

VOLUNTARY COUNSELING AND TESTING EVENTS:

A TOOLKIT FOR IMPLEMENTERS

WORKING DOCUMENT



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
ILO
UNESCO
WHO
WORLD BANK



**VOLUNTARY COUNSELING
AND
TESTING EVENTS:**

A TOOLKIT FOR IMPLEMENTERS

WORKING DOCUMENT

Principal Authors:

- Grace Osewe, Independent Consultant
- Gilbert Kombe, Abt Associates Inc.
- Allison Goldberg, Abt Associates Inc.
- Mark McEuen, Abt Associates Inc.

ACKNOWLEDGMENTS

This report was funded by the United States Government (USG) through the President's Emergency Plan for AIDS Relief (PEPFAR). The work was conducted by Abt Associates under the Health Systems 20/20 Project, in close collaboration with the USG, World Health Organization (WHO), and Joint United Nations Programme on HIV/AIDS (UNAIDS).

Numerous individuals and organizations contributed to the development of this toolkit. Moreover, many of the tools referenced in the toolkit were provided by USG implementing partners.

The authors would also like to extend special gratitude to colleagues in the Ministries of Health and other stakeholders in Brazil, Ethiopia, Kenya and Malawi for sharing their experiences in planning and implementing Voluntary Counseling and Testing (VCT) events. These individuals are:

Brazil

- Alexandre Muguino, Communications Advisory, Ministry of Health, Brasilia
- Rosangela Ribeiro, Technical Advisor, Laboratory Unit, Ministry of Health, Brasilia
- Elina Sacurada, Coordination of STD and AIDS, Health Secretariat, Curitiba
- Mariana Thomaz, Coordination of STD and AIDS, Health Secretariat, Curitiba
- All Members of the Campaign for Rapid Testing Task Force

Ethiopia

- Yoseph Burkawaktoli, Private Sector Partnerships (PSP) Ethiopia, Abt Associates Inc.
- Yonas Yilma, PSP Ethiopia, Abt Associates Inc.
- Kathleen Poer, PSP Ethiopia, Abt Associates Inc.
- All Members of the Millennium AIDS Campaign National Task Force

Kenya

- Peter Mutie, Head, Communication, National AIDS Control Council
- Jacqueline Makokha, Social Mobilization and Partnership Advisor, UNAIDS
- Dr. Ignatius Kibe, Technical Assistant to the CT Week Secretariat, National AIDS Control Council
- Carol Ngare, VCT Manager, Ministry of Health National AIDS/STD, TB and Leprosy Control Programme

- Yuko Takenaka, Chief Advisor SPEAK Project/ JICA/ Ministry of Health National AIDS/STD, TB and Leprosy Control Programme
- Nduku Kilonzo, Director of Policy and Performance, Liverpool VCT, Care and Treatment

Malawi

- Dr. Kelita Kamoto, Head HIV/AIDS Unit, Ministry of Health
- Philip Moses, CT Technical Advisor, Ministry of Health
- Florence Kayambo, Head, Policy Support and Development, National AIDS Commission
- Mtemwa Nyangulu, Counselling and Testing Officer, HIV/AIDS Unit, Ministry of Health
- Lucious Ng'omang'oma, Counselling and Testing Officer, HIV/AIDS Unit, Ministry of Health
- Humphreys Shumba, HIV/AIDS Specialist, USAID Malawi
- All Members of the National HIV Testing and Counseling Week Task Force

The authors wish to acknowledge the invaluable technical reviews and contributions provided by the Counseling and Testing Technical Reviewers:

- Elizabeth Marum, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Global AIDS Program
- Alison Surdo, U.S. Agency for International Development/Office of HIV/AIDS
- Allison Schilisky, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Global AIDS Program
- Kristin Hughes, Office of the U.S. Global AIDS Coordinator (OGAC), PEPFAR
- Colin McIlff, Office of the U.S. Global AIDS Coordinator (OGAC), PEPFAR
- Donna Higgins, Department of HIV, World Health Organization
- Amolo Okero, Department of HIV, World Health Organization
- Seema Paul, UNAIDS Secretariat
- Praveena Gunaratnam, UNAIDS Secretariat
- Kristina Grabbe, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Global AIDS Program
- Dr. Elijah Odoyo-June, CDC-GAP Malawi/CHF International

Finally, the authors wish to acknowledge the Editing and Production team, Linda Moll, Maria Claudia De Valdenebro, David Post, and Amy Holdaway, for their contributions to the toolkit.

CONTENTS

Acknowledgments v

List of Tools ix

Abbreviations xi

Executive Summary xiii

Introduction I

A Strategic Approach to Planning Voluntary Counseling and Testing Events 5

Module 1: Management and Coordination 9

 Tools for Module 1 12

Module 2: Assessment, Planning, and Costing..... 15

 Tools for Module 2..... 19

Module 3: Publicity and Community Mobilization 37

 Tools for Module 3..... 42

Module 4: Service Delivery Approaches..... 45

 Tools for Module 4..... 47

Module 5: Logistics and Supply Chain Management 55

 Tools for Module 5..... 58

Module 6: Capacity Building and Training..... 61

 Tools for Module 6..... 64

Module 7: Monitoring and Evaluation 67

 Tools for Module 7..... 71

References..... 89

Annex 1: The VCT Process 91

Annex 2: Checklist of VCT Supplies and Materials..... 93

LIST OF TOOLS

- Tool 1: Terms Of Reference For The Vct Event Task Force 12
- Tool 2: Defining the roles and responsibilities of the VCT Event Task Force subcommittees..... 13
- Tool 3: Generic Questionnaire for Rapid Assessment of VCT Services 19
- Tool 4: Sample VCT Event Concept Note.....27
- Tool 5: proposed VCT Event Implementation Timeline.....31
- Tool 6: VCT Event Budgeting Template33
- Tool 7: Talking Points to Assist Speakers in Discussing the VCT Event.....42
- Tool 8: Different Models for Delivery of VCT Services47
- Tool 9: Elements of a Comprehensive HIV Care Package49
- Tool 10: Developing a Memorandum of Understanding for Delivery of VCT Event Services51
- Tool 11: Quantifying Demand for HIV Test Kits for VCT Event58
- Tool 12: Steps for VCT Commodity Planning.....60
- Tool 13: Guidelines for Strengthening the Referral Network.....64
- Tool 14: Illustrative VCT Event Monitoring and Evaluating Framework.....71
- Tool 15: Identifying Indicators for the VCTevent.....73
- Tool 16: Recording Client Data76
- Tool 17: Daily/Weekly Summary Report for VCT Sites.....78
- Tool 18: Supervising the VCT Counselor.....80
- Tool 19: Soliciting Client Feedback on the VCT Process.....85
- Tool 20: Reporting VCT Event Activities at the District Level.....87

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
CBO	Community-Based Organization
CDC	United States Centers for Disease Control and Prevention
DTF	District VCT Event Task Force
FBO	Faith-Based Organization
FHI	Family Health International
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IEC	Information, Education and Communication
IPC	Interpersonal Communication
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSM	Men who Have Sex with Men
NAC	National AIDS Council
NASTAD	National Alliance of State and Territorial AIDS Directors
NGO	Non-governmental Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider-initiated Testing and Counseling
PLHIV	People Living with HIV
RHB	Regional Health Bureau
RPM Plus	Rational Pharmaceutical Management Plus
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

In December 2006, the United Nations General Assembly proposed the hosting of International Voluntary Counseling and Testing (VCT) events as an effective way of increasing access to and awareness of VCT services. In response to this proposal, many countries are already conducting, or are in the process of planning, these high-profile national VCT events. In order to support governments' efforts to incorporate VCT into their national HIV/AIDS strategies, the President's Emergency Plan for AIDS Relief (PEPFAR) in collaboration with the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and others have developed tools and resources to help policymakers successfully implement national VCT events.

Voluntary Counseling and Testing Events: A Toolkit for Implementers is a resource countries can draw upon in the process of planning, implementing and evaluating their VCT event. Intended users of this toolkit include national policymakers; program planners; donor representatives; non-governmental, faith-based, and community-based organizations; people living with HIV (PLHIV); technical working groups; and others who plan and participate in national VCT events.

The seven modules presented in the toolkit outline the key steps involved in the process of planning, implementing, and evaluating a VCT event, including 1) assessment, planning, and costing; 2) management and coordination; 3) publicity and community mobilization; 4) service delivery approaches; 5) logistics and supply chain management; 6) capacity building and training; and 7) monitoring and evaluation.

The appendix in each section includes tools which are relevant to the specific module being presented. The tools have been adapted from the experience of countries that have conducted VCT events or organizations working worldwide to improve access to HIV counseling and testing. These tools provide illustrative examples that countries can adapt to support their own VCT events.

The checklist below provides a snapshot of key steps outlined in the toolkit modules. It can be used as a quick reference to guide the planning, implementation, and evaluation of a VCT event.

■ **Form VCT Event Task Force:**

- Engage key stakeholders including the National AIDS Coordinating Council or Committee, the Ministry or Department of Health, PLHIV networks, AIDS service organizations, human rights and gender equality groups, and partners already implementing or funding VCT initiatives.
- Establish district, state, or regional committees to plan the VCT event at the local level.
- Assign specific roles and responsibilities for the VCT event to appropriate groups (including subcommittees) in the areas of advocacy, procurement, distribution, service provision (including referrals), technical support, quality assurance, financing, and monitoring and evaluation.
- When possible, include private sector institutions and service providers at both the national and local levels.

- **Assess current levels of HIV counseling and testing service coverage and capacity:**
 - Assess current levels of coverage and uptake of VCT services in order to identify populations or geographic areas to target during the event.
 - Review the baseline and determine if a VCT event is appropriate and necessary in the local context.
 - Document human resources (i.e. trained VCT counselors and health workers) and physical infrastructure that will be available to support the event.
 - Identify post-test care and support services including referral networks.
 - Evaluate the capacity of existing quality assurance mechanisms to cope with increases in testing during the VCT event.
 - Determine additional management, counseling, technical, and programmatic needs.
 - Assess the legal, policy, and socio-cultural environment to ensure appropriate legislation and support services for combating stigma and discrimination.

- **Establish VCT goals and targets:**
 - Establish the duration of the event. Experience in some countries suggests that a shorter time period, such as a week, is preferable to a longer period.
 - Plan the VCT event for times of the year when it is easy to access rural areas (such as the dry season). Take into account special celebrations and other conditions unique to each country.
 - Establish detailed goals and targets and outline this information in an implementation plan. Use baseline data to determine ambitious, yet achievable goals.
 - If appropriate, define specific a target group(s) for the VCT event or key target populations – such as couples, sexually active young people, pregnant women, and/or persons engaged in high-risk behaviors – to reach through community mobilization and public campaigns.

- **Develop a costing framework:**
 - Estimate total costs for the VCT event.
 - Determine funds available and how any budget shortfall will be met.
 - Develop guidelines for district-specific planning and budgeting, if appropriate.
 - Develop a plan to distribute funds to the local level.

- **Design a focused publicity and community mobilization campaign:**
 - Include political, faith- and community-based leaders, human rights and gender advocacy groups, PLHIV networks, entertainment or sports celebrities, and health care workers as active participants in the planning and implementation of the VCT event.

- Consider hiring a specialized media communications firm to support the publicity and community mobilization process.
- Develop a communication theme and a multimedia communication strategy that includes mass media, community events, and interpersonal communication to create awareness about the VCT event.
- If appropriate, consider focusing communications efforts on reaching a specific target group(s), such as couples, injecting drug users, commercial sex workers, etc.
- Ensure that print materials, including posters and directional signs, are distributed at VCT sites and surrounding areas.

■ **Define service delivery approaches:**

- Engage all providers including health facilities and stand-alone VCT sites. Utilize all feasible service provision approaches available including mobile services, home-based testing, and other forms of community outreach.
- Collaborate with existing institutions in each community, including faith-based and community-based organizations, to expand access to services during the VCT event.
- Develop specific strategies, such as the use of on-site rapid testing with same-day results, to deal with the increased demand for VCT services during the event while ensuring adherence to the 3Cs – counseling, informed consent, and confidentiality.
- Ensure availability of post-test services for both HIV-positive and HIV-negative individuals including post-test counseling, assisted disclosure, linkages to long-term care, antiretroviral treatment, and other support services.

■ **Develop a procurement, logistics and supply chain management plan:**

- Order adequate quantities of the materials needed for the VCT event including test kits, consumables such as gloves, waste disposal containers and condoms, and informational materials such as posters and directional signs.
- Add a one-to-two-month supply of safety stock to prepare for increased usage and prevent stock-outs during and immediately after the VCT event.
- Procure and distribute the materials to designated sites well in advance and, if possible, package materials together for delivery to sites.
- Recruit and mobilize temporary staff as needed.
- Develop a transport management plan which enables VCT staff to provide outreach services and deliver additional materials to outreach and static sites as necessary.

■ **Develop a capacity-building and training strategy:**

- Design a VCT training strategy for counselors and support staff.

- Disseminate counseling and testing operational guidelines to all VCT event sites in order to update all providers on the proper protocols and procedures for providing VCT services.
 - Identify potential assets, such as existing structures (schools, churches, mosques) and relevant groups (retired or unemployed health workers and counselors), which can help expand counseling, testing, mobilization, and supervision capacity.
 - Develop a plan outlining strategies to maintain quality assurance during the event, which includes orienting providers on quality assurance strategies.
 - Create or update directories of post-test support and treatment services in each area, including information about groups providing advocacy or legal aid services, and distribute these directories to all VCT service providers and sites.
 - Ensure that all counselors know where to refer HIV-positive clients. Post-test counseling should include prevention counseling for all clients and supportive counseling and referrals for HIV positive clients. Counseling should address the rights of PLHIV, including the rights to confidentiality and non-discrimination, and how to access legal and other support services.
 - Distribute appropriate print educational materials to clients served.
- **Design a VCT event monitoring and evaluation plan:**
- Develop a data management plan that includes supervision systems at the national and local levels.
 - Select core indicators and tools from existing national monitoring and evaluation plans, and supplement them with VCT event-specific indicators if needed.
 - Designate responsibility for data collection and quality assurance at each point in the VCT event process.
 - Distribute adequate data tools to participating sites, keeping in mind that increased VCT uptake is likely to continue beyond the VCT event.
 - Collect and analyze data to identify lessons learned.

INTRODUCTION

Voluntary HIV Counseling and Testing Events

The concept of Voluntary HIV Counseling and Testing events¹ arose out of a global commitment to achieve universal access to HIV prevention, treatment, care, and support. This goal was endorsed by Group of 8 Leaders in 2005 and the United Nations (UN) General Assembly in 2006. Despite advances in the accuracy of rapid HIV test kits and increased availability of HIV treatment, only 12% of men and 10% of women worldwide have been tested for HIV and know their status (United Nations Joint Programme for HIV/AIDS [UNAIDS] 2006). This relatively low uptake of counseling and testing is attributed to a lack of awareness regarding the potential benefits of testing, stigma and discrimination related to HIV, and the lack of access to high-quality counseling and testing services.

As part of a broader strategy to address these barriers, the UN General Assembly proposed the hosting of annual International Voluntary HIV Counseling and Testing events in December 2006 and called on Member States to designate a Voluntary Counseling and Testing (VCT) Day in 2007. The goal of the VCT day or days is to increase public access to and demand for VCT, “as part of scaling up nationally driven, sustainable and comprehensive responses to achieving broad multi-sectoral coverage for prevention, treatment, care and support” (UNAIDS 2006).

Several countries are already conducting, or are in the process of planning, these high-profile VCT events. Because many of these countries are implementing VCT events for the first time, the President’s Emergency Plan for AIDS Relief (PEPFAR) in collaboration with the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) is offering tools and resources to promote successful national VCT events. *Voluntary Counseling and Testing Events: A Toolkit for Implementers* is a resource countries can draw upon in the process of planning, implementing, and evaluating VCT events. The toolkit is accompanied by three case studies which highlight the innovative approaches to VCT events used in Brazil, Ethiopia, and Malawi.

Considerations for Holding a VCT Event

The decision to hold a VCT event should be preceded by an assessment of the national epidemiological profile; health infrastructure; and social, cultural, and economic context of the country. Factors to consider when determining whether to conduct a VCT event include:

- **National and local commitment** – Governmental and community involvement and ownership of the VCT event are necessary if the event is to achieve its intended aim of increasing access and uptake of HIV counseling and testing services. People living with HIV (PLHIV) should play an active role in this process.
- **Service capacity** – Countries need to assess whether they possess the service capacity necessary to meet the increased demand for services during a VCT event and provide at least a minimum package of basic HIV prevention, treatment, support and follow-up services to all

¹ The term Voluntary Counseling and Testing Event, or VCT Event, refers to a day, a week, or longer period of time during which expanded access to voluntary HIV counseling and testing services is provided in a variety of settings to those who seek to know their HIV status.

individuals tested during the event.

