

MODULE IV

4. CARE, SUPPORT AND REFERRALS

Session: 4.1 Concepts of Care, Support and Referrals

4.1. CONCEPTS OF CARE, SUPPORT AND REFERRALS

OBJECTIVES

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

- Explain the concept of care and support
- Explain the purpose of care for people infected and affected by HIV/AIDS
- Articulate what care needs and qualities are necessary to care for HIV/AIDS infected and affected people
- Describe the negative effects of stigma and discrimination on access to care/support services
- Explain the resources and means for making an appropriate and effective referrals
- Explain concept of referrals
- Explain a formal referral system to community services

INTRODUCTION

VCT centers and VCT center personnel are not enough to deal with the problems faced by PLWHA. Referral networks as well as support not only from family but also from the community are also needed. In this respect, VCT can provide the crucial entry point to facilitate referrals. Thus, counselors need to understand their role as a bridge to other services needed by VCT client.

TIME: 90 minutes

MATERIALS:

Newsprint, OHPs, Markers, Meta-cards

METHODOLOGY:

Brainstorming; Group Discussion; Group Work

CONTENTS

- Concept of care and support
- Purpose of care
- HIV/AIDS continuum of care
- How should care and support be provided
- Referral system and community service
- How to link continuum of services into a referral network

PROCEDURES

1. Ask the participants about the concept of care and support and record their responses. Explain to what extent they are in line with the concept. Show **M IV Session 4.1 OHP# 1a** and **1b**.
2. Explain the purpose of care and support with the help of **M IV Session 4.1 OHP# 2a** and **2b**
3. Ask the participants to list out the needs of HIV positive and HIV negative clients. Share the idea with another person and come-up with one single idea. List out all the points in the newsprint. Share **M IV Session 4.1 OHP# 3** and summarize the needs of a client.
4. Ask the participants about possible care and support services based on the need of the clients. Record all the responses of the participants and justify their answers with the help of **M IV Session 4.1 OHP# 4**. Explain the continuum of care. For detail see **Annex 1 (M IV Session 4.1)**
5. Explain to the participants about how to provide care and support services with the help of **M IV Session 4.1 OHP# 5**
6. Discuss with the participants the negative effects of stigma and discrimination of PLWHA on access to care and support services.
7. Explain the concept of referral with the help of **M IV Session 4.1 OHP# 6**.
8. Show **M IV Session 4.1 OHP# 7** on referral needs and explain it properly.
9. Discuss with the participants about implementing and managing referral service systems and community services and show the **M IV Session 4.1 OHP# 8a** and **8b** and explain it.
10. Ask the participants and list down all the points that they know about quality of available services. Summarize the given points. Show **M IV Session 4.1 OHP# 9**
11. Summarize the session.

What Is Care?

“**Care**” refers to activities aimed at stabilizing and/or improving the overall **health conditions of individuals infected with and/or affected by HIV and AIDS**.

Throughout **all levels of the health system**, the main implementers of HIV/AIDS care interventions are the **health care workers** (physicians, nurses, psychologists, social workers, counselors)

What Is Support?

- Support encompasses activities to stabilize and/or improve interpersonal, community and societal systems affected by the epidemic.
- Information provision or referral to peer support, welfare services, spiritual support and legal advice

The principal sources of support for PLHA are their family members, caregivers and members of the community, as well as supporting community health care staff or organizations engaged in support

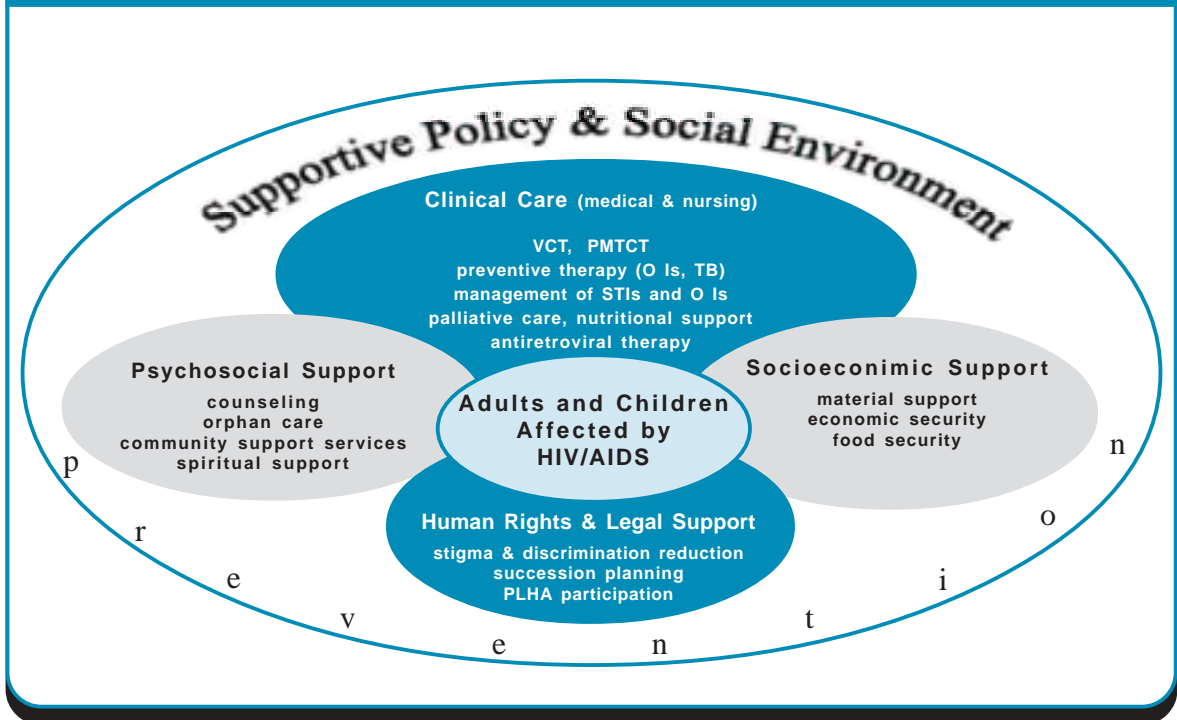
Purpose of Care

- Mitigate the effects of HIV/AIDS on individuals, families, communities and nations
- Improve the quality of life of PLHA, their family members, social circle and caregivers
- Decrease the stigma of having HIV/AIDS
- Help control the spread of AIDS-related illnesses (e.g. tuberculosis, sexually transmitted infections) that also infect other people.
- Social and economic benefits of care and support for PLHA arise from the fact, that when PLHA live longer and healthier, the loss of income for themselves and their families is postponed, and the future of their dependents will be better.

