MODULE 7:

# Monitoring and Evaluating Voluntary Counseling and Testing Services

Monitoring HIV/AIDS Programs

A FACILITATOR'S TRAINING GUIDE

A USAID RESOURCE FOR PREVENTION, CARE AND TREATMENT

Family Health International

Impact Implementing AIDS Prevention and Care Projects

USAID

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# Monitoring HIV/AIDS Programs: A Facilitator's Training Guide

**A USAID Resource for Prevention, Care and Treatment**

## Module 7: Monitoring and Evaluating Voluntary Counseling and Testing Services

**September 2004**

**Family Health International**



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**MODULE 7:**

# Monitoring and Evaluating Voluntary Counseling and Testing Services

*This Monitoring and Evaluation series is based on the assumption that Core Module 1 (Introduction to Monitoring and Evaluation) is always the first module, that it is followed directly by Core Module 2 (Collecting, Analyzing, and Using Monitoring Data), which is followed by one or more of the optional technical area modules (Modules 4 through 10), and that in all cases the final module is Core Module 3 (Developing a Monitoring and Evaluation Plan). The specified sequence is shown below:*

1. *Core Module 1: Introduction to Monitoring and Evaluation*
2. *Core Module 2: Collecting, Analyzing, and Using Monitoring Data*
3. *Optional Technical Area Modules 4 through 10*
4. *Core Module 3: Developing a Monitoring and Evaluation Plan*

**Learning Objectives**

The goal of this workshop is to build participants' skills in monitoring Voluntary Counseling and Testing (VCT) programs and in planning program evaluations with emphasis on VCT program objectives.

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

- Understand key contextual issues of monitoring and evaluating VCT programs
- Use increased knowledge and skills for monitoring various aspects of VCT programs
- Formulate monitoring and evaluation questions for VCT programs and use them to develop process indicators for program monitoring
- Develop and/or adapt VCT data collection tools
- Analyze and use VCT data for program improvement

**Session Overview and Schedule**

| TIME | | TOPIC | TRAINING METHOD |
|---|---|---|---|
| 8:30-9:00 | 30 min | **A. Welcome and Introductions** | *Facilitator Presentation* |
| | | | |
| 9:00-10:00 | 60 min | **B. Overview of Voluntary Counseling and Testing** | *Facilitator Presentation* |
| | | | |
| 10:00-10:15 | 15 min | **BREAK** | |
| | | | |
| 10:15-11:00 | 45 min | **C. Monitoring VCT Programs** | *Facilitator Presentation* |
| | | | |
| 11:00-12:00 | 60 min | **D. What to Monitor** | *Small Group Discussion, Group Exercise* |
| | | | |
| 12:00-1:00 | 60 min | **LUNCH** | |
| | | | |
| 1:00-2:00 | 60 min | **E. Monitoring Methods and Tools** | *Facilitator Presentation, Small Group Discussion* |
| | | | |
| 2:00-2:30 | 30 min | **F. Indicators** | *Small Group Exercise* |
| | | | |

## Session Overview and Schedule

| TIME | | TOPIC | TRAINING METHOD |
|---|---|---|---|
| 2:30-3:30 | 60 min | **G. Data Analysis and Use** | *Group Discussion, Group Exercise* |
| | | | |
| 3:30-3:45 | 15 min | **BREAK** | |
| | | | |
| 3:45-4:45 | 60 min | **H. Evaluating VCT Programs** | *Facilitator Presentation, Group Discussion* |
| | | | |
| 4:45-5:00 | 15 min | **I. Wrap-Up** | *Q & A Session* |

**Materials**

- Flipchart paper and stand
- Markers
- Pens or pencils
- Tape or Blue-Tac
- Evaluation Form
- Handout: Group Exercise for Definition of VCT Goals and Objectives
- Handout: What to Monitor
- Handout/Facilitator Reference: Example Monitoring Questions
- Activity Sheet: Identification of Methods and Tools
- Handout: Illustrative List of Minimum Process Indicators for VCT Programs
- Handout: VCT Program Quarterly Report Form
- Handout: Mock VCT Data and Graphs
- (Note: Expanded Response Core Indicator Guide will be distributed by facilitator.)
- (Note: FHI VCT Strategic Framework will be distributed by facilitator.)

