

NACP/JICA Project for Institutional Capacity Strengthening for HIV Prevention focusing on STI and VCT Services



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Introduction

The Ministry of Health and Social Welfare (MOHSW) through the National AIDS Control Programme (NACP) has been implementing a 4-year project entitled “Institutional Capacity Strengthening for HIV Prevention focusing on STI and VCT services” since March 2006. The project has been financially and technically supported by the Japan International Cooperation Agency (JICA). Japanese experts were dispatched to the NACP to work hand in hand with the technical staff of the NACP for the execution of the project activities throughout the project period. The project aimed to improve the quality of sexually transmitted infection (STI) and voluntary counselling and testing (VCT) services. The project developed and disseminated national guidelines, training curriculum and materials, standard operating procedures, job aids for the service provision and recording and reporting tools in order to standardise STI and VCT services in the country. National trainers for both STI and VCT services were oriented to the newly developed materials for utilisation of the materials. The project strived to strengthen monitoring and evaluation (M&E) function of the two services through pilot-testing of a computer-based information system called District Health Information System (DHIS). The project also developed an operational manual for comprehensive supportive supervision and mentoring for improving quality of HIV and AIDS health services.



1. Review and update meeting for the National STI/RTI Guidelines (June 2006)

3. Field test of the guidelines (Feb 2007)

5. Technical Working Group (TWG) meeting on the STI/RTI training package and the flowcharts (August 2007)

7. Field test of the training package and the flowcharts (September 2007)

9. Final review meeting on the training package and the flowcharts (September 2007)

11. Orientation of the National STI trainers on the guidelines and the training package (Dec 2007)

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2. Stakeholders' meeting on the guidelines (August 2006)

4. Final review meeting on the guideline (March 2007)

6. Review meeting of the training package and the flowcharts (August 2007)

8. Stakeholders' meeting on the training package and the flowcharts (September 2007)

10. 2nd final review meeting on the training package and flowcharts (Oct 2007)

Standardisation of STI/RTI Management



Deliverables:

- National Guidelines for Management of STIs and RTIs: 10,000 copies
- Trainer's Guide for Management of STIs and RTIs: 1,100 copies
- Trainer's Presentation Slides for STI/RTI Training: 1,100 copies
- A Manual for Service Providers for Management of STIs and RTIs: 10,100 copies
- Flowcharts for Syndromic Management of STIs and RTIs: 15,100 copies
- Job Aid for Health Workers for Management of STIs and RTIs: 15,000 copies
- CD-ROM of Training Package for Management of STIs and RTIs: 1,100 copies

Expansion of the services:

The National Guidelines was developed in 2007 through adaptation of the World Health Organisation (WHO) Guide for Integrating STI and Reproductive Tract Infections (RTI) Care

2005. National STI trainers were oriented to the guidelines and the new training package during 2008-2009. Since then, the training package has been utilised to train health workers on STI/RTI management. The other partners such as GTZ, UNICEF and Global Fund as well as the Government Basket Fund have been supporting the STI training in the country. With the support, more than 800 health workers have been trained with the new package. The products also have been utilised at pre-service training institutions by the instructors retrained with the new package.



12. Orientation of RACCs on the guidelines (Feb 2008)

13. Orientation of pre-service training tutors on the guidelines and the training package (Oct 2008)

15. Pre-test of the STI job aid in Morogoro and Moshi (Feb-March 2009)

17. Printing and distribution of the STI job aid (April – May 2009)

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14. 1st TWG meeting on the STI job aid (January 2009)

16. 2nd TWG meeting on the STI job aid (March 2009)

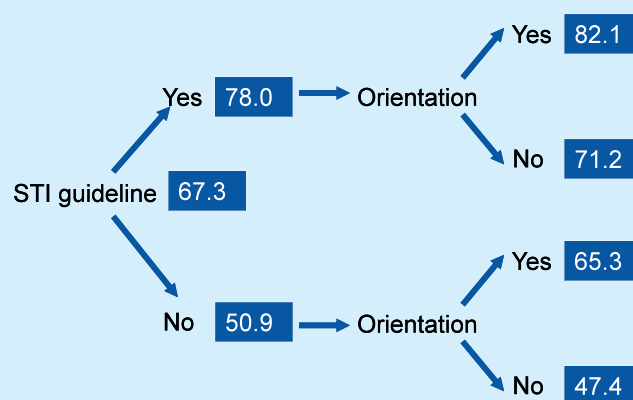
18. Assessment of utilization of the guidelines, the training package and the job aids in Kagera, Mbeya and Mtwara (Sep-October 2009)

