

# **VOLUNTARY COUNSELING & TESTING**

## **OPERATIONAL GUIDELINES**

### **2004**



National AIDS Control Organisation  
Ministry of Health and Family Welfare  
Government of India



*Voluntary Counseling and Testing (VCT) provides for all segments of the population, an opportunity to access complete and accurate information on HIV/AIDS. This is a critical entry point to prevention, care, support and treatment for all people, and particularly for those already infected and affected. It enables a person to confidentially explore and understand his or her risk of HIV infection, provides an opportunity to fully comprehend the implications of one's sero status and to learn about precautions for protection and for preventing the further spread of HIV infection. VCT facilitates personal, and more informed decisions about HIV testing.*

*In the event of a positive HIV test result, counseling strengthens strategies for coping with the immediate stress, possible stigma, psychological and social impacts. It provides referrals to appropriate facilities for care, support and treatment and promotes more informed choices for the future.*

*The Second National AIDS Control Programme, (1999-2006) has supported the installation of over 700 Voluntary Counseling and Testing Centers (VCTCs) in medical colleges and hospitals, across India. Our endeavour should be to make high quality services for HIV counseling and testing available to people close to where they live and work. VCT services must become available and accessible to vulnerable groups including young people, women, mobile and migrant populations and people with high-risk behaviour.*

*The National AIDS Control Organisation (NACO) is now turning its attention to improving quality of VCT by strengthening protocols for service delivery at VCT centres. These Operational Guidelines, 2004 attempt to more clearly define standard regimens for counseling and testing. We have included a chapter on peer counseling and we urge that this aspect be promoted universally.*

*Innovative approaches and involvement of the private sector have become necessary if we are to implement all strategies identified, such as :*

- *VCTCs as well being centres in the community*
- *VCTCs in the work place*
- *VCTCs along national highways*
- *VCTCs in universities, to reach out to young adults.*

*A collaboration between NACO and WHO has supported the setting up of three Model VCT Centres in Chennai, Imphal and Mumbai as model sites for training and hands on demonstration of VCT operations, for standardization of procedures and quality assurance. These Centres of Excellence will showcase and document best practices, and promote replication in other VCTCs. NACO received Programme Acceleration Funds (PAF) from the Centers for Disease Control and Prevention (CDC), through the UN Theme Group on HIV/AIDS.*

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AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Therapy
CBO	Community Based Organisation
CDC	Centers for Disease Control & Prevention
CMIS	Computerised Management Information System
DOTS	Directly Observed Treatment, Short Course
DWC	Direct Walk-in Client
EQAS	External Quality Assessment Scheme
HIV	Human Immunodeficiency Virus
IEC	Information, Education & Communication
INP+	Indian Network of People Living with HIV/AIDS
NACO	National AIDS Control Organisation
NGO	Non Governmental Organisation
OI	Opportunistic Infection
OPD	Out Patient Department
PEP	Post Exposure Prophylaxis
PID	Patient Identification Digit
PLHAs	People Living with HIV/AIDS
PP	Private Practitioners
PPTCT	Prevention of Parent-to-Child Transmission
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infections
SACS	State AIDS Control Society
STI	Sexually Transmitted Infection
TB	Tuberculosis
TI	Targeted Intervention
ToT	Training of Trainers
VCT	Voluntary Counseling & Testing



# Section I VCT: An overview

1. Introduction
2. Linkages between VCTC and HIV prevention, care and support services
3. Definitions and key principles of Voluntary Counseling and Testing

# 1 Introduction

Voluntary Counseling and Testing (VCT) is the process by which an individual undergoes confidential counseling to learn about his/her HIV status and to exercise informed choices in testing for HIV followed by further appropriate action. A key underlying principle of the VCT intervention is the voluntary participation. HIV counseling and testing are initiated by the client's free will.

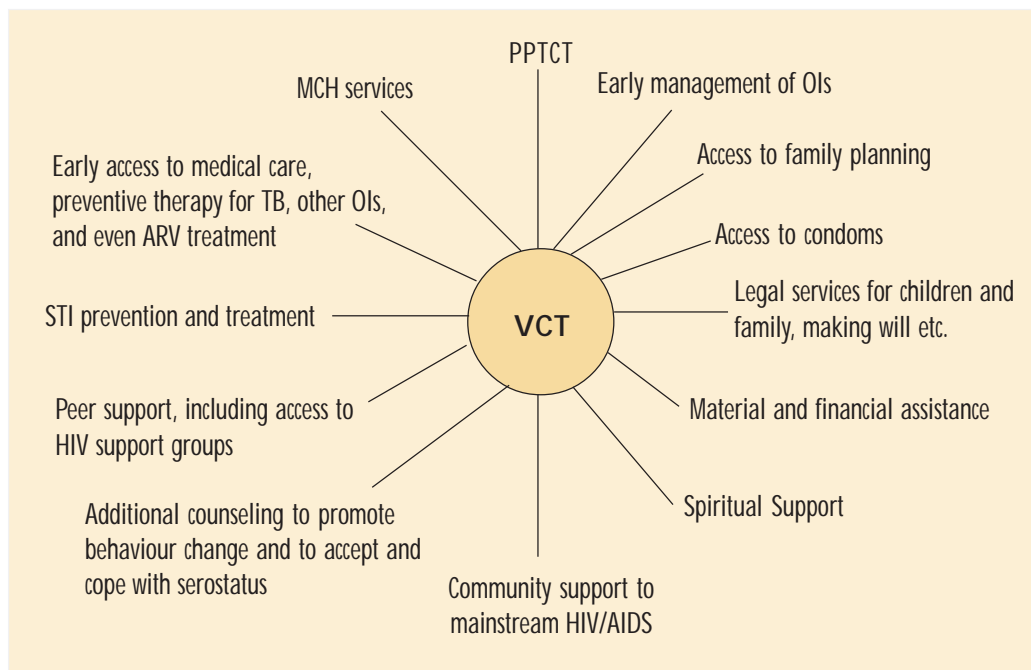
Counseling in VCT consists of pre-test and post-test counseling. During pre-test counseling, the counselor provides to the individual / couple an opportunity to explore and analyze their situation, and consider being tested for HIV. It facilitates more informed decisions about HIV testing. After the individual / couple has received accurate and complete information they reach an understanding about all that is involved. In the event that, after counseling, the individual decides to take the HIV test, VCT enables confidential HIV testing.

VCT services enable the 'client', with the help of a trained counselor, to confidentially explore and understand his or her risk of HIV infection, and to learn several strategies for preventing HIV and reducing the risk of acquiring or transmitting HIV infection.

Counseling is client-centered. This promotes trust between the counselor and the client. The client is helped to identify and understand the implications of a negative or a positive result. They are helped to think through the practical strategies for coping with the results of the HIV test. Post-test counseling further reinforces the understanding of all implications of a test result. Counseling also helps clients to decide who they should share the HIV test result with, and how to approach that aspect.

VCT provides a key entry point to the 'continuum of care in HIV/ AIDS'. We are now aware that counseling and testing services create further support needs for clients. At the very least, VCT should facilitate the early and appropriate uptake of services for both HIV positive and HIV negative people. Accordingly, linkages to a range of other services need to be identified.

## 2 Linkages between VCTC and HIV prevention, care and support services



## 3 Definitions and key principles of Voluntary Counseling and Testing

### Voluntary

Seeking knowledge of HIV status is voluntary. The decision to pursue testing for HIV must be made by the client who seeks counseling and testing services.

### Client

A person seeking health care services including VCT, is a client and not a patient. Patients are considered passive recipients of treatment /care/ hospitalization, whereas clients are “consumers” who make a choice whether or not to avail of a certain service.

***VCT services are effective in preventing the spread of HIV***

*We now know that counseling and testing has served to effectively increase safe behaviour and to reduce HIV transmission in the community, in Brazil, Thailand and Uganda*

### **Voluntary and referred clients**

Availing counseling and testing services is solely the choice of the client, and is to be done freely and without coercion.

“**Voluntary clients**” or Direct Walk-in Clients (DWC) are clients, who present themselves at the VCT centre of their own volition, and free will. The motivation to visit and avail of the VCT services could be based on information or advice they received for example, from a newspaper advertisement, a friend, sexual partner, NGO, private practitioner, family doctor or medical professional.

“**Referred clients**” are clients who are referred to the VCT centre for the purpose of HIV testing mainly from within the hospital set-up. These clients usually do not have a real option regarding whether or not to undergo the HIV test. Often, if these clients do not undergo the HIV test, other medical investigations or operations may not be conducted for them.

### **Client-centered**

Based on client needs and risk situation, ‘client-centered HIV counseling’ refers to a counseling process aimed at achieving risk reduction for an individual based on specific needs and abilities. Counseling for behavior change usually needs to be tailored to the client’s unique situation and capacity to deal with stress and trauma.

### **Confidential**

Information shared during counseling must not be shared with others. The HIV test result must only be reported to the client unless the client states the desire to share the test result with a family member, partner or close friend. Confidentiality is defined as the state of being ‘private’. Maintaining the client’s privacy by restricting access to personal and confidential information, especially in respect to HIV test results, demonstrates sensitivity and respect toward the basic rights of the client.

### **The Importance of confidentiality**

Keeping confidential any information provided by a client is crucial for promoting trust. It ensures that all people at risk of HIV infection feel at ease while seeking VCT services to determine their HIV status, and do not anticipate stigma or discrimination.

### **Breach of confidentiality**

While a breach of confidentiality may be unintentional, nevertheless, the effect of a breach of confidentiality can be serious and may have an immediate fall out in that the client begins to encounter stigma and discrimination. A deliberate breach of confidentiality is unethical and should possibly lead to disciplinary action of the concerned staff.

### **Examples of breach of confidentiality**

The use of protective gear such as gloves in hospitals only with people who are HIV positive.

Telephone conversations, written records, or client files that are not kept under lock and key.

If a counselor or health care staff meets a client outside the VCT site, or outside 'visiting hours', the counselor or staff should wait for the client to recognise him/her before addressing the client.

Health care staff should adopt universal precautions with all patients, irrespective of HIV status.

### **Counseling for HIV/AIDS**

Counseling is essentially a confidential dialogue between an individual / couple and a counselor, aimed at enabling the individual to make personal decisions in the context of HIV/AIDS. The counseling process includes an evaluation of personal risk of HIV transmission and acceptance of preventive behaviour. HIV counseling is a behaviour change interaction aimed at HIV prevention.

*As a rule of thumb, confidential information should be available to 'as few people' as necessary. On the other hand, confidential information can be made available to 'as many people' as the client wants and feels comfortable with, such as friends, colleagues or health care providers.*

Pre-test counseling provides an opportunity for clients to explore their risk of HIV, to learn about strategies for prevention of HIV, and helps clients decide whether or not to take the HIV test. Counseling must be offered to any client who is considering taking an HIV test. After the test, there is a session called post-test counseling, and clients are informed of their HIV test result during this interaction.

### Testing

A wide range of tests exist (the ELISA test, and the Rapid HIV tests) to detect antibodies against HIV in the serum or plasma. As with all HIV screening tests, a reactive test result needs to be confirmed by additional, more specific tests.

#### The window period

The window period is described as the time it takes for a person who has been infected with HIV to “seroconvert” (test positive) for HIV antibodies. A person who tests during the window period may receive a negative test result even though he may be HIV positive. Prior to testing, it is important to determine risks and possible exposure to HIV in the window period, and any potential exposure must be followed by a re-testing at the end of the window period (usually after three months).

- (i) ELISA (Enzyme Linked Immunosorbent Assay) is a common screening test, both efficient and cost effective, for testing large numbers of samples. ELISAs usually require skilled staff and dedicated equipment.
- (ii) Rapid test is a screening test for HIV, based on a single-use qualitative immunoassay that can detect antibodies to HIV. The results of a rapid test may be read in 20 - 30 minutes.

#### Confirmatory test

A specific test designed to confirm the result of an earlier test. Confirmatory tests are important to eliminate ‘false positive’ results (a positive HIV test result for a person who is actually HIV negative). The confirmatory test(s) should use a different antigen base HIV test or a testing principle that is different from those used in the initial tests.

*HIV testing of any clients, referred from hospitals or voluntary walk-in, must always be undertaken after pre-test HIV counseling and the client's written informed consent.*

### **Anonymous HIV testing**

Client name and address is not linked to the HIV test result.

### **Informed consent for HIV testing**

The client agrees to HIV testing through giving his/her informed consent. Informed consent is a deliberate and autonomous permission given by a client to a health care provider to proceed with the proposed HIV test procedure. This permission is based on an adequate understanding of the advantages, risks, potential consequences and implications of an HIV test result, which could be both positive and negative. This permission is entirely the choice of the client and can never be implied or presumed.

The option to go through a screening test for HIV is explained to the client through a process of HIV pre-test counseling. Client-specific information about personal risk, details about HIV transmission, modalities for prevention, HIV testing procedures, their limitations and the interpretation, as well as systems and structures for psycho-social support is discussed at length.

Informed consent to HIV testing should be obtained from the client in writing, on a standardised consent form, prior to proceeding for HIV testing.

### **Informed consent for HIV testing of minors**

The law gives paramount importance to the best interests of the child. In the context of HIV/AIDS, the best interests of the child are served by promoting access to information and services including VCT.

Whenever possible, minors are encouraged to involve their parents/guardians in supervising their health care. However, unwillingness to inform parents/guardians should not interfere with the minor's access to information and services. Access to VCT services should be available to children and young people under the age of 18 years based on an assessment of their evolving capacities and their ability to comprehend the nature and implications of HIV/AIDS and an HIV test result. It is the role of the trained counselor to assess these abilities.

