INTEGRATED COMMUNITY-BASED FAMILY PLANNING AND HIV TESTING AND COUNSELING

TRAINING CURRICULUM FOR UGANDA VILLAGE HEALTH TEAMS

FACILITATORS MANUAL

fhi360
THE SCIENCE OF IMPROVING LIVES

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Contents

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Acronyms

ACP	AIDS Control Program
ART	Antiretroviral therapy
ARV	Antiretroviral
COC	Combined oral contraceptives
DMPA	Depot medroxyprogesterone acetate
ECP	Emergency contraceptive pill
FABM	Fertility-awareness based method
FP	Family planning
HTC	HIV testing and counseling
HIV	Human immunodeficiency virus
IUD	Intrauterine device
LAM	Lactation amenorrhea method
OCP	Oral contraceptive pills
PLHIV	Persons living with HIV
PMTCT	Prevention of mother-to-child transmission
POI	Progestin-only injectable
POP	Progestin-only pills
STI	Sexually transmitted infection
TB	Tuberculosis
VHT	Village health team
VHTM	Village health team member
VSC	Voluntary surgical contraception

BACKGROUND

Introduction

This manual is a reference document for facilitators and trainers for the community-based delivery of integrated family planning (FP) and HIV testing and counseling services (HTC). The manual was developed through a collaborative effort of the Ministry of Health-Uganda and FHI 360. The manual presents the training components needed to equip community-based health providers — that are already providing FP services (including injectable contraceptives) — to also provide high-quality HIV counseling and testing.

The training modules are intended to guide trainers in preparing eligible Uganda village health team members (VHTMs) to integrate HTC at the community level. Participatory training methods have been used in this manual to help participants acquire a practical understanding of the training content. At the end of this training, the participants (VHTMs) will be equipped with the necessary knowledge and skills to integrate HTC into their existing FP services for local clients.

Training Objectives

By the end of the training program, the participants will be able to:

- Explain the benefits of HTC and the importance of integrating FP and HTC services
- Demonstrate the skills of providing HTC services to FP clients
- Explain contraceptive options for women and couples living with HIV
- Describe the referral and record-keeping systems and standards for FP/HTC integration

Target audience

This training package is intended to train VHTMs in the provision of HIV counseling and testing services. The participants should be **previously trained** VHTMs who know how to provide condoms, pills, and injectable contraceptives --- with at least six months of experience providing each of these methods.

Class size

Training should be limited to 20-25 participants at a time. Trainings with fewer than 20 participants do not allow for adequate small-group work or group discussion. Trainings with more than 25 participants are too large to effectively manage and apply the participatory training methods.

Trainers

Each training session should have at least three competent and qualified trainers. Although each trainer may be assigned to a specific session, he or she should attend the complete training to ensure continuity. The trainers should have experience in HTC training and be familiar with using different interactive methods for adult learners. They should be skilled in co-facilitation and be able to work in a team. The trainers should undergo a one-day orientation on the use of the training manual, facilitated by the institution, organization, or program that is introducing the FP/HTC model.

Course duration and organization

This manual is designed as a 12-day training program, with 8 days of classroom work and 4 days of supervised practicum at a local health facility.

Learning methods

The learning methods used in the manual are experiential and designed for adult learners. These include:

- ***Brainstorming***
  This method encourages the active involvement of the participants and builds on their knowledge and expertise. The facilitator's role is to encourage all participants to say the first things that come to their minds and to keep ideas flowing.
- ***Case study***
  This encourages participants to think deeply about the situations they might face and decide how they would respond. This method encourages participants to think about problems, options and solutions to challenges they might experience.
- ***Role-plays***
  This technique encourages participants to practice skills. Role-plays are a safe way to practice newly acquired skills and they provide good preparation for real-life situations. They are particularly well suited for counseling and other communication skills.
- ***Presentations***
  A presentation is used to convey new information and to review content. This package includes a variety of materials to make the presentations as interesting as possible. The trainer can use other reference materials to augment the presentation.
- ***Buzz session or small-group discussions***
  This method allows the participants to discuss a given topic in more detail, to express opinions and to reach a common understanding in a small group setting (2 to 4 people). The participants' views should be consolidated within the small groups and shared with the large group.

Guide to preparation and facilitation

HIV counseling will raise feelings and beliefs that are deeply personal. A trainer must be aware of his or her own feelings and beliefs about HIV and be non-judgmental of others. Three specific areas of concern are noted here:

1. **Talking about HIV/AIDS**

   Although facilitators may have their own strong feelings and beliefs about HIV/AIDS, risk behaviors and personal choices, they must present this information in a non-judgmental, non-biased and professional way.

   General guidelines

   - If you choose to share your experiences and opinions, make sure you tell the group that these are your personal ideas. Recognize that other people may not wish to share their thoughts.
   - Think about how you may feel and about what you might do if someone in the group shares a personal story that reminds you of your own experience. Be aware that talking about these kinds of personal issues can bring up strong and uncomfortable feelings for you and for the participants.
   - Talk about your feelings with someone you trust after the session. This might be a friend, a family member, or a spiritual leader. Or you could simply give yourself time to reflect, go for a walk or write your feelings down on paper.

2. **Dealing with hostility**

   HIV/AIDS and risk behaviors can be very emotional and sensitive topics. Because of this, some participants may not wish to talk about the issues, and may not like the way the issues are presented. It is often difficult for people to confront their own attitudes and behavior. Since many people find change hard, it is natural for them to resist. To deal with resistance and hostility, you will need to be open about your expectations for the course. Do not get drawn into arguments. Instead, encourage participants to debate the issues with respect for the facts and for each other.

   General guidelines

   - A good facilitator should remain neutral and resist reacting to participants' opinions.
   - Be an active listener.

- Ask questions instead of making demands
- Encourage open communication.
- Keep the group focused on the issue, not the individual.

3. **Dealing with the emotional aspects of the training**

Since HIV/AIDS affects almost everyone, it can be difficult to discuss. One way of dealing with this is to establish some rules of behavior at the beginning of the training:

- Personal opinions or stories that are expressed during course discussions must remain confidential.
- Everyone is allowed his or her opinions and everyone is allowed to respectfully disagree.
- There is no obligation to share personal experiences with the group. Participants should only do this if they feel comfortable.

General guidelines

- Remind the group that discussions about HIV/AIDS and related topics can raise strong feelings of hurt, anger and despair. This is normal.
- Decide how the group can show support: Allow individuals to share their feelings, take a break, or talk to someone privately.

Preparing to implement the training program

Training teams must meet ahead of time to plan for the training program. Established training teams may need less time together, but all training teams should achieve the following outcomes before the training:

- A shared sense of purpose and intended results for the training.
- Clear objectives, clear roles, responsibilities, norms and feedback mechanisms to jointly monitor the program and to build a strong foundation for the transfer of learning.
- Assignment of sessions with a co-facilitation plan that ensures that trainers have articulated the roles during all parts of the session.
- A schedule of team meetings to review the day's work, to provide feedback to each other, to capture key lessons from the use of the modules, and to identify key areas for follow-up.
- A list of materials for the theory and practicum sections of the training program.
- Evaluation/assessment: It is good practice for a trainer to assess the participants' knowledge, skills and attitudes at the beginning of every session. Use different methods, including question-and-answer sessions, values-clarification exercises and demonstrations.

CLIMATE SETTING

Purpose
This session aims to break the ice, orient participants to the intervention's purpose and design, and to allow participants to share their expectations in relation to their current work.

Objectives
By the end of the module, participants should be able to:
1. Introduce themselves and share their expectations from the training
2. Review the overall purpose and objectives of the training
3. Explain the training content outline

Duration: 1 hour

Materials needed
The following materials are required for the session
- Flipcharts, markers and masking tape
- Name tags for identification
- Writing notebook/writing pad, pen or pencil

Advance preparations
Read and prepare flipcharts with the following:
- Introduction format
- Parking lot flip chart
- Flip chart with training goals and objectives

Training Procedure

Step 1: Introductions
- Begin the session by introducing yourself and your workplace.
- Ask participants to sit in pairs and to introduce themselves to one another using the following outline:
    - Write their name on the name tag
    - Describe where they live
    - Describe their happiest moment
    - Discuss anything else they wish
- Each participant should present his or her partner to the rest of the group.

Note: The facilitator should modify the introductory questions if both participants and facilitators already know each other. This will make the introductions interesting and part of the learning process.

Step 2: Expectations and fears

- Ask participants to mention their expectations and fears. Repeated responses should be recognized but recorded only once on the flipchart.
- Write their expectations on the flipchart and clarify those that need immediate attention.
- Address the participants' fears.
- Refer to these expectations at the end of the each session to ensure that they are met.

Step 3: Training goal and objectives

This is a critical stage of the training process. The facilitator should:

- Use the prepared flip chart: Introduce the intervention design and the roles of the VHTs
- Display the overall training goal, training purpose and the training objectives.
- Discuss the goal, purpose and objectives of the training.
- Match the objectives with participants' expectations. If some of the expectations are not met, explain how and when these might be addressed (some of the expectations may fall outside the scope of the training).
- Ask participants whether they feel comfortable being part of the training, or whether they have any concerns.

Step 4: Ground rules

- Explain the importance of setting up ground rules.
- Ask participants to suggest ground rules for the training.
- Let participants negotiate and agree on the most appropriate ground rules for the training.
- Write the ground rules that have been agreed upon on a flip chart and pin them up on a wall in the training venue.

Step 5: Helping hands

- Ask participants to identify the roles that are needed for the training.
- Let participants nominate and vote for other participants for each of the roles they identified.
- Record these roles and pin them up on the wall throughout the training.

MODULE 1: Overview of HIV/AIDS in Uganda

Introduction

Uganda has experienced the HIV epidemic for the past three decades; the prevalence has ranged from a peak of 18% to the current 6.4%. Uganda's HIV epidemic is described as severe, mature, generalized and heterogeneous (affecting different population subgroups). The epidemic has had significant socio-economic effects across the country. Such effects include a substantial increase in morbidity and mortality rates and increased poverty at national, sub-national and household levels.

The government of Uganda has responded with a national multi-sectoral approach to control the epidemic. Various interventions have been implemented and they include prevention, care, treatment and support services. The following interventions have been implemented: ABC+, safe male circumcision, HIV testing and counseling, prevention of mother-to-child transmission, EID (early infant diagnosis) and ART (antiretroviral therapy).

Objectives

By the end of the module, participants will be able to:

1. Explain the meaning of HIV/AIDS and the ways that HIV can be transmitted
2. Explain factors that influence HIV transmission and ways to prevent transmission
3. Explain the effects of HIV and AIDS on the individual and on the community
4. Discuss the current national HIV responses

Module outline

Session 1: Basic HIV information
Session 2: History of HIV in Uganda

Training methods

- Brainstorming
- Questions and answers
- Group discussion
- Lecturette

Materials

- Flipcharts, markers, and masking tape
- Labels or posters marked "agree" and "disagree"
- Sets of cards with HIV and AIDS-related terms and definitions
- Questions written on flipcharts for working groups

Session 1: Basic information about HIV and AIDS

Introduction

This session focuses on providing the participants with basic information on the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The session includes discussions on the basic facts about HIV and AIDS, other sexually transmitted infections (STIs), its effects and how to reduce risks of acquiring HIV/AIDS.

Learning objectives

By the end of the session, participants should be able to:

- Explain the meaning of HIV/AIDS and the ways that HIV can be transmitted
- Describe the relationship between HIV/AIDS and STIs
- Explain factors that influence HIV transmission and ways of preventing the transmission
- Explain the effects of HIV and AIDS on the individual and on the community

Duration: 1 hour

Training procedure

Step 1: The meaning of HIV/AIDS and the transmission of HIV

- The facilitator guides the participants to discuss the meaning of the terms HIV and AIDS
- Explain the difference between HIV and AIDS
- Discuss how HIV is transmitted
- Clarify any misconceptions

Step 2: The stages of infection and the "window" period

- In a brainstorming session, ask participants to identify the stages of an HIV infection
- Use a pictogram to explain the stages of infection and the "window" period
- Using a lecturette, relate the stages of infection to HIV test results

Step3: The relationship between HIV/AIDS and other STIs

- Ask the participants to identify the common STIs in their community
- Explain the relationships between the STIs and HIV
- Summarize these activities and make a link to the next step

Step 4: The factors that contribute to the spread of HIV/AIDS

- The facilitator asks participants to think of factors that accelerate the spread of HIV
- Clarify and supplement their thoughts with information from the facilitator notes
- Using the job aid, let participants identify the correct methods of HIV transmission and prevention

Session 2: An update on Uganda's approach to the prevention and management of HIV

The session will provide an update on the current situation and responses to the HIV epidemic in Uganda.

Learning objectives

- By the end of the session, participants will be familiar with the current responses to HIV

Duration: 45 minutes

Training procedure

Step 1: History of HIV in Uganda

- Introduce the trends and the current situation of HIV/AIDS in Uganda by asking participants to share what they know about the HIV epidemic in Uganda.
- Give current HIV/AIDS statistics and if possible use district-specific data

Step 2: Factors accelerating the HIV epidemic in Uganda

- Using the brainstorming technique, ask participants to discuss the factors that could accelerate the spread of HIV in Uganda.
- Write their responses on a flip chart. Underline the key factors.
- Add any key factors not mentioned by the participants.

Step 3: The national HIV response

- Using the facilitator notes (below), briefly explain the national HIV/AIDS response in Uganda.

Step 4: Conclusion

- Close the session by emphasizing the importance of HIV counseling and testing as the entry point for HIV prevention for oneself, for one's partner(s), for PMTCT and for care and treatment.

****FACILITATOR'S NOTES

MODULE 1: Overview of HIV/AIDS in Uganda

Session 1. Basic Information about HIV and AIDS

What Is HIV?

HIV is the acronym for human immunodeficiency virus.

- H: Human – HIV infects human beings.
- I: Immunodeficiency – HIV weakens your immune system by destroying important cells that fight disease and infection. A "deficient" immune system cannot protect you.
- V: Virus – A virus can only reproduce itself by invading a cell in the host's body.
- Over time, HIV can destroy so many of your CD4 cells that your body can no longer fight infections and diseases. When that happens, an HIV infection can lead to AIDS, the final stage of an HIV infection.
- Not everyone who has HIV progresses to AIDS. With proper treatment, such as antiretroviral therapy (ART), you can reduce the level of HIV in your body. Antiretroviral therapy is the use of HIV medicines to fight an HIV infection. It involves taking a combination of HIV medicines every day. These HIV medicines can control the virus so that you can live a longer, healthier life and reduce the risk of transmitting HIV to others. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS in just a few years. Today, a person who is diagnosed with HIV and treated before the disease is far advanced can have a nearly normal life expectancy.
- No safe and effective cure for HIV is known, but scientists are working hard and remain hopeful.

What is AIDS?

AIDS is the acronym for acquired immunodeficiency syndrome.

- A: Acquired – AIDS is not genetically inherited.
- I: Immuno – AIDS affects the body's immune system, which includes all the organs and cells that work to fight off infection or disease.
- D: Deficiency – The immune system no longer works the way it should, so it is said to be "deficient."
- S: Syndrome – A syndrome is a collection of symptoms and signs of disease. AIDS is a syndrome, rather than a single disease, because it is a complex illness with many diseases. It is the final stage of HIV infection, but not everyone who has HIV advances to this stage. A person with AIDS has a badly damaged immune system, which increases the risk of opportunistic infections (OIs).

How does one acquire HIV?

Certain body fluids from an HIV-infected person can transmit HIV. These body fluids are:

- Blood
- Semen (cum)
- Pre-seminal fluid (pre-cum)
- Rectal fluids
- Vaginal fluids
- Breast milk

These body fluids must come into contact with a mucous membrane or damaged tissue or be directly injected into your bloodstream (by a needle or syringe) for transmission to occur. Mucous membranes are the soft, moist areas just inside the openings to your body. They can be found inside the rectum, the vagina or the opening of the penis, and the mouth.

How is HIV passed from one person to another?

HIV is spread through the blood, semen, vaginal fluids, or breast milk of a person infected with HIV. The spread of HIV from person to person is called HIV transmission.

The most common ways HIV is transmitted are through anal or vaginal sex and by sharing drug-injection equipment with a person infected with HIV.

HIV can be transmitted from an HIV-infected woman to her child during pregnancy or childbirth, or by breastfeeding. These modes are called “the mother-to-child transmission of HIV.”

You cannot acquire HIV by shaking hands or by hugging a person infected with HIV. And you cannot acquire HIV from contact with objects such as dishes, toilet seats, or doorknobs used by a person with HIV.

How can one reduce the risk of acquiring HIV?

One can take steps to prevent the acquisition of HIV

- Abstinence (not having sex of any kind) is a sure way to avoid HIV infection through sexual contact.
- Get tested and know your partner’s HIV status before you have sex.
- Be faithful to your partner.
- Use condoms. Use a condom every time you have vaginal, anal, or oral sex.
- Limit the number of sexual partners.

In some situations HIV medicines can be used to reduce the risk of an HIV infection.

- Pre-exposure prophylaxis (PrEP)
  PrEP is an HIV-prevention method that involves taking an HIV medicine every day. PrEP is intended for people who don't have HIV but who have a high risk of sexually transmitted HIV infection. PrEP should always be combined with other prevention methods, including condom use.
- Post-exposure prophylaxis (PEP)
  PEP involves taking HIV medicines as soon as possible after exposure to HIV to reduce the risk of HIV infection. For example, a health care worker exposed to HIV in the workplace may require PEP.
- Prevention of mother-to-child transmission of HIV
  HIV-infected women take HIV medicines during pregnancy and childbirth to reduce the risk of mother-to-child transmission of HIV. To further reduce the risk, their newborn babies also receive HIV medicine for six weeks after birth. In the United States, women with HIV are counseled not to breastfeed their babies to prevent mother-to-child transmission of HIV in breast milk.

The Stages of HIV Infection

Key Points

- Without treatment, HIV infection advances in stages, becoming worse over time.
- The three stages of HIV infection are (1) acute HIV infection, (2) chronic HIV infection, and (3) AIDS.
- HIV can be transmitted during any stage of an infection, but the risk is greatest during the acute stage of the HIV infection.
- There is no cure for an HIV infection, but HIV medicines can prevent the advance of HIV to AIDS. HIV medicines help people with HIV live longer, healthier lives. HIV medicines also reduce the risk of HIV transmission (the spread of HIV to others).
- Without treatment, HIV infection advances in stages, getting worse over time. HIV gradually destroys the immune system and eventually causes acquired immunodeficiency syndrome (AIDS)

There are three stages of an HIV infection:

Stage 1. Acute HIV infection

Acute HIV infection is the earliest stage. Acute HIV infection can occur within 2 to 4 weeks of being infected with HIV. In some people, this stage of HIV infection can take up to 3 months to develop. During this stage, many people have flu-like symptoms, such as fever, headache, and rash. In the acute stage of infection, HIV multiplies rapidly and spreads

throughout the body. The virus attacks and destroys the infection-fighting CD4 cells of the immune system. HIV can be transmitted during any stage of infection, but the risk is greatest during acute HIV infection.

Stage 2. Chronic HIV infection
The second stage of an HIV infection is chronic HIV infection (also called asymptomatic HIV infection or clinical latency.) During this stage of the disease, HIV continues to multiply in the body but at very low levels. People with chronic HIV infection may not have any HIV-related symptoms, but they can still spread HIV to others. Chronic HIV infection can last 10 years or more.

Stage 3. AIDS
AIDS is the final stage of an HIV infection. Because HIV has destroyed the immune system, the body cannot fight opportunistic infections (such as pneumonia and tuberculosis.) AIDS is diagnosed when a person with HIV has a CD4 count of less than 200 cells/mm^3 or one or more opportunistic infections. Without treatment, people with AIDS typically survive about 3 years.

Basic Facts about HIV and AIDS are from the following sources: AIDS.gov, Centers for Disease Control and Prevention (CDC), and the National Institute of Allergy and Infectious Diseases (NIAID)

Session 2. Update on the current HIV response in Uganda

History of HIV in Uganda

- The first two cases of HIV/AIDS were identified in Rakai District in 1982 by Dr. Anthony Lwegaba. In 1983, the mysterious disease affected 17 fishermen at the Kasensero landing sites on Lake Victoria. At this time, people held different beliefs about HIV/AIDS, which was popularly known as Slim.

- In 1984, Slim was confirmed to be similar to AIDS (which had already been reported in the United States), and the virus spread rapidly in the following years. In the beginning, the virus followed the Trans highway truck drivers from the Kenya border town of Busia through Kampala, Masaka, Rakai and to the border areas of Rwanda and Tanzania. Later, HIV spread throughout the country and by 1986, the government of Uganda accepted the threat of HIV and declared it an epidemic.

- In 1986, the first AIDS control program was initiated by the Ministry of Health to guide interventions in response to the epidemic.

The latest HIV and AIDS statistics

According to the UHSBS 2004-2005, HIV had a prevalence of 6.4% among people who were 15 to 49 years old in Uganda. In 2006, HIV prevalence rate was estimated to have increased to 6.7%. About 945,000 people are living with HIV (805,000 adults and 140,000 children), 93,000 people are living with AIDS and more than 100,000 people are estimated to acquire HIV every year in Uganda. The Kampala and Central regions of Uganda had the highest prevalence rates (8.5%), whereas west Nile and Northeast (Karamoja and Teso) had the lowest HIV prevalence rates of 2.3% and 3.5%, respectively.

