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IMPROVING QUALITY OF SERVICES AT HIV/AIDS COUNSELLING & TESTING CENTRES

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ABSTRACT

The overall HIV prevalence among the general population continues to be at 0.35% in India, with an overall declining trend at the national level. (1) Prevention forms the backbone of the programme. One of the critical interventions is to provide the entry point of HIV preventive and curative services through Integrated Counselling and Testing Centre (ICTC). There is a need to make Integrated Counselling and Testing Centre effectively available to all by identifying specific strategies for the lacunae in these services.

In this paper, we have expressed our views on the key areas that merit attention based on observations made at one of the ICTCs in Delhi for a duration of one month and thereby offered suggestions (if any) in order to improve the quality of services offered at ICTCs.

Keywords: Acquired immunodeficiency syndrome, HIV prevalence, HIV/AIDS, Integrated Counselling and Testing Centre, Quality.

1. Introduction

The total number of people living with HIV/AIDS in India was estimated at around 2.117 million in 2015. Children less than 15 years of age accounted for 6.54% of all

infections. (1) Prevention forms the backbone of the programme. HIV counselling and testing services are a key entry point to prevention of HIV infection, and to treatment and care of people who are infected with HIV. When availing counselling and testing services, people can access accurate information about HIV prevention and care, and undergo an HIV test in a supportive and confidential environment. People who are found HIV-negative are supported with information and counselling to reduce risks and remain HIV-negative.

Community Health Centres and Primary Health Centres have been integrated in the national programme to facilitate prevention through promotion of condoms, counselling and testing for HIV (ICT Centres), prevention of parent to child transmission (PPTCT), treatment and cure for sexually transmitted diseases and management of opportunistic infections. By 2014, there were nearly 15,000 healthcare facilities offering HIV Testing and Counselling (HTC) facility in India. In the same year, 13 million general users and 9.7 million pregnant women accessed HTC respectively against a target of 10.2 million for each group. (2) Despite this progress, only 13% of people living with HIV in India are thought to be aware of their status. The challenge before National AIDS Control Organisation is to make all HIV infected people in the country aware of their status so that they adopt a healthy lifestyle; access life-saving care and treatment and help prevent further transmission of HIV. (3)

With rise in HIV infections there is a need to make ICTC effectively available to all by identifying specific strategies for the lacunae in these services. Against this background , we have expressed our views on the key areas that merit attention based on observations being made at one of the ICTCs of Delhi for a duration of one month and thereby offer suggestions (if any) in order to improve quality of services offered at ICTCs. Suggestions were also taken from the staff and the in-charge.

2. Materials and Methods

Cross-sectional descriptive study was conducted in one of the ICTCs of Delhi. Study population consisted of all the clients visiting the ICTC during the one month of data collection. All those clients who gave consent were included in the study. Unstructured interview schedule was prepared to collect data from all the clients. A separate unstructured interview schedule was used to gather information from the male and female counsellors and doctors administering the centre. Observation checklist was also prepared and the pre test and post test counselling sessions of all the clients attending the ICTC were observed after taking an informed consent for the same. An exit interview was conducted through an unstructured interview schedule of all those who gave the consent. Permission was obtained from the

appropriate authority before collection of data. The limitation of the study was that this was not a multi-centric study since it was done only at one centre of Delhi, therefore the observations may not be generalised to all the counselling centres.

3. Observations and Discussion

In the above mentioned points of observation, the following are the findings presented thematically in terms of client's perspective and provider's/counsellor's perspective.

Findings with regard to the client's perspective:

Poor accessibility of the centre

ICT centre should be at an accessible place. Availability and accessibility of ICTC services plays an important role in identification of HIV positive cases and ensuring the quality of life to HIV positive people by linking them with care, support and treatment. (4) The centres should be linked with the OPD premises. They should not be located at far off distances from the OPD. Clear signboards and directions should be displayed for making it easier for the clients to reach the ICTCs and avail the services.