- **Resource mobilization** – Due to the high cost of conducting a VCT event, it is critical that the government assesses whether the necessary financial and human resources are available to achieve national targets.
- **Stigma among marginalized and vulnerable populations** – The design and implementation of VCT events must take stigma into account. Vulnerable groups, such as migrants, injecting drug users (IDUs), sex workers, men who have sex with men (MSM), and women, may experience a higher level of stigma, which can compound the challenges they already face in accessing health care. Since these individuals may be further marginalized if they learn that they are HIV positive, efforts must be made to ensure that a supportive social, policy, and legal framework is in place to maximize positive outcomes and minimize potential harm to these groups.
- **Health system-wide effects** – The human and technical capacity required to serve the increased numbers of individuals accessing HIV counseling and testing services may inadvertently divert resources from other parts of the health system or undermine the provision of other services altogether.

It is important to note that VCT events may not be appropriate or necessary in all national contexts. Indeed, in some cases more focused strategies such as increasing the number of testing sites may be sufficient to meeting national HIV counseling and testing goals. In view of the above, the decision to hold a national VCT event will need to be determined on a country-by-country basis.

Overview of the Toolkit

This VCT event toolkit is designed to help implementers and other stakeholders adopt a systematic approach to planning national VCT events in order to increase access to, and uptake of, HIV services. As such, the toolkit summarizes important steps for planning a national VCT event, such as publicity and community mobilization, health worker and counselor training, procurement and distribution of commodities, referral to treatment and support services, and monitoring and evaluation (M&E).

Target Audience

Intended users of this toolkit are national policymakers; program planners; donor representatives; non-governmental, faith-based, and community-based organizations (NGOs, FBOs, and CBOs, respectively); technical working groups; communities; and others who plan and participate in VCT events. The toolkit is designed to assist these stakeholders in adopting a strategic and participatory approach to planning, implementing, and evaluating VCT events that are specific to country needs and circumstances.

Contents

The toolkit begins by outlining a strategic approach for thinking about VCT events. The remaining sections of the toolkit outline the seven key steps involved in implementing a VCT event, including 1) management and coordination; 2) assessment, planning, and costing; 3) publicity and community mobilization; 4) service delivery approaches; 5) logistics and supply chain management; 6) capacity building and training; and 7) M&E.

Each module is organized into four sections: overview, process, list of accompanying tools, and recommended reference materials. Text boxes and figures provide illustrative examples of tools and examples from countries that have conducted VCT events in the past.

The appendix in each section contains tools which are relevant to the specific module being presented. The tools have been adapted from the experience of countries that have conducted VCT events or organizations working worldwide to improve access to HIV counseling and testing. These tools provide illustrative examples that countries can adapt to support their own VCT events.

The online version of the VCT event toolkit can be found at <http://healthsystems2020.org>, <http://www.pepfar.gov/>, and <http://www.who.org/>. This toolkit will be updated on an ongoing basis.

Limitations

This toolkit is not designed to guide day-to-day management of VCT activities. Rather, it is intended to support a focused, short-term VCT event that is implemented within the framework of existing national HIV counseling and testing programs and community mobilization campaigns.

Only a few countries have implemented VCT events to date, providing limited practical experience upon which to base universal tools. Consequently this resource draws on the body of current evidence and reference materials originally developed to support the implementation of more broad-based VCT programs.

It is also important to note that countries which have previously organized these events² have done so as part of a long-term strategic plan to scale up the availability of VCT services. Therefore, this toolkit complements, rather than substitutes existing VCT-related toolkits.

² Brazil, Ethiopia, Kenya, Malawi, Tanzania, and Zambia are some of the countries that have organized VCT events to date.

A STRATEGIC APPROACH TO PLANNING VOLUNTARY COUNSELING AND TESTING EVENTS

Countries can benefit by using a strategic and participatory approach to planning, implementing, and evaluating the VCT event. Efforts should be made to ensure that events are consistent with the guiding principles of existing HIV programs and services.

Guiding Principles³

VCT events should be based on the same principles that underpin the provision of VCT services. This may include the following elements:

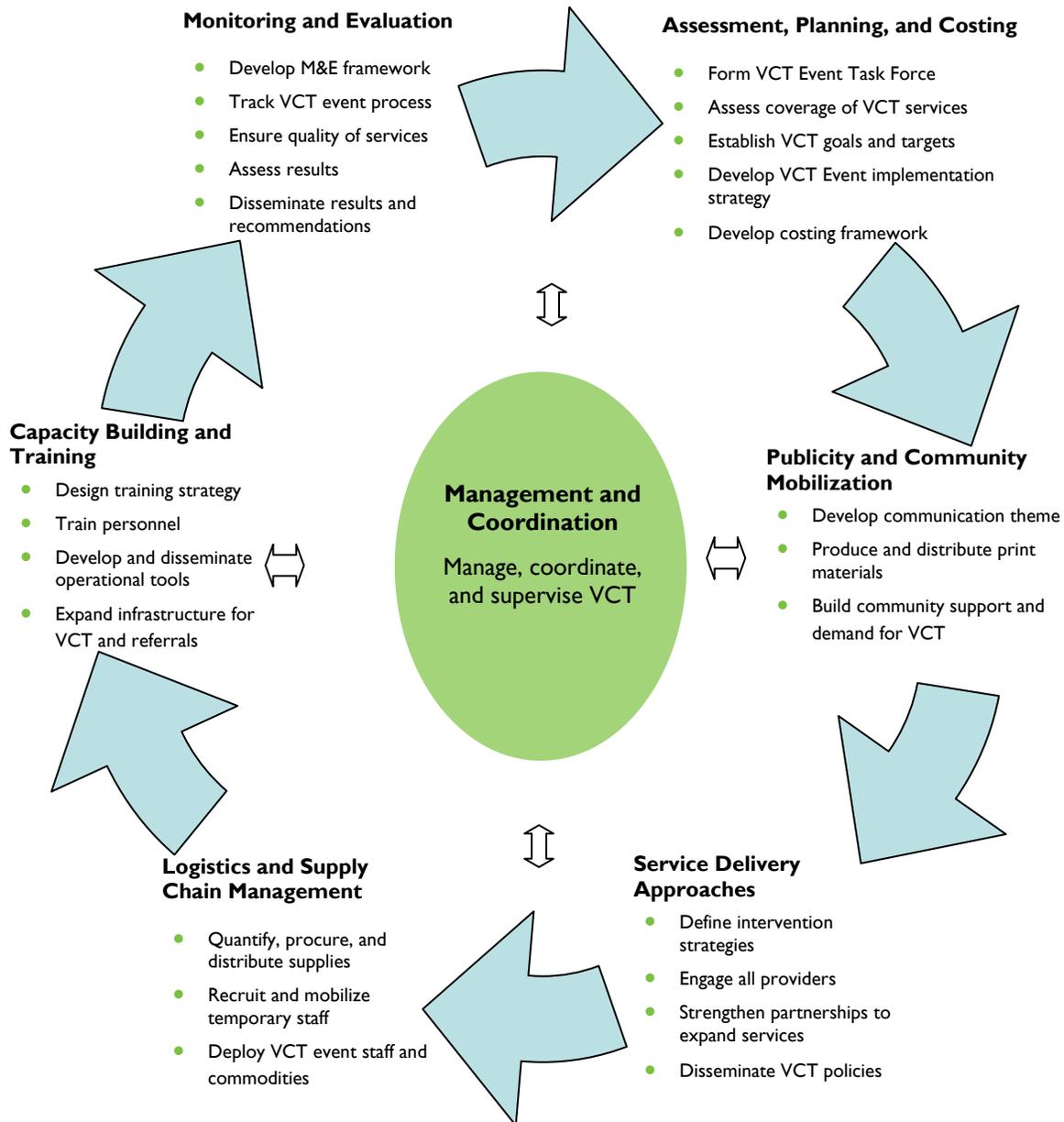
- HIV testing should be voluntary and in compliance with the “3 C’s” – sufficient information should be provided on the purpose and benefits of testing in order to ensure informed **consent**, the process should be **confidential** and accompanied by high-quality, supportive **counseling**.
- Effective linkages should be established and/or strengthened between VCT services and an appropriate package of treatment, care, and support services including antiretroviral therapy, treatment for sexually transmitted infections (STIs) and tuberculosis, and referral to advocacy and legal aid services.
- The process of planning, implementing, and evaluating VCT events should involve key stakeholders, including PLHIV, to ensure that the services offered are both appropriate and effective.
- Sustained community mobilization prior to and during the VCT event is central to improving awareness about the benefits of knowing one’s HIV status, increasing the uptake of counseling and testing services, and reducing stigma and discrimination. Special effort should be made to reach members of at-risk populations including sex workers, MSM, and IDUs.
- VCT event targets should mirror the goals and activities in the existing national strategic plan to respond to HIV.
- Modified quality assurance measures that are appropriate for mass testing may need to be developed to ensure that the quality of counseling and testing services is maintained throughout the event.

³ This section is based on several WHO documents (2007, 2005, 2002).

A Strategic Approach

As highlighted in Figure 1, the formation of a designated VCT Event Task Force that is responsible for core planning, management, and coordination of the event is the central component of the strategic approach. Essential elements to be addressed by the task force include: rapid assessment, planning and costing, publicity and community mobilization, service delivery approaches, logistics and supply chain management, capacity building and training, and M&E.

FIGURE 1: A STRATEGIC APPROACH TO PLANNING A VCT EVENT



Moreover, it is important to note that this strategic approach is cyclical: M&E of the VCT event leads directly into assessment and planning for a future event and improved provision of day-to-day HIV counseling and testing services. However, it is important to note that while the approach is presented in a sequential format, the steps may be implemented simultaneously once the planning process is initiated and the event is determined to be both appropriate and feasible.

Recommended Reference Material:

- WHO, Guidance on Provider-Initiated HIV Testing and Counseling in Health Facilities, 2007. http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf
- UNAIDS/WHO Policy Statement on HIV Testing, June 2004. http://data.unaids.org/UNA-docs/hivtestingpolicy_en.pdf
- National Alliance of State and Territorial AIDS Directors (NASTAD), HIV Counseling, Testing and Referral Services: Self-assessment tool for state and territorial health departments, February 2006. http://www.nastad.org/Docs/Public/Publication/2006216_CTRNeesdAss.pdf

MODULE 1: MANAGEMENT AND COORDINATION

Overview

To ensure the successful implementation of the VCT event, it is necessary to establish appropriate management structures and strengthen coordination mechanisms at the national, regional, and community levels.

Process

1. Establish a National VCT Event Task Force to spearhead VCT event planning and implementation

The support and commitment of political leadership at both the policy and implementation levels is critical to the success of any VCT event. The Ministry of Health (MOH) should spearhead the establishment of the National VCT Event Task Force in close collaboration with the National AIDS Council (NAC) or equivalent national HIV coordinating body, other government ministries, technical agencies and key stakeholders involved in the public and private provision of HIV counseling and testing services. National HIV and/or VCT Technical Groups that already exist in some countries can also serve this purpose.

Though the composition of the VCT Event Task Force may vary by country, the task force should generally include technical experts in VCT, communications, logistics, data management, and community development, as well as PLHIV and representatives of donor agencies and other implementing partner organizations. Providers of HIV treatment, care, and support should also be engaged early so that they can take steps to accommodate the increased demand for services during and after the VCT event.

2. Create coordination structures and define roles and responsibilities within the National VCT Event Task Force

A national VCT event calls for effective management and multi-sectoral, multi-level coordination (see Figure 2 for an illustration of VCT event management structures). A VCT Event Task Force should be established and assigned responsibility for overall organization of the VCT event. This VCT Event Task Force should be accountable to the MOH and the national HIV or VCT Working Group (if one exists) (see Tool 1 for an example of Terms of Reference of the VCT Event Task Force). Countries should also consider nominating a National VCT point person to coordinate the VCT event.

Figure 2: VCT Event Management Structures at a Glance

- The VCT Event Task Force should be headed by a point person who is accountable to the MOH and the national HIV or Counseling and Testing Working Group (if one exists).
- Technical subcommittees are responsible for specialized tasks, including:
 - Publicity and communications
 - Resource mobilization
 - Service provision
 - Regional/District mobilization
- The National VCT event supervisory team is responsible for districts supervision.
- District VCT event supervisory teams are responsible for site supervision.

Subcommittees within the VCT Event Task Force can be created and tasked with focusing on specialized areas including publicity and communications, resource mobilization, service provision and district mobilization (see Tool 2 for specific information on defining the roles and responsibilities of VCT Event Task Force subcommittees).

3. Establish multi-sectoral VCT Event Task Force(s) at regional and local levels

In most cases, at the regional level (hereafter referred to as the district level) the District VCT Event Task Force will be responsible for both planning and implementation. Each District VCT Event Task Force should identify internal communication strategies and processes that are appropriate and feasible given the resources and structure of their district. In order to initiate VCT event activities, the District VCT Event Task Force will:

- Conduct one-day orientation meetings for stakeholders at the district level;
- Establish a multi-sectoral District VCT Event Task Force;
- Develop district operational plans with corresponding budgets; and
- Create a local operational plan.

In large countries, or those with highly decentralized systems, the management structures may be replicated at the national and local levels. However, as illustrated in Table 1, the roles and responsibilities for implementation of the VCT event will differ at each of the three levels.

Table 1: VCT Event Management and Coordination Structure

	National Level	Provincial/District	Local Level
Key Players	NAC, MOH, donors	District Health Team, District AIDS Council	Local AIDS Council, clinics, service providers
Management and Coordination Structures	<ol style="list-style-type: none"> 1. National VCT Event Force 2. VCT event point person 3. VCT supervisor (per district) 4. Subcommittees 	<ol style="list-style-type: none"> 1. District VCT Event Task Force 2. VCT event coordinator 3. Subcommittees 	<ol style="list-style-type: none"> 1. Local VCT Event Task Force
Key Roles and Responsibilities	<ol style="list-style-type: none"> 1. Development of national VCT event implementation plan 2. Resource mobilization (financial, human, material) 3. Sensitization meeting for district stakeholders 4. Disbursements of funds to district level 5. Supervision of district VCT planning implementation 6. Procurement and distribution of commodities and supplies to local level 7. National M&E 	<ol style="list-style-type: none"> 1. Development of district VCT event implementation plan 2. Resource mobilization (financial, human, material) 3. Distribution of commodities and supplies 4. Briefings with administrative, political, religious leaders 5. Publicity and communication 6. Identification of VCT outreach sites 7. Coordination of referral mechanisms 8. Training for VCT personnel 9. Supervision of VCT services 10. Monitoring of VCT event 11. Submission of final VCT event report to VCT Event Task Force 	<ol style="list-style-type: none"> 1. Community campaigns 2. Local publicity and communication 3. Information dissemination 4. Provision of VCT services 5. Linkages with health facilities and local service providers 6. Community follow-up (including referral to treatment, care, and support services) 7. Submission of VCT event report to District VCT Event Task Force

List of Accompanying Tools

- Tool 1: Terms of Reference for the VCT Event Task Force Subcommittees
- Tool 2: Defining the Roles and Responsibilities of the VCT Event Task Force Subcommittees

Recommended Reference Material

- Republic of Malawi, National HIV Testing and Counseling Week, July 17-22, 2006.
- Republic of Zambia, HCT Day 2007, A Planning Toolkit for Districts in Zambia.

TOOLS FOR MODULE 1

TOOL 1: TERMS OF REFERENCE FOR THE VCT EVENT TASK FORCE

Purpose:

Defining the roles and responsibilities of the VCT Event Taskforce that will organize the VCT event.

Intended User:

Members of the VCT Event Task Force.

How to Use:

Review the list of roles and responsibilities of the VCT Event Task Force and customize as needed.

The VCT Event Task Force will be expected to:

1. Convene regular meetings for the purpose of planning and organizing the VCT event at the national and district levels.
2. Set and publicize the dates of the VCT event and similar VCT events in the future.
3. Determine all financial, material, and human resources required for the successful implementation of this activity.
4. Mobilize and ensure that the resources above are available for the VCT event.
5. Organize, set terms of reference for, and coordinate various subcommittees that are required to perform specific tasks, such as resource mobilization.
6. Coordinate the mobilization of all target communities for VCT.
7. Provide the management of the MOH, NAC or equivalent, other government ministries, partner organizations, the private sector, NGOs, FBOs, and CBOs with progress reports during the planning of the VCT event.
8. Ensure that all proceedings of its meetings are documented.
9. Appoint a committee that will compile a M&E report at the end of the VCT event. The report should include lessons learned and recommendations to improve the organization and implementation of future VCT events.

Source: Malawi National Task Force on HIV Counseling and Testing Week 2007 (March 2007)

TOOL 2: DEFINING THE ROLES AND RESPONSIBILITIES OF THE VCT EVENT TASK FORCE SUBCOMMITTEES

Purpose:

Assigning responsibilities to subcommittees for the coordination and implementation of various tasks and activities in support of the VCT event at the national and local levels.

Intended User:

National and District VCT Event Task Forces and designated subcommittees

How to Use:

Read through all the terms of reference to identify some of the roles and responsibilities that various individuals and groups can play. Adapt the list to suit your national and/or district VCT event process.

