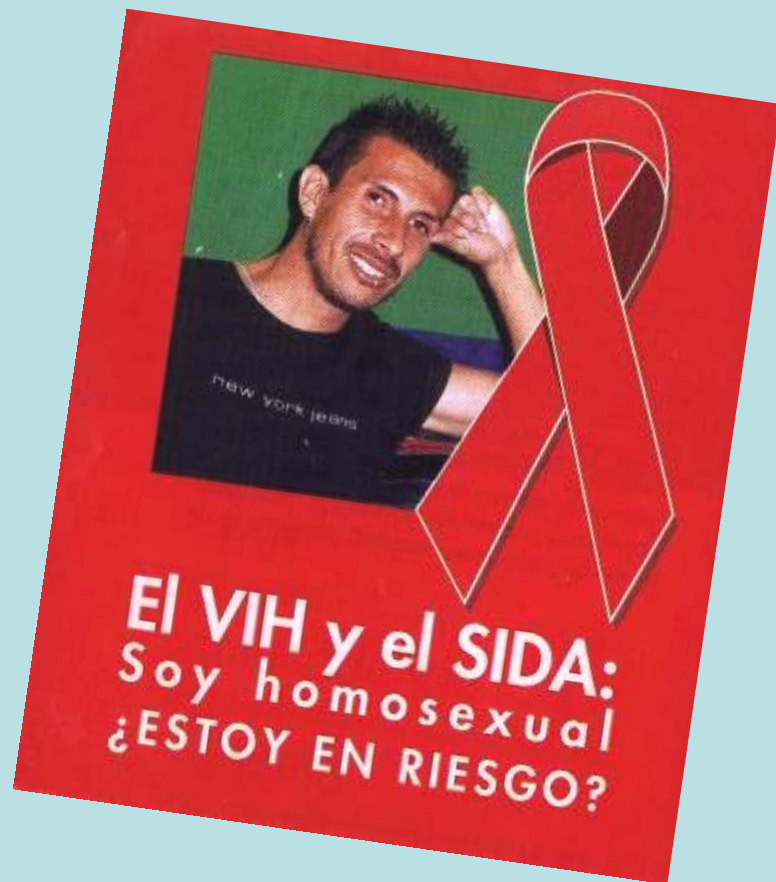
- Improve quality of and access to VCT/STI and PMTCT services for at-risk populations
- Behavior change communication (BCC).

# HIV/AIDS epidemic in Central America is serious and worsening

- Belize, Guatemala, and Honduras on verge of generalized epidemics with national prevalence above 1%



