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MANAGEMENT STRATEGIES FOR IMPROVING HEALTH SERVICES

In This Issue

Case

MSH MANAGEMENT SCIENCES *for* HEALTH

Achieving Functional HIV/AIDS Services through Strong Community and Management Support

Editors' Note

THE BREADTH OF THE HIV/AIDS EPIDEMIC is staggering. In 2002 alone, 5 million people became infected with HIV, and 3.1 million others died. Forty-two million people currently live with HIV/AIDS. The global commitment to fight the HIV/AIDS epidemic, demonstrated by the sheer volume of allotted human, technical, and financial resources, is unprecedented in the history of disease prevention and control. As a result, the interventions needed for a successful HIV/AIDS program have been rapidly developed and become widely known. They include a combination of good clinical and informational services supported by strong health systems, political leadership, social openness, community participation, and broad-based, intersectoral partnerships. Yet, the HIV/AIDS epidemic continues to escalate and afflict the poorest countries disproportionately.

Health planners and managers must clearly put this combination of resources and expertise to more effective use. They can do this by increasing their understanding of what makes HIV/AIDS services function well and improving the linkages among health and community services.

THIS ISSUE OF *THE MANAGER* focuses on designing and improving a package of HIV-related services, using a conceptual framework called the Functional Service Delivery Point. The framework can help managers to identify the characteristics that make HIV-related services functional and to deliver these services with strong community and management support. ■

THE MANAGER

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MSH Publications
Management Sciences for Health
165 Allandale Road
Boston, Massachusetts 02130-3400 USA
Phone: 617.524.7799
Fax: 617.524.2825
E-mail: bookstore@msh.org
Web site: www.msh.org

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Strengthening Community and Management Support to Serve Populations with HIV/AIDS

In recent years, international donors and new initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, have greatly expanded the resources available to combat HIV/AIDS. These funds are being used in three ways to:

- make proven HIV/AIDS intervention, such as voluntary counseling and testing (VCT), treatment for opportunistic infections, antiretroviral therapy (ART), prevention of mother-to-child transmission, and other prevention services, more widely accessible;
- help to improve the quality of these services;
- foster political leadership, social openness, and community participation to support these interventions.

Concerted efforts have led to new policies, drugs, service delivery models, committees, intersectoral collaboration and partnerships, and widespread awareness of HIV/AIDS. As people gain a better understanding of the epidemic and drugs become more accessible, HIV programs, which used to be limited to primary prevention, pain control, and end-of-life care, are now investing in detecting HIV infections and treating them with ART. HIV/AIDS is becoming less stigmatized, and demand for VCT is growing.

Despite all these efforts, in most of Africa, the HIV/AIDS epidemic continues to escalate, harboring now over 71% of the 42 million HIV/AIDS cases worldwide. China, India, and Russia are on the brink of similar catastrophes. In Central and South America also, the HIV/AIDS epidemic continues to grow, though at a slower pace. Global HIV/AIDS experiences of the past two decades and insights in public health from the past century have underscored that to effectively deliver services and bring about sustained health improvements requires more than new services, political leadership, social openness, and community participation.

In this changing environment, health planners and managers need to remember that the way in which services and programs are managed and linked has a powerful effect on their use and, ultimately, on the health of the people they serve. In the context of HIV/AIDS, health managers have been focusing on the management of VCT and ART commodities; the management of human resources; HIV/AIDS surveillance and information management; quality assurance; and the development of treatment and counseling guidelines for HIV/AIDS, sexually transmitted infections (STIs), tuberculosis, and other opportunistic infections. Experts are concerned about the quality of HIV-related services, and the public still finds access to these services (especially, the treatment of the infection) to be inequitable. Yet, experts believe that if providers have improved management systems and organizational structures, they will be better able to offer the new services, improve quality, and enhance access. With strong support from their communities, clients will also make better use of these services. Health planners and managers need to take specific steps to build partnerships with community services and develop health services that function well.

This issue of *The Manager* presents a framework for providing services that describes the components needed for functional, coordinated HIV-related services. Called the Functional Service Delivery Point (FSDP), this framework can help health planners and managers at the district and facility levels to understand how these components are linked. Planners and managers can use the framework to define the roles that different stakeholders play in service delivery and then coordinate with them in planning services. They can also use it to identify gaps in service delivery, make plans for filling these gaps, and monitor and evaluate the progress of their improvements.

This issue was written by Elke Konings and Ann Buxbaum. Elke Konings, Senior Advisor for new projects at Management Sciences for Health (MSH), has been instrumental in developing the FSDP framework and applying it in Guinea, Haiti, and Senegal. Ann Buxbaum, a Principal Program Associate at MSH, has worked on community mobilization initiatives in Africa, Asia, and the United States. The authors and editors wish to thank Malcolm Bryant, Saul Helfenbein, Douglas Huber, Scott McKeown, Mary O'Neil, Peter Mugyenyi, Eleonore Rabelahasa, Celicia Serenata, Helena Walkowiak, and other reviewers for their helpful contributions to this issue. They would also like to acknowledge the many people at MSH who have contributed to developing the framework, including Steven Solter, Marc Mitchell (now at the Harvard School of Public Health), and Barbara Tobin, who began to shape the concept in the late 1990s.

Introducing the Functional Service Delivery Point

The Functional Service Delivery Point (FSDP) framework describes the delivery of health services within the context of the community and the organization or program. The framework

- identifies the characteristics of effective interactions between service providers and users of services (clients);
- maps out the components that support the interactions so that clients can seek and providers can offer appropriate services.

The supports for client-provider interactions include helpful policies, political leadership, social openness, community participation, an informed public, technical expertise, and strong management systems. By applying the FSDP framework, health managers can bring together all these components to develop comprehensive, integrated services that the community supports. The FSDP framework has been applied in Afghanistan, Guinea, Haiti, Nicaragua, Senegal, South Africa, and other countries to develop an integrated package of child survival and reproductive health services with positive effects on the delivery and use of these services. Similarly, it can be used to develop comprehensive HIV-related services.

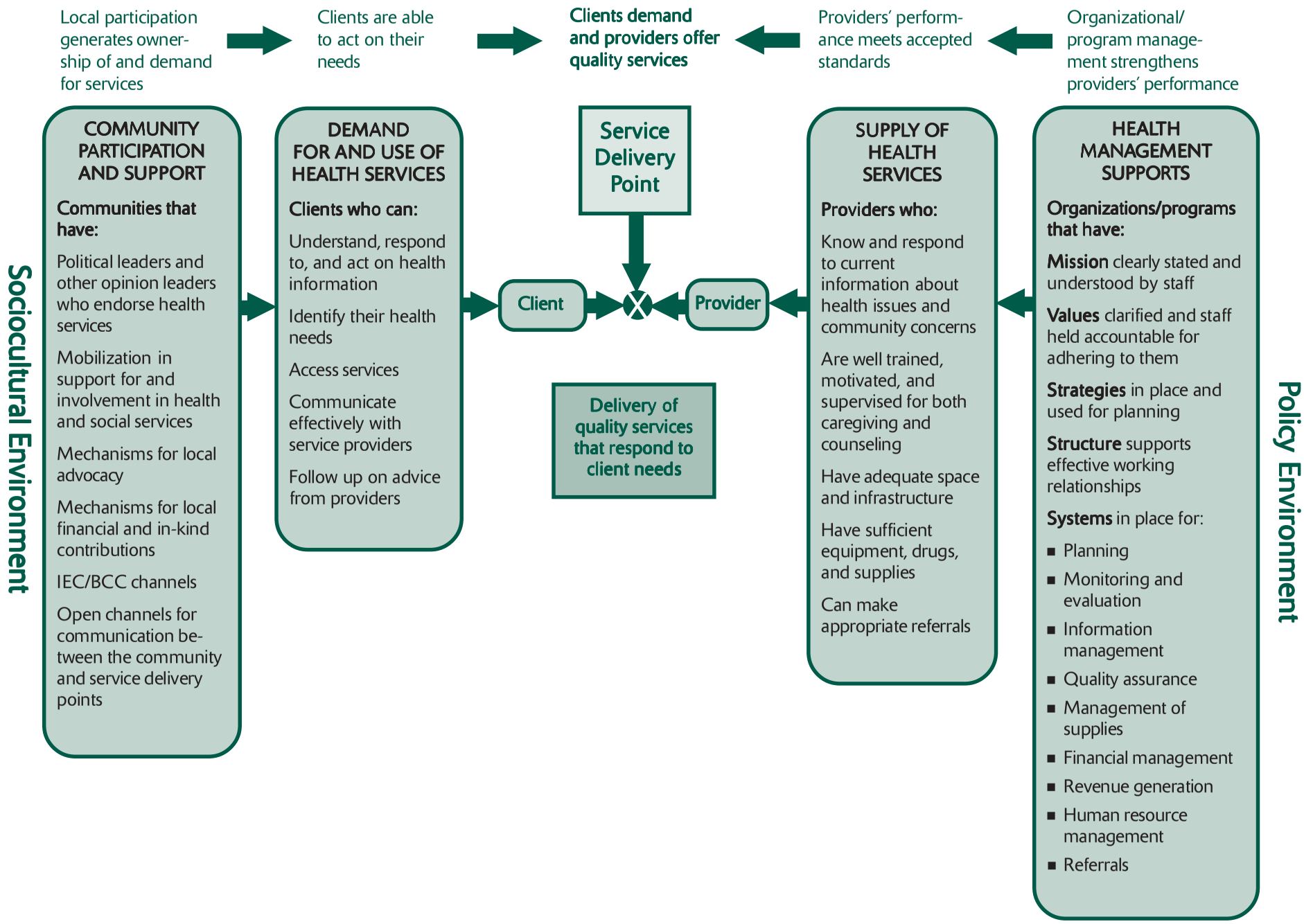
A diagram of the FSDP framework appears on the following page. As a district health manager (or facility manager), you can apply this framework to designing HIV-related services when you:

- understand the framework and all its components;
- recognize the connections among components in the framework.