Relationship between availability of the guidelines and the service quality:

Availability of the guidelines at a health facility significantly correlated the service providers' correct knowledge and practice. It even correlated with the condition of consultation room and correctness of reporting. The average score of the quality of service of the providers whose facility possessed the guidelines was 78.0, while the score of those without the guidelines was 50.9. Reception of the orientation also had



Figure 1: Difference of Score of STI Practice by Possession of Guidelines and Orientation



positive effect to the service providers who had and even who did not have the guidelines. Availability of the guidelines at the service provision sites and orientation of service providers to the guidelines are most fundamental factors that have significantly positive effect on the quality of STI/RTI services. The MOHSW has to make sure the availability and orientation of the service providers to the guidelines through supportive supervision.

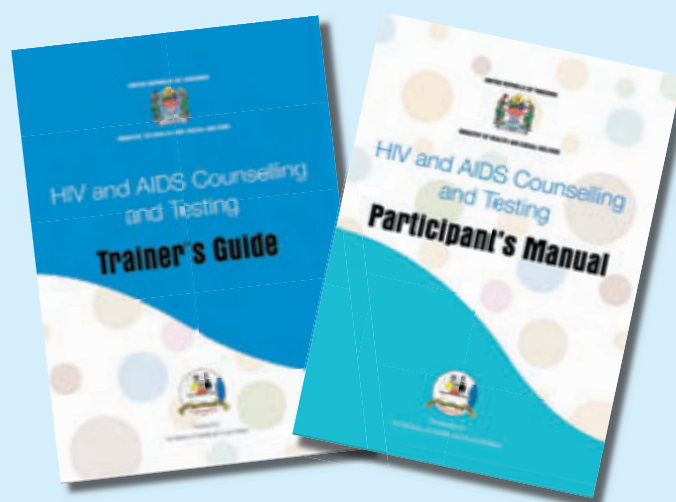


Harmonisation and Standardisation of VCT Services



Deliverables:

- National Trainer's Guide for VCT (English version): 800 copies
- National Trainer's Guide for VCT (Swahili version)
- Trainer's Presentation Slides for VCT Training (English and Swahili versions)
- Participant's Manual for VCT Training (English version): 30,000 copies
- Participant's Manual for VCT Training (Swahili version)
- Participant's Handouts for VCT Training Module 1-6 & 8 (English version): 3,000 each
- Participant's Handouts for VCT Training Module 1-6 & 8 (Swahili version)
- Participant's Manual for Training in Rapid Testing (English): 2,000 copies
- Poster of HIV Testing Algorithm (A3&A4): 35,000 copies
- Consent Form: 267,500 pads (100 copies per pad)
- Referral Form: 465,000 pads (100 copies per pad)
- Situation Analysis Report on HIV Testing and Counselling (HTC) Services
- Standard Operating Procedures for HTC Services (English): 11,000 copies
- Cue Cards for VCT and Couple Counselling (English and Swahili versions): 5,300 copies each
- Cue Cards for Provide Intiated Testing and Counseling (English and Swahili versions): 10,300 copies each
- CD-ROM of the Training Package: 600 copies



Before the Project started in 2006, although there was a national training package, different partners were implementing training of VCT counsellors with various training curricula and materials. This created diversity in the quality

1. Review and harmonization workshop for the VCT training curriculum (May 2006)

3. Stakeholders meeting on the curriculum (January 2007)

4. TWG meeting on the training package (Oct 2007)

6. Field test of the training package (November 2007)

7. Stakeholders' meeting on the training package (December 2007)

10. Orientation of RHMT on the training package (May 2008)

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2. TWG workshop on the curriculum (January 2007)

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5. Review meeting on the training package (Oct 2007)

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8. Orientation of the National VCT trainers on the training package (Dec 2007)

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9. Finalization workshop on the training package (Jan 2008)

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of VCT training and services. The harmonisation and standardisation process of training package was initiated in 2006 by the MOHSW through NACP in collaboration with AMREF and other key counselling and testing implementing partners including the Centre for Disease Control(CDC). This process was supported by the Project. The VCT training curriculum was standardised through the process and the official training duration was reduced to 4 weeks. A training package was developed in accordance with the new curriculum with active participation of the local experts and stakeholders.

