THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

HIV and AIDS Voluntary Counselling and Testing

Module6: VCT Service Delivery and Programme Management

National AIDS Control Programme
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Module 6 : VCT Service Delivery and Programme Management

Session 1 Approaches to HTC in Tanzania

M6-1

Objective

1. Explain the history of HTC in Tanzania
2. Explain the HIV testing and counselling approaches in Tanzania
3. Explain the advantages and challenges of various HTC approaches

HTC Service in Tanzania

- HCT services have been available since 1995 using the VCT approach
- Government issued the VCT guideline in 2005 to guide VCT operations in the country.
- Government issued the PITC guideline in 2008 to guide PITC operations in the country.
- PITC services have been available from 2008

Approaches to HIV Testing and Counseling in Tanzania

- Counselling and testing approaches in Tanzania include:
  - Client-initiated HIV counselling and testing = Voluntary Counselling and Testing (VCT)
  - Provider-initiated testing and counselling (PITC)
  - Home-based/family testing and counselling
  - HIV testing for medical research and surveillance
  - Mandatory HIV screening

Client Initiated Counselling and Testing

- In this approach the client voluntarily makes the decision to learn his or her HIV status and seek for counselling and testing services out of his or her own will.

Advantages and Challenges of Client-initiated CT

Advantages

- Client emotionally ready to test
- More time for counselling than in integrated health care settings
- Couples CT usually available
- Counsellors proficient since they do CT full time

Challenges

- Only reaches clients who seek out CT services
- Clients who test positive need to be referred to a separate site
- VCT sites rarely available in rural areas
- Some VCT sites are under-utilized

Provider Initiated Testing and counselling

- PITC refers to HIV testing and counselling which is recommended by health care provider to person attending health care facilities as a standard component of medical care.

Advantages and Challenges of Provider-initiated Testing and Counseling

Advantages

- Reaches large numbers of people
- Reaches people who are more likely to be HIV+
- Reaches PLHIV in need of immediate treatment
- Helps with medical decision making (i.e., TB treatment)
- Easier to refer to care and treatment

Challenges

- Patients may not be ready to test
- Limited time for counseling (negatives often receive limited counseling)
- Ensuring privacy
- Providing couples CT a challenge (but it has been done!)

Similarities Between VCT and PITC

- VCT and PITC are similar in the following ways:
  - They are voluntary
  - They observe the 3 C's (counselling, confidentiality, informed consent)
  - Test is performed for the benefit of the client
  - They require that results be given to the client
  - They are preferably done by rapid test with same day result

Differences Between VCT and PITC

	VCT	PITC
Settings	Health facilities, mobile units, stand-alone community sites	Only available at health facilities and mobile units
Patients/Client	▪Come for HIV test ▪Expect to be tested for HIV ▪More likely asymptomatic	▪Come to clinic for variety of reasons ▪Not necessarily expecting HIV test
Providers	Trained counsellors, not necessarily trained as healthcare providers	Healthcare providers trained to provide education and abbreviated counselling
Initiated by	Patient/Client	Provider
Primary purpose of HIV testing and counselling	Prevent HIV acquisition through risk assessment, risk reduction, and testing	Identify HIV-infected people and link them with prevention, care, treatment, support services

Differences Between VCT and PITC (2)

	VCT	PITC
Pre-test and post-test counselling	▪Client-centered ▪Usually one-on-one encounter ▪Discuss the results with HIV-negative and HIV-positive patients because of the focus on prevention	▪Provider-centered ▪Limited discussion about need for HIV testing ▪Provider recommends test as standard medical practice ▪Limited discussion about individual need for HIV testing ▪Little time spent with those who test negative (referral) ▪Primary focus is on those who test positive with emphasis on medical care and prevention (CTC linkage)
Duration	Long: 1-2 hours	Short: 20-30 minutes
Follow up	HIV-positive patients referred for medical care and other support services	HIV-positive patients provided with medical care and referred for additional support services

Home based/family counselling and testing

- Provision of testing and counselling services to clients and family member at the household level through outreach/community testing and counselling

Advantages and Challenges of Community/Outreach CT

Advantages

- Reaches large numbers of people
- Reaches people who may not use the health system
- Reaches families, couples and children
- Links PLHIV to support services in the community

Challenges

- Clients testing HIV+ often live far from health facilities
- Logistics of test kits and waste disposal
- Supervising large numbers of community counselors in the scale-up phase

HIV testing for medical research and surveillance

- In Tanzania this is performed according to specific guidelines and regulations approved by the appropriate scientific and ethical review boards.

