ASSESSMENT OF THE QUALITY OF PRE AND POST HIV COUNSELING IN THE IMPROVEMENT OF VOLUNTARY OF COUNSELLING AND TESTING (VTC) SERVICES: THE CASE OF MOSHI MUNICIPALITY

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR DEGREE OF MASTER OF ARTS IN SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

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CERTIFICATION

The undersigned certifies that has read and hereby recommends for acceptance by The Open University of Tanzania a dissertation entitled, "**Assessment of the Quality of Pre and Post HIV Counseling and Testing and improvement of VCT Services, the case study of Moshi Municipality**" in partial fulfillment of the requirements for the degree of Master of Arts in Social Work (MASW) of The Open University of Tanzania.

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Prof. H. Rwegoshora

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Date

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DECLARATION

I, **Ambuya G. Moshi**, do hereby declare that this dissertation is a result of my own work and has not been presented for any degree award and it is not currently being submitted for any degree elsewhere other than The Open University of Tanzania.

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Signature

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Date

DEDICATION

This work is dedicated to my beloved husband Arnold Y. Mushi for his support and tolerance has been a corner stone toward the accomplishment of my studies. I believe that his support will be rewarded by almighty God.

Also to my parents; the late Mr. Godliving R. Moshi and Mrs. Angela G. Moshi who supported me and nurtured my carrier aspiration.

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May God bless and give you all good health.

ABSTRACT

The study focused on assessing the quality of provision of pre and post HIV counseling to improve the VCT services among the selected health facility in Moshi Municipality. The consideration of this area of the study was coherently driven up by some facts existing in VCTs. Specifically the objectives of study were to identify the VCT provider's level of knowledge on pre and post HIV/AIDS counseling, to assess the VCT sites level of acceptability and responsiveness to the clients, and to evaluate the quality of VCT services in relation to health facility and infrastructure available in Moshi Municipal. The study presented various literature focused on assessing the quality of VCT services in pre and post HIV counseling sites. In addition, the study looked at the theoretical and conceptual frameworks which together stipulate the validity and explicit of empirical literature in relation to the current study. Personality theory was considered more appropriate in this study. The study used interview and observation checklist to collect data from the field. The findings indicated that only 30% of the VCT sites had VCT policy along with the National Guideline for VCT. While, 70% of the VCT sites in Moshi Municipal have neither a policy nor guideline that facilitates VCT services, however, these sites had less than two members of staff except 30% of the VCT sites had more than two members of staff. The following recommendations if put in place will contribute to the improvement of VCT quality services in Moshi Municipal. The recommendations include training for all VCT service providers on counseling and testing, ensuring availability of national guidelines for voluntary counseling and testing along with policies and IEC to all VCTs, ensuring availability of testing kits and enough supplies.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AMREF	Africa Medical and Research Foundation
ANC	Antenatal Care
ART	Antiretroviral Therapy
CDC	Centre for Disease Control
CCHP	Council Comprehensive Health Plan
CHMT	Council Health Management Team
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
LHRC	Lugakingira Human Right Centre
MDH	Management and Development for Health
MOHSW	Ministry of Health and Social Welfare
NACP	National Aids Control Program
NGO	Non-Governmental Organization
PITC	Provider Initiated Testing and Counseling
RHMT	Regional Health Management Team
PMTCT	Prevention of Mother to Child Transmission
PLWHA	People Living with HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
ZLSC	Zanzibar Legal Service Centre

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

This chapter comprises of the background information about the study, statement of the problem, objectives, and significance of the study. In addition, it discusses the limitation, delimitation, and the definition of concepts. Moreover, the study proves that proper counseling promotes a free mind of a client and enables him/her to take charge of healthy lifestyle, eliminate wrong perception about the problem and enhance confidence of life. The improvement of VCT sites as an intervention to HIV/AIDS adds value to positive living among HIV positive population as well as non-HIV population.

Voluntary counseling and testing provides an opportunity to access accurate and comprehensive information on HIV. This is a significant entry point to prevention, care, and support and treatment programmes. VCT enables a person to confidentially find out and understand his/her risk of HIV infection. The study has mainly focused on assessing the quality of pre and post HIV testing provided in Voluntary HIV counseling and Testing (VCT) sites. Some of the areas that this study focused include client's satisfaction, staff, setting of VCT and infrastructures where services are delivered.

Voluntary HIV Counseling and Testing (VCT) is not only a key component of both HIV prevention and care programmes but also gateway to both prevention and care. In order to respond effectively to options for each, it is preferable for one to know

one's status. The development of increasing numbers of effective and accessible medical and supportive interventions for people living with HIV/AIDS (PLWHA) means that VCT services are being more widely promoted and developed. In most of Moshi Municipal health services, VCTs have been institutionalized as part of their primary health care package (Nicola & Rachel, 2002).

1.2 International Intervention in Establishment of VCTs

The declaration of commitment, which resulted from the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001, highlighted the pressing need for countries to either develop or scale up voluntary HIV counseling and testing services.

UNGASS noted the participating nation's commitment was to ensure that "by 2005 a wide range of prevention programmes is available in all countries including expanding access to voluntary and confidential counseling and testing (Nicola & Rachel, 2002). It was found that efforts of countries especial in Sub-Saharan Africa have been limited by economic factors; however, a number of bilateral and multilateral partners are complementing the Government's supports by facilitating the provision of VCT services in the country through various initiatives. The GTZ, USAID, and Center for Diseases Control as well as WHO with support from the OPEC Fund, the Italian Government, and the AXIOS Foundation are all providing different kinds of technical and financial support for the establishment and implementation of VCT sites and VCT services respectively. However, the introduction of VCT into MCH as an ongoing service available to pregnant women

and their partners at antenatal care (ANC), postnatal and family planning services, curative services, and through referral from community members create an enhanced environment for counseling to ensure privacy and confidentiality (Nicola & Rachel, 2002).

1.2.1 Government Interventions

Since 2004, the Government, in collaboration with partners, initiated a care and treatment programme under NACP. Currently, 172,736 HIV-infected people have been enrolled at 152 NACP sites throughout Tanzania. However, the scaling up of ART provision remains a challenge. Out of the estimated 600,000 HIV infected Tanzanians who qualify for ART, only 136,700 (22.2%) are currently on ART (National AIDS Control Programme, 2007).

Another Government intervention is the development of guidelines of July 2007 that provide guidance to health care practitioners as they initiate HIV testing and counseling in the clinical settings. In responding to a strong need for national guidance in the delivery of VCT services, the National Guidance for VCT services were developed and disseminated by the Ministry of Health and Social Welfare (MOHSW) through the National AIDS Control Programme (NACP) in 2005. To date in Tanzania Mainland there are 1,643 VCT sites with more than 2,700 trained counselors.

Since 2004, the introduction of Antiretroviral Therapy (ART) services in Tanzania has created the need for other counseling and testing approaches including the Provider-Initiated testing and Counseling (PITC) to complement VCT services as a

recruiting ground for patients to be enrolled on HIV and AIDS care and treatment services. PITC has been introduced in inpatient and outpatient settings to reach all individuals attending health care facilities (NACP, 2009).

VCT and PITC as approaches to HIV alleviation are commonly used by health workers. Taking into consideration the real situation of insufficient health staff in most of the health facilities that does not cater for the demand, it is obvious that clinicians do not have enough time to give pre-test counseling and the failure is poor handling of tests results. PITC by itself is provider centered, and has limited discussion about need for HIV testing. Provider recommends a test as a standard medical practice, limited discussion about individual need for HIV testing, and little time spent with those who test negative. The provider's primary focus is on those who test positive with emphasis on medical care and prevention. With this situation, it could be very easy if the clinicians have to work parallel with counselors. However, VCT and PITC are similar in a sense that they are all voluntary, they observe the 3Cs (counseling, confidentiality, and informed consent), the test is performed for the benefit of the client, they require that clients be given to the client and they are preferably conducted by rapid test with same day result.

1.2.2 Magnitude of HIV/AIDS in Tanzania in Relation to VCT

Recent Figure from the 2011-12 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) shows the average HIV prevalence rate in mainland Tanzania to be 5.3% in men and women aged 15-49. This represents a decrease from 5.8% in 2007-08 from 7% in 2003-04. There are however, variation between sexes, with women having higher prevalence rates than men (6.3 Vs 3.9%) and Tanzanians living in urban areas

are more likely to be HIV positive than those living in rural areas (7.2 Vs 4.3%). There are large variations in prevalence rates depending on geographical location ranging from less than 2.9% in Tanga to 14.8% in Njombe region. Some efforts being made to reduce the HIV prevalence rate through education and through offering free counseling and testing for HIV at health care providing VCT and PITC. The success of these initiatives is shown by the increase in the number of women and men who have ever been tested for HIV and received their results. In 2011-12, 62% of women and 47% of men tested and received their results compared with just 37% of women and 27% of men in 2007-08 (THMIS, 2011-12).

1.2.3 Importance of VCT

Access to knowledge of one's HIV status has mainly been through VCT, whereby clients proactively seek HIV testing and counseling services. In this approach the client voluntarily makes the decision to learn his or her HIV status and seeks for counseling and testing services out of his or her own will for the purpose of prevention of HIV infection and personal life decision making. The National guidelines for VCT produced in 2005 by the MOHSW provide guidance specific for the delivery of VCT services in Tanzania.

However, prevention of mother to child transmission (PMTCT) programmes has served to integrate VCT into public health services. As VCT is increasingly recognized as importantly central to effective HIV/AIDS prevention and care efforts to combat the epidemic, quality of VCT should be used concomitantly with other efforts.

Available information estimates that only about 15% of Tanzanians know their HIV status. For many years, the client-initiated voluntary counseling and testing (VCT) has been the main model through which individuals learn their HIV status. This approach has been quite useful in reinforcing HIV prevention especially in healthy people, but falls short of capturing important groups such as patient's who present to health care facilities with HIV-related conditions (Regional Health Management Team Report, 2015). Most strategies have been to promote VCT on increasing access availability and uptake. Therefore the focus of this study is on quality of services ranging from privacy of the counseling room, competent counseling, and availability of testing kits (ensuring timely distribution of the commodities).

In order to achieve this goal, access to HIV testing and counseling services must be expanded as a clinical and core intervention in the comprehensive national response to the epidemic. This includes scaling up both client-initiated voluntary counseling and testing (VCT). Both VCT and PITC should be provided simultaneously so that they complement each other in addressing prevention, treatment, care and support needs of the population.

