

VCT in Focus

A Quarterly Newsletter of PSI's Voluntary Counseling and Testing (VCT) Programs



Quality Assurance and Control

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New Start Quality Assurance and Quality Control Systems in Lesotho

By Mankhala Alice Lerotholi

Quality assurance and control are critical to successful VCT programs. Accordingly, PSI/Lesotho has established a simple program to monitor the quality of counseling and testing centers.

Training of counselors

PSI Lesotho takes a comprehensive approach to training, supporting and monitoring New Start counselors. New Start counselors receive initial training prior to working at a center, followed by semi-annual refresher trainings, based on Lesotho government's guidelines and standard procedures outlined in the New Start manual. PSI Lesotho supervisors conduct monthly evaluations, using standard counselor evaluation forms. To ensure the counselors' well-being and to avoid burnout, external psychologists conduct quarterly sessions to support counselors.



A New Start counselor draws blood for an ELISA confirmation test.

Training of all staff at the VCT centers

Every staff member at a VCT center receives training, including basic information about working in a VCT center and safety information about handling and disposing of sharp instruments to avoid exposure.

Daily Internal Quality Control

The VCT New Start Centers operate from

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Quality Assurance in Saadhan Clinics and PPTCT Program in India

By Gopa Khan and Dr. Shekhar Waikar

In 2001, PSI India received funding from USAID via AIDSMARK to initiate a comprehensive HIV prevention campaign in 12 port towns across India. An integral aspect of this campaign was to provide confidential, high-quality

counseling and testing (CT) services to high-risk men across targeted areas. Operation Lighthouse (OPL) provided CT services to nearly 60,000 clients and documented significant partner reduction and increased condom usage among 350,000 high-risk men. When

India, continued on page 3

Ask the Experts

By Nomsa Siamwanza, CT Quality Assurance and Training Manager and Suzgo Kapanda, VCT Program Manager, SFH/Zambia



How do you track counseling quality at your sites to ensure the counselors are performing well over time?

Quality assurance (QA) involves on-site support and supervision as well as assessments and training from headquarters. Routine site-level QA includes the following approaches:

- Observation by an experienced counselor/supervisor, who identifies strengths and weaknesses during a counseling session.
- Group meetings, which provide a forum for counselors to share experiences, anxieties and challenges and learn from others' successes and failures.
- Exchange visits, which allow counselors to exchange skills with other clinics and counselors.

SFH Headquarters uses these approaches:

- Bi-annual site assessments to assess site performance, the quality of counseling and testing services and adherence to protocols and

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Integrated HIV and TB Services in Myanmar

By Dr. Nyo Nyo Min and Dr. Min Zaw

PSI/Myanmar launched four VCT Centers in Yangon and Mandalay in April 2005. Two centers offer both VCT and STI treatment (TOP centers), and two are stand-alone VCT (the Quality Control or QC franchise). From April 2005 to April 2007, a total of 9,675 clients received VCT services. QC centers have established referral networks with public and private hospitals and NGO clinics, and 5-6% of QC clients are referred by PSI/Myanmar's Sun Quality Health Care (SQHC) providers.

During post-test counseling, counselors discuss HIV care and support services with all HIV positive clients and refer them to service centers of their own choice. In Mandalay General Hospital, a special pilot project for TB-HIV co-infected patients operates, where patients receive treatment for both diseases. Even though only patients living in the project areas are eligible for these services, there is still more demand than the pilot project can meet, showing the opportunity for future program growth.

PSI/Myanmar incorporated TB DOTS (Directly Observed Therapy, Short-course) treatment into the Sun Quality Health (SQH) network franchise in March 2004. The network was initially established to offer family planning services and has since added components for malaria, STI management and TB DOTS. The TB DOTS program, which started with 102 SQH providers, has since expanded to 417 providers in 2007. To strengthen the network system and expose the working environment of QC, SQH providers visit the center as part of STI training.

In 2006, PSI/Myanmar integrated DOTS treatment into TOP clinics and in March 2007 initiated TB-HIV referral service in QC centers, TOP clinics, SQH clinics and NGO clinics. Counselors explain basic facts about TB; to avoid discrimination, all clients are encouraged to screen for TB, regardless of HIV status. Since sputum microscopy is the main screening procedure, all clients are referred to TOP clinics, SQH clinics or PSI/Myanmar operated laboratories for sputum examination and further management of TB DOTS.

Doctors from TOP clinics and SQH clinics counsel their TB patients about TB-HIV co-infection and refer them to QC centers for HIV testing, assuring patients that the results will be confidential and private.

Achievements between April 2007 and May 2007 include:

- QC centers referred 777 (63%) of their VCT clients to SQH clinics, TOP clinics and other NGO clinics for HIV care & support.
- 534 VCT clients referred to SQH clinics, TOP clinics & Sun DOTS laboratories for sputum examination and further management of TB.
- 243 VCT clients referred to NGO clinics for HIV care & support services, including TB treatment.
- 112 (9%) of VCT clients referred from SQH clinics for HIV testing. ■

Dr. Nyo Nyo Min is Deputy Country Director for Franchising and Dr. Min Zaw is STI Franchising Manager, PSI/Myanmar.

