AVAILABILITY AND QUALITY OF HUMAN AND MATERIAL RESOURCES AT NIGERIAN UNIVERSITIES' HIV YOUTH FRIENDLY CENTRES: IMPLICATION FOR POLICY IMPLEMENTATION

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Abstract. The study assessed the availability and quality of human and material resources at the Campus-based Youth Friendly Centres in Southwestern Nigeria. The survey research design was adopted and the study was carried out among ten counsellors and centre coordinators of Youth Friendly Centres in four higher institutions of learning in Southwest Nigeria using interview guide and observation checklist to collect data. The result revealed that there were no enough counsellors at the YFCs and some of the counsellors available at the centres did not have enough qualification to render HIV counselling. It was also revealed that material resources were moderately available at most of the centres but not up to the require standard stipulated by the World Health Organization.

Keywords: quality, quantity, counselling, human resources, material resources, youth-friendly centres

Introduction

More than any other disease, HIV/AIDS received the greatest attention in reducing its spread and mitigating its impact and effect on individuals, families, communities, nations and global development. The enormous response received by HIV/AIDS pandemic was as a result of the alarming rate at which

the epidemic was spreading within the first decade it was discovered, and the astronomic rise in morbidity and mortality rate as a result of the scourge.

Unfortunately, up till now there is no cure yet at sight for this deadly plague neither is there an effective vaccine to prevent HIV infection because of the persistently changing nature of the virus (Odutolu et al., 2006; Chan et al., 2010; Omoteso, 2011). However, there are specific interventions put in place to curtail the spread of the infection, to provide care and support for the infected people and to mitigate the impact of HIV/AIDS in the country. Such interventions include provision of Antiretroviral (ARV) drugs for HIV positive people, war against HIV stigmatisation and discrimination, and public enlightenment programmes through the media. Much more fundamental and of paramount importance among the interventions was the establishment of HIV screening centres otherwise called HIV Voluntary Counselling and Testing (HCT) centres in government-owned hospitals in the major cities of the country; and much later, the establishment of Youth Friendly Centres. It is believed that knowing one's HIV status is the first step towards fighting the spread of the disease. This will not only promote early treatment, but it will also reduce risky sexual behaviours and further transmission of the disease to others (Jimoh, 2003; Oshi et al., 2007).

Youth Friendly Centres are special facilities established, especially in higher institutions of learning or areas where the population of youth is predominantly high, in order to render Youth-friendly HIV services. Youth friendly services according to Family Health International – FHI and United Nations Population Fund – UNFPA represents an approach, which brings together the qualities that young people demand, with the high standards that have to be achieved in the best public services (Khaled, 2008). Such services should be accessible, acceptable and appropriate for young people. They should be in the right place, at the right time, at the right price (free where necessary) and delivered in the right style to be acceptable to young people. They should also be equitable because they are inclusive and do not discrimi-

nate against any sector of this young clientele on grounds of gender, ethnicity, religion, disability, social status or any other reason. Indeed, they are to reach out to those who are most vulnerable and those who lack services.

In Nigeria, as it is in most Sub-Saharan African countries, the establishment of Youth friendly Centres was occasioned by the attitude and response of the youth to the services provided at the hospital-based HIV Counselling and Testing (HCT) units. Reports have it that the facilities at the hospital-based HCT centres experienced low or inadequate patronage particularly among the youths who are the most sexually active and most vulnerable to HIV/AIDS infection (Adewole & Lawoyin, 2004; Ajuwon et al., 2008; Nwokocha & Eyango, 2010). Reports further revealed that young people were not patronising the hospital-based HCT centres because the centres were allegedly not youth-friendly. Ibanga[1)] opined that the youths did not find the locations of the hospital-based HCT facilities comfortable and conducive to visit. They complained that their confidentiality was threatened by lack of privacy, attitude of the service providers and judgmental and biased adult opinions. It appeared that the centres were being patronised only by clients or patients who were referred by doctors for HIV screening as a part of the treatment routines. Noticing this trend, Ibanga[1)] opined that most of the health facilities in Nigeria, and indeed, Africa are targeted at adults.

