

VCT: Factors affecting Operational Quality

Feedback on VCT Evaluation(2004)



Presented by: Sphiwe Hlongwane

PAPER'S OBJECTIVES

1. Provide results of the study undertaken in 2004 to assess the operational quality of Voluntary Counselling and Testing (VCT) at 100 selected sites in the **Mpumalanga Province** of South Africa.
2. To introduce the planned Formative Evaluation of the performance of the VCT services where infrastructural improvements of the facilities took place.

INTRODUCTION

HISTORICAL CONTEXT:

- UNAIDS (2003) estimated 40 million people worldwide living with AIDS, of which 26.6 million in sub-Saharan Africa.
- UNAIDS (2003) estimated 5.35 million South Africans HIV infected 2002.
- Department of Health and the Reproductive Health Research (2004), 1700 new HIV infections were occurring daily in 2001.
- In 2002 HIV prevalence amongst antenatal clinic attendees in **Mpumalanga** was 28.6% .

INTRODUCTION cont.

- Thus the HIV/AIDS/STD Strategic Plan for South Africa (2000 – 2005) identified provision of VCT as one of the key prevention priority areas, with a goal of improving access to VCT.
- Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Population Fund (UNFPA) define VCT as:

A process by which an individual or a couple undergoes confidential counselling to enable them to make an informed choice about learning his or her HIV status and to take appropriate action.

The aim of the performance assessment is twofold:

- To conduct a health systems audit of 100 VCT sites in the **Mpumalanga** Province to provide information on operational factors that impact on infrastructure renovation, and

And

- To obtain baseline assessment of key stakeholders perception of the VCT service.

Objectives of the performance assessment

1) To assess the operational quality of VCT services in terms of:

- ✓ Human resource capacity and skills
- ✓ Accessibility
- ✓ Utilization **and**
- ✓ Functional efficiency

Objectives of the performance assessment cont.

- 2) To assess key stakeholders perception of the VCT service.
- 3) To provide relevant information and recommendations for infrastructure renovations, and improvements of the VCT services.

Overview of the Study

STUDY METHOD (RAMS)

1. Key informant interviews:

Qualitative and semi-structured interviews with individuals selected for their knowledge of the issues regarding VCT and perceptions of VCT.

2. Mini-surveys:

Non-probability sampling techniques and structured questionnaires used to generate quantitative data that could be collected and analysed quickly.

3. Direct observation:

Teams of observers recorded ongoing activities and processes, using a detailed observation tool/checklist.

Data Collection Framework

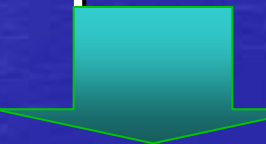
Method of Assessment



Information Collected



Sample Size



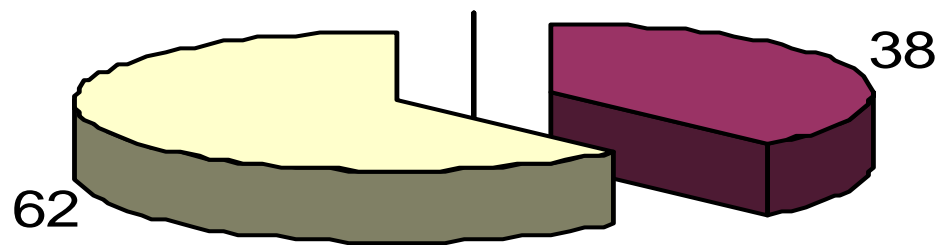
Tool Used

RESULTS

- The province selected 100 health facilities from 3 districts for the VCT assessment.
- Of the 100 facilities assessed, VCT was provided by 92 facilities with 8 not providing VCT.
- Thus, 38 facilities assessed were urban and 62 were rural.

