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**Quality care of voluntary counseling and testing:
clients' experience, expectations and satisfactions
in Mbeya Tanzania**

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Background

Voluntary counseling and testing (VCT) services are important and effective in HIV/AIDS prevention. It is a significant entry point to care and support. They enable uninfected people to remain so and enable those infected with HIV to plan for the future and prevent HIV transmission to others. Those who are infected can also benefit from available care (1).

VCT is now acknowledged within the international arena as an effective and pivotal strategy for both HIV/AIDS prevention and care. Research conducted in Kenya, Tanzania and Trinidad by Family Health International in collaboration with UNAIDS and WHO has provided strong evidence to support the theory that VCT is both effective and cost effective as a strategy for facilitating behavior change. (2). Studies in both US and developing world have demonstrated that VCT can lead to self reported changes in high risk sexual behavior among both HIV positive and HIV negative people (3). The study also found that VCT is an important entry for care and support. These findings have boosted interest and support for VCT as a valuable component of a comprehensive HIV/AIDS prevention program among international organizations (2).

HIV/AIDS counseling and testing has become a necessity for all health professional in Sub Saharan Africa where HIV/AIDS has a high prevalence. It is estimated that more than 70% of HIV/AIDS cases in the world are in sub Saharan Africa (4). Tanzania experienced a generalized HIV epidemic which is still growing. The first 3 cases of HIV/AIDS were reported in 1983 and to date more than 2 million people are living with HIV/AIDS, which makes a prevalence of 11.9%. The main mode of transmission is heterosexual and the major vulnerable and affected group is youth aged 15-34 years old, orphan and vulnerable children 0-8 years old (5). The National AIDS Control Program (NACP) began to respond to HIV epidemic in 1989 with the assistance of the GTZ (German Agency for Technical Cooperation); a workshop on counseling for HIV was organized and many counselors were trained. In 1995, the NACP developed a VCT program to allow a better integration and coordination of VCT services in the existing district health care system.

HIV/AIDS testing and counseling enables people to learn whether they are infected, understand the implications of their sero status and make more informed choices for the future. A study conducted in Zambia in 1995-1996 found that only 7% of the people surveyed, mainly living in urban areas, reported that they had previously undergone HIV testing (6). Furthermore a recent study estimated that less than 1% of the sexually active urban population in Africa had been tested (7). At this time, the availability of testing and counseling services is very uneven and only a small proportion of people believed there were few benefits to know their sero status. This is now changing due to the access improvement to VCT and antiretroviral drugs; this situation increases demand for HIV counseling and testing in developing countries (1).

The USAID report 2000 stated that new studies in Africa show dramatic increases in demand for VCT when services are made accessible, affordable and secure for those people who want to know their own HIV status. National household survey in family planning services in Kenya, Tanzania and Zimbabwe have shown that around 60% of adults want to know their HIV status while 15% or less has had access to VCT.

Many studies in developing and developed countries described barriers to access to VCT as: distance, cost for the services, fears of knowing one's status, self-efficacy expectation and stigma (8, 9). Meanwhile on motivation to VCT, studies reported factors such as: feeling sick, experiencing family events e.g. marriage or new partner, fear of having been exposed to HIV by the actions of one's spouse or partner and job circumstances e.g. scholarships (10).

Other studies (8) on assessing quality care of VCT concluded that quality of care could be improved by: increasing accessibility; expanding the buildings to promote privacy and maintain confidentiality; reducing cost for test; increasing awareness and reducing stigma. However in reviewing the literature on the topic, the quality of care can be defined in relation to its effectiveness with regard to improving the patient's health status, and how it will meet professional and public standard about how the care should be provided (18). VCT is known to be an effective intervention in combating the spread of HIV/AIDS. However, monitoring the quality of counseling remains a challenge for most VCT program; good quality of services is not only reflected by client attendance, but it is also important to ensure effective strategies that facilitate changes adoption (14).

A review on the nature and quality of HIV testing (11) states that the process of HIV testing is as follow: making the decision to be tested, accessing testing service, test counseling and waiting for the test results. Of these, most consideration is accorded to the HIV test counseling process. The conclusion of the review is that research is needed to examine both clients' and counselor's expectations, experiences and satisfaction with HIV test counseling (11).