However, the informed consent of parents / guardians is required prior to testing of minors for HIV.

### **Privacy**

The physical environment in a VCT site must allow private discussions between client and counselor. The service provider must maintain privacy and confidentiality of personal details shared by the clients.

### **Referral**

As a follow up on the VCT services, clients will need access to prevention, care and support services as available. Referral services should be made in this respect.

### **Counselors**

VCT services usually have as 'counselor' a person who has received special training in client-centered HIV counseling. The HIV counselor does not simply provide information, but helps the client make an informed choice about HIV testing, adoption of safe behavior practices in order to reduce and minimize the risk of HIV transmission and facilitates coping with psychosocial impact of a positive HIV test result. Characteristics of counselors include being non-judgemental, empathetic, respectful, and supportive.

### **Equality**

HIV positive people should not be discriminated based on caste, race, colour, gender, language, birth, sexual orientation and HIV status.

### **Adherence**

The VCT services should adhere to local and national protocol, laws and regulations governing the provision of HIV services.

### **Monitoring and evaluation**

Counseling and testing services should be monitored and evaluated, both quantitatively and qualitatively, to ensure the services are of high quality.

### **Disclosure**

In the context of HIV/AIDS, disclosure refers to the act of informing any individual or organisation (such as health authority, an employer or a school) of the HIV sero status of an infected person, or it refers to the fact that such information has been transmitted, by any means, by the person or by a third party, with or without consent. Except in circumstances when disclosure to another person is required by law or ethical considerations, the person with HIV has the right to privacy, and also the right to exercise informed consent in all decisions about disclosure in respect of his/her status.

**Beneficial disclosure** of HIV/AIDS status is voluntary; respects the autonomy and dignity of the affected individuals; maintains confidentiality as appropriate; leads to beneficial results for the individual, his/her sexual or drug injecting partners, and family; leads to greater openness in the community about HIV/AIDS; and meets ethical imperatives so as to maximise good for both the un-infected and the infected. It also assists care providers in identification of health needs of PLHAs.

**Risk reduction**

In HIV counseling, although the goal is eliminating risk, it is recognised that this can be best achieved through small steps for incremental behaviour change that bring about risk reduction.



# Section II

## VCT Types and Benefits

1. Government supported VCT sites
2. Categories of VCT centres
3. Expected benefits of VCT service for clients and society

## 1 Government Supported VCT Sites

The National AIDS Control Organisation (NACO), Ministry of Health & Family Welfare established 62 VCT sites in 1997, and is now (July, 2004) supporting over 709 VCTs. Across the six high HIV prevalence States of Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, Manipur and Nagaland, VCT services have reached district levels. The moderate and low prevalence States are in the process of extending VCT services to district levels.

## 2 Categories of VCT Centres

It is becoming important that we ensure more innovative models of service delivery in order to facilitate easy access and outreach for vulnerable population groups such as migrants, young adults, and people with high risk behaviour, very few of whom access VCT services in a medical setting. VCT service delivery has been implemented in diverse models, each with benefits and challenges. These are:

### **'Free-Standing' VCT sites**

Sometimes, VCT services are set up in a stand alone location, organized through NGOs in remote rural areas, in community centres and at youth clubs and colleges. These increase access for specific groups, but can also promote stigma and discrimination for those who access these services. For this reason, there is an overall preference for VCT services to be integrated within functioning ongoing health facilities.

### **Mobile /outreach VCT services**

VCT services are provided through mobile vans, within the community. This model is used for very specific target groups that may otherwise not access health services, example tribal populations in remote hilly areas.

## VCT sites as 'integrated' models

*Several variations on integration exist such as:*

- i integrated within primary health care services, hospitals, and clinics
- ii run by non-government entities, across the private sector by private physicians and the corporate sector for their employees / their dependents, or by NGOs either as stand alone facilities or integrated within a larger health facility
- iii VCTs as part of a franchised network, usually outside of government, where service delivery could use techniques of social marketing.
- iv VCT sites attached to research projects

Each model has strengths and weaknesses. They can all work well depending on access to client populations and quality of services provided. Experience the world over demonstrates that VCT centers that serve multiple functions, example serving simultaneously as sites for vaccinations, TB testing and treatment, and STI treatment are often more acceptable to clients because these provide a higher degree of anonymity. A client could be visiting the centre for several services including an HIV test.

## Increasing the utility of VCT services

For communities with peer outreach programs, a VCT centre that also houses the outreach activity may be an effective strategy to increase access. Selection of a site / model for VCT service delivery should be guided by the perceived and felt needs and concerns at community levels.

*Extension of VCT services must seek increased involvement of civil society through public/private partnerships in service delivery.*

### 3 Expected benefits of VCT for clients and society

#### HIV NEGATIVE CLIENTS

Can pro-actively motivate adherence to stable, non-risky behaviour patterns. By clarifying information in respect of four distinct routes of HIV transmission, VCT can ensure complete and accurate information sharing with young adults and other vulnerable people, and enable them to confidentially evaluate their HIV status. Timely counseling could become a strong motivating factor to remain HIV negative, and to avoid all situations that might promote contact with the HIV virus. All of this will pre-empt continuance of high-risk behaviour.

Enables informed decisions about sexual relationships and injecting drug use partners, encourages information sharing with partners about HIV status, highlights the dual protection of the condoms, for averting the sexually transmitted infection inclusive of HIV, and for preventing unwanted pregnancy.

Provides opportunities and encouragement to inform partners of the benefits of being tested

Supports women/couples to prevent and avert HIV transmission from parent to child

#### HIV POSITIVE CLIENTS

VCT generates concern about adopting behaviour changes that will prevent further transmission of HIV

Supports women / couples to prevent HIV transmission from parent to child

Enables informed decisions about sexual relationships, encourages partner notification about HIV status, use of contraception , provides accurate advice on breastfeeding

Promotes early uptake of care and support services, and enables utilization of referral systems

Supports adherence to antiretroviral therapy and promotes compliance with treatment regimens prescribed

#### SOCIETY

Generates greater awareness and knowledge of HIV/AIDS, potentially leading to reduced transmission in the wider community

Contributes to a more supportive environment for mainstreaming HIV/AIDS

Encourages openness and reduces fear and stigma surrounding HIV

Stimulates a community response in support of people with HIV, including the development of care and support for people living with HIV/AIDS

Supports human rights



# Section III Counseling

1. Counseling
2. Stages in counseling
3. Counseling goals
4. Places where HIV / AIDS counseling is provided
5. Basic guidelines for HIV counseling
6. Pre HIV test counseling
7. Post HIV test counseling
8. Managing client's emotional responses

# 1 Counseling

Counseling is a collaborative process that facilitates the client's progress toward meeting its desired goals and objectives.

The HIV/AIDS counseling is a confidential dialogue between a person and a counselor aimed at enabling the person to cope with stress and make personal decisions related to HIV/AIDS. This includes information, education and psychosocial support which allows the person to make decisions that facilitates coping and preventive behavior.

## 2 Stages in counseling

- **Stage I - Listening and Exploring:** During this stage the counselor establishes rapport, gains the client's trust; and defines roles, boundaries and needs of the client.
- **Stage II - Understanding:** During this stage the counselor develops insight into client's problem and deals with his intense feelings through positive regard, empathy, interpretation and probing.
- **Stage III - Problem solving:** During this stage the counselor helps the client generate and evaluate possible solutions to problems, encourages him/her and gives feed back on results of client's actions. The goal is to empower the client to reach a stage of solving problems associated with his/her life-stresses.
- **Stage IV - Termination:** The counselor brings an end to the counseling process without leaving the client in an uncomfortable state. He achieves this by giving feed back, reviewing, summarizing and planning for follows-ups.

## 3 Counseling goals

Being diagnosed as HIV has life-long impact on the individual. Its diagnosis has many implications: psychological, social, physical, spiritual, economical, professional, legal and educational. Therefore HIV counseling is important. The main goals of HIV counseling are :

- To help the client make an informed choice

- To explore the client's knowledge on HIV/AIDS and provide correct information
- To assess the client's potential exposure to HIV
- To explain the process of testing
- To help clients prepare themselves for the test result and the issues that may arise after learning their HIV status.
- To bring about behavior change in order to prevent further transmission
- To improve the quality of life
- To cope with the implications of the test result
- To deal with stigma and discrimination
- To access the services for treatment and care

## 4 Places where HIV/AIDS counseling is provided

- 1 Voluntary Counseling and Testing Centre (VCTC)
- 2 Prevention of Parent to Child Transmission (PPTCT)
- 3 Drop In Centres (DIC)
- 4 STI Clinics
- 5 ART Units
- 6 Blood Bank
- 7 T I s

## 5 Basic guidelines for HIV counseling

- 1 Space used for counseling sessions should provide privacy and the environment should be non-threatening
- 2 Adequate time and attention should be provided to the client
- 3 The same counselor should provide pre-test, post-test and follow-up counseling to the client
- 4 All adult clients should be counseled alone
- 5 Ensuring the client understands information printed on the consent form
- 6 Consent for minors should be sought from responsible adults (parents/guardians)
- 7 Encourage the client to ask questions
- 8 Be familiar with local terms that the clients could use

- 9 Do not give advice to the client but give relevant information
- 10 Always encourage follow-up (encourage client to come back as soon as possible)
- 11 Check for the source of referral- from within the hospital, private practitioners and from any other source.

## 6 Pre HIV test counseling

Pre-test counseling presents the counselor with the challenge of balancing the provision of information, assessing risk and responding to the clients emotional needs. Many people are afraid to seek HIV testing because they fear stigma and discrimination from their families and community. VCT services should therefore always protect an individual's need for confidentiality.

### Pre-test counseling aims

- To ensure that any decision to take the test is fully informed & voluntary
- To prepare the client for any type of result, whether negative or positive or indeterminate
- To provide client risk reduction information & strategies irrespective of whether testing proceeds
- To provide options for PPTCT
- To provide an entry point to treatment and care

### A checklist for HIV pre-test counseling

- Establish rapport by extending warm welcome to the client
- Extend emotional support and explain the component of confidentiality
- Explore reasons for seeking counseling
- Explore client's understanding about HIV and modes of transmission (sexual, PPTCT, blood, injecting blood use),
- Correction of misconception, if any
- Client's marital status, life style and social support

*Trust between the counselor and the client is essential and this is developed through establishing rapport and showing respect and understanding to the client.*

- Help client to assess personal risk of HIV infection and to make a risk reduction plan including safer sex practices. Provide condoms with demonstration to ensure that client knows how to use them.
- Find out what the client knows about the test and give information about the HIV test and testing procedure
- Explain what is meant by HIV positive, HIV negative, and indeterminate test results, and the implications of each
- Explain what is meant by the window period
- Explain when the results will be ready
- Explain that the results are given during a post-test counseling session when the results will be discussed with the counselor
- Tell that results are confidential and explain how clients' confidentiality is protected
- Inform the client of the cost of the test, and determine whether they are eligible to have the cost reduced or waived.
- Allow time for client to think through issues, ask questions and get clarification
- Help clients to prepare for a positive or negative test result. Discuss how they might react, how others (partner, family, community) might react, and how they have coped with difficult times in the past.
- Explore risk of depression, suicide, violence, etc.
- Help client come to her/his own decision about taking the test, restating that the process is entirely voluntary
- Obtain informed consent if client decides to take the test.

*Counselors and VCT staff should ensure that the client has access to quality counseling and psychological support, and to the tools of prevention such as condoms (male and female), access to treatment for sexually transmitted infections, drugs against opportunistic infections, pain and suffering, and information about ART provisions.*

- If the client decides not to take the test, help to summarise his/her risk reduction plan, and tell the client that he/she can come back to discuss anything further
- Provide information about referral services appropriate for the client's needs identified during the session (e.g. family planning, STI treatment, domestic violence, support for drug users/families of drug users, support for victims of rape, etc.)
- Discuss follow-up arrangements for post-test counseling.

### Risk Assessment

It is important that the counselor assesses the actual level of risk of the client as opposed to the client's perception of risk during the pre-test counseling. In order to fulfil this task, a risk assessment requires the counselor to ask explicit questions about an individual's various practices including:

- Sexual practices
- Drug using practices
- Occupational practices
- Perinatal (from mother to child)
- Contaminated blood through
  - Blood transfusion
  - Organ transplant
  - Other surgical procedures

## 7 Post HIV test counseling

The form of the post test counseling session depends on what the test result is. The foundation of a good post test counseling is laid during pre-testing counseling. If pre-test counseling is done well the counselor would already have a relationship with the clients following the basic guidelines & stages using the checklist for HIV/AIDS counseling. The client presenting for HIV test results is likely to be anxious, and those receiving positive HIV antibody test results will usually be distressed. It is therefore desirable that the counselor who provided pre-test counseling also provides post-test counseling.

**Post- test counseling aims**

- To help client understand and cope with the HIV test results
- To provide the client with any further information required
- To help clients make a immediate & short-term and long-term future plans
- To help clients decide what to do about disclosing their test result to partners and others.
- To help clients reduce their risk of HIV/AIDS and take action to prevent infection to others
- To help clients access the medical and social care and support they need
- To establish link with PLHA groups, if needed.

**For HIV negative clients**

- Cross check all results with client's file and blood samples.
- Discuss meaning of the result with the client - including repeating the test, if the client has possibly been exposed to HIV in the 3 months before testing ( the window period)
- Discuss personal risk reduction plan (discussed in the pre-test session) and information to prevent future infections. This should include a discussion about safe sex practices and client's skills in using condoms and in negotiating condom use
- Discuss partner's HIV status, benefits of sharing test results with partner and encouraging the partner to undergo test
- Discuss follow-up plans options and resources for support and check for referral needs.
- Address the issues of HIV phobia, hypochondriasis and arrange referral for anxiety i.e. "worried wells".

