

# **ASSESSMENT OF VOLUNTARY COUNSELING AND TESTING (VCT) SERVICES IN EKURHULENI METROPOLITAN MUNICIPALITY**

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## **DECLARATION**

I, Teboho Douglas Moji, declare that this research report is my own work. It is being submitted for the degree of Master of Public Health at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

Signature:

Date:

# **DEDICATION**

To my children, Thato, Mpholo, Lindelwa and Nelisiwe

# ABSTRACT

**Introduction:** VCT services are a meaningful entry point to a continuum of care, in treatment and prevention of HIV/AIDS and related illnesses. Although VCT has been available at some sites across the country even before 2000, there have been very few studies conducted to evaluate its implementation at local municipality level. This study describes the status of VCT implementation in the Ekurhuleni Metropolitan Municipality between January 2004 and March 2007.

**Methods:** Using a questionnaire, checklist and data collection sheet, data was collected between April - May 2007 in a sample of 14 VCT sites. These were government funded sites that included three hospitals, three community health centres, three clinics, three non governmental organisations and two hospices and were selected from all three service delivery regions in Ekurhuleni. Areas assessed were demographics of facility managers, staff and training, referral system, guidelines, supervision and support and VCT registers.

**Results:** Over ninety percent of the VCT sites had closed areas for HIV counseling and testing. Majority of the VCT service providers were lay counselors (52.9%) and others were nurses, doctors, dieticians, social workers and health promoters. Most of the counselors had received both formal and in-service training. Almost all sites (92.8%, N=13) had the relevant guidelines in place and in-service training and use of checklist were methods used to ensure adherence to guidelines. The majority of the sites (71.4%, N=10) regularly evaluated the quality of counseling offered to clients through direct observation (50.0%), exit interviews (20.0%), self evaluation (10.0%) and combination of direct observation and interviews (20.0%). Close to two thirds of the sites (64.3%, N=9) were satisfied with supervision received from the district office. All the sites used a formal letter to refer clients to other outside facilities. There was no uniformity in the data elements of VCT registers across sites and the registers had many gaps.

**Conclusions:** The VCT sites in this study had the necessary set up for the implementation of basic VCT services. However, because of the small sample size, this conclusion may not be true for the whole of Ekurhuleni. There needs to be improvement in VCT record keeping and data management in the sites. Further studies are needed to evaluate factors influencing uptake of VCT services.

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# TABLE OF CONTENTS

	Page
DECLARATION .....	i
DEDICATION .....	ii
ABSTRACT.....	iii
ACKNOWLEDGEMENTS.....	v
TABLE OF CONTENTS.....	vi
ACRONYMS.....	viii
LIST OF FIGURES.....	ix
LIST OF TABLES.....	x
CHAPTER ONE INTRODUCTION .....	1
1.1 Background.....	1
1.2 Justification of the study .....	4
1.3 Aims and objectives .....	4
CHAPTER TWO LITERATURE REVIEW.....	5
2.1 Expansion of VCT services.....	5
2.1 HIV diagnostic methods .....	6
2.3 VCT and other health services .....	7
2.4 Factors that influence VCT uptake .....	8
2.5 VCT evaluation tools .....	9
CHAPTER THREE STUDY METHODS.....	11
3.1 Study design.....	11
3.2 Study population .....	11
3.3 Study sample .....	11
3.4 Data collection .....	12
3.5 Data management and analysis .....	13
3.6 Ethical considerations .....	14
CHAPTER FOUR RESULTS .....	15
4.1 Introduction .....	15
4.2 Description of VCT sites .....	15
4.3 Demographics of site managers .....	16
4.4 Profile of counselors and training .....	17
4.5 Organisation of VCT services .....	18
4.6 Management of services .....	18

4.7	Promotion of VCT services .....	20
4.8	Supervision and support .....	20
4.9	Impact of VCT on other services .....	21
4.10	Uptake of VCT.....	22
4.11	Referral system.....	25
CHAPTER FIVE DISCUSSIONS .....		27
5.1	Introduction .....	27
5.2	Description of VCT sites .....	27
5.3	Profile of counselors and training .....	28
5.4	Organisation of VCT services .....	29
5.5	Management of VCT services .....	30
5.6	Promotion of VCT services .....	31
5.7	Support and supervision .....	32
5.8	Impact of VCT on other services .....	33
5.9	Uptake of VCT .....	33
5.10	Referral system .....	35
5.11	Limitations of the study .....	35
CHAPTER SIX CONCLUSIONS AND RECOMMENDATIONS .....		37
6.1	Conclusions .....	37
6.2	Recommendations .....	37
REFERENCES .....		38
ANNEXURE 1: CONSENT FORM .....		44
ANNEXURE 2: FACILITY/ SITE MANAGER'S QUESTIONNAIRE .....		46
ANNEXURE 3: FACILITY ASSESSMENT CHECKLIST .....		52
ANNEXURE 4: DATA COLLECTION SHEET .....		54
ANNEXURE 5: EKURHULENI METROPOLITAN MUNICIPALITY APPROVAL.....		55
ANNEXURE 6: ETHICS APPROVAL .....		56



## **ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community Based Organisation
CHC	Community Health Centre
DOH	Department of Health
ELISA	Enzyme Linked Immunosorbent Assay
FBO	Faith Based Organisation
HAART	Highly Active Antiretroviral Therapy
HAST	HIV/AIDS/STI/ TB Unit
HBC	Home Based Care
HIV	Human Immune Virus
IPPF	International Planned Parenthood Federation
NDOH	National Department of Health
NGO	Non-Governmental Organisation
NHASP	National HIV/AIDS Support Project
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
SDR	Service Delivery Region
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation

## LIST OF FIGURES

	<b>Page</b>
Figure 1. A pie chart of the profile of counselors .....	17
Figure 2. A pie chart showing distribution of methods for ensuring adherence to guidelines .....	18
Figure 3. Comparison of absolute number of VCT clients in facility vs. district registers in the first quarter of 2007 .....	20
Figure 4. VCT trend in hospitals from 2004 TO 2007 .....	22
Figure 5. VCT trend in community health centres from 2004 to 2007.....	23
Figure 6. VCT trend in clinics from 2005 to 2007.....	23
Figure 7. VCT trend in NGOs from 2005 to 2007 .....	24
Figure 8. VCT trend in hospices from 2005 to 2007 .....	24
Figure 9. A pie chart showing problems associated with referrals .....	25

## LIST OF TABLES

	<b>Page</b>
Table 3.1 Site selection per services delivery region .....	12
Table 4.1 Types of HIV tests conducted by facilities.....	15
Table 4.2 Number of sites offering other health services that promote VCT.....	16
Table 4.3 Facilities to which VCT sites refer for other services.....	26