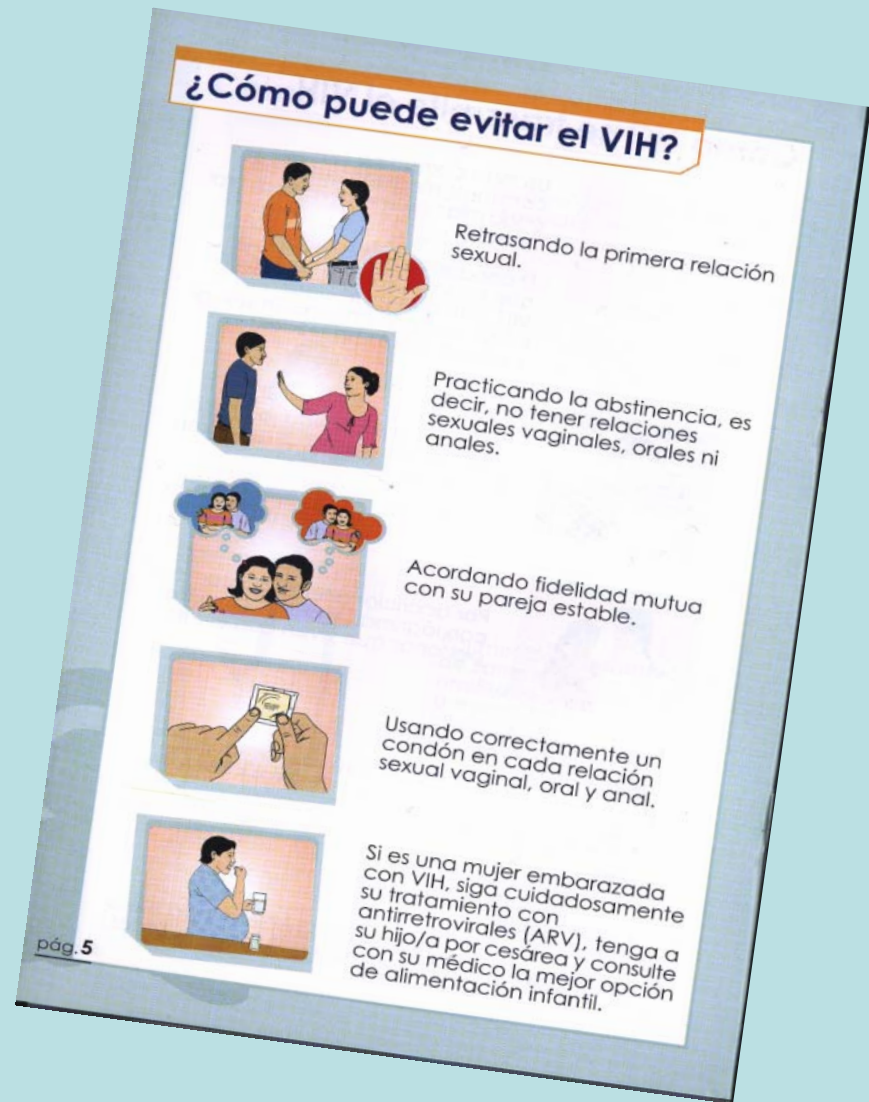
# Mode of Transmission



- Transmission is primarily through sex
- Throughout the region HIV/AIDS is concentrated among high-risk groups, including MSM and FSW

# Importance of VCT Services

- VCT services provide an entry point to prevention and care and support.
- Knowledge of HIV status is critical in modifying behavior to remain uninfected or prevent infecting partner(s).



# Why improve quality?

- Safer, more effective health care and counseling leading to reduction of risk behaviors
- Increased client and provider satisfaction
- Increased utilization of services leading to improved health

## Costs of poor quality

- Delays in seeking and receiving services can lead to morbidity, mortality and spread of HIV
- Poor quality counseling can result in lost opportunities to promote behavior change

# Assessment phase

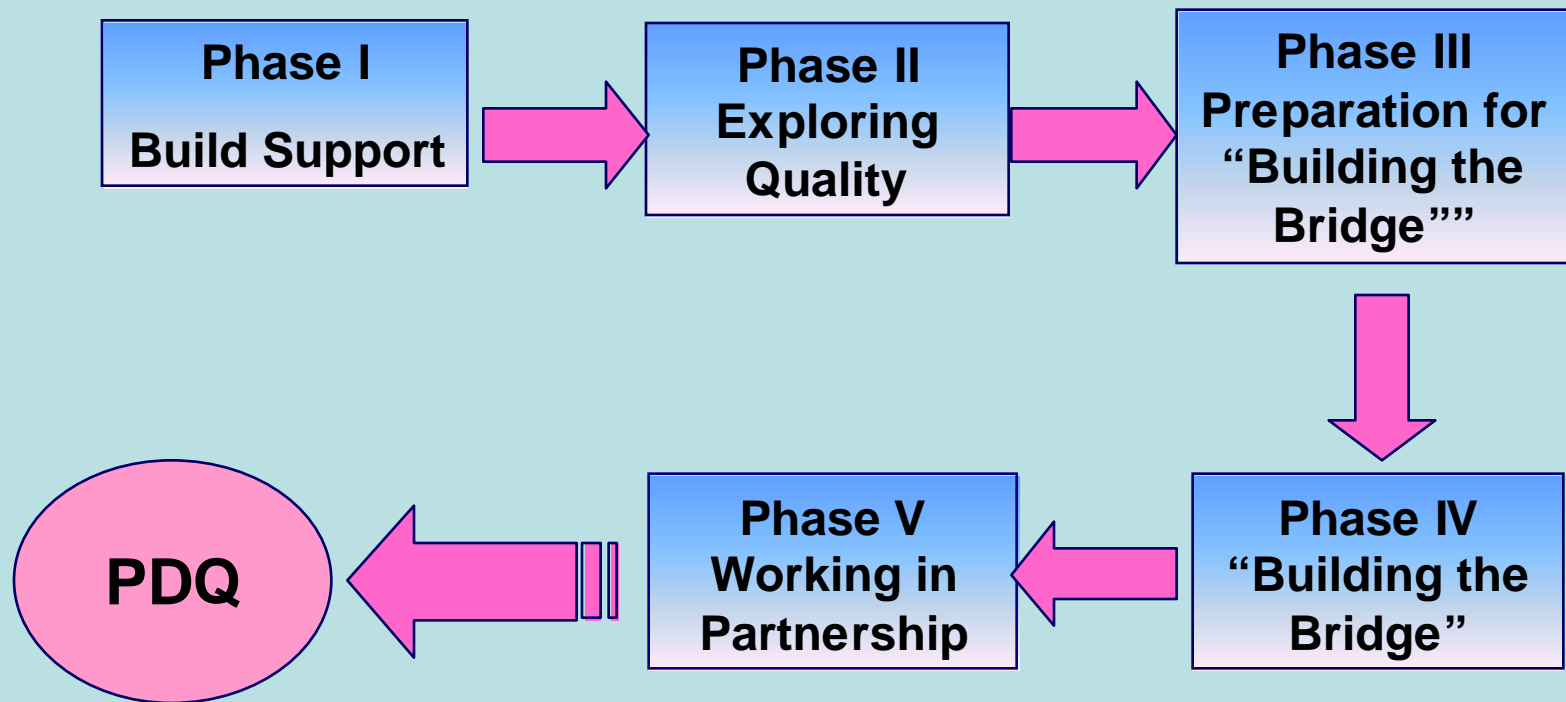
- Mapping and key informant interviews conducted in El Salvador, Guatemala, and Nicaragua
- VCT facility assessments in selected sites
- Application of PDQ methodology
- Baseline