Since the youths were not comfortable with the hospital-based VCT, there was therefore the need to establish HCT Youth Friendly Centres that would be much more sensitive to their health needs and that can equally check the numerous health risks of the over 26 million adolescents in Nigeria. In order to meet this need, National Action Committee on AIDS (NACA) entered into Public and Private Partnership (PPP) with organisations such as Ecobank and MTN to strategise on how to curb HIV/AIDS among the youths. This partnership led to the establishment of seven HCT Youth Friendly Centres (YFC) in some of the Nigerian Federal Universities by Ecobank between 2002 and 2005. One centre was located in one university in each of the six geo-

political zones and the seventh in the Federal Capital Territory, Abuja. After this, other NGOs have assisted in sponsoring the establishment of YFC in most of Nigerian public higher institutions of learning.

Surprisingly after more than a decade of establishing campus-based youth friendly centres in Nigeria, there has been minimum emphasis placed on the assessment of the quality of the facilities (both human and material) available at these centres, especially in Southwestern Nigeria. In the same vein, Goal 6a of the Millennium Development Goals (MDG) was to reverse the spread of HIV/AIDS and to have halted the scourge by 2015. This could not be achieved if there are no facilities and qualified personnel to render effective services at the HCT centres.

It should be noted that quality of service delivery is primary to the effectiveness of any intervention programme since this will go a long way in determining the attitude of people towards the programme. This study therefore closely examined the availability and quality of human and material resources at the centres. The following questions are therefore posed to guide the study: (1) what is the quantity and quality of human resources at the campus-based Youth Friendly Centres; (2) to what extent are material resources available at the campus-based Youth Friendly Centres.

Methodology

The study adopted survey research design. The population for the study was all the HIV counsellors in the campus-based Youth friendly centres in southwest Nigeria. There are six states in the southwestern Nigeria, four of which have universities with HIV Youth friendly facilities. All the four states (Ogun, Oyo, Osun and Ondo) were involved in the study. Both primary and secondary data were collected from 10 HIV counsellors through the use of interview guide and physical observation.

Two instruments were used to collect data for the study. The first instrument titled “VCT interview guide for counsellors” is a semi-structured in-

terview guide containing 60 items and the second one was a checklist of VCT supplies and materials. The two instruments were adapted from the full version of USAID /00.09E (English original) "Tools for evaluating HIV voluntary counselling and testing". The interview guide was used on the HIV Counsellors by the researchers while checklist was filled by each of the centre coordinators. The data collected were analysed using frequency count and simple percentages.

Results

Availability and quality of human resources

The available human resources at each of the centres are as presented in Table 1.

Table 1. Human resources at the HCT centres

	Ogun	**Oyo**	**Osun**	**Ondo**
VCT Coordinator	1	1	1	1
Receptionist	0	1	0	0
Counsellor	1	3	2	1
Laboratory Technologist	0	0	0	1
Community Coordinator	0	0	0	0

As indicated on the table above, each centre has one coordinator, only one centre has a receptionist, two centres have one counsellor each, one centre has two counsellors and the last centre has three counsellors. None of the centres have community coordinator while only one centre has one laboratory technologist who doubles as the centre counsellor. From the result, it is clear that no centre has all the personnel required in a standard YFC.

Quality of personnel

Table 2 below reveals the quality and qualifications of the HIV counsellors found at the centres during the study

Table 2. Quality and qualification of HIV counsellors

Variable	Level	Freq	%
Highest Academic Qualification	SSCE	3	30
	OND	1	10
	B.SC or equivalent	3	30
	Masters	2	20
	PhD	1	10
	Total	10	100
Professional Qualification	None	3	30
	Nursing	2	20
	Trained Guidance counsellor	3	30
	Social worker	2	20
	Total	10	100
Professional Training in Counselling	Yes	5	10
	No	5	90
	Total	10	100
Duration of Training in Counselling	1 week	2	20
	2 weeks	2	20
	1 month	3	30
	1 year	1	10
	2 years	1	10
	3 years	1	10
	Total	**10**	**100**

Highest academic qualification

Out of the ten people interviewed, three of them have only Senior School Certificate (High School Certificate) as their highest academic qualification, one of them is an OND holder, three of them are first degree holders, two of them are Master's degree holders and one of them a PhD holder. The three "counsellors" with SSCE were undergraduate students who had received some training as peer educators. These peer educators were the ones majorly providing counselling at one of the centres because there were no other qualified personnel, they provide pre-test and post-test counselling, while they refer their clients to a nurse designated for the HIV test at the university health services which is next building to the centre.