Subcommittee	Terms of Reference	Partners
Resource Mobilization	<ol style="list-style-type: none"> 1. Consolidate action plan for the testing week 2. Prepare budget for all activities 3. Liaise with funding sources 4. Present concept paper and progress 	<ul style="list-style-type: none"> • United Nations agencies • Ministry of Health • National AIDS Council • Other implementing agencies
Publicity and Communications	<ol style="list-style-type: none"> 1. Plan a two-week campaign to increase awareness about the VCT event 2. Draft press statement for President's launch 3. Publicize the event (press conference/ press briefing) 4. Mobilize existing communications materials for the campaign 5. Identify, design, and print materials for the campaign 6. Develop a media plan for TV and radio 7. Send invitations to private companies and NGOs to encourage testing among their employees 	<ul style="list-style-type: none"> • Ministry of Health • National AIDS Council • Ministry of Information • Social marketing specialists • Media firms

<p>Service Provision</p>	<ol style="list-style-type: none"> 1. Procure all required test kits for the testing week 2. Ensure that test kits have been distributed to VCT sites in advance 3. Ensure that all VCT sites have adequate staff, including counselors, for the VCT event. 4. Identify VCT sites that can be made available for counseling and testing, including outreach and mobile sites 5. Ensure that condoms and IEC (information, education and communication) materials for clients are available at all VCT services 	<ul style="list-style-type: none"> ● Ministry of Health ● National AIDS Council ● Key VCT implementing agencies
<p>District Mobilization</p>	<ol style="list-style-type: none"> 1. Support districts to establish VCT event task forces 2. Provide guidelines for development of district action plans and budget 3. Monitor the implementation of district community mobilization activities 4. Monitor and track disbursements of funds and resources to districts 	<ul style="list-style-type: none"> ● Ministry of Health ● National AIDS Council ● Ministry of Local Government ● Ministry of Youth ● National Youth Council ● National Association of AIDS Service Organizations

MODULE 2: ASSESSMENT, PLANNING, AND COSTING

Overview

Given that VCT events require significant technical, financial, and human resource support, advanced preparation and planning is critical. Ideally, planning should begin at least six months prior to the implementation of the VCT event. Planning efforts should involve all key stakeholders and build on the existing national HIV counseling and testing infrastructure.

Planning, which includes setting specific and measurable goals and targets for the VCT event, should be based on a rapid assessment of VCT service coverage and implementation capacity.

Process

1. Assess current levels of VCT service coverage and implementation capacity

A rapid assessment can be conducted to collect baseline data on the coverage of VCT services and implementation capacity in the public and private sectors. However, the need for an assessment will be determined by the national context, and may be optional for countries that conduct regular reviews or have incorporated the VCT event into their national HIV strategy.

If conducted, the assessment will help VCT event planners more systematically identify specific populations and regions to target during the VCT event and determine the kinds of resources that are needed for the event, such as additional management, counseling, technical and/or programmatic support. An illustrative example of some of the key steps for conducting a rapid assessment is provided in Figure 3 (see Tool 3 for a Generic Questionnaire for Rapid Assessment of VCT Services.)

Figure 3: Steps for Conducting a Rapid Assessment

- Decide what information is needed – Identify the type of baseline data needed, such as the availability and distribution of human resources and other infrastructure that is required to deliver VCT services.
- Find out what information is already available – Identify sources of information that are already available, including reports, surveys, and service records from VCT sites in order to assess previous experience and lessons learned related to the provision of VCT services. Reviewing this material and meeting with important stakeholders can be a way to identify the best strategies for delivering services and avoiding some of the problems experienced in the past.
- Develop a plan to collect information – Consider the options available to collect additional data and the budgetary implications of each method. Allocate sufficient time to collect, review, and share the information with others.
- Collect the data – Consider organizing data according to the following categories: service provision, human resources, commodities and supplies, and management and supervision.
- Analyze the data – Use the data to understand which priority groups are not accessing VCT services and highlight the most urgent (service provision, human resources, commodities and supplies, and/or management and supervision) issues that need to be addressed.
- Present the results – Share the results from the rapid assessment and solicit feedback from stakeholders on the best way to move forward in responding to the priorities identified.

2. Develop concept note

Once the assessment is complete, a concept note should be developed which outlines the rationale for the event, the implementation process, proposed coordination structures, financial resources and expected deliverables. The concept note can be used as an advocacy tool and may be disseminated to policymakers, government ministries, development partners, regional and local health personnel, administrators, NGOs, FBOs, CBOs, and service providers (see Tool 4: Sample VCT Event Concept Note).

3. Establish VCT event goals and targets

VCT event goals and targets should be determined by consulting with key stakeholders and by applying existing VCT service utilization data and information articulated in the concept note. When setting goals and targets for an event, it is important to remember to:

- Determine the duration of the VCT event (a day, a week, or other time period) and where it will be implemented. Moreover, determine whether the event should be phased or conducted simultaneously at all locations.
- Use baseline data to establish ambitious but achievable goals for the event.
- If appropriate, define a specific target group(s) for the VCT event, such as commercial sex workers, IDUs, couples, sexually active young people, and pregnant women.
- Plan the VCT event for times of the year when it is easy to access rural areas, (such as the dry season) and/or during special celebrations that might increase uptake.
- Estimate total resource (financial and human) needs.

4. Develop VCT event implementation plan

An implementation plan with a prioritized list of activities should also be developed (see Tool 5 for a Proposed VCT Event Implementation Timeline). The implementation plan could:

- Assign management, coordination, and monitoring responsibilities;
- Clarify roles and responsibilities of relevant stakeholders;
- Estimate the types and number of VCT sites needed (e.g., stand-alone, integrated, mobile, and community);
- Estimate the amount of commodities and supplies required for the event (see Module 5 for details);
- Estimate the number of staff needed to provide counseling, testing, and related services during the VCT event;
- Estimate projected costs for the event, and highlight existing and required financial resources (see Tool 6 for a VCT Event Budgeting Template); and

- Outline a monitoring and evaluation plan.⁴

It is important to note that once this process is completed at the national level, it will be necessary to develop regional/district level implementation plans as well. The district process will resemble the national process, with district stakeholders involved as much as possible in the planning process.

5. Provide guidelines to support district-level planning and implementation

Guidelines are necessary to streamline district-specific planning and budgeting. The following areas require particular attention:

- Using a standardized planning format to ensure that district plans are comprehensive and mirror the national-level implementation plan;
- Developing guidelines to inform remuneration of counselors, community mobilizers, and other support staff;
- Estimating financial and other resources available from the national level, which could be related to the estimated number of VCT event clients;
- Identifying types of activities that can be subcontracted to other partners for specific components, such as training, if applicable; and
- Identifying the types of reimbursable expenses that the District VCT Event Task Force members can incorporate into the budget (e.g. overtime, transport, airtime costs for mobile phones).

6. Develop resource mobilization plan

Once the implementation plan is developed, the VCT Event Task Force should consider:

- Conducting resource mobilization meetings with relevant stakeholders and development partners to assess the availability of resources and, if necessary, seek out additional funds and commodities as needed; and
- Developing a disbursement system to support implementation by the district agencies and other local partners. For instance, funds may be disbursed through existing district structures (e.g. District AIDS Council) or through implementing agencies with established systems at the district level.

List of Accompanying Tools

- Tool 3: Generic Questionnaire for Rapid Assessment of VCT Services
- Tool 4: Sample VCT Event Concept Note
- Tool 5: Proposed VCT Event Implementation Timeline Plan
- Tool 6: VCT Event Budgeting Template

⁴ Refer to Module 7: Monitoring and Evaluation for detailed process.

Recommended Reference Material

- UNAIDS, Analysis of the potential impact of and implementation issues related to an International HIV Testing Day, 2006
- Uganda Ministry of Health, HIV Counseling and Testing: Toolkit for Coordinators and Supervisors, 2005
- WHO, Scaling-Up HIV Testing and Counselling Services: A Toolkit for Programme Managers, 2005. http://whqlibdoc.who.int/publications/2005/924159327X_eng.pdf
- Family Health International, VCT Toolkit: A Collection of VCT Program Resources. <http://www.fhi.org/en/HIVAIDS/pub/guide/HCTtoolkit.htm>

TOOLS FOR MODULE 2

TOOL 3: GENERIC QUESTIONNAIRE FOR RAPID ASSESSMENT OF VCT SERVICES

Purpose:

Assessing the scope of VCT coverage, identifying opportunities for action, and highlighting potential obstacles to planning and implementing the VCT event.

Intended User:

VCT Event Task Force members, program managers, donors, and others.

How to Use:

Review the different aspects of VCT to be assessed and then adapt the questionnaire to suit your local context. Use the questionnaire to gather the data at the national and local levels as appropriate. Sources of data may already exist in M&E data, recent reviews, and special surveys. After data collection is complete use the section at the bottom to summarize the information and establish a baseline.

Rapid Assessment Tool Scoring System

Yes	Minimum standards for organizing a VCT event met
No	Minimum standards for organizing a VCT event <i>not</i> met

Part I: National Overview HIV

	Yes	No	Comments
Do you have the following in your country?			
HIV/AIDS policy			
Strategic plan for HIV/AIDS			
National HIV counseling and testing targets			
National VCT expansion strategy			
National counseling and testing coordinating /technical group			
National Overview Assessment			
Review the comments related to each question to determine the gaps that your country may need to fill in order to implement a successful VCT event. Please make specific comments on items that would be considered below minimum standards in the current stage of the epidemic.			
Make recommendations regarding requirements for holding the VCT event.			

	Yes	No	Comments
Prioritize action items needed for the VCT event.			
Define resources such as staff, technical expertise, and funding that will be required to conduct a successful VCT event.			

Part 2: Scope of VCT Services

	Yes	No	% Coverage
At which of the following is VCT offered?			
Medical Settings:			
Wards			
Antenatal clinics			
STI clinics			
TB clinics			
Other: _____			
Community Settings:			
Stand-alone VCT sites			
Worksites			
Mobile			
Outreach			
Other: _____			
Special Populations			
Youth			
Men having sex with men			
Injecting drug users			
Prisons			
Uniformed forces			
Disabled			
Other: _____			
Geographic Coverage			
Districts			
Urban areas			
Rural areas			
Special communities (e.g. mines)			
Other: _____			
Do you provide or refer for any of the following HIV care and support services?			
Ongoing counseling			

Part 3 Policies, Standards, and Guidelines

	Yes	No	Comments
Operational Guidelines			
Provider-initiated testing and counseling (PITC)			
VCT			
Outreach/Mobile VCT			
Other: _____			
Available at sites			
Counseling Protocols			
PITC			
VCT			
Outreach/Mobile VCT			
Other: _____			
Available at sites			
Testing Protocols			
PITC			
VCT			
Outreach/Mobile VCT			
Other: _____			
Available at sites			
Training Guidelines			
PITC			
VCT			
Outreach/Mobile VCT			
Other: _____			
Available at sites			
<p>Policies, Standards, and Guidelines Assessment: Review the comments related to each question to determine the gaps that your country may need to fill in order to implement a successful VCT event. Please make specific comments regarding factors that may need to be addressed to improve dissemination and implementation of guidelines. Also determine if any policy changes are required to facilitate implementation or expansion of VCT in different settings or to at-risk groups.</p> <p>Make recommendations regarding requirements for holding the VCT event.</p> <p>Prioritize action items needed for the VCT event.</p> <p>Define resources such as staff, technical expertise, and funding that will be required to conduct a successful VCT event.</p>			

Part 4: Community Involvement

	Yes	No	Comments
Do you undertake the following activities to promote VCT?			
Mass media campaigns			
Distribution of IEC materials			
Peer-to-peer programs			
Outreach to special populations (specify)			
Other: _____			
Other: _____			
Do you have any partnerships or linkages with the following to promote VCT?			
Community health workers			
PLHIV			
Community-based organizations			
Faith-based organizations			
Other: _____			
<p>Community Involvement Assessment: Review the comments related to each question to determine the gaps that your country may need to fill in order to implement a successful VCT event. Please make specific comments regarding challenges to increasing community awareness of VCT, lessons learned from social mobilization campaigns, and other avenues that can be used for the promotion of VCT.</p> <p>Make recommendations regarding requirements for holding the VCT event.</p> <p>Prioritize action items needed for the VCT event.</p> <p>Define resources such as staff, technical expertise, and funding that will be required to conduct a successful VCT event.</p>			

Part 5: Human Resources

District:

Date:

Conducted by:

Total Number of Staff Available					
Staff position	# of staff in position		% of time spent on VCT services	Received VCT training in the last 2 years (Y/N)	Paid or unpaid?
	Full-time	Part-time			
Coordinator					
Counselor					
Receptionist					
Laboratory technician					
Community mobilizers					
Nurse					
Midwife					
Community health worker					

Human Resources Assessment:

Review the comments related to each question to determine the gaps that your country may need to fill in order to implement a successful VCT event. Please provide specific comments regarding average patient/provider ratios, rural/urban variations, proportion of staff that meet minimum staffing requirements, common staff issues related to VCT service provision, etc.

Make recommendations regarding requirements for holding the VCT event.

Prioritize action items needed for the VCT event.

Define resources such as staff, technical expertise, and funding that will be required to conduct a successful VCT event.

Part 6: Commodities and Supplies

	Yes	No	Comments
Are the following supplies available at VCT sites?			
HIV Rapid Test Kits-1			
HIV Rapid Test Kits-2			
HIV Rapid Test Kits-3			
Alcohol/Alcohol prep pads			
Laboratory coats or aprons			
Sterile lancets			
Pipettes			
Leak-proof bags			
Positive and negative controls			
Water			
Surgical gloves			
Cotton gauze/cloth			
Timer/clock			
Log book or register			
Sharps disposal container			
Hand washing soap			
Disinfectant or bleach			
Log book or register			
Standard operating procedures			
Other: _____			
<p>Commodities and Supplies Assessment: Review the comments related to each question to determine the gaps that your country may need to fill in order to implement a successful VCT event. Please make specific comments regarding the functioning of commodity management systems, availability and quantity of supplies and frequency of stock-outs.</p> <p>Make recommendations regarding requirements for holding the VCT event.</p> <p>Prioritize action items needed for the VCT event.</p> <p>Define resources such as staff, technical expertise, and funding that will be required to conduct a successful VCT event.</p>			

Part 7: Monitoring and Supervision

	Yes	No	Comments
What types of routine monitoring systems are used to monitor and track clients who attend VCT?			
What types of quality assurance measures are in place?			
What types of support and supervision is provided to counselors?			
Is the counseling protocol used consistently?			
Is the testing protocol used consistently?			
Are there designated supervisors to provide technical backup and support?			
Are client satisfaction surveys administered regularly?			
Other: _____			
<p>Monitoring and Supervision Assessment: Review the comments related to each question to determine the gaps that your country may need to fill in order to implement a successful VCT event. Please make specific comments regarding the scope and appropriateness of monitoring and supervision processes and tools.</p> <p>Make recommendations regarding requirements for holding the VCT event.</p> <p>Prioritize action items needed for the VCT event.</p> <p>Define resources such as staff, technical expertise, and funding that will be required to conduct a successful VCT event.</p>			

TOOL 4: SAMPLE VCT EVENT CONCEPT NOTE

Purpose:

Providing a framework for describing the HIV counseling and testing situation in the country and the rationale for the VCT event.

Intended User:

National VCT Event Task Force, program managers, donors, and key stakeholders.

How to Use:

Review this Sample VCT Event Concept Note and tailor the document to reflect your country's specific needs and circumstances, VCT event goals, targets, and proposed implementation strategies.

THE (INSERT COUNTRY) NATIONAL VOLUNTARY COUNSELING AND TESTING EVENT (INSERT DATES)

1.0 Background

The Ministry of Health (MOH), National AIDS Commission (NAC) and development partners are organizing a national Voluntary Counseling and Testing event, from/on *(insert dates)*. This is a national event that will mobilize all communities to access VCT sites and provide people with the opportunity to test for HIV and be counseled about their HIV status. This event is being carried out as part of the National Scale-up Plan for Voluntary Counseling and Testing [*insert dates*] that proposes to test *(insert number)* people by *(insert dates)*. The plan also proposes holding regular VCT events on an annual basis in order to mobilize more individuals and couples to know their HIV status.

Country X has an estimated population of *X* million people of which about *(insert number)* are sexually active (*source*). Out of this *(insert number)*, only about *X* percent have gone for HIV testing and know their sero-status (*source*). *X* estimates that *X* people are living with HIV (*source*). Unfortunately, the majority of them do not know that they are carrying the virus because they have not yet gone for a test. This situation poses a great threat to prevention efforts, including missed opportunities by many eligible *(insert countrymen)* to access care and support services. This initiative will, therefore, benefit many *(insert countrymen)* who have not accessed voluntary counseling and testing up to this point.

The benefits of knowing one's HIV sero-status are now well known. If a person is found HIV positive and is eligible, HIV testing is an entry point to access antiretroviral therapy. Antiretroviral therapy has dramatically improved the quality and duration of life for many *(insert country)* living with HIV and may also reduce the risk for transmission by decreasing the viral load. HIV testing also affords one an opportunity to access other key HIV and AIDS care, support and preventive services. Moreover, for the majority of *(insert countrymen)* (*estimated amount %*) who are not infected, HIV testing and counseling will assist in reducing the risky behavior which leads to HIV infection.

2.0 Purpose

The purpose of this concept note is to describe the process that should be taken towards preparations for a successful Voluntary Counseling and Testing event.