1.2.4 Principles for the Delivery of VCT

There are general principles for the delivery of VCT services that are applicable to any context anywhere in the world. These include the provision of services with confidentiality this means that the HIV test result is only revealed to the person tested and that everything that is discussed between counselor and client during pre- and post-test as well as ongoing counseling is in confidence except when clients wish to include partners, relatives, friends, or others in the process - shared confidentiality

(NACP, 2007). Attendance is voluntary; this means that the decision to have a HIV test must be entirely the choice of the individual. All clients accessing these services should be offered both pre- and post-test counseling. Clients who test HIV-positive should not be discriminated against; and clients should have access to ongoing prevention, care and support services.

The number of VCT service providers including Government institutions, NGOs, and private institutions. Governments and international donors are strengthening their technical and financial support to improve quality and coverage of VCT services. In many countries, national and local initiatives promote VCT as a part of efforts to encourage more people to determine their HIV status.

1.3 Statement of the Problem

Since the first diagnosis of HIV and AIDS case, there has neither been a cure nor a vaccine for the threatening disease. The control remain entirely on either preventing the infection of health people or containing the problem size that would enable those already infected live longer, health and non-infective to other (ECSA, 2002). The quality of voluntary counseling and testing is the major gap that the study addresses despite various efforts made by the Government and private health services of Tanzania to facilitate the existing public health systems, where VCT are integrated into general health care.

Various studies that mainly focused on availability pre and post counseling services and left out the concern of quality of the services rendered. Literature have indicated that the allocation of centers and fear of stigma or fear of VCT process are some of

the reasons identified for not attending VCT services (Omary, 2008). The situation has caused people living with HIV/AIDS to abscond from attending centers to pick up ARV. In addition, a large number of people are afraid to go for VCT for lack of privacy. Some of the people living with HIV/AIDS are reported to travel outside their area to get medical attention. Experience shows that medical personnel in government and public hospital laboratories seem not to adhere to the professional code of conduct, especially on confidentiality of medical information (Zanzibar Legal Service Centre, 2013). Basing on those facts the quality in VCT centers and medical reports from medical personnel are still questionable whether they meet the required standards as the beneficiaries face a number of challenges while attending the VCT services. Thus, the study investigates the quality of HIV counseling and testing services before and after the delivery of the results to the client.

1.4 Objective of Study

1.4.1 General Objective

The general objective of the study is to assess the quality of pre and post HIV counseling in the improvement of VTC services.

1.4.2 Specific Objectives

This study was guided by the following specific objectives:

(i) To evaluate the VCT providers' level of knowledge on pre and post HIV/AIDS counseling in the improvement of VCT services.

(ii) To assess the VCT sites level of acceptability and responsiveness to the clients.

(iii) To examine the effectiveness of VCT services in relation to health facility and infrastructure available in Moshi Municipality.

1.5 Research Questions

(i) What are VCT providers' level of knowledge on pre and post HIV/AIDS counseling in the improvement of VCT services?

(ii) Is the relationship between the VCT sites acceptable and responsive to the clients?

(iii) How far the VCT services are effective for pre and post HIV/AIDS counseling in the improvement of VCT services at Moshi Municipality?

1.6 Significance of the Study

The findings from this study is going to improve the VTC services in different health facilities through identification of required facilities and training opportunities through reading this report and participating in the dissemination seminars and workshop. In addition, the study is being helpful to the VCT practitioners and trainers in improvement of training for medical personnel in issues related to service delivery to the people by integrating these findings in their daily activities. The strategy is expected to improve the counseling and testing services in Government and private hospitals. The study is expected to contribute knowledge to the community about the needed support for VCT service providers in the country to improve the health services that attract more people and reducing HIV and AIDS prevalence. Furthermore, the findings are expected to contribute to the body of knowledge in literature locally and internally.

1.7 Limitations

Time constraints: In this part of limitation therefore, researcher experienced limitation of time in the process accomplishing the data collection process. In the data collection process some clients especially workers had no time to immediately fill in the questionnaires and likewise the researcher faced the same problem since she was doing research and at the same time attending other office duties. However, to make this successful, the researcher wrote a letter to his employer to get enough time for data collection and this worked out very correctly.

1.8 Definition of Concepts used in the Study

1.8.1 Pre-test Counseling

This is the process whereby a client is prepared for the test by a counselor to receive information of the pertinent on HIV/AIDS and further the counselor assesses his/her readiness to take the test.

1.8.2 Post-test Counseling

Post-test counseling is a process that takes place after the test for HIV has been done (NACP, April 2002).

1.8.3 Counselor

This is a person who has received special training in client-centered HIV/AIDS counseling.

1.8.4 Counseling for HIV/AIDS

Counseling for HIV/AIDS is a confidential dialogue between an individual /couple/group and a counselor aimed at enabling the individual to make personal decisions in the context of HIV/AIDS (Boswell & Baggaley, 2002).

1.8.5 Voluntary Counseling and Testing for HIV/AIDS

This is the process by which an individual undergoes confidential counseling to learn about his/her HIV status and to exercise an informed choice in testing for HIV (United National AIDS, 2000).

1.8.6 Confidentiality

This is the state of being 'private', access to a client personal and confidential information should be restricted.

1.8.7 Quality HIV Testing and Counseling

This is HIV counseling and testing services that are in line with National Guidelines for Voluntary Counseling and Testing of 2005 (NACP, 2005).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter presents a review of literature about the study on the assessment of the quality of VCT services in pre and post counseling sites. The chapter comprises of theoretical and conceptual frameworks which together stipulate the validity and explicit of empirical literature related to the current study. The study informs that Voluntary HIV Counseling and Testing (VCT) is among HIV intervention measures with the purpose of giving education about living with HIV and avoiding infecting others, and to uninfected ones on how to maintain their sero-negatives status. This study insists on early detection of the HIV infection, it also insists individuals on accessing intervention and support services including management of infectious diseases. Moreover, it assists infected individuals in assessing their personal risks and adopting risk reduction behaviours. Further, it does not work at individual level only, but also provides strength to prevention efforts particularly at the community level (Campbell *et al*., 1997).

2.2 Theoretical Framework

The major consideration in theoretical framework relies on the reflection of body of theories and their application and cementing on the validity of those theories in the study. The underlying reflection of these theories determines the area of the study that assesses the quality of VCT services in VCT centers. To concur with tenures the major three levels have been considered to streamline the issues of VCT services, pre and post counseling in various Tanzanian contexts where the problem of HIV still

avails. The following theories describe the validity of the study as discussed hereunder.

2.2.1 Personality Theory

Personality is the dynamic organization within the individual of those psychophysical systems that determine his/her characteristics behaviour and thought (Allport, 2001: 28). These characteristics make a person unique (Weinberg & Gould, 2002). Both definitions emphasize the uniqueness of the individual and consequently adopt an idiographic view. The idiographic view assumes that each person has a unique psychological structure and that only one person possesses some traits; and that are times when it is impossible to compare one person with others. It tends to use case studies for information gathering. On the other hand, the homothetic view emphasizes comparability among individuals. This viewpoint sees traits as having the same psychological meaning in everyone. This approach tends to use self-report personality questions, factor analysis, etc. People differ in their positions along a continuum in the same set of traits.

Concerning this study and other many past studies, the more appropriate theory is personality theory since it emphasizes the dynamism of human beings (Weinberg & Gould, 2002). Some studies have indicated that general challenges hampering the VCT services in pre and post counseling services in the allocated centers are lack of confidentiality, shyness and lack of privacy, things which affect their voluntary behaviour of attending voluntary counseling and testing (Allport, 1961). However, it is a big deal to consider human personalities when rendering services related to

HIV/AIDS since it is one of the very sensitive human aspects. Thus, the theory practically gives an outstanding consideration of human dynamics that can be incorporated in VCT programme to trigger sustainable and friendly pre and post HIV counseling services. The study has explored some facts on how VCT services can be improved by putting into consideration the issues of human differences, which affect human acceptance, resilience, readiness and flexibility of behaviour toward privacy and confidentiality.

2.2.2 Government Response to HIV/AIDS

Tanzania formed HIV/AID testing policy, which aimed at promoting early diagnosis of HIV infection through voluntary testing with pre-and post test counseling. The main objective is to reassure and encourage the 85-90% of the population who are HIV negative to take definitive steps not to be infected, and for those who are infected, to cope with their status, prolong their lives and not infect others (Prime Minister Office, 2001). Therefore, it is important for community in general to use quality services provided at VCT centers because they have all rights to information about their own HIV status and the right to use VCT services.

The study conducted in three countries, Kenya, Tanzania, and Trinidad, provided a strong evidence to support fact that VCT is effective and cost – effective as a strategy in facilitating behaviour change. VCT is an important entry point for care and support (Study Group, 2000). The Tanzania Government through her Ministry of Health established the National AIDS Control Programmed (NACP) in 1985 to coordinate all HIV activities in the country. NACP has been establishing counseling services in the hospitals. It has trained hospital-based counselors to provide

counseling to HIV/AIDS patients in hospital (World Bank, 1992). The Government admits that the demand for VCT services is high and the Government cannot provide these services on its own.

The first VCT services were established with financial support from DANIDA in 1995. Currently a number of bilateral and multilateral partners are complementing the Government's supports by facilitating the provision of VCT services in the country through various initiatives. GTZ, USAID and Center for Diseases Control as well as WHO with support from OPEC Fund and the Italian Government and AXIOS Foundation are all providing different kinds of technical assistance and/or financial support for the establishment and implementation of VCT sites and VCT services respectively (NACP, 2005). However, most of the VCT centers are located in urban areas leaving the rural areas from not accessing VCT services as a result more infections in those areas.

However, according to guidelines for HIV testing and counseling in clinical setting of July 2007 describe quality as a way of monitoring and evaluating the quality of counseling services provided in accordance with established national guidelines, policies, and standards (NACP, 2007). The Government and International donors should strengthen their technical and financial support to improve quality and coverage of VCT services. In pre and post counseling perhaps more than in any other area of service provision, quality determines the outcome. Poor quality of pre and post counseling can result in misunderstanding and even resistance to change. Apart from positive achievements the VCT services have made, often they encounter

various constraints because of anticipated and or actual stigma experienced by those who want to go testing and or living with HIV respectively.

2.3 Key Concepts in Counseling Studies

2.3.1 Confidentiality Factor

Nyblade *et al*. (2003), in their study, they came out with the fact that, those going for blood tests prefer anonymity to avoid social avoidance and fear of being finger-pointed. In addition to this, clients fear some of the immoral professional practices for example counselors and health workers who do not keep secrets and gossip with other people on health status of their clients. Moreover, some people fear from being seen on the waiting benches at the VCT centers or clinics, which would be translated, as having sexually misbehaving in the eyes of the passerby.

