

Home - Based HIV Counseling and Testing (HBHCT) Training Course



Participant's Manual



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Training in Home-based HIV Counseling and Testing for Resource-constrained Settings

Name of Participant:

Date:

Place:

Organisation:

Training Objectives:

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

- ❖ Educate households and communities about the benefits of home-based HCT.
- ❖ Conduct pre-test counseling sessions with individuals, couples and children in the home.
- ❖ Conduct a rapid HIV test using the finger-stick method.
- ❖ Provide HIV test results to individuals, couples and children in the home.
- ❖ Support individuals and couples to develop a risk reduction plan and identify safer goal behaviors based on their HIV test results.
- ❖ Support individuals and couples to disclose their sero-status and encourage partner testing.

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Training Overview

DAY 1

	Session	Learning Objectives: During this session, participants will:
Registration & Logistics	1. Registration & Logistics	<ul style="list-style-type: none"> ▪ Register and receive their training materials. ▪ Receive logistical assistance.

DAY 2

	Session	Learning Objectives: During this session, participants will:
Introduction and Overview	2. Setting the Stage	<ul style="list-style-type: none"> ▪ Meet the trainers. ▪ Review the list of training objectives and the agenda. ▪ Review training logistics and assumptions. ▪ Introduce themselves. ▪ Participate in an icebreaker activity.
Mobilization	3. Benefits of Counseling and Testing Family Members of HIV+ Clients	<ul style="list-style-type: none"> ▪ Understand the benefits of providing HBHCT to family members of HIV positive clients.
Disclosure	4. Community Mobilization	<ul style="list-style-type: none"> ▪ Review the meaning, methods and benefits of community mobilization. ▪ Discuss strategies for mobilizing communities for HBHCT ▪ Practice conducting a community mobilization session for: <ul style="list-style-type: none"> ▪ General population interventions ▪ Targeted interventions
HIV Discordance	5. Supported Disclosure	<ul style="list-style-type: none"> ▪ Discuss the concept of supported disclosure ▪ Practice supporting a client to disclose his/her serostatus to a household member
HIV Discordance	6. HIV Discordance	<ul style="list-style-type: none"> ▪ Review the meaning of discordance. ▪ Participate in a group activity to identify appropriate and inappropriate discordance messages. ▪ Discuss myths about discordance. ▪ Discuss coping strategies for discordant couples.

DAY 3

		Session	Learning Objectives: During this session, participants will:
Household Education	Pre-test counseling	7. Household Education Session	<ul style="list-style-type: none"> ▪ Watch a demonstration of a household education session. ▪ Practice filling out the Household Member Census form. ▪ Review the steps and procedures involved in home-based HCT ▪ Practice explaining the scope and benefits of the home-based HCT program to household members. ▪ Practice introducing the pre-test counseling session to household members as a group
		8. Pre-test Counseling and Risk Assessment	<ul style="list-style-type: none"> ▪ Watch a demonstration of an individual pre-test counseling session. ▪ Discuss the test process and the meaning of results. ▪ Discuss how to conduct an HIV risk assessment. ▪ Review the risk assessment section of the Individual Pretest cue card. ▪ Practice assessing an individual's risk of HIV infection. ▪ Practice assessing an individual's readiness to test and receive his/her results.
Individual Results		9. Individual Results Counseling	<ul style="list-style-type: none"> ▪ Watch a demonstration of an individual HIV-negative results counseling session. ▪ Review the meaning/implications of a negative and a positive test result. ▪ Discuss the importance of developing a risk reduction plan and identifying safer goal behaviors. ▪ Review the Individual Results cue cards. ▪ Review the Risk Reduction cue cards.

DAY 4

		Session	Learning Objectives: During this session, participants will:
Individual Results		10. Individual Results Counseling	<ul style="list-style-type: none"> ▪ Practice supporting a household member to develop a risk reduction plan. ▪ Discuss the importance of partner notification and referral for HCT. ▪ Practice conducting an HIV-positive results session.

Couple Results	<p>11. Couples Results Counseling</p>	<ul style="list-style-type: none"> ▪ Watch a demonstration of a discordant couple results counseling session. ▪ Discuss the conditions, roles and expectations for the couple results session. ▪ Review the type of results possible. ▪ Review key issues to discuss with couples based on their test results. ▪ Review the Couple Results cue cards. ▪ Review the Risk Reduction cue cards. ▪ Practice conducting a couples counseling session.
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DAY 5

	Session	Learning Objectives: During this session, participants will:
Child Counseling	<p>12. Child Counseling</p>	<ul style="list-style-type: none"> ▪ Review consenting procedures for children. ▪ Discuss the flow of a child counseling session. ▪ Review the guidelines for providing HCT to children.
Rapid HIV Testing	<p>13. Rapid HIV Testing using a Finger Stick</p>	<ul style="list-style-type: none"> ▪ Review basic safety precautions for home-based HCT. ▪ Watch a demonstration of the finger-stick method for drawing blood. ▪ Watch a demonstration of the testing procedure. ▪ Discuss how to interpret the results of each test kit. ▪ Review the sequential testing algorithm.

DAY 6

	Session	Learning Objectives: During this session, participants will:
Rapid HIV Testing	<p>14. Rapid HIV Testing using a Finger Stick</p>	<ul style="list-style-type: none"> ▪ Practice preparing dried blood spots for quality assurance purposes. ▪ Practice collecting blood using the finger-stick method and testing the blood for HIV using the sequential testing algorithm.

Field Preparation & Practice	15. Field preparation	<ul style="list-style-type: none"> ▪ Review the benefits of adequate field preparation. ▪ Discuss field preparation steps. ▪ Review the HBHCT Field Checklist. ▪ Work in small groups to identify supplies needed for home visits. ▪ Watch a participant role play of a field preparation case study.
	16. Practice for Field Practicum	<ul style="list-style-type: none"> ▪ Practice all components of home-based HCT to prepare for field practicum.

DAY 7

	Session	Learning Objectives: During this session, participants will:
Field Practicum	17. Field Practicum	<ul style="list-style-type: none"> ▪ Visit a home and conduct a home-based HCT session, including: <ul style="list-style-type: none"> ▪ Household education session, ▪ Individual pre-test counseling session, ▪ HIV risk assessment, ▪ HIV test using finger-stick ▪ Results counseling session ▪ Risk reduction session
Debriefing	18. Debriefing from Field Practicum Experience	<ul style="list-style-type: none"> ▪ Discuss their experiences in conducting home-based HCT. ▪ Participate in a brainstorming activity to list the challenges encountered during the field practicum. ▪ Discuss way to overcome the challenges listed.

DAY 8

	Session	Learning Objectives: During this session, participants will:
Planning & Closure	19. Organizational Planning	<ul style="list-style-type: none"> ▪ Develop an action plan and next steps for incorporating HBHCT in their organization's program activities. ▪ Present their action plan and receive feedback.
	20. Training Closure	<ul style="list-style-type: none"> ▪ Review the training and re-visit the training objectives. ▪ Evaluate the training.

Training Agenda

Session	Time
Day 1 - 4:00pm – 5:00pm	
Participant registration and distribution of training materials	4:00 – 5:00
Workshop logistics	4:00 – 5:00
Day 2 – 8:30am – 5:30 pm	
Setting the stage	8:00 – 8:30
Benefits of Counseling and Testing Family Members of HIV+ Clients	8:30 – 9:45
Community Mobilization	9.45-10.30
Tea Break	10.30-11.00
Community Mobilization	11.00-11.30
Supported Disclosure (PowerPoint Presentation, and discussions)	11.30-1.30
Lunch	1.30-2.30
Supported Disclosure(Role plays)	2.30-3.00
HIV Discordance (Power point presentation and discussion)	3.00-5.00
Wrap up and Evaluation	5.00-5.30
Day 3- 8.30 a.m-5.30 pm	
Recap of Previous Day's Activities	8.30-9.15
Household Education	9:15 – 10:15
Tea Break	10:15 – 10:30
Household Education continued (Census form, Role play)	10:30 – 12:00
Test decision Counseling and Risk Assessment	12.00-1.00
Lunch	1.00-2.00
Test decision Counseling and Risk Assessment cont.(Role plays)	2.00-3.00
Individual Results Counseling (Introduction and Negative Results)	3.00-4.00
Individual Results (Role plays)	4.00-5.00
Wrap up and Evaluation	5.00-5.30
Day 4 – 8:30am – 5:30pm	
Re-cap of previous day's activities	8:30 – 9.00
Individual Results (Positive Results-Role play)	9.00 – 10:30
Tea Break	10:15 – 10:30
Couples Pretest Counseling	10:30 – 11:30
Role Plays for discordant results	11:30 – 1:00
Lunch	1:00 – 2:00
Child Counseling	2:00 – 3:45

Tea Break	3:45 – 4:00
Role Plays for child counseling	4:00 - 5:30
Close	5:30
Day 5 – 8:30am – 5:30pm	
Re-cap of previous day	8:30 – 8:45
Introduction to HIV Rapid Testing	8:45 – 10:15
Tea Break	10:15 – 10:30
HIV Rapid Testing cont.	10:30 – 1:00
Lunch	1:00 – 2:00
Practical Session: Conducting Rapid HIV test using Stored Blood Samples	2:00 – 3:30
Tea Break	3:45 – 4:00
Practical Session: Drawing blood using the finger-stick method and preparing dried blood spots	4:00 – 5:30
Day 6 – 8:30am – 5:30pm	
Re-cap of previous day's activities	8:30 – 9:00
Lab Practical Session (practical and written exam)	9:00 – 10:15
Tea Break	10:15 – 10:30
Lab Practical Session continued (practical and written exam)	10:30 – 12:00
	12:00 – 1:00
Lunch	1:00 – 2:00
Field Preparation	2:00 – 3:30
Tea Break	3:30 – 3:45
Field Preparation	3:45 – 5:30
Close	5:30
Day 7 – 8:30am – 5:30pm	
Re-cap of previous day's activities	8:30 – 8:45
Preparation for Field Practicum	8:45 – 9:00
Supervised field practicum (including individual feedback)	9:00 – 1:00
Lunch	1:00 – 2:00
Supervised field practicum (including individual feedback)	2:00 – 4:30
Debriefing from field practicum experience	4:30 – 5:30
Evaluate the training	5:30 – 5:45
Training closure	5:45

Introduction to the Participant's Manual

The Participant's Manual is the main reference document for the Home-based HIV Counseling and Testing (HBHCT) training course. This evidence-based training course was developed through a collaborative effort of several organizations working to expand home-based HCT services throughout Uganda. The participant's manual presents the basic components of the home-based HCT intervention and is intended for use both during and after the training course.

Target audience

This training course was designed for staff working for organizations that intend to initiate or integrate home-based HCT interventions into their programs. **The course targets participants who have already completed an introductory course in counseling for people living with HIV and AIDS.** Previous trainings have attracted different professionals including: doctors, counselors, midwives, social workers, outreach workers and program managers.

Expectations for the course

Participants will acquire the appropriate knowledge, skills and counseling techniques necessary for providing quality home-based HCT sessions to individuals, couples and families in resource-constrained settings.

How to use the Participant's Manual

Inside the manual, participants will find several reference materials corresponding to each training session, including: protocols, handouts, case studies and cue cards. These materials are intended to facilitate participants' understanding of the knowledge, skills and techniques necessary to conduct home-based counseling and testing. Participants are expected to read all of the materials provided and refer to them for guidance and support during the training workshop.

How to use the Home-based HCT Protocols

Throughout the training, much attention will be given to the counseling and testing protocols in the various chapters of the manual. These protocols are intended as a source of information for participants and provide specific guidance on how to conduct each home-based HCT session. The protocols are also intended to be used as a quality assurance tool by field supervisors, to ensure that counselors are providing accurate information and addressing key issues during the home-based HCT sessions.

All the chapters begin with a brief Introduction to the protocol. The introduction is followed by specific Objectives for the counseling session. These objectives are intended to be achieved by the individuals, household members or couples being counseled, depending on the protocol. The recommended counseling Methods and specific Materials needed during the counseling session are then listed, followed by the approximate Session Length.

Each protocol then provides a Session Overview table, which outlines the specific Parts of the session and the corresponding Key Steps. Finally, a table presenting the Detailed Protocol is introduced, which should be used by the participants to guide the counseling session. On the left side of this table, the Session Steps are presented. The Suggested Dialogue corresponding to these session steps is listed in the right side of the table.

In some cases, a protocol may have several components. For example, the Quality Assurance Protocol has three components; the first is an introduction to quality assurance, the second and third deal with assuring quality in home-based counseling sessions and HIV testing, respectively.

 **Point to note:**

It is important to note that the **Suggested Dialogue** column contains suggested statements and questions that can be used by the counselor. However, it is strongly recommended that counselors use their own language and style to ask these questions and provide information. It is not necessary to read the statements and questions word-for-word. In addition, it may not be necessary to use all of the statements or questions provided.

Counselors should fill in gaps in knowledge where necessary and refrain from giving information that is not pertinent to the client. For example, it may not be necessary to give detailed information about ARV drugs unless the client asks for such information.

How to use the Home-based HCT Cue Cards

Based on the protocols, a series of cue cards have been developed to assist participants to conduct the different home-based counseling sessions. These cue cards summarize the key content areas to be covered in the pretest and results counseling sessions for individuals and couples. Participants will use the cue cards throughout the training as they practice the various counseling sessions. In addition, the cue cards may also be used as a counseling aid during home-based HCT visits. For example, counselors may review the cards before arriving at a home to remind themselves of the key points that must be covered in each session. Alternatively, counselors may refer to the cards during the counseling session. Cue cards will also be used as a guide for counselor support supervision.

 **Point to note:**

It should be emphasized that the cue cards are not a substitute for the counseling and testing protocols. Counselors must have a thorough understanding of the protocols before going into the field to conduct home-based HCT. The cue cards are intended to assist those who are already familiar with the protocols.

Introduction to the Home-based HIV Counseling and Testing Intervention

Home-based HIV Counseling and Testing (HBHCT) is a new evidence-based approach that supports home delivery of counseling and testing for:

- Households of people living with HIV and AIDS already accessing care and treatment through an AIDS Service Organisation; and
- The general population through door-to-door services.

Benefits of HBHCT

- Increases access to HIV testing
- Promotes early knowledge of HIV serostatus
- Fosters prevention counseling
- Helps in the identification of Discordant couples
- Facilitates early care HIV infected individuals and couples
- Supports change of risky behavior to prevent new infections
- Supports family-centered care and prevention
- Lays foundation for adherence

The HBHCT intervention has proved to be highly successful in areas where there is/are:

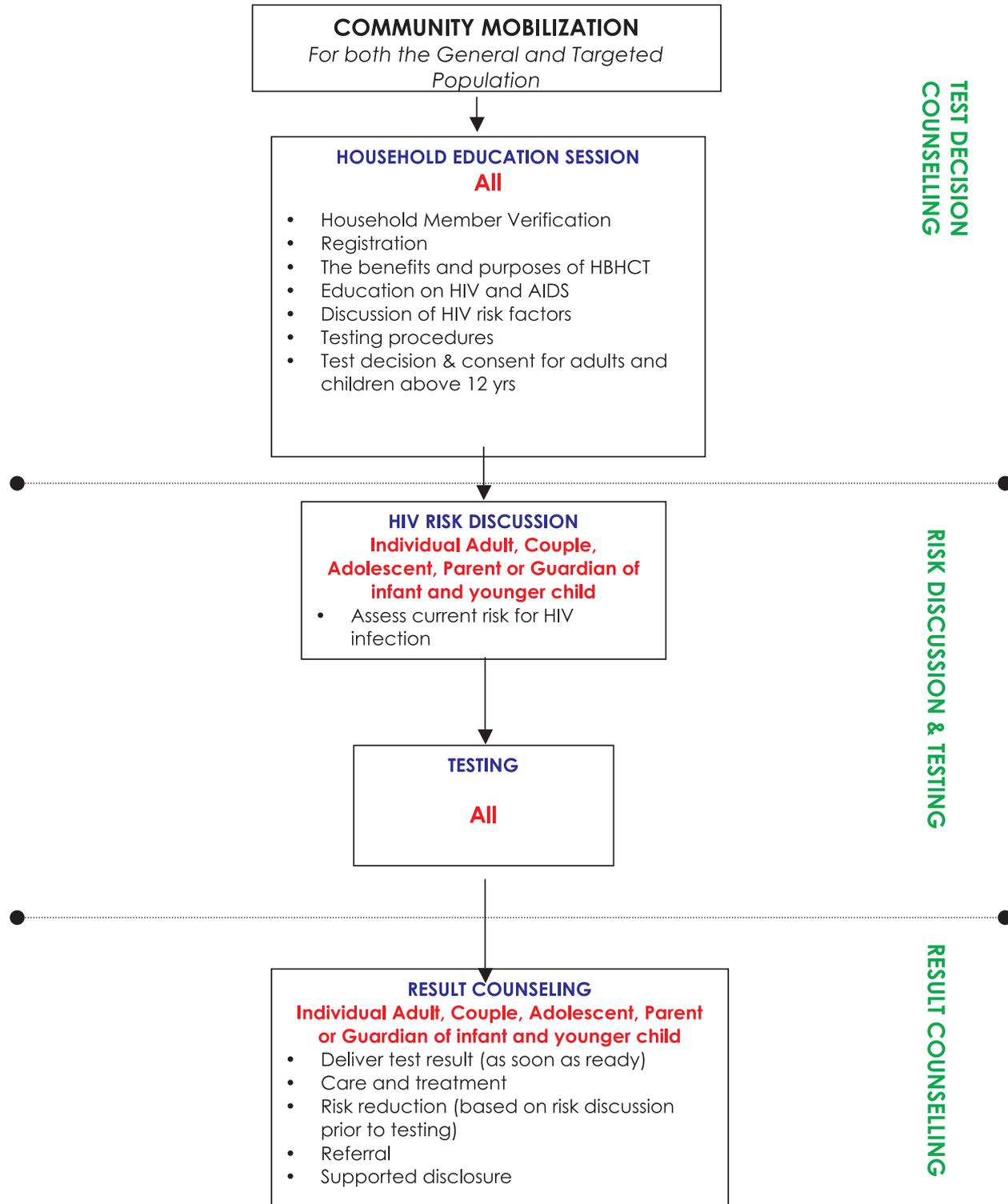
- Limited access to HIV counseling and testing sites, particularly for children and male spouses;
- High level of HIV and AIDS awareness in the community;
- Social acceptance of people living with HIV and AIDS;
- Negative provider attitudes towards home-based care delivery.

This curriculum therefore seeks to address:

- Couple issues on disclosure to sexual partners and sexual risk reduction;
- Child testing, disclosure and counseling on HIV and AIDS and sexual behavior;
- Provider attitudes towards HIV stigma, disclosure to sexual partners, sexual behavior and risk reduction.

The HBHCT Flow Chart

The HBHCT Flow Chart



Protocol 1

Household Education Session:



Introduction to the Home-based HCT Program

Protocol 1: Household Education Session: Introduction to the Home-based HCT Program

Introduction

The Household Education Session is intended to increase awareness about HBHCT program activities among household members, to encourage voluntary household member participation in HIV counseling and testing and to identify all eligible household members. The session must take place after mobilization of the household has been done. This includes disclosure of the sero-status of the HIV positive client, who is the entry point to a household for organizations that deal with the targeted population.



- Objectives:** By the end of the counseling session, counselors will have:
1. Explained the benefits of household members knowing their HIV status
 2. Conducted group pre-test counseling in preparation for HIV testing
 3. Explained the consent procedures and counseling guidelines for adults
 4. Identified household members who:
 1. Are eligible for counseling and testing
 2. Want to receive couple counseling and testing
 3. Will provide consent for testing of children (under 18 years) as a parent/guardian



Methods: Lecture, group discussions, question and answer



Materials:

- ▶ Household Registration Form
- ▶ HBHCT census card

Session Overview

Part	Key Steps
1. Introduction and orientation to HBHCT	<ul style="list-style-type: none"> ○ Complete Household Registration Form ○ Ensure confidentiality ○ Explain the HIV and AIDS Care Program ○ Share benefits of knowing one's HIV status
2. Group pre-test counseling	<ul style="list-style-type: none"> ○ Review test process ○ Discuss meaning of test results ○ Dispel myths and clarify misconceptions about HIV and AIDS, and HBHCT program ○ Review risk factors for HIV infection ○ Review options for risk reduction ○ Identify eligible adult household members for counseling and testing

Detailed Protocol

Part 1: Introduction and Orientation to HBHCT Program Activities

Session Steps	Suggested Dialogue
<p>Introduce yourself and establish rapport</p> <ul style="list-style-type: none"> ▪ Name ▪ Workplace 	<ul style="list-style-type: none"> ○ Good morning/afternoon, my name is I work with.... (Name of organization) as an HIV and AIDS counselor. A counselor talks with people about HIV/AIDS issues, with the aim of helping them to make informed choices.
<p>Conduct household registration</p> <p>Counselor note: The counselor should verify data on the <u>Household Member Registration Form</u> filled in by the household mobilizer</p>	<ul style="list-style-type: none"> ○ Before we start our session, I would like to know who the members of this household are. ○ Who usually stays in this household? ○ Do they share at least a meal a day? ○ Are they dependent on the household head? ○ Who of these household members are present today?
<p>Explain confidentiality</p>	<ul style="list-style-type: none"> ○ Thank you for agreeing to talk with me today. ○ Everything we talk about today will be kept private. The information that you give me will not be repeated to anyone else without your permission.
<p>Explain the HIV and AIDS Care program(For targeted HBHCT Programs only)</p> <p>Discuss the components of HBHCT</p> <p>Counselor note: Your discussion should be based on what the household members know/believe about the subject of discussion</p>	<ul style="list-style-type: none"> ○ Could anyone here tell us about the activities and services provided by (insert name of AIDS organization)? Probe and clarify ○ What do you know about the HBHCT program? ○ What have you heard people say about HBHCT? ○ Now let's talk about the components of the HBHCT program: <ul style="list-style-type: none"> • HIV testing is being offered to eligible members of this household. • From the information that you have just provided, the eligible members of this household include (insert name of member on Household Member Registration Form) • Before testing and counseling is done, written consent will be sought from all eligible household members. This includes both adults and children. • HIV test results for household members above 18 months will be received at home today

Session Steps	Suggested Dialogue
<p>Explain the benefits of knowing one's HIV status</p>	<ul style="list-style-type: none"> • Individual and/or couple counseling will be provided before and after testing • Everyone will receive risk reduction counseling, regardless of test result • HIV-positive individuals/couples will receive counseling support and referral for care. • Children may be tested only with the consent of their parents/guardians. Details of the procedures will be given to guardians at an individual level. • A small blood sample will be drawn from the finger for HIV testing • These tests are very accurate. <ul style="list-style-type: none"> ○ Do you have any questions about the components of the HBHCT program? ○ Now let's talk about the benefits of knowing your HIV status today. ○ How do you think it benefits people when they know their HIV status? ○ Probe and clarify: Knowing your HIV status: <ul style="list-style-type: none"> • Helps you to relieve anxiety and fear related to not knowing/ suspecting your HIV status • If HIV negative: <ul style="list-style-type: none"> - Enables you to plan on how to avoid acquiring HIV • If HIV positive: <ul style="list-style-type: none"> - Enables you to be referred for care and treatment early - Enables you to plan on how to avoid transmitting HIV to others • Helps you, as an individual or a couple to disclose their HIV status to other family members ○ Do you have any questions about what we have talked about? ○ Is there anything else you would like to know about HBHCT?

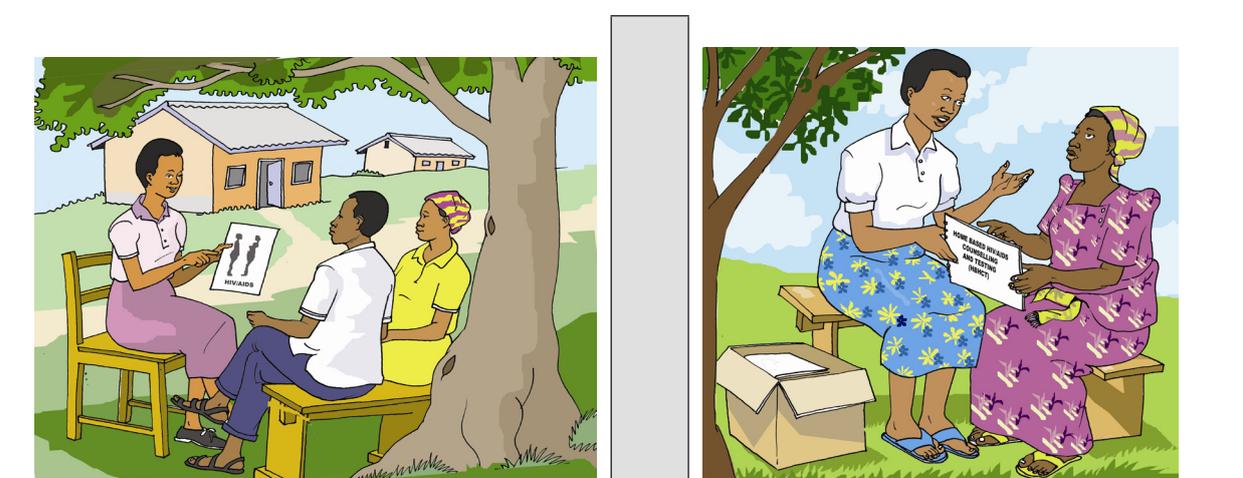
Part 2: Group Pretest Counseling Session

Session Steps	Suggested Dialogue
<p>Review risk factors for HIV infection</p> <p>Counselor note: This step should not take too long. It is to review what they already learnt from the mobilisers – in the case of organizations with targeted population, the index client</p> <p>Counselor's note: Involve the group in this discussion by use of open –ended questions and then fill in the knowledge gaps.</p>	<p>What are the things that put a person at risk of getting HIV?</p> <p>Probe and clarify: Key risk factors:</p> <ul style="list-style-type: none"> ○ If you have had unprotected sex with a person of unknown status or known HIV positive status you are at risk of HIV infection. This includes all your partners, even if you have only one faithful spouse and you do not know his/her status and have had sex without a condom. ○ A child can acquire HIV from an HIV infected mother during pregnancy, delivery and childbirth, and breastfeeding. ○ Getting in contact with HIV infected blood through blood transfusion and ○ Sharing contaminated sharps like needles, safety pins e.t.c. ○ Is there anything you would like us to discuss?
<p>Review options for risk reduction</p> <p>Counselor's note: These options should only be discussed if they are relevant to the group</p>	<p>○ What are the things that people could do to avoid getting HIV?</p> <p>Probe and clarify: Key HIV prevention strategies</p> <ul style="list-style-type: none"> ○ Learn your partner's HIV status through couples testing or through disclosure of individual test results ○ Consistent and proper condom use ○ Family planning or use of PMTCT interventions during pregnancy, if HIV-infected ○ Appropriate feeding options for HIV positive mothers ○ Use of sterilized or new sharp instruments; avoid sharing these instruments ○ Male circumcision ○ Is there anything more you would like us to discuss?
<p>Explain the meaning and manner of receiving test results</p>	<ul style="list-style-type: none"> ○ If the is Negative, it means you are not infected with HIV. ○ If the test is Positive, it means you are infected with HIV. ○ You may choose to receive the test results by yourself, with your partner or with another household member ○ Many couples find it easier to get their results as a couple so the counselor can help them cope. ○ Sometimes couples also find it useful to talk to the counselor one on one after the couple session

Session Steps	Suggested Dialogue
Review eligibility criteria for adult household members for HCT Counselor note: Eligibility criteria may differ based on the AIDS organization.	<ul style="list-style-type: none"> ○ All adults whose names we have recorded at the beginning of the session are free to participate in the HIV counseling and testing sessions that we are offering to you today.
Identify couples	<ul style="list-style-type: none"> ○ We would like to know more about your household. Who of you are couples? (Mark off the couples on the list). We shall meet the couples immediately after this discussion.
Identify guardians/parents for the children	<ul style="list-style-type: none"> ○ We would also like you to choose who of the parents of the children shall consent for testing of their children. The consenting parent/guardian may not necessarily be the head of the household. The person that you choose should be knowledgeable about the development of the child and should have relative ease of communication with the child.
Address immediate questions and concerns	<ul style="list-style-type: none"> ○ We have come to the end of our session. Do you have any questions that you would like answered before we break up?
Invitation to talk to counselor	<ul style="list-style-type: none"> ○ I shall begin by obtaining written consent from you before I provide individual or couple counseling and testing. I shall start with the couple(s), and the rest will follow, in the order that I shall let you know about. ○ Thank you for your cooperation and patience.

Protocol 2

Voluntary HIV Counseling for Household Members



General Introduction

This protocol guides voluntary HIV counseling sessions offered to adult household members who have consented to counseling and testing. These counseling sessions are meant to provide information and counseling to the consenting person about the meaning of the test result, the options available after learning the test result and assessing individual and or couple sexual risk of HIV transmission/infection.

This protocol guides counselors to support individuals and couples to address safe sex negotiation and gender issues, although referral is encouraged in some situations. Adult household members have the option of receiving individual or couples counseling or a combination of the two.

The protocol is divided into two components. Each component addresses counseling needs of specific categories within the household, namely individual adults (Component 2.1) and couples (Component 2.2). Information gathering and documentation during individual or couple sessions will depend on the program policies and evaluation needs of the implementing agency.

Component 2.1: Individual Counseling for Adult Household Members (18 years & above)



Introduction

This component outlines the specific steps and key issues that must be covered when conducting HCT with individual adults. Rapid HIV testing will be done using a finger stick and test results will be provided before the provider leaves the household.



Objectives:

By the end of the counseling session, counselors will have assisted consenting individuals to:

1. Recognize their risk for HIV infection/transmission;
2. Know their HIV sero-status;
3. Have a plan to reduce their risk of HIV infection/transmission;
4. Know where to access support services and programs in their area.



Methods:

- ▶ One-on-one discussions with individual household member



Materials:

1. Counseling protocol;
2. HBHCT cue cards;
3. Referral list (If appropriate),
4. HBHCT Card;
5. RRP for individuals

Session Overview

Session	Key Steps
Individual test decision counseling	Introduce the individual test decision session Discuss understanding of test results Consent to test Explain HIV testing procedures
Conduct HIV test (See Protocol 4 for details)	
Assess risk for HIV infection Counselor note: While the test is developing, assess risk for HIV infection if possible. Otherwise, assess risk and discuss risk reduction after the test results are given.	Clarify HIV risk concerns Assess individual risk
HIV Negative Result counseling	Negative result Provide test result and discuss implications Provide prevention messages Discuss risk reduction and identify safer goal behaviors Refer to available prevention services site
HIV Positive result counseling	Positive result Provide test result and discuss implications Discuss risk reduction and identify safer goal behaviors Discuss supported disclosure and partner testing Refer to available care and treatment services site

Detailed Protocol

Session 1: Individual Test Decision Counseling and HIV testing

Session Steps	Suggested Dialogue
Explain confidentiality	<ul style="list-style-type: none"> ○ Thank you for participating in the group session that we have just had. ○ Remember that your personal information is absolutely confidential and will not be discussed with anyone else.
Review individual's understanding of results	Clarify <ul style="list-style-type: none"> ○ If the test is Positive, it means you are infected with HIV. ○ If it is Negative, it means you are <u>not</u> infected with HIV.

Session Steps	Suggested Dialogue
<p>Consent individual household member</p> <p>Counselor's note 1: According to the National CT Policy, written consent is encouraged. Where possible, the client should sign/thumb print, where not possible, document in client records.</p> <p>Counselor's note 2: In case the individual opts out of testing, explain the benefits of testing. If client is still not willing to test after discussion, you may refer that person to another HIV testing place.</p> <p>Counselor's note 3: Fill Section A of HBHCT card from information on the census form for all individuals counseled.</p>	<p>Consent to test</p> <ul style="list-style-type: none"> ○ Would you like to take an HIV test at home today? (If yes, show him/her where to sign/thumb print) ○ If no, why not? ○ There are benefits associated with taking the test today. ○ What do you think are the benefits of getting tested today? <p>PROBE and CLARIFY:</p> <ul style="list-style-type: none"> - If you are HIV negative, to avoid infection from sexual partner in the future. - If HIV positive, to avoid transmission of HIV to sexual partner. - To seek prompt medical treatment and care, including ART. - To facilitate planning for the future.
<p>Explain the HIV rapid testing procedures</p>	<ul style="list-style-type: none"> ○ Before we begin the test, I want to explain a few things about the testing process. ○ The first thing I am going to do is set up all of the supplies I need. ○ Then I will prick your finger to get some blood to conduct the test. ○ The test will take up to 30 minutes to complete. While the test is running, I would like us to talk more about your concerns relating to HIV and AIDS. ○ Do you have any questions for me now? (If yes, clarify as appropriate.)

Session Steps	Suggested Dialogue
<p>Conduct the HIV rapid test</p> <p>Counselor's note 1: Refer to Protocol 4 (Rapid HIV Testing Safety Precaution Protocol) for specific instructions on how to conduct the finger stick and rapid testing sequential algorithm and how to prepare a dry blood spot (DBS) for quality control purposes.</p> <p>Counselor's note 2: For quality control purposes, one DBS should be collected for every ten clients tested.</p> <p>Assess current risk for HIV infection</p> <ul style="list-style-type: none"> ○ HIV risk = unprotected sex with a person of unknown status or known HIV positive status <p>Counselor's note 1: Address risk in relation to HIV discordance, MTCT, communication gaps with sex partners, stigma, outside partners, condom use, etc. as the individual guides you. If client has not been sexually active, skip to the next session step.</p>	<ul style="list-style-type: none"> ○ Okay, so let's get started with the test. Can I please see your hand? I am going to clean your finger with something that may feel a little cold, but it will not harm you. ○ Now I am going to prick your finger and collect some little blood in this small tube. ○ Okay, now I am going to begin the test. ○ While the test is developing, let's discuss a few things. ○ Now let us reflect on the discussion we held during the household education about the way HIV is transmitted. ○

Session Steps	Suggested Dialogue
<p>[If appropriate, fill in Section B of the HBHCT Card and/or Part I of the Risk Reduction Plan (RRP)]</p> <p>Counselor's note 2: The discussion on sexual activity in the past 2-6 weeks will help you determine whether or not you should mention information concerning "the window period".</p> <p>Summarize and reflect on client's story and risk issues; prioritize risk issues and vulnerabilities, including regular partners.</p>	<p>Individualised Risk Assessment</p> <ul style="list-style-type: none"> ○ Let us talk more about your situation. Have you had a sexual partner in the past 3 months? ○ If yes, let's discuss partners you've had. What type of partner(s) (spouse, steady, casual) have you had? For each partner, discuss: <ul style="list-style-type: none"> - Let's talk about condom use with that partner. Have you ever used a condom with him/her? How often do you use condoms (always, sometimes, never)? - Has he/she ever been tested? Do you know the HIV status of that partner? - How about family planning? Do you and your partner/spouse use any family planning methods? Tell me more about that. - Now, let's talk about your sexual activity in the last 20-40 days. Have you had sex with (any of) your partner(s) in the last 2-6 weeks without using a condom? (If you do not already know from previous questions) Do you know the HIV status of that partner? - Thank you for sharing this information with me. ○ Here is how I understand your situation concerning risk for HIV (Counselor should summarize what he/she heard)

After the testing is completed, proceed to Session 2, if the test result is HIV negative, and to Session 3, if test result is HIV positive.

Session 2: HIV Negative Results Counseling for Individual adults

Part 2.1: Delivering HIV Negative Test Results

Session Steps	Suggested Dialogue
<p>Provide results clearly and simply</p> <p>Counselor's note: Only mention the 'window period' if client reported unprotected sex with a person of unknown HIV sero-status or known HIV positive status in the past <u>2-6 Weeks</u> during the risk assessment.</p>	<ul style="list-style-type: none"> ○ Thank you for being patient. Your test results are now ready. ○ The test result is negative, which means you have not been infected with HIV. ○ This test result is very accurate. <p><u>Discuss potential exposure:</u></p> <ul style="list-style-type: none"> ○ If you now or in future have sex without a condom with someone whose HIV status you do not know or who is HIV positive, you are at risk of acquiring HIV. <p>Only if client reported unprotected sex during the past 2-6 Weeks during the risk assessment:</p> <ul style="list-style-type: none"> ○ There is a <u>very small chance</u> that you could have been infected with HIV, but it is not showing up yet. ○ You may want to re-test in a few weeks, to be sure you are negative, but you need to make sure that you have no exposure (i.e. protected sex or abstinence or other alternatives to penetrative sex) during this time.
<p>Explore the client's reaction to the test results</p>	<ul style="list-style-type: none"> ○ What does this result mean to you? (Probe: Thoughts, feelings, plans)
<p>If client has ongoing risk, convey concern and urgency about the client's risks (as appropriate)</p> <p>Counselor's note 1: If client is without stated current risk, emphasize prevention messages and supports to remain negative</p>	<ul style="list-style-type: none"> ○ You mentioned earlier (<u>refer to dialogue on risk assessment</u>) that you recently had unprotected sex with a person whose HIV status you did not know or who is HIV positive. ○ This behavior puts you at risk of getting infected with HIV. ○ Let's talk about some ways in which you can protect yourself. <p><u>Prevention messages:</u></p> <ul style="list-style-type: none"> ○ When you have sex with a person whose status you do not know and you do not use condoms every time, then you are at a risk of being infected with HIV.

Session Steps	Suggested Dialogue
<p>Counselor's note 2: If client has an HIV-infected spouse, discuss DISCORDANCE and go over the discordance messages.</p>	<ul style="list-style-type: none"> ○ It is very important that you and your sexual partner test for HIV so that you know whether you are at risk of getting infected with HIV and you can protect yourself. It is common for couples to have different HIV results—e.g. one person may be infected and the other not. <p><u>Discordance messages:</u></p> <ul style="list-style-type: none"> ○ No one is immune from HIV infection. If you are having sex without using a condom, <u>you can</u> get infected with HIV. ○ There are many things you can do to reduce the chance of catching HIV from your partner: <ul style="list-style-type: none"> ▪ abstinence eliminates the risk of HIV infection ▪ use condoms every time you have sex ▪ reduce the frequency of sex ▪ practice alternatives to penetrative sex (such as touching each other to relieve desire) ○ Let's talk about these options further, to see what you feel comfortable with.