Understanding the FSDP Framework

The FSDP framework is designed to be applied to all primary health services across a wide range of health care settings. As a district or facility health manager, you will find it particularly suited to the high-priority needs arising from the HIV/AIDS epidemic, where linkages between health services and community institutions are critical to coordinated prevention, treatment, and care.

The Functional Service Delivery Point Framework



The diagram on page 4 shows the framework's seven components. The framework's central component is the service delivery point, defined as the place where the client and the service provider meet. Scanning outward from the service delivery point, the components include:

On the supply (provider) side:

- the supply of health services and characteristics of the provider;
- the health management supports the providers need;
- a supportive policy environment.

On the demand (client) side:

- the demand for and use of health services and the characteristics of the client;
- community participation and support;
- a supportive sociocultural environment.

A service delivery point becomes functional when everything is in place that enables the provider to deliver a package of high-quality health services that meet the client's health needs.

The Supply Side

The three components on the supply side represent essential organizational and governmental contributions to service delivery. They are described in more detail in the following paragraphs.

Supply of health services and characteristics of the provider. To offer appropriate services, providers need knowledge, skills, and resources. In particular, they need to:

- **Know and respond to current information about health issues and community concerns.** During interactions with clients, the provider needs up-to-date information about local epidemics, sanitation issues, and other health concerns. The provider also needs to be aware of community concerns related to these health issues. The provider must then be able to apply this information to each client. *For example, the provider should understand the client's status related to HIV infection, assess the implications of this status for the client's health and for his or her family, and counsel the client on appropriate action.*
- **Be well trained, motivated, and supervised for both caregiving and counseling.** The provider must have the necessary technical training, be able to translate his or her knowledge into practice, and be motivated to meet the best interests of the client. *For example, the provider needs to respect the client as the owner of information about his or her HIV status and not share this information without the client's permission, even when referring the client to other providers. At the same time, providers have the responsibility of strongly encouraging the client to share this information with others who need to know, so that families and partners can be tested for HIV, protect themselves, and receive appropriate care. Finally, providers need in-service training and regular, effective supervision, to ensure that they can use HIV-related drugs and tests correctly, adhere to national quality standards, and seek guidance when necessary.*
- **Have adequate space and infrastructure.** The client-provider interaction must take place in a safe setting that allows confidential counseling and treatment. The facilities must be clean, comfortable, and sheltered from rain and sun, with water, light, and secure storage places for equipment and drugs. The space for interactions occurring outside a health facility must also be adequate.
- **Have sufficient equipment, drugs, and supplies.** The provider needs to have appropriate clinical equipment and supplies, in working order and of sufficient quantity. The provider also needs access to well managed stocks of essential drugs, which are safely stored and resupplied in a timely fashion.
- **Can make appropriate referrals.** When a client needs a service not available at the site, providers need to be able to refer the client to a facility that offers the required service. *A community health worker, for example, will need to be able to refer some of her clients to a health center for diagnosis and treatment of an HIV-induced fever. Within a facility, a provider should be able to refer clients to the community for support services or to other providers for services related to HIV/AIDS, such as reproductive health, the treatment of children's illnesses, TB, and mental health.*

Management supports for selected services. The FSDP framework maps out the management supports necessary for providers to do their jobs. These supports include a clear mission for the provider's organization or unit, clear organizational values, strategies to help the organization or unit set priorities, and an organizational structure that facilitates the flow of work. Management supports also include systems for planning, monitoring and evaluation, information management, quality assurance, management of supplies, financial management, revenue generation, human resource management, and referrals.

HIV infection lasts the remainder of an infected person's lifetime and can be transmitted even during the years when the client has no symptoms. As a health manager, you need to understand that the stages of infection require a shifting array of prevention efforts, treatments, and supports, which must be accessible to clients at the facility, in the community, or in the household. You will need to draw on the existing management structures and systems that sustain health service delivery and focus these on the special requirements of HIV-related services.

A supportive policy environment. National HIV policies and strategies guide the kinds of services that can be offered within the community, at health centers, district and regional hospitals, and at the national level. Yet local communities need to be able to adapt these policies to fit their local needs. The FSDP framework can help with this adaptation, as it applies to the delivery of specific services or referrals to these services. *For example, a national health policy may specify that men, women, boys, and girls participate equally in training to provide home care. If the community health workers in a district have only been training women, the district may decide to form men's groups and groups of young people to train them to care for homebound relatives infected with HIV.*

The Demand Side

The three components on the demand side (client characteristics, community support, and the sociocultural environment) represent essential social contributions needed for effective use of services.

Demand for and use of health services, and client characteristics. Even if services are of high technical quality, they will not be used if clients do not perceive them as being of sufficient quality. To ensure that clients view services as responsive and are motivated to use the them, clients must be able to:

- **Understand, respond to, and act on health information.** Clients have a right to know what important health issues are affecting their community and how they can act on this information. Awareness of HIV/AIDS is the first step in preventing its spread and dealing with its consequences.
- **Identify their health needs.** Clients' ability to identify their own health needs depends on information and social openness. *If an adolescent, for instance, does not clearly recognize how sexual intercourse may lead to unwanted pregnancy, HIV/AIDS, and other STIs, she may engage in unprotected sexual intercourse.*
- **Access appropriate services.** Health services need to be financially affordable, geographically accessible, and—perhaps most critical for HIV-related services—socially acceptable. *For example, stigma, or social censure, is a barrier that often leads to discrimination against people seeking HIV-related services. It creates an atmosphere of secrecy that fosters ignorance about service sites and promotes the spread of the infection.*
- **Communicate effectively with service providers.** A client's open communication helps providers offer the best options for health care. A client's ability to communicate depends not only on an awareness of HIV/AIDS and a willingness to share intimate information, but also on the provider's ability to put the client at ease and generate an atmosphere of trust.
- **Follow up on advice from providers.** Once clients have obtained appropriate services, they must also be able to follow up on advice for prevention, further treatment, or care. This follow-up depends greatly on the social environment, providers' attitudes, and the information the client has about HIV/AIDS. *For instance, if a client is considered at high risk for HIV/AIDS, the provider may refer the client to a facility that provides VCT. To act on this advice, the client may need more information, considerable reassurance, and a promise of continuing support if the test is positive.*

Community participation and support. Communities play a pivotal role in making health services available and accessible to clients through the activities of politicians, advocates, and grassroots organizations who champion health causes and mobilize local groups to support health and social services. They develop av-

enues to advocate for health improvements and supportive policies from higher levels of government. Communities often organize channels for Information, Education, Communication/Behavior Change Communication (IEC/BCC) to increase public awareness and motivate widespread improvements in health practices. Active community groups can establish local health insurance plans, mobilize local resources to support services, give feedback to providers, and hold them accountable for meeting quality standards.

Community participation is central to the success of HIV/AIDS programs. In countries with high HIV prevalence, the health workforce, like other sectors, is losing staff to HIV infection. Communities may need to mobilize their own resources to substitute for the shortage of health professionals. Strong, committed community leaders can also counteract the fear and stigma that often surround the diagnosis and treatment of HIV/AIDS by encouraging the acceptance of new treatment interventions and helping to sustain ongoing efforts. By jointly planning and forming partnerships with community agencies, health managers can supplement the services provided in their health facilities and assure that services are distributed equitably.

A supportive social environment. Experience has shown how a supportive sociocultural environment can help community leaders and advocacy groups to influence the use of health services and contribute to creating safer household practices, more appropriate use of services, and a healthy community. *In Uganda and many other countries, breaking the silence surrounding HIV/AIDS has facilitated widespread public awareness about what can be done to prevent HIV/AIDS. It has destigmatized the disease, enabled people to seek the services they need, and mobilized communities to advocate for services.*

Recognizing the Connections among FSDP Components

For services to be truly functional, all of the FSDP components must be present and well coordinated. In the diagram of the FSDP framework, the arrows connecting the components indicate the flow of support to the client and the provider. As you apply the framework, you will find your services will be only as strong as the weakest link. Wherever the flow is weakened by the absence of one characteristic of a component, something important will be missing from client-provider interactions, and the quality of services will suffer. If you and your staff use the framework to identify the weak components, you can seek ways to fortify them and maintain strong links among all the components.

Applying the FSDP Framework across a Range of Client-Provider Interactions

CLIENT	Clients may be individuals, families, a high-risk group, or an entire community that is targeted for prevention efforts. They may be people who are trying to maintain good health or those who are already ill, whose symptoms require professional advice, drug treatment, psychosocial support, or care to control pain.
PROVIDER	Providers are people who offer services to clients. They include community health workers, volunteers, and trained midwives offering basic family planning services at a client's doorstep, pharmacists who give advice and dispense drugs, and physicians or nurse specialists offering specialized services at a large urban hospital. They may also include family caregivers who are administering treatment or care in the home.
SERVICE DELIVERY POINT	The central point of the FSDP framework is the interaction between the client and the provider at the service delivery point. This point may be any place where clients and providers meet. Service delivery points may include facilities, from a tertiary-care urban hospital to a 10-bed clinic, health center, or remote rural health post. On the other hand, it may not be a designated health facility. It can be any place in which there is an interaction between a client and a provider or caregiver, such as between a client and community health worker in the client's home, between an employee and a peer educator in the workplace, or between an HIV-positive person and that person's spouse who administers medicines daily.

