



THE REPUBLIC OF UGANDA

HIV Counselling and Testing



**Toolkit for Coordinators
and Supervisors**



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Preface

The Government of Uganda is committed to meeting the urgent need for scale up of HIV Counselling and Testing (HCT) services while assuring that sound ethical principles of non-discrimination and confidentiality are in place. As approaches to counselling and testing continue to evolve to increase access and meet the needs of different populations, it is important for all service providers to be flexible and knowledgeable about HCT.

This toolkit has been developed especially for coordinators and supervisors of HCT service delivery sites to help strengthen management and planning skills. This toolkit complements and helps operationalise the HCT Policy Guidelines and supplements the information provided in the HCT Training Manual.

I believe this resource will help improve management of HCT services and ultimately assure high quality HCT services in a wide range of approaches and settings.



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Introduction

What is a toolkit?

This toolkit is a collection of practical information (tools) to support the delivery of HIV counselling and testing services (HCT) in Uganda. It includes the following tools: definitions, checklists, and guidelines. HCT Site Supervisors and Coordinators can select tools to help them plan and improve the quality of services.

Tools:	Materials that make work easier or possible.
Toolkit:	Collection of practical information to support service delivery.

Why was the toolkit developed?

This Toolkit was developed to provide HCT Site Supervisors and Coordinators with information and tools to improve their own understanding and to help them facilitate quality improvement measures within their HCT site.

Goal:	To provide HCT Site Supervisors and Coordinators with practical information to support quality HCT services.
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How was the toolkit developed?

This toolkit was developed by the Ministry of Health (MOH) with support from AIM. It was reviewed and revised by a committee of stakeholders in HCT, including the MOH Coordination Team of 17 partners (CT-17).

How can the toolkit be used?

HCT Supervisors and Coordinators should first use the Toolkit as a reference to strengthen their own understanding of the different HCT protocols and the general principles for managing and delivering HCT services.

HCT Supervisors and Coordinators can use the toolkit to improve individual knowledge and skills.

HCT Supervisors and Coordinators should identify the areas that are most relevant to the needs of their site.

HCT Supervisors and Coordinators can select and choose resources from the Toolkit that will support quality improvement measures.

The toolkit is also designed to be shared with others. The goal is to get Supervisors and Coordinators to meet with the personnel at their site, discuss issues that affect the delivery of services and work together to make quality improvements.

HCT Supervisors and Coordinators can share the toolkit with other members of their team to help others improve their knowledge and skills.

Acronyms

AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
AIM	AIDS/HIV Integrated Model District Programme
ART	Antiretroviral Therapy
ARV	Antiretroviral Drug
CDC	Centers for Disease Control
CME	Continuing Medical Education
CTX	Cotrimoxazole
CT-17	Coordination Team of 17 Partners
DAC	District AIDS Committee
DDHS	District Director of Health Services
FP	Family Planning
HBHCT	Home-based HIV Counselling and Testing
HCT	HIV Counselling and Testing
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
HW	Health Worker
MOH	Ministry of Health
PHA	Person living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PTC	Post-test Club
QA	Quality Assurance
RCT	Routine Counselling and Testing
RTC	Routine Testing and Counselling
STI	Sexually Transmitted Infection
TB	Tuberculosis
UACP	Uganda AIDS Control Programme
VCT	Voluntary Counselling and Testing

SECTION ①

Planning and Managing Quality HCT Services

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Plan Prevention, Care and Support Services	7
Develop a Work Plan	15
Manage Stock	18
Manage Human Resources for HCT	21
Monitor and Evaluate the Programme	24
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Planning and Managing Quality HCT Services

Conduct a needs assessment

Definition:

A needs assessment is a study that identifies problems and solutions related to the availability and use of HIV services. An assessment identifies gaps between what HIV/AIDS services are needed and what is available. The information from the assessment will help you plan care*, support and prevention services that are linked to local priorities, resources and skills.

You should conduct a needs assessment when:

- planning and designing a new programme.
- adding a new activity to an existing programme.
- expanding or improving an existing programme.

Steps for conducting a needs assessment

1. Decide what information is needed.

2. Find out what information is already available.

3. Develop a plan to collect information.

4. Collect the data.

5. Analyse the data.

6. Present the results.

* Care includes access to antiretroviral drugs and prophylaxis for opportunistic infections.

Steps for conducting a needs assessment

Step 1: Decide what information is needed.

This step will help you identify the problems that your programme might be able to solve. For HCT, this could include problems with the availability of services, the level of integration of services, or the training available to health providers.

Tool 

Sample questions for rapid assessment

- Is there an adequate and private counselling space?
- Are there adequate numbers of trained, qualified personnel?
- Are there adequate and convenient laboratory facilities?
- Are test kits and other supplies available? (test kits, gloves, syringes, needles, lancets, swabs, sharps disposal container)
- Is there documentation on an individual client basis for HCT services (charts, client cards, etc.)? Are the forms filled correctly?
- Are there guidelines for HCT services available?
- Has there been a documented HCT supervisory visit to the clinic in the past three months?
- Are HCT services integrated with other clinic activities?
- Is there a referral system for HCT care and support services?
- Is there a system to follow up on clients who don't return for test results?
- Are there programmes for the community promotion of HCT?

Step 2: Find out what information is already available.

This step will help you to benefit and learn from other research, reports and experience related to HIV and HCT services. By reviewing this material and meeting with important stakeholders, you can identify the best way to deliver services and avoid some of the problems that other programmes have met.

- Identify sources for information that are already available, such as service records at clinics, surveys, reports, and evaluations.

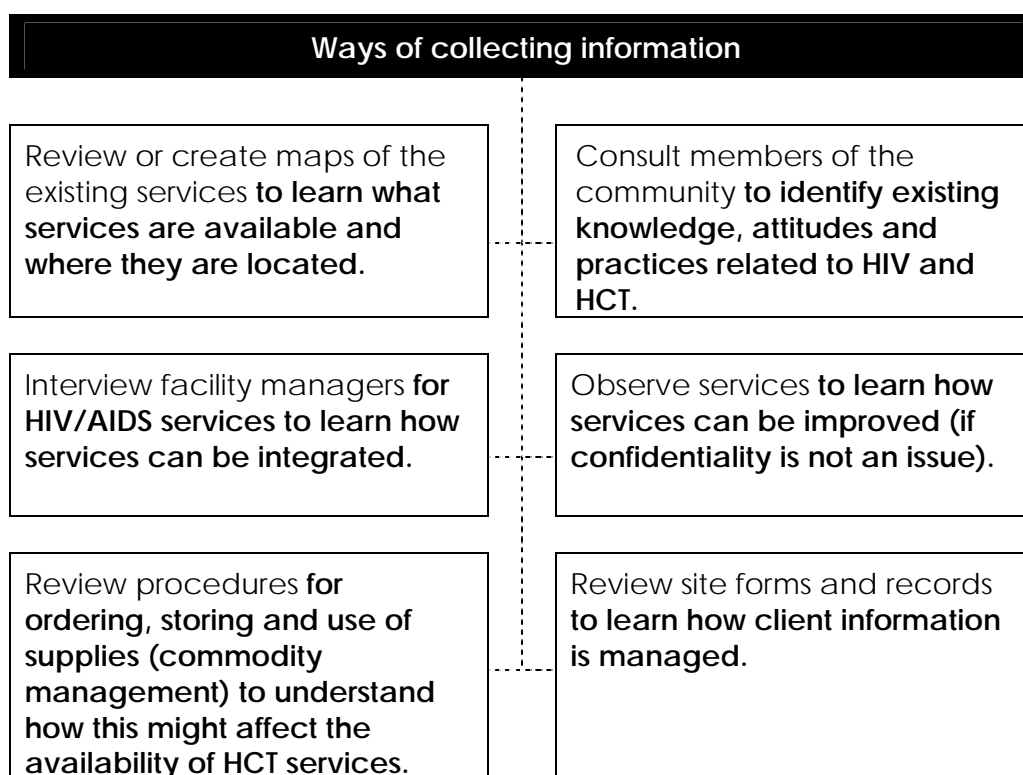
Steps for conducting a needs assessment (continued)

Step 3: Develop a plan to collect information.

This step involves reviewing information that is already available and making a plan to collect additional information.

To develop your plan, think about the different ways of collecting information and the budget needed for each method. You will also need to give yourself enough time to collect, review and share the information with others.

- Include 2-3 different ways of collecting information in your plan:



Steps for conducting a needs assessment (continued)

Step 4: Collect the data.

To complete this step successfully, you will need to record and organize the information as you receive it. This will help you remember important points so that you can easily share your findings with others. For example, you can create a table to record key points, which you can use later to set priorities. See the example below, which includes the type of things you may observe at an existing HCT site.

	<i>Observations</i>
Location, space, infrastructure	<ul style="list-style-type: none"> • <i>Service has waiting area with shelter from rain and sun.</i> • <i>Counselling rooms allow for private counselling sessions.</i> • <i>Laboratory is clearly marked and is located near the counselling area.</i> • <i>The staff do <u>not</u> have a place for rest and discussion.</i>
Human resources	<ul style="list-style-type: none"> • <i>Staff do <u>not</u> seem to be assigned according to HCT qualifications and experience.</i> • <i>There are adequate financial sources of motivation for staff.</i> • <i>There are opportunities for staff to learn new skills.</i> • <i>Staff do not receive regular feedback to improve their performance.</i>
Record keeping and storage	<ul style="list-style-type: none"> • <i>Medical records are kept in a secure location and are only accessible to designated staff.</i>
Stock management	<ul style="list-style-type: none"> • <i>There is an effective system for managing stock.</i> • <i>There is adequate space to store items properly.</i> • <i>The staff follow the guidelines for proper storage of health commodities.</i> • <i>The facility does <u>not</u> follow the system for ordering and obtaining supplies on time.</i>

Steps for conducting a needs assessment (continued)

Step 5: Analyse the data.

This step involves using the data to understand the priorities for HIV prevention, care and treatment in the community. To analyze data, look at the information you have collected and ask:

- What are the most urgent issues that need attention? Why?
- Who is not benefiting from the available services? Why?

Step 6: Present the results.

This final step is important because it will raise awareness about the problems identified in the community and how your programme might be able to help. By sharing the results from your needs assessment, you will also receive feedback that will help you to better understand the data and the best way forward.

- Share the results of the needs assessment with the people who participated in the exercise, including the health sub-district and the office of the District Directorate of Health Services (DDHS).
- Discuss and review the data.
- Ask for feedback on the best way to address the priorities that were identified during the needs assessment.

Plan prevention, care and support services

Integration of services

Integration of HCT with other health services involves linking two or more types of services.* Depending on the availability of services, and the needs of the community, you may need to give priority to the following prevention, care and support services:

Link HCT with Tuberculosis (TB) services

- Any HCT client who tests positive for HIV and who shows signs of TB should be referred for TB screening.
- All newly diagnosed TB clients or those on community-based directly observed therapy short course (CB-DOTS) are referred for HCT.

Link HCT with family planning (FP) services

- HCT clients are asked about contraceptive use and referred for FP services as needed.
- FP sites provide HIV prevention counselling and referral for HCT.

Link HCT with sexually transmitted infection (STI) services

- VCT clients are asked about STI symptoms.
- STI patients are referred for HCT and provided with educational material.

Link HCT with care and support services

- HCT facilities are linked to a post-test club.
- HCT facilities have a current directory of HIV services in the sub-county.
- Ongoing counselling sessions are available at HCT sites.
- All HCT clients who test positive for HIV are referred to appropriate care and support services, including antiretroviral therapy (ART) if available.

Link HCT with prevention services

- HCT facilities are linked to prevention of mother to child transmission (PMTCT) of HIV services.
- HCT facilities provide free condoms.
- HCT facilities provide post-exposure prophylaxis in cases of occupational exposure.

* When all patients in a health facility are offered HCT, you have achieved the highest level of integration. This model of HCT is known as Routine Testing and Counselling (RTC) or Routine Counselling and Testing (RCT). See page 61 of Toolkit.

Integration of services (continued)

Use the Comprehensive HIV Care Package to help you identify services that should be available for people living with HIV (PHA).

The **comprehensive HIV care package** in Uganda includes:

- HIV counselling and testing
- Antiretroviral therapy (ART)
- Prevention and treatment of tuberculosis and other infections
- Prevention and treatment of HIV-related illnesses
- Palliative care (home-based care)
- Family planning
- Social, spiritual, psychological and peer support
- Respect for human rights
- Reduction of stigma associated with HIV/AIDS

Also, consider linking HCT with other clinical and community initiatives to support prevention of HIV transmission. This could include integration of HCT with the following strategies:

- Education about HIV transmission.
- Promoting the delay of sexual debut.
- Providing skills to negotiate safer sex.
- Education about condom use.
- Encouraging mutual faithfulness in monogamous sexual relationships.
- Increasing access to HIV testing facilities.
- Promoting the integration of sexual and reproductive health services, including family planning, maternal and child health care, and STI/HIV prevention and care.
- Preventing mother-to-child transmission.

Use referral networks to integrate services

A referral network for is a set of arrangements among facilities and community organisations that provide HIV/AIDS services in a certain area (usually a county or health sub-district). A referral network establishes relationships between services to help health workers link clients to the services they need.

Tool 

Steps for planning and managing a referral network

1. Find out about referral networks in your district.

2. Identify service providers to include in your network.

3. Make a Referral Directory.

4. Make arrangements for referrals.

5. Establish a reporting and feedback system.

6. Maintain relationships to strengthen the referral network.

Steps for planning and managing a referral network

Step 1: Find out about the services available in your area.

Consult the District Director of Health Services (DDHS) or the District AIDS Committee (DAC) Focal Person to learn about existing:

- Service maps - to help you identify available services.
- Referral networks - to help you identify links between available services.
- Health Sub-district Coordinating Teams for Referral Networks - to help you access support for creating referral networks. The team may be conducting exchange visits, and supporting integrated planning, service delivery and monitoring. They may also have established formal agreements between clinical and community-based providers.

Step 2: Identify service providers to include in your network.

If there are existing mechanisms to support referrals, look for ways to strengthen these systems, for example, updating service maps, updating information in the referral directory, linking new services or strengthening reporting and feedback systems.

If no network exists yet, work with the DDHS to identify a list of services to include in the network. The list of services should include links to HIV prevention services and the comprehensive HIV care package for PHA. **See following page.**

- For each of the needed services, identify the sites where you could refer clients. These sites could be in the formal health system or in the community.
- For each site that offers the available service, include/update the contact information and details about the service.

Steps for planning and managing a referral network (continued)

Step 3: Make a Service Delivery Directory.