Part 2.2: Identifying Safer Goal Behaviors and Developing a Risk Reduction Plan

Session Steps	Suggested Dialogue
<p>Discuss with client his/her personal reasons for avoiding HIV infection</p> <p>[If appropriate, fill in Part 2 of the RRP]</p> <p>Counselor's note: If client has mentioned that s/he has had unprotected sex with a person(s) whose sero-status s/he did not know or is infected with HIV.</p>	<ul style="list-style-type: none"> ○ Now that you know that you are HIV negative, we shall talk about how you can make sure that you remain negative. ○ Think back about our discussion on your current risk and the results that you have just received. You mentioned that you recently had unprotected sex with a person(s) whose sero-status you did not know/ who is infected with HIV. Having unprotected sex with someone whose HIV sero-status you do not know places you at risk for HIV infection. ○ What are the reasons you personally would want to remain uninfected with HIV? PROBE: Any other thing? ○ How could you encourage your partner to get tested? ○ What do you think about having couples counseling?

Session Steps	Suggested Dialogue
<p>Discuss safer goal behaviors</p> <p>[If appropriate, fill in Part 3 of the RRP]</p> <p>Counselor's note: Allow client to suggest safer goal behaviors and you can provide more information about other possible options. These behaviors should be achievable based on the circumstances that have been described. They do not have to occur 100% of the time. For example, if client does not feel he can use condoms during every sex act, s/he may set a goal of using condoms twice as often as s/he does now. If client does not feel that s/he can use condoms at all, then s/he may set a goal of reducing frequency of sex to once a week.</p>	<ul style="list-style-type: none"> ○ I would like you to think of some safer goal behaviors now. These are behaviors that would eliminate or greatly reduce your risk of getting infected with HIV. ○ Safer goal behaviors for adults - examples <ul style="list-style-type: none"> - Abstain from sex - Avoid having sex with a person whose status you do not know - Reduce frequency of sex - Partner testing; couples counseling and testing - Disclosure of HIV status to partner - Faithfulness to a negative partner - Consistent Condom use (or increase frequency) - Reduce number of partners - Use alternative means of sexual expression (touching each other and other forms of non-penetrative sex) - Get treatment for any STIs; avoid sex until you complete treatment for an STI - Open and honest communication with partner about risk reduction options - Eliminate or reduce alcohol consumption ○ Do you think this plan is realistic? Why or why not?
<p>Identify supports to achieve safer goal behavior</p> <p>[If appropriate, fill in Part 4 of the RRP]</p> <p>Counselor's note: Emphasize the importance of discussing the safer goal behaviors with a trusted friend or relative, support group and or HIV and AIDS Care organization</p>	<ul style="list-style-type: none"> ○ Now that you have identified a safer goal behavior(s), let's talk about the things that would help to make it easier for you to achieve this/these goal(s). <p>Supports - examples</p> <ul style="list-style-type: none"> ○ Support person ○ Support groups ○ HIV/AIDS care and support organization in community
<p>Identify barrier to achieve safer goal behavior</p> <p>[If appropriate, fill in Part 5 of the RRP]</p>	<ul style="list-style-type: none"> ○ What could make it more difficult for you to achieve (fill in safer goal behavior)? ○ What might get in the way of achieving your safer goal behavior?

Session Steps	Suggested Dialogue
<p>Identify strategy(ies) to overcome barriers</p> <p>[If appropriate, fill in Part 6 of the RRP]</p> <p>Counselor's note: as you discuss behavior options, client may need to alter goal to be more realistic.</p>	<ul style="list-style-type: none"> ○ What will you do if (fill in stated barrier) gets in the way of achieving your safer goal behavior?
<p>Convey confidence in the client's ability to achieve their safer goal behavior(s)</p>	<ul style="list-style-type: none"> ○ This is a goal that you have come up with (state the agreed upon goal behavior). ○ It is a good goal and I believe it is something you really want to do and are capable of achieving given your motivation.

Part 2.3: Providing Referrals

Session Steps	Dialogue
<p>Agree on and make referral to provider</p> <p>[If appropriate, fill in Section F of HBHCT Card]</p> <p>Counselor's note 1: Provide client with a referral slip to the preferred prevention services site, if he/she is interested. Each organization needs to insert here their agency's policies for referral of HIV negative persons to a prevention services site for on-going support. Mention Family Planning, and Antenatal Clinics as required.</p> <p>Counselor's note 2: Individuals who are symptomatic but have tested HIV negative should be referred for follow-up medical services, particularly screening for TB. Refer appropriately.</p>	<ul style="list-style-type: none"> ○ There are several organizations in your area that offer prevention services (list all available services/ organizations). ○ Is this something you are interested in? ○ If interested, which place would you prefer to go to? Here's the slip which you will present to (mention the prevention services site) for further support. ○ If not interested, what are your concerns about accessing further support for prevention at the sites that I have mentioned? ○ Let us consider other options that you have (explore possible options). Which of these can you go to? Here's the slip which you will present to (mention the service site) for further support on prevention.

Session 3: HIV Positive Results Counseling for Individuals

Part 3.1: Delivering HIV Positive Results and Discussing Positive Living

Session Steps	Dialogue
<p>Provide results clearly and simply</p> <p>Counselor's note: Provide a few minutes of silence for the client to absorb the result.</p>	<ul style="list-style-type: none"> ○ Thank you for being patient. Your test results are now ready. ○ The test result is positive, which means you are infected with HIV. ○ This test result is very accurate.
<p>Review the meaning of the result</p>	<ul style="list-style-type: none"> ○ It can be difficult learning that you're infected with HIV. ○ You need to take time to adjust to this news, but with time you will be able to cope and continue with your life.
<p>Discuss living positively</p> <p>Counselor's note 1: Each partner needs to insert here their agency's policies for referral and integration of HIV positive family members into care and treatment. While this information is important, be aware that this may be too much information for the client to handle/comprehend all at once. Remember not to overburden the client with unnecessary information.</p> <p>Counselor's note 2: Using a prepared list on the care and treatment sites available in the area, inform the HH members about the services provided.</p>	<ul style="list-style-type: none"> ○ There are many people who are infected with the virus and living well. ○ Have you heard about the ways in which people with HIV can improve their health and their lives (positive living)? ○ Positive living means taking care of your health and your emotional well-being in order to enhance your life and stay well longer. ○ There are many things you can do to keep yourself healthy: <ul style="list-style-type: none"> - You should take Septrin everyday for life. This drug is cheap and easy to get at the pharmacy. Septrin prevents diarrhea, malaria and other illnesses, prolongs life and saves money by improving health and reducing the need for clinic visits and hospitalizations to treat opportunistic infections. - You should consult a physician about the Septrin dose that you need to take daily. - You should be evaluated for TB at your nearest health center. - You should sleep under a bed net to prevent being bitten by mosquitoes which carry malaria. - To prevent diarrhea, you should boil your drinking water or use a safe water vessel. - Eat healthy foods, like fruits, vegetables and beans or peas to keep you strong. - Eliminate or reduce alcohol consumption. - Stop or reduce smoking. - Seek prompt treatment whenever you are ill.

Session Steps	Dialogue
	<ul style="list-style-type: none"> - Here is a list of care and treatment services in your area for people living with HIV and AIDS. - You can also join support groups for people living with HIV and AIDS (mention the groups located within the area). o What do you think about this?

Part 3.2: Identifying Safer Goal Behaviors and Developing a Risk Reduction Plan

Session Steps	Dialogue
Encourage the client to protect others from HIV	<ul style="list-style-type: none"> o It is important for you to care for yourself and to protect others from HIV. o One person, like yourself, can change the tide of the epidemic by being honest with your partners and ensuring you engage only in safe sex behaviors. o How can we help prepare you for this?
<p>Discuss with client his/her personal reasons for avoiding HIV transmission</p> <p>[If appropriate: fill in Part 2 of the RRP]</p> <p>Counselor's note: If client has mentioned that s/he has had unprotected sex with a person(s) whose sero-status s/he did not know or is not infected with HIV.</p>	<ul style="list-style-type: none"> o Let us talk about how you can ensure that you avoid transmitting HIV to your sexual partner(s) or to others (i.e. unborn children). o Think back to our earlier discussion on risks. You mentioned that you recently had unprotected sex with (cite partner whose sero-status client does not know/ who is not infected with HIV). o What are the reasons you personally would want to ensure that (fill in name) remain(s) uninfected with HIV? PROBE: Any other thing? Anything else? o How would you feel (fill in partner with whom client had unprotected sex and his/her sero-status is unknown/ HIV negative) got HIV infection from you?
<p>Discuss safer goal behaviors</p> <p>[If appropriate: fill in Part 3 of RRP]</p>	<ul style="list-style-type: none"> o I would like you to think of some safer goal behaviors now. These are behaviors that will eliminate or greatly reduce your partner(s) risk of getting infected with HIV.

Session Steps	Dialogue
<p>Counselor's note: The safer goal behaviors do not have to occur 100% of the time. For example, if client does not feel s/he can use condoms during every sex act, s/he may set a goal of using condoms twice as often as he does now. If client does not feel that s/he can use condoms at all, then s/he may set a goal of reducing frequency of sex to once a week.</p>	<ul style="list-style-type: none"> ○ Do you think this goal is realistic? Why or why not? ○ Safer goal behaviors - examples <ul style="list-style-type: none"> - Disclosure of HIV status to partner - Partner testing - Faithfulness to your positive partner - Abstain from sex - Avoid having sex with a person whose status you do not know - Consistent condom use (or increase frequency) - Reduce frequency of unprotected sex - Reduce number of partners - Use alternative means of sexual expression (touching each other and other forms of non-penetrative sex) - Get treatment for any STIs; avoid sex until you complete treatment for an STI - Open and honest communication with partner about risk reduction options - Eliminate or reduce alcohol consumption
<p>Identify supports to achieve safer goal behavior</p> <p>[If appropriate: fill in Part 4 of RRP]</p> <p>Counselor's note: Emphasize the importance of discussing the safer goal behaviors with a trusted friend or relative; support group and or HIV and AIDS Care organization</p>	<ul style="list-style-type: none"> ○ Now that you have identified a safer goal behavior(s), let's talk about the things that would help to make it easier for you to achieve this/these goal(s). <p>Supports - examples</p> <ul style="list-style-type: none"> ○ Support person ○ Support groups ○ HIV/AIDS care and support organization in community
<p>Identify barrier to achieve safer goal behavior</p> <p>[If appropriate: fill in Part 5 of RRP]</p>	<ul style="list-style-type: none"> ○ What could make it more difficult for you to achieve (fill in safer goal behavior)? ○ What might get in the way of achieving your safer goal behavior?

Session Steps	Dialogue
Identify strateg(ies)y to overcome barriers [If appropriate: fill in Part 6 of RRP]	<ul style="list-style-type: none"> ○ What will you do if (fill in response) gets in the way of achieving your safer goal behavior (i.e. client may need to alter goal to be more realistic etc)?

Part 3.3: Supported Disclosure to Partner/ Household member(s)

Session Steps	Dialogue
Remind client that his or her results do not indicate partner's HIV status Counselor's note: According to the 2005 National Serosurvey, "50% of married people who are HIV positive have an HIV negative spouse".	<ul style="list-style-type: none"> ○ It is essential that you understand that your test result does not indicate whether or not your sexual partner is infected with HIV. ○ Your partner must be tested in order to know his or her result. Many people in Uganda, who are HIV infected like you have a negative spouse.
Explore client's concerns or issues about telling partner(s) about HIV test result	<ul style="list-style-type: none"> ○ What are your concerns or issues about telling your partner/ household member(s) about your HIV status? ○ What makes it important for you to tell your partner/ household member(s) about your HIV status?
Explain and ask client to choose from the disclosure approaches: <ul style="list-style-type: none"> ○ Self-disclosure to partner/ household member(s) ○ Counselor-supported disclosure to partner/ household member(s) 	<ul style="list-style-type: none"> ○ You mentioned the need for skills that would help you to disclose to your partner/household member(s). ○ I will help you think through how disclosure to your partner/household member(s) could happen. ○ You and I shall practice right now how we will disclose to your partner/household member(s). But first, you need to know how I can assist you to disclose to your partner/ household member(s).

Session Steps	Dialogue
<p>Counselor's note:</p> <p>Either do “self-disclosure” to partner/ household member(s). (Here, the counselor provides client with the necessary skills to disclose, including having client practice how to disclose, then on his/her own, disclose to their partner/ household member(s) later) <u>or</u> do “Counselor-supported disclosure” to partner/ household member(s). (Here, the client invites into the session their partner/ household member(s) that they would like to tell about their HIV sero-status and counselor is present when client discloses results).</p> <p>Counselor's note 2:</p> <p>If client is interested in supported-disclosure in a subsequent visit, make appointment. See protocol on HIV disclosure for support of client to disclose to family members (Protocol 5).</p>	<ul style="list-style-type: none"> ○ There are 2 options: <ul style="list-style-type: none"> - Either I provide you with the necessary skills to disclose, including having you practice on how to disclose, then on your own, you disclose - Or together you and I disclose to your partner/ household member:. ○ If you choose to have us disclose to (insert name of partner/household member) together, I can reveal the sero-status for you or you can reveal it yourself and I will support your statements and address any concerns that will arise out of the discussion. ○ From our experience however, some individuals have found it difficult to disclose their HIV status to their partners/some household members. Which of these two options do you think will work for you?
<p>Support client to disclose to partner/ household member (s)</p> <p>Counselor's note: For clients who have opted for counselor-supported disclosure. If partner is not present, schedule an appointment for your return.</p>	<p>Client discloses HIV status with counselor support</p> <ul style="list-style-type: none"> ○ Before we invite your partner/household member(s) here, what would you like my role to be? ○ Let us quickly go through how we shall tell your partner/ household member(s) about your HIV test result. Imagine that your partner /household member is seated next to you (indicate where partner/ household member would be seated), what would you like to say to your partner about your HIV positive result (Address any concerns that he/she may raise)? ○ How do you think he/she will react to what you plan to say? (Address any concerns that he/she may raise). ○ Do you think you are ready to disclose your results to your partner/household member(s)? (Address any concerns that he/she may raise).

Session Steps	Dialogue
	<ul style="list-style-type: none"> ○ I will join in the discussion whenever you are finding it difficult to talk about something. <p>Counselor discloses HIV Status of client with client support</p> <p>If client wants counselor to do the talking, then:</p> <ul style="list-style-type: none"> ○ Imagine that your partner/household member(s) is/are seated next to you (indicate where partner/household member would be seated), what would you like me to say to your partner/ household member (s) about your HIV result? (Address any concerns that he/she may raise. Make a disclosure plan that incorporates the client’s concerns) ○ If you would like me to do the talking, I will say something like this: “Thank you for kindly agreeing to have a discussion with us today. We have invited you here to share with you the HIV results of (fill in name of individual client). This will enable (fill in name of individual client) to work out a plan with you for the future”. <p>Disclosure plan will include:</p> <ul style="list-style-type: none"> ○ Introduce counselor and justify presence. ○ Deliver discordance message – For example “Many HIV positive people in Uganda are living with an HIV negative spouse”. This does not necessarily mean that someone has been unfaithful during marriage. Many people get married without first having an HIV test, so one partner may already be infected. However, no one is immune from HIV infection and all HIV-negative spouses in discordant couples are at very high risk of infection. Knowing your HIV status and your partner’s HIV results today would help you to make informed choices about your future. ○ State test result. ○ Explain meaning of test result. ○ Discuss importance of test result to partner/ household member(s) and the effect on him/her.
	<ul style="list-style-type: none"> ○ Explain importance of partner/household member(s) to take an HIV test. ○ Make plan of action - may include partner testing, couple counseling, behavior change, family support, referral to support group, etc.

Session Steps	Dialogue
<p>Support client to refer outside partner for testing</p> <p>Counselor's note: For clients with partners who are not members of the household (Refer to section B of HBHCT card). Ensure that the client is comfortable to explain to his/ her spouse/other partner(s) the importance of partner testing.</p>	<ul style="list-style-type: none"> ○ We have also discussed your concerns about referring your partner who is not living with you here, for an HIV test. How would you encourage him/her to be tested for HIV also? ○ How do you think he/she will react to what you plan to say? ○ Do you think you are ready to refer your partner for testing? (Address any concerns that he/she may raise).

Part 3.4: Providing Referrals

Session Steps	Dialogue
<p>Agree on and make referral to AIDS care provider</p> <p>[If appropriate: fill in Section F of HBHCT Card]</p> <p>Counselor's note 1: Provide client with a referral slip to the preferred AIDS care and services provider if he/she is interested. Each organization needs to insert here their agency's policies for referral and integration of HIV positive family members into care and treatment.</p> <p>Counselor's note 2: Individual service organizations should have a system in place to check on referrals.</p>	<ul style="list-style-type: none"> ○ There are several organizations in your area that offer services for people living with HIV and AIDS (list all available services/organizations). ○ Is this something you are interested in (if not already registered)? ○ If interested, which place would you prefer to go to? Here's the slip which you will present to (mention the preferred provider) for further support and treatment. ○ If not interested, what are your concerns about accessing treatment and support from the providers that I have mentioned? ○ Let us consider other options that you have (explore possible options). Which of these shall you go to? Here is the slip that you will present to (mention the preferred provider) for further treatment and support for further support and treatment.

Component 2.2: Counseling for Couples within the Household



Introduction

This component outlines the specific steps and key issues that must be covered when conducting HCT with couples. It includes suggested dialogue which a counselor could use with a couple that has consented to test and receive their results together at home. The entire couple counseling session is typically conducted with both partners present to enhance openness, encourage couple communication and promote unity in the couple. However, if the counselor detects gaps in communication resulting from coercion to test, a large age difference, fear, shyness or disagreement, he/she may decide to separate the couple for the risk assessment session to enable members to raise concerns they do not feel free to raise in the presence of their spouse. Such concerns could include HIV transmission and/or infection risk and risk reduction with partners outside of the couple.



Objectives:

By the end of the counseling session, the Counselor will have assisted the couple to:

1. Recognize their risk for HIV infection/transmission;
2. Know their HIV sero-status;
3. Develop a plan to reduce their HIV infection/transmission risk;
4. Improve couple communication;
5. Identify appropriate care and support services in their area



Methods:

- ▶ Discussion with a couple before, during and after conducting the HIV test



Materials:

- ▶ Counseling protocol;
- ▶ Cue cards;
- ▶ If appropriate: HBHCT Card;
- ▶ Risk Reduction Plan (RRP) for Couples.

Session Overview

Session	Key Steps
Couple test decision counseling	<ol style="list-style-type: none"> 1. Introduce the couple counseling session 2. Review understanding of test results 3. Consent to test 4. Explain HIV testing procedures
Conduct HIV test (See Protocol 4 for details)	
<p>Assess risk for HIV infection (preferably together)</p> <p>Counselor's note 1: While the test is developing, clarify and assess couples' risk for HIV infection if possible.</p>	<ol style="list-style-type: none"> 1. Clarify HIV risk concerns 2. Assess couple risk
Test results counseling	<p>Concordant Negative results</p> <ol style="list-style-type: none"> 1. Provide test result and discuss implications 2. Discuss risk reduction and identify safer goal behaviors 3. Refer to available prevention or other support services <p>Concordant Positive results</p> <ol style="list-style-type: none"> 1. Provide test result and discuss implications 2. Discuss risk reduction and identify safer goal behaviors 3. Refer to available care and treatment support services <p>Discordant results</p> <ol style="list-style-type: none"> 1. Provide test result and discuss implications 2. Reinforce key messages on discordance 3. Discuss mutual coping and understanding and positive living 4. Discuss risk reduction and identify safer goal behaviors 5. Refer to available care and treatment support services

Detailed Protocol

Session 1: Couple Test Decision Counseling and HIV Testing

Session Steps	Suggested Dialogue
Explain confidentiality	<ul style="list-style-type: none"> ○ Thank you for participating in the group session we have just had and for agreeing to meet with me as a couple. ○ Remember that your personal information is absolutely confidential and will not be discussed with anyone else.
Describe conditions for receiving Couple HCT Counselor's note: If you detect that either member is uncomfortable, stress the opportunity for individual counseling (give the couple an opportunity to opt out of the joint session)	<ul style="list-style-type: none"> ○ If both of you agree, you shall receive your results together and make a joint plan on reducing your risk of acquiring HIV or transmitting HIV to others. ○ Before we begin, it is important for us to discuss some conditions for couples counseling. You should: <ul style="list-style-type: none"> - Be willing to receive your test results together - Make a commitment to shared confidentiality - Agree to have a discussion of your HIV risk reduction issues and concerns - Make joint decisions about sharing your results with others ○ If you would like, you may also talk to me individually at any time after this session.
Explain responsibilities in the couple session	<ul style="list-style-type: none"> ○ I also would like to discuss your responsibilities as a couple during the counseling and testing session: <ul style="list-style-type: none"> - Each partner is encouraged and supported to participate equally in the discussion. (Turn to the husband) To ensure this, I will proceed by first asking your wife questions before I ask them to you. - Each partner will listen carefully and respond to the other. - As partners you will treat each other with respect and dignity. - As partners you will be as honest as possible. - As partners you will do your best to provide each other with understanding and support. ○ Do either of you have any fears or problems related to being tested and counseled together? (If yes, address concerns by probing benefits of couple discussions). ○ (Confirm agreement) So we are agreed that couple discussions enable you to better understand your personal lives and relationships and to plan together for the future.

Session Steps	Suggested Dialogue
<p>Consent couple</p> <p>Counselor's note 1: According to the National CT Policy, written consent is encouraged. Where possible, the client should sign/thumb print, where not possible, document in client records.</p> <p>Counselor's note 2: In case the couple opts out of testing, explain the benefits of couple counseling and testing. If couple is still not willing to test after discussion, see if they would be willing to test as individuals. If not, you may refer them to another HIV testing place.</p>	<p>Consent to test</p> <ul style="list-style-type: none"> ○ Would you like to take an HIV test at home today as a couple? (If yes, show him/her where to sign/thumb print) ○ If no, why not? ○ There are benefits associated with taking the test today as a couple. ○ What do you think are the benefits of getting tested together today? <p>PROBE and CLARIFY:</p> <ul style="list-style-type: none"> - To avoid potential infection from your spouse and other sexual partner(s) (If any) - If HIV positive, to avoid transmission of HIV to your spouse, a new baby and other sexual partner(s) (If any) - If HIV positive, to seek prompt medical treatment and care, including ART - To facilitate couple planning for the future
<p>Review understanding of results</p> <p>Counselor's note: For organizations that are using an HIV positive client as entry point to the household, adjust the dialogue to suit the testing policy</p>	<ul style="list-style-type: none"> ○ You will be tested for HIV and find out your results together today ○ There are 3 possible results. You could either both be HIV-negative or you could both be HIV-positive. You could also have different results; one of you may be HIV positive and one of you may be HIV negative ○ Sometimes people have different results, let's talk about how that happens ○ If you have different results, this does not mean that the HIV positive partner has been unfaithful. It is possible that he or she was infected before you started living together as a couple ○ We will discuss the meaning of your results and I will help you understand them and cope with them

Session Steps	Suggested Dialogue
<p>Explain the HIV rapid testing procedures</p>	<ul style="list-style-type: none"> ○ Before we begin the tests, I want to explain a few things about the testing process. ○ The first thing I am going to do is set up all of the supplies I need for your test. ○ Then I will prick your fingers to get some blood to conduct the tests. ○ The tests will take about 30 minutes to complete. While the tests are running, I would like us to talk more about your concerns relating to HIV and AIDS. ○ Do you have any questions for me now? (If yes, clarify as appropriate.) ○ Set up the testing supplies in an orderly fashion. Be sure to label the test strip properly.
<p>Conduct the HIV rapid test</p> <p>Counselor's note 1: Refer to Protocol 4 (Rapid HIV Testing Safety Precaution Protocol) for specific instructions on how to conduct the finger stick and rapid testing sequential algorithm and how to prepare a dry blood spot (DBS) for quality assurance purposes.</p>	<ul style="list-style-type: none"> ○ Okay, so let's get started with the tests. ○ Let's start with (fill in name of one partner). Can I please see your hand? I am going to clean your finger with something that may feel a little cold, but it will not harm you. ○ Now I am going to prick your finger and collect some blood in this small tube. ○ I will do the same thing for (fill in name of other partner). Repeat dialogue above. ○ While the tests are developing, let's discuss a few things.
<p>Discuss risks for HIV infection</p> <ul style="list-style-type: none"> ○ HIV risk = unprotected sex with a person of unknown status or known HIV positive status 	<ul style="list-style-type: none"> ○ Now let us reflect on the discussion we held during the household education about the way HIV is transmitted ○ What concerns do you have that we can freely discuss now in relation to HIV infection? (Clarify as appropriate) ○ It is very important that couples test for HIV so that they know whether they are at risk of getting infected with HIV and can protect themselves. ○ It is common for couples to have different HIV results—e.g. one person may be infected and the other not.

Session Steps	Suggested Dialogue
<p>Counselor's note 1: Address risk in relation to HIV discordance, MTCT, communication gaps with sex partners, stigma, outside partners, condom use, etc. as the couple guides you.</p> <p>[If appropriate, fill Part I of the Risk Reduction Plan for Couples (RRP)]</p>	<ul style="list-style-type: none"> ○ If found HIV negative, and you now or in future have sex without a condom with someone whose HIV status you do not know or who is HIV positive, you are at risk of acquiring HIV. ○ Do you have any questions for me now? (If yes, clarify as appropriate.)
<p>Summarize and reflect back on couple's story and risk issues; prioritize risk issues and vulnerabilities, including regular partners.</p>	<ul style="list-style-type: none"> • (If couple risk has been discussed) Here is how I understand your situation concerning risk for HIV (Counselor should summarize what he/she heard).
<p>If the couple chooses to receive their risk assessment sessions separately, PLEASE follow the suggested dialogue for conducting an Individual Risk Assessment in Component 2.1.</p>	
<p>This next section is optional. If during an individual risk assessment session, a partner reports having partners outside of the couple relationship, we recommend the following dialogue.</p>	
<p>If a client has ongoing risk with partner(s) outside of the couple relationship, convey concern and urgency about the client's risks (as appropriate)</p> <p>Counselor's note 1: If appropriate, refer to dialogue on risk assessment in Section B of HBHCT card.</p>	<ul style="list-style-type: none"> ○ Let us consider the options that you have for reducing risk of HIV transmission between you and your outside partner(s). ○ You have mentioned that you recently had unprotected sex with a person whose HIV status you did not know or who is HIV positive. ○ This behavior puts you and your spouse (and potentially new baby) at risk of being infected with HIV. ○ Let's talk about some ways in which you can protect yourself.

After the testing is completed, proceed to Session 3, if test results are concordant negative, to Session 4, if test results are concordant positive, or to Session 5, if the test results are discordant.

Session 3: HIV Concordant Negative Results Counseling

Part 3.1: Delivering Results

Session Steps	Suggested Dialogue
Provide results clearly and simply	<ul style="list-style-type: none"> ○ Thank you for being patient. Your test results are now ready ○ The test results are the same. They are both negative, which means neither of you are infected with HIV.
Explore the couple's reaction to the test results	<ul style="list-style-type: none"> ○ What does this result mean to you? (Probe:: Thoughts, feelings, plans)

Part 3.2: Identifying Safer Goal Behaviors and Developing a Risk Reduction Plan

Session Steps	Suggested Dialogue
<p>Discuss with couple their personal reasons for avoiding HIV infection</p> <p>[If appropriate: fill in Part 2 of RRP for couples]</p>	<ul style="list-style-type: none"> ○ Now that you know that you are both HIV negative, let's talk about how you can remain negative. ○ What are your reasons/motivations for remaining uninfected? PROBE: any other thing? ○ Let's think back to our discussion on your current risks of infection. How would you avoid getting HIV in the future?
<p>Discuss safer goal behaviors</p> <p>[If appropriate: fill in Part 3 of RRP for couples]</p> <p>Counselor's note: Allow couple to suggest safer goal behaviors and you can provide more information about other possible options if necessary. These behaviors should be achievable based on the circumstances that have been described. They do not have to occur 100% of the time.</p>	<ul style="list-style-type: none"> ○ I would like you to think of some safer goal behaviors now. These are behaviors that would eliminate or greatly reduce your risk of getting infected with HIV. ○ Safer goal behaviors - examples <ul style="list-style-type: none"> - Now that you know you are both negative, be faithful to one another - Abstain from sex with outside partners - If either of you does have an outside partner now or in the future, use a condom EVERY time you have sex. - Communicate openly and honestly with your partner about risk reduction options - Eliminate or reduce alcohol and drug consumption ○ Do you think this goal is realistic? Why or why not?
<p>Identify supports to achieve safer goal behavior</p> <p>[If appropriate: fill in Part 4 of RRP for couples]</p>	<ul style="list-style-type: none"> ○ Now that you have identified a safer goal behavior(s), let's talk about the things that would help to make it easier for you to achieve this/these goal(s). <p>Supports - examples</p> <ul style="list-style-type: none"> ○ Support person ○ Support groups ○ HIV/AIDS care and support organizations in community

Session Steps	Suggested Dialogue
Identify barrier to achieve safer goal behavior (s) [If appropriate: fill in Part 5 of RRP for couples]	<ul style="list-style-type: none"> ○ What could make it more difficult for you to achieve (fill in safer goal behavior)? ○ What might get in the way of achieving your safer goal behavior?
Identify strategies to overcome barriers [If appropriate: fill in Part 6 of RRP for couples] Counselor's note: As you discuss behavior options, the couple may need to alter their goal(s) to be more realistic.	<ul style="list-style-type: none"> ○ What will you do if (fill in stated barrier) gets in the way of achieving your safer goal behavior
Convey confidence in the couple's ability to achieve their safer goal behavior(s)	<ul style="list-style-type: none"> ○ This is a goal that you have come up with (state the agreed upon goal behavior). ○ It is a good goal and I believe it is something you really want to do and are capable of achieving given your motivation.

Session 4: HIV Concordant Positive Results Counseling

Part 4.1: Delivering Results and Discussing Positive Living

Session Steps	Suggested Dialogue
Provide results clearly and simply. Counselor's note: Provide a few minutes of silence for the couple to absorb the result.	<ul style="list-style-type: none"> ○ Thank you for being patient. Your test results are now ready. ○ The test results are the same. The test results are positive, which means you are both infected with HIV.
Review the meaning of the result.	<ul style="list-style-type: none"> ○ It can be difficult learning that you are infected with HIV. ○ You need to take time to adjust to this news, but in time you will both be able to cope and continue with your life.

Session Steps	Suggested Dialogue
<p>Discuss living positively.</p> <p>Counselor's note: Each partner organization needs to insert here their agency's policies for referral and integration of HIV positive family members into care and treatment. While this information is important, be aware that this may be too much information for the couple to handle/comprehend all at once. Remember not to overburden the couple with unnecessary information.</p>	<ul style="list-style-type: none"> ○ There are many people who are infected with the virus and living well. ○ Have you heard about the ways in which people with HIV can improve their health and their lives (positive living)? ○ Positive living means taking care of your health and your emotional well-being in order to enhance your life and stay well longer. ○ There are many things you can do to keep yourself healthy: <ul style="list-style-type: none"> - You should take Septrin everyday for life. This drug is cheap and easy to get at the pharmacy. Septrin prevents diarrhea, malaria and other illnesses, prolongs life and saves money by improving health and reducing the need for clinic visits and hospitalizations to treat opportunistic infections. - You should consult a physician about the Septrin dose that you need to take daily. - You should be evaluated for TB at your nearest health center.
	<ul style="list-style-type: none"> - You should sleep under a bed net to prevent being bitten by mosquitoes which carry malaria. - To prevent diarrhea, you should boil your drinking water or use a safe water vessel. - Eat healthy foods, like fruits, vegetables and beans or peas to keep you strong. - Eliminate or reduce alcohol consumption. - Stop or reduce smoking. - Seek prompt treatment whenever you are ill. - Here is a list of care and treatment services in your area for people living with HIV and AIDS. - You can also join support groups for people living with HIV and AIDS (mention the groups located within the area). ○ What do you think about this?

Part 4.2: Identifying Safer Goal Behaviors and Developing a Risk Reduction Plan

Session Steps	Suggested Dialogue
Encourage the couple to protect others from HIV	<ul style="list-style-type: none"> ○ It is important for you to care for yourself and to protect others from HIV. ○ A couple, like yourself, can change the tide of the epidemic by being honest with your partners and ensuring you engage only in safe sex behaviors. ○ How can we help prepare you for this?

Session Steps	Suggested Dialogue
<p>Discuss with couple their personal reasons for avoiding HIV transmission (to spouses/ outside partners of unknown status or negative status)</p> <p>Counselor's note: This step is relevant only when the couple has mentioned during risk assessment, individuals that are at risk of HIV infection, such as an unborn baby of a pregnant spouse; breastfeeding baby, spouse/ outside partner</p> <p>[If appropriate: fill in Part 2 of RRP for couples]</p>	<ul style="list-style-type: none"> ○ Let us talk about how you can ensure that you avoid transmitting HIV to others (i.e an unborn baby; breastfeeding baby, spouse/ outside partner) now or in future. ○ If appropriate, what are your reasons for not wanting to transmit HIV to others? PROBE: any other thing?
<p>Discuss safer goal behaviors [Fill in Part 3 of SBP]</p> <p>Counselor's note: Allow couple to suggest safer goal behaviors and you can provide more information about other possible options if necessary. These behaviors should be achievable based on the circumstances that have been described. They do not have to occur 100% of the time.</p>	<ul style="list-style-type: none"> ○ I would like you both to think of some safer goal behaviors now. These are behaviors that will eliminate or greatly reduce your risk of transmitting HIV to others. ○ Do you think this goal is realistic? Why or why not? ○ Safer goal behaviors - examples <ul style="list-style-type: none"> - Be faithful to each other - Encourage other partners to test (in case another partner was cited) - Disclose HIV status to other partner(s) - Use family planning methods or get education about risks of pregnancy and consider PMTCT - Use condoms consistently (or increase frequency) with partners of unknown/HIV negative status - Reduce number of partners - Use alternative means of sexual expression (touching each other and other forms of non-penetrative sex) with partners of unknown/HIV negative status - Get treatment for any STIs; avoid sex until you complete treatment for an STI - Communicate openly and honestly with partners about risk reduction options - Eliminate or reduce alcohol consumption
<p>Identify support systems to achieve safer goal behavior (s)</p> <p>[If appropriate: fill in Part 4 of RRP for couples]</p>	<ul style="list-style-type: none"> ○ Now that you have identified a safer goal behavior(s), let's talk about the things that would help to make it easier for you to achieve this/these goal(s).

Session Steps	Suggested Dialogue
Identify barrier to achieve safer goal behavior(s) [If appropriate: fill in Part 5 of RRP for couples]	<ul style="list-style-type: none"> ○ What could make it more difficult for you to achieve (fill in safer goal behavior)? ○ What might get in the way of achieving your safer goal behavior?
Identify strategies to overcome barriers [If appropriate: fill in Part 6 of RRP for couples]	<ul style="list-style-type: none"> ○ What will you do if (fill in response) gets in the way of achieving your safer goal behavior (i.e. couple may need to alter goal to be more realistic etc)?

Part 4.3: Providing Referrals

Session Steps	Dialogue
Agree on and make referral to AIDS care provider [If appropriate: fill in Section F of HBHCT Card] Counselor's note 1: Provide client with a referral slip to the preferred AIDS care and services provider if he/she is interested. Each organization needs to insert here their agency's policies for referral and integration of HIV positive family members into care and treatment. Counselor's note 2: Individual service organizations should have a system in place to check on referrals.	<ul style="list-style-type: none"> ○ There are several organizations in your area that offer services for people living with HIV and AIDS (list all available services/organizations). ○ Is this something you are interested in (if not already registered)? ○ If interested, which place would you prefer to go to? Here's the slip which you will present to (mention the preferred provider) for further support and treatment. ○ If not interested, what are your concerns about accessing treatment and support from the providers that I have mentioned? ○ Let us consider other options that you have (explore possible options). Which of these shall you go to? Here's the slip which you will present to (mention the preferred provider) for further support and treatment..

Session 5: HIV Discordant Results Counseling

Part 5.1: Delivering Results and Explaining Discordance

Session Steps	Suggested Dialogue
<p>Provide results clearly and simply</p> <p>Counselor's note: Pause briefly for the couple to absorb the implications of the results.</p>	<ul style="list-style-type: none"> ○ Thank you for being patient. Your test results are now ready. You each have received different results; they are <u>not the same</u>. Your results are discordant. ○ (Turn to the negative partner) You are HIV negative, which means you have <u>not</u> been infected with HIV. (Turn to the positive partner) You are HIV positive, which means you are infected with HIV.
<p>Check couple's understanding of their results</p>	<ul style="list-style-type: none"> ○ First, I want to be sure that you both understand the results. What do these results mean to you? (Probe: thoughts, feelings, plans) ○ You, as a couple, are very lucky that (fill in name of HIV negative partner) has NOT been infected yet. But as long as you continue to have unprotected sex with each other (fill in name of HIV negative partner) remains at very high risk of getting HIV.
<p>Review explanation of discordance</p> <p>Counselor's note 1: Use analogies to explain the concept of chance. For example a car accident, good harvest, flu, algae, etc.</p> <p>Counselor's note 2: Be careful not to overwhelm the couple with information. For example, it may not be necessary to discuss factors that influence HIV transmission, unless the couple asks you specifically about this.</p>	<ul style="list-style-type: none"> ○ Would you like us to talk about how discordance happens? <ul style="list-style-type: none"> - It is not possible to tell how long (fill in name of HIV positive partner) has been infected with HIV. It is very possible that s/he was infected before you two even met each other, so this does NOT necessarily mean that someone has been unfaithful. - A couple can remain HIV discordant for a long time. - Discordance is NOT a sure sign of infidelity. - NO ONE is immune from HIV infection. - It is important to note that you are HIV discordant <u>purely by chance</u>. - HIV is NOT transmitted on every exposure. - There are several factors which influence <u>when</u> HIV is transmitted. Factors of HIV transmission:- viral load, use of condoms, type of sex, frequency of sex, presence of STDs, and circumcision. Abstinence eliminates risk of transmission

Part 5.2: Discussing Coping Strategies and Positive Living

Session Steps	Suggested Dialogue
Invite both partners to express their feelings and concerns	<ul style="list-style-type: none"> ○ Let's first talk about how you are coping as a couple with knowing that you each have different results (discordant)? ○ (Fill in name of HIV positive partner) What are your concerns for your partner? ○ (Fill in name of HIV negative partner) What are your concerns for your partner?
<p>Validate and normalize the couple's feelings and acknowledge the challenges of dealing with discordant results</p> <p>Counselor's note: According to the 2005 National Sero-survey, "50% of married people who are HIV positive have an HIV negative spouse".</p>	<ul style="list-style-type: none"> ○ It is normal to feel a sense of loss and a bit overwhelmed with discordant results. ○ There are many discordant couples. It is quite common. ○ Many couples with discordant results express similar feelings.
Ask the uninfected partner how she/he could best support his/her partner	<ul style="list-style-type: none"> ○ (Fill in name of HIV negative partner) how can you best support your partner and help him/her cope with being HIV positive?
Recall couple's strengths and convey optimism that the couple will be able to cope and adjust to the discordant results	<ul style="list-style-type: none"> ○ You may need some time to adjust to this, but with time coping will be easier. ○ You have both dealt before with difficult and rough times and remembering how you coped with these situations will help you get through.
Encourage the couple to work together to preserve the un-infected partner's health	<ul style="list-style-type: none"> ○ The well-being of (Fill in name of HIV positive partner) directly affects the welfare and future of you as a couple.