92 Facilities by Location

92 Facilities by Location



92 Facilities by Location

Urban

Rural

VCT POLICY GUIDELINES AND INFORMATION SYSTEMS

District	Policy		VCT Register		Referral Directory	
	(Yes)	(No)	(Yes)	(No)	(Yes)	(No)
Ehlanzeni	30	3	30	3	8	25
Gert Sibande	22	6	27	1	5	23
Nkangala	24	7	31	0	9	22
TOTAL	76	16	88	4	22	70

EMPLOYMENT OF PAID LAY COUNSELLORS PER DISTRICT

DISTRICT	STATE	NGO	NOT PAID	NOT LC
Ehlanzeni	4	6	9	13
Gert Sibande	8	0	16	4
Nkangala	3	1	17	10
TOTAL	15	7	42	27

VCT STAFF SUPPORT

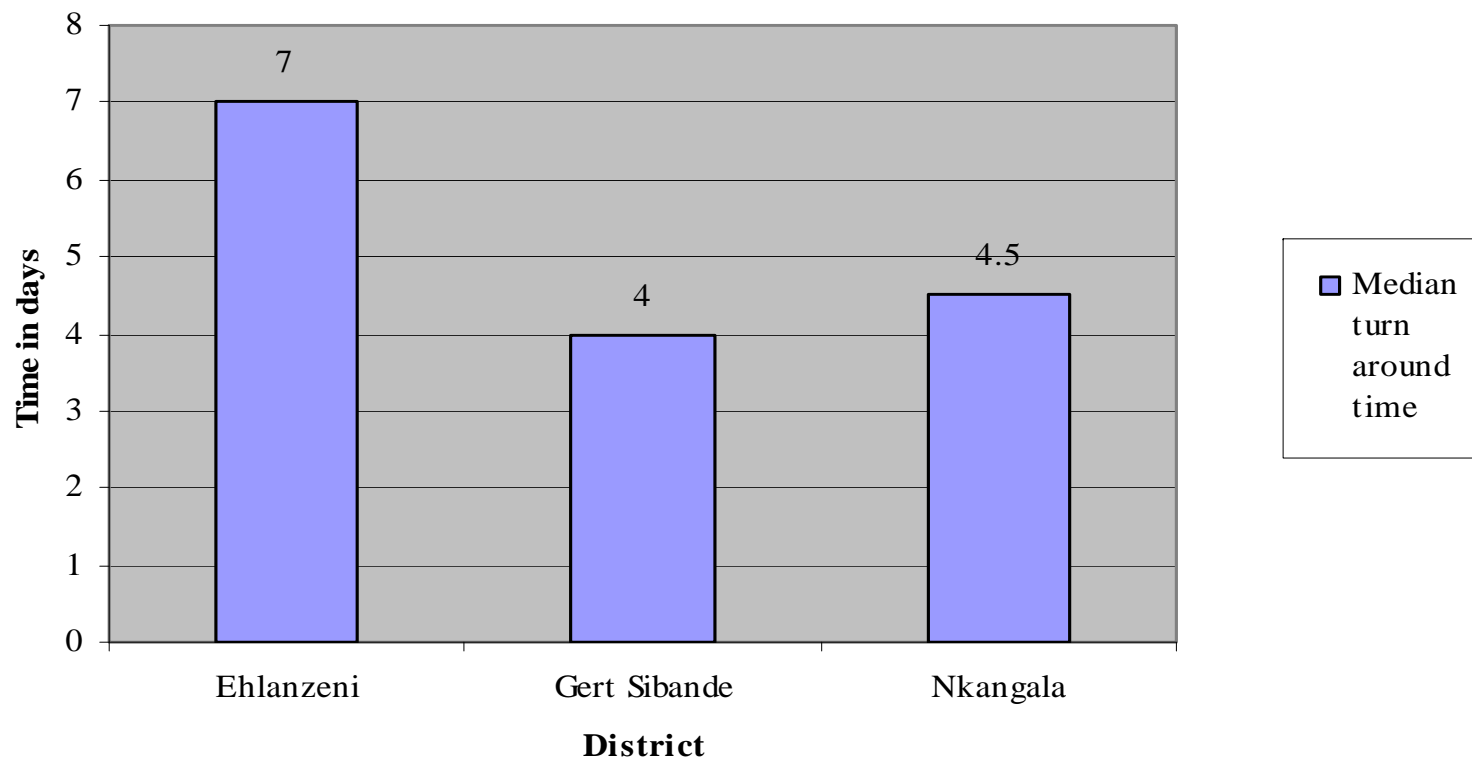
- 46% of the lay counsellors reported no formal system for support and supervision.
- 31% reported to have received daily supervision.
- 17% had support groups.
- 6% viewed support not being a priority.

