**Concept Note on**

**Strengthening the Quality of STI Counselling Services through Supportive Supervision**

**Submitted to:**

**Tamil Nadu State AIDS Control Society**

**Chennai**

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**Strengthening the Quality of STI Counselling Services through Supportive Supervision**

**Background:**

In the current phase of responding to the HIV epidemic, treatment of STIs has become a key element. As per the National Aids Control Organisation’s sentinel surveillance data, the incidence of HIV infection among STD clinic attendees is as high as 8%. Global experience shows that controlling STI rates significantly reduces the rate of HIV.[[1]](#footnote-2)

In the early years of the HIV epidemic in Tamil Nadu, i.e. between 1986 and 1996, the focus of the government as well as civil societies was largely on STI prevention and management. With HIV prevalence rates as high as 1.28% in the general population in 1998 in the state, the focus shifted from STIs to HIV/AIDS, but without an inclusive approach. Even today, in rural areas, almost everyone has at least heard the term HIV/AIDS, but STIs remain unfamiliar territory. *According to NFHS 3, 82 percent of men, but only 42 percent of women, know that consistent use of condoms helps prevent HIV/AIDS. Ninety-five percent of women in Tamil Nadu have heard of AIDS (98% in urban areas and 91% in rural areas). More women know about AIDS now than in the late 1990s. Among ever married women, 94 percent knew about AIDS in NFHS-3, compared with 87 percent in NFHS-2.*

However, most women (and men) are ignorant about STIs, symptoms, diagnosis and the need for treatment. *A population-based survey by APAC in Tamil Nadu (TN) in 2004 estimates STI prevalence among rural women at about 10.6 % with awareness reported at 47 % of the sample.[[2]](#footnote-3)* However, the NFHS 3 report for Tamil Nadu reveals certain startling facts about sexual behaviour. *Most women in Tamil Nadu have had sexual intercourse by the time they are 20 years of age, while first sexual intercourse for most men typically occurs when they are 25 or more years of age.* Among youth 15-24 years of age, women are much more likely than men to have ever had sex. The earlier age at sexual intercourse for women is a consequence of the fact that their first sexual encounter largely occurs within marriage.

In mid-2007, NACO undertook an exercise in consultation with Indian and international experts in HIV estimation to revise the official HIV estimate. The revision of the official estimates was done based on the NFHS-3 household-based estimate of HIV in the population age 15-49 years, estimates of HIV from the expanded sentinel surveillance system, and related information about HIV in high-risk groups that do not live in households. The revised HIV estimate of 2.47 million persons in India living with HIV (equivalent to 0.36% of the adult population) was released by NACO in July 2007. A more promising picture has emerged in the heavily affected Indian state of Tamil Nadu, where HIV prevalence among 15-24 year old women attending antenatal clinics declined by 54% between 2000 and 2007[[3]](#footnote-4). This could not have been possible without an emphasis on addressing underlying causes through focused interventions for specific groups, setting up systems to manage the epidemic and while strengthening existing ones, bringing in newer and more effective ways of monitoring and evaluating programmes and building capacities of people to deal with issues related to HIV/AIDS within hospitals, communities, families and society at large.

Given this scenario, the functioning of STI counsellors takes on great significance, not only in relation to STI prevention and management, but HIV as well. As on date, there are 95 STI clinics in Tamil Nadu functioning at district and Taluka headquarter hospitals. However, our experience in the European Union funded project in 13 districts in the state in rural areas has shown that the training and effectiveness of these counsellors needs to be improved with respect to quality of counselling, documentation and overall understanding of their role in the prevention and management of STIs, HIV/AIDS.

**SIAAP’s experience:**

SIAAP introduced the concept of counselling in government hospitals in relation to STIs, HIV/AIDS for the first time in the country in 1996. With financial support from HIVOS, Netherlands, SIAAP selected, trained and mentored approximately 150 counsellors and with the consent of the state government, placed them in STI clinics in government medical college hospitals across the three southern states of Karnataka, Andhra Pradesh and Tamil Nadu. Salaries were paid out of monies received from our donor.