Utilisation of the package for VCT training:

Orientation of the national VCT trainers to the use of the training package was conducted under the Project in 2008. Since then, training have been conducted with the standardised training package by all the stakeholders supported by Global Fund, PEPFAR and other donors. The involvement of the key actors in the harmonisation process aiming at standardisation of the training package

created ownership to the new curriculum and materials.

Continuous Quality Improvement of the Training Package:

A training assessment sheet was developed to continuously monitor and assess utilisation of the standardised training package. At the end of each VCT training, the national trainers filled the assessment and submitted to the MOHSW. Through this process, suggestions and recommendations to improve the training package were captured, which led to revision of the training package and development of the Swahili version of the training package and standard operating procedures accompanied with job aids called “cue cards” to assist counsellors to improve their services. Other suggestions such as strengthening the practicum component and couple counselling skills were reviewed by a technical working group and incorporated in the revised training package. The changes have been incorporated in the Swahili version as well.

11. Orientation of the National VCT trainers on the training package (July – Aug 2008)

13. Orientation of the National VCT trainers on the training package (Feb 2009)

15. 2nd TWG on the SOPs and Cue Cards for HTC (March 2009)

16. Training of the National VCT trainers on SOPs and Cue Cards (May, June, July, Aug 2009)

18. Assessment of utilization of the VCT guidelines, the training package and the job aids (Sep-October 2009)

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12. Pre-test of the development of SOPs and Cue Cards for HTC (Feb 2009)

14. 1st TWG on the SOPs and Cue Cards for HTC (March 2009)

17. Finalisation of the Cue Cards Swahili versions (Aug 2009)

19. Revision of the VCT training package (Feb-March 2010)

1. Revision & printing of the paper-based recording and reporting tools (Feb 2007)

3. Dissemination of the tools through RACCs (Aug 2007)

5. Printing & Distribution of recording and reporting tools (Feb 2008)

7. Situation analysis of STI and VCT information management in Coast region (Dec 2008)

9. Development of Guidelines for Introduction of DHIS2 and training manual (Dec 2008)

11. Orientation of Regional and Council Administrators (Feb 2009)



2. Distribution of recording and reporting tools (July 2007)

4. Development of Macro Database for VCT and STI Information management (Dec 2007)

6. TWG for planning of DHIS pilot-testing in Coast Region (Oct 2008)

8. Technical Working Group (TWG) for sharing the findings of the situation analysis (Dec 2008)

10. Printing & Distribution of recording and reporting tools (Jan 2009)

12. Technical training of R/CHMT members on DHIS operation (Feb 2009)

Enhancement of Information Management on STI and VCT



Deliverables:

- VCT Register: 28,000 copies
- VCT Monthly Report Forms for Site, District and Region: 12,100 bunches
- STI Register: 25,000 copies
- STI Monthly Report Forms for Site, District and Region: 10,400 copies
- DHIS2 Training Manual: 50 copies
- Guidelines for Introduction of DHIS for STI and VCT Information Management: 40 copies
- Situation analysis report on STI and VCT information management in Coast region: 40 copies
- DHIS Pilot Test Report for Management of STI and VCT Information Management: 70 copies

Harmonisation of Recording and Reporting Tools:

STI and VCT recording and reporting tools were revised involving major stakeholders in 2006 and 2007 with the support from CDC and JICA.