A referral directory is a list of available services, which includes the:

- Name of agency, location/ address
- Types of services offered, hours of service, cost
- Eligibility requirements
- Contact person, phone number

Some districts or health sub-districts have already prepared a referral directory that you can use. These lists should be updated regularly and shared with HCT staff so that they are aware of changes in the availability of services and can make appropriate referrals.

Step 4: Make arrangements for referrals.

Distribute the Service Directory and use it to contact the other service providers in your network and agree on how to make referrals. Where possible, work together with the District Coordinating Teams for Referrals to:

- Confirm that the site provides the needed services and is of good quality.
- Ask about procedures for intake of clients.
- Discuss what types of clients they will and will not accept.
- Agree on a system to protect client confidentiality, for example, sealing referral slips or accepting clients who are identified by code.
- Plan training and support activities to use the Ministry of Health (MOH) referral form. See page 13 of Toolkit for MOH referral form.

Steps for planning and managing a referral network (continued)

Step 5: Establish a reporting and feedback system.

Your reporting and feedback system will help you monitor how many clients have been referred for services (referral out) and how many clients have accessed the services (referral in) for which they have been referred. Discuss and review these figures each month to help you monitor how your staff are helping clients to access the services they need.

To create a Reporting System: Create a Referral Register to show *referral-in* and *referral-out* by copying the table below into a counter book. Place a mark in the appropriate box for each referral-in and each referral-out. For example, in the Sample Referral Register below, the HCT site referred in 22 clients in Week 1.

Sample Referral Register

Month: July	Referral In:	Referral Out:
Week 1		
Week 2		
Week 3		
Week 4		

Review the number of referrals each month with your staff to identify ways to strengthen client access to the required services.

To establish a feedback system: The MOH Referral Form should be used both to refer clients for services and to report back to the referring facility that the client has accessed the service. For this system to work well, each site must record the referral in the Referral Register (under the column Referral-in), and they must send back the bottom half of the form to the facility that provided the referral.

Maintain your system of reporting forms and registers. Make sure that your staff is trained on how to use the system and why it is important.

Ministry of Health Referral Form

Referral form number _____

Client's name _____

D.O.B. _____ Client test number _____

Address (place of residence) _____

Parish _____ Sub-county _____

Place referred to (*tick all that apply*):

<input type="checkbox"/>	Care and support: name of organisation	_____
<input type="checkbox"/>	STI - Name of organisation:	_____
<input type="checkbox"/>	TB - Name of organisation:	_____
<input type="checkbox"/>	FP - Name of organisation:	_____
<input type="checkbox"/>	HCT - Name of facility:	_____
<input type="checkbox"/>	Other service:	_____

(include the name of the specific department where necessary)

Referred by _____

Title _____ Code no. _____

Date _____

Official stamp and signature

----- CUT HERE AND SEND BACK TO REFERRING CENTRE -----

Referral form number _____

Client's name _____

Client received by _____

Title _____

Name of receiving centre _____

Date received _____

Official stamp and signature

Steps for planning and managing a referral network (continued)

Step 6: Maintain relationships to strengthen the referral network.

Participate in RNA activities organised in your district: meetings, exchange visits etc. This will help you to:

- Keep your Service Delivery Directory updated. The providers might change their hours, locations, staff and types of services over time, or new services might open.
- Keep track of service statistics at your site and at other referral sites, by monitoring indicators over time. Changes in these numbers will show if clients are going for the services you recommend:

TB screening and treatment

- Number of HCT clients counselled on TB.
- Number of HCT clients screened for TB.
- Number of HCT clients enrolled in CB-DOTS.
- Number of TB clients referred for HCT.

STI screening and treatment

- Number of HCT clients asked about STI symptoms.
- Number of HCT clients referred for STI services.
- Number of couples attending STI services.
- Number of STI clients referred for VCT.
- Number of STI clients attending VCT after referral.

Family planning counselling and supplies

- Number of HCT clients referred for FP services.
- Number of HCT clients attending FP services.
- Number of condoms distributed.
- Number of FP clients referred for VCT.
- Number of FP clients attending VCT.

Care and support services

- Number of clients referred to post-test club.
- Number of HCT clients referred for care/support services.
- Number of HIV positive clients receiving ART.

Develop a work plan

Definition:

A work plan is a document to help implementers manage HCT activities and personnel. The work plan explains (1) what activities need to be completed, (2) when each activity needs to be completed, and (3) who is responsible for each activity. It helps the team organize their work and use their time efficiently.

HCT Coordinators should set aside time with their team to develop work plans. Together, they should identify and schedule programme activities, confirm the person responsible and schedule time to review and update the work plan as needed.

Work planning has many benefits, including:

- Building an atmosphere of teamwork and cooperation.
- Communicating to staff and partners the activities to be carried out.
- Helping to share resources to avoid duplication.
- Encouraging staff to work toward challenging but realistic targets.
- Providing staff with a sense of accomplishment upon achieving their objectives and targets.

Tool 

Steps to effective work planning

1. Identify and list programme activities.

2. Schedule activities and identify person responsible.

3. Share/ display copies of the work plan.

4. Review and monitor the work plan.

Steps to Effective Work Planning

Step 1: Identify and list programme activities.

Start the work planning process by answering the following questions:

- What are the most important activities?

To answer this question, think about the activities that are required for delivering quality services. For example, failure to submit the Bimonthly Report and Order Calculation Form could lead to a stock-out of HIV test kits. If this happens, your site will not be able to provide HIV testing.

- In what order should the activities be carried out?

Step 2: Schedule activities and identify person responsible.

- Use a table, like the one below, to organize the activities into a calendar. Note: you can schedule activities on a quarterly basis (for a 3-month period like the example below), on a semi-annual basis (for a 6-month period), or annually (12-month period).

Activities:	Person responsible	Quarter 1		
		January	February	March
Submit Summary Report to HMIS Records Assistant at Health Sub-district				
Submit Bimonthly Report and Order Calculation Form				
Staff Meeting				
Supervisory Visit				

- Be realistic about the time needed to conduct each activity and be sure to include time for planning and coordination. For example, before submitting the Bimonthly Report and Order Calculation Form, you need to conduct a physical inventory of the available stock. When scheduling this activity into your work plan, consult with the relevant staff to make sure that the timing is appropriate based on their other duties.

Steps to Effective Work Planning (continued)

Step 3: Share/ display copies of the work plan.

When each person has access to the work plan, they understand what is required of them and they can support each other to complete their assigned tasks on time.

- Give copies of the work plan to all staff and supervisors if possible, or post it in a place that is accessible to all staff who are involved in the activities.

Step 4: Review and monitor the work plan.

Choose a time at the beginning or end of each month, to look at the work plan. This you will help you monitor progress and plan for the coming months.

- Monitor progress: look at what was planned versus what was accomplished. Where necessary, make changes to the work plan so that the activities that were not completed on schedule are completed at another appropriate time.

Manage stock

Minimum requirements for HCT sites:

- There is an effective system for managing stock.
- There is adequate space to store items properly.
- The staff follow guidelines for proper storage of health commodities.
- The facility has a system for ordering and obtaining supplies on time.

Delivering quality health services requires access to specific equipment, materials and supplies. When these items, known as stocks or commodities, are not available, health service providers will not be able to provide the same quality of services or any services at all.

In Uganda, stock management is done through a **pull system** which is health facility driven, rather than a push system which is centrally driven. With a pull system supplies are delivered only when you request them.

For the pull system to work well, you need to practice effective stock management. This includes the following steps:

Tool 

Steps to effective stock management

1. Know the amount of stock that is available in the facility.

2. Know how long your stocks will last (rate of consumption).

3. Submit your Bi-monthly Report and Order Calculation Form.

4. Know when new stocks will be delivered.

Steps to effective stock management

Step 1: Know the amount of stock that is available in the facility.

Knowing how much stock you have is the first step in effective stock management. It helps you to know what supplies are available to meet the demand for services.

- Regularly update your stock-keeping records.
- Every 2 months, conduct a physical inventory.

Step 2: Know how long your stocks will last (rate of consumption).

Knowing the rate of consumption will help you find out how much stock is needed to meet the demand for services. You will know the rate of consumption by calculating how much stock you use each month. *Note: the rate of consumption changes from one month to another. It is better to know the average monthly consumption and use this number to estimate how long your stocks will last.*

To calculate the average monthly consumption, add the total number of kits used during the previous 6 months and divide that number by 6 (the number of months):

Number of HIV Test Kits used by month:

Month 1:	January	999 test kits
Month 2:	February	965 test kits
Month 3:	March	890 test kits
Month 4:	April	1056 test kits
Month 5:	May	976 test kits
Month 6:	June	1024 test kits

Total number of kits used ***5910 test kits***

$$5910 / 6 = 985$$

Average monthly consumption ***985 test kits***

Tool ↗

Steps to effective stock management

Step 3: Submit your Bi-monthly Report and Order Calculation Form on time.

The Bi-monthly Report and Order Calculation Form helps you to know how much stock is needed to meet the demand for services. To complete this form, you should know how much stock you have, your average monthly consumption, and the date of the next scheduled delivery.

- Post a calendar at your site with the National Medical Store delivery dates and the dates for submitting the bimonthly report and order calculation form (Ministry of Health Resource Centre Reporting Schedule).
- Give a reminder to staff at least 3-4 days before the due date about the need to conduct a physical inventory count and prepare the bi-monthly report and order calculation form.
- Submit the bimonthly report and order calculation on schedule – even when additional stock is not required:

Fax: 041-253-245

E-mail: deliver@utlonline.co.ug

- Keep a copy of the form for your records.

Manage human resources for HCT

Minimum requirements for HCT sites:

- Staff are assigned according to HCT qualifications and experience.
- There are adequate financial resources for motivation of staff.
- There are opportunities for staff to learn new skills.
- Staff receive specific and regular feedback to improve their performance.

Preventing counsellor burnout

Counsellor burnout is a reaction to the stress of counselling work that affects a counsellor's physical and emotional well-being.

HCT counsellors face daily challenges and stresses that can affect their physical and emotional health. This can lead to counsellor burnout. Take time to notice how work is affecting your staff and watch for early signs of burnout.

Signs of burnout are lower energy or enthusiasm for doing one's job, and a loss of concern for the clients and for the work. Other signs of burnout include:

- Exhaustion or tiredness that does not go away after resting
- Unusual anger
- Irritability and negativity
- Frequent headaches or stomach problems
- Weight loss or gain
- Difficulty sleeping

Create a healthy work environment: To prevent burnout and help counsellors remain effective and satisfied in their work, find ways to meet the following needs of counsellors:

- The need to share work issues with another person while respecting client confidentiality.
- The need for feedback and guidance on performance.
- The need for improving professional skills.
- The need to express emotions and feelings.
- The need to feel valued as a person and as a colleague.

Promote healthy attitudes: Help your team adopt realistic expectations of their role as providers of HCT services. Create posters and post other inspirational sayings that help the counsellors stay positive.

Tool 

The Counsellors' Role

We are here to listen...

not to work miracles.

We are here to provide honest information...

not to tell our clients what we want them to think.

We are here to help our clients identify their alternatives...

not decide what they should do.

We are here to discuss steps with our clients...

not to take steps for them.

We are here to empower our clients to discover their own abilities...

not to rescue them and leave them still vulnerable.

We are here to help our clients access resources...

not to take responsibility for solving all of their problems.

We are here to care about our clients' health and well-being...

not to judge them for their choices.

We are here to provide support for healthy decisions.

Encourage healthy behaviours: Help your team identify options for promoting positive behaviour change in their own lives for a healthy and balanced lifestyle. Encourage them to think about and try to make changing in the following areas, if needed:

- Eating habits
- Sleeping habits
- Communication
- Physical exercise and recreation
- Alcohol consumption
- Relationships

Improve professional skills: Support opportunities for formal and informal training. See page 87 of the Toolkit.

Help staff feel valued: There are many ways to motivate your team that do not require financial rewards:

- Personally thank your team for doing a good job - often and sincerely.
- Take time to meet and listen to your staff.
- Provide specific and frequent feedback.
- Recognize, reward and promote high performers.
- Keep your team informed about how the facility is performing and what changes might be needed in response to new policies etc.
- Involve your team in decision-making. This leads to commitment and ownership.
- Give staff an opportunity to learn new skills and develop – encourage them to do their best.
- Show your team how you can help them to meet their professional goals while improving access to quality services.
- Create a work environment that is open, trusting and fun. Encourage new ideas, suggestions and individual initiative. Learn from, rather than punish for, mistakes.
- Celebrate successes. Take time to recognize achievements during meetings and other scheduled activities.

Monitor and evaluate the programme

Monitoring

Monitoring is a process that involves continuous checking or observing what is happening to ensure that things are going according to plan.

- Monitoring usually includes routine supervision and data collection.
- Monitoring can be done through supervision visits or through regular review of data reports to check on progress.

Evaluation

Evaluation is assessing the quality, effectiveness, or achievements of a programme. Results should be measured in terms of the programme objectives.

- Evaluation is usually done at the mid-point or end of a set programme period.
- Evaluation is generally more formal than monitoring and is often done by someone external to the programme.

Monitoring and evaluation should provide answers to the following questions:

- Is the service reaching the target groups it plans to reach?
- Are more people using the service than before?
- Are there ways that the service can help more people?

Steps in monitoring and evaluation

For clinical HIV/AIDS services, monitoring and evaluation includes the following steps:

1. Identify the data you need to collect.

2. Make a plan for monitoring and evaluation.

3. Collect the data (follow the plan).

4. Organize the data and prepare your report.

5. Analyze the data.

6. Use the data to plan.

Steps in monitoring and evaluation

Step 1: Identify the data you need to collect.

Indicators are measures used in monitoring or evaluation that describe change in a specific area. This information is like a signpost to tell you how your programme is performing.

- Consult the Health Management Information System (HMIS) Records Assistant to confirm the indicators that are required at every HCT site.

Step 2: Develop a monitoring plan.

For each indicator required for the HMIS, you need a plan to guide your team on:

- Where to get the information for each indicator [source of information].
- When to collect the information [frequency of data collection].
- Who is responsible for collecting the information [person responsible].

Your monitoring plan can be presented in a table format, like the example below:

Indicators:	Source of information:	Frequency of data collection:	Person responsible:
Number of people (male and female) counselled	Counselling and testing cards or facility register	Monthly (last working day of the month)	
Number of people (male and female) tested for HIV	Counselling and testing cards or facility register	Monthly (last working day of the month)	
Number of people (male and female) testing HIV positive	Counselling and testing cards or facility register	Monthly (last working day of the month)	

Steps in monitoring and evaluation

Step 3: Collect data.