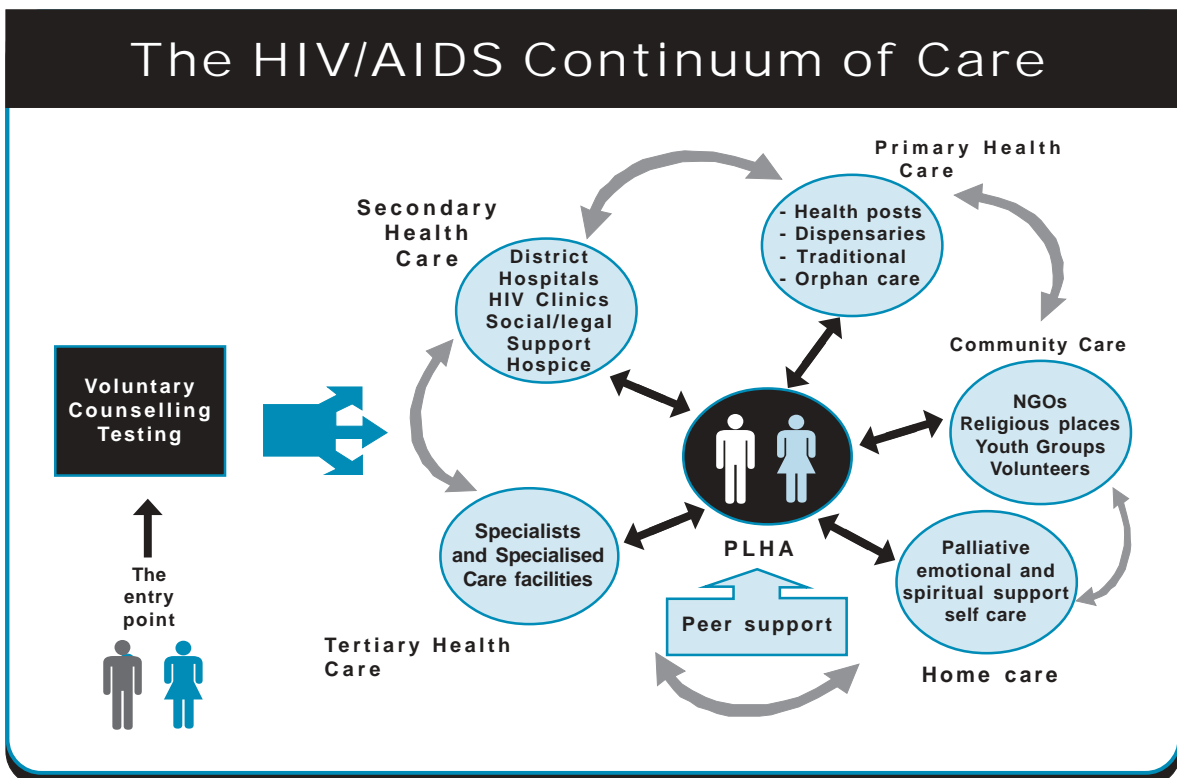
Purpose of Care

1. Access to care and support help prevent further transmission of HIV infection. By enhancing the effectiveness and widening the impact of prevention efforts.
2. Care provision offers an opportunity to :
 - Discuss with the client and others how they might prevent further spread of the infection
 - Support them in their choices to do so, e.g. by availing access to interventions that reduce mother to child transmission of HIV
 - Enable them to increase their safety as sexual partners through safe sex and condom use, and through use of antiretroviral therapy.

Comprehensive HIV/AIDS Care and Support



The HIV/AIDS Continuum of Care



How Should Care and Support Services be provided?

- Continuous care from each provider making sure that ;
- Client receive all the services that are available and relevant to him
- Client does not drop out of service network in the district.
- Team must consist of clinicians, nurse and community service organizations. In fact all services in a city/district should be linked.
- Referral system should be established

How Should Care and Support Services be provided?

- Regularly scheduled visits and follow up
- Continuous team work between client and health care provider to :
 - make the client take responsibility for his own care
 - improve the clients self -management skills
- Team work between different providers and professions to tackle different needs. This means teamwork.

Referral

Referral is the process by which client needs are assessed and prioritized and clients are provided with assistance (e.g., appointments, transportation) in accessing services. Referral should also include follow-up efforts necessary to facilitate/contact with care and support service providers.

Referral Needs

- Screening and treatment of STIs
- Tuberculosis screening and referral
- Family planning services
- Treatment and preventive therapy for opportunistic infections
- Drug rehabilitation

Ensuring High-Quality Referral Services

- Educate and support to staff
- Authority to staff
- Coordination and collaboration among providers

Implementing and Managing Referral Services

- Assessing clients' referral needs
- Planning the referral
- Facilitating clients' access to referral services
- Documenting referral and follow-up

How to Link a Continuum of Services into a Referral Network?

To operate a referral network requires:

- Construction of bridges between each of the elements of the HIV/AIDS care continuum
- Definition of roles and functions within each of the elements of the HIV/AIDS care continuum
- Establishment of the appropriate services and mobilization of the necessary resources to perform these roles and functions in collaboration with NGO's
- Respect for and acknowledgement of each partner's referrals

Session: 4.2 Living Positively With HIV/AIDS

4.2. LIVING POSITIVELY WITH HIV/AIDS

OBJECTIVES

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

- Define “positive living” from the clients’ and counselors’ perspective
- Explain various aspects of positive living
- Explain how their own feelings about PLHA have changed after the session
- Explain living healthy concepts for PLHA
- Explain the importance and role of support groups, networks and post test clubs

INTRODUCTION

Testing positive for HIV can be a traumatic and life-altering experience in the life of an individual. HIV/AIDS may represent potential rejection by the spouse, family and community. Because of such stigma and discrimination with HIV/AIDS those who test positive may fear telling their loved ones about the infection. They may refuse to seek medical care and become more isolated in their illness.

Therefore, living with HIV/AIDS session seeks to help participants to explore their own reactions to the losses associated with the positive result so that they may become more empathetic to the situation of PLHA. A dialogue with HIV-infected people themselves will help the the participants better understand the feelings and challenges associated with PLHA.

TIME: 75 minutes

MATERIALS:

Newsprint; OHPs; Markers; Meta-cards

METHODOLOGY:

Mini lecture; Invite and setup panel discussion with PLHA; Interactive discussion

CONTENTS

- Concept of positive living
- Concept of various aspects of positive living
- Role of healthy living
- Role of support group and network including post test clubs

PROCEDURES

1. Suggest that up until this point, we have talked a great deal about the various facts and information surrounding HIV/AIDS. We know a great deal now about transmission and prevention. We have explored at great length how the immune system responds to HIV/AIDS, the progression of the disease in the body, and the ways to strengthen one's body to live healthier with the disease. We have also discussed the effects of HIV/AIDS on our lives and our nation, and we have watched HIV/AIDS at work in our lives. But many of us know from our own lives that HIV/AIDS is not about facts and information as much as it is about feelings, hopes, and fears. It is an intimate, personal issue for many of us, for our friends and family members, and for the strong men and women who have agreed to speak with us at the second half of this session today.
2. Show **M IV: Session 4.2 OHP# 1** on concept of Positive Living
3. Show **M IV: Session 4.2 OHP# 2** on tips for living positively
4. Show **M IV: Session 4.2 OHP# 3** on Disease Progression
5. Show **M IV: Session 4.2 OHP# 4** on Living Healthy Chart and explain it
 - Link the disease progression and healthy living concepts and explain its importance

PROCEDURES (contd..)

