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

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A RESEARCH REPORT SUBMITTED TO THE FACULTY OF HEALTH SCIENCES, UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF PUBLIC HEALTH (MPH)

OCTOBER, 2010

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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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

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