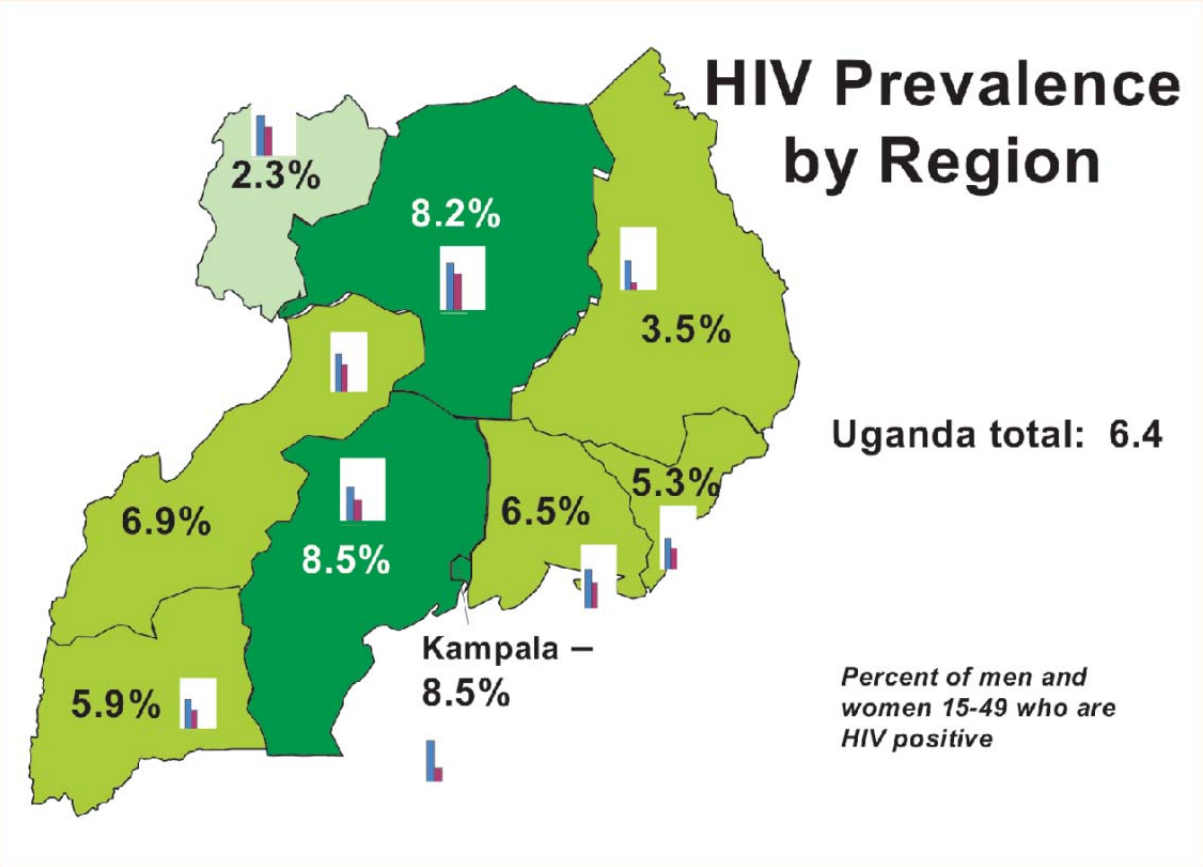

Figure 1. HIV prevalence rates in different regions of Uganda. *Data Source: Uganda HIV/AIDS Sero-Behavioural Survey 2004/2005.*

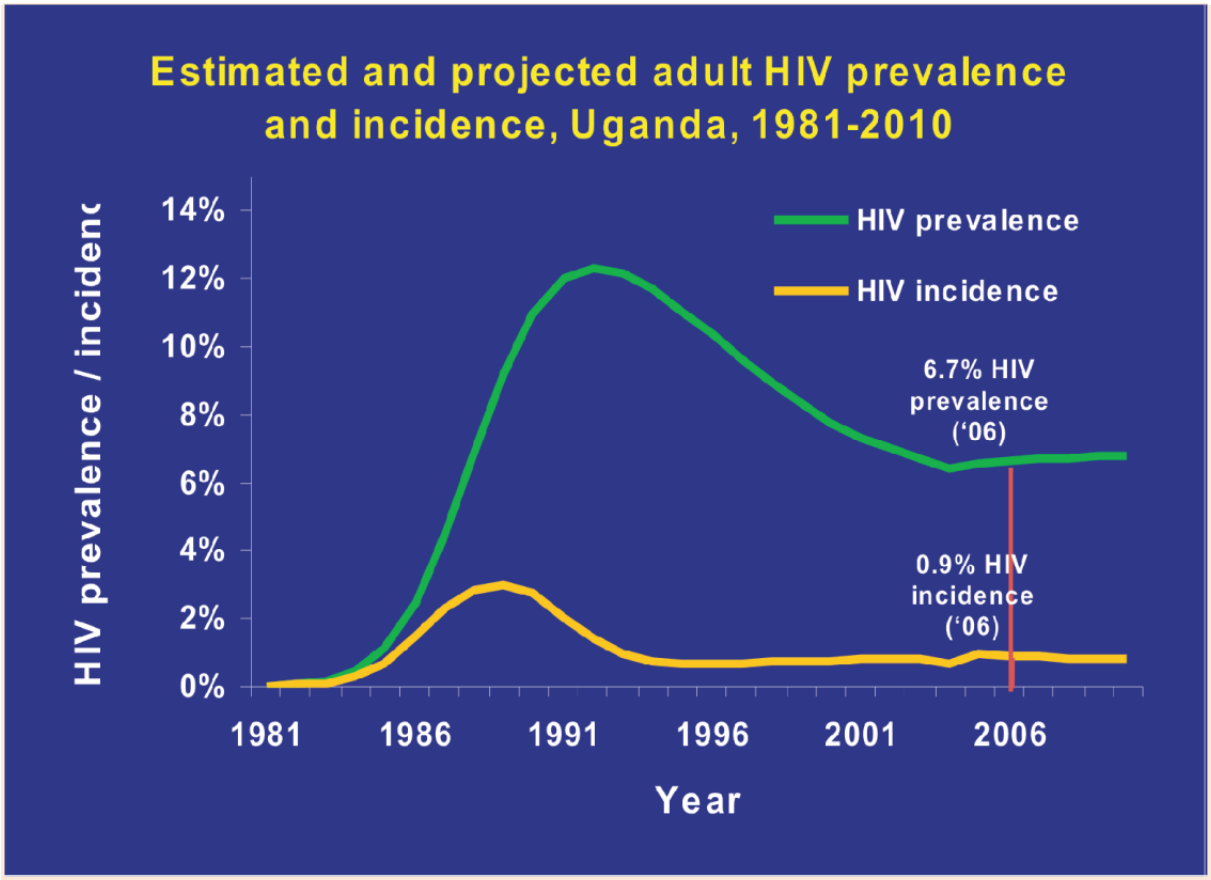

Figure 2. Estimates and projections of HIV prevalence and incidence in Uganda. *Data Source: Uganda HIV/AIDS Sero-Behavioural Survey 2004/2005.*

Impact of HIV infection and disease in Uganda

The impact of HIV and AIDS has been felt by all Ugandans at the national, community, family and individual levels.

Impact on the individual:

- Chronic and potentially terminal illness
- Reduced income
- Unemployment
- Stigma and discrimination
- Increased expenditure on health
- School drop out
- Reduced life expectancy
- Becoming an orphan
- Having to take care of relatives, including children, affected by HIV
- Death

Impact on the household (family):

- Family conflict and marriage breakdown
- Low productivity, reduced income
- Increased expenses
- Discrimination, stigma and denial
- Families headed by children
- The burden of increased dependency

Impact on the community:

- Loss of a productive labor force
- Increased number of families headed by children
- Increased death rates
- Increased dependency syndrome
- Increased morbidity
- High rate of school dropouts
- Increase in the number of orphans in need of care

Impact on the nation:

- Increased government expenditure on treatment and care
- Reduced GDP due to the loss of productivity
- Reduced life expectancy
- Loss of skilled labor and personnel
- Increased incidence of child labor
- Increased dependency syndrome
- Increased poverty
- Reduced agricultural production and increased household food insecurity
- Stress on the social services

Factors contributing to HIV infections in Uganda:

- Most HIV infections in Uganda are acquired through sexual interactions
    - Having sex without a condom (unprotected sex) with multiple and extramarital or casual sexual partners
    - Cross-generational sex: some sources suggest 10% of girls aged 15-19 years have sex with partners 10 years older than them
    - Early initiation of sex is associated with higher risks of HIV infection
    - Concurrent STIs, which increase transmission of HIV
- Poverty is another leading driver of HIV in Uganda
    - Poverty leads to commercial, transactional and intergenerational sex.
    - HIV and AIDS also contribute to poverty since it affects the most productive population.

- Increased urbanization, exposure to media and western "modernization" leads to riskier sexual behaviors and increased rates of HIV.
- Cultural values and traditional gender roles increase the vulnerability of women to HIV infections. This includes a lack of power, not being able to refuse unprotected sex, and not being able to negotiate condom use with a casual or regular partner.
- Human rights violations, stigma and discrimination increase HIV-infection rates and affect access to prevention and care services.

Uganda's national HIV response

Through the Ministry of Health's STD/AIDS control program, Uganda is implementing various interventions for prevention, care, treatment and support services. The country emphasizes that services pertaining to the HIV/AIDS response are free or at least affordable for everyone. The main interventions include:

- Messages: Abstain, Be faithful and Condom use plus circumcision strategy (ABC+C strategy)
- HIV testing and Counseling (HTC)
- Prevention of mother-to-child transmission (PMTCT)
- Early infant diagnosis (EID)
- Antiretroviral therapy (ART)

MODULE 2: Family planning for women and couples living with HIV

Introduction
This module provides an overview of contraceptive methods and considerations for HIV-positive clients. It specifically focuses on the benefits of voluntary FP use for HIV-positive clients, the factors likely to affect choice of family planning methods by women and couples living with HIV/AIDS, and the key FP messages for these clients. The aim of this module is to equip VHTMs with the knowledge and skills needed to effectively counsel women and couples living with HIV/AIDS about family planning, to provide them with FP methods or to provide referrals as appropriate.

Objectives
By the end of the module, participants will be able to:
- List FP methods appropriate for women and couples with HIV/AIDS
- Explain the benefits of family planning to women and couples with HIV
- Identify factors likely to affect FP method choice and use by women and couples living with HIV/AIDS
- Describe and deliver key FP messages for women and couples living with HIV/AIDS

Duration: 1 Hour and 30 Minutes

Module outline

Session 1: Introduction and orientation to FP methods for women and couples living with HIV/AIDS.
Session2: Benefits and factors affecting FP choice and use among women and couples living with HIV/AIDS.

Session 1: Family planning methods for people living with HIV/AIDS

Introduction
Facilitator should remember that the course participants (VHTMs) are already trained on basic FP services, and they are currently providing short-term FP methods in their communities (condoms, pills, injectables), and referring clients to clinics for longer-acting or permanent methods (implants, IUD, sterilization, vasectomy). The majority of the FP counseling will be the same for everyone, with a few additional points to note for people living with HIV/AIDS (PLWHAs). So, this session is not designed to train them on FP but to orient them to specific FP considerations for women and couples living with HIV.

Objectives

- By the end of the session, participants will be able to correctly list the various methods of FP available and appropriate for women and couples living with HIV/AIDS

Duration: 1 hour

Training methods

- Brainstorm
- Discussion

Training materials

- Flip charts, masking tape and markers

Training Procedure

Step 1: Review FP methods for PLWHA

- Distribute two small manila cards to each participant
- Ask the participants to write down one FP method on each of the two manila cards
- Collect the cards from the participants and paste them up on the wall using masking tape
- Go through each of the responses and ask the participants to agree or disagree on whether the method can be used by women and couples living with HIV/AIDS.
- Write down the final list of FP methods available for women and couples with HIV/AIDS on a flip chart as you correct misinformation and dispel myths about the use of certain FP methods by women and couples with HIV. Refer to the facilitator's notes to provide more information on the different methods (and to explain why we say "almost all" instead of "all" when describing methods for PLHWA).
- Remember to emphasize the benefits of using a condom ─ **in addition** to any one of these methods ─ for the dual protection against pregnancy and infection (STI/HIV).

Step 2: Debrief on the new guidance from WHO on hormonal contraception and HIV

- Some VHTMs may have recently heard about studies that link the use of injectables to HIV transmission or acquisition. You should ask them what they know, and use the information in the facilitator's notes to correct any misinformation and to provide an update on the relevance of new WHO guidance to their work.
- Explain that women with HIV or those with a high risk of acquiring the virus who are using injectables should always also use condoms to help prevent HIV infection or transmission. You should also point out that this guidance similarly applies to women with or at risk of HIV who are using other FP methods. The condom is the only contraceptive method that offers dual protection from pregnancy and STI/HIV.

Session 2: Family Planning use among people living with HIV/AIDS

Introduction

This session provides an overview of voluntary FP choice and use by women and couples with HIV/AIDS. It explains in detail the benefits of FP to women and couples living with HIV and it identifies the factors that are likely to influence FP method choice. The session concludes by identifying the key FP counseling messages that VHTMs should share with clients living with HIV/AIDS.

Objectives

By the end of the session, participants will be able to:

- Explain the benefits of FP use to women and couples living with HIV/AIDS who want to prevent pregnancy
- Discuss the factors likely to affect choice of FP by women and couples living with HIV/AIDS
- Identify key FP messages for women and couples living with HIV/AIDS

Duration: 1 hour 30 minutes

Training methods

- Group discussion
- Lecture

Training materials

- Flip charts, masking tape and markers
- FP/HTC job aid

Advance preparation

Before you begin this session, ensure that the VHTM job aids are readily available for distribution to the participants at the end of the session.

Training procedure

Step 1: FP benefits, factors affecting need and use, choice of FP, and key FP messages for women and couples living with HIV/AIDS

- Ask a participant to lead the group in an "ice breaker" of their choice
- Divide participants into two groups
- Ask each group to quickly discuss these questions:
  1. What are the benefits of FP for women and couples living with HIV/AIDS?
  2. What factors are likely to affect FP use and method choice by women and couples living with HIV/AIDS?
- Allow each group 15 minutes to complete this exercise. After 10 minutes, ask each group to present their answers on one of the questions. (This gives each group the opportunity

to discuss both questions.)

- Ask the groups to reconvene for the group presentations in a plenary session.
- Ask each group to make their presentation in a plenary session. Allow for questions and discussions at the end of each presentation.
- Ask participants to go back to their groups and develop key messages they would give to women and couples living with HIV about the benefits of FP. The key messages can be written on newsprint and placed in different parts of the room for other groups to read with the facilitator's lead.
- After each group presentation, use the facilitator's notes to clarify any misconceptions and to ensure that **all** of the accurate information on each of the two questions has been covered.
- Show the VHTMs the section of their job aid that covers these issues (Tabs 10A and 10B: HIV, FP, Pregnancy, and PMTCT).
- Share the strategies that address the factors that are likely to affect FP choice. (You will find these in the next section: family planning for women and couples living with HIV).
- Ask participants what they understand by the term "dual protection." Explain the meaning of the term ─ using their responses ─ and emphasize that dual protection is important for both HIV-negative and HIV-positive clients.

Step 2: Using the facilitator notes, and demonstrating with the job aid section 10A-B, describe the delivery of key messages for people living with HIV for:

- ***HIV-POSITIVE WOMAN WHO ARE CURRENTLY PREGNANT (the partner is HIV negative)***
- ***HIV-NEGATIVE WOMAN WHO ARE CURRENTLY PREGNANT (the partner is HIV-positive)***
- ***HIV-POSITIVE CLIENTS WHO WANT TO BECOME PREGNANT***
- ***HIV-POSITIVE CLIENTS WHO WANT TO PREVENT PREGNANCY BUT ARE NOT USING FP***
- ***HIV-POSITIVE CLIENTS WHO ARE USING FP***

Step 3: Emphasize dual protection.

When discussing dual protection, it is important to emphasize that condoms offer protection against unwanted pregnancies and infection. The use of an FP method plus a condom is the most effective way to achieve dual protection. This is called "dual-method use." This is an important strategy for couples that are HIV discordant.

IMPORTANT NOTE: E*xplain to the VHTMs that that they must help pregnant HIV-positive women access PMTCT services. Clients that desire a pregnancy should be referred to a clinic for safer conception and pregnancy support. Clients with HIV have the same right to have children and safe pregnancies as everyone else.*

****FACILITATOR'S NOTES

MODULE 2: Family planning for women and couples living with HIV

Family planning

Family planning is defined as an informed decision, voluntarily taken by an individual or couple, on when to have children, the number of children they will have and the spacing between births**.** It involves the use of modern and traditional family planning methods. **IMPORTANT NOTE**: It is essential that a VHTM respect the rights of the client to desire and plan for a pregnancy, even after being informed of an HIV-positive status. People living with HIV have the same rights to have children as everyone else. All family planning advice and counseling should be given to a woman or a couple that has decided that they do not wish to have more children soon (or ever).

Family planning methods for women and couples living with HIV/AIDS

Women with HIV, including those who are taking ARVs, can use **almost all** contraceptive methods safely and effectively ─ including intrauterine devices (IUDs) ─ although only the male and female condoms are effective at preventing the transmission of HIV among discordant couples. The methods of family planning available to women and couples with HIV include:

1) Male and female condom
2) Oral contraceptive pills, including combined oral contraceptive pills (COCs) and progestin-only pills (POPs). However, COCs and POPs should not be used by HIV-positive women who are on ARV therapy if their regimen contains certain types of drugs because these drugs make oral contraceptive pills less effective. The VHTM should refer all HIV-positive clients who wish to **start a new FP method** to a health center for services. A**ll current FP users** who wish to seek HIV treatment should mention the FP method they are using to their provider.
3) Injectable contraceptives
4) Implants (Jadelle, Implanon)
5) Intrauterine contraceptive devices (IUDs). An IUD should not be inserted in a woman with AIDS unless she is receiving ARV therapy and feels well.
6) Permanent methods, such as female sterilization (tubal ligation) and male sterilization (vasectomy). Some AIDS-related conditions may require the postponement of the procedure until the client's health improves.
7) Natural and fertility awareness methods
8) Emergency contraceptive pills

Explain to the VHTMs that we say "almost all" methods because the only methods not recommended for use in PLWHA are spermicides and diaphragms (even though these methods are not common in Uganda). Spermicides and diaphragm (which should be used with the addition of spermicides to be effective) are not recommended because they may increase the risk of HIV acquisition. This could mean the acquisition of another strain of HIV for PLWHA. You could also explain that women with AIDS who are **not** clinically well on ARV therapy should not get an IUD or be sterilized until their health improves. Finally, women whose ARV regimen contains ritonavir should not use POPs or COCs. VHTMs can provide specific referrals for the tailored provision of

FP for women diagnosed with HIV, and they should explain that the clinical providers of these methods can provide more information.

*******IMPORTANT NOTE ON THE WHO GUIDANCE ON HORMONAL CONTRACEPTION AND HIV:**

In early 2012, the World Health Organization (WHO) convened an expert meeting to review existing evidence on the use of hormonal contraception (HC) and the risk of HIV acquisition.[1] Subsequently, WHO added a clarification to its previous classification of progestin-only injectable contraception **for women at high risk of an HIV infection**. The clarification states that although this method is recommended for use without restriction, women at high risk of HIV who choose progestin-only injectable contraceptives to meet their family planning intentions should **be strongly advised to also use condoms and other HIV-preventive measures**. This means that women who are at high risk for HIV can still use progestin-only injectable contraception without restrictions, but that health providers must offer enhanced counseling on the concurrent use of condoms and other HIV-preventive measures. Providers of contraception and HIV services and educators should redouble their efforts to counsel women and couples about the importance of family planning and the consistent use of condoms. Other HIV risk-reduction measures include voluntary adult medical male circumcision, knowing one's HIV infection status, knowing one's sex partner's status, diagnosis and treatment of other sexually transmitted infections and a reduction in the number of sexual partners. In addition, strategies to improve access to highly effective, lower-dose hormonal (implants) and non-hormonal (IUDs, sterilization) contraceptive methods should be a priority.

VHTMs should be encouraged to explain the importance of HIV-prevention measures with all clients, and always with clients who use injectable contraceptives.

Benefits of family planning to women and couples with HIV

Providing family planning counseling and access to contraception to women and couples with HIV provides the same health benefits to HIV clients as it does for other members in their communities. These benefits include:

1) When FP services are accessible to HIV clients, they can limit the size of their families to the number of children they desire and are able to care for.
2) Women can space their children effectively and reduce the risks associated with too many pregnancies or pregnancies spaced too closely. Family planning reduces the potential for unintended pregnancy.
3) Family planning helps men and women provide better lives for their families by improving health and economic well-being.

Additional benefits include:

[1] http://whqlibdoc.who.int/hq/2012/WHO_RHR_12.08_eng.pdf

4) Couples with HIV can also time a pregnancy to take place when the risk of HIV transmission is the lowest and the health of both partners is at its best.
5) Family planning can also reduce HIV infections among children by helping women with HIV (who do not want to have children) to avoid pregnancy.

Factors affecting FP choice among women and couples living with HIV

Women and couples with HIV should consider the following factors when choosing a contraceptive method:

- Safety and effectiveness of the method
- Whether the method meets a desire for short-term, long-term, or permanent protection
- Possible side effects of the method
- The ease of use
- Whether the method is affordable and access to resupply is easy
- The effect on breastfeeding (if a woman is in the postpartum period).
- How it may interact with other medications, including ARVs.
- Whether it provides protection from STI/HIV transmission and acquisition
- Whether partner involvement or negotiation is required

Key FP counseling messages on pregnancy and FP for PLWHA

HIV POSITIVE WOMAN CURRENTLY PREGNANT (the partner is negative)

- Encourage partner disclosure and partner testing (if not already done).
- Encourage condom use and supply condoms if the client or couple continues to have sex during pregnancy. Even though they do not need a contraceptive method to prevent pregnancy, they still need a method to prevent HIV transmission.
- Provide a reminder that an HIV-infected woman could transmit HIV to her baby but that treatments exist to help prevent that transmission.
- Refer the client or couple to a health center for antenatal care (ANC) and PMTCT services, including infant feeding and family planning options after delivery.