Applying the FSDP Framework to Design and Improve Local HIV-Related Services

If you are a district health manager, you can apply the framework to set priorities for HIV-related services points and design or improve a package of services that meets high-priority needs. Then you can coordinate community and management support, allocate resources to fill the most critical gaps in service delivery, and evaluate the results of your efforts. If you are a facility manager, you will need to coordinate your services with the district health plan. The framework will help you to:

- create a common vision for achieving functional HIV-related services;
- engage partners and foster local ownership and management skills among all those engaged in applying the framework;
- determine how close your service delivery points come to being functional, with consistently effective interaction between clients and providers;
- identify the obstacles that prevent your service delivery points from reaching full functionality for HIV/AIDS;
- seek improvements to overcome these obstacles.

To apply the FSDP framework, you can use the following five-step process.

Step 1: Mobilize a team to design or improve a package of local HIV-related health services.

Step 2: Scan the environment and identify needs for services.

Step 3: Specify the HIV-related health services you will offer.

Step 4: Develop a plan and implement functional HIV-related services.

Step 5: Monitor and evaluate your HIV-related services.

Step 1: Mobilize a team to design or improve a package of local HIV-related health services

In many countries, the government will be developing an intersectoral plan for health services. At the district level in the public sector, you may be responsible for designing a package of local HIV-related health services that is coordinated with a regional or provincial plan and adapted to suit your communities. You may plan for HIV-related services as part of existing health and social service planning efforts, or you may consider it more effective to set up new local HIV/AIDS planning teams. *Some countries, like Brazil, have state and municipal health councils or committees, comprised of community leaders and health workers, that oversee the health sector and can help coordinate HIV-related activities. Other countries, such as Zambia, have intersectoral district task forces dedicated to coordinating programs for HIV/AIDS and other infectious diseases.*

Forming a Team to Focus on HIV-Related Services

Your HIV/AIDS planning team should include representatives of the Ministry of Health at central and regional levels, as well as district or community health departments and nongovernmental organizations (NGOs). Because of the social reluctance to face HIV/AIDS, the team should also include local politicians who can commit resources to the fight the epidemic and opinion leaders who can inspire others to act. Faith-based organizations, affiliated with religious institutions, and people living with HIV/AIDS have been valuable allies in planning for and carrying out HIV/AIDS interventions. These groups offer hope to clients and families, acknowledge HIV/AIDS as a human problem to be faced without shame, discourage social discrimination, and mobilize widespread community support.

Foster communication among your team members. In bringing together representatives from these groups, you need to be sensitive to the different values they hold. For example, health organizations and faith-

based organizations have often differed on strategies for preventive services, with health groups emphasizing condom use and faith-based organizations stressing abstinence and faithful relationships. These barriers are beginning to fall. As more organizations commit to the larger cause of reducing the impact of HIV/AIDS, they are finding balanced approaches that take into account both human relationships and barrier methods, to meet the needs of different groups. By discussing the FSDP framework, you and your team can reach a common vision of a package of HIV-related health services and the role that each partner can play in delivering these services effectively.

Coordinate with other levels. Coordinating planning with other organizational levels is critical. *For instance, in Guinea, the results of the first national HIV prevalence survey, conducted in 2002, spurred district health officers to consider setting up VCT services in their districts. Through coordination and systematic planning at the national and regional levels, however, the country was able to initiate VCT services in the capital and gain experience there. At the same time, it consulted with communities outside the capital to educate people, promote VCT, and develop referral systems for the district facilities.*

Step 2: Scan the environment and identify needs for services

With your team, you will need to scan your communities to identify their needs for services. You should:

- understand the HIV/AIDS epidemic in your area;
- understand your clients and the underserved groups infected by HIV, especially their information needs and access to services;
- assess community support and social services;
- assess the availability of local health services for HIV/AIDS, and identify the needs of service providers.

Understanding the HIV/AIDS Epidemic in Your Area

At your first team meeting, you and your team should develop a profile of the HIV/AIDS epidemic in your area, including its causes and consequences. This information will help you determine what services you should offer. For country data, review any available epidemiologic evidence from UNAIDS, your national HIV/AIDS commission, the Ministry of Health, and the national health information system (HIS) and surveillance program. You can find data about your country from the "Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Diseases" at the UNAIDS Web site (*www.unaids.org/hivaidsinfo/statistics/fact_sheets/*).

Country-level information usually includes the prevalence of HIV infection from sentinel sites, as well as from studies of specific groups of people most at risk for HIV infection. This information is often categorized by age, sex, and residence (urban/rural). You may be able to use the data pertaining to high-risk groups to estimate the prevalence among more general groups. *For example, in absence of specific data for women of reproductive age, data for pregnant women are sometimes used to estimate the level of infection among women in the general population.*

You will need to learn about HIV/AIDS in your own geographic area. To find this information, consult special studies, university faculty, research groups, local or international NGOs, local surveillance sites, and community groups that may know about common beliefs and practices that are influencing the local epidemic. As part of this process, you should try to interview representatives of local groups whose behavior, work, or life situations put them at risk of infection or of infecting others. Obtaining information about their attitudes towards sexuality and sexual relations, their societal pressures, contacts, and life with AIDS will help you to develop responsive preventive services. The following table provides a sample map of local conditions. You can design your own table to systematically map the depth and extent of estimated HIV infection, or the risk of infection, in your local population.

Sample Map of Groups at Risk for Infection or Affected by HIV/AIDS

Group	Estimated Size	Types of Risk Behaviors and Related Social Norms	Related Health Problems	What We Know about HIV Infection in the Group	What Is Being Done	Estimated Cases of HIV Infection
General population	400,000	Approximately half of young people had their first sexual experience by 16 years of age Parents do not discuss gender relations or sex with their children Religious institutions are silent about sexual practices Schools and parents give divergent messages to children about permissible behaviors Families eat from the same bowl	STIs Unintended pregnancies Complications from abortions TB	HIV infection mainly occurs within high-risk groups, but is increasing in the general population (e.g., among pregnant women)	Very little, other than local radio announcements and national media	16,000
Groups at High Risk for HIV Infection						
Truck drivers		Visit sex workers	STIs		No action	
Sex workers		Engage in sex with truck drivers and men in the community Receive no education about protecting themselves Receive no HIV testing Are not required to use condoms	STIs Complications from abortions HIV infection		Staff would like to set up an HIV/AIDS educational program for this group	
STI patients		Engage in sex with multiple partners Seek care very late for infection	Advanced infections		Clinics now must test and treat all symptomatic clients	
TB patients	200,000	Seek care very late for infection	Advanced infections		Clinic outreach to neighborhoods for screening	
IV drug users	– – –	Not relevant in our community				

Young men	48,000	Are initiated into sex as part of the male rite of passage One third report sex with multiple partners Visits to sex workers are common	STIs		Religious groups are recruiting and training peer leaders to discuss healthy life practices with youth Schools are using a balanced approach to sex education No gender-specific approaches
Young women	46,000	Half are sexually active before 16 years of age Tend to engage in first sexual activity with older men Use sex to obtain money for books and clothes; have no other ways to earn money	STIs Unintended pregnancies Infertility Complications from abortions		Religious groups are recruiting and training peer leaders to discuss healthy life practices with youth Schools are using a balanced approach to sex education No gender-specific approaches
Infants	12,000	Birthing units and midwives do not take precautions to prevent the transmission of HIV from mothers to newborn	HIV infection		Obstetrical staff want to learn how to prevent transmission
Groups Infected with or Directly Affected by HIV					
People living with HIV infection	16,000	Often diagnosed at the district hospital and sent home to die Tend to be accepted by families but ostracized by the rest of the community Family members receive no formal training in caring for those with AIDS	Inadequate pain control Untreated opportunistic infections	Often have untreated TB as well as HIV infection	No action
Orphaned children	350	Relatives take care of			

Understanding Your Clients and Underserved Groups Infected by HIV

HIV-related services will not be widely used unless the community and its members recognize HIV/AIDS as a critical health issue. This requires that you and your team learn more about the beliefs, values, and practices of individual clients, underserved groups, and their communities, so you can reach out to them with information and services that they want.

You can determine whether your client population has correct and sufficient HIV-related information by conducting exit interviews at service delivery points, observing client-staff interactions at a facility, or holding focus group discussions. These techniques will help you assess whether clients are ready to use new or expanded HIV-related services. If clients view a facility as a place where they can meet their perceived health needs, are able to act on health information, and can communicate well with providers, then they are more likely to use the services you offer.

Know the information needs of your clients and underserved groups. All clients can benefit from having information about how HIV is transmitted, so that they can reduce the risk of infection. It is very important that you encourage them to find out their HIV status. Most people will not know if they are HIV-positive unless your service delivery point or other local facilities make referrals to testing sites or have testing equipment for HIV. You can use the guidelines of the World Health Organization and Centers for Disease Control and Prevention for clinical diagnosis of AIDS when testing is not available to help identify people with clinical AIDS. These guidelines will not, however, help you to detect the majority of people infected with HIV who do not yet have signs of AIDS. If you decide to make testing available, you will find that many clients may resist being tested if they perceive a lack of confidentiality or do not know the options for treatment or prevention.

The Importance of Knowing HIV Status

Clients benefit from knowing their HIV status whether or not they engage in high-risk behavior or fall into in a high-prevalence segment of the population.

HIV-POSITIVE STATUS

When a person knows he or she is HIV-infected, that person can work with both facility- and community-based providers to:

- stay symptom-free as long as possible;
- treat symptoms of associated infections as soon as they appear;
- prevent infection from other agents such as TB;
- prevent infection in others, especially partners and any household members who may be exposed to the client's blood during caretaking;
- learn about his or her rights and fight prejudice.