There are few studies done in Africa on counselor's role and experiences in VCT, but they reported that counselors are rewarding and stressful. In addition to their obligations in the counseling relationship (providing information, protecting confidentiality and being non judgmental), they perceived pressure to provide information and be good models in their community (12).

However, qualitative studies on public interest towards VCT in Malawi and Uganda reported that community members valued VCT; counselors gave them enough time to ask questions and others said counselor are competent and confidential. In Uganda it is preferred that counselors do not come from the same community (10, 13).

A study assessed the implication of quality assurance of VCT in Kenya in observing client-provider interaction in 20 VCT centers. The study found that overall VCT providers do a good job on counseling about HIV transmission and prevention. However counseling about condom use to prevent STIs and unwanted pregnancy is less common and condom distribution is low (19). Furthermore, clients' views on delivering VCT services in South Africa concluded that 63% of clients reported to be satisfied with counseling session (20). Moreover Angaza's (an NGO which provides VCT services in many parts of Tanzania) experience on quality assurance in VCT services conducted by the AMREF (African medical Research Foundation) in Dar es Salaam, Tanzania, reported that 60% of counselors did not meet standards of preventive counseling skills, while most counselors reported good counseling practice on self assessment (14)

The Horizon project (21) conducted research in Kenya and Uganda on the experience of young people being tested in the facilities offering HIV testing. In both countries, researchers found a wide range of configurations of testing and counseling offered. Some facilities provide only testing and no counseling. Other facilities provide only counseling, but they send clients to another venue for testing.

A study on VCT in Zambia offers some insights into how and why people participate in testing for HIV (10). A random sample of household was selected in one urban neighborhood of Lusaka and in several neighborhoods around Kapiri Mposhi, some 150 km to the north. Adults in these households were invited to take an HIV test. From the total sample of 4'812 individuals interviewed, 37% expressed a willingness to be tested. They were given instructions about when and where to go for the test. Of this group (37% of 4'812= 1'780), only 9.4% (n=167) actually came for a test and less than half of this number returned for counseling and the test results. Urban men used this opportunity more than urban women, but the proportion of the rural population who came to be tested was higher than that the one of

urban residents. The researchers suggest that individuals seemed to prefer a context for testing in which the health care personnel do not know them and where privacy is assured.

A study done in South Africa (22) on VCT in the public sector found that counselors spent an average of 25 minutes on pre testing and 20 in post testing and counseling. Clients felt that those providing counseling should work full time on counseling and need to be trained in counseling. However, clients' perception of VCT services in Uganda reported that female counselors were preferred compared to male counselors and the average time was 1 hour and 7 minutes. The researcher concluded that periodic satisfaction studies are very important tools for evaluating services delivery (22). In Tanzania, most of the studies done on VCT assessed accessibility and acceptance, but no study has been published on clients' satisfaction towards HIV test and counseling.

WHO report of 2002 said that there are approximately 250 VCT sites in Tanzania. Thus services can not be accessible in many rural areas. In 2002 Axios International funded by Step Forward, Abbot Laboratories Funds collaborated with regional and district health team to establish community based VCT services in two region: Dar es Salaam and Mbeya, due to the high HIV/AIDS/STIs prevalence. In Mbeya region, only two councils were involved; Rungwe district and Mbeya municipality. The aim of this implementation was to improve accessibility by integrating VCT services in primary health care. Axios established community based VCT services in 7 health centers in Rungwe district and Mbeya municipality. Utilization of VCT services in Mbeya municipality is now 12% (15).

Due to promising access to VCT services, training of counselors and provision of working equipments in VCT centers done by ministry of health, GTZ and Axios group in Mbeya municipality, it is now important to answer the following question:

- Are clients satisfied with VCT services provided?
- What are their experience and expectations?

This will enables implementers and supervisors to know what they have to improve.

This study will be conducted in Mbeya municipality. The municipality has a population of 265'586 residents (16). The prevalence of HIV/AIDS in region is 10% (17).

Objectives

General objective

The aim of this study is to assess quality of VCT services in terms of clients' satisfaction in order to improve services.