**If the test is indeterminate**

- Encourage the client for retesting in view of the fact that occasionally test results may not be certain
- Help him/her to adjust with intervening period of uncertainty and anxiety
- Provide him/her HIV related knowledge
- Encourage him/her to adopt safer sex practices

### For HIV positive clients

- Cross check all results with client's file
- Be aware of non-verbal communication when calling client to the counseling room
- Be calm when you call the client in for their result
- Prepare the client for the result
- Be direct in giving the result
- Provide the results to the client in person
- Give an explanation of his/her result
- Allow time to absorb the result
  - Silence
  - Check what the client understands by the result
  - Gentle enquiry to discuss the meaning of the result for the client  
"I'm wondering what you're thinking or feeling right now..."
- Break the news of sero positive status in an emotionally supportive atmosphere
- Deal with immediate emotional reactions and provide support for anticipatory grief
- Provide reassurance about the client's immediate safety
- Discuss health, reproductive and treatment issue
- If the client does not have AIDS, remind of the difference between HIV and AIDS. Also inform him/ her that even people with HIV can remain healthy for a long period of time
- Discuss personal, family and social implications, and help the client identify the main concerns at this stage (e.g. anxiety, depression, disclosure of test result to partner and/or family and implications of this disclosure such as discrimination, potential violence or rejection from partner or family, etc.)

- Draw a plan for follow-up counseling and medical check up
- Reiterate client's right to privacy and confidentiality in respect of medical information
- Provide support to establish network and linkages for treatment, care and support during the course of the disease
- Strengthen client's emotional resources

## 8 Managing client's emotional responses

**Crying** - If the client breaks down and starts crying, it is important to let him/her cry. Give him/her space to ventilate these feelings. Offering him/her tissues is a way of telling it is okay to cry. Comment on the process, "This must be difficult for you, would you like to talk about it? Would you like to tell me what is making you cry?"

**Anger** - The client might start swearing or exhibit outbursts of anger. Do not panic, stay calm and give the client space to express feelings. Acknowledge that these feelings are normal and let him/her talk about what it is making him/her angry.

**No response** - This could be due to shock or denial or helplessness. Check that the client understands the result. Be on the alert for suicidal thoughts.

**Denial** - This could be verbal or non-verbal. Counselor should acknowledge client's difficulty in accepting the information. Let them talk about their feelings.



# Section IV Peer Counseling

1. Introduction and rationale of peer counseling
2. Goals of peer counseling
3. Peer counselor
4. Selection and training of peer counselor
5. Skills of peer counselor

## 1 Introduction & rationale of peer counseling

Interventions for outreach at community-levels are proven to be effective in reducing high risk behaviour in diverse segments of the population. PLHA's and their families need to be provided psychosocial, emotional and spiritual support beyond the static VCT centres. In other words, VCT services need to be extended to the community so as to reach out to people within their own familiar social networks. One such intervention that reinforces VCT services is peer counseling.

A peer counseling intervention is one that promotes support systems within targeted communities, provides access to information, facilitates training for those who will help others learn more about communication, counseling, management and support for the HIV infected and affected individuals.

Peer counseling is based on the assumption that an HIV infected individual who has achieved a certain degree of insight and is able to deal with relevant issues is suitable for assisting another similarly affected person. Peer counselors are not trained psychologists, social workers or psychiatrists. They are individuals with very similar problems who assist clients in establishing realistic goals best suited to that person in their search for solutions, and in coping with the stress they may be undergoing. They act as facilitators for behaviour change and are looked upon as role-models by the target groups.

Peer counseling is a process that is carried out as a one-to-one interaction, followed by group interaction. During this process experiential information is shared among the peer group to modify knowledge, attitude and beliefs to bring about change at the individual level.

Counseling provided through this modality has a component of informality to it and addresses client issues through the following processes:

- Sharing feelings about similar experiences and emotions
- Sharing of information for availability of HIV/AIDS prevention, treatment and care services.

*Greater Involvement of People Living with HIV/AIDS (GIPA) has been a striking feature of the national response to HIV/AIDS. In June 2003, all 38 SACS have been advised to co-opt representatives of people living with HIV/AIDS on to IEC committees and governing bodies at the state level. This would ensure more sensitive programming and messaging. With the roll out of the ART, PLHAs have an expanded role, both as stakeholders as well as facilitators.*

- Narrating their success stories to the peers and conveying messages of 'positive living'
- Advocating on behalf of the client's rights
- Supporting clients in becoming more involved in community activities
- Enable clients to learn self-help skills

## 2 Goals of peer counseling

The goals of peer counseling are:

- To modify the attitude, beliefs and behaviour of persons with high risk behaviour
- To identify the client and peer counselor's interests and goals
- To identify actions needed to achieve behaviour change
- To empower the community members to identify with a role model who has undergone similar experience, behaviour changes and has the ability to empathize with the problem of other group members.

## 3 Peer counselor

Peer counselors are HIV-positive men and women specially trained to hear the concerns of clients and offer support and referral services. A peer counselor is an individual who is willing to -

- \* Be a role model to help reduce risk behavior
- \* Be open about his/her HIV positive status
- \* To undergo an effective, simple training programme
- \* Share experiences with client
- \* Sustain his/her behavior change and that of peers

### Pre-requisites of Peer Counselors

Peer counselors are necessarily those who:

- Belong to PLHA networks
- Should converse the local language

*The dictionary reads that peer is an "equal", a "match". Peer groups are small groups where each member, both PLHA and those with high-risk behaviours support each other.*

- Have faced similar life situations
- Have interest in helping to improve health status of others
- Are available to service providers at the time of need
- Are able to change his/her behavior and sustain behavior change
- Have the willingness to maintain documentation and follow-up actions
- Provides information of his/her behavior change to others

**Should not be a peer-counselor if:**

- Continues high risk behavior
- Is unable to give undivided attention to another person.
- Is not motivated to work within the community
- Does not possess effective inter-personal relationship skills.
- Does not have ability to control strong emotional reactions.
- Unable to empathize and understand the problem of other individual.
- Is unable to undergo simple training for developing skills for peer counseling.

**Peer counselors enable the following:**

- Topics of sex and sexuality can be discussed more comfortably
- Clients can find it easier to question, thus, opening the communication channel
- Clients can experience empathy when the peer counselor explains the process s(he ) underwent towards behaviour change without inhibitions
- Better access to the clients use of language, terminology and "inner secrets" thereby increasing scope for rapport building and empathy
- Optimisation of local resources and thus cost effectiveness
- Other related activities of care and support can be integrated
- Nurtures responsibility by serving as self-help group
- The clients are able to directly see the value of counseling in terms of sustained behaviour change in the peer counselor

**Role of peer counselor**

- Peer counselor should promote prevention and control of HIV and behaviour change
- Counseling and outreach activities including home visits to motivate PLHA's and high risk group to attend drop in centers and VCT to undertake necessary investigations and treatments

- Help to establish self - help/support groups for PLHA's to discuss various issues within themselves
- Programme planning and implementation
- Advocacy through IEC
- Should develop linkages with NGO's, CBO's and care and support programmes
- Encourage community for social mobilisation including income generating activities
- Organise meetings for family members and community
- Maintaining strict confidentiality and ethical standards
- Attend meetings, supervision visits, case discussion and training programmes organised by SACS.

## 4 Selection and training of peer counselor

- No specific qualification required except functional literacy level
- Peer counselor should have experience of working with PLHA network and NGO's
- Situational assessment exercise should be undertaken periodically
- All selected peer counselors must attend capacity building/basic counseling techniques and communication skills training
- Regular supervision/case discussion/ meetings with experts be organised by SACS wherever peer counselors are providing services
- All peer counselors must function under the direct supervision of SACS/ State level network/NGO's for appropriate management

## 5 Skills of peer counselor

- Communication skills
- Problem solving and crisis management
- Assertiveness & decision-making
- Group facilitation
- Leadership skills
- Social mobilization strategies
- Prevention and outreach programs, use of community resources



# Section V HIV Testing

1. HIV testing
  1. Basic guidelines for HIV testing
  2. Laboratory diagnosis of HIV infection
  3. HIV testing procedures
  4. HIV test characteristics
  5. Window period of HIV infection
  6. Diagnosis of HIV in the new born
  7. Confidential and anonymous HIV testing
  8. Ensuring quality of HIV testing in VCT services

# 1 HIV testing

The concept of voluntary HIV testing is based on public health strategy that emphasizes the importance of the client's free will and conscious decision to get tested at VCT. In this approach the aim is to create an environment that encourages as many people as possible to avail the services on a voluntary basis to know their HIV status and to learn how to protect themselves and others in the larger interest of public health.

## 2 Basic guidelines for HIV testing

### VCT Setting

- Before blood can be tested for HIV, informed consent has to be obtained through pre-test HIV counseling
- In case blood is drawn and tested for HIV without the client's informed consent, the client may take legal action
- HIV test results should be verified by a trained microbiologist and given only to the counselors and not to the clients directly
- HIV test reports should only indicate the PID number and not mention the client's name. Reports should preferably be given in the local language
- No discrimination of ink or paper based on test reports. Same colour test reports should be given for HIV positive and negative serostatus.

### In a hospital setting

- HIV test reports should leave the laboratory only in a sealed envelope, addressed to one person in-charge, such as the counselor
- In case blood samples are sent from within the hospital, the VCT should encourage that proper counseling procedures are followed
- In case a patient is immobile, the counselors can provide bedside counseling services in privacy ( by putting screens) in the ward, before collecting blood.

## 3 Laboratory diagnosis of HIV infection

The diagnosis of HIV infection is based on the detection of HIV antibodies in the blood of infected persons.

**Different HIV antibody assays:** A variety of HIV antibody assays are available. These assays can be broadly classified into three groups: Enzyme Linked Immunosorbent Assay (ELISA); Western Blot Assay; and Rapid Tests. These assays use different methodologies that are described below. Most of the current HIV antibody based tests are capable of detecting antibodies to both HIV-1 and HIV-2.

**Rapid tests:** A variety of rapid tests are available and employ a variety of techniques including particle agglutination, lateral flow membrane, through flow membrane and comb or dipstick-based assay systems. Rapid tests are most appropriate for the smaller health institutions where only a few samples are processed each day. Rapid tests are quicker and do not require specialised equipment. Rapid tests, by definition, take up to 10 minutes. Most are dot-blot immunoassays or agglutination assays requiring no instrumentation or specialised training and take 10 – 20 minutes to perform. Preferably ‘WHO recommended’ tests should be used to ensure a high level of sensitivity and specificity.

**ELISA:** HIV antibodies in the test serum are detected using an antibody sandwich capture technique. Essentially HIV antibodies if present in the test serum are ‘sandwiched’ between HIV antigen, which is fixed to the test well, and to ‘enzymes’ that are added to the test well following addition of the test serum. The test well is washed thoroughly to remove any unbound enzyme. A colour reagent is then added to the well. Any bound enzyme will catalyse a change in colour in this reagent. The presence of HIV antibodies is thus inferred from the change in colour.

**Western blot:** HIV antibodies in the test serum are detected by reacting to a variety of viral proteins. The viral proteins are initially separated into bands according to their molecular weight on an electrophoresis gel. These proteins are then transferred or ‘blotted’ to nitrocellulose paper. The paper is then incubated with the patient’s serum. HIV antibodies to specific HIV proteins bind to the nitrocellulose paper at precisely the point to which the target protein migrated. Bound antibodies are detected by colorimetric techniques.

*Most rapid tests have sensitivities and specificities equal to ELISA test which has sensitivity equal to almost 100% and specificity to 99% or more respectively.*

The major advantage of the rapid HIV test is that it allows results to be given on the same day, thus reducing the number of visits made by the clients. There is also an increased likelihood of clients receiving test results as opposed to the numbers who may not return when same day testing regimes are not used.

## 4 HIV testing procedures

- Rapid test kits should be used to facilitate availability of test results on the same day. For the purpose of diagnosis three rapid HIV test kits based on different antigen/ principles are to be used. There is no need of confirmation by ELISA or Western blot tests except in case of indeterminate results.
- Samples that are non-reactive after the first rapid HIV test are considered 'sero-negative' and the client is given a negative test report. No further testing on the samples is required.
- Samples that are sero-reactive after the first rapid HIV test need to be retested using two additional rapid HIV tests with different antigen/ principles.
- Samples found sero-reactive by all the three Rapid HIV Tests with different antigens / principles, will be considered positive for HIV antibodies. There is no need to send the sample to the referral laboratory for confirmation as recommended in the past. The client is given a positive test report after conducting post-test counseling.
- Samples found 'sero-reactive' after the first Rapid HIV test but 'non reactive' in one or both of the two subsequent Rapid HIV test (using different antigens / principles) are considered 'indeterminate'.
- Indeterminate samples are declared 'non-reactive' for clients who have not been exposed to any risk of HIV infection. The client is given a negative test report.
- Clients who may have been exposed to HIV in the last three months, should be advised to return for blood testing after a period of 4-6 weeks.

- The serum should be retested following the standard Rapid HIV test procedures. If the second serum sample also yields an indeterminate result, the sample should be sent to State level reference laboratory for confirmation. If the result from the reference laboratory is also indeterminate, longer follow-up may be required (3,6 and 12 months).
- If the results remain indeterminate after 1 year, the person is considered to be HIV antibody negative. The client is given a negative test report.