HIV-NEGATIVE STATUS

When a person's HIV test shows no HIV infection, the provider can counsel him or her about avoiding risks and reducing harm through:

- the ABC's for preventing HIV infection (i.e., Abstinence and delay of first sex; Be faithful to one partner and change Behavior to reduce partners; use Condoms and STI services, if sexually active);
- being retested, if at risk, before having unprotected sex and before marriage.

Determine each group's access to services. You should find out what people currently do when they learn they are HIV-infected, whether they seek treatment, and, if so, where. You should also learn what services their families and caregivers provide (if any). This information will help you to understand the strengths and weaknesses of current services related to HIV/AIDS and barriers to accessing these services. Such barriers may include negative attitudes of staff and society, lack of confidentiality, myths about HIV/AIDS, and unaffordable costs of treatment.

The Manager's Role in Supplying Information about HIV/AIDS

CONSISTENT INFORMATION FROM MANY CHANNELS

Clients obtain information from their community and from health facilities. If clients know why they need to seek help, where to go, what services they are likely to receive there, and how they will be supported, their use of health services is likely to increase. To help clients obtain this information, you, your team, other providers, and opinion leaders should:

- provide consistent information about HIV/AIDS in a clear, sensitive way.
- offer this information through health facilities and other local channels (for example, on the radio, through flyers distributed in the market, through meetings with local organizations);
- provide information on how to access existing and planned services, and what help is available to facilitate access;
- motivate people to learn about health issues or participate on health councils, if they exist.

INFORMATION ON COSTS

The cost of drugs has been a significant barrier to accessing HIV/AIDS treatment. As a manager, you and your staff should counsel clients on the costs of treatment, so they can budget realistically and establish their priorities for household expenses. This discussion should assume a full course of treatment throughout the client's lifetime, as well as additional costs such as laboratory tests for monitoring the client's condition, transportation, food, and lodging. While national policy often determines affordability, drug prices are rapidly falling in many places. Drugs for ART and opportunistic infections are sometimes as low as US$1 a day. If drug prices are still unaffordable, you can work with local politicians to develop insurance schemes and other local financing mechanisms that would enable clients and families to access services. The providers at your service delivery point should offer clients information about possible sources of financial support.

INFORMATION CONSISTENT WITH THE LOCAL EPIDEMIC

The prevalence of HIV/AIDS in your area will influence your decisions about appropriate information and can guide you in determining the kinds of community organizations and leaders you need to engage. *For example, if HIV/AIDS is primarily limited to specific populations, such as truck drivers, you will tailor your information to this group; engage organizations and leaders in contact with them (such as transport companies and their officials); and offer STI testing and treatment, along with VCT, at service delivery points that clients have ready access to (such as transport companies' dispensaries).*

Assessing Community Support and Social Services

Developing partnerships with community groups is critical if clients are to access even the most basic level of prevention, care, and treatment for HIV/AIDS. To assess the potential for your communities to help provide and support a package of HIV-related services, you need to understand how members of the community react to and interact with groups that currently offer HIV-related services. Engage community organizations to help with this assessment. Let them know that through this assessment, they can learn about local needs for treatment and care and about the role that each organization can play to minimize the impact of HIV/AIDS. This assessment will lay the foundation for initiatives to protect HIV-negative people from infection and for a referral network of community groups for prevention, treatment, and care services.

Make contacts. You can identify esisting community supports by contacting influential local leaders, community groups, and traditional healers about the common treatment needs of HIV-infected clients in your area and the places they usually obtain treatment and care. You can also obtain information about the social services that could be adapted to support HIV/AIDS initiatives by directly contacting donors, NGOs, faith-based organizations, government services in your area, and groups of people infected with or affected by HIV.

Identify services. Use interviews and focus groups to identify the community groups and social service organizations that currently care for people infected with and affected by HIV/AIDS. Collect data on:

- the types of services they provide;
- the risk behaviors they address;
- the coverage and scale of their services;
- how they judge the quality of their work, including acceptability to the public, attitudes, and effectiveness;
- their strengths and weaknesses;
- how they are supported, financially and technically;
- gaps and duplication they identify in local HIV-related services.

Identify local advocates. Advocates propose changes to decision makers on behalf of their communities and thus influence policy decisions. The most effective advocacy for HIV-related services has come from groups and individuals living with or affected by HIV/AIDS, in collaboration with political, religious, and other community leaders. You can identify potential advocates as your team assesses existing services and asks a variety of community leaders what they think could make the biggest difference in reducing the impact of HIV/AIDS.

Working Solutions—Brazil

PROMOTING POSITIVE LIVING WITH HIV/AIDS

In 1990, the Group for the Promotion of Life known as GIV was founded in São Paulo through the vision of one man, a psychologist living with HIV/AIDS. In a meeting at the Referral Center for AIDS Therapy, he realized the need to create a group that could integrate people living with HIV/AIDS with each other and with society. Through collective action, they would find ways to rediscover life and to change attitudes in the face of the epidemic. Now with 900 members of all ages, ethnic groups, and economic and educational backgrounds, this group has solidified the relationships among HIV-positive individuals, their families, and friends, and has helped to break down taboos surrounding patients' need for therapies.

GIV is recognized by the government as a force for positive change. GIV has served on the São Paulo municipal and state health councils and on national AIDS committees to advocate for policies that support access to free drugs, the national integration of NGOs, and rights for HIV-positive individuals. Its members have set up national forums; organized community lectures on adherence to drug regimens, nutrition, self-esteem, social security, and legal rights; and offered self-help groups. With increasingly unemployed and legally unprotected

members, GIV also offers training in telemarketing, computers, and handicrafts, with the intention of supporting their reentry into the work force.

Yet GIV's greatest contribution has always been the daily care its volunteers offer people with HIV/AIDS so that they can actively participate in decisions about their lives. Continuously trained to achieve professionalism, these volunteers offer counseling; information on STIs, HIV/AIDS, and available local resources for health care and legal aid; home visits to sick members, and referrals for services available from group members. And they offer entertainment with jokes, drama, and birthday celebrations, all to lift spirits and promote positive living.

Assessing the Availability of Local HIV-Related Health Services

To assess the current health services your district offers and your service operations, you can refer to the provider characteristics in the FSDP framework on page 4. First consider if you have enough staff. Then assess the provider characteristics in the framework.

Check to see if providers' information is up-to-date. Do the providers have up-to-date clinical and counseling reference materials, and can your budget cover the purchase of new reference materials? How do they keep informed about community concerns?

Determine providers' skills, knowledge, and supervision. Consider providers' skills and attitudes, as well as the training and supervision they currently receive. Do they have the communication skills to build deep trust and sensitively handle interactions with HIV-positive clients? Can they listen and talk to people engaging in risky behaviors without being judgmental? Are they supportive, compassionate, and positive? If not, is it because they lack skills and resources or need moral support from their supervisors? Do they have basic knowledge about HIV, its psychosocial issues, and the way in which human rights apply to HIV/AIDS? Do supervisory guidelines address confidentiality and nondiscriminatory behavior toward clients? To maintain staff morale, do supervisors have the authority to offer outside training to staff, and reassign or reward them?

Check available resources. Identify weaknesses that already exist in your current services, such as lack of private space for counseling, lack of supplies, or a heavy staff workload. These weaknesses need to be addressed before you take on new HIV-related services. Look at your organizational strengths, such as a new facility or motivated staff, and consider how these can be used to reach out to HIV-infected clients.

Assess linkages and referrals. Look at the services offered at your facility and those based in your communities. Partnerships and formal referral networks can strengthen linkages between these services and avoid duplication. *In Abidjan, Ivory Coast, sex workers in the commune of Treichville and surrounding areas go to the local Clinique Confiance to receive testing and services for HIV and STIs, as well as contraceptives to prevent unwanted pregnancy. The community offers peer education, condom distribution, and referrals to the clinic, with the support of the clinic's well trained physicians and nurses.*

When assessing providers outside of your facility, be sure that the services they offer meet national standards for quality and reflect local needs. If you and your team find these providers' services are unacceptable, you may either collaborate with them to improve their capacity, or, if this is not feasible, decide to offer the same, but higher-quality, services.

Step 3: Specify the HIV-related health services you will offer

After collecting information about the local epidemic, client demand and use, community supports, and existing health services, you and your team are ready to identify locally appropriate health strategies and services to minimize the impact of HIV/AIDS in your area. Your services will vary depending on the prevalence of HIV in your district.

Low HIV prevalence. If HIV prevalence in your area is still low (below five percent) and concentrated in populations engaging in high-risk behaviors, the best strategy may be to develop preventive strategies for these at-risk populations. You are also likely to decide to treat sexually transmitted infections, manage TB, and prevent infections in the workplace.

High HIV prevalence. If you are working in an area where estimates of HIV prevalence are high (between eight and 30 percent), you need to add to existing strategies some appropriate approaches for the general population that cover prevention, treatment, care, and mitigation (strategies for reducing the burden of HIV/AIDS on the families and others connected with people infected with HIV). In such a situation, HIV testing is essential, and care for people living with AIDS should be a priority. Service delivery points should collaborate to provide a continuum of treatment and care directly or through referral.

To carry out local strategies, you need to design a package of services that recognizes community groups as important sources of and destinations for client referral. One lesson of the HIV/AIDS epidemic holds that, even in a relatively low-prevalence area, a wide range of HIV-related services is essential for maximum impact on the epidemic. To design a package of services, you need to:

- identify services appropriate to your population;
- prioritize potential services and decide which new services you will offer;
- determine practical and realistic FSDP criteria for your services;
- strengthen management to support these new services.

