

Assessing the quality of HIV Services: strengths, weaknesses and possibilities for improvement

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1. Introduction

The Primary Health Care Quality Improvement Project aims to strengthen and support comprehensive HIV services at Primary Health Care level (PHC). Using a set of newly developed HIV Standards, a baseline study was conducted to assess the quality of HIV services in terms of access, integration, scope, and systems to support the services, as part of a broader quality improvement process.

2. Method

Four project-based nurse advisors supported the implementation of quality improvement activities within six inner-city clinics. Using the standards, the clinics engaged in a self-assessment process to identify gaps and opportunities for improvement. Methods included interviews with different categories of staff, reviews of clinic documents, observations of clinical practice plus engagement with the improvement teams.

3. Results

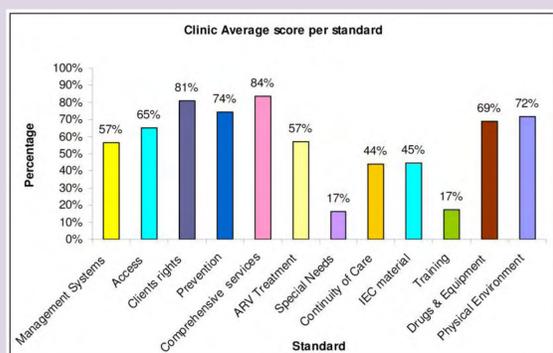


Figure 1: Clinic average score

This figure shows that clinics scored well on the provision of comprehensive HIV services and clients rights, and lowest on management systems, training, and on standards relating to paediatric care.

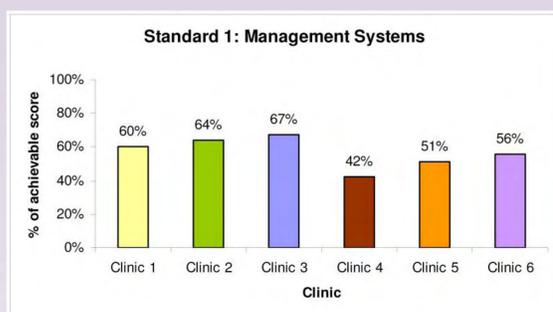


Figure 2: Analysis of management systems

Standard 1: Systems are in place to support the effective provision of HIV and ARV services

Figure 2 analyses management systems across the clinics. average of 57% was attained. The lowest scores related to structures and processes to improve quality; confidentiality issues related to record keeping, and the need for de-briefing sessions for staff working with HIV clients.

Standard 2: Comprehensive HIV and ARV services are accessible

The highest score in standard 2 was 91% and the lowest 55%. A major access issue is the turning away of clients. One of the strengths is the work being done at most clinics to reduce waiting times, such as client flow analyses.

Standard 3: The clinic has policies and processes that support the rights of the clients with specific focus on PLHA
Although most clinics scored well (average 81%), the self-reported information given by staff may be biased. It is nevertheless encouraging that staff were well aware of clients rights.

Standard 4: The facility provides preventive services as part of a broader comprehensive HIV Prevention, Management, Treatment, and Care Package
The clinics scored between 61% and 83%. A significant weakness is the lack of systems in place to monitor the quality of VCT counseling in the clinics. This needs to be improved as it can potentially impact on the quality of counseling in this essential service.

Standard 5: The facility provides comprehensive HIV and AIDS care, Management and Treatment
The average score was 84%. Clinics are making efforts to refer clients for VCT, and efforts are being made to fast track access to ART (combining VCT and CD4 count tests). Gaps identified related to HIV positive women who are not given pelvic examination and pap smear at the first visit and annually thereafter, and the need to increase referrals for VCT from other services(family planning, STI, and TB).

Standard 6: Antiretroviral Treatment is available to all eligible clients according to national guidelines
As ARV treatment is not available in PHC facilities, this standard was not assessed.

Standard 7: Comprehensive HIV services are provided for, and take into account the special needs of infants, children and young people.
The clinics scored between 7 and 33%. This shows that staff were not trained to cater for children, and children's HIV needs are not yet being met at PHC level.