HIV NEGATIVE WOMAN CURRENTLY PREGNANT (the partner is positive)

- Encourage partner disclosure and partner testing (if not already done).
- Stress the importance of using condoms if the client or couple continues to have sex during pregnancy. Explain that the chance of transmitting HIV to a baby is greater if the woman acquires HIV while she is pregnant.
- Refer the client or couple to a health center for ANC and emphasize the importance of repeated testing for HIV throughout the pregnancy to confirm that the woman is still uninfected; if she tests positive, refer her to PMTCT services.

HIV-POSITIVE CLIENTS WHO WANT TO BECOME PREGNANT

- Remind clients that it is important to assess BOTH partners' health status to determine the best time to conceive:

- If health is good, having a child now may be fine
- If health is getting worse or has not improved, consider delaying pregnancy
- If health is poor, having a child now is not a good idea

- Discuss risk reduction while trying to conceive:
  - If one partner is infected and the other is not infected, have sex without condoms only around the time of ovulation
  - If the infected partner's health is poor, delay attempts to conceive until his or her health improves. The couple should visit a health center where ARVs are provided.
  - Continue using condoms after conception to avoid STI/HIV transmission during pregnancy and breastfeeding.
  - After getting pregnant, it is possible to prevent HIV transmission to the baby. HIV-positive mothers should visit PMTCT services as soon as possible for treatments that can prevent HIV transmission.

HIV-POSITIVE CLIENTS WHO WANT TO PREVENT PREGNANCY BUT ARE NOT USING FP

It is important for these clients to receive the same package of full, informed-choice FP counseling that you provide to your regular clients. Provide the standard informed-choice FP counseling, **PLUS** the following messages:

- People with HIV can use almost any FP method, including female and male condoms, pills, injectables, implants, the IUD, female and male sterilization, the lactational amenorrhea method (LAM), and fertility awareness-based methods.
- In most cases, HIV treatments and FP methods do not conflict. However, if the client is being treated for HIV or planning to seek HIV treatment, he or she should see a healthcare provider to help them choose a suitable FP method that does not interact with the client's HIV treatment.
- Dual-method use (using a condom plus another FP method) is the best way to be protected from an unwanted pregnancy and STI/HIV infection. Although condoms are the only FP method that offers protection against pregnancy and STI/HIV infection, they may be difficult for some couples to use correctly and consistently every time they have sex. Using two methods ensures that women who are not always able to negotiate condom use are protected from pregnancy by another (partner-independent) contraceptive method.

HIV-POSITIVE CLIENT CURRENTLY USING FP

- Tell the client that if she plans to seek HIV treatment, she should inform her healthcare provider about her current FP method and discuss whether any changes are warranted.
- Condoms are the only FP method that offer protection against infection and are important to use even if the client is already using an FP method other than condoms.

This is called “dual-method use” – an approach that provides the best protection from pregnancy and infection at the same time.

- For any HIV-positive clients that are using injectables, make sure you reinforce the message to use condoms in addition to injectables to prevent HIV transmission to their partners (although condom use should be emphasized for all sexually active HIV-positive clients or those at risk of HIV regardless of the contraceptive method they use for pregnancy prevention).

MODULE 3: Community-based services and VHTM roles

Introduction
This module introduces VHTMs to their roles as providers of FP/HTC services in a community. The roles specified in this module are based on current MOH guidelines developed by the MOH for all VHTMs. The module also discusses the principles of community-based work that will guide the provision of FP/HTC services by the VHT.

Module Objectives
- Orient VHTMs to their roles and responsibilities as providers of FP/HTC
- Identify the principles of community-based service provision

Duration: 45 minutes

Roles of VHTMs in FP/HTC service delivery

Introduction
This session will introduce participants to their roles and responsibilities in FP/HTC service provision.

Objective
By the end of the session, participants will be able to:
- Describe the individual roles and responsibilities of VHTMs in the delivery of integrated services

Duration: 45 minutes

Training methods: discussion, brainstorming and lecturette

Training procedure
Step 1: Roles of VHTMs
- Ask participants to describe the roles they are currently performing in their communities, irrespective of whether they are related to FP/HIV. Record the responses on a flip chart.
- Identify and discuss the roles that are relevant to the task at hand.
- Have the participants agree on a final list of their roles and responsibilities. Record the list on a flip chart.

Step 2: Principles of community-based work
- Using the brainstorming technique, ask participants to mention the principles of community-based work.
- Invite one of the participants to come and note responses from fellow participants.
- With the participants, discuss each of the principles mentioned and supplement with principles that they may not have mentioned.

- Ask participants to brainstorm on the qualities of a good VHT who provides FP.
- Ask participants to discuss which qualities are required for HIV counseling
- Note that the qualities required to provide FP are the same as those required in the integration of HIV counseling and testing. Inform the participants that the list they have just generated will be the guiding principles for their work.
- Emphasize that confidentiality is a critical part of HIV counseling and testing, and also for family planning. In the event that they breach confidentiality, they will be recalled and stopped from providing HTC by the relevant authority.

****FACILITATOR'S NOTES

MODULE 3: Refresher summary of community-based services and VHTM roles

Typically the roles of a VHT include the following:

1. Home visiting
2. Mobilization of communities for utilization of health services
3. Health promotion and education
4. Community-based case management of common ill-health conditions
5. Referral of people who need healthcare at the health facility
6. Follow-up of the mothers during pregnancy and after birth. Follow newborn health for provision of advice, recognition of danger signs and referrals.
7. Follow-up on people who have been discharged from a health facility and those who are on long-term treatment
8. Distribution of health commodities
9. Community information management
10. Disease surveillance

Note: Roles 1, 2, 3, 5, 7, and 8 are particularly relevant for an FP/HTC program.

Qualities of VHT members

A village selects VHT members who have the following qualities:

• They are willing and able to volunteer for the good of the village.
• They are respected and trustworthy village residents.
• They are friendly with their neighbors.
• They are willing to listen to others.
• They have respect for self and for others.
• They do not judge people and can keep confidentiality.
• They have previous experience volunteering or working in health and development. (Many times they are village medicine or drug distributors, traditional birth attendants, and other respected village health providers.)

Note: The guiding principles of their work can be identified from these qualities.

The HIV section of the *National HIV Counseling and Testing Guidelines* state that VHTs are expected to perform the following roles

- Health education
- Minimum counseling
- Referral for testing
- Home visits to discharged patients to check that patients are taking their medication
- Mobilize communities for HTC services

In this intervention, the role of the VHTMs is expanded: They will not only mobilize and refer people for testing, but also offer counseling and testing directly in the community.

MODULE 4: Integrated Community-Based FP and HTC Services

Introduction

Village Health Team Members (VHTMs) are currently providing Family Planning (FP) services within their communities. VHTMs provide short-term methods, including condoms, pills and the injectable Depo-Provera (DMPA). As a result, there is an increased uptake of family planning services in communities. Even so, HIV is a growing problem for women of reproductive age, and many women have not been tested and are not aware of their status. The integration of HTC into VHTM services can build on the pre-existing relationships that VHTMs have developed with their FP clients. This delivery of home-based services may help overcome stigma-related barriers to HTC access and uptake. With proper training, the VHTMs are well equipped to take on this additional task because of their demonstrated ability to handle "sharps" and to conduct individualized counseling. This module is designed to equip participants with the knowledge they need to deliver HTC services within an integrated framework.

Objectives

By the end of the module, participants will be able to:

- Explain what is meant by integration in the context of HTC and FP
- Identify the benefits of integration of HTC and FP services at the community level
- Discuss the challenges of integration of HTC and FP services at the community level
- Discuss the process of integrating HTC into FP services
- Demonstrate and practice integrating information about FP and HTC

Duration: 2 Hours

Training materials

- Flip charts, masking tape and markers, flash cards

Training methods

- Brainstorm
- Group discussion
- Demonstration/return demonstration

Training procedure

Step 1: Meaning of Integration in the context of FP and HTC

- Ask the participants to use the brainstorm technique to explain the meaning of integrating FP and HTC.
- Ask participants to give examples of any other services that are being integrated.
- Summarize the participants' examples to explain what integration of FP and HTC means.

Step 2: The reason behind the integration of HTC and FP services

- In buzz groups, ask participants to discuss why they think it's important to integrate HTC and FP services.
- Record and summarize their answers to identify the main points. (Refer to the facilitator's notes).

Step 3: The benefits of integrating FP and HTC services at the community level

- In pairs, ask participants to identity the benefits of integrating FP and HTC services at the community level.
- Record each participant's response on a flipchart.
- Summarize the participants' responses to identify the benefits of integrating FP and HTC services at the community level.
- Supplement the participants' responses with the documented benefits of integrating FP and HTC by VHTMs. (See the facilitator's notes for more information.)

Step 4: The process and the approach to the integration of HTC into FP services by VHTMs

- Ask participants to respond to this statement:

> FHI360 and the Ministry have agreed to allow the VHTMs to start offering HIV testing and counseling to our clients whom we visit or who may come in our homes to receive Depo-Provera or other FP products. We are also allowed to offer this service to any of our clients, even if they don't use FP. How do you feel about this? Can you think about the ways you intend to provide both FP and HTC services together in your daily work?

- You will need a ball for this step. Throw the ball randomly to individual participants. Whoever receives the ball gives an answer. She or he then randomly throws it to another person. The ball should continue to be rotated among participants to encourage everyone to think of a response. Make sure that your co-facilitator records their responses on a flip chart.
- Ask participants to go back to their seats and make a presentation on the key issues to consider for integrated services. (Refer to the facilitator notes: Recommendations for VHTM for HTC and FP integration.)
- Invite 3 participants to demonstrate (role play) the integration of FP and HTC message at the community level. (Please note: This is not integrated counseling, just messages.)
- Ask other participants to offer their feedback. Make sure that the role-play and feedback includes effective ways to raise the issue of HTC with FP clients, and to mention FP to clients who might come to the facility for HTC.

- Ask participants (in groups of three or four people) to identify at least 5 challenges that might arise in attempts to offer integrated services.
- Ask each group to share the challenges they identified with the other groups. Ask the group members for solutions before asking the collective (all the groups in a plenary session) to think of solutions to address each of the challenges.

Step 4: Conclusion
Make sure that you have addressed all the questions or concerns that VHTMs might have about offering the integrated HTC and FP services. Close and summarize the session by emphasizing the benefits that the integration of the two services brings to their clients and communities as a whole.

****FACILITATOR'S NOTES

MODULE 4: Integrated community-based FP and HTC services

Meaning of integration
Integration is a way to provide complementary sexual and reproductive health services such as FP and HTC by a trained VHTM within one household or village to suit the needs of the client and reduce inconveniences. It involves training VHTMs in new services and adding them to the routine services that the VHTMs had been providing. In this instance, we are referring to the addition of new HTC services (including HIV information, pre- and post-test counseling, testing, support, and referrals) to FP services, which VHTMs already offer in their communities.

Integration of FP and HTC services
Many clients consider being tested for HIV; however, they are often confused, ashamed and afraid of sharing this desire with providers or even asking where and how they can be helped to get the HTC service. The VHTMs should raise this topic with their clients when they come to them for FP. Not everyone will be interested, but it is important that they are given the information about the VHTM's ability to provide this service and be allowed to make a choice.

It is also important to note that once people are aware that VHTMs are providing HTC, many non-FP clients may approach them for the service. This is appropriate, and VHTMs can offer HTC to all clients. Where possible, they should include FP information and, if needed, they can provide FP methods or referrals to these other clients.

What are the benefits of FP/HTC integration and why should VHTMs offer both services?

- Women and men of reproductive age are often sexually active and fertile, and:
  - Share common needs and concerns
  - Are at risk of HIV infection or might be HIV positive
  - Need to know their HIV status
  - Need access to FP and HTC services

- FP clients may want HTC services and vice versa
- Increased access to more services through referral
- Helps to overcome HIV stigma if both services are provided by the same VHT
- Opportunities for follow-up and support for ART or FP method adherence
- Unintended pregnancy and HIV both result from unprotected sex.
- Condoms can prevent both HIV and pregnancy.
- Both HIV and pregnancy can suppress immunity, though some parts of the immune system are actually boosted during pregnancy.
- Prevention of unintended pregnancy in HIV-positive women prevents MTCT. Also, knowing their HIV status can be an important first step for pregnant women to access important SRH and PMTCT services.
- Like people without HIV, people with HIV have a right to determine the number of children they have and when to have them, and many may want to limit or space their childbearing.
- Women who have HIV could be diagnosed earlier and referred for care and treatment, including ARV therapy (if needed) at the health unit.
- Better understanding and promotion of family health by both the VHTMs and their clients. For example, helping clients to act on HIV-prevention messages.
- Integrated FP and HTC services can provide a valuable opportunity to involve men in discussions of individual and family health in a meaningful way.
- Encourages partner counseling, testing and disclosure.
- Helps couples make informed decisions about HIV prevention and fertility intentions.

How are we going to integrate HTC into FP?

Talking about HTC and FP can be very challenging even for the most experienced health care workers. VHTMs must remember:

- Be knowledgeable about the basic medical and social facts of the two subjects.
- Reassure clients that they will try to understand how their clients are thinking and feeling, but will never judge them.
- Provide factual, unbiased and complete information that allow their clients to make free, informed choices.
- For any client who comes for family planning in the VHTM home, or whom the VHTM sees in their home, the VHTM should talk to them about their ability to give HTC and ensure that the client is prepared to make a fully informed decision about HIV testing. If they want a test, the client will be informed that they can test with the VHTM or be referred to the nearest health center.
- Tell the client that as usual you will keep everything you discuss together confidential.
- Mention that you can offer couples counseling, or can also refer partners for testing.
- If they seem interested in HTC, proceed with the counseling and testing process as defined in other modules.

Potential Challenge

- Providing HTC and FP services for the client during the same visit will probably require more time by the VHTM and the client. Both services require health education, discussion and counseling. In addition, the VHTM will need to conduct an HIV test and fill record forms for each service that was provided. The VHTMs will need to explain this to the client to make sure they have enough time that day to receive the services they are interested in.
- VHTMs may also know of other minor or serious challenges that may occur when they begin to offer integrated services. Use an interactive discussion to identify what those challenges are and to brainstorm potential solutions to address them.

MODULE 5: HIV Counseling

Introduction

This module helps participants to review the counseling concept, and it introduces them to counseling procedures for HIV testing and for providing HIV-test results.

Purpose

This module will enhance the participants' knowledge and skills in providing effective counseling for HIV testing. Resources: prepared flip charts, presentations, and job aid.

Objectives

By the end of the module, participants will be able to:

- Explain the counseling concept
- Explain the counseling procedures for HIV testing
- Explain procedures for providing HIV test results

Duration: 5 hours

Module content outline

Session 1: Introduction to counseling

Session 2: Positive attitudes, principles and ethics in counseling

Session 3: Communication skills in counseling

SESSION 1: Introduction to counseling

Introduction

This session will enhance the participants' knowledge and skills in HIV counseling and testing.

Session Objectives

By the end of the session, participants will be able to:

- Explain the meaning of counseling
- Discuss the importance of counseling
- Describe the qualities of a good counselor

Duration: 1 Hour

Training methods

- Lecture
- Brainstorm
- Buzz groups
- Question and answer

Training materials

- Flip charts, masking tape and markers

Training procedure

Step 1: Meaning of counseling

- Introduce session objectives.
- Ask participants to brainstorm the meaning of counseling.
- Record and process the participants' responses to come up with a working definition of counseling. (Refer to the facilitator's notes.)
- Using buzz groups, ask the participants to discuss the scenario below in five minutes.

> *Wonderful is a friend of yours who has always mentioned that if she ever tests HIV positive, she will commit suicide. When she went for antenatal care, she discovered that she was HIV positive. You are worried that she might go through with the threat of committing suicide.*
> *1. Do you think it is advisable to talk to someone? If yes, why?*
> *2. What kind of person would you recommend that she talk to and what qualities should that person have?*

- Ask the participants to share what they have discussed in their small groups.
- Record the responses on the flip chart.
- Process the participants' responses and emphasize the qualities of a good counselor as well as the importance of counseling.
- Lead participants in a discussion of possible locations for the counseling.

Step 2: Wrap up the session by emphasizing that counseling should be conducted in a place with privacy, with no interruptions and that it should be provided to any person that seeks it.

SESSION 2: Positive attitudes, principles and ethics in counseling

Introduction

This session will enhance the participants' knowledge of the principles and attitudes in HIV counseling of community members.

Objectives

By the end of the session, the participants will be able to:

- Explain positive attitudes for counseling
- Explain the principles of counseling
- Discuss the ethics of counseling

Duration: 1 Hour

Training methods

- Brainstorm
- Group discussion
- Lecture

Training materials

- Flip charts, masking tape and markers

Training procedure

Step 1: Explain the principles, ethics and positive attitudes of counseling

- Introduce the session's objectives.
- Ask participants to brainstorm the meaning of these terms: "positive attitudes," the "principles" and the "ethics" of counseling.
- Record and summarize the participants' responses. Refer to the facilitator's notes.
- Using a prepared flip chart or PowerPoint presentation, explain the positive attitudes, principles and ethics of counseling.

Step 2: End the session by emphasizing that the positive attitudes, principles and ethics of counseling are the basic requirements or pillars of quality counseling.

SESSION 3: COMMUNICATION IN COUNSELING

OBJECTIVES

At the end of the session, participants will be able to:

- Define effective communication
- Name and explain types of communication
- Explain communication skills necessary in counseling
- Describe factors that affect and promote effective communication
- Demonstrate communication skills in counseling

CONTENT

- Definition of communication
- Types of communication
- Factors that affect effective communication.
- Importance of effective communication in counseling.

DURATION: 3 hours

Training methods

- Group discussion
- Role play
- Question and answer

Training materials

- Flip chart
- Markers
- Masking tape
- Pre-prepared flip chart on types of questions
- Pre-prepared flip chart on comfortable and uncomfortable questions

SESSION 3.1: EFFECTIVE COMMUNICATION

- Ask participants to form a circle and provide instructions for the communications skit.

- Write a message on a piece of paper and whisper the message to the participant nearest to you and ask each participant to whisper the message to the next nearest participant. Explain that participants are not allowed to ask for the message to be repeated if they did not hear it well. The last person tells the group the message that he or she received.
- Read aloud the original message and compare the similarities and differences of the two messages.
- Discuss the results using these questions:
  - What do you feel about this exercise? If the final message is different, why do you think this happened? If it is similar, why did it not change? What could have been done differently to achieve a better understanding of the message?
- Introduce the session by recapping the qualities of a good counselor and focus on effective communication as an important tool in counseling.
- Ask participants to discuss what they understand by the term "communication."

SESSION 3.2: TYPES OF COMMUNICATION

Training procedure

- Ask participants to identify different types of communication. Summarize the responses with the following categories:
  - Verbal
  - Non-verbal
  - Written
- Ask for volunteers and write a message on a piece of paper. Ask one of the volunteers to silently pass it to another volunteer through a third volunteer. Discuss this exercise, starting with the people who acted in the exercise using the following questions:
  - What do you feel about this exercise?
  - What have you learned about written communication and about verbal communication? What are the benefits and disadvantages of each?
- Ask for volunteers. Ask each volunteer to show some non-verbal communication of their choosing; ask the rest of the group to guesses the intended meaning. Volunteers should confirm whether the responses are correct or not.
- Summarize the results, starting with the people who engaged in the exercise, using the following questions:
  - What do you feel about this exercise?
  - What have you learned about non-verbal communication?
- Put more emphasis on non-verbal communication by discussing how it can affect the client in a negative or positive way.

SESSION 3.3: COMMUNICATION SKILLS

Training procedure

- Ask participants to refer to the previous communication skits and discuss skills that enhance communication (the sending and receiving of information).
- Record their responses and summarize them, focusing on the following:
  - Use active listening (Consider the acronym, "ROLES" – relaxed body, open posture, lean forward, eye contact, sitting squarely)
  - Check understanding, for example, by paraphrasing or summarizing what the client said, or by asking the client to repeat the information back to you.
  - Ask open-ended questions.
  - Answer questions accurately, while encouraging additional questions and discussion without interruptions.

ACTIVITY 1: ACTIVE LISTENING

Procedure:

- Write "Active Listening" on the board and ask participants to pair up and start a conversation of their choice. One person should talk for 2 minutes while the other person actively listens. After 2 minutes they should switch roles (talking/listening) and continue with the same conversation. Allow another 2 minutes.
- Ask participants their feelings and reactions about the exercise. Record and discuss their responses to elicit the following components of active listening:
  - Paying attention
  - The constructive use of silence
  - Observing non-verbal communication
  - Relaxed body, open posture, leaning forward, eye contact and sitting position (ROLES).
- Ask the participants to discuss the importance of active listening during counseling sessions with clients and what it helps to achieve.
- Record the participants' responses on the board and summarize them to elicit the following advantages of active listening:
  - Facilitates understanding clients story
  - Helps one to follow the flow of the story
  - Reinforces positive attitudes
  - Assists in assessing the client's non-verbal/body communication
  - Allows a client to express his or her story better
  - Ensures that the counselor is not dominating the discussion
- End this discussion on listening skills by emphasizing that it cannot work without other skills. At this point introduce the skill of "checking understanding."

ACTIVITY 2: CHECK UNDERSTANDING

Training Procedure

- Ask the participants how they might check their understanding of a client's story.
- Record their responses and discuss them to elicit different ways of checking understanding:
  - Paraphrasing what the client is saying
  - Summarizing the client's story
  - Identifying and reflecting the client's feelings and emotions from the client's story
  - Asking a client to repeat the information back to you.
- Ask each participant to pair with the one on his or her right and role play the situations given below:
  - Paraphrase parts of each other's story on their family background. As one participant is telling his or her story, let the other (the one who has been listening) paraphrase certain parts of the story, as appropriate. Then switch the roles. Give each person 5 minutes.
  - Have them repeat the process with a story of a sad event. Allow 5 minutes to each participant to tell his or her story.
- In the plenary group, ask the participants what they experienced during the exercise.
- Record their responses, focusing on some of the following:
  - Remembering all of a client's story is difficult
  - Summarizing certain parts helps to one remember.
  - One may occasionally interrupt a client. This should be done respectfully and only if necessary to help the counselor to understand the client.
  - The need for maximum attention as the story is told.
  - It may hurt or embarrass the client if the counselor paraphrases or summarizes the information incorrectly.
- Conclude the activity by emphasizing the importance of checking understanding and introduce the skill of asking questions.