Mandatory HIV screening

- This refers to routine screening for HIV and other blood borne viruses of all blood that is destined for transfusion or for manufacture of blood products.

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Session 2 : Establishing VCT Site

M6-1

Objectives:

1. Discuss three phases of planning for VCT sites
2. Recognize four levels of planning VCT sites
3. Plan and establish VCT site
4. Order and procure VCT materials including testing kits and laboratory supplies

Introduction

- The success of VCT services depends on partnership among the various organizations that works in a community.

- Partnership ensures sustainability, community support, public awareness and high quality, comprehensive services

PHASES OF PLANNING VCT SITES

The planning of VCT services involves three phases:

- Assessment
- Design
- Implementation

Planning of VCT sites involves three levels, each level has a critical role to play in establishment of VCT services.

- National level
- District level
- Site level

NATIONAL L EVEL

Assessment phase

Demand for VCT services using information from existing surveillance of HIV and Syphilis infections.

Design phase

MOHS is involved in policy, coordination and guidance to ensure quality of services. The three key roles of the MOHS:

- Coordination at national level
- Training and supervision
- Promote of VCT

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NATIONAL L EVEL

Special roles and responsibility of the MOHS:

- Enforcement of VCT standards
- Establishing policies, procedures, minimum standards and for VCT services in line with national needs
- Monitoring and Evaluation

Implementation

- Provision of VCT commodities
- Accreditation of VCT sites

DISTRICT L EVEL

Health sector reforms have decentralized authority for implementation of VCT services to local government authorities (LGAs).

Assessment phase

- Site identification and allocation.

Design phase

- Integration of VCT into the council Comprehensive Health Plan

DISTRICT L EVEL

Implementation

- Quality Control
- Management of Information system.
- Technical support
- Promotion of VCT
- Maintenance of Referral Networks
- Training of counselors, supervisors and site staff
- Procuring HIV test kits to the District/NGO/FBOs and VCT sites.

FACILITY /SITE LEVEL

The roles of facility level are:

- Day to day implementation and management of VCT services
- Provision of Individual and group counselling, follow up and referring clients.
- Assurance of privacy and confidentiality

FACILITY /SITE LEVEL

The roles of facility level are:

- Day to day implementation and management of VCT services
- Provision of Individual and group counselling, follow up and referring clients.
- Assurance of privacy and confidentiality
- Advocacy against stigma and discrimination of PLHIVs
- Attending partners and community meetings
- Adherence o national HIV testing protocol.
- Facilitate formation of Posttest clubs.
- Conduct peer supervision

PROCEDURE FOR VCT MATERIALS

National Level:

- The MOHs is responsible to assure uninterrupted and adequate supplies of test kits and their regular evaluation
- Ordering of test kits and laboratory supplies depends on the Health policy of the facility (FBOs, NGOs or Public Health facility)
- Procurement of test kits and laboratory supplies is done by Medical store Department (MSD) which distributes the supplies to all zone MSD stores across the Country.

PROCEDURE FOR VCT MATERIALS

District level:

- DMOs makes orders of test kits and laboratory supplies from MSD

Facility level:

- VCT in charge/ Facility in charge orders test kits and laboratory supplies from DMOs every three months by using request form.
- Distribution of laboratory supplies and other supplies is done through DMOs normal mechanism

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Session 3 : Models of VCT Service Delivery

M6-3

Objectives:

1. Mention different models of VCT services

2. Explain the advantages and disadvantages of different models of VCT service

Introduction

- A model of VCT service delivery depends upon its accessibility to potential clients, Topography, distance, transport availability and cost. It is important to ensure availability of referral facilities for care and treatment services.

- VCT services delivery can be implemented in different models

- Each model has its advantages and disadvantages.

