Increasing Access to High Quality Voluntary Counseling and Testing (VCT) Services in Lesotho

Final Narrative Report

From the Lesotho-Boston Health Alliance

To

Populations Services International
Introduction

In May 2008, a subaward agreement was finalized between Population Services International (PSI) and the Boston Medical Center, operating in Lesotho as the Lesotho Boston Health Alliance (LeBoHA), to continue the next phase of work on the Know Your Status (KYS) campaign in the Berea district under PSI’s project titled “Increasing Access to High Quality Voluntary Counseling and Testing (VCT) Services in Lesotho.” This award from PSI enabled LeBoHA to support the implementation and expansion of HIV testing and counseling (HTC) services in the Berea district in partnership with the Berea District Health Management Team (DHMT), when funding from the USAID/Pact award ended in April 2008.

The financial support from PSI enabled the following activities to be initiated and implemented under the KYS campaign:

1. Mass training campaigns for community based counselors (CBCs) within all health center catchment areas in 15 health facilities in the district including Berea and Maluti hospitals.
2. Planning, preparation and implementation of mass campaigns for HIV testing and counseling to communities serviced by the 15 health facilities in the district.

The aim of the campaigns was to operationalise the community based counselors who had been trained with funding from USAID/PACT and to implement the systems put in place to ensure that the intended counseling and testing services reach the communities. This report covers the period from June 2008 to April 2009 and includes the specifics of the above-mentioned activities that were undertaken during this time.

Mass Training Campaigns for Community Based Counselors (CBCs)

Preparation

A Campaign Manager was recruited by LeBoHA to assist the LeBoHA Health Trainer and Berea KYS Manager in the training of CBCs and the implementation of expanded HTC services in the district. Thirteen health centers were identified and their staff was introduced to the project. These health centers included Sebedia, Mapheleng, Koali, St Magdalena, Pilot, St. Theresa,
Kolojane, Immaculate Bethany, Good Shepherd, Holy Family, Mahlatsa and St. David. Meetings were organized with the health center nurses to discuss plans and obtain feedback for the accelerated testing and counseling campaigns to be held in their catchment areas.

In an effort to use the existing campaign infrastructure setup, the sites used by each health center for National Immunization Campaigns were identified as the sites for the KYS campaign. The number of sites per health centre ranged from between 4 to 14 sites and each site served between 2 and 5 villages depending on location. The time spent at each health center for campaign related activities was determined by the number of sites per health center as approximately 2 days were allocated per site to ensure that maximum number of community members were reached.

**CBC Informational Meetings**

With support and assistance from the health center personnel, meetings were organized with CBCs from each village to provide them with the skills and tools needed to sensitize their communities about the campaign, specifically to motivate the chiefs, community leaders and the community at large to promote and participate in the campaign. The CBCs were encouraged to provide HIV/AIDS related health education, with emphasis on the various modes of transmission, apart from sexual contact alone, in an effort to reduce fear of HIV testing on account of discrimination by the community. Special emphasis was also given to the importance of early testing, even in the absence of any symptoms so that the necessary measures for management of infection and treatment with anti-retroviral drugs if needed could be initiated at the earliest. The health education sessions to be given by the CBCs were therefore designed to provide comprehensive information related to HIV/AIDS, encouraging community members to make an informed decision to undergo HIV testing.

Since the testing and counseling services were being expanded on a large scale, CBCs with assistance from the Campaign Manager were encouraged to work in coordination with the health centers at the local level and the KYS office at the district level to ensure that testing kits and
related supplies were available at all times. The estimation for testing supplies was based on the number and size of villages within each health centre catchment area.

**Senior CBC Training**

The need for effective planning, coordination and implementation of this extended phase of the campaign necessitated the creation of team leaders among the CBCs within each health center. Three team leaders per health center were identified by and selected from a group of advanced CBCs to serve as “Senior CBCs” and take responsibility for organizing and managing the campaigns, provide peer supervision and serve as a liaison between the CBCs and the health centre.

In total 39 of the advanced CBCs underwent training from Sep 8-10, 2008 to serve as Senior CBCs. This training included:

1. Management of and working with other CBCs on various aspects of campaign preparation including preliminary discussions with chiefs and community leaders to obtain support for the campaign, planning a schedule for the campaign in each village in association with the chiefs, leaders and members of the community.

2. Planning the logistics related to running the campaign including ensuring sufficient quantity of supplies were available and the arrangement of adequate shelter for testing and counseling whether it be a school, church, residence of the chief/community member or a mobile tent.

