



Voluntary Counselling and Testing (VCT) in Mozambique: Which is the Most Appropriate Model?

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Background



APPLE Project

- AIDS Prevention, Positive Living and Empowerment (APPLE) Project, funded by the European Union and implemented by CARE/Mozambique and partners.
- Aim of project is to “*To slow the spread of HIV/AIDS...in the Nacala Corridor in northern Mozambique/southern Malawi and in the Maputo Corridor of southern Mozambique.*”



APPLE Project

- One of the project's main objectives is to promote HIV/AIDS testing among youth and mobile populations.
- Khulisa's role in APPLE – monitoring and evaluation partner for the APPLE project, and responsible for conducting several special studies.
- This paper is derived from the Special Study: “The Feasibility and Viability of Satellite VCT in Mozambique”.



Some Generic Models of VCT

Model	Benefits	Constraints
<p>Stand Alone (Classic) For reasons of cost and cost-benefit, located in high population density areas and where HIV infection rates are high</p>	<ul style="list-style-type: none"> ▪ Attracts populations that otherwise would not attend services ▪ More flexibility with staffing and hours of operation ▪ Easier to link with post-test clubs and support groups for people living with HIV/AIDS 	<ul style="list-style-type: none"> ▪ Often not linked with other medical/social services ▪ High set-up and operating costs ▪ Limited geographic accessibility ▪ Can be stigmatising as facilities associated with HIV
<p>Satellite Operates 1 or 2 days in a district in the same place.</p>	<ul style="list-style-type: none"> ▪ Outreach in difficult-to-reach communities ▪ Offers flexibility if open after hours and during weekends ▪ May be the response to unmet demand ▪ Low start-up costs if host facility provides operating space ▪ Offers confidentiality as operates far away from residences of places of work 	<ul style="list-style-type: none"> ▪ Has to be linked to a supporting facility ▪ Limited capacity to reach populations which are not being reached by other models of service delivery ▪ Can be stigmatising as facilities associated with HIV
<p>Integrated VCT services integrated into existing services, usually public sector such as hospitals, STI clinics, TB clinics, ANC clinics or outpatient clinics</p>	<ul style="list-style-type: none"> ▪ VCT part of routine health services, thus normalising AIDS ▪ Health care providers can work in HIV prevention ▪ Direct referral to relevant HIV-related care ▪ High volume of potential clients at public sector facilities ▪ Staff can provide services other than VCT ▪ Huge potential for scale up 	<ul style="list-style-type: none"> ▪ Dilution of other services and potentially lower-quality VCT ▪ Possible regulations disallowing the use of non-health care provider for counselling services ▪ Low motivation in public sector personnel ▪ Quality assurance more difficult to implement ▪ Limited management capability to run complex services ▪ Long waiting times ▪ Possible client perception of poor quality of care ▪ Highly biased in favour of women

VCT Services in Mozambique

- The predominant model of VCT in Mozambique is that of integrated VCT.
- Stand alone (classic) VCT centres and satellite VCT centres are rare.
- This research aims to ascertain whether Mozambique's approach to VCT service delivery is optimal in meeting the needs of all adults in the APPLE project areas.



Research Questions

- What is the demand for VCT among project target groups (youth and mobile populations) living in the APPLE Project sites?
- Which group benefits from the predominant VCT model in Mozambique?



Working Hypothesis

- Women of reproductive age have easier access to VCT services as (1) they are more likely to routinely seek health care and (2) VCT is often integrated into antenatal care as part of PMTCT.
- Women of other ages and men do not use routine health care as frequently as women of reproductive age.
- Models of VCT (other than the integrated model) may be more suited to populations who do not access VCT with integrated care.





Methodology



Data Sources

- This was a desk study utilising existing information
- Two main sources of data:
 - Quantitative data collected in the project's baseline KAPB study conducted by Khulisa in Mozambique in October 2004.
 - In addition, service data was provided by NGOs in Mozambique located in the project areas.