## 5 HIV test characteristics

Biological assays are not always accurate. Each biological assay has the potential to give false positive or false negative results. The accuracy of a certain assay to distinguish between HIV infected and uninfected subjects are described by the following characteristics: sensitivity; specificity and predictive value. A working understanding of these concepts is important when giving test results or developing testing programs.

**False positive results:** Currently available HIV antibody tests are extremely sensitive and false positive rates are appreciable, particularly in low prevalence populations. All clinical HIV testing strategies require repeated HIV antibody assays to be undertaken. A false positive on one assay is unlikely to also test positive on the second assay. Potential reasons for false positives include technical error; serological cross reactivity; repeat thawing and freezing of sample.

**False negative results:** A false negative result reports that the sample is not HIV infected when in fact it is infected. The most common reason for a false negative HIV antibody result is that the patient is recently infected with HIV and is currently within the window period. Therefore accurate HIV risk assessment during the period must be undertaken.

## 6 Window period of HIV infection

The window period can last up to 12 weeks. Very sensitive ELISAs have shorter window periods. HIV infection can not be diagnosed during this period using antibody-based assays. Assays which detect part of the virion

*The window period represents the period of time between initial infection with HIV and the time when HIV antibodies can be detected in the blood stream. During this period, HIV replicates in the blood and lymph nodes, the subject is highly infectious and may be symptomatic but the patient's blood will test negative for HIV antibody.*

(as opposed to the antibody of the infected host) are employed in this situation. The tests most commonly used in this situation are the p24 antigen and the proviral HIV DNA assays. The p24 antigen assay detects the viral protein p24. The assay has high specificity (>95%) but its sensitivity is low at 80%. The proviral DNA detects the presence of HIV DNA which is integrated into the host genes in peripheral blood lymphocytes. This assay is based on Polymerase Chain Reaction (PCR) technology and is both highly specific and highly sensitive (98% and >99% respectively). The performance of this test in detection of HIV-1 and non-HIV-1 subtypes has not been determined. The HIV DNA assay is available only in the research setting. HIV RNA PCR tests are not recommended for the diagnosis of acute HIV infection because of significant rates of false positive results (10%). Typically true positive results are greater than 100,000 copies/mL whereas false positive results are generally less than one thousand copies/mL

## 7 Diagnosis of HIV in the new-born

HIV antibody assays cannot be used to diagnose HIV infection in the neonate secondary transmission of maternal antibodies via the placenta or breast milk. Maternal antibodies may be present in the neonate for up to 18 months. Neonates will test HIV antibody positive whether they have HIV infection or not during this period. Antenatal diagnosis is confirmed at 18 months of age by a persistently positive HIV antibody test. HIV can be diagnosed in the new-born before this time-point by using a variety of non-antibody based assays. These assays include HIV p24 antigen, viral culture (of peripheral blood mononuclear cells) or by the detection of HIV viral load tests detecting either HIV RNA or HIV DNA. The sensitivities of these assays ranges from 8-32%, from 95-100% and to >99% respectively. Detailed discussion of the diagnosis of HIV infection in the newborn is beyond the scope of this review.

## 8 Confidential and anonymous HIV testing

Most people with HIV infection are asymptomatic. They have no symptoms that clinically suggest a decreased immune function. Therefore a laboratory test is required to make the diagnosis of HIV. A client may request an HIV

test because of their self-perceived risk or for other reasons. A health care provider may also recommend a test based on a patient's behavioural history and/or clinical findings such as STD's or opportunistic infections.

Regardless of the circumstances in which a person seeks HIV testing, HIV antibody testing and counseling should always be voluntary and confidential. HIV testing must be voluntary in that the client gives informed consent for the test to be undertaken after pre-test counseling and in the absence of coercion.

There are three general methods to label blood samples to ensure confidentiality:

- Linked-anonymous testing
- Linked testing
- Unlinked anonymous

**In linked-anonymous testing**, no names or other identifiers from the client are recorded. The client receives a unique number, in no way linked to any medical records that matches the number placed on the blood sample sent to the laboratory. The result from the laboratory for the specific number is reported back to the clinic/counseling site. The individual must come to the clinic/site with the correct number to be informed of the result. In this procedure, no record is kept of the clients who provided blood for the samples and there is no way to find the client if s(he) does not return for the results.

**In linked testing**, the blood sample sent for HIV testing has an identifier on it, such as a name or a PID number, which links the sample to the individual client. To ensure maximum confidentiality for clients, samples sent for HIV testing should not be identified with a name but with some other identifier such that laboratory scientists and other people with access to laboratory records will not be able to identify the client. Sometimes HIV test request forms will have sequential numbers printed on them whereby the laboratory gets copies of the request only with a number and the Centre retains copies with the number and the client information. Our VCT procedures fall under this category.

*Information about the individual and his or her sexual partners must be kept strictly confidential. Confidentiality will help obtain a client's trust and avoid stigmatisation and discrimination. Careful record management is a prerequisite for confidentiality.*

**Unlinked**, anonymous testing is often performed on blood samples obtained for other reasons (for example, syphilis serology in antenatal clinics or blood donations). In this testing procedure, all identifiers are removed from blood and it is the HIV antibody that is tested. In this context, unlinked, anonymous screening means that a test result cannot be traced back to the client who provided the blood specimens and that no record is kept of the clients who provided blood specimens for the sample. Epidemiologists and Ministries of Health use unlinked, anonymous screening to monitor trends in HIV infection in different geographic areas and populations. This helps in our understanding of the natural history of HIV infection.

## 9 Ensuring quality of HIV testing in VCT services

It is important that all VCT services participate in External Quality Assessment Scheme (EQAS). Internal quality control measures should be followed which include kit control, following SOP, Lab internal quality control, maintenance of temperature. etc. Quality assurance is equal to quality control plus quality assessment programme. Quality checks are done because diagnostic kits do not have absolute sensitivity and specificity. Positive Predictive Value (PPV) of test varies with the prevalence of HIV.

### Proficiency testing

- Every month individual sites send a random sample, usually 5 % of total sample load (ideally including +ve and -ve test results), to the reference laboratory for cross-checking.
- All +ve & 5% of HIV negative samples from sentinel surveillance sites sent to reference laboratories for cross checking.
- Twice in a year participation in EQAS.

### Critical issues for Quality Assurance (QA)

- Use of test kits that have not expired
- Training with the technology being used
- Adherence to manufacturer's instructions
- Correct interpretation and transcription of results by the person reading the results
- Following S.O.P for each procedure.
- Availability of laboratory internal quality control
- Random quality checks
- Equipments - calibration, monitoring & maintenance

*A "Reference Laboratory" provides the opportunity to continually review the testing and reporting of HIV test results at individual sites.*



# Section VI

## Infrastructure and Operations of VCT Centre

1. Location of VCTC
2. Set-up and basic infrastructure
3. Financial support for VCTC
4. Client flow (suggested)
5. VCT staff & qualifications
6. Roles and responsibilities of core VCTC staff
7. Training and supervision
8. Key operating procedures
9. Linkages and referrals
10. Publicising VCT services
11. Monitoring VCT services

## 1 Location of VCTC

Generally, the convenience of the clients, and their best interest should be the guiding principles for locating a VCTC at the very least, a VCTC should be.

- Easy to locate by clients for example, through signboards, and use of symbols for non-literate clients.
- Easily accessible to the clients.
- Non-stigmatizing in terms of name the VCTC which should be easy to understand and in local language.
- Known for non-complicated, user friendly linkages to referral services.
- Known for ensuring privacy and confidentiality in respect of information shared as well as counseling sessions.
- Known for its friendly attitudes among care providers.

### In a hospital setting

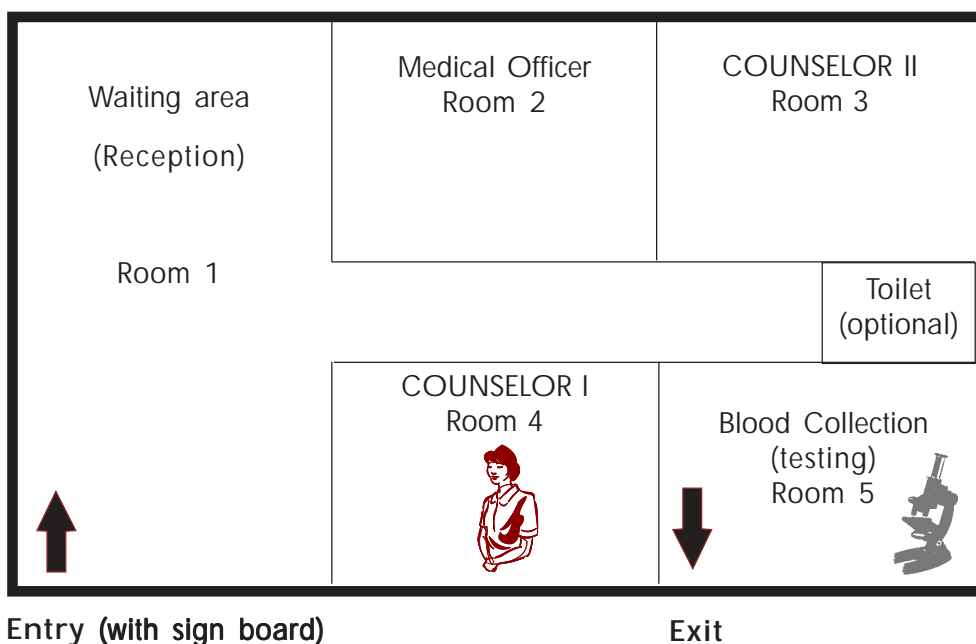
- Ideally, the VCTC should be located near the general OPD in the vicinity of either the STI department and/or the antenatal clinic.
- Counseling room, blood collection site, and medical officer should be located in close proximity to one another.
- The actual testing of blood sample for HIV could be undertaken in the microbiology or pathology department, which may be at a convenient distance from the VCTC.
- VCTC opening hours should be coordinated with those of the OPD and should extend beyond OPD hours at least once a week for clients who require additional time and support, or for special groups, e.g. college students.

## 2 Set-up and basic infrastructure

### Set-up

In order to allow for an easy 'client flow', the physical arrangement of a VCTC is important. Distances should be short and the waiting time minimal. The basic set-up of a one-stop-shop VCTC could look like this:

### Infrastructure



It is recommended that the following minimum infrastructure and space is ensured:

### Signboards

Signboards should be placed at the VCTC and across the institution / hospital for recognition. The signboards can indicate: 'Voluntary and Confidential Counseling and Testing Centre' including location (building name, room number), and opening hours. Use of a 'symbol' will help illiterate clients to locate the VCTC. There should be no mention of the word 'HIV/AIDS' in any of the Signages.

### Waiting area

The waiting area, close to the counseling and blood collection sites, should be well lit, adequately ventilated and have sufficient seating space for clients.

### Suggested materials in the waiting area:

- Books, posters and IEC material should be at hand, including those on HIV/AIDS, TB, Malaria, STI, family planning and antenatal care.
- 'Information about VCT services pasted on the wall to orient clients.\*
- A health dispenser several items, inclusive of condom
- Clean drinking water
- Client suggestion box (for feedback and complaints)

#### Optional

- Tissues
- Waste basket with lid and foot pedal
- TV and video
- Toys for children

After visiting hours, the waiting area can serve as space for group interventions, or drop-in centers for education and information sharing.

### Counseling rooms

Two separate rooms for counseling (for a minimum of three people) should be located near the waiting area and blood collection site. These rooms should offer privacy to create an appropriate counseling environment.

#### Suggested materials in the counseling rooms:

1. Chairs, desks with lockable drawers or filing cabinets
2. Receipt Book for Rs. 10/- (can also be kept in blood collection center)
3. Counseling material
  - Counseling guidelines (NACO handbook for counselors) with checklist
  - Free condoms
  - Client register (see appendix for details)
  - Pre and post-test counseling forms
  - Informed consent form in local language
  - Appointment diary
  - Referral directory / referral cards

*Counselors and VCT staff must ensure that appropriate arrangements are in place to safeguard the privacy of a client and keep confidential the client's personal information, including HIV test results. This requires a separate space for counseling and provisions to keep clients files restricted in access.*

\* refer to Appendix V

- Visual aids: Flipcharts and posters for demonstration
- Model of a Penis for condom demonstration on the correct use of the condom
- Tissues (optional)
- Equipment and bleach for use during needle bleaching demonstration
- Blood Bag to demonstrate that blood has been tested for HIV.

### Blood collection site

The blood collection site should be located close to or in the counseling area, and can be separate from the microbiology/pathology laboratory where the HIV tests will be performed.

#### Suggested equipment at the blood collection site:

- Sterile needles and syringes
- Vials and blood sample tubes for collection of blood samples
- Cotton swabs
- Cleaning materials such as spirit/antiseptic lotion
- Bleach solution
- Sharps containers
- Gloves
- Laboratory coat/plastic apron
- Sink and soap
- Colour coded disposal mechanisms and equipment including needle destroyer
- PEP guidelines (NACO)

### HIV testing facilities (Laboratory)

**In a hospital setting**, the laboratory can be located in the microbiology / pathology department.

#### Suggested materials in the laboratory:

- Rapid HIV test kits/Elisa kits
- Refrigerator
- Centrifuge
- Gloves
- Laboratory coat
- Sink and hand soap
- Space for storing test kits and supplies
- CMIS Formats
- Disinfectants and disposables for infection control

*SACS are responsible for ensuring the availability of HIV testing kits. SACS need to assess the requirement of Rapid HIV test kits in the VCTCs and include them in their Annual Action Plan. For other disposables/equipment, contingency will be provided.*

- PEP drugs and guidelines (as per NACO standards)
- Guidelines on HIV testing
- Furniture
- Lockable filing cabinet to keep HIV test results

#### Others

- Laboratory registers (see Appendix I)
- Laboratory stamps ('positive' and 'negative' for HIV antibodies) with same colour ink

For routine HIV testing, rapid HIV test kits are used in order to facilitate same day test results including pre-test and post-test counseling.