3. Refresher course on HIV/AIDS including the step wise process to be followed during pre and post test counseling sessions and the HIV test itself.

4. Supervision and providing support to the rest of the CBCs.

5. Documentation and data collection including filling of forms that would be used during the campaigns, namely the client record forms, the community education forms, reporting forms and the supervision forms. This information was then transferred to other CBCs, particularly information related to filling of client record forms.
On completion of the three day training session, the senior CBCs in turn organized meetings with their fellow CBCs to plan the way forward for community wide sensitization in preparation for implementation of the campaign in each village covered by their health center. They also organized the meetings with the Chiefs to arrange meetings with the communities. Meetings were held throughout the communities in each health centre catchment areas to sensitize the community members about the counseling and testing campaigns.

The District Wide KYS Campaign

Since community based HIV testing and counseling has to be coupled with wide scale community mobilization, the CBCs coordinated with the Community Health Workers (CHWs) to conduct community sensitization and mobilization programs in various areas of the villages including churches, schools and community gatherings including funerals. Apart from providing factual information related to HIV/AIDS, a great deal of emphasis was placed on encouraging people to find out their HIV status through testing services provided by the campaign. The success of these sensitization programs varied with some requiring repeated meetings with community members prior to their volunteering to test whereas others necessitated only one meeting prior to testing.

The HTC campaign began on 22 September 2008 at two health centers-St. Theresa and Bethany health facilities and concluded in Feb 2009 at the Good Shepherd Health Center. A total of 13 health centers were covered by the campaigns, the 2 hospitals were excluded from the campaigns as the communities around the hospitals are getting comprehensive services from the hospitals. Below is an overview of the number of people in the district tested through the campaign over a period of only five months.

Total Number Tested: 7,096  Males: 2,889  Females: 4,207

Of the 7,096 people who tested, 383 (5.4%) were referred to their health centers for drawing blood to determine the CD4 counts after receiving post test counseling. All people tested were offered post-test counseling including the 6,713 people who tested negative.
The statistics from September 2008 to February 2009, covering the period of the campaigns is hereby attached.

**Project Evaluation**

A qualitative review of the campaign was undertaken by LeBoHA to determine the impact of the campaign on community based HIV testing and counseling, measured through the attitudes, perceptions and feedback from 1) Health Center Nurses, 2) Village Chiefs, 3) Community Members and 4) CBCs/CHWs on the campaign.

A questionnaire was developed for each category above and included questions related to attitudes/perceptions towards HIV Testing and Counseling, campaign coverage, impact of campaign, challenges experienced and suggestions for future campaigns. 6 of the 13 health centers (46%) were randomly selected and within each health center the goal was to interview 1 nurse, 4 CBCs, 1 CHW, 2 chiefs and 5 community members.

Feedback from the nurses indicated that the health centers found the campaign effective in educating large numbers of people on the importance of HIV testing, thereby increasing the number of people coming to the health center for voluntary testing and counseling. While there was no baseline survey conducted the nurses have reported an increase in the maternal testing rate and partner-testing rate and there has also been an increase in numbers of people undergoing adherence counseling prior to initiation of treatment.

Out of 6 nurses interviewed, 5 stated that the training the CBCs underwent was useful for the work they were doing in the campaigns. They were also appreciative of the fact that the CBCs are working at the health centre on a daily basis, with each CBC present every alternate day at the health centre ensuring that the service is always and easily accessible to the communities served.

Their recommendations included that the advanced CBCs be given specific trainings on other related areas such as PMTCT, ART, DNA-PCR etc, to ensure that they are able to counsel different types of clients as they come. The nurses also indicated that most community members
do not want to be tested in their own villages as there is still little trust between the community members and the CBCs. They have therefore recommended that more emphasis be put on confidentiality and honesty as the community members might be afraid that their issues will not be safe with some of the CBCs. One of the nurses indicated that the campaigns have been useful as they reached large numbers of people all at the same time, especially when service providers from other communities were brought into different communities. She stated that the campaigns have reduced the huge client influx to the health centres while at the same time they have increased the level of understanding of the importance of knowing one’s status within communities. She also reported that the campaigns have made the HIV testing and counseling services accessible to community members who are unable to go to the health centres. The number of villages per health centre catchment area varied from 20 and 54 villages. Out of the 6 nurses interviewed, 3 of them have acknowledged full coverage of their communities.