Models of VCT delivery services

In Tanzania, the most common models are;

- Free – standing (stand –Alone) sites
- Integrated (Facility – Based) VCT service
- Home testing/Family VCT services
- Mobile/Community outreach VCT services.

Free – standing (stand - alone) sites

Free – standing (stand - alone) sites is a testing and Counselling centre located outside a health facility.

ADVANTAGES:

- Community links
- Post test support groups
- Anonymous testing,
- Flexible opening times.

DISADVANTAGES:

- Funding
- Potentially stigmatising
- Staff burnout

Integrated (Facility – based) VCT

Facility based VCT services are integrated with health services in hospitals and clinics that are operated by the government, NGOs, FBOs the private Sector

ADVANTAGES:

- Low cost.
- Linkage to medical interventions.
- Access for young people.

DISADVANTEGES:

- Increased workload
- Space requirements
- Limited access for men and couples

VCT HOME TESTING/FAMILY VCT SERVICES

This is a model, which allows people to test themselves for HIV infection at home. Use of self - testing is not recommended in Tanzania

ADVANTAGES:

- Privacy
- Access for “those most-at-risk populations”
- Cost-effective for the health system

DISADVANTEGES:

- No pre-test counselling
- Limited post-test counselling or follow-up care or support
- Coercion
- Single test
- Difficult to perform

MOBILE /COMMUNITY OUTREACH VCT

This model is used for very specific target groups that may otherwise not access health services, such as pastoral communities and other hard to reach remote populations.

ADVANTAGES:

- Anonymity
- Improved access
- Links to permanent services

DISADVANTEGES:

- Follow-up and post-test support
- Maintenance
- Confidentiality
- It is not cost effective

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Session 4 : Clients Flow Management

M6-4

Objectives:

1. Facilitate effective client service flow in a variety of setting

2. Manage high volume client flow

Facilitating effective client services flow in a VCT settings and Management of high volume of client flow

- Counsellors should consider the counselling and testing procedures, and availability of resources.

- This will determining how best to conduct services so as to facilitate effective client flow and managing of high volume of client.

INDIVIDUAL PRE – TEST AND POST TEST COUNSELLING

- Individual pre test counselling is one to one dialogue between the client and the counsellor.
- It is considered to be the most effective approach in pre test counselling strategy.
- Clients visit the VCT centre; received at the reception area for registration or direct to the counsellor.
- In busy VCT sites, clients are kept waiting for so long because of the time used to one client
- This type of counseling procedure allows one counselor to serve at least 8 clients per day

GROUP HEALTH TALK:

- In many settings the demand for VCT is high and resources are limited. Group health talk is utilized to reduce the amount of individual counselling time required.

- In this approach clients in groups of 5-15 discuss general information together while specific issues are discussed individually.

Group Health Talk flow

- General issues to be discussed include HIV and AIDS,Modes of transmission of HIV/TB/STIs: Modes of prevention; ARVs, and Family planning.

oMeaning of HIV tests

oThe benefits of testing.

Call of individual counseling:

After Group Health Talk, a counsellor calls each client individually to discuss personal issues:

- He /she discusses Person risk assessment and feedback of individualized risk.
- Exploration of Individual risk reduction plans
- Likely reaction of HIV test results, if HIV test result is positive, Negative and the possible ways of coping.
- Demonstration and discussion on condom use if in need.
- Counsellor seeks client consent for testing and draws blood for rapid testing

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- Counsellor takes blood to laboratory for testing
- When HIV test results are ready, post test counselling is done individually.
- With this type of counselling, the counsellor can serve many clients per day and manage the high volume of clients seeking VCT services.

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Session 5 : Referral and Network Development

M6-5

Objectives:

1. Discuss the rationale for the development of a referral system and networks

2. Develop resources to facilitate referral at VCT sites.

3. Conduct referrals as part of clinical duties at VCT sites

Introduction

Problems posed by HIV and AIDS epidemic are multidimensional and cannot be addressed effectively by one sector or an institution. This calls for:

- Working in partnership in meeting the need of these problems.

Voluntary Counselling and Testing (VCT) for HIV is an entry point to preventive care and support services. Elements required for the implementation of this services are:

- community awareness,
- education
- mobilization.

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- Networking of these elements is important it where the comprehensive HIV and AIDS services are provided.

