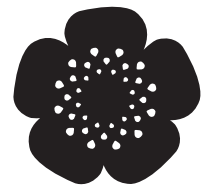


COPE[®] **for HIV Care and** **Treatment Services:**

*A Toolkit
to Accompany
the COPE[®]
Handbook*



EngenderHealth
for a better life

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440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
e-mail: info@engenderhealth.org
www.engenderhealth.org
Typesetting: John Fiege

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Preface

By the end of 2007, about 31 million adults and 2.5 million children were living with HIV (UNAIDS & WHO, 2007, p. 1). More than 25 years into the AIDS pandemic, HIV infection rates remain very high, with 2.5 million people newly infected with HIV in 2007 (UNAIDS & WHO, 2007, p. 1). Sub-Saharan Africa continues to carry the greatest burden of disease. With just about 12% of the world's population (PRB, 2007), Sub-Saharan Africa is home to nearly 68% of all people living with HIV (UNAIDS & WHO, 2007, p. 7). In 2007 alone, an estimated 1.7 million people became newly infected in Sub-Saharan Africa, with more than 1.6 million dying of AIDS (UNAIDS & WHO, 2007, p. 8)—76% of all AIDS deaths globally (UNAIDS & WHO, 2007, p. 7).

While prevention must remain a top priority to curb the pandemic, in recent years treatment options have expanded greatly in resource-limited settings. Antiretroviral therapy (ART), which can drastically reduce HIV-related illness and death and improve the quality of life of people living with HIV (PLHIV), is becoming more readily available in developing countries. These treatments are not a cure, however, and ART programs present a host of potential problems and challenges related to the treatment itself (e.g., side effects, need for strict adherence to treatment protocol, potential development of drug resistance), as well as to the programs to deliver them (e.g., need for reliable supply chain, simplified drug regimens, adequate human resources). Care and treatment for PLHIV is currently a lifelong endeavor and requires a chronic disease management approach to meet clients' health needs, help them develop the skills needed to manage their HIV infection (including reducing the risk of HIV transmission to others), and provide them with support to meet their nonclinical needs, which ultimately impact the likelihood of successful treatment and their quality of life.

Both the explosive growth of HIV-related illness and the profusion of treatments to either slow the progress of HIV or treat its effects place a premium on the quality of care that PLHIV receive. And this need to ensure quality brings us immediately to COPE®. One of the first and most critical questions that facilitators ask participants during the first COPE exercise is: "What is quality? If your sister, mother, brother, or uncle came into this facility for services, how would you like them to be treated?" The answers to this question create a definition of quality that incorporates clients' rights and staff needs, one that ensures that a high level of care is always offered and received. Additionally, the answers to this question produce a collective vision of quality developed from the perceptions of individual staff members at different levels. The spirit of COPE is based on the notion that changes in quality will be most successful and lasting when they are initiated by staff working together at the facility, using their expertise to identify problems and to develop recommendations for solving them.

To maximize the benefits and minimize the potential negative consequences of ART and other HIV care and treatment services, the services should follow a holistic, high-quality, client-oriented approach that:

- Meets clients' needs while empowering them to make their own decisions regarding their health and well-being
- Helps maximize the efficiency and effectiveness of services by doing things correctly the first time someone walks into the facility
- Increases service utilization by reducing stigma and discrimination and offering a comprehensive range of quality services

- Improves the quality of continuing care and increases adherence to treatment by improving referral networks and links between clinics and communities.

Facility staff should be sensitive to clients' needs that may lie beyond what they initially express during a visit. Providers must attempt to understand and address as much as possible the interpersonal and social issues that may, for example, contribute to poor health, underlie a client's health care decisions, or affect his or her ability to adhere to lifelong ART. It is important to note that linking clients to comprehensive care that meets their needs holistically requires comprehensive services, but it does not imply that every site must offer all services. Comprehensive care may simply involve adapting or revitalizing services that are already in place or establishing an efficient and effective referral system. The latter is particularly important for HIV care and treatment services, where the needs of many clients in resource-constrained settings will expand well beyond the realm of health; for example, clients may need socioeconomic, legal, psychological, or spiritual support. Assisting them to meet these nonclinical needs will be critical for ensuring treatment success, improving quality of life, and decreasing further transmission of HIV.

Quality of services will be key to the success of HIV care and treatment. One critical component of improving or maintaining quality of services is meeting the needs of all health facility staff so that they can provide quality client-centered services. Some impediments to the provision of quality HIV care and treatment services may be beyond the control of site staff, but others may be remedied via simple and creative measures that greatly enhance the services provided. COPE[®] (which stands for "client-oriented, provider-efficient" services) is both a process and a set of tools that together assist staff in addressing the issues that are within their reach. Since 1988, in collaboration with partners in resource-constrained countries, EngenderHealth has been developing and refining COPE, a staff-driven process to improve access to and the quality of services. COPE was originally developed for family planning services, but it has been adopted in an ever-increasing number of countries, organizations, and health care facilities and has, over time, been adapted for use with other health care services, including HIV and AIDS. This version of the COPE toolbook is designed to assist providers and other health care facility staff in identifying and solving onsite problems that compromise the quality of HIV care and treatment services.

Acknowledgments

COPE[®], which originated as a quality improvement process for family planning services, was developed by EngenderHealth¹ with the aid of a grant from Mrs. Jefferson Patterson and with support from the U.S. Agency for International Development. As noted in the acknowledgments to the handbook *COPE: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995), “AVSC International has been developing and refining the COPE technique since 1988. This evolution continues as we and our colleagues find better ways to work in our joint efforts to improve the quality of services for clients.” The COPE tools for HIV care and treatment services included in this book are part of that evolutionary process and were made possible by support from The William and Flora Hewlett Foundation and other anonymous donors.

Many individuals and organizations around the world where COPE is now used contributed to EngenderHealth’s development of this new COPE toolbox, which focuses on services for HIV care and treatment. Development of this toolbox, intended for global use, was catalyzed by *COPE[®] for Antiretroviral Therapy Services in Ghana: A Toolbox to Accompany the COPE[®] Handbook*. In particular, and in addition to individual reviewers, we thank the staff from TASO Mbale center in Uganda who participated in the field test activities and provided feedback on this toolbox.

Within EngenderHealth, the current and former staff in New York and in field offices who have contributed their expertise are many more than we can name individually, but you know who you are and we express our deepest thanks. A few EngenderHealth staff in New York were charged with the final writing of these guides, with comments and suggestions from their colleagues in the field. They are Mark Barone, Anna Kaniauskene, and Paul Perchal. Pauline Hovey edited this toolbox, John Fiege formatted it, and Michael Klitsch provided overall editorial management.

¹ Prior to 2001, EngenderHealth was known as AVSC International.

Abbreviations and Acronyms

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretrovira
CD4	cluster of differentiation 4
COPE®	client-oriented, provider-efficient services
CPR	cardiopulmonary resuscitation
HIV	human immunodeficiency virus
MOH	Ministry of Health
MSM	men who have sex with men
MTCT	mother-to-child transmission (of HIV)
NGO	nongovernmental organization
OI	opportunistic infection
PEP	post-exposure prophylaxis
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission (of HIV)
RTI	reproductive tract infection
QA	quality assurance
QI	quality improvement
STI	sexually transmitted infection
TB	tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

About COPE®

COPE® is an ongoing quality improvement (QI) process and set of tools used by health care staff to assess and improve the quality of care that they provide. Two assumptions inform the COPE process:

- Recipients of health care services are not passive individuals waiting to be seen by experts, but rather are autonomous health care consumers, or clients, who are responsible for making decisions about their own health care and who deserve—indeed, have a right to—high-quality health care.
- Health care staff desire to perform their duties well, but without administrative support and other critical resources, they cannot deliver the high-quality services to which clients are entitled.

COPE was developed around a framework of seven clients' rights and three staff needs that are implicit in these two assumptions (see Figure 1, page 2). The rationale is that the more these rights are honored and these needs are met, the higher the quality of care.

COPE empowers staff to proactively and continuously assess and improve the quality of their services, ideally in ongoing dialogue with the users of the services—in this case, people living with HIV (PLHIV) and individuals from other key populations vulnerable to HIV, such as youth, sex workers, men who have sex with men, injecting drug users, and migrant populations. COPE's emphasis on the role of staff in continuous QI makes this possible. It recognizes staff members as the resident experts on quality and fosters teamwork by encouraging all levels of staff to collaborate in identifying obstacles to high-quality care and in efficiently using existing resources to overcome those obstacles. At the same time, rather than finding fault with individual staff members, COPE focuses on identifying problems in service-delivery systems and processes. When staff work on COPE, they develop a sense of ownership of the assessment findings, become invested in implementing the recommendations they derive from the process, and feel good about the quality of services they deliver and their contributions to the facility and to the health of their community.

About This Toolkit

The COPE process uses four tools that are included in this toolkit—Self-Assessment Guides (including a Client Record-Review Checklist), the Client-Interview Guide, Client-Flow Analysis, and the Action Plan. These tools enable supervisors and their staff to discuss the quality of their HIV care and treatment services, identify problems that interfere with the delivery of quality services, identify the root causes of those problems, recommend ways to solve the problems, implement the recommendations, and follow up to ensure resolution of the problems. This toolkit is to be used in conjunction with the *COPE Handbook*.

Figure 1. The Rights of Clients and the Needs of Staff

The Rights of Clients

Information: Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, and to health overall. Information and materials for clients need to be available in all parts of the health care facility.

Access to services: Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

Informed choice: Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice or to help the client reach an informed choice.

Safe services: Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

Privacy and confidentiality: Clients have a right to privacy and confidentiality during the delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

Dignity, comfort, and expression of opinion: All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

Continuity of care: All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintaining their health.

The Needs of Health Care Staff

Facilitative supervision and management: Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients.

Information, training, and development: Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

Supplies, equipment, and infrastructure: Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

Adapted from: Huezo & Diaz, 1993; IPPF, 1993.

Note: This represents a generic description of clients' rights and staff needs. In this toolkit, the description of each client right or staff need at the beginning of each self-assessment guide has been adapted specifically for HIV care and treatment services.

COPE is staff driven and combines both a process and a set of tools. EngenderHealth's first COPE handbook, published in 1995 (*COPE: Client-Oriented, Provider-Efficient Services*), was focused on family planning. But clients around the world expect quality in all health services, and services for antiretroviral therapy (ART) are not isolated from other types of health care. Over time, providers have expressed the need for such tools for other health services, so the COPE process and set of tools have since been adapted for use in other health services (see Figure 2).

Figure 2. COPE Toolbooks: Addressing a Range of Health Services

The following COPE toolbooks are currently available:

- *COPE[®] for HIV Counseling and Testing Services: A Toolbook to Accompany the COPE[®] Handbook* (2008)
- *COPE[®] for HIV Care and Treatment Services: A Toolbook to Accompany the COPE[®] Handbook* (2008)
- *COPE[®] for Services to Prevent Mother-to-Child Transmission of HIV: A Toolbook to Accompany the COPE[®] Handbook* (2004)
- *COPE[®] for Cervical Cancer Prevention Services: A Toolbook to Accompany the COPE[®] Handbook* (2004)
- *COPE[®] for Reproductive Health Services: A Toolbook to Accompany the COPE[®] Handbook* (2003)
- *COPE[®] for Maternal Health Services: A Process and Tools for Improving the Quality of Maternal Health Services* (2001)
- *COPE[®] for Child Health: A Process and Tools for Improving the Quality of Child Health Services* (draft, 1999)
- *COPE[®]: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995)
- *Community COPE[®]: Building Partnerships with the Community to Improve Health Services* (2002) (This is a variation on the COPE process.)

In addition, COPE tools have been adapted for use in *Quality Improvement for Emergency Obstetric Care: Leadership Manual and Toolbook* (2003).

In this toolbook, versions of the COPE tools have been adapted to address the relevant range of topics for providing quality HIV care and treatment services, including the following:

- HIV counseling and testing
- Prophylaxis and treatment of opportunistic illnesses (OIs)
- ART, including routine follow-up and monitoring for side effects, adverse drug effects, and development of drug resistance, as well as management of side effects when they occur²
- Management of HIV-tuberculosis (TB) coinfection
- Management of HIV-malaria coinfection

² Antiretroviral (ARV) regimens used in PMTCT services are addressed in *COPE[®] for Services to Prevent Mother-to-Child Transmission of HIV: A Toolbook to Accompany the COPE[®] Handbook* (2004) and therefore are not the focus of this toolbook.