Session Steps	Suggested Dialogue
<p>Discuss living positively</p>	<ul style="list-style-type: none"> ○ There are many people who are infected with the virus and living well. ○ Have you heard about the ways in which people with HIV can improve their health and their lives (positive living)? ○ For someone with HIV, positive living means taking care of your health and your emotional well-being in order to enhance your life and stay well longer. ○ (Turn to HIV positive partner) There are many things you can do to keep yourself healthy: <ul style="list-style-type: none"> - You should take Septrin everyday for life. This drug is cheap and easy to get at the pharmacy. Septrin prevents diarrhea, malaria and other illnesses, prolongs life and saves money by improving health and reducing the need for clinic visits and hospitalizations to treat opportunistic infections. - You should consult a physician about the Septrin dose that you need to take daily. - You should be evaluated for TB at your nearest health center.
	<ul style="list-style-type: none"> - You should sleep under a bed net to prevent being bitten by mosquitoes which carry malaria. - To prevent diarrhea, you should boil your drinking water or use a safe water vessel. - Eat healthy foods, like fruits, vegetables and beans or peas to keep you strong. - Eliminate or reduce alcohol consumption. - Stop or reduce smoking. - Seek prompt treatment whenever you are ill. - Here is a list of care and treatment services in your area for people living with HIV and AIDS. - You can also join support groups for people living with HIV and AIDS (mention the groups located within the area). ○ What do you think about this? ○ (Turn to negative partner): Remember, (Fill in name of HIV positive partner) needs your care and support to live positively.

Part 5.3: Identifying Safer Goal Behaviors and Developing a Risk Reduction Plan

Session Steps	Suggested Dialogue
<p>Discuss with client his/her personal reasons for avoiding HIV infection</p> <p>[If appropriate: fill in Part 2 of the RRP for couples]</p>	<ul style="list-style-type: none"> ○ Now that you know that you are living in an HIV discordant relationship, we shall talk about how you as a couple can ensure that (fill in name of HIV negative partner) remains negative. ○ (Fill in name of HIV positive partner) What are the reasons you personally would want (fill in name of HIV negative partner) to remain uninfected with HIV? PROBE: any other thing? ○ (Fill in name of HIV positive partner) What are the benefits of (fill in name of HIV negative partner) remaining HIV negative? ○ (Fill in name of HIV negative partner) What are the reasons you personally would want to remain uninfected with HIV? PROBE: any other thing? ○ As a couple, what are the benefits of (fill in name of HIV negative partner) remaining HIV negative?
<p>Discuss safer goal behaviors</p> <p>[If appropriate: fill in Part 3 of RRP for couples]</p> <p>Counselor's note: Allow couple to suggest safer goal behaviors and you can provide more information about other possible options if necessary. These behaviors should be achievable based on the circumstances that have been described. They do not have to occur 100% of the time.</p>	<ul style="list-style-type: none"> ○ I would like you both to think of some safer goal behaviors now. These are behaviors that will eliminate or greatly reduce the risk of (fill in name of HIV negative partner) getting infected with HIV. ○ Do you think this goal is realistic? Why or why not? ○ Safer goal behaviors - examples <ul style="list-style-type: none"> - Use condoms consistently (or increase frequency) with discordant partner - Reduce frequency of unprotected sex with discordant partner - Use alternative means of sexual expression (touching each other and other forms of non-penetrative sex) with discordant partner - Abstain from having sex with discordant partner - Use family planning methods or get education about risks of pregnancy and consider PMTCT - Communicate openly and honestly with partners about risk reduction options - Eliminate or reduce alcohol consumption
<p>Identify supports to achieve safer goal behavior</p> <p>[If appropriate: fill in Part 4 of RRP for couples]</p>	<ul style="list-style-type: none"> ○ Now that you have identified a safer goal behavior(s), let's talk about the things that would help to make it easier for you to achieve this/these goal(s). ○ What would help to make it easier for you to achieve (fill in safer goal behavior)?

Session Steps	Suggested Dialogue
Identify barriers to achieve safer goal behavior [If appropriate: fill in Part 5 of RRP for couples]	<ul style="list-style-type: none"> ○ What could make it more difficult for you to achieve (fill in safer goal behavior)? ○ What might get in the way of achieving your safer goal behavior?
Identify strategies to overcome barriers [If appropriate: fill in Part 6 of RRP for couples]	<ul style="list-style-type: none"> ○ What will you do if (fill in response) gets in the way of achieving your safer goal behavior (i.e. couple may need to alter goal to be more realistic etc)?
Review the couple's experience with using condoms Counselor's note: If condoms are the favored option, provide condom demonstration if needed.	<ul style="list-style-type: none"> ○ Let's talk again briefly about condoms. ○ Other than abstinence, condoms are the best method to ensure that HIV is not transmitted. ○ What is your experience with condoms? ○ How comfortable are you with using condoms? ○ What difficulties do you anticipate using condoms? ○ Would you like me to review how to use condoms properly?

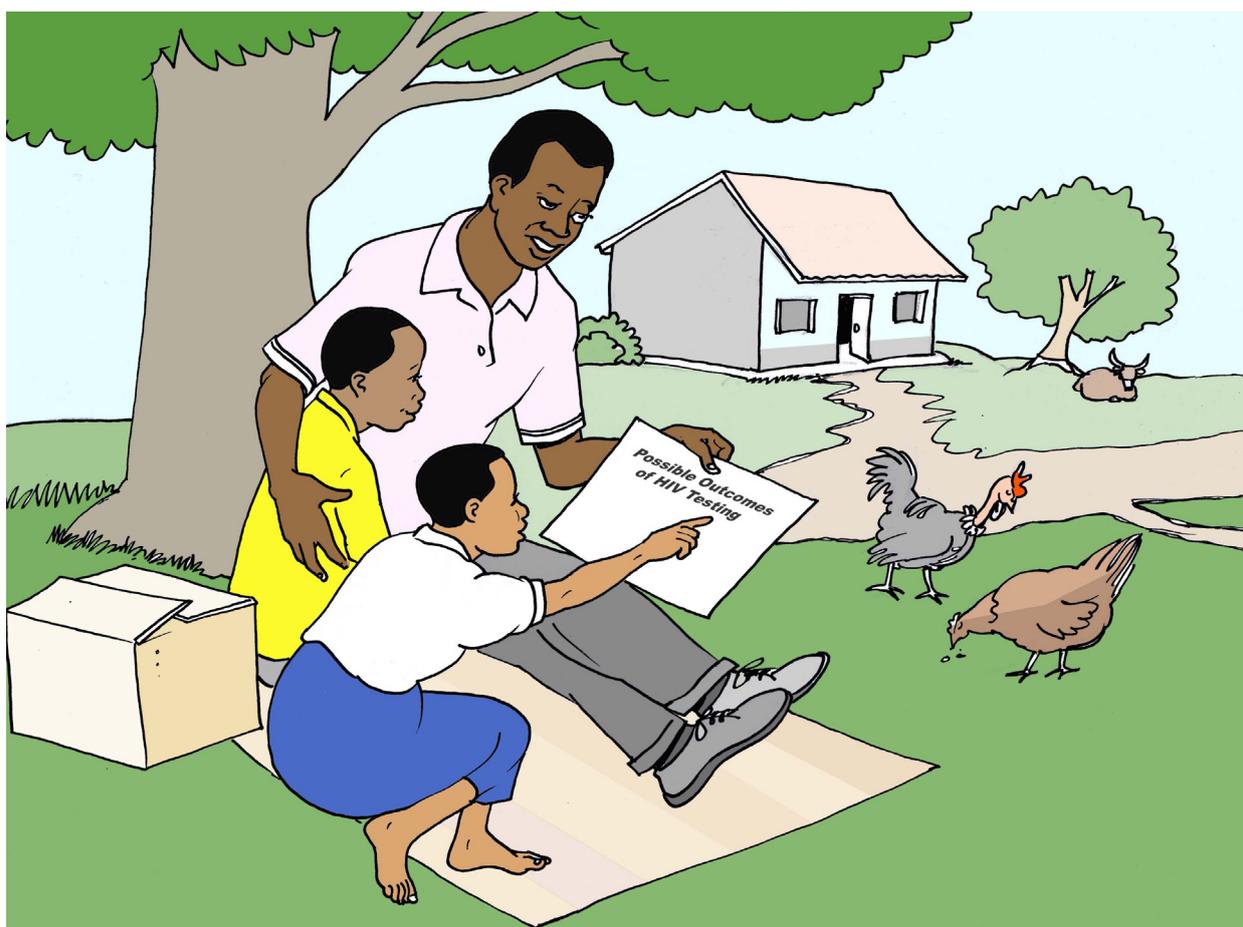
Part 5.4: Providing Referrals

Session Steps	Dialogue
Address the need for health care providers to know the infected partner's HIV result	<ul style="list-style-type: none"> ○ (Fill in name of HIV positive partner) Would you like to share your test results with a health provider? You may need to consider telling a health provider about your HIV status.
Encourage uninfected partner to serve as advocate for infected partner	<ul style="list-style-type: none"> ○ It is helpful for you (Fill in name of HIV negative partner) and other household members to support (Fill in name of HIV positive partner) in seeking of treatment and care in this difficult time.

Session Steps	Dialogue
<p>Agree on and make referral for HIV positive partner to AIDS care provider</p> <p>[If appropriate: fill in Section F of HBHCT Card]</p> <p>Counselor's note: Provide client with a referral slip to the preferred AIDS care and services provider if he/she is interested. Each organization needs to insert here their agency's policies for referral and integration of HIV positive family members into care and treatment.</p>	<ul style="list-style-type: none"> ○ There are several organizations in your area that offer services for people living with HIV and AIDS (list all available services/organizations). ○ Is this something you are interested in (if not already registered)? ○ If interested, which place would you prefer to go to? Here's the slip which you will present to (mention the preferred provider) for further support and treatment. ○ If not interested, what are your concerns about accessing treatment and support from the providers that I have mentioned? ○ Let us consider other options that you have (explore possible options). Which of these shall you go to? Here's the slip which you will present to (mention the preferred provider) for further support and treatment.
<p>Encourage couple to join available HIV prevention services</p>	<ul style="list-style-type: none"> ○ There are service sites that I could refer you to which provide on-going support for HIV discordant couples like you. Would you be interested in talking with other couples in your situation? (Give a list of HIV prevention service sites). ○ If interested, which place would you prefer to go to? Here's the slip which you will present to (mention the preferred provider) for further support and treatment.
<p>Answer remaining questions and provide support</p>	<ul style="list-style-type: none"> ○ There is a lot we have talked about today. ○ Please share with me any remaining questions you may have? ○ It is a challenge to deal with being HIV infected and a greater challenge to deal with being discordant. However, with time and mutual support you will adjust and live positively.

Protocol 3

Voluntary HIV Counseling



For Children (Under 18 years)

Protocol 3: Voluntary HIV Counseling for Children (Under 18 years)

General Introduction

This protocol guides voluntary HIV counseling and testing for children (under 18 years of age) being offered Home-based HIV Counseling and Testing (HBHCT). The protocol is divided into two major components. Component 3.1 provides guidelines for consenting, counseling and testing children by age and stage of development. These guidelines are in accordance with the [2005 Uganda National Policy on HIV Counseling and Testing for Children](#). Component 3.2 addresses counseling needs of specific child categories within the household, namely infants (under 18 months) [Component 3.2.1] and younger children (18months – under 12 years) [Component 3.2.2] and older children/adolescents aged 12 years and above [Component 3.2.3].

The counseling sessions are meant to provide information and counseling to a child and to a consenting guardian of an infant and younger child being tested. They include assessment of the child's risk of transmission/infection and making informed choices about risk reduction. Counseling for infants and younger children is offered to the consenting parent/guardian. Younger children are encouraged to attend both the test decision and results counseling sessions with consent of the parent and if the child is willing to attend. The older children (12 years and above) have the option of individual counseling or joint child-consenting parent/guardian counseling, if the child assents. A counselor should offer a follow-up session for children who test HIV positive to address the child's anxiety. Special needs which this protocol does not address include those for children in abusive situations and for children with disabilities. Referrals are encouraged in such situations.

The protocol recognizes differences in policy of the organization to test children and differences between age groups and development of the child. Most programs target children at higher risk of having acquired HIV, e.g. biological children of HIV positive women, orphans due to HIV/AIDS and children whose mothers are absent and suspected of having HIV/AIDS. In addition, testing may be offered to children with suspected/known exposure to HIV through sexual and non-sexual modes.

Component 3.1: Consenting, Testing and Counseling Guidelines for Children

Counselor's note:

This session should be conducted with the child's consenting parent/guardian, after testing of the biological mother (if alive).



Objectives: By the end of the counseling session, consenting parents/guardians will:

1. Understand differences in consenting, testing and counseling procedures for children across age groups
2. Recognize the need to counsel and test their children for HIV
3. Consent their children to take an HIV test
4. Decide on whether or not to involve the younger children in receiving their test results



Methods: ▶ One-on-one discussions with the consenting parent/guardian, after mother (if alive) knows her own HIV status.



Materials: ▶ Counseling protocol;
▶ HBHCT Consent form

Session Summary

Session	Key Steps
1. Test decision session	<ul style="list-style-type: none"> ○ Introduce consenting session ○ Explain testing guidelines ○ Explain counseling guidelines ○ Explain consenting guidelines ○ Consent infants ○ Consent younger children ○ Decide on child involvement in counseling sessions
Conduct HIV test (See Protocol 4 for details)	

Detailed Protocol

Session 1: Determining child eligibility session for consenting parent/guardian

Session Steps	Suggested Dialogue
Introduce the session	<ul style="list-style-type: none"> ○ In this session, I shall explain to you who of your children will be tested, how counseling will be done and the procedure for consenting your children.
<p>Explain guidelines for testing children Counselor's note: These guidelines will depend on the organisation's policy for testing children.</p> <p>Review the Test Process</p> <p>Discuss Understanding of Test Results</p> <p>Assess Risk for HIV Infection Because the child's biological mother is/was HIV+ (or her status is unknown), the child is at risk of being infected with HIV.</p> <p>Counsellors Note: Remember that the following could be factors that have lead to a mother –to child-transmission of HIV infection</p>	<p>For HIV positive mother:</p> <ul style="list-style-type: none"> ○ If you agree, I shall test all your children. <ul style="list-style-type: none"> • <u>Infants</u> will be tested for HIV today and will receive his/her results in <u>2-4 weeks</u>. However for those above 12 years, they will have to ascent in order for them to be tested. • If your child agrees, he/she will be tested for HIV and receive his/her results <u>today</u> at home. • There are 2 possible results. First, the child could be HIV-negative. Second, the child could be HIV-positive. • Whatever the results are, I will help you and your child to understand and cope with them. <p><u>For an HIV+ mother with an infant or children below 12yrs, explore the following:</u></p> <ol style="list-style-type: none"> a. What were the circumstances during the biological mother's pregnancy? During delivery? b. Is/was the child breastfed? For how long? c. Is/was breast milk given in addition to other foods (i.e. water, porridge, etc.)? d. Is there any event/circumstance that you believe put this child at risk of being infected with HIV? Please describe. (If sexual abuse is mentioned, you should refer the parent/guardian and child to a senior counselor).

Session Steps	Suggested Dialogue
<ul style="list-style-type: none"> ▪ Recent infection with HIV ▪ Severity of HIV infection ▪ Infection with sexually transmitted diseases ▪ During pregnancy and at birth e.g. artificial rupture of membranes, malaria, e.t.c ▪ During Breast Feeding e.g. if the baby has sores, if nipples have sores, ▪ Mixed feeding as opposed to exclusive breastfeeding may increase the risk of HIV Transmission <p>The Uganda National HCT policy Procedure for Testing infants</p> <ul style="list-style-type: none"> ▪ If the infant is less than 6 weeks, blood is not drawn ▪ If the infant is above 6 weeks blood will be drawn and results obtained as soon as possible ▪ If the test results is +ve a confirmatory test is done at 14 weeks/3½ months (for those still at that age) however of the infant is above the age then it is done at an earliest opportunity.. ▪ If he test is -ve then the test is repeated at 18 months. 	<p>For HIV negative mother:</p> <ul style="list-style-type: none"> ○ If you agree, I shall test all children 12 years and above who are living in this household ○ In addition, I shall test children under 12 years who: <ul style="list-style-type: none"> ▪ you know/suspect to be/to have been in a sexually abusive situation(s) ▪ are orphans and their biological mothers are suspected of having been infected with HIV or died of AIDS ▪ children whose biological mothers do not live in this household and are suspected of having HIV/AIDS ▪ you suspect of having been exposed to HIV through other modes of transmission that we talked about during the family education session <p>Testing for children above 18 months and under 18 years:</p> <p>Testing for all children aged 18 months and above will be done using a finger prick and test results will be availed before I leave your home today.</p> <p>Testing for infants aged under 18 months:</p> <p>HIV test results for infants under 18 months will be returned to your home in 2-4 weeks (depending on the turn around time for the Reference Laboratory) as this has to be done in a lab.</p>
<p>Identify eligible children for testing</p> <p>Counselor's note: Guide discussion using eligibility criteria and information from the <u>Household Census Form</u></p>	<ul style="list-style-type: none"> ○ From what I have explained to you, which of your children are eligible for testing? ○ Let us consider the kind of counseling that would be offered for each of the eligible children

Session Steps	Suggested Dialogue
<p>Explain guidelines for counseling children</p>	<ul style="list-style-type: none"> ○ Pretest and results counseling sessions for children are tailored to suit their age and development. <p>For infants:</p> <ul style="list-style-type: none"> • Counseling for (insert name of infant) will be offered to the consenting parent/guardian <p>For younger children:</p> <ul style="list-style-type: none"> • Results counseling for (insert name of younger child) will be offered to you (the consenting parent/guardian) • (insert name of younger child) may attend this session only if you would like him/her to participate • Many parents find it easier to have their child participate in discussions while I am here because I can help answer questions and help the child not to be too anxious. <p>For older children:</p> <ul style="list-style-type: none"> • (insert name of older child) will be offered an individual counseling session which includes facilitating him/her to take a decision to test, assessing his/her level of risk, disclosing his/her result, discussing risk reduction and a plan for their future • (insert name of older child) can choose to have you (the parent/guardian) sit in on the counseling session.
<p>Review guidelines for consenting children</p> <p>Counselor's note: It is the counselor's responsibility to protect a child's right to privacy and access to appropriate information while respecting the rights and duties of parents/ guardians to guide and direct them in the exercise of their rights</p>	<ul style="list-style-type: none"> ○ Written consent is required for all children below 12 years of age who will be tested. ○ According to the national policy on counseling and testing, children aged 12 years and above are old enough to decide on their own whether or not they want to take a test. ○ Consent is required of children aged 12 and above ○ Children aged 12 years and above are free to decline to share their HIV results with you. We shall however, encourage them to share them with you when they are ready to do so.

Session Steps	Suggested Dialogue
<p>Counselor's note: Based on the answers to these questions, the counselor should determine which sections of the protocol are appropriate for administering to the child and/or consenting parent/guardian.</p>	<ul style="list-style-type: none"> ○ I will now ask you a few questions to help me determine what kind of counseling I will offer for your child, when you agree to have him/her tested. ○ How old is your child? <ul style="list-style-type: none"> • Do you think your child has been exposed to any adverse sexual event, such as rape? If yes, when did that happen? • Do you think your child is sexually active? • Tell me what you have been able to talk to (insert name of child) concerning sex. • How would you describe your ability to discuss issues of sex with your child? • Apart from exposure through sex, do you think your child is/has been exposed to any other activity that could expose him/her to acquiring HIV?

Component 3.2: Voluntary Counseling for Children

Component 3.2.1: Counseling for Infants (under 18 months)

Introduction

Testing of infants is offered to only infants whose biological mothers are HIV positive. This component outlines two counseling sessions offered to the consenting parent/guardian of an infant (under 18 months) on different days. Session 1 outlines the counseling offered to the consenting parent/guardian of infants, usually on the same day that all household members are provided counseling and testing. Session 2 is offered when the results from the laboratory are ready and the counselor returns to provide them to the consenting parent/guardian.



Objectives: By the end of the two counseling sessions, the consenting parent/caregiver will:

1. Recognize the infant's risk for HIV infection
2. Know the HIV sero-status of the infant
3. Have a plan to reduce infant's risk of HIV infection
4. Know where to access HIV and AIDS support services and programs in their area



Methods: ▶ Discussions with consenting parent/guardian



Materials: ▶ VCT Card;
▶ counseling protocol for children; and
▶ cue cards

Session Overview

Session	Key Steps
Introduction to the test decision counseling session	▶ Consent infant
Conduct HIV test (See Protocol 4 for details) END SESSION	
Test result counseling of consenting parent/guardian	<p>Negative result</p> <ul style="list-style-type: none"> ▶ Review meaning of test results ▶ Provide test result ▶ Review risk reduction plan ▶ Identify support for risk reduction plan <p>Positive result</p> <ul style="list-style-type: none"> ▶ Review meaning of test results ▶ Provide test result ▶ Discuss care and treatment options ▶ Identify sources of support and referral

Detailed Protocol

Session 1: Test decision session for consenting parent/guardian of infant

Counselor's note: This session is usually conducted on the same day that the other household members receive counseling and testing

Session Steps	Suggested Dialogue
<p>Obtain consent to test <u>infant</u></p> <p>Counselor's note: Written consent for testing infants and younger children is a requirement, while counseling of the child with the consenting guardian/parent is optional.</p> <p>Counselor's note: At the end of this session, schedule next appointment if turnaround time is known and reliable)</p>	<ul style="list-style-type: none"> ○ You are required to provide written consent to test (insert name of infant), if you would like her/him to test ○ Would you like to have (insert name of infant) take an HIV test at home today? (If yes, show him/her where to sign/thumb print) ○ If no, why not? ○ There are benefits associated with testing (insert name of infant) today. ○ What do you think are the benefits of having (insert name of infant) tested today? <p>PROBE and CLARIFY:</p> <ul style="list-style-type: none"> ○ For a breastfeeding infant: to avoid potential infection from mother who is HIV positive ○ For HIV positive infant: to seek prompt medical treatment and care, including ART ○ Thank you for agreeing to have your child tested for HIV. We shall now take this blood specimen to the lab for testing ○ When I return, I shall deliver (insert name of infant) results. We shall talk about the meaning of the results and plan on how to support (insert name of infant) and you to cope with the result, whether it is HIV positive or negative.
<p>Conduct HIV test (See Protocol 4 for details) END SESSION</p>	

Session 2: For breast feeding HIV +ve Mothers

Counselor's note:

To reduce the risk of HIV transmission from the mother to child (infant), there is need to provide the HIV +ve mother with option she can adopt to reduce the risk of HIV transmission as they await the results of PCR for the infant. This session for the breast feeding mother is usually conducted on the same day that the other household members receive counseling and testing

Session Steps	Suggested Dialogue
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<p>Explore behavior options that the parent/guardian will be most motivated about or capable of changing.</p> <p>Counselor's note: These need to be tailored to the specific situation of the program and what is locally available. There is no point talking about formula if it is not available</p> <p>Counselors Note: For the mother to discontinue breast feeding, it is important for disclosure to significant others to have taken place so that she is supported in the decision taken</p>	<ul style="list-style-type: none"> ○ Considering that you are now HIV +ve and have got a breast feeding child, let us look at some options for reducing HIV transmission risk to (insert name of infant). Let's look at the two options that you can choose from. <ol style="list-style-type: none"> 1. Avoid breastfeeding completely (exclusive replacement feeding). <ul style="list-style-type: none"> ○ This is the best option ○ Alternative milk/feed for a baby up to 6 months includes <ol style="list-style-type: none"> i. Commercial infant formula or ii. Animal milk ○ However, before you discontinue breastfeeding, you need to be certain that you: <ul style="list-style-type: none"> - can afford to give the infant all the milk that he/she will need - disclose your HIV status to your partner and significant others so as to seek their consent and support - your partner and others who matter (i.e. like your in-laws etc) agree with the choice - ensure that the milk is safe - overcome all the other barriers that would hinder the baby from getting enough milk 2. Provide exclusive breast feeding for the first 6-months (exclusive breast feeding). If you can not give (insert name of infant) exclusive adequate replacement feeding to reduce risk of HIV transmission, then breastfeed him/her, without giving other foods and drinks except medicines.
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	<ul style="list-style-type: none"> ○ Many women, however, feed their babies on breast milk as well as other food and drinks (mixed feeding). This practice is not recommended as it increases the baby's chances of being infected by HIV through HIV contaminated breast milk. ○ Which of these options would work best for you? ○ Do you think this plan is realistic? Why or why not? ○ For more information about feeding the baby safely, please visit (Fill in name of PMTCT site within the area) ○ For the future, you and your partner may want to consider family planning (Put in referral information)
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Detailed Protocol

Session 1: HIV Negative Results Counseling for Consenting Parent/Guardian of Infants

Note: Results counseling sessions for infants are done on a different day. The counselor returns to the household when the results are ready from the laboratory.

Part 1.1: Provide HIV Negative Result of the Infant

Session Steps	Suggested Dialogue
Review parent/guardian's understanding of results	<ul style="list-style-type: none"> ○ Thank you (insert name of parent/guardian of infant) for agreeing to attend this session. ○ Remember that the last time I was here; we took blood from (insert name of infant) to our laboratory for testing. (insert name of infant) results are now ready ○ Before I deliver them, do you remember what we said is the meaning of an HIV negative result? What about a positive result? (probe and clarify) <ul style="list-style-type: none"> ▪ If the test is Positive, it means (insert name of infant) is infected with HIV. ▪ If it is Negative, it means (insert name of infant) is not infected with HIV.
Provide results clearly and simply	<ul style="list-style-type: none"> ○ The test result is negative, which means (insert name of infant) is not infected with HIV.
Explore the parent/guardian's reaction to the test results	<ul style="list-style-type: none"> ○ What does this result mean to you?

Session Steps	Suggested Dialogue
Review the meaning of the results	<ul style="list-style-type: none"> ○ I want to clarify that this means that (insert name of infant) is not infected with HIV.
Assess infant's risk for HIV	<ul style="list-style-type: none"> ○ HIV risk = Biological mother is HIV positive; child is being breastfed by HIV positive mother ○ Is (insert name of infant) currently breastfeeding? If not, when did he/she stop breastfeeding? If yes, apart from breast milk, what else is he/she feeding on?
If infant has ongoing risk, convey concern and urgency about the client's risks (as appropriate)	<ul style="list-style-type: none"> ○ You need to consider carefully what it means to you to continue breast feeding this child as you realize that the child is at risk of acquiring HIV, through HIV infected breast milk. ○ There are options that you can choose from to help keep your baby from acquiring HIV.

Part 1.2: Risk-Reduction and Safer Goal Behaviors

Session Steps	Suggested Dialogue
<p>Explore behavior options that the parent/guardian will be most motivated about or capable of changing.</p> <p>Counselor's note: These need to be tailored to the specific situation of the program and what is locally available. There is no point talking about formula if it is not available</p>	<ul style="list-style-type: none"> ○ As we talked earlier, you have some options for reducing (insert name of infant) risk. Let's look at the two options that you can choose from that we mentioned last time. <ol style="list-style-type: none"> 1. Avoid breastfeeding completely (exclusive replacement feeding). <ul style="list-style-type: none"> ○ This is the best option ○ Alternative milk/feed for a baby up to 6 months includes; <ol style="list-style-type: none"> iii. Commercial infant formula or iv. Animal milk ○ However, before you discontinue breastfeeding, you need to be certain that you: <ul style="list-style-type: none"> - can afford to give the infant all the milk that he/she will need - disclose your HIV status to your partner and significant others so as to seek their consent and support

Session Steps	Suggested Dialogue
<p>Counsellors Note: For the mother to discontinue breast feeding, it is important for disclosure to significant others to have taken place so that she is supported in the decision taken</p>	<ul style="list-style-type: none"> - your partner and others who matter (i.e. like your in-laws etc) agree with the choice - ensure that the milk is safe - overcome all the other barriers that would hinder the baby from getting enough milk <p>2. Provide exclusive breast feeding for the first 6-months (exclusive breast feeding). If you can not give (insert name of infant) exclusive adequate replacement feeding to reduce risk of HIV transmission then breastfeed him/her, without giving other foods and drinks except medicines.</p> <ul style="list-style-type: none"> ○ Many women, however, feed their babies on breast milk as well as other food and drinks (mixed feeding). This practice is not recommended as it increases the baby's chances of being infected by HIV through HIV contaminated breast milk. ○ Which of these options would work best for you? ○ Do you think this plan is realistic? Why or why not? ○ For more information about feeding the baby safely, please visit (Fill in name of PMTCT site within the area) ○ For the future, you and your partner may want to consider family planning (Put in referral information)
<p>Identify supports to the safer goal behavior(s)</p>	<ul style="list-style-type: none"> ○ What could help make it easier for you to implement your plan? <p>PROBE FOR;</p> <ul style="list-style-type: none"> ▪ Being open and honest to my partner about my HIV status ▪ Discussing with my partner about the best plan for our infant ▪ Seeking social support from spouse and or family ▪ Seeking social support from peers ▪ Further support from neighboring PMTCT sites

Session Steps	Suggested Dialogue
<p>Identify barriers to the safer goal behavior(s)</p> <p>Counselor's note: Infants whose mothers cannot afford alternative feeding have high mortality, even when they are HIV-negative. Counselors should not encourage women to stop breast-feeding if they lack economic resources.</p>	<ul style="list-style-type: none"> ○ What could make it more difficult for you to take on (fill in safer goal behavior) <p>PROBE:</p> <p>Infants:</p> <ul style="list-style-type: none"> ○ Personal attitudes ○ Inadequacy of skills ○ Cultural barriers ○ Fear of isolation or discrimination especially in regard to breast-feeding ○ Lack of economic resources to support alternative feeding ○ Failure to disclose to partner/ others
<p>Discuss strategies to overcome barriers</p>	<ul style="list-style-type: none"> ○ How will you handle it if (specify identified barrier) gets in the way of your plan? <p>PROBE:</p> <ul style="list-style-type: none"> ▪ Seeking information from trained health care providers ▪ Sharing the problem of MTCT with others in the community ▪ Seeking further support from the available PMTCT clinics
<p>Recognize the challenges of behavior change.</p>	<ul style="list-style-type: none"> ○ You will be helping to protect (insert name of infant) health by trying out this plan.
<p>Encourage parent/guardian to utilize available PMTCT clinics and or child friendly services.</p>	<ul style="list-style-type: none"> ○ (Optional) Let's write down this plan. ○ Feel free to discuss this plan with a health care provider of your choice.

Session 2: HIV Positive Results Counseling for Consenting Parent/Guardian of Infants

Part 2.1: Provide HIV Positive Results of the Infant

Session Steps	Suggested Dialogue
<p>Review parent/guardian's understanding of results</p>	<ul style="list-style-type: none"> ○ Thank you (insert name of parent/guardian of infant) for agreeing to attend this session. ○ Remember that the last time I was here, we took blood from (insert name of infant) to our laboratory for testing. (insert name of infant) results are now ready

Session Steps	Suggested Dialogue
	<ul style="list-style-type: none"> ○ Before I deliver them, do you remember what we said is the meaning of an HIV negative result? What about a positive result? (probe and clarify) <ul style="list-style-type: none"> ▪ If the test is Positive, it means (insert name of infant) is infected with HIV. ▪ If it is Negative, it means (insert name of infant) is not infected with HIV.
Provide results clearly and simply	<ul style="list-style-type: none"> ○ The test result is positive, indicating that (insert name of infant) is infected with HIV.
Allow the parent/guardian time to absorb the meaning of the result	<ul style="list-style-type: none"> ○ We can talk more about the results. how you are feeling as soon as are ready
Review the meaning of the result	<ul style="list-style-type: none"> ○ This result does not mean (insert name of infant) has AIDS and it does not indicate when the child may become ill from the virus. ○ For children however, unlike adults, the progression to AIDS may be rapid. ○ However, there are many things you can do to help (insert name of infant) stay strong and live a healthy life.
Assess how parent/guardian is coping with result.	<ul style="list-style-type: none"> ○ It can be difficult dealing with knowing that (insert name of infant) is infected with HIV. You must not blame yourself for this because you never intended for him/her to be infected. ○ How are you feeling about this test result? Can you tell me what most concerns you right now?
Acknowledge the challenges of dealing with a positive result.	<ul style="list-style-type: none"> ○ You need to take time to adjust to this, but in time you will be able to cope and continue with your life
Discuss living positively	<ul style="list-style-type: none"> ○ There are many children who are infected with the virus and living well. ○ Have you heard about positive living? Let's talk about that. <p>PROBE FOR and CLARIFY;</p> <ul style="list-style-type: none"> ○ Positive living refers to actions that an HIV positive person would take to improve the quality of his/her life as well as to prolong his/her life. ○ In your case, it would mean taking on things that would help to keep your child healthy and well in order to enhance their life and stay well longer

Session Steps	Suggested Dialogue
Discuss living positively	<p>Positive living includes providing to the child:</p> <ul style="list-style-type: none"> ○ Good nutrition ○ Prompt medical treatment, whenever the child is ill and follow-up medical care, such as TB preventive treatment ○ Timely routine immunizations and growth monitoring ○ Enrolling in AIDS Care organizations, such as TASO, Mildmay, PIDC, where your child can receive specialized care and treatment ○ Cotrimoxazole prophylaxis—This is very important for your child and you should make sure your child takes Septrin everyday, as advised by your health provider. ○ Safe drinking water ○ Mosquito nets to avoid risk of malaria <p>Benefits of septrin (cotrimoxazole prophylaxis)</p> <ul style="list-style-type: none"> ○ It prolongs life for PLWHA. ○ It prevents opportunistic infections, including diarrhoea, malaria and certain respiratory infections. ○ It saves money by improving health and reducing the need for clinic visits and hospitalizations to treat opportunistic infections. ○ ART is also available in (fill in organization/program if available) ○ What can you do to live positively?

Part 2.2: Sources of Support and Referral

Session Steps	Suggested Dialogue
Make referral to AIDS care provider	<ul style="list-style-type: none"> ○ If you would like to receive professional care for (insert name of infant) including being evaluated for eligibility of ART, as well as for yourself to cope with your infant's infection, your next step is to register with an AIDS care provider. ○ (If not already registered) Do you know where to go for care and support? Let us consider the referral organizations within easy reach. Are you interested in any of these? (Show list of referral organization) ○ If interested: Here's the slip which you will present to (mention the referral organization) for further support and treatment. ○ Let us consider other options that you have for referral (explore possible options). Which of these shall you go to? Here's the slip which you will present to (mention the preferred provider for further treatment and support) for further support and treatment.

Component 3.2.2: Counseling for Younger Children (18 months to under 12 years)

Introduction

This component outlines a counseling session before and after testing a younger child (18 months to under 12 years). The sessions can be either joint child-consenting parent/guardian or for the parent/guardian alone. Counselors should encourage parents/guardians to have joint child-parent/guardian sessions.

Sessions 2-4 are offered to both the parent/guardian and younger child. In these sessions, the script (suggested dialogue) for the parent/ guardian is meant for a biological mother, while for the younger child is for children 6 years and above.

Sessions 5-6 outline the counseling offered to only the consenting parent/guardian of the younger children, when the parent/guardian prefers to have counseling alone. Session 5 also includes a part about a parent/guardian, being assisted by the counselor, to disclose the child's HIV results to the child.



Objectives:

By the end of the counseling session, the consenting parent/ caregiver and/or child will:

1. Recognize the child's risk for HIV infection or transmission
2. Know the HIV sero-status of the child
3. Have a plan to reduce child's risk of HIV infection or transmission
4. Know where to access HIV and AIDS support services and programs in their area



Methods:

- ▶ Discussions with consenting parent/guardian and child or consenting parent/guardian alone



Materials:

- ▶ VCT Card;
- ▶ counseling protocol for children; and
- ▶ cue cards

Session Overview

Session	Key Steps
1. Introduction and orientation to test decision session for parent/guardian	<ul style="list-style-type: none"> ○ Introduce the session ○ Obtain consent to test ○ Discuss and agree involvement of child in session ○ Discuss understanding of test results
2. Pre-test and risk assessment session	<ul style="list-style-type: none"> ○ Introduce child to session ○ Draw blood of child ○ Review understanding of test result ○ Discuss and assess child's risk for HIV

3. Negative result counseling of child and consenting parent/ guardian	<u>Negative result</u> <ul style="list-style-type: none"> ○ Provide test result ○ Review risk reduction plan ○ Identify support for risk reduction plan
4. Positive result counseling of child and consenting parent/ guardian	<u>Positive result</u> <ul style="list-style-type: none"> ○ Provide test result ○ Discuss care and treatment options ○ Discuss transmission reduction ○ Discuss coping, mutual support and disclosure
5. Negative result counseling of consenting parent/guardian alone	<u>Negative result</u> <ul style="list-style-type: none"> ○ Introduce child to results counseling ○ Provide test result ○ Review risk reduction plan ○ Identify support for risk reduction plan
6. Positive result counseling of consenting parent/ guardian alone	<u>Positive result</u> <ul style="list-style-type: none"> ○ Introduce child to results counseling ○ Provide test result ○ Discuss care and treatment options ○ Discuss transmission reduction ○ Discuss coping, mutual support and disclosure

Detailed Protocol

Session 1: Test Decision Session for Consenting Parent/Guardian

(Counselor's note: This session is for both the parent/ guardian and child (if he/she is willing to attend))

Session Steps	Suggested Dialogue
Introduce the session	<ul style="list-style-type: none"> ○ Thank you for agreeing to have (insert name of younger child) tested. ○ In this session, we shall agree on how to proceed with counseling and testing (insert name of younger child).

