

QUALITY OF STI MANAGEMENT IN FOUR SADC COUNTRIES



HST CONFERENCE

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QUALITY OF CARE (QOC) EVALUATION RESULTS



- **BLNS ARE AT UNEQUAL LEVELS ON DIFFERENT AREAS OF QOC**
- **COUNTRIES WHO FELT THEY ARE EXCELLENT, RECOGNIZED THEIR WEAKNESS AFTER THE EVALUATION EXERCISE**
- **DIFFICULT TO GENERALIZE FROM RESULTS ALTHOUGH AT FEEDBACK WORKSHOPS PARTICIPANTS AGREED ON PROBLEM IDENTIFIED LOCALLY AS PREVALENT NATIONALLY**

1. ACCESSIBILITY TO QUALITY STI SERVICES



- **ALL FACILITIES OPENED AT LEAST FIVE DAYS PER WEEK FOR 8 HOURS A DAY. BUT**
- **VERY FEW FACILITIES OFFER STIS CARE AS PART OF AFTER HOUR'S SERVICE.**
- **PERCEPTION OF POOR CONFIDENTIALITY AT PUBLIC FACILITIES AND PAYMENT OF USER FEES MAY BE FACTORS IN LOW ACCESS**

2. THE BURDEN OF STIS AT CLINICS

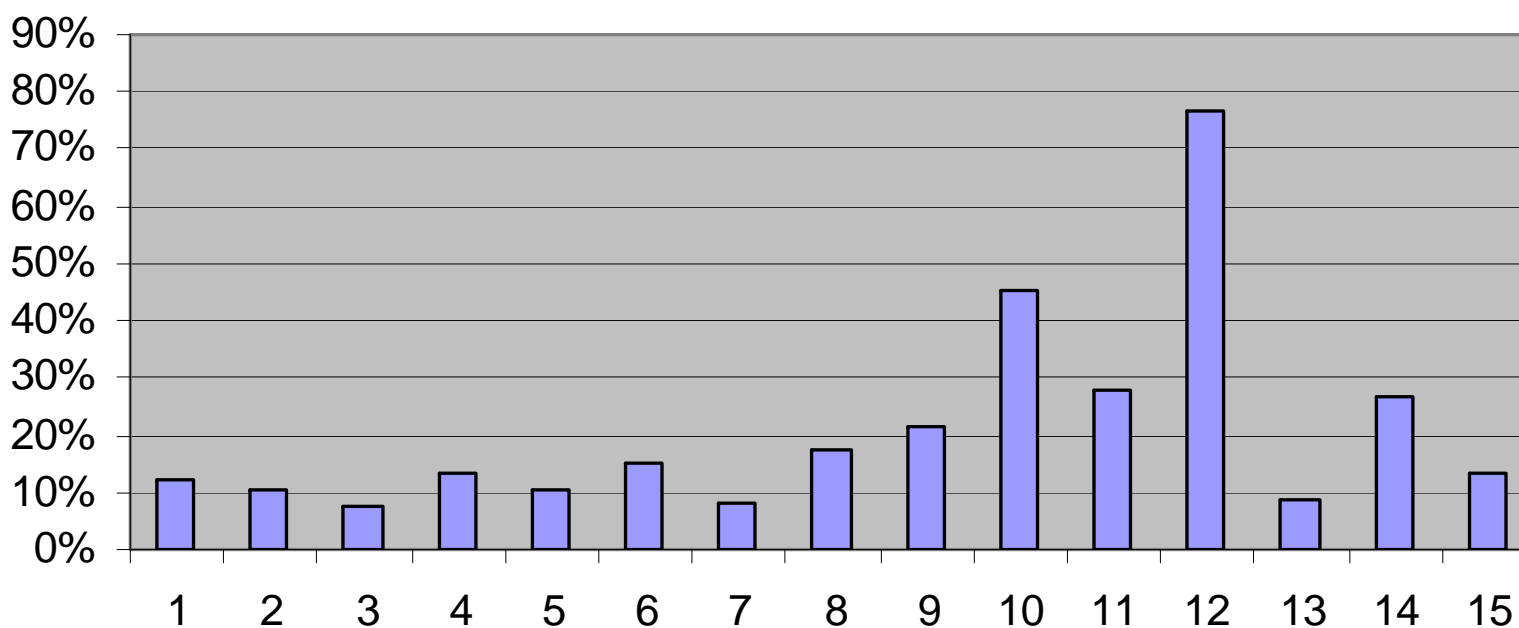


- **THE AVERAGE PERCENTAGE OF ADULTS TREATED FOR STIS RANGED FROM 3% TO 21%**
- **STIS ARE THE SECOND MOST COMMON REASON FOR OUTPATIENT VISITS IN LESOTHO ACCOUNTING FOR 12 – 15% (WHO REPORT 2003)**
- **PRIVATE SECTOR RARELY INCLUDED IN DATA**



IN ONE SADC COUNTRY

Percentage of adults treated for STIs





WHY HIGH STIs?