ACTIVITY 3: THE USE OF QUESTIONS IN COMMUNICATION

Training Procedure

- Inform participants that the next activity will be an imaginative exercise involving them and a client called "Mable."

Role-play

Ask participants to imagine meeting Mabel for the first time. Each participant should come up with at least five questions they would ask Mabel if they were

her counselor. (This activity should take not more than 7 minutes)

Ask participants to pair up with their closest neighbor and compare their questions. Ask each pair to discuss the reasons for asking those questions

- In the plenary group, let each pair read the questions his or her friend would have asked Mabel and the reasons for asking them.
- Record the responses on two flip charts: One chart has the heading, "Questions asked," and the other has the heading, "Reasons for asking."
- After each group has presented its results, discuss the responses with the following guidelines. People ask questions to:
  - Get information
  - Acquire a deeper understanding
  - Assess one's emotions
  - Find new information
  - Cross check with other information
- Start the next activity: Asking questions is one of the skills that a counselor needs.
- Distribute two manila cards. Ask the participants to write a different question on each card. Give them 2 minutes.
- Post a prepared flip chart with the following headings:
  - "Open-ended questions"
  - "Closed questions"
  - "Probing questions"
  - "Leading questions"
- Ask each participant to post each card under the appropriate heading.
- Explain and summarize the results, using this guide:
  - *Closed questions* can usually be answered simply with a "yes" or a "no." These questions have limited use during counseling because they provide little information. They should be limited to situations where a counselor does not need more than a "yes" or "no" response. For example, a counselor may ask, "Do you want to hear more about HTC?" If the client says "yes," continue with information about HTC.
  - *Open-ended questions* elicit longer answers and allow clients to express themselves and to provide more information. Open-ended questions usually begin with What? Why? Or How? An open question asks the respondent for his or her knowledge, opinion or feelings. "Tell me" and "describe" can also be used in the same way as open questions. Consider these examples:

    "How do you feel about using a condom?"

    "What do you think about using a family planning method?"

"You said you cannot ask your partner about condom use. Why do you feel this could be a problem?"

- *Probing questions* allow a counselor to learn more details. Asking for clarifications ensures that you have the whole story and that you understand it thoroughly. Sometimes it can be as simple as asking your respondent for an example to help you understand their meaning. At other times, you need additional information. Probing questions can be closed-ended or open-ended.

  "You said you cannot ask your partner about condom use. Why do you feel this could be a problem?" (Note that this is the same question stated above; the question is probing *and* open-ended.)

  "You said that you do not like contraceptive pills. What do you not like about them?"

- *Leading questions* lead the respondent to your way of thinking or to a "desired" answer. They are **not** helpful during counseling because they can intimidate a client and introduce bias. (For example, the client may not feel comfortable about not meeting the counselor's expectations.)

  "You said that your husband does not like to use condoms. Don't you think your husband will accept them now?"

  "How soon will you be able to talk to your partner about condom use?"

  "Now that we have discussed condom use, don't you think condoms will protect you?"

- Recap the questions that were generated in Procedure 2 and ask participants to state the interrogative pronouns — Who? What? When? Where? How? Why? — in every question that was asked.
- Record the participants' responses and make sure they asked all the interrogative pronouns. Inform participants that all of those pronouns can be used to ask open-ended questions.
- Distribute two manila cards. On the first card, ask each participant to write one question they had been asked that they were comfortable answering. On the second card, ask each participant to write another question that made him or feel uncomfortable or offended.
- Collect, shuffle and re-distribute the cards. Post a prepared flip chart with these headings:
  - "Comfortable questions"
  - "Potentially offensive questions"

- Summarize the results and explain that the way a question is asked can make a difference. A questioner can appear impolite or rude depending on how they ask the question. An offensive question may make the client defensive and disrupt the counseling process. For example “Why?” questions (e.g., Why didn't you use a condom?) can be unhelpful because they tend to make people feel defensive.
- Highlight the reasons that people ask questions:
  - To acquire information
  - To acquire a deeper understanding
  - To assess the emotions of others
  - To determine what another person knows or does not know
  - To check or clarify information already received
  - To create rapport between the counselor and the client

ACTIVITY4: ANSWERING QUESTIONS

(Correct and appropriate information in communication)

Training procedure

- Ask participants to use the brainstorm technique to identify the characteristics of a good answer to any question.
- Record their responses, and highlight the following points:
  - Accuracy of the information
  - Relevance of the answer
  - Clarity and simplicity of the answer
  - Confidence in the answer
  - Adequate amount of information
- Ask six volunteer participants to come forward. Ask one to play the role of the client and the others to act as the counselors. **Or:** Divide the participants into two groups. Divide the questions (below) between the groups. Trainers should participate in the group work. Switch the questions given to each group after the groups have worked on the questions. Trainers should also switch to the other group. Let the client ask the following questions of the counselors:
  - Now that I am HIV positive, how long will I live?
  - They say condoms are not 100% effective. Is that true?
  - How accurate is your test?
  - Is it possible to send someone for my results?
  - Why am I HIV negative even though I have been having sex with my HIV-positive husband?
  - Where did HIV come from?

- In a plenary session, ask the other participants to comment on the exercise. Keep in mind the following points: the importance of correct information, the ability to provide clear and simple information, checking for understanding or misunderstanding, and the repetition and reinforcement of important information.

EVALUATION

Observe the communication skills of the participants who play "counselors" as they are answering the questions.

Session 3.4. : FACTORS THAT AFFECT COMMUNICATION

Training procedure

- Ask the participants to identify the factors that are likely to affect effective communication between the counselor and the client. (This could be based on their past experiences or observations during training.)
- Record and discuss the group's responses.
- Use a three-legged stool as a metaphor, and explain that the counseling process depends on communication skills, a positive attitude and knowledge.
- End the session by emphasizing that effective communication involves positive attitudes language (both verbal and non verbal), while avoiding negative factors like noise, interruptions, and a lack of privacy.

******FACILITATOR'S NOTES**

MODULE 4: Counseling

Introduction to counseling
Counseling plays a vital role in the provision and utilization of HTC services. It presents the essential entry point for psychological support and behavior change. Counseling enables individuals to make informed decisions. It strives to empower individuals to take positive actions.

The Five Ws of counseling: What? Who? Why? Where? When?

What is counseling?	**Who** should do the counseling?	**Who** should receive counseling?	**Why** is it important to counsel?	**Where** and **When should counseling be provided?**

What is counseling?
Counseling is a dialogue between a client and a care provider that is designed to help the client to cope with stress and to make informed personal decisions. Counseling can also be defined as a helping relationship that strives to help a person solve his or her own problems.

Counseling can be a continuous dialogue between a service provider and a client. The service provider helps the client to explore all options and to find solutions to his or her problems.

Who should offer counseling?
Counseling should be offered by a trained community service provider with the following attributes:

- Trained in the skill of counseling
- Knowledgeable in the subject content of the counseling
- Able to abide by the professional ethics of counseling
- Positive attitudes and good communication skills
- A good role model for the counseled client.

What is the role of the counselor?

- Provide full, factual, up-to-date information about HIV and AIDS to the client and the family.
- Pre- and post-HIV test information and counseling
- If a client tests HIV positive, refer or accompany the client (patient) to the facility for care and treatment.
- Refer the client and his or her family to available sources of support according to their need.
- Provide emotional support to the client and his or her family by addressing their psychological needs.
- Maintain a record of all health facilities and other psychosocial support services in the area for easy referrals.
- Advise the client to encourage his or her partner and other family members to get tested.
- Encourage the client to disclose his or her status and provide adequate support for disclosure.
- Comprehensively address the FP and HTC needs of the client.

What are the characteristics of a good counselor?

- Knowledgeable. Know the facts about HIV and AIDS.

- Positive attitudes toward the client:
  - Confidentiality
  - Respect
  - Caring
  - Warmth
  - Empathy
  - Acceptance
  - Being non-judgmental

- Good communication skills:
  - R: Relaxed
  - O: Open
  - L: Lean toward the client
  - E: Eye contact with the client
  - S: Sit near the client

Who should receive counseling?

Counseling can be offered to everyone, including:

- Clients using FP who are also concerned about their current or previous exposure to HIV
- Clients using FP who wish to have children and are concerned about HIV
- Clients using FP who are concerned about their spouse's behavior
- Clients using FP who believe they may have HIV (e.g., experiencing chronic sicknesses) or who have been exposed to HIV
- Clients who want to access FP services
- Any person in the community who wants to be tested for HIV
- All clients and their partners should be encouraged to receive counseling and testing

Why is counseling important?

- Counseling provides psychological support to people with HIV/AIDS and their families. Keep in mind that:
  - HIV is a chronic disease. It is has no cure, but treatments can prolong and improve lives.
  - HIV infection can cause fear, loss of hope and helplessness.
  - People living with HIV go through periods of chronic and acute illnesses and often need support adjusting to the realities of sickness and death.
  - HIV infection is usually associated with stigma, which makes it difficult to relate to others.
- Counseling provides factual information on HIV infection and disease.
  - People often do not know much about HIV and related issues.
  - People need to understand the difference between HIV and AIDS, the mode of HIV transmission, how HIV affects the immune system, HIV testing, and the importance of positive living.

- Accurate information can help people to manage their situation and reduce their fears.
- Counselors can refer clients who are in need of social support. People living with HIV may experience a variety of social problems:
  - Loss of employment
  - Lack of income
  - Loss of a home
  - Lack of care for the family
  - Lack of support for orphans
  - Family disintegration (divorce and abandonment)
- Counseling can prevent the spread of HIV:
  - Clients can make positive behavior choices to reduce the risk of acquire HIV or infecting others.
  - Clients can learn the risks of their current behavior and their need to change.

Where should counseling take place?

- The counseling space must be:
  - Private
  - Quiet
  - Comfortable for the client and the community service provider
  - Adequately ventilated
  - Adequately lighted
  - Secure for both parties

When should counseling be offered?

- Counseling can be offered:
  - When clients need information on HIV/AIDS
  - When clients choose to be tested for HIV
  - When clients seek information about testing
  - When clients request help
  - When clients living with HIV and their families face periods of crisis
  - When clients request family planning

MODULE 6: Types and stages of counseling

Introduction
This module introduces participants to the different types of counseling: individual, couple, and group. The module also introduces the participant to pre-test counseling and post-test counseling, as well as counseling provided to support the disclosure of test results.

Purpose
This module is designed to enhance the participant's counseling knowledge and skills in a systematic way for clients who will be tested for HIV.

Objectives
By the end of the module, participants will be able to:

- Describe different types of counseling
- Explain the counseling procedures used before a client has an HIV test (pre-test counseling)
- Explain the counseling procedures used when relating the HIV test results to the client (post-test counseling)

Module content

Session 1	Types of counseling
Session 2	Pre-test counseling
Session 3	Post-test counseling
Session 4	Disclosure in HIV counseling

Advance preparation
Prepared flip charts.

Session 1: Types of counseling

Introduction
This session is designed to enhance the participant's knowledge of different types of counseling.

Learning objectives
By the end of the session, participants will be able to:

- Describe the different types of HIV counseling
- Discuss the advantages and challenges of the different types of HIV counseling

Duration: 1 hour

Training methods

- Brainstorm

- Group discussion

Training materials

- Flip charts, masking tape and markers

Training procedure

Step 1: Identify the types of counseling

- Introduce the session and describe the objectives.
- Ask the participants to share their experiences of counseling they received (no need to share personal details), probing for information on whether it was individual or couple or group
- Explain the different types of counseling: individual, group and couple counseling.

Step 2: Discuss the advantages and challenges of the different types of counseling

Group work

- Divide participants into 3 groups and ask each group to discuss the following:
  - Group 1: Advantages and challenges of individual counseling
  - Group 2: Advantages and challenges of group counseling
  - Group 3: Advantages and challenges of couple counseling
- After the discussion, let the groups present their findings in a plenary session.
- Record and summarize the participants' responses, focusing on the advantages and challenges and how to overcome the challenges in each type of counseling. (See the facilitator's notes).

Step 3: Conclusion

- End the session by asking participants whether anyone has been tested for HIV and whether a volunteer would be willing to share the process (**but not the results**).
- Thank the volunteer for sharing his or her experience. Tell the participants that the next session will focus on the different stages of counseling.

Session 2: Pre-test counseling stage

Introduction

This session is designed to enhance each participant's ability to provide HIV pre-test counseling and to use a job aid in preparing individuals and couples for HIV testing during the pre-test counseling session.

Objectives

By the end of the session, participants will be able to:

- Describe the steps of pre-test counseling
- Demonstrate skills in pre-test counseling using the job aid

Duration: 3 Hours and 30 minutes

Training methods

- Brainstorm
- Group discussion
- Role play
- Lecture

Training materials

- Flip charts, masking tape and markers
- Protocol on pre-test counseling, job aid on pre-test counseling, job aids
- Copies of counseling scenarios

Training procedure

Step 1: Stages in the HTC protocol

- Recap the HIV testing process as described by the volunteer participant in the previous session.
- Record and summarize the participants' responses to come up with the counseling stages involved in HTC. Refer to the facilitator's notes.
- Building on what the participants have shared, explain the pre-test and post-test stages of counseling.
- Inform participants that they should discuss each stage, starting with pre-test counseling.

Step 2: Learning the details

- Distribute the job aid containing the steps of pre-test counseling to the participants. Make sure each participant receives a cue card. (These should have been prepared prior to the session, using the facilitator notes.)
- Give the participants 5 minutes to study the information contained on the job aid.
- Discuss each of the steps of the pre-test counseling and encourage the participants to ask questions.
- Provide copies of the pre-test counseling steps (refer to the facilitator notes) and provide clear instructions on the desired outcome of the role play:
    - Displaying the ability to follow the steps in a pre-test counseling session while maintaining appropriate communication skills and a positive attitude.

Step 3: Demonstrate skills in pre-test counseling

- Divide the participants into groups of three for a role-play: a counselor, a client and an observer.
- Let the groups discuss and demonstrate the two scenarios (in the box below). As the counselor and client are role playing the pre-test session, the observer should take note of the following:
    - The counselor providing messages about FP and HTC.
    - The counselor is following the steps in the job aid and job aid and covering all the content.
- Inform participants that they should take turns to practice counseling by switching roles.
- Observe each group to make sure they are practicing correctly.

- Bring the groups back to a plenary session, and provide constructive feedback. Ask the counselors to share their experiences first, then the observers and the facilitators.

Scenario 1
Tom comes to you because he heard that you are a trained community counselor. He tells you he has a new spouse and they have discussed and agreed to have a test. However, he is worried because he has been having unprotected sex with many partners. Help Tom to make an informed decision.

Scenario 2
Kate is a 28-year old woman living next door to you; she recently discovered that she is pregnant with her sixth child. According to Kate, her husband has been supportive but she recently learned that he has been dating many other women. She is worried that she might be infected with HIV. How would you support Kate to make an informed decision?

Step 4: Conclusion

- End the session by emphasizing key aspects: What do you do if a client declines testing? What strategies should be adopted by the provider during the risk assessment? Refer to facilitator notes, and check the participants' understanding using a question-and-answer approach.

Session 3: Post-test counseling stage

Introduction
The goal of this session is to enhance the participants' skills in sharing HIV test results with individuals and with couples, including comprehensive post-test counseling depending on the results.

Objectives
By the end of the session, participants will be able to:

- Explain the meaning and importance of post-test counseling
- Describe the steps for post-test counseling of (1) an HIV-positive client, (2) an HIV-negative client, and (3) discordant couples
- Demonstrate the skills of post-test counseling
- Demonstrate the skills of post-test counseling related to FP needs

Duration: 4 hours

Training methods

- Brainstorm
- Group discussion

Training materials

- Flip charts, masking tape and markers, job aid

Training procedure

Step 1: Steps in post-test counseling

- Recap the previous session and introduce the new session's objectives.
- In a brainstorming session, discuss the information and support a client needs just before and after receiving his or her test results.
- Based on the brainstorming session, ask the participants to come up with the likely steps they would follow during a post-test counseling session. Record and summarize the participants' responses and identify the correct steps for post-test counseling. Refer to the facilitator's notes.

Note: Take care not to rush the participants as they learn about each step. Clients may express strong emotions regardless of the test results. Emphasize the importance of allowing clients to express their emotions.

Step 2: Demonstrate skills in post-test counseling for both positive and negative results

- Ask participants to return to their groups of three: counselor, client and observer.
- Let the groups discuss and role-play the scenarios described in the box below.
- As the counselor and client are role-playing the post-test session, the observer should take notes and provide feedback to the small group.
- Provide an opportunity for each group member to practice as a counselor, client and observer.
- In the large group, provide constructive feedback, and allow the counselors to share their experiences, then the observers and the facilitators.

Scenario 1

Tom comes to you because he heard that you are a trained community counselor. He says he has a new spouse and they have discussed and agreed to have a test. Tom is worried because he has been having unprotected sex with many partners and is also not willing to give up those relationships. With your support, Tom decides to take the HIV test, which reveals that he is HIV positive. Prepare Tom to receive his test results and help him make a risk-reduction plan based on his situation. Demonstrate how FP information could be integrated in this scenario.

Scenario 2

Kate is a 24-year old woman, working as a sales woman in one of the busy shops in Kampala. She recently discovered that she is pregnant and the father of her child is a BodaBoda man working next to her shop. According to Kate this man has been very supportive but she recently learned that he has multiple sexual partners. With your support, Kate decided to be tested for

HIV, which revealed that she is HIV negative. However, she recently had unprotected sex with the BodaBoda man. Prepare Kate to receive her HIV test results and help her make a risk-reduction plan based on her situation. Demonstrate how FP messages and information could be integrated in this scenario.

Step 3: Conclusion
Remind participants that they should provide preventive messages to their clients during this stage of counseling. They should remember not to promise more than they can offer during post-test counseling.

Session 4: Disclosure in HIV counseling

Introduction
This session introduces participants to disclosure issues in HIV prevention. The session is designed to enhance the participants' knowledge and skills in supporting clients to disclose their HIV status, which helps to reduce HIV transmission.

Objectives
By the end of the session, participants will be able to:
- Explain the meaning of HIV disclosure
- Discuss the types of HIV disclosure
- Identify the importance, benefits and possible challenges of HIV disclosure
- Demonstrate counseling steps to help clients disclose their HIV test results

Duration: 1 hour 30 minutes

Training methods
- Brainstorm
- Group discussions
- Demonstration

Training materials
- Flip charts, masking tape and markers

Training procedure

Step 1: Meaning of disclosure
- Review the session's objectives.
- Ask participants to brainstorm on the meaning of HIV disclosure.

- Record and summarize the participants' responses to focus on a working definition of HIV disclosure.

Step 2: The types and benefits of disclosure

- In buzz groups, ask the participants to identify the types of HIV disclosure.
- Record and summarize the participants' responses to come up with the types of HIV disclosure.
- Divide the participants into three groups to discuss:
    - Group 1: The clients benefits of HIV disclosure
    - Group 2: The importance of disclosure
    - Group 3: The client's challenges associated with HIV disclosure
- Allow each group 5 minutes to present to the plenary group.
- In a plenary session, brainstorm on how a VHT could help the client overcome the barriers to disclosure.
- During the plenary presentations, use a prepared flip chart or PowerPoint presentation to explain the counseling required to help clients disclose their HIV test results.

Step 3: Role-play

Use the case scenarios of Kate and Tom. In groups of three, let the participants role-play, assisting the client to disclose and to overcome the barriers to disclosure.

Step 4: Conclusion

End the session by summarizing the key aspects of HIV disclosure and answering any questions the participants may have raised.

****FACILITATOR'S NOTES

MODULE 6: LEVELS OF COUNSELING

Types of HIV counseling:

Individual counseling:

Individual counseling is offered to one person at a time. The counselor will help the client to make decisions about HIV testing and to manage their lives whether the results are positive or negative.

Advantages of individual counseling

- Enables clients to express himself or herself freely.
- Enables clients to participate fully in the session
- Facilitates ownership of decisions
- Helps the counselor to focus on the needs of the individual, which should enable the appropriate actions for the client's situation.
- Enhances the development of rapport between the client and counselor
- Enables free discussion of sensitive issues
- Ensures confidentiality
- Helps to focus on the client's strong emotions, especially during post-test counseling
- Easier to manage than group and couples counseling

Principles of individual counseling

- Use a client-centered approach.
- Treat each client as an individual not as a case.
- View each client and his or her situation as unique.
- View the situation from the client's perspective.
- Encourage and empower the client to set and fulfill realistic goals.
- Constantly display an attitude of high regard for the client.
- Encourage the client's ability for self-determination.
- Help the client to develop and improve his or her life skills to cope with any situation.

Summary

In order to discuss sensitive issues openly it is necessary to treat clients as individuals, especially in post-test counseling

Group counseling

During group counseling, several people with common concerns are counseled at the same time. It involves an interactive discussion between the counselor and group members. This counseling is often limited to educational and general issues. It cannot be tailored to individual clients and it is not appropriate for discussing private, sensitive information.

Situations when group counseling is appropriate

- Traditional pre-test counseling may be replaced with group education so that individuals can provide informed consent before the test. Such counseling is often conducted in crowded situations where there are few counselors.
- For a group of people with the same concerns.
- Commonly applied in preventive counseling.
- Providing information to a group of pregnant women about PMTCT and VCT before the test.