Feedback from the chiefs indicated an overall positive and supportive attitude towards the HTC campaigns. Some of them requested that campaigns be held on a yearly basis so as to motivate people who were previously untested to undergo testing once they see others consenting to test. Of the 10 chiefs interviewed, 7 indicated strong support for the campaigns. They suggested that a CBC team should visit their villages once in three months (quarterly) to work together with the Chief to review the work that has been done, discuss challenges faced and work together on solutions for the challenges faced. The Chiefs also indicated that there are people in their communities who are yet to be convinced that HIV is a matter of concern. In this case they suggested that the CBCs should request one community meeting from the Chief at least once a month to provide continuing education on issues of HIV/AIDS to ensure that all people in the communities fully understand these issues and are able to make informed decisions pertaining to HIV testing. In cases where there was low turn-up, the Chiefs emphasized that the low turn-up for communities to test was due to people working in the fields. It was recommended that for future campaigns, more attention be paid to the timings of when they are held to ensure that there are no conflicting activities such as work or school examinations occurring at the same time. Although 7 of the chiefs interviewed showed a lot of support to the campaigns, they admitted that some chiefs are still very resistant to HIV testing due to limited information. They indicated that having trainings specifically for chiefs on HIV issues will help improve their understanding.
and garner more support for the campaigns in future. The Chiefs showed a lot of appreciation for the CBCs they have in their communities. They mentioned that although they highly support the campaigns, the CBCs should continue their work in the communities and carry on the door-to-door testing as not all people can go to the health centres or even to the campaign sites, but with their presence within the communities, it is easier to access the service at any given time. They indicated that the campaigns and door-to-door testing are equally important as the campaigns occur once in a while and reach out to many people at one time, while the door-to-door testing is continuous. Therefore a combination of the two is ideal for ensuring that HTC services are accessible to a large population.

The CBCs reported that the training they received was useful in providing quality counseling and testing services to their communities but also suggested that refresher trainings should be provided, even if it is on a yearly basis, in order to refine their skills and also obtain information on new developments in the field. Based on the reports we got from the health centre nurses, the additional training that the advanced CBCs received has equipped them with more skills and provided them with the necessary tools to convey knowledge received to their peer CBCs who did not undergo the advanced training as well as the CHWs who did not undergo either of the trainings. There is still a need for the CHW to be trained in counseling and testing or at least work under close supervision to ensure that they follow the protocol properly. The non-advanced CBCs and CHWs have also reported this informally to the LeBoHA Team, and they have shown great interest in getting the basic or advanced training depending on the category they are in.

Members of the community felt that the campaigns, particularly the health education sessions were essential in improving their understanding of HIV/AIDS related issues, thereby motivating them to make an informed decision to undergo testing. Some community members attended the health education sessions but did not undergo testing during the campaigns. However based on the information they received through the health education sessions, they made the decision to test at the health center at a later stage and based on their status follow the necessary measures to stay negative or remain healthy if positive. Out of 24 community members interviewed, 15 indicated that most people could not test during the campaigns as they were working in the fields, this is believed to have been one of the most inhibiting reasons for the communities to be
tested. In other communities the community members mentioned that the Chiefs did not inform the community members either in time or at all. In such communities it has been difficult to get clients to come for the service.

The overall responses received from all categories of persons interviewed indicate that the campaign had a positive impact on the communities covered, motivating people to undergo testing and counseling and we hope in the long term leading to greater numbers of people undergoing voluntary testing and counseling at the health centers.

**Challenges with the Campaigns and Lessons Learned**

1. The clinical staff was not able to provide any direct field support to the campaigns for multiple reasons including understaffing at the health centers. This posed a challenge as the initial plan was to draw blood for CD4 counts on the spot, as soon as a person tests positive. Even where manpower was less of an issue, the health centres only sent blood samples for CD4 counts to the hospital on assigned days. This left us with the only viable option of referring clients directly to the health centres on the assigned days to ensure that blood samples are drawn for CD4 count.

2. District ownership of the project has been a big challenge. The DHMT and KYS Manager depended fully on LeBoHA to carry out the outlined activities with very minimal participation. On occasion the KYS Manager was not available to assist as scheduled resulting in frequent delays in planned activities. In order to deal with this issue CBCs who showed a lot of commitment were mentored and assigned to lead the teams, although the main team leader would always be within reach whenever support was required.

3. The community turn-up varied between sites due to reasons ranging from bad weather conditions to community members going out to the fields during the campaigns. In comparison to the campaigns held in communities, the turn up in school testing sites was remarkable and many children from the age of 12 were tested. In some schools we had to await the consent from the parents as the teachers would not allow the children to give
consent on their own. This did not pose a major issue as most parents did not have a problem with giving consent for their children to get tested.