- **THE TREATMENT OF STIs IS NOT CORRECT (WRONG DIAGNOSIS, TREATMENT, DOSE OR DURATION OR POOR COUNSELING) KEEPING A LARGE POOL OF POORLY TREATED STIs AMONG ADULTS.**
- **THERE WERE NO CONDOMS IN MANY CLINICS IN THE LAST MONTH DUE TO POOR SUPPLY MANAGEMENT, TRANSPORT OR IT IS CATHOLIC CLINIC PREFERRING TO ENCOURAGE ABSTINENCE.**



WHY HIGH STIs?

- **THERE ARE INADEQUATE EDUCATION MATERIALS IN ALL CLINICS.**
- **SOME PN HAVE HIGH WORKLOAD LEAVING LESS QUALITY TIME FOR EDUCATING CLIENTS AND PROVIDING THE NEEDED COUNSELING.**
- **POOR MONITORING AND SUPPORT**
- **POOR ATTENDANCE OF CLIENT PARTNERS**

3. LABORATORY TEST FOR SYPHILIS



- **POLICY DIFFERS IN BLNS FROM ONLY TESTING NEWLY REGISTERED PREGNANT MOTHERS ATTENDING ANTENATAL CLINICS TO TESTING THEM AND ALL STI CLIENTS.**
- **THE PERCENTAGE OF ANC CLIENTS WITH A POSITIVE RPR RANGED BETWEEN 0 – 14% PER FACILITY.**

4. RPR TURN AROUND TIME



- **THE TURN AROUND TIME RANGED FROM 1 – 60 DAYS.(1-7 DAYS)**
- **MANY CLINICS DO NOT PERFORM THE RPR BECAUSE IT COSTS THEM MONEY. EVEN WHEN THE LABORATORY SERVICE IS FREE THEY HAVE TO BUY THE SYRINGE, NEEDLE AND THE CONTAINER.**

5. CONSULTATION ROOMS



- **MANY CONSULTATION ROOMS DO NOT HAVE EXAMINATION LIGHTS.**
- **VERY FEW HAVE ADEQUATE NUMBER OF STERILE SPECULA**
- **EVEN FEWER FACILITIES USE THE SPECULUM FOR FEMALE CLIENT MANAGEMENT**
- **CONFIDENTIALITY IS STILL A PROBLEM**



6. STI SYNDROMIC MANAGEMENT PROTOCOLS

- **THE PROTOCOLS NEED REVIEW**
- **NOT AVAILABLE IN ALL CONSULTING ROOMS.**
- **FLOW CHARTS NOT SEEN IN MANY ROOMS**
- **NEED ABRIDGED COPIES OF TREATMENT GUIDELINES**