The Voluntary Counseling and Testing event intends to contribute towards the National Scale-up Plan for Voluntary Counseling and Testing, which aims to test up to *(insert number)* people by *(insert dates)*. Specifically, the event will:

- Give *(insert number)* people the opportunity to learn their HIV sero-status.
- Facilitate shifts away from high-risk behavior and link persons to HIV and AIDS care and support services.
- Widely disseminate key HIV and AIDS prevention and care messages to the general public.
- Increase the visibility of HIV testing and counseling sites and counselors so that people can access the services offered within existing facilities.
- Contribute to the reduction of HIV-related stigma and discrimination

3.0 Target Population

The campaign will primarily target men, women, and young people between X and X years of age. Youth and married couples within that age group in particular will be encouraged to go for testing. However, it is important to note this is not meant to limit access to testing and counseling for those aged above X years or children below X years. Children under X years will be allowed to test as long as a parent or guardian accompanies them and gives consent as stipulated in the National HIV and AIDS Policy.

4.0 Process and Strategies

4.1 National and District VCT Event Task Forces

Preparations for the Voluntary Counseling and Testing event will involve the establishment of a National and District VCT Event Task Forces composed of all key stakeholders. The National VCT Event Task Force will be responsible for planning and coordinating the whole exercise at the national level by mobilizing resources (funds, IEC materials, test kits, other essential supplies) and channeling them to all districts for implementation of the event.

The National VCT Event Task Force will mobilize adequate supplies of HIV test kits and work together with District Health Offices (DHO) and District AIDS Councils (DAC) to ensure that there are no stock-outs during the week of testing. To ensure that no stock-outs occur, a total of X test kits will be procured (in addition to the normal supply), and delivered directly to the testing sites in collaboration with Ministry of Health. In addition to the HIV testing kits, the task force shall also mobilize more condoms from both government and partner organizations. The condoms will be distributed to all testing sites and will be given out to clients who may need them after their counseling session.

At the district level, District Task Forces/DAC will be responsible for organizing and implementing the Voluntary Counseling and Testing event. As such, the task force will be responsible for local-level mobilization, briefings, and planning with all stakeholders including chiefs, and political and religious

leaders. Districts can also organize drama performances near the testing sites so that people can watch traditional dances with relevant messages on testing and counseling while waiting to be tested.

4.2 Publicity and Mobilization

The Voluntary Counseling and Testing event will begin with a *[insert time frame]* intensive mobilization campaign through community meetings, radio and television programs, and the placing of adverts in print media. One press briefing will be conducted to inform the media about the objectives of the exercise and to solicit media support during the campaign period.

Banners promoting the event will be produced and hoisted countrywide in strategic positions. Existing IEC materials on voluntary counseling and testing will be reproduced for use during the campaign. If the need arises, new IEC messages and materials will also be produced. These materials will be made available in all HIV testing and counseling sites. A number of mobile public address (PA) vans will be sourced from partners in order to inform people about the event and sites where they can go for testing within their district.

It is proposed that *(a govt. official)* launch the event through an official statement that will be recorded, broadcasted on television and all radio stations, and placed in the newspapers. The statement's objective will be to call upon all *(insert countrymen)* to go for the test and urge companies and organizations to release their employees for the exercise.

4.3 HIV Testing, Counseling and Referral

HIV Testing, Counseling and Referral for further support will be done at the HIV testing sites. There are currently *(insert number)* such sites countrywide and the National VCT Event Task Force, working together with District VCT Event Task Forces, DACs, DHOs, and NGOs/CBOs will ensure that all these VCT sites will operate full-time during the event. Depending on the needs and resources of each district, additional VCT sites can be established at markets, schools, churches, mosques, etc. All testing sites, whether static, integrated, outreach, or mobile, will be required to meet minimum HIV testing, operational, and infection-preventions standards.

The DACs, DHOs, and NGOs/CBOs will ensure that trained HIV counselors are mobilized to work full time in all testing sites.

HIV testing and counseling services provided during the event will be voluntary and anonymous. To ensure that more people are able to access testing during the event, group pre-test counseling will be encouraged. It is estimated that up to *(insert number)* clients will be tested throughout the event.

Those found HIV positive will be appropriately linked to available post-test care and support services within their districts. As such, DHOs and DACs will provide names of all antiretroviral treatment/prevention of mother-to-child transmission clinics in each district *(insert organizations)* and other NGOs including CBOs will provide lists of PLHIV support services including names and locations for post-test support groups in each district.

After the event, it is expected that all testing sites that normally provide VCT services will continue to provide services full time to ensure that those that were not able to access the services during the event can do so; negative clients who believe they could have been in a window period should also have the opportunity to be tested again.

5.0 Expected Deliverables

- Official statement by President X calling on all (insert countrymen) to go for HIV testing and counseling during the event
- HIV and AIDS messages on counseling, testing, and ART disseminated through various media channels
- HIV and AIDS materials on testing and counseling and ART produced and printed and/or re-printed and widely distributed
- (insert number) people counseled and tested for HIV
- Progress report for the event produced and disseminated

TOOL 5: PROPOSED VCT EVENT IMPLEMENTATION TIMELINE

Purpose:

Description of VCT Event activities with a timeline for implementation and a list of supporting tools.

Intended User:

VCT Event Task Forces, program managers, donors, and other implementing partners.

How to Use:

Familiarize yourself with the schedule of activities in the timeline and corresponding tools. Review the schedule and timing of activities to suit your local context. Use the outputs from the Rapid Assessment and VCT Event Concept Note (if applicable) to complete Sections One and Two.

Proposed VCT Event Implementation Timeline

Steps	Key Activities	Time (Months)						Primary Responsibility	Tools that may be used
		1	2	3	4	5	6		
Form VCT Event Task Forces	Establish national VCT Event Task Force Establish Regional/District VCT Event Task Force	X						National AIDS Council National VCT Event Task Force	Tools: 1, 6
Assess VCT services and existing capacity	Assess VCT coverage and uptake Identify gaps in service provision	X	X					VCT Event Task Force	Tools: 2
Establish VCT goals and targets	Set VCT event goals and targets Develop implementation plan		X					VCT Event Task Force	Tools: 3, 4
Develop a costing framework and budget	Cost implementation plan Mobilize additional resources Distribute funds to local level		X					VCT Event Task Forces	Tools: 5
Design a focused publicity and community mobilization campaign	Develop communication theme Engage community stakeholders				X	X		VCT Event Task Force subcommittee Media specialist	Tools: 7
Define service delivery approaches	Strengthen partnerships with existing institutions Disseminate policies specific to VCT event provision		X					VCT Event Task Forces VCT service providers	Tools: 8, 9, 10
Develop a procurement, logistics, and supply chain management plan	Quantify, procure and distribute commodities Recruit temporary staff Develop transport management plan			X			X	Procurement specialists District Task Force	Tools: 11, 12
Develop a capacity-building and training strategy	Conduct training of VCT staff Disseminate counseling and testing protocols Create/update referral directories				X	X	X	VCT Event Task Forces Technical agencies	Tools: 13
Design VCT event monitoring and evaluation plan	Develop M&E framework Distribute adequate data tools to participating sites		X				X	VCT Event Task Forces Technical partners	Tools: 14, 15
Hold VCT event	Launch VCT event Provide counseling and testing services Refer clients to appropriate post test services						X X X X	Local service providers Site supervisors VCT Event Task Forces	
Collect and analyze data	Collect and analyze data						X		Tools: 16, 17, 18, 19, 20
Disseminate findings and recommendations	Hold dissemination workshop						X	VCT Event Task Force	

TOOL 6: VCT EVENT BUDGETING TEMPLATE

Purpose:

Costing priority inputs and activities for the VCT event.

Intended User:

VCT Event National and District Task Forces.

How to Use:

Review each activity and tailor the list so that it is reflective of the needs of your VCT Event. Determine the number of units you plan to procure for the event, how many are needed for each day of the event (if more than one), and the cost of each of these items. Together, these three categories will be used to calculate the total cost of each item. An Excel spreadsheet can be used to automatically calculate the total cost. Lastly, note whether the funds are available, the funding gap (if there is a gap), the source for each item, and any notes you want to highlight while finalizing the budget for the VCT event.

Line Item	"Voluntary Counseling and Testing Event Title" Budget							Notes
	Required Units		Unit Cost	Total	Funds Available	Funding Gap	Source of Resources	
	Per day/ for event	# of units	Local currency					
1. Test Kits								
Rapid test kits								
Tie-breaker test								
<i>Subtotal Test Kits</i>								
2. Commodities								
Male condoms								
Female condoms								
<i>For Counseling and Testing</i>								
Cooler boxes								
Penile models								
Stamp pads								
Gloves								
Disposable coats								
Cotton wool								
Ethanol								
Tissue or toilet paper								
Sharp containers								
Bin liners for waste disposal								
Detergents								
Soap								
<i>For Quality Control</i>								
Filter papers								
Wooden racks								
Paper racks								
Drying boxes								
Glycine bags								
Ziplock bags								
Dessicants								
Humidity card indicators								
<i>For Outreach</i>								

Hiring tents, tables, and chairs								
Fuel for outreach activities								
<i>Subtotal Commodities</i>								
3. Human Resources								
Lunch and transport for counselors								
Lunch and transport for receptionists, drivers, and other personnel								
<i>Subtotal Human Resources</i>								
4. Training and Capacity Development								
Refresher trainings								
Coordination briefing meetings								
<i>Subtotal Training</i>								
5. Social Mobilization								
Banners								
Newspaper supplements and advertisements								
District-level support for mobilization								
Constituency level support for mobilization								
IEC materials								
T-shirts for counselors and other staff								
<i>Subtotal Social Mobilization</i>								
6. Recording, Reporting, and M&E								
Printing of monitoring and quality assurance tools								
Reception register								
Laboratory log book								
Client data form								
Client cards								
Daily report								
Event summary								
<i>Subtotal M&E</i>								
7. Administration and support								
Technical assistance								
Secretariat support								
Communication								
<i>Subtotal Administration Support</i>								
<i>Grand Total</i>								

Adapted from the Budget for Kenya's Pilot of HIV Testing and Counseling Week (November 26-Dec 1, 2007)

MODULE 3: PUBLICITY AND COMMUNITY MOBILIZATION

Overview

Given the multi-faceted nature of HIV, publicizing a VCT event requires action from a wide range of individuals, groups, and institutions. Community mobilization campaigns should be initiated to help build local demand for HIV counseling and testing and related services, and to reduce stigma and discrimination. Targeted campaigns for key population groups may also be an effective way of increasing demand for VCT.

Process

1. Establish consensus and generate national support for the VCT event

The VCT Event Task Force should establish a multi-sectoral social/community mobilization committee. Stakeholders on this committee should be responsible for disseminating information about the event, and working to implement appropriate mobilization strategies in order to engage their respective constituents. The coordinating entity could also provide supplementary funding and technical support for the mobilization effort, especially for stakeholders with limited resources. Key stakeholders include PLHIV, FBO, youth, media, employee unions, and vulnerable groups.

2. Design multi-media communication strategy

Publicity and mass media communication activities should be conducted at both the national and local levels in a well-coordinated campaign. For best results, the VCT Event Task Force should work closely with key community organizations, including networks of PLHIV, and collaborate with a specialized media communications firm or development partner(s) experienced in social marketing strategies.

VCT event campaigns can also be designed to take into account the specific characteristics of the country's HIV epidemic. For example, while some campaigns may be directed towards the general population, others may develop more specific messages for selected groups such as young people, couples, and pregnant and breastfeeding women. Moreover, in concentrated epidemics, outreach may be best directed towards key population groups such as sex workers, MSM, and IDUs. All messages should be designed and tested with the input of PLHIV and other at-risk groups to ensure they do not exacerbate stigma and discrimination.

3. Develop communication theme based on needs of target group(s)

Different messages will appeal to different segments of the population. In order to be effective, messages should:

- Be simple and concise;
- Use non-technical language;

- Use national HIV terminology, if appropriate;
- Be culturally appropriate;
- Encourage people to take action e.g. by taking an HIV test or disclosing their status to a partner; and
- Explain where to go for various VCT services.

The communications theme should also affirm the rights of PLHIV and take into account popular culture, literacy levels, and information gaps, and misperceptions and myths regarding the disease.

4. Utilize both mass media and interpersonal communication strategies

Mass media strategies which include television, radio, film, print, and drama and outdoor media such as billboards, posters, and branded signs are well suited to a broad-based national audience and should be developed for use throughout the mobilization campaign. To the extent possible, VCT mobilization campaigns could be linked to community events or special days that may promote uptake such as World AIDS Day, the New Year, Youth Day, Workers' Day, or Valentine's Day.

Interpersonal communication (IPC) strategies should also be utilized. It is important to note that IPC strategies are considered more effective than mass media in directly targeting vulnerable or marginalized groups. As such, these strategies are a good complement to mass media. IPC strategies include IEC materials, one-on-one interactions (such as with peer educators), and small group meetings with community volunteers.

5. Produce radio programs and distribute print materials

A significant proportion of people in low-resource countries reside in rural areas and generally have limited access to mass media sources. Accordingly, it is likely that radio and print materials may be among the only sources of information available to the target population in rural communities.

Where literacy levels are high, print materials can be an effective means of disseminating IEC messages and a good complement to other forms of mass media. Posters, brochures, flyers, and fact sheets are easy to distribute and serve the dual role of providing visible reinforcement and information on a personal level. When utilizing print materials, it is important to remember to:

- Produce and distribute print materials both well in advance and during the VCT event;
- Include information on the location of VCT sites in each community and the frequency and timing of VCT services during the event;
- Provide clear directional signs at VCT sites and in the surrounding areas during the event; and
- Distribute appropriate print materials to all clients served during the VCT event.

6. Mobilize political and community leaders

Social mobilization typically involves engaging the media, popular role models, traditional leaders, teachers, religious leaders, opinion leaders, administrators and politicians (see Figure 4 for an example of a social mobilization campaign in Brazil that used role models to promote their VCT event). Advocacy

by key community leaders, when accompanied by community dialogue, can provide an avenue for addressing factors that inhibit open discussions about HIV, uptake of VCT services, and access to treatment, care, and support services.

FIGURE 4: USING ROLE MODELS

Singer Wanessa Camargo (left) and TV talk-show host Angélica (center) are among the top Brazilian celebrities who were recruited to promote HIV testing for the Fique Sabendo VCT event Mass Media Communication Campaign. At right, Brazilian soccer star Kaká sports a Fique Sabendo t-shirt. (Photos courtesy of National STD and AIDS Program of Brazil)



Effective mobilization efforts typically include:

- Conducting research to identify strategic groups who have influence over the target audience, such as religious leaders, teachers, and sports personalities;
- Defining the specific ways that these groups can promote dialogue and the uptake of VCT and related services (e.g. through sermons on testing, music, etc.);
- Engaging key advocates as active participants in event planning and implementation, especially at the local level;
- Securing the commitment of national political leaders such as the President, Vice President, or Minister of Health to endorse the event and perhaps get publicly tested at a VCT site (see Figure 5 for a picture of the President and the First Lady of Tanzania getting publicly tested during a VCT event); and
- Securing the commitment of local leaders. Local leaders may play a vital role in VCT events because they know their communities well and can therefore promote people's right to access health services and address some of

FIGURE 5: LEADING BY EXAMPLE

In Tanzania, the President and his wife launch a National VCT event by getting tested themselves.



the underlying drivers of HIV, such as stigma, discrimination, gender inequality, and harmful traditional practices.

Potential strategies to facilitate the engagement of political and community leaders may include:

- Providing fact sheets with answers to frequently asked questions;
- Preparing toolkits, information kits, and press briefings for the media;
- Providing sample religious sermons and discussion guides for the faith community;
- Organizing informational workshops for selected audiences such as policymakers and community leaders;
- Planning meetings with local political and administrative leaders to discuss mobilization activities;
- Training community facilitators such as community health workers and peer educators (peer-based methods); and
- Providing talking points on VCT to help facilitators discuss VCT among diverse groups (see Tool 7 for Talking Points to Assist Speakers in Discussing the VCT Event).

The national campaign is typically kicked off by a press briefing followed by messages in the print, radio, and television media. Sports and music/radio celebrities have also been successfully recruited as highly visible national VCT ambassadors in Brazil, Ethiopia, and Kenya. At the local level, mass media and IPC strategies have been implemented, including radio broadcasts, drama, puppet shows, dance performances, announcements at official functions by chiefs or other administrators, community sensitization meetings, and peer outreach to vulnerable groups.

VCT events are often launched in highly publicized ceremonies that are well attended by national and local participants. Examples of how countries have launched their VCT events are listed in Figure 6.

FIGURE 6: PUBLICIZING VCT EVENTS: COUNTRY EXAMPLES

- Tanzania held multiple, phased launches in different provinces with prominent government officials leading by example
- Zambia's VCT week was launched at a rural VCT site where the Minister for Health took an HIV test
- In Kenya a high-profile interfaith prayer service was held on the eve of the VCT event, followed by public testing of chief executive officers to demonstrate their commitment to the event
- In Malawi, the Minister of Health officially launched the VCT event by getting publicly tested at an outreach site in a rural community

List of Accompanying Tools

- Tool 7: Talking Points to Assist Speakers in Discussing the VCT Event

Recommended Reference Material

1. International HIV/AIDS Alliance, All Together Now! Community Mobilisation for HIV/AIDS, 2006, http://synkronweb.aidsalliance.org/graphics/secretariat/publications/All_Together_Now.pdf

2. Donahue, Jill and John Williamson, Community Mobilization to Mitigate the Impacts of HIV/AIDS, 1999. http://pdf.dec.org/pdf_docs/pnacj024.pdf

TOOLS FOR MODULE 3

TOOL 7: TALKING POINTS TO ASSIST SPEAKERS IN DISCUSSING THE VCT EVENT

Purpose:

Providing sample talking points that can be used to target and engage different audiences before the launch of the VCT event.

