Ministry of Health & Population
National AIDS Program
Arab Republic of Egypt

National Monitoring and Evaluation Plan For Voluntary HIV Counseling and Testing Services

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Impact

USAID

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Contributors

Authors

Ms. Deborah Boswell – FHI Consultant
Ms. Sonja Schmidt – FHI

VCT Task Force

Dr. Magda Rakha – MOHP
Dr. Nasr El-Sayed – MOHP
Dr. Mervat El-Gueneidy – Alexandria University
Dr. Ahmed Bahaa – MOHP
Dr. Ali Abdel Sattar – MOHP
Dr. Hala Esmat – MOHP
Dr. Emad Yanni – USAID
Dr. Maha El-Adawy – Ford Foundation
Dr. Cherif Soliman – FHI

Technical Reviewers

Dr. Tarek El-Shimi – FHI Consultant
Ms. Dina Khaled – FHI

Editors and Translators

Dr. Abdel Salam El-Sherbiny – FHI Consultant
Ms. Ingi Mounir – FHI

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The upgrading of health services offered to the Egyptian population is a major priority area for the Ministry of Health & Population (MOHP).

Due to worldwide concern regarding the spread of HIV/AIDS, preventive health services remain imperative in controlling the epidemic. Since 1986, the National AIDS Program has been working to ensure Egypt maintains its low prevalence of HIV/AIDS. To further enhance preventive HIV/AIDS activities, the Egyptian MOHP has introduced anonymous Voluntary Counseling and Testing (VCT) Services for HIV, integrated within various other health services.

I would like to take this opportunity to acknowledge the MOHP staff and all the individuals who have contributed to the development of the VCT documents and establishment of Egypt's first VCT center for HIV. This includes:

- The VCT Task Force and Technical Reviewers that adapted the VCT Operating Procedures and National Guidelines to the Egyptian context.
- The Editors for their efforts in finalizing these documents.
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Great thanks are also due to International Agencies that have worked to develop and promote VCT in Egypt, including:

- The United State Agency for International Development (USAID) and Family Health International (FHI) for their technical guidance in establishing VCT services, the National Policies for these services and in launching the first center for HIV, based on international standards for VCT.
- Ford Foundation for their support in operating the VCT Center.

Looking forward to the success of these services in maintaining the good health of all Egyptians.

Sincerely,

Dr. Magda Rakha
First Undersecretary
Ministry of Health and Population

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ELISA	Enzyme-linked Immunosorbent Assay
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IMPACT	Implementing AIDS Prevention and Care
M&E	Monitoring and Evaluation
MOHP	Ministry of Health and Population
NAP	National AIDS Program
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

Definition of Key M&E Terms

M&E involves systematic data collection of the program's inputs, outputs, outcomes and impact.

- **Inputs:** the resources (money, staff, supplies and equipment, etc.) invested into a program.
- **Outputs:** the immediate results achieved by the program. For example, outputs may be trained counselors, clients served and commodities distributed.
- **Outcomes:** the intermediate or short-term results achieved by the program. Changes in HIV/AIDS related attitudes, reduction in risk behaviors and adoption of protective behaviors, changes in STI trends are all considered as program outcomes.
- **Impact:** the long-term results achieved by the program (usually 5-10 years). Long-term effects include impact on HIV/AIDS trends (morbidity and mortality), sustainability issues and improved societal response.

Monitoring is tracking the key elements of an ongoing program over time (inputs, outputs, quality of service). Monitoring answers the question "to what extent are planned activities being realized? How well are these services provided?" Monitoring of VCT programs consists of measuring and assessing attendance, return rates and the quality of services (counseling and testing).

Evaluation is the systematic application of social research procedures for assessing the short-term (outcome) and long-term (impact) results of the program. Evaluation answers the questions "to what extent were the objectives of the program achieved? What short-term and long-term results are observed? What do these results mean? Does the program make a difference?" Evaluation of VCT programs involves assessing risk reduction and changes in sexual behaviors.

Rationale for the Monitoring and Evaluation Plan

The monitoring and evaluation (M&E) of programmatic efforts is crucial if a program's goals and objectives are to be achieved and expenditure of resources is to be justified. In order to ensure that the M&E of the program is conducted in a systematic and effective manner, M&E plans should be developed. Such plans will guide the design of evaluations, highlight what information or data need to be collected, and how best to collect it.