Approach to Analysis

- The baseline data were used to determine the demand for VCT among populations in the project sites.
- Quantitative data from the baseline were analysed using SPSS.
- Data from NGOs were analysed to determine usage patterns.



Determining Demand for VCT

- Ideally, we would have access to the following four groups to determine overall demand:

		Willing to get tested now	
		Yes	No
Tested in the past	Yes	X	X
	No	X	X

- As this was not possible, a proxy was used. Items from the APPLE baseline were analysed:
 - “Have you ever heard of VCT centre? If yes, do you know what VCT entails? Which services are offered there?”
 - “Would you like to have such a test?”



Measuring VCT Utilisation

- Looking at usage data – good proxy for the demand for VCT.
- Reminder of working hypothesis:
 - Women of reproductive age have easier access to VCT services as they are more likely to routinely seek health care. Women of other ages and men of various ages do not use routine health care as frequently as women of reproductive age.
 - Models of VCT (other than the integrated model) may be more suited to populations who do not access VCT with integrated care.
- Data obtained from two health facilities run by MSF (Switzerland).





Results from the Analysis



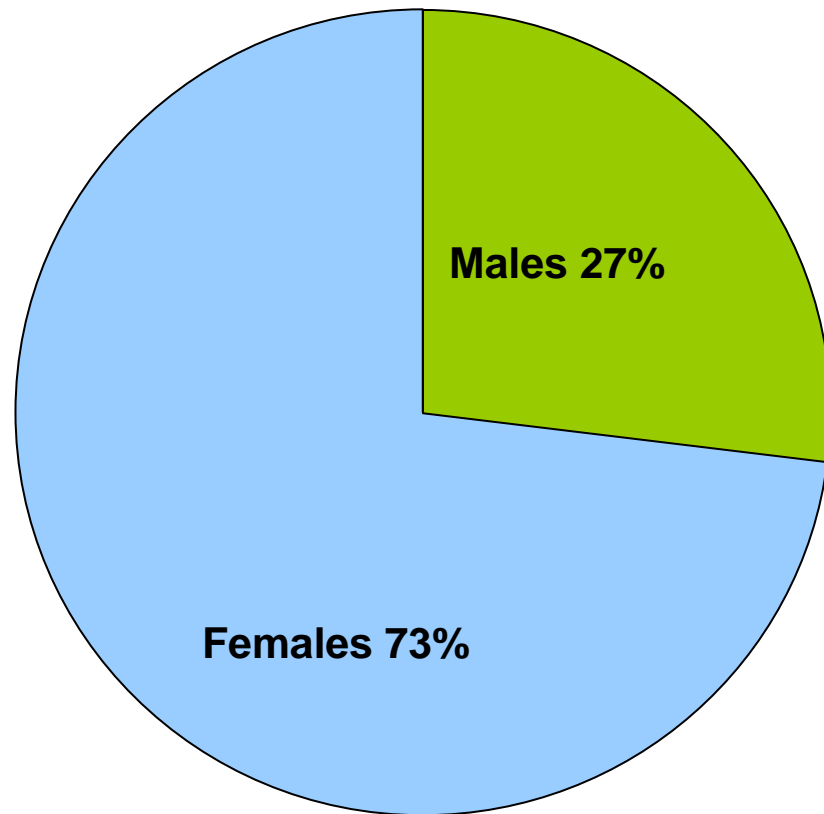
Demand for VCT - Results

	a. 15-24 Year Old (n=461)		b. Mobile (n=214)		Total (a + b)
	Male	Female	Male	Female	
	%	%	%	%	%
Willing to get tested for HIV	88.6	74.9	67.5	65.9	74.2
Know location of testing facility	39.4	26.9	28.1	31.9	31.5