Session Steps	Suggested Dialogue
<p>Obtain consent to test <u>younger child</u></p>	<ul style="list-style-type: none"> ○ Written consent from the parents/guardians is required for (insert name of younger child) ○ Would you like to have (insert name of younger child) take an HIV test at home today? (If yes, show him/her where to sign/thumb print) ○ If no, why not? ○ There are benefits associated with testing (insert name of younger child) today. ○ What do you think are the benefits of having (insert name of younger child) tested today? <ul style="list-style-type: none"> ○ For a child who has been exposed to sexual abuse/activity: relieves anxiety and helps you plan accordingly ○ For HIV positive child: to seek prompt medical treatment and care, including ART. This will help to keep your child healthy.
<p>Discuss and agree on involvement of the younger child in the counseling session</p> <p>Counselor's note: If the parent/ guardian prefers to consider child involvement after receiving the result, address his/her feelings and reinforce messages on the benefits of joint child-parent/caregiver counseling sessions</p> <p>If the parent/guardian is still reluctant, allow him/her to participate in the session alone and point out that s/he is still free to invite the child, during the session at any point</p>	<ul style="list-style-type: none"> ○ As I said, having (insert name of younger child) participate in the counseling session depends on you and many parents find it very helpful to involve their child in the session. ○ I encourage you to invite (insert name of younger child) to participate in the counseling session. During the session, he/she would learn a lot. I would clarify the importance of testing and explain to him/her his/her results and what they mean. There are benefits associated with this: the child's awareness and knowledge about HIV prevention and risk reduction will increase. The child will also be given an opportunity to have his/her concerns about HIV addressed. I will also assist you to freely and openly talk about what parents usually find difficult to talk with their children, such as matters related to sex, AIDS, illness and death. I shall also be present to respond to difficult questions that the child asks when he/she learns about his/her results.

Session Steps	Suggested Dialogue
	<ul style="list-style-type: none"> ○ Would you like to have (insert name of younger child) participate in the session? ○ If no, what are your fears or concerns? (e.g. child worry, fears of child failing to cope with result, parental fear of blame, child's level of understanding etc) <p>PROBE AND CLARIFY</p> <p>Benefits of child involvement in counseling session</p> <ul style="list-style-type: none"> ○ The counselor is well trained to address the fears of both the parent/guardian and of the child ○ Relieves child anxiety, particularly if child is suspecting that s/he is infected through the mother or other modes of transmission ○ Increased child knowledge of care and support for HIV positive child ○ Raises child awareness and alertness concerning his/her responsibility of avoiding prevention/ transmission ○ Benefits of disclosure (for HIV positive child: positive living, drug adherence, better communication and support of child and caregiver etc.) ○ Supported disclosure of parent's HIV status helps parent/guardian to disclose more easily than when left alone ○ If yes, thank you for agreeing to have (insert name of younger child) participate in the counseling session. Please ask (insert name of younger child) to join us now. Feel free to support my statements to help (insert name of younger child) understand better what we shall be talking about.

Session 2: Pre-test and risk assessment session for child and parent/guardian

Session Steps	Suggested Dialogue
<p>Introduce the counseling session to the child</p> <p>Counselor's note 1: If child does not say name, that's ok. Do not take this as a sign of disrespect, rather of apprehension or nervousness. Just continue with script.</p>	<ul style="list-style-type: none"> ○ Hello - Welcome! My name is _____. Do you want to tell me your name? (Child says his/her name). I am a counselor. Counselors are people who talk with children and big people about life and keeping healthy. One of the things that disturbs people's lives is HIV and AIDS. ○ (Turn to parent/guardian and find out local name of HIV and AIDS) Have you heard about HIV (insert familiar name of HIV)? Tell me what you have heard about HIV. Have you heard about AIDS (insert familiar name of AIDS)? Tell me what you have heard about AIDS (insert familiar name of AIDS).
<p>Counselor's note 2: Take time to interact or play a bit with the child if that will help you build rapport. Ideally this can be done prior to this dialogue.</p> <p>Counselor's note 3: Find out from parent/guardian familiar name for HIV, AIDS and sex and use these names in your discussion with the child</p> <p>Counselor's note 4: Adjust your description of sexual transmission to age and assessed understanding of the child you are talking to.</p>	<p>PROBE and CLARIFY</p> <ul style="list-style-type: none"> - HIV is a "germ" in some people's bodies that disturbs the health of children and grown-ups/big people. When it is not managed well, children and grown-ups/big people can get sick from it. This sickness is called AIDS or what is commonly known as "Silimu (Insert what is more appropriate)". ○ As I said when I was talking with your family, I am here today to see whether or not you and your family have HIV. If you have it, I can help your family to keep/stay healthy and grow strong. ○ (Insert name of younger child) do you have any questions that you would like me to answer now? ○ In order for me to see whether you have HIV or not (insert name of child) allow me to take off a little bit of blood from your fingertip. I will make a small prick that should not hurt much. ○ (In case the child resists being tested/ pricked) Your parents love you and they want you to be healthy. It is only by taking this test today that you and they will know if you have the germ.
<p>Review understanding of results</p>	<ul style="list-style-type: none"> ○ Please remember what we said when we talked with the rest of the family about what is likely to come from the blood. ○ If the test is Positive, it means (Insert name of younger child) has the germ called HIV ○ If it is Negative, it means (Insert name of younger child) does not have the germ called HIV ○ Turn to child: Do you have any questions? ○ Turn to parent/guardian: Do you have any questions?
<p>Conduct HIV test</p> <p>Counselor's note: As the test is being developed, counselor can talk to the child and parent/guardian about HIV and the child's risk. Below is the suggested script:</p>	

Session Steps	Suggested Dialogue
<p>Introduce the counseling session to the child</p> <p>Counselor's note 1: If child does not say name, that's ok. Do not take this as a sign of disrespect, rather of apprehension or nervousness. Just continue with script.</p>	<ul style="list-style-type: none"> ○ Hello - Welcome! My name is _____. Do you want to tell me your name? (Child says his/her name). I am a counselor. Counselors are people who talk with children and big people about life and keeping healthy. One of the things that disturbs people's lives is HIV and AIDS. ○ (Turn to parent/guardian and find out local name of HIV and AIDS) Have you heard about HIV (insert familiar name of HIV)? Tell me what you have heard about HIV. Have you heard about AIDS (insert familiar name of AIDS)? Tell me what you have heard about AIDS (insert familiar name of AIDS).
<p>Counselor's note 2: Take time to interact or play a bit with the child if that will help you build rapport. Ideally this can be done prior to this dialogue.</p> <p>Counselor's note 3: Find out from parent/guardian familiar name for HIV, AIDS and sex and use these names in your discussion with the child</p> <p>Counselor's note 4: Adjust your description of sexual transmission to age and assessed understanding of the child you are talking to.</p>	<p>PROBE and CLARIFY</p> <ul style="list-style-type: none"> - HIV is a "germ" in some people's bodies that disturbs the health of children and grown-ups/big people. When it is not managed well, children and grown-ups/big people can get sick from it. This sickness is called AIDS or what is commonly known as "Silimu (Insert what is more appropriate)". ○ As I said when I was talking with your family, I am here today to see whether or not you and your family have HIV. If you have it, I can help your family to keep/stay healthy and grow strong. ○ (Insert name of younger child) do you have any questions that you would like me to answer now? ○ In order for me to see whether you have HIV or not (insert name of child) allow me to take off a little bit of blood from your fingertip. I will make a small prick that should not hurt much. ○ (In case the child resists being tested/ pricked) Your parents love you and they want you to be healthy. It is only by taking this test today that you and they will know if you have the germ.
<p>Discuss and assess child's risk for HIV</p> <p>Counselor's note: Before you initiate discussion on sex, find out from parent/guardian the name child (and/or family) uses for penis and vagina</p>	<p>HIV risk = Biological mother is HIV positive; child is/was breastfed by HIV positive mother; other exposures—injections, abuse...</p> <ul style="list-style-type: none"> ○ Do you know how people get HIV? ○ Because we do not always know who has HIV and who does not have it, it is very important that we learn and understand ways of avoiding to get HIV ○ Families have different names that they have given to some parts of the body. (Turn to parent/guardian) What do you call the private parts of a boy? What about the private parts of the girl?
	<p>Probe and clarify</p> <ul style="list-style-type: none"> ○ There are different ways children get HIV. <ul style="list-style-type: none"> - When the boy's (insert local name of penis) is put into a girl's (insert local name of vagina), it is called sex. If one of them has HIV, he can pass it on to another through sex. For example, if the boy has HIV and he puts his (insert local name of penis) into the girl's (insert local name of vagina), HIV will pass on from the boy to the girl. It means the boy with HIV has had sex with the girl, and the girl has got HIV from the boy.

Session Steps	Suggested Dialogue
<p>Introduce the counseling session to the child</p> <p>Counselor's note 1: If child does not say name, that's ok. Do not take this as a sign of disrespect, rather of apprehension or nervousness. Just continue with script.</p>	<ul style="list-style-type: none"> ○ Hello - Welcome! My name is _____. Do you want to tell me your name? (Child says his/her name). I am a counselor. Counselors are people who talk with children and big people about life and keeping healthy. One of the things that disturbs people's lives is HIV and AIDS. ○ (Turn to parent/guardian and find out local name of HIV and AIDS) Have you heard about HIV (insert familiar name of HIV)? Tell me what you have heard about HIV. Have you heard about AIDS (insert familiar name of AIDS)? Tell me what you have heard about AIDS (insert familiar name of AIDS).
<p>Counselor's note 2: Take time to interact or play a bit with the child if that will help you build rapport. Ideally this can be done prior to this dialogue.</p> <p>Counselor's note 3: Find out from parent/guardian familiar name for HIV, AIDS and sex and use these names in your discussion with the child</p> <p>Counselor's note 4: Adjust your description of sexual transmission to age and assessed understanding of the child you are talking to.</p>	<p>PROBE and CLARIFY</p> <ul style="list-style-type: none"> - HIV is a "germ" in some people's bodies that disturbs the health of children and grown-ups/big people. When it is not managed well, children and grown-ups/big people can get sick from it. This sickness is called AIDS or what is commonly known as "Silimu (Insert what is more appropriate)". ○ As I said when I was talking with your family, I am here today to see whether or not you and your family have HIV. If you have it, I can help your family to keep/stay healthy and grow strong. ○ (Insert name of younger child) do you have any questions that you would like me to answer now? ○ In order for me to see whether you have HIV or not (insert name of child) allow me to take off a little bit of blood from your fingertip. I will make a small prick that should not hurt much. ○ (In case the child resists being tested/ pricked) Your parents love you and they want you to be healthy. It is only by taking this test today that you and they will know if you have the germ.
	<ul style="list-style-type: none"> - Some children get HIV from big people too. A girl will get HIV from a man when the man has HIV and he has sex with the girl. A boy will get HIV from a woman when the woman has HIV and she has sex with the boy. - Some children get HIV from their mothers when they are still in their wombs or when they are being born or when they are being fed on their mothers' breast milk. All this happens when the mother has HIV. - It is not the mother's fault. Many times, it happens when the mother doesn't know she has HIV. - Some children get HIV from needles or sharing blood, like say when you do not have enough blood in your body or you lose a lot of blood as a result of an accident and the doctors ask you to have a blood transfusion, where they add more blood to your body from another person. - A person with HIV cannot pass on HIV to a child through holding hands, sharing cups or sharing food

Session 3: HIV Negative Results Counseling for both Younger Child and Consenting Parent/Guardian

Part 3.2: Provide HIV Negative Result

Session Steps	Suggested Dialogue
Introduce the session	<ul style="list-style-type: none"> ○ Thank you for agreeing to have (insert name of younger child) tested. ○ In this session, we shall agree on how to proceed with counseling and testing (insert name of younger child).
<p>Provide results clearly and simply</p> <p>Counselor's note: It is best if parent and child are seated next to each other so that counselor eye contact can be maintained among both easily. Pay attention to your own calm, relaxed manner and body language. Be careful of facial expressions that convey anxiety or sadness.</p>	<ul style="list-style-type: none"> ○ In this session, I am first going to tell you and your (insert relation of consenting parent/guardian) what we have found in your blood. This means I am going to let you know if you have HIV or not. ○ (Address the consenting parent/guardian). (Insert name of the child) is negative. This means (insert name of child) is not infected with HIV. ○ (Now, face child, make eye contact). (Insert name of child), your result is HIV negative. This means you do not have the germ (that we have called HIV) in your blood. ○ Do you remember I told you that I am a counselor? This Am here to help you understand what you need to do to avoid getting the HIV germ
<p>Explore reaction to the test results</p> <p>Counselor's note: Depending on response, correct myths or misperceptions about HIV</p>	<ul style="list-style-type: none"> ○ (Turn to child) Can you tell me what it means to be "HIV negative" (depending on age and experience shared above)? ○ (Turn to parent/guardian) Anything else you would like to add to what (insert name of child) has said? (Probe and clarify)
Review the meaning of the results	<ul style="list-style-type: none"> ○ I want to clarify that this means that the child is not infected with HIV.

Session Steps	Suggested Dialogue
Identify barriers to the safer goal behavior(s)	<ul style="list-style-type: none"> ○ (Address the consenting parent/guardian) What could make it more difficult for you to take on (fill in safer goal behavior) ○ (Turn to the child) Are you ok with this plan? What are the things that could make it difficult for you to carry out your plan? <p>PROBE:</p>
Discuss strategies to overcome barriers	<ul style="list-style-type: none"> ○ (Address the consenting parent/guardian) How will you handle (specify identified barrier) if it gets in the way of trying this plan? <p>PROBE:</p> <ul style="list-style-type: none"> ▪ Seeking child friendly services ▪ Seeking information from trained health care providers ▪ Open discussion with the parent/guardian
Recognize the challenges of behavior change.	<ul style="list-style-type: none"> ○ (Address the consenting parent/guardian) You and (Insert name of child) will be helping to protect the health of (Insert name of child) by trying out this plan.

Session 4: HIV Positive Results Counseling for both Child and his/her Consenting Parent/ Guardian

Part 4.1: Provide HIV Positive Results

Session Steps	Suggested Dialogue
Introduce the session	<ul style="list-style-type: none"> ○ Thank you for agreeing to have (insert name of younger child) tested. ○ In this session, we shall agree on how to proceed with counseling and testing (insert name of younger child).
Provide results clearly and simply.	<ul style="list-style-type: none"> ○ I am going to tell you and your (insert relation of consenting parent/guardian) what we have found in your blood. This means I am going to let you know if you have HIV or not in your body. OK? ○ (Address the consenting parent/guardian) (Insert name of the child) is HIV +. This means (insert name of child) is infected with HIV. ○ (Now, face child, make eye contact). (Insert name of child), do you remember I told you that I am a counselor? I am like a feeling doctor. This means I can help you with your feelings about having HIV.

Session Steps	Suggested Dialogue
Review the meaning of the result.	<ul style="list-style-type: none"> ○ (Address the consenting parent/guardian) This result does not mean (insert name of child) has AIDS and does not indicate when the child may become ill from the virus. ○ (Address the child, if child is asymptomatic) Having HIV does not mean you are very sick. When you and your mother know that you have HIV, there are many things that you can do to help you be strong and healthy.
Allow the parent/guardian and child time to absorb the meaning of the result.	<ul style="list-style-type: none"> ○ Take your time. We have plenty of time to talk about the results. And you must not blame yourself for this. You never meant for (insert name of child) to have HIV. ○ There are many things you can do to help (insert name of child) keeps strong and healthy.
Assess how parent/guardian and child are coping with result. Counselor's note: If parent/guardian is crying, deal with the feelings to minimize fear in the child	<ul style="list-style-type: none"> ○ (Insert name/relation of consenting parent/guardian) are you doing ok? ○ (Address child) Mothers/parents cry when they are worried about their children. This is because (Insert name/relation of consenting parent/guardian) cares about you and wants you to be strong and healthy. It's ok for children to cry too ○ Did you know that big feelings come and go? I am here to help you handle these big feelings. You and I can talk about how you can handle such feelings when they come. ○ Can you tell me what you are worried about? ○ Now that we know you have HIV, we can also help you to get medicine to keep you strong and healthy. Because we have found the HIV, we can help you to stay strong and healthy. ○ I want you to know too that even though you have HIV, you are the same person you have always been.
Acknowledge the challenges of dealing with a positive result.	<ul style="list-style-type: none"> ○ (Address the child) This seems a little scary/ sounds disturbing right now, but your family and you will learn how to manage this germ (HIV in your blood) so you can stay strong and healthy. ○ (Address the parent/guardian), (insert name of child) is lucky to have you support him/her cope and continue with his/her life normally. ○ Optional: It may take some time for each of you to adjust to this, but in time you will be able to cope and continue with your life.

Session Steps	Suggested Dialogue
Discuss living positively	<ul style="list-style-type: none"> ○ Turn to parent/guardian: (insert name of child) is the same child even though he/she is HIV +. ○ There are many children who are infected with the virus and living well. ○ (Insert name of child) H/she will need to do certain things that would help him/her keep strong and healthy. These include to: <p>(State messages here, such as: eat well, take meds, sleep under bed nets, water vessel, etc.) but otherwise, your child can be treated the same as you always have.</p> <p>Positive living includes ensuring that the child:</p> <ul style="list-style-type: none"> ○ Eats balanced food ○ Seeks prompt medical treatment, whenever the child is ill and follow-up medical care, such as TB preventive treatment ○ Takes medicine as prescribed by the doctor ○ Takes Cotrimoxazole prophylaxis—This is very important for any child who is infected with HIV, whether or not he/she feels sick. Always make sure that (Insert name of child) takes it daily, as advised by your health provider. ○ Gets timely routine immunizations and growth monitoring ○ Enrolls in AIDS Care organizations, such as TASO, Mildmay, PIDC, where he/she can receive specialized care and treatment ○ Gets someone to talk to, like a counselor, parent or trusted friend who can support you
	<p>Benefits of cotrimoxazole (septrin) prophylaxis (For the consenting parent/guardian)</p> <ul style="list-style-type: none"> ○ It prolongs life for PLWHA. ○ It prevents opportunistic infections, including diarrhoea, malaria and certain respiratory infections. ○ It saves money by improving health and reducing the need for clinic visits and hospitalizations to treat opportunistic infections. ○ ART is also available in (fill in organization/program if available) ○ What can you do to live positively? (e.g. you can talk to a counselor or to identify a family member that you can trust and s/he can be of help to address your concerns)

Part 4.2: Sources of Support and Referral

Session Steps	Suggested Dialogue
<p>Make referral to AIDS care provider</p>	<ul style="list-style-type: none"> ○ (Turn to consenting parent/guardian) Some children have a hard time managing their big feelings. I shall return to provide a follow-up counseling session to help you and (insert name of child) to manage this news. ○ Sometimes children act different after learning their results. If this happens to (insert name of child), talk to him/her about HIV. The most important thing is to support each other right now. What we call “social support” is one of the best ways to help families manage difficult circumstances. ○ It can also be helpful to talk with a trained counselor, like me. Here’s the slip which you will present to (mention the referral organization) for further counseling ○ As I mentioned, if you would like to receive professional care for your child including medical treatment and being evaluated for eligibility of ART, your next step is to register with an AIDS care provider. ○ (If not already registered) Do you know where to go for care and support? Let us consider the referral organisations within easy reach. Are you interested in any of these? (Show list of referral organization)
	<ul style="list-style-type: none"> ○ If interested: Here’s the slip which you will present to (mention the referral organization) for further support and treatment. ○ If not interested, what are your concerns about accessing treatment and support from the providers that I have mentioned? ○ Let us consider other options that you have (explore possible options). Which of these shall you go to? Here’s the slip which you will present to (mention the preferred provider) for further treatment and support for further support and treatment.

Session 5: Risk Reduction and Identification of safer Goal Behaviors

Part 5.1: Risk-Reduction and Safer Goal Behavior

Session Steps	Suggested Dialogue
Identify supports to the safer goal behavior(s)	<ul style="list-style-type: none"> ○ What could help make it easier for you to implement your plan? <ul style="list-style-type: none"> ▪ Social support from spouse and or family ▪ Social support from peers ▪ Further support from neighboring PMTCT sites
Identify barriers to the safer goal behavior(s)	<ul style="list-style-type: none"> ○ What could make it more difficult for you to take on (fill in safer goal behavior) <p>PROBE:</p> <p>Infants:</p> <ul style="list-style-type: none"> ○ Personal attitudes ○ Inadequacy of skills ○ Cultural barriers ○ Fear of isolation or discrimination especially in regard to breast-feeding ○ Lack of economic resources to support alternative feeding ○ Disclosure to partner/ others
Counselor's note: Infants whose mothers cannot afford alternative feeding have high mortality, even when they are HIV-negative. Counselors should not encourage women to stop breast-feeding if they lack economic resources.	<p>Younger children who are not sexually active:</p> <ul style="list-style-type: none"> ○ Child fear to discuss sexual issues with parent/ guardian; and family members ○ Parental fear to discuss sexual issues with child ○ Fear to discuss sexual issues with family members ○ Parental fear to discuss HIV and AIDS issues with child ○ Child fear to discuss HIV and AIDS issues with parent/ guardian and other family members
Discuss strategies to overcome barriers	<ul style="list-style-type: none"> ○ How will you handle it if (specify identified barrier) gets in the way of your plan? <p>PROBE:</p> <ul style="list-style-type: none"> ▪ Seeking information from trained health care providers ▪ Sharing the problem of MTCT with others in the community ▪ Seeking further support from the available PMTCT clinics ▪ Seeking child friendly services

Session Steps	Suggested Dialogue
Recognize the challenges of behavior change.	<ul style="list-style-type: none"> ○ You will be helping to protect your child's health by trying out this plan.
Encourage parent/guardian to utilize available PMTCT clinics and or child friendly services. [Fill in Safer Goal Behavior Plan]	<ul style="list-style-type: none"> ○ (Optional) Let's write down this plan. ○ Feel free to discuss this plan with a health care provider of your choice.

Session 6: HIV Positive Results Counseling for Consenting Parent/Guardian

Part 6.1: Provide HIV Positive Results

Session Steps	Suggested Dialogue
Review parent/guardian's understanding of results Assess client's readiness to receive the test results.	<ul style="list-style-type: none"> ○ If the test is Positive, it means your child is infected with HIV. ○ If it is Negative, it means your child is <u>not</u> infected with HIV. ○ The test results are very accurate.
Provide results clearly and simply.	<ul style="list-style-type: none"> ○ The test result is positive, indicating that the child is infected with HIV.
Review the meaning of the result.	<ul style="list-style-type: none"> ○ This result does not mean the child has AIDS and it does not indicate when the child may become ill from the virus. ○ For children however, unlike adults, the progression to AIDS may be rapid. ○ However, there are many things you can do to help your child stay strong and live a healthy life.
Allow the parent/guardian time to absorb the meaning of the result.	<ul style="list-style-type: none"> ○ Take your time. We have plenty of time to talk about the results.
Assess how parent/guardian is coping with result.	<ul style="list-style-type: none"> ○ It can be difficult dealing with knowing that the child is infected with HIV. You must not blame yourself for this because you never intended for your child to be infected. ○ How are you feeling about this test result? Can you tell me what most concerns you right now?
Acknowledge the challenges of dealing with a positive result.	<ul style="list-style-type: none"> ○ You need to take time to adjust to this, but in time you will be able to cope and continue with your life

Session Steps	Suggested Dialogue
Discuss living positively	<ul style="list-style-type: none"> ○ There are many children who are infected with the virus and living well. ○ Have you heard about positive living? Let's talk about that. ○ Positive living refers to actions that an HIV positive person would take to improve the quality of his/her life as well as to prolong his/her life. ○ In your case, it would mean taking on things that would help to keep your child healthy and well in order to enhance their life and stay well longer <p>Positive living includes providing to the child:</p> <ul style="list-style-type: none"> ○ Good nutrition ○ Prompt medical treatment, whenever the child is ill and follow-up medical care, such as TB preventive treatment ○ Timely routine immunizations and growth monitoring ○ Enrolling in AIDS Care organizations, such as TASO, Mildmay, PIDC, where your child can receive specialized care and treatment
	<ul style="list-style-type: none"> ○ Cotrimoxazole prophylaxis—This is very important for your child and you should make sure your child takes Septrin everyday, as advised by your health provider. ○ Safe drinking water ○ Mosquito nets to avoid risk of malaria <p>Benefits of cotrimoxazole prophylaxis</p> <ul style="list-style-type: none"> ○ It prolongs life for PLWHA. ○ It prevents opportunistic infections, including diarrhoea, malaria and certain respiratory infections. ○ It saves money by improving health and reducing the need for clinic visits and hospitalizations to treat opportunistic infections. ○ ART is also available in (fill in organization/program if available) ○ What can you do to live positively?

Part 6.2: Supported disclosure of HIV positive results to younger child and/or other household members

Session Steps	Dialogue
<p>Discuss benefits of disclosing HIV results to child and/or other household members</p>	<ul style="list-style-type: none"> ○ Although you are free to refuse to tell (insert name of younger child) his/her results, there are many benefits of telling him/her, both for your child and for you. ○ What makes it important for you to tell (insert name of younger child)/ any household member(s) the results
	<p>PROBE AND CLARIFY</p> <p>Examples of benefits of disclosure</p> <ul style="list-style-type: none"> ▪ To enhance open and honest communication (e.g. reduces stress, relieves anxiety of accidental or involuntary disclosure, avoid the burden of secrecy) ▪ Solicit family support (e.g. improved care, obtain treatment supporter) ▪ To lessen your own stress and to reduce anxiety for your child who may worry about being ill ▪ To avoid transmission to other family members, through exposure of infected blood (however minimal the risk is) <ul style="list-style-type: none"> ○ Apart from (insert name of younger child), which household member would you like to tell (insert name of younger child) results today?
<p>Explore client's concerns or issues about telling to child/other household members about child's HIV test result.</p>	<ul style="list-style-type: none"> ○ What are your concerns or issues about telling your child's HIV status to (insert name of younger child)/ insert name/relation of other household member today?
<p>Explain and ask client to choose from the disclosure approaches:</p> <ul style="list-style-type: none"> ○ Self-disclosure to consenting parent/guardian/ other household member(s) 	<ul style="list-style-type: none"> ○ I am here to help you to disclose your child's results to your (insert name of younger child)/ insert name/relation of other household member) today. I will help you think through how disclosure could happen. You and I shall practice right now how we will disclose to (insert name of younger child)/ insert name/relation of other household member). But first, you need to know how I can assist you to disclose your results to them:

Session Steps	Dialogue
<ul style="list-style-type: none"> ○ ○ Counselor-supported disclosure to consenting parent/guardian/ other household member(s) <p>Counselor’s note:</p> <p>Either do “self-disclosure” to consenting parent/guardian/ other household member(s) – here, counselor provides client with the necessary skills to disclose, including having client practice how to disclose, then on their own, they disclose to their consenting parent/guardian/ other household member(s) later</p> <p>Or do “Counselor-supported disclosure” to consenting parent/guardian / other household member(s) - here, the client invites into the session their consenting parent/guardian/ other household member(s) that they would like to tell about their HIV sero-status and counselor is present when client discloses results</p> <p>If client is interested in supported-disclosure in a subsequent visit, make appointment. See protocol on HIV disclosure for support of client to disclose to family members (Protocol 5).</p>	<ul style="list-style-type: none"> • You can do it on your own, in my absence or we can do it together. Many clients find it difficult to disclose on their own. • In case you want me to be present when you disclose, I can help you by either revealing the sero-status for you or you revealing it yourself and I supporting your statements and addressing any concerns that would arise out of the discussion.
<p>Support client to disclose to child/ other household members about child’s HIV test result.</p>	<p>Client discloses HIV status with counselor support</p> <ul style="list-style-type: none"> ○ Before we invite (insert name of younger child)/ insert name/relation of other household member), what would you like my role to be?

Session Steps	Dialogue
<p>Counselor's note: For clients who have opted for counselor-supported disclosure, give client feedback about the clarity of what they have said. We want to be sure the client is clear about being HIV positive. Do not try to react as you feel the person disclosed to might, ask how the client thinks the person will react to what was said. You can offer to repeat what the client has said. Use the same words and tone as the client. Acknowledge and support the client for coming up with the words to use. When client is ready, ask him/her to invite the child/other household member and disclose results</p>	<ul style="list-style-type: none"> ○ Let us quickly go through how we shall tell (insert name of younger child)/ insert name/relation of other household member) about the results of (insert name of younger child). Imagine that (insert name of younger child)/ insert name/relation of other household member) is seated next to you (indicate where name of younger child)/ name/relation of other household member) would be seated), what would you like to say to him/her about the result (Address any concerns that he/she may raise)? ○ How do you think he/she will react to what you plan to say? (Address any concerns that he/she may raise). ○ Do you think you are ready to disclose your results to (insert name of younger child)/ insert name/relation of other household member)? (Address any concerns that he/she may raise). ○ I will join in the discussion whenever you are finding it difficult to talk about something. <p>Counselor discloses child's HIV Status with consenting client support</p> <p>If client wants counselor to do the talking, then:</p> <ul style="list-style-type: none"> ○ Imagine that (insert name of younger child)/ insert name/relation of other household member) is/are seated next to you (indicate where name of younger child)/ name/relation of other household member) would be seated), what would you like me to say to him/her/them about the result? (Address any concerns that he/she may raise) —make a disclosure plan that incorporates client's concerns)

Session Steps	Dialogue
	<ul style="list-style-type: none"> ○ If you would like me to do the talking to (insert name/relation of household member), I will say something like this: “Thank you for kindly agreeing to have a discussion with us today. We have invited you here to share with you the HIV results of (insert name of child). (Insert name/relation of client) has asked me to help him/her to tell you. This will enable (fill in name/relation of client) work out a plan with you for the future of (insert name of child)”. ○ For the (insert name of the younger child), I will say something like this: “ Hello (insert name of child). I am (insert name of counselor). (Insert name/relation of client) has asked me to help him/her tell you something very important...” <p>Disclosure steps include:</p> <ul style="list-style-type: none"> ○ Justify counselor presence ○ Emphasize the client’s willingness to reveal his/her HIV status ○ State test result ○ Explain meaning of test result ○ Discuss importance of disclosing client’s test result to child/ other household member(s) and the effect on him/her /them and the household ○ Make plan of action
<p>Discuss and agree on plan of action</p> <p>Counselor’s note: This depends on discussion with client on expected outcomes-- includes supporting child to access treatment and support from preferred agencies, behavior change, family support, referral to pediatric HIV care and treatment agency etc</p>	<ul style="list-style-type: none"> ○ Let us now talk about what we would like to do, after learning the results of (fill in name of child) ○ How can I be of assistance to you? (Clarify) ○ Thank you for the discussion that we have just had. Having an action plan is a significant step towards supporting your child to cope with HIV infection/disease.

Part 6.3: Sources of Support and Referral

Session Steps	Suggested Dialogue
Make referral to AIDS care provider	<ul style="list-style-type: none"> ○ As I mentioned, if you would like to receive professional care for your child including being evaluated for eligibility of ART, your next step is to register with an AIDS care provider. ○ (If not already registered) Do you know where to go for care and support? Let us consider the referral organizations within easy reach. Are you interested in any of these? (Show list of referral organization) ○ (If interested): Here's the slip which you will present to (mention the referral organization) for further support and treatment. ○ Let us consider other options that you have (explore possible options). Which of these shall you go to? Here's the slip which you will present to (mention the preferred provider) for further support and treatment.

Component 3.2.3: Individual Counseling for Older Children (12 to under 18 years)

Introduction

This component outlines the specific steps and key issues that must be covered when conducting HCT with older children. These children will be offered an individual counseling session. Nevertheless, with their assistance, counselors should encourage them to disclose their results to the guardians. For children who are not sexually active and opt to have their consenting parents/guardians participate in the counseling session, the counselor should use Component 3.2.2 to guide the session.



- Objectives:** By the end of the counseling session, assenting individuals will:
1. Recognize their risk for HIV infection/transmission
 2. Know their HIV sero-status
 3. Develop a plan to reduce their risk of HIV infection/transmission
 4. Identify where to access support services and programs in their area



- Methods:**
- ▶ One-on-one discussions with the child



- Materials:**
- ▶ Counseling protocol for children and cue cards;
 - ▶ Home Based HIV Counseling and Testing Card;
 - ▶ Risk reduction plan for individuals

Session Overview

Session	Key Steps
1. Test decision counseling	<ul style="list-style-type: none"> ○ Introduce the individual pre-test session ○ Review guidelines for consenting, testing and counseling older children ○ Consent individual to test
Conduct HIV test (See Protocol 4 for details)	
2. Test decision counseling (continued)	<ul style="list-style-type: none"> ○ Discuss understanding of test results ○ Assess risk for HIV infection

<p>3. HIV Negative Result counseling</p>	<p><u>Negative result</u></p> <ul style="list-style-type: none"> ○ Provide test result and discuss implications ○ Provide prevention messages ○ Discuss risk reduction and identify safer goal behaviors ○ Refer to available prevention services site
<p>4. Positive test result counseling</p>	<p><u>Positive result</u></p> <ul style="list-style-type: none"> ○ Provide test result and discuss implications ○ Provide prevention messages ○ Discuss risk reduction and identify safer goal behaviors ○ Discuss supported disclosure and partner testing ○ Refer to available care and treatment services site

Detailed Protocol

Session 1: Individual Test Decision Counseling Session

Session Steps	Suggested Dialogue
<p>Introduce the individual test decision counseling session</p> <p>Counselor’s note: If child asks questions that seek clarity, respond to only those questions that are helpful for the child to decide whether or not to take the test. The rest of the questions will be discussed as the test runs.</p>	<ul style="list-style-type: none"> ○ Thank you for participating in the discussion that we had with your family. ○ Are there things that were talked about that were not clear to you? Which ones? ○ Remember that what we talk about together today is absolutely confidential and will not be discussed with anyone else without your permission.
<p>Review guidelines for consenting, testing and counseling older children</p>	<ul style="list-style-type: none"> ○ Children who are 12 years and older do not require permission to test from their parents. For you to be able to take the test, I need assent from you. But first you must know the following: ○ It is very important that you get a blood test today. I am doing this test to see if you have a germ called HIV in your body. We need to know if HIV is there so that you can take medicine and do other activities to keep you strong and healthy. If you do not have it, we shall talk about ways that you can avoid getting it.

Session Steps	Suggested Dialogue
	<ul style="list-style-type: none"> ○ You will be offered an individual counseling session. I shall also allow you to invite your (insert relation of consenting parent/guardian e.g. mother/ aunt/ father etc) at any point, when you feel it is necessary for him/her to participate in our discussions. ○ You are free to refuse to share your HIV results with others. ○ The test will involve a finger prick on one of your fingers. ○ I am going to take a tiny bit of blood, a drop, from your finger and check it to see if you have HIV in your blood. This is called doing a “test”. We will wait for not more than 30 minutes to let the test work. I will tell you when the time is up. When it is, we will see if you have HIV in your blood or not. ○ Do you have any questions?
Obtain assent for older child	<ul style="list-style-type: none"> ○ Would you like to take an HIV test at home today? (If yes, show him/her where to sign/thumb print) ○ If no, why not? ○ What do you think are the benefits of taking the test today? <p>PROBE and CLARIFY:</p> <ul style="list-style-type: none"> ○ If you have been exposed to HIV through sex by force or at will, blood transfusion or skin piercing instruments, testing helps to relieve anxiety and to plan accordingly ○ For an adolescent who is sexually active and is HIV positive: to avoid transmission of HIV to sexual partner ○ For HIV positive adolescent, to seek prompt medical treatment and care, including ART
Conduct HIV test (See Protocol 4 for details) While test develops,	
<p>Review individual’s understanding of results</p> <p>Counselor’s note: As the test is being developed, counselor can talk to the client about HIV. For purposes of keeping the discussion short and useful, client’s concerns and questions should guide the discussion.</p>	<ul style="list-style-type: none"> ○ While we are waiting for the test to work, we can talk about the questions which you asked me before your blood was drawn. ○ We shall also review what was discussed during the talk that we had with you family. ○ Please remember: <ul style="list-style-type: none"> ▪ If the test is Positive, it means you are infected with HIV. ▪ If it is Negative, it means you are <u>not</u> infected with HIV. ▪ The test results are very accurate.

Session Steps	Suggested Dialogue
<p>Assess current risk for HIV infection</p> <ul style="list-style-type: none"> HIV risk = unprotected sex with a person of unknown status or known HIV positive status <p>Counselor's note: Probe sexual activity, condom use, knowledge of partner status, sexual abuse, blood transfusion etc. (If no sexual activity or abuse is reported, end personalized discussion on sexual activity, and provide prevention and transmission messages to all)</p> <p>Information gathering and documentation of personal risk during the session will depend on the evaluation needs of the respective agency.</p>	<ul style="list-style-type: none"> As we wait for your test results, we need to freely and honestly talk about your possible exposure to HIV and current sexual life, if any. Would you like to share with me any of your concerns or fears about your possible exposure to HIV? <p>Sexual activity:</p> <ul style="list-style-type: none"> Have you ever had sex, either at free will or by force? If yes, let's talk more about your situation. Have you had a sexual partner? If yes: discuss more: <ul style="list-style-type: none"> Let's discuss any partners you've had in the last 3 months. What type of partner(s) (steady, casual) have you had? For each partner, discuss: <ul style="list-style-type: none"> Let's talk about condom use with that partner. Have you ever used a condom with him/her? How often do you use condoms? (always, sometimes, never) Do you know the HIV status of that partner? Has he/she ever been tested? How about family planning? Do you and your partner use any family planning methods? Tell me more about that. Now, let's talk about any other partners you've had. (Repeat discussion as guided in bullets above...)
	<ul style="list-style-type: none"> Have you had sex without a condom with anyone in the last 2-6 Weeks, whether by force or your own free will? Do you know what the HIV status of your partner is? Everyone who is sexually active is at potential risk of acquiring HIV If you have had sex without a condom with a person of unknown status or known HIV positive status you are at risk of HIV infection. This includes all your partners, even if you only have one faithful boyfriend/girlfriend, if you do not know his/her status and have had sex without a condom, you are at risk of HIV infection.