Some of the benefits that can be derived from the evaluation planning process are:

- Evaluation planning will provide program managers and stakeholders alike with the opportunity to assess the evaluation needs, resources, capabilities, and priorities in their area.
- Having an evaluation plan will show stakeholders how the program plans to be accountable for the resources they have received.
- In the process of developing the evaluation plan, existing data sources and past or concurrent evaluation activities are often identified. Capitalizing on such existing data sources and past evaluative efforts can lead to a more efficient, less redundant plan for new evaluation monies.
- Having a long-term evaluation plan can clarify future decision-making regarding evaluation priorities.

This document serves as the M&E plan for conducting Voluntary Counseling and Testing (VCT). It describes how the quality of services and counseling will be monitored, what monitoring data will be collected in the form of indicators, the methodology and the data collection tools or instruments to be used.

Program Goals and Objectives

Goals

1. To provide anonymous and high-quality counseling and testing to persons considering an HIV test.
2. To help clients to make an informed decision about testing.
3. To assist clients to cope effectively with their test results.
4. To assist clients to reduce personal risks and to address care needs.

Objectives

1. To provide clients with information on modes of HIV transmission and methods of prevention.
2. To help clients assess their risk of HIV and to develop a risk reduction plan accordingly.
3. To help clients make informed decisions with respect to HIV/AIDS on issues including sexual practices, nutrition, health care, relationships with partners and families, and drug and alcohol abuse.
4. To provide psychological support for clients.
5. To provide appropriate referrals for individual needs and support, including STI clinics, tuberculosis (TB) programs, drug treatment services, family planning, and maternal and child health services.
6. To discuss and negotiate with the client issues relating to disclosure, including notification of sexual partners and/or peers with whom injecting equipment or other high-risk behaviors have been shared.

Program Monitoring

Monitoring answers the question "to what extent are planned activities being realized?" In order to answer this question, a monitoring system has to be put in place which includes day-to-day record keeping of all activities.

The program will be monitored by collecting information on a series of input and output indicators. These indicators will be collected from a range of instruments or tools, in particular the VCT Client Intake Form. The information will be collected daily, as clients undergo VCT and will be aggregated or summed up each month to allow for data analysis.

A. Supplies and Commodities

Indicators	Source of data	Frequency of data collection
No. of condoms procured	Procurement Record	Monthly
No. of Rapid Test Kits procured (if applicable)	Procurement Record	Monthly
No. of Rapid Test Kits used (if applicable)	Client Intake Form	Monthly
No. of Kits used for ELISA 1 (if applicable)	Client Intake Form	Monthly
No. of Kits used for ELISA 2 (if applicable)	Client Intake Form	Monthly
No. of Kits used for Western Blot (if applicable)	Client Intake Form	Monthly

B. Training

Indicators	Source of data	Frequency of data collection	Disaggregated by
No. of training sessions on counseling conducted	Training Registration Form	As event takes place	
No. of people trained in counseling	Training Registration Form	As event takes place	Type of staff trained
No. of laboratory training sessions conducted	Training Registration Form	As event takes place	
No. of staff trained on HIV testing	Training Registration Form	As event takes place	Type of staff trained

C. Service Delivery

Indicators	Definition	Source of data	Frequency of data collection	Disaggregated by
No. of clients visiting VCT center or reached through mobile VCT	All visitors, including information only, follow-up and return visitors	VCT Logbook	Daily	Age, gender, residence, reasons for visit
No. of return clients	Includes all return clients, except for those returning for follow-up/ post-test counseling	VCT Client Intake Form	Daily	Age, gender, service required
% of clients seen at VCT site who received pre-test counseling	*Numerator:* No. of clients who received pre-test counseling *Denominator:* No. of clients visiting VCT center/mobile VCT	VCT Client Intake Form VCT Logbook	Daily	Age, gender
% of clients who agreed to be tested for HIV	*Numerator:* No. of clients who agreed to be tested for HIV *Denominator:* No. of clients who received pre-test counseling	VCT Client Intake Form VCT Client Intake Form	Monthly	Age, gender
% of clients who received their test results	*Numerator:* No. of clients who received their test results *Denominator:* No. of clients who agreed to be tested for HIV	VCT Client Intake Form VCT Client Intake Form	Monthly	Age, gender
% of clients who received their test results and post-test counseling	*Numerator:* No. of clients who were tested and received post-test counseling *Denominator:* No. of clients who were tested	VCT Client Intake Form VCT Client Intake Form	Monthly	Age, gender