HIV TESTING

- Listed from highest to lowest frequency of use, 1st Response, Pareekshak, Efoora and Determine.
- Most facilities complied with policy for testing, however 9 facilities did not request ELISA's in the event of discordant initial and confirmatory rapid tests.
- No saliva rapid tests were used in the facilities.

HIV TESTING

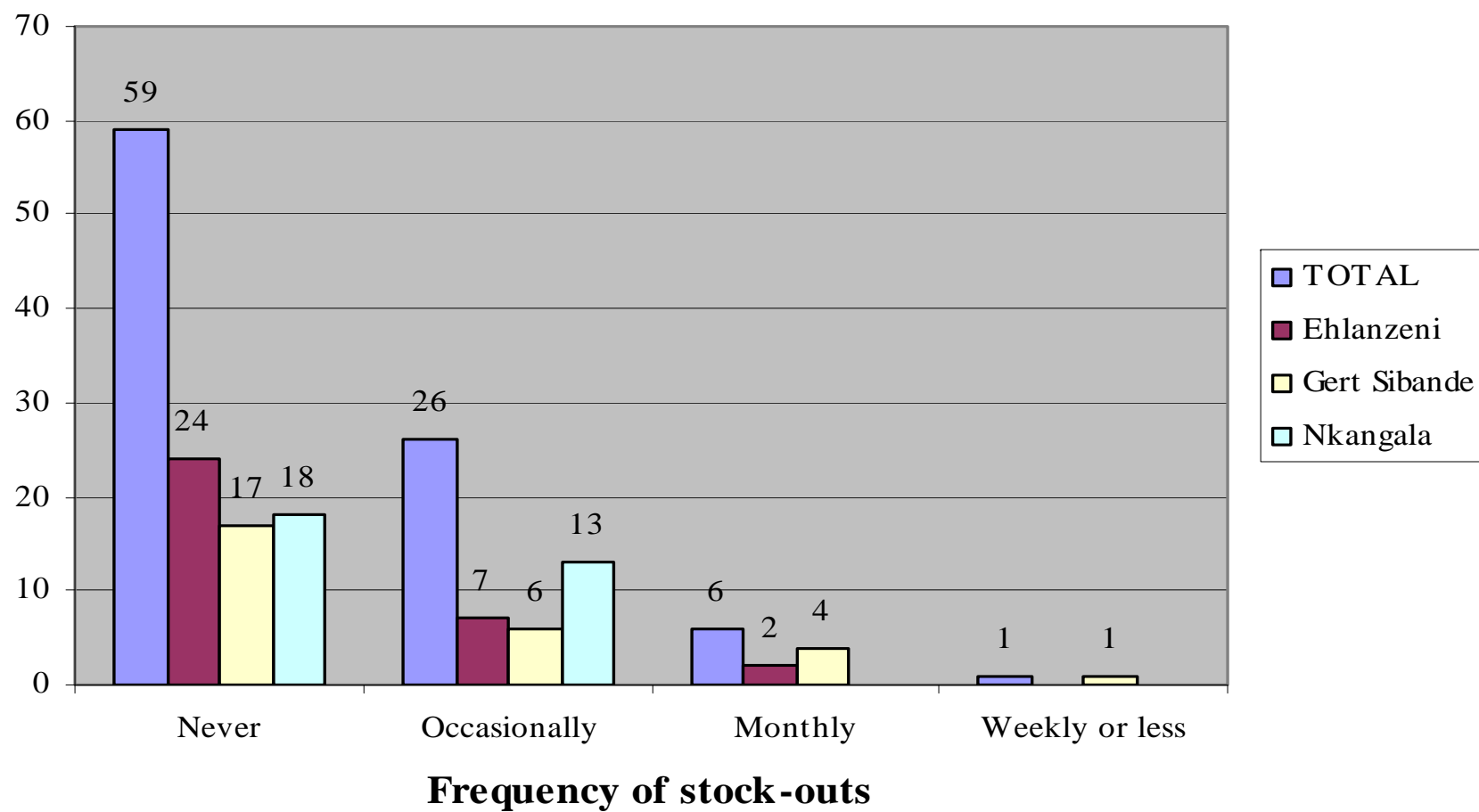
Figure 1: Median turn around time for ELISA



STOCK-OUT OF HIV TEST KITS

- 59 facilities never had a stock-out.
- 26 had occasional stock-outs.
- Respondents reported that expiry of test kits (both initial or confirmatory) was very rare.
- Only 3 facilities had expired initial rapid test kits and 2 had expired confirmatory rapid test kits at the time of the assessments.
- The occasional stock outs of test kits was presented as the most common reason for not testing clients.