Session 2: HIV Results Counseling for Individuals

Part 2.1: HIV Negative Test Results

Session Steps	Suggested Dialogue
<p>Provide results clearly and simply</p> <p>Counselor's note: Only mention the 'window period' if the client reported unprotected sex with a person of unknown HIV sero status or known HIV positive status in the past <u>2-6 Weeks</u> during the risk assessment. Please note that sero-conversion might take 2-6 Weeks for HIV infection.</p>	<ul style="list-style-type: none"> ○ Thank you for being patient. Your test results are now ready. ○ The test result is negative, which means you have not been infected with HIV. ○ This test result is very accurate <p><u>Discuss potential exposure:</u></p> <ul style="list-style-type: none"> ○ If you now or in future are having sex without a condom with someone whose HIV status you do not know or who is HIV positive, you are at risk of acquiring HIV. ○ There is a <u>very small chance</u> that you could have been infected with HIV, but it is not showing up yet. <p>You may want to re-test in a few weeks, to be sure you are negative, but you need to make sure that you have no exposure during this time.</p>
<p>Explore the client's reaction to the test results</p>	<ul style="list-style-type: none"> ○ What does this result mean to you? (Probe: Thoughts, feelings, plans)

Session Steps	Suggested Dialogue
<p>For sexually active or sexually abused client: convey concern and urgency about the client's risks (as appropriate)</p> <p>Counselor's note: If client is without stated current risk, emphasize prevention messages and supports to remain negative</p> <p>Counselor's note: If client has an HIV-infected partner, discuss DISCORDANCE and go over the discordance messages.</p>	<ul style="list-style-type: none"> ○ You mentioned earlier (<u>refer to dialogue on risk assessment</u>) that you recently had unprotected sex with a person whose HIV status you did not know or who is HIV positive. ○ This behavior puts you at risk of being infected with HIV. ○ Let's talk about some ways in which you can protect yourself. <p><u>Prevention messages:</u></p> <ul style="list-style-type: none"> ○ When you have sex with a person whose status you do not know and you do not use condoms every time, then you are at a risk of being infected with HIV. ○ It is very important that you and your sexual partner test for HIV so that you know whether you are at risk of getting infected with HIV and you can protect yourself. It is common for couples, whether married or not, to have different HIV results—e.g. one person may be infected and the other not. <p><u>Discordance messages:</u></p> <ul style="list-style-type: none"> ○ No one is immune from HIV infection. If you are having sex without using a condom, <u>you can</u> get infected with HIV. ○ There are many things you can do to reduce the chance of catching HIV from your partner: <ul style="list-style-type: none"> ▪ abstinence eliminates risk of HIV infection ▪ use condoms every time you have sex ▪ reduce the frequency of sex ▪ practice alternatives to penetrative sex (such as touching each other to relieve desire) <p>Let's talk about these options further, to see what you feel comfortable with.</p>

Part 2.2: Risk Reduction and Safer Goal Behaviors

Session Steps	Suggested Dialogue
<p>Discuss with client his/her personal reasons for avoiding HIV infection</p> <p>[Fill in Part 2 of Risk reduction plan (RRP)]</p> <p>Counselor's note: If client has mentioned that s/he has had unprotected sex with a person(s) whose sero-status s/he did not know or is infected with HIV.</p>	<ul style="list-style-type: none"> ○ Now that you know that you are HIV negative, we shall talk about how you can make sure that you remain negative. ○ What are the reasons you personally would want to remain uninfected with HIV? PROBE Any other thing? ○ How would you feel if you got HIV infection from a boyfriend/girlfriend? ○ (If appropriate) How could you encourage your boyfriend/girlfriend to get tested?
<p>Discuss safer goal behaviors</p> <p>[Fill in Part 3 of RRP]</p> <p>Counselor's note: Allow client to suggest safer goal behaviors and you can provide more information about other possible options. These behaviors should be achievable based on the circumstances that have been described. They do not have to occur 100% of the time. For example, if client does not feel he can use condoms during every sex act, he may set a goal of using condoms twice as often as he does now. If client does not feel that she can use condoms at all, then she may set a goal of reducing frequency of sex to once a week.</p>	<ul style="list-style-type: none"> ○ I would like you to think of some safer goal behaviors that will eliminate or greatly reduce your risk of getting infected with HIV. ○ Mention examples of safer goal behaviors for adolescents: <ul style="list-style-type: none"> - Refrain from sex until marriage; until when your body is mature; and you are more socially responsible - Avoid alcohol consumption. Drinking alcohol puts you at risk for getting in dangerous situations, and saying no to sex, etc? - Avoid peers that pressure you to have sexual relationships before you mature - Avoid places which expose you to forced sex - Join adolescent clubs e.g. those that address HIV prevention, reproductive health clubs, post test clubs e.t.c. (if any, in the area) - Have an open and honest communication with a youth friendly counselor and consenting parent/guardian about sex and HIV risk reduction options - If you cannot abstain, use condoms every time you have sex with a partner whose status you do not know or who is HIV positive

Session Steps	Suggested Dialogue
	<ul style="list-style-type: none"> - Disclose your HIV status to your sexual partner - Encourage your sexual partner to get tested, if possible with you - Reduce frequency of sex - Reduce number of partners - Use alternative means of sexual expression (touching each other and other forms of non-penetrative sex) - Get treatment for any STDs; avoid sex during STD outbreak/episode <ul style="list-style-type: none"> o Do you think this plan is realistic? Why or why not?
<p>Identify supports to achieve safer goal behavior [Fill in Part 4 of RRP]</p> <p>Counselor's note: Emphasize the importance of discussing the safer goal behaviors with a mature and trusted person. Cite/provide a list of relevant adolescent/youth friendly agencies</p>	<ul style="list-style-type: none"> o Now that you have identified a safer goal behavior(s), let's talk about the things that would help to make it easier for you to achieve this/these goal(s). o There are some places that you could visit/join to further our discussion today <p>Supports - examples</p> <ul style="list-style-type: none"> o Youth friendly counselor o Adolescent/ Youth support groups
<p>Identify barrier to achieve safer goal behavior [Fill in Part 5 of RRP]</p>	<ul style="list-style-type: none"> o What could make it more difficult for you to achieve (fill in safer goal behavior)? o What might get in the way of achieving your safer goal behavior?
<p>Identify strategy(ies) to overcome barriers [Fill in Part 6 of RRP]</p> <p>Counselor's note: As you discuss behavior options, client may need to alter goal to be more realistic</p>	<ul style="list-style-type: none"> o What will you do if (fill in stated barrier) gets in the way of achieving your safer goal behavior
<p>Convey confidence in the client's ability to achieve their safer goal behavior(s)</p>	<ul style="list-style-type: none"> o This is an achievable goal that you have come up with (state the agreed upon goal behavior). Your motivation to keep HIV uninfected and commitment will enable you to make this plan work. o Thank you for making this plan.

Part 2.3.: Referral

Session Steps	Dialogue
<p>Agree on and make referral to provider [Fill in Section F of HBHCT Card] Counselor's note: Provide client with a referral slip to the preferred prevention services site, if he/she is interested. Each organization needs to insert here their agency's policies for referral of HIV negative persons to a prevention services site for on-going support. Mention Family Planning, Adolescent Clubs and Antenatal Clinics as required</p> <p>Counselor's note: Individuals who are symptomatic but have tested HIV negative may need further support to cope. Refer appropriately.</p>	<ul style="list-style-type: none"> ○ We have talked about the opportunities that are available nearby for you to access adolescent friendly and HIV prevention services. ○ Is this something you are interested in? ○ If interested, which place would you prefer to go to? Here's the slip which you will present to (mention the preferred services site) for further support. ○ If not interested, what are your concerns about accessing further support for HIV prevention at the sites that I have mentioned? ○ Let us consider other options that you have (explore possible options). Which of these shall you go to? Here's the slip which you will present to (mention the service site) for further support on prevention.

Session 3: HIV Positive Test Result Counseling**Part 3.1: HIV Positive Test Results for Individuals**

Session Steps	Dialogue
<p>Provide results clearly and simply. Counselor's note: Provide a few minutes of silence for the client to absorb the result.</p>	<ul style="list-style-type: none"> ○ Thank you for being patient. Your test results are now ready ○ The test result is positive, which means you are infected with HIV. ○ This test result is very accurate
<p>Explore client's understanding of the result.</p>	<ul style="list-style-type: none"> ○ What does this result mean to you? (Probe: Thoughts, feelings, plans)
<p>Review the meaning of the result.</p>	<ul style="list-style-type: none"> ○ It can be difficult dealing with knowing that you're infected with HIV. ○ You need to take time to adjust to this, but with time you will be able to cope and continue with your life.

Session Steps	Dialogue
<p>Discuss living positively.</p> <p>Counselor's note: Each partner needs to insert here their agency's policies for referral and integration of HIV positive family members into care and treatment. While this information is important, be aware that this may be too much information for the client to handle/comprehend all at once. Remember not to overburden the client with unnecessary information.</p> <p>Counselor's note: Using a prepared list on the care and treatment sites available in the area, inform the HH members about the services provided.</p>	<ul style="list-style-type: none"> ○ There are many people who are infected with the virus and living well. ○ Have you heard about anything that people who are living with HIV and AIDS do to improve their health and their lives, even when they are infected with HIV (positive living)? ○ Positive living means taking care of your health and your emotional well-being in order to enhance your life and stay well longer. ○ There are many things you can do to keep yourself healthy: <ul style="list-style-type: none"> ▪ You should take Septrin everyday for life. This drug is cheap and easy to get at the pharmacy. Septrin prolongs life, prevents diarrhea, malaria and other illnesses and saves money by improving health and reducing the need for clinic visits and hospitalizations to treat opportunistic infections. ▪ You should consult a physician about the septrin dose that you need to take daily ▪ You should be evaluated for TB at your nearest health center. ▪ You should sleep under a bed net to prevent malaria. ▪ To prevent diarrhea, you should boil your drinking water or use a safe water vessel. ▪ If possible, try to eat health foods, like fruits, vegetables and beans or peas to keep you strong. ▪ Reduce alcohol consumption ▪ Reduce or stop smoking ▪ Seek prompt treatment whenever you are ill. ▪ Here is a list of care and treatment service sites in your area for people living with HIV and AIDS. ▪ You can also join support groups for people living with HIV and AIDS (mention the groups located within the area). ○ What do you think about this?

Part 3.2: Reduction of HIV Transmission and Safer Goal Behaviors for HIV Positive Individuals

Session Steps	Dialogue
<p>Encourage the client to protect others from HIV</p>	<ul style="list-style-type: none"> ○ It is important for you to care for yourself and to protect others from HIV. ○ One person, like yourself, can change the tide of the epidemic by being honest with your partners and if you cannot abstain from sex, ensuring you engage only in safe sex behaviors. ○ You should never have sex without a condom with a sexual partner whose HIV status you do not know or is negative ○ How can we help prepare you for this?
<p>Discuss with client his/her personal reasons for avoiding HIV transmission [Fill in Part 2 of Risk reduction plan (RRP)] Counselor's note: If client has mentioned that s/he has had unprotected sex with a person(s) whose sero-status s/he did not know or is not infected with HIV.</p>	<ul style="list-style-type: none"> ○ Let us talk about how you can ensure that you avoid transmitting HIV to your sexual partner(s) or to others now or in future. ○ Think back about our discussion on your partner's current risk and the results that you have just received. You mentioned that you recently had unprotected sex with (cite partner whose sero-status client does not know/ who is not infected with HIV). ○ What are the reasons you personally would want to ensure that (fill in name of partner) remain(s) uninfected with HIV? PROBE Any other thing? Anything else? ○ How would you feel (fill in partner) got HIV infection from you?
<p>Discuss safer goal behaviors [Fill in Part 3 of RRP] Counselor's note: The safer goal behaviors do not have to occur 100% of the time. For example, if client does not feel he can use condoms during every sex act, he may set a goal of using condoms twice as often as he does now. If client does not feel that she can use condoms at all, then she may set a goal of reducing frequency of sex to once a week.</p>	<ul style="list-style-type: none"> ○ I would like you to think of some safer goal behaviors that will eliminate or greatly reduce you partner(s) risk of getting infected with HIV. ○ State examples of safer goal behaviors ○ Abstain from sex ○ If you cannot abstain, do not have unprotected sex with a partner whose HIV status is negative or unknown ○ Disclose your HIV status to your sexual partner ○ Encourage your sexual partner to get tested, if possible with you ○ Reduce frequency of sex ○ Reduce number of partners ○ Use alternative means of sexual expression (touching each other and other forms of non-penetrative sex)

Session Steps	Dialogue
	<ul style="list-style-type: none"> ○ Get treatment for any STDs; avoid sex during STD outbreak/episode ○ Avoid alcohol consumption ○ Avoid peers that pressure you to have unsafe sex ○ Join adolescent clubs e.g. those that address HIV prevention, care treatment and support, post test clubs (if any, in the area) etc ○ Which goals will work for you (probe)
<p>Identify supports to achieve safer goal behavior [Fill in Part 4 of RRP]</p> <p>Counselor's note: Emphasize the importance of discussing the safer goal behaviors with a mature and trusted friend or relative; support group and or HIV and AIDS Care organization</p>	<ul style="list-style-type: none"> ○ Now that you have identified a safer goal behavior(s), let's talk about the things that would help to make it easier for you to achieve this/these goal(s). <p>Supports - examples</p> <ul style="list-style-type: none"> ○ Support person ○ Support groups ○ HIV and AIDS Care Organization in community
<p>Identify barrier to achieve safer goal behavior [Fill in Part 5 of RRP]</p>	<ul style="list-style-type: none"> ○ What could make it more difficult for you to achieve (fill in safer goal behavior)? ○ What might get in the way of achieving your safer goal behavior?
<p>Identify strateg(ies)y to overcome barriers [Fill in Part 6 of RRP]</p>	<ul style="list-style-type: none"> ○ What will you do if (fill in response) gets in the way of achieving your safer goal behavior (i.e. client may need to alter goal to be more realistic etc)?

Part 3.3: Partner testing (For sexually active adolescents)

Session Steps	Dialogue
<p>Support client to refer outside partner for testing.</p> <p>Counselor's note: For clients with partners who are not members of the household (Refer to section B of HBHCT card). Ensure that the client is comfortable to explain to his or her sexual partner the importance of partner testing.</p>	<ul style="list-style-type: none"> ○ We have also discussed your concerns of referring your partner who is not living with you here, for an HIV test, how would you encourage him/her to be tested for HIV also? ○ How do you think he/she will react to what you plan to say? ○ Do you think you are ready to refer your partner for testing (Address any concerns that he/she may raise).

Part 3.4: Supported disclosure of positive results to consenting parent/ guardian and/or other household member(s)

Session Steps	Dialogue
<p>Discuss importance of disclosing HIV results to consenting parent/ guardian/other household members</p>	<ul style="list-style-type: none"> ○ Although you are free to refuse to tell anybody your results, there are benefits of sharing your results with some members of your household. ○ .Why do we need to share your results with them? We do this so they can help you to live a strong and healthy life. Let us consider ways that they can do this (probe). ○ Which of the household members would you tell your results today? Someone like your (insert relation of the consenting guardian/parent) who has let you be tested and who seems to be the most knowledgeable about you and your health would be a good person to tell.
<p>Explore client's concerns or issues about telling to consenting parent/ guardian and/or other household members about HIV test result.</p>	<ul style="list-style-type: none"> ○ What are your concerns or issues about telling your HIV status to (insert relation of the consenting guardian/parent). Which other members of your household would you like to tell? ?

Session Steps	Dialogue
<p>Explain and ask client to choose from the disclosure approaches:</p> <ul style="list-style-type: none"> ○ Self-disclosure to consenting parent/guardian/ other household member(s) ○ Counselor-supported disclosure to consenting parent/guardian/ other household member(s) <p>Counselor’s note: Either do “self-disclosure” to consenting parent/guardian/ other household member(s) – here, counselor provides client with the necessary skills to disclose, including having client practice how to disclose, then on their own, they disclose to their consenting parent/guardian/ other household member(s) later</p> <p>Or do “Counselor-supported disclosure” to consenting parent/guardian / other household member(s) - here, the client invites into the session their consenting parent/guardian/ other household member(s) that they would like to tell about their HIV sero-status and counselor is present when client discloses results</p>	<ul style="list-style-type: none"> ○ I am here to help you to disclose your results to your (insert relation of the consenting guardian/parent/ other household member[s]). I will help you think through how disclosure could happen. You and I shall practice right now how we will disclose to your (insert relation of the consenting guardian/parent/ other household member[s]). But first, you need to know how I can assist you to disclose your results to them: • You can do it on your own, in my absence or we can do it together. Many clients find it difficult to disclose on their own. • In case you want me to be present when you disclose, I can help you by either revealing the sero-status for you or you revealing it yourself and I supporting your statements and addressing any concerns that would arise out of the discussion.
<p>Counselor’s note: If client is interested in supported-disclosure in a subsequent visit, make appointment. See protocol on HIV disclosure for support of client to disclose to family members (Protocol 5).</p>	

Session Steps	Dialogue
<p>Support client to disclose to partner/ household member (s)</p> <p>Counselor’s note: For clients, who have opted for counselor-supported disclosure, give client feedback about the clarity of what they have said. We want to be sure the client is clear about being HIV positive. Do not try to react as you feel the person disclosed to might, ask how the client thinks the person will react to what was said. You can offer to repeat back what the client has said. Use the same words and tone as the client. Acknowledge and support the client for coming up with the words to use.</p> <p>When client is ready, ask him/her to invite the consenting guardian/parent/ other household member[s]) and disclose results</p>	<p>Client discloses HIV status with counselor support</p> <ul style="list-style-type: none"> ○ Before we invite your (insert relation of the consenting guardian/parent/ other household member[s]), what would you like my role to be? ○ Let us quickly go through how we shall tell your (insert relation of the consenting guardian/parent/ other household member[s]). About your HIV test result. Imagine that your (insert relation of the consenting guardian/parent/ other household member[s]). is seated next to you (indicate where partner/ household member would be seated), what would you like to say to him/her about your HIV positive result (Address any concerns that he/she may raise)? ○ How do you think he/she will react to what you plan to say? (Address any concerns that he/she may raise). ○ Do you think you are ready to disclose your results to your (insert relation of the consenting guardian/parent/ other household member[s])? (Address any concerns that he/she may raise). ○ I will join in the discussion whenever you are finding it difficult to talk about something.
	<p>Counselor discloses HIV Status of client with client support</p> <p>If client wants counselor to do the talking, then:</p> <ul style="list-style-type: none"> ○ Imagine that your (insert relation of the consenting guardian/parent/ other household member[s]). is/are seated next to you (indicate where the consenting guardian/parent/ other household member[s]) would be seated), what would you like me to say to him/her/them about your HIV result (Address any concerns that he/she may raise)? —make a disclosure plan that incorporates client’s concerns)?

Session Steps	Dialogue
	<ul style="list-style-type: none"> ○ If you would like me to do the talking, I will say something like this: “Thank you for kindly agreeing to have a discussion with us today. We have invited you here to share with you the HIV results of (insert name of child. Insert name of child has asked me to help him/her tell you). This will enable (fill in name of individual client) work out a plan with you for the future”. <p>Disclosure steps include:</p> <ul style="list-style-type: none"> ○ Justify counselor presence ○ Emphasize the client’s willingness to reveal his/her HIV status ○ State test result ○ Explain meaning of test result ○ Discuss importance of disclosing client’s test result to consenting guardian/ parent/ other household member(s) and the effect on him/her /them and the household ○ Make plan of action - may include supporting client to access treatment and support from preferred agencies, behavior change, family support, referral to support group etc
<p>Discuss and agree on plan of action Counselor’s note: This depends on discussion with client on expected outcomes)- includes supporting child to access treatment and support from preferred agencies, behavior change, family support, referral to pediatric HIV care and treatment agency etc</p>	<ul style="list-style-type: none"> ○ Let us now talk about what we would like to do, after learning the results of (fill in name of child) ○ How can I be of assistance to you? (Clarify) ○ Thank you for the discussion that we have just had. Having an action plan is a significant step towards supporting your child to cope with HIV infection/ disease.

Part 3.5: Referral

(This part can be discussed with or without consenting parent/guardian/ other family member)

Session Steps	Dialogue
<p>Agree on and make referral to AIDS care provider [Fill in Section F of HBHCT Card]</p> <p>Counselor's note: Provide client with a referral slip to the preferred AIDS care and services provider if he/she is interested. Each organization needs to insert here their agency's policies for referral and integration of HIV positive family members into care and treatment.</p> <p>Note: Individual service organizations should have a system in place to check on referrals</p>	<ul style="list-style-type: none"> ○ We have talked about the opportunities that are available nearby for you to access care and treatment. ○ Is this something you are interested in (if not already registered)? ○ If interested, which place would you prefer to go to? Here's the slip which you will present to (mention the preferred provider) for further support and treatment. ○ If not interested, what are your concerns about accessing treatment and support from the providers that I have mentioned? ○ Let us consider other options that you have (explore possible options). Which of these shall you go to? Here is the slip that you will present to (mention the preferred provider) for further support and treatment.

Protocol 4:

Conducting Rapid HIV Testing in the Home



Protocol 4: Rapid HIV Testing in the Home

Component 4.1: Safety Precaution Protocol

Introduction to the Protocol

All household members who provide consent/assent will be offered a rapid HIV test at their home. The test will involve a simple finger prick, and blood will be collected using a capillary tube. Test results will be provided the same day that rapid HIV testing is conducted for all household members above 18 months of age. For children 18 months of age and below, a blood sample will be collected on a filter paper and taken off-site for HIV testing. Tests results for children 18 months and below will be provided within two weeks of home-based testing visit.

This protocol focuses on preparing for and conducting the HIV rapid testing algorithm. HBHCT providers will be shown proper and safe procedures on how to perform a finger-stick, process the HIV rapid test and interpret the test result. All providers must demonstrate proficiency with these techniques before being certified to conduct HIV rapid testing in the field.



Objectives: By the end of the rapid HIV testing session, individual household members will:

1. Have their blood drawn using the finger-stick method.
2. Know their sero-status (if above 18 months of age).



Methods: ▶ Finger-stick blood draw; HIV rapid testing; results counseling session.



Materials:

- ▶ Standard Operating Procedures,
- ▶ HIV rapid test kits, alcohol/methylated spirits, cotton gauze/wool,
- ▶ sterile lancets, marker, gloves, timer,
- ▶ EDTA capillary tubes, work table, paper towels,
- ▶ soap, disinfectant (JIK), spray bottle for making bleach solution,
- ▶ plasters, positive and negative controls, filter paper,
- ▶ sealable plastic bags, desiccant, humidity cards,
- ▶ Puncture proof container, leak-proof biohazard bag, register or record book,
- ▶ HBHCT card (if appropriate), HBHCT Laboratory Report Form.

Introduction to HIV Testing

Relevant Terminology

- **Antibody** - A protein produced by the body's immune system that recognizes and helps fight infections and other foreign substances in the body.
- **Antigen** - a foreign substance that causes the immune system to make a specific immune response.

Types of HIV Tests

There are two main types of HIV tests: antibody tests (e.g., ELISA, simple/rapid, saliva and urine and Western blot) and virologic tests (e.g., HIV antigen test, Polymerase Chain Reaction and viral culture).

Antibody Tests: HIV antibody tests look for antibodies against HIV; they do not detect the virus itself. When HIV enters the body, it infects white blood cells known as T4 lymphocytes, or CD4 cells. The infected person's immune system responds by producing antibodies to fight the new HIV infection. Presence of the antibodies is used to determine presence of HIV infection. The most commonly used antibody tests are the Enzyme Immunoassays (EIAs) or ELISA, including the HIV rapid test. The Western blot (WB) is better than other tests at identifying HIV infection, but is much more expensive.

Virologic Tests: The antibody tests discussed above are the most commonly used in HIV Counseling and Testing (HCT) settings. But under special circumstances (e.g. in a recently infected individual, during the window period, or in the case of a child born to an HIV-positive mother), more direct diagnostic methods may be used. Unlike antibody tests, virologic tests determine HIV infection by detecting the virus itself. There are three virologic (direct) tests:

- Viral antigen detection test (also known as the P24 antigen test);
- Nucleic acid-based tests (specialized tests that look for genetic information on HIV using Polymerase Chain Reaction (or PCR);
- Virus culture, which isolates the virus.

HIV Rapid Tests

HIV rapid tests are qualitative assays that detect HIV antibodies; most of them detect both HIV-1 and HIV-2. These tests are used in the following fluids: serum, plasma and whole blood. They are as reliable as EIAs, however, there are a few issues to consider when determining the usefulness of rapid tests to a given setting or program.

Rapid tests:

- Are only used for small workloads (few samples);
- Require validation of kits (evaluation of the testing kits); and
- Require appropriate training
- It is difficult to implement Quality Assurance and Quality Control measures at multiple sites
- Test performance varies by product and test population
- Refrigeration is required for some products (i.e. Capillus)
- Provider variability in interpreting the test results
- There are several HIV rapid tests currently recommended for use at HCT sites. New

rapid test kits may be added in the future. Nevertheless, HIV rapid tests share the following common characteristics, which can be viewed as beneficial.

Benefits of the HIV Rapid Test

Rapid tests:

- Allow for increased access to prevention and care interventions (i.e. HCT, PMTCT, discordant couples interventions)
- Allow for more testing sites nationwide
- Allow for same-day diagnosis and counseling
- Are just as reliable as the HIV tests done in the laboratory
- Are robust and easy to use:
 - * Can be used with blood samples collected by either venous draw or finger-stick
 - * Can be processed in the field without laboratory equipment
 - * Take less than 30 minutes to develop. (some take only 15 minutes)
 - * Typically don't require refrigeration
 - * Typically use one reagent
 - * Require minimal or no equipment
 - * Require minimal technical skill

HIV Testing Algorithms

A testing algorithm describes the combination and sequence of tests to be used for HIV rapid testing, as stated in the MOH HCT policy. The algorithm requires the use of multiple tests and is designed to reduce the occurrence of inaccurate test results. There are two types of inaccurate results:

- False positive (that is, inaccurately reported as positive); and
- False negative (that is, inaccurately reported as negative)

Key factors in designing an HIV Rapid Testing Algorithm

One of the factors considered when determining a country's algorithm is the performance of the rapid tests. This performance is based on how close a test under consideration agrees 100% with the result of another test. For example, the results of a rapid test are compared to those of a reference method or 'gold standard', such as the Western blot, which is considered as the true result or actual HIV status. It is important to note that no test is 100% sensitive or 100% specific when compared with the 'gold standard'.

Interpreting HIV status using the Serial Testing Algorithm

Following are the steps undertaken to determine the HIV test result using the serial testing algorithm:

- One test is performed first - if it is non-reactive, then the final HIV result is negative. There is no need to perform a second test.
- If the first test is reactive, a second test is performed.
 - * If both the first and second test are reactive, then the final HIV result is positive

- * If the first test is reactive and the second test is non-reactive, the third test must be performed (this test is known as the 'tie-breaker')
- * The final HIV result is based on the result of the third test. If the third test is reactive, then the final HIV result is positive. If the third test is non-reactive then the final HIV result is negative.

Possible outcomes for HIV Rapid Tests

1. If reactive, the test shows both:
 - * A test band; and
 - * A control band
2. If non-reactive, the test shows:
 - * A control band only
3. If invalid, the test shows:
 - * No control band (which indicates that the test has failed and has to be repeated with a new device).

Limitations of HIV Rapid Testing

HIV rapid tests are not suitable for the following circumstances:

- If a person was recently infected with HIV (window period) and does not have detectable levels of antibody yet; and
- For diagnosis of HIV infection in children below 18 months who were born to HIV positive mothers (i.e. the presence of maternal antibodies may lead to false positive results).

PREPARATION FOR HIV RAPID TESTING

Supplies and materials required*:

- | | |
|---|--|
| 1. Standard Operating Procedures (SOPs) | 14. Plasters |
| 2. HIV Rapid test kits | 15. Sharps bin |
| 3. Alcohol/methylated spirits | 16. Leak-proof biohazard bag |
| 4. Cotton gauze/wool | 17. Positive and negative controls |
| 5. Sterile lancets | 18. Worktable |
| 6. Markers for marking or labeling | 19. Filter paper |
| 7. Gloves | 20. Sealable plastic bags |
| 8. Timer, clock or wrist watch with minute hand | 21. Dessicant |
| 9. EDTA capillary tubes | 22. Humidity cards |
| 10. Paper towels (for bench coating, cleaning and hand washing) | 23. Register or book for recording results |
| 11. Soap for hand washing | 24. Laboratory Report Form |
| 12. Disinfectant (i.e. Jik) | 25. HBHCT card (if appropriate) |
| 13. Spray bottle for making bleach solution | |
- *Some supplies may be obtained locally, some may be obtained through central stores or externally



ENSURING SAFETY THROUGHOUT THE TEST PROCESS

What is Safety?

Safety involves taking precautions at each step in the test process to protect yourself and the client against infection, including:

- Before testing (i.e. specimen collection, specimen preparation)
- During testing
- After testing (i.e. specimen and material disposal , specimen transport)

Why is Safety Important?

- Coming into contact with human blood or blood products is potentially hazardous.

Universal Safety Precaution

- 'Every specimen should be treated as though it is infectious'.

What else needs protection?

- Other people who may come in contact with testing by-products
- The testing materials
- The environment (from hazardous materials)

SAFETY PRECAUTIONS

1. Do not use the test kit beyond the expiration date, if the pouch is damaged or if the seal is broken.
2. Use latex gloves when performing finger sticks, handling specimens or reagents and when carrying out the testing process.
3. Change gloves and wash hands after contact with each household member.
4. Do not eat, smoke or drink while handling specimens.
5. Do not pipette by mouth.
6. Take precautions to prevent injuries caused by lancets, capillary tubes or other sharp instruments while conducting testing.
7. Clean and disinfect all spills of specimens or reagents using sodium hypochlorite or another suitable disinfectant, e.g. 70% alcohol.
8. Dispose of used instruments and bio-hazardous materials in the following manner:
 - a) Place non-sharp materials (cotton wool, alcohol pads, used test kits, etc.) in a plastic, bio-hazard bag
 - b) Place all sharp materials (i.e. lancet, capillary tubes, etc.) in a puncture-resistant 'sharps' container.
 - c) Bring the bio-hazard bags and sharps containers back to the program office;
 - d) Burn or incinerate all bio-hazard bags and sharps containers.

Note: Do not dispose of any materials used in the testing process at the client's home. Do not empty contents of sharps container and then reuse the container. Once the container is $\frac{3}{4}$ full, it should be disposed of as outlined in step 8d.

9. Report and document all accidents and other incidents.

FINGER STICK BLOOD COLLECTION TECHNIQUE

Using capillary tube

COLLECTION PROCEDURE

1. Explain to the household member that the testing will involve a simple finger prick and that a very small amount of blood will be collected using a capillary tube.
2. Before collecting a finger stick specimen, place an EDTA¹ capillary tube (200ul) on the table.
3. Ask the client if they are right or left-handed. If they are right-handed, a finger on the left hand will be pricked to collect a blood sample. If they are left-handed, a finger on the right hand will be pricked to collect a blood sample.
4. Choose the fingertip of the two middle fingers for the adults or children older than one year². Warm the hand appropriately using applicable techniques, should this be necessary.
5. Clean fingertip with alcohol; allow to air dry.
6. Position the hand palm-side up. Place the lancet off-center on the fingertip. Firmly place the lancet against the finger and puncture the skin. Dispose of the lancet in an appropriate biohazard sharps container (i.e. empty plastic water bottle with a lid that screws on and off).
7. Wipe out the first drop of blood with a sterile gauze pad.
8. Hold the finger lower than the elbow and apply gentle, intermittent pressure to the base of the punctured finger several times. Touch the tip of the EDTA capillary tube to the drop of blood (fill the tube with blood between the two marked lines) while avoiding air bubbles.
9. Gently roll the EDTA capillary tube back and forth between your fingers to ensure that the blood mixes with the EDTA (anti-coagulant).
10. Apply cotton to the puncture site. Ask the client to hold the cotton over the puncture site and apply gentle pressure until blood flow stops.

Finger Prick – Finger Preparation



2. Position hand palm -side up. Choose whichever finger is least calloused.



3. Apply intermittent pressure to the finger to help the blood to flow



4. Clean the fingertip with alcohol. Start in the middle and work outward to prevent contaminating the area. Allow the area to dry.



5. Hold the finger and firmly place a new sterile lancet off -center on the fingertip

◆ Lab workers ◆ Health workers ◆ Counselors

Finger Prick – Collecting Blood



6. Firmly press the lancet to puncture the fingertip



7. Wipe away the first drop of blood with a sterile gauze pad or cotton ball



8. Collect the specimen. Blood may flow best if the finger is held lower than the elbow.

◆ Lab workers ◆ Health workers ◆ Counselors



9. Apply a gauze pad or cotton ball to the puncture site until the bleeding stops

Finger Prick - Proper Disposal



10. Properly dispose of all contaminated supplies

◆ Lab workers ◆ Health workers ◆ Counselors

Counselor's note: If you have a client in the home who is disabled (i.e. does not have hands, fingers or ears), then you will not be able to draw blood using the finger-stick technique. In such cases, you should inform the disabled client that you will return on a specified day with someone who can draw blood from any peripheral artery (i.e. brachial, femoral, etc.) for testing.

Newborn Capillary Blood Collection

Performing a Heel Stick

NCCLS H4-A4 Recommended Guidelines:

1. Warming the infant's heel is essential for pH and Blood Gases.
2. Warming the heel increases arterial blood flow to the site up to seven-fold without burning the skin.
3. Temperature of warming device should be no higher than 42°C.



- Select a site identified in the colored area above.
- Cleanse site thoroughly with alcohol. (70/90 by volume, 70%).
- Allow skin to air dry.



- With a gloved hand, place the BD Quikheel™ Lancet against the site with the Quikheel logo facing you.
- Place the blade slot area securely against the heel.
- The incision can be placed at a 90° angle to the length of the foot or parallel to the length of the foot.



- Firmly and completely depress the trigger with your index finger.



- After triggering the lancet, remove the lancet and discard it into a biohazard sharps container.



- Gently wipe away the first drop of blood with sterile gauze or cotton ball.
- Apply gentle pressure with the thumb and ease intermittently as drops of blood form.
- Be sure to apply pressure such that the incision is opened.

STANDARD OPERATING PROCEDURES FOR: ABBOT DETERMINE

TEST PROCEDURE

1. Record client's ID number on the test strip.
2. Remove the protective foil cover from the test strip.
3. **For whole blood:**
 - **(Fingerstick):** Apply 1 large drop (approx. 50µl of blood) from the by EDTA capillary tube to the sample pad (marked by the arrow symbol).
 - **(Venipuncture):** Apply 50µl of blood (precision pipette) to the sample pad (marked by the arrow symbol).
- For serum/plasma:**
 - Apply 50µl of blood (precision pipette) to the sample pad (marked by the arrow symbol).
4. If the specimen used is whole blood, wait until blood is absorbed into the sample pad, then apply one drop of chase buffer to the sample pad.
5. Wait a minimum of 15 minutes (up to 60 minutes) and read result (see 'interpretation of results' below).
6. Record the results on the appropriate laboratory report form and in the record book.
7. Properly dispose of all materials used in the testing process.

INTERPRETATION OF RESULTS

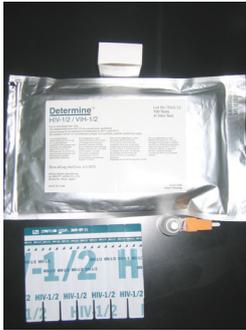
- **Reactive (two bars)**
Two red bars of any intensity appear on the test strip. One in the CONTROL area (labeled "control") and one in the PATIENT area (labeled "patient"). Note: any visible red colors in the patient window should be interpreted as reactive.
- **Non-reactive (one bar only)**
One red bar appears in the CONTROL area of the strip, and no red bar appears in the PATIENT area of the strip.
- **Invalid (no bar in the control window)**
If there is no red bar in the CONTROL area of the strip, the result is invalid. Repeat the test with a new test strip, even if a red bar appears in the PATIENT area.

Determine HIV Rapid Test (For use with whole blood, serum or plasma; Store kit: 2-30° C)

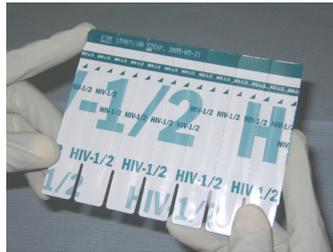
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- Check kit before use. Use only items that have not expired or been damaged.
- Bring kit and previously stored blood samples to room temperature prior to use.
- Always use universal safety precautions when handling specimens. Keep work areas clean and organized.

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



1. Collect test items and other necessary supplies



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



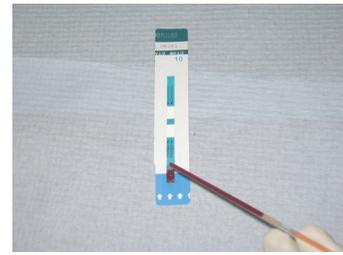
3. Label the test strip with the client identification number



4. Pull off protective foil cover.



5. Collect 50 µl of blood in an EDTA capillary tube.



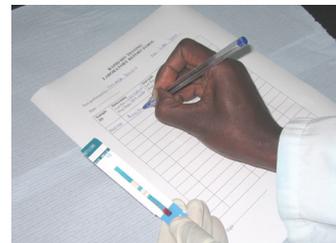
6. Apply 1 large drop of blood to the sample pad on the strip.



7. **For whole blood only**, add 1 drop of chase buffer to the sample pad.