Indicators	Definition	Source of data	Frequency of data collection	Disaggregated by
% of clients who tested positive for HIV	*Numerator:* No. of clients who tested positive for HIV *Denominator:* No. of clients tested for HIV	VCT Client Intake Form VCT Client Intake Form	Monthly	Age, gender
% of clients who tested positive for HIV who intended to share their test results with their partner	*Numerator:* No. of clients who tested positive who intended to share their test results *Denominator:* No. of clients who tested positive for HIV	VCT Client Intake Form VCT Client Intake Form	Monthly	Age, gender
% of clients who were referred to other services	*Numerator:* No. of clients who were referred to other services *Denominator:* No. of people visiting the VCT center/mobile VCT	VCT Client Intake Form VCT Logbook	Monthly	Age, gender, type of referral made
No. of couple counseling sessions conducted		VCT Client Intake Form	Monthly	
No. of condoms distributed		Inventory Form	Daily	
No. of IEC materials distributed		Inventory Form	Daily	Type of IEC material

- It will be the responsibility of each Counselor to ensure that by the end of each day, the Coordinator transfers the information obtained in the VCT Client Intake Forms and the Inventory Form to the VCT client electronic database and the VCT Logbook.
- The Coordinator will keep a daily inventory of condoms and Information, Education and Communication (IEC) materials distributed. The amount of commodities distributed must be recorded on the Inventory Form on a daily basis and transferred into the electronic database daily. The Coordinator must review the Inventory Form to ensure there is a constant supply of commodities.
- Results of HIV Testing are transferred from the Lab Request Forms to the Client Intake Form, by the Counselor. This information is later transferred to the electronic database from the Client Intake Form, by the Coordinator.
- At the end of every month, the Coordinator will create a monthly report from the VCT client electronic database and present it to the Site Manager for review.
- The monthly report will consist of a series of data tables which disaggregate the information according to the categories identified in the tables above *(see Monthly Report).*
- Finalized reports should be sent to the National AIDS Program (NAP) on a monthly basis.

Monitoring the Quality of Counseling

In order to maintain and monitor the quality of counseling, the following strategies will be applied:

1. ***Foundation training, refresher training and training updates for counseling staff:*** Each counselor will receive training on counseling which is conducted by a qualified VCT expert before starting VCT. Periodic refresher training courses will be conducted as the need arises and according to the findings obtained from the client exit interviews and direct observations.

2. ***Direct observation of counseling sessions:*** Direct observation is a commonly used method to monitor the quality of counseling. It is conducted by a trained observer or the Site Manager, or a National AIDS Program Supervisor or an External Supervisor approved by the Site Manager – who observes the counseling session while using a checklist. The purpose of this approach is to determine if the counseling session is being conducted in a standardized fashion and to identify further training needs of counselors.

   Procedures for Administration of Direct Observation of Counseling Sessions:

   - Every week, a minimum of one counseling session will be evaluated by direct observation.
   - A checklist will be used by the observer for this purpose (see "Checklist for Direct Observation of Counseling Sessions").
   - Before the observer sits in, the client is informed of the observation and its purpose and his/her consent is sought. He/she must also be assured of confidentiality.
   - The observer must ensure that he/she is as unobtrusive as possible and does not disrupt the counseling session.
   - The observer will provide immediate feedback to the counselor after the counseling session has been completed and the client has departed. The counselor will be given an opportunity to express his/her concerns and opinions.
   - The completed checklists should be filed in a folder and reviewed by the Site Manager every 3 months to identify further training needs of counselors.

3. ***Exit interviews with clients:*** Feedback from clients on their level of satisfaction with the service will be obtained by conducting anonymous exit interviews with clients using a structured questionnaire (see "Client Exit Questionnaire"). The questionnaire will be

offered to all literate clients at the end of the counseling session. Assistance will be offered to illiterate clients who wish to complete the questionnaire. Completed questionnaires should be placed in a box with the Coordinator, to ensure confidentiality. Additional interviews will be conducted orally with clients by the Site Manager, a National AIDS Program Supervisor or an External Supervisor approved by the Site Manager.