Figure 2: Stock-outs of HIV test kits



AVAILABILITY OF SUPPLIES

Type of Supply	Elangeni	Gert Sibanda	Nkangala
Gloves	28	25	27
Sharps box	23	25	25
Disposable needles and syringes	26	25	26
Hand wash items	21	18	15
Disinfectant	18	20	15
Lancets	17	17	17
IEC material	26	25	23

CLIENTS VISITING THE VCT SERVICES

- 738 of the 946 clients interviewed at the facilities in Mpumalanga were female, (App. 78%).
- The average (median) age of the clients was 28 years (range 11-79 years).
- 82% of clients walked to the facilities.

Figure 3: Number of clients interviewed by district and gender

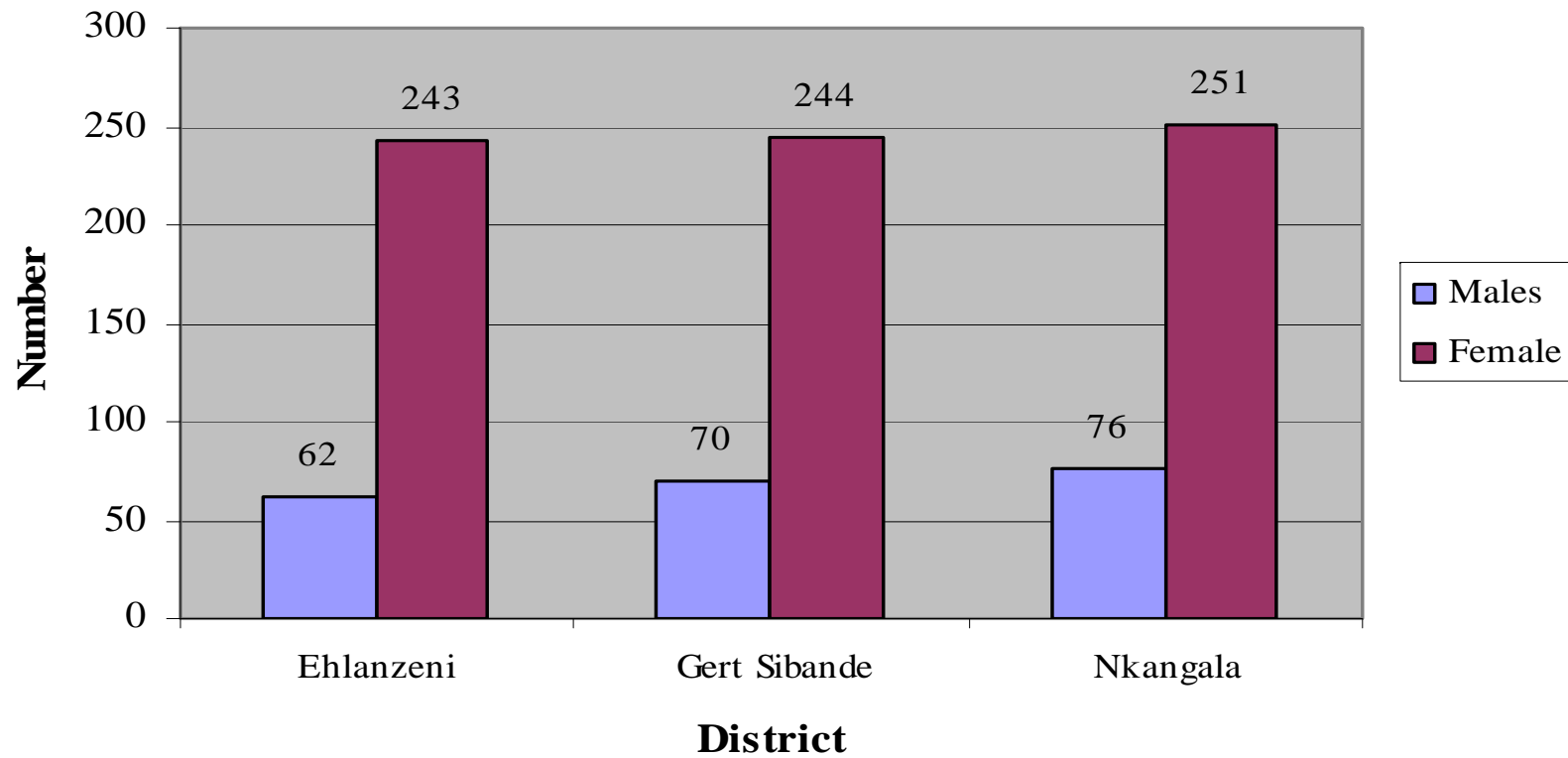


Figure 4: Types of counselling received by clients per dictsrict

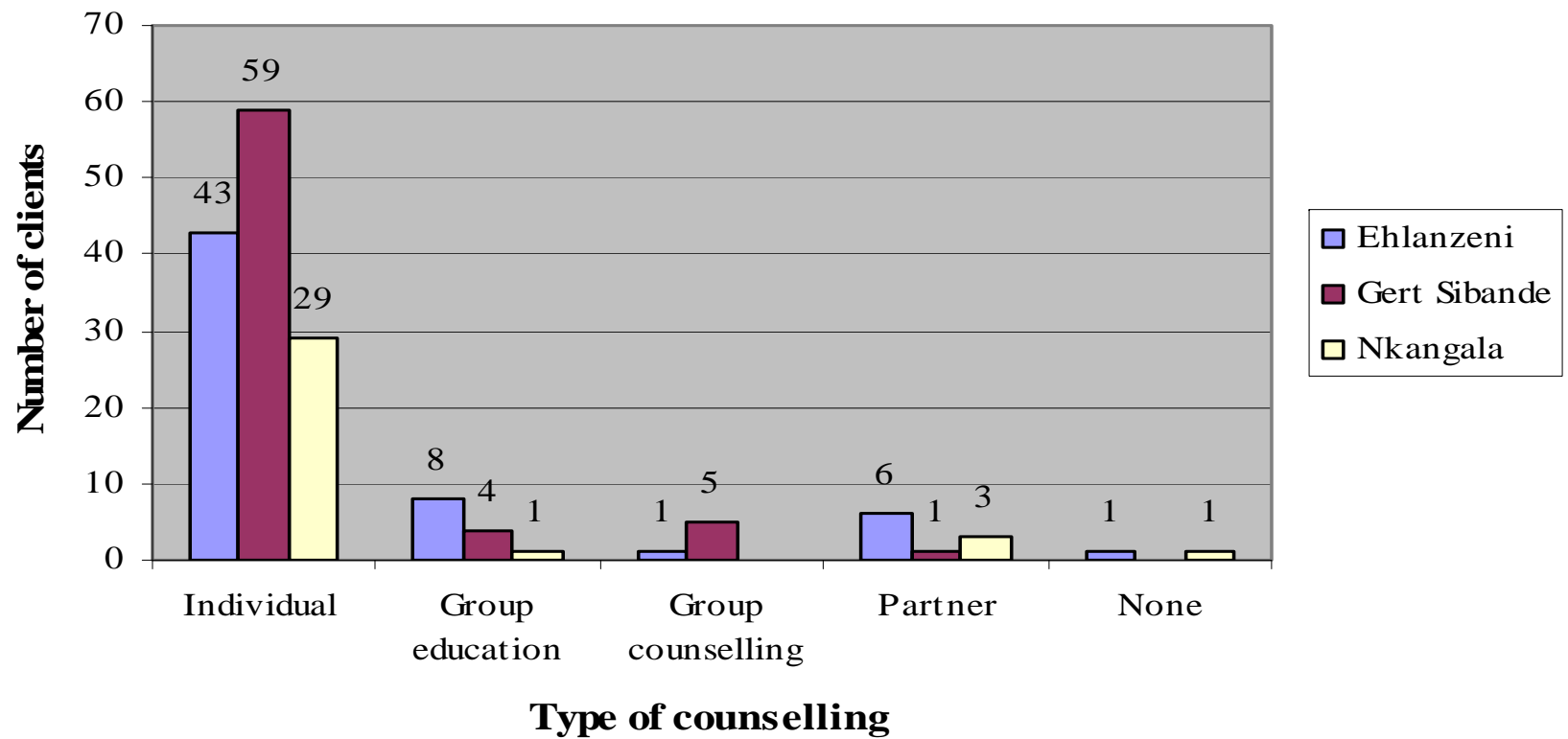
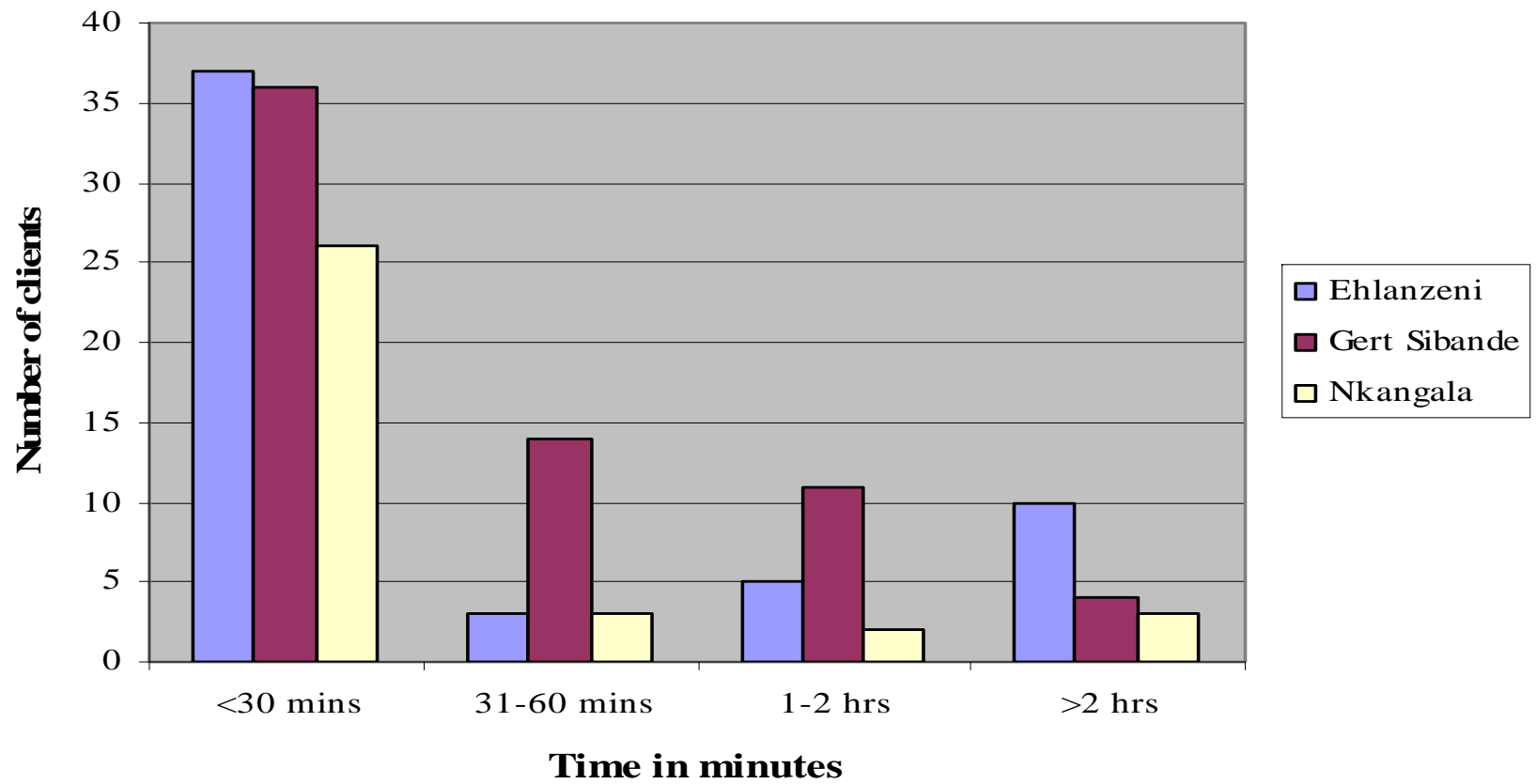


Figure 5: Time spent waiting for pre-test counselling



SOME OF THE RECOMMENDED STEPS TO IMPROVE VCT SERVICES

- All PHC facilities are expected to provide VCT for ANC, STI, TB, PMTCT and ARV clients as a means of providing a more integrated service.
- The aim is to increase the opportunities of VCT access for clients that are considered at risk.
- Thus relevant personnel have been and are being targeted for training in VCT.