In 2005, the Ministry of Health and Social Welfare developed the National guidelines for Voluntary Counseling and Testing to be implemented in all VCT sites, among the areas that the guidelines eye marked is infrastructure, human resources and basic organization of VCT. The question is how far the guideline has been implemented and how friendly the VCT sites are? This first study focus to assess the quality of VCTs in relation to national guideline of 2005, see how far the guideline has addressed those issues and has been pushing down the quality of VCTs. Upon adherence to the guideline, we hope to see the quality accelerating and hence attracting more clients to seek VCTs services.

Understanding the factors behind people accepting the VCTs services requires to know what other countries have came out with in their findings on this issue of VCT.

In exploratory study conducted in Nairobi, Kenya, and Uganda with addition to the anonymous, random, digital-dial survey done in Massachusetts in USA, the main reasons for most of people seeking VCT services or having HIV test were; for blood donation, pregnancy case, hospital procedures, health insurance, life insurance, job requirement, and military recruitment.

Other reasons identified were for immigration requirement, fear of having had sex without condom, use of injecting drugs, influence by physicians, knowing the HIV status in general, distrust of partners, exposure to HIV risk, and due to service provider's referrals. Moreover, to some, reasons were due to marriage plans, having HIV symptoms, and using VCT centers to get accurate information about HIV (Samet *et al*., 1997). In a qualitative study done in Malawi and population-based HIV survey in Zambia, reasons for being tested were not much different from what had been found from the above-mentioned countries.

Various reasons were associated as the reasons of getting HIV test in Malawi that the test could be due to long sickness with HIV symptoms that they have been sick over a long period and they are losing weight. To some individuals the situation comes after the death of spouse whose cause of death is associated with HIV/AIDS. To some, whenever they feel that they are vulnerable to infection, for example someone with several partners or with unfaithful partners they will opt being tested. Others are doing the test due to certain events in their life, for example, getting married, and plans of having a child, requirement in a new job, scholarship application (Younde & Priscila, 2004).

In one study conducted in Zambia it was shown that the main factor associated with readiness of testing among young people (15-24 years) was due to self perceived risk of being HIV infected (Fylkesnes & Siziya, 2004). With all of the above reasons that make youths important group in utilizing the VCT, they encounter various barriers that can mark as among the reasons for youth not using the service.

In the same studies they came out with the barriers young people face in terms of seeking VCT services; some youths did not believe if the result were kept confidence, others wanted to avoid social stigma that other HIV positive people suffer, some did not think if the HIV positive result were accurate and reliable, others who wanted to undergo test did not know where to go for HIV testing and some did not want other people to know that they have undergone the test (Fylkesnes & Siziya, 2004). The barriers that are encountered by youth in Zambia do not differ much with those in Tanzania, many people dought of the confidentiality being maintained by the VCT staff. This is because the infrastructures are not reliable as a result the clients are very sure that the status will leak. In addition, when advising client to disclose their sero-status we need to make a thorough assessment otherwise the client may finds him/her self-stigmatized, not every relative can keep the secret.

2.4 VCT Provider Level of Knowledge on Pre and Post HIV/AIDS Counseling

Voluntary counseling and testing (VCT) is one among different approaches, which have been implemented as an attempt to slow the spread of HIV infection and minimize its impact at the individual, family and society levels. VCT is perceived to be an effective strategy in risk reduction among sexually active young people like tertiary level students. Tanzania as a country with high burden of HIV started

responding to the epidemic by preparing and updating guidelines on VCT. The objective of this study was to assess VCT provider level of knowledge on pre and post HIV/AIDS counseling. HIV voluntary counseling and testing (VCT) services have become well established as an essential component of many AIDS control programmes and a cost effective means of HIV prevention globally (UNAIDS, 2008; Wringe *et al*., 2008)

There have been major advances in the provision of health care services to HIV infected people in Africa (UNAIDS, 2008, 2012, 2013), including Tanzania (MoHSW, 2007; Roura *et al*., 2008; THMIS, 2013), and most importantly, the increasing accessibility of antiretroviral therapy.

Despite the increased emphasis on VCT, and other health care services for HIV-infected patients in sub-Saharan Africa, many cases of HIV go undiagnosed (UNAIDS, 2014). These "missedopportunities" for diagnosis may be best filled by offering routine HIV testing to all patients in the health care settings. However, these opportunities among patients who attend health care services have received relatively little attention (Turan *et al*., 2008; UNAIDS, 2008).

Most people lacked knowledge of VTC services. It was very common for respondents to use the words *hatujui inamaanisha nini* meaning, we don't know the meaning of VTC. However, in urban health facility, some informants were able to describe the main components of VTC services. One of the discussant attending an out-patient clinic had this to say: "It is the health care provider, who initiates

counseling and testing and later gives advice to those who are found (HIV) positive on how to live positively" (Male patient, urban health facility).

Respondents' attitude towards VTC seemed to be influenced by better treatment options and care from health care providers after testing for HIV. One female discussed rural health facility and observed: "If a health care provider initiates counseling and testing it is not bad, it is because s/he wants to know how best to treat you whether it is malaria or HIV" (Female patient, rural health facility). On the other hand, a male patient at an urban health facility underscored the right of patients to request for voluntary counseling and testing. Even an individual who is sick can ask for counseling and testing to know his/her health status"

2.5 VCT Sites Level of Acceptability and Responsiveness to the Clients

Acceptability of VTC was dominated by fear and stress involved with HIV testing, particularly among male respondents. Most men expressed that healthcare providers should only initiate VTC when a person is sick. Some men had the following opinion on acceptability to VTC as narrated: "....my comment is that it will be very bitter for me when I come to see a doctor for a certain problem and she or he starts telling me about checking for HIV virus" (Male patient, urban health facility). Fear accompanied with stress was mentioned by most male. The stressful experiences accompanying HIV testing is well described by the following narrative: "...when the health care provider tells you to check your health status (HIV testing) you become desperate, no peace of mind. You will think that she or he has doubts about your health". A patient will think that s/he is already infected that is why is being asked to

check for HIV. The person will start getting worries as to why she or he is being asked to check for HIV status" (Male patient, urban health facility). Further, another male discussed and perceived that PITC may discourage people from seeking health care services: "I think that if the doctor decides to ask everybody to test then she/he will discourage people from coming to hospital and people will die at home" (Male patient, urban health facility).

2.5.1 Time and Cost-sharing Factors

Waiting time and cost-sharing especially for private providers, the time when they run shortage of testing HIV kit, prohibits some youths and other categories from seeking HIV test, worries of the positive results to be informed to their sex partners, spouses, or parents were among of the barriers in use of VCT service (Samet *et al*., 1997).

Waiting time depend on the number of clients in relation to staff who offer VCT services. If service providers are few and the service seekers are many then it is obviously that this will prohibit people from seeking the HIV test. This study intention was to speak out on the waiting time and response of the clients if they agree with the time spent or not. If the waiting time is too long and client complains about it, then this is going to jeopardize the quality.

In Uganda and Nairobi, youths did felt were at risk, they fear that they could not handle the result if they tested positive. Some youths argued that the positive results might easily lead to negative social and psychological consequences. Lack of information and misinformation was a barrier for youths accessing VCT services.

Youths would like access to HIV testing and counseling services if the services are confidential, honest and inexpensive (Denison *et al*., 2006).

In Malawi young people felt that they were not at risk then they did not see an importance of testing. Other did not want to be seen going to VCT centers, for people will know that they are HIV positive and they were worried about their future. Some were ready to attend services whereby VCT services is free, the provision of result is rapid, if they are assured of privacy and anonymity and if they are given enough time to have conversation with counselors (Younde and Priscila, 2004).

Furthermore, in Zambia confidential was among the reasons behind negative response to VCT services. Individuals preferred to attend services in places where VCT service providers do not know them and privacy is assured. Worries of meeting anybody whom they know at the clinic were among the barrier to young people accessing VCT services (Younde and Priscila, 2004).

In a qualitative study conducted in rural areas in Uganda, some participants in FGDs commented on having counselors who were not residents of the area, for they were considered more credible and would offer a greater confidentiality than residents. They even gave their suggestions that counseling should take place at neutral sites where confidentiality could be assured, for example, having private rooms. A number of few individuals thought that community centers like schools, churches, homes, trading centers could be used to maintain anonymity (Kipp and Konde-Lule, 2002).

Among other things found as barriers to access services was poor perception of the health services marked as an obstacle to youth going for the health care. Easy access that was explained in two ways being among the barriers, not only in distance but also easy to be visited by counselor that will make hard to maintain the anonymity. Even time spent when waiting for the result was among of the barrier for youths going for VCT services (Fylkesnes and Siziya, 2004).

In Mali, disbelief in AIDS was marked as barrier to the potential use of VCT services.. In one of the Focus Group Discussion, young men argued, "I have heard about AIDS but I don't believe in it because I have never seen anyone ill with my own eyes". A similar comment was given by a young woman who argued, "in my opinion, AIDS is not a reality because they have not been able to find treatment. For me, AIDS is a complication of another illness. If it gets to a very advanced stage, people say it is AIDS" (Castle, 2003).

2.5.2 Accessibility Factor to VCT Services

The low rate of youth attending VCT services in Tanzania has also been reported in other countries. In the Massachusetts survey, the HIV testing among sexually active adolescents was found not to be common. Adolescents who were interviewed were knowledgeable that they can contract AIDS and believed that the likelihood of them being HIV positive was there; still they did not want to access VCT services and at a time of interview only 10% had pursued voluntary HIV testing (Samet *et al.*, 1997). Therefore, this survey supports the observation that young people do not seek HIV testing regardless of knowing that they are at risk.

Findings on why client access or not VCT services including HIV testing are more or less the same to different countries with different social, cultural, and economic backgrounds. With all the findings from different location, it tell us that the quality should be looked upon; some of the findings above could match the study that was conducted at Kinondoni Municipal in Dar es Salaam region. However, it was very hard to give out a conclusion without any research findings. Some of the reasons we find to be not applicable to the study area. For example, on the issue of accessibility and cost of the services, these are among of the things which the entire community reaches in the area, most VCT centers in the country provide free cervices to all unlike private health facilities.