COPE for HIV Care and Treatment Services

- Palliative care
- Prevention and management of sexually transmitted infections (STIs) and reproductive tract infections
- Diagnosis and treatment of cervical cancer
- Counseling, including for treatment adherence, healthy living, prevention information and education, and condom promotion
- Routine laboratory services to conduct baseline assessments, monitor clients receiving treatment, and diagnose OIs
- Services to assist clients in meeting their sexual and reproductive intentions, including family planning and prevention of mother-to-child transmission of HIV (PMTCT)
- Postexposure prophylaxis to reduce risk of occupational transmission to facility staff
- Functional medical records system for long-term client management as well as disease surveillance
- Well-functioning referral systems and links to community-based organizations or others to address community- and home-based care and nonhealth needs of clients (e.g., psychological, spiritual, nutritional, legal, financial)
- Support to facility staff to prevent burnout
- Mechanisms to involve PLHIV, members of key populations vulnerable to HIV (e.g., young people, sex workers, men who have sex with men, injecting drug users, migrant populations), and community-based organizations in the planning, implementing, and ongoing monitoring of HIV care and treatment services

Principles Underlying COPE

Quality in health care is often defined as providing client-centered services and meeting clients' needs. The QI process is an effort to continuously do things better until they are done right the first time, then every time. There are several reasons to improve the quality of the health care services provided at a facility. Improving quality safeguards the health of both clients and staff, ensures more effective treatment, adds features to attract clients, maintains the organization's strengths, and fosters efficiency and cost savings.

The COPE process and tools draw on management theories and principles widely used in a range of fields, including health care. The most important QI principles on which COPE is based are the following:

- Meeting the needs and expectations of customers, both external (such as clients, donors, headquarters, and the Ministry of Health) and internal (such as other staff and other departments within the facility)
- Having all levels of staff become involved in and feel ownership of quality and of the process for improving quality
- Focusing on processes and systems, and recognizing that poor quality is often a function of weak systems, weak processes/inadequate organization of work, or implementation problems, rather than the fault of individuals
- Promoting efficiency and cost-consciousness by eliminating the costs of poor quality (e.g., repeat work and waste)
- Enabling continuous staff learning, development, and capacity building, since staff need skills to carry out the QI process and provide quality services, and supervisors and team

leaders need to be able to facilitate the work of staff and the development of those skills (The COPE process helps to identify learning needs and provides participants with an opportunity to learn about international standards for HIV care and treatment services.)

- Making QI work in an ongoing and continuous process

COPE enables staff to apply these principles at service facilities through the following four steps of the continuous QI process:

1. Information gathering and analysis
2. Action plan development and prioritization
3. Implementation of the action plan
4. Follow-up and evaluation

Why Use COPE to Improve Quality?

- **COPE promotes teamwork and cooperation among all levels of staff.** By using the tools together, supervisors and all staff, including support staff, become accustomed to working as a team.
- **Self-assessment promotes a sense of ownership among staff.** When all levels of staff assess their own services, rather than having the services evaluated by outsiders, they feel that the problems they identify are theirs and they feel responsible for implementing the solutions they develop. This creates a sense of *ownership* and *commitment* to the solutions developed.
- **COPE relies on the wisdom of the experts.** The experts on the services at a facility are the *staff* who provide them and the *clients* who use them. COPE gives both staff and clients a chance to apply their expertise and insights toward improving services.
- **The tools are practical and relatively simple to use.** The COPE tools are directly related to what staff do in their daily work.
- **COPE boosts morale and provides a forum for staff and supervisors to exchange ideas.** Staff members who have used COPE have said, “I knew that we could improve services by doing that, but I never had the opportunity to talk to [the doctor-in-charge] before.” By providing an opportunity to become involved in problem solving and decision making, COPE leads to increased staff morale.
- **COPE helps communicate service standards to staff and thereby improves performance.** The COPE Self-Assessment Guides are based on international and national service standards. Using the guides raises awareness of the importance of quality, what quality services are, and what is important to clients and staff.
- **COPE is cost-effective.** COPE is inexpensive to conduct. All that is needed are a few hours of a facilitator’s time, time for staff to participate during regular work hours, flipchart paper, markers, and photocopies of the forms and self-assessment guides needed for the exercises.
- **COPE is transferable and adaptable.** COPE has been used in a range of health care facilities, from national referral hospitals to small clinics, in both private- and public-sector institutions, and in both very low-resource and very high-resource settings. COPE has also been applied to many different health services, from family planning to maternal and child health services, to infection prevention practices, and to cervical cancer prevention services for all staff at a health care facility.

- **COPE helps facility managers work more effectively.** Although facility managers may initially find introducing COPE and QI to be time-consuming, once staff become involved in solving day-to-day problems on their own, managers generally find that they have more time to focus on major problems.
- **COPE helps reduce costs associated with poor quality.** If something is not done correctly the first time, it must be fixed, often repeatedly. Moreover, the consequences may be serious, in terms of both cost and the health of individuals and the community. COPE helps reduce the cost of poor quality by helping staff identify and solve problems, focusing on processes and systems to prevent problems from occurring in the future.

Implementing COPE

A brief overview of the COPE process, including a description of each of these tools, is presented below. For a detailed explanation of the COPE process and of the use of each tool, please refer to the *COPE Handbook*, the reference and “how-to” manual that accompanies this toolkit.³

Getting Started

Before conducting COPE, facilitators should read through the *COPE Handbook* in its entirety and become familiar with the process and the tools. The initial COPE exercise takes place over a period of two to three days. Follow-up exercises should be conducted every three to six months thereafter and take two or three days to complete, depending on whether the facility opts to perform a Client-Flow Analysis. (For an overview of the COPE process, see Figure 3.) When conducting COPE for HIV care and treatment services, it is important to remember that, like other areas related to HIV and AIDS, care and treatment need to address potential stigmatization that often accompanies HIV infection.)

The Facilitator

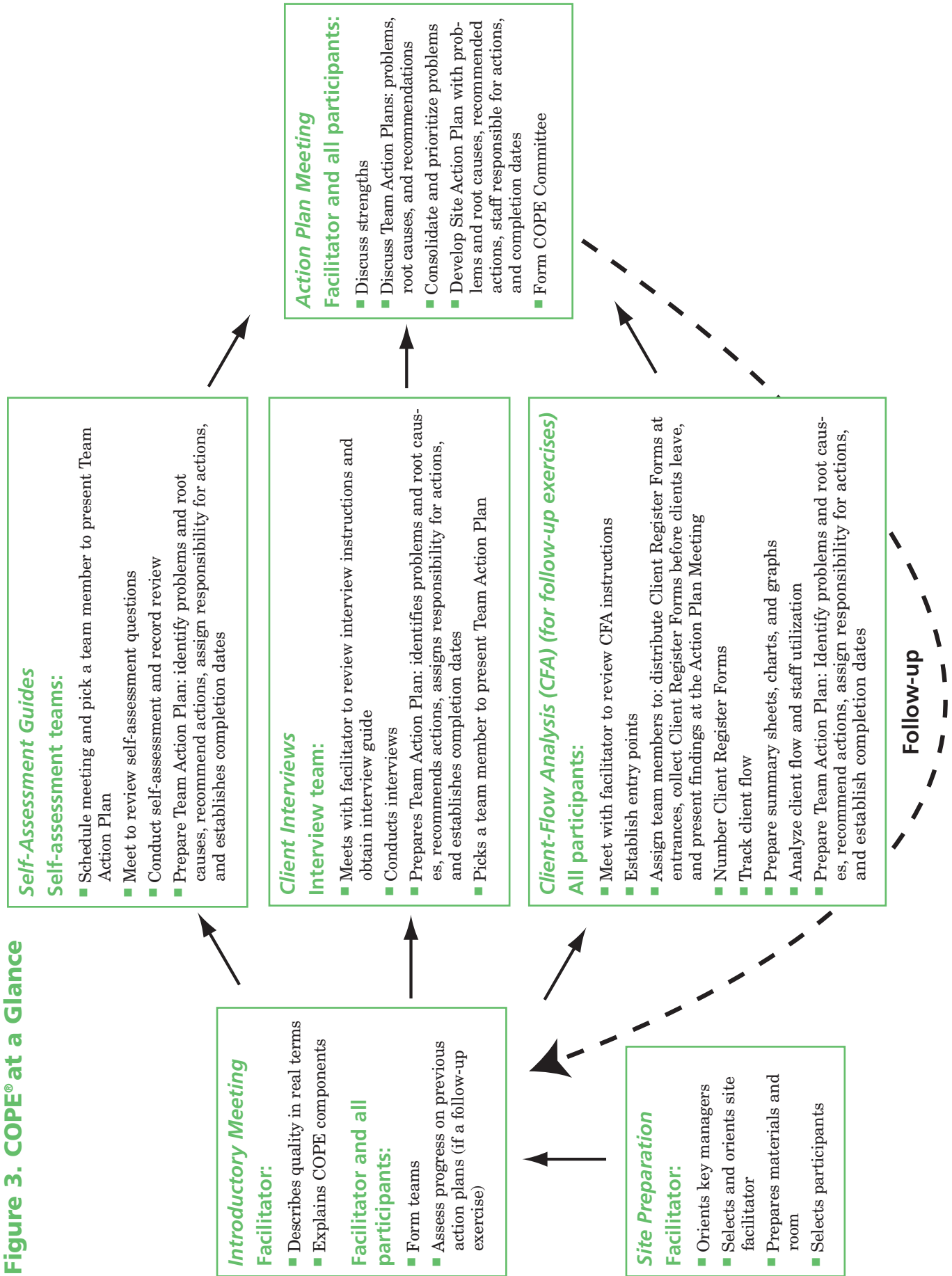
When a facility’s management decides to introduce COPE at a facility for the first time, they should seek help from an experienced COPE facilitator. This is usually an external facilitator (from the Ministry of Health, a nongovernmental organization, or a technical assistance agency) who has been trained in COPE and has experience with implementing it. During the initial exercise and the first follow-up exercise, a staff member from the site receives on-the-job training to become a site facilitator. With the assistance of the external facilitator (if needed), the site facilitator will be responsible for organizing all subsequent COPE exercises at the site, together with the QI committee.

The Participants

Improving quality is the responsibility of all staff who work at the facility; therefore, it is important that a broad range of staff participate in the COPE exercise. This includes facility manager(s), administrator(s), supervisor(s), service providers, nurses, medical assistants, counselors, health educators, laboratory staff, administration staff, receptionists, guards, cleaning staff, supplies staff, and other support staff, as well as staff from wards or depart-

³ To request one or more copies of the *COPE Handbook* or any other QI materials, contact EngenderHealth, Material Resources, 440 Ninth Avenue, New York, NY 10001, U.S.A., or e-mail to materialresources@engenderhealth.org.

Figure 3. COPE® at a Glance



COPE for HIV Care and Treatment Services

ments that typically refer clients to the facility. When a staff member is the sole representative from his or her department, it should be made clear that he or she is responsible for sharing information about quality with colleagues and for taking the lead in implementing quality changes together with co-workers.

Preparing for a COPE Exercise

Through site visits or correspondence, the external facilitator should use the time leading up to the initial COPE exercise to do the following:

- Build consensus with key managers and other key staff about the importance of QI and about their support of and commitment to the QI process
- Discuss with the key staff the site's strengths
- Orient site managers to COPE and to their role in the COPE process
- Gather information about the site
- Instruct management on selecting staff participants and a potential site facilitator for follow-up COPE exercises
- Schedule the COPE exercise and discuss all logistics
- Inform and invite participants
- Prepare materials for the exercise

For follow-up COPE exercises, the external or site facilitator should schedule the exercise, prepare the materials, and help the administration select staff participants.

The Introductory Meeting

Each COPE exercise begins at an Introductory Meeting, during which the COPE facilitator explains the QI process, defines quality services, and explains the COPE process and tools to all participants. The facilitator and the participants then form teams to work with each of the COPE tools.

The Four COPE Tools

The *COPE* tools—practical and easy-to-use data collection and analysis forms—are designed to be *flexible*, so that each site can adapt them to meet its particular needs. The tools, described in detail below, include Self-Assessment Guides, a Client Interview Guide, forms needed to conduct a Client-Flow Analysis, and a form for the Action Plan.

- *Self-Assessment Guides*. There are 10 sets of guides, organized on the framework of clients' rights and staff needs. Each guide consists of a series of yes-no questions related to the quality of HIV care and treatment services in the context of one of the clients' rights or staff needs identified as critical to high-quality care (see Figure 1). During the first COPE exercise, the facilitator and participants form teams, and each team is responsible for reviewing one or more of the 10 Self-Assessment Guides. The team members review the questions during their normal workday and decide which questions reveal a problem that they have observed or experienced at their site.