4. Shortage of test kits and supplies was a major problem towards the end of the project. Many times we had to rely on the hospital and PSI to borrow additional testing kits. We are very grateful to the support given by PSI in this regard.

5. Some communities were inaccessible by vehicle and the CBCs had to walk long distances to get to the sites. This turned to be a challenge as in some areas the turn out in these areas was below our expectations.

6. Of the people who tested, the majority were either school-age children or persons in the older age groups. It was rare for people in the middle age group (20 – 35) to come for testing. This as well has been one of the challenges faced. We had to go out in the villages even during the days of the campaigns to get people out of their homes to go to the testing sites. The perceived reason for this has been that people associate HIV mainly with sexual behavior, and they do not realize that there are other methods of virus transmission. During education sessions, more emphasis was put on the modes of HIV transmission as a way of creating awareness on the possibilities of one getting infected at any age and any time even if they are not sexually active. The statistics both from the campaigns and the door-to-door testing have clearly shown that the age group 20 – 34 has not been covered as widely as possible. More information needs to be collected in order to garner the exact reasons for this finding.

**Recommendations**

- It would be helpful if the Chiefs and other Community Leaders are trained prior to the campaigns to ensure that they understand issues surrounding HIV and the importance of knowing one’s status with the aim of earning their support in the preparation and implementation of the campaigns. Based on our experience with the KYS campaign, we have observed that in communities where chiefs took the lead in the campaign, community members were more interested in participating in the campaign and utilizing the HTC service offered.

- We recommend that CBCs receive an advanced training that includes more in-depth training on the counseling and testing process and skills as well as a period of attachment for practical training. Those CBCs that have undergone the advanced training are more
confident in their skills. This has been evidenced by they improved and accurate reporting, increased number of people they test within their own and neighboring communities as well being able to guide other CBCs and CHWs. The health centre nurses reiterated this during the project evaluation. There has also been the added benefit that many of those with the advanced training have played an important role in training and mentoring those CBCs that have not undergone the training.

- It is crucial that the CBCs’ skills are improved and refined through refresher trainings to ensure that the quality of service they provide is high. This will also ensure that they follow the guiding ethical principles in their work, thereby generating an increased level of trust from the community. In addition to the refresher trainings, the CBCs should also be trained on specific topics like PMTCT, DNA-PCR, ART and others to equip them with the necessary information to make it easier for them to handle different cases as they present within the communities they serve.

- The campaigns have had a positive effect on the communities, it is therefore recommended that they be held once a year to keep motivating the communities to know their status and get support and treatment early.

- Door-to-door testing is important as it provides continuing service. If this is continued, it is important to ensure consistent availability of supplies to ensure the CBCs can work effectively.

- Regular supervision visits are a good way of providing support to the CBCs and keeping them motivated. Although they are working closely with their health centres, it would be helpful for the DHMT to provide support where the health centres cannot. Because we realize that these are all very stretched resources, we recommend selecting highly motivated and skilled CBCs to be trained additionally in supervision and management related to community services for HIV/AIDS and based out of the health centers in order to provide additional manpower to support the campaigns as well as ongoing supervision of the CBCs.

- The incentives for the CBCs should be consistent and cover ALL active CBCs to keep them motivated. It has been realized that some of the CBCs that get incentives are not active while some of the active CBCs do not get them. This has created a lot of conflict and low morale among the CBCs.
Summary

The implementation of the HIV testing and counseling campaigns in Berea district has proven to be a very successful endeavor, resulting in 7,096 persons getting tested in the district from the period of Sep 08-February 09. The training of CBCs to provide essential and effective information related to HIV testing and counseling was shown to greatly influence people’s attitudes towards testing, motivating them to make informed decisions to undergo voluntary testing in their community.

Strengthening the relationship between health centers and the CBCs resulted in effective referrals to health centers for people testing positive to undergo testing for CD4 counts and if necessary initiation of treatment following adherence counseling.

The campaigns’ focus on the importance of early testing encouraged people to undergo testing even once the campaigns had left their communities as evidenced by the increased numbers of people undergoing testing in the health centers. While there were some challenges related to inadequacy of test kits, lack of commitment on the part of some key individuals and inhospitable terrain, the campaigns were effective in providing information related to HIV testing to large numbers of people, motivating many of them to get counseled and tested.

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