Professional qualification and nature of counselling training

Interestingly, only five out of all the staff acting as counsellors have professional training in counselling. Out of these five, two were trained as social workers but have their second degree in Counselling. Two out of the remaining five were trained nurses and three have no professional training in counselling. One of the social workers went through a year certificate course in Counselling in South Africa, she was actually the centre coordinator. Her certificate and experience would have been an added advantage to the centre but unfortunately she was saddled with other responsibilities that only allowed her to visit the centre once in a while. This particular centre was majorly run by three undergraduate peer educators who volunteered to assist after receiving two-week training.

In one of the centres, the person that was attending to issues relating to HIV test was a laboratory technologist. He ran HIV test on any student that was in need of such service and equally counselled them as the occasion demanded. In each of the remaining two centres, there were at least two counsellors who were fully employed by the institutions to do HIV counselling. In one of them, the two counsellors present were first degree holders in Guidance and Counselling. At the second centre, the coordinator was a Master's degree holder in Guidance and Counselling and was on her PhD programme in the same field while the second one interviewed was a social worker but undergoing his Master's degree in Counselling.

When asked the duration of training they had in counselling, it was discovered that most of the counsellors only went through less than one-month training in HIV counselling. The following are some of the excerpts of the interview with some of the counsellors:

> *Counsellor 1: … I volunteered to join the association (peer educators),*

… they organised the training in conjunction with MTN during one of the freshers' orientation programmes, I attended the training for two days.

Counsellor 2: … I have attended the training on HIV counselling two times, one during freshers' program, another one, I think, during one other programme like this… hem, hem. Once in a while they (nurses/counsellors at the YFC) also give us talks during our meetings. … yes, I am one of the excos of the peer educators association.

Counsellor 3: I have attended a training just once and it was organised by an NGO. … well my degree is in Guidance and counselling. …it was during the training that we were taught how to conduct HIV test.

Counsellor 4: My background is in Social welfare but I went for a year certificate course on HIV/AIDS counselling in South Africa … Yes, after my PhD … thereafter, the VC appointed me as the centre coordinator.

These are some of the responses of some of the counsellors. This was really a clear indication that most of the counsellors did not receive training that was sufficient enough to qualify them for HIV counselling. In other words, most of them do not have the essential quality of training required for providing HIV counselling.

In-service training

When asked how regularly they attended in-service or follow-up training, four of them said they had never attended any, one person said he attended just once, three people said they attend occasionally especially when they went to submit their report of activities and this was usually in form of briefing, one of them said he attends once in a year and the last person who is equally a centre coordinator said she attends training on a quarterly basis.

Availability and quantity of material resources

Basic and recreational facilities

The following are some of the basic and recreational facilities at each of the centres

Table 3. Basic and recreational facilities at the VCT centres

Centre location Facility	Ogun	Oyo	Osun	Ondo
Standard operating procedures	Yes	Yes	Yes	No
Video player and television	Yes	Yes	Yes	No
Internet services that are accessible to the client	No	Yes	Yes	No
Satellite cable TV that client can watch	No	Yes	Yes	No
Books, magazine or news bulletin that clients can have access to	Yes	Yes	Yes	No
Ludo games	Yes	Yes	Yes	No
Ayo games	Yes	Yes	Yes	No
Scrabble game	Yes	Yes	No	No
Snookers table	No	No	No	No
Table tennis	No	Yes	No	No
Other recreation facilities available	None	Chess, draft, monopoly, cards, snake & ladder	Chess	None

These results show that three out of the four centres have Standard operating procedures, which should guide the operation and activities at the centre. Also, three of the centres have video player and television accessible to clients but only two centres have both satellite cable and internet facilities. Three of the centres have reading materials such as books, magazine and news bulletin available for the clients to read. For games, three of the centres have Ludo and Ayo, two of them have scrabble while only one centre has table ten-

nis. Two centres have chess game while only one centre has additional games such as draft, monopoly, cards, and snake and ladder.

Facilities in the counselling room

Upon inspection, some of the following items were found in the available counselling rooms at the centres.