8. Wait 15 minutes before reading the results.



9. Read and record the results on the laboratory report form.

Determine HIV Rapid Test Results

Reactive

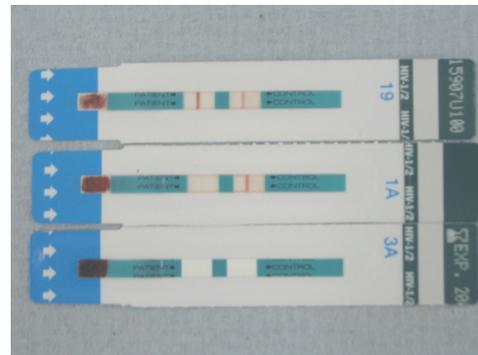
2 bars of any intensity appear in **both** the **control** and **patient** areas.

Non-reactive

1 bar appears in the **control** area and no bar appears in the patient area.

Invalid

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



STANDARD OPERATING PROCEDURES FOR: HIV 1 / 2 STAT – PAK (Cassette)

TEST PROCEDURE

1. Remove the required number of HIV 1/2 STAT – PAK test devices from their wrapper by tearing the wrappers; place them on a flat surface.
2. Label the test devices with the client name or identification number
3. **For whole blood (Fingerstick):**
 - From the collected blood in the capillary tube, add a drop to a clean parafilm square;
 - Using a new 5µl sample loop provided in the kit, collect the sample by touching the drop of blood to fill the circular opening of the loop with sample from the Parafilm.
- For serum/plasma:**
 - Touch the 5µl sample loop provided in the kit to the sample (serum or plasma) to fill the circular opening of the loop with the sample.
4. Holding the sample-filled loop vertically, touch it to the sample pad labeled (S) to dispense approximately 5µl.
5. Invert the running buffer bottle and hold it vertically over the sample pad. Slowly add 3 drops of the buffer into the SAMPLE (S) pad (ADD ONE DROP AT A TIME). Start timing as soon as the last drop of buffer is added.
6. If there is no migration after 3 minutes, add one more drop of running buffer.
7. **Read the test results at 10 minutes after the first addition of the running buffer.** Some positive results may appear in less than 10 minutes but 10 minutes are needed to report negative results in a well-lit area.
8. Record the results on the laboratory report form and record book.
9. Properly dispose of all materials used in the testing process.

INTERPRETATION OF RESULTS

- **Reactive (two bars)**
Two pink /purple colored bars appear on the test device. One in the CONTROL area (labeled “C”) and one in the TEST area (labeled “T”). The bar in the TEST (T) area may look different from the bar in the CONTROL (C) area. A bar of any intensity in the test area is interpreted as reactive.
- **Non-reactive (one bar only)**
One pink/purple colored bar appears in the CONTROL (C) area and no colored bar appears in the TEST (T) area after 10 minutes.
- **Invalid (no bar)**
If there is no visible bar in the CONTROL (C) area, the test is invalid. Repeat the test with a new device, even if a pink/purple bar appears in the PATIENT (T) area.

HIV 1/2 STAT-PAK (Cassette)

(For use with whole blood, serum or plasma; Store kit: 2-30° C)

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- Check kit before use. Use only items that have not expired or been damaged.
- Bring kit and previously stored blood samples to room temperature prior to use.
- Always use universal safety precautions when handling specimens. Keep work areas clean and organized.

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



1. Collect test items and other necessary supplies.



2. Label the test kit with client identification number.



3. Add one drop of blood to a clean Parafilm square. Collect 5µl of blood by touching the drop of blood to fill the circular opening of the loop.



4. Apply the specimen to the absorbent pad on the kit.



5. Add 3 drops of running buffer (one drop at a time).



6. Wait 10 minutes before reading the results.



7. Read and record the results on the laboratory report form.

HIV 1/2 Stat-Pak Test Results (Cassette)

Reactive

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

Non-reactive

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

Invalid

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



**STANDARD OPERATING PROCEDURES FOR:
HIV 1 / 2 STAT – PAK (DIPSTICK)**

TEST PROCEDURE

1. Place the test tube in the rack.
 2. Label test tube with the client's identification number.
 3. Remove cap from buffer bottle, fill dropper with buffer to the mark on the dropper (~200µl) and dispense into the test tube.
 - 4. For whole blood (Fingerstick):**
 - From the collected blood in the capillary tube, add one drop of blood to a clean Parafilm square;
 - Using a new 5µl sample loop provided in the kit, collect the sample by touching the drop of blood to fill the circular opening of the loop with sample from the Parafilm.
- For serum/plasma:**
- Touch the 5µl sample loop provided in the kit to the sample (serum or plasma) to fill the circular opening of the loop with the sample.

5. Place the loop with sample directly into the test tube with buffer. Stir the solution gently with the loop and then remove the loop and discard.
6. Remove the HIV 1/2 STAT-PAK DIPSTICK test strip from the storage vial. The vial with the test strips should only be opened to remove the dipsticks for testing and should be closed tightly thereafter.
7. With arrows pointing down, place a test strip into the test tube containing buffer/sample mixture. Do not shake the test tube.
8. Let the Dipstick remain standing in the test tube for at least 15 minutes.
9. Read the test results at 15 to 20 minutes after placing the test strip into the buffer/sample mixture. Some reactive results may appear in less than 15 minutes, but 15 minutes are needed to report a result.
10. Record the results on the laboratory report form and record book.
11. Properly dispose of all materials used in the testing process.

INTERPRETATION OF RESULTS

- **Reactive (two bars)**
Two pink /purple colored bars appear on the test device. One in the CONTROL area (labeled "C") and one in the TEST area (labeled "T"). The bar in the TEST (T) area may look different from the bar in the CONTROL (C) area. A bar of any intensity in the test area is interpreted as reactive.
- **Non-reactive (one bar only)**
One pink/purple colored bar appears in the CONTROL (C) area and no colored bar appears in the TEST area (T) after 15 to 20 minutes.
- **Invalid (no bar)**
If there is no visible bar in the CONTROL (C) area, the test is invalid. Repeat the test with a new device, even if a pink/purple bar appears in the PATIENT (T) area.

HIV 1/2 STAT-PAK (Dipstick)

(For use with whole blood, serum or plasma; Store kit: 2-30° C)

August 2006

- Check kit before use. Use only items that have not expired or been damaged.
- Bring kit and previously stored blood samples to room temperature prior to use.
- Always use universal safety precautions when handling specimens. Keep work areas clean and organized.

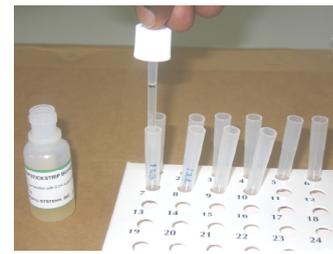
This outline is not intended to replace the product insert or your standard operating procedure (SOP).



1. Collect test items and other necessary supplies.



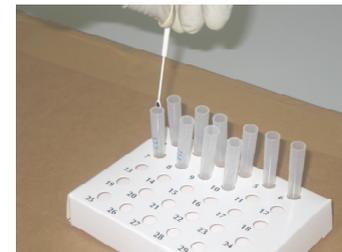
2. Label the test tube with client identification number.



3. Fill dropper with buffer to mark on dropper and dispense into tube.



4. Add one drop of blood to a clean Parafilm square. Collect 5 µl of blood by touching the drop of blood to fill the circular opening of the loop.



5. Place loop with sample directly into test tube with buffer. Stir solution gently with loop then remove loop and discard.



6. With arrow pointing down, place test strip in tube containing buff/sample mixture. Do not shake tube.



7. Let Dipstick remain standing in sample tube for at least 15 minutes.



8. Read and record the results on the laboratory result form.

HIV 1/2 Stat-Pak Test Results (Dipstick)

Reactive

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

Non-reactive

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

Invalid

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



STANDARD OPERATING PROCEDURES FOR: UNI-GOLD

TEST PROCEDURE

1. Remove the required number of Trinity Biotech Uni-Gold HIV test devices from their protective wrappers.
2. Label each test with the appropriate patient information.
3. **For whole blood:**
 - a. **(Fingerstick):** Apply 2 drops (approx. 60µl of blood) from the EDTA capillary tube to the sample port.
 - b. **(Venipuncture):** Fill a disposable pipette (supplied with the kit) with a sample and add 2 drops to the sample port.
- For serum/plasma:**
 - a. Fill a disposable pipette (supplied with the kit) with a sample and add 2 drops to the sample port.
4. If the sample is whole blood, add 2 drops (approx. 60µl of blood) of the wash reagent to the sample port.
5. Time 10 minutes from the time of addition of the sample (for serum/plasma) or from the time of addition of the wash reagent (for whole blood) to allow reaction to occur.
The result should be read immediately after the end of the 10 minute incubation time, but is stable for a further 10 minutes after the incubation time. Do not read results more than 20 minutes after sample addition.
6. Record the results on the laboratory report and record book.
7. Properly dispose of all materials used in the testing process.

INTERPRETATION OF RESULTS

- **Reactive (two bars)**
Two red bars of any intensity appear on the test device. One in the CONTROL area (labeled “C”) and one in the PATIENT area (labeled “T”) . Note: any visible red colors in the patient window should be interpreted as reactive.
- **Non-reactive (one bar only)**
One red bar appears in the CONTROL (C) area of the device, and no red bar appears in the PATIENT (T) area of the device.
- **Invalid (no bar)**
No bar appears in the CONTROL (C) area. Repeat the test with a new device, even if a red bar appears in the PATIENT (T) area.

Uni-Gold HIV Rapid Test

(For use with whole blood, serum or plasma; Store kit: 2-30° C)

August 2006

- Check kit before use. Use only items that have not expired or been damaged.
- Bring kit and previously stored blood samples to room temperature prior to use.
- Always use universal safety precautions when handling specimens. Keep work areas clean and organized

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



1. Collect test items and other necessary lab supplies.



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



3. Apply 2 drops of specimen to the sample port of the device.



4. Add 2 drops of the wash reagent to the sample port.



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



6. Read and record the results on the laboratory report form.

Uni-Gold Test Results

Reactive

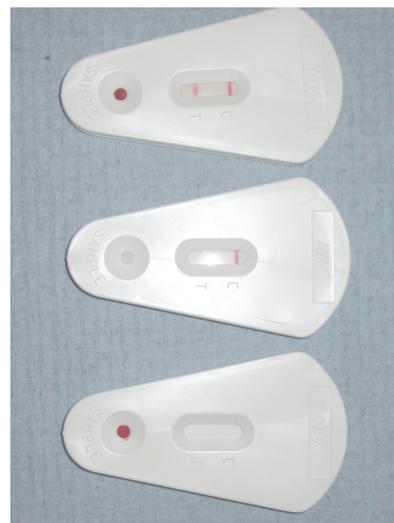
2 bars of any intensity appear in both the control and test areas.

Non-reactive

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

Invalid

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

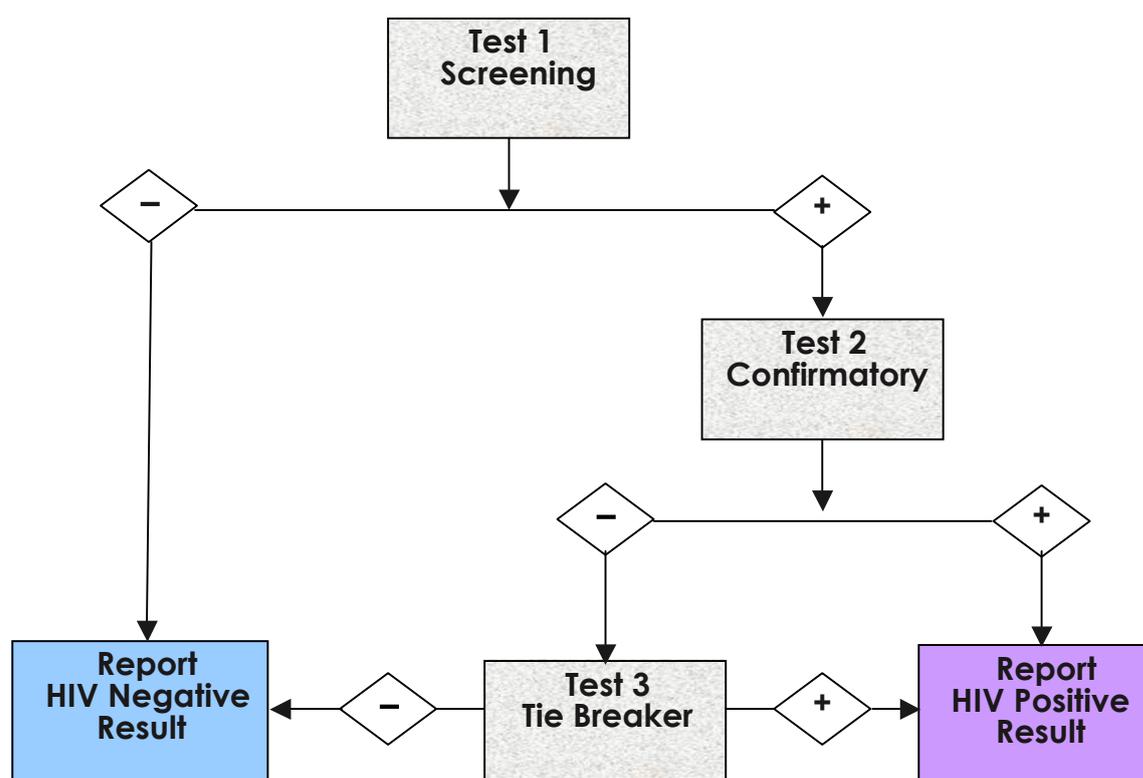


HBHCT RT ALGORITHM (SEQUENTIAL)

ALGORITHM

1. Specimens are tested by a first test that is highly sensitive.
2. A true negative specimen reacts negatively in the first test.
3. Positive samples are re-tested by a second test that has a high specificity.
4. If both the first and second tests are positive (concordant positive) then the result is considered to be a true positive.
5. If the first and second tests provide different (discordant) results (i.e. the first is positive and the second is negative), a third test is conducted. The outcome of the third test is considered to be definitive (the correct result).

HIV SEQUENTIAL TESTING ALGORITHM



Note: Each program has specific guidelines for when a DBS should be collected, based on MOH recommendations (see Handout 3: Quality Assurance and Quality Control). Please refer to these guidelines when deciding whether to collect a DBS with a client.

STANDARD OPERATING PROCEDURES FOR PREPARING DRY BLOOD SPOT (DBS)

PROCEDURES

In the field:

1. Label the filter paper with client identification number, and age of child (for children 18 months of age and below). Do not touch the circles on the card with your fingers.
2. Apply a large drop of blood to the inside of the first circle. The drop of blood can be applied from the capillary tube or directly from the client's fingertip/heel, however, try to avoid touching the client's finger directly to the filter paper.
3. Fill the first circle completely before moving on to the next circles.
4. Place the DBS in a vertical position in the plastic carrying case for transport back to the program office. (Do not allow the wet part of the filter paper to touch other materials, including other DBS).

Note: If the filter paper is accidentally dropped before or after blood spots have been collected, safely discard the filter paper and prepare another DBS.

In the program office:

5. Dry the DBS in a horizontal position to avoid the wet part touching other material for at least 3 hours, but preferably overnight.
6. Once dry, place the DBS between two sheets weighing paper or in an envelope made from glassine paper. Fold the weigh ends of the weighing paper and then place DBS in a sealable plastic bag.
7. Add desiccant packets and humidity cards and seal the bag.
8. Label the outside of the bag with the contents and transport to the appropriate laboratory for testing.

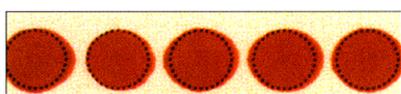
EXAMPLES OF DBS PREPARATIONS

Valid Preparation



All circles are filled completely and the specimen was dried properly. When the DBS is dried properly, the circles will appear dark purple in color.

Invalid Preparations



The DBS was not dried properly as can be seen by the very light color of the circles.



Circles were not filled completely, and therefore the blood sample is insufficient for testing.



Specimen appears clotted or layered.



Specimen appears hemolyzed, discolored or contaminated.

Preparing a Dry Blood Spot (DBS) for HBHCT

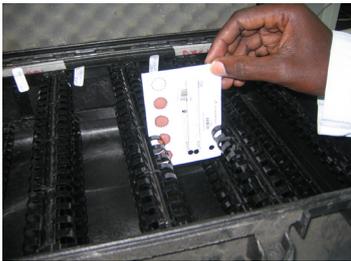
August 2006



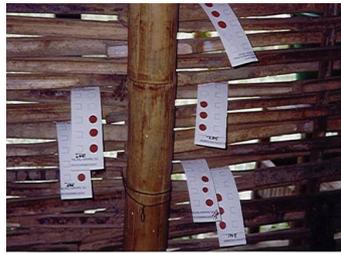
1. Label filter paper with client identification number **and age of child for those 18 months and below**



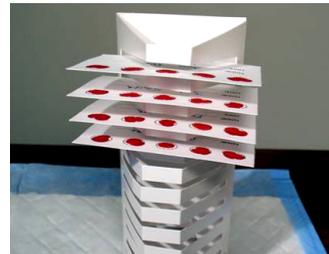
2. Apply blood to the inside of the circles, using either collected blood in the capillary tube or directly from client's pricked finger, attempting to **fill the circles completely**



3. Place DBS inside the plastic carrying case in a **vertical position** and transport back to the program office.



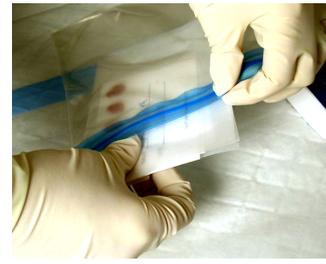
4. Once at program office, remove DBS from plastic carrying case and dry for at least 3 hours, preferably overnight.



5. Once dry, place DBS between two sheets of weighing paper (or in an envelope made from weighing paper).



6. Fold weigh ends of weighing paper.



7. Insert into sealable plastic bag.



8. Add desiccant packets.



9. Add humidity cards and seal bag.



10. Label outside of plastic bag with contents and send to appropriate laboratory for testing.

Counselor's note: If blood was collected for infants or children using a heel-stick, use either one of the following methods to preparing a DBS.

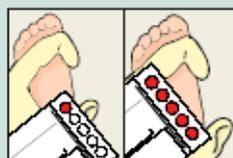
Completing a Filter Paper Card



- Fill out all relevant information on the filter paper card prior to collection.
- Take precautions not to touch the filter paper while filling out the relevant information.
- Obtain necessary supplies:
 - Gloves (powder free)
 - Lancet
 - Gauze or cotton balls
 - Filter paper
 - Alcohol pad
 - Sharps Collector
 - Heel warmer (if used)
- Confirm the identity of the infant and ensure linkage with the demographic data on the card.



- Conduct Heel Stick as outlined in the "Performing a Heel Stick" section above.



- The filter paper should be touched gently against the large blood drop and, in one step, a sufficient quantity of blood allowed to soak through to completely fill a preprinted circle on the filter paper. The paper should not be pressed against the puncture site of the heel.
- Blood should only be applied to one side of the filter paper.
- Both sides of the filter paper should be examined to assure that the blood uniformly penetrated the saturated paper.



- After blood has been collected from the heel of the newborn, the foot should be elevated above the body.
- A sterile gauze pad or cotton swab should be pressed against the puncture site until the bleeding stops.
- It is not advisable to apply adhesive bandages over skin puncture sites on newborns.
- Allow filter paper to dry thoroughly on a horizontal, level, non-absorbent open surface for three hours at ambient temperature and away from direct sunlight.
- Touching or smearing of blood on the filter paper must be avoided.

Alternate Filter Paper Method

NCCLS LA4-A3 Recommended Guidelines:

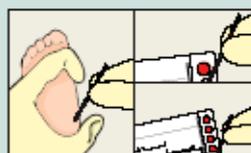
1. Although this is not the preferred method, applying blood collected in sterile heparinized capillary tubes onto preprinted circles of filter paper is an acceptable alternative to applying the blood directly from the heel puncture site.
2. One capillary tube for each circle.
3. Each capillary tube should collect approximately 75-100µL.



- Fill out all relevant information on the filter paper card prior to collection.
- Take precautions not to touch the filter paper while filling out the relevant information.
- Obtain necessary supplies:
 - Gloves (powder free)
 - Lancet
 - Gauze or cotton balls
 - Filter paper
 - Heparinized capillary tubes
 - Alcohol pad
 - Sharps Collector
 - Heel warmer (if used)
- Confirm the identity of the infant and ensure linkage with the demographic data on the card.



- Conduct Heel Stick as outlined in the "Performing a Heel Stick" section above.



- The tip of the heparinized capillary tube should be touched to the drop of blood formed at the heel puncture site.
- After filling each capillary tube to the calibration mark, the contents of the tube should be immediately applied to the center of a single preprinted circle completely.
- Blood should only be applied to one side of the filter paper.
- Both sides of the filter paper should be examined to assure that the blood uniformly penetrated the saturated paper.



- After blood has been collected from the heel of the newborn, the foot should be elevated above the body.
- A sterile gauze pad or cotton swab should be pressed against the puncture site until the bleeding stops.
- It is not advisable to apply adhesive bandages over skin puncture sites on newborns.
- Allow filter paper to dry thoroughly on a horizontal, level, non-absorbent open surface for three hours at ambient temperature and away from direct sunlight.
- Touching or smearing of blood on the filter paper must be avoided.

Protocol 5:

Supporting Client Disclosure of HIV Status to Household Members



Protocol 5: Supporting Client Disclosure of HIV Status to Household Members

Introduction

This protocol is a guide for the counselor to provide support to a client who lacks confidence and or skills to disclose his or her HIV status to a (a) sexual partner (b) child (c) adult household member. It applies to the following situations:

- a. A client at a facility whose access to AIDS care services, in particular ART, requires disclosure to a spouse and or other household members
- b. A client who seeks couple counseling and testing at home and has not yet disclosed to partner.
- c. A client who resolves to disclose his or her HIV status on learning the test results for purposes of obtaining family support and or prevention of HIV transmission

When disclosure of the client's results has occurred, the counselor should help the client and the person(s) disclosed to, to discuss and agree on a plan of action that will address both care and prevention needs.



Objectives:

By the end of the counseling session, the counselor will have supported the client to:

1. Appreciate the benefits of disclosure of his/ her HIV status
2. Gain confidence and skills to disclose his or her HIV status
3. Disclose his/her HIV test results
4. Work out a plan of action following disclosure with the person disclosed to



Methods:

- ▶ Individual counseling session



Materials:

- ▶ Counseling protocol;

Setting: Facility or Home of consenting client

Who: HBHCT provider

Session Overview

Session Component	Key issue
1. Introduction and orientation to counselor-supported disclosure counseling session	<ul style="list-style-type: none"> ○ Confidentiality ○ Benefits of disclosure ○ Partner HIV Status (for disclosure to partner only) ○ Client feelings ○ Choose disclosure option ○ Client and counselor roles ○ Expected outcome

<p>2. Disclosure to partner/ household member(s)</p>	<ul style="list-style-type: none"> ○ When tested ○ Test result ○ Meaning of test result ○ Feelings of partner/ household member(s) ○ Importance and effect of test result to partner/ household member(s)
<p>3. Plan of action</p>	<ul style="list-style-type: none"> ○ Agree on plan of action

Detailed Protocol

Part 1.1: Counselor-supported disclosure to spouse/partner and or household member

Session Steps	Suggested Dialogue
<p>Explain confidentiality</p> <p>Counselor’s note: If you are continuing from the previous session, you can skip the discussion of confidentiality</p>	<ul style="list-style-type: none"> ○ Everything that we talk about today will be kept private ○ Personal information is absolutely confidential and will not be discussed with anyone else
<p>Remind client that his or her results do not indicate partner’s HIV status</p> <p>(For disclosure to sexual partners only)</p>	<ul style="list-style-type: none"> ○ It is essential that you understand that your test result does not indicate whether or not your partner(s) is/are infected with HIV. ○ Your partner(s) must be tested in order to know his or her result
<p>Discuss benefits of disclosing HIV status to a household member</p>	<ul style="list-style-type: none"> ○ What makes it important for you to tell your partner/ any household member(s) about your HIV status? Probe and clarify <p>Examples of benefits of disclosure</p> <ul style="list-style-type: none"> ▪ To enhance open and honest communication (e.g. reduces stress, relieves anxiety of accidental or involuntary disclosure, avoid the burden of secrecy) ▪ To encourage partner testing ▪ To avoid transmission to a sexual partner ▪ Solicit family support (e.g. improved care, obtain treatment supporter)

Session Steps	Suggested Dialogue
<p>Explore client's feelings about telling partner(s)/ household member about HIV test result.</p> <p>Normalize the situation to reduce tension</p> <p>Address individual fears / concerns</p> <p>Discuss expected outcome of disclosing to partner/ household member</p>	<ul style="list-style-type: none"> ○ Let us consider the person(s) in your household that you would like to tell. What are your concerns about letting your (fill in name of partner/household member that client wants to disclose to) know about your HIV test results? ○ You must have gone through challenges before how do you overcome them. ○ We now have an opportunity to address these fears. ○ What would you like to see happen as a result of letting (fill in name of partner/ household member(s)) know about your results. ○ How do you think (fill in name of partner/household member(s)) will react to your disclosure?
<p>Explain and ask client to choose from the disclosure options:</p> <ul style="list-style-type: none"> ○ Self-disclosure to partner/ household member(s) ○ Counselor-supported disclosure to partner/ household member(s) <p>Counselor's note 1: Either do "self-disclosure" to partner/ household member(s) – here counselor provides client with the necessary skills to disclose, including having client practice how to disclose, then on client's own, client discloses to their partner/ household member(s) later when counselor is not around</p> <ul style="list-style-type: none"> ○ From our experience, however, some individuals have found it difficult to do this. 	<ul style="list-style-type: none"> ○ I will help you think through how disclosure to your partner/ household member(s) could happen. You and I shall practice right now how we will disclose to your partner/ household member(s). But first, you need to know how I can assist you to disclose to your partner/ household member: ○ I can either reveal the sero-status for you or you can reveal it yourself and I will support your statements and address any concerns that will arise out of the discussion. ○ Which of these two options do you think will work for you?

Session Steps	Suggested Dialogue
<p>Or do “Counselor-supported disclosure” to partner/ household member(s), here, client invites into the session their partner/ household member(s) that they would like to tell about their HIV sero-status and Counselor is present when client discloses to partner/ household member, in order to provide support. Counselor can either reveal the sero-status for client or client can reveal sero-status. Counselor is available to support your statements and address any concerns that will arise out of the discussion.</p> <p>Counselor’s note 2 : If client is interested in supported-disclosure in a subsequent visit, make appointment.</p>	
<p>Support client to disclose to partner/ household member (s)</p> <p>Counselor’s note 3: For clients who have opted for counselor-supported disclosure.</p> <p>Give client feedback about the clarity of what they have said. We want to be sure the client is clear about being HIV positive.</p>	<ul style="list-style-type: none"> ○ Before we invite your partner/ household member(s) here, what would you like my role to be? ○ Let us quickly go through how we shall tell your partner/ household member(s) about your HIV test result. Imagine that your partner/ household member is seated next to you (indicate where partner/ household member would be seated), what would you like to say to your partner about your HIV negative result (Address any concerns that he/she may raise)? What would you like me to say to your partner/ household member? <p>Client discloses HIV status with counselor support</p> <ul style="list-style-type: none"> ○ How do you think he/she will react to what you plan to say? (Address any concerns that he/she may raise).

Session Steps	Suggested Dialogue
<p>Do not try to react as you feel the person disclosed to might, ask how the client thinks the person will react to what was said. You can offer to repeat what the client has said. Use the same words and tone as the client.</p> <p>Acknowledge and support the client for coming up with the words to use.</p> <p>Counsellor Note 4: Help Client to enhance appropriate communication or negotiation skills eg. Eye contact to portray confidence and assertiveness, avoiding arguments...</p>	<ul style="list-style-type: none"> ○ Do you think you are ready to disclose your results to your partner/ household member? (Address any concerns that he/she may raise). ○ I will join in the discussion whenever you are finding it difficult to talk about something. <p>Counselor discloses HIV Status of client with client support</p> <p>If client wants counselor to do the talking, then:</p> <ul style="list-style-type: none"> ○ Imagine that your partner/ household member(s) is/are seated next to you (indicate where partner/ household member(s) would be seated), what would you like me to say to your partner/ household member (s) about your HIV result (Address any concerns that he/she may raise—make a disclosure plan that incorporates client’s concerns)? ○ If you would like me to do the talking, I will say something like this: “Thank you for kindly agreeing to have a discussion with us today. We have invited you here to share with you the HIV results of (fill in name of individual client). This will enable (fill in name of individual client) work out a plan with you for the future. Knowing where you stand as a couple/ family will help you...” <p>Disclosure plan will include:</p> <ul style="list-style-type: none"> ○ Introduce counselor and justify his/her presence ○ Deliver discordance message – For example “No one is immune from HIV infection. According to the 2005 National Serosurvey, 50% of married people who are HIV positive have an HIV negative spouse”. Knowing your HIV status and your partner’s HIV results today would help you to make informed choices about your future. ○ State test result ○ Explain meaning of test result ○ Discuss importance of test result to partner/ household member(s) and the effect on him/her ○ Explain importance of partner/ household member(s) to take an HIV test

Session Steps	Suggested Dialogue
<p>Discuss and agree on plan of action</p> <p>(Counselor's note: This depends on discussion with client on expected outcomes)- includes partner testing, couple counseling, behavior change, family support, referral etc</p>	<ul style="list-style-type: none"> ○ Let us now talk about what we would like to do, after learning the results of (fill in name of client) ○ How can I be of assistance to you? (Clarify) ○ Thank you for the discussion that we have just had. This is a good plan that you have come up with.

Handout 1:

Community Mobilization and Education



Handout 1: Community Mobilization and Education

General Introduction

This session is intended to equip counselors with skills for mobilizing communities for home-based HIV counseling and testing. Participants will be introduced to approaches that have proven effective for programs that provide HBHCT in the general population (full access HBHCT in a district) and programs that offer HBHCT to household members of people living with HIV/AIDS (targeted interventions). Community mobilization and education is the entry point to HBHCT and lays the foundation for participation in program activities. If this phase is not properly handled, future program interventions are bound to suffer.

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

- Describe community mobilization and education skills necessary for mobilizing communities for HBHCT;
- Outline steps for mobilizing communities for HBHCT in both general population interventions and targeted populations for family members of people living with HIV/AIDS;
- Identify key messages for mobilizing and educating community members for HBHCT;
- Identify partners /allies in the community to facilitate mobilization and education of community residents for HB HCT.

What is community mobilization?

Community mobilization is a process of getting people in a community together for action in response an identified need in their community. It is a common practice for community residents to be mobilized for self -help work in areas related to water and sanitation, immunization campaigns, HIV/AIDS prevention and care, maintenance of roads, construction of schools and clinics, etc. Community mobilization and education are often conducted concurrently. For example, after community residents are mobilized, community mobilizers sensitize or educate them about an issue using a variety of approaches that will be discussed in the subsequent sections. Therefore, community mobilizers must have sufficient knowledge about the program and should have clear messages for different target groups.

Importance of Community Mobilization

Community mobilization supports the implementation of HBHCT interventions because it:

- creates awareness and demand for services
- enables sustainability of activities
- fosters the spirit of teamwork
- encourages community members to participate in the program
- reduces stigma in relation to HIV/AIDS
- initiates a community response and creates a sense of ownership
- increases opportunities for participation of couples and children in HBHCT

Methods of Community Mobilization

Method	Advantage	Disadvantage
<p>1. One-to-one contact: the provider meets with an identified community member in a scheduled or incidental meeting to brief him/her about HIV/AIDS in general and the HBHCT program (e.g. a client with a counselor, a community worker/field officer talking to a community member).</p>	<ul style="list-style-type: none"> • Information is explicit • One is sure message is received by the intended recipient • Easy to get feed back • Able to cater for myths and misconceptions about HIV 	<ul style="list-style-type: none"> • May get uncooperative audience • Time consuming • Expensive
<p>2. Home Visiting: this involves door-to-door or house-to-house visits to talk to household members about HBHCT.</p>	<ul style="list-style-type: none"> • Information is explicit • One is sure message is received by the intended recipient, especially couples and children 	<ul style="list-style-type: none"> • There may be language barrier • Message may be distorted
<p>3. Office-to-office mobilization: this method targets key community leaders at the district and lower district levels who can influence implementation of HBHCT activities in the district. They may include technical staff, such as the District Director of Health Services (DDHS), political leaders (e.g. offices of the RDC and District Chairperson), opinion leaders (e.g. heads of religious and cultural institutions) and other influential people in the community (e.g. heads of institutions at different levels in the local authorities)</p>	<ul style="list-style-type: none"> • Information is delivered personally to key policy makers and leaders • Support for the HBHCT program and other HIV/AIDS activities is enhanced 	<ul style="list-style-type: none"> • If the message is not delivered on time, it may be missed as these people are typically busy.
<p>4. Group Approach: this involves asking for a slot on the agenda of a community event to talk about HBHCT (e.g. places of worship, funerals, LC meetings, community parties, etc.)</p>	<ul style="list-style-type: none"> • Message is fast • Time saving • Many people reached • General issues can be addressed 	<ul style="list-style-type: none"> • Language barrier • Message may be distorted • Individual/private concerns may not be addressed

Method	Advantage	Disadvantage
<p>5. Seminars and talks: this method targets organized groups of people, such as technical staff in the district, local council officials, religious gatherings, women clubs, youth groups and any public functions organized within the community</p>	<ul style="list-style-type: none"> Support from specific interest groups for HIV/AIDS activities and HBHCT is enhanced 	<ul style="list-style-type: none"> May be costly for the service organization
<p>6. Mass Media i.e. radio, news papers, televisions, drums.</p>	<ul style="list-style-type: none"> Message is widely disseminated and fast. 	<ul style="list-style-type: none"> Message can easily be missed. Some people do not have access to some media channels. There may be a language barrier
<p>7. Posters - in this form, IEC materials can be placed in public places as means of informing community residents about HB HCT activities</p>	<ul style="list-style-type: none"> If well laid out they can be read out even from a far and will stay until they are pulled off. 	<ul style="list-style-type: none"> They can easily be pulled off by the public.

Qualities of an effective community mobilizer

Community mobilizers are typically selected by community members to spearhead mobilization efforts for HBHCT in a given locality. Some of the documented attributes used by communities to select mobilizers are listed below.

A mobilizer should:

- Be a respectable person in the community
- Be a resident in the community
- Be available to implement HBHCT activities
- Be trainable
- Be knowledgeable about existing functional community structures
- Understand community dynamics
- Have appropriate communication skills (e.g. language skills).
- Be trustworthy
- Have the ability to keep people's confidences

Part 1: Mobilizing the community for HBHCT in the General Population

Mobilize and sensitize community leaders at various levels about the HBHCT program:

- District -level
- Lower district -levels (county, sub-county and parish)
- Village - level

Who should be mobilized first?

Implementing agencies need to share HBHCT strategies with line departments at the district, especially the Office of the District Director of Health Services (DDHS), for technical input and policy guidance. All districts have developed Health Sector Strategic Plans, and implementation of HBHCT activities should be incorporated into these plans.

At the lower District levels, agencies should work hand-in-hand with technical staff, political leaders and Community Resource Persons (CORPs) in the local authorities to mobilize and sensitize community residents.

Technical staff at the district and local authorities to be mobilized for HBHCT include

- Director of Health Services
- Chief Administrative Officer
- Directorate of Community Services
- Lower level technical staff, such as Health Unit administrators, Health extension workers, sub-county and parish chiefs and community resource persons.

Political leaders play a key role in the social mobilization process, and their association with HBHCT program activities may accelerate community acceptance and participation in program activities.

Political leaders include the following:

- Resident District Commissioner
- District Chair person
- Members of parliament
- Lower level councils (Sub county, parish and Village)

Opinion leaders are important for 'selling' the program to community members. Their attitudes and knowledge about the program will determine the support they will give to HBHCT program. If the benefits of the program are not clear to opinion leaders in the community, they can easily influence the population in a negative way.

Opinion leaders include:

- Religious leaders
- Cultural leader and elders
- Heads institutions

Who should mobilize community leaders and residents?

Mobilizers should be trained people who are knowledgeable about the HBHCT program. They may include program managers, field supervisors, counselors, community resource persons, local council leaders or a combination of program implementers. Mobilization at the district level may require the presence of senior program staff, who are in a position to articulate the design and scope of the HBHCT program. Alternatively, at the lower level, counselors, local council officials and community resource persons should be trained to carry out the mobilization.

What are the key messages?

Community mobilizers should be able to answer the following questions:

- Why is HBHCT important?
- Who is eligible?

- When will it be done?
- Where will it be done?
- How will it be done?
- What role should community leaders play?

Opportunities for community education include:

- Church gatherings
- Club meetings
- Social gatherings
- Funeral
- Market Places
- Political rallies/meetings

What are the roles of other community persons/groups (e.g. LC chairpersons/committees)?

- Mobilizing the community members
- Identifying and registering households that are willing to accept HBHCT
- Scheduling appointments

What are the challenges of community mobilization?

- People's capacity to plan effectively, communicate and make appropriate delegation of duties and responsibilities
- Timing (short notice/seasons)
- Being timely in carrying out activities
- Attitude of leadership as individuals towards development
- Ethnic, religious, political, cultural or traditional conflicts/differences.
- Insecurity in some areas
- Lack of funds for transport and materials
- Negative attitudes towards the program

What factors can hinder community mobilization?

- Dysfunctional community organization
- Past bad experience
- Corruption by leaders
- Insecurity
- Rumors
- Poor approach
- Poor communication
- Ethnic/religious conflicts
- Diversity of interests (competition for attention)
- Poor planning (competition of community activities)

Part 2: Mobilizing the community for HBHCT in the targeted population

When planning a targeted HBHCT intervention, the community mobilization process is different from the process followed for a general population intervention. Targeted interventions focus on a specific group of people (e.g. TASO clients) with the objective of encouraging their household members test for HIV. For example, in TASO, the HBHCT intervention is targeted to registered clients, especially those who have qualified for ART. Mobilization begins at the

TASO centers (the organization level), so the entry point for the HBHCT is a registered HIV positive client.