Procedures for Administration of Client Exit Interviews:

- A semi-structured questionnaire (see "Client Exit Questionnaire") will be used for this purpose.
- All people receiving counseling will be invited by their counselor to complete the exit interview questionnaire.
- The client exit interviews will be voluntary and clients will be assured that they are confidential and anonymous.
- The five random interviews that will be conducted by the Site Manager, a National AIDS Program Supervisor or an External Supervisor approved by the Site Manager, will be conducted in one of the counseling rooms.
- All completed exit interview questionnaires will be filed in a monthly folder.
- At the end of each month, all questionnaires should be reviewed by the Site Manager who will share any observations or findings with the VCT team and will use these results to determine aspects in need of improvement and other training needs.
- Once the exit interviews of the past month have been reviewed by the Site Manager, they should be stored in another separate folder.

4. ***Peer support between counselors:*** Every month, the counselors will meet to discuss difficulties and problems encountered in their work in order to share experience and lessons learned.

5. ***Administrative supervision:*** between VCT site staff and the Site Manager on a regular basis.

Data Collection Instruments

a) VCT Logbook

b) Witnessed Consent Form for HIV Testing

c) VCT Client Intake Form

d) HIV Laboratory Request Form

e) Rapid Test Kits Inventory Form

f) Condom Inventory Form

g) IEC Materials Inventory Form

h) VCT Service Request for Referral

i) Client Exit Questionnaire

j) Checklist for Conducting Direct Observations of Counseling Sessions

k) Monthly Report

VCT Logbook

	Column heading	Possible answers
1	Date	Start new page by date every new VCT work day
2	Client code	
3	Code name	
4	Governorate	
5	Gender	1 = male, 2 = female
6	Age	1 = <16 years 2 = 16-24 years 3 = 25-35 years 4 = >35 years
7	Visit type	1 = First Visit 2 = 2nd visit 3 = 3 or more visits
8	**Service required**	**1 = information only 2 = counseling only 3 = full VCT service**
9	**Condoms given**	**1 = yes, with demo 2 = yes, without demo 3 = no 4 = refused 5 = condoms not available**
10	**IEC materials given**	**1 = yes, 2 = no**
11	**Pre-test counseling completed**	**1 = yes, 2 = no**
12	**HIV test performed**	**1 = yes, 2 = no**
13	**Test results received by client**	**1 = yes, 2 = no**
14	**Intend to share test result with partner**	**1 = yes, 2 = no**
15	**Referral**	**1 = yes, 2 = no**
16	**Post-test counseling completed**	**1 = yes, 2 = no**
17	Date of post-test counseling	

- Items 1 through 7 are entered directly into the Logbook and transferred to the Client Intake Form by the Coordinator before each counseling session.
- **Items 8 through 16 (in bold type) should be transferred to Logbook by the Coordinator from the VCT Client Intake Form. However, in cases where clients are requesting information only, the Coordinator may enter items 8, 9 and 10 directly into the Client Intake Form.**
- Item 17 should be completed by the Coordinator. At the end of each pre-test counseling session, the Coordinator schedules a post-test counseling session with the client, attempting to ensure that the client will meet with the same counselor that conducted the pre-test counseling session.

Client Code:

WITNESSED CONSENT FORM FOR HIV TESTING

The counselor, to the best of their ability, has provided pre-test counseling, informing the client of all the implications of undergoing an HIV test.

The counselor also explained all the details pertaining to HIV and how to interpret the test results, in a manner the client can understand.

The counselor made it clear to the client that they are free to refuse to undergo an HIV test and still get the help they need form the VCT center without any discrimination.

Counselor Name: .....

Counselor Signature: .....

Date: .....

Witness (Coordinator) Name: .....

Witness Signature: .....

Date: .....

