



# Training approaches and QA issues in CT expansion

Nduku Kilonzo, PhD

Liverpool VCT, Care & Treatment (LVCT)  
Kenya

# Presentation layout

- Background to VCT in Kenya
- Training approaches for VCT
- QA for VCT
- Issues emerging for CT
- Considerations for training and QA by LVCT

# Where are we coming from?

- VCT sites (3 in 1999 to 960 in 2007)
  - rapid scale-up
  - quality assurance – standards, protocols & monitoring
- Principles
  - privacy, confidentiality, anonymity, consent, counseling
- Limited access to treatment
- HIV related stigma
- Verbal (non-written results)
- Who should conduct test?

# Liverpool VCT, Care & Treatment – Kenyan NGO

- Strengthening Government and Partner response to HIV prevention, care & treatment
  - Training – 70% of Kenya’s 3,000 counsellors
  - QA for services & strengthening coordination
- Scaling up HIV CT, care/ART, Post Rape Care services
  - >900,000 tested & received results
  - Supported 400 of >1,000 VCT sites, provides MVCT & CBHCT
  - 17,000 on palliative care & 6,500 on ART
- Services to vulnerable groups

# Training for VCT – background

- Health worker's focused service delivery
- Focus on counselling/behavior change
- Individualized approaches
  - targeting of social mobilization,
  - couples HIV CT
  - personal action plans in VCT
- Service provider controlled testing & giving results
- Straight jacket training – VCT, PMTCT, DTC

# QA for VCT in Kenya

- Counselling, Testing, Logistics & Data
- Coordination – National Quality Assurance Team
- National QA strategy
- Standards – service delivery guidelines, training, reporting
- QA – national level
  - Licensure, Mystery client exercise, QA review workshop, accreditation
- QA – local level
  - Registration, counsellor supervision (case & burnout management) QA training

**HOW HAS QA BEEN UTILIZED TO STRENGTHEN  
ADDRESS GAPS & STRENGTHEN SERVICE  
DELIVERY?**

# Utilizing & evaluating QA - 2006

## Methods:

- 6 districts & 24 integrated VCT sites in Nyanza province
- 50% (12 sites) – QA'd over 12 months
  - training DHMT & counsellors, counsellor assessment, feedback on performance, client exit interviews, regular counsellor supervision (burnout management)

## Findings:

- Average - 46% increased uptake of VCT
- Capacity for management, ownership
- Key motivation for health providers – feedback from data collected