#### Optional

##### Medical officer's room

##### Suggested materials in the medical officer's room:

- Desk
- Chairs
- Examination table
- Condoms
- Basic medicines
- Weighing machine

##### Reception / registration area

The reception area creates the client's first impression of the VCTC and should be clean, well organised and friendly. A receptionist (i.e. staff nurse) allows the client to get oriented about the VCT process. The receptionist must be well trained, informed and sensitised in HIV/AIDS and issues of confidentiality.

##### Suggested materials at the reception:

- Desk and chair
- Computer
- Client suggestion box (for feedback and complaints)
- Telephone
- TV
- Appointment diary (could also be kept with the counselor)

## IEC material

Information, Education, and Communication (IEC) materials should be available and distributed to clients, in the local language, such as:

- Brochures (STI, RTI, family planning, TB, PPTCT Blood Banks, ART)
- Newsletters, articles on HIV/AIDS, STIs, TB, malaria.

The following material may also be used during group education/ awareness programmes:

- Audio visual software
- Posters and flipcharts about HIV/AIDS, STIs, RTI and family planning, HIV care and treatment

Essential prevention and care messages should be included, such as:

### Safe behaviour

- Sex only within marriage/with only one partner with known HIV status
- Reduction in number of partners
- Use of condom for protected sex
- Safe drug use, using of disposable needles and syringes with regular cleaning of needles
- Abstinence till one is sexually responsible

### Healthy living with HIV/AIDS

- Balanced diet & nutrition
- Hygiene management

### Preventing HIV transmission to others

- Use condom for protected sex
- Use disposable needles and syringes
- Prevent HIV transmission from Parent to Child (PPTCT) by accessing government antenatal clinics for ART prophylaxis
- Testing blood for HIV prior to blood / organ donation

### 3 Financial support for VCTC

NACO supports each VCTC, as follows:

- a) Consolidated salary for one laboratory technician (contractual basis):  
Rs. 6,500/- per month.
- b) Consolidated salary for two counselors (@ Rs. 6,500/- per month):  
Rs. 13,000/-
- c) Consumables, reagents, transportation of samples to state reference laboratories Rs. 52,500/- (per annum)
- d) Charges for the test, a token of Rs 10/- (Rupees ten only) should be charged from the person undergoing the test. This fee will cover the complete set of HIV test, required i.e., 3 ELISA/Rapid tests. However, the Medical Superintendent/Head of Institution is empowered to waive these charges as per his/her discretion. This money may be utilised for the maintenance and upkeep of the VCTC and need not be refunded to SACS.
- e) Contingency for furniture and refurbishing of VCTC Rs 24,000/- (a one time grant)

## 4 Client flow (suggested)

### Client's initial visit (pre-test counseling)

- Step 1** Client follows signboards, enters VCTC and is seated in the waiting area
- Step 2** counselor calls client, enters client register, assigns a PID (Patient Identification Digit) and conducts HIV pre-test counseling
- Step 3** Decision to test for HIV.
- Client does not consent: Client leaves VCTC
  - Client agrees to undergo an HIV test and gives written informed consent:
    - Counselor provides return time for post-test counseling (depending on HIV test turn-around time).
    - Client pays 10 Rupees as test charges and is given a receipt without client's name (charge can be waived)
    - Alternatively, charge can be collected by laboratory technician at blood collection site
  - Client proceeds to blood collection site.

At any point in time during the VCTC visit, the client has the choice to consult a medical officer if he/she wishes.

- Step 4** Blood collection
- Blood is drawn
  - Client is reminded to return on assigned date with Patient Identification Digit (PID) number and receipt
- Step 5** Client exits VCTC (in case of rapid test, client waits in waiting area)

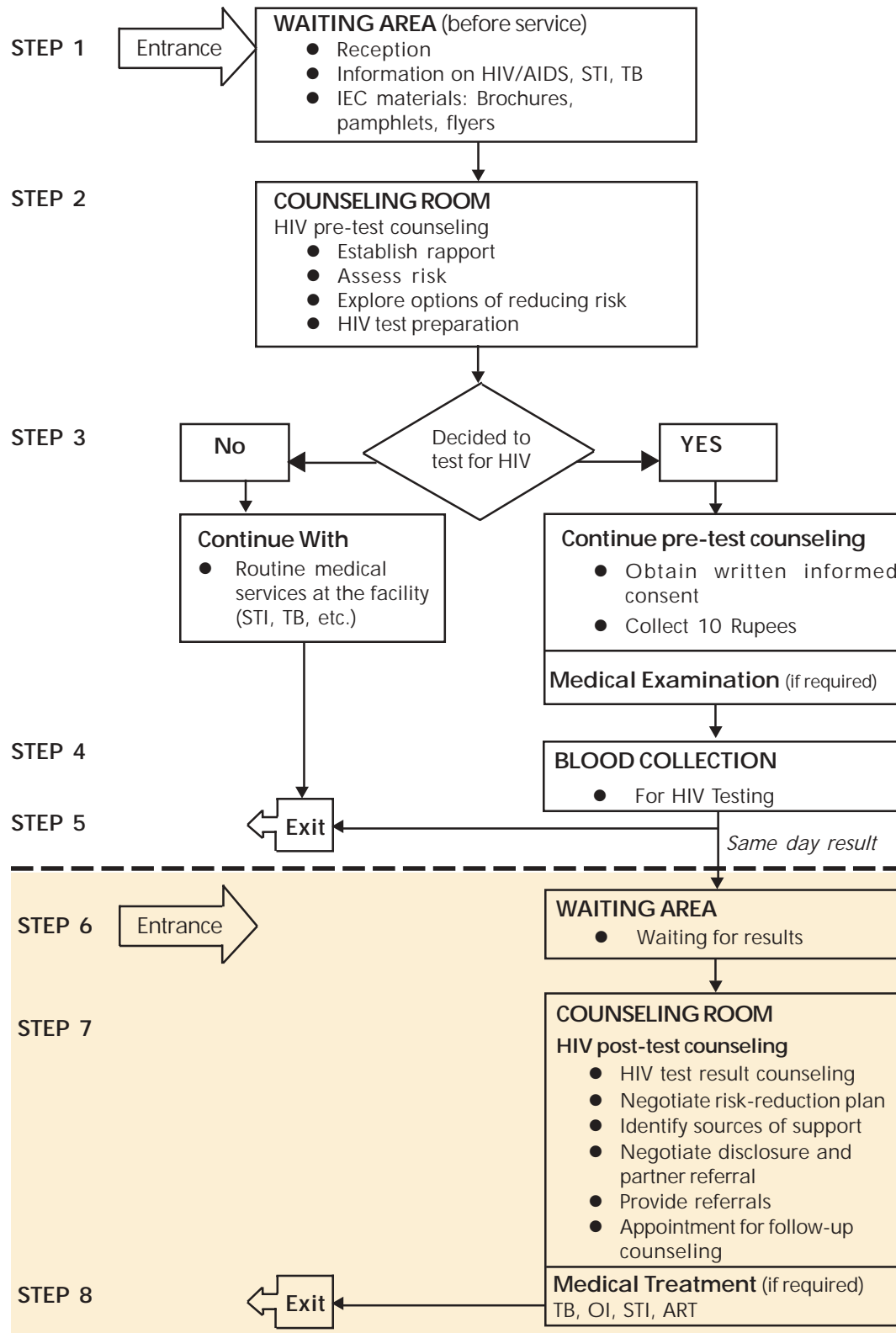
#### In a hospital setting

For Direct Walk-In Clients (DWC), no hospital registration is required (in addition to VCTC registration). This will help maintain confidentiality. Only if after completing the VCTC visit, clients need additional services in the hospital such as TB diagnosis or STI treatment, the client needs to go to hospital registration.

#### Right to participation

*Counselors, through a process of pre-test counseling, should obtain an informed authorisation from the client regarding his/her willingness to undergo an HIV test. The counselor must provide comprehensive information in a way that the client can understand and regard as relevant.*

## Client flow at a medical setting with integrated VCTC



Client flow (suggested)

To be photocopied and provided to the VCCT Staff.

### Client's follow-up visit (post-test counseling)

**Step 6** Client returns to VCTC or waits in waiting area

**Step 7** Counselor calls client for post-test counseling

- Based on the PID number provided by the client, the counselor take out the client's pre-test counseling record and the HIV test result
- Counselor provides post-test/follow-up counseling
- Counselor provides appointment date for next counseling session
- Client is referred to medical treatment and other services including ART, if required

**Step 8** Client exits VCTC

#### PID number

The client should be advised to interact with VCTC staff through the PID number. Name, address and PID number of the client are kept with the counselor in the client register. All VCTC records (e.g. laboratory, counseling) will only show the PID number without the client's name.

## 5 VCT staff & qualifications

NACO has specified qualifications for the core staff to maintain professional standards

#### Core Staff

Depending on resource availability and size of the VCTC, the core staff could include:

- 1) VCTC In-charge / VCTC manager (often Microbiologist)
- 2) Two trained counselors (one male and one female) or ideally as per client load (per counselor 8-10 counseling sessions per day)
- 3) One trained laboratory technician

**Optional**

- Counselor supervisor (to be nominated from a state counseling training institution through SACS)
- Trained and HIV sensitised medical officer (from the hospital staff)
- Peer counselors (PLHAs, community workers, etc.)
- Receptionist
- Dietician
- Data entry clerk(s)
- Bookkeeper/Accounting assistant
- Support and cleaning staff

**Qualification of HIV/AIDS counselor**

As per the current practice, counselor for HIV/AIDS should hold a Post Graduate Degree e.g. Masters in Psychology (MA Psychology), Masters in Social Work (MSW), Masters in Human Development (M.Sc) and should have a positive attitude and aptitude for counseling. Qualified PLHAs with the required degrees and qualifications should be given preference.

Other health professionals including those in mental health who have undergone NACO training can provide counseling in cases where professional counselors are not available. SACS appointing counselors in this category need to inform NACO.

**Qualification of laboratory technician**

Laboratory technicians trained from institutions approved by State/UT Governments in medical laboratory technology should be appointed.

**Qualification of VCT medical officer**

The VCTC medical officer should be trained in principles of HIV/AIDS case management, in diagnosis and treatment of opportunistic infections and should understand the concept of HIV counseling. VCTC medical officers should be sensitised in interacting with HIV positive people in a sensitive and non-judgmental manner.

*State Project Directors should ensure that qualified counselors are appointed in VCTCs by SACS or authorised NGOs in consultation with the heads of the institutions where the VCTC is located.*

## 6 Roles and responsibilities of core VCTC staff

All VCTC staff, counselors, laboratory technicians and medical officers are: **Accountable** to the client and to the public health system, for the services provided. They need to meticulously document and file the client information to ensure confidentiality.

**Responsible** for the client's well-being by following standard guidelines and procedures.

### The VCTC in-charge

For assuring the overall quality operations of the VCTC. The VCTC In-charge should:

- Be sensitive and non judgmental
- Hold regular meetings with all VCTC staff
- Network with hospital administration, departments and the community to advocate for the VCTC services
- Supervise administration and accounts
- Assure adherence to NACO guidelines in all aspects of the VCTC
- Assure maintenance of confidentiality of client information
- Assure completeness of counseling forms
- Conduct staff appraisals and feedback
- Facilitate professional supervision and networking of counselors
- Develop procedures for VCTC operations
- Be present at the VCTC during specific hours
- Be responsive to client feedback and complaints
- Identify and develop networks with NGOs, CBOs and social service organisations to facilitate care & support for PLHA
- Establish a system (such as drop in centers) to provide space for PLHA to meet on a regular basis
- Establish systems/mechanisms to ensure that program monitoring and evaluation of services is appropriately conducted.
- Ensure sufficient supply of condoms
- Ensure that monthly data reports, progress and financial reports are prepared and submitted in a timely manner to SACS.

*Throughout the counseling process, counselors should treat all clients with dignity and respect in a non-judgmental and non-moralistic manner.*

*Counselors and VCTC staff should assure that the setting is non stigmatising, that there are no signboards, files or report cards labeling or discriminating clients, that universal precautions are applied for all clients, that the VCTC is friendly to all clients and that opening hours are suitable.*

**The VCTC counselor must:**

- Assign PID number to clients
- Fill in counseling forms at the end of each session
- Maintain counseling records (forms) and clients' counseling files and keep under lock and key
- Establish linkages and update the referral directory
- Establish linkages with HIV prevention and other support services in the community
- Establish with other departments in the hospital
- Maintain strict confidentiality of client information
- Maintain respectful and professional attitude towards clients
- Ensure that clients may return to the same counselor for HIV test results.
- Keep up-to-date with the evolving needs of clients in terms of information and developments in HIV/AIDS.
- Participate in counseling supervision sessions and case discussions
- Be sensitive to the needs of the clients especially women, young people and people from marginalised groups.
- Perform condom demonstration

In very few cases, clients may harm themselves or others after undergoing HIV counseling or testing. To protect the counselor and the institution from legal action, it is mandatory that a record of the counseling session is maintained and that NACO counseling guidelines for pre and post-test counseling are strictly adhered to.