6. Remind participants about the Disease Progression
Remind the group that we have discussed a number of co-factors that can shorten the honeymoon period, but many behaviors can lengthen the period.
7. Begin by discussing **General Health Maintenance**. What are some ways that we keep ourselves healthy every day? Pass out several colored cards to each participant. Ask them to write some ideas on the cards. Invite participants to come up and tape their ideas to the chart. Possibilities include rest, good nutrition, exercise, vaccinations, avoiding drugs and alcohol, proper sanitation, washing one's hands, and so on.
 - Then move on to discuss **Psychological Well being**. Have participants write their ideas on the colored cards. Invite participants to come up and tape some answers in this category. Possibilities include having a positive attitude, building one's self-esteem, counseling, and reducing stress.
 - Next discuss **Spiritual Well being**. Ask participants to come up and add some ideas to this section. Some possibilities are prayer, meditation, visualizing a positive future, attending church or mosque, and so on.
 - Then move on to discuss **Social Well being**. Ask a few participants to tape up some ideas in this section. Possible answers include having the comfort and support of a spouse, partner, or family; support groups with other HIV-positive people; activism; protection from discrimination; meaningful work; and so on.
 - Finally, discuss **Physical Well being**. Indicate that often we think that this means access to the new AIDS drugs, but it can mean so much more. Divide this section into three parts, and suggest that we can think of three different aspects to our Physical-Medical health. We can :
 - Use treatments, drugs, or herbs to strengthen the immune system. These might include herbs from a local pharmacist or traditional healer that boost the immune system
 - Immediately seek treatment for any infections or diseases. Most local health centers have treatments for tuberculosis, pneumonia, STIs, and so on. Getting treatment for these helps the immune system to concentrate on fighting HIV, and it also reduces the number of T4 cells that would otherwise come out for HIV to attack
 - Use anti-retroviral therapy. These drugs can greatly reduce the amount of HIV in blood stream and keep a person healthier longer. These drugs also substantially reduce the risk of MTCT if taken during pregnancy.
 - Summarize the entire Living Healthy chart, and remind the group that we can take control of our health, even if we are already infected with HIV.
8. Show **M IV: Session 4.2 OHP# 5** on Support Groups and Networks, Including Post-Test Clubs

Concept of Positive Living

Positive living in the context of HIV/AIDS epidemic is for all people and may differ for every individual. All people, whether HIV infected or negative, can adopt a positive life style.

Positive living for those that test negative is a life style that continues to aim to maintain their negative status.

Positive living with HIV/AIDS is a life style in which one tries to delay the onset of AIDS symptoms.

Concept of Positive Living

The clients perspective: quotes from women living with HIV/AIDS capture what it means to live positively:

“No one has ever said yes to AIDS. No one has asked for it. Most of us who have it now had never even heard of it when we caught it. You cannot attach blame or assign guilt to anyone. It does not matter who was responsible- the husband or the wife or the blood transfusion. The important thing is to think and live positively.” (Ugandan Counselor).

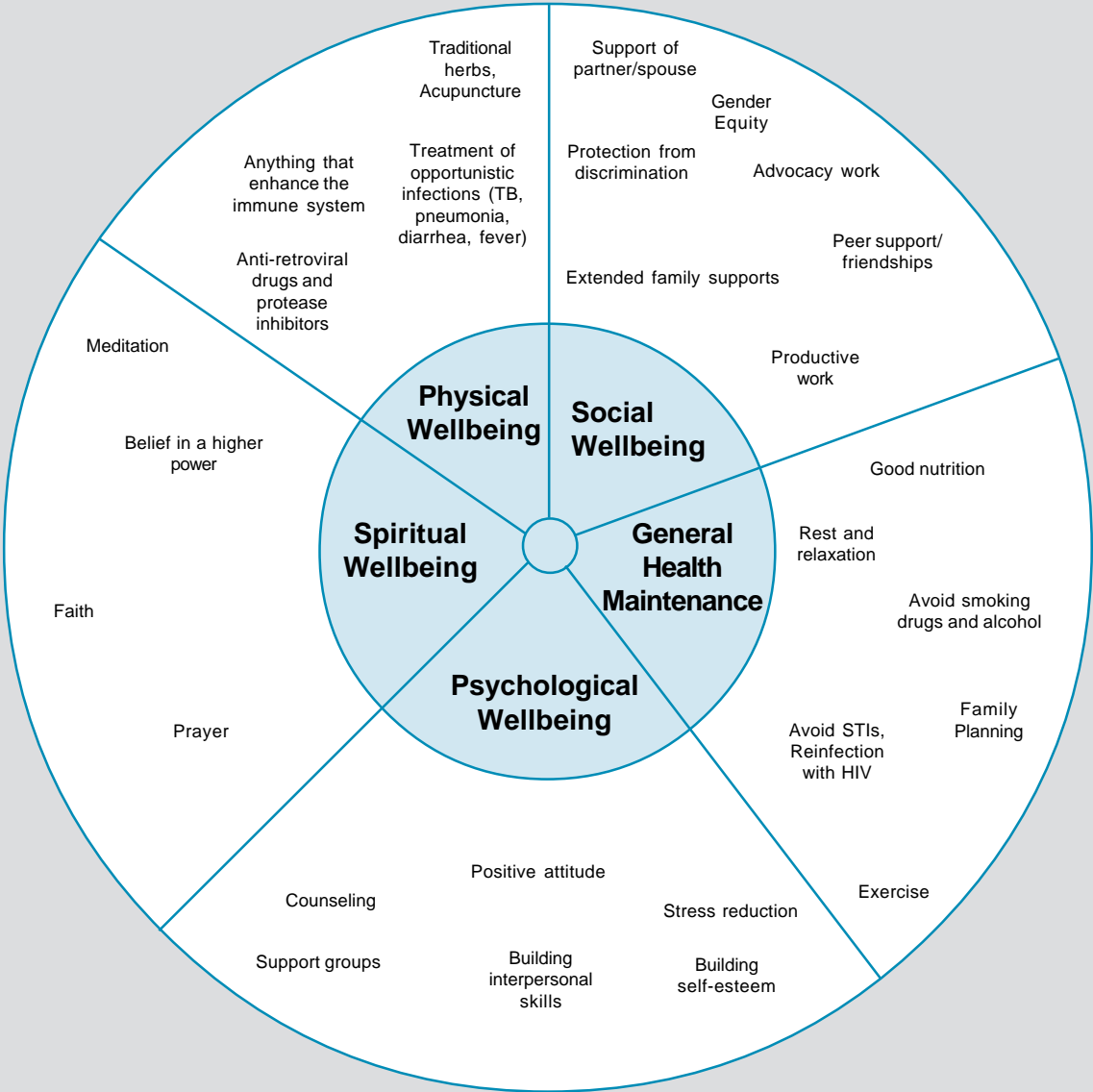
“ Do I look like a figure or a statistics? I am a person, a woman living with HIV”. (Bridgett, HIV+, Zambia)