Intended User:

Government officials, VCT Event Task Force members, community leaders, and other stakeholders.

How to Use:

Review the list of statements to determine their relevance to your country's needs and circumstances. Add talking points specific to your country, including local statistics that are relevant to your community. Pay close attention to the perspectives and concerns of your particular audience when formulating the questions. Use the talking points and statements for press conferences, question and answer sessions, discussions, and one-on-one interviews.

Today we celebrate the launch of the VCT event. This is an important day because it shows the commitment we all have to fighting the spread of HIV.

The launch comes against a background of being one of the countries seriously ravaged by the effects of HIV.

The overall prevalence rate of HIV is (X) percent.

In spite of all this, the majority of our people still do not know their HIV status. New infections are occurring every day while those infected are re-infecting others because they do not know their HIV status. In fact only (*insert number*) of us know our status.

If people go for VCT, they will be equipped with the knowledge to either protect themselves from infection, or live positively with HIV and access treatment when they need it.

It is encouraging that today, more and more people are getting involved in the fight against HIV.

Many people from all walks of life are involved in ensuring that people know what HIV is and how it can be prevented.

Others are involved in giving care and support to people living with HIV and their families.

Communities have come together to fight HIV and the results are encouraging.

Counseling is necessary to help people deal with HIV.

Currently we have *(insert number)* VCT centers throughout the country.

The National AIDS Council has developed comprehensive National VCT Guidelines that will help ensure quality and consistency among VCT centers.

We encourage the use of mobile VCT services. More and more organizations are beginning to provide this service.

Many organizations are involved in community mobilization and sensitization to educate communities on the importance of VCT and where to access it.

It is also important to remember that out of every *(insert number)* people between the ages of 15 to 49, *(insert number)* remain uninfected.

It is critical to encourage uninfected people to take active measures to protect themselves from acquiring HIV and stop the spread of the virus.

We also need to promote the principles of confidentiality and consent in order for people to feel comfortable with VCT.

The VCT event is not an activity in isolation, but part of a bigger picture in accelerating HIV prevention, and these efforts should be sustained.

The VCT event is important for us as we continue to work towards achieving universal access to HIV prevention, treatment, and care and support by the year X.

We are calling upon leadership from all sections of society, including non-government organizations, faith-based organizations, the education sector, the media, the private sector, trade unions, and affected communities to mobilize their constituencies into taking the critical step of going for VCT.

We all need to come together to fight HIV; this starts with everyone going for VCT so they know their status and are educated about the disease.

Young people are our window of hope and should be encouraged to test so they maintain their negative status.

The few who may already be infected should know that they can lead healthy and productive lives and continue to contribute positively to the development of this country.

We are appealing to every person to take the necessary step to test so that they will all live healthy and fulfilling lives, whatever their HIV status.

The momentum built over the past few weeks should not fizzle out; we all must continue to encourage more people to test for HIV.

Adapted from "VCT Day: A Planning Toolkit for Districts in Zambia"

MODULE 4: SERVICE DELIVERY APPROACHES

Overview

The main objectives of the VCT event are to stimulate public demand for, and expand access to, VCT services. As such, the VCT event should attempt to expand access beyond the existing level of coverage and is incomplete without linkages to referral services and post-test support.

Process

1. Define service delivery approaches to be implemented in different settings

The models of VCT that are most commonly implemented are static (i.e. either stand-alone or integrated into health facilities), and outreach (i.e. mobile, community, and home-based services). A comprehensive overview of models for delivering VCT is provided in Tool 8: Different Models for Delivery of VCT Services.

Since stand-alone and outreach/mobile services are dedicated to VCT, they can be expanded to reach special groups more rapidly than integrated service sites. However the most effective approach to service delivery is to utilize a combination of strategies, ensuring that services are available and accessible to various populations. Key elements of effective service delivery approaches could include:

- Engaging all HIV counseling and testing service providers and utilizing a variety of testing models including existing health facilities, stand-alone and integrated VCT sites, mobile services, home-based testing, and other forms of community outreach. It is important to note that the same counseling and testing protocol should be used at all sites. A schematic of the counseling and testing protocol is provided in Annex I.
- Strengthening partnerships with public and private providers, including FBOs and CBOs, to expand services within existing institutions in each community.
- Determining the geographical location of VCT sites, which should be conveniently located for the target population. Mobile and outreach VCT methods can be utilized to supplement coverage and fill existing gaps.
- Developing and/or disseminating policies or guidelines specific to the unique VCT event, especially considering the large volume of clients who will receive services during the event. These policies might include:
 - Adapting shorter counseling and testing protocols (e.g. encouraging group pre-test counseling and the use of on-site rapid testing), increasing the maximum number of clients served daily per counselor, adjusting referral procedures, etc.;
 - Revisiting criteria on who can counsel and administer HIV tests; and
 - Adjusting requirements concerning minimum staffing levels, equipment, space, and supplies as appropriate.

2. Define strategies for provision of referral services and post-test support

Developing strong referral networks⁵ can be the most challenging part of a VCT program, due to the unavailability of referral services in the surrounding areas, limited capacity to cope with the large number of clients tested, inadequate financial resources, and the inability to monitor clients that have been referred for care or treatment services. To address these issues, VCT event implementation plans should include explicit strategies to link testing to a comprehensive HIV care package (see Tool 9: Elements of a Comprehensive HIV Care Package, for a comprehensive list of these HIV-related services). Thus, the District VCT Event Task Force could:

- Assign teams of local service providers and partners to identify opportunities for improving service linkages and other forms of post-test support in their respective service areas;
- Incorporate networks of private providers to facilitate their participation in training and other VCT event capacity-building initiatives (see Tool 10: Developing a Memorandum of Understanding for Delivery of VCT Event Services);
- Engage private sector service providers to extend referral networks in order to supplement public sector services;
- Provide each VCT site with an updated directory of care and support services to facilitate referrals within their service area; and
- Use standard referral forms for all referred clients.

List of Accompanying Tools:

- Tool 8: Different Models for Delivery of VCT Services
- Tool 9: Elements of a Comprehensive HIV Care Package
- Tool 10: Developing a Memorandum of Understanding for Delivery of VCT Event Services

Recommended Reference Material

- Uganda Ministry of Health, HIV Counseling and Testing: Toolkit for Coordinators and Supervisors, 2005
- WHO, Scaling-Up HIV Testing and Counselling Services: A Toolkit for Programme Managers, 2005. http://whqlibdoc.who.int/publications/2005/924159327X_eng.pdf

⁵ Guidelines for strengthening the referral network are discussed in Module 6: Capacity Building.

TOOLS FOR MODULE 4

TOOL 8: DIFFERENT MODELS FOR DELIVERY OF VCT SERVICES

Purpose:

Providing an overview of different models of VCT service provision that could be implemented during the VCT event.

Intended User:

VCT event planners and implementers, VCT event testing site staff.

How to Use:

Review the different VCT service provision models and their corresponding benefits and constraints. Determine the mix of models needed to scale up service and ensure access by priority target groups during the event.

Model	Benefits	Constraints
Stand-alone For reasons of cost and cost-benefit, these sites are located in areas of high population density where HIV infection rates are high.	Attracts populations that otherwise would not utilize services. More flexibility with staffing and hours of operation. Easier to link with post-test clubs and support groups for PLHIV.	Often not linked with other medical/social services. High set-up and operating costs. Limited geographic accessibility. Can be stigmatizing as facilities are associated with HIV.
Integrated Counseling and testing (CT) services integrated into existing services, usually health services, such as hospitals, STI clinics, TB clinics, antenatal care clinics, or outpatient clinics.	CT part of routine health services, thus normalizing HIV. Health care providers can work in HIV prevention. Direct referral to relevant HIV-related care. High volume of potential clients at public sector facilities. Staff can provide services other than VCT. Huge potential for scale-up.	Possible regulations disallowing the use of non-health care providers for CT services. Low motivation of public sector personnel due to excessive workload. Quality assurance more difficult to implement. Limited management capability to run complex services.
NGO NGOs integrate CT into existing services or provide VCT services in public clinics.	Improved management due to limited focus. Flexibility in staffing and clinic hours. Quality easier to assure.	Contingent on outside funding. Limited capacity to scale up. Potential for stigma as a stand-alone site. Potential diversion from core NGO activities.

<p>Private Sector Private medical practitioners offer counseling and testing services in their offices.</p>	<p>High quality attracts clients. Perceived to be more private and confidential. Responsive to client needs.</p>	<p>Inaccessible to the poor and uninsured. Possible lack of adherence to government standards. Counseling is time-consuming and does not fit a direct-fee model.</p>
<p>Mobile/Outreach Current models include community-based and door-to-door services linked to a static site. They offer temporary, rotating services for hard-to-reach groups such as injecting drug users, sex workers, and truck drivers.</p>	<p>Improved access for populations not using stand-alone services or for rural populations.</p>	<p>Expensive. Difficult to ensure confidential services and follow-up after post-test counseling. Limited capacity.</p>

TOOL 9: ELEMENTS OF A COMPREHENSIVE HIV CARE PACKAGE

Purpose:

Identifying the components of comprehensive counseling and testing services.

Intended User:

VCT event planners and implementers, VCT event testing site staff.

How to Use:

Determine the level of service provision that is appropriate and feasible within the context of your VCT event. Review the list of HIV-related services that constitute a comprehensive care package and compare to your current situation to identify gaps. Design specific strategies to address these gaps and strengthen the existing package.

Elements of a comprehensive HIV care package

- Individual or group pre-test information
- Basic prevention services for persons diagnosed HIV negative:
 - Post-test HIV prevention counseling for individuals or couples that includes information about prevention services
 - Promotion and provision of male and female condoms
 - Needle and syringe access and other harm-reduction interventions for injecting drug users
 - Post-exposure prophylaxis, where indicated
- Basic prevention services for persons diagnosed HIV positive:
 - Individual post-test counseling by a trained provider that includes information about, and referral to, prevention, care, and treatment services
 - Support for disclosure to partner and couples counseling
 - HIV testing and counseling for partners and children
 - Safer sex and risk reduction counseling with promotion and provision of male and female condoms
 - Needle and syringe access and other harm reduction interventions for injecting drug users
 - Interventions to prevent mother-to-child transmission for pregnant women, including antiretroviral prophylaxis
 - Reproductive health services, family planning counseling, and access to contraceptive methods
- Basic care and support services for persons diagnosed HIV positive:
 - Education, psychosocial, and peer support for management of HIV
 - Periodic clinical assessment and clinical staging
 - Management and treatment of common opportunistic infections

- Co-trimoxazole prophylaxis
- Tuberculosis screening and treatment when indicated; preventive therapy when appropriate
- Malaria prevention and treatment, where appropriate
- STI case management and treatment
- Palliative care and symptom management
- Advice and support on other prevention interventions, such as safe drinking water
- Nutrition advice
- Infant feeding counseling
- Antiretroviral treatment, where available

Source: WHO/UNAIDS, Guidance on provider-initiated HIV testing and counseling in health facilities, 2007

TOOL 10: DEVELOPING A MEMORANDUM OF UNDERSTANDING FOR DELIVERY OF VCT EVENT SERVICES

Purpose:

Defining a framework for public-private partnerships to support implementation of the VCT event.

Intended User:

VCT Event Task Forces, Ministry of Health, local administrative offices, technical agencies, and service providers.

How to Use:

Identify specific gaps in services and identify potential private-public partnerships. Review the memorandum of understanding to determine its applicability to your local situation. Adapt the terms and conditions below to reflect your own country's goals and targets for the VCT event.

MEMORANDUM OF UNDERSTANDING (MOU)

Entered into by and between

**The (*Insert City*) Administration
Regional Health Bureau (RHB); duly represented by:**

“Name” _____

“Title” _____

And

**The (*Insert City*) Administration
HIV Prevention and Control Office (HAPCO), duly represented by:**

“Name” _____

“Title” _____

And

The (*Insert Organization*) led by (*Insert Leader*)
duly registered in accordance with the laws of (*insert Country*); situated at
(*Insert Address*)

represented herein by (*Insert Name of Project Director*)

Whereas: The MOH has targeted to test X people. To accomplish this, the MOH has invited its partners (funding agencies, civil service organizations, and private health sectors) to extend support in meeting the national target.

Whereas: City X's RHB and HAPCO acknowledge Organization X's technical competency, managerial and financial capabilities in supporting X workplace and X private clinics to participate in the campaign in order to increase the number of people to be tested effective from *(Insert Date)*.

Whereas: City X's RHB and HAPCO recognizes Organization X's contribution in fostering participation of clinics in response to this Voluntary Counseling and Testing event.

Now therefore; each party to this MOU has agreed to execute its share in the *(Title of Event)* in the *(Insert Name of City)* Administration. The responsibilities of each party are outlined below:

1. City X Administration's RHB:

- Take a lead in program coordination, implementation, supervision, and follow-up.
- Provide private clinics with the necessary materials including: test kits, test tubes, tubes for external quality control (EQC), gloves, and syringes.
- Provide the necessary monitoring tools
- Provide private clinics with IEC/behavior change communication (BCC) materials.
- Conduct supportive supervision to private sector counselors and EQC to test tubes in line with the national guideline.
- Acknowledge the private clinics and workplaces involved in the event.

2. City X Administration's HAPCO:

- Conduct intensive promotion through national radio, FM radio, TV stations, newsletters, banners, flyers, posters, etc.
- Identify key VCT messages to be used in the VCT event materials.
- Provide technical support for the development of VCT promotional materials.
- Provide technical back-up support during program implementation and supervision.
- Take the lead in coordinating the event with various partners.
- Distribute IEC/BCC materials to private clinics.

3. Organization X:

- Develop program implementation plan together with City X Administration RHB and HAPCO.
- Conduct preliminary assessment and jointly select private clinics.
- Assign X counselors to assist private clinics with extra rooms so that they can effectively respond to the increase in client load resulting from ongoing promotional activities.
- Supervise quality assurance with counselors and external laboratories in partnership with RHB and HAPCO.
- Strengthen private clinics' data collection and reporting by providing the necessary

formats.

- Provide technical back-up support to private clinics in conjunction with RHB and HAPCO.
- Strengthen VCT promotional activities to ensure high uptake of services in the private clinics.
- Organize and conduct recognition events for private clinics in partnership with RHB and HAPCO.
- Prepare a banner that depicts the purpose of VCT and duration of the event and make sure that the banner is posted at the main gate of each of the participating private clinics.
- Organize and conduct workplace VCT events that involve in-house panel discussions and a recognition ceremony.
- Cost-share with private clinics on an extra-hour payment basis to ensure that counseling and testing during weekends and off-duty hours are properly performed.
- Use financing to cover supportive supervision and external laboratory quality assurance.

4. Overseeing the Campaign

The three parties will jointly work in program coordination, implementation, program supervision, and follow-up. Organization X, in collaboration with its partners, shall provide the necessary technical assistance in implementing the mutually agreed upon interventions in the private clinics and workplaces.

5. Validity

The validity of this MOU is for *(Insert Timeframe)* from the signing date of this agreement with the possibility of extension based on mutual agreement of all parties.

6. Conditions Interfering with Performance

Each party hereto shall promptly provide written notice to the other party of the occurrence and effects of any condition which interferes with, or which may reasonably interfere with, the completion and /or timely and/or effective performance of its obligations pursuant to this MOU.

THUS DONE and signed at _____ on this _____ day of _____ in the presence of the undersigned partners.

Date of Enforcement:

This MOU will be put into force effective the date of signature by each party to the MOU.

Name _____

Name _____

Name _____

Signature _____

City X Administration
Regional Health Bureau

Signature _____

City X Administration

Signature _____

Organization X

Adapted from Ethiopia Millennium AIDS Campaign

MODULE 5: LOGISTICS AND SUPPLY CHAIN MANAGEMENT

Overview

Two of the biggest challenges associated with implementing a VCT event are: 1) a lack of qualified counselors and 2) ensuring that there are sufficient quantities of HIV test kits to meet the increased demand for testing. If not effectively overcome, these challenges can directly affect the quality of VCT and potentially reinforce negative perceptions about the VCT experience. Therefore, advanced procurement planning is critical to ensure that the **right** supplies are available, at the **right** service delivery points, at the **right** time, and in the **right** quantities.

Process

1. Quantify commodities needed for VCT

Selection of commodities will be based on existing protocols and limited to items already approved in the specific country. A sample list of supplies needed for VCT sites is provided in Annex 2. Accurately estimating the quantity of commodities needed may require special expertise. Thus, where expertise does not exist within the National AIDS Program, the VCT Event Task Force could work with a specialized firm or consultant on logistics and supply chain management for the quantification, procurement, and distribution of commodities. Below is a list of tips on how to quantify test kits and commodities for the VCT event:

Tips for Quantification of VCT event⁶

- Use at least two quantification methods to check estimates of test kits and commodities (see Tool 11: Quantifying Demand for HIV Test Kits for VCT Event and Tool 12: Steps for VCT Commodity Planning).
- Consider the average time between recognizing that a commodity needs to be ordered and having it available for use. The longer the lead time, the more likely a safety or buffer stock is needed to prevent stock-outs between orders.
- Adjust quantification estimates for losses or waste and take into account the amount of products already in the system.