- Providing mutual support after clients receive their test results. For example, peer support groups for pregnant women with HIV allow the women to share their experiences on living HIV and infant-feeding concerns.
- The counselor who leads a group session will need similar skills as those required for individual counseling, but will also need to cope with the complex dynamics of the group setting.

Challenges of group dynamics

- You may need to deal with an assertive individual and people who rarely speak in public.
- Ensure the inclusion of quiet, shy or overwhelmed individuals and allow all participants to speak.
- You will need to cope with people who become emotionally distressed in the group.
- Be non-judgmental and include the different beliefs (religious, cultural, medical etc.) of the group's members.
- Refrain from "lecturing" the group; allow the group to learn from each other.

Principles of group counseling

- Clients in the group should be of similar ages and interests.
- Each group should have no more than 10 clients.
- Couples should be grouped separately.
- Choose a language that the group can understand.
- Encourage participation of each group member.
- Consider the education levels of the group members.
- Give the information in a simple way.
- Make sure you provide the relevant information to the right group.
- Sit arranged in a semi-circle or oval (for eye contact).
- Explain that personal issues and concerns can be arranged and discussed after the group session.
- Maintain constant control of the group.
- Allow time for questions.
- End the session and remind the group that individual counseling is available. Arrange an adequate amount of time and a convenient place.
- Use group discussion not lecturing.

Summary Note:

Although group counseling is important, decision-making can be influenced by views of the majority. The counselor should always seek individual opinions, and provide the opportunity for individual counseling to those who may need it.

Types of HIV counseling

Pre-test counseling
This type of counseling takes place before a person has a blood test to find out whether he or she has HIV. The purpose of pre-test counseling is to help a client make an informed decision about whether to have an HIV-antibody test.

Post-test counseling
This type of counseling is offered when the results of the HIV test are given to the client. The aim of this is to help the client cope with HIV (if the test is positive) or to adopt safe sexual behavior (if the test is negative).

Ongoing or supportive counseling
This type of counseling is offered to people who are living with HIV.

Preventive counseling
Counseling about prevention is an essential part of all counseling activities. It is offered:

- To any person who wants to discuss how they can avoid being infected with HIV or how they can avoid infecting other people
- To relatives and friends of people living with HIV
- To health workers and other caregivers of people living with HIV

Pre-test counseling
This type of counseling is offered to a person before he or she takes an HIV test. Pre-test counseling is a dialogue between a client and a care provider about the HIV test. The discussion focuses on the implications of knowing one's HIV serostatus, which helps the client to make an informed decision about taking the test.
This counseling should cover two main issues:

- The client's personal history and risk of current or past exposure to HIV. (This is a risk assessment.)
- The client's knowledge about HIV/AIDS and his or her ability to cope with crisis.

During pre-test counseling, the counselor:

- Reviews a client's risk of infection
- Explains the HIV test and the meaning of the results
- Explains the limitations of the test
- Helps the client think about possible reactions to the test results and whom to inform
- Helps the client understand why the test is needed and to make a decision about testing
- Helps the client identify support resources
- Encourages the client to be counseled and tested with his or her partner
- Obtains informed consent for the test

Why do we offer pre-test counseling?

- To help a person consider the behaviors they must continue or change to prevent an HIV infection.
- The client has the opportunity to discuss what the result might mean to him or her and how he or she will live with the results.

Procedure for pre-test counseling

Stage 1: Help the client tell his or her story. Assess his or her HIV risk. Provide information on HIV and the HIV test.

- Build rapport and learn about the client's situation and needs by asking open-ended questions.
- Determine whether the client associates him or herself with HIV and disease.
- Assess the client's knowledge about HIV and AIDS, including the modes of transmission and methods of prevention. Do they understand which methods prevent pregnancy and HIV infections?
- Assess the client's thoughts about HIV prevention.
- Help the client understand the risks of HIV infection even when they are using an FP method. Help the client assess his or her own risks of infection.
- Based on what you learn about the client, provide information or clarify misconceptions about HIV transmission, the effects of HIV on the immune system, the course of the infection and the benefits of knowing your HIV status.
- Provide information about the HIV-testing procedure: What should the client expect? How soon will the results be available?
- Discuss the meaning of the different test results, including information on window period.

Stage 2: Help the client consider different options.

- Help the client reflect on the possible test results and the friends and relatives that might be affected by the results.
- Assess the client's capacity to cope with the possibility of an HIV-positive test result.
- Discuss the client's personal needs and available support.
- Review the advantages and disadvantages of testing.

Stage 3: Help the client create a plan of action.

- Help the client identify someone who will likely offer support.
- Discuss the importance of partner/couple testing.
- Help the client to come up with ideas to address his or her concerns.
- Discuss a personal HIV risk-reduction plan.
- Ask the client whether she or he has any questions and whether she or he is ready to make a decision about testing.

- If they agree to be tested, make sure that they provide informed consent.

Risk Assessment

Why conduct a risk assessment?
- Determine whether (and possibly when) a client may have been exposed to HIV.
- Learn about the client's behaviors that may protect them from HIV or put them at risk of an infection.
- Help the client understand how to keep themselves and their partner safe in the future.
- Help the counselor identify other health services that the client may need.

When conducting risk assessment, counselors should:
- Use a private consultation area.
- Assure the client's confidentiality.
- See each individual separately; do not take a personal history in the presence of another person unless the client provides consent has been given
- Be sensitive and non-judgmental. Clients are often embarrassed to discuss private issues and need encouragement and reassurance. Do not allow your personal values or beliefs to affect the risk-assessment process.
- Use clear and simple language and ensure that the client understands all the terms.
- Use models or drawings where necessary.
- Use neutral language (no offensive terms).
- Begin with simple (non-confrontational) issues to put the client at ease.
- Obtain detailed information.
- Discuss the client's behaviors and sexual practices with all partners (not just his or her primary partners).
- Remember ROLES – relax, open posture, lean toward client, eye contact, sit squarely.

Post-test counseling

Post-testing counseling is offered to a client who has agreed to receive his or her HIV-test results. This dialogue focuses on the HIV-test result and provides appropriate information, support and referrals. The counselor should encourage risk-reduction behaviors.

Post-test counseling starts by conveying the HIV test results. It may continue for several sessions to enable an HIV-positive client to adjust to the diagnosis. The counselor should also help the client plan how to live with the information and how to act on what he or she has learned.

What are the goals of post-test counseling?
- Establish whether the client is ready and still wishes to receive the results.

- Help the client learn his or her test results and review the implications.
- Review the information that was provided during the pre-test counseling: risk assessment and risk reduction, the meaning of the test results, disclosure issues, and other related concerns.
- Enable the client to discuss more about HIV prevention and to plan how he or she will prevent future infections, not infect others and not re-infect him or herself.
- Provide emotional, psychosocial and physical support to help the person cope with a positive test result.
- Help the client reflect on emotional and social consequences of the test result and to start planning accordingly.
- Ascertain whether the client still maintains his or her plans for risk reduction or coping in light of positive or negative results.
- Provide the client with referral information, as appropriate.

Issues in post-test counseling

- The client may not be ready to receive the result.
- The counselor must assess the client's readiness to receive the results.
- The client may show signs of anxiety.
- The client will take some time to understand the results.
- Refer the client to an appropriate service organization for further support and management.
- It is very important to carefully discuss the meaning of a negative result and the window period. An HIV-negative result may produce a feeling of relief or joy, but it is crucial to examine this critically.
- The counselor should discuss partner notification and testing with the client.
- Encourage the client to be tested in the future, especially if the client has had a recent potential exposure to HIV, or if the partner's status is unknown.

Tips for giving HIV test results

- Do not check the client's results in the presence of the client.
- Be calm and always ensure confidentiality.
- Do not apologize to the person when you provide the results.
- Explain the results clearly and encourage the client to ask questions.
- Check for the client's understanding of the test result.
- Do not rush or be impatient when you convey the results.
- Do not make plans for the person.
- Do not provide a written test result. Instead, refer the client to a health facility.
- Remember that you are talking to a human being, not a "medical case."

Counseling a client who tested HIV negative

It is very important to carefully discuss the meaning of a negative result. The news that the result

was negative is likely to produce a feeling of relief or joy, but it is important to examine this critically. The test result may not be reliable because of the "window period" and the client may wish to consider returning for a repeat test in about three months. (The repeat test will be reliable only if the client is exposed to HIV during this waiting period.)

Explain the importance of protected sex and other safer sex practices to avoid further exposure to HIV. If it pertains to the client, explain the option of ending sexual relations with a partner who continues to have unprotected sex with other partners and the importance of not sharing needles with others. Together, the counselor and the client should practice different ways of introducing and maintaining new behaviors with others.

Counseling a client who tested HIV positive

- After making sure the client is ready, let him or her know the test results in a neutral tone of voice. Ensure that the client understands the meaning of a positive HIV test result.
- Give the client time to absorb the information before proceeding. Be prepared to deal with crying, anger or denial and give the client the space to express his or her feelings.
- Discuss how the client feels about being infected and provide support to help the client deal with these feelings.
- Assess the client's ability to cope with the diagnosis in the next 48 hours and discuss his or her plans for the immediate future.
- Provide a little information on HIV treatment and care and provide some advice on healthy living. Most clients will not be able to absorb information at this point. You could have information leaflets available for the clients to read when they wish; arrange a follow-up appointment to discuss the information.
- Discuss the possibility of providing counseling to partners or spouses.
- Discuss the need for dual protection (including the use of condoms plus another method) and the risk of re-infection.
- Establish a relationship with the person as a basis for future counseling.
- Refer the person to local community services or service organizations for further support.

Disclosure

Disclosure occurs when clients share their HIV serostatus with others. It applies to both HIV-positive and HIV-negative test results, but disclosure may be especially difficult for those who tested positive. A counselor can help a client develop a plan to share information about their HIV status with others. This involves exploring whom, how, and when to tell.

Forms of Disclosure

- Voluntary disclosure
- Involuntary disclosure
- Full disclosure

- Partial disclosure
- Supported disclosure

Benefits of disclosure

The client may choose to disclose his or her status to their main partner, current partner, recent partner(s), family and friends.

Benefits

- Enables an individual to begin dealing with the issue and obtaining support
- Makes adoption of safer sexual behaviors easier, which reduces the risk of HIV transmission to partners
- Facilitates access to care, support and treatment services
- Creates a sense of empowerment and control over the virus as the client talks with a friend or counselor and receives advice and support.
- Clients can feel more confident and no longer need to worry about disclosure.
- Clients may be able to influence others to avoid infection.
- Openness about HIV status can stop rumors and suspicion.

Barriers to disclosure (for young people and adults)

- Fear of stigma and rejection
- Fear of possible conflicts or violence
- Ignorance about HIV infection and disease
- Fear of shame and public opinion
- Fear of blame and possible breakdown of relationships

Likely challenges and fears of disclosure to a child (for an HIV-positive parent)

- Failure of the child to cope with the news if the assessment was not well done
- Deterioration at school, depression and withdrawal
- Stigma and social discrimination
- Keeping confidentiality on the part of the child.
- Emotional pain in seeing one's child hurt
- Feelings of powerlessness
- The child recognizes the implications of having an HIV-positive parent
- Fear of being upset
- Failure to face worries about a child's future

Dangers of non-disclosure

- Lack of support
- Continuous risk taking
- Lack of care

- Suspicion

Basic principles to support disclosure (for young people and adults)

Help the client take time to make a decision. Make sure that it is what the client wants to do and assist him or her with the plan.

- "Give yourself time to accept your status."
- "Make sure that you feel ready and comfortable to disclose."
- "Choose someone you can trust and who will support you."
- "Practice what you will say."
- "Think about how the person will respond and plan your answers."

If the client wishes to disclose his or her serostatus, encourage him or her to think about the issues listed below.

- Choose a place that is comfortable and private.
- Choose a time when the person you want to tell about your HIV status has enough time to listen and is in a good mood.
- Speak calmly and clearly.
- Identify sources of support, including post-test clubs and other networks of people living with HIV.
- Allow others to express their feelings and concerns after disclosure.

What a VHTM can do to support a disclosure.

- Use role plays to help the client prepare. The client should also try "empty chair" rehearsals — where the client practices disclosure alone, pretending that the other person is sitting next to him or her in an empty chair.
- Encourage self-acceptance.
- Offer to provide direct support during the disclosure process.
- Discuss all sexual partners (if more than one) who need protection from infection and may benefit from disclosure.
- Prepare the client for a shocked or even hostile reaction. Reassure the client that, in time, people close to the client will learn to accept his or her HIV status.
- Help the client to realize that once he or she has decided to disclose, it may be easier to start with those nearest: family, friends or another trusted individual.
- Help the client think about what his or her family and friends already know about HIV and AIDS. This should help the client decide what and how to tell family and friends.
- Provide the client with information and support to live positively.

Basic principles to support disclosure to a child (for an HIV-positive parent)

- Assess how much the child knows about the disease.
- Consider an appropriate entry point for disclosure, such as when a child asks a related question.
- Prepare the child by sharing small amounts of information over time.
- Clients should seek the support of a counselor as needed.
- Consider the likely reactions and how to respond to them.
- Early disclosure is generally better and easier.

Key message

- Disclosure is important but must be conducted with sensitivity. Clients are encouraged to disclose their status with support from a counselor.
- Disclosure must always be done with the consent of the client.
- The client should start thinking about disclosure during pre-test counseling.

MODULE 7: Rapid HIV testing

Introduction

There are several types of tests that are used to detect HIV. An antibody test is the most common. This test reveals whether a person has HIV by identifying HIV antibodies in the person's blood. Antibodies are proteins produced by the immune system when it comes in contact with HIV. It may take up to three months for a person to develop enough antibodies for the test to be effective. Antibody tests include the rapid test, which uses ELISA (enzyme-linked immunosorbent assay). Common ELISA tests in Uganda include Determine, Statpack and Unigold. The HIV antibody test is commonly performed in Uganda because it is very accurate (if it is provided after a "window" period), it is easy to perform and it is less expensive. This is the type of HIV test that VHTMs will be offering to their clients.

Another type of test is an antibody/antigen test, which also looks at certain parts of the virus (called antigens) in addition to the antibodies. This test allows an earlier diagnosis of HIV, often 2 to 3 weeks after an infection.

A third type of test — called a viral load test — looks for HIV itself in the person's blood. It has the shortest period of potential detection and can be used from 3 days to 4 weeks after exposure to HIV. Viral load tests are not recommended for HIV testing except in specific circumstances because they are generally less accurate. For example, the viral load may be undetectable because the individual has a strong immune system or is taking ART. Nevertheless, this person may still have antibodies to HIV that can be found with the antibody test. Viral load tests are also more expensive and also require a longer wait period to receive results. One type of viral load test uses the polymerase chain reaction (PCR) and a dry blood spot (DBS).

The purpose of an HIV test is to determine the serostatus of an individual or couple. Knowing one's sesrostatus can help and individual or couple make constructive decisions about life and family. It is also important to access treatment and care services in a timely manner.

Objectives

By the end of the module, participants will be able to:

- Explain the key steps of the rapid HIV test
- Explain the national HIV-testing algorithm and rapid HIV-testing procedures
- Demonstrate the rapid HIV-testing protocol
- Store rapid HIV-testing kits and supplies

Duration: 2 hours

Module content outline

Session 1 Introduction the IV rapid-testing process

Session 2 HIV rapid tests
Session 3 National HIV testing algorithm and rapid HIV testing procedures
Session 4 Preparation for HIV testing
Session 5 Blood collection for HIV rapid testing by the finger-prick technique
Session 6 Storage of test kits and supplies

Session 1: Introduction to HIV rapid Testing

Introduction
In this session, the participants will be introduced to the different types of HIV rapid testing and the benefits of HIV testing. The session will be delivered through lectures.

Objectives
By the end of the session, participants will be able to:
- Explain the different types of HIV rapid tests
- Explain the benefits of HIV testing

Duration: 30 Minutes

Training methods
- Brainstorm
- Lecture

Training materials
- Flip charts, masking tape and markers

Training procedure

Step 1: Definition of "HIV testing" and the benefits of HIV tests
- Explain the session's objectives
- Start the session by asking the participants what they understand about HIV testing.
- Supplement the participants' responses to provide the correct definition of HIV testing
- Ask participants about the benefits of HIV testing
- Record the participants' responses on a flip chart. Supplement the participants' responses with information from the facilitator's notes (Benefits of HIV testing).
- Conclude by emphasizing the key principles and benefits of rapid HIV testing

Session 2: HIV rapid tests

Introduction
This session introduces HIV rapid testing, different brands of rapid test kits used in Uganda, and the steps involved in an HIV test. It discusses the details of three rapid antibody tests: Determine, Statpack and Unigold.

Objective
By the end of this session, participants will be able to describe the steps of using each of the HIV rapid antibody tests.

Duration: 1 hour

Training methods
- Discussion
- Demonstration

Training materials

Test kits, Determine, Statpack and Unigold job aids, flip charts, masking tape and markers

Training procedure
- Ask the participants to form pairs.
- Distribute a set of tests to each pair.
- Ask the participants to open the flip chart as you go through the steps of each test.
- Starting with Determine, ask for a volunteer to read each step. As he or she reads each step, ask the participants to follow the steps.
- Repeat the process with the other two tests.
- Allow participants to ask questions at the end of each test and respond accordingly.
- Give the pairs a chance to practice the steps of each test for about 15 minutes.
- Conclude by informing the participants that they will get a chance to practice more during the practicum week.

SESSION 3: National HIV testing algorithm and rapid HIV testing procedures

Introduction
In this session the participants will be introduced to the national rapid HIV testing algorithm and the rapid HIV testing and reporting procedures.

Objectives
By the end of the session, participants will be able to:
- Explain the national HIV test algorithm
- Identify the components of rapid HIV test kits
- Explain the systematic steps of the algorithm used for rapid HIV testing with different test kits

Duration: 1 hour

Training methods
- Brainstorm
- Group discussion
- Demonstration

Training materials
- Flip charts, masking tape and markers, rapid HIV testing kits

Training procedure

Step 1: National HIV test algorithm
- Explain the module's objectives
- Explain the national HIV testing algorithm, including the meaning of a screen test, a confirmation test and a tie-breaker.

Note: The Ministry of Health recommends the following testing algorithm for Determine, Statpack and Unigold kits.
- Explain why it is important to adhere to the national HIV-testing algorithm.
- Discuss the standard operating procedures (SOPs) and how to check each type of kit — Determine, Statpack and Unigold — to determine whether it has expired or has been damaged.
- Ask the participants about the types of results that are expected from an HIV test.
- Discuss the meaning of "reactive," "non-reactive" and "invalid" results and the "window" period.
- Ask the participants to list the factors that might hinder a reading of the results.
- Discuss each of the factors, putting emphasis on the importance of reading the results in a place with good lighting.
- Ask for two volunteers to practice the algorithm and invite comments from the other participants.

- Summarize the session by encouraging the participants to keep practicing because they will need to review the material during the practicum week.

Session 4: Preparation for HIV testing

Introduction
This session introduces the participants to key issues in preparation for rapid HIV testing, including how to set up the workstation for HIV testing, and universal safety precautions and practices while handling human blood and other biohazardous materials.

Objectives
By the end of the session, participants will be able to:
- Identify materials and reagents used in conducting rapid HIV testing
- Explain how to set up a workstation for rapid HIV testing
- Discuss safety and universal precautions in HIV rapid testing

Duration: 1 hour

Training methods
- Mini-lecture
- Brainstorming
- Group discussion

Advance preparation
- Rapid HIV testing kits
- A 5 ml of EDTA blood specimen
- Two packets of plain capillary tubes
- Rapid HIV testing supplies

Training materials
- Flip charts, masking tape and markers, actual materials for demonstrations or pictorials, and job aids

Training procedure

Step 1: Materials needed for rapid HIV testing
- Using the lecture method, show participants all the materials one would require to conduct an HIV test

Step 2: Safety in HIV rapid testing

- Ask the participants to identify the safety measures required for an HIV rapid test.
- Summarize the participants' responses on a flip chart.
- Ask the participants to explain the importance of safety when conducting an HIV rapid test.
- Discuss the safety precautions and practices to use before, during, and after HIV rapid testing.
- Emphasize that every specimen should be treated as though it is infectious.
- Ask the participants to share whether they have had any experience with safety concerns such as a needle-stick injury while providing Depo-Provera.
- Discuss the dangers of such injuries and the steps that should be taken in the event that one has been exposed to a needle stick. (Refer to the facilitator notes on the steps to follow for post-exposure prophylaxis [PEP].)

Note: Using examples, cite potential hazards when safety precautions are not followed.

Note: Be sure to emphasize that "sharps" containers should always be taken to the health center for safe disposal — much like FP waste. The container should be used until it is ¾ full and then disposed of properly.

Note: Emphasize that biohazard bags should also be taken back to the health center for safe disposal. Bags should be brought back to the health center at the time of the monthly supervisory meetings or earlier if they are full.

Step 4: Preparing materials for HIV testing

- Using a prepared presentation, explain the importance of a clean, clutter free and safe work area for the rapid HIV test. Discuss how this may be achieved in their homes and in the clients' homes.
- Demonstrate how to arrange the HIV test supplies for the test.

Step 5: Summarize the session

Emphasize the importance of using extra care during the test and during the disposal of waste.

Session 5: Blood collection for HIV rapid testing using the finger-prick technique

Introduction

In this session, the participants will learn how to collect quality blood specimens for rapid HIV testing.

Objectives
By the end of the session, the participants will be able to:
- Describe all the steps in the collection of blood with the finger-prick technique
- Demonstrate how to collect blood using the finger-prick technique.