As part of an assessment of the client's right to safe services, some team members review client records. Depending on the size of the facility and the number of staff reviewers, one or two team members use the Client Record-Review Checklist to review between 10 and 20

client records, to identify whether the information is complete. Staff reviewing client records must keep confidential all information obtained from these records.

After going through the self-assessment questions individually or as a team, the team members meet to discuss the problems they identified, determine their root causes, and recommend solutions, including who will organize implementation of the recommendations and when. They record their findings in a Team Action Plan, for discussion at the Action Plan Meeting. A more detailed description of how to conduct the self-assessments and client record reviews can be found in the *COPE Handbook* (page 38). (See Figure 2 for a list of the COPE toolbooks that are currently available, covering a range of health services.)

- *Client Interview Guides.* Although the number of interviews may vary, generally three to five COPE participants volunteer to conduct a total of approximately 15 interviews (i.e., three to five interviews per volunteer). The client interview team conducts informal individual interviews with HIV care and treatment clients who have completed their clinic visit, using the client interview form as a guide. The open-ended questions in the guide encourage clients to discuss their opinions about services received, what was good or bad about the visit, and how the quality of the services could be improved. Verbal informed consent is to be obtained from the clients prior to the interviews. Clients are to be informed that all information obtained from client interviews will be kept confidential. The interviewers record the clients' responses, meet with other team members to discuss their findings, and develop a draft Team Action Plan, which they present at the Action Plan Meeting. A more detailed description of how to conduct the client interviews can be found in the *COPE Handbook* (page 39).
- *Client-Flow Analysis (CFA).* The purpose of the CFA is to identify the amount of time that each client spends at the facility—waiting for services and in direct contact with a staff member—and thereby identify bottlenecks in services. The CFA also provides information to assess ways in which staff are utilized. CFA team members track the flow of each ART client who enters the facility during a specified time period—for example, from 8 a.m. to noon or from 8 a.m. to 4 p.m. The Client Register Form is used to track clients from the time they enter the clinic until the time they leave, by recording each contact they have with a provider and its duration. One or two team members then complete the Client-Flow Chart and the Client-Flow Chart Summary. They then chart, graph, and analyze the data, discuss the findings, and record them as a Team Action Plan for presentation at the Action Plan Meeting. EngenderHealth recommends that sites not perform CFA at the first COPE exercise. A more detailed description of how to conduct the CFA can be found in the *COPE Handbook* (page 74).
- *Action Plan.* When COPE participants have completed the self-assessment, the client interviews, and the CFA (if performed), they convene at the Action Plan Meeting to discuss the site strengths, problems identified, and teams' recommendations, and to prioritize the problems and consolidate the findings into a site Action Plan. By following the steps in recording their findings in the Action Plan, staff are able to develop clear problem statements, analyze the root causes of problems, develop solutions, identify staff members who will be responsible for organizing the implementation of the solution, and set a completion date for each recommendation. The staff also select the COPE (or QI) Committee members and agree on the dates for the follow-up COPE exercise.

A more detailed description of how to develop an Action Plan can be found in the *COPE Handbook* (page 40).

COPE Committee

If no COPE Committee exists at the site, the staff should establish one. This committee ensures that the Action Plan is accessible to all staff, follows up on progress in implementing the COPE Action Plan, provides support to staff members responsible for implementation and to COPE facilitators (as needed or requested), schedules subsequent COPE exercises, informs staff about COPE activities (as needed or requested), and helps to monitor results and inform staff on the status of implementation. The committee members are selected (usually staff members volunteer) before the conclusion of the Action Plan Meeting.

COPE Follow-Up

Once the COPE exercise is completed, the facilitator and staff agree on a date for a follow-up exercise. At the follow-up exercise, the participants will reconvene and use the Action Plan Follow-Up Form to assess their progress in solving the problems in the Action Plan from the previous exercise. CFA may be conducted at the follow-up exercise, particularly if client waiting time or staff utilization were identified as a problem at the initial exercise. In addition, staff may wish to repeat one or more of the other tools during the follow-up exercise—for example, to use certain self-assessment guides. It is not necessary to use all 10 Self-Assessment Guides during the follow-up exercise, but staff should **always** conduct client interviews as part of COPE.

COPE exercises should be conducted every three to six months to follow up on the previous Site Action Plan and to identify new issues that need to be addressed. A more detailed description of COPE follow-up can be found in the *COPE Handbook* (page 55).

COPE for HIV Care and Treatment Services

The COPE tools for HIV care and treatment offer a structured approach for assessing the unique considerations inherent in the delivery of these services. Given that there is no cure for HIV infection and that stigma and discrimination related to HIV and AIDS are common, choosing to access care and treatment services is a very difficult decision for many people to make. To ensure success, those who provide care and treatment services must be extremely sensitive to clients' rights and needs for confidentiality, privacy, and nonjudgmental counseling. Furthermore, health workers must have the proper training, support, and supplies to provide services in a way that makes clients feel comfortable and safe, and they must be able to make appropriate referrals for treatment, care, and support.

Since 1996, the advent of new classes of antiretroviral (ARV) drugs and their use in combination have changed the way people around the world think about HIV and AIDS. Although these treatments are not a cure and present new challenges of their own to people living with HIV, they have dramatically reduced rates of mortality and morbidity, prolonged lives, improved quality of life, revitalized communities, and transformed perceptions of HIV infection from a plague to a manageable, chronic illness. The global scaling up of the response to AIDS, particularly in relation to care and treatment, must be grounded in sound public health practices and in the respect, protection, and fulfillment of human rights norms and standards. Protection from stigma and discrimination as well as assured access to integrated prevention, treatment, and care services should remain at the heart of all HIV policies and programs, both to comply with human rights principles and to ensure sustained public health benefits.

HIV care and treatment is a complex undertaking, in part because of the psychological and social issues that compound the physical effects of HIV illness and in part because it requires close collaboration of a team of health professionals from health facilities and community services, in providing quality care, treatment, and support. In using this toolkit, it is important to keep in mind that how care and treatment are offered varies from country to country, and within countries, from one site or level (e.g., primary/health center, secondary/district hospital, tertiary/referral hospital); however, the goal is the same—to ensure a continuum of care through timely management of the client’s health concerns, including appropriate referrals and follow-up.

The World Health Organization (WHO) has coordinated the development of the Integrated Management of Adolescent and Adult Illness guidelines—a simplified approach to care and treatment within the context of primary health care, based at first-level health facilities or in district clinics. These guidelines address chronic HIV care, including ART, acute care (including the management of opportunistic infections and when to consider HIV as the cause, referral for counseling and testing), and palliative care (home management of symptoms), as well as general principles of good chronic care (to support the health system transition from acute to chronic care) (WHO, 2006).

In resource-constrained settings, there are clear advantages to using standardized and simplified evidence-based guidelines when attempting to take to scale any new health care service while preserving quality. The COPE tools for care and treatment services are intended to support national or WHO guidelines for the proper management and scale-up of care and treatment in a standardized and simplified way to support the efficient implementation of care and treatment programs and to ensure that programs are based on the best scientific evidence.

With HIV care and treatment becoming more accessible in many countries, women, men, and young people who are HIV-positive are regaining their health, living longer, and planning for their futures, including making decisions about their sexuality and the possibility of starting or expanding a family. They continue to struggle, however, with a substantial number of issues, including repeated requests to disclose their HIV status, HIV discordance, treatment adherence, safer sex strategies to prevent transmission of STIs or HIV, family planning, pregnancy, and gender-based violence.

Since the 1994 International Conference on Population and Development in Cairo and the 1995 United Nations Fourth World Conference on Women in Beijing, the field of reproductive health has turned its focus toward a more comprehensive, integrated approach to reproductive and sexual health needs. The shift to integrated reproductive health services has included an increased focus on the rights of clients, the quality of care, informed choices, and gender sensitivity. This shift incorporates a greater recognition of clients’ broad, interrelated sexual and reproductive health needs and of the changes required throughout the health care system to meet those needs. For this reason, this toolkit also addresses the sexual and reproductive health needs of PLHIV in relation to their overall care and treatment.

As in other areas related to HIV and AIDS, the issues of care and treatment are characterized by a high level of sensitivity and stigmatization. Nevertheless, the urgency of the epidemic necessitates research and evaluation to determine how the public health community can best help those most affected and can prevent those individuals who are at risk from

COPE for HIV Care and Treatment Services

acquiring HIV. Through the informed consent process, facilitators and staff must ensure that confidentiality is maintained for all individuals involved in the COPE process.

Thus, site staff and external facilitators participating in COPE exercises (including service providers who will conduct client interviews) must be oriented to the sensitive nature of the topic to be discussed at different stages of the process and to the need for ensuring confidentiality throughout the process. Everyone should sign a pledge of confidentiality at the beginning of the exercise (see copy of the pledge in the Appendix, p. 79).

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**Self-Assessment
Guides for
HIV Care and
Treatment Services**

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Clients' Right to Information

Clients have a right to accurate, appropriate, understandable, unambiguous, unbiased, and nonjudgmental information related to their HIV status and to all aspects of care and treatment. This includes information on antiretroviral (ARV) drugs, drug adherence, duration of treatment, side effects or toxicity, laboratory monitoring, opportunistic infections and their management and prevention, nutrition, and the availability of emotional and social support in order to access treatment and improve their quality of life. In addition, clients have a right to accurate information about preventing sexually transmitted infections (STIs)/reproductive tract infections (RTIs) and HIV transmission to uninfected partners, preventing mother-to-child transmission of HIV (MTCT), and testing for (if status is unknown), disclosure, and partner notification of HIV status. Clients also have a right to accurate information about their fertility options in relation to HIV, the risk and benefits of achieving a desired pregnancy, and the contraceptive options available for preventing an unintended pregnancy. Educational information and materials for clients need to be available in all parts of the health facility.

The group working on this guide should include staff who usually provide client education, as well as staff who may give clients information on reproductive health and the services available at the facility. At least one member of the clinical staff should participate in this group.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important" at the end of this guide and include it in the Action Plan.

- Can all staff, including guards, cleaners, and other support staff, inform clients about the following?
 - Where and when HIV care and treatment services, including services for the prevention of mother-to-child transmission (PMTCT) and for family planning, are available at your facility
 - If certain HIV care and treatment services are not available at your facility, but are available by referral at another facility, where this other facility is located
 - At what times HIV care and treatment services are available
- Does your facility prominently display signboard/s (in local languages) showing information about HIV care and treatment services (e.g., location of services, day and times services are available, cost of services)?

COPE for HIV Care and Treatment Services

3. Do staff address clients' emotional responses to HIV—a potentially life-threatening illness with stigma attached to it—by providing psychosocial and informational support?
4. Do staff provide all HIV-positive clients with information about the availability and use of ARV drugs or prophylaxis/treatment of opportunistic infections (OIs), including information about side effects and their management?
5. Do staff always explain to clients the type of examinations or procedures that will be done, what to expect, and why the examinations or procedures are needed?
6. Are clients who are offered ARV therapy (ART) or prophylaxis/treatment of OIs informed about the following issues?
 - Type of ARVs or drugs available for treatment of OIs
 - What the drugs are for, and if for an OI, what the diagnosis is
 - Eligibility criteria for starting ART
 - How ARVs and other medications work
 - Dose of drugs
 - Frequency of administration of drugs
 - Dosing in relation to meal times, fluid intake, timing with other drugs (i.e., drug timetable)
 - Possible drug interaction (e.g., with anti-tuberculosis [TB], antimalaria, and antifungal medications, and with contraceptives)
 - Optimal storage of drugs
 - Possible unrealistic expectations of therapy (e.g., HIV cure)
 - Need for compliance to the treatment regimen
 - Clinical and laboratory monitoring of the effects of ART on client and the viruses
 - Side effects of the medication (adverse drug reactions)
 - Management of side effects
 - Possibility of treatment failure and the need to change the medication in such a situation
 - Criteria for halting or changing therapy
 - Lifestyle considerations (e.g., proper nutrition, consequences of alcohol use)
 - Need for the client not to share drugs with others
 - Risk of birth defects (teratogenicity)
 - Client's right to refuse ARV or other treatment if he or she chooses
7. To prevent the development of drug resistance, are clients who are receiving ART counseled about the importance of adherence to their drug therapy and the management of health or social issues (e.g., side effects, nondisclosure, work schedules) that could cause interruption of treatment?
8. Do staff explain to clients the importance of achieving overall optimum health (e.g., good nutrition, regular exercise, stress reduction, and prevention/treatment of OIs) to prevent the progression of HIV disease?