The experience of countries that have held VCT events in the past demonstrates that demand for testing is likely to increase progressively during, and remain high in the period immediately following, the VCT event. Accordingly, ordering additional commodities (e.g. adding a one-to-two-month supply of safety stock) is highly recommended to prepare for the increased usage of commodities and to prevent stock-outs both during and after the VCT event.

⁶ Adapted from Family Health International (2002).

2. Procure and distribute commodities

Supply management procedures for the VCT event should build on the existing national system. This approach will help to strengthen local capacity to procure and distribute commodities in the long term. In countries with limited capacity or other unique constraints, procurement and distribution responsibility can be assigned to a development partner with a successful track record.

Once quantification is complete and the most suitable procurement method has been selected, the VCT Event Task Force may consider taking the following steps:

- Liaise with implementing partners to assess existing and projected stock levels;
- Procure additional test kits and commodities in conformity with national and donor regulations;
- Strengthen distribution systems, especially for temporary sites, in line with recommendations of the forecasting team and considering such factors as geographical access, ease of transportation, and storage and security requirements; and
- Distribute test kits and other essential supplies to ensure that items, such as condoms and gloves, are delivered in advance.

3. Develop a recruitment and transport management plan for testing and counseling staff

Staff must be recruited and oriented on their roles and responsibilities prior to the event (see Module 6: Capacity Building for more information). Both staff and supplies need to be deployed to outreach sites in a timely manner, and arrangements for security, accommodation, and a per diem may be required for staff at some VCT sites. Moreover, it may be necessary to hire additional vehicles and staff in order to re-supply commodities during the event.

4. Monitor usage and adjust supplies as needed

The nationally approved principles of stock control, storage management and distribution should be applied to the VCT event. It is particularly important to monitor usage and reforecast supplies on a daily basis. This could be the responsibility of the site manager, who would liaise with the District VCT Event Task Force logistics and supplies team as per the established schedule.

It is important to note that it may be more difficult to replenish supplies at outreach and mobile sites than at static sites, because static sites may have direct access to additional stock. Therefore, tracking and quick response systems should be put in place to shift test kits and other supplies across sites as necessary. After the event, remaining supplies, including test kits, should be redeployed and utilized in a timely manner and before their expiration date.

List of Accompanying Tools

- Tool 11: Quantifying Demand for HIV Test Kits for VCT Event
- Tool 12: Steps for VCT Commodity Planning

Recommended Reference Material

- Rational Pharmaceutical Management Plus (RPM Plus), Quantimed Electronic Tool.
<http://www.l.msh.org/projects/rpmplus/Resources/ToolsResources/QET.cfm>
- Family Health International, VCT Toolkit – Commodity Management in VCT Programs: A Planning Guide, 2002.
<http://www.fhi.org/NR/rdonlyres/e46u4xs4jxppzz7zl6hcnje5seusvrjnrkoexj4flee54zgkmax2aa45vopfl43kqvzhplbg4rknb/HCTTToolkitCommodityI.pdf>
- WHO, Scaling-Up HIV Testing and Counselling Services: A Toolkit for Programme Managers, 2005. http://whqlibdoc.who.int/publications/2005/924159327X_eng.pdf

TOOLS FOR MODULE 5

TOOL 11: QUANTIFYING DEMAND FOR HIV TEST KITS FOR VCT EVENT

Purpose:

Outlining steps for quantifying HIV Test kits based on a serial testing algorithm.

Intended User:

National AIDS Council (or equivalent authority), Ministry of Health agencies, District and National VCT Event Task Forces, and VCT service providers.

How to Use:

First, forecast demand (e.g. estimated number of clients) using the two methods shown below. Then, adjust each forecast for quality control and wastage factors. Once the existing HIV testing capacity has been determined, make further adjustments if necessary. Finally, estimate the total required quantities of HIV test kits for the VCT event according to each method.

Step 1. Forecast Demand

Demographic/morbidity	Target
Based on population and HIV prevalence rates	Based on projected capacity of staff and resources
<ol style="list-style-type: none">1. What is the total population of the catchment areas served by VCT event sites?2. What percentage of the population in the catchment areas served by VCT sites is likely to come for counseling?3. What is the estimated HIV prevalence rate of VCT event clients requesting an HIV test?4. What is the testing protocol for the VCT event?	<ol style="list-style-type: none">1. What is the targeted number of VCT event clients to be tested in the year you are quantifying?2. What is the HIV prevalence rate among VCT clients?3. What is the average discordance rate between the screening and confirmatory tests?4. What is the testing protocol for the VCT event?

Step 2: Adjust demand for quality control and wastage factors

Quality Control:

1. What percentage of each brand of test will be used for quality control purposes?

Wastage:

2. What percentage of each brand of test will be wasted through expiry, faulty product, etc.?

Quality Control and Wastage factors:

$(\text{Demand}) \times [1 + (\text{quality control factor} + \text{wastage factor})]$
= demand adjusted for quality control and wastage

Step 3: Determine HIV testing capacity and adjust demand if necessary

1. What is the total number of counselors for the VCT event?

2. On average, how many VCT clients per day will a counselor counsel if this same counselor is also conducting the tests?

$(\text{Number of counselors} \times \text{clients per day}) \times (\text{total days of VCT event}) = \text{service capacity}$

3. What percentage of counseled clients is likely to request HIV testing?

– OR –

4. If reliable service capacity data are not available, discuss the counseling and testing capacity for the VCT event with key informants. Using this information, determine the maximum number of clients who can be tested during the VCT event.

Step 4: Estimate Requirements

Demographic/Morbidity Methodology:

$(\text{Population of service area}) \times (\% \text{ of population likely to come for VCT event})$
 $\times (\% \text{ of counseled clients likely to accept testing})$
= demand for HIV screening tests

$(\text{Demand for HIV screening tests}) \times (\text{HIV prevalence rate among VCT clients})$
= demand for HIV confirmatory tests

$(\text{Demand for HIV confirmatory tests}) \times (\text{discordance rate between screening and confirmatory tests})$
= demand for HIV tie-breaking tests.

Target Methodology:

$(\text{The number of clients targeted})$
= demand for HIV screening tests

$(\text{Demand for HIV screening tests}) \times (\text{HIV prevalence rate for the target group})$
= demand for HIV confirmatory tests

$(\text{Demand for HIV confirmatory tests}) \times (\text{discordance rate between screening and confirmatory tests})$
= demand for HIV tie-breaking tests

Adapted from Deliver Project, Guide for Quantifying HIV Tests, May 2006

TOOL 12: STEPS FOR VCT COMMODITY PLANNING

Purpose:

Providing a list of steps to guide commodity planning for the VCT event.

Intended User:

National AIDS Council (or equivalent authority), Ministry of Health agencies, District and National VCT Event Task Forces, development partners, and VCT service providers.

How to Use:

Review the national or local protocol to determine the list of commodities needed for both static and mobile VCT sites. Consider the questions below, and add to the list of commodities if necessary. Use this tool in conjunction with Tool 11: Quantifying Demand for HIV Test Kits for VCT Event, which quantifies the estimated number of VCT clients and HIV test kits.

1. To begin, consider the following questions:
 - What equipment, test kits, reagents, consumables, and specimen collection supplies are needed to perform HIV tests?
 - Does the equipment require unique commercial brands of testing reagents or kits? Does the equipment require specialized preventive maintenance and repair? Are the parts accessible? Is there a service agreement?
 - Are refrigerators needed to store test kits, blood samples, or commodities? Is there a regular source of power to run refrigerators and equipment?
 - What supplies are needed to safeguard the health and safety of the staff performing HIV testing?
 - What other commodities and supplies, such as condoms and information leaflets, will be given out by the VCT site?
 - Will the services offered require drugs or diagnostic kits? What drugs and commodities will be needed, and what supplies – such as tablet bottles, labels, and information leaflets – will be needed to dispense or use safely?
 - Do staff have the legal authority to dispense medications?
2. Determine the number of clients to be targeted.
3. Forecast the total commodities required for the VCT event.
4. Estimate the budget required to purchase all the commodities.
5. Review the forecasts and the budget and adjust the numbers according to the availability of funds.
6. Develop a plan for the supply chain management, i.e. how the products will be procured, imported, stored, and delivered to the sites.

MODULE 6: CAPACITY BUILDING AND TRAINING

Overview

Capacity building refers to the process of training personnel, developing operational tools, expanding infrastructure, and strengthening institutional systems in order to support the expanded provision of VCT and post-test services. Capacity building for the VCT event should occur within the framework of a broader national expansion effort.

Process

1. Identify existing human resources that can be used to expand VCT capacity

VCT staff and the existing infrastructure may be overwhelmed by high client volume in rural areas and remote outposts where access to VCT may have been previously limited. In order to address this concern, the following strategies might be employed (see Figure 7 for a snapshot of strategies to expand VCT capacity):

FIGURE 7: STRATEGIES TO EXPAND ACCESS DURING VCT EVENTS

1. Negotiating with private sector providers to provide free VCT services
2. Establishing outreach sites in communities and workplaces
3. Extending working hours for the duration of the event, including provision of 24-hour VCT services to selected groups
4. Using existing structures such as community buildings
5. Implementing a shorter counseling protocol in countries with mature epidemics

Where VCT events take place over a day or a week:

- Shifting extra counselors and laboratory staff from permanent sites to outreach posts for the duration of the event;
- Shifting counselors from urban to rural outposts; and
- Using existing structures creatively (e.g. churches, schools, health centers, and community halls). For instance, if the VCT event is of short duration, it can be scheduled during holidays or weekends when the sites are available for use.

Where the VCT events are implemented over a longer period off time:

- Where time and resources are available, and lay counselors can be specially trained to augment the limited VCT capacity, it may be possible to adopt an approach to counseling and testing that involves the targeted deployment of the current pool of both trained and lay counselors.
- Counselors can be temporarily recruited from a pool of other traditional counselors including PLHIV, retired health workers, teachers, preachers, community health workers, and peer counselors. However, existing national policies will determine who is eligible to be trained as a counselor and who can perform rapid tests.

2. Design national training strategy for additional counseling, testing, mobilization, and support staff

The VCT goals and targets will inform the process of identifying additional management and technical training needs. Countries may consider reviewing existing training materials and modifying them for the different cadres involved in the VCT event. These materials, which may be abbreviated versions of the nationally approved training curricula, can be disseminated to existing local institutions to be used for the training of counseling and testing staff.

It may also be necessary to train support staff to conduct community mobilization, client registration, data collection, and other functions.

3. Develop and/or disseminate VCT operational guidelines

FIGURE 8: STANDARDIZED PROTOCOLS AND QUALITY STANDARDS

Areas to be covered include:

- Client registration and intake
- Delivery of HIV testing and counseling
- Testing protocols
- Pre-test counseling
- Obtaining informed consent
- Maintaining confidentiality
- Beneficial disclosure
- Post-test counseling, care and support
- Ensuring non-discrimination in service provision
- Referral mechanisms
- Post-exposure prophylaxis

Staff at each public and private testing site should be oriented to, and provided with, a copy of the nationally approved operational guidelines and protocols for counseling, testing, and referrals (see Figure 8 for an illustration of the areas included in standardized protocols).

4. Establish linkages between testing sites and local referral services

Counselors need to be oriented and updated on the current services available to clients within their service area, including treatment for opportunistic infections, antiretroviral treatment, domestic violence counseling, legal aid, and other social support services. Accordingly, an updated referral list of support services should be given to counselors so that they can provide it to each person seeking testing and counseling services.

Where referral services are limited, the District VCT Event Task Force should make every attempt to mobilize local stakeholders to establish a minimum level of basic services (see Tool 13: Guidelines for Strengthening the Referral Network). For example, special arrangements may need to be made to ensure that HIV-positive pregnant women, young children, and people who are ill have access to urgent care.

List of Accompanying Tools

- Tool 13: Guidelines for Strengthening the Referral Network

Recommended Reference Material

- Family Health International, VCT Toolkit – HIV Voluntary Counseling and Testing: A Reference Guide for Counselors and Trainers, 2004.
<http://www.fhi.org/NR/rdonlyres/ehgtg4hcfxayimlswkwtbgzdvqgcbvfrzczhb7zctlgeyczlo6szndd7ki6xcniloytdy7an4ztik/HCTToolkitReferenceGuide030104.pdf>

- WHO, Scaling-Up HIV Testing and Counselling Services: A Toolkit for Programme Managers, 2005. http://whqlibdoc.who.int/publications/2005/924159327X_eng.pdf

TOOLS FOR MODULE 6

TOOL 13: GUIDELINES FOR STRENGTHENING THE REFERRAL NETWORK

Purpose:

Providing guidelines for strengthening the referral network, including a standard referral form.

Intended User:

District VCT Event Task Force and local service providers.

How to Use:

Use the guidelines to identify the areas that are relevant to your referral network. Next, adapt the guidelines to ensure that they are consistent with your country's protocol for referral services. Then, use the revised guidelines to inform your plan to strengthen your referral network for the VCT event. A standard form is attached for use in making referrals.

1. Develop written protocol and procedures for the planning and management of referrals from VCT services to medical and support services.

2. The referral protocol should address the following essential elements of referral:

- Assessment of client referral needs
- Prioritization of client referral needs
- Development of a referral plan
- Assistance in accessing referral services
- Consent for release of medical/client records to facilitate referral
- Follow-up on referrals
- Documentation of status of referrals (i.e. feedback system)

3. Find out about the services available in the service area through:

- Service maps – to help you identify available services
- Referral networks – to identify links between available services
- Established formal agreements between clinical and community-based providers

4. Identify service providers to include in the referral network. If there are existing mechanisms to support referrals, identify strategies to strengthen these systems e.g. updating service maps, updating information in the referral directory, linking new services, or strengthening reporting and feedback systems.

- Where no formal network exists, the District VCT Event Task Force can help to compile a list of services to include in the network. These providers could be in the formal health system or in the community.
- For each site that offers the available service, include/update the contact information and details about the service.

5. Create and maintain a community resource guide that includes information necessary for effective referral:

- Name of agency, location/ address
- Types of services offered, hours of service, cost
- Eligibility requirements
- Contact person, phone number

6. Provide staff who are providing referrals for prevention counseling and testing with training specific to the planning and management of referrals (see protocol above).

7. Agree on a system to obtain client consent for the release of information necessary to facilitate referrals.

8. Conduct cross-training with other relevant service providers to facilitate referral and coordination of services.

9. Document collaborative relationships with a memorandum of agreement.

VCT CLIENT REFERRAL FORM

Ministry of Health Referral Form

Referral form #: Pre-Printed

Client's name _____

D.O.B. _____ Client ID: _____

Address (place of residence) _____

Place referred to (tick all that apply): Name of Organization & Department:

<input type="checkbox"/>	Care and Support	_____
--------------------------	------------------	-------

<input type="checkbox"/>	STI	_____
--------------------------	-----	-------

<input type="checkbox"/>	TB	_____
--------------------------	----	-------

<input type="checkbox"/>	Family Planning	_____
--------------------------	-----------------	-------

<input type="checkbox"/>	Counseling and Testing	_____
--------------------------	------------------------	-------

<input type="checkbox"/>	Other service:	_____
--------------------------	----------------	-------

Referred by: _____

Title: _____ Code no: _____

Date: _____

Official Stamp and signature

-----CUT HERE AND SEND BACK TO REFERRING CENTER-----

Referral form number _____

Client's Name _____

Client received by _____ Title _____

Name of receiving center _____ Date received _____

Official Stamp and Signature

Adapted from: Uganda Ministry of Health, HIV Counseling and Testing: Too kit for Coordinators and Supervisors, 2005
NASTAD, HIV Counseling, Testing and Referral Services: Self-assessment tool for state and territorial health departments, 2006

MODULE 7: MONITORING AND EVALUATION

Overview

A M&E framework provides a logical system for defining the objectives of the event and collecting and analyzing information. As such, it is best to develop the framework at the early stages of VCT event planning (see Tool 14: Illustrative VCT Event Monitoring and Evaluation Framework). This framework should build upon the existing national M&E system.

Process

1. Define the scope of the VCT event M&E Framework

National-level M&E has become more streamlined and results-focused in recent years with the adoption of the Three Ones Framework.⁷ While the VCT event M&E process should be based on standardized indicators and support the ongoing national process of information gathering and analysis, it should also adequately monitor the implementation process and the outcomes of the VCT event with the view to improve the event in future years.

2. Establish an M&E oversight team

A major challenge in implementing VCT is ensuring that a high quality of service is maintained across multiple providers with varying levels of implementation capacity. Accordingly, an M&E oversight team should be established within the VCT Event Task Force and an M&E point person should be selected in each district. This point person will be responsible for orienting the District VCT Event Task Force on the M&E framework and assisting in the monitoring of indicators. The M&E point person would also be responsible for orienting site managers to the data collection tools and indicators. The M&E team should consist of people who have been trained in the supervision of VCT.

