

## HAST INTEGRATION IN UTHUNGULU DISTRICT (Poster)

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**Goal:** To strengthen HAST integration.

### Objectives

To assess the referral rate and pattern of STI and TB clients for VCT in Uthungulu District.

### Method

Non experimental, baseline intervention was used where five facilities with a high incidence of STI and TB were purposely selected. Interviews were conducted with five (5) Clinic Sisters and five (5) counsellors whereby record reviews were conducted to assess current referral and testing patterns, staff establishment and training needs. The collected data was then analysed using EPI Info.

### Findings

- There is limited space for counselling resulting in some counsellors not being utilised.
- 90% of the facilities refer STI clients for VCT verbally, no record of referred clients is kept due to lack of knowledge.
- Poor recording as the “pink registers” do not have a column for STI clients referred for VCT and therefore no follow up is done to ensure that the referred clients do get counselled.
- Data is not shared between counsellors and PHC to compare and identify gaps.
- Long waiting time for counselling (More than 1 hour) resulting in clients leaving the facility without being counselled.
- HAST training is relatively new thus implementation has not taken place.
- District HAST coordinator never visits facilities for supportive supervision.
- 50% of the STI new episode clients tested were positive in 80% of the facilities selected .

### Conclusions

- The survey highlighted the fact that there is very little integration between the three programs. An increase in the referral for VCT uptake amongst STI and TB clients will increase the HIV detection rate thus efforts should be directed towards integrating these programs.
- Information provided during interviews did not correlate with data on facility registers that were reviewed e.g. Collection of data on referrals.
- Although 10 day training on HIV & AIDS counselling has been provided, the trained personnel do not counsel clients because that would increase the time spent with each client. This would then increase the PHC clients waiting time.

1. IPHC Project funded by USAID, 2004-2008 and UWC SoPH