“ When I first met my husband we did not seem to have a care in the world. But now AIDS is always there in the back of my mind. We make plans and then I think, God what are we doing this for? And he will say you cannot think like that. You have got to make plans for the future.” (Pat, HIV+, Uganda)

Tips for Living Positively

- Be informed
- Accept the inevitability
- Give and receive affection
- Avoid isolation
- Work
- Get involved with prevention and care activities
- Eat nutritious food
- Prevent OIs
- Reduce or stop unhealthy consumptions
- Exercise properly
- Develop understanding capacity
- Laugh as much as and whenever you can

Living Healthy Chart



Note to Trainers:

This session can be a transformational one for many participants, because it debunks some stereotypes about the disease and can break through denial about personal risk. Many community groups have been powerfully changed by such a session, and it is hard to overstate the benefits of this conversation with people living with HIV/AIDS, especially with groups in which people still express some denial about HIV/AIDS.

However, in some areas there has been a certain “tokenizing” of such speakers, meaning that people living with HIV/AIDS are brought into a community just for a session like this one, and they have to tell their stories over and over for groups like these. In some cases, this can be painful for the speakers, especially if such sessions are not followed up by more meaningful partnerships among the speakers and community groups. It is important to recruit speakers from credible, recognized organizations of people living with HIV/AIDS.

Every situation is different, so only your facilitation team can determine whether or not the benefits of a session like this outweigh the possible cost to the speakers. Before deciding to have this session, weigh the needs of your group and the goals of the session against any possible problem that the session might raise for the speakers living with HIV/AIDS.

It is also helpful to prepare the group beforehand by talking about the types of questions that may be especially difficult for the speakers, and by reminding participants that the panel discussion should remain confidential.

Activity: Panel Discussion with People Living with HIV/AIDS

PROCEDURES

Preparation

At least a week before the session, visit local organizations and support groups of PLHA and find out if they have a speaker's component. Get to know their philosophy and the experiences of their members speaking publicly about their personal experiences living with HIV/AIDS. Talk to some of the speakers, explain your purpose, and select the speakers that most closely fit your group (ensure that at least one man and one woman is selected, because their experiences will differ and add a gender perspective to the discussion). It is important to select speakers who are honest, prepared, and eager to speak with groups, and who can model what it means to live positively with HIV. Offer a stipend or a meal, along with transportation to and from the venue. Also ask the speakers to provide you with a list of any questions or topics that they would not feel comfortable discussing, so that you may lead the discussion away from those issues should they arise.

Facilitation

1. Move from the discussion regarding common responses to a positive test result to this panel of PLHA. Indicate that no matter how much we educate ourselves about HIV/AIDS, perhaps the best source of information and understanding comes from talking and working with people who are living positively with HIV infection every day. (You may want to set ground rules regarding what topics/questions that the panelists do not wish to discuss, and remind participants that the panel discussion must remain confidential.)
2. Introduce the speakers, and provide time for all participants to introduce themselves.
3. Provide a specific time for each speaker to tell his or her story. After all stories have been told, provide time for the participants to ask questions.
4. Spend about an hour and a half in this dialogue with the speakers.

Wrap-up

After the panel discussion, when the panelists have left, provide some processing time for participants to discuss their feelings about the session. Often this session can raise powerful emotions for the participants, and they may want some time to discuss the experience with the group.

Support Groups and Networks, Including Post-Test Clubs

- Redressing misconceptions and myths surrounding HIV/AIDS reduces feelings of isolation, stigmatization, and abandonment
- Share and address stigma and discrimination in many spheres of life such as rejection by family and friends, exclusion from employment, education and travel
- Provide individuals a sense of solidarity
- Share experiences and discuss problems openly
- Foster healthy living attitude and help members avoid sexual risk
- Help individual, family and community to raise their awareness level
- Ensure a befriending counselor role providing support and comfort and allowing participants to express their feelings and emotions

Session 4.3 Ethical Code of Conduct for HIV Counselors

4.3 ETHICAL CODE OF CONDUCT FOR HIV COUNSELORS

OBJECTIVES

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

- Explain the value of Ethical Code of Conduct for HIV counselors
- Know the components of Code of Conduct
- Explain human rights in relation to HIV/AIDS
- Understand the limitation of a counselor and disciplinary measures

INTRODUCTION

The fundamental values of counseling are set forth in an ethical code of conduct. Counselors should understand these universal values so they can maintain a professional relationship with their clients. The values are: benefit others; do no harm; respect others' autonomy; and be just, fair, and faithful. Ethical codes educate about responsibilities, provide a basis for accountability, protect clients, and offer guidance to improve professional practice and make ethical decisions. The standards followed by counselors and clients safeguard the integrity, impartiality, and respect of both parties.

TIME: 90 minutes

MATERIALS:

Newsprint; Markers; OHPs

METHODOLOGY:

Brainstorming; Interactive discussion

CONTENTS

- Value of ethical code of conduct
- Competence
- Consent
- Confidentiality
- Human Rights
- Disciplinary Measures

PROCEDURES

1. Ask the participants about the Ethical Code of Conduct for HIV counselors.
 - Record all the responses in the newsprint. Give resource person opinion and if needed add more information on the topic.
2. Divide the group into three and assign the task. Ask them work in a group on the task below:
 - Competence
 - Consent
 - Confidentiality
 - Ask the participants to come up with the positive aspect of the given topic.
 - Ask the group to write their discussion points in a newsprint.
 - Ask the group to select one representative to discuss in a plenary. Summarize the present discussion with the help of **M IV: Session 4.3 OHP # 1, 2 and 3.**
3. Give mini lecture on “Respect for Human Rights.” Show **M IV: Session 4.3 OHP # 4** and explain it.
4. Ask the participant about the disciplinary measures exist in the context of their organizations and the country. Record the responses.
5. Explain **M IV: Session 4.3 OHP # 5** on “Disciplinary Measures.”
6. While explaining this OHP discuss the meaning of minors given on **M IV: Session 4.3 OHP #6**
7. Summarize the session. Give an opportunity to ask the questions and answer them.