Identifying a Package of Potential Services

The checklist on page 17 offers a comprehensive list of HIV-related services from which you and your team can identify a package of potential health services appropriate to your clients and their communities. The services are organized by the type of strategy these services help to address: primary prevention for HIV/AIDS, treatment and care for HIV-infected clients, or mitigation of the effects of HIV/AIDS on families, colleagues, workplaces, and others affected by the infection. You can modify the list of services to reflect you populations' needs for services and then fill in the sites where these services are already available. From the final list, you will be able to see where appropriate services are currently unavailable.

Prioritizing Potential Services and Deciding on Your Services

Now you can decide what services you can actually implement in your district and what you will provide access to through referrals. From all the unmet needs you may have identified, focus on the essential ones. Then consider which services support your country's national HIV/AIDS program and regional or provincial plan while also representing an ideal service package for your local population. You may want to prioritize services that:

- provide a basis for many other services, especially primary prevention and VCT;
- can be developed quickly with few additional resources, such as nutritional counseling;
- take longer to implement, but can have the biggest effect on the impact of the epidemic, such as ART where VCT already exists.

Your priorities should also take into account how feasible it is to provide the services, based on their technical requirements, financial requirements (using rough estimates of costs), and probable political feasibility or public acceptability. The table on page 18 illustrates this method for VCT.

Checklist for Developing a Package of HIV-Related Interventions

STRATEGY	SERVICES IN THE COMMUNITY		SERVICES IN THE FORMAL HEALTH SYSTEM	
	Type of Service	Current Service Site, (if any)	Type of Service	Current Service Site, (if any)
Primary Prevention	■ Information, Education, Communication/Behavior Change Communication (IEC/BCC) for the general population and for high-risk groups	_____	■ IEC/BCC	_____
	■ Condom distribution	_____	■ Condom distribution	_____
	■ Prevention of mother-to-child transmission	_____	■ Prevention of perinatal mother-to-child transmission	_____
	■ Family planning	_____	■ Family planning	_____
	■ Promotion of alternatives to breastfeeding	_____	■ Nevirapine, ZDV, AZT, and 3TC	_____
	■ Harm reduction services for injecting drug users*	_____	■ Screening of blood supplies	_____
	■ Clean water	_____	■ Infection prevention and control	_____
			■ Voluntary counseling and testing (VCT)	_____
			■ STI detection and treatment	_____
Treatment and Care	■ Home-based care	_____	■ ART, when available	_____
	■ DOTS, including directly observed treatment, for TB	_____	■ Clinical and laboratory monitoring for HIV progression	_____
	■ Referral for clinical assessment and follow-up care related to ART	_____	■ Treatment of opportunistic infections	_____
	■ IEC/BCC	_____	■ Pain control	_____
	■ End-of-life care/hospice	_____	■ STI detection and treatment	_____
	■ Psychosocial support	_____	■ Referral to the community for ongoing care and support for nutrition and adherence to medications	_____
			■ IEC/BCC, especially on nutrition and sanitation	_____
Mitigation	■ Orphan care	_____	■ Workplace programs to deal with increasing absenteeism and deaths	_____
	■ Psychosocial support to surviving families and loved ones	_____	■ Partnership with programs addressing poverty reduction, social security, food security, job creation, microfinance	_____
	■ Community-rooted advocacy and prevention, especially by people with HIV infection	_____		
	■ HIV interventions in the workplace, schools, etc.	_____		

* This would be applicable only to countries with injecting drug users.

Instructions. To use this list:

- organize your findings about current providers of these services;
- keep on the list any services that are appropriate for your population and services that would help you prepare for essential treatment and care for foreseeable numbers of HIV-infected people (for example, organizing TB testing and DOTS);
- cross out any services that do not pertain to groups in your area as well as services not imminently needed;
- add new HIV-related interventions appropriate for your population as they emerge;
- note the sites where these services are already available.

Example of How to Prioritize Potential HIV-Related Services

Service	Technical Requirements	Financial Requirements	Political Feasibility
VCT	Continuous supply of VCT kits (problem with other stockouts)	Need to investigate cost	
	Providers' knowledge of counseling on treatment and prevention options and positive attitudes towards clients (lack compassion, training required)	Training in annual budget	Younger staff seem interested in VCT
	Confidentiality (need stricter guidelines)		
	Referral network for prevention and treatment (need to expand)	Need to investigate low-cost prevention and treatment options	Families interested in treatment, but concerned about costs
Feasibility of VCT Services	High in mid-term, once sources of low-cost prevention and treatment are identified and referral networks are expanded		

From the analysis presented in the table, you may decide to provide VCT when you have identified low-cost prevention and treatment options.

Once you have prioritized your services, work with your staff, board, selected clients, community health or development committees, and other community leaders to decide which services from your prioritized list your facility or the facilities will offer. Bear in mind that this list may change as you define FSDP criteria for these specific services and calculate their related costs. For information on ways to integrate HIV-related services into your current service mix, please refer to *The Manager,* Volume 7, Number 3, "Integrating STD/HIV Services into Reproductive Health Settings."

Determining the FSDP Criteria for Your Services

What kind of support and resources will your service delivery points need so that they can offer effective interactions between clients and providers and be truly functional in the HIV/AIDS context?

For each type of service delivery point and different type of service, you will need to develop specific criteria covering each FSDP component: community support, clients' demand, providers' supply, and management supports. These criteria should be easily observable or measurable, serving as evidence that these services are, or are not, meeting the standards described in the FSDP components on page 4. You can select the criteria on the basis of your past experience in offering other services with satisfactory client-provider interactions and from national standards for HIV-related services that you adapt for your local situation.

Once you establish these criteria, enter them in a table that covers the FSDP components. The tables on pages 19 and 20 provide examples of FSDP criteria for a large urban clinic offering VCT and a rural client's home where a community health worker provides information and a few services. Each column corresponds to one of the FSDP components. Using your own criteria, you can identify which criteria are already met and which are missing or need strengthening.

Sample Practical Criteria for Service Delivery Points Providing HIV-Related Services

Service Delivery Point	Community Participation and Support	Clients' Demand and Use of Services	Providers' Supply of Health Services	Health Management Supports
A multi-service clinic in an urban slum, with varied professional staff offering VCT	*The community will. . .* Know the facts about HIV/AIDS: how the virus is/is not transmitted; how people can protect themselves; how prevalent it is in their locality Use their knowledge to reduce negative attitudes towards people with AIDS: denial, neglect, ostracism, stigmatization Provide special services as needed: ■ distribution of HIV/AIDS-prevention materials and mobilization of community groups ■ assistance with community health surveys ■ promotion of healthy behaviors within the community ■ advocacy for funds for commodities	*Clients will. . .* Attend educational sessions to learn the facts about HIV/AIDS: how the virus is/is not transmitted and how they can protect themselves and their families Share their knowledge with family members Describe their needs and concerns about HIV/AIDS to the service providers at the clinic Understand the importance, benefits, and limitations of knowing their HIV status Be tested for HIV, especially if in a high-risk group Follow through on recommended preventive measures, such as abstinence and/or on treatment	*Providers will. . .* Know the facts about HIV/AIDS prevalence in the community and understand local values and practices pertaining to HIV/AIDS, testing, and costs of treatment Encourage VCT when appropriate, carefully explaining the importance, benefits, and limitations of knowing one's HIV status Be motivated and able to counsel HIV-positive clients about their treatment and care options, ways to care for themselves, and living positively. Can counsel HIV-negative clients about how to stay free of infection Receive training and supervision that assures accurate reading of test results Know how to proceed in case of an accidental needle stick or contamination Know how to ensure confidentiality and have a private room for testing and counseling Always use the necessary equipment and supplies for conducting rapid HIV testing: rapid test kits with finger sticks or sterile needles for drawing blood, gloves, a covered container for safely disposing of these materials, and a reliable supply of these commodities. Offer condoms and BCC materials as appropriate Use designated private space for counseling before and after HIV testing Know facilities, support groups, and community workers to whom they can refer HIV-positive clients for treatment and care. Know sources they can refer HIV-negative clients to for education and condoms, if appropriate	*The organization/program will. . .* Develop a strategy for financing VCT services and consider how such services link to other facilities or organizations. Ensure that all clinic staff understand the program's mission, strategies, structure, and systems Assess community demand for services to decide the contents of the facility's VCT package. Establish linkages with service providers better placed to provide specific services Ensure that all management systems are in place and maintained so that all providers are supported by: ■ a commodity management system for procuring and distributing high-quality rapid testing kits ■ a good facility-based order system and a First-to-Expire, First-Out (FEFO) system of supply management to avoid expired kits ■ written, facility-based standard procedures and training for staff on HIV testing guidelines and reporting results, as well as national HIV testing and standard treatment guidelines available at VCT facilities and reviewed with all staff ■ ongoing supervisory staff for quality assurance in testing and counseling ■ a directory of services to facilitate referrals in the service area of each facility and working relationships with these referral agencies

Sample Practical Criteria for Service Delivery Points Providing HIV-Related Services