If you use the **Client Counselling and Testing Card** (shown below) as your source of information, review the following sections to collect the required data for:

- Number of males and females counselled
- Number of males and females tested for HIV
- Number of males and females testing positive for HIV

Visit Date ___/___/___			
Name of Health Unit _____ Health Unit Code _____ Client Number/...../...../			
Is the centre static or an out reach? Static = 1 specify a) HCT b) RCT c) VCT			
Out reach = 2 specify area _____			
<u>SECTION A: SOCIODEMOGRAPHIC CHARACTERISTICS</u>			
Client's name (Optional) _____			
Sex: Female = 1 Male = 2 Age in completed years ___ ___			
Residence: Sub-county _____ Parish _____ Village _____			
Marital status Never married = 1 Married = 2 Divorced/separated = 3 Widowed = 4 Cohabiting = 5			
<u>SECTION B: COUNSELLING</u>			
SESSION TYPE: Individual = 1 Couple = 2 Group = 3			
Have you ever tested for HIV Before? Yes = 1 No = 2			
Has your spouse/partner been tested for HIV before? Yes = 1 No = 2 Don't Know = 3			
If yes what were the results? Client _____ HIV negative = 1 HIV positive = 2			
Partner _____ HIV negative = 1 HIV positive = 2			
Partner Test Number _____ if any			
LABORATORY RESULTS			
District Name _____ Health Unit code _____ Client Number/...../...../			
Summary HIV Results: HIV negative=1 HIV positive=2 Indeterminate=3			
Syphilis Test Results: Reactive=1 Non-reactive=2 Not done=3			
Name of Lab. Technician _____ Sign _____ Date ___/___/___			
CLIENTS' SLIP			
District Name _____ Health Unit code _____ Client Number/...../...../			
Counsellors' Name _____ Visit Date ___/___/___			

Steps in monitoring and evaluation (continued)

Step 4: Organise the data and prepare your report.

Prepare a **Tally Sheet** to help you summarise the information from the Counselling and Testing Card or Client Register for each of the required indicators. For example:

Indicator: Number of people counselled					
MALES			FEMALES		
Under age 5	Ages 15-18	Over age 18	Under age 5	Ages 15-18	Over age 18

Indicator: Number of people tested					
MALES			FEMALES		
Under age 5	Ages 15-18	Over age 18	Under age 5	Ages 15-18	Over age 18

Indicator: Number of people tested HIV positive					
MALES			FEMALES		
Under age 5	Ages 15-18	Over age 18	Under age 5	Ages 15-18	Over age 18

Use the Tally Sheets to calculate your monthly statistics for each indicator. See following page for instructions on how to use a tally sheet.

Steps in monitoring and evaluation (continued)

Step 5: Analyze the data

The data you collect can help you see how well your programme is performing.

Compare data over time: to identify trends such as an increase or decrease in the number of clients accessing services. Use a table like the one below to help you compare service statistics over time.

This example shows the number of male and female clients who received an HIV test between the months of January and June at an HCT site in Uganda:

Indicator	Jan	Feb	Mar	Apr	May	June
Number of <u>male</u> clients tested:	100	111	55	131	142	108
Number of <u>female</u> clients tested:	123	120	61	130	129	133
TOTAL:	223	231	116	261	271	241

Observations from the above data:

- The average number of males being tested each month is 107; the average number of females is 116.
- In the month of March, only 55 males and 61 females were tested. This is a significant decrease when compared with other months.
- The facility was busiest during the months of April and May; it provided HIV testing to 532 clients.

Monitor and evaluate (continued)

Step 5: Analyze the data (continued)

Compare data among groups of clients: to help you identify which groups are benefiting most from the available services. This can help you make decisions to adapt services so that they are more appealing to the group you want to serve. Use a table like the one below to help you compare data among different age groups.

This example shows the number of male clients, by age group, who received an HIV test between the months of January and June at an HCT site in Uganda:

Number of males tested:	Jan	Feb	Mar	Apr	May	June
Below 5 years of age	0	0	1	1	0	4
Between ages 5-18	14	9	14	11	8	6
Over 18 years of age:	110	78	40	89	51	98

Observations from the above data:

- Total number of males tested: 534
- 87% (466 of 534) of male clients are over 18 years old.
- 12% (62 of 534) of the male clients are between the ages of 5 - 18.
- 1% (6 of 534) of the male clients are under age 5.

Monitor and evaluate (continued)

Step 6: Use the data to plan.

By comparing data over time and among different groups of clients, you will be able to understand better who is using the services.

- Are less people coming for HCT? Why?
- Are less people being tested for HIV than in previous months? Why?
- Do you want more couples, men, women, or adolescents to access the services? Are your staff adequately trained to provide HIV counselling to these groups?

Work together with local leaders, HCT staff and clients to learn about the issues that affect the use of services. The answers to these questions can help you improve the way that you manage your programme. You may need to collect more information to find out the reasons why people are coming for HCT or not.

Meet minimum quality standards

Quality Assurance (QA) systems set minimum standards for good care in areas such as provider performance, infrastructure, and client satisfaction, then establish mechanisms to assess these areas and improve areas of weakness.

- Establish minimum standards for good care.
- Use data to identify areas for quality improvement.
- Use a team approach to problem solving.

Establish minimum standards for good care

In Uganda, the minimum standards for HCT are set in the HCT Policy Guidelines and summarized in this toolkit. All HCT site managers and providers should be familiar with the HCT Policy Guidelines document and the standards it sets.

Use data to identify areas for quality improvement

In QA, data are used to identify problems, test solutions and measure performance. QA activities can support decision making for quality improvement, help you measure the effectiveness of quality improvement efforts, and monitor processes over time to see if the change or improvement is sustained.

You can obtain data QA in several ways:

- Collect and analyse service statistics. See page 34 of Toolkit.
- Conduct support supervision. See page 34 of Toolkit.
- Quality assurance for HIV testing. See page 37 of Toolkit.
- Conduct special studies. See pages 37-39 of Toolkit.

Use data to identify areas for quality improvement (continued)

Collect and analyse service statistics

The information that you collect for regular monitoring and evaluation can be used to evaluate the quality of services. For example, if you keep track of the number of HIV tests conducted each month and see that numbers are decreasing over time, your team can discuss the reasons and see if there is action that can be taken at the site. If it does not seem to be caused by external factors such as supply of test-kits, the team can consider things like waiting time, disrespectful staff attitudes or other things which can be resolved by the team with a little effort. See page 14 of toolkit for details on indicators.

Conduct support supervision

Support supervision is a way to both identify and improve quality problems. Support supervision is a process of guiding, helping, teaching and learning among staff at their places of work in order to perform their work better. The following HCT Support Supervision Tools can be used by in-house or external supervisors:

- HCT Support Supervision: Selective Assessment, HCT Site Coordinator Tool (2005).
- Annual Review of HCT Services: HCT District or Facility Interview Tools (2004)

For support supervision to be effective in improving quality, the supervisor must take time to both PLAN the supervision visit beforehand and REVIEW the findings of the visit together with key site staff. Review and planning will help the supervisor find ways to address issues that arise.

HCT SUPPORT-SUPERVISION: SELECTIVE ASSESSMENT

1. Supervisor's Session Plan

Since supervisors cannot supervise everything at each visit they must decide beforehand what they will supervise. This is called Selective Supervision.

- A. Make a list for each site of **Core Activities** to be covered every visit. Core activities can be chosen from the Items for Selective Supervision but should be:
 - Essential tasks of the facility
 - New tasks
 - Tasks causing problems or difficulty
 - Tasks that give a good picture of quality and client interaction
 - Tasks that cause the most staff or client complaints
- B. Decide which other **Selected Activities** you will focus on this visit (compiled from work plans, job descriptions, targets, performance objectives, and the List of Items for Selective Supervision):
- C. Note anything requiring **follow-up from previous supervision** sessions
- D. Note any **program support activities** to be conducted during this visit (such as replenishment of supplies, checking records, collecting information, and delivering salaries):

2. Items for Selective Supervision

A. Assessment of Clinic Facility

1. Client reception area:
 - a. clean Yes / No
 - b. adequate of seating Yes / No
 - c. educational material available Yes / No
2. Client registration area:
 - a. clearly marked Yes / No
 - b. registration materials available Yes / No
3. Client counselling area adequate and private? Yes / No
4. Running water. Yes / No
5. Electricity. Yes / No
6. Garbage properly and regularly disposed of. Yes / No
7. Toilet/latrine is properly maintained. Yes / No

B. Service Indicators

1. Courteous reception. Yes / No
2. Average waiting time for HIV pre-test counselling _____
3. Average waiting time for HIV Testing _____

C. Quality of Client Education

1. Service provider gives correct and relevant information, using language and visual aids appropriate for clients. Yes / No
2. Helps client assess personal risk and develop risk reduction plan Yes / No
3. Encourages and responds to all client's questions. Yes / No
4. Demonstrates and/or provides condoms Yes / No

D. Quality of Counselling

1. Counsellor discusses confidentiality with client Yes / No
2. Obtains informed consent Yes / No
3. Explains testing and how results are handled Yes / No
4. Verifies client's understanding Yes / No
5. Maintains respectful, supportive, non-judgmental attitude and behaviour Yes / No
6. Follows procedures correctly Yes / No

E. Quality of Client Follow-up

1. Service provider gives client clear instructions on how to get test results Yes / No
2. Follows up clients who do not come for test results Yes / No
3. Provides information about referral services appropriate for the client's needs Yes / No
4. Encourages clients to come back if they are having problems Yes / No

F. Assessment of Commodities and Supply Systems

1. LMIS forms and schedules available Yes / No
2. Bi-monthly Report submitted on time last period Yes / No
3. Stock register reflects current inventory Yes / No
4. Commodities properly stored and secure Yes / No
5. Are test kits and other supplies available? Yes / No
6. Have there been stock outs in last quarter? Yes / No
7. Are there commodities whose supplies are low? Yes / No

G. Assessment of Supervisory Activities

1. Supervisor knows and assigns staff according to HCT qualifications and experience
2. Staff supervision is carried out in the form of guidance and assistance.
3. Staff meetings are held regularly
4. Staff meetings include planning, problem solving, and sharing information.
5. Supervisor shows recognition for good work done by staff.
6. Performance objectives are established for the month/year.
7. Performance objectives are met for the month/year.
8. Performance objectives are understood by staff.
9. Activities are planned by clinic staff according to service objectives.

H. Indicators of Clinic Activity and Staffing

If the supervisor selects data review for the session they should inform the sites in advance and provide data collection tools and instructions if necessary.

Adapted from The Family Planning Manager's Handbook: Basic Skills and Tools for Managing Family Planning Programs. See Bibliography.

Use data to identify areas for quality improvement (continued)

Quality assurance for HIV testing

HCT sites must have mechanisms for assuring that test results are accurate. In Uganda there are several approaches used to validate test accuracy.

- Supervision by a senior laboratory technologist to assure procedures and equipment are appropriate.
- External validation of selected test results by higher-level laboratories.
- Validation of test results by mobile lab quality teams.

Conduct special studies

Special studies for Quality Assurance can help HCT sites discover problem areas or get more data about a known problem area. They can be incorporated into support supervision or conducted independently:

- Client Interviews See page 38 of Toolkit.
- Provider Observation See page 39 of Toolkit.
- General Quality Assessment See page 39 of Toolkit.

Conduct special studies (continued)

Client interviews

Client satisfaction is an important measure of service quality. HCT facilities must serve client needs and respond to the feedback provided by clients. There are several ways HCT sites can assess client satisfaction with services:

- **Client comment or suggestion boxes:** allow clients to submit comments or suggestions anonymously. (Comment boxes should be locked and only opened by the site supervisor.)
- **Client exit interviews:** allow clients (randomly selected) to provide feedback on the service and to evaluate the overall quality of service delivered to the client through a confidential interview.

Tool 

Sample questions for client exit interviews

To obtain feedback on client satisfaction:

- How long did you wait to see the counsellor?
- Did the service provider make you feel comfortable?
- Did the service provider treat you respectfully?
- Did the service provider encourage you to ask questions?
- Did the service provider answer your questions?
- Overall, are you satisfied with the services you have received?
- Do you feel you have all the information you need to know?

To evaluate quality of services provided:

- Can a healthy looking person be HIV positive?
- How is HIV transmitted from one person to another?
- How can the transmission of HIV through sexual activity be prevented?

Conduct special studies (continued)

Provider Observation

Observation of counselling sessions should be done by a senior counsellor/supervisor with the permission of the client.

Use a standard checklist that lists the components of a counselling session and take time to prepare comments and feedback on the how well the counsellor conducted each part of the session. See pages 47, 51, and 52 of the Toolkit for sample checklists.

The most important part of the observation session is giving feedback to the counsellor to support the counsellor and improve quality of services.

Quality Assessment

A quality assessment is a more comprehensive review of service quality. The MOH has established a set of performance quality indicators specifically for HCT services in Uganda. These indicators serve as a guide for HCT Supervisors and Coordinators for quality services with performance statements in the following core areas:

- Existence of guidelines
- Provider competence
- Laboratory services
- Accessibility of services
- Coordination and collaboration
- Data collection and management
- Privacy and confidentiality
- Client satisfaction

See pages 40-41 of Toolkit for performance statements for QA in HCT.

Conduct special studies (continued)

Tool 

Performance statements for quality assurance in HCT

Availability of Guidelines

- The facility has a copy of the current National Policy Guidelines on counselling. All health staff providing counselling know where in the health facility to get the national guidelines on counselling.
- Service providers conduct counselling sessions according to the national HCT protocol.

Provider competence

- All staff including support staff at the HCT site are oriented on HCT services (the benefits, purpose, and the roles of the staff).
- Service providers conducting HIV counselling shall have undergone the MOH approved training within the last three years.

Laboratory

- The service providers carrying out HIV testing have been trained on MOH approved HIV testing guidelines within the last two years
- The service providers carry out HIV testing according to MOH testing protocols.
- Each Laboratory carrying out HIV testing has mechanisms for validation of results of the tests (e.g. confirmatory HIV antibody tests).

Accessibility

- The health facility provides HCT services on all working days and hours.

Coordination & collaboration

- HCT sites have functional coordination committees.

Data collection/management

- Service providers use MOH recommended tools to collect HCT data. The data shall be complete, accurate and submitted by the end of each month to the appropriate level.
- HCT sites analyse and use the compiled reports for continuously improving the quality of their services.