**In a hospital setting**

- Provide counseling to ward patients if required

**The medical officer assigned to the VCTC must:**

- Examine clients and refer clients to other health services if needed
- Provide basic information about HIV/AIDS, symptoms, modes of transmission, treatment options
- Refer clients to an HIV counselor to explore risk behaviour
- Address a client's immediate questions and concerns in a sensitive manner
- Maintain respectful and professional attitude with clients

- Maintain strict confidentiality of client information
- Establish linkages with different departments in the hospital
- Follow universal precautions
- Follow PEP guidelines and policies of the institution
- Not to be judgmental
- Not to provide HIV counseling unless specially trained
- Not to share client's information with non-related staff
- Not to force a client to consent to HIV testing
- Not to routinely screen hospital patients for HIV infection

**The laboratory technician in the VCTC must:**

- Undertake quality HIV testing according to standard laboratory procedures
- Follow universal precautions
- Follow PEP guidelines and policies of the institution
- Undertake training in new testing methods as appropriate
- Keep a HIV test result register with PID number and test result
- Maintain strict confidentiality of test outcomes
- Not to be judgmental
- Not to provide HIV counseling
- Not to hand over and share test results to other than assigned persons such as the counselor
- Not to differentiate HIV test reports using different colour paper or ink

## 7 Training and supervision

NACO emphasises training and supervision for core staff engaged in services

### Training for counselors

**Pre-placement training:** Identified VCTC Counselors need to undergo the required pre-placement training, based on modules developed by NACO at the local institute identified by SACS.

**Ongoing training/refresher training:** VCTC counselors should participate in refresher training (3-4 days) provided by SACS at least once a year to upgrade counseling skills.

### Supervisory support for counselors

In order to reduce counselor burn-out/occupational stress and also strengthen technical support, a counseling supervisor should regularly monitor counselors by observing counseling sessions, facilitating case discussions and provide feedback. Counselors should be given continuous support to improve their counseling skills. The counseling supervisor could come from the institutions which provide Training of Trainers (ToT) as per NACO guidelines.

### Training for laboratory technicians

**Pre-placement training:** Identified laboratory technicians must be trained in HIV testing technology and record keeping from an HIV testing reference laboratory. A five day induction training should be conducted by State Reference Laboratories and followed by for a refresher training (1-2 days) once a year.

### Hospital staff training and sensitisation

An orientation on VCTC services for the entire hospital staff including director, administrative staff and ward boys can prove beneficial to create an environment that allows implementation of quality VCTC services effectively.

Health care staff needs to be sensitised about specific HIV/AIDS issues such as the importance of HIV counseling, confidentiality, informed consent, PEP, universal precautions and maintaining a respectful and professional attitude with clients. The staff of VCTC or SACS can provide sensitisation in health care settings in collaboration with the institutions where the VCTC is located.

*SACS will provide Training of Trainers (ToT) to faculty of identified counseling training institutes in each State. This will build capacity of States to train and supervise VCTC counselors in a sustained manner.*

## 8 Key operating procedures

Adherence of VCTC operating procedures are essential for maintaining quality services. These are:

### Disclosure and partner notification

Counselors are obliged to maintain confidentiality regarding a person's HIV status. However, they are vested with discretion to decide on the basis of each individual case, whether to inform the HIV positive person's sexual or needle-sharing partner of the HIV status of their client.

Non-voluntary **disclosure** of an individual's confidential medical information including HIV status can be made by the counselor under the following circumstances and to the specified persons:

- to a health care worker involved in treatment, care or support of the PLHAs, where disclosure is medically beneficial for the treatment and to avoid a threat to the life of the infected person. For example, to a psychologist/psychiatrist in case of suicidal ideation or to the client's treating physician (**medical disclosure** see below)
- to the spouse/sexual partner or injecting drug partner sharing the same needles when there is a significant risk of HIV transmission (**partner notification** see below)

#### a) Medical disclosure

In a health care setting, staff that is directly involved in care for the HIV positive person such as the attending nurse or the operating physician should be informed of the HIV status by the counselor after seeking the consent of the client. This is to protect both the rights of the client to confidentiality and the rights of the hospital staff to a safe work environment.

The disclosed information must be kept confidential by the attending hospital staff.

#### b) Partner notification

An HIV positive person should be encouraged through counseling and tools such as role play to share the positive test result with his/her spouse, sexual or needle-sharing partner(s) and bring the spouse or partner for

**Client grievance procedures:**  
Efficient and simple grievance procedure should be established through which a client's complaint can be addressed in a prompt and appropriate manner. The procedure should be displayed prominently and related staff and all the health care providers should be informed.

counseling to a VCTC. This process of helping the client for sharing the test result might take more than one visit. In case of difficulty, the counselor could contact positive network groups to facilitate disclosure.

As per a Supreme Court decision, if the HIV positive partner refuses to disclose the HIV status to the spouse or partner it is the obligation of the treating physician or counselor to disclose the result to the spouse/partner of the HIV positive person.

In case the client does not agree to voluntarily share the HIV status with the spouse or partner the following protocol for partner notification should be adhered to:

1. The HIV positive person has been thoroughly counseled as to the need for partner notification and encouraged to voluntarily inform the partner or bring the partner to the VCTC for joint counseling.
2. The HIV positive person has refused to notify or consent to the notification of his or her partners.
3. An imminent risk of transmission to the partner exists.
4. The HIV positive person is given advance notice of the intention to notify.
5. The identity of the source client from where the client acquired HIV is concealed from the partner if that is possible in practice.
6. Post-notification follow-up counseling, information and support is provided to the partner and the HIV positive person to prevent violence, family disruption, etc.

### **Confidentiality procedures**

Confidentiality of client's information needs to be maintained at all times and systems must be in place to assure this. A written policy on confidentiality procedures in the VCTC should be developed. The HIV test results must be handed over only by the HIV-AIDS counselor to the client during the post-test counseling.

If confidentiality is willfully breached the client has a right to complain to the hospital's grievance committee or the VCTC In-charge. Disciplinary action should be considered and the issue should be taken up seriously.

*SACS should ensure that each district is linked to respective State level laboratory and the district nodal officers and the medical officer in-charge of laboratories should be informed with a copy to NACO.*

### Adhering to Universal Precautions

VCT staff working in the blood collection room and laboratory should handle all blood samples with precaution. The standard procedure for preventing occupational hazards is the implementation and adoption of **Universal Precautions** to minimise the exposure of health care staff to blood and body fluids of patients. VCT staff that handle clients' blood samples should adhere to the following:

- Maintain a source of clean water
- Practice routine hand washing before and after any contact with blood samples
- Safe handling and disposal of sharp instruments should be planned before beginning a procedure
- Use sterilised/disposable needles and syringes for drawing blood. Discard disposable syringes in a puncture-resistant container after disinfection with bleach solutions

### Post Exposure Prophylaxis (PEP) procedures

It is important to ensure that health care staff is aware of hospital PEP procedures, know the name and contact information of the PEP focal point and know where the PEP is kept. Needle stick injuries are to be treated as 'medical emergencies'.

- Antiretrovirals for PEP should be available in all medical colleges
- NACO PEP guidelines should be available and accessible to all health care staff
- Hospital or institution should have an assigned PEP focal point

**To protect or reduce transmission of HIV through accidental needle stick injuries:**

- No recapping of needles
- No bending / breaking of needles by hand
- Use puncture resistant containers
- Use needle shredder / destroyer
- Do not leave needles on trolleys or beds
- Do not pass sharp instruments by hand
- Wear gloves routinely and discard them after use with each client to prevent contact with infected blood
- Wear protective eyewear and masks when required
- Wear laboratory coats routinely
- Adhere to disinfection and sterilisation standards
- Re-usable supplies and equipment should be disinfected by sterilisation or washing with soap and bleach solution
- Vaccinate all clinical and laboratory staff against *Hepatitis B* dis-infection with bleach solution

**Immediate measures in case of exposure to HIV**

- Do not put cut/pricked finger into mouth
- Wash injury with soap and water immediately
- No evidence that use of antiseptic or expressing fluid by squeezing the wound further, reduces HIV transmission, however they are not contra-indicated
- Contact PEP focal point immediately

*Counselors and VCTC staff should provide accurate and comprehensive information about HIV/AIDS, its symptoms, modes of transmission, HIV testing procedures and outcomes, risk reduction strategies. Counselors and VCTC staff should also provide information about abstinence, the use of condoms and safer sex practices, nutrition, treatment and care and support options, and the rights of people with HIV/AIDS.*

## 9 Linkages and referrals

VCTC counselors, laboratory technicians and VCTC medical officers should meet regularly (fortnight or monthly) to discuss procedures, processes and linkages and improve coordination. This should be arranged by the VCTC In-charge. Following linkages and referrals are important for HIV prevention and care.

### **The national programme on Prevention of Parent-To-Child Transmission (PPTCT)**

Transmission of HIV from parent-to-child can occur during pregnancy, at the time of delivery or through breast-feeding. There is a 25-30% chance that the child of an HIV positive mother will also be infected with HIV. In India. Parent-to-child transmission of HIV (perinatal transmission), accounts for more than 2 percent of the country's HIV/AIDS cases.

HIV transmission from parent-to-child can be prevented with a combination of low-cost, short-term preventive drug treatment, safe delivery practices, counseling and support, and safe infant-feeding methods.

NACO is scaling up the Prevention of Parent-to-Child Transmission (PPTCT) Programme to cover all medical colleges and districts in high HIV prevalence states. Currently 256 PPTCT centers are providing services through trained counselors.

### **Elements of the national PPTCT program:**

- Primary prevention of HIV infection, especially among women, through education of adolescent girls and women, voluntary counseling and testing, and education on infant feeding.
- Prevention of unintended pregnancies through reproductive health services, which include family planning, extended to all women, including women infected with HIV.
- Anti-retroviral (ART) prophylaxis, safer delivery practices and support for women whose HIV infection is identified only when they are already pregnant
- Care and support services to HIV-infected women who are enrolled with the programme and to their children and families.

**Elements of Post-test information and counseling for HIV positive women:**

- Information about therapy options, including costs
- Counseling about feeding options, including health benefits and risks of breast-feeding, cost of replacement, exposure to stigma and need for contraception
- Information and counseling about future fertility
- Information about preventing HIV transmission to uninfected sexual partners
- Counseling about shared confidentiality
- Information and referral for support services and positive living

**Linkages between VCTC and PPTCT**

- Spouses of HIV positive men and pregnant women who visit the VCTC must be informed about the availability of PPTCT services.
- A strong referral system to PPTCT sites should be established
- A record of clients referred from VCTC for PPTCT should be maintained

**The Revised National Tuberculosis Control Programme (RNTCP)**

TB is the commonest opportunistic infection in people infected with HIV. It is estimated that 50-60% of people living with HIV in India will develop TB in their lifetime.

- TB may accelerate the progression of HIV and shortens the survival of patients with HIV infection.
- TB is the cause of death for 1 out of every 3 people with AIDS worldwide

**DOTS (Directly Observed Treatment, Short course) at the core of the RNTCP**

DOTS is the WHO-recommended strategy aimed at achieving 85% cure rates and 70% case-detection of new infectious TB cases. Direct observation ensures that patients take the right drugs, at the right intervals, and in the right dosages.

**The five elements of DOTS are:**

- 1) Political commitment
- 2) Good quality sputum microscopy
- 3) Uninterrupted supply of good quality drugs
- 4) Directly observed treatment
- 5) Monitoring and accountability

**DOTS – A cure for Tuberculosis**

- DOTS is provided free of cost at all government and select private health facilities.
- TB can be cured in people living with HIV/AIDS. DOTS is as effective in TB patients with HIV infection as among those without HIV infection.
- Curing TB in PLHAs will improve their quality of life and prevent further transmission of TB to other family members and the community.

**Linkages between VCTC and TB microscopy center**

**VCTC should**

- Establish a strong referral system to microscopy / DOTS centers
- Keep a record of clients referred from VCTC for TB diagnosis and their outcomes

**Counselors should**

- Inform PLHAs about the risk of developing TB
- Recognise signs (e.g. cough >3 weeks) and symptoms of TB and refer clients for evaluation
- Emphasise that TB can be cured if regular and complete treatment is taken and the importance of DOTS
- Emphasise that the diagnosis and treatment of TB are provided free of cost by the government
- Emphasise the importance of screening contacts of sputum-positive TB patients

*By March 2004, 851 million people had access to DOTS in more than 470 districts. Areas with a high prevalence of HIV infection have been prioritised for DOTS coverage. It is envisaged that by 2005, the entire country will be covered by DOTS.*

## The National Blood Safety programme

The national programme on blood safety now offers a blood donor the option of knowing his Transfusion Transmitted Infection status when he/she comes to the blood bank for donating blood. To offer this service to the blood donor, linkages between all blood banks and VCTCs operating in the vicinity of the blood bank should be established.

Those blood donors who wish to know their HIV status or who are sero reactive in the initial HIV screening test will be referred to the VCTC. In the VCT, the standard protocol of counseling and testing will be followed. After pre-test counseling, a fresh blood sample will be collected, the blood will be tested and the test result will be disclosed to the client during post-test counseling. If the donor is HIV positive, the VCTC counselor will suggest the donor not to donate blood again.

## Linkages between VCTC and STI clinics

Sexually Transmitted Infections (STIs) and HIV epidemiologically are behaviorally linked. The presence of STIs, characterized by genital ulcers and discharge, enhances the chance of HIV infection manifold. The control and prevention of STIs is a priority strategy to reduce the spread of HIV. STI clinics have been established in hospitals up to the district level and in all medical colleges.

It is essential that VCTC counselors have accurate information about STI clinics and strong referral linkages between VCTC and STI clinics are established. VCTC and STI clinic should ideally be located within the same hospital setting. STI treatment provides an opportunity for preventive education about the risks of HIV. Both, HIV positive and negative clients in the VCTC should be advised to use the STD services if required.

