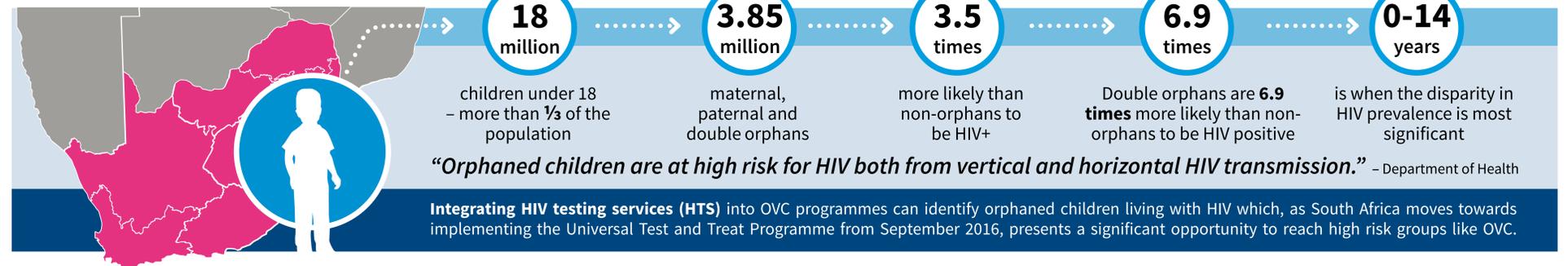


ADJUSTING THE LENS

Integrating HIV Testing Services (HTS) into support programmes for orphans and vulnerable children (OVC) in South Africa

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BACKGROUND

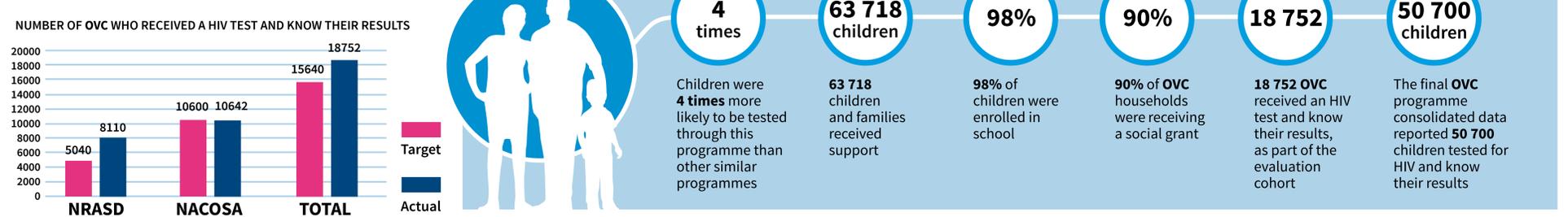


DESCRIPTION

The Global Fund supported NACOSA and NRASD to implement an OVC programme from 1 October 2013 – 31 March 2016, focused on delivering a more HIV-focused package of services. The programme supported 76 community based organisations in all nine South African provinces with HTS - one of a range of services offered. Some organisations opted to refer children for HTS to local public health facilities and other mobile services but many opted to provide HTS directly. The organisations who offered HTS were provided with support to strengthen their systems to enable them to deliver high quality, ethical services.

SUPPORT INCLUDED	Intensive and accredited training on how to deliver all aspects of HTS	Procurement and supply management (PSM) training
	Onsite mentoring	Rapid Diagnostic Tests where needed

LESSONS LEARNED



ALTHOUGH TARGETS WERE EXCEEDED, COMMON CHALLENGES WERE EXPERIENCED:

1 CHILD, COMMUNITY AND CAREGIVER PERCEPTIONS IMPACT ON HIV TESTING

Almost 70% of care workers reported the following challenges in the delivery of HTS:

RESISTANCE TO TESTING IN THE COMMUNITY Care workers reported that caregivers refused for their children to be tested and caregivers themselves refused to be tested, even if they consented to their children being tested. <i>“Some parents refuse to have their children tested, they do not come at the day of testing.”</i> – Care worker, Eastern Cape	LACK OF SUPERVISION IMPACTS ADHERENCE <i>“Most of the children stay with a guardian who drinks alcohol so the child ended up defaulting.”</i> – Care Worker, KwaZulu-Natal	RELUCTANCE TO DISCLOSE Caregivers were reluctant to disclose their own HIV status or that of their children, to their children, partner or the care worker. There was reluctance for people to talk about HIV in the community. <i>“Children are not aware about the treatment they are taking because their guardian does not tell them the truth.”</i> – Care Worker, KwaZulu-Natal	STIGMA AND LACK OF CONFIDENTIALITY Clinics were perceived to break patient confidentiality. <i>“Parents are complaining about [the] clinic, there is no confidentiality.”</i> – Care worker, Eastern Cape	CHILDREN RELUCTANT TO BE TESTED <i>“Children being anxious about their status and refuse to get tested.”</i> – Care worker, Mpumalanga	PROCUREMENT AND SUPPLY MANAGEMENT SYSTEMS ARE CRITICAL The majority of organisations were non-medical HTS sites and needed to establish strong organisational systems to ensure safe, ethical, confidential HTS were able to be rendered by well trained and well supervised staff. This was achieved with training and on-site mentoring.	IMPROVING WORKING RELATIONSHIPS WITH LOCAL HEALTH FACILITIES Many organisations lacked strong working relationships with local public health facilities. The success of organisations’ HTS programmes was dependent on the establishment and improvement of relationships with health services.	LEADERSHIP MUST SUPPORT HIV TESTING OF CHILDREN The leadership of many organisations had to actively engage with the strategic imperative as to why HIV testing was an important programme element for OVC. Some organisations withdrew from the programme because they did not support HTS for OVC.
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3 ADDRESS DISTINCT CONTEXTUAL CHALLENGES

Organisations needed to actively address their distinct challenges. Upskilling care workers to educate caregivers about the importance of HTS and the involvement of the household, community and OVC was important in the provision of HTS, as evidenced in the multi-stage strategies organisations used to ensure community and family buy-in: *“The educational talk is assisting us a lot. After we have done this within the community, the parents will come and say ‘this child is in the programme, but this one is not, and we want them to be tested.’ We start with the family.”* – Programme Manager, Northern Cape

Training and skills development support organisations to address their challenges: *“Global Fund provided us with a lot of training and learning opportunities in terms of HTS, especially around the safe keeping of our patient files, best-practice protocols, remaining up to date with HTS-related policy changes, optimal temperature and conditions for storing testing kits and so on.”* – Programme Manager, KwaZulu-Natal

The quality of training was emphasised by a number of managers and seen as a key part of the success factor.

4 TRUST AND ACCESSIBILITY INCREASES TESTING

Managers reported that people were more informed, less afraid to test and more willing to talk about HIV. Trust increased over time and, as parents became more comfortable talking about HIV/AIDS, they realised the benefits of knowing their status and were more willing to test themselves and their children. *“The stigma around testing and HIV/AIDS in general within the community is slowly decreasing. This is a result of the work of community workers who educate the community members on HIV/AIDS-related issues and the support provided.”* – Director, Eastern Cape

Some organisations recognised the benefits of ensuring that all the children in their programmes knew their status so that effective care could be given. The availability of testing services at organisations made it easier for individuals to test because they did not have to wait for clinic staff to be available. *“Now each and every child in the programme knows their status. Or even if we don’t have that child’s results, the guardian or the parent knows that child’s results and status.”* – OVC Coordinator, KwaZulu-Natal

The burden of delivering all HTS was reduced for local clinic staff and organisations found great value in the collaborative relationships they built. This enabled them to work together to achieve testing target as well as to procure rapid diagnostic test kits. Organisations were able to support health systems by providing follow-up services to children, improving prevention and care: *“The carers know that if a child tests positive, they are a priority... If they are positive, we support them as there is a long road to travel.”* – Programme Manager, Northern Cape

Initial resistance was replaced by a growing acceptance and uptake of HTS. *“It was a tough task to change their mind-sets... but now it’s easier. People can come to us and say they want to test or tell us that they are positive.”* – Manager, Gauteng

CONCLUSION

HTS has become an entrenched programme offering for organisations working with orphans and vulnerable children. Organisations have been able to extend their HTS beyond the children enrolled in the programme to the rest of the community which provides community members with an alternative space in which to access HTS. Organisations are promoting a culture of regular annual HIV testing in line with the national HTS guidelines and this will help South Africa reach its 90-90-90 goals.

RECOMMENDATIONS

- Governance, management and staff must support the strategic imperative behind HTS for children from the outset
- Develop robust, comprehensive internal procurement and supply management systems aligned to national policy
- Build and nurture partnerships with local health facilities to ensure service quality
- Invest time and resources educating care workers, caregivers and children about the advantages of knowing their HIV status
- Promote an enabling environment for HTS that recognises the human rights of all and builds trust

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