- With this understanding then , development of networks for supporting the needs of clients is of prime importance

Definitions

- **Referral** is the act of transferring a client to another counsellor or agency for services not available from the referring sources.

- **Partnership** refers to a group of people or institutions working together for a common goal.

- **Networking** Is a process of collaboration between organizations, institutions, individuals, and Community Based Organizations (CBOs) working and aiming at a certain goal.

The process of networking

Involves the need to:

- Identify the reasons to develop networks
- Identify and access potential network members
- Develop a new network or join an available one

Resources to facilitate referral at VCT sites:

Referral inventory consist of:

- Active HIV and AIDS counsellors (list their names, address and sex)
- Marriage /family counsellors (their names, addresses and sex)
- Adolescent counsellors their names, addresses and sex)
- Spiritual Counsellor (their names, addresses and sex)
- Psychiatrists /psychologists/ social welfare (workers) counsellors (their names, addresses and sex).
- Legal counsellors (list their agencies names, address and sex)
- Counselors from agencies (list their agencies names, addresses and sex)
- Referral register

Conducting referrals as part of clinical duties at VCT sites:

The counsellor cannot work in isolation. Therefore, He/she must establish a mechanism of cooperating with others, with a purpose of helping a client access other professional services.

Process of facilitating referrals

- Know working hours of the referral resources
- Prepare the client for referral
- Coordinate the referral

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Session 6 Community Entry Skills

M6-5

Objectives

1. Define community
2. Identify types of community
3. Define community entry
4. Explain community structure and composition
5. Discuss community entry skills

Community

- Community is a group of people who live together, in a geographical area that is identified legally, has boundaries, and they have similar activities/beliefs/cultures for attaining their intended There is formal and informal leadership in the community.

Types of communities

- **Territorial** that is village, town, city, region and other geographical unit. Share administrative structure, resources, traditional culture and norms
- **Organizational**- based on shared living situation or interests such as schools, home and hospitals
- **Interactional**- characterized by sense of belonging common purpose or goal such as business groups, women groups, youth groups and civil groups. Self-oriented citizen, self help groups have their own benefits e.g taking action to combat HIV and AIDS

Community structure and leadership

- Administrative and leadership structure guide and coordinate the community in carrying out day to day activities.
- They are responsible in keeping law, order and sensitize the community to implement planned activities.
- Categories of administrative includes; district, ward, village/street levels

Support systems existing in the community

The following may be organised in the communities in your catchments area.

- Village Development Committee
- Village Health Committee
- Government leaders at different levels (division, ward, village, and hamlets)
- Religious groups
- NGOs or CBOs

support systems existing in the community (cont.)

- Business communities
- Politicians
- PLHIV groups (Post Test Clubs)
- Peer educators,
- Community theatre groups
- School groups, HIV and AIDS clubs
- Home based care (HBC) Providers

Community Entering Skills

- Familiarize with that community- get to know the community, culture, language, values, norms, environment and the community get to know the counsellor.
- Understand the existing community segments (leaders, influential people and other members knowing how they interact with each other)
- Establish and maintain relationship in order to build trust and confidence

Community Entering Skills (cont.)

- Learn about gender differences
- Have positive attitudes about what people already know and fill in the gaps
- Be consistent with promises
- Involve the community at plan, implementation, monitoring and evaluation and give feedback.

Learn about Traditional Practices and Beliefs

- Counsellors should work together with their communities to identify, understand and address existing traditional practices and beliefs that could impact on HIV counselling and testing services uptake.
- There may be harmful traditional practices that increase HIV transmission, stigma and discrimination.
- There may also be traditional practices that could be utilized to promote or encourage good practices and behaviours
- VCT sites should work together with community groups to address these practices at the community level.

Build Community partnerships

- Build partnerships with churches/mosques, schools, and social or civic organisations when developing counselling and testing services.
- Promoting counselling and testing services in community organisations will enhance sustainability and will help develop a broad base of support.

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Session7: Monitoring and Evaluation of VCT Services

M6-7

Objectives:

1. Define Monitoring and Evaluation
2. Explain reasons for collecting counselling and testing data
3. Identify performance indicators for VCT services

Monitoring and Evaluation

- **Monitoring** is a system designed to follow on the status of implementation of a program, project or activity.