# Partner Defined Quality (PDQ) Methodology

- Improve the quality and accessibility of services through community involvement in defining, implementing, and monitoring the quality improvement process
- Developed by Save the Children
- Adapted by IRH to involve MSM and FSWs in improving VCT/STI services



# Partner Defined Quality



# Phase 1: Building Support

- IRH used data from mapping and key informant interviews to generate list of stakeholders
- Program overview presented to stakeholders to gain support and buy-in

## Phase 2: Exploring Quality

Individual meetings held with VCT providers, MSM, and FSW to:

- gain a better understanding of needs and perceptions
- Identify problems and strengths of VCT/STI screening services

## Phase 2: Exploring Quality (cont.)

- Identify representatives for quality improvement advisory committees
- Establish concepts of client and health worker rights and responsibilities



## Phase 2: Exploring Quality (cont.)

Provider workshops addressed:

- Why we became health workers
- Health worker's perspective on quality
- Review of technical standards for VCT/STI
- Identification of quality problems
- Quality rights and responsibilities
- What do we want to gain from this process

## Phase 2: Exploring Quality (cont.)

Client workshops addressed:

- When you are the customer
- Perception of good and poor quality health care



## Phase 2: Exploring Quality (cont.)

Expected outcomes:

- A list of aspects of quality VCT/STI services
- Identification of problems in VCT/STI services
- Representatives chosen to present group perspectives

## Phase 3: Preparation for Building the Bridge

- Meetings were held with the representatives of each group to categorize and summarize information for presentation.
- MSM and FSW met together for the first time to prepare their presentation for the meeting with providers.



## Phase 4: Building the Bridge

Workshop with representatives from MSM, FSW and provider groups to:

- Present respective views on quality
- Address fears and misconceptions
- Develop a shared vision of quality
- Mobilize participants to participate in Advisory Committees

# Phase 5: Working in Partnerships

Support Advisory Committees to:

- Determine root causes of problems
- Identify and test potential solutions
- Develop action plans
- Participate in ongoing monitoring and evaluation
- Create alliances to address problems and leverage resources
- Advocate for the rights of clients and providers

# Number of facility assessments and PDQ workshops and participants

	El Salvador	Nicaragua	Guatemala	Total
Providers	94	43	23	160
MSM	54	50	12	116
FSW	53	40	39	132
Total	201	133	74	408

# Key Results

## Shared vision of quality



# Quality VCT Services: Facility, equipment and supplies

- **Accessibility**

- Security
- Location
- Condoms/FP

- **Infrastructure**

- Decoration
- Cleanliness
- Seating
- Privacy

- **Equipment & supplies**

- Test kits
- Lubricants
- ARVs/STI treatment
- Medical supplies

- **Educational materials**

- For FSW, MSM

# Quality VCT Services: People

- **Communication and information**

- Correct, comprehensible information
- Listening
- Answering questions
- Providing feedback

- **Interpersonal relations**

- Establish rapport
- Treat client well
- Pay attention to the client

- **Dignity and respect**

- Ideas
- Decisions
- Human rights
- Sexual choices

# Quality VCT Services: Systems and procedures

- **Choice**
  - Informed consent
- **Timeliness**
  - Test results
  - Counseling sessions
- **Referrals**
- **Constellation of services**
  - FP integration
  - VCT integration

## Technical norms

- **General**
  - Time
  - Confidentiality
  - Documentation
  - Risk reduction counseling
- **Pre-test**
- **Post-test**
- **STIs**