Transport from or to VCT is not a major problem in Moshi Municipality because it is among the district in the city, therefore, access to public transport is within affordable cost, unlike VCT situated in rural areas where geography is as difficult as transport itself. Therefore, instead of giving a generalization conclusion by using results from other studies, the researcher went to the field so that can come out with the specific reasons on the quality of pre and post HIV counseling in different sampled centers in Moshi Municipality.

VCT as intervention measure in combating HIV infections have had a good response across the population, therefore it is high time to assess the quality of these centers as a response to address barriers that inhibit people from visiting VCT to test for their sero-status. By doing so the society responsive behaviour towards VCT services would promote a better utilization of the offered services.

2.5.3 Time Management

Clients' perception on VCT services in Uganda reported that female counselors were preferred compared to male counselors and the average time was 1 hour and 7 minutes. (Wagalwa, 2003). In South Africa a study on VCT in the public sector found that counselors spent an average of 25 minutes on pre testing and 20 in post testing and counseling (Sarker *et al.,* 2007).

In Tanzania the content of the counseling sessions and the amount of counseling that each client receives is determined by the client's level of knowledge and their specific personal concerns about HIV and/or AIDS (NACP, 2009).

2.5.4 Provider adherence to standards

A study conducted in Kenya assessed the implication of quality assurance of VCT by observing client-provider interaction in 20 VCT centers. The study showed that nurses were generally positive about PITC, but expressed the need for more training and managerial support. Health system constraints (lack of staff, lack of space) meant that nurses did not always have time to provide adequate counseling. Nurses were particularly stressed by breaking bad news and handling ethical dilemmas (Mungerera *et al*., 1997).

At Mulago hospital, Mungerera *et al*. found out that hospital-based health workers were missing important opportunities for AIDS prevention education with their patients, 26% of health workers had never referred patients for HIV counseling and 31% had never advised patients suspected of HIV infection to be tested. Frequent

explanations for not providing AIDS prevention education included time constraints and/or lack of related knowledge or skill (Mungerera *et al*., 1997). However, the Tanzanian study showed that 60% of counselors did not meet standards of preventive counseling skills, while most counselors reported good counseling practice on self-assessment (AMREF, 2001). In Burkina Faso, a study showed that the quality of pre-test counseling was very poor as 42% did not understand the process (Sarker *at el*., 2007).

In a cross-sectional survey carried out by UNAIDS, twenty-two nurse counselors and six community volunteers were interviewed. Twenty-four counselor's sessions were observed and twenty-four client exit interviews were conducted. Although nine of the twenty two nurse counselors had only in service rather than formal training for HIV counseling whereas all community volunteers had been formally trained, nurse counselors demonstrated better interpersonal skills than did community volunteers. Both clients and counselors identified fear of a positive result as a major barrier to HIV testing. Clients also raised concerns about confidentiality.

The study identified areas where training needs to be strengthened and suggested ways of improving the services (Ginwalla *et* al., 2002). However, this study of its kind in Tanzania context was seeking to explore the aspect of adherence to standard as set by NACP in the National Guidelines for Voluntary Counseling and Testing 2005, and how it contributes to quality of VCT services. It is too early to get the real situation in the field; it is only through this study we can confidently conclude the quality of our VCT services.

3.6 Effectiveness of VCT Services in Relation to Healthy Facility and Infrastructure

3.6.1 Infrastructure in Voluntary of Counselling and Testing Centers

Tanzania National Guidelines for VCT puts forward the way infrastructure should be, starting from VCT set up, the reception, waiting area, counseling room and testing room. In this regard, a VCT must have enough space, well furnished. Waiting area is suppose to be adequately spaced, well furnished and has a comfortable seating arrangement along with education material (NACP, 2005). The experience from neighboring countries such as Uganda and Zambia has empirically given out some evidences on infrastructures in VCT services. In 3 district of rural Uganda the quality of care was assessed basing on the existing infrastructures, trained staff, and quality of equipment and good clinical skills of provider (Joseph *at el*., 2010). The quality of care for all public and private not for profit facilities was found to be good or satisfactory.

In the Zambia study there were very few significant differences between sectors in the physical environment for VCT. The only significant difference between sectors relate to the mean percentage of VCT rooms with lancet: the mission sector had the highest percentage (86 percent) and the public sector the lowest (41 percent). The private sector had the highest number of rooms available for VCT, with an average of 2 VCT rooms.

Other studies on assessing quality care of VCT concluded that quality of care could be improved by increasing accessibility, expanding the buildings to promote privacy

and maintain confidentiality, reducing cost for test, increasing awareness and reducing stigma.

The Horizon project in Kenya and Uganda found a wide range of configuration of testing and counseling offered. Some facilities provided only testing and no counseling. Other facilities provided only counseling, but were sending clients to another venue for testing. The researcher concluded that periodic satisfaction studies are very important tools for evaluating services delivery (Wagalwa, 2003). Monitoring the quality of counseling remains a challenge for most VCT program; good quality of services is not only reflected by client attendance, but it is also important to ensure effective strategies that facilitate changes adoption.

In many low and middle-income countries, the private sector is increasingly becoming an important source of health care, filling gaps where no or little public health care is available. Kinondoni municipal has 210 health facilities of which 4% are privately owned, 4% are parastatal owned, 72% are privately owned and only 20% are Government owned (RHMT Plan, 2015). The Government has accredited 77 facilities in Moshi Municipality to provide care and treatment to people with HIV/AIDS. The conclusion of the review is this research is needed to examine both clients and counselors expectations, experiences, and satisfaction with HIV test counseling (Adelekan *et al.*, 1995).

2.6.2 Client Satisfaction

Client's satisfaction is a major indicator of the quality of care and quality of services that is offered. Furthermore, client's views on delivering VCT services in South

Africa concluded that 63% of clients reported to be satisfied with counseling session (Bongoni, 2003).

In 2007 WHO/UNAIDS issued new HIV testing guidelines recommending "Provider Initiated HIV Testing and Counseling" (PITC) (WHO, 2007). Key concerns were whether how informed consent, privacy and confidentiality would be upheld in overstretched health care settings, and whether appropriate post-test counseling, treatment and support could be provided. However, quality VCT services vary from one country and another due to socio-economic status of a particular country, with this fact the conclusion of research of one country cannot be used to generalize the situation of another country but to give more insight of how the same theme works in different location and come up with a wise conclusion depending on the setting. This study, however, played a strategic role in Moshi Municipality of assessing the quality of VCT services by exploring client satisfaction.

2.6.3 Concepts and Their Relationships Regarding Quality of VCT

The conceptual framework of the study describes the relation between variables where voluntary HIV counseling and testing standards as independent variables focusing on availability of policy and guideline, training and supportive supervision, waiting time, availability of guideline, number of staff and confidentiality. Likewise, the other part of conceptual framework consists of dependent variables in which the quality of VCT is reflected through the fulfillment of various aspects including a number of counseling rooms, presence of waiting rooms, privacy in the counseling rooms and supplies and logistic. However, the description made in this theoretical

framework, is largely trying to show what the researcher was studying in relation to the mitigation of independent and dependent variables that together lay out the improvement of quality of VCT services in pre and post counseling delivered in various public and private health facilities (see the figure below):

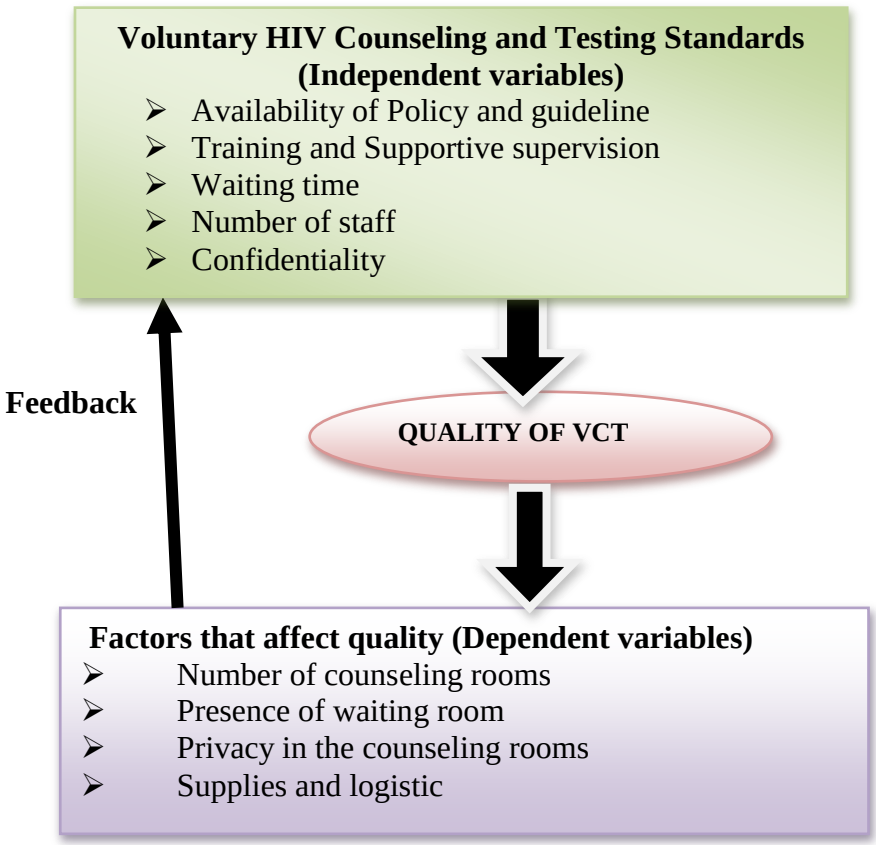

Figure 2.1: Conceptual Framework

Source: Researcher (2016)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter introduces the research methodology that was deployed in this study when assessing the quality of VCT sites in Moshi municipality, it explains in detail the area of the study, the population, how respondents were obtained, how data was obtained and analyzed to provide logical and scientific results.

3.2 Area of the study

The study was conducted at Moshi municipality, Kilimanjaro Region, in the northern part of Tanzania. There was about eight health centers and twenty counselors who were visited in the region. Major reason for selecting this setting was that, the researcher is familiar with Municipality area that facilitated her maximum follow up to the respondents. The major economic activities of people in Moshi especially the youth is small business and tour guiding.

3.3 Research Design

A research design is the road map the researcher decides to follow during her research journey to find answers to questions as validly, objectively, accurately and economically as possible. Zikmund (1988) has described research design as “a master plan specifying the methods and procedures for collecting and analyzing the needed information”.

