

> Answers: Using Health Information

Module 10 – HIV/AIDS

Q1

What are the three guiding principles that must be taken into consideration when using health information in VCT and PMTCT?

Voluntary

HIV counselling and testing should always be voluntary. Clients should consent to undertake the test after be counseled of the relevant facts and implications of a test result.

Confidential

All information recorded in VCT and PMTCT should protect the confidentiality of the client and prevent his or her identity from being linked with test results.

Private

Environments for counselling and testing sessions should be private. Information should be stored in locations out of public view, and secured with a lock and key.

Q2

It is the end of the month and you are collecting the information for the VCT camp report (see Table 1).

Table 1

Number of VCT clients	< 18		Total < 18	≥ 18		Total Crude	National
	Male	Female		Male	Female		
Pre-test counselled	26	49	75	230	293	598	68
Tested for HIV	1	2	3	19	15	37	7
Tested positive for HIV	1	0	1	5	3	9	3
Post-test counselled	1	0	1	4	3	8	3

(a) Using the Standards and Indicators guide, calculate the missing information in indicator table below.

See Indicator Table

Indicator Table

VCT Indicators	
VCT Uptake	$(37 / 598 * 100) = 6\%$
Prevalence of HIV (VCT)	$(9 / 37 * 100) = 24.3\%$
Proportion who received post test counselling and result	$(8 / 37 * 100) = 22\%$
Proportional VCT service use by nationals	$(68 / (598+68) * 100) = 10\%$

(b) What do these figures mean? Which are of particular concern?

VCT uptake is very low at 6%. This indicates that few clients are opting to take test after pre-test counselling, and points to possible issues of trust, acceptability and quality of counselling.

Discuss biases associated with high HIV prevalence in VCT, and caution against generalisation of results to wider camp population as a whole.

Q3

(a) Can you calculate VCT coverage from Table 1? Give an explanation for your answer.

No it is not possible to calculate VCT coverage from the table provided. This requires a denominator figure to define the population at risk (e.g. 15 – 44 year olds).

Q4

You have moved on to prepare the information for the monthly PMTCT report. Look at the results for counselling and testing of ANC mothers in Table 2.

Table 2

Number of pregnant women	< 18	≥ 18	Total	P'tners	Nat
Pre-test counselled	7	250	257	262	93
Tested for HIV	7	250	257	262	86
Tested positive for HIV	0	2	2	10	7
Post-test counselled	0	2	2	240	80
Who accepted NVP at 28 wks	0	3	3		3

(a) Using the Standards and Indicators guide, calculate the missing information in indicator table below.

See Indicator Table

PMTCT Antenatal Indicators	
PMTCT Uptake	$(257 / 257 * 100) = 100\%$
Prevalence of HIV (PMTCT)	$(2 / 257 * 100) = 0.8\%$
Proportion who received post-test counselling and result	$(2 / 257 * 100) = 0.8\%$
Prevalence of HIV among ANC partners	$(10 / 262 * 100) = 3.8\%$
Proportion of partners who recvd post-test counselling and result	$(240 / 262 * 100) = 92\%$
Proportional PMTCT service use by nationals	$(93 / (257+93) * 100) = 27\%$

(b) The total number of first time ANC visits during the month was 528. What was the PMTCT coverage for the month? Is this of concern?

PMTCT coverage = $257 / 528 = 49\%$.

This indicates low coverage (though uptake is high among those that do attend PMTCT). Most common explanation for low coverage include: (a) programmatic (access, insecurity, location of testing centres, acceptability, service quality, community awareness) and (b) statistical (inaccurate estimation of target population)