Table 4. Facilities in the counselling rooms

Center location **Facility**	**Ogun**	**Oyo**	**Osun**	**Ondo**
No of counselling room	3	3	2	1
Easy chair	0	3	0	2
Desk and chair	3	3	1	1
steel filing cabinet	0	2	0	1
Storage space for communication materials	None	Yes	Yes	None
Storage space for blood drawing equipment	None	Yes	Yes	Yes
Disposal container for sharp objects	1	1	1	1
Fan	1	1	0	1
Air Conditioner	0	2	2	0

There were three spacious counselling rooms in two of the centres, two in a centre and one room in the fourth centre, but only two of these centres have easy chairs for client to sit in a relax mood. All the counselling rooms have desk and chairs, only two have steel filling cabinet and three of the centres have fan in each of the counselling rooms. Out of the four centres, only two have space in the counselling rooms to store communication material but 3 have space to store blood drawing equipment. Meanwhile all the centres have disposal container for sharp objects but only two centres have AC in the counselling rooms.

Laboratory facilities

The following are the basic materials that should be found in an HIV test laboratory

Table 5. Available laboratory facilities

Centre location	Ogun	Oyo	Osun	Ondo
Facility				
Working counter	No	No	No	No
HIV rapid test kits	Yes	Yes	Yes	Yes
Alcohol or alcohol prep pads	Yes	No	Yes	Yes
Laboratory coats or aprons	Yes	Yes	Yes	Yes
Sterile lancets	Yes	Yes	Yes	Yes
Transfer pipettes, pipette tips	Yes	No	No	Yes
Paper towels	Yes	Yes	No	Yes
Leak-proof bags	Yes	No	Yes	Yes
Band-aids or plasters	Yes	No	No	Yes
Positive and negative controls	Yes	No	No	No
Spray/wash bottle	Yes	Yes	Yes	No
Cotton gauze/wool	Yes	Yes	Yes	Yes
Timer, clock, or watch	Yes	Yes	No	Yes
Sharps disposal container, lancet bin, or disinfectant jar	Yes	Yes	Yes	Yes
Pens for labeling the test or sample	Yes	Yes	Yes	Yes
Disinfectant or bleach	Yes	Yes	Yes	Yes
Thermometer	Yes	Yes	No	Yes
Log book or register	Yes	Yes	Yes	Yes
Refrigerator	No	Yes	No	Yes
Desk and chair	Yes	Yes	Yes	Yes
Sink with elbow taps	Yes	Yes	Yes	Yes
Running water (hot and cold)	Yes	Yes	Yes	Yes
Medical consumables, including gloves, needles and syringes or lancets, swabs, spirits, etc.	Yes	Yes	Yes	Yes
Lockable storage for test kits	Yes	Yes	No	Yes
Adequate light source and ventilation	Yes	Yes	Yes	Yes
Fan	Yes	Yes	No	Yes
Air Conditioner (AC)	No	No	No	No

About 27 items were identified as important in an HIV test laboratory, one of the centres has 23 out of them, one has 20, one has 16 and the last centre has 23 out of the basic laboratory facilities. Almost all the centres have the basic facilities required for HIV test, though not in required quantity because there are occasions whereby they run out of stock for some materials especially the rapid test kit. For instance, during one of the researchers visit to one of the centres, the centre had run out of test kits and there were no supplies yet

from any of the supporting agencies. The clients were then told to check back in one week.

From all these reports, it could be concluded that laboratory facilities are available in some of the centres to a large extent but there are no enough human and recreational resources in most of the centres to render the much desired quality services. From the researcher's observation, it was only one centre that was very close to the required standard in terms of space, number of counsellors, recreational facilities and other facilities.

Discussion

Quality means different things to different people. It might mean reputation, durability of a product, right price, prompt service, high standard, friendly reception, availability of services and many other things.[2)] In other word, general definitions of quality normally include the achievement of standards or targets, consideration of client needs and expectations, consideration of available resources (financial, human and time), recognition that there is always room for improvement and that targets and standards must be reviewed.

Services for young people[3)] must be of high quality, affordable, safe and comprehensive, provided by people who have the skills to respond to young people's needs, and be in an environment that protects their dignity and confidentiality. Those expected to counsel or examine youth must have appropriate skills.[3)] Such skills could be acquired through relevant and appropriate education and training.