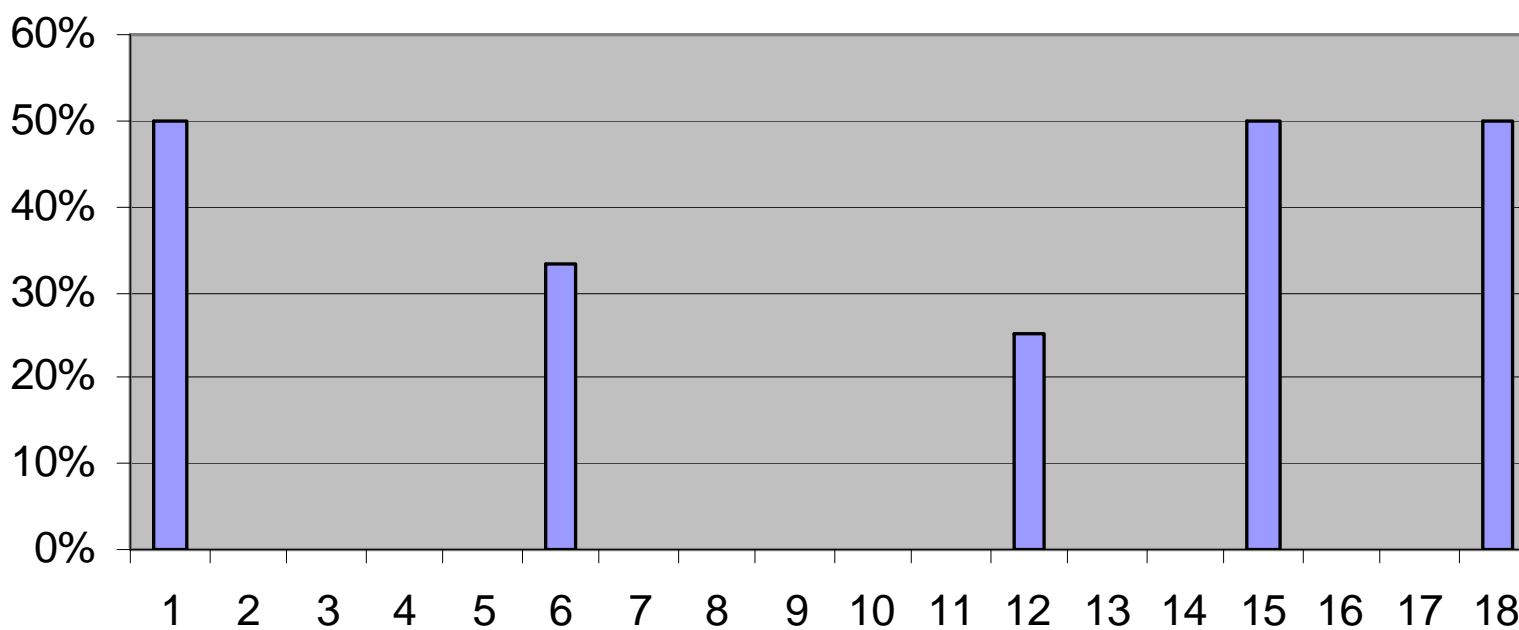
7. THE TRAINING OF PROFESSIONAL NURSES

- **MANY CLINICS HAD NO NURSE CLINICIAN FORMALLY TRAINED ON SYNDROMIC MANAGEMENT.**
- **THERE IS BETTER TRAINING ON COUNSELING (BECAUSE OF FOCUS ON HIV/AIDS)**
- **POOR IN-SERVICE TRAINING AND MONITORING AND SUPPORT OF IT**
- **POOR FOCUS ON STI IN NURSING COLLEGES**

IN ONE SADC COUNTRY



Percentage trained in syndromic management



8. PROFESSIONAL NURSES WORKLOAD



- **NO CLEAR POLICY ON CLINICIAN DAILY WORKLOAD**
- **IN ONE COUNTRY THE AVERAGE NUMBER OF CLIENTS PER CLINICIAN PER DAY RANGED FROM 3,8 TO 195**



9. THE EDUCATIONAL MATERIALS IN THE CLINICS

- **INADEQUATE PERSONAL INFORMATION PAMPHLETS AND BROCHURES**
- **ADEQUATE POSTERS**
- **MATERIALS ARE MAINLY HIV/AIDS AWARENESS MESSAGES.**
- **ONLY FEW CLINICS HAD THE MATERIALS IN A LOCAL LANGUAGE.**

10. THE CONDOM AVAILABILITY



- **THE CONDOMS WERE NOT AVAILABLE LAST MONTH IN MANY CLINICS.**
- **CONDOMS ONLY AVAILABLE FROM THE PROFESSIONAL NURSE DESK OR THE PHARMACY NOT EASILY COLLECTED FROM THE WAITING AREA IN PRIVATE.**
- **THERE IS A DISTRIBUTION DIFFICULTY TO THE CLINICS DUE TO TRANSPORT PROBLEMS**



11. DILDO AVAILABILITY

- **MANY FACILITIES HAD MENTIONED THAT THEY HAD A DILDO TO DEMONSTRATE CONDOM USE TO CLIENTS BUT FAILED TO SHOW US THE DILDO WHEN REQUESTED TO DO SO.**

12. PARTNER NOTIFICATION



- **PARTNER NOTIFICATION CARDS OR SLIPS IN ENGLISH AND LOCAL LANGUAGE**
- **SLIPS WERE NOT ISSUED FOR EACH CLIENT SEEN IN ALMOST ALL FACILITIES**
- **LESS THAN TWENTY PERCENT OF PARTNERS COME FOR TREATMENT**
- **NO RESEARCH ON IMPACT OF PARTNER NOTIFICATION CARDS**

13. CLIENT RECORDS OF TREATMENT



- **FACILITIES KEEP GOOD TREATMENT RECORDS, ALTHOUGH SOME WRITE THE INFORMATION IN THE PATIENT CARRY BOOKLET**
- **THE HANDWRITING IS POOR**
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14. PRESCRIPTION FOR STIs



- **THE MAJORITY OF PRESCRIPTIONS WERE ACCORDING TO SYNDROMIC MANAGEMENT ALTHOUGH THERE ARE DIAGNOSES ARE WRITTEN STI, STD, SYPHILIS, PENILE WOUNDS ETC**
- **TREATMENT IS WITH WRONG MEDICINES, NO WRITTEN DOSE OR DURATION**

15. DRUG SUPPLY AND AVAILABILITY



- **MANY CLINICS HAD DRUG STOCK OUTS IN THE LAST MONTH**
- **THE DRUGS MAINLY OUT OF STOCK ARE CIPROFLOXACIN AND DOXYCYCLINE AND IN TWO CLINICS IT WAS METRONIDAZOLE AND ERYTHROMYCIN**
- **DRUG MANAGEMENT INADEQUATE IN ALL COUNTRIES**



CONCLUSION

- **MORE TRAINING IS NEEDED**
- **SUPERVISION OF STAFF SHOULD BE CONDUCTED FREQUENTLY TO ENHANCE HEALTH WORKERS COMPETENCE IN STI MANAGEMENT**
- **EQUIPMENT AND SUPPLIES FOR STI MANAGEMENT IS INADEQUATE**