9. Do staff educate clients who require palliative care about the following principles of effective symptom management?
 - Goal of palliative care
 - Management of symptoms
 - Psychosocial support
 - Teamwork and partnership
 - Appropriate ethical considerations
 - Sustaining hope with realistic goals

10. Do staff educate clients at risk for TB about TB preventive therapy?

11. Do staff educate clients with active TB about the following aspects of HIV-TB interaction and coinfection?
 - Signs and symptoms
 - Diagnostic tests
 - Treatment approaches and strategies (e.g., directly observed therapy)
 - Drug regimens
 - Drug monitoring
 - ART for individuals with TB coinfection

12. Do staff educate clients at risk for malaria about malaria preventive therapy?

13. Do staff educate clients with malaria about the following aspects of HIV-malaria interaction and coinfection?
 - Signs and symptoms
 - Diagnostic tests
 - Treatment approaches and strategies
 - Drug regimens
 - Drug monitoring
 - ART for individuals with malaria coinfection

14. Do staff educate female clients about the following aspects of management of HIV-related illness in women?
 - HIV infection and pregnancy
 - ART and MTCT
 - Common manifestations of gynecological problems and various etiological agents that cause them
 - Treatment and management of gynecological problems
 - Prevention of OIs in pregnancy

15. Do staff educate parents/guardians of HIV-positive children about the following aspects of the management of HIV-related illness in children?

COPE for HIV Care and Treatment Services

- Parents'/guardians' understanding of HIV
 - HIV-related conditions in children and the various etiological agents that cause them
 - Assessment, treatment, and management of each condition
 - Measures to prevent OIs in children
 - Immunization and HIV
 - HIV counseling and testing for mother, if HIV status is unknown
 - Need to refer to a higher level health facility, if necessary
 - Reason for referral to a community-based care program, if appropriate
 - Importance of follow-up care
16. Do staff explain to clients the importance of practicing safer sex and/or safer injection practices to reduce the risk of acquiring STIs and transmitting HIV to their uninfected partner(s)?
17. Do staff provide demonstrations on how to use condoms properly by using a penis or vagina model and/or demonstrations on how to clean needles?
18. Do staff explore with female clients the potential for domestic violence in general?
19. Do staff explore with female clients the potential for domestic violence arising from negotiating condom use and safer sexual practices?
20. Is a system in place for staff to provide laboratory test results to clients in a timely manner? Is it clear who is responsible for informing clients about test results?
21. Do all clients who are tested for HIV receive both pretest and posttest counseling, regardless of whether the results are negative or positive?
22. Do staff educate clients about the signs and symptoms of STIs in both men and women and STIs' role in promoting the transmission of HIV and other STIs?
23. Do staff educate female clients about human papillomavirus (HPV), its role in cervical cancer, and cervical cancer prevention?
24. Do staff help clients explore the implications of pregnancy when taking ARVs and/or receiving prophylaxis/treatment for OIs?
25. Do staff provide family planning information and services (or referrals) to HIV-positive clients who choose not to start or expand a family?
26. Do staff educate HIV-positive clients starting or expanding a family about the risk of HIV transmission from HIV-positive women to their child during pregnancy, labor and delivery, and breastfeeding, as well as how to prevent MTCT?

27. Do staff educate clients and family members/caregivers about the following aspects of community- and home-based care?
 - Basic nursing care
 - Nutrition counseling and support
 - Necessary infection prevention practices, such as safe handling and disposal of medical wastes
 - Palliative care, including pain relief (e.g., use of paracetamol, ibuprofen, codeine, dihydrocodeine, morphine) when the situation warrants
 - Resources that family members and caregivers can draw on for assistance with psychosocial, emotional, and spiritual support for the client as well as for the family members and caregivers themselves, to prevent burnout

28. Do staff explain information clearly, using appropriate, nontechnical, local language that clients can understand?

29. Are information messages tailored for the special needs of clients from key populations vulnerable to HIV, such as young people, sex workers, men who have sex with men, injecting drug users, and migrant populations?

30. Are HIV-, AIDS-, and family planning–related educational aids, such as pamphlets, posters, anatomical models (e.g., dummy penis, vagina), and condom samples, readily available for clients' use?

31. Do staff help clients explore the benefits and potential risks of talking to their partners, family members, and friends about their HIV status and the treatment they are undergoing?
 - Are clients encouraged and supported to talk to their partners about their test results and treatment?
 - Do staff counsel clients about strategies for doing so?
 - Do staff explore with clients the potential for violence that might occur from disclosing HIV test results to their partners?

32. Does your facility provide information to partners and family members of people living with HIV (PLHIV) about HIV counseling and testing?

33. Does your facility provide information to partners and family members of PLHIV about the importance of treatment adherence so they can provide psychosocial support to the client receiving treatment?

34. Do staff offer HIV-prevention or risk-reduction counseling to partners of clients?

35. Do staff offer couple counseling to PLHIV and their partners?

36. Do staff provide information to clients about dual protection (use of condoms alone, use of condoms plus another contraceptive method, or avoidance of risky sexual behavior)?

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37. Does your facility provide clients receiving HIV care and treatment with information about the availability of the following services through referrals if they are not available at your site?

- HIV counseling and testing
- Clinical management of HIV
- Care and treatment for OIs
- ART counseling for those clients meeting eligibility criteria
- Drug toxicity monitoring
- CD4+ monitoring⁴
- Viral load monitoring
- TB diagnosis and treatment
- Malaria diagnosis and treatment
- Hospital inpatient care
- PMTCT
- HIV testing and health monitoring for infants born to HIV-positive mothers
- Nutrition (feeding programs, counseling/education)
- Family planning
- Prevention and management of STIs/RTIs
- Diagnosis and treatment of cancer
- Abortion (if legal)/postabortion care
- Assisted fertility treatment
- Palliative care
- Psychosocial counseling
- PLHIV support groups
- Spiritual care
- Legal expertise and assistance
- Community-based care
- Home-based care
- Support for caregivers (family and friends)
- Financial support and/or income-generating activities

38. Does your facility educate the surrounding communities, including people who engage in behaviors that put them at risk for HIV infection, about reducing stigma and discrimination and the availability of HIV prevention, care, and treatment services?

Other Issues That You Think Are Important:

39. _____

40. _____

41. _____

⁴ CD4 (which stands for “cluster of differentiation 4”) is a protein on the surface of T cells, and is a primary receptor used by HIV to gain entry into host T cells. As HIV infection advances, fewer T cells have identifiable CD4 proteins. Therefore, the CD4 count is used as an indicator to help physicians decide when to begin treatment in HIV-infected patients.

Clients' Right to Access to Services

Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements that discriminate based on HIV status, sex, age, marital status, fertility, nationality or ethnicity, social class, religion, sexual orientation, occupation, or use of recreational drugs. Clients have a right to access HIV care and treatment services without fear of stigmatization and discrimination.

The group working on this guide should include at least one staff member who provides information, counseling, or services, and should include a receptionist or guard. It may also be useful to include a member of management in this group.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important."

1. Does your facility provide HIV care and treatment services to clients regardless of their disease stage, ethnicity, nationality, race, gender, sexual orientation, religion, socioeconomic status, level of education, or occupation, and whether or not they engage in sex work or inject drugs?
2. Does your facility provide HIV care and treatment services to clients regardless of their ability to pay?
3. Does your facility have regular clinic days for HIV care and treatment?
4. Are HIV care and treatment services available during hours convenient for most clients?
For working clients?
5. Is the schedule of when HIV care and treatment services are offered posted and accessible to clients?
6. Are emergency services available 24 hours per day, seven days per week, at your facility or by referral, for clients experiencing adverse reactions to antiretroviral (ARV) drugs, requiring pain management, or experiencing other problems with their HIV-related treatment?
7. Does your facility have adequate trained staff coverage for HIV care and treatment services at its busiest times?

COPE for HIV Care and Treatment Services

8. Do staff assist clients who have difficulty traveling to your facility for HIV care and treatment (e.g., by providing transportation, linking clients to a local support group, or facilitating community- and home-based care services)?
9. Do staff reduce other barriers to accessing HIV care and treatment services to the greatest extent possible and within the local laws (e.g., by removing requirements regarding age, marital status, or parental or spousal consent)?
10. Does your facility have a mechanism for identifying and contacting clients who do not return for necessary follow-up when undergoing antiretroviral therapy (ART), prophylaxis or treatment of opportunistic infections (OIs), or other clinical care, or who fail to return for their HIV test results (especially those who test positive), and encouraging them to return?
11. Is your facility engaged in efforts to reduce HIV-related stigma and discrimination, both internally and in the surrounding community, to help reduce potential barriers to HIV care and treatment?
12. Are condoms (both male and female) available at your facility for free or at an affordable price, and are they located where clients can obtain them without embarrassment?
13. Before ending any client visit, do staff ask clients if they need any other services?
14. Do clients have access to reliable sources of ARVs, medications for prophylaxis or treatment of OIs, and pain medications?
15. Is the option of anonymous HIV testing (i.e., where the staff provide the service without asking the client for any identifying information) available at your facility or through referrals?
16. Is a system in place for clients to access minimal essential laboratory services, as required by national or World Health Organization guidelines for ART, to support monitoring clients for adverse drug effects and drug resistance?
17. Is the community, and in particular people living with HIV (PLHIV), involved in the design and implementation of HIV care and treatment services?
18. Are there any significant populations/groups that are not being reached by HIV care and treatment services at your facility?
19. Do all staff, including receptionists and guards, know if and where the following health services are available within your facility? Do they direct clients to these services?
 - HIV counseling and testing
 - Care and treatment of OIs

- Clinical management of HIV
- ART counseling for those clients meeting eligibility criteria
- Drug toxicity monitoring
- Palliative care
- Outpatient department
- Antenatal services, including prevention of mother-to-child transmission of HIV (PMTCT)
- Labor and delivery
- Postpartum and newborn care
- Family planning
- Laboratory
- Pharmacy

20. Do HIV care and treatment services have functioning referral links to the following services if these services are not available at your facility or in your department?

- HIV counseling and testing
- Care and treatment of OIs
- Clinical management of HIV
- ART counseling for those clients meeting eligibility criteria
- CD4+ monitoring⁵
- Drug toxicity monitoring
- Viral load monitoring
- Tuberculosis diagnosis and treatment
- Malaria diagnosis and treatment
- Hospital inpatient care
- PMTCT
- HIV testing and health monitoring for infants born to HIV-positive mothers
- Nutrition (feeding programs, counseling/education)
- Family planning
- Prevention and management of sexually transmitted infections/reproductive tract infections
- Diagnosis and treatment of cancer for HIV-positive women
- Abortion (if legal)/postabortion care
- Assisted fertility treatment
- Palliative care
- Psychosocial counseling
- PLHIV support groups
- Spiritual care
- Legal expertise and assistance

⁵ CD4 (which stands for “cluster of differentiation 4”) is a protein on the surface of T cells, and is a primary receptor used by HIV to gain entry into host T cells. As HIV infection advances, fewer T cells have identifiable CD4 proteins. Therefore, the CD4 count is used as an indicator to help physicians decide when to begin treatment in HIV-infected patients.

COPE for HIV Care and Treatment Services

- Home-based care
- Community-based care
- Support for caregivers (family and friends)
- Financial assistance and/or income-generating activities

Other Issues That You Think Are Important:

21. _____

22. _____

23. _____

Clients' Right to Informed Choice

Clients have a right to make a voluntary, well-considered decision that is based on available options; accurate, unbiased information; and a thorough understanding of the impact of their decision. The process of informed decision making is a continuum that begins in the community, where people obtain information prior to coming to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice regarding HIV care or treatment by asking specific questions of him or her, or to help a client reach an informed choice by giving him or her full, current, and objective information. It is the provider's responsibility to explain the details of HIV care and treatment, including the dosing schedule, potential side effects, importance of treatment adherence, necessary laboratory monitoring, and implications of such treatment (or of declining treatment), to the client, his or her family, and his or her partner, to enable the client to make an informed decision about HIV care and treatment.

The group working on this guide should include medical staff and other staff who provide reproductive health information, counseling, or services.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important."

1. Are clients encouraged to make a free and informed choice regarding use of antiretroviral therapy (ART) (if eligible) or prophylaxis/treatment of opportunistic infections (OIs), including the choice to decline treatment, without coercion or judgment?
2. Are clients fully informed of the benefits and risks associated with ART and prophylaxis/treatment of OIs?
3. Are clients given information about all existing alternatives for antiretroviral (ARV) drug combination, including the dosing and side effects of these alternatives, so that they can make an informed choice?
4. Are HIV-positive clients freely allowed to decide if and when they want to have children and offered family planning or services for the prevention of mother-to-child transmission of HIV (or referral to these services if they are not available onsite), as appropriate?
5. Are HIV-positive women given information about potential interactions between ARV drugs and hormonal contraceptives so that they can make an informed choice?