Competence

A Competent Counselor should:

- be responsible for their own competence, effectiveness, conduct, and physical safety, and for avoiding any compromise of the counseling profession;
- have received requisite training in counseling skills and techniques;
- be monitored regularly through supervision or consultative support, and by seeking the views of clients and other counselors;
- recognize their boundaries and limitations, providing only those services and using only those skills and techniques for which they are qualified through training and practice;
- not claim to have qualifications or expertise they do not have;
- make appropriate referrals to others with expertise they themselves do not have;
- not make exaggerated claims about the effectiveness of HIV prevention and care interventions offered by their facility.

Consent

- Counselors must obtain their clients' consent to engage in counseling and testing.
- Unless sanctioned by legal authorities on criminal or mental health background, counseling is undertaken voluntarily and deliberately by counselors.
- Counselors must explain to clients the nature of the counseling offered and any attendant contractual obligations, such as timing, duration, confidentiality, and cost/fees for services, if applicable.
- Counselors should ensure that clients understand all issues involved in VCT before giving informed consent for HIV testing.
- Counselors must recognize the rights of individuals whose ability to give valid consent to HIV testing may be diminished because of age, learning disabilities, or mental illness.
- Counselors must recognize the right of clients to withdraw their consent at any time, even after their blood has been taken for HIV testing.
- Nonconsensual HIV testing cannot be justified in any circumstances, including medical emergencies.

Confidentiality

- Counselors must maintain adequate records of their work with clients and take all reasonable steps to preserve the confidentiality of information obtained through client contact.
- No information concerning the client, including HIV test results, should be given without the permission of the client. But “shared confidentiality” is encouraged.
- Counselors should be aware that, although HIV test results must be kept confidential, other professionals may be involved in a given case.
- Counselors must maintain confidentiality in storing and disposing of client records.

Confidentiality

- Counselors may break the confidentiality agreement only under the following circumstances:
 - The counselor believes a client might cause serious physical harm to himself or herself, or to another person or persons, or be harmed by another person or persons;
 - The counselor believes a client is no longer able to take responsibility for his or her decisions and actions;
 - A court has ordered disclosure of such information;
 - The person infected with HIV continues to behave in a way that presents a clear threat to identifiable individuals' lives;
 - The client requests a release of record.
- A counselor's confidentiality oath specifically states that they should:
 - Keep strictly confidential any identifying information about a client, unless the client gives written permission to act otherwise;
 - Take reasonable steps to ensure a client's record is identifiable only to that client;
 - Destroy records no longer required for services being offered;
 - Ensure security of records and prevent access to them by anyone not involved in the services being offered;
 - Ensure that colleagues, staff, and participants understand and respect the need for confidentiality in the counseling services.

Respect for Human Rights

- Counselors must recognize the fundamental rights, dignity, and worth of all people.
- Like any other health professionals, counselors are expected to provide services to people irrespective of race, culture, religion, values, or belief system.
- Counseling is not about forcing people to conform to certain “acceptable” standards by which they must live. Rather, it is a process in which clients are challenged to assess their own values and behaviors honestly, and decide for themselves how they might change.

Disciplinary Measures

- Counselors have a responsibility to other counselors to point out or discuss possible wrongdoing if they observe or hear about it.
- Counselors have a responsibility to maintain high standards of professional conduct toward clients and the institution where counseling services are performed.
- All personnel involved in HIV counseling should sign an oath of confidentiality. Corrective measures should be taken upon breach of this oath. Further disciplinary actions may be taken, depending on the ethical code addressing termination of services, justification for termination, and the mechanisms for doing so. HIV counselors might face a number of ethical issues, including:
 - Client dependence
 - Disclosure of test results to partners

Meaning of Minor

In Nepal, the legal age of consent is 18 years. Anyone 18 years or older requesting VCT is deemed able to give full, informed consent. Generally, for children and minors without the legal capacity to consent, voluntary informed consent from parents or legal guardian is required.

When children are brought to the VCT center by their parents, the counselor determines the reason for testing. VCT services are provided only if there is a clear potential benefit to the child and the counselor determines that there is no potential for neglect or abuse of a sero-positive child.

MODULE V

5. DOCUMENTATION AND SITE MANAGEMENT

Session 5.1 Record Keeping and Documentation

5.1 RECORD KEEPING CARD AND DOCUMENTATION

OBJECTIVES

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

- Describe record keeping of intake form and self evaluation form
- Develop skills to fill up the self evaluation form
- Demonstrate skills for documentation

INTRODUCTION

Supervision and evaluation is a critical component for the successful implementation of HIV VCT services. Well designed and conducted evaluation of HIV VCT will help identify and correct potential problems on an ongoing basis and provide feedback in the process of planning, designing and implementation of HIV VCT programs. Supervision and evaluation mainly focuses on service delivery and program effectiveness. Therefore, supervision and support is a working relationship between the supervisor and the supervisee. In this case, supervision by an experienced counselor helps a newly trained and inexperienced counselor to grow and develop into an effective VCT counselor. This process enables the project and helps to achieve the organizational goal efficiently.

TIME: 60 minutes

MATERIALS:

Newsprint; OHPs; Markers; Pre-developed forms

METHODOLOGY:

Brainstorming; Mini lecture; Group work; Exercise

CONTENTS

- Client Intake Record Keeping Form
- Self Evaluation Form

PROCEDURES

1. At the beginning the resource person will introduce a game in the class for the climate setting.
2. Ask the participants what do they know about the importance of record keeping and self evaluation.
3. After discussion explain the importance of record keeping and self evaluation.
4. Explain the content of the form by using **M V: Session 5.1 OHP#1**
5. Pair up the participants and distribute the record keeping form and ask the participants to practice on it
6. Ask the participants for the difficulties while practicing on record keeping form
7. Explain self-evaluation form **M V: Session 5.1 OHP#2**
8. Pair up the participants and distribute the self-evaluation form and ask the participants to practice on it. Show **M V: Session 5.1 OHP#3-6**
9. Summarize the session

National Voluntary Counseling and Testing Client Intake Record M V: Session 5.1 OHP#1