Client Code:

VCT CLIENT INTAKE FORM

Date: | **Governorate:** | **District:** | **VCT Site:**

Return Visit: 1 ☐ Yes 2 ☐ No | **New Code:** 1 ☐ Yes 2 ☐ No | **Partner Code:** | **Code name:**

1. Age:
1 ☐ <16 years
2 ☐ 16-24 years
3 ☐ 25-35 years
4 ☐ >35 years

2. Gender:
1 ☐ Male 2 ☐ Female

3. Occupation: (Tick one)
1 ☐ Unemployed
2 ☐ Student
3 ☐ Craftsman
4 ☐ Professional
5 ☐ Other
Specify:

4. Education: (Tick one)
1 ☐ None
2 ☐ Some primary
3 ☐ Some preparatory
4 ☐ Some secondary
5 ☐ Some university
6 ☐ University

5. Marital status: (Tick one)
1 ☐ Never married
2 ☐ Steady partner, not living together
3 ☐ Steady partner, living together
4 ☐ Married, monogamous
5 ☐ Married, polygamous
6 ☐ Widowed
7 ☐ Separated/divorced

6. Pregnant (Tick one)
1 ☐ Yes
2 ☐ No
3 ☐ Don't know
9 ☐ N/A

7. Service Required (Tick one)
1 ☐ Information only
2 ☐ Counseling
3 ☐ Full VCT service

8. Client Counseled as: (Tick one)
1 ☐ Individual
2 ☐ Couple

9. Why being tested today: (Tick all that apply)
1 ☐ Plan to get married
2 ☐ Study/work permit
3 ☐ Client risk behaviour
4 ☐ Partner risk behaviour
5 ☐ Had blood transfusion
6 ☐ Injecting Drug User
7 ☐ New sexual partner
8 ☐ Tested elsewhere
9 ☐ Referred by health worker
10 ☐ Other - Please specify:

10. How did client learn about this service: (Tick all that apply)
1 ☐ Television
2 ☐ Radio
3 ☐ Newspaper
4 ☐ Poster/sign post
5 ☐ Pamphlets
6 ☐ Relative/friend
7 ☐ Sex partner/spouse
8 ☐ Another VCT client
9 ☐ Health facility/worker
10 ☐ Hotline
11 ☐ Other - Please specify:

11. Sex in last 6 months? (Tick one)
1 ☐ Yes
2 ☐ No (Go to Question 14)

12. No. of sex partners over past 6 months:
Women sex partners: ☐
Men sex partners: ☐

13. Condom use in last 6 months: (Tick one per partner)
Steady Partner:
0 ☐ Never
1 ☐ Sometimes
2 ☐ Always

Non - steady partner:
0 ☐ Never
1 ☐ Sometimes
2 ☐ Always

14. Used condom last time had sex: (Tick one)
1 ☐ Yes
2 ☐ Yes, but condom broke
3 ☐ No
9 ☐ Never had sex

15. Used injecting drugs?
1 ☐ Yes 2 ☐ No

16. Exchanged sex for drugs?
1 ☐ Yes 2 ☐ No

17. Has client had an HIV test before? (Tick one)
1 ☐ Yes, negative
2 ☐ Yes, positive
3 ☐ Yes, do not know result
4 ☐ No

18. Condoms given (Tick one)
1 ☐ Yes, with demo
2 ☐ Yes, without demo
3 ☐ No
4 ☐ refused
5 ☐ condoms not available

19. IEC materials given? (Tick one)
1 ☐ Yes 2 ☐ No

20. Pre-test Counseling completed?
1 ☐ Yes 2 ☐ No

21. HIV Result today:

Screening Test: Rapid Test
0 ☐ Negative
1 ☐ Positive
9 ☐ Not done

Screening Test: ELISA 1
0 ☐ Negative
1 ☐ Positive
9 ☐ Not done

ELISA 2:
0 ☐ Negative
1 ☐ Positive
9 ☐ Not done

Confirmatory: Western Blot
0 ☐ Negative
1 ☐ Positive
2 ☐ Indeterminate
9 ☐ Not done

Final Diagnosis
0 ☐ Negative
1 ☐ Positive
2 ☐ Indeterminate

22. Test results received by client?
1 ☐ Yes 2 ☐ No

23. Intend to share results with partner?
1 ☐ Yes 2 ☐ No

24. Referred to: (Tick all that apply)
0 ☐ Not referred
1 ☐ HIV clinician
2 ☐ STI services
3 ☐ TB services
4 ☐ Ongoing counseling
5 ☐ Spiritual support
6 ☐ Other - Please Specify:

25. Post-test Counseling completed?
1 ☐ Yes 2 ☐ No

Client Code:

VOLUNTARY COUNSELING AND TESTING
HIV LABORATORY REQUEST FORM

Type of Test	Result (Negative/Positive/ Indeterminate)	Notes
Rapid Test		
ELISA 1		
ELISA 2		
Western Blot		
Final Diagnosis		

Name of Counselor	Signature	Date
Name of Lab Technician	**Signature**	**Date**

RAPID TEST KITS INVENTORY FORM

Reporting Month:.....