## Linkages with treatment and care for HIV

PLHAs desiring treatment should be counseled about the implication of treatment and provided accurate information on the availability of HIV/AIDS treatment and care. VCTCs should establish a referral system to organizations that provide HIV treatment and care, including ART prophylaxis.

These organizations include Govt. hospitals' ART treatment centres, NGOs, CBOs, PLHA groups, PPTCT, drop in centers, private practitioners.

Regular follow-up counseling and counseling for adherence of treatment should be offered to all PLHAs

*Each STI clinic functions under a qualified specialist and is equipped with laboratory support for diagnosis and treatment. Adequate supply of STI drugs is available.*

### Examples of services that can provide additional support to VCTC clients include

- Family support system
- Community care centre and community-based organisations
- Drop-in centres (for example in the VCTC, Primary Health Centre)
- Family Planning clinics
- Department of Psychiatry in hospitals and medical colleges
- Condom vendors and social marketing programs
- AIDS counseling service and other psycho-social support agencies
- Hospitals with the ability to treat AIDS opportunistic infections
- Antenatal services
- Legal services
- Harm reduction centres or substance abuse treatment centres
- People living with HIV/AIDS network
- Organisations working for marginalised population groups

### Developing a service referral directory

The referral directory should include the following information about other services such as:

- Name of the provider and agency
- Range of services provided
- Target population(s)
- Service area(s)
- Contact names, phone and / or fax numbers, street addresses, e-mail addresses (whatever applicable)
- Hours of operation
- Location/address
- Cultural, linguistic, developmental competence
- Cost for services
- Eligibility, admission policies and procedures
- Application materials (if required)
- Directions, transportation information e.g., accessibility to public transportation

A referral card should be given to clients at the VCTC. This card can contain 'Who refers' and to 'Whom' indicating name of referral centre, address and contact number. A record of referrals for each client and the outcome needs to be maintained by the VCTC.

*Counselors and VCTC staff should re-inforce 'positive' living and give hope to people with HIV or AIDS. Counselors and VCTC staff should reinforce prevention methods for people who are HIV negative.*

### Post-test Service Centre / Drop-in Centre

Some VCTC clients may need on-going support from their counselors, therefore VCTC programs should consider providing on-site support services such as a drop-in center.

Membership should be voluntary and duration of membership may be specified or left open. Both HIV negative and HIV positive people can join.

Services provided to members of drop-in centers may include:

- On-going counseling and group therapy
- Education through lectures and drama, music and dance on HIV/AIDS and other topics that promote behaviour change and positive living
- Nutrition counseling
- Medical treatment for minor ailments
- Recreation facilities such as screening a popular movie once a month

## 10 Publicising VCT services

Information about VCTC services such as location and opening timings, should be made widely available through posters, pamphlets, flyers, advertisements on local TV channels, newspapers etc. This should be jointly undertaken by SACS and local NGOs, CBOs and PLHA networks.

Counselors and VCTC staff can sensitise and inform hospital staff, schools, colleges, corporate sectors, private practitioners and the community about VCTC services. Outreach activities should also involve community workers and peer counselors for creating demand for VCTC services.

## 11 Monitoring VCT services

The purpose of Monitoring and Evaluation is to assess operations and improve practices and procedures in service delivery with the objective to enhance quality and increase utilisation (see Appendix II).

### Monthly client monitoring

The VCTC In-charge should submit monthly progress reports to the Project Directors of the State AIDS Control Societies in the given format.

### Periodic 'Client Satisfaction Survey' (suggested)

Periodic evaluation of client satisfaction ensures that VCTC services meet the client needs. These evaluations can provide important feedback for VCTC operations.

The client satisfaction evaluations can be conducted in the VCTC over 1-2 weeks, four times a year. Evaluations should begin once a VCTC has been operating for at least 2-3 months.

### Periodic counselor and laboratory assistance satisfaction survey (suggested)

To complement monitoring and evaluation SACS should undertake periodical assessment of functioning of laboratory technicians and counselors so as to improve operations and determine further training needs and development of services.

### Client suggestion box

Client voluntary suggestions may provide valuable feedback on the operations of the VCTC and on improvements required. Suggestions should be regularly reviewed by the VCTC In-charge.

*SACS representatives should visit VCTC on regular basis to provide supervision and support. SACS should analyse the performance of individual VCTCs, give feedback to improve functioning and performance and provide information to NACO through CMIS on regular basis.*



# Appendix

- I. List of registers
- II. Monitoring indicators
- III. Relevant websites
- IV. List of forms and surveys
- V. Information for VCTC clients

## List of registers to be maintained in every VCTC

**Client Register** - Record of VCTC clients (maintained by Counselors)

*Sl.No / Name / Age / Sex / Address / Identification Marks / PID*

**Follow-up and Referral Register** – Record of course of counseling and referrals (maintained by Counselors)

*Sl.No/PID/Date of Pre-test / Date of Post-test (assigned/actual)/HIV Test result/Date of Follow-up/Referral(s) to/Outcome of referral(s)/Disclosure to/Spouse counseling-testing/Comments/Signature of Initiator*

**Needle Stick Injury Register** - Record of hospital staff who have been exposed to needle stick injuries (maintained by Counselors)

*Sl. No./PID/Name of staff/Designation/Exposure category/PEP provided date and time/pre-test counseling date/post-test counseling date/HIV test result / Referrals to/Remark*

**Condom Register** - Record of condoms distributed by the VCT (maintained by Counselors)

*Sl. No./ Date/ Purpose of use/No. Received/ No. Issued/Balance/Signature*

**Laboratory Result Register** - Record of clients test results (maintained by Lab Technicians)

*Sl. No./PID/Client consented for HIV test / HIV test result / Authorised signatory/Other Result 1/Other Result 2/Other Result 3/*

**HIV Diagnostic Kit Stock Register** - Record of kits used for HIV testing (maintained by HoD)

*Date/Item (purpose)/Receipt (quantity)/Issue/Balance/Signature/Remarks (mfg. date, expiry date, batch/lot no., etc.)*

## || Monitoring indicators

### Monthly client monitoring

#### Number of clients for pre-test counseling

- No. of voluntary clients for pre-test counseling
- No. of referred clients from within hospital for pre-test counseling
- Total no. of clients in VCTC pre-test counseling per week / month

#### Number of clients consent to HIV testing

- No. of voluntary clients consent to HIV testing
- No. of referred clients from within hospital consent to testing

#### Post-test counseling

- No. of voluntary clients pick-up test result
- Total no. of clients pick-up test result

#### Follow-up counseling

- No. of clients for follow-up counseling (after post-test counseling)

#### Referrals

- No. of clients referred from PPs
- No. of clients referred from STI
- No. of clients referred from TB
- No. of clients referred to TB
- No. of clients who brought their partners in for counseling
- No. of clients referred to ART clinics



## Relevant websites

<http://www.naco.nic.in>

<http://www.tbcindia.org>

<http://www.unaids.org>

<http://www.who.int>

<http://www.cdc.gov>

<http://www.aidsalliance.org>

<http://www.lawyerscollective.org>



## List of forms and surveys \*

- Pre-test Counseling Form
- Post-test Counseling Form
- Consent Form for HIV Testing
- Referral Card
- Client Satisfaction Survey
- Counselor Satisfaction Survey
- Laboratory Technician Satisfaction Survey

*\* Individual forms kept in the pocket of inside back cover.*

## V Information for VCT clients

**V**CT is a process that involves several different steps. It is not just about undergoing an HIV test.

**V**CT is voluntary. It is **your own choice** whether to undergo an HIV test or not. The choice is based on appropriate information and support that is provided at the VCTC to enable you to make the best decision for yourself and for your family.

**A** counselor in the VCTC will support you to make your decision whether or not to undergo an HIV test.

**V**CT is **confidential**. The counselor will make sure that complete confidentiality is maintained in respect of any information you share.

**V**CT is for anyone who may be at risk of HIV infection and anyone who wants to know their HIV status, including women who are pregnant and their partners.

If you decide to go for the test, you are asked to **pay Rupees 10**, 2 ml of your blood will be drawn and you are requested to return to the VCTC at the time specified by the counselor for picking up the test result and post-test counseling.

If you decide not to go for the test, **your decision is respected** and you will be encouraged and supported to test at a time when you feel ready to do so. You should never feel under compulsion or coercion of any kind in your decision to go for the test.

**You** can request to consult a medical officer at any time to clarify doubts or to address medical problems that you may have.

If you believe that you have not been treated properly during your visit, you can request to speak to the 'VCTC-In charge' or the hospital grievance committee or leave your complaint in the **client suggestion box**.

**You** are encouraged to inform your spouse or partner of your HIV status





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New Delhi-110001

Phone: 23325335, 23325343, 23731774, 23731778, 23731954

Fax: 23731746

Website : [www.naco.nic.in](http://www.naco.nic.in)

## Consent form for HIV testing

*In Local Language*

### Counselor's Commitment:

I, hereby state that the client has been counseled about the HIV test and has been explained about the implications of the test result. All details pertaining to HIV, its transmission, prevention, testing procedures, its limitations and interpretation of results have been explained and the client has given his/her free and informed consent to conduct an HIV test on him/her. I, the counselor, will do everything possible to assure that the consent of the counseling session and the test result will be kept confidential.

Signature of Counselor:

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Name in capital letters) \_\_\_\_\_

### Client's Informed Consent:

This is to state that I have been counseled about the HIV test and have been explained about the implications of the test result. All the details pertaining to HIV, its transmission, prevention, testing procedures, its limitations and interpretation of result have been explained to me in a manner that I can understand.

I, hereby, give my consent for the test to be conducted on me in order to ascertain my HIV sero-status.

Signature of Client:

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Name in capital letters) \_\_\_\_\_

### Note:

1. Consent obtained for carrying out procedures in hospitals does not include consent for HIV testing. Separate consent has to be taken for an HIV test.
2. In case of minors, refer to NACO guidelines.
3. Informed consent can be given by persons suffering from mental illness depending upon their current condition as assessed by the designated authority, else, consent of their guardians should be obtained prior to HIV testing (Referral to trained mental health professionals should be made if required.)
4. In case of unconscious patients, where an HIV test is in the best interest of the patient for HIV management, consent should be taken from one of the following: parents, spouse or closest relative or, in case of non-availability, the HIV test may be carried out on recommendation of two attending medical practitioners.
5. Non-voluntary disclosure of confidential medical information including HIV status may be made in cases where such disclosure is medically beneficial for the client or in cases where there is a significant risk of HIV transmission to an identifiable partner. The disclosure can be made to a health care worker who is directly involved in the care or treatment of the client. The disclosure can also be made if there is a threat to the life of the client (suicidal ideation) or his/her partner or spouse (partner notification).

*These notes are subject to change/updation as per laws and guidelines by the Government of India.*

## REFERRAL CARD

(This part is to be returned to VCTC by the institute)

### Referring VCTC

Name and address of the VCTC that refers .....  
.....  
Date ..... PID number of client .....  
Hospital registration number (if any) .....  
Age ..... Gender .....  
Name of the person who refers .....  
Phone Number .....  
Reason for Referral (do not indicate HIV status) .....

Outcome of the investigation/evaluation/diagnosis:  
(to be completed by referring institute before returning the slip to VCTC)  
.....

### Note to referred Institute/Department:

If you need any further clarifications about the client referred to you, please contact the VCTC. Kindly keep the upper part of the referral card and report back to the VCTC about the outcome of your investigation.

---

(This part is to be kept by client)

### Referred Institute/Department

Name of referral center..... PID number of client.....  
Address of referral center .....  
Contact number of referral center .....  
Contact Person / Department .....

## Client satisfaction survey

Dear client: This questionnaire is undertaken to evaluate the quality of services provided at VCTC. Your honest comments would help us to improve the quality of care and support we provide. Kindly read each statement carefully and be frank about your opinion. The information provided by you will be kept confidential. Do not mention your name/PID number on this form and fill it up in private.

Name of the counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of VCTC:

- |   |          |
|---|----------|
| 1) VCTC staff greeted me on my arrival.   | Yes / No |
| 2) There was place for me to sit while I was waiting.   | Yes / No |
| 3) I had no problem locating VCTC in the hospital/institution.                                      | Yes / No |
| 4) I felt comfortable while talking to the counselor.   | Yes / No |
| 5) Counselor was attentive and listened to my problem without any reservation.                      | Yes / No |
| 6) I felt that my personal information was kept confidential.                                       | Yes / No |
| 7) Counselor explained me about the HIV infection,  | Yes / No |
| a. Test results,  |          |
| b. Window period,   |          |
| c. How to prevent further spread,   |          |
| d. Opportunistic infections/TB related to HIV and   |          |
| 8) Counselor provided me the name of agencies/ institutions to seek help for treatment and support. | Yes / No |
| 9) I felt that other health concerns were taken care of.  | Yes / No |
| 10) I felt comfortable asking questions to the counselor.   | Yes / No |
| 11) I felt counselor answered my questions.   | Yes / No |
| 12) The counselor appeared responsive and comfortable while talking to me                           | Yes / No |
| 13) The counselor was knowledgeable.  | Yes / No |
| 14) I feel counselor treated me with respect.   | Yes / No |
| 15) I understood everything that the counselor told me.   | Yes / No |
| 16) I was not forced to sign on the consent form.   | Yes / No |
| 17) I felt no discomfort when the blood was taken for testing.                                      | Yes / No |
| 18) I plan to discuss the test results with my spouse/partner.                                      | Yes / No |
| 19) I intend to suggest my spouse/partner to come to VCTC for testing.                              | Yes / No |
| 20) I intend to tell others about the services of VCTC.   | Yes / No |
| 21) I plan to visit VCTC again for other sessions.  | Yes / No |
| 22) The VCTC staff members were supportive and helpful.   | Yes / No |
| 23) I feel empowered to change my behavior as a result of my visit to VCTC.                         | Yes / No |
| 24) My overall experience in VCTC was up to my expectation.   | Yes / No |
| Any other comments.   |          |

## VCTC laboratory technician satisfaction survey

### Instructions

Dear Laboratory Technician: We are trying to obtain information about the operations of the VCTCs to help us understand your needs and further requirements. Your honest opinions / comments would help us to improve the quality of services. Kindly read each statement carefully and mark your answers by ticking (  ) either 'Yes' or 'No'. Please be frank about your opinion and do not leave any statement unanswered.