Tool ↗

Performance statements for quality assurance in HCT (continued)

Privacy and confidentiality

- The counsellor conduct all counselling sessions in settings that provide protection from others seeing or hearing what is going on.
- Counsellor informs clients of confidentiality procedures of HIV testing during pre-test counselling.
- The counsellor conducting a session keeps clients' records under lock and key and accessed only by authorized persons health facility in-charge shall keep HCT client records under lock and key when not in use.

Follow-up and referral

- A Service Directory is available that shows the scope and nature of services provided at each of the sites.

Client Satisfaction

- Each facility has a system of assessing client satisfaction with HCT services.
- Each facility uses the results of assessment of client satisfaction to continuously improve its services, so as to meet the client's expectation.

Adapted from *Indicators for Monitoring Quality of HIV/AIDS Services in Uganda (draft)*. See Bibliography.

Use a team approach to problem solving

Quality Assurance experience has shown that teams are important to QA for several reasons:

- Quality problems at a site are often caused by a combination of things happening at different levels, so a group working together will understand it better than any one person alone.
- Involving clients on a team working to solve a quality problem often results in inclusion of client needs into the solution.
- The participation of major stakeholders on a team improves the ideas generated, builds consensus about changes, and reduces resistance to change.
- Mutual support and cooperation start with working together on a project, and can lead to increased commitment to improvement. Such an atmosphere of support discourages blaming others for problems.
- When a team accomplishes something together this often increases the members' self-confidence. Increased self-confidence empowers staff to work towards the goal of quality by motivating them to contribute their knowledge and skills to improve organizational and individual performance.

In your HCT site you should organize regular team meetings to review service statistics, handle administrative issues and address any staff support needs. Regular meetings should also be held with community representatives and external supervision teams.

SECTION 2

Delivering HCT Services

Provide Voluntary Counselling and Testing (VCT)	45
Provide Home-based HIV Counselling and Testing (HBHCT)	60
Provide Routine Testing and Counselling (RTC)	61
Provide HCT to Special Groups	64
Post-test Clubs	72

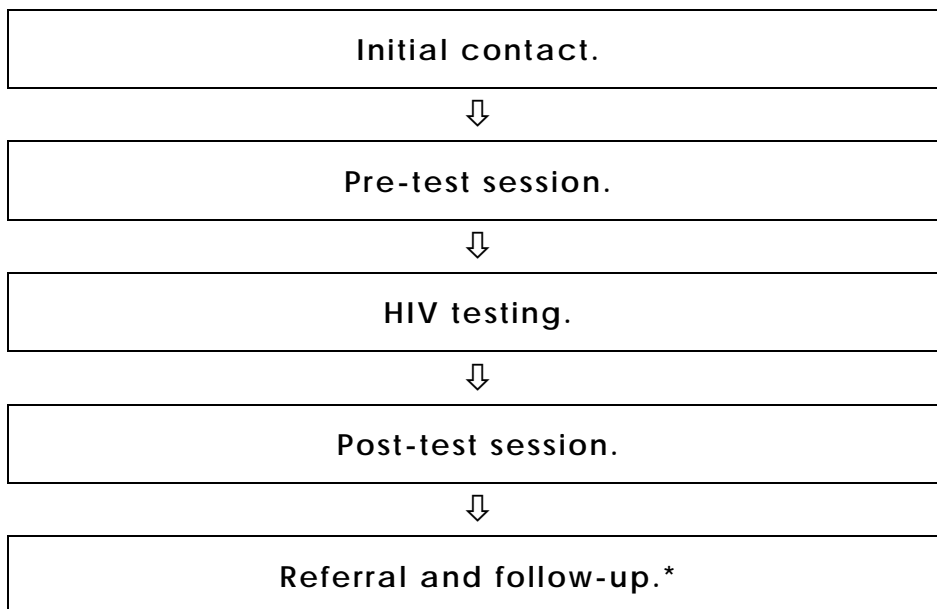


Approaches for Delivering HCT services in Uganda

HIV Counselling and Testing (HCT) is a term that includes all the different approaches to HIV testing being practiced in Uganda.

- Voluntary Counselling and Testing (VCT)
- Home-based HIV Counselling and Testing (HBHCT)
- Routine Testing and Counselling (RTC)

All of these models include the following 5 steps:



The following pages include definitions, detailed steps and tools to help you deliver services according to the national guidelines established in the Uganda HCT Policy Guidelines.

* Referral and follow-up are coordinated during the post-test session.

Provide Voluntary Counselling and Testing (VCT)

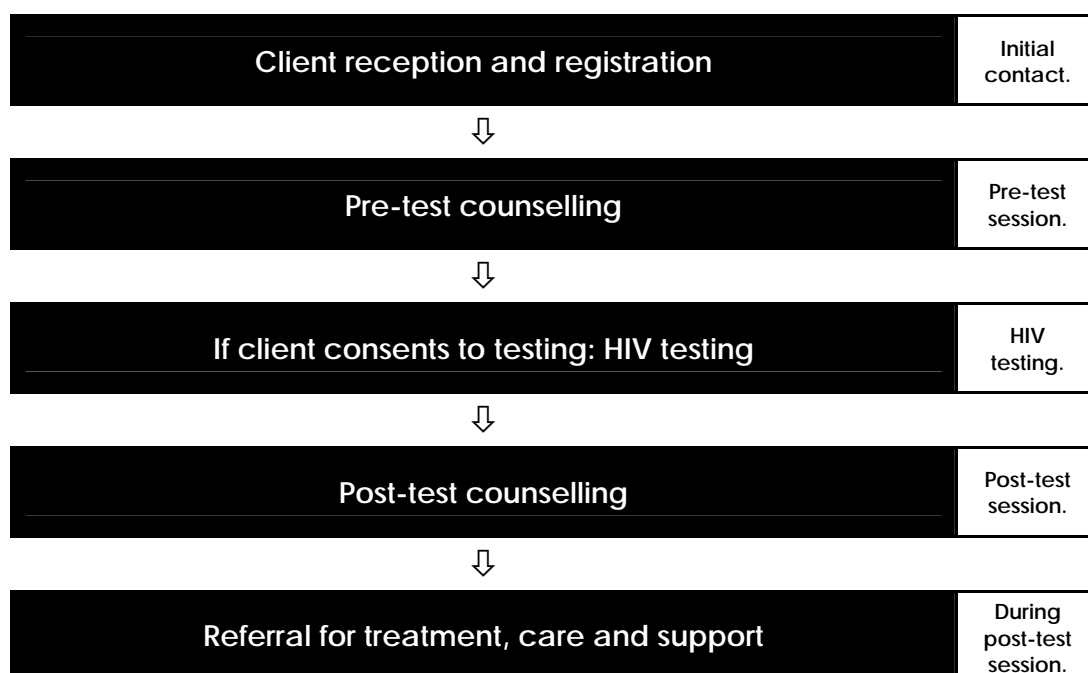
Definition:

VCT is a client initiated HIV prevention and care intervention. Clients who request VCT receive pre-test counselling, HIV testing, post-test counselling (where they are given the HIV test result) and referrals for follow-up care and support.

Setting:

- VCT site (facility-based or stand-alone)
- outreach site

Steps for providing VCT (also known as **VCT Protocol**):



VCT: Client reception and registration

Tool 

Checklist for client reception and registration

- Make the client feel welcome.
- Greet the client respectfully.
- Ask the client why they have come. Check for referral slip.
- Tell the client what will happen at this visit.
- Reassure client that all information is confidential.
- Enter the client's name and other information into the register.
- Give the client a number and a counselling and testing card.
- Ask if the client has any questions and answer them if possible.
- Direct the client where to go next.

VCT: Pre-test Counselling

Pre-test counselling occurs before a client's blood is tested for HIV antibodies. It is aimed at providing information to clients to help them assess their readiness to be tested.

Tool 

Pre-test counselling checklist

The checklist can help counsellors remember the elements of pre-test counselling. Supervisors can also use this checklist to monitor quality of counselling at their site:

During the session, the counsellor should:

1. Interpersonal relationship

- | | | |
|------|--|--------------------------|
| 1.1. | Greet client and introduce self and role. | <input type="checkbox"/> |
| 1.2. | Demonstrate active listening skills. | <input type="checkbox"/> |
| 1.3. | Demonstrate a balanced use of open and closed questions. | <input type="checkbox"/> |
| 1.4. | Be non-judgemental and supportive. | <input type="checkbox"/> |
| 1.5. | Assure client about confidentiality. | <input type="checkbox"/> |

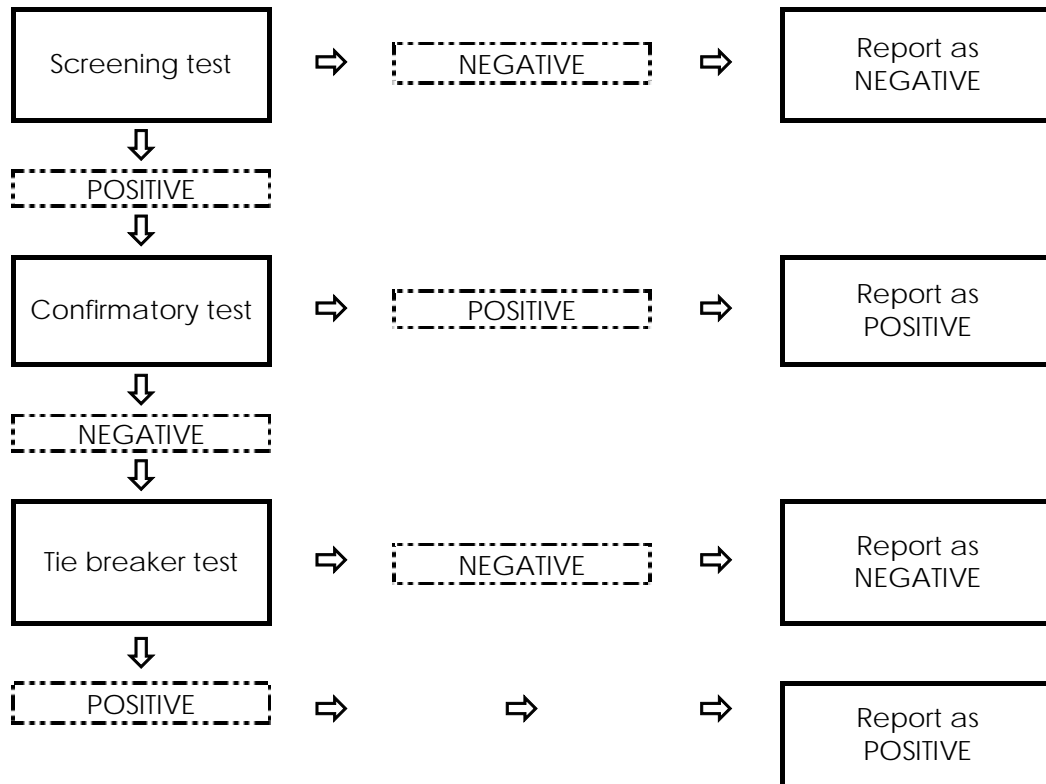
2. Content

- | | | |
|-------|---|--------------------------|
| 2.1. | Ask client the reason they came for testing. | <input type="checkbox"/> |
| 2.2. | Assess the client's knowledge of HIV and transmission | <input type="checkbox"/> |
| 2.3. | Provide accurate information on all modes of transmission. | <input type="checkbox"/> |
| 2.4. | Assess personal risk, including checking for risks not voluntarily disclosed by the client. | <input type="checkbox"/> |
| 2.5. | Ask client about symptoms of TB/ treatment for TB. | <input type="checkbox"/> |
| 2.6. | Ask client about symptoms of STI/ treatment for STI. | <input type="checkbox"/> |
| 2.7. | Reinforce information about the window period and provide client with details of date for repeat testing. | <input type="checkbox"/> |
| 2.8. | Check to see if client understood window period/ repeat testing. | <input type="checkbox"/> |
| 2.9. | Provide information about testing procedure & provision of results. | <input type="checkbox"/> |
| 2.10. | Discuss meaning of potential results. | <input type="checkbox"/> |
| 2.11. | Assess client capacity to cope with possibility of HIV positive result. | <input type="checkbox"/> |
| 2.12. | Discuss personal needs and available support. | <input type="checkbox"/> |
| 2.13. | Discuss personal risk reduction plan. | <input type="checkbox"/> |
| 2.14. | Provide time to review advantages and disadvantages of testing. | <input type="checkbox"/> |
| 2.15. | Ensure Informed consent is given. | <input type="checkbox"/> |
| 2.16. | Discuss follow-up arrangements. | <input type="checkbox"/> |
| 2.17. | Check to see if client has questions/ issues for discussion. | <input type="checkbox"/> |

HIV Testing

Tool 

Serial algorithm for HIV testing



The Screening Test must be conducted with a test kit that is highly sensitive. Examples of sensitive test kits: DETERMINE, Capillus.

The Confirmatory Test must be conducted with a test kit that is highly specific. Examples of specific test kits: Unigold, Serocard.

The Tie-breaker test must be conducted with a test kit that is highly sensitive and specific. Examples of test kits that are both sensitive and specific: InstantScreen, Multispot, Stat Pak, Sure Check, Genedia.

Interpreting test results

HIV antibody tests detect the presence of antibodies to HIV in the blood. This means that a person tests positive only after developing antibodies to HIV. The rapid tests used for HIV testing detect the presence of antibodies within 12 weeks after infection. For this reason, the counsellor or lab worker must take care to interpret the test results correctly:

WHEN THE TEST RESULT IS:

NEGATIVE

The HIV test(s) could not detect antibodies to HIV. **This result can be interpreted in 2 ways: the person does not have HIV, or the person may be infected with HIV but the body has not yet produced antibodies to HIV.**

The counsellor will need to review the client's risk behaviours to determine whether a repeat test is needed in 3 months.

WHEN THE TEST RESULT IS:

POSITIVE

The person has antibodies to HIV. **This means that the person has the HIV virus in their body.* At least two tests have been conducted on the sample to confirm this.** [see serial algorithm on page 48].

The counsellor will need to discuss available care, treatment and support services and counsel the client on partner disclosure and referral.

WHEN THE TEST RESULT IS:

INDETERMINANT

The result could not be confirmed.

The counsellor will need to discuss the need for repeat testing.

* HIV Antibody Testing is not recommended for children less than 18 months old because the child may still have the mother's antibodies for HIV in the blood, making the common HIV tests inaccurate. There is an HIV test available in Uganda, Polymerase Chain Reaction (PCR) that can be used to test babies, but it is expensive and not widely available.

VCT: Post-test counselling

Post test counselling is counselling offered to a person who is learning his/her HIV test result. The counsellor prepares the client for the result, gives the result, and then provides the client with the necessary information. Post-test counselling is usually guided by the outcome of the HIV test, which could be negative, positive or indeterminate.