Duration: 1 hour

Training methods
- Lecture
- Demonstration and return demonstration
- Group discussion
- Question and answer

Training materials
- Flip charts, masking tape and markers, cotton wool, disinfectant, lancets, capillary tubes, sharps containers, dry-waste containers, ¾ pairs of mackintosh cloth

Training procedure

Step 1: Finger-stick blood collection technique
- Explain the session objectives.
- Using prepared materials, describe the key steps of the finger-stick blood-collection technique.
- Explain what to consider when choosing which hand and which finger to prick.
- Explain the importance of disinfecting the prick site before pricking.
- Demonstrate how to prick, how to maintain good blood flow, how not to contaminate the client, and how to manage waste. Refer to the facilitator's notes.
- Invite and respond to questions. If no questions are asked, divide the participants into three or four groups and distribute all the materials required for a finger prick.

Note: All participants will take turns conducting a finger-prick blood collection.

Step 2: Conclusion
- Summarize the steps of conducting a finger-prick blood collection.

Session 6: Storage and transport of test kits and supplies

Introduction
This session will train participants how to safely store and transport HIV testing kits and supplies.

Objectives
By the end of the session, participants will be able to:

- Explain the storage and transport of HIV kits and supplies

Duration: 30 minutes

Training methods

- Brainstorming
- Group discussion
- Lecturette

Training materials

- Flip charts, masking tape and markers

Training procedure

Step 1: Storage and transportation of HIV kits and supplies

- Introduce the session objectives.
- Explain the storage and transportation conditions required for HIV kits and supplies.
- Ask participants to identify possible challenges for the storage of test kits in their homes.
- Discuss how those challenges can be addressed.
- Summarize the participants' responses.
- Supplement the participants' responses using the facilitator's notes.

****FACILITATOR'S NOTES

MODULE 7: HIV RAPID TESTING

HIV Testing
The HIV test is used to determine whether an individual is infected with HIV. The test can be performed using blood, saliva or urine. In Uganda, the most common HIV test uses blood.

What is the rapid test?
The rapid test provides results on the same day, usually within 20 minutes. The rapid test used in Uganda looks for antibodies against HIV, not the virus itself. Antibodies are defense proteins produced by the immune system soon after it comes in contact with HIV. However, it may take up to three months for a person to develop enough antibodies for the rapid test to be effective.

What is the meaning of a positive result?
A positive result means that HIV antibodies have been found in the person's blood sample. This means that the person has the virus that causes AIDS. It does not necessarily mean that the person has AIDS.

What is the meaning of a negative result?
A negative result means that no HIV antibodies have been found in the person's blood sample. This could mean the person has no HIV, but it could also mean that the test was given too early after an infection so the body has not yet produced enough antibodies for detection by the test, which may take up to three months. This is called the "window" period and may require a second test (see below).

"Window" period
Clients who test negative, but suspect that they might have been exposed to HIV recently should be encouraged to return for additional testing within three months. By that time, those who are infected will have enough antibodies in their blood to be detected by test. Those who are not infected will have another negative test result; they are probably not infected. Clients who may be in the window period and waiting for a second test should be encouraged to reduce their risky behavior during this period and avoid another HIV exposure.

Antibodies and antigens
Antibodies are defense proteins produced by the body's immune system that recognize and help to fight infections. Antigens are viral proteins (parts of the virus) that cause the immune system to produce antibodies.

Types of HIV tests

Antibody Tests

The antibody tests are the most commonly used in HIV testing. These tests look for antibodies against HIV. They do not detect the virus itself. They are very effective, but rely on the body to produce enough antibodies, which is why it may take up to three months for the antibody test to detect HIV. The most commonly used antibody tests are the enzyme immunoassays (EIAs) and ELISA (including the HIV rapid test).

Antigen/antibody tests

This test assesses the possibility of an HIV infection by detecting antibodies and antigens. Early diagnosis is possible because antigens can be detected two to three weeks after an infection. As the body develops more antibodies, the antigens become undetectable and then the test relies on antibodies for HIV diagnosis. Antigen/antibody tests also called Fourth-generation tests and have some availability in Uganda.

Viral load tests

This test looks for the genetic material of the virus (and the virus itself) in a person's blood. The viral load test has the shortest potential window period and can be used from 3 days to 4 weeks after the exposure to HIV. However, except in specific circumstances, the viral load test is not recommended for HIV testing because it is less accurate than the antibody tests.

For example, HIV viral load can be very high immediately after an infection, but undetectable a few weeks later because of a strong immune system response. However, even if the viral load is undetectable, antibodies to HIV will still be detectable with an antibody test. Viral load tests are also more expensive and take longer to get a result. Viral load tests are used to monitor a patient's response to ARV therapy, a recent high-risk exposure (such as a condom break with a known HIV-positive partner), or for HIV diagnosis in babies younger than 18 months.

Principles of HIV rapid tests

Rapid tests can diagnose HIV in serum, plasma and whole blood. The most commonly used antibody tests are the EIAs or ELISA, including the HIV rapid test.

Benefits of rapid HIV testing

- Can be processed in the field without laboratory equipment
- Takes less than 30 minutes to get the result.
- Allows for same-day diagnosis and counseling
- Just as accurate as the HIV tests conducted in the laboratory
- Require minimal technical skill

Preparation for HIV Testing

Materials required for a rapid HIV test		
No	**Supplies**	**Use**
1	HIV rapid testing kits (Determine, Statpack and Unigold)	HIV testing
2	Positive and negative controls	Quality control client specimen testing
3	Alcohol or methylated spirit	Sterilizing the prick site
4	Cotton gauze	Wiping off blood and stopping bleeding
5	Sterile lancets	Making a prick for blood collection
6	Pipettes or capillary tubes	Collecting a blood specimen from the fingertip
7	Sharps box	Disposal of used lancets
8	Pencils	Labeling of the test kits
9	Gloves	Prevent contamination with a client's blood
10	Aprons	Prevent contamination with a client's blood
11	Timer	Timing the test
12	Paper towels	Bench coating, cleaning and hand washing
13	Soap	Hand washing
14	Leak-proof plastic bag	Collecting biohazard waste
15	Bleach, container and spray bottle	Making bleach solution for disinfecting work areas
16	Plasters	Covering the prick site after bleeding
17	Register	For recording results
18	Standard operating procedures (SOPs)	Following test instructions

Safety in HIV rapid testing

Safety involves taking precautions at each step in the test process to protect yourself and the client against infection. You must use safety precautions before testing (specimen collection and specimen preparation) during testing and after testing (specimen and material disposal, and the transport of biohazard materials).

You must not come into contact with human blood or blood products that are potentially hazardous.

Basic safety precautions in rapid HIV testing

- Wear latex gloves.
- Change gloves after each client, including members of the same household.
- Do not eat, smoke or drink during the test session.

- Do not pipette by mouth.
- Take precautions to prevent injuries from sharps, capillary tubes, and other hazardous items.
- Clean and disinfect spills of specimens and reagents using 70% alcohol or bleach.
- Properly dispose of used instruments and bio-hazardous materials: non-sharps in a biohazard bag and sharps in a sharps container.

Transportation of kits and biohazardous waste

- The biohazardous bag should be put in a second biohazardous bag before transport to the health facility to minimize risks or injury to the VHTM.
- VHTMs should always carry their carrier bags when they report for monthly meetings to transport the kits safely.
- Upon return to their homes, VHTMs should immediately remove the kits and place them in the FP storage box.
- Bring sharps containers and biohazard bags to health center for safe disposal
- Report and document all incidents and accidents to the nearest health center

Steps for Post-exposure prophylaxis

1. Wash the exposed area thoroughly with soap and water or antiseptic solutions.
2. Rinse eyes or mouth (if contaminated) with plenty of water. Do not use antiseptics in the eyes!
3. Record:
   - Date and time of exposure.
   - The exposure site(s).
   - Where and how the exposure occurred.
   - Whether a sharp object was involved and the type of device.
   - The type and amount of fluid the VHTM was exposed to (e.g., blood).
   - Severity of exposure (e.g., depth of sharp puncture, intact skin, eyes)
4. Evaluate the exposure source: check for HIV status if available and document whether negative or positive, stage of disease, etc.
5. Report the injury to the nearest health unit and discuss the need for a PEP regimen.

Finger-stick blood-collection technique

Identify the hand to be pricked. For example, if the client is left-handed, choose a finger on the right-hand. For adult clients, choose a fingertip of one of the two middle fingers.

Demonstration of finger-stick blood collection

1. Warm hand/finger to be pricked.
2. Clean the fingertip and allow it to air dry.
3. Position the hand palm side up.
4. Place the lancet off the center of the fingertip and puncture the skin.
5. Dispose the lancet in a sharps container.
6. Wipe away the first drop of blood with a sterile gauze pad.
7. To encourage blood flow, hold the punctured finger lower than the client's elbow and apply gentle, intermittent pressure to the base of the finger several times.
8. Use a capillary tube or pipette (as per test instructions) to collect the blood.
9. Apply cotton to the puncture site and ask the client to hold the cotton in place and apply gentle pressure.

How to use the Determine test kit

Note: Before using the kit, check the expiration date and whether it might be damaged.

1. Collect the test items and other necessary lab supplies.
2. Use one strip per test and be sure to preserve the lot number on the remaining packet of strips.
3. Label the test strip with the client's identification number.
4. Pull off the protective foil cover.
5. Collect 50 µl of blood using a precision pipette.
6. Apply the blood to the absorbent pad on the strip.
7. For whole blood only, add one drop of chase buffer to the specimen pad.
8. Wait 15 minutes (no longer than 60 minutes) before reading the results.
9. Read and record the results and other pertinent information on the worksheet.

Interpretation of the Determine test results

Reactive: Two lines appear – one in the control area and one in the patient area.
Non-reactive: One line appears in the control area and no line appears in the patient area.
Invalid: No line appears in the control area. In case of an invalid result, repeat with a new test device, even if a line appears in the patient area.

How to use Statpack test kit

Note: Before using the kit, check the expiration date and whether it might be damaged.

1. Collect test items and other necessary lab supplies.
2. Remove the device from the package, and label the device with the client's identification number.
3. Collect approximately 5 µl of blood using a single-use, disposable pipette.
4. Dispense the collected blood in the center of the SAMPLE well.

5. Add three drops of buffer, holding the vial vertically over the SAMPLE well.
6. Wait for 10 minutes before reading the results.
7. Read and record the results and other pertinent information on the worksheet.

Interpretation of Statpack test results
Reactive: Two lines of any intensity appear – one in the control area and one in the patient area.
Non-Reactive: One line appears in the control area and no line appears in the patient area.
Invalid: No line appears in the control area. Do not report invalid results. Repeat the test with a new test device, even if a line appears in the patient area.

How to use the Unigold test kit
Note: Before using the kit, check the expiration date and whether the kit is damaged.

1. Collect test items and other necessary laboratory supplies.
2. Remove the device from the package and label the device with the client's identification number.
3. Collect blood using a single-use, disposable pipette.
4. Add two drops (approx. 60µl) of collected blood to the sample port in the device.
5. Add two drops (approx. 60µl) of the appropriate wash reagent to the sample port.
6. Wait for 10 minutes (no longer than 20 minutes) before reading the results.
7. Read and record the results and other pertinent information on the worksheet.

Interpretation of Unigold test results
Reactive: Two lines appear — one in the control area and one in the patient area.
Non-reactive: One line appears in the control area and no line appears in the patient area.
Invalid: No line appears in the control area. Repeat the test with a new test, even if a line appears in the patient area.

MODULE 8: Documenting and Reporting

Introduction
Documentation and reporting play an important role in the effective functioning of a project or program. These actions help to ensure that the program is working well. The information is shared with donors, other support agencies, government functionaries and the beneficiaries. Reporting and documentation usually takes the form of data, statistics, notes, and computations. This module is designed to equip participants with knowledge of reporting and documentation. It will also introduce the data-collection tools to be used in the community-based delivery of integrated FP/HTC services.

Objectives
By the end of the module, participants will be able to:

- Define reporting and documentation
- Discuss the purpose of keeping records (documentation) and the importance of accurate, complete, and timely reporting in the delivery of FP/HTC services
- List FP/ HTC data-management tools
- Demonstrate how to complete the requested information on each FP/HTC data-collection tool
- Explain the flow of information flow to the district health office.

Duration: 2 Hours

Training materials

- Flip charts, masking tape and markers

Advance preparations

- Prepare the community-based FP/HTC daily registers, rapid-testing logbooks and the referral slip booklets for all the participants.

Training methods

- Brainstorm
- Lecture
- Demonstration

Training procedure

Step 1: Identify the purpose of documentation and reporting

- Introduce the module and its objectives.
- Ask the participants to brainstorm on the purpose of project documentation and reporting.

- Record and summarize their responses, focusing on these themes:
    - Supporting the provider's memory of a client and his or her care
    - Sharing client information with other providers to ensure continuity of client care
    - Sharing the actual status of any program/event/activity/impact/changes with the stakeholders
    - Updating the supporting agencies about the use of resources
    - Providing documentary support for the validation of the project or program
    - Enhancing the credibility of the project or organization
- Supplement the participants' responses with documented benefits of documentation and reporting by VHTMs.

Note: Emphasize the fact that documentation facilitates the work of VHTMs. For instance, the rapid testing logbook helps the VHTMs to follow the national testing algorithm. The daily registers serve as a reminder of the client's history. The referral slips support the continuity of care.

Step 2: ***Identify the benefits of reporting and documentation***

- In four small groups, ask the participants to share and record (on small pieces of newsprint) at least three benefits of 1) record keeping and documentation; and 2) accurate, complete and timely reporting.
- Ask each group to read their results aloud; avoid repetitions.
- Thank the participants for their efforts.
- Refer participants to the prepared newsprint with the benefits of record-keeping/documentation. Ask volunteers to read one benefit at a time. Expand on each point, while making any necessary clarifications.

Step 3: ***List FP/ HTC data-management tools***

- Ask the participants to mention tools used to collect information in the community-based distribution of integrated FP/HTC services.
- Record responses on newsprint to include:
    - FP client cards
    - HTC client cards
    - FP/HTC integrated daily client register
    - Rapid testing logbook
    - Health unit FP monthly summary
    - Referral slip

Step 4: How to use the community-based FP/HTC data-collection and management tools

- Using the instructions on the inner cover of the daily client register and the rapid-testing logbook (or instructions in the table below or pre-prepared instructions on newsprint), clarify how to appropriately fill in the different data-collection tools mentioned in *step 2*.

FP/HTC daily client register: instructions

Use different pages for each member of a couple that has agreed to be tested. Record FP information once for each couple.

Family planning

- **Counseled?** Write **Yes** or **No** in this field. **Yes** indicates that the VHT has counseled the client on FP. **No** indicates that the VHT did not counsel the client on FP.
- **Ever-used any FP method?** Ask the client if she or he has *ever* used any FP method in his or her life. **Yes** indicates that the client has used a modern method. **No** indicates that the client has never used a modern FP method.
- **Depo-Provera injection number?** Enter the injection number in this field, counting from the first injection you provided to the client. This number should show the injection number that **you** gave today to this client. **Do not** include injections given to the client elsewhere.
- **Condoms (pieces)?** Enter the number of condoms given to the client during this visit. This is the number of **pieces,** not packets or boxes.
- **Pills (cycles)?** Enter the number of pill cycles given to the client at this visit. Write the number of cycles under the specific type of pill given: Lo-Femonal, Microgynon, Ovrette or Microlut.
- **Return date?** After providing the FP method, enter the return date for the next visit in this field. For Depo-Provera, calculate 13 weeks from the current visit. Advise the client to return for services on this date. Tell the client to return earlier if they encounter a problem.
- **Comments?** Record any notes about the client, including referrals, complaints or complications associated with the FP method, and any other relevant information.

HIV counseling and testing

- **Counseled?** Write **Yes** or **No** in this field. **Yes** indicates that the VHTM has counseled the client on HIV testing, **No** indicates that the VHTM did not counsel the client on HIV testing

- **Ever been tested for HIV?** Ask the client whether she or he has *ever* been tested for HIV before today. Write **Yes** or **No,** depending on the client's response.
- **Tested two or more times in the past 12 months?** Write **Yes** or **No** in this field**. Yes** indicates the client has tested two or more times in the past 12 months. **No** means the client has not tested two or more times in the past 12 months.
- **Results?** The results from HIV testing are either **non-reactive** (the client is HIV negative) or **reactive (**the client is HIV positive). Enter the results for your client under the respective section. Tick "not tested" if the client declined a test after counseling. You should also enter the results of the client's partner if she or he was also tested. For example, if your client is female and she came with a partner who also tested, tick either **non-reactive** or **reactive** under female, then tick either **non-reactive** or **reactive** under the male section. If a client came alone, you are required to tick either **non-reactive** or **reactive** in only one section. Do not tick "not tested" in the partner's section.
- **Referrals?** Indicate any services the client has been referred to. Tick in the space provided below each service. To protect client confidentiality, the code *CTx* is used for referrals for care and treatment.
- **Comments?** Record any notes about the client, including complaints, complications, or any relevant information that has not been captured elsewhere on the form.

HIV rapid-testing logbook: instructions

Serial number: Write the number in red for the client's form based on the daily client register. Do not write the client's name (to maintain confidentiality). Each row is associated with one client.
Age: Enter the client's age in years. If the client's age is unknown, provide an estimate.
Sex: Circle *M* for male and *F* for female.
Date tested: Enter the date when the client was tested. Use the day/month/year format.
HIV test 1/HIV test 2/HIV test 3: Record the results of the tests that were performed.
For negative test results, circle NON-REACTIVE.
For positive test results, circle REACTIVE.
A test is invalid if no line appears in the control window, even if a line appears in the test window. In this case, repeat using the same test. Enter the results of the repeated test and write **Yes** in the column "Was any of the three tests invalid?"
Final results: Use the following table as a guide for interpreting the final results:

Scenario	HIV test 1 Determine	HIV test 2 Statpack	HIV test 3 Unigold	Final results	

1	**Non Reactive**	Not needed	Not needed	Negative
2	**Reactive**	**Reactive**	Not needed	Positive
3	**Reactive**	**Non Reactive**	**Reactive**	Positive
4	**Reactive**	**Non Reactive**	**Non Reactive**	Negative

Were any of the three tests invalid? Write yes if one of the tests was invalid. A test is invalid if no line appears in the control window, even if a line appears in the test window.
Comments: Use this column for recording additional information. If a person returns for additional testing (for example after the window period), make a note in the comments column. Other examples include "kit expired," "asked patient to return in three months," etc.

- Relate each form to one or more purposes above. For example, *The FP/HTC register helps VHTMs assess and remember client history and serves as a reminder of return dates. It provides information on accountability but also enables us to track the number of clients who received either or both family planning methods and HTC. It also captures who was referred for services elsewhere. The rapid testing logbook facilitates correct application of the national algorithm. It also provides information on how many testing kits were used in a month. The client cards enables clients to track their FP or HTC return dates. Whereas the health unit FP monthly summary helps summarize the efforts of all VHTMs reporting to that specific unit. Referral slips provide information to other providers who will attend to the client, and help us determine whether clients completed the referrals.*
- Provide time for the participants to practice completing the FP/HTC client daily register and the HIV rapid-testing logbook. Allow time to review the answers after each question.

Step 5: Conclusion
Explain that VHTMs will be expected to report to the midwife (or other appointed supervisor) at the health center monthly, just as they do for the family planning program.

Summarize:
- Emphasize the importance of timely submissions of complete data.
- Highlight the major points of the session.
- Review whether the session's objectives were achieved.
- Thank participants for their active participation.
- End the session and segue to the next session.

****FACILITATOR'S NOTES

MODULE 8: DOCUMENTATION AND REPORTING

A report
A report is a document that contains information that can be organized in narrative, graphic, or tabular form. A report can be prepared at various intervals: ad hoc, periodic, or as needed. Reports may refer to specific periods, events, occurrences, or subjects, and may be communicated or presented in oral or written form.

Reporting
Reporting is a key activity of project management that conveys the actual status of any events or activities on a periodic basis.

Purpose of reporting

- Support the provider's memory of a client and his or her care
- Share the client's information with other providers to ensure continuity of care
- Share the status of any program/event/activities/impacts/changes with stakeholders
- Update the support agencies about the use of resources
- Provide documentary support for the validation of the program or the project
- Mobilize support for rural people or reference groups
- Enhance the credibility of the organization or program

Documentation
Documentation may consist of items such as photographs, paper cuttings, project registers, a daily diary, meeting minutes, audio or video tapes, and other items. These items help us to validate the implemented activities or events.

Advantages of project documentation
Documentation serves three purposes: 1) it facilitates communication; 2) it promotes safe and appropriate service provision or care; and 3) it meets professional standards.

1. **Communication:** Documentation allows VHTMs to convey information about the provision of services — whether the client was counseled, referred, FP method given, etc. — to other health care providers.
2. **Safe and appropriate service provision:** When VHTMs document the services they provide, other members of the health care team are able to review the documentation and plan their own contributions. For instance, by using referral slips, the supervising health unit can detect whether there is a high demand for LAPMs and arrange an outreach. Documentation also provides valuable data for the supervising health unit or district to plan for FP commodities.

3. **Professional standards:** Documentation is a comprehensive record of care provided to a client. It demonstrates whether a VHTM or health care provider has applied the necessary knowledge, skills and judgment according to the standards of practice.

Points to clarify about the daily register:

- **Has the client ever been tested before**? Determine whether the results were received.
- **Results**: The word final refers to the results obtained by the last test performed by the VHTM following the serial algorithm.
- **Results:** VHTMs need to recognize that different fields on the form are linked. For example, if the VHTM wrote that a partner is not present, the VHTM should not enter any information in the section on the partner's result.

MODULE 9: Referrals

Introduction
It is difficult for one service provider to meet all the needs of a client. People who are tested for HIV may have a wide range of needs and preferences, including willingness to take the test, choosing where to be tested, accepting the test results, psychosocial well-being, care and treatment for people living with HIV, and family planning or pregnancy counseling. As a result, VHTMs must know how to refer a client and have the skills needed to create referral networks for people who seek HTC services.