Please see chart on page 4 for a flowchart of the referral process.



A mobile van promotes TB therapy at SQH, TOP and QC clinics.

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guidelines. After the assessment, staff meet to review the outcome and decide how to best implement the recommendations.

- Annual re-training to improve specific counseling skills and update HIV/AIDS knowledge.
- Mystery client surveys and client exit interviews to track counseling quality.

What is your view on job aids, and how are they used in Zambia?

Job aids are useful tools when used appropriately, and as a program we encourage their use. Well-designed job aids help the client and counselor focus during the counseling session. A flipchart or picture may help clients learn and provide opportunities for dialogue. As more messages are integrated into VCT—TB, male circumcision, risks of alcohol abuse, family planning and disclosure—job aids can help counselors refer to key messages on various subjects while focusing on the client.

What are the quality challenges associated with different service delivery models (e.g. stand alone vs. mobile VCT)? How do you deal with these unique challenges?

When mobile whole blood finger prick tests are used for mobile VCT, quality control measures and confirmation of discordant results are impossible due to inability to collect samples. For discordant results, the client is either asked to go to a static site, or the mobile team will follow-up with that client upon their return. This follow-up may be both time consuming and costly. ■

VCT in Focus

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Debunking VCT Myths

By Julianna Kohler, PSI/Washington

Debunking VCT Myths is a column to clarify common misperceptions about VCT and HIV.

Myth: The counselors always give you an HIV-negative result the first time you go because they don't want to give you bad news.

Fact: Counselors are trained to give you the result that the lab test determines and to give you the support you need to accept that result. They will not "change" the result based on their or your wishes.

Myth: The test might be wrong because you only took a drop of my blood.

Fact: The labs use tests that are so sensitive that only a drop of blood is needed to detect antibodies for HIV in the blood. Even with only a drop of blood, the most widely used first-line test (Determine rapid test) is highly sensitive, as it detects 100% of HIV-positive cases and correctly identifies 99% of HIV-negative clients.

Myth: If you learn you're HIV-positive, you'll die sooner, so it's better not to know.

Fact: There are many benefits to knowing your HIV status—in fact, if you learn you are HIV-positive, you can immediately take steps to live longer and protect your loved ones. Learning your HIV status is the first step to accessing lifesaving antiretroviral therapy (ART) as well as other psychosocial support, prevention, opportunistic infection treatment and community support that will help you and your partners live healthy lives. ■

Julianna Kohler is the AIDSMark Consultant.

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funding ended for OPL, PSI received new funding for Project Connect, a new project based in many of the same port cities where OPL worked, which also provides CT through Saadhan's clinics.

Quality Assurance Measures Implemented at Saadhan CT Clinics

To ensure the continued success of Saadhan's CT program, staff undergo comprehensive and sustained training, including annual refresher trainings, technical support from medical services and weekly meetings with program and site managers to ensure that they deliver the highest quality services.

Mystery Client Studies:

Quantitative and qualitative studies are conducted to gauge the overall quality of care provided by the clinic counselors, laboratory technicians and front desk personnel. This study helps monitor how closely clinic staff follow the recommended protocols when interacting with clients. Based on the findings of the study refresher trainings are accordingly designed to improve quality of services provided. To have greater impact and understanding, clients with risk history are referred to CT services, subsequent to which their feedback is processed on quality of services provided as well as on the impact of the counseling on their behavior and lifestyle.

Weekly Case Discussions:

The weekly group sessions enable the staff to discuss cases and difficulties faced during the week. The purpose of these sessions is to foster team-building, to help the staff share their experiences and to prevent burnout.

Site Visits by Medical Services Team:

The medical services team visits CT sites quarterly to provide technical input on various aspects of clinic operations, such as adherence to protocol, care and support linkages,

demand creation and collaborations with key stakeholders.

External and Internal Quality Assurance and Proficiency Testing:

As a prerequisite for external quality control, 5% of random blood samples are sent for ELISA confirmation testing to a National Reference Laboratory on a monthly basis. Internal quality control is conducted weekly; a serum bank is maintained at each clinic to ensure accurate testing and the quality of test kits. Additionally, proficiency testing certified by the National Reference Laboratory is randomly conducted at each clinic.

Maintaining Quality Control at PPTCT Centers

Under Project Connect, PSI along with sub-partner Y.R. Gaitonde Center for AIDS Research and Education (YRGCare) has established public-private partnership models within private hospitals to provide client-friendly PPTCT (prevention of parent-to-child transmission) centers.

To ensure service quality, YRGCare provides training and on-going capacity building for physicians, nurses, counselors, outreach workers and other staff of the PPTCT project on areas such as establishing of standards, documentation and MIS, and building linkages with other service providers, community groups and PLWHA networks.