Post-test counselling for HIV negative result

Provide test result.

Review risk reduction plan.

Identify support for risk reduction plan.

Encourage partner referral.

Discuss referral for prevention and other health care services.

Post-test counselling for HIV positive result*

Provide test result.

Identify sources of support.

Negotiate disclosure plan and partner referral.

Review risk reduction plan.

Discuss referral for treatment and support.

*For indeterminate results, follow the protocol for post-test counselling for HIV positive results. However, you must provide referral for repeat testing.

VCT: Post-test counselling (continued)

Tool 

Post-test counselling checklist for NEGATIVE test result

This checklist can be used by Counsellors to help them remember the elements of post-test counselling for HIV- test result. Supervisors can also use this checklist to monitor quality of counselling at their site:

- | | |
|---|--------------------------|
| 1. Interpersonal relationship | |
| 1.1. Greet client and introduce self and role. | <input type="checkbox"/> |
| 1.2. Demonstrate active listening skills. | <input type="checkbox"/> |
| 1.3. Demonstrate a balanced use of open and closed questions. | <input type="checkbox"/> |
| 1.4. Be non-judgemental and supportive. | <input type="checkbox"/> |
| 1.5. Assure client about confidentiality. | <input type="checkbox"/> |
| 2. Content | |
| 2.1. Check client details (ensure results are to be given to the right client). | <input type="checkbox"/> |
| 2.2. Give results simply and clearly. | <input type="checkbox"/> |
| 2.3. Give time for client to reflect on the result. | <input type="checkbox"/> |
| 2.4. Check for understanding of result. | <input type="checkbox"/> |
| 2.5. Discuss meaning of result with client. | <input type="checkbox"/> |
| 2.6. Discuss the window period and repeat testing. | <input type="checkbox"/> |
| 2.7. Discuss personal risk reduction strategy. | <input type="checkbox"/> |
| 2.8. Referral for STI/TB assessment/treatment. | <input type="checkbox"/> |
| 2.9. Offer other referrals, e.g. family planning etc. | <input type="checkbox"/> |

VCT: Post-test counselling (continued)

Tool 

Post-test counselling checklist for POSITIVE test result

During the session, the counsellor should:

1. Interpersonal relationship

- 1.1. Greet client and introduce self and role.
- 1.2. Demonstrate active listening skills.
- 1.3. Demonstrate a balanced use of open and closed questions.
- 1.4. Be non-judgemental and supportive.
- 1.5. Assure client about confidentiality.

2. Content

- 2.1. Check client details (ensure results are given to the right client).
- 2.2. Give results simply and clearly.
- 2.3. Give time for client to reflect on the result.
- 2.4. Check for understanding of result.
- 2.5. Discuss meaning of result with client.
- 2.6. Encourage client to express his or her emotions.
- 2.7. Discuss personal, family and social implications for client.
- 2.8. Assist client in thinking about how they will disclose their status.
- 2.9. Check about what support is available to client.
- 2.10. Discuss risk reduction plans.
- 2.11. Discuss follow-up care and support.
- 2.12. Identify options and resources.
- 2.13. Assess if client is likely to harm self or others.
- 2.14. Discuss/ review immediate plans, intentions and actions.
- 2.15. Follow-up plans discussed and referrals made where necessary.

Referrals

Referral is when a health provider arranges for a client to go for additional services. Referral is important for HIV positive and HIV negative individuals to help them access the services they need. This includes access to the Comprehensive Care Package for people living with HIV (PHA) and to the other clinical and community initiatives to reduce the risk of HIV transmission. **See page 8 of Toolkit for a list of the services included in the comprehensive care package.**

For every referral, the service provider should explain to the client the purpose of the referral and what to expect at the referral site. A referral slip should be filled out with the client's name and the reasons for referral. **See page 13 of Toolkit for the MOH referral form.** Also, information about the referral should be entered in a referral register maintained at the site. **See page 12 of Toolkit for sample register.**

When your facility cannot provide the Comprehensive Care Package, at minimum, your facility should refer clients for the following services:

- Screening, treatment and prevention for tuberculosis
- Screening, treatment and prevention for sexually transmitted infections
- Family planning
- Prevention of mother-to-child transmission
- Assessment for Antiretroviral Therapy

Referral for Tuberculosis prevention, screening and treatment

Definition:

Tuberculosis (TB) is a disease of the lungs caused by mycobacterium (germ) that is spread from an infected person through the air when he or she coughs, sneezes or talks. It can attack other parts of the body like the bones, kidney and spine.

Signs and symptoms of TB:

- Prolonged cough for more than 3 weeks
- Weight loss
- Producing sputum
- Coughing up blood
- Chest pain
- Profuse night sweats
- Loss of appetite

Importance of referral for TB and HCT clients

- Although TB can be cured, it is one of the most common causes of HIV related illness and death. When PHA receive **TB preventive therapy**, it is possible to prevent latent TB infection from developing into active TB disease. This helps PHA live longer and not spread TB to their caregivers, family, friends and colleagues.

TB Preventive Therapy is a treatment given to persons living with HIV to prevent them from getting active TB. The treatment includes TB drugs and Vitamin B6 taken once/day for nine (9) months.

Any person who has tested HIV positive and has a positive TB skin test can be considered for TB preventive therapy.

- People with HIV are at a greater risk of becoming infected with TB due to their weakened immune system. They need early diagnosis and treatment of TB. When a person with HIV infection has symptoms of active TB, the person should be referred for proper medical advice to obtain the right diagnosis and treatment.

Referral for STI prevention, screening and treatment

Definition:

Sexually transmitted infections (STI) are infections that a person gets from having unprotected sex with an infected sexual partner.

Signs and symptoms of STI:

- Male urethral discharge can be a sign of gonorrhoea or chlamydia.
- Female vaginal discharge can be a sign of gonorrhoea, chlamydia, trichomoniasis, or candidiasis.
- Genital sores or ulcers can be a sign of syphilis, herpes, or chancroid.
- Female lower abdominal pain can be a sign of gonorrhoea or chlamydia.
- Genital warts can be a sign of human papilloma virus.
- Groin swelling and testicular swelling can be a sign of many different infections.

Reasons for referring clients:

- STI can be painful and uncomfortable; they can also cause several long-term problems such as infertility, blindness and death if they remain untreated.
- People who have unprotected sex have a higher risk of getting HIV and other STI.
- People with STI have a higher risk of HIV infection.

Referral for family planning services

Definition:

Family planning is a voluntary and informed decision on when to have children, and the interval between the children (choosing the number of children and the time between pregnancies).

Individuals and couples can use natural family planning methods or modern contraception (the use of devices, drugs, or surgery) to delay or prevent pregnancy.

Reasons for referring clients:

- People requesting HCT services are almost always sexually active and may be at risk for unwanted pregnancy as well as HIV and other STIs.
- Pregnancy and HIV result from unprotected sex. Clients need information and counselling to understand their risk for unintended pregnancy and HIV/STIs.
- Offering family planning to HIV positive individuals or those with a higher risk of infection can prevent unintended pregnancies (including mother to child transmission of HIV).

Issues to discuss during pre- and post-test counselling:

- When HCT counsellors discuss risk reduction, they can provide information about dual protection:

Dual protection: Making choices and adopting behaviours to prevent both unwanted pregnancy and HIV infection.

Examples of dual protection methods include:

- **Abstinence**
- **Mutually monogamous (faithful) uninfected partners practicing effective contraception**
- **Correct and consistent condom use together with another effective FP method**
- **Correct and consistent condom use alone.**

Referral for prevention of mother-to-child transmission services

Definition:

Prevention of mother to child transmission (PMTCT) is preventing transmission of HIV from an HIV positive mother to her child during pregnancy, delivery or during breastfeeding. PMTCT includes efforts to:

- Prevent women from becoming HIV positive
- Prevent unwanted pregnancies among HIV positive women
- Prevent mother to child transmission during pregnancy, labour, delivery or breastfeeding.
- Provide care and support to HIV positive women and infants

Both partners in a couple work together to prevent transmission of HIV from the mother to their unborn child. They both need to know their HIV status and take steps to reduce their risk of infecting their partner, and to reduce the risk of transmitting the virus to their child.

Reasons for referring clients:

Pregnant woman and their partners need support to access the comprehensive PMTCT package available in Uganda. This package of services helps HIV positive parent(s) to reduce the risk of transmitting HIV to their child.

The **comprehensive package of PMTCT services** includes:

- HIV counselling and testing (for both the pregnant woman and her partner)
- Quality antenatal, intra-natal and postnatal care services as well as on-going follow-up support to both the mother and baby.
- Antiretroviral drugs for HIV positive mothers and their babies.
- Counselling and support on optimal infant and young child feeding.
- Promotion of community and family support, including involvement of male partners and spouses.

Referral for antiretroviral therapy

The goal of antiretroviral therapy (ART) is to improve the quality of life of people living with HIV. Antiretroviral drugs reduce the client's viral load (amount of virus in the blood) to undetectable levels and keep it low for many years. This prevents further damage of the immune system. Based on current knowledge, 2004 Protocol for Antiretroviral Therapy (ART), a client who starts ART must continue it for the rest of their life.

Basic facts about ART/ARV

The criteria for eligibility for ARVs are complex and require clinical and laboratory assessment. HCT providers should refer all HIV positive clients for ART so that trained ART providers can counsel clients.

ARVs cannot kill the virus: **The individual taking ARVs still has HIV and can transmit the virus to others.**

Side effects: **Clients may experience some side effects in the initial period of taking ART. These side effects may reduce or disappear as the body gets used to ART.**

Resistance: **If the drugs are taken wrongly, strains of HIV can become resistant to the drugs. Clients need to understand and follow the instructions for taking each ARV drug. In addition, they need to understand that they have to take the drug for life.**

Cost: **ARV drugs are costly and not everyone will be able to consistently manage to buy the drugs. If PHA are not able to access free ARVs from government sites and cannot afford to consistently buy their own drugs, they should NOT begin ART. Instead, they should focus on prevention and immediate treatment of opportunistic infections.**

Follow-up

Through ongoing counselling, post-test clubs and medical and psycho-social care and support services, HCT Counsellors can ensure access to or refer clients for the necessary care and support services.

Ongoing counselling: Qualified HCT service providers provide additional counselling sessions, with special attention to patients benefiting from RTC. The same standards for confidentiality must be maintained in ongoing counselling.

Care and support: At the time of diagnosis (during the post-test session), all HIV positive clients should be referred for appropriate care and support. This includes treatment and prophylaxis for opportunistic infections and ART.

Post-test clubs: Post-test clubs (PTC) can provide both immediate support for a newly diagnosed PHA as well as ongoing support for all clients who have been tested and their partners. PTC may be available at the HCT site or stand alone in communities. Post-test clubs should ideally be facilitated by senior trained counsellors and/or a PHA. See page 72 of Toolkit.

Provide Home-based HIV Counselling and Testing (HBHCT)

Definition:

Home-based HCT (HBHCT) is a modified model of VCT provided to individuals in their home. It is also known as family-based HCT. In this model, HCT is offered to every household in a particular community (home-to-home) or it is limited to households where one individual is HIV positive and is on antiretroviral therapy.

Setting:

- Client's home

Steps for providing HBHCT (also known as **HBHCT Protocol**):



During HBHCT, household education and pre-test counselling include the same elements as VCT. See page 45 of Toolkit. However, they are conducted in a group setting: adults, children ages 12-18, and children under age 12.

Provide Routine Testing and Counselling (RTC)

Definition:

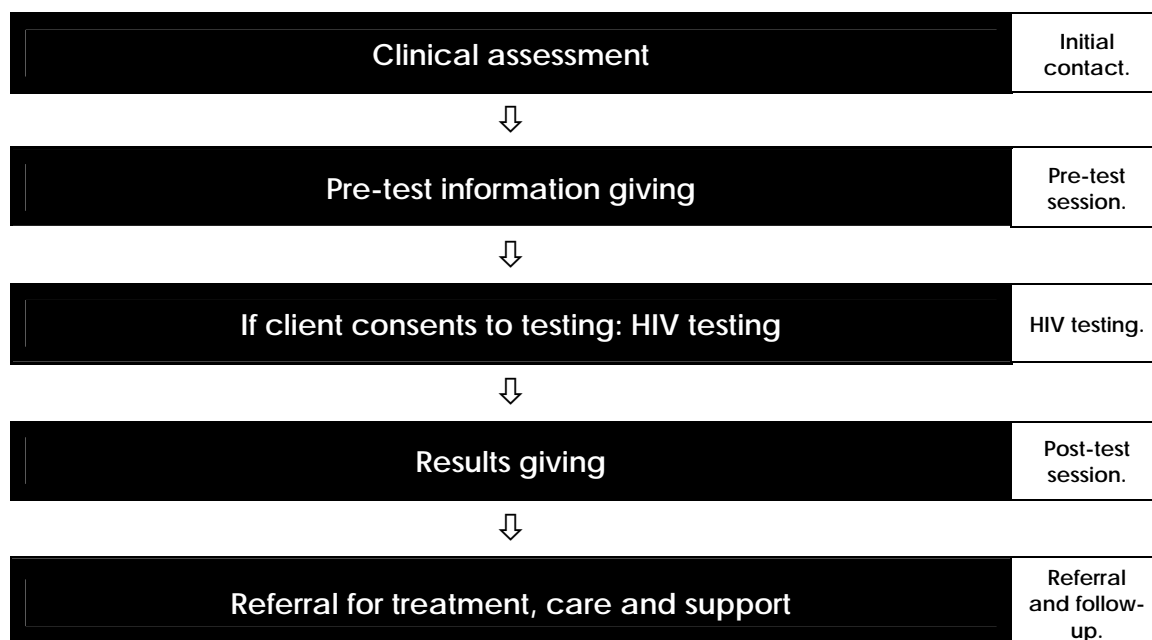
Routine Testing and Counselling (RTC) is HIV testing done routinely as part of health care services. In this model, the client does not have to request HIV testing. The service provider offers HCT during the clinical evaluation of all patients with any other tests or investigations being recommended to the patient. RTC is not mandatory testing. In RTC, the patient has the right to decline testing.

In RTC, all patients should be offered HIV testing. However, if resources are limited, a site may choose to offer HIV testing to clients with a specific condition or diagnosis known to carry a higher risk of HIV infection. In such cases, priority would be given to clients at Family Planning, Tuberculosis and Sexually Transmitted Infection clinics and all in-patients.