The results of this study revealed that some of the counsellors under this study have no adequate qualifications and training to render quality counselling services. As a measure of quality of counsellors and counselling, the study looked into the nature of training received by the counsellors, their years of experience as counsellors and the amount of time dedicated to counselling. It was discovered that only a few of the HIV counsellors had background train-

ing in HIV counselling, few were trained as social workers, few as nurses and others were undergraduate students undergoing different courses. In a similar study in Red Cross VCT centres in Honduras, volunteer youth counsellors were used to reduce cost and increase client satisfaction while maintaining a high level of service quality.[4)] In this particular case, the counsellors used were university students studying Psychology or Social work. The students used were studying courses in which they would be trained different counselling skill, unlike in the current study, where the peer educators were students studying Economics and other courses not related to Counselling. This speaks volumes of the quality of the people providing counselling services at the centre. Most of this inadequate manpower at the Youth Friendly Centres resulted from the inability or unwillingness of the host institution to employ qualified and capable hands to render the services. Most of the funders donated the infrastructures and most times the kits, but left the institutions with the responsibility of sustaining and maintaining the centres. Unfortunately, most of the institutions fail in this regard.

It was unfortunate to note that one of the seemingly most qualified counsellors among the ones interviewed was not providing counselling at the centre, rather she coordinates the activities of the nurses and peer educators. This was so because of her other ancillary assignments within the institution. This is similar to the findings of Dinku & Andargie (2013), where counsellors from private VCT sites were saddled with multiple tasks other than counselling. This was because private is basically gain or profit oriented. Most times, counsellors are not allowed to sit in VCT room waiting for clients, rather they have to be given different tasks so that clinics can minimize and effectively use human resources. This problem is prevalent in most Nigerian institutions and high schools whereby counsellors would not be allowed to render full time counselling services because of other teaching or administrative duties. This would not really produce good and quality counselling.

The results of this study further revealed that most of the YFCs do not have enough facilities prescribed by the WHO especially in the area of space, counselling rooms to student ratio and facilities needed in a counselling room. One could confidently say that only one of the centres has enough space for big counselling room, reception, library, internet services and recreation spot. Other centres do not have such luxury of space. In two of the institutions under study, the centres were donated by a bank and a telecommunication company. These donors confined the YFCs to one part of the buildings. This did not really give the centres enough space to operate. At the two sites, most of the counselling rooms are averagely small, the reception in each case is just like a lobby and almost no space in particular dedicated for library. Interestingly, most of the centres have some of the basic laboratory facilities, but lack some recreational facilities that could attract the clients to the sites. Two of the centres have refrigerator, another two have air conditioner in their counselling rooms but there are no enough chairs in most of the centres.

All these report revealed that the quantity and quality of human and material resources at most of the Nigerian campus-based youth friendly centres are below the required standard stipulated by Chan et al. (2010). This will likely have significant influence on the quality of services rendered at the Centres and this could invariably affect the patronage of the facilities.

Recommendations

(1) Donor agencies should realize that their good intentions could only produce much result if there are capable personnel to handle whatsoever they donate. It is therefore imperative for them to monitor the quality of human and material resources at the facilities they donate. (2) Also, institutions where YFCs are established should endeavour, as a counterpart support, to employ qualified personnel to work fully at the centres rather than relying on peer educator or youth corpers. (3) Minimum of a degree holder should be employed as Guidance counsellor at the YFCs and they should be well trained on HIV

testing. (4) Regular in-service training and refreshers courses should be organised for the counsellors at the youth friendly centres and attendance of such training should be made part of the criteria for promotion and access to other fringe benefits. (5) Counsellors and YFC staff members should be evaluated periodically through performance appraisals as to whether the minimum standards are being maintained.

NOTES

1. http://allafrica.com/stories/201001191003.html
2. http://www.who.int/hiv/topics/vct/toolkit/components/training/quality_assurance_resource_pack.pdf
3. http://csakenya.org/wp-content/uploads/2016/10/National-guidelines-for-provision-of-youth-friendly-services.pdf
4. http://www.who.int/hiv/topics/vct/toolkit/components/policy/review_of_policies_programmes_and_guidelines.pdf

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