# A. Welcome and Introductions

| 8:30-9:00 | 30 min | **A. Welcome and Introductions** | *Facilitator Presentation* |
|---|---|---|---|

8:30-8:45 (15 min)

**1. Welcome Participants and Group Introductions**

Thank participants for arriving on time and remind them in a humorous way that anyone who arrives late from breaks will be subject to embarrassment, such as having to sing to the group.

Because this module is being delivered after Core Module 1 (Introduction to Monitoring and Evaluation) and Core Module 2 (Collecting, Analyzing, and Using Monitoring Data), participants will be familiar with each other. Therefore, each morning during this time the facilitator can take about 15 minutes to review with the participants the material they learned in the preceding modules. This provides an excellent opportunity to generate energy among the group by asking the participants to quiz each other. This review activity can be light, energetic, and even humorous. Encourage participants to stand up or do something else physical as they ask or answer their questions.

8:45-9:00 (15 min)

**2. Overview of Workshop Objectives and Agenda**

The goal of this workshop is to build your skills in monitoring a voluntary counseling and testing program.

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

- Understand key contextual issues of monitoring and evaluating VCT programs
- Use increased knowledge and skills for monitoring various aspects of VCT programs
- Formulate monitoring and evaluation questions for VCT programs and use them to develop process indicators for program monitoring
- Develop and/or adapt VCT data collection tools
- Analyze and use VCT data for program improvement

There will be a 15-minute mid-morning break, lunch will be from 12:00 to 1:00, and there will be a 15-minute mid-afternoon break. We will finish the workshop by 5:00 p.m.

# B. Overview of Voluntary Counseling and Testing

| 9:00-10:00 | 60 min | **B. Overview of Voluntary Counseling and Testing** | *Facilitator Presentation* |
|---|---|---|---|

**Materials**

- VCT Program Quarterly Report Form

9:00-9:15 (15 min)

**Definition of Voluntary Counseling and Testing**

Voluntary HIV counseling and testing (VCT) is the process of providing counseling to an individual to enable 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 (Source: UNAIDS).

VCT is an entry point for prevention and care and is acknowledged internationally as an effective strategy for both HIV/AIDS prevention and care. Research conducted in Kenya, Tanzania, and Trinidad by Family Health International—in collaboration with the Joint United Nations Programme on AIDS (UNAIDS), the World Health Organization (WHO), and the Center for AIDS Prevention Studies at the University of California at San Francisco—has provided strong evidence that VCT is an effective and cost-effective strategy for facilitating behavior change.

There are many VCT service delivery models. The choice of model or models depends on a program's goals, cost, cost-effectiveness, sustainability, affordability, confidentiality, and convenience to the client.

VCT models that have been used to date include the following:

- Free-standing (stand-alone VCT sites)
- Hospital services
- NGO within hospital
- Integrated into general medical outpatient services in public hospitals
- Within specialist medical care (e.g., STI clinic, dermatology clinic, chest clinic, and antenatal and family planning services)
- Health center (urban or rural)
- Private sector (clinics and hospitals)
- Workplace clinics
- Referral sites for legal requirements (e.g., pre-employment, pre-travel, pre-marital)
- Youth health services and school health services
- Health services for vulnerable groups (e.g., female sex workers, prison populations, refugees, injecting drug users, men who have sex with men (MSM), children, and orphans and street kids)
- Attached to research project/pilot project (associated with antenatal services and interventions or with TB services and preventive therapy)
- Blood transfusion services

Whatever the model, VCT programs may focus on all or some of the following: policy, service promotion, service delivery, and testing issues.