# Quality Problems





# Stigma and Discrimination

According to providers...	According to clients...
Discriminatory treatment of vulnerable groups	Discriminated against: <ul style="list-style-type: none"><li>• Gestures/comments</li><li>• Segregation</li><li>• Sexual harassment</li><li>• Clinic staff/other clients rude</li><li>• Unfair practices (waiting time)</li></ul>

# Discrimination: FSW perspectives

- *“A cierto medico conocido por todas les pide antes de la consulta le hagan sex oral.”* (FSW, El Salvador)
- *“El doctor cuando hace el examen de citología, a una amiga le hizo el examen con los dedos y les decía: te estas excitando, verdad?”* (FSW, El Salvador)

- *“La enfermera nos ve de menos por nuestro trabajo, pero ella merece respeto por su trabajo y así lo merecemos nosotras, entonces yo creo que mala calidad es falta de respeto.”* (El Salvador)
- *“Cuando uno llega le preguntan: con cuanto te acostaste anoche, y te gusto, como lo haces y cosas así, que hacen sentirse mal, porque a veces hasta en frente de otro personal.”* (El Salvador)

# Discrimination: MSM perspectives

- *“Hay que aguantar los dedos, la burla, los señalamientos de las demás personas, no hay privacidad, por estos aspectos los HSH no visitamos los centros de salud.”*  
(MSM, Guatemala)



# Counseling

According to providers...	According to clients...
<p>Counselors...</p> <ul style="list-style-type: none"><li>•Impose own values</li><li>•Don't listen to clients</li><li>•Lack empathy</li><li>•Use complicated language</li><li>•Judge or make fun of users</li><li>•Don't respect sexual orientation</li><li>•Lack knowledge of laws/norms</li><li>•Don't respect privacy and confidentiality</li></ul>	<p>Insufficient and unclear information</p>

# Counseling: Client perspective

- *“Es muy breve el tiempo que se platica con los doctores y enfermeras porque son demasiados pacientes que atender y una charla de consejos no se recibe.” (Gay, El Salvador)*
- *“Cuando usan palabras tecnicas te quedas en la luna ...que quiso decir,..que me dijeron y hay mucha brevedad en la consejeria para salir el paso.” (Gay, El Salvador)*

# Counseling: Provider perspective

- *“Me siento limitada en cuanto a dar una calidad en la atención, hay demasiados pacientes, no tenemos suficiente tiempo, no le brindamos el espacio al paciente, eso afecta la calidad.”*



# Privacy

According to providers...	According to clients...
<p data-bbox="254 662 953 805">Lack of private space for counseling</p> <ul data-bbox="254 911 680 1154" style="list-style-type: none"><li data-bbox="254 911 680 967">• infrastructure</li><li data-bbox="254 1003 680 1060">• shared space</li><li data-bbox="254 1096 680 1154">• interruptions</li></ul>	<p data-bbox="1073 662 1499 727">Lack of privacy</p> <ul data-bbox="1073 760 1755 816" style="list-style-type: none"><li data-bbox="1073 760 1755 816">• others can see or hear</li></ul>



# Condom Availability

According to providers...	According to clients...
Condoms available	Condoms not available to MSM/FSW unless FP client  Only available w/consult

# Causes of poor quality identified by providers

Training	Systems	Provider Support
Providers don't know norms	Too many patients/too few staff	Underpaid
Lack of training FU	Multiple staff responsibilities	Overworked
Untrained staff (rotation)	Frequent interruptions	Fatigued
Unprepared to counsel MSM/FSW	Lack of counseling space	Burnt out
	Norms don't allow sufficient time p/pt	No emotional support

# Provider perspectives

- *“Se necesita los espacios para los proveedores para retroalimentarse, pues hay momentos difíciles para los pacientes que se te tiran encima.”*

# Initiatives to improve quality and increase utilization

## Capacity Building Strategy for VCT Providers

- 2-day training
- VCT Job aids
- Follow up visits (post-training)
- Provider support groups
- Short seminar series
- Sensitivity training for clinic staff to reduce stigma and discrimination
- Certification

## Referrals

- Referral directory and network
- Sensitize community organizations to reduce stigma and promote referrals to VCT

## **Quality improvement**

- Alternate service providers (private provider networks, labs)
- Build alliances to leverage resources and change policies

## **Behavior Change Communication**

- Outreach workers
- Poster, pamphlets
- Billboards
- Radio

# Lessons Learned: Bridging the Gap



- Provides vulnerable groups a voice
- FSW less empowered than MSM.
- Providers open to collaborating with vulnerable groups
- Concordance between provider and client vision

# Lessons Learned: Quality Improvement

- Builds support
- Involves stakeholders, clients, providers
- Effective tool for addressing discrimination
- Launches quality improvement process



