

Assessment of the quality of STI services in Johannesburg Metro: Resource availability

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DECLARATION

I, Motlatsi Pelesa declare that this research report is my own work. It is being submitted for the degree of Master of Public Health in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

8th day of November 2007

DEDICATION

This research is dedicated to my sons Tšiu Pelesa and Katiso Pelesa whom I have been away from during much of this research.

ABSTRACT

Introduction:

Sexually transmitted infections (STI) are a major public health concern because they are frequent, with high prevalence and incidence; they can result in serious complications and sequelae; they have social and economic consequences; and a number of STIs have been identified as facilitating the spread of HIV. STI's are a major public health concern in South Africa, accounting for about 11 million cases annually. It is estimated that approximately 5.3 million South Africans were infected with HIV at the end of 2002 and controlling STI by a steady supply of resources, among other interventions, could contribute to lowering of the incidence of HIV.

Methods:

The study was a cross-sectional descriptive survey of fixed primary health care clinics offering STI services in three sub-districts of the Johannesburg Metro. A convenient sample of 22 fixed clinics was surveyed. The 11 Johannesburg Metro sub-districts were stratified according to suburban, township and inner-city. Descriptive statistics were used to analyse the data. These were proportions (percentages) to summarise categorical data; and means were used to summarise numerical variables

Results:

All facilities had adequate equipment except for two clinics (10% of facilities), one in region 10 and the other in region 8. More than 70% of PHC facilities had clinical management guidelines in every consultation room. Over 60% of clinics reported having no IEC materials written in local language. All facilities had condoms strategically located in accessible places and only two reported condom stock-outs. Two clinics reported drugs stock-outs prior to assessment and only one reported drug stock-outs during the assessment. All the clinics offered services between 7am and 4pm daily and more than 80% of clinics offered counselling and HIV testing. Partner notification was a problem in facilities in all the regions.

Discussion and conclusion:

This study indicates that overall, the primary care facilities in Johannesburg Metro district have adequate availability of resources for provision of STI management and care, which indicates the possibility of providing good quality of STI services from the perspective of three main elements, namely structure, process and outcome.

There are however variations between regions, as the data suggests regions 3 and 8 are better resourced than region 10. There are areas for improvement in all regions.

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Abbreviations

AIDS – Acquired Immunodeficiency syndrome

ANC – Antenatal Care

GUD – Genital Ulcer Disease

IEC – Information Education Communication

HIV – Human Immunodeficiency Virus

LA – Local Authority

NDOH – National Department of Health

PHC - Primary Health Care

ROM - Rupture Of Membranes

RPR - Rapid Plasma Reagin

SSA - Sub-Saharan Africa

STI - Sexually Transmitted infection

UD- Urethral Discharge

VCT- Voluntary Counselling and Testing

VD- Vaginal Discharge

WHO – World Health Organization