Rapid Test Kits	Number
Rapid Test Kits in stock at beginning of month	(A)
Rapid Test Kits received during the month	(B)
Rapid Test Kits in stock at end of month	(C)
Number of Rapid Test Kits used during the month	(A)+(B)-(C) = (D)

* To check for errors in counting, the total number of kits used in the table above should equal the total number of kits used from the table below.

** Shade in weekends to explain lack of data.

Date	RAPID TEST KITS		
	Stock at beginning of day (A) + (B)	Stock at end of day (C)	Total # of Rapid Test Kits used (A) + (B) - (C) = (D)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL # OF RAPID TEST KITS USED			

CONDOM INVENTORY FORM

Reporting Month:.....

CONDOMS	Number
Condom stocks at beginning of month	(A)
New condom stocks received during the month	(B)
Condom stocks at end of month	(C)
Total number of condoms distributed during the month	(A)+(B)-(C) = (D)

* To check for errors in counting, the total amount distributed in the table above should equal the total distributed from the table below.

** Shade in weekends to explain lack of data.

Date	CONDOMS		
	Stock at beginning of day (A) + (B)	Stock at end of day (C)	Total # of condoms distributed (A) + (B) - (C) = (D)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL# OF CONDOMS DISTRIBUTED			

IEC MATERIALS INVENTORY FORM

Reporting Month:.....

IEC Materials	Number
IEC Materials in stocks beginning of month	(A)
New IEC stocks received during the month	(B)
IEC Materials in stocks at end of month	(C)
Number of IEC Materials distributed during the month	(A)+(B)-(C) = (D)

* To check for errors in counting, the total amount distributed in the table above should equal the total distributed from the table below.

** Shade in weekends to explain lack of data.

Date	IEC MATERIALS		
	Stock at beginning of day (A) + (B)	Stock at end of day (C)	Total # of IEC materials distributed (A) + (B) - (C) = (D)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
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19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL # OF IEC MATERIALS DISTRIBUTED			

Client Code:

VCT SERVICE REQUEST FOR REFERRAL

1. NAME OF SERVICE TO WHICH REFERRED:

2. REASONS FOR REFERRAL:

3. REFERRED BY COUNSELOR:

   Name: .....

   Signature: .....

   Date: .....

VCT CLIENT EXIT QUESTIONNAIRE

Date: .....

Type of visit: Pre-test ☐ Follow-up ☐

If survey declined, reason for declining:

.....

Type of session: Individual ☐ Couple ☐

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

		Yes	No
1	Overall the services I received at the VCT site were satisfactory	1	2
2	A staff member greeted me upon my arrival	1	2
3	I was able to see someone within 30 minutes of my arrival	1	2
4	I had a place to sit while I was waiting	1	2
5	I talked about having an HIV test with my counselor (pre-test visits only)	1	2
6	I talked about receiving HIV test results with my counselor	1	2
7	I talked about issues arising from previous and/or current HIV test result(s)	1	2
8	The counselor made me comfortable talking to him or her	1	2
9	I felt that the confidentiality of my test results/information was well guarded	1	2
10	I felt all my questions were welcomed and answered	1	2
11	In this visit I gained practical guidance on dealing with HIV/AIDS issues	1	2
12	I intend to discuss the results of my test with my partner	1	2
13	I learnt something new from the video and/or brochures in the waiting room	1	2
14	I intend to tell others about this service	1	2

Additional comments:

.....

.....