COPE for HIV Care and Treatment Services

6. Are HIV-positive pregnant women encouraged to make a free, informed decision about ART to reduce the risk of mother-to-child transmission of HIV, and does this include giving them information on the benefits and side effects of ARVs? Do staff allow clients to make these decisions without coercion or judgment?
7. Are HIV-positive pregnant women encouraged to make a free, informed decision about exclusive breastfeeding to reduce their infants' risks of HIV infection? Do staff allow clients to make these decisions without coercion or judgment?
8. Do staff ensure that HIV care and treatment follow-up visits are available at convenient times for clients and that clients are given the option to choose times for follow-up visits?
9. Are clients assisted in perceiving their risk for acquiring sexually transmitted infections (STIs) and transmitting HIV and other STIs to others, as well as how to reduce their risk and prevent transmission?
10. Do health care staff do each of the following?
 - Provide services to all clients free of stigma and discrimination (e.g., they do not judge clients, deny full high-quality care, or refuse to provide service)
 - Actively encourage clients to talk and ask questions
 - Listen attentively and respectfully to clients and respond to their questions
 - Discuss clients' care and treatment goals, needs, and service options
 - Assist clients to make an informed decision regarding their HIV care and treatment
 - Ask clients whether the information was explained clearly and what further questions or suggestions they might have
11. Do providers discuss the possibility of involving partners and family members in clients' decision making, when appropriate?
12. Are mechanisms in place to ensure written informed consent for all procedures and treatments according to national guidelines?
13. Are all consent forms signed by clients kept as part of their medical records, in cases where informed consent is required according to national guidelines?
14. Before or during any procedure or treatment, do staff reconfirm that clients want to proceed?

Other Issues That You Think Are Important:

15. _____
16. _____
17. _____

Clients' Right to Safe Services

All clients, including individuals receiving HIV care and treatment, have a right to safe services, which require skilled and knowledgeable health workers, attention to infection prevention (i.e., universal precautions, including safe injection practices), and appropriate and effective medical practices, including antiretroviral therapy (ART) and treatment of opportunistic infections (OIs). Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within your facility, counseling and instructions for clients, complete client records, and recognition and management of complications related to the provision of drugs and performance of medical procedures.

Note: While some of these issues are covered in other self-assessment guides, this guide emphasizes the behavior of staff in ensuring client safety.

Depending on the services available at your facility, the group working on this guide should include clinical staff from the following departments: HIV and sexually transmitted infections (STIs), infectious diseases, pharmacy, laboratory, maternity, family planning, gynecology, men's services, and operating theater. This group should also include representatives from the following categories of staff: clinician, nurse, technical or medical assistant, housekeeper or cleaner, and administrator or manager.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important."

1. Do staff follow current, written national or World Health Organization (WHO) guidelines for all HIV care and treatment services provided at your facility?
2. Before initiating ART, are all clients screened by evaluation of the following?
 - Clinical staging of HIV disease
 - Identification of past HIV-related illnesses
 - Identification of current HIV-related illnesses that will require treatment (e.g., tuberculosis [TB], other OIs)
 - Identification of coexisting medical conditions that may influence the choice of therapy (e.g., hepatitis B infection, TB, malaria, pregnancy)
3. Do laboratory staff follow current, written national or WHO guidelines when performing tests?
4. Is there a system in place for quality assurance and control in the laboratory?

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5. When clients have laboratory tests performed, do staff follow up immediately with clients regarding the test results and provide posttest counseling and treatment onsite or via referral to a facility that can provide the necessary counseling and treatment?
6. Are clinical staff aware of potential side effects and possible complications that can develop during antiretroviral (ARV) treatment or OI prophylaxis/treatment?
7. Do staff inform ART clients about potential drug interactions and drug resistance?
8. Do staff inform female ART clients about potential drug interactions between certain ARVs and hormonal contraceptives?
9. Do clinical staff know how to effectively manage the following?
 - Side effects, drug reactions, drug resistance, drug interactions, and other complications related to ARV treatment and OI prophylaxis/treatment
 - HIV-related illness in women
 - HIV-related illness in children
 - Coinfection with HIV and TB
 - Coinfection with HIV and malaria
 - Coinfection with HIV and hepatitis B
 - HIV and pregnancy
 - ARV treatment and family planning methods
 - Palliative care for clients with AIDS
10. Is a qualified service provider always available either at your facility or by referral (24 hours per day, seven days per week) for consultation in case HIV care and treatment clients experience complications or emergencies?
11. Can clinical staff at the outpatient department, emergency room, or wards perform cardiopulmonary resuscitation (CPR), including conducting artificial ventilation?
12. Do clients receive oral and written information about the following (both before and after a procedure or treatment, including ARV treatment)?
 - Benefits and risks associated with the treatment, procedure, or medication they are receiving
 - Possible side effects and how to deal with them
 - Warning signs of complications
 - Where to go for emergency and follow-up care
13. Do staff consistently and accurately document in the clients' records/charts what information has been given to clients, what they have found, and what they have done during counseling sessions, clinical exams, procedures, and treatment based on the facilities' record forms and the Client Record Review Checklist (see pages 55–56)?
14. Does your facility have a system in place to track ART complications, poor care and treatment outcomes, and deaths, and do staff routinely analyze and discuss reports of compli-

- cations, reports of deaths, and facility service statistics to gain additional knowledge and potentially improve services?
15. Do meetings or reviews of complications result in changes and improvements in care and treatment services?
 16. Is there a system in place for monitoring and reporting ARV and TB drug resistance?
 17. Are all areas of your facility always clean?
 18. Do staff have access to current, written national, WHO, or international guidelines on infection prevention practices?
 19. Do they follow the infection prevention guidelines to protect clients and themselves from infection?
 20. Do staff wash their hands with soap and running water, following the infection prevention guidelines?
 21. Are disposable needles and syringes and other sharp objects discarded in a puncture-resistant container after a single use?
 22. Are reusable instruments and other items used in clinical procedures decontaminated in a 0.5% chlorine solution for 10 minutes before further processing?
 23. After decontamination, are instruments and other items cleaned with detergent and water using a brush?
 24. Are instruments cleaned in a designated receptacle (e.g., a sink or bucket separate from where handwashing is done)?
 25. Are instruments and other items sterilized or high-level disinfected before use?
 26. Are all sterilized or high-level disinfected items stored dry and in a way that prevents contamination?
 27. Do staff wear heavy-duty utility gloves when required, according to infection prevention guidelines?
 28. Are surfaces (such as examination and operating tables) wiped with a 0.5% chlorine solution after each procedure?
 29. Is medical waste handled safely and disposed of by burning or burying in a safe location, according to the infection prevention guidelines and your facility's standard procedures?
 30. Is aseptic technique used during clinical procedures?
 31. Do staff use appropriate protective clothing when they could be exposed to blood or other body fluids during clinical care or clean-up?

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32. Are commodities (e.g., ARVs, other drugs, condoms, and other contraceptives) stored according to the manufacturer's recommendations?
33. Does your facility have a functioning mechanism in place for procuring and managing a reliable supply of ARV drugs, drugs for OI prophylaxis and treatment, contraceptives, and other needed expendables?
34. Before discharging a hospitalized ART client, do staff take the following measures?
- Check the client's stability (e.g., vital signs)
 - Check the client's ability to walk, eat, urinate, and repeat discharge instructions
 - Ensure that the client will be accompanied by someone when he or she leaves, if needed
 - Give the client verbal and written instructions about routine personal care
 - Give the client verbal and written instructions about the warning signs of complications and when and where to go for medical attention, if these occur
 - Give the client information on practicing safer sex and on reducing the risk of HIV/STI transmission
 - Give the client information on using safer drug injection practices and on reducing the risk of HIV/STI transmission
35. Do staff refer clients to community resources that will provide the following services?
- Support for psychosocial and spiritual needs
 - Support for community- or home-based care to manage HIV-related illness, including treatment adherence, prevention and management of OIs, provision of adequate nutrition, and financial support
 - Support for legal needs
 - Support for clean and safe housing

Other Issues That You Think Are Important:

36. _____
37. _____
38. _____

Clients' Right to Privacy and Confidentiality

As in other areas related to HIV and AIDS, the issues of care and treatment are characterized by a high level of sensitivity and stigmatization. All clients receiving care and treatment have a right to privacy and confidentiality. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

The group working on this guide should include staff who provide HIV/AIDS information or services and those who are responsible for or handle records, including receptionists, data management personnel, gatekeepers, and guards, in addition to a counselor, nurse, or doctor.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important."

1. Are all HIV care and treatment services offered in a manner that is respectful, confidential, and private, and do services include a process for maintaining confidentiality regarding the client's reason for the visit?
2. Does your facility have written policies and procedures in place to protect clients' confidentiality? Are all staff aware of these policies? Do they follow them?
3. Do staff respect clients' wishes about whether to provide information (including their HIV status, treatment options, treatment plans, and family planning choices) to their partners or family members, and to any persons accompanying them to your facility?
4. Do staff discuss client care (including issues around clients' HIV status and treatment) with other staff members only when necessary? When doing so, do providers respect confidentiality by speaking in a private space to prevent the conversation from being overheard?
5. Does your facility have private space so that counseling sessions, physical examinations, and procedures cannot be observed or overheard by others?
6. Do staff take measures to ensure that counseling sessions and examinations are not interrupted by other staff or clients?

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7. Are identical procedures used to provide clients the results of their HIV tests, whether they tested negative or positive, so that positive results are not indirectly disclosed to other staff and clients (e.g., by color-coding results or by giving positive and negative results in different areas of your facility)?
8. When a third party is present during a counseling session, an examination, or a procedure, do staff explain the person's presence and ask the client's permission for that person to be present (and then respect the client's decision)?
9. Are client records and laboratory test results kept in a secure place, with access strictly limited to authorized staff?
10. Do staff make sure that clients do not have access to other clients' records?
11. Do staff explore with clients the implications of disclosing or not disclosing their HIV status to their partner(s)?
12. Do staff explore with clients the implications of disclosing or not disclosing their HIV status to family members or friends?
13. Do staff explore with clients the implications of disclosing or not disclosing their HIV status to other health workers?
14. If national partner notification guidelines exist, do staff explain these guidelines to clients?
15. Do staff explore with clients their options for notifying their sexual partners and/or injecting drug use contact(s) about potential exposure to HIV without violating their right to confidentiality?
16. Does your facility have a mechanism for identifying and contacting clients who do not return for necessary follow-up when undergoing ART, prophylaxis/treatment of OIs, or other clinical care, or who fail to return for their HIV test results (especially those who test positive), without violating the client's right to confidentiality?

Other Issues That You Think Are Important:

17. _____
18. _____
19. _____

Clients' Right to Dignity, Comfort, and Expression of Opinion

All clients have the right to be treated with respect and consideration. Service providers and other staff need to ensure that clients are as comfortable as possible when they receive HIV care and treatment services, including counseling, tests, and other procedures. Clients should be encouraged to express their views freely, even when their views differ from those of staff.

The group working on this guide should include a range of staff involved in providing care, including doctors, nurses, other service providers, counselors, receptionists, gatekeepers, and guards.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important."

1. Are all clients seeking HIV care and treatment services and all persons who accompany them to your facility welcomed and addressed with respect by all staff with whom they come into contact, including guards, receptionists, medical staff, administrative support staff, and laboratory pharmacy staff?
2. Do all staff treat clients with kindness, courtesy, attentiveness, and respect for their dignity, and without stigma and discrimination, regardless of their HIV status, infection stage, ethnicity, nationality, race, gender, sexual orientation, occupation, religion, socio-economic status, level of education, and whether or not they engage in sex work or injecting drug use practices?
3. Do staff always treat clients with respect by referring to them by name, by encouraging them to ask questions, by answering questions, and by asking how they feel?
4. Do staff respect the opinions and decisions of HIV care and treatment clients, even when these are not the same as their own?
5. If clients want to involve partners or family members in discussions about their care, do staff make efforts to facilitate this? Similarly, if clients do not want partners or family members involved, do staff comply with their wishes?