Breach in confidentiality

In the ICTC, the same counsellor is sometimes unable to do the pre and post test counselling. This makes the client uncomfortable at times. The place of counselling should be client friendly and adequate privacy should be offered. If possible, the same counsellor should do the pre test and the post test counselling. Maintaining confidentiality, positive regard, acceptance and empathy towards the patient should be kept in mind by the counsellor. Shared confidentiality in the context of prevailing fear and stigma around HIV/AIDS may make it difficult for the counsellors to build trust in the counselling process.

Lack of Feedback taken from the clients

Feedback from the client regarding the quality of counselling was not being taken. It is proposed that feedback should be obtained from clients from time to time regarding their perspectives about the services that were provided by the ICTC. Client satisfaction surveys should be periodically carried out to assess the performance of the ICTCs. This should be preferably be obtained by an external agency.

Information, education and counselling (IEC) material available at the centre are not self explanatory

The clients felt that the IEC material for distribution had too much of written content with very few picture since most of them were illiterate, it was difficult for them to understand the content. Audiovisual aids were hardly being used for counselling the clients.

In order to reach the illiterate population, the IEC material designed should be more pictorial and self explanatory. Material like pamphlets, booklets and flip-charts should be made freely available for distribution and funds should be channelized appropriately for the same. Audiovisual aids should be used extensively. This would enhance the understanding ability of the client, and would enable the client to remember the safety measures told to him/her by the counsellor for a longer time.

Low levels of motivation of the clients to come for the post-test counselling

Post-test counselling of clients undergoing pre-test counselling and testing was achieved in approximately 80-90% of clients of that centre. This could be due to the fact that most of the clients belonged to lower socioeconomic status as reflected by their monthly income, educational status and occupation. For them to come for post test counselling and follow up would mean spending money in commuting to the centre is equal to missing a day's salary.

Attempts should be made to give out the test results on the same day. If the client is willing to wait for 4-5 hours after the pre-test counselling, then post test counselling after obtaining the laboratory report can be done on the same day, alternatively, the client should be motivated by the counsellor to come for the post test counselling and follow up. The HIV sero-positive clients should be encouraged to bring their sexual partner for counselling and testing. To ensure that incentives may also be offered to the client.

Client's resistance to change

It was observed that there was a resistance amongst some of the clients to change. A changed behaviour in many instances would go against traditional or religious belief. This could be due to the factors in the environment which may contribute to or reinforce risk behaviour. The clients felt that there was no point in adopting methods of prevention as it was told during the counselling session. Some clients also felt that it was unmanly to using condom. Women complaint that use of condoms may result in offending their partner. All

these factors were listed as contributing factors to resistance to change even when the client were explained the mode of spread of HIV infection.

To promote and sustain the behavioural changes needed to prevent HIV transmission, the counsellor needs to work intensively not only with infected or sick persons but also with their families and other people who matter to them. Repeated visits and interactions with the key members of the family should be promoted. Also reporting formats should reflect such repeated visits and change in behaviour should be presented if achieved.

Peer counsellors who are HIV positive should be employed at integrated counselling and testing centre. He/she would help create confidence and facilitate a change in the patient by talking about the basic facts of HIV infection and testing methods. For ART users, they would also discuss the importance of a good lifestyle and regular medication .This would help in creating job opportunities for people living with HIV/AIDS.

Findings with regards the provider's/counsellor's perspective:

Low salaries of the counsellors

The counsellors are very dissatisfied since the salary being paid to them was not enough. Also the counsellor's salary was client target specific. The counsellors had to achieve a particular number of clients per month to prevent any reduction from their salary. This has resulted in improving the quantity of service but has had a negative influence on the quality time given to each client by the counsellors.

Target oriented counselling interferes with the objectives of successful counselling and thus should be changed to target free process. Indicators determining the counselling methodology, content and change in behaviour of the client should be used for evaluating the services rendered by the counsellors.

Difficulty in handling some situational problems

The counsellors were experiencing difficulty in handling some situational problems. They stated that sharing experience, building partnership and establishing a rapport with the client was sometimes challenging.