Objectives
By the end of the module, participants will be able to:
- Define the term *referral*
- Explain the importance of referral for people seeking HTC services
- Discuss components of a referral network for people seeking HTC services
- Identify referral sites for people seeking HTC services
- Demonstrate how a referral slip should be completed.

Duration: 2 hours

Training methods
- Brainstorm
- Group discussion
- Gallery walk

Training procedure

Step 1: Definition of referral
- Explain the module's objectives.
- Ask participants to explain what *referral* means.
- Record the participants' responses on a flip chart.
- Summarize the participants' responses and provide a definition of term *referral*.

Step 2: Importance of referral to people seeking HTC services
- Ask participants to form pairs and discuss the importance of referrals to people seeking HTC services from VHTM.
- Record the participants' responses on a flip chart.
- Summarize the participants' responses, emphasizing the importance of referrals among people seeking HTC services.

- Supplement the participants' responses with a presentation on the importance of referrals from VHTMs among people seeking HTC services.

Note: The presentation should clearly explain the reasons that people who are seeking HTC services from VHTMs would need referrals.

Step 3: Components of a referral network for people seeking HTC services from VHTMs

- Pin up flip charts with the following questions around the training room. Arrange the flip charts in this order:
    - *Who refers?*
    - *Who should be referred?*
    - *What types of referral needs might a client have?*
    - *Which organizations or institutions offer those services?*
    - *Where are those organization or institutions located?*
    - *What are the hours of operation?*
    - *How should referrals be made?*

- Divide the participants into three to five groups. Assign the questions according to the group's proximity to one or more flip charts in the training room.
- Ask each group to discuss the question listed on the flip charts as it pertains to people seeking HTC services from VHTMs. Give each group fifteen minutes to discuss the questions and to record their answers on the flip chart.
- In a gallery walk, ask a representative from each group to read aloud their answers on the flipchart.
- Discuss and supplement the participants' responses.
- When they VHTMs return home, they should type the responses into a referral directory for future reference.

Step 4: Conclusion

- Summarize by emphasizing the importance of referrals for people seeking HTC services from VHTMs.

****FACILITATOR'S NOTES

MODULE 9: REFERRALS

What is a referral?

After assessing a client's needs a health care provider may conclude that the client will benefit from accessing additional services. A referral is the act of formally sending a client to another

place (such as a hospital or health center) for services. The provider may not be able to provide the service or the client may prefer to receive certain services elsewhere.

A referral can be an important tool in a client's continuum of care by helping him or her to access services to address all physical, psychological and social needs.

For example:

- When a client tests HIV positive, the VHTM should refer the client to the nearby health center for care and treatment. This should include a confirmatory test by an independent person (in this case a lab person).
- If a client recently tested positive, he or she may find it beneficial to be referred to social or peer-support groups.
- When a client reaches a later stage in the infection and contracts an opportunistic infection, she or he may need to be referred to tertiary-level health care services.

Note: *Appropriate referrals ensure the efficient use of health care services and minimize the costs for the client.*

Components of a referral network for people seeking HTC services from VHTMs

1. Who refers the clients?

VHTMs can refer their clients to other services.

- VHTMs will be referring their FP/HTC clients to other service providers, such as health center staff, using a referral slip.
- Clients should be given referral slips that identify the referral facilities. VHTMs will retain copies of the referral slips for record keeping and client follow-up.

Note: All clients that test positive for HIV must be referred to a nearby health center for linkage to treatment and pre-ART services, including a confirmatory test to be given at the health clinic.

When referring a client, the VHTM should:

- Provide information about the referral service.
- Explain that the client's status may need to change from "anonymity" to "confidentiality." Some services may require the client's name and each organization has its own operational guidelines that may differ from those of the community-based service.

2. Why might a VHTM make a referral for a client?

Clients may need a referral for several reasons:

- Discomfort about being tested by the VHTM after counseling
- Initiation of care and treatment, including a confirmatory test by another person if the test results are positive
- Need for another test if the client is not satisfied with the results provided by the VHTM.
- Need to test children, in case one or both parents tested HIV positive
- Need to access other services not offered by VHTMs, such as psycho-social support and care and treatment
- FP-related services (such as long-acting and permanent methods and the management of side effects)

3. How should a referral be made?

- It includes the different fields that must be included on a referral form (referral slip on the client's daily register)
- Discuss codes to be used for confidentiality
- It's important to give clients adequate choices for referrals. Do not necessarily choose locations that are closest to the client.

4. Where might a VHTM refer the client?

VHTMs can refer clients seeking FP/HTC services to:

- District hospitals
- Different levels of district health centers

Note:

- A list of other health and social referral locations (within the respective project areas) will be provided to the VHTMs.
- VHTMs should regularly keep up to date on available care and treatment services available in their respective communities. VHTMs should only refer clients to health centers when they are certain that FP/HTC services exist.

Identify referral sites for people seeking FP/HTC services

VHTMs should be aware of the health and social care services available in their respective areas. Also, other programs for chronic illnesses or community-based care need to be explored for collaboration to ensure an integrated approach.

VHTMs that provide integrated FP/HTC services should meet with relevant health care workers and community workers in their catchment area. They should discuss their respective services and collect any literature about the services. The literature can be

provided to clients for referrals. VHTMs should also collect information about other services, including:

- Name of the organization or health facility
- Address
- Phone number
- Name of the key contact people
- Services offered by the organization

This information should be maintained for all the referral sites in the respective districts. The list will be provided to all participants.

Note: A well-established referral network is vital for meeting the needs of clients who are being tested for HIV and for those living with HIV for adequate care and treatment.

MODULE 10: Preparation for practicum

Introduction
This training curriculum recommends a five-day practicum session, where participants put their classroom knowledge into practice by counseling and testing clients in an actual HTC setting. The participants should be supervised by a member of a health center and by a laboratory staff member, respectively. Fieldwork should take four days; one day can be used for a group debrief and feedback in the classroom. The practicum should take place immediately following completion of the classroom training (after all modules have been completed).

Purpose of the practicum
The practicum should bridge the gap between theory and practice by strengthening the participants' skills in the provision of HTC and by ensuring that they are competent to provide these services in the community.

Objectives of the practicum
- Assess the levels of knowledge and skills acquired by the VHTMs
- Enhance skill development through observation, feedback and strategy.
- Allay any fears or anxieties among the VHTMs.
- Build confidence among the VHTMs.
- Provide an opportunity to clarify unclear issues as VHTMs turn theory into practice.

Learning objective
By the end of this session, the participants will be able to provide HIV testing and counseling services to the clients in their community.

Materials, references and logistics
- Flip chart on the provision of HTC services
- Standard operating procedure (SOPs) for conducting rapid HIV testing
- New integrated record forms and materials
- Aprons

Logistics
- Transport for VHTMs and trainers
- Safari day allowance

Duration: 4 days (6 hours per day)

Training methods
- Supervised field placements in HTC facilities

- Group discussion
- One-to-one feedback for the VHTMs

Advance preparation

Step 1: ***Before the practicum sessions***

Note to facilitator

- **Identify** health facilities that offer HIV counseling and testing services to use for the practicum sessions. The management and staff members at these facilities should be notified well in advance. They can also help to arrange and coordinate the practicum.

- **Plan** the training so that the practicum days fall on the days when VCT/HTC and ANC are offered at the facilities.

- **Make sure** that VHTMs and supervisors can communicate in the local language.

- **Mobilize** enough clients on the day of the practicum to ensure that each VHTM participant leads at least two full HTC sessions per day.

- **Clients can be mobilized** in various ways, including:
    - An HTC outreach
    - A facility-based HTC (e.g., VCT or ANC clinics)

- **Make sure** there are enough trainers or qualified HTC health workers to observe each practicum session. Qualified workers could include laboratory technicians, laboratory assistants, HTC coordinators, senior counselors, and counseling supervisors. Be sure to provide sufficient notice and orientation before the practicum.
  .
- **Make enough copies** of observation checklists for use by supervisors and trainers during the practicum sessions.

- **Make sure** that the participants are familiar with the facility's client flow — the steps that clients follow from entry to departure.

- **Emphasize** the importance of maintaining confidentiality.

- **Set** a reassuring and confidence-building environment for the participants.

Step 2: During the practicum sessions

Note to trainers and supervisors

- **Seek** the client's consent before conducting an observation session. Assure the client that both persons are trained counselors.

- **Use** the assessment checklists for the pre-test and post-test counseling sessions to identify the VHTM's areas of strength and weakness.

- **Do not interrupt** the counseling session or the finger pricking exercise unless the VHTM or the client invites you or if there is need to correct key information.

Note to the facilitator/supervisor
If the VHTM provides incorrect or harmful information, make a *polite* correction so that the client is not misinformed.

- **Avoid** excessive note taking and writing during the session, which could make the VHTM or the client nervous.

- **Provide** feedback on the VHTM's strengths and areas for improvement immediately after the session.

Step 3: After the practicum sessions: (*5 hours with breaks during the sessions)*
Arrange a half-day meeting with VHTMs for a debriefing and feedback on their practicum experience.

Debrief the practicum in a plenary session:

- Ask participants what went well during the practicum.
- Ask participants to identify the biggest challenges and how they responded.
- Provide feedback on the participants' strengthens and weaknesses.
- Refer to the relevant parts of the training curriculum as needed to improve problem areas.

MODULE 11: Community mobilization

Introduction
Community mobilization is a proven approach for empowering and enabling community members to demand and seek health services. The approach not only helps people improve their health and living conditions, but by its very nature strengthens and enhances the ability of the community to work together for any goal that is important to its members. In conducting HIV testing and counseling, VHTMs need to mobilize and involve communities as key stakeholders in the campaign. This requires equipping VHTMs with appropriate skills and knowledge about community mobilization.

Objectives
By the end of the module, participants will be able to:
- Describe community mobilization
- Explain the importance of community mobilization
- Discuss critical steps in community mobilization
- Identify strategies to mobilize communities for HIV testing and counseling

Duration: 1 hour and 30 minutes

Training methods
- Brainstorm
- Buzz groups

Training procedures

Step 1: Describe community mobilization
- Introduce the topic and the objectives.
- Ask the participants to share their experiences with community mobilization in their FP work.
- Record the responses on a flip chart.
- Using the participants' responses, explain the meaning of "*community mobilization.*"

Step 2: The importance of community mobilization
- In buzz groups, ask participants to discuss the importance of community mobilization.
- Ask participants to share what they discussed in their buzz groups.
- Record the participants' responses on a flip chart.
- Summarize the participants' responses to highlight the importance of community mobilization.

- Supplement the participants' responses with a presentation on the importance of community mobilization and the need to emphasize and encourage couples counseling.

Step 3: Critical steps in community mobilization

- Discuss the critical steps of community mobilization with the aid of a prepared flip chart. Highlight the importance of using an integrated approach by engaging both FP and potential HTC clients with similar messages.

Step 4: Summarize and emphasize the importance of community mobilization.

MODULE 12: Quality assurance

Introduction
Quality assurance (QA) is important in service delivery. It provides an opportunity to follow-up training, improve performance, and solve other systemic problems that may contribute to poor results.

Objectives
By the end of the module, participants will be able to:

- Define quality assurance
- Explain the basic principles and requirements for the provision of HTC services
- Describe quality assurance for HTC
- Describe the quality-assurance package for the community-based delivery of integrated FP/HTC services.

Duration: 1 hour and 30 minutes

Training methods

- Lecture
- Brainstorm

Training procedure

Step 1: Definition of quality assurance

- Introduce the module and its objectives.
- Ask participants to brainstorm the meaning of the terms *quality* and *quality assurance*.
- Summarize the participant's responses to highlight the meaning of quality assurance.
- Using a prepared flip chart, explain *quality assurance* and briefly explain why it is important in service delivery.

Step 2: Basic elements of a QA package for HIV counseling and rapid testing

- Using a prepared flipchart, discuss the basic elements of a QA package for HIV counseling and rapid testing.
- Discuss the following questions with respect to community-based integrated FP/HTC services:
    - What measures are in place to ensure and improve the quality of services?
    - Who will supervise VHTMs in the field?
    - What tools will be used during supervision?
    - How often will supervision take place?

- How will the staff members at the health center or the laboratory help VHTMs with any weaknesses in counseling or testing procedures?

IMPORTANT NOTE: Make sure the VHTMs clearly understand this process. They must not miss the monthly supervision meeting when the QA is conducted. Emphasize the importance of their participation in the process, and note that the health center staff is committed to supporting them. Make sure they understand that they will receive on-the-job support (if needed) after the first round of QA, and that everyone will be given the opportunity to attend a refresher training after the second round of QA. Emphasize that in addition to these assessments, they must follow the procedures taught during the training, including activities to prevent or detect and correct errors for quality control.

Step 3: Conclusion

- Summarize by emphasizing the importance of quality assurance to ensure that all clients receive accurate results and that the program works well.

****FACILITATOR'S NOTES

MODULE 12: QUALITY ASSURANCE

Quality assurance in HTC

Quality assurance is an ongoing set of activities that help to ensure that the test results provided are as accurate and reliable as possible for all persons who are tested. These activities should be in place during the entire testing process, from the time the client agrees to be tested until after the test results are provided.

Note: Quality assurance includes quality-control activities. Quality control refers to operational techniques or tasks to find and correct problems that might occur during the testing process.

Basic elements of a QA package for HIV counseling and rapid testing

Even though HTC is simple, things can go wrong. To help identify and prevent potential problems, the basic elements of a QA package should be in place before HTC is offered. These basic elements are listed here:

1. Organizational structure of the QA package
2. HTC personnel (VHTMs)
3. Process control:
   a) Before testing
   b) During testing
   c) After testing
4. External assessment
5. Documents and records; and evaluation and troubleshooting procedures

Quality assurance package for the community-based delivery of integrated FP/HTC services

1) Organizational structure of the QA package

- Different people will conduct different aspects of the quality-assurance activities: the district laboratory focal person, the laboratory person at the supervising health center, and the regular VHTM supervisor at the health center.
- VHTMs will undergo a two-week training to acquire the knowledge and skills needed to provide HTC services in their communities. The VHTMs will also undergo a periodic proficiency assessment.
- An integrated FP/HTC job aid (a flip chart) will be given to all trained VHTMs. This job aid lists step-by-step instructions for HTC, which can be followed by the VHTMs while they provide integrated FP/HTC services.
- The midwife (or other appointed supervisor) and the laboratory personnel at the health center III facility will directly supervise the VHTM's FP/HTC activities. These staff members will work with the VHTM on the job to improve the VHTM's performance as needed.
- Trained VHTMs will be given a kit containing a storage box, a safety box, gloves and other supplies needed for the provision of FP/HTC services. The kit will ensure the safe storage and disposal of testing supplies and safe practices at work.

2) Preparation of VHTMs

- VHTMs who have satisfactorily completed the two-week training curriculum will be eligible to offer community-based FP/HTC services.
- A VHTM must demonstrate (with documentation) the ability to perform an HIV test at least eight times before she or he can be allowed to administer the test to a client without supervision. This assessment will be carried out on a daily basis throughout the practicum

period. All of the VHTM's tasks will be evaluated. A supervisor (laboratory personnel or midwife) or trainer will perform the assessment to determine competency.
- VHTMs should keep up to date by attending VHT monthly meetings and receiving technical updates, just as they do for the family planning program.

3) Process control

Process control refers to the activities and techniques that are conducted to ensure that HIV testing and counseling procedures are performed correctly, that the environment is suitable, and that the test kit provides accurate and reliable results.

The flow of work includes tasks before, during and after the test:

Before the test	During the test	After the test
• Check storage • Check inventory and test kits • Provide HIV/AIDS information to the client • Offer a referral for an alternative testing site if desired by the client (e.g., health center) • Set up the test area, and label the test device	• Follow biohazard safety precautions • Conduct a fingerpick and collect the blood specimen • Perform the test following the standard operating procedures • Perform the internal quality-control procedures according to the manufacturer's instructions • Interpret the test results	• Clean up and dispose of biohazardous waste • Report the results to the client • Document the results • Refer clients with positive results to care and treatment services, including a confirmatory test at H/C III and peer-support groups • Encourage clients with negative results to be tested again in three months • Encourage disclosure • Encourage the client to have his or her partner test (if the partner's HIV status is unknown) • Encourage the referral of any children in the event that one or both parents test positive • Maintain confidentiality of all interactions with a

		clients • Participate in periodic quality assessments by external personnel

During the training, VHTMs will be encouraged to pay special attention to the environmental factors that may affect the validity and accuracy of the results. The VHTMS should read the results in a well-lit area. Before performing the tests, VHTMs should check the test kits (expiration dates, control areas) and ensure that each kit is undamaged. They should also report kitidentification numbers and use the HIV logbook to document the testing process (including invalid results).

4) Assessment

HIV counseling and testing must be assessed to make sure that is being performed correctly reliably. The goal is to identify potential problems and to provide guidance improving performance.

Note: With respect to the community-based delivery of integrated FP/HTC services:

- VHTMs will participate in a proficiency test (PT) or an external performance evaluation program. This will be conducted on a quarterly basis; the first session will take place approximately one month after the VHTM begins to provide services.
- The supervision of the dried tube specimen testing will be conducted by supervising H/C III laboratory personnel, using prepared panels from the national laboratory.
    - The laboratory personnel will have immediate access to the results and will take corrective actions where needed. A VHTM in need of corrective training will receive one week of on-the-job training at her or his supervising H/C II.
    - A refresher-training course for all VHTMs will also be organized after the second QA session (approximately four months after services have begun).
- The health center supervisors will review the VHTM's counseling skills during the same visits. Supervisors will observe the VHTM perform HTC counseling for a clinic client (with his or her permission) and use a prepared checklist to identify areas for improvement. VHTMs in need of corrective training should arrange for on-the-job support with a supervisor at the HC for approximately one week.

5) **Documents and records**

Comprehensive documentation must be part of the quality-assurance program. The VHTMs' performance records must be periodically reviewed by health center supervisors (with initial support from FHI 360). If needed, corrective actions can be taken, including a reorientation on the data-collection tools and individual on-the-job training.


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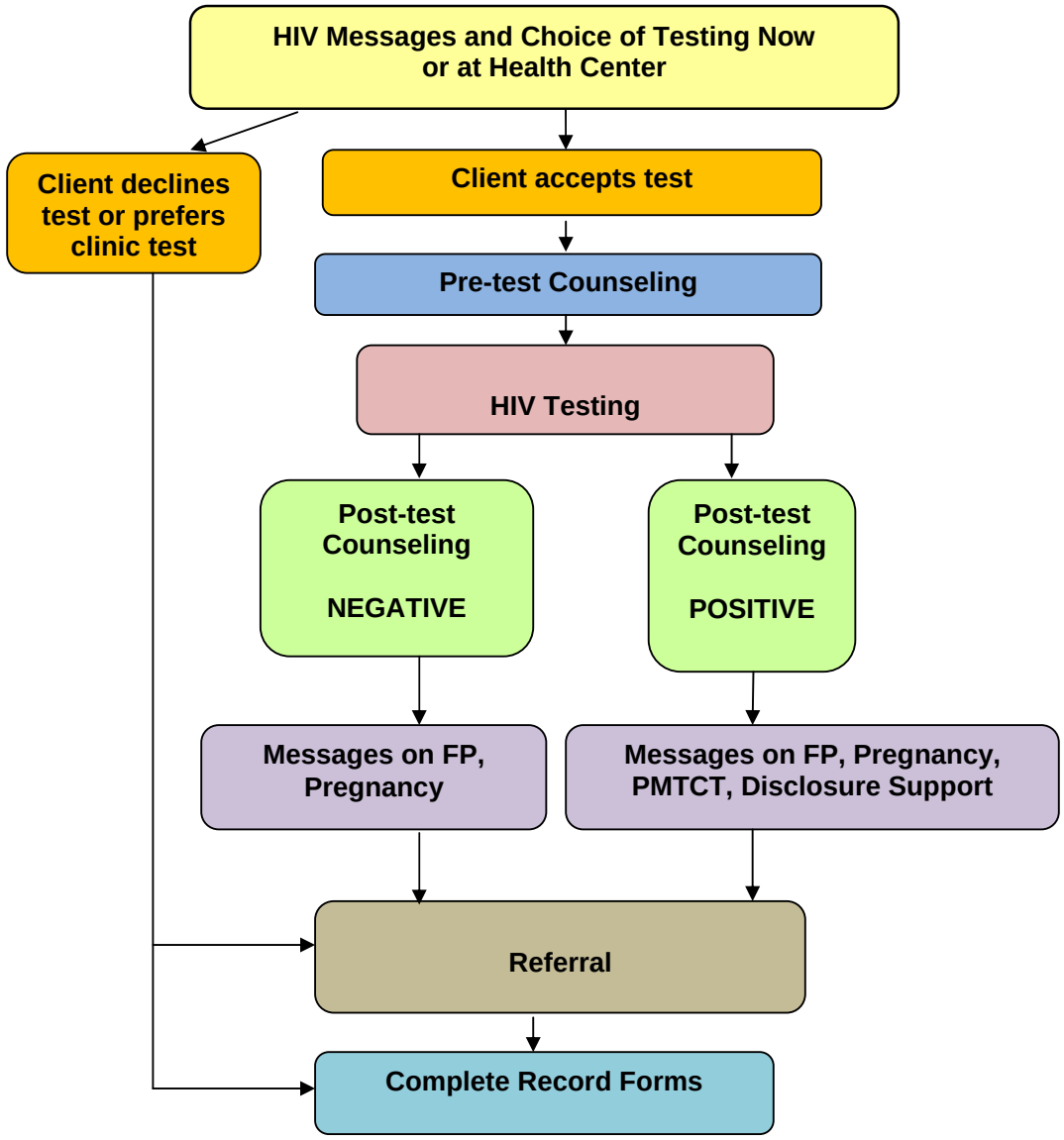
Family Planning & HIV Testing and Counseling Job Aid

Community-Based HIV Testing and Counseling Protocol



Welcoming the Client

TAB 1

- Welcome and greet client(s)
- Ask the reason why the client has come to see you today
- Tell the client you offer both FAMILY PLANNING and HIV TESTING AND COUNSELING.
- Provide basic HIV messages, and discuss these benefits of HIV testing for the client:
  - Prevents infection
  - Prevents infecting partner/s
  - Enables people to live positively
  - Helps people get treatment for other infections like TB
  - Helps people get treatment to live longer and healthier
  - Helps pregnant women prevent transmission to their babies
- Tell the client that they have the option of testing with you or going to a health center and being tested by a healthcare provider.
- Explain to the client the benefits of testing together with their partner, but assure them they have the choice to test alone or together.
- Assure client of confidentiality of everything that will transpire for HTC with you, through counseling, testing, result giving, and referrals.