- **Evaluation** is finding out whether the set goals of an activity, program or project have or have not been met.

- Both Monitoring and Evaluation are important in the planning and implementation of an intervention

- Monitoring and Evaluation of PITC interventions in Tanzania is based on guiding principles laid down for voluntary counselling and testing service

Uses of data obtained in M&E

- Data Are needed at various levels of the health service delivery system
- The village and ward requires data to be able to monitor the trend of HIV and AIDS in the community.
- They incorporate the information in their village and ward developments .

At the health facility level:

- The data helps to plan for ordering resources and accounting for those resources.
- They also helps to serve as basis for planning and developing HIV interventions

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At The council (Distinct) level

- The data assists the council authorities to plan interventions, monitor activities at the heath facility, ward and village levels.
- The council can effectively incorporate ward and village HIV and AIDS control plans into the overall council plans.

At the central level and the national level in general

- The data will helps in drawing up national HIV and AIDS plans and budget.
- At this level data provides the basis for monitoring the trend of the epidemic and for policy planning

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- The provider should be responsible for recording information for each patient in a register, recording information for each patient on a separate row.

- Site in charge at each site is responsible for compiling the information from all registers into the site

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Session 8 : Data Collection and Reporting Tools

M6-8

Objectives:

1. Complete data collection and reporting tools for VCT

Introduction

- The Counsellor is part of data collection team by filling the relevant forms at the site. He/she should at all times be vigilant in filling the forms and registers at the site.

- The information below gives the guideline for filling the register and various forms.

Filling the register and forms

- Date:
- Counsellors name:
- Client's code:
- Partner's code:
- Type of attendance:
- Sex (M/F):
- Client's age (years):
- District and ward of usual residence:
- Education level:
- Marital status

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- Pregnancy status:
- Type of counselling:
- Pre-test counselled (Y/N)
- Agreed and tested for HIV (Y/N):
- Post-test counselled and results given (Y/N):
- HIV final test results:
- Disclosure planned to who:
- Referred to:
- Remarks

Monthly Summary Forms (site/facility, district, regional)

- Each month the supervising counsellor / CT site-in-charge / focal person in-charge of reporting should fill the monthly report.
- She/He should fill the name of the site, e.g. KCMC VCT centre.
- Should fill the reporting month/year and date of reporting to district.

Site/facility level- site monthly summary form

- Every month, the facility-in charge/ designated person within a site should prepare the monthly reports.
- The reports should be extracted from the registers gathered from counsellors under his/her supervision.
- The filled tables in the client register as indicated.

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Session 9: Data Management and Data Flow

M6-9

Objectives:

1. Describe the system for data management

2. Explain how data/reports flow from the facility to the national level

Data utilization and management

- Data utilization and management starts with compiling the monthly summaries at every level.
- Each level should be able to analyse the data for relevant improvement of services at their level.
- The monthly summary form should be filled out by age group and sex for each indicator, unless otherwise indicated.
- Double check the data to ensure it is accurate.
- This is essential because it will help highlight best practices and identify areas that need to be strengthened
- The completed forms will be submitted to the regional office and keep a copy at the district-level, for records.

Data Region-level- regional monthly summary form

- The guidance is similar as that for the district monthly summary form
- But a regional monthly summary form is used to compile data from all the sites in the designated district.
- The regional monthly summary forms,. should each be totalled from all the district monthly summary forms.
- All the indicators should be totalled from all district monthly summary forms in the region.

Summary of Data Flow from facility level to national level

Data flow:

- Facility level generates a summary report within the first seven days of the next month
- Facilities sending the summary reports to the DMO
- District aggregating a summary report from the facilities within the second week of the next month (7-14 days of the next month)
- Districts sending the summary reports to the RMO
- Regions aggregating a summary report from the districts in the third week of the next month (14-21 days of the next month)
- This means that the MOHSW-National AIDS Control Programme receives the data of one month from all regions at the end of the third week of the next month


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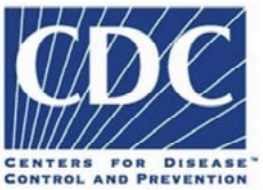
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