<p>1. Age: <input style="width: 50px;" type="text"/></p> <p>2. Sex: (Tick one) 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p> <p>3. Occupation: (Tick one) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Unskilled 3 <input type="checkbox"/> Skilled 4 <input type="checkbox"/> Professional 5 <input type="checkbox"/> Student</p> <p>Specify: <input style="width: 100%;" type="text"/></p> <p>4. Education: (Tick one) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Some primary 3 <input type="checkbox"/> Some secondary 4 <input type="checkbox"/> Somepostsecondary</p> <p>5. Marital status: (Tick one) 1 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Steady partner, not living together 3 <input type="checkbox"/> Steady partner, living together 4 <input type="checkbox"/> Married, monogamous 5 <input type="checkbox"/> Married,polygamous 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Separated / divorced</p> <p>7. Pregnant: (Tick one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> N/A</p> <p>8. Service Required: (Tick one) 1 <input type="checkbox"/> Information only 2 <input type="checkbox"/> Counselling only 3 <input type="checkbox"/> Full VCT service</p> <p>6. Client Counseled as: (Tick one) 1 <input type="checkbox"/> Individual 2 <input type="checkbox"/> Couple</p>	<p>9. Why here today: (Tick all that apply)</p> <p>1 <input type="checkbox"/> Plan to get married 2 <input type="checkbox"/> Plan to get pregnant 3 <input type="checkbox"/> Plan for the future 4 <input type="checkbox"/> Client risk behaviour 5 <input type="checkbox"/> Partner risk behaviour 6 <input type="checkbox"/> Feel unwell 7 <input type="checkbox"/> Had bloodtransfusion 8 <input type="checkbox"/> Pregnant 9 <input type="checkbox"/> Reunion with spouse 10 <input type="checkbox"/> Referred by other client 11 <input type="checkbox"/> Referred by health worker 12 <input type="checkbox"/> HIV positive child 13 <input type="checkbox"/> Partner ill / died 14 <input type="checkbox"/> New sexual partner 15 <input type="checkbox"/> Tested elsewhere 16 <input type="checkbox"/> After window period 17 <input type="checkbox"/> Exchanged sex for money/favours 18 <input type="checkbox"/> Intravenous drug use 19 <input type="checkbox"/> Other - Please specify: <input style="width: 100%;" type="text"/></p> <p>10. How did client learn about this service? (Tick all that apply)</p> <p>1 <input type="checkbox"/> Television 2 <input type="checkbox"/> Radio 3 <input type="checkbox"/> Newspaper 4 <input type="checkbox"/> Poster / sign post 5 <input type="checkbox"/> Pamphlets 6 <input type="checkbox"/> Relative / friend 7 <input type="checkbox"/> Sex partner /spouse 8 <input type="checkbox"/> Another VCT client 9 <input type="checkbox"/> Health facility / worker 10 <input type="checkbox"/> Other - Please specify: <input style="width: 100%;" type="text"/></p> <p>11. Sex partners in last 12 months: <input style="width: 50px;" type="text"/> Hetero <input style="width: 50px;" type="text"/> Homo</p>	<p>12. Condom use in last 12 months: (Tick one per partner)</p> <p>Steady Partner: 0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Always 9 <input type="checkbox"/> Not sexually active in last 12 months</p> <p>Non - steady partner: 0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Always 9 <input type="checkbox"/> Not sexually active in last 12 months</p> <p>13. Used condom last time had sex: (Tick one) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, but condom broke 3 <input type="checkbox"/> Not sexually active in last 12 months 4 <input type="checkbox"/> Never had sex</p> <p>14. If not tested, why not: (Tick one) 1 <input type="checkbox"/> Changed mind 2 <input type="checkbox"/> Want to test later 3 <input type="checkbox"/> Want to test with partner 4 <input type="checkbox"/> No test kits available 5 <input type="checkbox"/> Not satisfied with quality of the service 6 <input type="checkbox"/> Declined to answer 9 <input type="checkbox"/> N/A 88 <input type="checkbox"/> Other - Please specify: <input style="width: 100%;" type="text"/></p> <p>15. Has client had an HIV test before? (Tick one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> Yes, positive 4 <input type="checkbox"/> Yes, do not know result</p> <p>14. HIV Result today: (Tick one per test)</p> <p>Screening Test: 0 <input type="checkbox"/> Negative 1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Inconclusive 9 <input type="checkbox"/> Not done</p>	<p>Confirmatory Test 0 <input type="checkbox"/> Negative 1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Inconclusive 9 <input type="checkbox"/> Not done</p> <p>Tie breaker: 0 <input type="checkbox"/> Negative 1 <input type="checkbox"/> Positive 9 <input type="checkbox"/> Not done</p> <p>16. Couple Discordant: (Tick one) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> N/A</p> <p>17. Condoms given: (Tick one) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - How many: <input style="width: 50px;" type="text"/> 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> None available</p> <p>19. Referred to: (Tick all that apply)</p> <p>0 <input type="checkbox"/> Not referred 1 <input type="checkbox"/> HIV clinician 2 <input type="checkbox"/> STI services 3 <input type="checkbox"/> Inpatient services 4 <input type="checkbox"/> TB services 5 <input type="checkbox"/> PMTCT services 6 <input type="checkbox"/> Family planning 7 <input type="checkbox"/> Other outpatient services 8 <input type="checkbox"/> Home based care 9 <input type="checkbox"/> Post-test club 10 <input type="checkbox"/> Ongoing counselling 11 <input type="checkbox"/> Spiritual support 12 <input type="checkbox"/> People living with AIDS groups 13 <input type="checkbox"/> Legal services 14 <input type="checkbox"/> Other - Please specify: <input style="width: 100%;" type="text"/></p>
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**Counselor Reflection Form
(For Counselor/S And/Or Supervisor After Sessions
As A Quality Assurance Measure)**

	Yes	No	N/A
Did I conduct a client-centered session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I provide too much technical information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the client speak as much or more than I did?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I perform a risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I attain a risk reduction plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the client understand the meaning of the test results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I assess the availability of the client's social support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I discuss referral options with the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I discuss disclosure of test results with the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the client determine an immediate plan of action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I deal with the client's and my own emotional reactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How could I have improved the session? _____

Date: _____

Informed consent form

Consent Form for HIV Testing

This is to state I have been counseled about the HIV test to be conducted on me and have been explained about the implications of the test result. All details pertaining to HIV, its transmission, testing procedure, its limitations and interpretation of results have been explained to me in a manner that I can understand. I have been given the return tade for my test results (if not same day service). I also understand that I am free to refuse the test and still get the help I need from this Center without being discriminated against.

I hereby give my consent for test to be conducted in order for me to know my HIV status.