Strict internal and external QC protocols are followed at the PPTCT centers to ensure testing quality. The QC protocols aim to ensure the quality of test kits, testing procedures, and monitoring and evaluation to identify opportunities for improving quality and to implement corrective action when problems arise. ■

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Counselor supervision in a Saadhan clinic.

8am to 5pm during the week, and the busiest of the five centers is also open on weekends from 9am to 3pm. All counselors run rapid tests in a serial testing algorithm. The Determine test is administered first with a Double Check test as a confirmation. If the confirmatory test is also positive, then the result is reported as positive. If the confirmatory test is negative, a third test is administered with Unigold. The common result of two of the three tests is reported.

External Quality Assurance

The nurse draws blood from every tenth client visiting a static or mobile site and sends the sample to the National Central laboratory for an ELISA confirmatory test. The result is returned to New Start, where they are compared to the New Start lab report and entered into the quality control register.

KYS and New Start Centers

PSI Lesotho will play a key role in implementing the Government of Lesotho's "Know Your Status" (KYS) campaign, scheduled to begin mid-September 2007, which will make CT available on a national scale. All five New Start sites are actively collaborating with their district governments to provide technical and logistical support.

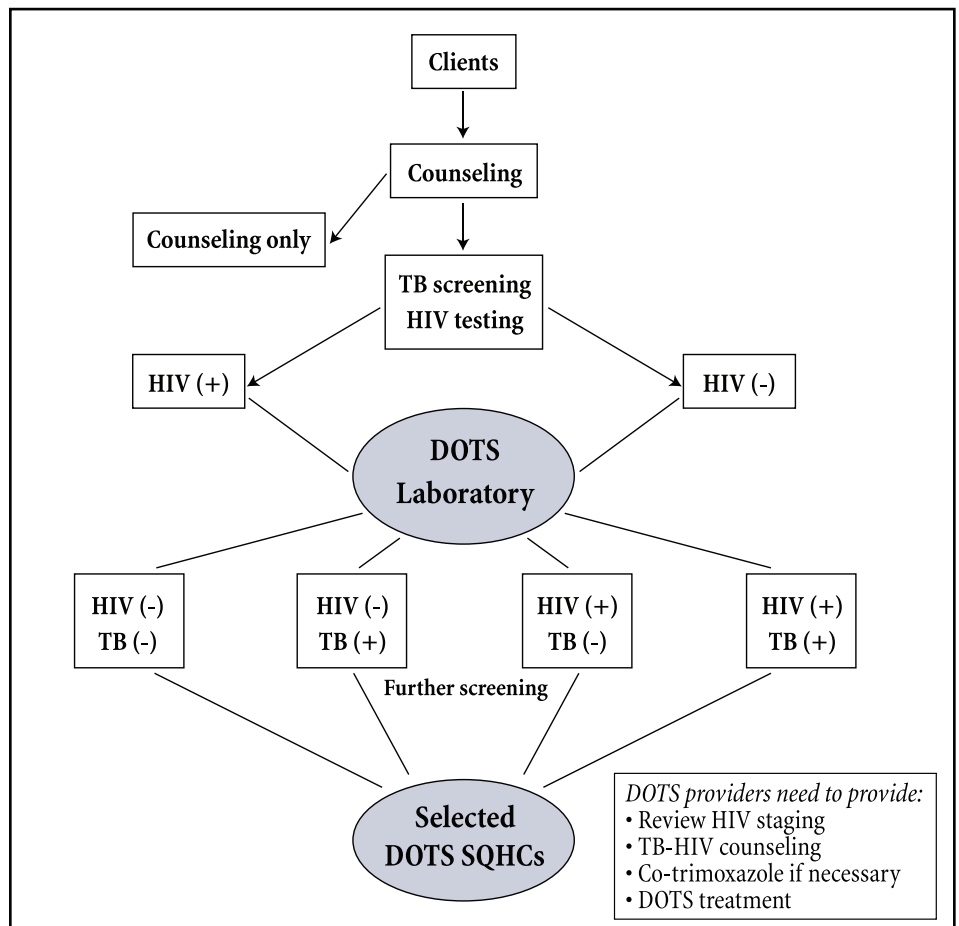
The campaign will use the same QA model currently used by New Start. Community-based counselors have been trained by the Ministry of Health. Although the KYS program focuses on mobile outreach, community-based counselors will be supported by existing New Start static sites for outreach activities and for door-to-door testing. PSI Lesotho plans to have the community-based counselors report back to New Start sites to ensure that any weaknesses can be addressed and that quality services at the community level can be guaranteed. Counselor supervisors will oversee all of the community-based counselors; one supervisor will support 10 community counselors in each of the 3 districts selected by the government. ■

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An outreach event organized by "Know Your Status" community-based counselors and supported by New Start counselors.

Myanmar: Guideline flow-chart for TB-HIV referral among QC VCT counselors and TOP/SQH clinics



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