Setting:

- health facility (in and out-patient departments)
- antenatal care clinic
- maternity wards

Steps for providing RTC (also known as **RTC Protocol**):



RTC: Pre-test session

RTC is different from VCT because pre-test counselling is not required. In RTC, the service provider informs the client about HIV testing together with any other investigations being planned. Also, the service provider must document that the patient was fully informed and consented to the full plan of investigations being recommended.

Tool 

Pre-test information giving

During history taking when you have established a relationship with the patient, ask about:

History of HIV testing

- **If the patient has never been tested**, discuss the benefits of knowing his/her HIV status.
- **If the patient has been tested and the patient tested HIV negative more than 3 months ago**, offer the patient HIV testing.
- **If the patient has been tested and the patient tested HIV positive** ask if they are accessing treatment, care and support services.

Explain why HIV testing is being offered

- **Explain that the health facility offers HIV testing to all patients who have tested HIV negative more than 3 months ago and to those who have never been tested.**

Explain disclosure and confidentiality of patient information

- **For all patients who consent to RTC**, explain that the results will be placed in the patient's file so that the health workers can make appropriate decisions regarding care. All health workers involved in the patient's care will have access to the results, but they will not disclose the patient's HIV status to any other person unless the client requests or consents to it.

RTC: Post-test session

Results giving for HIV negative test result

During the post-test session of RTC, the service provider must confidentially inform the patient of his or her test result, and address partner referral and risk reduction. When the client's test result is HIV negative, the service provider is not required to cover all of the elements included in post-test counselling in VCT.

Results giving for HIV positive test result

In the post-test session, the service provider must confidentially inform the patient of his or her test results and should provide immediate support, which includes recommendations on HIV care or prevention and discuss partner referral and disclosure.

RTC Post-test session for HIV positive result:

- Provide emotional support
- Make HIV clinical care recommendations
- Address disclosure and partner referral
- Provide or refer for post-test counselling (The service provider may use his or her best judgement to determine if the client needs urgent post-test counselling.)

Follow the protocol for VCT post-test counselling for HIV positive results. See page 52 of the Toolkit.

Provide HCT to Special Groups

The HCT Policy (2005) has identified the following special groups.

- Children
- Couples
- People with disabilities
- Survivors of abuse
- Workers with possible occupational exposure
- Repeat Testers

HCT for Children

Apply the welfare principle

HCT for children should only be provided when it is aimed at improving the health, development, and social well-being of the child. This principle, as it is explained in the Children Statute, is known as the welfare principle. It explains that the child's well-being is the most important issue to consider in any decision affecting the child.

Tool 

Checklist for applying the welfare principle in providing HCT services for children.

- You have considered the views of the child and are confident that they are not the result of threats or bribes.
- You have thought about the physical, psychological and social needs of the child.
- You are confident that the consequences of the decision/action will not cause any harm to the child.
- You have paid attention to the child's age, sex, religion and background.
- You have thought about the harm or danger that the child has suffered or is likely to suffer in future.

HCT for Children (continued)

Age of consent

- **Children age 12 and older** may receive HCT services without the knowledge or consent of their parent(s) or guardian(s) if they have the capacity to understand the implications of the results of the HIV test.
- **Children under age 12** may only receive HCT services with the consent of their parents. Children without a parent or guardian, need consent from the head of the institution, health centre, hospital, clinic or any responsible person.

Steps for providing HCT for Children

For children age 12 and older

- **If the child has come alone:** the child receives pre-test counselling and post-test counselling according to the protocol and the results are NOT shared with parents or guardians except at the request of the child.
- **If the child has come together with the parent:** the counsellor first talks with the child and parents together then asks to speak to the child privately. The private conversation should help determine that the child is not being pressured to access HCT and that the child understands the implications of HIV testing. The counsellor should ask the child if he or she would like the parents or guardians to be present during the counselling and testing process, and whether the child wants the parents to know the results. Unless there are compelling reasons otherwise, the counsellor should encourage the child to share results with his or her parents or guardians. The counsellor follows the protocol according to the child's wishes and helps the parent to understand and respect the child's wishes.

For children under age 12

- If the child has come alone: discuss the importance of parental support and encourage the child to return to the site with their parent or guardian.
- If the child has come together with the parent: discuss with the parent their wishes to involve the child in the pre-test and post-test sessions. Then follow the protocol according to the parent's wishes.

For children under 18 months of age

- The standard HIV test (antibody testing) is not accurate in children under 18 months of age because the mother's antibodies may still be present in the child. If a parent wishes to test their child for HIV, the following method of testing is currently recommended: Polymerase Chain Reaction (PCR).

HCT for couples

Definition:

HIV counselling and testing given to any two clients who come to take an HIV test together.

The couple may be planning to have sex together or they may already be having sex together. Couple HCT includes the same steps as HCT. It begins with pre-test counselling, followed by HIV testing if each person consents, and then post-test counselling.

Benefits of couple HCT:

- The couple is supported to discuss risk concerns and issues.
- The couple learns together about how to adopt safer sex practices. They learn about shared responsibility among partners and they hear information and messages together.
- The couple learns their results together and receives appropriate counselling and support. If the test results are positive or discordant, the counsellor can help reduce tension and prevent blaming.
- The couple can plan for their future and that of their family. Couple HCT can help to strengthen the relationship and promote mutual understanding between the couple.

Adapt these messages from the Straight Talk Foundation's Parent Talk to talk to others about the benefits of couple HCT:

Key messages to promote couple HCT:

- Always aim to test before starting a new relationship. HCT helps couples to stay safe.
- If you are both negative, you work out how to keep staying safe. If you are both positive, you plan to live together positively.
- If one of you is negative and the other is positive, HCT can help you to support the positive one to live longer.
- Testing together is one of the best things you can do. Never judge your partner.

HCT for couples

Pre-test counselling

The role of the counsellor during pre-test counselling is to:

Create a trusting relationship with the couple.

- Discuss the reasons why each partner in the couple has come for HCT.
- Ensure that each partner in the couple agrees to:
 - Voluntarily participate in the counselling and testing sessions.
 - Discuss HIV risk issues and concerns.
 - Receive their HIV test results together.
 - Respect the confidentiality of their partner's result.
 - Make a mutual decision about disclosure of results.
 - Treat each other with respect and dignity.
 - Engage in frank and open discussion.
 - Provide support to each other.

Check understanding of HIV/AIDS.

Explain the process of testing and the meaning of testing results.

- Discuss the possibility of discordant test results:
 - What will it mean to them if they don't get the same result?
 - Ask each one how they will cope?
 - How will they protect themselves?
 - What will be the advantage of knowing their status as a couple?
Any disadvantages?
 - Who else might be affected by the outcome of his/her test?
- Encourage the couple to receive their results together.

Check willingness to have a test done.

HCT for couples

Post-test counselling

When both partners in a couple have the same HIV test results, follow the appropriate steps for post-test counselling. See page 51 of Toolkit for post-test counselling for HIV negative results. See page 52 of Toolkit for post-test counselling for HIV positive results.

Discordance

Discordance is when one person is infected with HIV while the other partner is not. It is common in Uganda. In some cases, the couple enters into the relationship when they are already discordant. In other cases, it may be a result of being unfaithful.

HIV is not transmitted at each exposure. The partner with HIV can pass the virus immediately to the uninfected partner or it may take many years. There are several issues that affect the risk of HIV transmission:

- **Condom use:** Couples that use condoms correctly and consistently each time they have sex have a lower chance of transmitting the virus to the HIV negative person.
- **Frequency of sex:** Couples that have sex less often have fewer chances of spreading the virus to the HIV negative person.
- **Viral load:** The amount of the HIV virus in a person rises and falls depending on the overall health of the person and time since infection. A person with a higher viral load has a higher chance of transmitting the virus to their partner.
- **Other factors:** Recent infection with HIV, presence of sexually transmitted infections, use of ARV.

When the couple is discordant, follow the steps for post-test counselling for HIV positive test results. See page 52 of Toolkit. In addition, you can adapt these messages (developed by the Centers for Disease Control and Prevention) during the post-test session:

- HIV discordance is common.
- HIV discordance is NOT a sure sign of infidelity.
- A couple can remain HIV discordant for a long time.
- HIV is NOT transmitted on every exposure.
- HIV negative partners in discordant couples are at a very high risk of infection.
- HIV transmission within discordant couples CAN be prevented.
- No one is immune to HIV.

Counselling Repeat Testers

There are many reasons why a client may decide to test more than once:

- Client was still in the window period at time of first test.
- Client tested negative but was possibly exposed to HIV (occupational exposure, risky behaviours, discordant couple) since last test.
- Client is not confident about their previous test result.

Tool 

General principles for counselling repeat testers

1. Discuss major reasons for repeat testing.
2. Discuss possible test results and their implications.
3. Review previous risk reduction plans, options chosen. Find out progress on those plans, challenges encountered.
4. Assess most recent exposure/risk behaviour and come up with a new realistic feasible reduction plan.
5. Identify sources of support for risk reduction plan.
6. Negotiate disclosure and partner referral.
7. Refer for additional services.

Counselling workers with possible occupational exposure to HIV

Counselling and care guidelines

Recommendations from the National Antiretroviral Treatment and Care Guidelines for Adults and Children (Uganda MOH, 2003):

First aid

- Express blood from wound if bleeding.
- Wash exposed area thoroughly with soap and water or antiseptic solutions such as polyhexdrine if available.
- If eye or mouth is contaminated, rinse with plenty of water.
- Report the injury to a senior member of staff, the unit or facility supervisor, or the Post-exposure Prophylaxis (PEP) designated officer of the unit or facility.

Exposure risk assessment and feedback

- Evaluate risk of infection according to severity of exposure, depth of injury, duration of exposure, type of instrument involved, stage of disease of the patient, and possible ARV resistance in the patient.

Prophylaxis counselling

- Provide specific information to increase the effectiveness of post-exposure prophylaxis (PEP). Encourage the client to start PEP as soon as possible, to take every dose of the medication as prescribed, to be tested for other STI and for pregnancy, and to practice safe sex for at least 6 months after the incident.

Pre-test counselling:

Follow the protocol for pre-test counselling and:

- Include education on how to reduce future occupational exposure.
- Identify additional support needs - fear of colleagues seeing them take medications; side effects from medicines that may make it difficult to work; pregnancy; safer sex practices.
- Discuss when the client should return for a repeat test.

HIV testing and Post-test counselling

- Follow the protocols as usual.

Counselling People with Disabilities

People with disabilities have a right to confidential counselling and testing.

The term disability includes many different types of limitations that can occur in anyone at anytime. A disability can affect a person's body, mind or their ability to see, hear or speak (sensory impairment). Although people may have different needs, people with disabilities have the same rights as other HCT clients. This includes the right to adequate and appropriate health services.

When language barriers or other mental handicaps make it difficult to obtain informed consent, counsellors should use their best judgement and obtain consent from a translator or a guardian. However, no one should be invited to join the HCT session without prior consent from the client. In addition, the counsellor must ensure that the translator or guardian will respect the confidentiality of the client's result.

Set Up Post-test Clubs (PTC)

Definition of Post-test Club:

Post-test clubs are groups that hold organized meetings for health education, with an emphasis on HIV prevention and the needs of people newly diagnosed with HIV. The clubs provide preventive and supportive counselling to members by:

- Facilitating information exchange and experience sharing.
- Providing peer counselling and education.
- Encouraging participation in social and recreational activities.
- Promoting positive living.
- Supporting members in setting up self-help groups.

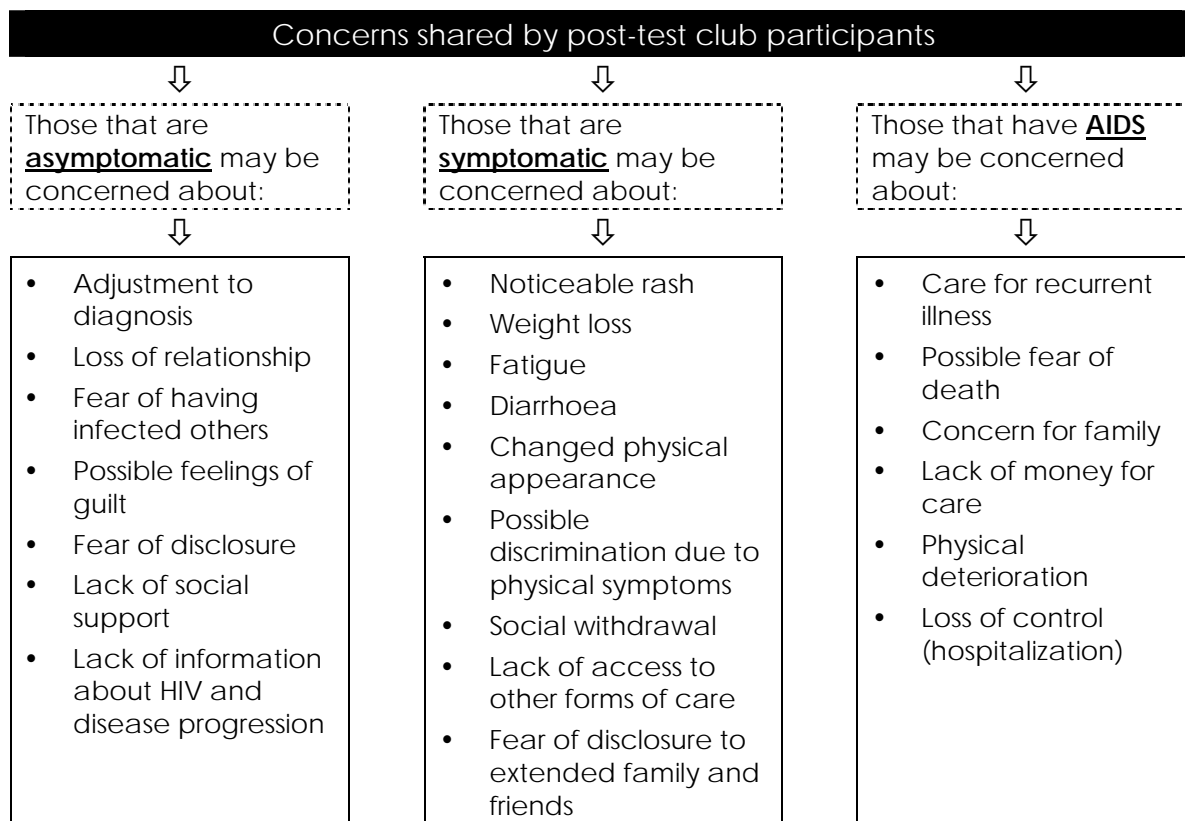
Post-test clubs may be available at HCT sites or as a stand-alone service in the community.