✓ **FOR ONLY FP, USE THE FP FLIP CHART and provider checklists.**

✓ **FOR HIV COUNSELING AND TESTING NOW, GO TO TAB 2 for INDIVIDUAL and TAB 3 for COUPLES.**

✓ **FOR TESTING AT A HEALTH CENTER, REFER, AND PROCEED WITH ORIGINAL VISIT.**

Pre-test Counseling: INDIVIDUAL

TAB 2

1. Review the Test Process

- You will be tested for HIV and receive your results today, at the end of this visit.
- You may choose to receive the results by yourself or with your partner.

If client has a partner:

- Your result may not be the same as your partner's result.
- Many couples find it easier to get their results as a couple so the counselor can help them cope.

2. Discuss Understanding of Test Results

There are 2 possible results. First, you could be HIV-negative. Second, you could be HIV-positive. Whatever your results are, I will help you understand them and together, we'll explore how to deal with them.

3. Assess Risk for HIV Infection

- If you have had unprotected sex with a person whose HIV status you do not know or someone who you know has HIV, then you are at risk of being infected with HIV. This includes all of your sexual partners.
- Even if you and your spouse are faithful, if you do not know his/her status and have had unprotected sex without a condom, you are at risk of HIV infection.

FOR INDIVIDUAL TEST GO TO TAB 4, FOR COUPLES TEST GO TO TAB 3

Pre-test Counseling: COUPLES

TAB 3

1. Establish Consent for Couple's Counselling and Testing

Before we begin: Do you both agree to discuss HIV risk reduction issues and receive your test results together?

2. Address Expectations, Roles and Responsibilities in Couples' Counselling Session

During the counselling session, will you treat your partner with respect and dignity, not judge each other, listen to each other, and support each other?

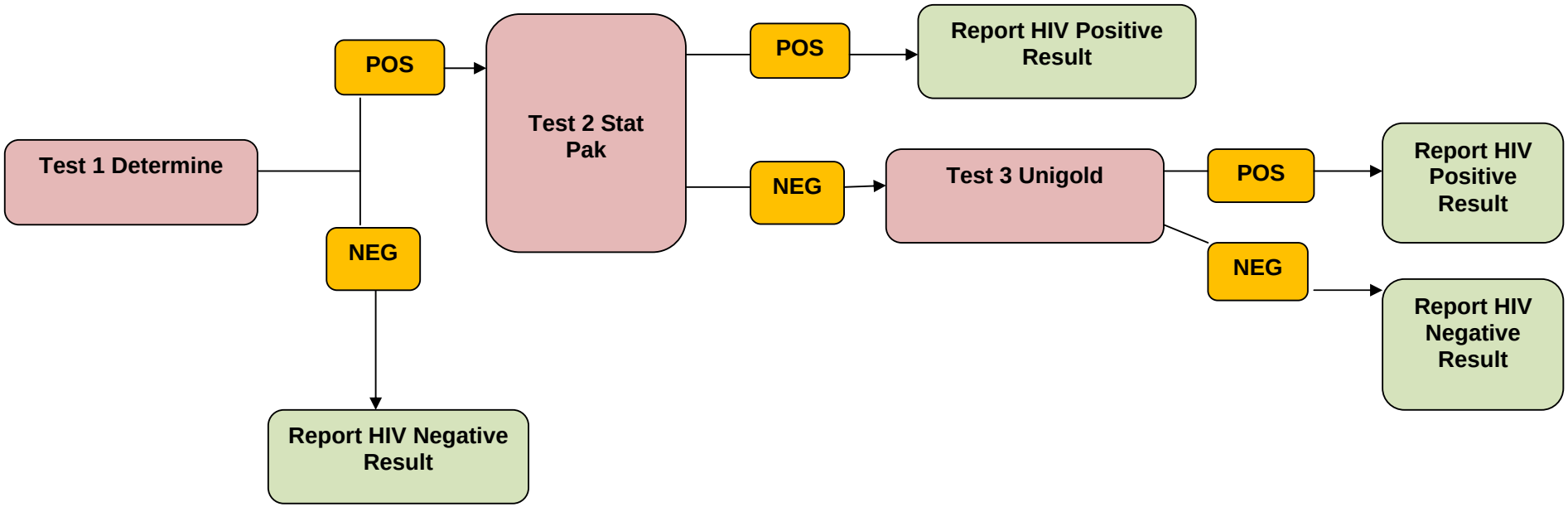
3. Review the Test Process

- You will be tested for HIV and receive your results together today.
- There are 3 possible results. First, you could both be HIV-negative. Second, you could both be HIV-positive. Third, your results may be different; one of you may be HIV positive and one of you may be HIV negative.
- Couples can be together for many years with a different HIV status.
- If you have different results, this does not mean that the HIV positive partner has been unfaithful. It is possible that before you married, one of you had HIV. Whatever your results are as a couple, I will help you understand them and cope with them.

WHEN FINISHED, GO TO TAB 4

HIV Testing: OVERVIEW

TAB 4



Note: Before you start, inform the client there could be multiple finger pricks

HIV Testing: BLOOD COLLECTION

TAB 4A

Steps of finger-stick blood collection

1. Warm hand/finger to be pricked
2. Clean fingertip and allow to air dry
3. Position the hand palm side up
4. Place lancet off-center on fingertip and puncture the skin
5. Dispose lancet in sharps container
6. Wipe out first drop of blood with sterile gauze pad
7. Hold punctured finger lower than elbow and apply gentle, intermittent pressure to base several times to enable blood to flow
8. Touch tip of EDTA capillary tube to the drop of blood
9. Fill tube while avoiding air bubbles
10. Gently roll EDTA tube back and forth between fingers to ensure the blood mixes with EDTA.
11. Apply cotton to puncture site and ask client to hold cotton in place and apply gentle pressure

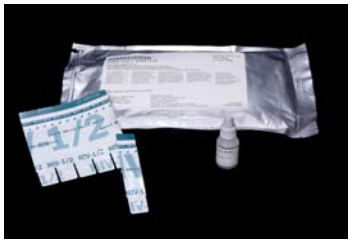
Determine HIV Rapid Test

(For use with whole blood, serum, or plasma)

Store kit: 2 - 30° C

- **Make sure work area is clean and organized**
- **Check kit for expiry date before use. Use only items that have not expired or been damaged.**
- **Always use universal safety precautions when handling blood.**

This outline is not intended to replace the product insert or your standard operating procedure (SOP).



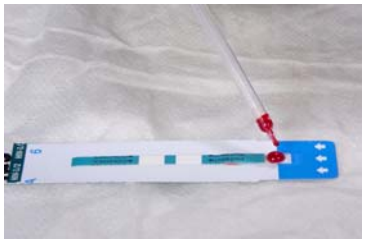
1. **Prepare test items and other necessary supplies.**

2. **Use 1 strip per test and be sure to preserve the lot number on the remaining packet of strips.**

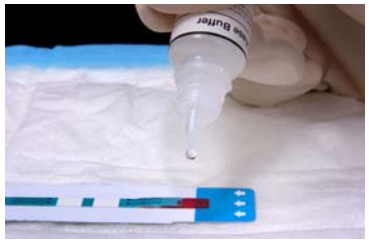
3. **Label the test strip with client identification number.**

4. **Pull off the protective foil cover.**

5. **Collect 50 µl of blood using either a pasteur or precision pipette.**



6. **Apply the blood to the absorbent pad on the strip.**



7. **<u>For whole blood only</u> add 1 drop of chase buffer to the specimen pad.**

8. **Wait 15 minutes (no longer than 60 minutes) before reading the results.**

9. **Read and record the results and other important information on the record forms**

Determine HIV Rapid Test Results

Reactive

2 lines of any intensity appear in both the control and patient areas.

Non-reactive

1 line appears in the control area and no line in the patient area.

Invalid

No line appears in the control area. Do not report invalid results. Repeat test with a new test device even if a line appears in the patient area.

WHO

CDC

HIV 1/2 Stat-Pak

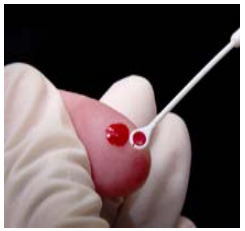
For use with whole blood, serum, or plasma
Store Kits: 8 - 30° C

- **Make sure work area is clean and organized**
- **Check kit for expiry date before use. Use only items that have not expired or been damaged.**
- **Always use universal safety precautions when handling blood.**

This outline is not intended to replace the product insert or your standard operating procedure (SOP).

1. **Prepare test items and other necessary lsupplies.**

2. **Remove device from package and label device with client identification number.**



3. **Collect approximately 5 µl of blood using a new disposable pipette.**

4. **Dispense the sample in the center of SAMPLE well.**

5. **Add 3 drops of buffer, holding vial vertically over the SAMPLE well.**

6. **Wait for 10 minutes before reading the results.**

7. **Read and record the results and other important information on the record form**

HIV 1 / 2 Stat-Pak Test Results

Reactive

2 lines of any intensity appear in both the control and test areas.

Non-reactive

1 line appears in the control area and no line in the test area.

Invalid

No line appears in the control area. Do not report invalid results. Repeat test with a new test device even if a line appears in the test area.

WHO

CDC

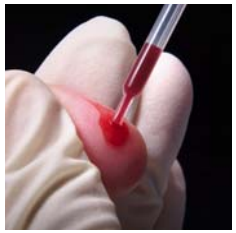
Uni-Gold HIV Rapid Test

For use with whole blood, serum, or plasma
Store Kits: 2 - 30° C

- **Make sure work area is clean and organized**
- **Check kit for expiry date before use. Use only items that have not expired or been damaged.**
- **Always use universal safety precautions when handling blood.**

8. Prepare test items and other necessary supplies.

9. Remove device from package and label device with client identification number.



10. Collect blood using the disposable pipette.

11. Add 2 drops (approx. 60µl) of the blood to the sample port in the device.

12. Add 2 drops (approx. 60µl) of the appropriate wash reagent to sample port.

13. Wait for 10 minutes (no longer than 20 min.) before reading the results.

14. Read and record the results and other important information on the record form

Uni-Gold HIV Rapid Test Results

Reactive

2 lines of any intensity appear in both the control and test areas.

Non-reactive

1 line appears in the control area and no line in the test area.

Invalid

No line appears in the control area. Do not report invalid results. Repeat test with a new test device even if a line appears in the test area.

WHO

CDC

TAB 5

Post-test Counseling: INDIVIDUAL NEGATIVE

1. Provide Test Result – HIV Negative

- Your result is negative, which means you are not infected with HIV.
- I will keep these results private and confidential.

2. Partner Testing, Behavior Change and Condom Use

- Your results show that you do not have the virus that causes AIDS now but if you have recently had unprotected sex with someone whose status you do not know or who you know if HIV positive, you should repeat the test after three months from the time of unprotected sex.

Even if you have tested negative, it is a good practice to test often to be certain of your HIV status

- If you have unprotected sex with a person whose HIV status you do not know or who is HIV positive then you are at risk of being infected with HIV. If you are interested, I can give you some condoms today.
- It is possible that while you are HIV negative, your partner(s) could be HIV positive, even if you've been together for many years. You should both be tested.
- If you don't know your partner's status, use a condom correctly and consistently.

3. Supported Disclosure to Partner and Household Members

- If you want, I can go with you to help you inform your partner or family about your status, and encourage them to also test.

WHEN FINISHED, CONTINUE WITH REGULAR FP OR PREGNANCY DISCUSSIONS AND GO TO TAB 11

Post-test Counseling: INDIVIDUAL POSITIVE

TAB 6

1. Provide Test Result - HIV Positive

- Your test result is positive, which means you are infected with HIV.
- I will keep these results private and confidential.
- Let's talk about your immediate concerns.

2. Care and Treatment

- Many people are infected with HIV and are living positive and healthy lives.
- Let's talk about how you can stay healthy:
  - Visit the health center and discuss care and treatment options with the provider.
  - You should sleep under an insecticide treated mosquito net to prevent malaria.
  - Boil your drinking water to prevent diarrhea.
  - Eat healthy foods like fruits, vegetables, and especially cassava or posho to keep you strong.

3. Coping and Mutual Support

I will share with you a list of health clinics in your area that offer care and treatment services for people living with HIV and AIDS, and peer support groups you might wish to visit to talk with other people in your community who are living with HIV.

4. Partner Testing and Transmission Reduction

- You are HIV positive, but your partner(s) may be HIV negative, even if you have been together for many years. It is very important that your partner(s) be tested for HIV.
- If your partner is negative and you continue to have unprotected sex, he/she will probably become infected with HIV. Testing as a couple is a good way to start, because a counselor can help you both cope with your situation.

<u>For HIV positive women</u>:

- If you get pregnant, there is a good possibility that your baby might be infected with HIV.
- If you are already pregnant, there are drugs you can take to reduce the chance of giving HIV to your baby.
- In a few moments, we will be talking more about HIV and Family Planning, preventing HIV transmission during pregnancy, and pregnancy planning options.

<u>For children</u>

- It's advisable that you take your child (ren) to be tested at the health centre.

5. Supported Disclosure to Partner and Household Members

- If you want, I can go with you to help you inform your partner or family about your status, and encourage them to also test.
- Let's think through the best way to disclose your status to your partner/household member(s).

GO TO <u>TAB 10A</u>

TAB 7

Post-test Counseling: COUPLE BOTH NEGATIVE

1. Provide Test Results – Concordant Negative

- Both tests were negative, which means neither of you is infected with HIV.
- I will keep these results private and confidential.

2. Condom Use and Partner Testing

- You and your partner are HIV negative, but if either of you have unprotected sex with another partner whose HIV status you do not know or who is HIV positive, then you are at risk of being infected with HIV.
- If either of you has had unprotected sex with someone else whose status you do not know or who is HIV positive, there is a need to test again after three months from the time of unprotected sex.
- Even if you have tested negative, it is a good practice to test often to be certain of your HIV status.
- Staying faithful to each other will be the best way for you both to stay HIV negative.

3. Supported Disclosure to Household Members

- If you want, I can go with you to help you inform your partner or family about your status, and encourage them to also test.

WHEN FINISHED, GO TO TAB 11

Post-test Counseling: COUPLE DISCORDANT

TAB 8

1. Provide Test Results – HIV Discordant Result

- Your test results are different. One of you is HIV positive and the other is HIV negative.
- This does not mean that one of you was unfaithful. It is common for couples to have different results. It is important that you do not blame your partner for being infected with HIV. He/she needs your support to cope with his/her HIV status.
- [NAME], your result was negative, and [NAME] your result was positive.
- I will keep these results private and confidential.

2. Care and Treatment (for HIV positive partner)

- Many people are infected with HIV and are living positive and healthy lives.
- Let's talk about how you can stay healthy:
  - Visit the health center and discuss care and treatment options with the provider.
  - You should sleep under an insecticide treated mosquito net to prevent malaria.
  - Boil your drinking water to prevent diarrhea.
  - Eat healthy foods like fruits, vegetables, and especially cassava or posho to keep you strong.

3. Coping and Mutual Support

I will share with you a list of health clinics in your area that offer care and treatment services for people living with HIV and AIDS, and peer support groups you might wish to visit to talk with other people in your community who are living with HIV.

4. Transmission Reduction

No one is immune from HIV infection. If you continue to have sex without using a condom, your partner will likely be infected with HIV.

- Even if you already use FP for preventing pregnancy, you should use condoms correctly and consistently, every time you have sex,
- Consider alternatives to penetrative sex (such as touching each other to relieve desire)
- Staying faithful to each other will be the best way for you both to stay HIV negative.

5. Children:

- If you want to have a baby, we will be talking more about the safest ways to do that in just a few minutes.
- If you already have children, it's best to take them to a health centre so that they get tested.

[Fill in name of NEGATIVE client], you should repeat the test after three months.

5. Supported Disclosure to Household Members

- If you want, I can go with you to help you inform your partner or family about your status, and encourage them to also test. Let's think through the best way to disclose your status to your partner/household member(s).

GO TO TAB 10A

Post-test Counseling: COUPLE BOTH POSITIVE

TAB 9

1. Provide Test Results – Concordant Positive

- Both tests were positive, which means you are both infected with HIV.
- I will keep these results private and confidential.
- Let's talk about any immediate concerns.

2. Care and Treatment

- Many people are infected with HIV and are living positive and healthy lives.
- Let's talk about how you can stay healthy:
    - Visit the health center and discuss care and treatment options with the provider.
    - You should sleep under an insecticide treated mosquito net to prevent malaria.
    - Boil your drinking water to prevent diarrhea.
    - Eat healthy foods like fruits, vegetables, and especially cassava or posho to keep you strong.

3. Coping and Mutual Support

I will share with you a list of health clinics in your area that offer care and treatment services for people living with HIV and AIDS, and peer support groups you might wish to visit to talk with other people in your community who are living with HIV.

4. Partner Testing and Transmission Reduction

- If either of you have unprotected sex with other partners whose HIV status you do not know, you are at risk of infecting him/her with HIV.
- If either of you have had sex with other partners, or do in the future, these partners should also be tested for HIV.

You should use condoms to prevent re infecting each other.**5. Children:**

- If you get pregnant, there is a good possibility that your baby might be infected with HIV.
- If you are already pregnant, there are drugs you can take to reduce the chance of giving HIV to your baby.
- In a few moments, we will be talking more about HIV and Family Planning, preventing HIV transmission during pregnancy, and pregnancy planning options.
- If you already have children, it's best to take them to a health centre so that they get tested.

?

5. Supported Disclosure to Partner and Household Members

- If you want, I can go with you to help you inform your partner or family about your status, and encourage them to also test. Let's think through the best way to disclose your status to your partner/household member(s).

GO TO TAB 10A

HIV, Pregnancy, and PMTCT

TAB 10A

HIV POSITIVE CLIENTS CURRENTLY PREGNANT (includes male partner):

- It is important for you to tell your partner about your status, and if they don't know theirs to encourage them to test.
- Because of risks of HIV transmission, you should still be using condoms if you continue to have sex during pregnancy. I can provide you with some if you need them.
- Remember that an HIV-infected woman can transmit HIV to her baby but that treatments exist to help prevent that.
- You should very soon go to the health center for ANC and PMTCT services, including infant feeding and family planning options after delivery. It will be important that you share your status with your provider at the clinic.

HIV POSITIVE CLIENTS WHO WANT TO BECOME PREGNANT (one or both positive):

- Remember that it is important to assess BOTH partners' health status to determine the best time to get pregnant:
  - If health is good, having a child now may be fine
  - If health is getting worse or hasn't improved consider delaying having a child
  - If health is poor, having a child now is not a good idea
- If you decide to try to get pregnant, it's important to minimize risk of HIV transmission:
  - If you or your partner is uninfected, have sex without condoms only around the time of ovulation
  - If the infected partner's health is poor, delay attempts to conceive until health improves
  - Continue using condoms after conception to avoid STI/HIV trans mission during pregnancy and breastfeeding
  - It is possible to prevent transmission to the baby. You should visit the health centre to get these services (PMTCT) right away.

FOR CLIENTS NOT CURRENTLY PREGNANT OR PLANNING PREGNANCY GO TO TAB 10B

Otherwise GO TO TAB 11

HIV and Family Planning

TAB 10B

HIV POSITIVE CLIENTS WHO WANT TO PREVENT PREGNANCY BUT NOT USING FP:

I'd like to talk to you today about your FP options.
[*Note to VHTM: Provide the standard full informed choice FP counseling,* ***PLUS*** *the following messages]:*

- You can use almost any FP method, including female and male condoms; pills; injectables; implants; the IUD; female and male sterilization; the lactation amenorrhea method, also known as LAM; and fertility awareness-based methods (like moon beads).
- In most cases, HIV treatments and FP methods do not conflict, but when you seek HIV treatment you should remember to tell your clinic provider about what FP method you are using.
- If you already are treated for HIV or planning to seek HIV treatment, you should see a healthcare provider at a clinic who will help you choose the FP method that suits your needs without interacting with your HIV treatment.
- Remember that condoms can help prevent both pregnancy and infection, as long as they are used correctly and every time. Even if you start an FP method, you should continue to use condoms to prevent infections.

HIV POSITIVE CLIENT ALREADY USING FP:

- In most cases, HIV treatments and FP methods do not conflict, but if you plan to seek HIV treatment you should remember to tell your clinic provider about what FP method you are using.
- Remember that condoms should be used to prevent infection even if you are currently using another FP method.
- For any of your clients using injectables who you think are at high risk of HIV, make sure you reinforce the message to use condoms to prevent HIV transmission.

WHEN FINISHED, GO TO TAB 11

Referrals

TAB 11

REFERRAL REMINDERS

Tested HIV Negative:

- Repeat test after 3 months

Tested HIV Positive:

- Care and treatment, including for confirmatory test
- Testing and treatment for STIs
- Community and peer HIV support groups
- Home based care
- Nutrition counseling
- Child testing
- Antenatal/PMTCT
- Infant feeding support

Other services for ANY client/s:

- Facility-based FP for long acting methods
- Drug or alcohol counseling
- Post abortion care
- Sexual and reproductive health services (cancer screening)

DO NOT FORGET TO RECORD REFERRALS ON RECORD FORM, AS APPROPRIATE!