Service Delivery Point	Community Participation and Support	Clients' Demand and Use of Services	Providers' Supply of Health Services	Health Management Supports
The client's home, with a health volunteer providing information and some services	*The community will. . .* Know the facts about HIV/AIDS: how the virus is/is not transmitted, how people can protect themselves, and how prevalent it is in their locality Use its knowledge to mobilize in defense of human rights and reduce negative attitudes towards people with AIDS: denial, neglect, ostracism, and stigmatization Help recruit and select workers whose attitude towards HIV/AIDS is appropriate to their tasks Provide special services as needed: ■ space for periodic HIV/AIDS educational sessions ■ promotion of healthy behaviors	*Clients will. . .* Learn the facts about HIV/AIDS: how the virus is/is not transmitted and how they can protect themselves and their families Share their knowledge with family members Describe their needs and concerns about HIV/AIDS to the community health worker Understand the importance, benefits, and limitations of knowing their HIV status Have access to referral systems for HIV testing, counseling before and after the test, preventive measures, and treatment, if necessary Follow through on recommended preventive measures and treatment	*Providers will. . .* Know the facts about HIV/AIDS prevalence in their community and understand local values and practices pertaining to HIV/AIDS. Effectively counsel clients at risk for or living with HIV/AIDS, and refer them to a facility if required Receive and use regular, supportive supervision Always have available a supply of condoms and appropriate BCC materials about HIV/AIDS. Distribute and instruct how to use them Collect information on services provided, number of clients served, and special needs of each client	*The organization/program will. . .* Ensure that all volunteers understand the program's mission, strategies, structure, and systems—usually determined at a higher level Ensure that all management systems are in place and maintained, so that each volunteer is supported by: ■ a work plan that fits the broader program plan ■ a system for recording and using information about her clients' needs, services provided, and number of clients served ■ guidelines and supervision to maintain and continually improve the quality of the services she provides ■ a reliable, steady supply of condoms health education materials, and other supplies ■ a reliable source of funds for this work ■ appropriate training and ongoing supervisory support ■ a directory of care and support services to facilitate referrals within her service area and working relationships with referral agencies

Strengthening Management to Support HIV-Related Services

Once you have decided on your package of services and specified your criteria, you can focus on strengthening your management supports so that providers in your district can deliver this package. In particular, you should ensure the consistency between your organizational mission, values, and strategies with proposed HIV/AIDS initiatives. You will need to identify the structures that can build productive working relationships, while finding ways to deal with structures that could hinder the effort. And you will need to adapt your management systems to meet the new HIV/AIDS challenges.

Three of the management systems are especially critical to supporting HIV-related services: human resource management, management information systems, and the management of drugs and commodities. If any of these systems are lacking, you will need to strengthen them before you launch new services.

Human resource management (HRM). Providers need a climate of safety and support, especially when dealing with the special tensions that HIV/AIDS produces. Attrition and absenteeism of staff who are experiencing the symptoms of AIDS add to the responsibilities of remaining staff. These responsibilities are intensified by the requirements of new HIV-related services that staff are asked to provide. Staff often find that their job descriptions, supervisory support, and compensation do not match their new challenges. You and other managers will need to assess your HRM system and identify ways to make your organization's HRM capacity, personnel policy and practice, data systems, performance management, and training responsive to HIV/AIDS concerns in your workforce and the community. Clear protocols, the reallocation of some responsibilities, and ongoing supportive supervision can minimize stress, while workplace prevention programs can help HIV-negative staff remain free of infection. To assess your HRM system, please refer to the "Human Resource Management Rapid Assessment Tool for HIV/AIDS Environments."

Health information system. Your health information system should help you understand the HIV/AIDS situation among your clients and current client interventions, so that you can improve your strategies and mobilize resources. To support services for prevention (first and second bullets) and treatment (third bullet), the system should include the following information:

- **Demographic information from HIV-infected cases.** Age, gender, marital status, and living and working addresses, to locate and characterize segments of the population and to target IEC/BCC and counseling messages;
- **Behavioral data from cases.** Number of sexual partners, partners' demographics, frequency of sexual relations, use of condoms, intravenous drug use, and recent blood transfusions, to supplement community-based information on why infection is occurring and to suggest IEC/BCC, policy, and community actions that will interrupt the causal chain. (See also "Understanding the HIV/AIDS Epidemic in Your Area" on page 9.) Partners' demographics can help you trace contacts;
- **Case management information.** The percent of inpatients and of outpatients who are HIV-infected, to evaluate current patient load from HIV/AIDS. Also note the drugs, medicines, and supplies used in pain control and suppressive treatment, to estimate and plan resource requirements. Count the number of activities and counseling sessions dedicated to HIV/AIDS, to get a comprehensive picture of the needs of HIV-related services as compared with overall activities in the facility or district.

To select appropriate indicators that you can collect regularly, you can use national and international indicators. This will allow you and others to compare your data and integrate it with national and international monitoring and surveillance. To obtain these indicators, please see the References on page 26.

Drug and commodity management system. Much emphasis has been placed on making VCT kits, ART, and drugs for treating opportunistic infections widely available to those in need. In many countries, what was once an unattainable dream for treatment is becoming a reality, with some supplies procured at the national level and others at the local level. *For example, in Brazil, the national government purchases and distributes all ART based on standard treatment protocols, using a computerized system. The states and municipalities purchase the medicines for treating opportunistic infections.*

If HIV/AIDS drugs and kits are available in your setting, you will want to thoroughly assess your drug and commodity management system before procuring or distributing the new supplies, to be sure that the system will allow you to deliver and distribute quality drugs on time. This will help you avoid stockouts, ex-

pired inventory, or misused drugs that waste resources and foster drug resistance.

For more information on assessing your commodity systems, please see MSH's "Commodity Management in VCT Programs: A Planning Guide." For ways to increase local access to drugs, such as revolving drug funds, please refer to *The Manager,* Volume 11, Number 2, "Mobilizing Local Resources to Support Health Programs." In addition to assessing your commodity management system, consider any new intervention in the context of its broader benefits and challenges. The following table does this for ART.

Considering the Benefits and Challenges of Antiretroviral Therapy (ART)

As a district or facility manager, you will feel pressure to offer ART. Before deciding to include this therapy in your package of services, you should carefully consider the regional plan and benefits and challenges associated with supplying ART. If you decide to offer ART, you should seek guidance from organizations that have been successful in administering the drugs and ensuring clients' adherence to therapy. Periodically reassess benefits and challenges within the context of rapidly changing information.

BENEFITS OF SUPPLYING ART

ADDED YEARS OF LIFE	Clients gain valuable years for nurturing their children and contributing to the workforce. *Consequence of no ART:* More young orphans; a shrinking workforce
DECREASED CONTAGION	Decreasing the viral load in the clients reduces the chance of infecting others. *Consequence of no ART:* Greater chance of infecting others in close contact with the client
RATIONAL USE OF DRUGS	If clients have access to ART at affordable prices, health facilities can control the distribution of ART, and monitor patients, adjust medications, and reinforce client compliance with medications. *Consequence of health facilities not offering ART:* Availability of medications on the black market, inconsistent and incorrect use of drugs, HIV/AIDS resistance to drugs

CHALLENGES TO SUPPLYING ART

PROVIDE ART FOR LIFE	If a client wants to start ART, he or she should consider it a lifetime commitment, and understand its social and financial implications. The client will need a social support network to encourage continual adherence to the treatment regimen. The costs of ART can endanger the family's economic survival if the client's earnings cannot cover this new financial obligation without sacrificing other basic family needs. *Consequence of discontinuing ART:* Return of illness; HIV/AIDS resistance to drugs
ACHIEVE STRONG DISTRIBUTION	The service delivery point needs a steady supply of ART for each client, and the ability to scale up its distribution of medications to meet growing demand. *Consequence of stockouts:* Rapid rebound of illness, HIV/AIDS resistance to drugs, loss of donor support for programs
MEET PROVIDER NEEDS	Providers will need training in how to incorporate ART into patient care plans and in how to follow treatment guidelines for ART modified by country experience. They will require access to laboratory facilities for monitoring toxicity and the client's immune status. *Consequence of unmet provider needs:* Ineffective therapy, HIV/AIDS drug resistance, drug toxicity
ACHIEVE BEHAVIOR CHANGE	Clients from risk groups should change their sexual behaviors permanently. If they resume at-risk behaviors when they feel better, they will infect more people. *Consequence of disinhibition:* Continued spread of HIV/AIDS
COMBINE WITH OTHER INTERVENTIONS	In order to maximize impact, ART should be combined with other interventions, such as treatment and prevention of opportunistic infections, TB prophylaxis and treatment, measles vaccination, and clean water. *Consequence of providing ART alone:* Limited impact on morbidity and mortality

Step 4. Develop a plan and implement functional HIV-related services

Now you are ready to plan for and implement your new package of services. You can develop your plan in two or three days. To give your plan the best possible chance of success, the process should be consultative and include key stakeholders—especially those responsible for implementing the plan and those who will hold the service providers accountable for improved performance.

A realistic plan begins with objectives for upgrading existing services, to bring them as close as possible to the FSDP criteria within six months to one year. Improvements in your current services will boost staff morale, performance, and community support, setting the stage for successful HIV/AIDS innovations. Then you can plan for new HIV-related services that address your priorities, specifying the activities you need to implement to achieve each objective and identifying the indicators necessary for you to monitor progress towards FSDPs for HIV-related services. Some indicators can be drawn from the criteria established in Step 3; others may be intermediate measures.

For example, one of your objectives under Health Management Supports might be to improve the quality of existing HIV-related services in your facilities. An activity to achieve the objective might be to inform clients about condoms as a way to protect against HIV infection during sexual intercourse. One indicator of progress could be the proportion of clients who demonstrate accurate knowledge of condom use in preventing HIV.

Your plan should include an estimate of the financial and human resources required to carry out the proposed activities and compare what is needed with what is available. If you cannot find the required funds, or you realize that the plan will overburden your staff, you may decide to modify your objectives, change your priorities, increase your time frame, or even drop some objectives from your plan. It is better to lower expectations than to adhere to an unrealistic plan. For more information on planning and budgeting, please see *The Manager,* Volume 2, Number 4, "Developing Plans and Proposals for New Initiatives."