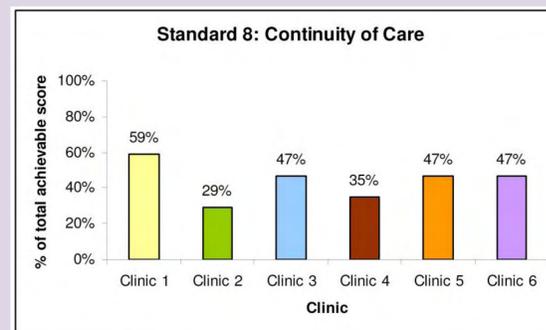


Figure 3: Analysis of continuity of care

Standard 8: Continuity of Care is provided as part of a comprehensive HIV package and is responsive to clients needs and rights.
The clinics scores were low, averaging 44%. This reflects a weakness in the referral system between tertiary, secondary and primary levels. This is essential for comprehensive care, and is therefore a priority area for quality improvement.

Standard 9: The facility provides information, education and communication to promote HIV and AIDS prevention, care, treatment and support to clients, family members and the community.
Clinics scores ranged from 19 to 89%. Those which scored badly had posters which were out of date, inappropriate for the client group, and in a poor state. This identifies the need for improvement of IEC material, and the use thereof, in clinics.

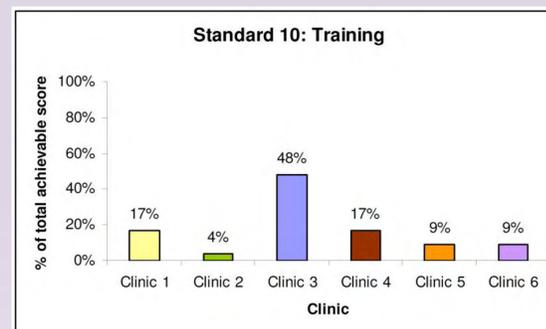


Figure 4: Analysis of training

Standard 10: Systems are in place to ensure staff have the knowledge, attitude and skills to provide comprehensive and affective HIV services.
A low average of 17% was scored in relation to training. This has resulted in staff lacking knowledge, skills and confidence to offer comprehensive HIV care. This is clearly an area which needs to be improved.

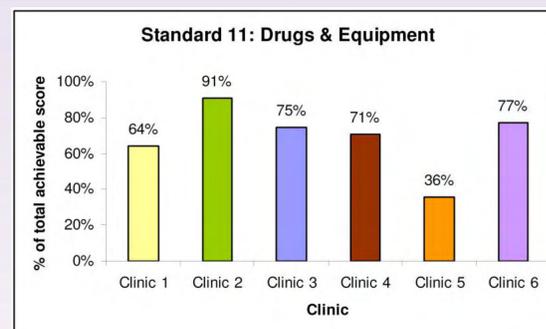


Figure 5: Analysis of Drug and Equipment

Standard 11: The facility has drugs, supplies and equipment necessary to provide effective HIV services.
The average score of 69% shows that clinics have the necessary drugs and equipment necessary to provide effective HIV care. Weaknesses appear in the system supporting the supply of PCR and rapid test equipment.

Standard 12: The clinic has a physical environment conducive to the provision of quality HIV services.
Scores ranged between 55 and 90%. None of the clinics had infection control guidelines. In certain clinics, basic infection control practices were not being followed, such as hand washing soap and disposable towels.

4. Conclusions and Recommendations

- Using the standards, the baseline provides a useful tool to identify strengths; weaknesses; and opportunities for improving HIV services, and to determine appropriate improvement interventions at both facility and the broader health system level
- Systems need to be developed to support and ensure the quality of VCT services
- Staff need to be trained in HIV management
- Strengthening of referral system is essential to ensure effective continuity of care.
- Clinics needs to organize the ART guidelines and use the guidelines to stage and to refer eligible clients to the ARV sites