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6. Do staff provide counseling and perform all clinical procedures with a client's dignity, modesty, and comfort in mind (e.g., providing client with adequate drapes or covering, as appropriate; ensuring the client is as comfortable as possible; explaining the procedure; conversing with the client to distract him or her from discomfort; offering comfort to a client in distress)?
7. Are the following areas of your facility that clients may use pleasant and comfortable? For example, are they clean? Do they offer enough space? Is the space well organized, lit, and ventilated?
 - Toilets
 - Registration, reception, and waiting areas
 - Counseling areas/rooms
 - Examination and procedure rooms
 - Pharmacy
 - Emergency rooms
8. Are client waiting times for HIV care and treatment services reasonable? Do staff work to reduce unnecessary waiting times for clients (e.g., by having nurses or other health professionals serve clients when it is not necessary for them to wait for a doctor, by conducting health education or group information giving)?
9. Does your facility have an established system in place for receiving clients (e.g., first-come, first-served; by appointment; with emergency conditions or in very ill/frail condition) that staff follow?
10. Are clients' service records organized so that retrieval is quick and easy?
11. Do staff feel that HIV care and treatment clients have adequate time with providers to ask all of the questions they might have?
12. Do staff always explain to clients the types of examinations or procedures that will be done, what to expect, and why the examinations or procedures are needed?
13. Do staff avoid unnecessary gloving when caring for HIV-positive clients, so as not to stigmatize them?
14. Does your facility have a policy prohibiting discrimination against all clients, including people living with HIV (PLHIV), young people, sex workers, men who have sex with men, and injecting drug users? If so, do staff follow this policy?
15. Does your facility include PLHIV and representatives from other key populations (e.g., sex workers, men who have sex with men, injecting drug users) in the planning, design, and monitoring and evaluation of HIV care and treatment services?

16. Does your facility have a mechanism for clients to suggest what it can do to provide higher quality HIV care and treatment services (e.g., through client suggestion boxes, client satisfaction surveys, and client interviews)?

Other Issues That You Think Are Important:

17. _____

18. _____

19. _____

Clients' Right to Continuity of Care

All clients have a right to continuity of services (both facility- and community-based), supplies, referrals, and follow-up necessary to maintain their health. Continuity of services and a reliable supply of medications are especially critical for the lifelong care and treatment that people living with HIV need. Regular follow-up is necessary to monitor for potential drug toxicity, help clients deal with side effects, promote risk reduction to prevent transmission of HIV and other sexually transmitted infections (STIs) to others, and provide general support and encouragement to clients to ensure adherence to treatment. Whenever possible, clients should have the right to see the same provider across multiple visits to help them establish provider-client relationships. This may increase the likelihood of clients' developing the skills needed to manage their HIV-related illness, which will improve their health and overall quality of life. In addition, the need for an ongoing and uninterrupted supply of anti-retroviral (ARV) medications and other drugs, such as treatments for tuberculosis (TB) and medications for prophylaxis of opportunistic infections (OIs), is essential for treatment success. An adequate referral system to other HIV services offsite should be in place if the services are not available at your facility.

The group working on this guide should include service providers, administrators, counselors, staff who are responsible for supplies, and field and community workers.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important."

1. Is there a referral system in place between HIV counseling and testing, antiretroviral therapy (ART), and clinical care services, as well as between ART and other care and support services that are not available at your facility, for the following?
 - HIV counseling and testing
 - Care and treatment for OIs
 - Clinical management of HIV
 - ART counseling for those clients meeting eligibility criteria
 - CD4+ monitoring⁶
 - Drug toxicity monitoring
 - Viral load monitoring
 - TB diagnosis and treatment

⁶ CD4 (which stands for "cluster of differentiation 4") is a protein on the surface of T cells, and is a primary receptor used by HIV to gain entry into host T cells. As HIV infection advances, fewer T cells have identifiable CD4 proteins. Therefore, the CD4 count is used as an indicator to help physicians decide when to begin treatment in HIV-infected patients.

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- Malaria diagnosis and treatment
 - Hospital inpatient care
 - HIV testing and health monitoring for infants born to HIV-positive mothers
 - Nutrition (feeding programs, counseling/education)
 - Family planning
 - Prevention and management of STIs/reproductive tract infections
 - Diagnosis and treatment of cancer for HIV-positive women
 - Abortion (if legal)/postabortion care
 - Assisted fertility treatment
 - Palliative care
 - Psychosocial counseling
 - Support groups for people living with HIV (PLHIV)
 - Spiritual care
 - Legal expertise and assistance
 - Home-based care
 - Community-based care
 - Support for caregivers (family and friends)
 - Financial assistance and/or income-generating activities
2. For all HIV care and treatment services provided, are all clients told the following?
 - Whether and when to return for routine follow-up care
 - That they can return any time if they have questions or concerns
 - What to do if they experience problems, including treatment of side effects
 3. Do staff provide oral and written instructions on when and where to go for routine follow-up or where to go in case of an emergency?
 4. Are follow-up visits scheduled with the client's convenience in mind?
 5. If ART clients do not return for follow-up care, do staff try to find out why without jeopardizing clients' confidentiality?
 6. Does your facility have a system in place that allows the same team, or at least the same physician, to follow a client over time?
 7. When staff refer clients for other services, do they do all they can to ensure that clients actually receive the services for which they are referred (e.g., do staff explain to clients where to go, escort them whenever they can, and help arrange transportation for them)?
 8. When clients travel a long distance to your facility for HIV care and treatment services (e.g., to initiate ART or for ARV monitoring visits), are they informed about where they may obtain follow-up services in their local community, if these are available?

9. Does your facility have a reliable and sufficient supply of ARVs and drugs for prophylaxis and treatment of OIs and other materials, including contraceptives needed, so that clients can receive services, undergo laboratory tests, and have a steady supply of the medications they need without delay or treatment interruptions?
10. Do clinical staff know which medications can be replaced with others in case of stock-outs of ARVs and drugs for prophylaxis and treatment of OIs?
11. Are laboratory services available to conduct the tests necessary to monitor ART clients for development of toxicity and for treatment effectiveness?
12. Is a system in place for clients to receive their laboratory test results? Is it clear who is responsible for informing clients about test results?
13. Does a functional medical records system exist?
 - Is there a data management system for long-term client monitoring that functions according to the principles of chronic infection management?
 - Is it easy for the clinician to retrieve the client's record at the time of a client's visit?
14. Can clients undergoing treatment obtain refills of supplies, including ARVs, drugs for prophylaxis and treatment of OIs, and contraceptives, without a long wait or other barriers to access?
15. If clients want to discontinue using an ARV, other drug, or contraceptive method, do staff do the following?
 - Discuss with clients the reasons for wanting to discontinue
 - Offer suggestions that might address the client's concern
 - Offer appropriate alternatives if available/appropriate
 - Discuss with a client ways to minimize the risk of mother-to-child transmission of HIV when family planning methods are discontinued
 - Treat clients' wishes with respect
16. Does your facility provide for continuous counseling through, for example, links with or referrals to community-based care and support services (e.g., PLHIV associations, home-based care groups, community-based organizations, faith-based organizations)?
17. Does your facility have a list of local service providers/institutions and community groups/organizations that provide treatment, care, and support services to PLHIV?
18. Does your facility have a system in place for monitoring and supporting clients receiving community-based care, home-based care, and support services?

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19. Do staff provide clients who test HIV-positive with follow-up care (or referrals), including ART, if needed, prophylaxis and treatment of OIs, counseling on HIV/STI prevention, family planning (including dual protection), and nutrition?

20. Do staff provide female clients who test HIV-positive with follow-up care (or referrals), including diagnosis and treatment of cancer, abortion (if legal) and postabortion care services, and counseling on gender-based violence?

21. Do staff provide services or make referrals for ongoing care and treatment of HIV-positive infants?

Other Issues That You Think Are Important:

22. _____

23. _____

24. _____

Staff Need for Facilitative Supervision and Management

Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision emphasizes mentoring, joint problem solving, two-way communication between supervisors and supervisees, and constructive feedback. Such an approach enables staff to perform their tasks well and thus better meet the needs of their clients.

The group working on this guide should include administrators, supervisors, or managers, and service providers and support staff.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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If you are aware of a problem at your facility that is not addressed in this guide, please list it in “Other Issues That You Think Are Important.”

1. Does your facility have a quality assurance system in place and is there regular supervision to confirm the clinical staff’s ability to adequately address clients’ HIV care and treatment needs?
2. Does your facility’s management ensure that a system involving staff is in place for planning and conducting a variety of quality improvement activities and for assessing the use of services?
3. Is management supportive, encouraging, and respectful of staff?
4. Does your facility have a system for collecting staff suggestions about improving the quality of services? Are staff encouraged to make suggestions about improving the quality of services?
5. Does management motivate staff to perform well by doing the following?
 - Recognizing work well done
 - Providing timely, constructive feedback
 - Providing support to staff
6. Do external supervisors (at the district, regional, and headquarters levels) provide staff with constructive feedback (verbal and written) during supervisory visits?

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7. Are work shifts well organized and do staff follow them?
8. Do supervisors discuss with each staff member his or her roles and responsibilities and job expectations?
 - Are staff roles and responsibilities clearly defined in job descriptions?
 - Are staff given copies of their job descriptions?
9. Are required reports of HIV care and treatment services submitted regularly and on time?
10. Do supervisors and staff routinely discuss, interpret, and learn from service statistics, reports, and other data to help them improve services?
11. Are indicators identified and used to monitor and evaluate HIV care and treatment services?
12. Is an audit system in place to address major and minor complications that arise from care given at your facility, including complications due to antiretroviral therapy (ART), prophylaxis and treatment of opportunistic infections (OIs), and use of family planning methods?
13. Do supervisors ensure that the medical records system is properly functioning? Do they periodically review the following records?
 - Client cards, files, and notes
 - Medical record forms, including informed consent forms
 - Inpatient and outpatient registers
 - Laboratory records
 - Complication reports
 - Death reports
14. Do supervisors ensure that all staff understand the reasons and procedures for completing records, storing them correctly, and maintaining confidentiality?
15. Does your facility have a sufficient number of trained staff to provide HIV care and treatment services daily?
16. Does your facility have a sufficient number of trained staff to provide sexual and reproductive health care, including family planning, to clients who are HIV-positive, including those taking antiretroviral (ARV) medications?
17. Do supervisors organize activities at your facility to assess staff training needs?
18. Does your facility have a mechanism for updating service-delivery guidelines to keep pace with the rapidly changing evidence-based recommendations related to HIV care and treatment?

19. Do supervisors ensure that trained staff receive regular updates about HIV care and treatment, ensuring that staff have, know, and use up-to-date service-delivery guidelines?
20. Do supervisors ensure that new staff are appropriately trained on HIV care and treatment?
21. Do supervisors ensure that staff providing HIV care and treatment share information and visit other parts of your facility to give health talks related to HIV care and treatment?
22. Do supervisors ensure that all aspects of care and treatment service delivery, including counseling, clinical procedures, and infection prevention practices, are monitored by the appropriate supervisor, as well as by peers, and that constructive feedback is provided to maintain high-quality care?
23. Do supervisors ensure that your facility has a system for monitoring clients on ART?
 - Absolute minimum tests: HIV test, hemoglobin or hematocrit level
 - Basic tests: white blood cell count, liver function and renal function tests, blood sugar, total lymphocyte count
 - Desirable tests: CD4+,⁷ amylase, bilirubin, lipids
 - Optional: viral load
24. Do supervisors ensure that your facility has a quality management system for monitoring ART?
 - Documentation
 - Standard operating procedures
 - Quality control samples
 - External quality assessment scheme
25. Do supervisors ensure that laboratory staff are adequately trained on the quality management system?
 - Quality assurance
 - Biosafety
 - Organization of external quality assessment scheme
 - CD4+ counting skills
26. Do supervisors ensure that a mechanism is in place to facilitate effective communication and collaboration between community health workers (home-based caregivers, non-governmental organizations, associations of people living with HIV) and staff at your facility?
27. Do supervisors ensure functioning referral mechanisms are in place, including feedback mechanisms, for both internal and external referrals?

⁷ CD4 (which stands for “cluster of differentiation 4”) is a protein on the surface of T cells, and is a primary receptor used by HIV to gain entry into host T cells. As HIV infection advances, fewer T cells have identifiable CD4 proteins. Therefore, the CD4 count is used as an indicator to help physicians decide when to begin treatment in HIV-infected patients.