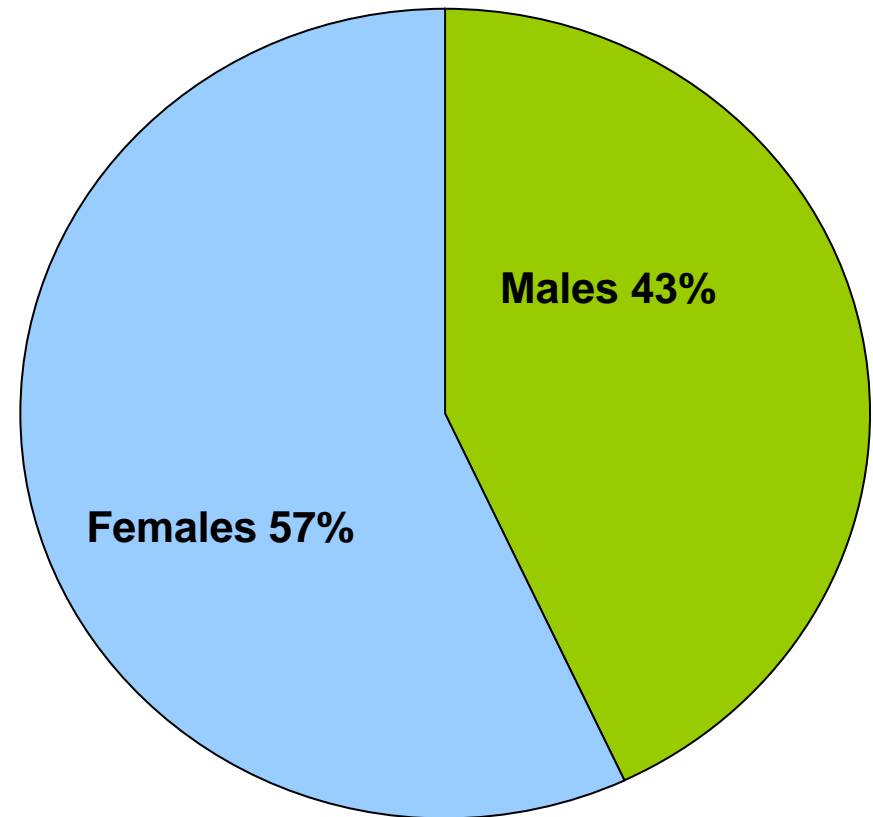
- There is more willingness to test than knowledge of a testing facility location.
- Demonstrates a gap which is related to supply of VCT services.
- Despite high levels of willingness, clients who do not know where to find a testing location will not get tested.
- Supply-side problem – VCT services are not adequately marketed to communities who would otherwise be willing to test for HIV.