Signatuer of Client: _____

Date: _____

Counselor's Name and Signature: _____ Seal of Stamp of institution

Date: _____

Institution: _____

Address: _____

THIS DOCUMENT IS CONFIDENTIAL

Referral form

Name of Instituteion:

Address:

Date :

VCT SERVICE REQUEST FOR REFERRAL	
1.	CODE NUMBER OF CLIENT
2.	DATE OF FIRST ATTENDANCE TO THE VCT CENTER
3.	REFERRAL DATE
4.	REASON FOR REFERRAL (Please tick)
a.	Medical Services _____
b.	Social Services _____
c.	legal Services _____
d.	Orphan Services _____
e.	Famili planning Services _____
f.	STI Services _____
g.	Other support services (specify) _____
5.	Referred to (Name of Institution)
6.	Referred by Counselor (Name):
7.	Oranization:
8.	Stamp

HIV laboratory request form

S.N.	Client's Code Number	Age	Sex	Client's permanent address/district	Initial/Confirmatory/Tie breaker	Result	Remarks

Name of Counselor:
Date:

Signature:

Stamp: Name of Institution and Address:

Name of Laboratory Technician:

Signature:

Date:

Stamp: Name of Institution and Address:

Note: For code number, use district name first than of institute name (initials), VCT number and date of first contact for counseling eg. Kath/NCASC-200/29-6-2003

VCT client exit survey form

Date: ____ / ____ / ____

Type of visit: Initial Follow up

if survey declined, reason for declination: _____

Type of session: Individual Couple

Indicate your answer by circling the appropriate answer to the following statements:

		Yes=1	No=2
1.	Overall, the services I received at the VCT center were satisfactory.	1	2
2.	A staff member greeted me withing 15 minutes of my arrival.	1	2
3.	I had a place to sit while I was waiting.	1	2
4.	The staff were helpful and supportive to me.	1	2
5.	I felt comfortable asking the Counselor questions.	1	2
6.	I felt the Counselor answered my questions fully.	1	2
7.	I felt comfortable as my blood samples were taken.	1	2
8.	The Counselor made me comfortable talking to him/her.	1	2
9.	The Counselor displayed good skills in his/her counseling session.	1	2
10.	I was given the information I needed about HIV/AIDS.	1	2
11.	I felt I learned something from the video playing in the waiting room (<i>if applicable</i>).	1	2
12.	The information given makes/made me feel confident to receive my results.		
13.	I intend to tell others about this service.		
14.	I inted to discuss the results of my test with my partner.		
15.	I intend to change my behaviour as a result of this vistry.	1	2

Additional Comments;

Form Filled by: Name:

Institution:

Date:

Session 5.2 Site Management

5.2 SITE MANAGEMENT

OBJECTIVES

By the end of the session participants will be able to

- Develop skills to maintain inventories
- Display IEC materials appropriately in counseling room.
- Maintain records, documentation and reporting to the related agencies.
- Keep record confidential and safe.
- Describe what a site manager/supervisor should accomplish

INTRODUCTION

A VCT counselor has various responsibilities besides counseling. The counselor also needs to develop inventories and keep records of all supplies in order to keep the counseling room resourceful. For this the counselor also has to develop or collect IEC materials from the different organizations related with HIV or counseling. Appropriately displayed IEC materials provide information more clearly and effectively. Therefore, privacy, confidentiality, and a safe environment increase the quality of counseling service. VCT centers are the branch of a longer office system. Therefore, counselors have to develop and submit reports on day-to-day activities to their supervisor. Thus, site management is also one of the important components for a counselor.

TIME: 30 minutes

MATERIALS:

Newsprint; OHPs; Markers

METHODOLOGY:

Brainstorming; Mini lecture; Interactive Discussion

CONTENTS

- Preparation of Inventory
- IEC Material Display
- Maintain record and documentation
- Report writing

PROCEDURES

1. Ask the participants what they know about inventory.
 - Record all the responses in the Newsprint
 - Explain and add information if needed.
2. Explain the inventory system to keep the supplies up to date.
3. Ask the participant what they know about IEC Material and also examine whether they know to display IEC material.
 - Record all the responses.
 - Display IEC materials in the classroom and explain the meaning, importance, sequence and context. Explain the reason of IEC material display.
4. Explain the participants about record keeping and documentation.
5. Explain the importance of report writing.
Distribute report-writing format **M:V Session 5.2 OHP#1 and 2** and explain it.
6. Show **M:V Session 5.2 OHP# 3** and explain the participants what the site supervisor or managers should accomplish.

Quarterly Voluntary Counseling and Testing Report Form

Name of Reporting Institution:.....Reporting Period.....

Address:.....

	Single Male	Single Female	Couple	Total	Remarks
A. Total Number					
Number of New Clients					
Number of Repeated Clients					
B. Total Number of HIV Testing					
Total HIV (-) Negative Result					
Total HIV (+) Positive Result					
Undecided/ not tested					
C. Reasons for seeking counseling/testing					
• Unwell					
• Worried					
• Partner high risk sexual behavior					
• Referred by health worker					
• Reconfirm					
• Injecting drug use					
• New sexual Relationship					
• Going abroad					
• Plan to marry					
• Other					
• Other					
• Other					
D Age Group					
<14 yr					
14-24 yrs					
25-49 yrs					
50+yrs					
E Marital Status of counseled new clients					
Married					
Unmarried					
Window/Divorced					
Other					
F Total Number refd. to get services					
Refd. for - STI Services					
- Social/ Psychological					
Rehab/Care - Medical Services					
- Other					

- Note:**
1. Please send this report every quarter confidentially to National Center for AIDS and STI Control, Teku, Kathmandu.
 2. For HIV positive cases please use another form; which is used to report HIV cases

Monthly Report Form of HIV Antibody Test

Name of Reporting Institution:

Reported By:

Reporting

Period:.....

SN	Code No.	Reg. Date	Age	Sex	Occupation	District	Risk Group	Referred By	Lab	Type of Test	Result	Counseling	Remarks

Prepared By:
period):

Stamp of Institution

Total Sample Tested(During this

Date:
period):

Total HIV Positive Cases (during this

Site Supervisors or Managers Should Accomplish:

- Ensure that VCT sites operate during hours suitable to their clientele and with minimal delay in providing services.
- Ensure adequate stocks of authorized materials and equipment are available on site (test kits, gloves, written materials, condoms etc.).
- Establish and frequently monitor systems to ensure that confidentiality is maintained for all VCT clients.
- Target VCT to persons who may engage in high risk behaviors.
- New counselors should be observed during counseling (with the client's consent) by trained "clinical" supervisor, until proficiency is assured.
- Ensure that counseling is tailored to the individual or couple's needs, and involves clients in identifying their own risk behaviors.
- Ensure that there is regular quality control for counseling and testing.
- Ensure training and re-training of counselors and laboratory staff as required.
- Ensure appropriate written materials are available and distributed to clients.
- Ensure condoms are available and distributed as appropriate to clients.

MODULE VI

6. FIELD PRACTICUM MODULE

Session 6. Field Visits

6. FIELD VISITS

OBJECTIVES

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

- Discuss the strategies employed to establish other support services and assure funding
- Appreciate the need for developing effective partnerships between community-based organizations, health services and non-government organizations
- Facilitate the involvement of people living with HIV in VCT service delivery
- Observe Rapid HIV Testing procedures

INTRODUCTION

As part of the training course, participants will visit selected VCT projects in Kathmandu valley in order to study them on a group or individual basis at the end of the course.

After the visit, each participant will write a visit report within a given time (based upon the given guidance). This visit will help the participants to apply learned concepts and teaching in a real counseling setting. The visit will enhance the analytical thinking of the participants and also help diagnose the problem and improve counseling skills. Keeping this in mind, the field visit program has been developed to improve the knowledge and skills by observing and asking questions in a real counseling setting.