Implement your plan. As you prepare to put your plan into action, you need to build demand. Be sure that you have fully educated your communities about the new services and how to access them. By publicizing your services through flyers, radio announcements, newspaper articles, and community health workers, people will recognize what you have to offer and know where they can go to receive them.

Step 5: Monitor and evaluate your HIV-related services

A critical ongoing task for you as a health manager is to determine how comprehensive your services must be in order to meet the needs of your communities at any given time. This means that you will need to stay informed of any changes in the local HIV/AIDS situation and community needs and regularly assess the extent to which your package of services meets those changing needs. Review your plan with your staff each quarter and compare it against the indicators you established during the planning process. Revise your plan as circumstances change.

For example, if you intend to offer ART, you need to monitor its introduction to see how much it increases demand for existing services (such as VCT) and then make appropriate adjustments in your capacity to offer VCT. If you greatly misjudge demand for ART, drugs may run out or expire before you can use them.

You can keep monitoring and evaluation costs low by collecting data from routine reports of service statistics, supervisory visits, and household/community outreach visits. You may also supplement routine data collection with special surveys to demonstrate achievements that are particularly important to you and your stakeholders.

Raising the Bar over Time to Keep Your Services Functional

The purpose of the FSDP framework is not to strive for perfection by trying to meet impossible criteria, but to know what areas to address to improve services. You must determine what is feasible for service delivery in your district and set the criteria accordingly. If you meet these locally appropriate criteria, you will be doing a reasonable job within the reach of your district's capabilities.

Once your service delivery points achieve functionality according to these criteria, you and your planning team should reassess what is needed and set new goals for further improvements. Monitoring and evaluating your services may bring you back to mobilizing new partners and remobilizing existing partners. Together, you can redefine your FSDP criteria, revise your implementation plan to reflect the "raised bar," and monitor new indicators to capture these improvements. *For example, you may need to scale up your VCT services to reach more people*.

Eventually, when all components are addressed and working well, the FSDP will lead to sustained demand for quality HIV/AIDS services and sustained supply of these services. Information collected from those who use and provide the services will feed into new policy development, better provider performance, increased client satisfaction, and supportive communities.

Working Solutions—South Africa

TRANSFORMING PROVIDERS FROM OVERBURDENED RECORD-KEEPERS INTO ADVOCATES AGAINST HIV/AIDS

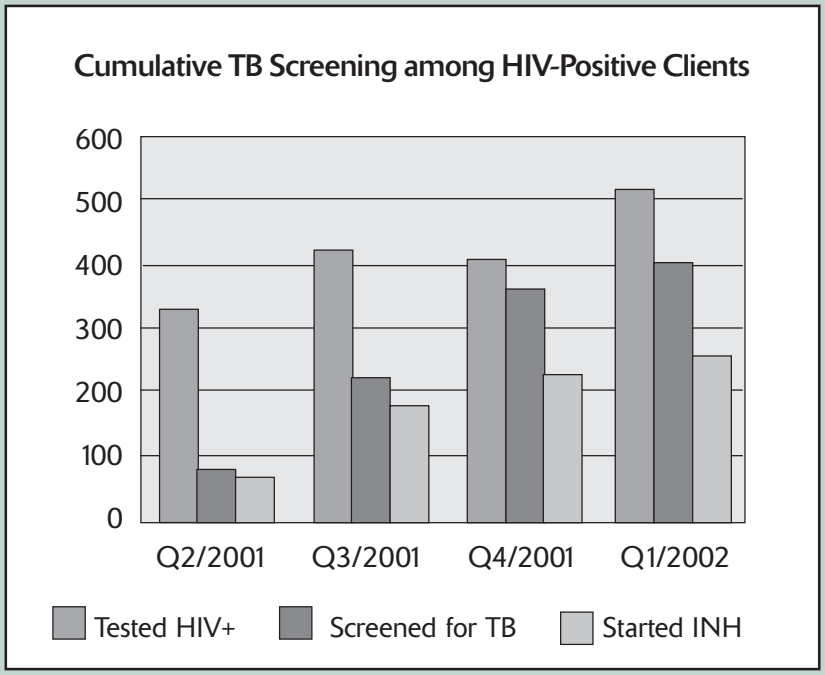
In South Africa, more than half of HIV/AIDS patients die of TB. The resurgence of TB because of HIV/AIDS, escalating poverty, and lack of effective prevention and treatment facilities has placed new burdens on the fragile health care system. This is especially true in areas like Duncan Village, a township and squatter camp located outside East London in the Eastern Cape Province.

There the Empilweni Clinic serves a population of more than 50,000. It is visited by people from communities, both near and far, to observe its innovative approaches to addressing difficult health issues, particularly TB and HIV/AIDS. But back in 1999, patients had to wait from three to five days to receive results of HIV testing. Few returned and those who did come back waited for nurses to fill out numerous forms and heard their test results in rooms with no privacy. Patients who were told they were HIV-positive were given a small number of options for follow-up. With few patients getting the care they desperately needed and nurses overburdened with work, everyone felt frustrated by the system.

In 2000, clinic nurses began working with MSH's EQUITY Project to improve TB management and delay the onset of TB among HIV-positive patients. They implemented a plan for two new services: TB screening for all HIV-positive clients and TB prophylaxis for those who tested positive. But the project ran into obstacles handling the client load at the Empilweni Clinic and 13 other pilot sites. To address these obstacles, the nurses and project staff focused on improving management supports. They designed a streamlined patient management chart and

undertook training for rapid testing, TB/HIV protocols, and ways they could use client information. They also began to reach out to groups in the community.

In monitoring their progress, they found that the improvements in management support and community linkages are paying off. In one year, the number of people tested for HIV infection jumped 60%, while the number of those treated with isoniazid (INH) more than quadrupled.



Very importantly, the nurses became strong community advocates. In close partnership with hospice, support groups, NGOs, the National Association of People Living with AIDS, and schools, the nurses are campaigning against HIV and TB, and their communities are responding. A network of support groups has been formed. Clients are referred for one-on-one support to people diagnosed earlier with HIV/AIDS who help them learn to live positively while infected. Clinic staff, clients, and a local youth organization now have a community garden.

Realizing that her role is to alleviate fear, the nurse in charge of the TB/HIV program reflected, *"You must be dedicated to do this work. You must be willing to talk about AIDS and to give information about how to prevent it. We are helping our own people, who are suffering. The Project has made our life easier, and we can now concentrate on our job to teach our community to fight HIV and TB."*

Source: Adapted from "TB/HIV: Beauty in the Unsightly Land of TB and HIV," by Carmen Urdaneta, *The EQUITY Project Annual Report 2002.*

Reviewers' Corner

A forum for discussing concepts and techniques presented in this issue

On working with partners to write history in the fight against AIDS…

One reviewer states, "All of our actions have always been in partnership with other local, national, and international groups. After all, the fight against AIDS will only have a happy ending if we are conscious of the fact that it is our union that makes the difference."

On the dynamic nature of the epidemic and the framework…

One reviewer stresses, "It is important to recognize the dynamic situation in all aspects of HIV/AIDS, especially that services in countries around the world are changing as capacity and funding materialize. The current situation favors increased funding for antiretroviral drugs. Therefore a modern management system should be able to address and adapt to the new changes, adopt best practices, and include preparation for introducing ART."

Another says, "The model can be iterative. . . . For example, the relationship between TB and HIV/AIDS is a growing problem, as is the treatment of opportunistic infections. . . . Feedback loops between the provider and management supports are important, as the provider may need more job aids, salary, and skills. On the community side, feedback between the service site and the community can help. Societies pass through stages of denial to recognition, to acceptance where they can remove stigma, accept VCT, and respond to prevention."

On the importance of VCT…

A reviewer emphasizes, "The essential link between prevention and treatment and care is VCT. The importance of VCT as a gateway to a whole range of interventions cannot be underestimated. VCT is also an important prevention strategy, especially in ensuring that partners are not unintentionally infected. Too often the perception is that there is no value to VCT in the absence of ART."

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Checklist for Achieving Functional HIV/AIDS Services through Strong Community and Management Support

- Use the FSDP framework to identify essential community and management support that are needed to strengthen interactions between clients and providers in your area.
- Mobilize a planning team to design or improve a package of local HIV-related health services.
- Scan the environment and identify needs for services. To do this:
  - seek to understand the HIV/AIDS epidemic in your area, your clients, and underserved groups infected by HIV;
  - assess community support and social services, and identify what they can do to address HIV/AIDS;
  - assess the availability of local health services for HIV/AIDS and identify the needs of service providers.
- Specify the HIV-related health services you will offer. To do this:
  - identify potential services consistent with national and regional plans;
  - prioritize potential services and decide on your package of services;
  - determine practical and realistic FSDP criteria for your services;
  - strengthen your management systems.
- Develop and implement a plan for achieving functional HIV-related services.
- Monitor and evaluate your HIV-related services.
- Keep your service delivery points responsive to the local HIV/AIDS epidemic by repeating the five steps for a functional service delivery point, setting higher standards each time.

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CASE STUDY FOR TRAINING AND GROUP DISCUSSION
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The La Valle District Planning Team Monitors HIV/AIDS Services

Scenario LA VALLE DISTRICT serves several periurban communities in a poor province. The men from this district often migrate elsewhere to find work in agribusiness or manufacturing, but many return home infected with HIV. About 25 percent of women seeking prenatal care are HIV positive. Many are caring for ill husbands at home. Others are heading up their households alone.