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28. Do supervisors work with staff to ensure that your facility has the following?
- Reliable supplies for all HIV care and treatment services (e.g., ARVs, other drugs such as OI prophylaxis, infection prevention supplies, contraceptives, supplies for laboratory tests)
 - Adequate, functioning equipment for all HIV care and treatment services (e.g., microscope and other laboratory equipment, autoclave, incinerator, refrigerator)
 - Adequate infrastructure for HIV care and treatment services (e.g., convenient waiting areas, private counseling and exam rooms or areas, clean water supply, secure storage for drugs, cabinet for storage of confidential client records)
29. Do all staff feel that they are part of a team?
- Do staff show respect for and pay attention to colleagues, including support staff, staff from other departments, and community workers?
30. Are service-delivery guidelines available that include identification of “exposure risk procedures” (procedures that pose a high risk of injury to the health care worker and may result in exposure of the client’s open tissue to the health care worker’s blood)?
31. Are guidelines on how to manage accidental exposure to blood, including postexposure wound care and post-exposure prophylaxis (PEP), available for staff and supervisors to follow and periodically reviewed and updated according to national and World Health Organization guidelines, and do they include protocols for pregnant health workers?
- Are HIV pretest and posttest counseling available for injured staff? If not, is there a functioning referral mechanism for HIV pretest and posttest counseling?
 - Are PEP drugs available for treatment of exposed staff? If not, is there a functioning referral mechanism for PEP treatment?
32. Is a mechanism in place to protect counselors and clinicians from work-related exhaustion?
- Do counselors meet regularly to discuss issues arising during counseling sessions and to provide one another with emotional and professional support? Do clinicians do the same?
 - Do supervisors meet regularly with counselors and clinicians to debrief and provide support pertaining to challenging cases and other stress-related issues?

Other Issues That You Think Are Important:

33. _____
34. _____
35. _____

Staff Need for Information, Training, and Development

Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up to date in the rapidly evolving area of HIV-related health care. Staff also need professional development opportunities that will help them maintain a supportive and respectful attitude toward people living with HIV (PLHIV) and members of other key populations (e.g., sex workers, men who have sex with men (MSM), injecting drug users, migrant populations) to ensure that services are provided in a humane, nonjudgmental, supportive, and welcoming environment. Access to updated information, training, and staff development are crucial for the continuous improvement of the quality of service staff deliver.

The group working on this guide should include a cross-section of staff representing all departments within your facility.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

If you are aware of a problem at your facility that is not addressed in this guide, please list it in “Other Issues That You Think Are Important.”

1. Does your facility have a mechanism to assess the learning needs of staff?
2. Does your facility have a training plan?
3. Are trainings and other learning support conducted in a way that facilitates positive attitudes among staff and eliminates stigma and discrimination against PLHIV?
4. Do all staff feel they have the knowledge, skills, and attitudes they need to provide HIV care and treatment services to diverse clients, including young people, sex workers, MSM, and injecting drug users?
5. Have all staff been oriented to the following topics?
 - The need for providing quality HIV care and treatment services, free of stigma and discrimination
 - Health services provided at your facility
 - Infection prevention (universal/standard precautions—a broad set of clinical practice recommendations designed to help minimize the risk of exposure to infectious materials, such as blood and other body fluids)
 - Postexposure prophylaxis for accidental occupational exposure to HIV

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6. Have staff who are providing care and treatment been trained in all of the following?
 - Voluntary counseling and testing for HIV
 - Management of opportunistic infections (OIs)
 - Acute care (including OIs), chronic HIV care with antiretroviral therapy (ART), general principles of good chronic care, and palliative care
 - Antiretroviral (ARV) drugs (first- and second-line regimens, according to national guidelines), dose, frequency, storage, interactions with other drugs, management of side effects, appropriate alternative when there are stock-outs
 - Management of adverse ARV drug reactions
 - Diagnostic tests, including HIV testing and monitoring CD4+⁸ counts, that your facility performs
 - Clinical and laboratory monitoring of the effects of ART on clients
 - ▲ Absolute minimum tests: HIV test, hemoglobin or hematocrit level
 - ▲ Basic tests: white blood cell count, liver function and renal function tests, blood sugar, total lymphocyte count
 - ▲ Desirable tests: CD4, amylase, bilirubin, lipids
 - ▲ Optional: viral load
 - ARV treatment failure and its management
 - Adherence counseling
 - Management of HIV-related illness in women
 - HIV and pregnancy
 - Prevention of mother-to-child transmission of HIV (PMTCT)
 - Management of HIV-related illness in children
 - Management of HIV and tuberculosis coinfection
 - Management of HIV and malaria coinfection
 - Prevention of the transmission of HIV
 - Prevention and management of sexually transmitted infections (STIs)/reproductive tract infections (RTIs)
 - Diagnosis and treatment of cancer for HIV-positive women
 - Abortion (if legal) and postabortion care for HIV-positive women
 - Contraceptive methods and their use, including emergency contraception, dual protection, and issues related to use of contraception by women using ARVs
 - Communication techniques
 - Appropriate infection prevention practices

7. Have laboratory staff been trained in all of the following?
 - Quality assurance
 - Biosafety
 - Organization of external quality assessment scheme
 - CD4+ counting skills

⁸ CD4 (which stands for “cluster of differentiation 4”) is a protein on the surface of T cells, and is a primary receptor used by HIV to gain entry into host T cells. As HIV infection advances, fewer T cells have identifiable CD4 proteins. Therefore, the CD4 count is used as an indicator to help physicians decide when to begin treatment in HIV-infected patients.

8. Are periodic orientations, updates, and skills training provided to keep staff skilled and well-informed about changing technologies and best practices in HIV care and treatment, including ART, prophylaxis and treatment of OIs, home-based care and treatment, PMTCT, HIV counseling and testing, prevention and management of STIs/RTIs, diagnosis and treatment of cancer, abortion (if legal) and postabortion care, family planning, and information about changes in medical eligibility criteria for contraceptive use?
9. Is there a system in place for transferring knowledge and skills among the staff after a staff member attends training?
10. Have all staff who counsel clients about clinical procedures observed the procedures being performed?
11. Do staff know and have ready access to current, written service-delivery guidelines, charts, posters, and reference books for each type of service provided at your facility?
12. Do all service providers know how and when to refer clients for health information and services outside their area of expertise or for services that are not available at your facility, including community-based and home-based care and support?
13. Are staff trained in record keeping and reporting, including the reporting of complications and deaths?
14. Do staff providing family planning services feel that they know the recommendations for use of intrauterine devices (IUDs) and hormonal contraceptives (e.g., oral and injectable contraceptives) for women using ARVs?
15. Do staff feel they know how to demonstrate use of a condom (both male and female, where female condoms are available)?
16. Are all staff (both clinical and support staff) trained in infection prevention standards and procedures, and do they practice them?
17. Are the technical skills of clinical staff and other staff assessed and upgraded regularly?

Other Issues That You Think Are Important:

18. _____
19. _____
20. _____

Staff Need for Supplies, Equipment, and Infrastructure

Health care staff need reliable, sufficient amounts of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of safe, high-quality HIV care and treatment services. The health care system must have in place a mechanism to ensure consistent, high-quality provision of antiretroviral (ARV) drugs and medications to prevent/treat opportunistic infections (OIs), and should include adequate equipment and infrastructure to monitor the quality of care and treatment.

The group working on this guide should include at least one clinician who provides HIV care and treatment services, staff who are involved in purchasing and storing supplies (including ARV drugs, medications used for preventing and managing OIs, and family planning methods), and one staff member who has budgeting authority to change the items and quantities ordered.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

If you are aware of a problem at your facility that is not addressed in this guide, please list it in “Other Issues That You Think Are Important.”

1. Does your facility have adequate working space, rooms, seats, tables, and couches?
2. Does your facility have an adequate waiting area for HIV care and treatment clients?
3. Does your facility have a client registration area that ensures clients’ confidentiality (e.g., a place where other clients or staff cannot overhear conversations between the client and registration staff)?
4. Is the client flow within your facility organized in such a way that clients’ privacy and confidentiality are protected?
5. Does your facility have a reliable supply of clean water?
6. Are handwashing facilities available in each examination and procedure room?
7. Does your facility have separate places and supplies for handwashing and for cleaning instruments (e.g., sinks, buckets, soap)?
8. Does your facility have a reliable source of electricity?
9. Does your facility have adequate lighting in examination, counseling, and procedure rooms?

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10. Does your facility have adequate temperature control (heating or cooling, as needed)?
11. Does your facility have adequate ventilation?
12. Does your facility have functioning emergency transport available during all hours of service?
13. Does your facility have a functioning mechanism in place for procuring (assessing needs, ordering, receiving, and distributing) and managing a reliable supply of the following?
 - Drugs for prophylaxis and treatment of OIs
 - Drugs for prophylaxis and treatment of tuberculosis (TB)
 - Drugs for prophylaxis and treatment of malaria
 - ARVs
 - Drugs for palliative care
 - Contraceptives
 - Laboratory supplies and reagents
 - Other needed expendables
 - Equipment
14. Does your facility have a system for maintaining and repairing equipment?
15. During the last six months, has your facility had all of the drugs and commodities that were needed for care and treatment?
 - Cotrimoxazole?
 - TB prophylaxis and treatment, according to national TB control guidelines?
 - Malaria prophylaxis and treatment, according to national malaria control guidelines?
 - First- and second-line ARV regimens for adults, according to national antiretroviral therapy (ART) guidelines?
 - First- and second-line ARV regimen for children, according to national ART guidelines?
 - Drugs for palliative care?
 - Contraceptives, including both male and female condoms?
16. During the last six months, has your facility had all of the expendable supplies that were needed for care and treatment, including laboratory supplies and reagents?
 - Rapid HIV test kits
 - ELISA HIV test kits
 - Monoclonal reagents
 - Laboratory supplies (e.g., microscope slides, stains, test reagents, latex gloves, disinfectants)
 - Optional: viral load assay kits
17. During the last six months, has your facility had all of the equipment that was needed for care and treatment, and was it in working order?
 - Microscope

- CD4⁹ T-cell counter, either manual (using microscopy) or machine-based (using CD4+/CD8 T-cell enumerating flow cytometer)
 - Optional: ELISA reader or polymerase chain reaction machine
 - Refrigerator
18. Does your facility keep an inventory to help track supplies and alert staff when to re-order them?
 19. Do staff who work with stocks that expire always observe the first-expired, first-out (FEFO) rule?
 20. Are all drugs and contraceptives that are in stock within their expiration date?
 21. Are drugs (including ARVs and OI prophylaxis), contraceptives, laboratory reagents, and other supplies handled in the following manner?
 - Protected from moisture, light, and extremes in temperature
 - Stored according to the manufacturer's instructions
 - Stored in areas secure against theft and accessible only to select personnel who can be held accountable
 22. Does your facility have a protocol for safely disposing of expired drugs and supplies (e.g., ARVs and other medications, laboratory reagents, HIV testing kits)?
 23. Do staff have enough buckets, containers, bleach, and clean water to ensure that 0.5% chlorine solution is always available in each examination and procedure room?
 24. Do staff have the supplies and facilities needed to properly dispose of sharps and other medical waste (e.g., containers for sharps, a functioning incinerator, a covered pit, or a municipal or commercial means of waste disposal)?
 25. Does your facility have adequate supplies and equipment for sterilization, or does it have high-level disinfection available and working properly?
 26. Does your facility have supplies for infection prevention such as soap, gloves (latex and utility), needles, syringes, chlorine bleach, detergent, and antiseptic and disinfectant solutions available in the necessary quantities?
 27. Does your facility have equipment for infection prevention such as brushes, storage containers, plastic basins, leak-proof waste disposal bins, sharps disposal containers, mops, autoclave, electric oven, boiler, and incinerator?
 28. Does your facility have a system to ensure emergency preparedness by routinely doing the following?
 - Displaying emergency protocols on wall charts
 - Preparing a portable emergency tray or trolley with equipment, drugs, and supplies and making it available in client-care areas

⁹ CD4 (which stands for “cluster of differentiation 4”) is a protein on the surface of T cells, and is a primary receptor used by HIV to gain entry into host T cells. As HIV infection advances, fewer T cells have identifiable CD4 proteins. Therefore, the CD4 count is used as an indicator to help physicians decide when to begin treatment in HIV-infected patients.