Introduction of Cascade System in Reporting:

The cascade system has been introduced in the mid 2007. The recording and reporting tools have been centrally printed and distributed to the facilities through regions and councils. Health facilities are supposed to submit the monthly report to District Medical Officers (DMOs) by 7th day of the next month, DMOs to Regional Medical Officers (RMOs) by 14th day of the same month and RMOs to NACP by 21st of the month. However, report submission rates vary from region to region and from district to district. It was found out that the tools were not well comprehended



13. Training of health workers on STI and VCT recording and reporting tools in Coast (March-August 2009)

15. Supportive supervision on DHIS operation and utilisation (Apr - July 2009)

17. Technical training of MOHSW, NACP and CHAI staff on DHIS operation (July 2009)

19. Training of District AIDS Control Coordinators on STI and VCT recording and reporting tools (Oct - Nov 2009)

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14. Procurement and installation of computers at R/CHMTs in Coast (Feb - March 2009)

16. Regional experience sharing meeting in DHIS utilisation (July 2009)

18. Assessment of utilisation of recording and reporting tools (Sep - Oct 2009)

20. National experience sharing meeting (Feb 2010)



by service providers. Therefore, in 2009, NACP with support from the Project organised training of District AIDS Control Coordinators (DACCs) on the information management of STI and VCT services with the paper-based recording and reporting tools so that they in turn train service providers in their districts. Since then, the report submission rates of regions have been gradually improving.

Spearheading MOHSW's DHIS Adoption Process:

DHIS stands for District Health Information System, which is open software originally developed in South Africa and fully adopted in Zanzibar. The MOHSW has developed a roll-out plan for strengthening Health Management Information System (HMIS) with adoption of DHIS. The Project conducted a pilot-test of DHIS for STI and VCT information management in Coast Region, spearheading and accelerating the initiation of the roll out process. Regional

and council personnel in the region have been capacitated in the operation of DHIS. Hardware for DHIS was also provided to each health management team. The Project has demonstrated the usefulness and viability of the system in STI and VCT information management. The project has also paved the way to other programmes to chip in the system as well as to other partners to support the roll-out plan.



Innovation for Quality Improvement of HIV and AIDS Health Services



Deliverables:

- Report of Situation Analysis of Supportive Supervision and Clinical Mentoring in Tanzania
- A Manual and Tools for Comprehensive Supportive Supervision and Mentoring: 500 copies

Issues:

Health workers have, of late, been asked to take on new and complex roles in HIV and AIDS health interventions at a rapid pace while continuing to provide the comprehensive health care services. In order to ensure consistent adherence to service standards, the need for effective supervision and mentoring at all levels cannot be overemphasised. However, supervision has generally been erratic, vertical and unlinked while mentoring is quite a new concept and practiced by only a few partner organizations in Tanzania. Therefore, performance- and resource-related problems at the health facilities remained unsolved. Currently, supervisors have limited capacity to comprehensively cover both technical and administrative issues.

Strengthening Supportive Supervision Combined with Mentorship Programme:

In 2009, the NACP with the support from the

Project conducted a situational analysis of the current supportive supervision and mentoring practices on HIV and AIDS health interventions to identify issues and good practices. Based on the findings, a framework and a manual for comprehensive supportive supervision and intervention-specific mentoring were drafted to standardise the practices in line with the WHO recommendations. Supervisors and mentors were separately selected at national, regional and district levels and trained for pilot-testing the manual and tools. During the pilot-test exercise, supervisors comprehensively covered programmatic and administrative issues



1. 1st stakeholders' meeting on supportive supervision and mentoring (SS/M) (June 2009)

3. Situation analysis of SS/M in Kigoma, Manyara, Iringa, Mtwara, Arusha and Kilimanjaro Region (July - Sep 2009)

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2. 1st TWG meeting on SS/M manual (July 2009)



whereas mentors concentrated on clinical and technical issues. They exchanged information and worked synergistically to solve problems identified with the ultimate aim of improving the quality of services. The documents have been finalised based on the pilot-test experience.

Way forward:

- 1) Refine training materials;
- 2) Orient regional and council health management teams to the new system;
- 3) Train national, regional and district supervisors and mentors;
- 4) Replicate the practice.



4. 2nd stakeholders meeting to share the findings of the situation analysis (Oct 2009)

6. 3rd TWG meeting on the SS/M manual and tools (Nov 2009)

7. Pre-testing exercises of the SS/M manual and tools in Dodoma Region (Dec – Feb 2009/2010)

9. Orientation/Dissemination of the manual and tools (planned) (May – June 2010)



5. 2nd TWG meeting on the SS/M framework (Oct 2009)

8. Finalisation and printing of the manual and tools (March 2010)

2010