La Valle District's HIV/AIDS planning team is working to make all the places where clients and providers interact be functional service delivery points (FSDPs) for HIV/AIDS clients. Last year the team scanned its environment: the community, clients, facilities, and management supports. The review revealed a lack of community knowledge about how to prevent HIV/AIDS and low levels of knowledge about the types of HIV-related services available. It identified a large number of people living with HIV/AIDS being cared for at home. It also identified staff frustration at the lack of privacy for counseling sessions, outdated job descriptions, and delays getting clients' HIV test results back. The district team developed a plan to address these and other issues and began implementing it several months ago.

Dr. Pressat, District HIV/AIDS Manager, is leading a quarterly review of the team's plan with program managers, district facility managers, and representatives from community social services and home care services.

"Tell me about the situation in the communities and in the clinics," requested Dr. Pressat.

"The situation at the community level is still bleak," said Mrs. Charles, Manager of Voluntary Counseling and Testing (VCT) Programs, "but our clinics are starting to be known as providers of services that HIV/AIDS clients want to come to."

"Support from local religious leaders for our initiative is helping," said Mrs. Joseph, a community leader in home care services. "They have proposed that community volunteers provide home-based care for people living with AIDS, and the volunteers have received three months of training. Although it took some time and the work is hard, they are helping people living with AIDS in their neighborhoods to feel more comfortable. They are easing the burden of family members, and it appears that their work is encouraging people to come in and get tested."

"Some religious leaders are starting to talk about HIV/AIDS in their sermons," said Mr. Romain, district manager of a supermarket chain that provides food at reduced prices to people living with HIV/AIDS.

"It sounds as if the number of people coming for counseling and testing is increasing," said Dr. Pressat.

"Definitely," said Mrs. Charles. "The staff at many clinics are finding people waiting for them every morning when they arrive, though some clinics have seen less increase."

"Has anything else contributed to this growing interest in VCT?"

"Our new rapid testing is making a big difference," offered Dr. Bernardin, Clinical Services Manager for the district. "Before, people would have to wait between three and five days for their test results. Many never returned to get their test results. Now our clinics can give

people their results in just a few hours. Staff are finding that people are more willing to get tested if they can receive the results the same day. Some clinics have started providing educational sessions for people while they are waiting for testing, test results, or other services."

"The new counseling rooms we created have also had a positive effect," said Mrs. de la Croix, a clinic manager. "Before, we had to counsel people where other clients could hear what we were saying. This greatly discouraged people from returning for their test results."

"My staff are telling me that they are doing a better job of counseling since receiving training in VCT a few months ago," said Mrs. Val, another clinic manager, nodding to Mrs. Charles. "Before the training, they hadn't fully appreciated the differences between VCT counseling and family planning counseling."

"It sounds as if many of our facilities are handling more clients now than we were before," said Dr. Pressat. Mrs. de la Croix and Mrs. Val nodded agreement. "Has this had a negative impact on the staff's ability to do their work?"

"Not so far," replied Mrs. de la Croix. "They seem to feel more positive about their jobs now that they can refer clients to a source of ongoing home care. There is always the risk that our counselors will burn out and leave this work, but they seem motivated by the great public need. I feel that the changes we initiated are making a difference for both my staff and our clients."

"My staff seem more motivated too," said Dr. Molière, Outreach Services Manager for the district. "The new job descriptions, with revised job responsibilities and skills, have made our home care volunteers and their supervisors feel recognized for all their activities."

"It sounds as if our district has made progress in addressing the needs identified in the assessment last year and implementing its plan," smiled Dr. Pressat. The program and facility managers nodded and smiled in return. "Are there any areas where we could do better?"

"Yes," spoke up Dr. Molière. "Stigma is still a great problem for the people in our district. We need to do much more to get our communities to treat HIV/AIDS patients with respect. Also, some of our home care volunteers are inspired by their work, while others get discouraged. How can we help our volunteers and their supervisors to be more effective and stay motivated?"

"Our stocks of antibiotics to treat pneumonia and other infections in the clinics are very limited," said Dr. Bernardin. "Many of our HIV-positive clients present with fever and cough, but our health staff cannot provide all of them with the necessary medicines. More people would come in for VCT if they knew we had consistent supplies of the medicines they need."

"Some of our clinics are not seeing as much of an increase in people coming for VCT," said Mrs. Joseph, who always brought up difficult topics. "Have they been making the same progress as others in becoming a functional service delivery point for HIV/AIDS?"

"Our quality assurance efforts are being held up by delays in writing up our standard procedures and guidelines for HIV testing, reporting, counseling, and treatment," said Mrs. Charles.

"Thanks for this information," said Dr. Pressat. "I am so pleased we are making progress throughout the district, even in these difficult times. Thank you for bringing up other areas for improvement. We will incorporate these into our plan and I will follow up with the people responsible for these areas to see what can be done. I encourage you to continue your important work."

Discussion Questions

1. What objectives did the HIV/AIDS planning team of La Valle District set for themselves to improve HIV/AIDS services? What actions have they taken so far?
2. What are some indicators of the impact of the district team's FSDP initiative so far? What would you suggest they do to monitor the progress of their initiative? Suggest other indicators that might help the team track its progress and achievements.
3. Based on your own experience and on information provided in the issue and the scenario, what other actions could the La Valle team take in order to achieve its goal of making all district clinics FSDPs for HIV/AIDS clients?

Case Analysis

QUESTION 1 What objectives did the HIV/AIDS planning team of La Valle District set for themselves to improve HIV/AIDS services? What actions have they taken so far?

The initial review revealed a lack of community knowledge about HIV/AIDS and low demand for HIV-related services, a large number of people living with HIV/AIDS being cared for at home, a high level of staff frustration at the lack of privacy for counseling, outdated job descriptions, and delays in getting clients' HIV test results back. The team's plan appears to have included objectives such as:

- improving the district clinics' relationships with the community;
- providing services in their homes to people living with HIV/AIDS;
- increasing the number of people who receive the results of their HIV tests;
- improving management supports.

The district clinics, with the support of the La Valle District's HIV/AIDS planning team have undertaken a number of actions. They have:

- involved the community in the FSDP effort by involving local religious leaders;
- established a home-based care initiative for people living with HIV/AIDS;
- provided rapid testing for HIV;
- provided educational sessions for people in the waiting room;
- improved client privacy;
- improved staff counseling skills;
- reworked job descriptions;
- monitored the FSDP initiative, as indicated by the team meeting and discussion.

QUESTION 2 What are some indicators of the impact of the district team's FSDP initiative so far? What would you suggest they do to monitor the progress of their initiative? Suggest other indicators that might help the team track its progress and achievements.

The scenario provides several examples of the impact of the FSDP initiative so far:

- an increased number of people are coming in for VCT;
- an increased percentage of VCT clients are receiving their test results and post-test counseling;
- people living with HIV/AIDS are receiving care in their homes;
- job descriptions have been reworked;
- job satisfaction on the part of clinic staff has increased;
- staff's VCT skills have improved.

Suggestions of ways the team could monitor the progress of its initiative include asking clinics to do client exit interviews, scan their environment on a regular basis, carry out work climate assessments (see *The Manager*, Volume 11, Number 3), and/or carry out behavior or attitude surveys in the community.

Other indicators that the district team might use to track its progress and measure its achievements could include:

- an increase in the number of men and women reporting symptoms of STDs and seeking care;
- an increase in the percentage of clients with STDs receiving advice on condom use and partner notification, and being referred for HIV testing;
- a reduced incidence of stockouts of medicines used to treat respiratory infections;
- dissemination of written guidelines for HIV testing, reporting, counseling, and treatment.

QUESTION 3 **Based on your own experience and on information provided in the issue and the scenario, what other actions could the La Valle team take in order to achieve its goal of making all district clinics FSDPs for HIV/AIDS clients?**

Actions that La Valle team could take can be grouped under the four areas of the FSDP Framework. Some actions might relate to more than one area.

Community Participation and Support

According to the VCT Program Manager, stigma is still a great problem for people living with HIV/AIDS. The team could help clinics do more to educate the community about HIV/AIDS and reduce stigma. Perhaps clinics could partner with local groups to provide outreach activities such as educational forums or drama performances that educate while entertaining the community.

Clients' Demand for and Use of Health Services

The case scenario does not discuss the level of client knowledge of HIV prevention methods or prevention of mother-to-child transmission of HIV. The team may wish to develop or identify existing IEC materials for counseling sessions. The team may want to encourage clinics to partner with local middle and high schools to provide educational sessions on HIV prevention.

Providers' Supply of Health Services

The Outreach Services Manager appears concerned that some volunteers are losing their motivation. Training for staff who supervise the volunteers could help improve their effectiveness and help them stay motivated. It might also be helpful to hold periodic community events and celebrate or reward the volunteers for their efforts.

What other social services are available to people living with HIV/AIDS, such as free or subsidized food? This is not discussed in the scenario. The team might want to learn about these types of social services, if available, and encourage clinics to refer their HIV clients to them.

Management Supports

The case scenario does not discuss stocks of equipment and supplies. Are gloves and clean syringes and needles consistently available to the staff as needed and safely disposed of? Does the clinic have enough condoms on a regular basis, or does it suffer from stockouts? For clinics where stockouts are a problem, the supply and order system may need some attention.

The team may want to conduct community knowledge and behavior assessments, to improve its understanding of these issues, learn how to address them, track changes in knowledge and behavior over time, and monitor the impact of the FSDP initiative over time.

The team may want to do more to monitor the progress of different clinics as they work to become FSDPs for HIV/AIDS. Why are some doing better than others? What barriers are they encountering? How are they overcoming them?

As suggested in the scenario, the team needs to finish writing up the standard procedures and guidelines for HIV testing, reporting, counseling, and treatment, send them out to all clinics, and provide training in them as needed.

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USA

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