This study deployed case study design. The case in this study was the quality of pre and post HIV counseling in VCT. The research design is more appropriate for a

social science research that investigates the phenomenon based on individuals' beliefs, opinions and perceptions in their natural setting. Basing on the contributions of the past researchers that no single method fits in a social science research, the researcher ought to employ both qualitative and quantitative methods in the investigation for complementarities purpose.

Krueger (2010) tried to highlight the differences between the two methods of data collection by saying that while qualitative approaches concentrate on words and observations to express reality and attempts to describe people in natural situations; the quantitative approach grows out of strong academic tradition that places considerable trust in numbers that represent opinions or concepts. The two approaches were suitable in this study as it was assessing the quality of pre and post HIV counseling in VCT. The study focused on the fundamental element of VCT, whether the standards are observed in service provision.

3.4 Study Population

The population of this study included all VCT service providers and clients in Moshi Municipality. A population is generally a large collection of individuals or objects that is the focus of a scientific query. However, due to the large sizes of populations, the researcher often cannot test every individual in the population because it is too expensive and time consuming.

A research population is also known as a well-defined collection of individuals or objects known to have similar characteristics. All individuals or objects within a certain population usually have a common, binding characteristic or trait. Usually,

the description of the population and the common binding characteristic of its members are the same.

3.5 Sampling Techniques

Kumar (2014) explains that the main aim of qualitative enquiries is to explore diversity, sample size and sampling strategy do not play a significant role in the selection of a sample. If selected carefully, diversity can be extensively and accurately described because of information obtained even from one individual. All non-probability sampling designs, purposive, judgmental, expert and accidental can be used in qualitative research, with two differences: in quantitative studies, you collect information from a predetermined number of people. Nevertheless, in qualitative research, you do not have sample size in mind; instead you collect data until you have reached the saturation point.

(a) Purposive Sampling

This study employed purposive sampling to select the VCT sites in- charges because of their limited number in the region. Moreover, purposive sampling was employed to obtain the teachers and VCT service providers (Counselors) and clients in the field because the nature of their work is situational and sensitive. Thus, they are not readily found because they perform other duties in the health centers.

(b) Convenient sampling

In assessing how satisfied are clients to VCT service, the study was as well engaged the clients who were available at the day of data collection. This is called convenience samples that means the selection based on whatever person happen to

be available at the time of interview. The participants included VCT providers and clients attended the VCT services were accessed through convenience. The clients were thought to give their feelings toward the services across its parameters. Thus, the researcher involved 80 respondents in the study. Table 3.1 shows the sample size.

Table 3.1: Respondents Distribution by Frequency and Percentage

S/N	**Categories**	**No. of Respondents**	**Percentage**
1.	VCT Clients	60	75
2.	VCT counselors	20	25
	Total	**80**	**100**

Source: Researcher (2006)

3.6 Methods of Data Collection

The data collection process involved; identification of participants, type of data collected, development of data collection forms, and administration of the process in an ethical manner.

3.6.1 Interview

Interviewing is a commonly used method of collecting information from people; it is a person-to-person interaction. According to Monette *et al*. (1986), an interview involves interviewer reading questions to respondents and recording their answers. According to Burns (1997), an interview is a verbal interchange, often face to face, though the telephone may be used, in which an interviewer tries to elicit information, beliefs or opinions from another person. Interview enables the researcher to get the greater depth information and more detailed by using open-ended questions along with close ended question from the respondents.

This method marked a potential collection of some information from the respondents who could fit to filling the questionnaires. Thus, the considered level of understanding of the respondents and the data intended to be collected. The data collection method is more appropriate because it enables the researcher to collect data timely and successfully.

3.6.2 Questionnaire Method

Questionnaires are a number of questions printed or typed in a definite order on a form (Kothari, 2004). This method of data collection is normally used once a researcher is dealing with large case of inquiries. In this study the researcher prepared a list of questions, focusing on assessing the quality of pre and post HIV counseling places among the youths. The questions were prepared in English and translated to Swahili language by a professional translator so that they can be understandable and comfortable to respondents.

Preliminarily a researcher conducted a pilot study at five randomly selected hospitals, one counseling offices and two VCT offices who were involved in the study so as to test if the prepared questionnaires were well understood by the respondents. Some slight changes were made on ambiguous questions and started data collection.

Questionnaire method was used because it accommodated a wide spread of people geographically and gave time for a respondent to think and choose appropriate answer for the question. In consideration of the study sample size questionnaire was the best method of data collection (Daniel, 2010).

3.6.3 Observation

Observation is one of the methods for collecting primary data. It is a purposeful, systematic, and selective way of watching and listening to an interaction as it takes places. It is predominantly used in qualitative research, here no framework for observation. The main advantage of this method is that subjective bias is eliminated. Secondly, the information obtained under this method relates to what is currently happening. Thirdly, this method is independent of respondents' willingness to respond and as such is relatively less demanding of active cooperation on the part of respondents as happens to be the case in the interview or questionnaire methods. Both participant and non-participant are employed concomitantly. The kind of observation that the researcher employed was structured observation because the researcher had standardized condition that is a checklist, which contained the information that needed to be collected during observation.

The reason for selecting this method is to capture the event as it actually happens in actual situation because respondents sometimes tend to modify their views and sometimes contradict them. Through observation the researcher managed to see how quality in those 20 sites is being implemented, the infrastructure if they are in place and if the sites allow the privacy. The method was effective since it enabled the researcher to get data in time.

3.7 Methods of Data Analysis

Ahuja (2001) describes analysis as the ordering of data into constituent part in order to obtain answers to research questions. The data were analyzed by computer included the in-depth interview carried out with clients and data from VCT providers

were transcribed using Microsoft Word. These transcribed interviews were closely studied to identify the main themes they communicate. Issues relating to quality of VCT services sorted these themes. The researcher analyzed the contents of interview and observational field notes to identify the main themes that emerge from the responses given by my respondents or the observation notes made by myself. This process involved a number of steps such as identifying the main themes, assign codes to the main themes, classifying responses under the main themes and finally integrating themes and responses into the context of my report.

3.8 Ethical Consideration

Conducting research that is ethical requires a commitment that lasts not only through the life of the research project but also afterwards, at the dissemination stage and even beyond. A research clearance was obtained from The Open University of Tanzania.

The research clearance was finally submitted to regional and district administrative official for approval where, a request made to conduct the study in their areas. Upon acceptance, introductory letters were secured to select areas for this study. The researcher prepared two kinds of informed consent forms. Form number I was given to the in-charges of VCT centers while number II was for clients who were interviewed in those centers. Ethical issues were carefully observed when conducting the study, during the course of the study several things were checked out, such as, no one shall be harmed while carrying out the study, client comfort ability, emotional discomfort, violation of confidentiality and explanations of the purpose of the study was given to every respondent in every research process.

In addition, they were informed that their participation is voluntary, they are free to leave the study at any time, and no force would be applied in that matter. Thus, they are not obliged to answer any questions if they feel uncomfortable with and they could interrupt the interview at any point without having any negative consequence to them. Duration of interview ranged from 15 to 30 minutes the arrangement that considered ethical treatment of the respondents in respect to their time limitation and other duties they were obligated to undertake. The researcher provided the respondents a room to participate and share any matter which arose in the course of data collection process.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF FINDINGS

4.1 Introduction

The previous chapter discussed the methodology employed in the study and the present chapter presents the result emanated from the study. It is comprised of data analysis and sample distribution that together explain the facts obtained from the field. This chapter has extended its premise by showing the analyzed data in numbers and percentage in order to facilitate understanding the data presented being part of the respondents feedback. This study addressed three specific objectives. These include:

(i) To identify the VCT providers' level of knowledge on pre and post HIV/AIDS counseling and testing in Moshi Municipality

(ii) To assess the VCT sites level of acceptability and responsiveness to the clients in Moshi Municipality.

(iii) To examine the effectiveness of VCT services in relation to health facility and infrastructure available in Moshi Municipality.

4.2 Data Analysis

Depending on the scope and objectives of the study, the study focused on assessing the quality of pre and post HIV counseling offered in voluntary HIV counseling and testing centers. Analysis and interpretation have been made through application of tables and figures as well quantitative and qualitative data have been presented to provide easy understanding of the obtained and analyzed data. Descriptive analysis

results have been given to show the percentages for the various variables in relation to the response given by targeted respondents from Moshi Municipality.

4.3 The Sample Distribution

A total number of 20 counselors from VCT centers and 60 clients receiving services in VCT were involved in the study. The results obtained reflect the specific objectives of the study. The sample distribution considered the nature of study, time availability and the data required by the researcher in the accomplishment of his study.

In depth interview and observation were conducted in Moshi Municipality to assess the quality of pre and post HIV counseling offered by voluntary HIV counseling and testing (VCT). Questions were also asked on what need to be improved to uplift the quality of VCT services. Counselors were interviewed to complement the information obtained during observation. This chapter presents the results of conversations held together with result of observation.

4.4 Analysis of Findings

4.4.1 Quality of the VCT Services

Most of the respondents interviewed talked about the good quality of the VCT services. Clients narrated on the VCT to be of more value to them and that they provide health assistance. They mentioned that so long up to now AIDS has no cure, the solution to such disease is found in VCT services by getting counseling. One of the informant talked about the importance of VCT that,

> "the way I see these sites are valuable and they assist much because clients get information's on issue related to HIV and AIDS and on the process of counseling they obtain knowledge on what was not familiar before". Also they assist in checking the sero-status. My own experience in using these services is that I have managed to know my sero-status. I have learnt what are the side effects, ways of transmission, and how to assist others".

Another respondent appreciated on the available VCT services and pointed out that the sites were their source of HIV/AIDS information. This is an example of what has been said by many informants;

> "if you aim at going there to receive something you go to ask and every time you ask, if you want to know of aids you get that answer. Therefore, I think these centers for counseling offer good services. They help much surely, because their offices are open and when you go there you get good services and they help in one way or another".

When asked how do the rate the VCT services being offered in the site, most of them had different opinions, very good scored 0%, good scored 30%, fair scored 70% and poor scored 0%, this gives a picture that the quality of the services that are being offered are not anticipated level.

4.4.2 VCTs Providers' Knowledge on Counseling

The study also assessed provider's knowledge on counseling in those twenty VCT sites interviewed. The result tells us that only 20% of the VCTs provider are trained counselor and 65% are nurses and others is 15% only. In all the VCTs sites clinician

were not found and this show that the cadre of clinicians are scarce in most of the VCTs sites. The study went further by looking at the experience of the VCTs provider, it shows that 55% of them have only less than one year, 35% have the experience of one to two year and only 10% of the staff have more than two year. This number will go down as most of the experienced are near to retire from their long saving contract.