Visits and discussions with other centres working on counselling interventions are a valuable learning exercise and can improve quality. Regular staff meetings to discuss and promote communication and regular case review meetings for the staff should be done. Case discussion can be an important way to help critique a counsellor's approach and also help maintain quality. Time must be allocated for case discussions as part of the work calendar.

The entire team of care givers, counsellor, outreach worker, and other staff responsible for the clients should meet at least once in a fortnight and discuss progress of specific clients as well as relevant operational issues. Also refresher trainings to further enhance the skills in advanced counselling techniques to handle difficult situations need to be built in the system.

Stressful working conditions of the counsellors

The counsellors stated that it is stressful to work with HIV/AIDS care. Heavy workload, unreasonable demands, intensity of expectations, illness and death of clients and non-availability of adequate care can cause high levels of frustration leading to emotional and physical exhaustion. Taking time off, developing a hobby, establishing social networking and encouraging staff to take regular holidays, and not work beyond office hours are some helpful strategies to prevent stress and burn out.

Lack of Periodic ongoing structured supervision

To ensure quality of services, periodic ongoing structured supervision should be conducted both 'onsite' i.e. while the counsellor is with the client, as well as outside of this setting. For the onsite supervision, the counsellor must explain the presence of the supervisor to the client, as an observer, who can help the counsellor do his/her own work better . The counsellor must seek consent and must facilitate the clients to express concern, including refusing consent. The supervisor must observe the counsellor's relationship with the client and later, give feedback, explore possible problem areas and provide guidance .Supervisors must write a report of the session to monitor the counsellor's progress .The reports should also be used when planning for training.

A diary should be maintained by the counsellor that only the supervisor can access. The principal objective of maintaining a diary will be to support the counsellor's personal growth. Counsellors must be encouraged to record their feelings and thoughts, in specific cases to enable the Supervisors to understand the motives behind their responses in specific situations, examine attitudes, concerns and prejudices, and thereby develop more effective ways of working. The supervision should intend to provide support to counsellors rather than have the traditional approach of fault finding.

Lack of periodic Refresher trainings

Refresher trainings are essential to keep the counsellors involved with active learning and expand their skills and areas of knowledge. Ideally they should be held once in every six months. Training must be structured, and over a period of time, allow trainees to build upon

the experiences on the field. Counsellors working with the clients in the context of HIV/AIDS, require training in many areas, including counselling theory and skills, communication, sexuality, gender, human rights, ethics, reproductive health, HIV/AIDS, alcohol and drug use, abuse, death and dying and advocacy diaries.

Extensiveness of the form to be filled for both the pre-test and post-test counselling

Difficulty is being faced by the counsellors in filling up the form of the pre and post test counselling which is extensive .Since the form is elaborate the counsellors need to concentrate on filling up the form while the client is sharing the information. Establishing a rapport with the client becomes difficult and hence the client becomes hesitant to disclose the risk behaviour. The form should be made less extensive so that the counsellors can hear the clients with more concentration and can make him/her feel more comfortable. This will help the client open up more freely.

4. Conclusion

From the above findings, it is very evident that although ICTCs have been extremely effective in providing preventive and curative services for HIV/AIDS, the effectiveness of these centres can be further enhanced by strategically improving specific aspects of services provided by ICTCs.

One of the key areas for improving the effectiveness of the ICTCs is by relocating these centres to a more prominent location so as to provide greater visibility to the target audience. Also, to increase the productivity of the staff at the ICTCs there should be a defined increment structure in the salaries of the counsellors, better counselling of the counsellors to tackle difficult situational problems, congenial and stress-free working conditions for the counsellors, periodic ongoing structured supervision, periodic refresher trainings, greater availability of information, education and counselling (IEC) material which is pictorial and self explanatory, incentivising clients to motivate them to return for post-test counselling sessions, as well as hiring people living with HIV/AIDS as counsellors to create a greater impact on the client and to overcome the issue of resistance to change.

Although, the challenge so far has been to remain true to the principles of client-centred counselling, while integrating family and community, who are play a significant role in India. However, by focusing on the above critical areas, ICTCs can greatly improve their quality of services and become more adept at providing far better preventive and curative services about HIV/AIDS than ever before.

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