**SIAAP learnt valuable lessons through this experience:**

* Counselling bridges the needs of HIV Prevention & Care;
* Client-centered counselling can help clients think for themselves and take decisions;
* Life experience, openness to learning and non judgmental attitudes is vastly more important than academic qualifications for counsellors.
* A combination of hospital-based counselling services and outreach services effectively increases client access and builds a strong rapport between counsellors and clients

The process of learning these valuable lessons included SIAAP inviting trainers from the Netherlands in order to train counsellors from Tamil Nadu, Andhra Pradesh and Karnataka.

* **Counselling curriculum was designed and developed** by a team of trainers both from within Siaap as well as foreign trainers.Siaap’s counselling training was **affiliated with** **Nederlandse Stichting Gestalt Foundation, Netherlands. After initial training, counsellors were placed in the STI departments in government hospitals across Tamil Nadu through negotiations with government authorities and supervised both within the health care setting as well as in the field in all the three states.** Their certification in counseling was based on an objective assessment by their trainers/supervisors through supervision reports, case-study presentations as well as a written examination to assess their theoretical understanding of STI, HIV/AIDS and counselling.
* Supervision was an essential adjunct to training. In order to integrate the component of supervision into all our training programmes, our staff was trained in the certificate course on **‘Supervisory Skills and Theory’** **through affiliation with the Central School for Counselling Training, London**.
* This helped **Siaap set up a system of supervising counsellors** in Tamil Nadu. This led to an improvement in the quality of counselling, issues of burnout being addressed effectively as well as effectively sorting out issues between the hospital authorities and the counsellors, thereby helping in team work and in according recognition to counselling as a profession. Subsequently, we were certified to train other supervisors in the helping profession.

**Based on requests for supervision training, we have trained supervisors for KHPT, APAC, FHI and TRC. We see the importance of integrating the component of supervision with all our training programmes as we know it works from experience. We also see this as a growing area for our work in future.**

Siaap continues to support these services through capacity building of counsellors and is **recognised by NACO as a training institute for Tamil Nadu.**

**Objective:**

* To improve the effectiveness of quality of STI counselling services in all STI clinics in Tamil Nadu between June 2010 - 2012

**Methodology:**

SIAAP will mentor the STI Counsellors by offering on-site supervision bi-monthly for each counsellor for the first six months. For the next six months, this support will be offered once a quarter for each individual counsellor, but offered as a group once a month. Counsellors will be helped to assess the quality of their counselling processes, interventions including knowledge, attitude and skills. All of the below-mentioned methods are proposed to be used:

* **On-site Peer Supervision:** Peer Supervisor visits the site, sits in on a session after obtaining the permission of the client, assures confidentiality and observes the counsellor in the session. After the client leaves, the Supervisor then provides feedback on the use and appropriateness of skills and knowledge to the counsellor, and suggests areas for improvement while exploring alternatives with the counsellor.
* **Group Supervision:** After having supervised all the Counsellors in a particular region/area individually, the Supervisor organises a group session for about 12-15 counsellors. Updating information, case discussions, modelling and group support are the methods used.

**Suggested Outcomes:**

* Improvement in the quality of counseling as reflected in 50% increase in partner counselling rates and 75% in treatment completion rates
* Guidelines for case management in STI counselling
* 50 documented case studies available
* IEC materials developed in relation to STI counselling

**Sustainability:**

SIAAP will work closely with the DAPCU and assist in building their capacity for offering supportive supervision for STI counsellors. They will be trained in ‘Supervision Skills and Theory’ and accompany SIAAP staff during supervisory visits to STI clinics in the first year. In the second year, they will do the actual supervision and receive feedback and handholding from SIAAP staff. By the end of the second year, DAPCU will be fully capacitated to undertake the role of supportive supervision for counsellors. This can then be extended to all counsellors working in the HIV/AIDS programmes across the state.

**Proposed Budget:**

* **Rs. 82,28,330/-** (Eighty Two Lakhs , Twenty Eight Thousand and Three Hundred and Thirty only)
1. Sub Saharan experiences on STI care through ANMs and Nurses [↑](#footnote-ref-2)
2. AIDS Prevention and Control Project (APAC), 2004. Prevalence of STI and HIV among General Population in Tamil Nadu. Voluntary Health Services, Adayar, Chennai. [↑](#footnote-ref-3)
3. AIDS epidemic update, December 2009, UNAIDS [↑](#footnote-ref-4)