PTCs facilitate information exchange and sharing of experience

To support information exchange and information sharing in post-test clubs, a successful post-test club leader will:

- Create a safe and friendly environment through careful selection and use of visual aides.
- Facilitate interactive group discussions that encourage participants to learn from one another.
- Refer clients for services within the facility, at other facilities, or in the community.

In addition, the post-test club leader will help the participants plan for their future by providing information and supporting coping skills to address current concerns and future needs.



PTCs provide peer counselling and education

Peer counselling and education are used in the post-test clubs so that people living with HIV/AIDS (PHA) can influence other PHA to cope with their illness and to live a healthy lifestyle. Participants in the post-test clubs can positively influence the knowledge, behaviours, and decision-making of other participants.

HCT site staff can play a role in encouraging participants in post-test clubs to:

- Share accurate basic information on HIV/AIDS, STI, pregnancy, prevention, care and support and positive living strategies.
- Share information on available services in the community.
- Facilitate referral to services and if required, escort peers for introduction to service providers.
- Provide basic counselling to discuss problems, explore options and identify solutions.
- Support skill building, including communication and negotiation skills.

Promote PHA support groups

To address the long-term support needs, the Ministry of Health in Uganda encourages PHA to form self-help groups where individuals can mobilize and support their peers to access the care, treatment and support services they need.

Benefits of working as a group:

- People will not feel isolated and alone with their problems.
- People have an opportunity to meet people and make friends.
- People can become more confident.
- People can share resources, ideas and information.
- People in the community become more aware of the needs of PHA.
- People can learn from others' experience.

Characteristics of an effective group:

- Is small enough for everyone to share experiences and provide mutual support.
- Has a clear purpose and general guidelines for member conduct.
- Shares the leadership and responsibility for the work of the group, even if the group has an appointed leader or facilitator.
- Practices democracy - all individuals contribute to discussions and participate in group decision-making.
- Provides peer and family counselling.
- Celebrates life and promotes positive living for PHA.
- Promotes access to quality services through advocacy initiatives, referral, and support in the delivery of services.
- Supports 'prevention with positives' including safer sex promotion and condom distribution.

Guidelines for starting a PHA group

- Start small.
- Choose a name for the group.
- Agree on the purpose and general rules for the group - what is expected from the members and what they can expect from the group.
- Agree on the meeting place and time.
- Learn from past experience. Try to talk to others who have established self-help groups or who have supported self-help groups.

Tool ↗

Rules for effective group meetings

- Confidentiality: group members agree to respect confidentiality of all members.
- Respect: group members should listen to each other without interrupting and should only speak one at a time.
- Language: group members should agree to use a language understood by all and not to use words that might offend.
- Non-judgemental attitudes: group members should avoid being judgemental of other people's feelings, views and behaviour (unless these views lack respect).
- Participation: group members should inform the group leader if they are unable to attend a meeting.

Provide referral to prevention, treatment and care services

People living with HIV need support to achieve mental, physical, spiritual and social health. By paying attention to all of these elements of health, PHA groups can provide appropriate support and referral for services. See page 9 of the Toolkit for instructions on how to set up or support a referral network.

Self-help groups should also promote PHA rights in accessing services:

Clients' right to information

- PHA have the right to information that will help them make informed decisions about accessing treatment, care and support.

Clients' right to access

- PHA have the right to access services without discrimination.

Clients' right to choice

- PHA have the right to make decisions regarding use of services and disclosure of their HIV status.

Clients' right to safety

- PHA have the right to services that follow the service delivery guidelines and protocols; that are delivered by competent service providers; that have appropriate measures for infection prevention and control; and that have proper follow-up.

Clients' right to privacy

- PHA should receive services in an environment where conversations will not be heard by a third party. In addition, when receiving physical examination or clinical procedures, the entrance to the room should be restricted.

Clients' right to opinion

- PHA should give feedback on the quality of the services they receive in order to influence the delivery of services.

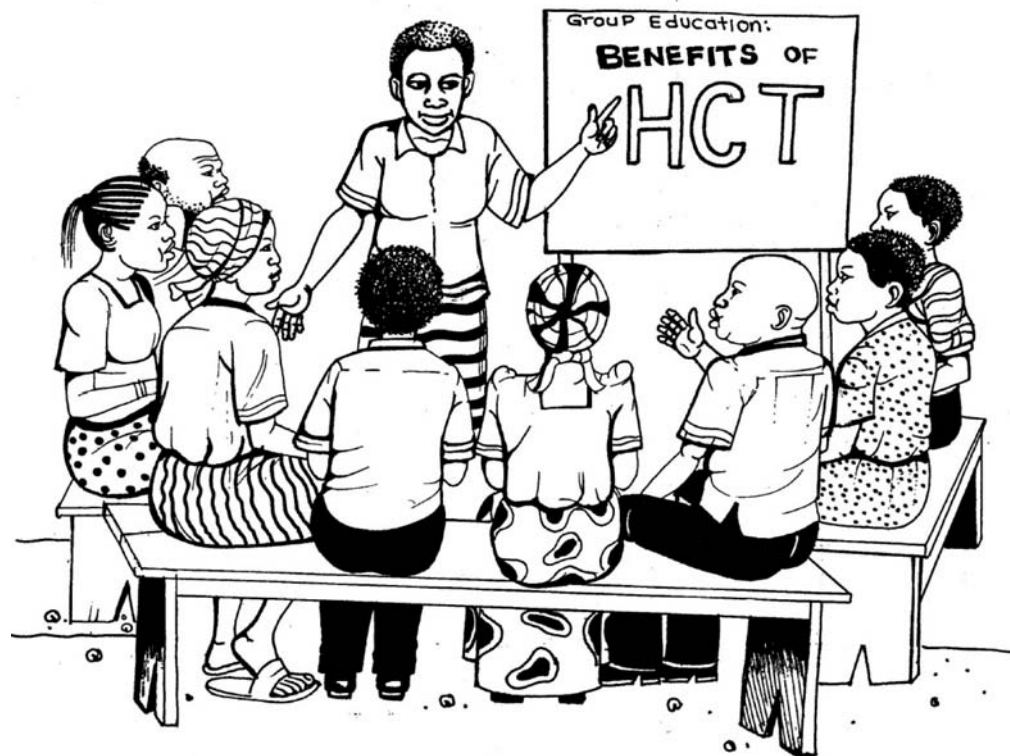
Clients' right to comfort

- PHA should be treated with respect and offered services in an environment where they feel comfortable.

SECTION 3

Promoting Services

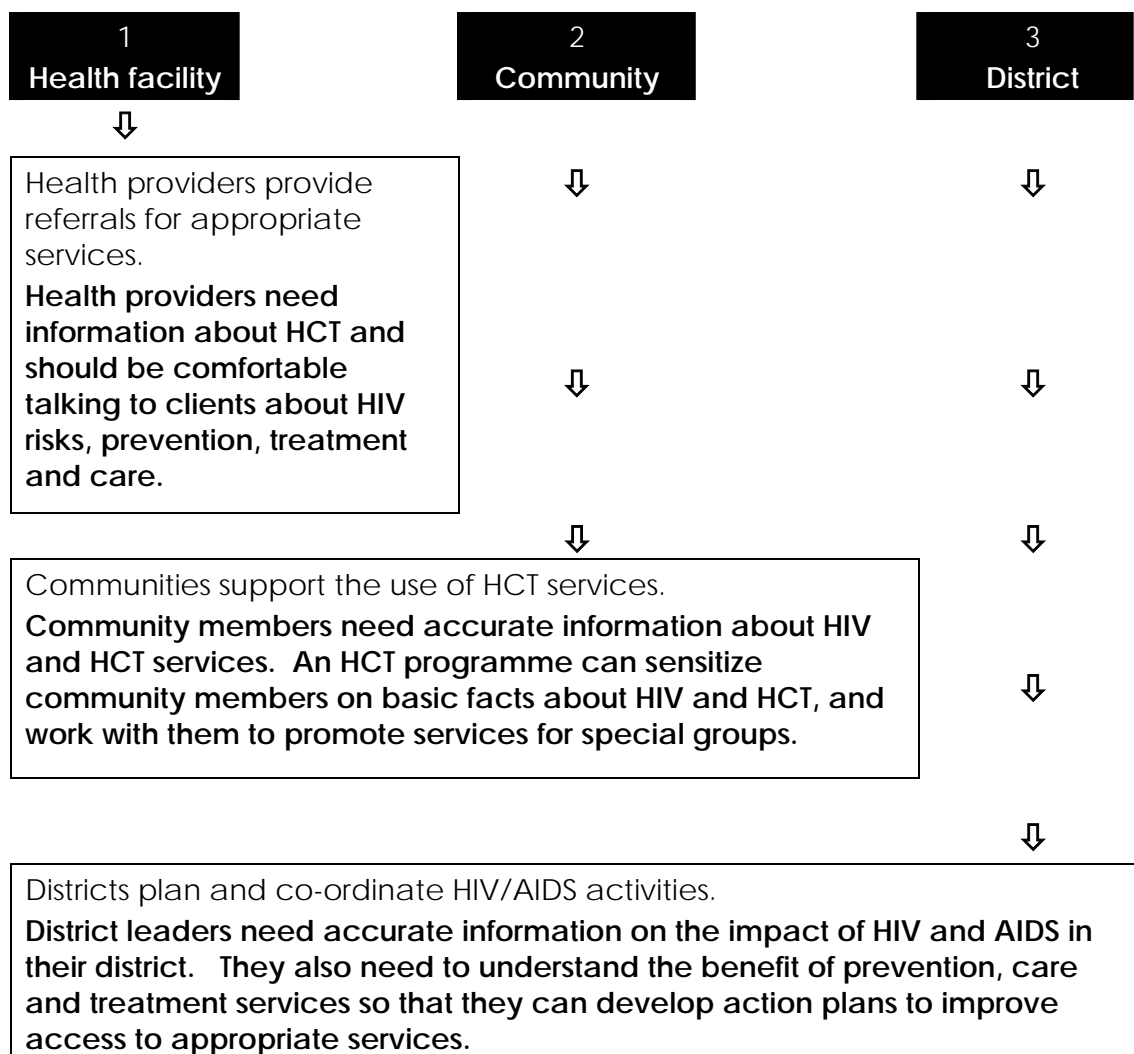
Increase knowledge and awareness	79
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Promoting Services

Many Ugandans want to know their HIV status, but they may be worried about stigma and discrimination, or they may not know where the nearest facilities are located. To increase use of HCT services, your programme may need to educate and mobilise specific groups of people about the services available.

To promote HCT services, efforts are needed on three levels:



Increase knowledge and awareness

Organizations working at the community level need accurate information to help them promote the use of HIV services. This tool should be shared with others to help them present accurate information on HIV and HCT services. Use the tool below for group education sessions and other awareness raising events in your community.

Tool 

Respond to frequently asked questions

What is HIV?

HIV (Human Immunodeficiency Virus) is a germ that makes a person's body unable to protect him/her from infection.

Human: person, people

Immuno-deficiency: weakness of the immune system; the body cannot defend itself from infection

Virus: a type of germ

What measures help to prevent HIV transmission?

- **Knowing about HIV transmission.**
- **Delaying sexual debut.**
- **Skills to negotiate safer sex.**
- **Using condoms correctly and consistently with every sexual act.**
- **Mutual faithfulness in monogamous sexual relationships.**
- **Preventing mother-to-child transmission by treating HIV positive pregnant women during pregnancy, delivery and changing breastfeeding practices.**

How is HIV transmitted?

- **Unprotected sexual intercourse with an infected person.**
- **Exposure to infected blood, blood products or transplanted organs or tissues.**
- **Transfer from an HIV positive mother to a child in the womb, during labour, birth or with breastfeeding.**

What happens when a person is infected with HIV?

HIV kills certain cells (especially CD-4 cells) in the immune system of the body. These cells are needed to fight infections. When too many of these cells have been destroyed, the body becomes weak and the person gets sick.

Respond to frequently asked questions (continued)

What is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is a combination of illnesses that a person gets when they have HIV and their body's defence system is unable to protect him or her from infection.

Acquired: something one gets

Immune: resistance against infections

Deficiency: lack of protection against infection

Syndrome: a combination of signs and symptoms of illness

What are signs and symptoms of AIDS?

Major signs and symptoms

- Weight loss of over 10% of body weight.
- Chronic diarrhoea for over a month.
- Intermittent or constant fever.
- Invasive cervical cancer.

Minor signs and symptoms

- Persistent cough for over a month.
- Generalised itching and rash of the skin.
- Fungal infections of the mouth (oral thrush or candidiasis).
- Chronic progressive and disseminated Herpes Simplex.
- Generalised enlarged lymph nodes.
- Herpes Zoster.

What are the differences between HIV and AIDS?

HIV is a virus. AIDS is a group of diseases occurring as a result of HIV infection. A person with HIV may not know that he/she has the virus. However, a person with AIDS may suspect they have AIDS based on the signs and symptoms.

Promote HCT Services

Review the number of people using the services in your health facility and in the larger community to find out if the services are being fully utilized. If many people, including specific groups in the community are not accessing the available services, follow the steps listed below to design, implement and monitor activities to promote services:

Tool 

Steps for promoting HCT

1. Identify needs.

2. Select the target group.

3. Choose messages and methods.

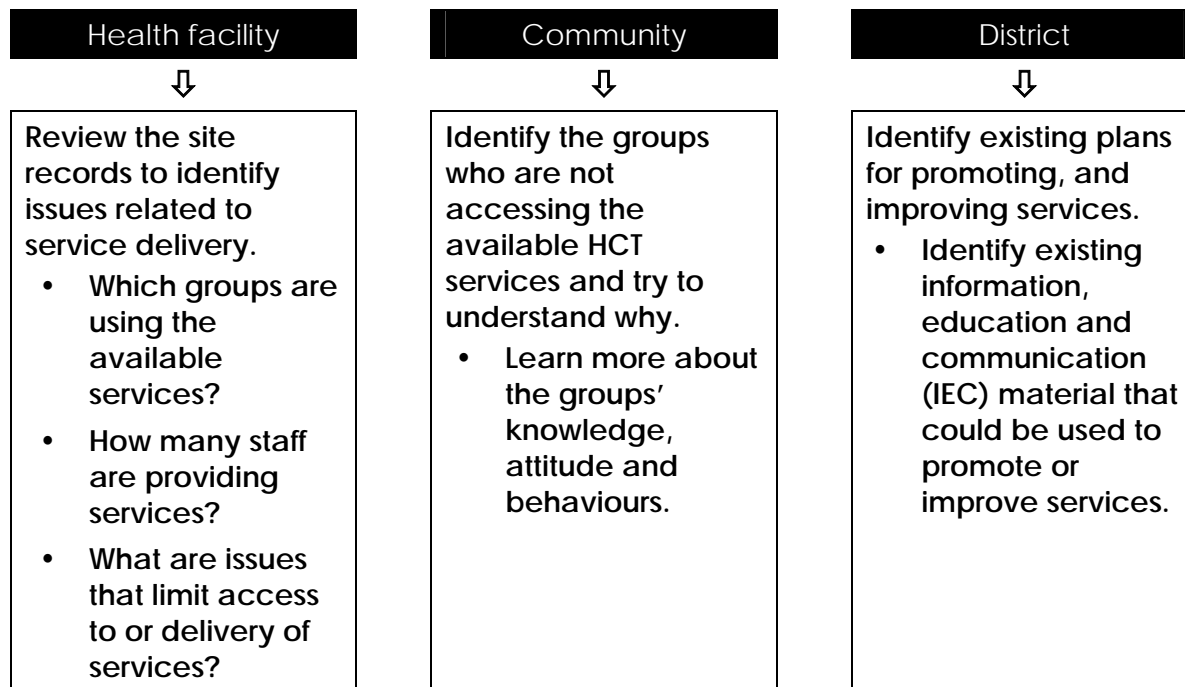
4. Pre-test materials.