Specific objectives

1. Determine clients' motivation for seeking VCT care
2. Identify clients' expectations for seeking VCT care
3. Assess clients' satisfactions in terms of: confidentiality, information given and time spent
4. Identify clients' suggestions for improving VCT services.

Methodology

Study Design

This study will be cross-sectional and descriptive using both qualitative and quantitative methods to answer research questions.

Sampling Procedure

The study will involve random selection of VCT sites. There are 15 VCT centers in the municipality. Five VCT centers will be randomly selected for their inclusion in the study. 30

respondents will be included from strata of male and female. Each group will comprise 15 clients. Proportionate sampling for the clients in each facility will be done.

As a matter of proportionality, proportionate sampling will be done in order to obtain proportional number of respondents in each selected center. Systematic sampling will be used to select the respondents to be interviewed. A sampling frame will be drawn to estimate regular interval of respondents. (i.e. number of clients required/sampling frame).

Pilot Study

In order to evaluate the questionnaire before the study, a pilot study will be conducted a town away from the municipality, but having the same characteristics as the municipal, to avoid leakage of information.

Materials

Recruitment and Training of interviewers

Five research assistants will be recruited and trained for one week. Selection of interviewers will be based on previous experience in research work. The interviewers must possess basic knowledge on the topic under study. The training will cover background information about VCT services. The training will focus on general interviewing procedures (chronology and probing). An overview of qualitative research methods will be done with an emphasis on the use of in depth interviews in data collection. The training will also focus on obtaining consent, maintaining neutrality, privacy issues, personal relation and ethics in social research.

Interview

A semi structured interview comprising closed and open ended questions will be used to interview clients before and after counseling and testing. The following questions will be discussed:

1. What concerns and circumstances bring individuals to services that offer counseling and testing?
2. What has been the experience of people who have used VC?
3. How clients are satisfied with counseling and testing service?
4. What are the benefits of knowing your HIV status?
5. What elements of VCT are most important to the public?
6. How do people talk about being ready for HIV test?
7. How do people respond to positive test of HI? To negative HIV test?

Data Collection

Data will be collected from June to August 2005. The principle investigator together with a research assistant will collect data from selected centers. The interview will be done in two sessions: after pre test and after post test and counseling. One team of three people will be assigned to interview clients and transcribe clients' responses from tape recorders.

Data Processing and Analysis

The data will be coded, sorted, entered and analyzed by Epi info V 6. Three people will be responsible for data entry and translation of data. The principle investigator will analyze the data.

Results and Discussion

Results will be presented in tables, graphs and statements. Statistical tests will be performed. Finally the results will be presented and discussed in relation to other findings from similar studies conducted elsewhere. The information obtained will improve existing VCT services.

Ethical clearance

Permission to conduct the study will be obtained from the Regional AIDS control coordinator, the regional VCT supervisor as well as directors of the different centers. Clients will be asked for willingness to participate in the study; general information including aim of the study will be explained to them as shown in the consent form below.

Consent form

Purpose of the study

We invite you to participate in a study on clients' experience and satisfaction of VCT services. The objective of this study is to examine services satisfaction among clients using VCT services.

Procedures

Specifically we are going to ask you some questions about your experience and satisfaction in VCT services, as well as your background. The interview will take 1 hour of your time after pre testing session and 1 hour 30 after for the post test.

The information that you will provide during the study will be kept confidential. Only the interviewer and the researcher will have access to the questionnaires. The information will be destroyed after the study.

Benefits

By participating in this study and answering to our questions you will help to increase our understanding of the needs of the community in terms of VCT services.

Your participation in this study is voluntary and you have the right to refuse to participate or to answer to any question that you feel uncomfortable with. If you change your mind, you have the right to withdraw at any time. If you do not feel comfortable to be interviewed after post test counseling, you have the right to tell us a more convenient time and place for you. If anything is not clear or if you need further information, we shall provide it to you.

Declaration of the volunteer

I have understood that the aim of the study is to examine is client experience and satisfaction during VCT services. I realized that I will be interviewed two times. I consent voluntarily to participate in this study.

Signature of client

Signature of investigator

Date

Date

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