KEY OPERATIONAL ISSUES REQUIRED: HUMAN RESOURCES

- Increase the number and distribution of skilled VCT personnel by training more staff, standardise and ensure quality of training.
- Formalise employment and remuneration of all VCT personnel
- Provide VCT services at non-medical facilities.
- More frequent supervision of VCT facilities by District managers and coordinators.

INFRASTRUCTURE:

- Avail space for counselling and testing in facilities that do not have it.
- Avail relevant VCT supplies where required.
- Improve logistics for HIV test supplies.

INFORMATION SYSTEM MANAGEMENT

- Investigate how quality of VCT data could be improved.
- Provide more hands on training about VCT data entry, analysis and use at both district and facility level.

OPERATIONAL ISSUES REQUIRING ATTENTION FOR IMPROVING VCT SERVICES

Policies, Guidelines and Information System

- All facilities should have the National VCT guidelines covering all aspects of VCT.
- Standard provincial VCT registers should be provided to all health facilities.
- Training of VCT coordinators, facility managers and other VCT service providers in collecting and using information for VCT needs to be consolidated.

Policies, Guidelines and Information System Cont..

- Patients requiring referrals need to be referred to other services, and in ensure the follow up of these patients.
- A directory of support and referral services in each District or the Province should be compiled and periodically updated, to assist busy health care providers in accessing other organisations and support for their clients.

VCT Service Access and Uptake

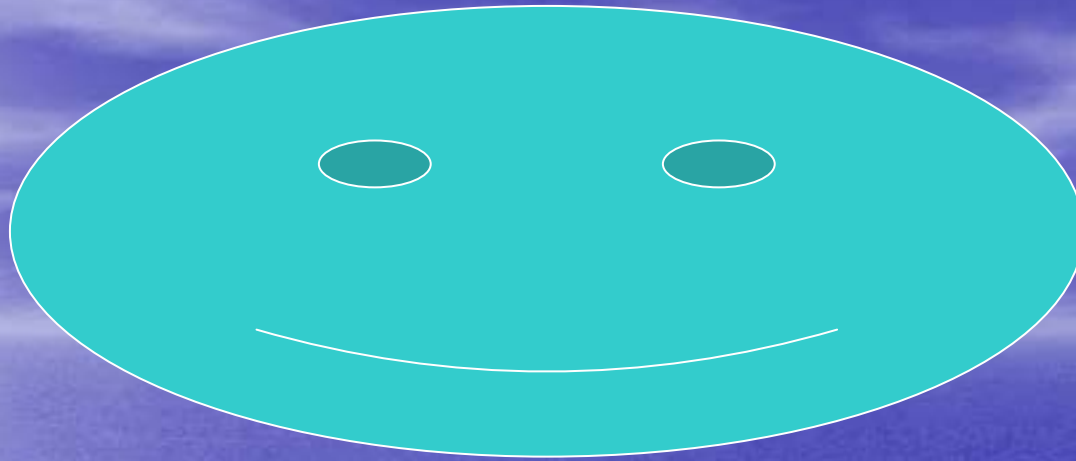
- Travel distance to the facility was 30 minutes or less for most clients, however a number of clients took more than one or even two hours to reach the facility, and felt that the facilities were not accessible.
- Many others, who would possibly use VCT if it were provided within a shorter distance or travel time, are currently being missed.

VCT Service Access and Uptake Cont..

- Most of the clients using VCT were female, and in their late twenties. VCT providers themselves indicated that the service was not effective in getting youth, men and couples to come for VCT.
- Most of the clients interviewed are frequent visitors to the facility, and therefore a higher VCT uptake should have been expected. This represents a group for whom insufficient VCT promotion and education is being provided at the facility.

ACKNOWLEDGEMENTS

- Development Bank of Southern Africa (DBSA)
- National and Provincial Departments of Health
- Health Systems Trust
- German Government, Kreditanstalt für Wiederaufbau (KfW)



**KEALEBOHA
KEA LEBOGA
NGIYABONGA
BAIE DANKIE
THANK YOU
AYOBA**