VCT Services Utilisation -- Attendance by Gender – 2004 Annual Data



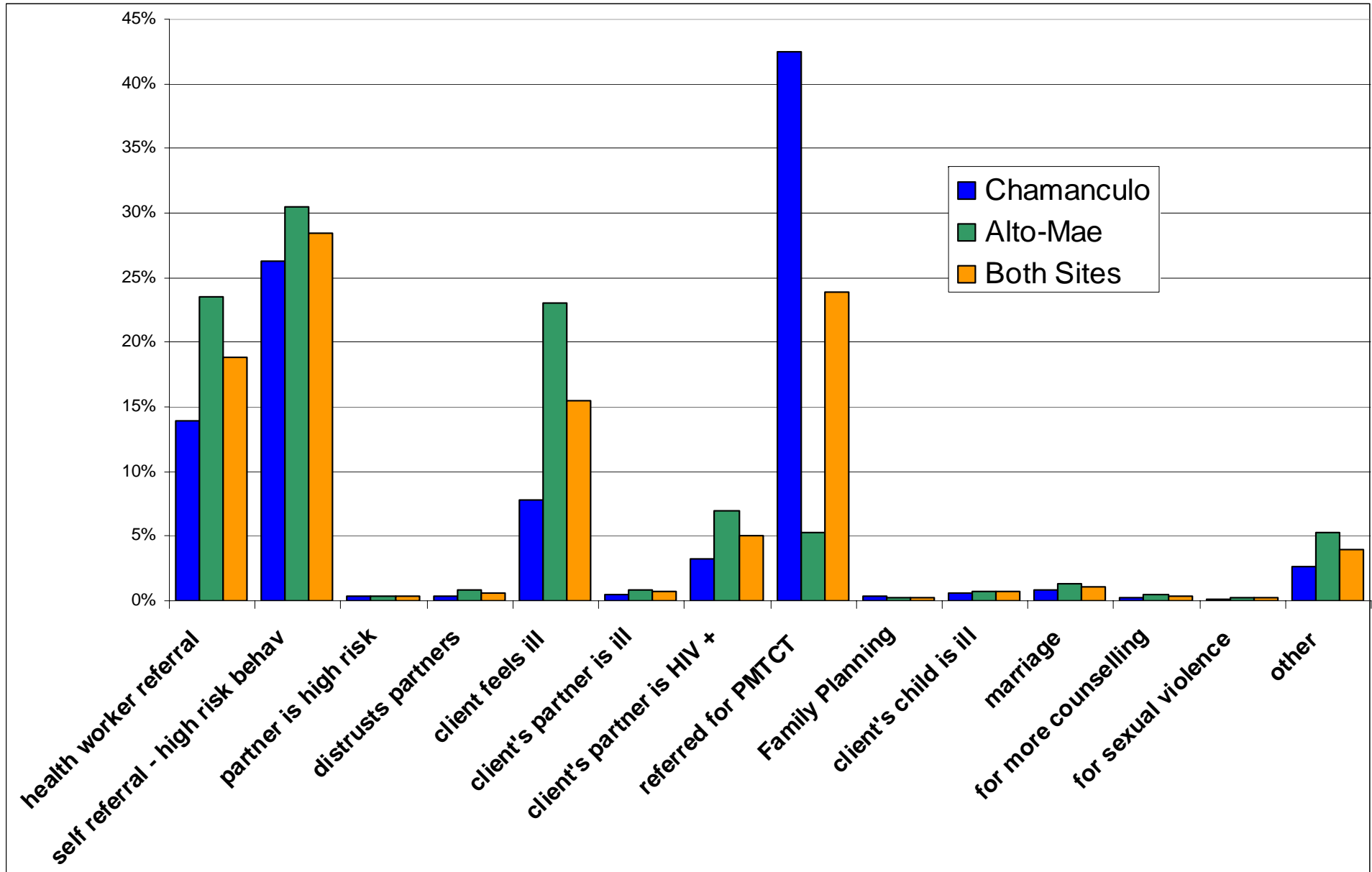
Chamanculo



Alto Mae



VCT Services Utilisation -- Reasons for Attendance – 2004 annual data (combined site data)



Summarised Conclusions

- Analysis of demand patterns support the working hypothesis that integrated VCT centres better serve women of child-bearing age.
- Many men and women who do not require ANC services are not exposed to VCT in this situation.
- More persons are willing to be tested than those who know where to find VCT services.
- The cost-effectiveness of PMTCT is noteworthy. Expansion to women yields much benefit in terms of cases of HIV averted.



Summarised Conclusions

- **Research Question:** What is the demand for VCT among target populations in the APPLE Project sites?
 - **Answer:** 74% of adults (age 15+) would be willing to be tested, but vast majority don't know where to go
- **Research Question:** Which group of the population benefits from the predominant VCT model in Mozambique?
 - **Answer:** Mostly women who utilise ANC/PMTCT services



How to reach other groups?

- Other models of VCT would better serve populations not being reached through ANC/PMTCT.
- Youth would be better served by having VCT services be integrated into YFHS.
- Mobile VCT units and satellite VCT centres could be viable option for VCT service provision targeted at men.
- Research on mobile VCT units is limited and it is recommended that cost-benefit analyses be conducted in this regard.



How to reach other groups?

- Satellite VCT centres – good option for those not wishing to travel long distances for VCT services:
 - would probably benefit those who are motivated to seek health care but are prevented from doing so by various barriers or impediments;
 - could fill the gap of unmet demand; and
 - can be marketed to youth, couples intending to get married or to cohabit, couples intending to have a child and men who work away from home for long periods of time.



Questions?

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