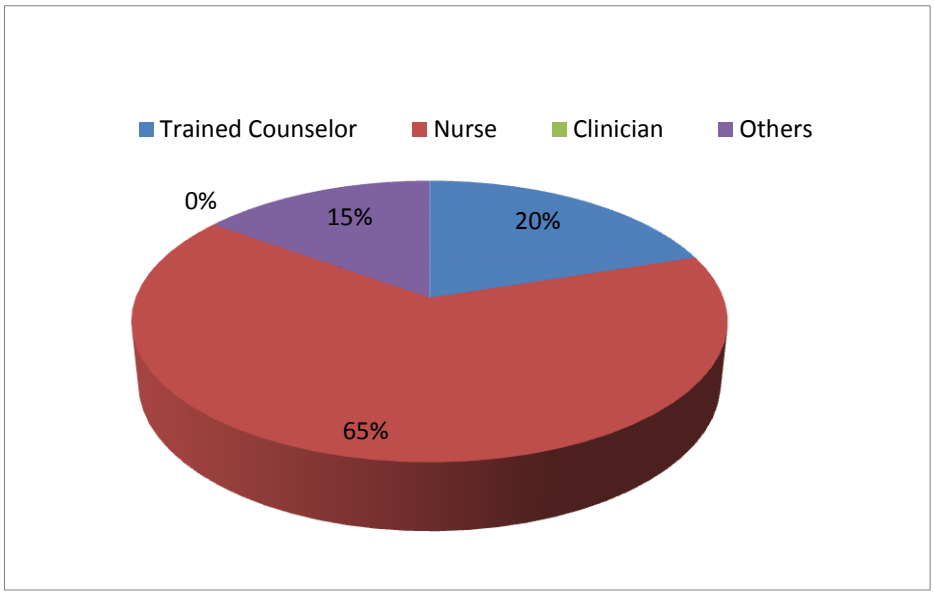

Figure 4.1: Distribution of Service Providers by Percentage

Source: Researcher (2016)

4.4.3 Clients feeling on VCT Services

In addition, the study focus was to get the feelings of the clients who are the consumers of the VCT services. The researcher thought that it is worth if you want to know the quality of VCTs service by asking those who are the beneficiaries.

The respondents were asked a question "how was the service in the VCT that you attended for the first test of HIV?" Clients had different perspective of the service like this informant who had this to say,

> ‘the environment are not conducive because in the counseling I found other people in the room who were not client but they were sorting files, so I was not happy with the situation, I even thought of stopping the counselor, I lost trust with that centre and my worry is how safe my data are”.

Some VCT sites are congested by staff in one room so it is very difficult to convince the client on confidentiality. Another informant said “the services I received in the first test was just fifty -fifty, what I wanted is to know my health status if is good or bad”.

4.4.4 Confidentiality in VCT clinics

Most of respondents are concerned with the confidentiality of the VCT services. Some of the clients aired their worries that counselors cannot keep the clients secrets because they are also human being, prone to making mistakes.

Moreover, some gave clarification on the whole issue of confidentiality arguing that it is hard to judge if counselors keep secrets or not. However, one informant showed out his feeling of not trusting the counselor at all and had this to say:

> “I once went to VCT, I was feeling like let me know my health status and the procedures went okay, the diagnosis revealed that I am HIV negative but surprising enough is when I met a friend of mine in the same day and asked me why did I went to VCT and what are the result? I was shocked.
>
> I then sated thinking who told him and suppose my sero- status was positive the whole village could have known that I am a HIV patient”.

Another client appeared with such worries that may be they do not keep secret. One of the informants had this to say,

> " we cannot say they are confidential or not that is a private issue, but I am just thinking, if that counselor has a friend and meet on the way and they see you passing by, can't the counselor say, let me tell you the secret, that one is infected. I do not know I cannot speak of their minds. However counselor needs to be trained on how to be confidential".

The factor of confidentiality can be proved by the data in Chart 4.2 below which show that among the VCTs site assessed only 30% had lockable cupboard, 25% of the VCTs site had computer with password, 30% had table with lockable drawer and 25% confidentiality was between counselor and client.

In support of what was said by most of the client concerning the issue of confidentiality, counselors said that ethics are the foundation of their work, they have been taught how to abide by the rules and it is among the things included in the contract of employment. They also elaborated the way the services are conducted and how confidentiality is being maintained. As such counselors insisted on not asking clients names, the results of blood tests are also identified through special numbers, results are not provided in a certificate as it is done with other medical services, and counselors never attend clients whom they know personally. In this case counselors insisted that under such circumstances, it is not easy that the secrets will be revealed to other people. Respondents pointed out that counselors who have not been to HIV counseling training might work contrary to ethics including confidential keeping.

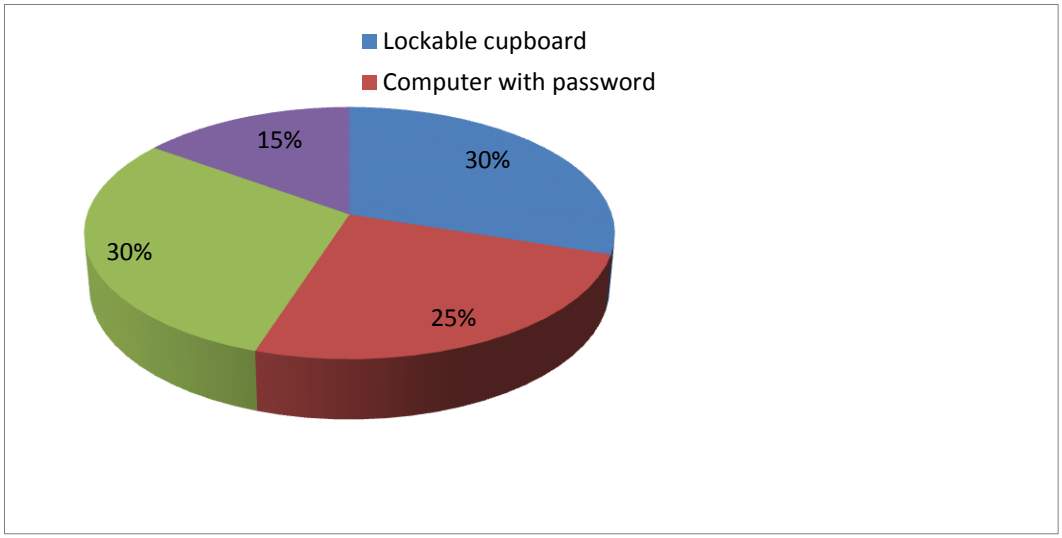

Figure 4.2: Confidentiality in the VCT Sites by Percentages

Source: Researcher (2016)

4.4.5 Cost to the VCT Service

Most of the respondents interviewed were aware that the VCT services are free of charge. However, they were doubtful if such opportunities are available in all centers, saying that at some VCT sites especially in some private facilities the services are paid for and it is ten thousand shillings (10,000/=). During observation we came across one university student who went for voluntary HIV test at St. Joseph Hospital but unfortunately at that day the VCT was out of HIV kits as a result this client was asked to pay ten thousand shillings. The respondents wondered why paying while these services are free, the in charge explained on the stock out and she was told that if she cannot manage then she should wait until the kit are available. The client went and disappeared forever.

The respondents worries were much on the targeted people who are in rural areas by assuming that may be such information has not reached them because most of them had no access to mass media where such information are obtained. Moreover, clients

gave the experiences on the VCT services available in centers located within rural areas. An example where services are paid for regardless of the age as how it was presented by one respondent:

> "If you go to some of the centers for the HIV test you pay one thousand shillings, when we say that the services are free it is not the same to all places. However, to those centers I attended the services are given free of charge".

Some centers are located far away from residential area and mainly within health facilities some interested clients have difficulty reaching those sites due to not having enough money for traveling.

4.4.6 Number of Counselors in VCT Sites

The findings indicated that having a few number of counselors in VCT centers results to some clients not attending VCT services. The number of counselors available in the centers could be the motivating factors for some clients to test for HIV. If the counselor are few means that the waiting time will be long as a result most clients will not be attracted to test for HIV and AIDS, due to the few number of counselors in some centers some clients have lost interest of attending VCT regardless of their positive interest to test for HIV. One counselor had this to say:

> "I am saying in this center we are only two that means if one is absent then the work load becomes too big to be performed by one counselor. So, to intervene this problem we have been discussing this with higher level authority but nothing has been done so far, our request is that more man power is needed and this might motivate more people to come for HIV test"

This statement can be verified by the data which show that 70% of all the sites assessed had less than two staff doing counseling. It is only 30% of the VCT sites that had more than two staff members. The study discovered that long waiting time is associated with the number of staff available in the respective sites. However, the situation is more miserable to those sites that are in the rural of Moshi municipality.

4.4.7 Access to VCT Services

Access and availability of the centers facilitate the use of VCT services, informants commented that some people cannot think of going for VCT services if they are not within their reach. In such situation, where access is not a problem they tend to accept the services easily.

Counselor explanation concerning clients who attend VCT services because the access is within their reach has this to say: “to some clients reasons behind seeking the services, they tell us that every day they are passing along they seen the VCT advertisement, thus why they thought why not going there and test?” it is just the same answer I got from one informant saying “I have been passing this road and see VCT and then I asked myself why don’t I test and know my status? Then I forced myself” this show that clients attend the VCT as they come along those centers.

They also gave the general comment on VCT mobile clinics; in some parts of the country mobile clinics has been a solution to accessibility, it has helped though it is facing some challenges of sustainability. One counselor has this to say, “….AMREF established mobile clinics whereby a team of counselors goes in rural areas and camp there for almost two weeks providing VCT services.” However, some clients were

not positive with this solution questioning on its sustainability, that since it is a program then it will come a time of program closer and VCT services should be available at the time when people demand it.

However, those counselors who have been involved in providing mobile service agreed on this general argument provided by clients that, these mobile services are helpful in those areas where there are no permanent VCT services. When giving her experience she has this to say: “to my experience, these mobile services are important especially in rural areas where VCT services are not found, we attend a significant number of people and they real appreciate our service.” Voluntary counseling and testing centers are generally very few in the rural of the municipal but in the centers are many and facing the challenge of infrastructure especially during rainy season.

