



HIV Prevention Interventions in Kenya Quality of Care in the ORPHEA Project

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ABSTRACT

This study evaluated the quality of HIV care for three HIV prevention interventions in Kenya: HIV testing and counseling (HTC), prevention of mother-to-child transmission of HIV (PMTCT), voluntary medical male circumcision (VMMC).

BACKGROUND

Without a cure for HIV, prevention remains the most important approach to controlling the epidemic in the last three decades. Achieving an 'AIDS-free generation' requires the organization of effective and quality service system. In 2013, as part of the multi-country "Optimizing the Response of Prevention: HIV Efficiency in Africa" (ORPHEA project) evaluated the HIV service system for three HIV prevention interventions in Kenya: HTC, PMTCT and VMMC.

METHODS

Multistage sampling techniques were used to select sites for HTC, PMTCT, and VMMC interventions. Data was collected through interviews, direct observation, client exit interviews and provider vignettes. Ten out of 47 counties in Kenya (representing 32% of the total population) were purposively selected ensuring national representation (Fig.1).

Figure 1. Map of Kenya displaying ORPHEA study sites by number & county

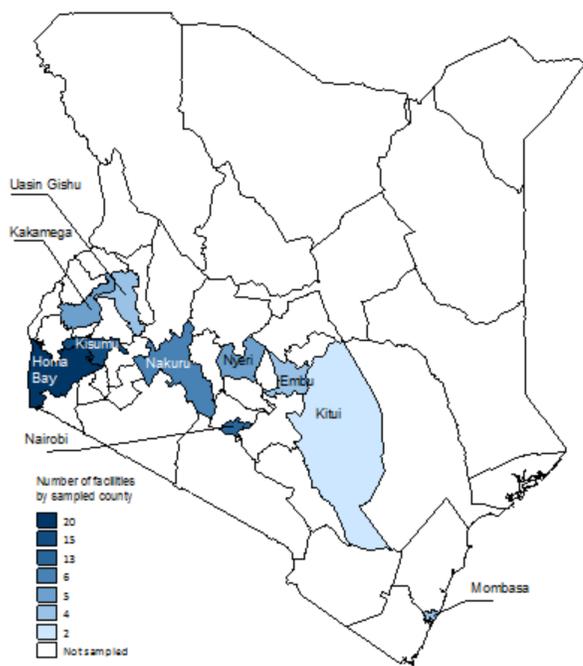
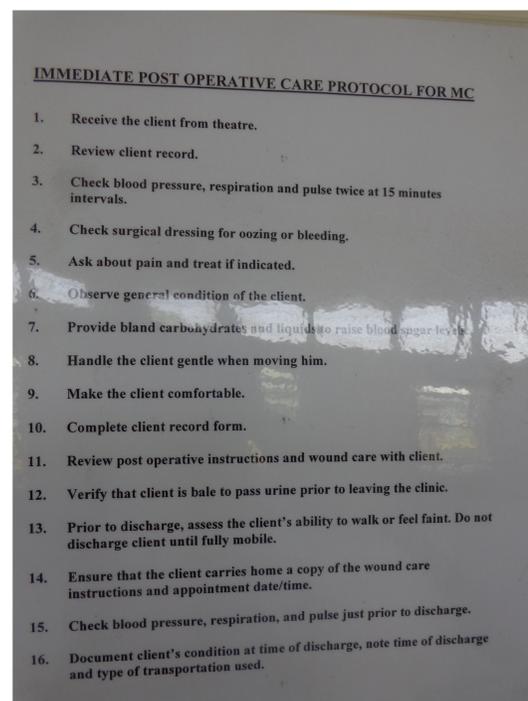


Figure 2. Display of post-operative protocol for quality VMMC services



RESULTS

In total, 284 vignettes were completed by providers and 591 clients participated in exit interviews across 189 sites in 78 health facilities in 33 districts. For all health providers in the sample **providers' competence score**, based on the vignette was 59% for HTC and 60% for both PMTCT and VMMC. The average scores for **providers' performance**, based on client interviews, were 26% for HTC, 31% for PMTCT and 52% for VMMC. (Fig. 3 and 4)

Conducting a PMTCT vignette with provider, 2013



Conducting an exit interview with PMTCT client, 2013



The data shows that **providers report performing higher on the procedures in the vignettes than clients rate them (average: 60% vs. 36%, respectively)**. Quality of service is highly variable across facility types and geographical regions but is influenced by management aspects such as supervision, accountability, monitoring and incentives.

Figure 3. HTC comparison of provider performance vs. competence scores

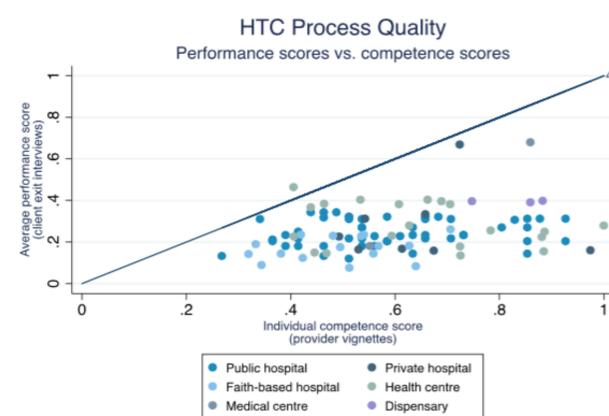
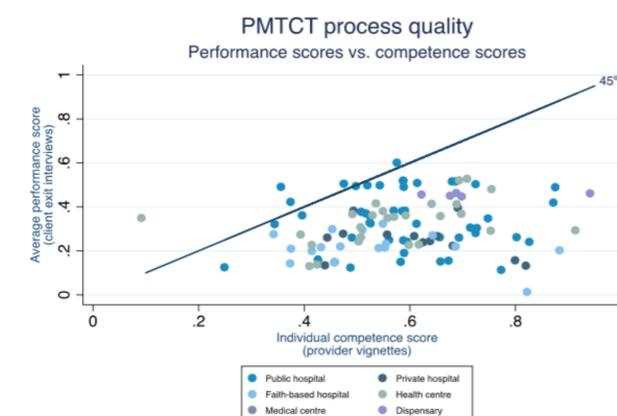


Figure 4. PMTCT comparison of provider performance vs. competence scores



CONCLUSIONS

Vignettes and patient exit interviews are valuable tools for measuring provider competence and performance. Ensuring quality in HIV services is important to effective testing, treatment and uptake of services that are imperative to Kenya meeting the UNAIDS 90-90-90 goals by 2020, thus ending AIDS as a concerning public health problem.

REFERENCES

Bautista-Arredondo S, Sosa-Rubi SG, Opuni M, et al. Assessing cost and technical efficiency of HIV prevention interventions in sub-Saharan Africa: the ORPHEA study design and methods. *BMC Health Services Research*. 2014; 14:599.

The **vignette measured provider knowledge**. The vignette questionnaire presented a hypothetical HTC, PMTCT, or VMMC client to assess the extent to which existing guidelines about HIV prevention services are adhered to by health providers who offer these services (Fig. 2). Up to 5 providers were randomly sampled per site for each intervention. **Exit interviews measured provider competence**. The exit interviews assessed the quality of HTC, PMTCT, and VMMC services provided to clients of each at the facility from the client's perspective. Up to 5 clients were interviewed for HTC and VMMC services each, and 8 exit interviews for PMTCT services.

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