Before mobilization and sensitization of household members can take place, the PHA (index clients) in the targeted population must first be sensitized. Targeted clients typically require several sensitization meetings during their recurrent visits to the support centre. These sessions encourage sero-status disclosure to their household members and prepare them to receive HBHCT.

Examples of areas where PHA (targeted clients) can be sensitized about HBHCT

- Health education talks at the service/organization waiting area
- Counseling sessions - when clients meet with their counselors at the HIV care and support centre (e.g. TASO)
- At the client's home, when program staff go for a home visit
- During Post-test club activities (e.g. Drama group meetings)

Guidelines for mobilizing household members of PHA for targeted HBHCT interventions

Steps:

1. Implementing agency should develop clear policies and criteria for extending HBHCT to family members of their clients.
 - * For example, TASO Uganda started a HBHCT intervention with client initiating ART. Some hospital-based PMTCT programs have prioritized HBHCT for family members of pregnant, HIV-positive mothers.
2. Clients should be sensitized about the HBHCT intervention through health talks conducted at the center during clinic visits.
3. Counseling should be given to eligible clients who are interested in extending HBHCT services to their family members.
 - * During counseling, establish whether the client has disclosed his/her sero-status to family members.

If the client has disclosed, find out:

- * Whether the client has disclosed HIV sero-status partially or fully to partner/family members. If disclosure was partial, assess whether he/she requires additional support to disclose fully.
- * If disclosure of any form has taken place, it is important to establish who was disclosed to: partner, children, siblings, other family members, etc. At this point, the counselor needs to establish what stage the client has reached in disclosure process and help him/her to plan the next steps.
- * While disclosure of HIV status is an important component of HBHCT, and is therefore emphasized throughout the HBHCT protocols, it is imperative for providers to understand that disclosure is a process. Providers must appreciate the challenges and barriers that can lead to partial or non-disclosure, and recognize that some form of disclosure is better than non-disclosure .

Stages in disclosure

Pre-contemplation contemplation ready for action action maintenance.

Pre-contemplation

Clients in pre-contemplation do not recognize the importance of disclosing their HIV status partners or family members. By having this discussion about disclosure, the counselor is raising awareness.

Contemplation

During contemplation, the client recognize the need to disclose sero status but is not sure whether it is the right thing to do. The client is still weighing the implications for disclosure of sero status. In this case contemplation helps the client to weigh the advantages and disadvantages of disclosure.

Ready for Action: In this phase, the client recognizes non-disclosure as a problem and is willing or able to disclose to others. Here the counselor helps the client to come up with a disclosure plan. Supported/ mediated disclosure is encouraged for clients who express need for the support of counselor to disclose.

Action: Client discloses sero status to partner, family and or significant others. The counsellor supports the client in disclosing the HIV status to the household members and any significant others.

The stages above:

- Help the client identify where they stand on the disclosure continuum. In most cases, clients are at different stages with household members (e.g. partner, children and other relatives).
 - Help the client plan for whoever he/she would like to disclose to in preparation for HBHCT.
 - Find out if the client is facing difficulties in disclosing to some of the family and discuss options for supported disclosure.
4. The client is the entry point in mobilizing his/her family members for HBHCT.
 - If the client is willing, discuss strategies for preparing family members for HBHCT. Agree on some time lines for the various tasks discussed. It is important for the counselor/field officer to conduct a home visit to follow-up on the plans made and assess the readiness of family members for HBHCT.
 - HBHCT providers have to assist clients to mobilize their family members. This might involve supporting the client to disclose their sero-status to family members.
 5. With the permission of the client, schedule a home visit prior to the actual date for HBHCT to address the following:
 - Assist client to sensitize household members about HBHCT
 - Assess knowledge, attitudes and concerns of family members about HBHCT
 - Identify households who are interested in HBHCT (Criteria for **definition of**, and **selection** of households depends on HCT policy of the service organization)
 - Schedule an appointment for the HBHCT visit
 - Assist with supported disclosure to family members as needed. (This may happen at the facility or at the home depending on requirements of individual service

organization and whether or not a preparatory home visit is done prior to the HBHCT visit)

6. Carry out home visit at scheduled appointment.
7. Provide referrals as appropriate.

Differences between mobilization for the general population and that of the targeted population

- Mobilization of HBHCT in the general population assumes that no one in the household has been tested previously; therefore, this intervention would be their first introduction to counseling and testing services.
- Mobilization of HBHCT in the targeted population (e.g. family members of an HIV positive client) assumes that client has already disclosed to the family members and they may or not be ready to test.
- Mobilization for HBHCT in the general population may involve community leaders at several levels (e.g. districts, lower district, village), while this may not be the case for targeted populations.
- For targeted interventions, it is necessary to define boundaries for beneficiaries of HBHCT (e.g. index client and household members). Alternatively, for general population interventions, HBHCT is offered to all who wish to receive the service.

Handout 2:

Guidelines for planning and implementing home - based HIV counseling and testing activities



Guidelines for planning and implementing home-based HIV counseling and testing activities.

These guidelines are essential for program managers and HBHCT providers who are planning and implementing HBHCT interventions. The demand for HIV counseling and testing services in Uganda is very high, however, the availability of these services is currently low due to resource constraints (human and logistical). As programs commit resources to extend HCT to homes, it is important to consider the following factors.

Resource requirements

Like other programs, HBHCT interventions require careful planning and sufficient budget allocation in order to implement activities successfully. For example, programs that wish to integrate HCT into existing home-based community programs would require fewer additional resources compared to programs that are initiating HBHCT for the first time. The following text provides important guidance for addressing key resource requirements of HBHCT.

Personnel

Experience gained from implementing HBHCT in both targeted and general population interventions shows that implementing agencies need to recruit and train staff specifically to perform HBHCT. The minimum personnel requirement to implement HBHCT activities are described below.

- **HBHCT coordinator**
There is a need for a designated coordinator to oversee the planning and implementation of HBHCT activities.
- **HBHCT service providers**
HBHCT providers must be sufficiently trained to provide counseling and testing. Depending on the size of the program, there might be a need for field supervisors who are sufficiently trained to provide support and supervision for counseling and HIV testing.
- **Community mobilizers & educators**
Mobilization and sensitization of community residents for HBHCT is normally done by community leaders (e.g. local council officials with the support of trained Community Resources Persons (CORPS) and counselors). Besides mobilizing residents for HBHCT, CORPS provide basic information about HBHCT and provide referrals to care and support organizations. It is important to ensure that community mobilizers and educators have correct and current information regarding HIV prevention and care and HBHCT. Therefore, refresher trainings are recommended as new information and techniques emerge.

Procurement of commodities for HIV testing

Programs initiating HBHCT interventions have to develop clear policies, plans and budgets for the procurement of HIV testing commodities, such as test kits, reagents, capillary tubes, etc. (see HBHCT field checklist). In addition, programs must establish mechanisms for the proper storage and distribution of commodities to service providers. To avoid stock outs of test kits and supplies, implementing agencies should forecast their requirements and place orders with suppliers (Joint Medical Stores, National Medical Stores and others) in a timely fashion.

Transportation

Implementing agencies need to plan for the transportation of fieldworkers. Depending on the size of the program, HBHCT programs in Uganda have conducted effective home visits

using bicycles, motorcycles and four-wheel drive vehicles to implement HBHCT in different parts of the country. Field supervisors/coordinators should liaise with community mobilizers to identify households that are ready to receive HBHCT and ensure that transportation is allocated accordingly.

Quality control and quality assurance

Implementing agencies must establish internal mechanisms to ensure adherence to quality standards. HBHCT providers should constantly revisit program checklists, make effective use of HBHCT protocols, Standard Operating Procedures (SOPs), cue cards and users' manuals in planning and implementing program activities. Supervisors should ensure that HBHCT providers make adequate preparation for home visits and conduct supervision visits to provide on-site support in the field.

External quality assurance

It is good laboratory practice to re-test a sample of blood specimens off-site in an HIV reference laboratory. Field results are then compared with the results reported by the reference laboratory. This practice helps to establish whether the HBHCT providers are reporting the same results as the reference laboratory. Implementing agencies using finger stick HIV testing technologies are strongly encouraged to prepare Dry Blood Spot (DBS) for quality assurance.

Referral network

HBHCT providers must be prepared to respond to the diverse needs of the people living in households and communities where HBHCT is being conducted. Therefore, it is important to establish a functional referral network. This network should be evaluated by all community stakeholders and updated continuously.

Time management

HBHCT counselors are required to visit many homes in a limited time; therefore, counselors must minimize interruptions within the homes visited. A well organized HBHCT session with a household of average size (5 household members) should last approximately 1 ½ hours when conducted by a pair of counselors. Experience has shown that including travel time, a pair of counselors can comfortably conduct 3 HBHCT visits to households of HIV positive clients, or 5 HBHCT visits in the general population, in one day. For this timeline to be applicable, the following must be done:

- Mobilize households prior to the home visit. Mobilization of households of clients who are HIV positive is conducted by the client, while that of the general population will depend on the agency-identified community resource persons.
- Conduct group pre-test sessions during community mobilization and education sessions.
- Conduct family pre-test sessions during the household education session.
- Field teams should make preparations for field visits prior to scheduled home visits.
- The field team should set off for the field not later than 8:30 a.m.
- HBHCT visits should be conducted only on appointment. For households of HIV positive clients, HIV status disclosure of the client should have occurred prior to the scheduled HBHCT visit.
- Counseling and testing should be provided to eligible household members only.

Coordination and management

The implementing agency should have an overall HBHCT coordinator whose role is to organize, plan coordinate and monitor HBHCT activities. This includes:

- Creating a field program/plan
- Establishing eligibility criteria
- Setting up a system for mobilizing homes to be visited
- Generating a day-to-day list of households to be visited
- Securing field materials in time
- Assigning households to fieldworkers, bearing in mind geographical location and language
- Guiding preparation of and reviewing provider work plans
- Ensuring that client records are readily available for field workers
- Following up cases
- Ensuring a functional referral system
- Providing a link with other departments
- Organizing refresher trainings

Guidelines for field preparation

I. Households of HIV positive clients

Prior to home visit

1. Discussion with client:

- Briefly describe the purpose of the home visit (e.g. issues of eligibility, rationale for testing household members, etc.).
- Obtain information concerning the household (e.g. list of eligible household members, location, etc.).
- Map home(s) to be visited (e.g. note landmarks, such as homes of community leaders or community institutions, record the name by which person is known in the community, etc.).
- Establish clients' HIV status disclosure to household members.
- If disclosure to household members has not occurred, support the client to disclose on request.
- Ask client to mobilize eligible household members to participate.
- Schedule appointment – state date, approximate time of arrival and departure.

1. Assembling field materials

On the eve of departure to the field, assemble all the materials for use in the field. Refer to the HBHCT field checklist to ensure that you do not forget anything. Some of the items on the checklist may not be readily available, depending on the work environment. In this case, improvise.

During the home visit

1. Assigning household members

During the household education session, the fieldworker is helped by the household members to generate a list of eligible household members and the manner in which counseling and testing will be conducted (individual/couple/child/guardian). The field worker should organize his/her work based on the unique home environment, and with a view of minimizing

the time spent in a particular household.

1. **Guided discussion**

The fieldworker cannot respond to all information requests and other needs of the household. To minimize time spent in a household, the fieldworker should:

- Use the testing algorithm, counseling protocols and cue cards to conduct the testing and counseling sessions.
- Refer the households to relevant institutions for follow-up.

2. **Counseling and testing of eligible household members**

Demand for counseling and testing services in communities can be overwhelming. Fieldworkers should be guided by the eligibility criteria determined by the agency.

3. **Avoid unnecessary distractions in the field**

Mobile phones should be turned off or be in silent mode to avoid distractions to both the counseling and testing processes.

II. General population households

Prior to village visit

1. **Discussion with Community Resource Persons (e.g. agency specific, local leaders, etc.)**

- Briefly describe the planned village visits (e.g. issues of eligibility, rationale for testing household members, etc.).
- Obtain information concerning the community (e.g. list of eligible households, location – especially for difficult to reach households, etc.).
- Map home(s) to be visited (e.g. note landmarks, such as homes of community leaders or community institutions, record the name by which household head is known in the community etc.).
- Assess community preparedness (e.g. clarify convenient day(s) and times for visiting the community).
- Identify other activities that may influence participation of males, especially work-related.
- Ask community resource persons to mobilize eligible households to participate. Emphasize the benefits of couples' testing.
- Schedule an appointment for visiting the village(s) (e.g. state the date, approximate time of arrival and departure, etc.).

During the home visit

1. **Assigning household members**

During the household education session, the fieldworker is helped by the household members to generate a list of eligible household members and the manner in which counseling and testing is going to be conducted (individual/couple/child/guardian). The field worker should organize his/her work based on the unique home environment, and with a view of minimizing time spent in a particular household.

2. **Guided discussion**

The fieldworker cannot respond to all the information requests and other needs of the household. To minimize time spent in a household, the fieldworker should:

- * Use the testing algorithm, counseling protocols and cue cards to conduct the testing and counseling sessions;
- * Refer the household members to relevant institutions for follow-up.

3. Counseling and testing of eligible household members

Demand for counseling and testing in communities can be overwhelming. Fieldworkers should be guided by the eligibility criteria determined by the agency.

4. Avoid unnecessary distractions in the field

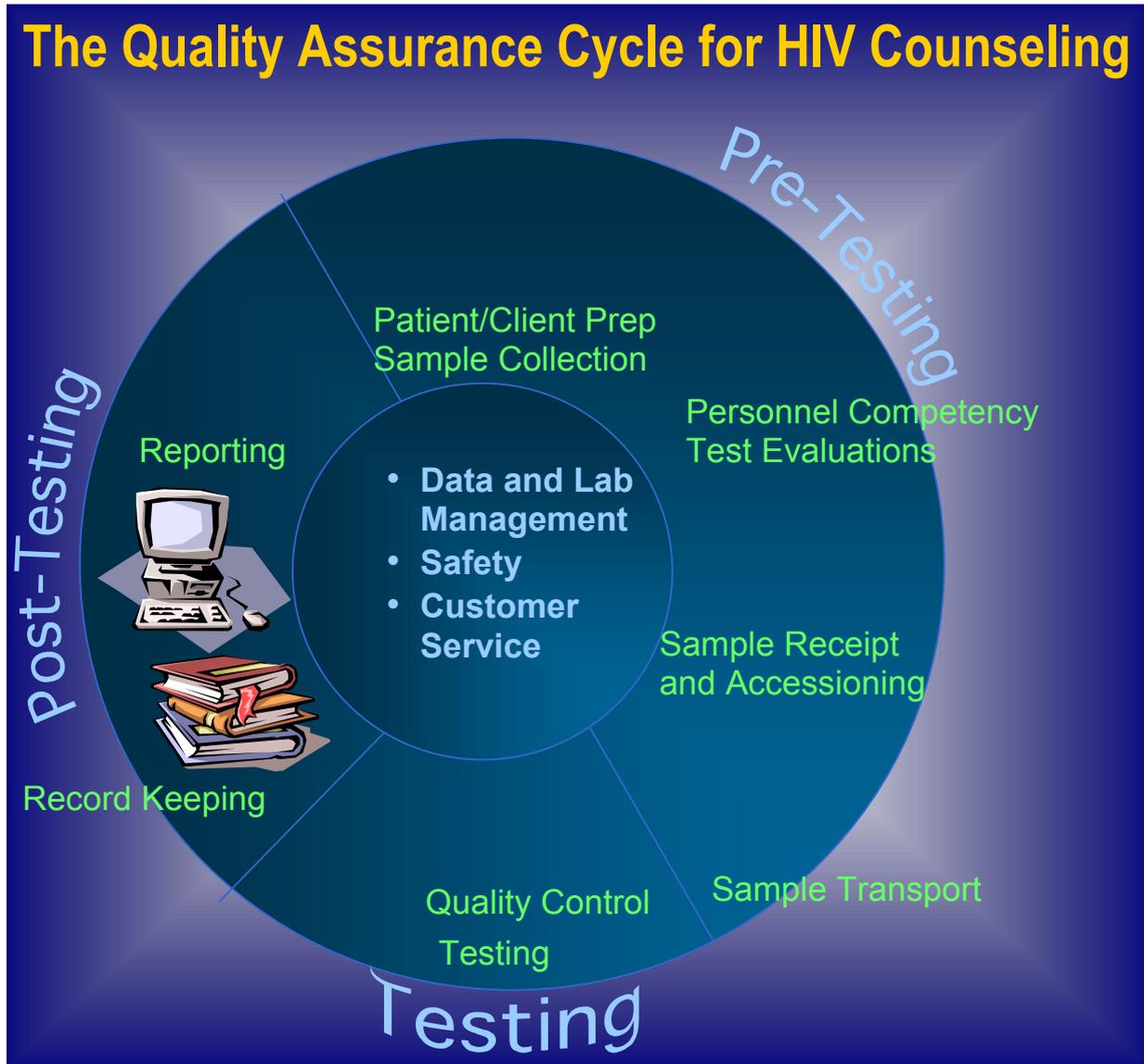
Mobile phones should be turned off or be in silent mode to avoid distractions to both the counseling and testing processes.

HBHCT Field Checklist

- Counseling supplies
 - Counseling protocols
 - HCT forms /sexual behavior plans
 - Household lists/ census forms
 - Dildo
 - Condoms
 - Pen(s)
- Laboratory Supplies and materials
 - Testing algorithms and protocols
 - Sample collection form
 - Foldable tables
 - Filter paper box
 - Filter paper
 - Gloves
 - Lancets (spring loaded)
 - Alcohol pad/ spirit
 - 10% Hypochlorite solution (Jik)
 - Screening HIV kit and buffer
 - Confirmatory HIV kit and buffer
 - Tie breaker kit and buffer
 - Cotton wool
 - Bench coat
 - EDTA capillary tubes
 - Rubber tubing
 - Sharps container
 - Biohazard bag
 - Masking tape
 - Surgical blade or scissors
 - Markers
 - Client identification stickers or labels
 - Cooler for each provider team
 - Soap
 - Paper towel
 - Timer/Watch
 - Plastic tray to hold capillary tubes
 - Field gear
 - Helmet
 - Riding gloves
 - Riding coat
 - Riding boots
 - Back pack
 - Document allet/cipba

Handout 3:

Quality Assurance and Control



General Introduction

In HIV counseling and testing, Quality assurance (QA) and Quality Control (QC) methods are used to ensure that programs are delivering HIV counseling and testing interventions as they are intended to be delivered. This means ensuring that HCT providers have an enabling environment to consistently follow the recommended protocols to achieve the intended results: (1) accurate HIV test results; and (2) supportive counseling, which supports clients to identify and personalize their risk for HIV infection/transmission and lays the foundation for transmission or infection risk reduction. Quality assurance measures are a continuum encompassing planning, implementation and monitoring of HCT activities.

**Objectives:**

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

1. Define quality assurance and quality control
2. Identify benefits of quality assurance activities
3. List quality assurance and quality control measures in HIV counseling and testing
4. Describe how to ensure quality for HBHCT programs

Part 1: Introduction to Quality Assurance and Quality Control

Quality Assurance (QA) refers to planned, step-by-step activities that provide supervisors with the information they need to determine whether HIV counseling and activities are being carried out correctly. This involves having measures in place to determine if tests results are accurate and if protocols are being followed. If mistakes are identified, QA plans should also cater for correcting them and preventing adverse outcomes.

Quality Control (QC) refers to the operational techniques or measures that are in place to find and correct problems. It also refers to steps taken to ensure that the services provided by a program are of high quality.

How does quality assurance differ from quality control?

As described above, QA is an overall program of activities that are conducted continuously throughout a program; QC is simply one part of the QA program. QA refers to planned and organized activities that ensure that requirements for quality are met, while QC refers to the tasks and measures used to fulfill and verify requirements of quality.

Quality Assurance vs. Quality Control

	Quality Assurance	Quality Control
Definition	<ul style="list-style-type: none"> ○ Activities to ensure <u>processes</u> are adequate for a program to achieve its objectives 	<ul style="list-style-type: none"> ○ Activities to evaluate a <u>product</u> or work <u>result</u>
Examples for HIV counseling	<ul style="list-style-type: none"> ○ Establish protocols for test decision counseling for individuals ○ Establish protocols for post test counseling for individuals testing HIV positive 	<ul style="list-style-type: none"> ○ Assess and document individual HIV risk for HIV transmission/infection ○ Document Individual risk reduction plan
Examples for HIV testing	<ul style="list-style-type: none"> ○ Establish standard procedures for collecting blood samples in the field ○ Define criteria for acceptable dry blood spots 	<ul style="list-style-type: none"> ○ Assess validity of HIV test kit by using a known sero-status sample ○ Collecting and re-testing dry blood spots in the lab to confirm accuracy of field results

Before the implementation of HBHCT programs, resources are needed to establish and maintain a QA program for HIV counseling and testing, no matter how simple. Someone must oversee the program and ensure the necessary staff and supplies are available for HIV counseling and testing. Each organization must:

- Identify the person(s) responsible for managing the QA program (this could be a senior staff member, an outside consultant or a network of individuals who oversee different aspects of the QA program).

- Write procedures (step-by-step instructions) and make them available to all staff involved in testing (see Protocols 1,2 and 3 for HIV counseling and Protocol 4 for HIV testing).
- Verify the testing process (see below).
- Ensure staff know how to perform all processes and procedures related to counseling and testing
- Create mechanisms for communication so that those who need to know are informed about QA issues, as well as all staff, when appropriate.
- Develop and implement mechanisms to ensure that the counseling procedures are done within national and organization counseling policy and that testing procedures meet national and other regulatory requirements.
- Each program must also meet national requirements for biohazard safety, as well as applicable national rules. Testing personnel must follow instructions provided by the manufacturer.

Part 2.1: Quality Assurance for HIV Counseling in HBHCT

Purpose of HIV Counseling Quality Assurance Measures in HBHCT

It:

- Ensures the consistent and disciplined delivery of the home-based counseling intervention
- Enhances the counselor's skills in delivering the intervention
- Provides feedback and support to counselors
- Creates a collaborative and competent team

Quality assurance tools and measures used for HIV counseling in a home setting

QA tools:

- Provider work-plans and field preparation checklists: provide guidance to the counselor to ensure efficient preparation for and conduct of HBHCT sessions
- HCT Protocols: include suggested procedures or steps that should be undertaken during HIV counseling sessions.
- Cue Cards: provide summaries of the HCT protocols that can be used to remind the counselor of the counseling procedures during a counseling session.

QA measures and procedures

1. Session observation and feedback

A Counseling session is a purposeful dialogue between a household member and a HBHCT provider that focuses on identifying HIV risk concerns and helps the household member to come up with appropriate risk reduction options.

The supervisor observes counseling sessions and gives honest feedback to the HBHCT provider. Procedures for the counselor/supervisor pair include:

- Obtaining permission from client for the supervisor to observe the session.
- Explaining that the supervisor is assisting the counselor in enhancing the quality of HBHCT services
- In the process of observing the session, the supervisor should avoid obstructing the client-counselor interaction.
- The supervisor should not participate in the session.

While observing a session, the supervisor uses the observational checklist for HCT sessions (or another quality assurance tool) to assess the counselor's adherence to the protocols/cue cards.

Providing feedback after an observation should involve the following:

- The supervisor provides honest feedback to the counselor as soon as possible after the session, ideally the same day as the observation
- The feedback is provided in private session
- Before providing feedback, the supervisor should first ask the counselor to give his or her impressions of the session
- The feedback should be given in an interactive dialogue between counselor and supervisor and it should address the following:
 - * Adherence to the protocol
 - * Counselor skills and strengths
 - * Areas in need of improvement
 - * Alternative approaches to the session

2. Case Review Meetings

A case review meeting is a joint HBHCT implementer's meeting convened at a regular interval (i.e. monthly) to share experiences, challenges and interesting or unique issues (cases) encountered in the implementation of HBHCT activities.

During case review meetings, the counselors and their supervisor:

- Present challenging, interesting and especially effective sessions
- Provide and receive constructive feedback
- Role-play cases
- Discuss and review critical components and tasks of the HCT protocol
- Problem-solve alternative approaches to dealing with challenging clients and issues
- Build new skills
- Review special types of sessions, such as discordant couples , child counselling sessions e.t.c.
- Discuss difficult and emotionally laden sessions in a supportive environment

Part 2.2: Quality Control for HIV Counseling in HBHCT

Quality Control for HIV Counseling evaluates the process, content and quality of the counseling sessions and the client–counselor interaction. Quality Control for HIV addresses all aspects; including pre-test, post-test and follow-up counseling. In addition it addresses counseling during special situations (crisis management, psycho-social support and referral). To examine these areas appropriate tools are used by the supervisors to ensure that the counseling sessions follow the right procedures or protocols. QC tools include the HCT risk assessment and risk reduction forms and observational checklists of HCT sessions.

Who ensures the quality control of HBHCT of a counseling session?

A Counselor must ensure that he/she adheres to the protocol/the set procedures of counseling sessions. Field supervisors use the Quality Assurance tools to monitor both the counseling and HIV testing components of HBHCT. This can be done to ensure that all HBHCT service providers have at least monthly support supervision visits in the first six months of implementing the HBHCT Program and every quarter thereafter.

Evaluation of HBHCT Counseling Sessions

Evaluation of the counseling has been divided into common elements (content and competency/counseling), which are important for all counseling sessions. To ensure quality of HBHCT session, the counselor may be evaluated on the HBHCT protocols he/she has been trained to follow where he/she can be examined on the following areas;

1. Competency-based elements

This looks specifically at the counselor's interpersonal relationship and his/her information gathering and information giving skills as well as counseling for special cases.

1.1 Interpersonal relationship

Interpersonal interactions are influenced by gender, cultural and socioeconomic factors. Other factors such as workload, resources and referral opportunities will also be important. Below are factors that should be taken into account when setting standards for quality assurance by any counselor/counseling supervisor.

- Sensitivity to and discretion of the fact that the client may be nervous or embarrassed
- Appropriate physical environment for comfort, privacy and confidentiality
- Good client reception, greeting and introduction
- Rapport, respect, interest and empathy
- Non-judgmental attitude
- Engagement of the client in conversation
- Active listening (non-verbal and verbal)
- Emotional warmth and support

Establishing good rapport by showing respect and understanding will make problem-solving easier in difficult circumstances.

1.2 Gathering information

- The use of an appropriate balance of open and closed questions
- The appropriate use of silence to allow for self-expression, dealing with impact, thinking through implications
- The clarification about client expectations; information heard to avoid premature

- conclusions
- Summarizing the main issues discussed

1.3 Giving information

- Acceptable knowledge about HIV and HCT on the part of the counselor
- Counselor's ability to provide simple and clear information about HIV-related issues
- Repetition and reinforcement of important information
- Checking for understanding/misunderstandings
- Dispelling myths and making appropriate clarifications
- Summarizing

1.4 Dealing with special circumstances

- Sensitivity to and accommodation of language difficulties
- Talking about sensitive issues, plainly and appropriate to the culture, educational level and beliefs (spiritual and traditional) of the client
- Prioritizing issues to cope with the limited time and short contacts
- Innovations for overcoming constraints, such as time and privacy
- Appropriate management of the client's distress or emotional reactions
- Flexibility to involve partner or significant other, when appropriate or requested
- Referral

Content-based elements

This looks at the knowledge of the counseling principles to achieve attain the intended objectives for:

- Pre-test Counseling
- Post-test Counseling
- Counseling for special and vulnerable groups

Common errors in counseling

These errors may occur anywhere during the HIV counseling session and affect how a counselor assesses a client's risk for on-going HIV transmission or infection and therefore whether or not the client is effectively supported to make an informed decision to reduce HIV transmission/infection risk.

- Reluctance to refer to and adhere to counseling materials (policy guidelines, protocols and cue cards)
- Advising rather than counseling
- Inappropriate communication skills by the counselor that prevent the client opening up and honestly discussing their concerns
- Negative attitudes towards HBHCT program and clients
- Lack of enthusiasm to adapt current information
- Assumption that provider will solve all the client's problems, failing to refer or counsel appropriately
- Sympathy rather than empathy for the client's concerns

For Examples of Quality Assurance tools in HBHCT. See Appendix 1

Part 3.1: Quality Assurance for HIV Testing in HBHCT

Quality assurance for HIV testing 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 being tested. Quality assurance activities should contribute to quality of tests, whether directly or indirectly, and should be in place during the entire testing process: from the time a person asks to be tested to the provision of the test result. Such activities could include: defining the organizational structure, assigning appropriate responsibilities to staff members and ensuring that the processes, procedures and resources for implementing quality management of home-based HIV testing activities are in place.

Why is quality important in a home-based testing site?

It ensures accurate, reliable testing which in turn ensures quality in all aspects of Health Care.

Benefits of a Quality System

- Monitor all parts of the testing system
- Detect and reduce errors
- Improve consistency between HBHCT providers
- Help minimize costs
- Ensure timely reporting of results
- Ensure safety

To ensure quality at the organizational-level, the following aspects must be taken into consideration:

Organization:

- Quality is required in all aspects of health care provided
- Sufficient resources
- Clearly defined roles and accountabilities
- A culture committed to quality

Personnel

- Adequate human resources
- Ability to retain hired staff
- Training
- Supervision
- Performance management

Equipment

- Selection
- Acquisition
- Installation and initial calibration
- Maintenance service and repair
- Trouble shooting
- Destruction

Purchasing and Inventory

- Standardized forms
- Document approval
- Document distribution
- Document storage and retrieval
- Document destruction

Process Control

- Standard operating procedures
- Specimen management
- Quality control

Documents and Records

- Standardized forms
- Document approval
- Document distribution
- Document storage and retrieval
- Document destruction
-

Information Management

- Information flow
- Data collection & management
- Client/patient privacy and confidentiality
- Computer skills

Occurrence Management

- Written procedures for addressing errors
- Corrective actions
- Occurrence records
- Occurrence reporting

Assessment

- External quality assurance
- Improvement measures
- Internal audit or self evaluation

Process Improvement

- On-going data collection
- Improvement measures
-
-

Customer Service

- Monitoring customer satisfaction (how to do this in a home-based setting?)
- Process improvement
- Rewards

Facilities and Safety

- Testing and storage areas
- Safety practice

- Safety procedures and records

Who Is Responsible for Quality?

- Everyone
- Laboratory management and program staff establish quality assurance procedures
- HBHCT site personnel implement the quality assurance procedures

Basic elements of a QA program for HIV testing

1. Organization of the QA program for HIV testing
 2. Testing personnel
 3. Process control
 - a. Before testing
 - b. During testing
 - c. After testing
-
1. Documents and records
 2. Troubleshooting

Why Do Errors Occur?

Some causes include:

- SOPs not available to providers and where available, not followed at each stage
- Individual responsibilities unclear
- No written procedures
- Procedures not followed (e.g. buffer substituted inappropriately)
- Training is not done or not completed
- Checks not done for transcription errors
- Test kits not stored properly
- QC, External QA (EQA) not performed
- Equipment not properly maintained
- Errors can occur throughout the testing process

Common errors in HIV testing

Testing Errors	Preventing and Detecting Errors
<p>Pre-testing Errors</p> <ul style="list-style-type: none"> ▪ Wrong sample collected ▪ Sample collected incorrectly ▪ Test kits stored inappropriately ▪ Specimen mislabeled or unlabeled 	<ul style="list-style-type: none"> ▪ Check storage and room temperature ▪ Select an appropriate testing workspace ▪ Check inventory and expiration dates ▪ Review testing procedures ▪ Record pertinent information, and label test device ▪ Collect appropriate specimen
<p>Testing Errors Examples include:</p> <ul style="list-style-type: none"> ▪ Testing algorithm not followed ▪ Incorrect timing of test ▪ Results reported when control results out of range ▪ Improper measurements of specimen or reagents ▪ Reagents stored inappropriately or used after expiration date ▪ Dilution and pipetting errors ▪ Incorrect reagents used 	<ul style="list-style-type: none"> ▪ Perform and review QC ▪ Follow safety precautions ▪ Conduct test according to written procedures ▪ Correctly interpret test results
<p>Post-testing Errors</p> <ul style="list-style-type: none"> ▪ Transcription error in reporting ▪ Report illegible ▪ Report sent to the wrong location ▪ Information system not maintained 	<ul style="list-style-type: none"> ▪ Re-check patient/client identifier ▪ Write legibly ▪ Clean up and dispose of contaminated waste ▪ Package EQA specimens for re-testing, if needed

Why is Quality Assurance Important for HIV Rapid Testing in the home-based setting?

- × Ensures that quality is the foundation of everything we do
- × Sets the standard for level of quality
- × Meets/exceeds customer expectations
- × Provides means to prevent, detect and correct problems
- × Becomes the core of a monitoring, evaluation and improvement system
- × Reduces costs

1. Organization of the Quality Assurance Program for HBHCT

Establishing a QA program for HIV Testing

(Refer to earlier discussion under counseling)

Verifying the testing process

Before offering the test to household members, each program should make sure (verify) that the testing process works as planned. This verification should be completed before testing is offered. Verification includes ensuring that:

- staff have been trained and are able (competent) to perform their assigned tasks,
- the test kits work as expected (e.g., make sure the test gives accurate results for a referenced panel of non-reactive, weakly reactive and reactive specimens), and
- the logistics for providing confirmatory testing (if a person tests positive, he or she still has to have a Dry Blood Spot (DBS) collected and tested to confirm the finding) and biohazardous waste handling are in place.

Additional written procedures

The HBHCT program should ensure that there are correct procedures to describe how to:

- Train new employees, assess their ability to do the testing and document the training.
- Provide information to persons being tested before testing.
- Use gloves and other personal protective equipment.
- Safely dispose of biohazardous waste, including used lancets.
- Maintain sufficient supplies and unexpired test and control kits, follow the manufacturer's instructions for storage, and check performance of new test kit lots and shipments with external controls.
- Maintain and document the temperature of the room and refrigerator where the tests and controls are stored and testing is performed.
- Perform quality control testing and take action (e.g., contact the manufacturer) if controls don't work.
- Collect the blood for HIV testing.
- Perform steps in the test procedure.
- Report results.
- Record test and quality control results.
- Conduct external quality assessment (see description on page 15)
- Review records and store and destroy them when they are outdated
- Troubleshoot and take corrective action when things go wrong.

2. Testing Personnel

Having qualified, trained staff to perform and supervise HIV Rapid testing and the various activities in the QA program is one of the most important factors for ensuring accurate and reliable results. Key aspects of this element include a combination of:

- Qualifications
- Training
- Competency assessment (i.e., how well they are doing their job)

Personnel qualifications

Testing in HBHCT is conducted by counselors who have been trained to conduct HIV rapid testing under the supervision of qualified laboratory personnel. Each program should determine if there are other requirements for personnel that they must meet.

Beyond any regulatory requirements, it is recommended that certain qualities be considered when selecting personnel to perform the HIV rapid test. The following list of qualities resulted from practical considerations and expert opinion:

- Sincerity and commitment – A dedication to performing testing according to defined procedures.
- Literacy – The ability to read instructions and record results is critical.
- Organizational skills – The need for this quality will depend on the number and

complexity of tasks an individual performs in the testing process. If test volume is high and the individual performing testing is doing several tests or managing several other tasks simultaneously, organizational skills can be critical.

- Decision-making skills – Testing personnel should be able to interpret results and be able to recognize and handle problems that might come up.
- Communication skills – If the person performing the test also is the one who shares results or other information with the person being tested, being able to communicate clearly is important.
- Ethics – to ensure confidentiality

Components of training

Training is crucial to ensuring **quality testing**. Training is also required to be able to purchase the HIV Rapid test kits. Staff should be fully trained on how to perform their assigned tasks and responsibilities. Training should be documented for each staff member; using training checklists is one way to handle this documentation. The key components to include in a training program are:

- How to perform the test, including procedures performed before, during and after testing.
- How testing is integrated into the overall and testing program.
- The importance of QA and the elements of the program's QA program.
- The use and importance of Universal (or Standard) Precautions/biohazard safety.

Training method

Experience with previous HBHCT trainings has shown that to perform the HIV rapid test, a training method should optimally include the following activities:

- Read the instructions for performing the test.
- Watch someone perform the test or view a video of someone performing the test.
- Practice performing the test with positive and negative control materials.
- Practice performing the finger-stick collection procedure.
- Review the procedures and forms on how to document testing.

Competency assessment

Before a trainee is permitted to perform testing alone for the first time, his or her ability to conduct the test should be demonstrated and documented. This assessment should also be carried out at periodic intervals after training, such as every three months at central level and on sliding scale (start with more frequent support supervision and decrease frequency according to provider performance; stabilizing at monthly) for the implementing agency.. This assessment can be carried out in many ways, but regardless of the method, every task for which a staff member is responsible should be evaluated. A supervisor or trainer should perform the assessment, using a combination of methods to determine competency. Examples of these methods are presented below:

(i) Assessing performance of tasks done before testing

To assess the tasks performed before **testing**, the implementing staff should be observed as they:

- Set up the **testing** area, label the device and prepare control and test results log sheets.
- Run the external controls and record results.

(ii) Assessing performance of tasks done during testing

Using a checklist, supervisors need to assess the tasks performed during testing, the implementing staff should be observed as they:

- Perform the finger-stick, collect the blood in a capillary tube and place the sample on the test device.
- Perform the test for a client/patient. If such observation will interfere with actual client-provider interactions, observe test performance on a volunteer.
- Use Universal or Standard Precautions and procedures for biohazard and sharps (e.g., lancets, needles) waste disposal.
- Review results obtained on a panel of referenced specimens that show a range of results, such as five specimens that include non-reactive, weakly reactive and reactive results. Control materials supplied by the manufacturer may be used as a source of specimens in the panel. In addition, specimens may be obtained from laboratories performing confirmatory testing or from other commercial sources.
- Interpret results. This might include using previously used test devices or pictures of devices that show non-reactive, weakly reactive, reactive and invalid results.

(iii) Assessing performance of tasks done after testing

To assess task performance after testing:

- Review test records and quality control results documentation.
- Observe oral reporting of results to a test subject (if trainee's responsibility).
- Observe venous blood specimen collection and handling for confirmatory testing. If the frequency of HIV Rapid reactive results is low, the trainee should be observed collecting blood from a staff volunteer and demonstrate how it is processed for confirmatory testing.
- Verify that confidentiality is maintained.