Informants said that an individual decision may determine someone using the VCT services or not. Therefore, the issue of accessibility to some client was not counted as a problem rather lack of an individual determination that acts as barrier regardless how close such center is. One client associated accessibility with individual decision by saying:

> “the question of accessibility to VCT can be viewed in different ways to the sense that some people don’t prefer the VCT that are near their home fearing to be seen by familiar people attending the VCT as a result they will be stigmatized and it will be a news to the whole community, some people opt to attend the VCT which are a bit far away from their home so that to hide from the people who know them”.

4.4.8 Respondents' Perception on VCT Improvement

The last question of the interview was this "what do you think needs to be improved?" informant had different views on the quality of the services being rendered to them and also the perspective on the improvement differed but all their comments were on confidentiality.

One informant commenting on the confidentiality said: " we need our record to be treated accordingly, the nurses must stop making story outside about our health problem because they are the ones who leaks the information" another informant went further by suggesting this:

> " we wish all services could be given in one room, because after counseling you will be asked to go and see doctor or to the laboratory but in other places once you get to the counseling room you are counseled, tested and you get your result and we wish the same to all sites".

Other clients complained of the waiting time suggesting that other people have no tolerance so if results takes long time they decide to go away without their test result. As you can see from the table below 35% of the counselors spent 30 to 45minutes before releasing the results and 65% used less than 30 minutes. Table 4.1 presents more information.

Table 4.1: Baseline Characteristics plus VCT Service Delivery

Characteristics		Number [N = 20]	Percentage [%]
Gender	Male	14	70
	Female	06	30
Service Provider	Trained Counselor	04	20
	Nurse	13	65
	Clinician	0	0
	Others	03	15
Experience	<1 year	11	55
	1-2 Year	07	35
	< 2 Year	02	10
Number of staff	< two staff	14	70
	> two staff	06	30
Clients in a week	1-10 clients	04	20
	11-20 clients	09	45
	21-50 clients	03	15
	51-199 clients	02	10
	> 110 clients	02	10
Consent	Verbally	13	65
	Written	07	35
Confidentiality	Lockable cupboard	06	30
	Computer with password	05	25
	Table with lockable drawers	06	30
	Between counselor and client	03	15
Patient waiting time	< 30 minutes	13	65
	30-45 minutes	07	35
	> 1 hour	0	0
Who is given post-test counseling	All who test	03	15
	Only positive sero-status	17	85
Training on VCT over last year	Yes	08	40
	No	12	60
Refresher training over last year	Yes	15	75
	No	05	25
Days lost due to stock out	One week	06	30
	One month	12	60
Supportive supervision	Yes	17	85
	No	03	15
Guidelines in place	Yes	07	35
	No	65	
External quality controller	Yes	16	80
	No	04	20
Quality of VCT	Very Good	0	0
	Good	06	30
	Fair	14	70
	Poor	0	0

Key: < means less than; > means greater than

Source: Researcher (2016)

4.4.9 VCTs Infrastructure

All the 20 voluntary HIV counseling and testing sites assessed had waiting areas where clients sit as they wait for VCT services. These waiting areas however 20% are not adequately spaced and in terms of furniture and comfortable seating arrangement only 60% were good and 90% of all the VCT had no education materials.

The counseling rooms were also available in all the VCT assessed however privacy was a big challenge as 70% of all the VCTs had no table with lockable drawers and 90% of the VCT have no lockable cupboard for client records. All these discrepancies allow for inadequate privacy in which most of the clients complained of not being sure if confidentiality is real maintained. Also the study assessed if the VCTs have availability of chairs to allow for couples counseling and 75% had chairs to allow for couples counseling while 25% had no chairs to allow for couples counseling and this factor could push away those who wish to test along with their partners.

Very few (30%) Voluntary HIV Counseling and Testing had VCT policy along with the National Guideline for VCT compared with 70% who had no policy and guideline. Also the study assessed if the counselors are welcoming looking at the way they interview the client, the study came out with the findings that 65% of the counselors are not welcoming while only 35% of counselors are welcoming.

The study assessed the testing room and discovered that the availability of separate room or curtained-off space set aside for testing was 45% only while 55% of the

VCT lack separate room or curtained-off space set aside for testing. Another challenging situation was the availability of enough supplies as some of the VCTs were running shortage of supplies. The counselors argued that sometimes it may take them up to one week without supplies. 15% of the VCT assessed were running shortage of the supplies at the day of assessment. The results are summarized in the Table 4.3.

Table 4.2: Baseline Characteristics for VCT Sites and Services Delivery

General Area	Specific area	Number "N=20]			
		Yes	%	No	%
Counseling	Availability of VCT policy	06	30	14	70
	Availability and use of MOH register	20	100	20	100
	Are counselors welcoming (what is their attitude Towards the interview	07	35	13	65
Reception	VCT ensure privacy and confidentiality	09	45	11	55
	Reception have lockable drawers	06	30	14	70
	Well furnished with two chairs and a table	07	45	13	55
Waiting room	Waiting room adequately spaced	16	80	04	20
	Well furnished and have a comfortable seating Arrangement	12	60	08	40
	Waiting area has health education materials (those wit Information on HIV/AIDS?)	02	10	18	90
Counseling room	Cleanliness and disinfection of the room	13	55	07	45
	Ventilation and lighting system	20	100	20	100
	Availability of table with lockable drawer	06	30	14	70
	Availability of chairs to allow for couple counseling (at least three)	15	75	05	25
	Availability of lockable cupboard for client record	02	10	18	90
	Presence of hand washing supplies and facilities in a convenient area	20	100	20	100
	Availability of PEP	12	60	08	40
Testing room	Availability of separate room or curtained-off space se Aside for testing	09	45	11	55
	Availability of table	20	100	20	100
	Presence of hand washing supplies and facilities in a Convenient area	07	35	13	65
	Availability of disposal bin for sharps and foot-operat Buckets for other waste	11	55	09	45
	Availability of refrigerator or cool box with ice	20	100	20	100
	Availability of enough supplies including gloves, Syringes, needles, tourniquet cotton wool	17	85	03	15
	Availability of testing kits according to approved algorithm	14	70	06	30

Key: < means less than; > means greater than

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The previous chapter provided the findings and the present one discusses and gives recommendations about the study. It demonstrates different gaps in our VCT sites that affect the quality of the services provided but also gives the recommendation of what need to be done so the gaps that have been discovered are addressed.

This study was guided by the following specific objectives:

(i) To identify the VCT providers' level of knowledge on pre and post HIV/AIDS Counseling and testing at Moshi Municipality.

(ii) To assess the VCT sites level of acceptability and responsiveness to the clients in Moshi Municipality.

(iii) To examine the effectiveness of VCT services in relation to health facility and infrastructure available in Moshi Municipality.

5.2 Summary of Findings

During interview the informants seemed to appreciate the quality of the VCT services but when they were asked to rate the VCT services most of them differed in their opinions this means the quality of the services need to be improved. In addition, the quality of the VCT services goes along with VCT service provider knowledge on counseling. The results show that only 20% of the VCT service providers are trained counselor. It is important that trained staff provide counseling services. Moreover, it was found that the number of the VCT provider is low in relation to demand. Thirty

percent of the VCT sites have less than two staff, this show the gap that exist which call for strategy to minimize the gap or to alleviate the gap completely so as to ensure the quality of the services and this include to lower the waiting time.

Another finding as a result of this study is confidentiality in our VCT sites. Clients have no trust with the staff, this is contributed by different factors that include some staff who do not abide to their ethics and another factor is infrastructure that does not allow for privacy. It was discovered that 70% of the VCT sites have no lockable drawers for clients information that are stored in the files and 90% have no lockable cupboard.

5.3 Conclusion

The quality of Voluntary HIV Counseling and Testing in different sites in Moshi municipal council is far below the standard. This is evidenced by the fact that there was little or no training to some VCT service providers, sites lacked national guideline for guidance, a few qualified VCT service providers especially in the area of counseling and privacy was only present in a few VCT sites.

The result of this study have clearly demonstrated that the quality of Voluntary HIV Counseling and Testing is way below the recommended standards by National AIDS Control Program (NACP) through National Guideline for Voluntary Counseling and Testing. A few VCT service providers had ever undergone training in VCT.

There was maximum supportive supervision from CHMT, RHMT and MDH. VCT sites lacked guideline for VCT, these materials are important for VCT service

providers use as they provide guidance as they carry out VCT counseling. Lack of guidelines compromised greatly the quality of the VCT as they did not have any reference to make to in case they needed to do so. In addition, there were few qualified VCT staff yet the guideline recommends that VCT should be carried out by qualified personnel. Privacy was also presented in some sites as not adequately and even through facility checklist, the situation is not promising. VCT health provider practiced some form of confidentiality such as information remaining between health provider for15%, using lockable cupboards 30%, computer password 25% and table with lockable drawer 30%. If there is a gap in privacy then the quality is compromised.

Written consent was obtained by only 35% of health provider and the rest obtained verbal consent which is 65%. Apart from written consent the guideline recommends that written test result must be certified by a registered laboratory technician or pathologist however, written consent contributes to continued stigma and discrimination. Some people think HIV test should be like any other test where one does not need a written consent.

Result demonstrated that few VCT health providers have trained in HIV counseling while the guideline recommend that only trained counselors shall carry out VCT counseling. Trained and non-health counselors should have sufficient skills to offer comprehensive VCT services. In addition, few guidelines have been availed to these VCTs sites. This is putting the level of adherence to guidelines low that is highly compromising on the quality of VCT counseling and testing.

On self-assessment, 30% described quality of VCT in their sites to be good and 70% described quality of their sites to be fair. This can be explained by the fact that some counselors are not well trained in counseling as it can be proved by the result above that only 40% received training while 60% did not. By not training the VCT service providers it is likely to compromise the quality of the VCT services.

5.3.1 VCTs Infrastructure

Waiting areas were available in almost all the VCT sites and this was not the same waiting area for clients with other conditions. This was not good as it increases stigma and discrimination. Waiting area was adequately spaced for 80% of all VCT sites and it is excellent quality. However, information, education and communication materials were present in only 10% VCT sites. Waiting areas should have VCT IEC materials for all patient to read and get more information on HIV, this was lacking in almost all the facilities. For purpose of infection control, testing room should have adequate space, adequate storage facilities, and safe way of waste disposal and should have post exposure prophylaxis. All these were present in some VCT sites, absent in many of the sites, and lead to the quality of VCT to be low standard.