Monitoring of the VCT event

3. Define guidelines for monitoring and quality control

It is very likely that the data required to monitor the VCT event have already been collected by the national monitoring system. This means that indicators that currently exist in the national program can be used in tandem with other indicators specifically designed to collect information related to the VCT event (see sample indicators for a VCT event in Tool 15: Identifying Indicators for the VCT Event).

Implementers should select indicators that can be easily measured and contribute to improving the quality of the VCT event. Suggested variables to monitor include geographic region, gender, age, pregnancy status, HIV status, and marital status of persons who test; proportion of clients who test as couples; proportion of clients who test and receive results; HIV status by gender; and number of clients

⁷ Three Ones guiding principles are, “one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners, one national AIDS coordinating authority with a broad-based multi-sectoral mandate and one agreed country-level monitoring and evaluation system.”

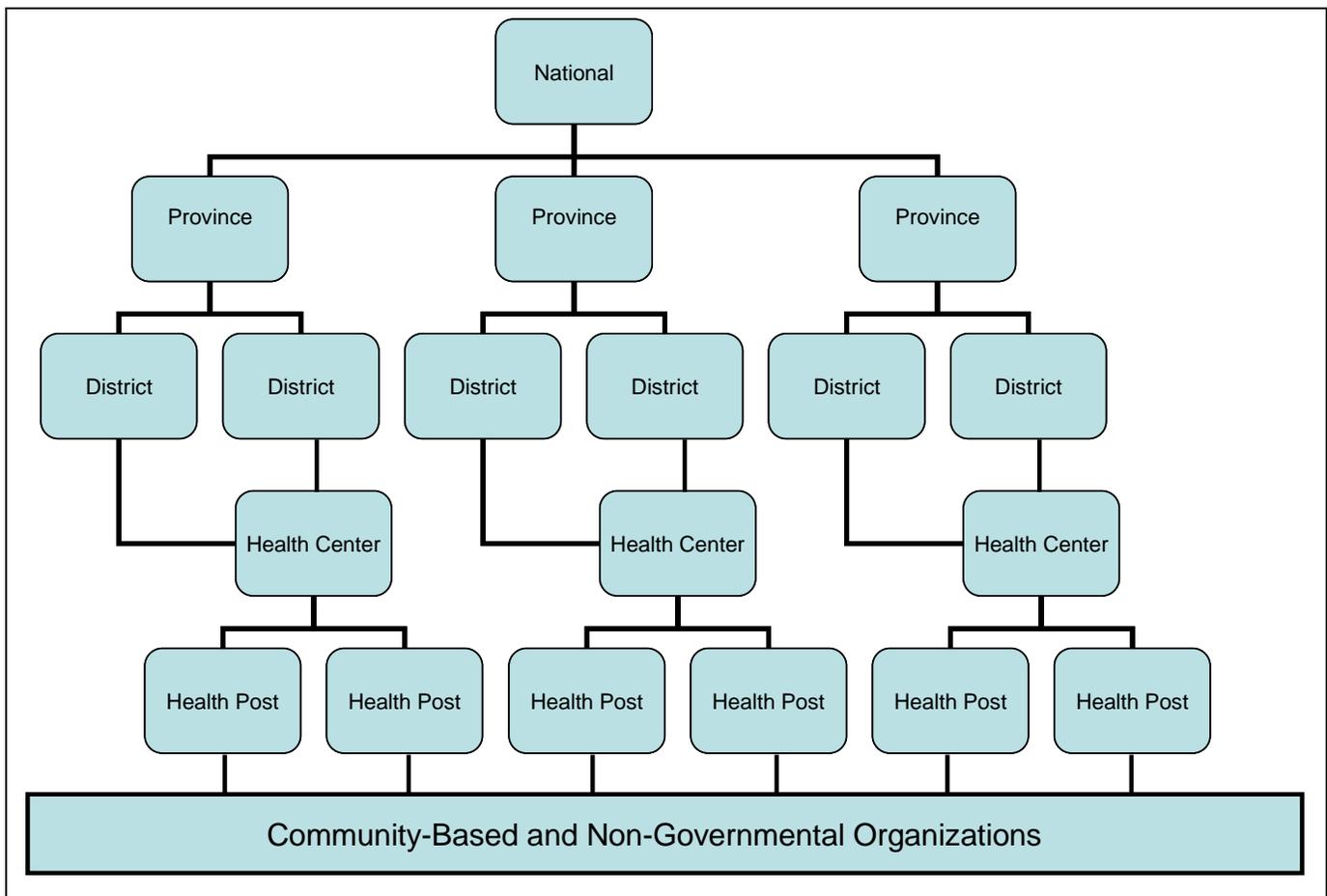
referred for selected HIV services. Additional indicators which relate to specific populations such as MSM, IDUs, commercial sex workers, prisoners, and people with disabilities can also be included if deemed necessary.

4. Create a data management plan for the VCT event

Creating a data management plan will involve several steps:

1. Designate responsibility for data collection at each collection point (see Figure 9: Data Flow Process for a National VCT Event).

FIGURE 9: DATA FLOW PROCESS FOR A NATIONAL VCT EVENT



2. Ensure that copies of the operating procedures and other operational tools such as counseling checklists are disseminated at each site.

5. Institute quality assurance measures

Quality assurance measures for the VCT event should build on the existing national quality assurance system for VCT. Personal information, specimens, and other records and materials should be collected and analyzed according to national protocols, except where modified for the VCT event. For instance, due to the high client loads expected during the VCT event, quality assurance for testing might be performed on every 50th specimen, as opposed to every 10th specimen. Interdisciplinary teams may be

assembled at the district level to monitor quality, using measures that include competency of counseling and laboratory staff, client satisfaction, and assessment of HIV testing procedures, products, and equipment.

6. Disseminate data monitoring tools

Each country can evaluate the appropriateness and feasibility of using different monitoring tools based on the estimated number of clients, and the duration and specific objectives of the VCT event.

Potential data monitoring tools include:

- Client intake forms to collect and document client demographics, risk factors, HIV status, and other relevant information (see Tool 16: Recording Client Data).
- VCT Event Site Summary Reports to aggregate client demographic data at the site level (see Tool 17: Daily/Weekly Summary Report for VCT sites).
- Supervision of the counseling and testing process to confirm that all standard operating procedures are adhered to (see Tool 18: Supervising the VCT Counselor).
- Client exit surveys. Clients (e.g. every 50th client) are intercepted at the point of service delivery and requested to answer a questionnaire to assess whether standards have been met (see Tool 19: Soliciting Client Feedback on the VCT Process).

7. Collect and analyze data

VCT site and client intake data should be collected and analyzed to assess:

- Who accessed VCT services during the event (e.g. age, gender, couples, families, members of key populations at higher risk);
- How people found out about the event;
- The quality of counseling and testing services; and
- Whether referrals were provided to other services, including treatment.

Once VCT event data is collected, each district should consider documenting this and other event-related information in a summary report. A sample reporting format is provided in Tool 20: Reporting VCT Event Activities at the District Level. This report can then be submitted to the VCT Event Task Force.

The VCT Event Task Force should then consolidate this information and disseminate it at a workshop where key stakeholders and district teams can discuss the lessons learned from the VCT event and identify recommendations for future initiatives.

8. Post-evaluation of the VCT event

The VCT event should be evaluated within the context of the national HIV counseling and testing program. In view of this, outcomes will be measured over the long term through surveys. Post-event evaluation is important for answering the following key questions:

- Was the VCT event effective? If it was effective, why? If not, why not?
- What proportion of clients was referred to care and support services?
- How can we improve future VCT events?

If necessary, an independent entity may be hired to conduct an evaluation of the VCT event based on the M&E framework developed at the beginning of the planning process. The lessons learned from the VCT event should inform the national VCT strategy, particularly in relation to targeting priority groups.

To date, no formal evaluation studies have been conducted on national VCT events.

List of Accompanying Tools

- Tool 14: Illustrative VCT Event Monitoring and Evaluation Framework
- Tool 15: Identifying Indicators for the VCT Event
- Tool 16: Recording Client Data
- Tool 17: Daily/Weekly Summary Report for VCT sites
- Tool 18: Supervising the VCT Counselor
- Tool 19: Soliciting Client Feedback on the VCT Process
- Tool 20: Reporting VCT Event Activities at the District Level

Recommended Reference Material

- Liverpool HCT & Care Kenya, Quality Assurance Manual for Voluntary Counselling and Testing Service Providers, 2003. http://who.arvkit.net/tc/media/quality_assurance_resource_pack.pdf
- Uganda Ministry of Health, HIV Counseling and Testing Toolkit for Coordinators and Supervisors, 2005. http://aim.jsi.com/Docs/hct_coord_suppliers_toolkit.pdf

TOOLS FOR MODULE 7

TOOL 14: ILLUSTRATIVE VCT EVENT MONITORING AND EVALUATING FRAMEWORK

Purpose:

Defining an integrated M&E framework for the VCT event.

Intended User:

Ministry of Health, VCT Event Task Forces, and VCT service providers.

How to Use:

Review the illustrative framework presented below to gain familiarity with the suggested structure and approach. Next, tailor the questions, types of data to be collected, measures, and data collection tools to your specific context. In order to ensure consistency with the “Three Ones”, your existing national M&E framework should be used as the basis for tailoring the framework to your local context.

Types of Evaluation			
Assessment	Monitoring		Evaluation
Questions answered by different types of M&E			
1. Is the VCT event needed? 2. Which target group(s)? 3. How should VCT be implemented?	1. To what extent were activities implemented as planned?	1. How well were services provided?	1. Did the VCT event make a difference? 2. Are the clients served reflective of the priorities identified by the national program?
Types of data			
Availability of services and usage trends	Resources Intervention activities	Service delivery Coverage Participation	Trends in service use Trends in behavioral determinants

Sample measures

	Financial resources VCT Staff VCT protocols Materials Test kits Facilities Supplies	Staff trained Clients counseled % clients tested % clients received results % Clients referred % of sites meeting national operating standards Adequacy of VCT protocols Staff performance Accessibility of service	Priority populations served Trends in uptake of HIV-related services Attitude change towards VCT Changes in levels of stigma Increase in social support for VCT
	Number of: Workshops Trainings Meetings Community mobilization events		

Sample data collection tools

Rapid Assessment	Inputs Resources allocated	Outputs Service records Reporting systems Key informant interviews Exit interviews Direct observation Special surveys	Quantitative and qualitative surveys National population-based surveys e.g. Demographic and Health Survey (in the long term)
------------------	-------------------------------	---	--

Adapted from: FHI Toolkits, ORC Macro, CDC/HHS/WHO/PEPFAR Too kit

TOOL 15: IDENTIFYING INDICATORS FOR THE VCT EVENT

Purpose:

Assisting in the identification and selection of appropriate indicators for the VCT event.

Intended User:

National VCT Event Task Force and the Ministry of Health.

How to Use:

Familiarize yourself with the VCT event M&E framework. Then review the current list of national VCT indicators and use them to populate the framework. If necessary, select additional indicators from the list below to measure data that are specific to the VCT event.

Service delivery

Measures of service delivery include the following:

- Proportion of people in the community who know about the VCT services
- Number of people counseled and tested at the VCT site
- Proportion of people counseled and tested who have returned to receive their test results
- Proportion of people testing HIV positive who have been referred to appropriate care and support services
- Proportion of people counseled and tested who state that they intend to inform their partners of their status
- Proportion of clients who believe that the event provided confidential services
- Proportion of clients who report that services are anonymous
- Proportion of clients who report satisfaction with services
- Proportion of clients who report intention to tell others about VCT services
- Proportion of clients who report intention to change behavior after VCT

Counseling

Counseling is evaluated based on both whether it was provided in accordance with the pre-determined protocol and whether it satisfied clients' needs. Counseling questions could include the following:

- How well do the counselors follow the counseling protocol?

- Do the clients feel their confidentiality is protected?
- Is risk assessment conducted? If so, how well is it done?
- Is information provided on HIV transmission and risk factors?
- Is a risk reduction plan discussed?
- Is the meaning of the HIV test explained?
- Is the HIV test result clearly given?
- Is emotional support provided?
- Are referrals for medical and social support provided?
- What is the waiting time at the VCT site?
- Is partner notification conducted? If so, how is it done?

Testing and Quality Assurance

The evaluation of the testing protocol can provide answers to the following questions:

- How consistently is the protocol used?
- How valid is the testing algorithm in terms of specificity and sensitivity?
- How long must clients wait to receive their test result? Are clients comfortable with the waiting period?
- Is the testing protocol appropriate given local conditions? If not, how can it be improved?

Staff Performance

Regular monitoring of the performance of VCT personnel is essential to ensure quality and prevent staff burnout. Monitoring questions could include the following:

- How well trained are the counselors?
- How well do counselors deliver the protocol?
- Are counselors well informed about other issues relevant to VCT services including the HIV testing technology, options for HIV-positive women who are pregnant, and possible referrals to care and support services?
- How well do counselors meet clients' needs?
- Are counselors appropriately supervised?
- What mechanisms are in place to help counselors solve problems and deal with stress?

Service Accessibility and Barriers

It is important to identify factors that affect accessibility and create potential barriers to service use. Parameters to be evaluated include:

- How far must the intended population travel to reach the service?
- Is public transportation to the VCT site available?
- How much does it cost for clients to receive VCT services?
- Are those at highest risk accessing services?
- Are significant populations or groups not being reached?

Effectiveness indicator

These measures assess the extent to which VCT event objectives were achieved:

- Number and percentage of persons tested who are HIV-positive and were previously unaware of their infection
- Number and percentage of newly identified HIV-positive persons who were successfully linked to appropriate services
- Number of high-risk HIV-negative persons who were identified
- Number and percentage of high-risk HIV-negative persons identified who were successfully linked to appropriate services
- Changes in HIV/STI-related risk behaviors among VCT clients and their partners
- Changes in behavior among people stating that they know their sero-status (collected through behavioral surveillance surveys, for example)
- Changes in STI trends in subpopulations reached by the VCT program
- Reduced stigmatization of, and discrimination against, people in the community affected by HIV
 - % reporting testing without their knowledge or informed consent
 - % reporting refusal to inform a person of the result of an HIV test
 - % reporting non-confidentiality i.e. supplying names of individuals found to be HIV positive to any other party, or knowingly or negligently allowing confidential files to be consulted.
- Increased community support for PLHA.

Sources: FHI VCT Tool kits, CDC <http://www.cdc.gov/hiv/resources/guidelines/snt/pdf/section4.pdf>, UNAIDS Protocol for the Identification of Discrimination Against People Living with HIV (2000).

TOOL 16: RECORDING CLIENT DATA

Purpose:

Recording demographic data and other pertinent client information for quality control purposes.

Intended User:

VCT receptionists and counselors.

How to Use:

Review the client reporting form and fill in the responses as you counsel the client. Once completed, the form should be filed with the client's records.

TOOL 17: DAILY/WEEKLY SUMMARY REPORT FOR VCT SITES

Purpose:

Reporting the VCT event activity at the site level.

Intended User:

Site supervisor, designated data collection clerk.

How to Use:

Compile a daily summary of VCT services at the end of each day and use the data to complete the form. At the end of the event consolidate all the daily statistics into one event summary.

Daily/Weekly Summary Report for VCT Sites

District: Site Name: Site Code:

Type of CT Setting

- Static VCT
- Mobile VCT (specify mounting site)
- Door to Door
- Workplace (specify)
- Moonlight VCT (specify mounting site)
- Others (specify)

Daily Report: Day Month 2007

Summary:

Type of Major Targets

- General Population, Youth, Women,
- CSW, Prisoners, IDUs, Youth in street,
- People with disability e.g. deaf
- Others (specify)

The report is additional report ONLY for this week. DO NOT deduct those number from regular report.

CT Service Utilization and HIV Seroprevalence by Age Group and Gender											
Age Group											
Male	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	Total
Counseled											
Tested											
HIV Positive											
Female-non Pregnant	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	Total
Counseled											
Tested											
HIV Positive											
Female-Pregnant	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	Total
Counseled											
Tested											
HIV Positive											
Total	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	Total
Counseled											
Tested											
HIV Positive											
HIV Positive (%)											

Couple Counseling and Testing				
Couples Counseled	Couples Tested	HIV +ve Couples	Discordant Couples	Disc (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Quality Control and Quality Assurance	
No of Counselors	No of QC Samples
<input type="text"/>	<input type="text"/>

Remarks

Reporting Officer Signature Date

TOOL 18: SUPERVISING THE VCT COUNSELOR

Purpose:

Assessing counselors' level of adherence to counseling and testing protocol.

Intended User:

Auditor, typically either a senior counselor or counseling supervisor.