CHECKLIST FOR DIRECT OBSERVATION OF COUNSELING SESSION

Section 1: Skills of Counselor

Function	Skills	Score*	Comments
Interpersonal relationship	• Greets clients	1 2 3	
	• Introduces self	1 2 3	
	• Engages client in conversation	1 2 3	
	• Listens actively (both verbally and non-verbally)	1 2 3	
	• Is supportive and non-judgmental	1 2 3	
Information gathering	• Uses appropriate balance of open and closed questions	1 2 3	
	• Uses silence well to allow for self expression	1 2 3	
	• Seeks clarification about information given	1 2 3	
	• Avoids premature conclusions	1 2 3	
	• Probes appropriately	1 2 3	
	• Summarizes main issues discussed	1 2 3	
Information giving	• Gives information in clear and simple terms	1 2 3	
	• Gives client time to absorb information and to respond	1 2 3	
	• Has up-to-date knowledge about HIV	1 2 3	
	• Repeats and reinforces important information	1 2 3	
	• Checks for understanding/misunderstanding	1 2 3	
	• Summarizes main issues	1 2 3	
Handling special circumstances	• Accommodates language difficulties	1 2 3	
	• Talks about sensitive issues plainly and appropriate to the culture	1 2 3	
	• Prioritizes issues to cope with limited time in short contacts	1 2 3	
	• Uses silences well to deal with difficult emotions	1 2 3	
	• Is innovative in overcoming constraints (e.g. space for privacy)	1 2 3	
	• Manages client's distress	1 2 3	
	• Flexible in involving partner or significant other	1 2 3	

*** Circle appropriate score: 1 = poor 2 = adequate 3 = excellent**

Name of Counselor: .....

Supervisor Signature: .....

Date: .....

Section 2: Content-Based Assessment

2.1 Pre-Test Counseling

During the session have the following occurred?

- Reason for attending discussed — Yes ☐ No ☐
- Knowledge about HIV and modes of transmission explored — Yes ☐ No ☐
- Misconceptions corrected — Yes ☐ No ☐
- Assessment of personal risk profile carried out — Yes ☐ No ☐
- Information concerning the HIV test given (e.g. process of testing, meaning of possible test results, window period) — Yes ☐ No ☐
- Discussion of meaning of HIV positive and negative results and possible implications — Yes ☐ No ☐
- Capacity to cope with HIV positive result — Yes ☐ No ☐
- Discussion of potential needs and available support — Yes ☐ No ☐
- Discussion of a personal risk reduction plan — Yes ☐ No ☐
- Time allowed to think through issues — Yes ☐ No ☐
- Informed consent/dissent given freely — Yes ☐ No ☐
- Follow-up arrangements discussed — Yes ☐ No ☐
- Adequate time for questions and clarifications — Yes ☐ No ☐

2.2 Post-Test Counseling

During the session have the following occurred?

- Results given simply and clearly — Yes ☐ No ☐
- Time allowed for client to absorb the result — Yes ☐ No ☐
- Checking for understanding — Yes ☐ No ☐
- Discussion of the meaning of the result for the client — Yes ☐ No ☐
- Discussion of personal, family and social implications, including who, if any, to tell — Yes ☐ No ☐
- Discussion of a personal risk reduction plan — Yes ☐ No ☐
- Dealing with immediate emotional reactions — Yes ☐ No ☐
- Checking adequate immediate support available — Yes ☐ No ☐
- Discussion of follow-up care and support — Yes ☐ No ☐
- Options and resources identified — Yes ☐ No ☐
- Immediate plans, intentions and actions reviewed — Yes ☐ No ☐
- Follow-up plans discussed and referrals where necessary — Yes ☐ No ☐

Name of Counselor: .....

Supervisor Signature: ..... Date: .....

MONTHLY REPORT

Site Name ..... Reporting Period: .....

Table 1: Services Provided by VCT Site

	Male					Female					Total
	<16	16-24	25-35	>35	Total Male	<16	16-24	25-35	>35	Total Female	
No. of people visiting VCT center											
No. of return visitors											
No. of clients receiving pre-test counseling											
No. of clients being tested											
No. of clients testing positive for HIV											
No. of clients receiving test results											
No. of clients completing post-test counseling											
No. of clients intending to share test result with significant other											
No. of clients referred to other services											

Table 2: Reasons for Visiting VCT Site

Reasons for visit	Male					Female					Total
	<16	16-24	25-35	>35	Total Male	<16	16-24	25-35	>35	Total Female	
Plan to get married											
Work/study permit											
Client risk behavior											
Partner risk behavior											
Had blood transfusion											
Injecting drug user											
New sexual partner											
Tested elsewhere											
Referred by health worker											
Other											
Total											

Table 3: Couple Counseling

	Number
Couple counseling sessions conducted	

Table 4: Commodities Distributed

	Number
Rapid Test Kits	
Condoms	
IEC Materials	

Additional Remarks .....

Site Manager's Signature ..... Date .....

NOTES