5.4 Recommendations

From the results of this, the following recommendations if put in place will contribute to the improvement in the quality of VCT services in Moshi municipality. There are needs for training for all VCT service providers on counseling and testing, actually counseling techniques are changing due to different discoveries therefore, training and refresher courses are necessary to counselors. Moreover, there should be national guidelines for voluntary counseling and testing along with policies and IEC

should be made available to all VCTs. The study recommends for availing all time the testing kits according to approved algorithm so that clients access at any time they wish to test. Furthermore, the study recommends availability of enough supplies including gloves, syringes, needles, and tourniquet cotton wool as required by all VCTs.

5.5 Area For Further Studies

The current study was limited to the number of the VCT sites and the informants from whom data have been gathered. On other hand in the process of conducting the study some areas necessary for more research emerged hence resulted to the following suggestion: Similar studies involving rural setting should be conducted. Studies should be conducted on the role of non-Government organization to the VCT quality improvement. Further studies should be carried out on the VCT service provider and another on VCT set up.

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APPENDICES

Appendix 1: Councelors Questionnaire

INTRODUCTION

Thes purpose of this questionnaire is to *assess the quality of pre and post HIV counseling in the improvement of VCT services at Moshi Municipality*. The information that you are to provide will help in improving VCTs services. The information will further assist in finding the reasons and suggest the solution as per VCT quality is concerned. I therefore kindly request your participation, feel free to give your opinion, and respond honestly to the questions so that together we successfully accomplish this work. The information you provide will be confidential and used strictly for the academic reasons and not otherwise.

SECTION 1: PERSONAL INFORMATION

1. Name of service provider ……..
2. Gender of service provider;
    a. Male [ ]
    b. Female [ ]
3. Education …….
4. Position of service provider …….
    a. Trained counselor [ ]
    b. Nurse [ ]
    c. Clinician [ ]
    d. Other (please specify) ----------

5. Name of the health facility ……..

SECTION 2: STAFFING

6. For how long have you worked as a counselor in the area of VCT

   a. < 1 year [ ]

   b. 1 - 2 years [ ]

   c. > 2 years [ ]

7. How many staffs are conducting HIV counseling in VCT? [ ]

8. On average how many clients do you counsel in a week? [ ]

9. How do you obtain consent from the clients

   a. Verbally [ ]

   b. Written [ ]

   c. Others…

10. How do you ensure confidentiality of clients status information;

    a. Use of locked cupboards [ ]

    b. Computer with password [ ]

    c. A table with lockable drawers

    d. Information shared remains between clients and counselor [ ]

    e. All the above [ ]

11. On average how long does it take for a client to receive their results from the time of entry into VCT?

    a. < 30 minutes [ ]

    b. 30 – 45 minutes [ ]

    c. > 1 hour [ ]

12. Do you offer post – test counseling?

    a. Yes [ ]

    b. No [ ]

13. If yes to the above question, to whom do you offer post- counseling?

    a. All who test [ ]

    b. Only positive sero-status [ ]

14. What exactly happens during post- test counseling?

    ……

    ……

    ……

15. Where would you refer a patient whose sero status is positive?

    a. Specialized

    b. HIV clinic [ ]

    c. Don't refer [ ]

    d. No specific clinic [ ]

16. Do you have referral forms you use in the center?

    a. Yes [ ]

    b. No [ ]

SECTION 3: TRAINING OF STAFFS

17. Have you ever had any training in offering VCT service?

    a. Yes [ ]

    b. No [ ]

18. If yes, who trained you?

    a. MOHSW [ ]

    b. CHMT/ [ ]

    c. Other partners [ ]

19. If no, would you like to receive training in VCT;

    a. No [ ]

    b. Yes [ ]

20. Have you ever received refresher training on VCT in the past 1year?

    a. Yes [ ]

    b. No [ ]

SECTION 4: QUALITY ASSURANCE

21. Where do you carry out HIV tests?

    a. All testing done on site yes/no

    b. Preliminary done on site yes/no

    c. Confirmation sent to other laboratory yes/no

    d. All testing carried out in our laboratory yes/no

22. What is the time interval between taking blood and results being available?

23. Over the past year, what percentage of people who were tested received their results?

24. How many days of testing did you lose last year due to stock outs or other problems with essential commodities or supplies?

25. Do you receive support supervision

    a. Yes [ ]

    b. No [ ]

26. If yes to the above question, from where?

    a. MOHSW [ ]

    b. CHMT/ [ ]

    c. Other partners [ ]

27. If yes to the above question, how often are you supervised?

    a. Every three months [ ]

    b. Every six months [ ]

    c. Once a year [ ]

    d. Never [ ]

28. Do you have any guidelines you follow when conducting HIV counseling?

    a. Yes [ ]

    b. No [ ]

29. If yes to the above question, which guidelines?

    a. MOHSW policies and guidelines on VCT [ ]

    b. WHO guidelines

    c. Others (specify)……..

30. Do you have external quality control for HIV testing?

    a. Yes

    b. No

If yes, describe

……

……

31. Over all, how do you rate the quality of HIV counseling in this Center?

a. Very good [ ]

b. Good [ ]

c. Fair [ ]

d. Poor [ ]

32. In your opinion what factors affect the quality of VCT services provided in this

centre?;……

……

……

……

……

SECTION 5: CLIENT FEELINGS

33. How did you know about the VCT service being offered here?.....

.....

.....

34. Is it your first time to test for HIV?

a. Yes[ ]

b. No [ ]

If no, how was the service in the VCT that you attended for the first test of HIV? (PROBE)

……

……

……

35. How do you rate the VCT services being offered in this site

a. Excellent

b. Very good

c. Good

d. Satisfactory

e. Poor

Justify your

option……

……

What do you think need to be improved?

……

……

Thank you very much for your cooperation

Appendix 2: Facility Checklist

This tool is essential for obtaining information about the quality of the VCT sites by observing some key areas and these include reception, waiting area, counseling room and testing room if they comply with standards set by NACP in National Guidelines for Voluntary Counseling and testing, 2005.

A: HEALTH FACILITY INFORMATION

Facility name……..

Facility location……..

Survey date…….……

Survey time……

B: OBSERVATION CHECKLIST

General Area	Specific area	Yes	No	Comments
COUNCELLING	Availability of VCT policy			
	Availability and use of MOH register			
	Are counselors welcoming (what is their attitude towards			

General Area	Specific area	Yes	No	Comments
	the interview)			
RECEPTION	VCT ensure privacy and confidentiality			
	Reception have lockable drawers			
	Well furnished with two chairs and a table			
WAITING ROOM	Waiting room adequately spaced			
	Well furnished and have a comfortable seating arrangement			
	Waiting area has health education materials (those with information on HIV/AIDS?)			
COUNSELLING ROOM	Cleanliness and disinfection of the room			
	Ventilation and lighting system			
	Availability of table with lockable drawer			

General Area	Specific area	Yes	No	Comments
	Availability of chairs to allow for couple counseling (at least three)			
	Availability of lockable cupboard for client record			
	Presence of hand washing supplies and facilities in a convenient area			
	Availability of PEP			
TESTING ROOM	Availability of separate room or curtained-off space set aside for testing			
	Availability of chairs to allow for couple counseling (at least three)			
	Availability of table			
	Presence of hand washing supplies and facilities in a convenient area			
	Availability of disposal bin for sharps and foot-operated buckets for other waste			

General Area	Specific area	Yes	No	Comments
	Availability of refrigerator or cool box with ice			
	Availability of enough supplies including gloves, syringes, needles, tourniquet cotton wool			
	Availability of testing kits according to approved algorithm			

Appendix 3: A Consent Form (I)

You are being invited to participate in a research project by Ambuya Moshi who is a student of Master Degree of Social Work at Open University of Tanzania. This study is conducted to *Assess the Quality of Pre and Post HIV Counseling and Testing (VCT) sites in Moshi Municipality*. You are selected to participate in this study purposely because you are a potential resource of data that will help to reveal a full picture of your site.

You will be asked to answer thirty one questions which will take about 15minutes. You are under no obligation to participate in this research, it is your choice whether to be a part of study or not. You may decide not to be a part of the study and even if you have accepted to be interviewed, you may stop and leave the study.

There will be no negative effects if you decide to stop participating in the research. The results of this research will be used to improve the VCT services but no person information will be part of any of the report. The form you are filling out today will be destroyed after all the data has been entered into analysis.

If you have any questions about this research or your participation in the study you are welcome to ask. We will make every effort to answer your question.

CONSENT

I understand that I am participating in research and that the research has been explained to me so that I understand what I am doing. I understand that I may stop participating at any time

……	……	……
Name of Participant	Date	Signature
……	……..	……
Name of Researcher	Date	Signature

Appendix 4: Hati Ya Ridhaa (II)

Unaombwa ridhaa yako kushiriki katika utafiti unaofanywa na ndugu: *Ambuya G. Moshi* ambaye ni mwanafunzi wa shahada ya uzamili katika chuo kikuu Huria Cha Tanzania. Utafiti huu unaolenga *kutathimini ubora wa huduma zitolewazo katika vituo vya ushauri nasaha katika Manispaa ya Moshi.*

Umechaguliwa kushiriki katika utafiti huu makusudi kwa kuwa wewe ni mdau wa huduma hizi na taarifa utakazo tushirikisha zitasaidia kuboresha huduma zitolewazo na vituo vya ushauri nasaha katika eneo letu. Katika mahojiano utaulizwa maswali matano ambayo yatatumia dakika zisizozidi nane.

Hata hivyo ushiriki wako ni wa hiari, hutashurutishwa kujibu maswali, unayohiari ya kuwa sehemu ya utafiti huu au kutokuwa na hata kama umekubali unaweza kusitisha ushiriki wako wakati wowote wakati wa mahojiano. Hakutakua na madhara yoyote yale yatakayokupata pindi utakapoamua kusitisha ushiriki wako katika utafiti huu. Majibu ya utafiti huu yatatumika kuboresha huduma katika vituo vya ushauri nasaha na taarifa binafsi hazitakua sehemu ya raarifa itakayotolewa baadae.

Hati hii unayoijaza sasa itaharibiwa mara tu baada ya taarifa hizi kuingizwa kwenye uchanganuzi. Kama una swali lolote juu ya utafiti huu au juu ya ushiriki wako unakaribishwa kuuliza nasi tutajitahidi kukujibu.

RIDHAA

Ninaelewa kwamba ninashiriki katika utafiti huu na nimeeleweshwa juu ya utafiti huu ili kujua kitu ninachokifanya. Ninaelewa pia kuwa ninaweza kusitisha ushiriki wangu wakati wowote.

……	……	……
Jina la Mshiriki	Tarehe	Sahihi
……	……..	……
Jina la Mtafiti	Tarehe	Sahihi