### A: Personal Details

1. Name of the laboratory technician: \_\_\_\_\_ Date\_\_\_\_\_
2. Gender : Male / Female
3. Educational qualifications
4. Number of years of experience as lab technician
5. Number of cases tested for HIV in the past one month
6. Name of VCTC

### B: Feedback

- |    |  |        |
|----|--|--------|
| 1  | My safety concerns at work (for example, gloves, needle destroyer) are taken care of adequately                          | Yes/No |
| 2  | I am aware of Post Exposure Prophylaxis (PEP)  | Yes/No |
| 3  | I know where to avail of PEP   | Yes/No |
| 4  | I know who the PEP focal point is  | Yes/No |
| 5  | I think the client's identity at my VCTC is kept confidential<br>If no, what needs to be done<br>-----<br>-----<br>----- | Yes/No |
| 6  | I differentiate the test result on the report by using different colour ink  | Yes/No |
| 7  | I give the HIV test results to the client directly   | Yes/No |
| 8  | I interpret the HIV test results to the client   | Yes/No |
| 9  | I have access to the patient's personal details (i.e. Name, address, etc)  | Yes/No |
| 10 | I have received pre-placement training   | Yes/No |
| 11 | I think I am not yet confident and require more follow-up training<br>If yes, please specify the areas .....             | Yes/No |
| 12 | I think my work is personally satisfying   | Yes/No |
| 13 | I would like to continue to work at the VCTC   | Yes/No |
| 14 | I sometimes feel overburdened at work  | Yes/No |
| 15 | There are standard proformas available for recording information   | Yes/No |
| 16 | I maintain registers and laboratory forms regularly  | Yes/No |
| 17 | I sometimes face problems in discharging my responsibilities   | Yes/No |
| 18 | I sometimes face problems of non cooperation from other staff  | Yes/No |
| 19 | I sometimes face problems of lack of regular supply of testing kits etc  | Yes/No |
| 20 | I sometimes face problems of lack of space / proper accommodation  | Yes/No |
| 21 | I sometimes face problems of lack of safety materials  | Yes/No |
| 22 | I sometimes face problems of lack of adequate training   | Yes/No |
| 23 | I sometimes face problems of administrative interference   | Yes/No |
| 24 | I sometimes face pressure to disclose results  | Yes/No |
| 25 | I sometimes face pressure for presurgical testing without counseling   | Yes/No |
| 26 | Other problems that I face: please specify   | Yes/No |

C: Any other comments: .....

Thank you for your cooperation

## VCTC counselor satisfaction survey

### Instructions:

Dear Counselor: This feedback form is undertaken to obtain feedback on the services and functioning of the VCTCs so as to help us understand your needs and further requirements. Your honest comments would help us to improve the quality of services. Kindly read each statement carefully and mark either 'Yes' or 'No' depending on your answer. Please be frank about your opinions and do not leave any statement unanswered.

### Section I: Personal Particulars

1. Name of the counselor: \_\_\_\_\_ Date\_\_\_\_\_
2. Number of years of experience in this field \_\_\_\_\_
3. Educational background \_\_\_\_\_
4. Name of VCTC: \_\_\_\_\_
5. Number of clients who have visited you in the last month \_\_\_\_\_
6. Fresh: \_\_\_\_\_
7. Follow-up: \_\_\_\_\_

### Section II : Items

- |  |          |          |
|--|----------|----------|
| 1 I find my work personally satisfying   | Yes / No |          |
| 2 My other staff members / colleagues respect my job   |          | Yes / No |
| 3 I have no problems in communicating with my colleagues   |          | Yes / No |
| 4 I get adequate time to carry out my counseling duties  |          | Yes / No |
| 5 I have received adequate training in counseling  |          | Yes / No |
| 6 I would like further follow-up counseling training   |          | Yes / No |
| 7 I am overburdened at work  |          | Yes / No |
| 8 I feel emotionally drained at times  |          | Yes / No |
| 9 I am confident about my counseling skills  |          | Yes / No |
| 10 I feel the space provided for counseling is suitable for ensuring privacy and maintaining confidentiality |          | Yes / No |
| 11 I have no problems in maintaining confidentiality about my clients' details                               |          | Yes / No |
| 12 There are standard proformas for me to use  |          | Yes / No |
| 13 I maintain a register and counseling forms  |          | Yes / No |
| 14 Other staff members interfere during the counseling of my clients   |          | Yes / No |
| 15 I find it difficult to communicate test results to my clients   |          | Yes / No |
| 16 I find it difficult to discuss issues related to sexuality with my clients                                |          | Yes / No |
| 17 I feel helpless and vulnerable at times   |          | Yes / No |
| 18 I would like to continue to work at VCTC  |          | Yes / No |

### III: What are the three main problems you face in discharging your responsibilities effectively?

- 1.
- 2.
- 3.

In which areas would you require further training

- 1.
- 2.
- 3.

Suggestions for improving the services of the VCTC

- 1.
- 2.
- 3.

Any other comments:

Thank you for your cooperation



## Pre-Test Counseling Form

### 20. Client's coping mechanisms

Q.: How has your client coped with a crisis in the past, e.g. loss of job, death of spouse or partner, or relationship issues? Who helped your client?

List coping strategies discussed (including alcohol, violence, attempted suicide):

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Q.: What plans does your client have for managing the crisis associated with HIV/AIDS?

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### 21. Client's social support systems

Q: In case your client has a crisis in his/her life, who provides support to him/her?

- a) Immediate Family (Spouse)    b) Extended family    c) Friends  
d) Others

Q: Who will accompany the client to pick up the HIV test result?

- a) Immediate Family (Spouse)    b) Extended family    c) Friends  
d) No one    e) Others

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### 22. Client's readiness to undergo HIV test

Q: Would your client like another appointment before deciding on the HIV test?

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### 23. Client's readiness to involve partner

Q: Will your client bring his / her spouse or partner for counseling? If not, explain why?

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24. Date for follow-up visit given: \_\_\_ / \_\_\_ / \_\_\_

25. List of referrals given: (counselor should have a referral list prepared)

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### 26. Counselor's Checklist:

- Client's understanding of STI/HIV/AIDS addressed  
 Information about STI/HIV/AIDS provided including  
a. modes of transmission,  
b. nature of HIV/AIDS  
 Misconceptions corrected  
 Information about HIV test provided  
a. Nature of test and testing process  
b. Benefits and consequences  
c. What does a positive result mean  
d. What does a negative result mean  
e. Window period  
 Client's emotional preparedness for HIV test result assessed  
 Checked for suicidal ideation  
 Importance of post-test counseling explained  
 Information on 'living with HIV' provided (nutrition, ARTs) provided  
 Risk reduction counseling done  
a. Safer sex practices  
b. Condom Use  
c. Safe needle use (for IDUs)  
 Prevention counseling provided  
 Condom demonstration done and condoms provided  
 Willingness to involve partner in follow-up assessed  
 Informed consent obtained  
 Identification of TB symptoms undertaken  
 Referrals discussed and given  
 Follow-up arrangements discussed (date provided)

### 27. Counselor's Remarks:

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28. Time (end of session): \_\_\_\_\_ 29. Length of session (minutes): \_\_\_\_\_

30. Counselor's signature and date: \_\_\_\_\_

## Post-Test Counseling Form

Note to counselor: Confidentiality of the client information should be strictly maintained at all times.

1. Date: \_\_\_/\_\_\_/\_\_\_      2. Time: (start of session): \_\_\_\_\_      3. PID number: \_\_\_\_\_      4. VCTC code number \_\_\_\_\_  
5. Type of visit: Post test counseling / follow up visit      6. Test result: positive / negative / indeterminate      7. Age: \_\_\_ years      8. Sex: M / F / Transgender

The form is to be filled in **AFTER** the counseling session with whatever information was discussed

### FOR NEGATIVE Result (9-13 and 22-28)

#### 9. Initial reaction

Surprise / resentment / guilt / happy / relaxed / others

Observe and discuss with client:

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#### 10. Assessment of any concerns (window period)

Summary of discussions with the client:

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#### 11. Development of a risk reduction plan

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| a) Increase condom use              | b) Reduce number of sexual partners |
| c) Reduce needle sharing            | d) Reduce alcohol or drug use       |
| e) Discussion with spouse / partner | f) Others                           |

List risk reduction plan developed:

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12. Willingness to change behaviour to decrease vulnerability \_\_\_Yes / \_\_\_No

13. Need for HIV test after window period discussed \_\_\_Yes / \_\_\_No

(Counselor continue on page 2, question 22-28 )

### FOR POSITIVE Result (14-28)

#### 14. Initial reaction

Acceptance / shock / fear / denial / suppressed emotion / anger / violence / grief / sadness / depression / anxiety / crying spells / suicidal ideation / withdrawal / resentment / others

Observe reaction and discuss with client:

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#### 15. Assessment of immediate concerns

Stigma / fear of rejection (discrimination) / loneliness / loss of prestige / loss of job / loss of income / loss of self esteem / family disclosure / fear of death / loss of health

Summary of discussions with the client:

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#### 16. Assessment of other concerns

- |   |                                     |
|---|-------------------------------------|
| a) Marriage counseling                    | b) Partner notification and testing |
| c) Disclosure to spouse or family         | d) Concerns about support systems   |
| e) STI Medical follow-up                  | f) TB follow-up                     |
| g) Nutrition counseling                   | h) Sex with spouse/ partner         |
| i) Social/psychological support follow-up | j) Social support and referrals     |
| k) Rights and responsibilities            | l) Others                           |

Summary of discussions with the client

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## Post-Test Counseling Form

**POSITIVE Result (continued)**

**17. Risk reduction strategies discussed**

- |                          |                                     |
|--------------------------|-------------------------------------|
| a) Increase condom use   | b) Reduce number of sexual partners |
| c) Reduce needle sharing | d) Reduce alcohol or drug use       |
| e) Others                |                                     |

Summary of discussions with the client:

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**18. Willingness to increase safer behaviour** \_\_\_ Yes / \_\_\_ No

**19. Referrals\* and follow up given:** \* counselor should have a referral list prepared

- |                               |                                     |
|-------------------------------|-------------------------------------|
| a) Individual counseling      | b) Family counseling                |
| c) Within the hospital        | d) To medical doctor (non hospital) |
| e) Psychiatric intervention   | f) Support groups / PLWHA           |
| g) Intervention and workplace | h) Community intervention           |
| i) TB / MC center             | j) ANC / ART                        |
| k) IDU interventions          | l) Needle stick                     |
| m) Marriage counseling        | n) Legal                            |

List referrals made (types and places):

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**20. Agreed to disclose HIV status to spouse / partner** \_\_\_\_\_

Clients issues associated with disclosure to spouse / partner

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**21. Willingness to bring spouse / partner for counseling** \_\_\_\_\_

Summary of discussions:

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**For POSITIVE and NEGATIVE result:**

**22. Date for follow-up visit given:** \_\_\_ / \_\_\_ / \_\_\_

**23. List of referrals given:** (counselor should have a referral list prepared)

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**24. Counselor's checklist**

For negative result:

- \_\_\_\_\_ Result given
- \_\_\_\_\_ Immediate concerns / questions assessed
- \_\_\_\_\_ Window period explained
- \_\_\_\_\_ Risk reduction strategy developed
- \_\_\_\_\_ Willingness to change behaviour assessed
- \_\_\_\_\_ Need for an HIV test after window period discussed
- \_\_\_\_\_ Follow-up appointment given

For positive result:

- \_\_\_\_\_ Result given
- \_\_\_\_\_ Discussion of the meaning of the result for the client
- \_\_\_\_\_ Dealt with immediate emotional concerns
- \_\_\_\_\_ Client able to understand and absorb the result
- \_\_\_\_\_ Discussion of personal, family and social implications
- \_\_\_\_\_ Checking of availability of immediate support
- \_\_\_\_\_ Discussion of follow-up care and support
- \_\_\_\_\_ Partner evaluation
- \_\_\_\_\_ Risk reduction strategy developed
- \_\_\_\_\_ Willingness to change behaviour assessed
- \_\_\_\_\_ Immediate plans, intentions and actions reviewed
- \_\_\_\_\_ Discussion of symptoms of TB and importance of early referral
- \_\_\_\_\_ Further support and referrals given (ANC, TB, STI, ART)
- \_\_\_\_\_ Rights and responsibilities discussed
- \_\_\_\_\_ Legal support discussed
- \_\_\_\_\_ Follow-up appointment given
- \_\_\_\_\_ Disclosure discussed
- \_\_\_\_\_ Bringing spouse for counseling discussed

**25. Counselor's remarks**

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**26. Time (end of session):** \_\_\_\_\_ **27. Length of session (minutes):** \_\_\_\_\_

**28. Counselor's signature and date:** \_\_\_\_\_