5. Carry out promotion activities.

6. Monitor and evaluate.

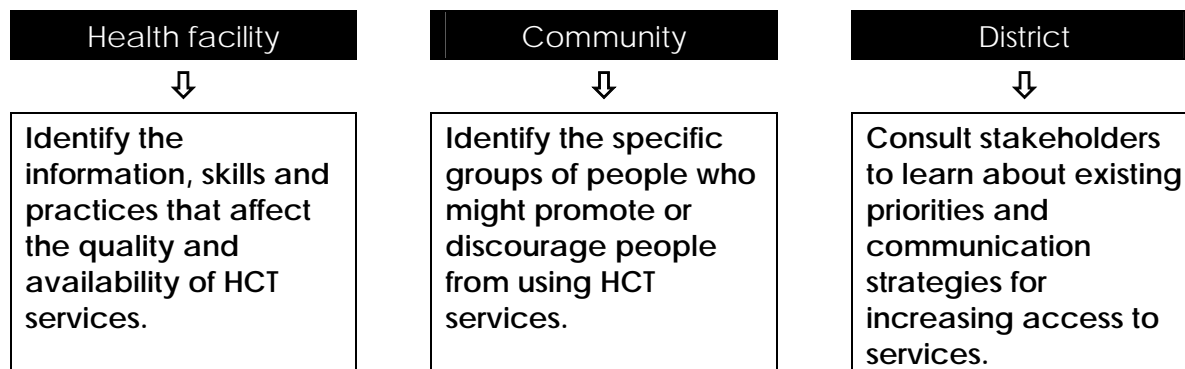
Identify needs

Use the information from your needs assessment to identify issues at all 3 levels that may affect access to services or use of services.



Select the target group

Act on the findings of your needs assessment to identify which groups you need to reach with your promotion efforts.



Consider the following points when you select the target group:

- They have behaviours or characteristics that put them at risk of HIV.
- They are not benefiting from HCT services.
- They pose a barrier to others accessing HCT services.
- They live in an area that you are able to serve.
- The health facilities have the capacity to deliver the services needed by this group.

Use these key points to consider the possible target groups within the health facility, community and district.

Choose messages and methods

Work together with members of your target group to identify existing knowledge, attitudes and behaviours that could be addressed in your promotion efforts. You can adapt the following questions to help you identify (1) the best way to promote HCT, (2) the information needed by the target group, and (3) the best method for communicating your message.

Knowledge:

- What does the group already know about HIV and HCT?
- What kinds of myths or rumours have they heard/believe?
- What questions do they have about HIV and HCT?
- Where do they get information about health? (newspaper, radio, TV)

Attitudes:

- What do they feel are the best ways to talk or learn about HIV and HCT?
- What are their hopes, dreams and fears?

Behaviours:

- Are they using HCT? If not, why?
- What could help them use HCT services?

When choosing messages and methods for promotion try to build on previous efforts; it is often easier to adapt and translate materials from other promotional activities in Uganda or other countries. More importantly **choose messages that support hope for the future, healthy attitudes and safety.**

Use testimonies:

Collect and share the stories and words of people who have benefited from HIV counselling and testing, including stories and quotes about how HCT helped different individuals, couples and families plan for their future and adopt healthy behaviours, or quotes from health service providers who are providing HCT services.

These experiences can be shared in a variety of ways, including radio, community meetings and print material, but you must **first get permission to share the person's story or quote and you must ask the person if you can use their name.**

Pre-test the materials

Pre-testing takes place before the materials are finalised. It involves presenting the materials to members of the target group and asking for feedback in an organised way.

Questions for pre-testing material:

- What do you see?
- What do the words mean to you?
- What do you think the message is asking you to do?
- What changes would you make to improve this message?

The information from your pre-test helps you to make sure that the target group understands the message and is comfortable with the way that it is presented.

Carry out promotion activities

This marks your first major step in reaching your target audience. However, before you carry out your promotion activity, make sure that you have clear instructions on how the materials should be used and you keep a record of how the messages and materials are disseminated. (This information will help you to follow-up at a later date and to evaluate the effectiveness of your initiative.)

Monitor and evaluate

Collect information to learn about the impact of your promotion activities.

- How is the material being used?
- Are the messages reaching the target audience?
- How could the messages be improved?
- Have the messages influenced their thinking or their behaviour?
- Are more members of the target group using the available services?

SECTION 4

Training for HCT Services

Support Learning Among your Team 88

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Training for HCT Services

Help your team meet the recommended qualifications

The MOH requires certain qualifications for staff. Although it is not always possible to meet these requirements, HCT sites should try to hire personnel who meet the minimum qualifications listed in the Policy Implementation Guidelines.

Initial training for HCT Service Providers should involve MOH approved trainers and curriculum. See pages 92-93 of Toolkit for available curricula. This standard training includes two weeks of classroom instruction and one week of practical experience.

From the Uganda HCT Policy (2005)

All HCT providers (including lay and medical personnel, lab staff, and those who have and have not participated in the standard training) must: 1) meet minimum qualifications, 2) demonstrate mastery of the content of an MOH approved HCT curriculum, and 3) complete 3 months of supervised practice with endorsement by a counsellor supervisor to be certified as an HCT service provider.

After earning the basic certificate to provide HCT, providers should regularly update their knowledge through refresher and in-service training. Health workers are required to earn 24 hours of continuing medical education (CME) per year. Non-medical HCT providers should participate in an equivalent number of hours of refresher training per year in order to assure highest-quality HCT services.

Support learning among your team

Formal learning

You are responsible for supporting opportunities for staff to learn new skills.

Formal learning



Identify and select appropriate trainings:

- Ask about the goal of the training, the curriculum (training plan) and the follow-up support that will be provided.
- Select training participants.
- Keep records of all trainings attended by your staff – including the type of training, the year, the name of the institution where the training was provided, and the duration. Compare these records with the recommended qualifications to help you identify the most appropriate staff members.

Create a training agreement with participants for each training:

- Ask the selected participants to explain the reasons why they want to attend the training, what they hope to contribute to the training and how they plan to share their improved knowledge and skills with the team at your site – this can be done in writing as a written contract. See page 90 of toolkit for a sample training agreement.

Evaluate the training:

- After each training, discuss how the training met the staffs' professional needs and review the training agreement to discuss how the knowledge and skills will be applied and shared with others.

Formal learning (continued)

Tool 

Sample training agreement (to be completed prior to training)

Name of training participant:

Course name:

Duration:

Location:

To be completed by the training participant.

1. Why are you interested in participating in this programme?
 - Acquire new skills and knowledge
 - Take a break from daily routine
 - Improve my own performance on the job
 - Improve the quality of care that I provide to clients/patients
 - Opportunity to benefit from allowances
 - Learn from and with other colleagues
 - Increase chances for promotion

2. What specifically can you contribute to the course?

3. What will you do after the workshop to apply what you have learned?

Please sign below, if you agree to participate fully in the workshop and to be available for post-training follow-up and supervision:

To be completed by the Supervisor.

1. Why do you believe that this individual is the right person for this programme?
2. What do you expect him/her to contribute to the team after the training?
3. What steps will you take as a supervisor to make sure that the knowledge and skills are shared with others?
4. What steps will you take to make sure that the knowledge and skills are used in the facility?

Please sign to indicate that you will provide support and supervision to the training participant when he/she returns from the training and that you will be available for post-training follow-up and monitoring:

Informal learning

There are many ways to create and support learning among your staff within the health facility as well.

Find out what your staff already know on a subject

- Ask open-ended questions.
- Discuss and review challenging cases.

Build on their existing knowledge and skills

- Discuss new guidelines, policies and procedures.
- Support meetings where individuals can share their experience and learn from one another.
- Provide demonstrations.
- Develop a system where more experienced staff provide on-the-job support to less experienced staff.

Encourage your team to adopt new skills

- Encourage role plays.
- Encourage staff to teach one another.
- Support follow-up activities for participants of in-service training.
- Organise exchanges where staff can observe others providing services.

Evaluate learning

- Ask staff to demonstrate their skills to others.
- Encourage all staff who complete an in-service training to prepare a report and short presentation for your team.
- Engage in support supervision.

Use available materials

The Ministry of Health continues to respond to changes in the delivery of services with policies and guidelines for the provision of services. Start a library at your facility to help your staff benefit from these resources.

HIV Counselling

- HCT Counsellor Training Manual (MOH 2005)
- RTC Training Guidelines (MOH 2005)
- Guide for Training of Counsellor Assistants (MOH, draft 2003)
- VCT: A guide for mobilisation of communities
- Talking with Adolescents: A Manual for Health Workers (MOH)
- Facilitator's Manual for Training District Health Workers in Tuberculosis (MOH 2005)

ARV

- National Antiretroviral Treatment and Care Guidelines for Adults and Children (MOH 1st Edition 2003)
- Chronic HIV Care with ARV Therapy, Integrated Management of Adolescent and Adult Illness: Interim Guidelines for First-level Facility Health Workers (MOH 2004)

STI

- Sexually Transmitted Infections, Treatment Guidelines for use by Operational Level Health Workers in Uganda (MOH 2004)
- Sexually Transmitted Infections: Training Manual for Trainers of Operational Level Health Workers in Uganda (MOH 2004)
- Communication Strategy for the Prevention of Sexually Transmitted Diseases and Infections (MOH)

Family Planning

- Reproductive Health Training of Trainers Curriculum (MOH)

Nutrition

- Nutritional Care and Support for People Living with HIV/AIDS in Uganda: Guidelines for Service Providers (MOH)

Care and Support

- Acute Care, Integrated Management of Adolescent and Adult Illness: Interim Guidelines for First-level Facility Health Workers (MOH)
- Home based Care (HBC): Collective Efforts (MOH)

Prevention of mother to child transmission (PMTCT)

- Training Health Workers in Counselling for PMTCT Service Provision (MOH 2003)
- Policy Guidelines on Feeding of Infants and Young Children (MOH, 2004)

Laboratories

- National Policy Guidelines: The Health Laboratory (MOH)
- Curriculum for In-service for Course for Medical Laboratory Personnel (AMREF, 2003)

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Sources

See bibliography for complete citations.

Section 1 Planning and Managing Quality HCT Services

SAMPLE QUESTIONS FOR RAPID ASSESSMENT

Adapted from the VCT Policy Implementation Guidelines* and A Guide for Project Monitoring and Evaluation* produced by the International Fund for Agricultural Development, Office of Evaluation Studies.

STEPS FOR PLANNING AND MANAGING A REFERRAL NETWORK

Based on experience with the Referral Network for AIDS approach, developed under the AIDS/HIV Model District (AIM) program.

STEPS TO EFFECTIVE WORK PLANNING

Adapted from the practices adopted by Canadian Physicians for Aid and Relief (CPAR).

STEPS TO EFFECTIVE STOCK MANAGEMENT

Adapted from the Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs developed by DELIVER.

MONITORING AND EVALUATION - INSTRUCTIONS FOR USING A TALLY SHEET

Developed by the Monitoring and Evaluation Department in the AIDS/HIV Model District (AIM) Program.

QUALITY ASSURANCE - SAMPLE QUESTIONS FOR CLIENT EXIT INTERVIEWS

Adapted from the client exit interview included in the Uganda National Policy Implementation Guidelines for HIV Voluntary Counselling and Testing (2003) and the Performance Improvement Review Guide from Zambia.

PERFORMANCE STATEMENTS FOR QUALITY ASSURANCE

Adapted from the Ministry of Health Indicators for Monitoring Quality of HIV/AIDS Services in Uganda (2005).

Section 2 Delivering HCT services

VCT: CHECKLIST FOR CLIENT RECEPTION AND REGISTRATION, PRE-TEST COUNSELLING CHECKLIST, SERIAL ALGORITHM FOR HIV TESTING, POST-TEST COUNSELLING FOR NEGATIVE TEST RESULTS, POST-TEST COUNSELLING FOR POSITIVE TEST RESULTS

Adapted from a variety of resources, including the VCT Policy Implementation Guidelines, scripts from the Centers for Disease Control and toolkits developed by other stakeholders. They have been repackaged for use by counsellors and their supervisors to support all components of the VCT protocol.

RTC: PRE-TEST INFORMATION GIVING

Adapted from the Training Guidelines developed by the National Technical Working Group for Routine Counselling and Testing in Health Facility Settings in Uganda and the RTC Protocol developed by the Ministry of Health.

CHECKLIST FOR APPLYING THE WELFARE PRINIPCLE IN HCT FOR CHILDREN

Adapted from the Children Statute.

GENERAL PRINCIPLES FOR COUNSELLING REPEAT TESTERS

Adapted from the Uganda Comprehensive HCT Counsellor Training Manual.

RULES FOR EFFECTIVE GROUP MEETINGS

Adapted from Positive Developments.

Section 3 Promoting services

RESPOND TO FREQUENTLY ASKED QUESTIONS ABOUT HIV, AIDS, AND HCT

STEPS FOR PROMOTING HCT

Adapted from draft materials produced by the Centers for Disease Control and Prevention in Uganda, publications by Family Health International and the Programme for Appropriate Technology.

Section 4 Training for HCT services

SAMPLE TRAINING AGREEMENT

Adapted from a training agreement developed by the Uganda Program for Human and Holistic Development (UPHOLD).