TIME: One day

MATERIALS:

Handout and observation sheets

METHODOLOGY:

Interactive lecture and discussion; Observation; Questions and answers

CONTENTS

- Clinic setting
- Structure and functions of care/support services
- Debriefing from field visits

PROCEDURES

1. Arrange to have participants visit various relevant services and meet with key staff within each service.
2. Assist the service to prepare for the visit by sending them a copy of the handouts for this module **M VI: Session 6 OHP#1**. It will assist the service to know what information the participants will be interested in and allow them to appropriately prepare for the visit,
3. Where possible, arrange a tour of the services (Youth Vision, SACTS, NCASC, NPHL)
4. To meet the session objectives participants are required to obtain specific information for each field visit site. Instruct participants to refer to Handout and to note the answers to each of the suggested questions at each field visit site. These questions address specific areas and are relevant for visits to VCT services, PLHA clubs and self-help groups.
5. After completing all field visits instruct participants to prepare for a debriefing. Ask them to complete the questions on Handout- **M VI: Session 6 OHP#2**
6. Conduct a debriefing session. The aim of the debriefing session is to review the information learned and to discuss ideas for adapting information to the specific context of the participants and the services they work within.
 - Write at the top of the board the name of the first field visit site.
 - On the left side write “What did you learn?” and ask the group to brainstorm the most important things they learned from that specific site.
 - On the right side write “Ideas?” and ask the group to brainstorm the ideas they have for adapting the information obtained from that specific site to their service.
 - Repeat this for each of the field visit sites.
 - Closing activity. Ask the participants to consider all the field visits. Go around the group and ask each participant to share with the larger group one goal they would like to work towards upon return to their own service.
7. Ask the group if they have any questions and remind them about the “question box”.
8. Ask participants to complete an evaluation form and place in the “evaluation form collection box”.
9. Return to the Training Hall. Allow the participants to prepare small report in a group. Present the report by one group representative.
10. Jot down the learning points.
11. Summarize the session.

To meet the session objectives answer the following questions for each field visit site. These questions address specific areas and are relevant for visits to VCT services, PLHA clubs and self-help groups.

- Name of agency
- The role and aims of the agency / service
- What services do they provide? What activities are they involved in?
- How is this service associated with VCT?
- What is the history of the development of the service?
- What was involved in setting up the service?
- How do clients flow through the service?
- What statistical data is collected and how?
- How is statistical data organised and managed?
- How is statistical data utilised by the service?
- What is the system for medical records?
- What are the staffing arrangements of the service? (number of staff, paid or volunteers, etc)
- How are staff/volunteers recruited and selected?
- How do they provide training to staff/volunteers?
- What support and/or supervision are offered to staff/volunteers?
- Do HIV positive clients have a role in this service? If so, how does the service facilitate the involvement of people living with HIV in VCT service delivery?
- What are the common case presentations within this service?
- What quality assurance measures have been established? (staff performance appraisals, client satisfaction surveys, performance indicators, etc)
- What monitoring and evaluation strategies are employed by the service?
- How is the service marketed?
- How does the service promote and advertise its services within the community?
- What are the linkages and referral systems between this service and community-based organizations, health services and non-government organizations?
- How is the service sustained? What funding or finance arrangements do they have? What fund-raising activities are they involved in?
- What difficulties has this service experienced? (e.g. community discrimination)
- What constraints do they have in running their service on a daily basis?
- How has the service overcome and managed these difficulties and constraints?
- Are there other comments or information you think is important?

Objectives

By the end of the field visit, participants will be able to:

- Appreciate the need for developing effective partnerships between community-based organizations, health services and non-government organizations.
- Discuss the strategies employed to establish services and ensure funding.
- Facilitate the involvement of people living with HIV in VCT service delivery.

Debriefing for field visits

A debriefing session will be conducted at the end of the field visit module to review the information learned and to discuss ideas for adapting operational elements of the visited agencies to the requirements of participants' agencies.

To contribute to this debriefing, complete the following:

Field Visit Site 1

Name of Site: _____

What are the three most important things you learned?

- 1) _____

- 2) _____

- 3) _____

What are three ideas for adapting the information obtained from this visit to your service?

- 1) _____

- 2) _____

- 3) _____

REFERENCES

1. *Adolescent Health and Development, Adolescent Friendly Health Services Training Facilitator's Guide*. Nepal Society of Obstetricians and Gynecologists, Family Health Division, Department of Health Services Ministry of Health, His Majesty's Government of Nepal, 2001
2. *An orientation to HIV/AIDS counseling*, World Health Organization, Regional Office for South-East Asia, New Delhi, 1993
3. *Counseling Skills Training in Adolescent Sexuality and Reproductive Health – A Facilitator's Guide. Adolescent Health Program*. Division of Family Health, World Health Organization, Geneva, August, 1993
4. *Manual for Reducing Drug Related Harm in Asia*, The Center for Harm Reduction, Macfarlane Burnet Center for Medical Research and Asian Harm Reduction Network, 2003
5. *National Guidelines for Voluntary HIV/AIDS Counseling and Testing*, Ministry of Health, National Center for AIDS and STD control, Teku, Kathmandu, Nepal, July 2003
6. *Training Guide on Interpersonal Communication and Counseling on HIV/AIDS and Sexually Transmitted Infections (STIs)*, September 2001. Prepared by: John Hopkins University / Center for Communication Programs in collaboration with Family Health International with funding support from USAID
7. *Training Handbook on Psychosocial Counseling for Children in Especially Difficult Circumstances*, UNICEF.
8. *VCT Toolkit, HIV Voluntary Counseling and Testing: A Reference Guide for Counselors and Trainers*, January 2004, Family Health International
9. *Voluntary Counseling and Testing for HIV, Training Manual*, Ministry of Health, The state of Eritrea, 2001
10. *Voluntary Counseling and Testing: A Reference Guide Responding to the Needs of Young People, Children, Pregnant Women and Their Partners*, FHI , 2003, (Draft)
11. *Voluntary Counseling and Testing (VCT)*, Training Course Trainer's Manual and Participant's Manual, Revised, March, 2003
12. *National estimates of HIV infections Nepal 2003*, NCASC, March 2004
13. *Training for Trainers on VCT*, WHO SEARO, August 2003
14. *Background Reader for Facilitators and Participants*, Draft, FHI
15. *HIV/AIDS Care and Treatment: A Clinical Course for People Caring for Persons Living with HIV/AIDS*, FHI, Impact, and USAID
16. *National Guidelines for Antiretroviral Therapy*, Ministry of Health, National Center for AIDS and STD control, Teku, Kathmandu, Nepal, 2004
17. *Country Profile The HIV AIDS/STD Situation and The National Response IN Nepal*, UNAIDS and NCASC, April 2004