COPE for HIV Care and Treatment Services

- Checking emergency drugs for availability and expiration dates
 - Ensuring that emergency equipment is working
 - Reviewing emergency guidelines and protocols with staff through discussion and periodic rehearsals
29. Does your facility have a mechanism in place for tracking clients and maintaining clients' records (including laboratory results) in a way that does not compromise clients' privacy and confidentiality?
30. For each type of service provided, does your facility have relevant client-education materials (e.g., posters, brochures, models, and leaflets) on HIV-related topics, such as HIV, AIDS, HIV counseling and testing, ARVs, prevention/treatment of OIs, prevention of mother-to-child transmission (PMTCT), and prevention of transmission of HIV? Are these materials displayed in waiting areas throughout your facility?
31. For each type of service provided, does your facility have relevant client-education materials (e.g., posters, brochures, models, and leaflets) on sexual and reproductive health topics, such as prevention and management of sexually transmitted infections (STIs)/reproductive tract infections, diagnosis and treatment of cancer, abortion (if legal), postabortion care, assisted fertility treatment, and family planning methods for HIV-positive clients (including clients on ARVs)? Are these materials displayed in waiting areas throughout your facility?
32. Do providers have job aids for counseling people living with HIV, for instructing them on the use of ARV and on treatment adherence, for promoting healthy living, for preventing HIV/STI transmission, for addressing PMTCT, and for educating clients about family planning?
33. Does your facility have a TV and video cassette recorder/player and relevant videos (including information about ART, healthy living with HIV, disclosure of HIV status, PMTCT, and sexual and reproductive health needs of people living with HIV) to educate clients?
34. Where postexposure prophylaxis is available, does your facility have sufficient drug supplies, in accordance with national guidelines?
35. Does your facility have equipment and supplies for cardiopulmonary resuscitation?

Other Issues That You Think Are Important:

36. _____
37. _____
38. _____

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**Client Record-Review
Checklists for
HIV Care and
Treatment Services**

.....

Client Record-Review Checklist

Site: _____ Reviewer: _____ Date: _____

This checklist is for staff to determine whether key information is being documented accurately and completely in client records. Select the records for 10 HIV care and treatment clients at random for review. Place a checkmark in the appropriate box if the item in the checklist was recorded on the client's record; put N/A if the item is not applicable to the client. Comments and clarifying remarks should be made in the space provided in the table or at the end of this form.

Checklist Item	1	2	3	4	5	6	7	8	9	10	No. missing	Remarks
Client identification information (e.g., name, age, sex, residential/postal address, and telephone or other contact information, registration number)											/10	
Emergency contact person (name, relationship, residential/postal address, telephone or other contact information)											/10	
Date of visit											/10	
Assessment of health and sexual history, including risk for sexually transmitted infections (STIs)/reproductive tract infections (RTIs) and for gender-based violence											/10	
Physical exam results											/10	
Discussion with the client about disclosure of HIV status and partner notification issues											/10	
Drug allergies											/10	
Current medications											/10	
Past antiretroviral (ARV) exposure (if client is <i>not</i> currently on ARVs)											/10	
Assessment of signs/symptoms of OIs											/10	
Assessment of adherence to ARVs and other medications (if client is already undergoing treatment)											/10	
Results of clinical or laboratory procedures											/10	

Client Record-Review Checklist (continued)

Site: _____ Reviewer: _____ Date: _____

Checklist Item	1	2	3	4	5	6	7	8	9	10	No. missing	Remarks
Results of ongoing clinical and laboratory monitoring for toxicity and treatment failure (if client is currently on ARVs)											/10	
Diagnosis											/10	
World Health Organization stage (if client is <i>not</i> currently on ARVs)											/10	
ARV eligibility criteria (if client is <i>not</i> currently on ARVs)											/10	
Type of ARV or other OI treatment prescribed											/10	
Provision of STI/HIV-prevention counseling											/10	
Fertility desires/family planning needs discussed											/10	
Referral for clinical services not available onsite											/10	
Referral for adherence counseling (if currently on ARVs or if ARVs were prescribed)											/10	
Other referrals (e.g., community- or home-based care, nutritional counseling, psychosocial support, people living with HIV groups)											/10	
Next scheduled appointment											/10	
Physician's name and signature											/10	

Before using this checklist, compare the items in the checklist with your facility's record form(s). Consider if any important items are missing from your facility's forms, whether there is a need to update your record form(s), or whether any items are missing from the checklist and need to be added.

For each client record, look for the information specified in the "Checklist Item" column. If the information has been recorded, write an "x" or a checkmark (✓) in the corresponding space on the checklist. When each item on the checklist has been reviewed against 10 individual records, note the number of boxes left blank and record it in the column labeled "Total Answered Negatively."

Review the data collected in the above checklist. Any negative responses to a checklist item suggest there is room for improvement. Consider the answers to the following questions when reporting back to the group and making recommendations for the Action Plan:

- Was any key information consistently missing from the client records?
- What could be the root cause?
- What are some possible solutions?

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**Client Interview
Guide for HIV Care
and Treatment
Services**

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Client Interview Guide for HIV Care and Treatment Services

Greet the client and introduce yourself:

My name is _____, and I work here. We are trying to improve the services we provide to clients, and we would like to hear your honest opinion of how we are doing and what we need to improve. We would like to know both the good things and the bad things.

Your participation in this interview is voluntary. You do not have to take part in the interview at all if you do not want to. If you decide not to participate, you will not be denied any services. Also, you can change your mind during the interview and choose not to participate.

This interview is private and confidential. I am not asking for your name, and your name will not be disclosed or used. Your responses to our questions will not affect any services you will receive at this facility in the future. You can also skip any questions that you do not want to answer. This interview will take about 15 minutes. Your ideas are important to us—may I ask you a few questions?

Client Consent Check-Off

IF CLIENT RESPONDS “YES,” THE **INTERVIEWER** SHOULD SIGN AND DATE THE STATEMENT BELOW AND CONTINUE WITH THE INTERVIEW.

I certify that I have read the above statement and that the client agreed to the interview.

I also certify that any information the client discloses will remain confidential.

Signed: _____ **Date:** _____

IF CLIENT RESPONDS “NO,” THE **INTERVIEWER** SHOULD SIGN AND DATE THE STATEMENT BELOW AND WAIT FOR ANOTHER CLIENT.

I certify that I have read the above statement and that the client did not agree to be interviewed.

Signed: _____ **Date:** _____

(continued)

Client Interview Guide for HIV Care and Treatment Services (continued)

SITE: _____ DATE: _____

NAME OF INTERVIEWER: _____

Note to interviewer: Ask the questions printed in boldface type. Check (✓) responses that the client gives. Write additional notes in the spaces provided.

1. Is this your first visit to this facility, or is it a follow-up visit?

First visit Follow-up visit.....

2. What type of services did you come for today?

Check responses given. (Do not read the responses to the client.)

- a. HIV counseling and testing.....
- b. Refill of opportunistic infection (OI) drugs.....
- c. Treatment of OIs (e.g., tuberculosis [TB], other).....
- d. Assessment for antiretroviral (ARV) drugs.....
- e. Management of ARV side effects.....
- f. Adherence counseling.....
- g. Refill of ARV drugs.....
- h. Laboratory tests.....
- i. Prevention of mother-to-child transmission of HIV (PMTCT).....
- j. Family planning.....
- k. Prevention and treatment of sexually transmitted infections/reproductive tract infections.....
- l. Diagnosis and treatment of cervical cancer.....
- m. Other:

3. Did you get the services you came for?

Yes.... No....

If no: Why not? What happened?

4. How long did you have to wait before you saw a:

Counselor/nurse? _____ minutes

Doctor _____ minutes

5. What did you do while you were waiting?

(continued)

Client Interview Guide for HIV Care and Treatment Services (continued)

6. Were you given verbal or written information today?

Yes: Verbal....

Yes: Written....

No.....

If yes: What type of information were you given?

(Check all responses given. Do not read the responses to the client.)

- Prevention of TB and other OIs
- How OI drugs works
- How ARVs work
- Type of drugs
- Dose of drugs
- Frequency of administration of drugs
- When to take the drugs in relation to meal times, fluid intake, timing with other drugs (i.e., drug timetable)
- Interaction of client's drugs with other drugs (e.g., anti-TB, antifungal)
- Storage of drugs
- Possible unrealistic expectations of therapy (e.g., cure)
- The need for strict adherence to treatment (i.e., taking the drugs at the times a client was told)
- Clinical and laboratory monitoring of the effect of ART on the client and the viruses
- Possible side effects of the medication
- Management of drug side effects
- Possibility of treatment failure and the need to change the medication
- Criteria for stopping or changing therapy.
- Lifestyle considerations (e.g., negative impacts of poor nutrition, alcohol abuse)
- The need to not share drugs with others
- Risk of birth defects
- Disclosure of HIV status and partner notification
- Safer sex practices
- Care and support services
- Family planning and what methods are available at a site or by referral
- Nutrition
- Other: _____

(continued)

Client Interview Guide for HIV Care and Treatment Services (continued)

7. Do you feel that the staff explained information clearly?

Yes..... No.....

If no: Please explain:

8. Did the provider assure you that the services, including everything you discussed, are confidential?

Yes..... No.....

9. Did the service provider spend adequate time with you to discuss your needs?

Yes..... No.....

If no: Please explain. What else would you like to have discussed with a provider?

10. Were the staff respectful?

Yes.... No....

If no: Please explain:

11. Did any staff offer you condoms today?

Yes.... No....

If no: Please explain:

(continued)

Client Interview Guide for HIV Care and Treatment Services (continued)

12. Were you asked to pay for services you received today?

Yes.... No....

13. Are the services in this clinic affordable to you?

Yes.... No....

14. What have you heard from your family, friends, or others in your community about the quality of services at this facility?

15. Are there any areas of the facility that you think need improvement, to make them cleaner, more comfortable, or more private?

Yes.... No....

If yes: Please tell me which ones and why.

Note to interviewer: The following section is only for clients who have previously visited or used services at the facility.

16. Since you first started coming here, has the quality of services improved, stayed the same, or gotten worse?

- a. Improved
- b. Stayed the same
- c. Gotten worse

Note to interviewer: If the client responded "Stayed the same," skip to Question 18. For other responses, continue below.

(continued)

Client Interview Guide for HIV Care and Treatment Services (continued)

17. If quality of services has improved or worsened, what in your opinion is/are the reason/s for the change?

a. Better? _____

b. Worse? _____

18. What do you like most about services you receive at this facility?

19. What do you *not* like about services you receive at this facility?

20. I would like to answer any questions that you may have concerning this interview before you leave. Is there anything that concerns you, or anything that I can help you with?

.....

**Client-Flow
Analysis Forms
for HIV Care and
Treatment Services**

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CLIENT REGISTER FORM

Client number: _____ Date: _____ Time client arrived at facility: _____

Sex: Male ____ Female ____

Primary reason for visit (see Service Type codes): ____

Secondary reason for visit (see Service Type codes): ____

	Staff member's initials	Time service started	Time service completed	Contact time (in minutes)
First contact	_____	_____	_____	_____
Second contact	_____	_____	_____	_____
Third contact	_____	_____	_____	_____
Fourth contact	_____	_____	_____	_____
Fifth contact	_____	_____	_____	_____
Sixth contact	_____	_____	_____	_____

Comments: _____

Codes: Service Type

- | | |
|--|--|
| <ul style="list-style-type: none"> A. HIV counseling and testing B. Psychosocial counseling C. Baseline assessment and disease staging D. Diagnosis and treatment of opportunistic infections (OIs) E. Routine follow-up for OI prophylaxis/ treatment F. Prevention of mother-to-child transmission of HIV G. Management of tuberculosis coinfection H. Management of malaria coinfection I. Initiation of antiretroviral therapy (ART) J. Adherence counseling K. Routine follow-up after initiation of ART L. Management of drug side effects | <ul style="list-style-type: none"> M. Refill of antiretroviral drugs N. Family planning O. Management of sexually transmitted infections P. Diagnosis and treatment of cervical cancer Q. Laboratory services R. Routine follow-up S. Other (please describe) |
|--|--|
- _____
- _____
- _____

CLIENT-FLOW CHART SUMMARY

Site: _____ Date: _____ Session: _____

Page	Total number of clients	Total time (in minutes)	Total contact time (in minutes)	Percentage of client time spent in contact with staff
1				
2				
3				
Totals				

Average number of minutes per client (rounded to a whole number): _____
 (divide "Total time" by "Total number of clients")

Average contact minutes (rounded to a whole number): _____
 (divide "Total contact time" by "Total number of clients")

.....

**Action Plan and
Follow-Up Forms
for HIV Care and
Treatment Services**

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Action Plan

Problem	Cause(s)	Recommendation	By Whom	By When

Action Plan Follow-Up

Problem	Cause(s)	Recommendation	Status	Comments

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COPE for HIV Care and Treatment Services

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Appendix

Pledge of Confidentiality

I certify that any information that I obtain from client records, site registries, log books, client interviews, or any other aspect of the COPE® exercise will remain confidential.

Signed:_____ **Date:**_____