How to Use:

Observe the counseling and testing process and rate the counselor's performance

Site Name: _____ Quarter: _____	Excellent = 4	Very Good = 3	Good = 2	Poor = 1	Not Applicable = 98	Comments	Score
Counselor: _____ Observer: _____							
Date: _____ Session Type (<i>circle</i>): Individual Couple Group							
Session I: Start Time: _____ Stop Time _____ Duration _____ Session II: Start Time: _____ Stop Time _____ Duration _____							
Sex – (M) (F) Age: _____ Code: _____							
Overall Average Score							
Introduction and Orientation to the Session							
<ul style="list-style-type: none"> • Introductions, explain role and find out about preferred language and cross-check code numbers 							
<ul style="list-style-type: none"> • Explain confidentiality and anonymity and CT process, lab and client intake records 							
<ul style="list-style-type: none"> • Collect demographic data (educational background) 							
<ul style="list-style-type: none"> • Assess client’s knowledge of HIV and modes of transmission, prevention, and correct misperceptions 							
<ul style="list-style-type: none"> • Address immediate concerns and questions 							
Assess Risk							
<ul style="list-style-type: none"> • Assess recent risk pattern (who, where, how) 							
<ul style="list-style-type: none"> • Identify circumstances, vulnerabilities, risk triggers 							
<ul style="list-style-type: none"> • Assess communication with partners 							
<ul style="list-style-type: none"> • Assess TB history 							
<ul style="list-style-type: none"> • Summarize and reflect back client’s story/risk 							

	Excellent = 4	Very Good = 3	Good = 2	Poor = 1	Not Applicable = 98	Comments	Score
HIV Test Preparation							
<ul style="list-style-type: none"> Assess willingness to be tested and previous tests 							
<ul style="list-style-type: none"> Identify people with whom client has shared test decision 							
<ul style="list-style-type: none"> Explain HIV test process and discuss meaning of possible results – positive, negative, discordant and window period – and possible implications 							
<ul style="list-style-type: none"> Determine client’s test readiness/decision 							
<ul style="list-style-type: none"> Discuss benefits of testing/positive living, antiretroviral treatment 							
<ul style="list-style-type: none"> Discuss nutrition issues 							
<ul style="list-style-type: none"> Offer condom demonstration & discuss risk reduction if client does not want a test 							
<ul style="list-style-type: none"> Obtain informed consent and post test contract 							
Test Results Counseling							
<ul style="list-style-type: none"> Provide and explain results clearly and simply 							
<ul style="list-style-type: none"> Explore client’s understanding/response to results/implications 							
<ul style="list-style-type: none"> If positive, discuss positive living, positive prevention, provide support options, identify and discuss how to access medical services including antiretroviral treatment, treatment of opportunistic infections, prevention of mother-to-child transmission, family planning 							
<ul style="list-style-type: none"> Explain link between STI and HIV, TB and HIV, and importance of early diagnosis and treatment options; then offer TB questionnaire assessment 							
<ul style="list-style-type: none"> If negative explain window period correctly 							

	Excellent = 4	Very Good = 3	Good = 2	Poor = 1	Not Applicable = 98	Comments	Score
<ul style="list-style-type: none"> If couple, explain discordant results & discuss possible reasons 							
Explore Options for Reducing Risk							
<ul style="list-style-type: none"> Negotiate Risk Reduction Plan Break down plan into concrete steps Identify obstacles to risk reduction Assess and enhance condom skills Assess family planning history, discuss spectrum of family planning methods, discuss dual protection Identify range of options for reducing risk Role-play, skill build, and problem solve 							
Negotiate Disclosure and Partner Referral							
<ul style="list-style-type: none"> Identify to whom client may disclose results for support, care, and treatment Anticipate potential reactions Discuss approach to disclosure/referral and partner testing – role play 							
Identify Sources of Support and Referrals							
<ul style="list-style-type: none"> Explain referral process, offer written results slip and explain the procedures Assist client with further referrals to care and support services 							
Counseling Skills							
<ul style="list-style-type: none"> Demonstrates professionalism Listens effectively to assess client's needs Uses open-ended questions Demonstrates technical knowledge of HIV and AIDS 							

	Excellent = 4	Very Good = 3	Good = 2	Poor = 1	Not Applicable = 98	Comments	Score
<ul style="list-style-type: none"> Communicates at the level of the client's understanding 							
<ul style="list-style-type: none"> Provides relevant and correct factual information 							
<ul style="list-style-type: none"> Uses reinforcement and praise 							
<ul style="list-style-type: none"> Uses non-verbal communication 							
<ul style="list-style-type: none"> Recognizes client's feelings and responds accordingly 							
<ul style="list-style-type: none"> Demonstrates the ability to solve problems 							
<ul style="list-style-type: none"> Is focused and tailored to client risk issues 							
<ul style="list-style-type: none"> Uses additional phrases to support statements and before asking questions 							
Comments :							
Signature of Observer.....							
Signature of Counselor.....							
Guide to Interpretation:							
Poor = 1							
Good = 2							
Very Good = 4							
Excellent = 5							

Source: Population Services International, 2007.

8.	I felt comfortable as my blood samples were taken	1	2
9.	The Counselor made me comfortable talking to him/her	1	2
10.	The Counselor displayed good skills in his/her counseling session	1	2
11.	I was given the necessary information I needed about HIV and AIDS	1	2
12.	I felt I learned something from the video playing in the waiting room (if applicable)	1	2
13.	The information given makes/made me feel confident to receive my results	1	2
14.	I intend to tell others about this service	1	2
15.	I intend to discuss the results of my test with my partner	1	2
16.	I intend to change my behavior as a result of coming of this visit	1	2

Source: Population Services International

Additional comments:

TOOL 20: REPORTING VCT EVENT ACTIVITIES AT THE DISTRICT LEVEL

Purpose:

Reporting VCT event activities at the district level.

Intended User:

District AIDS officer or designated District VCT Event Task Force members responsible for data collection.

How to Use:

Consolidate all the VCT event summary reports from testing sites and task force subcommittees. Organize a meeting of District Task Force members to discuss and report on the topics outlined below. Complete the form and submit to the National VCT Event Task Force.

1. Cover page with name of district and person(s) compiling the report
2. Planning activities for the VCT event:
 - How did the planning go?
 - Who was involved in the planning of the VCT event (name, organization, and designation)?
 - How many planning meetings were conducted and with whom? (Include number of people involved).
3. Publicity:
 - What types of publicity activities were conducted? (These may include drama shows, mobile van, video shows, open days, music, etc.)
 - How many of each were conducted, and when?
 - What types of IEC materials were widely available?
4. Service provision:
 - Describe the orientation provided to counselors and the number of people who were involved.
 - Describe the availability of HIV test kits and supplies (adequacy in quantities, availability in good time, etc.).
 - What was the total number and types of functional testing sites used during the event? (Specify static, mobile, and outreach and attach a copy of names of the sites.)
 - How many HIV test kits (by type) were used during the event?
 - How many people were reached during the event? (Attach consolidated summary reports from VCT sites.)

6. Community participation during the VCT event:
 - How was the community (community leaders, young people, PLHIV, etc) involved in mobilizing people to access VCT during the event?
 7. Supervision of the VCT event:
 - Who was involved (name, organization and designation)?
 - What type of support was provided by the district (including NGOs)?
 - How effective was the coordination with national-level supervisors?
 - How many sites were visited and how often per site?
 - What were the common challenges identified during the supervision visits?
 8. Successes noted during the VCT event:
 - What do you consider as the successes of the event in your region/district?
 9. Major challenges/constraints:
 - What major challenges/constraints were encountered during the whole process of the VCT event (e.g., planning, publicity, testing week, supervision, evaluation, etc.)?
 10. Key lessons learnt:
 - What lessons have been learnt during the activity that should be considered and shared with colleagues?
 11. Suggestions for future activities:
 - What would you recommend be done differently if the activity is repeated?
-

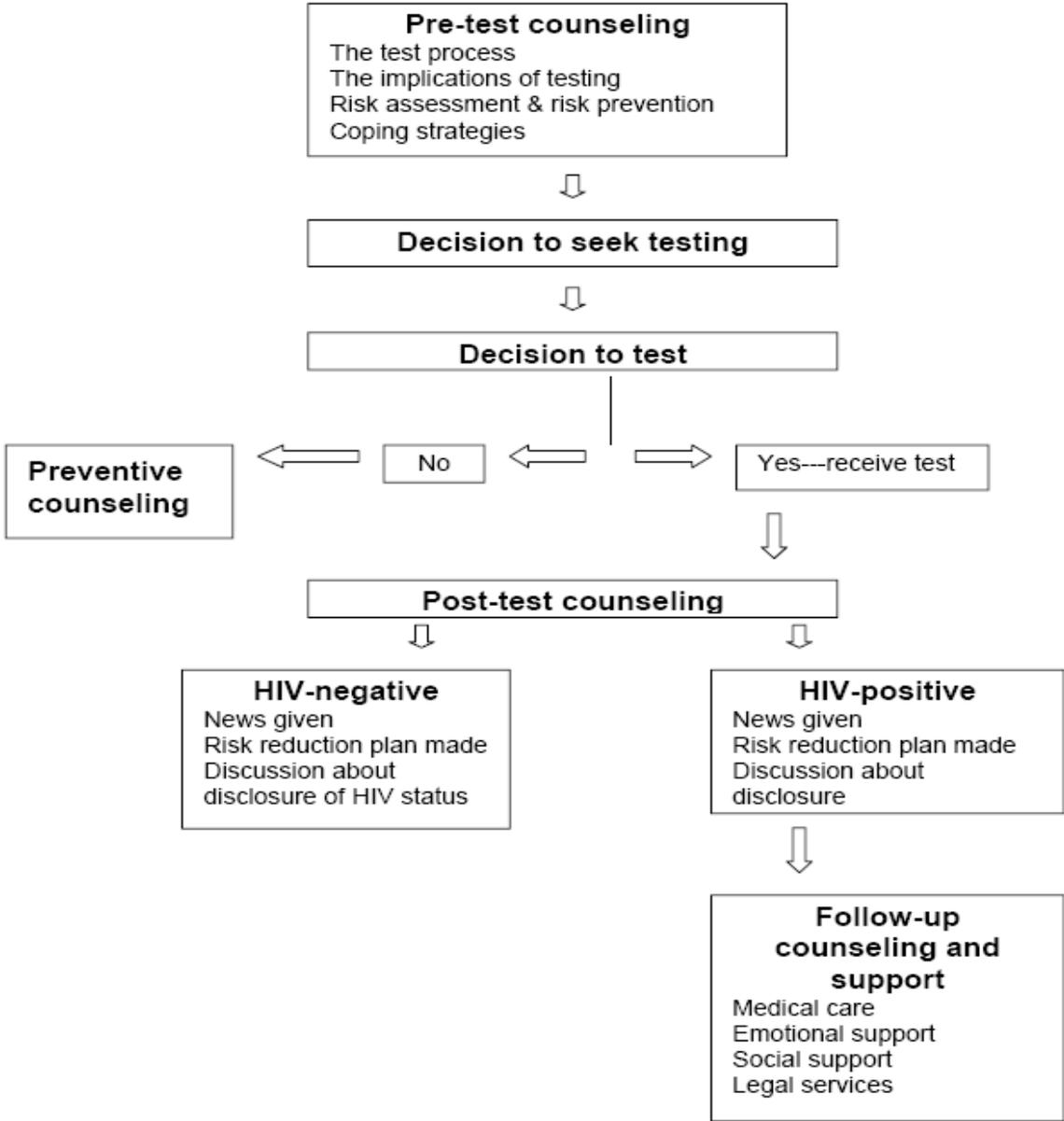
REFERENCES

- Donahue, Jill and John Williamson, Community Mobilization to Mitigate the Impacts of HIV/AIDS, 1999.
http://pdf.dec.org/pdf_docs/pnacj024.pdf
- Family Health International, HIV Voluntary Counseling and Testing: A Reference Guide for Counselors and Trainers, 2004.
<http://www.fhi.org/NR/rdonlyres/ehgtg4hcfxayimlswkwtbgzdvgccbvfrzczb7zctlgeyczlo6szndd7ki6xcnilytdy7an4ztik/HCTToolkitReferenceGuide030104.pdf>
- Family Health International, Voluntary Counseling and Testing Toolkit Series: A Collection of VCT Program Resources. <http://www.fhi.org/en/HIVAIDS/pub/guide/HCTtoolkit.htm>
- Family Health International, VCT Toolkit – HIV Voluntary Counseling and Testing: A Reference Guide for Counselors and Trainers, 2004.
<http://www.fhi.org/NR/rdonlyres/ehgtg4hcfxayimlswkwtbgzdvgccbvfrzczb7zctlgeyczlo6szndd7ki6xcnilytdy7an4ztik/HCTToolkitReferenceGuide030104.pdf>
- Family Health International, VCT Toolkit – Commodity Management in VCT Programs: A Planning Guide, 2002.
<http://www.fhi.org/NR/rdonlyres/e46u4xs4jaxpzz7zl6hcnje5seusvrjnrkoexj4flee54zgkmax2aa45vopf143kqvzhplbg4rknb/HCTToolkitCommodityI.pdf>
- International HIV/AIDS Alliance, All Together Now! Community Mobilisation for HIV/AIDS, 2006.
http://synkronweb.aidsalliance.org/graphics/secretariat/publications/All_Together_Now.pdf
- Liverpool HCT & Care Kenya, Quality Assurance Manual for Voluntary Counselling and Testing Service Providers, 2003. http://who.arvkit.net/tc/media/quality_assurance_resource_pack.pdf
- Malawi National Task Force on HCT Week 2007, Minutes of First Meeting, 1 March 2007
- Population Services International, Voluntary Counseling and Testing Data Collection Tools
- Rational Pharmaceutical Management Plus (RPM Plus), Quantimed Electronic Tool.
<http://www.l.msh.org/projects/rpmpplus/Resources/ToolsResources/QET.cfm>
- Tanzania Ministry of Health and Social Welfare, Proposal for a National HIV Testing and Counseling Campaign in Tanzania, 2007.
- TZ Standard Newspapers Sunday News, Sunday, July 15, 2007.
- Uganda Ministry of Health, HIV Counseling and Testing Toolkit for Coordinators and Supervisors, 2005.
http://aim.jsi.com/Docs/hct_coord_suppliers_toolkit.pdf

- United Nations Joint Program for HIV/AIDS (UNAIDS), General Assembly Resolution, 2006.
- US Centers for Disease Control and Prevention (CDC), HIV Rapid Test Training Package, 2005. CDC, Department of Health and Human Services, World Health Organization, President's Emergency Plan for AIDS Relief. <http://wwwn.cdc.gov/dls/ila/hivtraining/default.aspx>
- US Centers for Disease Control and Prevention/Global AIDS Program, Voluntary Counseling and Testing (VCT), Program Tools for Implementing Voluntary HIV Counseling and Testing, January 2004.
- US Centers for Disease Control and Prevention/Global AIDS Program, Voluntary Counseling and Testing (VCT) Training Curriculum, 2003. <http://www.womenchildrenhiv.org/wchiv?page=vc-05-02>
- Wilwerding, J. G. Kombe, O. Smith, and A. Comfort, AIDSTreatCost (ATC) User Manual, 2003. http://phrplus.org/pubs/ATC_Users_Manual.pdf; ATC software, 2003. <http://phrplus.org/plustools.html>
- World Bank, Local Government Responses to HIV/AIDS: A Handbook to Support Local Government Authorities in Addressing HIV/AIDS at the Municipal Level, 2003. [http://info.worldbank.org/etools/docs/library/134438/ALGAF/Algaf_cd/algaf_docs/Resources/Local%20Government%20AIDS%20Handbook/Local%20Government%20AIDS%20Handbook%20\(2003\).pdf](http://info.worldbank.org/etools/docs/library/134438/ALGAF/Algaf_cd/algaf_docs/Resources/Local%20Government%20AIDS%20Handbook/Local%20Government%20AIDS%20Handbook%20(2003).pdf)
- World Health Organization, List of Monitoring and Evaluation Documents (available electronically) <http://who.arvkit.net/tc/en/content.jsp?ID=671&d=tc.06.11>
- World Health Organization, Scaling-Up HIV Testing and Counselling Services: A Toolkit for Programme Managers, 2005. http://whqlibdoc.who.int/publications/2005/924159327X_eng.pdf
<http://who.arvkit.net/tc/en/index.jsp>
- World Health Organization, Rapid HIV Tests: Guidelines for Use in HIV Testing and Counselling Services in Resource-Constrained Settings, 2004. <http://www.who.int/hiv/pub/HCT/en/rapidhivtests/en.pdf>
- World Health Organization, Increasing Access to HIV Testing and Counseling: Report of a WHO Consultation, 2002.
- World Health Organization and UNAIDS, Guidance on Provider-Initiated HIV Testing and Counseling in Health Facilities, 2007. http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf

ANNEX 1: THE VCT PROCESS

Voluntary counseling and testing is the process by which an individual undergoes counseling, enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential (UNAIDS).



ANNEX 2: CHECKLIST OF VCT SUPPLIES AND MATERIALS

- HIV rapid test kits
- Alcohol or alcohol prep pads
- Laboratory coats or aprons
- Sterile lancets
- Transfer pipettes, pipette tips
- Paper towels
- Leak-proof bags
- Band-aids or plasters
- Positive and negative controls
- Spray/wash bottle
- Surgical gloves
- Cotton gauze/wool
- Timer, clock, or watch
- Sharps disposal container, lancet bin, or disinfectant jar
- Pens for labeling the test or sample
- Hand-washing soap
- Disinfectant or bleach
- Thermometer
- Log book or register
- Standard operating procedures

Source: CDC/WHO/PEPFAR, HIV Rapid Test Training Package, module 7