3. Process Control

Process control refers to the activities and techniques that are carried out to ensure that the testing procedures are performed correctly, the environment is suitable, and the test kit works as expected to produce accurate and reliable results.

Steps in the testing process

Steps in the testing process follow the path of workflow beginning with tasks before testing, followed by those conducted during and after testing. This path of workflow and the associated steps are shown below.

QUALITY ASSURANCE BEFORE TESTING

There are a number of steps that must be followed before testing the blood sample for HIV. These activities are in place to ensure that the conditions in which the tests are stored and performed are suitable, the test area and the test subject are prepared, and the test is working appropriately.

a) Temperature control: test kits and control kits

Test kits and control kits must be stored in an environment within the temperature ranges specified by the manufacturer. To ensure QA of the test kits, there is need:

- To ensure these temperature ranges are maintained, monitor and document temperatures of the storage areas each day testing is performed. If the temperature

falls outside of the specified range, take action as needed to adjust the temperature. The qualified laboratory personnel should do this.

- To monitor the temperatures, place thermometers in the storage areas (e.g., in the refrigerator and on the shelf in the room where kits are stored). Check and record temperatures on a log sheet each day testing is performed.

b) Setting up the testing area and labeling the test device

Before testing, the testing area should be prepared according to the specific program procedure, which should include directions for setting up the workspace listed in the test kit instructions, as well as instructions for how to label testing devices and complete report forms, including the method for identifying each person to be tested to ensure specimens are not mixed up during the testing process. Labeling is especially important when more than one test is being performed at the same time. Label components of the test with the name or identifying number of the person being tested before collecting the specimen. These components include the developer solution vial, test device, and documents for recording results. Using preprinted labels improves the efficiency of performing this task.

Note: Do not place a label over the back of the test device as this can cause an invalid result.

QUALITY ASSURANCE DURING TESTING

Most of the HBHCT tests are carried out in the field therefore it is important to monitor the temperature of the test and control kits in their portable storage containers and check the temperature where testing will be performed if it appears to be outside the specified range. If there are doubts about the testing area temperature or whether test kits have stayed within the appropriate temperature range, run a positive and negative external control as described in the quality control section below;

Prepare the client and testing area

- Explain the testing procedure to the client
- Set up test area, label test device

Conduct the test according to SOP

- Follow biohazard safety precautions
- Collect the finger-stick specimen
- Perform the test

QUALITY ASSURANCE AFTER TESTING

- Interpret test results
- Clean up and store biohazardous waste for disposal at the facility ,
- Document results
- Report results to client
- Collect, process and transport QC specimens
- Manage QC test results and report QC results to QA officer, supervisors and providers
- Participate in external quality assessment (periodically)

Checking inventory and test kits

Other important procedures to note include the following;

- Procedures should be in place to ensure that an adequate supply of unexpired test kits, controls and supplies is available.

- Test kits and controls have a defined shelf life. Use the oldest first.
- Never use test or control kits beyond their expiration dates. It is helpful to use a log sheet to document when test and control kits are received, their lot numbers and expiration dates.
- Record on the vial the date it is opened and discard unused opened controls after 21 days. As described in the package insert and in the section on quality control below, run the positive and negative controls with new lots and new shipments of test kits before using them for testing, to verify that they work as expected.

Part 3.2: Quality Control for HIV Testing in HBHCT

What Is Quality Control (QC)?

These are activities performed to detect and correct errors that may occur during testing. If an error occurs, do not release or report results until you have corrected the error. There are two types of quality control (QC) measures for the HIV Rapid test. These are described below;

Internal controls

A control is built into each **testing** device to verify that the specimen was adequate and the solution flowed through the device as intended.

External controls

Known reactive and non-reactive specimens (controls) are available from the manufacturer to programs purchasing the Rapid HIV Test. They are used to evaluate the accuracy of the test in detecting antibody to HIV and to check if the person conducting the test performs it correctly.

EXTERNAL QUALITY CONTROL BEFORE TESTING

To verify that the test device is accurately detecting HIV-1 antibodies, external positive and negative controls must be tested from time to time. The test kit manufacturer provides external controls in the form of the HIV Rapid HIV-1 Antibody Test Kit Controls. This control kit must be ordered separately from the test kit. It includes one vial each of an HIV antibody-negative (non-reactive) and positive (reactive) human plasma control.

How often controls are run to verify the accuracy of the test will depend on the number of tests carried out by the program, how often new test kit shipments or lot numbers are received by a program, changes in how the tests are stored and testing area temperatures, and how often staff who conduct the testing change.

Run external controls according to the instructions

The manufacturer has set guidelines for the minimum number of times to run the negative and positive controls. This is described in the test kit instructions, which specifies running controls under the following circumstances:

- Every week by each new operator prior to performing testing on patients,
- Whenever a new shipment of test kits is received (even if it is the same kit lot number in current use),
- When opening a new test kit lot (a test kit lot is defined as the boxes of test devices that contain either 25 or 100 tests that have the same lot number labeled on the outside of the boxes),
- When there is a change in storage temperature
- Expired kits **must not** be used

Frequency of running external controls on the basis of test volume

In addition to the specific circumstances listed in the manufacturer's instructions, testing programs should determine the optimal frequency for running controls on the basis of their test volume. When external controls provide incorrect results, none of the tests that were run since the last time control results were correct can be considered valid. This means that everyone who was tested since the last time controls ran correctly will need to be called back and retested (unless a confirmatory test was ordered).

Programs testing large numbers of persons, and especially those that offer anonymous testing should plan to run controls more often than facilities that conduct fewer tests. Each program needs to decide how often to run controls based on its own situation and testing practices. Instructions for some other waived tests recommend running external controls each time a new box of 25 tests is opened. Facilities that test 25 or more subjects a day should run controls every day. Low volume programs, such as those testing fewer than 25 subjects per month, should run external controls every two to four weeks at a minimum. Controls should be run more often if new lots or shipments are opened or if storage or testing temperatures fluctuate.

QUALITY CONTROL DURING TESTING

This phase of the testing process involves running the test and interpreting the results. Activities during testing include collecting the specimen, performing the test, interpreting the internal control and client/patient test results, and following biohazard safety guidelines.

Collecting the HIV Rapid specimen

Follow the written procedure for finger-stick specimen collection (See protocol for details).

Performing the test and interpreting results

Follow the manufacturer's instructions for performing the test and interpreting the results. Results can be one of the following:

- Nonreactive (negative)
- Reactive (preliminary positive)
- Invalid (the test result is inconclusive and cannot be interpreted; see below for information on handling invalid results)

Evaluating internal control results

Each HIV Rapid device includes a built-in (internal) control. When an appropriate line develops at the center of the "C" location (See illustration below) on the device, the patient's specimen has been correctly loaded and traveled through the test strip, indicating a valid test. Additional information is provided in the test kit package insert. These controls are included in every device, and control results are evaluated with every test. If the internal control does not produce the expected result, the test result for the patient is not valid, cannot be reported, and the test must be repeated. If a second invalid result occurs, external controls should be evaluated as described below before repeating the test a third time.

Illustration on quality control

<p><u>Internal Control</u> Included in testing device or as part of the kit</p>	<p><u>External Control</u> Specimens with known HIV test results that are used to validate the reliability of the test system</p>
--	--



Control Band

Invalid Results – What Do You Do?

- Repeat test
- If repeatedly invalid:
 - * assume problem with test product or procedure
 - * continue with alternative testing algorithm
- Identify cause of problem
- Inform supervisor
- Take corrective actions

Running external controls to troubleshoot invalid results

CDC experience (unpublished data) has shown that external controls should be run to help find out if repeated invalid test results are due to the test device, test performance, or the patient specimen. If the same test kit lot yields repeated invalid results, the test kit may have gone bad. It is important to run the positive and negative controls whenever two consecutive invalid test results are obtained on a person being tested.

Trouble shooting of invalid results in summary:

Problem	Potential Cause	Action
No control line or Band present	Damaged test device or controls	Repeat the test using new device and blood sample
	Proper procedure not followed	Follow each step of testing according to SOP. RE-check buffer and/or specimen volumes. Wait for the specified time before reading the test
	Expired or improperly stored test kits or controls	Check expiration date of kits or controls; do not use beyond stated expiration date. Check temperature records for storage and testing area.
Weak bands	All the above reasons	The test is reported as positive; provider records weakness of the band on the lab form

Biohazard safety/Universal (Standard) Precautions

All specimens and materials contacting specimens must be handled as if they are capable of transmitting an infectious organism. The following standards should be met, that is

- Persons doing the testing must know how to safely handle potentially infectious specimens.
- Also, according to Universal (Standard) Precautions, all human blood should be treated as if known to be infectious for HIV, hepatitis B virus, and other blood borne pathogens.
- Programs must have available and follow procedures for biohazard safety to include instructions for the use of gloves, hand washing, sharps and biohazardous waste disposal, spill containment and disinfection.
- A different pair of gloves should be worn for collecting a specimen from each person being tested.
- Used gloves should be handled as biohazardous waste.

QUALITY CONTROL AFTER TESTING

Quality assurance extends to those activities completed following the performance of the test. Each program should have established procedures for:

- Reporting and recording results,
- Referring specimens (or test subjects, if specimens are not collected on-program) for confirmatory testing,
- Managing confirmatory test results, and
- Conducting external quality assessment.

Reporting results

Reporting procedures should describe how results are provided to the person being tested (verbal and/or written results) and how results are documented in the person's chart and in the test result logs. The reporting criteria should be in line with the National standards for the country.

Referral for QC testing

Whenever the HIV Rapid test result is reactive after completion of the testing algorithm, a QC test must be performed to confirm that the person being tested is infected with HIV. Therefore, each program must have established procedures for referral of test specimens for confirmatory testing when HIV Rapid results are reactive.

If specimens are collected on-program, the program must establish procedures describing how to collect, label, process, store and document specimen transfer; transport the confirmatory test specimens to the program(s) where they will be tested; and obtain the confirmatory results to give to the client/patients. It should be indicated on the specimen transfer sheet that the specimen is from an individual who had a reactive HIV Rapid test result.

Collecting confirmatory specimens on-program may improve follow-up, since some clients may not go elsewhere for the testing or to obtain results. However, if the program is not able to collect confirmatory test specimens, a procedure must be in place for referring persons to another program to obtain this testing.

QC testing protocols

For confirmatory testing, the current standard testing algorithm should be followed, with the following exceptions:

- All HIV Rapid reactive (preliminary positive) results must be followed up with two enzyme immunoassay (EIA) for confirmation. Confirmatory testing can be done on blood (plasma, serum or dried blood spots) specimens.
- With blood specimens, if any of the EIA screening tests is non-reactive, the HCT agency is required to collect another specimen from the client..

Follow up testing for negative QA result

Most confirmatory test results will be positive; however, some may be negative or indeterminate. If the confirmatory test result is negative, specimen mix-up needs to be ruled out versus a false positive HIV Rapid result. For blood specimens, a confirmatory test should be repeated with a new specimen to rule out specimen mix-up.

Follow up testing for indeterminate results

Occasionally, confirmatory test results are indeterminate. If there are two indeterminate EIAs, then there is need for Western blot or

IFA is indeterminate, it is recommended that: for blood specimens, the person should be advised to return for repeat testing in one month. See CDC's Revised Guidelines for HIV, Testing and Referral found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>.

For oral fluid specimens, the Western blot or IFA test should be repeated using a blood specimen.

Managing confirmatory results

HIV Rapid testing programs that refer specimens for confirmatory testing should have established procedures describing how to:

- Match the client's/patient's confirmatory test results with their HIV Rapid results to find potential discrepancies and to ensure that testing was performed according to the protocol described above,
- Report the test result to the person being tested, and
- Obtain any additional specimens needed to resolve potential specimen mix-up and for retesting, as needed.

Handling result discrepancies

Procedures should describe how to handle result discrepancies when the HIV Rapid result was reactive and the confirmatory test negative or indeterminate. If the laboratory providing confirmatory testing performed an EIA test only and reported a non-reactive or negative result, the HIV Rapid testing program should contact the confirmatory testing laboratory and request a Western blot test or IFA test. If the original specimen is not available, a new specimen will need to be collected from the person in question to be used for confirmatory testing.

External assessment

External assessment, or an evaluation of the testing process by a source outside the testing program, can look at how testing is being performed and whether it is being performed reliably. It can also help to identify existing or potential problems. Moreover, information gathered can provide an educational tool to improve performance.

Methods for external assessment

Every reactive HIV Rapid test is externally assessed by a second, confirmatory test. However, if there is a low prevalence of HIV infection in the population being tested, these assessments may be rare and will not provide an external check for the majority of the results, i.e., those that are nonreactive. Other ways to assess performance may be needed. Some external assessment mechanisms include:

- Comparing the HIV Rapid reactive results with the confirmatory test results.
- Arranging for someone outside the organization to observe testing.
- Participating in a proficiency testing or external evaluation program

Documents and Records

One of the hallmarks of a QA program is comprehensive documentation. Programs using the HIV Rapid test should have policies and procedures describing what QA records are required and how and when they are reviewed, stored and destroyed.

Having a supervisor review records periodically is recommended. State regulations or other governmental or accrediting agencies may require facilities to have specific record retention policies. QA records include the following:

- Training documentation
- Temperature logs
- External control result logs
- Test result
- Specimen transfer logs

Periodic Review of Records

- Review of internal control results before accepting test results

- Review of external control results by test performer
- Weekly or monthly review of external quality control results by testing site supervisor
- Periodic audits or assessments

Temperature logs

Temperature logs should include a daily record of the refrigerator temperature in which controls are stored, the temperature where test kits are stored and the temperature of the testing area. Thermometers should be placed in each location. Laboratory grade thermometers (can be purchased from medical or laboratory supply houses) are recommended and their accuracy checked periodically (e.g., every six months) by comparison with another thermometer.

External control result logs

External control records should include the date and time of control testing, lot number and expiration of the test kit, lot number and expiration date of the controls, control results, and corrective action taken if control results are unacceptable. Control records should be kept in the order in which they were completed so they can be easily compared with the test records. This will help find answers if there are questions about testing performed within a specific time frame.

Test result logs

Test result records should include the date and time of testing, an identifier for the person being tested, a test kit lot number and expiration date, test result, action taken if the result was invalid, identification of the person who performed the test, whether confirmatory testing was requested, including the type of specimen sent for confirmation (e.g., oral fluid, blood), and the confirmatory test results when they are available. If more than one person is conducting testing, there should be a mechanism to chronologically link the test record log sheets to detect problems, such as invalid results occurring repeatedly with the same kit lot number.

Troubleshooting

Overview

Each program should have a method to detect and resolve problems that occur at any point in the testing process, especially those that may affect the accuracy of test results. Significant problems should be immediately reported to the appropriate supervisory personnel.

Procedures

Procedures should be available to all testing personnel for the following:

- When to discontinue testing, e.g., when the external control results are unacceptable as described in the package insert.
- How to take corrective action, or an action taken in response to a problem, such as contacting the manufacturer when the external control results are unacceptable and following the advice provided.
- How to document problems and actions taken, such as a logbook where problems and corrective actions taken can be recorded.
- How to verify the corrective actions taken addressed the problem.

In Summary

Quality assurance mechanisms need to be in place to ensure that ethical and technical standards are maintained. Effective partnerships are needed to develop and extend quality testing and beyond the health sector and to strengthen linkages with organizations that provide prevention and support services, including psychosocial and legal services.

References

1. CDC 2001. CDC revised guidelines for HIV, testing, and referral. MMWR Recommendations and Reports. 2001; RR-19:50.
2. CDC 2005. HIV Rapid Testing Training Package. WHO & CDC Atlanta

HBHCT

Data Collection Tools and Forms

HOME BASED HOUSEHOLD REGISTRATION FORM

Household Code _____

House hold head/representative Name _____

Number __ 0 __ 1 __ Age (yrs) _____ Sex _____

Village (LCI) Code /Name _____ Parish (LC2) Code or Name

_____ Sub-county (LC3) Code /Name _____

Health Sub-District Code/Name _____ District Code/Name _____

Note: Household head/representative is no. 01 in the census table below

Family member census; FMN: Family member number, LIN: Lives in this household

FM No.	NAMES:	R/shp to head	SEX M/F	AGE	EDUC	LIN Y/N	OCUP	Present Y/N	Guardian's sign for children	Children's assent and sign	Adults Sign
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											

Relation ship codes: 0 = HH Head, 1= Spouse, 2= Biological Child, 3= Other Child, 4=Parent, 5=In-law, 6= Co-wife, 7= Sibling, 8 = Other Relative, 99=others (specify in box)

Education Codes: 1=None, 2=P1-P4, 3=P5-P7, 4=Senior 1-4, 5=Senior 5-6, 6=Higher Institutions, 7 = Nursery School, 8 = Not yet started school, 99=Other (specify in box)

Occupation Codes: 1=None, 2=Paid Employee, 3=Peasant, 4=Casual laborer, 5=Housewife, 6=Vender, 7=Student, 99=Others (specify in box)

INDIVIDUAL HOUSEHOLD MEMBER HBHCT CARD

Date ___/___/_____ Health Sub-district: _____ Sub-county: _____	Parish Name: _____ Village Name: _____				
Household/Family Number:	Personal Number in a household:				
Sex of HH member: M [] F []	Age (in years) _ _ _				
Section A: Basic Demographic Information					
1. Highest level of education attained ___ 01 - None 02 - Lower primary (P1-P4) 03 - Upper primary (P5-P7) 04 - Secondary 05 - Post secondary 06 - Other (specify)					
2. Current marital status ___ 01 - Married/cohabiting 02 - Divorced/separated 03 - Widowed 04 - Single					
3. Occupation ___ 01 - None 02 - Paid employee 03 - Peasant 04 - Casual laborer 05 - Housewife 06 - Vendor 07 - Student 99 - Other (specify) _____					
Section B: Sexuality and Condom use FOR ALL ADULTS AND CHILDREN AGED 13-17 (if attending interview alone)					
4. How many Partners have you had in the last one year? Number of spouses _ _ Regular _ _ Casual _ _					
5. Have you had sex in the past 3 months? Tick one. 01 [] Yes 02 [] No (if NO, GO TO 8)					
5a. If yes, With how many? (By type)? Spouses _ _ Regular _ _ Casual _ _					
6a-f. Information on most recent partners (in past 3 months)					
a. Type 01=Spouse 02=Regular 03=Casual	b. New Partner (in last 3 months)? 01=Yes 02=No	c. Condom use in 3 months 01=Always 02=Most Times 03=Occasionally 04=Never	d. Condom use last time? 01=Yes 02=No 03=Don't Know	e. Partner HIV status (from lab testing) 01= HIV+ 02= HIV- 09=Unknown	f. FP methods 00=None 01=Condom 02=Pill 03=Injection 04=Norplant 05=IUD 06=Traditional 07=Other(specify)
7. In the past 2 weeks, have you had unprotected sex with any partner of either unknown HIV sero-status or known HIV positive? ___ 01=Yes 02=No					
8. Are you or any of your partners pregnant? ___ 01=Yes 02=No 03=Don't know 09=Not Applicable					

Section C: Testing History**9. Have you had any illness or signs and symptoms you think relate to HIV/AIDS? |____|**

01 - Yes 02 - No

9a. Have you ever had an HIV test? |____|

01 - Yes 2 - No (go to 9b) 3 - Don't know (go to 14) 4 - Not Applicable (go to 14)

10. If yes, when were you last tested? |__| Month |__| Year**11. What was the result of this HIV test? |____|**

01-Positive 02-Negative 03-Indeterminate 04-Don't know 05-Not applicable

12. Have you disclosed your most recent test result to your current or most recent spouse or partner(s)? |____|

01-Yes to all 02-Yes to some 03-No 99-Not applicable (no spouse/partner in past 12 months)

SECTION D: COUNSELLOR'S SUMMARY**13. Type of counseling |____|** 01 - Individual 02 - Couple 03 - Guardian & child 04 - Guardian alone**14. If testing as couple, ID# of partner |_|_|/|_|_|_|_|****14a. If tested as a couple what are the results? |____|** 01 - Concordant negative 02 - Concordant positive 03 - Discordant**15a. Counseling done? |____|** 01 - Yes 02 - No**15b. Blood drawn? |____|** 01 - Yes 02 - No**15c. Results given? |____|** 01 - Yes 02 - No**16. Provider Code:** _____ **Signature** _____**SECTION E: LABORATORY RESULTS****17a. HIV test results:**

Screening |____| 01 - Negative 02 - Positive

Confirmatory |____| 01 - Negative 02 - Positive

Tie-breaker |____| 01 - Negative 02 - Positive

18b. Summary HIV Status: |____| 01 - HIV negative 02 - HIV positive 03 - Indeterminate**19. Provider Code:** _____ **Signature** _____**SECTION F: SERVICES & REFFERAL****20. Fill in [S] for Services and [R] for referrals provided.**

- | | |
|--|--|
| <input type="checkbox"/> Partner testing | <input type="checkbox"/> Family planning referral |
| <input type="checkbox"/> PMTCT referral | <input type="checkbox"/> Medicine to treat water at home/safe water vessel |
| <input type="checkbox"/> Post-test club referral | <input type="checkbox"/> Bed nets |
| <input type="checkbox"/> Support group referral | <input type="checkbox"/> Home visits/based care |
| <input type="checkbox"/> Septrin prophylaxis | <input type="checkbox"/> Treatment for Opportunistic infections |
| <input type="checkbox"/> Anti-retroviral therapy | <input type="checkbox"/> ANC Services |
| <input type="checkbox"/> TB screening | <input type="checkbox"/> Condoms |
| | <input type="checkbox"/> Others (specify): |

RISK REDUCTION PLAN FOR INDIVIDUALS

Client ID: _____ Date: _____ Counselor Name: _____ Counselor Code: _____

1a. Current HIV transmission risks:
RED ALERT ISSUES:
 Spouse of unknown/discordant status
 Outside partner of unknown/discordant status
 Parent-to-child transmission

Unable to negotiate condom use with partner
 No/inconsistent condom use
 Other (specify) _____

1b. Future transmission risks:
 Desire to have children
 Pregnancy
 Other (specify) _____

2. Personal reasons/motivation for reducing risk of HIV transmission/infection: Discuss with the client his/her personal reasons for preventing HIV transmission to others/remaining HIV negative. Suggested questions: For HIV positive client: What are your reasons for not wanting to transmit HIV to your partner(s)? How would you feel if you infected your partner(s)? For HIV negative client: What are your reasons for wanting to remain HIV negative? How would you feel if you were infected by your partner?

<p>3. Risk Reduction Plan:</p> <p>SAFER GOAL BEHAVIORS AGREED UPON/PLANNED:--</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abstain from sex <input type="checkbox"/> HIV Test for new or future partner(s) <input type="checkbox"/> Consistent condom use <input type="checkbox"/> Increase frequency of condom use <input type="checkbox"/> Reduce number of sexual partners <input type="checkbox"/> Stick to one tested partner <input type="checkbox"/> Disclose to outside partner(s) <input type="checkbox"/> Reduce frequency of unprotected sex with partner's of unknown or known positive status <input type="checkbox"/> Family planning to avoid pregnancy (specify type) _____ <input type="checkbox"/> Negotiate safe sex with partner <input type="checkbox"/> Other (specify) _____ 	<p>4. Supports for Safer Goal Behaviors:</p>	<p>5. Potential Barriers to Safer Goal Behaviors:</p>	<p>6. Strategies to Overcome Barriers:</p>
<p>Counselor Comments:</p>			

RISK REDUCTION PLAN FOR COUPLES

Client ID No: _____ Date: _____ Counselor Name: _____ Counselor Code: _____
 Type of Couple: Tick one.
 Monogamous Polygamous Discordant Concordant positive Concordant negative
 HIV sero-status: Tick one.
 Discordant Concordant positive Concordant negative

1a. Current HIV infection/transmission risks:

RED ALERT ISSUES:

- Discordant married couple
- Discordant outside partner
- Parent-to-child transmission

- Partner of unknown sero-status
- Outside partner of unknown sero-status
- Unable to negotiate condom use with partner
- Inconsistent condom use
- Other (specify) _____

1b. Future HIV infection/transmission risks:

- Desire to have more children
- Pregnancy
- Other (specify) _____

2. Personal reasons/motivation for reducing risk of HIV infection/transmission: Discuss with the couple their personal reasons for avoiding HIV infection/transmission. Suggested questions: For HIV positive partner: What are your reasons for not wanting to transmit HIV to your partner(s)? How would you feel if you infected your partner(s)? For HIV negative partner: What are your reasons for wanting to remain HIV negative? How would you feel if you got HIV infection from your partner(s)? Counselor's note: If client(s) do not mention the risk of transmitting HIV to unborn children, be sure to discuss this risk and provide PMTCT messages (Refer to cue cards).

Male:

- HIV Negative
- HIV Positive

Female #1:

- HIV Negative
- HIV Positive

Female #2:

- HIV Negative
- HIV Positive

<p>III. Risk Reduction Plan: SAFER GOAL BEHAVIORS AGREED UPON/ PLANNED:—</p> <p><u>Concordant Positive</u> <input type="checkbox"/> Stick to your tested partner <input type="checkbox"/> Adopt family planning method to avoid pregnancy <input type="checkbox"/> Access PMTCT services (for HIV positive pregnant women only)</p> <p><u>Discordant</u> <input type="checkbox"/> Consistent condom use with discordant partner <input type="checkbox"/> Negotiate condom use with discordant partner <input type="checkbox"/> Reduce frequency of unprotected sex with discordant partner <input type="checkbox"/> Adopt alternative sexual practices with discordant partner <input type="checkbox"/> Abstinence <input type="checkbox"/> Adopt family planning method to avoid pregnancy <input type="checkbox"/> Access PMTCT services (for HIV positive pregnant women only)</p> <p><u>Other options to discuss as appropriate:</u> <input type="checkbox"/> Test outside partner(s) <input type="checkbox"/> Disclose to outside partner(s) <input type="checkbox"/> Consistent condom use with outside partner(s) <input type="checkbox"/> Other (specify) _____</p>	<p>IV. Supports for Safer Goal Behaviors:</p>	<p>V. Potential Barriers to Safer Goal Behaviors:</p>	<p>VI. Strategies to Overcome Barriers:</p>
<p>Counselor Comments</p>			

Quality Assurance Measures for Home Based HIV and Testing

How to use the Home Based HCT Quality Assurance (QA) Tools

Field supervisors will use the Quality Assurance tools to monitor both counseling the HIV testing components of HBHCT. Field supervisors will prepare and document a field supervision plan to ensure that all HBHCT service providers have at least monthly support supervision visits in the first six months of implementing the HBHCT Program and every quarter thereafter.

These QA tools will be used together with any other and HIV testing QA measures that an individual service organization has in place.

The QA tools are arranged according to the logical flow of sessions at HBHCT service provision. Set 'A' of the QA tools is to be filed by the field supervisor while set 'B' will be filled by the service provider. It is recommended that one HBHCT service provider conducts all activities at a given household and the supervisor would then assess the provider's performance by filling one set of tools for the service provider. Where more than one service provider provides the service in a household, separate QA forms should be filled for each service provider and each separate session/task.

In order to enhance the skills of the HBHCT service provider, the supervisor will provide feedback on areas of counselor strength as well as a review of and support for minimizing the identified weaknesses.

Part A: HBHCT Session Quality Assurance Guide for supervisors

Date	Not Achieved	Achieved	Exceeded	Comment
Counselor Code ----- House Hold Code -----				
I. Household Education Activities	1	2	3	
a) Introduction and Orientation				
<input type="checkbox"/> Introduction of service provider to Household Member(s)				
<input type="checkbox"/> Explain components of HBHCT				
<input type="checkbox"/> Clarify the importance and benefits of the HBHCT program				
b) Group Pre-test				
<input type="checkbox"/> Explain HIV test process				
<input type="checkbox"/> Dispel myths and clarify misconceptions				
<input type="checkbox"/> Describe conditions for receiving HIV and testing				
c) Eligibility Criteria for and testing				
<input type="checkbox"/> Explain eligibility criteria for and testing adult household members				
<input type="checkbox"/> Verify eligible household members				
<input type="checkbox"/> Correctly fill household census form				
<input type="checkbox"/> Identify couples;				
<input type="checkbox"/> Identify parent/guardian for consenting children				
<input type="checkbox"/> Explain testing, consenting and process for children				
<input type="checkbox"/> Consent for children and Adults				
II Test decision , consent for test ,HIV testing and risk assessment Session Type: Individual Couple Child (Please circle appropriately) Specify Session Type: ----- Counselor Code:-----				

a) Test Decision				
<input type="checkbox"/> Review test process				
<input type="checkbox"/> Assured confidentiality				
<input type="checkbox"/> Address client concerns				
<input type="checkbox"/> Explain possible results and implications				
<input type="checkbox"/> Discuss roles and responsibilities of the couple if couple session				
b. Rapid HIV Testing	1	2	3	Comments
a)Appropriate safety observed				
<input type="checkbox"/> Gloving				
<input type="checkbox"/> Appropriate disposal of sharps				
<input type="checkbox"/> Appropriate disposal of non-sharps				
<input type="checkbox"/> Appropriate labeling				
b)Screening test				
<input type="checkbox"/> Conducting the test				
<input type="checkbox"/> Interpretation of results				
c)Confirmatory test				
<input type="checkbox"/> Conducting the test				
<input type="checkbox"/> Interpretation of results				
d)Tie-breaker test				
<input type="checkbox"/> Conducting the test				
<input type="checkbox"/> Interpretation of results				
e)Preparation of Dry Blood spot for Quality Control				
<input type="checkbox"/> Labeling of filter paper				
<input type="checkbox"/> Application of blood sample				
<input type="checkbox"/> Drying process				
<input type="checkbox"/> Packing				
III. Assess risk for HIV infection				
<input type="checkbox"/> Explore recent risk in last three months				
<input type="checkbox"/> Explore risk in last two weeks				
<input type="checkbox"/> Summarize clients risks and vulnerabilities				

<input type="checkbox"/> Appropriately fill section A - B of HBHCT card and Sexual Behavior Plan				
<input type="checkbox"/> Address concerns				
IV. Test Results				
<input type="checkbox"/> Provide and explain results clearly and simply				
<input type="checkbox"/> Explore client's understanding/response to results				
<input type="checkbox"/> Provide support, address emotions				
<input type="checkbox"/> Address Positive Living if results are positive				
V. Supported Disclosure and to Partner/significant Household Members				
<input type="checkbox"/> Identify partners/friends/family client may disclose results for support				
<input type="checkbox"/> Anticipate potential reactions				
<input type="checkbox"/> Discuss approach to disclosure/referral - role play				
VI. Risk Reduction Plan and Safer Goal Behaviors				
<input type="checkbox"/> Identify priority risk reduction behavior				
<input type="checkbox"/> Discuss barriers to achieve SGBs and how to overcome them				
<input type="checkbox"/> Appropriate fill the Risk Reduction Plan				
VII. Identify Sources of Support and Provide referrals				
<input type="checkbox"/> Discuss sources of support				
VIII. Overall Skills				
<input type="checkbox"/> Make appropriate referral(s)				
<input type="checkbox"/> Use of open ended questions and listening skills				
<input type="checkbox"/> Tailored to client risk and risk reduction issues				

Start Time: ____:____ **Stop Time:** ____:____

Has feedback been given? 1) Yes 2) No

If No, why?

General Observation/ Special Comments about session if any

PART B:

B1: COUNSELOR SELF ASSESSMENT OF HBHCT SESSION

Household Member Code: _____
 Date: ____/____/____
 Counselor: _____
 Household Member Code No. _____
 Organization: _____

<u>Counselor Assessment</u>	Minimum	Moderate	High	<u>Comments</u>
Confidence in your client(s) readiness to test/receive results	1	2	3	
Client(s) level of concern about HIV risk	1	2	3	
Extent that session focused on risk	1	2	3	
Client(s) interest in reducing risk	1	2	3	
Client(s) understanding of results	1	2	3	
Client(s) ability to identify support network (risk reduction/coping)	1	2	3	
Client(s) ability to disclose results	1	2	3	
Client(s) level of commitment to reduce risk	1	2	3	
Impact of session on client(s)	1	2	3	
Concern that client(s) will have future risk behavior	1	2	3	

What went well during this session?

How was this client(s) going to reduce their risk?

What will be the challenges for the client(s) in attempting to reduce his/her risk?

How did/will your client(s) cope with their results?

Who was this client(s) going to share results with? How were they going to do this?

Comments:

Counselor Signature _____

Date ___/___/___

Supervisor Signature _____

Date ___/___/___

B3: COUNSELOR WEEKLY ACTIVITY LOG

Week Ending: ___/___/___

Counselor: _____

AIC Branch: _____

Date	No. of Households	Individual Sessions	Couple Sessions	Child – Guardian Sessions	Total No. Of Sessions	Comments
___/___ (M)						
___/___ (TU)						
___/___ (W)						
___/___ (TH)						
___/___ (F)						
___/___ (SAT)						
Total						

B4: COUNSELOR MONTHLY ACTIVITY LOG

Counselor Code

Organization

Year

Month	No. of Households	Individual Sessions	Couple Sessions	Child – Guardian Sessions	Total No. Of Sessions	Comments
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total						

Workshop Evaluation

Home-based HCT Training for Counsellors

Training Evaluation Form

Date: _____

Please complete this brief training evaluation. This information will help us to improve future Home-based HIV Counseling and Testing (HBHCT) training courses. You do not have to put your name on this form, but if you feel comfortable, please let us know what your role is with your organization in the space below.

- Counselor Field Officer
 Trainer Health Professional (Nurse, Midwife, Doctor)
 ART Educator/Coordinator Laboratory Specialist
 Other position (please describe): _____
- Please provide a self-assessment of your HBHCT experience using the following continuum. Circle the number (1-4) that best represents your HBHCT experience before the training. Would you say:

1	2	3	4
I am new to HBHCT and have never been trained in VCT.	I am not experienced with HBHCT, but I am experienced with VCT.	I have limited HBHCT experience.	I am experienced at providing HBHCT.

Please assess your skills in the following areas before and after the training. Circle the number (1-4) that best represents your HBHCT skills before and after the training.

	Before the training, I could....				After the training, I can...			
	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
3. Identify the benefits of providing HBHCT to families of HIV+ clients to others.	1	2	3	4	1	2	3	4
4. Educate household members about HBHCT and complete the HH registration form.	1	2	3	4	1	2	3	4
5. Assess an individual household member's risk of HIV infection.	1	2	3	4	1	2	3	4

	Before the training, I could....				After the training, I can...			
	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
6. Provide HIV test results to an individual household member.	1	2	3	4	1	2	3	4
7. Assist an individual household member to develop a risk reduction plan and identify safer goal behaviors.	1	2	3	4	1	2	3	4
8. Support a client to disclose to his/her household member(s).	1	2	3	4	1	2	3	4
9. Explain HIV discordance to others.	1	2	3	4	1	2	3	4
10. Provide HIV test results to a couple.	1	2	3	4	1	2	3	4
11. Assist a couple to develop a risk reduction plan and identify safer goal behaviors.	1	2	3	4	1	2	3	4
12. Explain HIV discordance to discordant couples.	1	2	3	4	1	2	3	4
13. Provide counseling to HIV discordant couples.	1	2	3	4	1	2	3	4
14. Explain the guidelines for providing VCT to children to others.	1	2	3	4	1	2	3	4

	Before the training, I could....				After the training, I can...			
	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
15. Review the consent procedures for children with a parent/guardian in the home.	1	2	3	4	1	2	3	4
16. Conduct a child counseling session with the parent/guardian present.	1	2	3	4	1	2	3	4
17. Conduct a child counseling session when parent/guardian is not present.	1	2	3	4	1	2	3	4
18. Explain the safety precautions for conducting HIV rapid testing in the home to others.	1	2	3	4	1	2	3	4
19. Collect blood with a capillary tube using the finger stick method.	1	2	3	4	1	2	3	4
20. Perform sequential HIV rapid testing.	1	2	3	4	1	2	3	4
21. Interpret and report test results.	1	2	3	4	1	2	3	4
22. Prepare a dried blood spot.	1	2	3	4	1	2	3	4
23. Explain quality assurance measures for HIV counseling to others.	1	2	3	4	1	2	3	4
24. Explain quality assurance measures for HIV testing to others.	1	2	3	4	1	2	3	4

	Before the training, I could....				After the training, I can...			
	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
25. Conduct an efficient HBHCT visit.	1	2	3	4	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements. Circle the number (1-4) that best represents your views of the training.

	Strongly Disagree	Disagree	Agree	Strongly Agree
26. The training was well organized.	1	2	3	4
27. The training topics were relevant to my needs.	1	2	3	4
28. The instructors were well prepared.	1	2	3	4
29. The instructors were receptive to participant comments and questions.	1	2	3	4
30. The role-plays and demonstrations helped improve my skills in conducting HBHCT	1	2	3	4
31. The training enhanced my skills to conduct home-based HCT.	1	2	3	4
32. I now feel confident that I can conduct a HBHCT visit.	1	2	3	4
33. I expect to use the skills I have gained from this training.	1	2	3	4
34. I would recommend this training course to a colleague.	1	2	3	4
35. The Venue was suitable for learning purposes	1	2	3	4

Finally, please respond to the following items:

36. The most useful part of the training was:

37. Something I would change to make the training better would be:

39. I would like to see future HBHCT training sessions address:

Thank you for your participation!

Tinaso Family Case Study

Tinaso (42 years old) and his wife Mary (35 years old) have accepted to take an HIV test at their home. They have three daughters Joan (13 years old), Diana (4 years old) and baby Jane who is only five months old .

Tinaso and Mary desperately want to have a son. Tinaso's brother Joseph (22 years old) stays with them. He is a carpenter in town. The whole family has accepted to have HIV testing at home.

Tinaso's HIV test results are negative while Mary's are positive. Joseph is HIV negative; Diana and Joan are also HIV negative. Baby Jane is HIV positive (5 months old).

(Footnotes)

- 1 EDTA stands for Ethyl Diamine Tetra Acetic Acid. This chemical is an anti-coagulant, which keeps the blood from clotting once it is in the capillary tube.
- 2 For children less than one year, blood should be drawn from the heel of the foot using the heel-stick technique (see page 10 for further instruction).