# Mystery client exercise - 2006

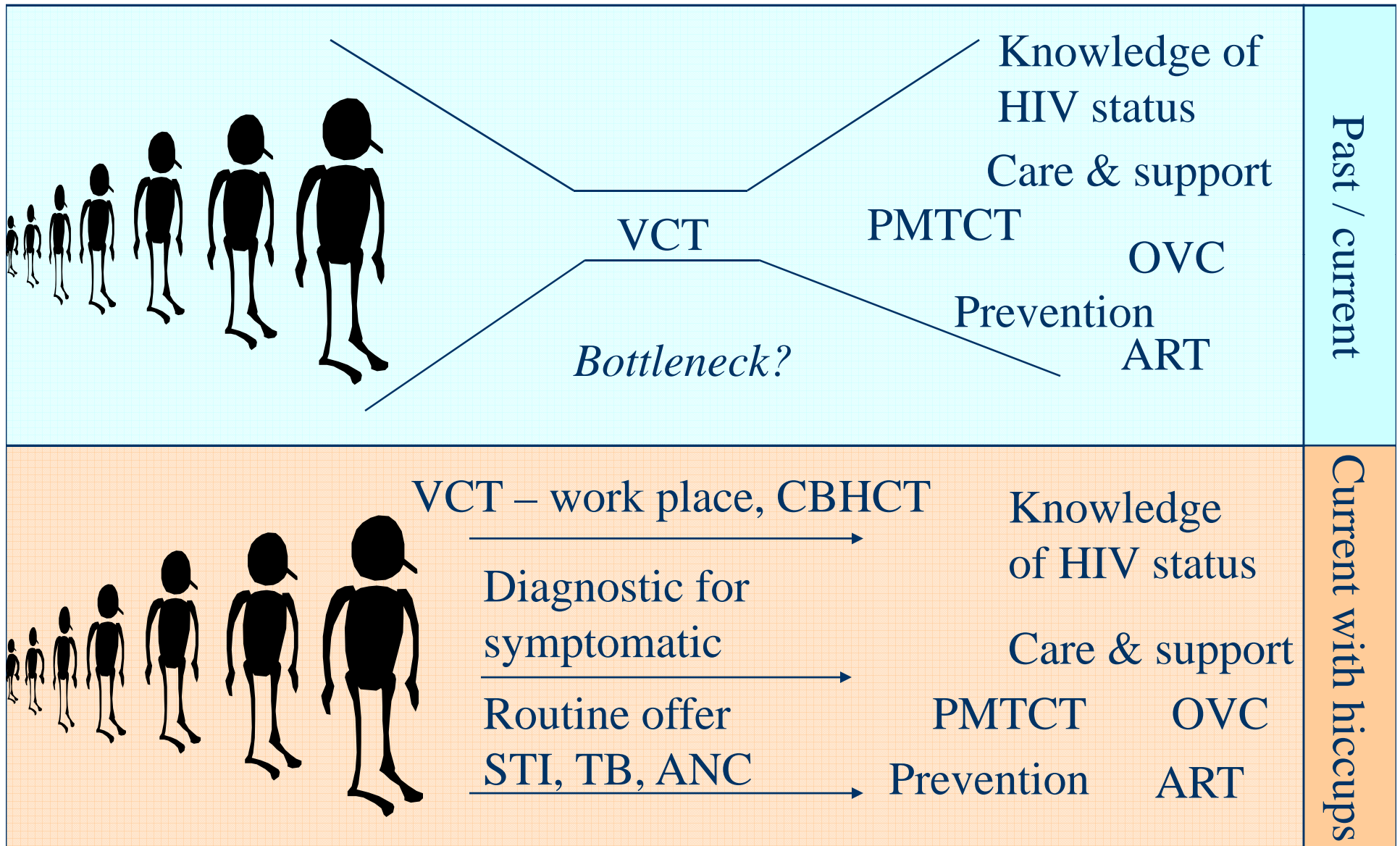
## Methods:

- 30% of VCT sites by geographic & VCT type
- 6 VCT counsellors (3 female, 2 HIV +ve, 2 <24yrs)
- Evaluate adherence to C & T protocols & ethics

## Findings:

- Opportunities lost
  - 10% disclosure not discussed for clients with partners
  - 9% counsellors declined to test – ‘client not ready’
- Under-reporting
  - 15% client forms not filled

# Shifting approaches to CT



# Considerations by LVCT for training approaches... 2008+

- Task shifting
  - health worker's primary role – testing, optimizing referrals & patient linkages
  - lay counsellors – testing, counseling, support to health sector e.g CBHCT for index client f/u
- Coordinated training programme
  - how much training? what? and for whom?
  - core vs optional components e.g couples, alcohol
  - all service providers capable of CT

# Considerations by LVCT for service delivery approaches... 2008+

- Strengthening data utilization to determine optimal targeting in service delivery
  - MVCT in testing week – 52% repeat testers (n=7973)
  - CHBCT in testing week – 2% repeat testers (n=1248)
- Strengthen feedback mechanisms to service providers

# Considerations by LVCT for QA approaches

- Developing responsive standards
  - new operational guidelines e.g children CT
  - re-examining QA models – licensure?
  - responsive supervision models
  - redefining data requirements – national, program needs
  - Innovative approaches – workplace CT
- What are the potential future trends in CT?
  - massive CT approaches will require coordination, tailored standards, reporting mechanisms

# Conclusions

**Kenya's goal: from 25% to 80% coverage of 35M**

- QA for **CT service delivery** essential for scale up & requires flexibility to allow for innovations & new trends - for infrastructure, coordination in each of the components for Government & for partners and coherence in approaches
- Training must be cognizant of requirements for task-shifting, integration & emerging innovations

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