| |
|---|
| **Policy** |
| Advocate for VCT services to policymakers and leaders at various levels<br>Develop national guidelines on HIV counseling and testing<br>Develop standardized HIV counseling training curricula<br>Develop appropriate VCT training materials<br>Involve the community to promote acceptability of VCT services, acceptance of those living with HIV/AIDS, and reduction of stigma and discrimination |
| **Service Promotion** |
| Use appropriate media to advertise and promote VCT services to increase demand |
| **Service Delivery** |
| Select the model of VCT and design the VCT services<br>Assess the availability, quality, and use of existing VCT services<br>Design, implement, and scale-up of high-quality VCT services<br>Train counselors in risk-reduction counseling and personal emotional support techniques<br>Train laboratory personnel<br>Provide support for quality assurance (e.g., quality control for HIV testing, supervision, and quality control for HIV counseling)<br>Develop a directory of care and support services to facilitate referrals<br>Establish/promote linkages between VCT services and other care and support services as appropriate |
| **Testing Issues** |
| Type of tests used, sensitivity and specificity<br>Quality assurance (describe quality assurance used in some of the countries) |

Steps for developing a system for actively monitoring VCT programs include the following:

- Review country program goal, objectives, and targets
- Review donor goals, objectives, and reporting requirements
- Review subproject goals, objectives, and reporting requirements
- Review national/country/site HIV/AIDS program goals, objectives, and reporting requirements
- Assess the current management information system (MIS) situation of your program
- Determine method of data collection and reporting
- Develop data collection tools
- Collect, analyze, and use data for reporting as required by the various levels

| | | | |
|---|---|---|---|
| 10:00-10:15 | 15 min | **BREAK** | |

# C. Monitoring VCT Programs

| | | | |
|---|---|---|---|
| 10:15-11:00 | 45 min | **C. Monitoring VCT Programs** | *Facilitator Presentation* |

**Materials**

- Handout: Group Exercise for Definition of VCT Goals and Objectives

Facilitator Note: Pay close attention to ensure that participants comprehend this section and make the link between VCT models and VCT program goals and objectives so that they have a foundation for **what to monitor** and **how to monitor**.

Ask participants to define "goals," and write their definition on a flipchart for future reference:

**GOAL: The hoped-for result of a program or project**

Remind participants that VCT program goals need to be developed within the context of the overall program goal.

Ask participants to suggest additional VCT program goals, *bearing in mind the different VCT program models and your own site-specific VCT goals*. Divide participants into five groups, and assign program models to each group. Then ask them to write their suggested program goals on paper.

**Group Exercise for Definition of VCT Goals and Objectives** **Handout**

**Group 1: Stand-alone VCT project for youth age 15-19 in Gerard State**

**Group 2: Integrated VCT project for women attending antenatal clinics in the District of Luckosa**

**Group 3: Worksite VCT project for staff of Shansui Electric Company in Country XYZ**

**Group 4: Mobile VCT project for male and female adult population of District Nuanuana**

**Group 5: Health center-based VCT project for male and female university students in State Y**

Ask each group to read aloud the goals they have identified. List them on a flipchart, and use this list to clarify questions and issues.

Facilitator Note: Use the following goal as an example for clarification:

Reduce proportion of infants with HIV by 10 percent in region X by providing VCT services to women attending antenatal care clinics.

**Defining VCT Program Objectives**

Building on the earlier section, ask participants to suggest some specific VCT program objectives, bearing in mind the definition of an objective and the models of voluntary counseling and testing.

**OBJECTIVE: A specific, measurable, and time-bound result**

Facilitator Note: Use the following objective as an example for clarification:

Train NGO staff to provide VCT to female sex workers in district Y by 2004

Call time and switch exchange the goals developed earlier by each group. Ask each group to develop three SMART objectives for the goal assigned to them.

# D. What to Monitor

| | | | |
|---|---|---|---|
| 11:00-12:00 | 60 min | **D. What to Monitor** | *Small Group Discussion, Exercise* |

**Materials**
- Handout: What to Monitor

11:00-11:15 (15 min)

**1. Definition of Monitoring**

Ask participants to define monitoring, and then use the following to fill in the gaps.

**MONITORING: Tracking the key elements of an ongoing program over time (inputs, outputs, assessing service quality)**

Monitoring answers the questions:

- To what extent are planned activities actually realized?
- How well are these services provided?

Monitoring assesses the extent to which the way program is undertaken is consistent with its design or implementation plan.

Monitoring in the VCT context includes day-to-day record-keeping, a built-in system of checks and balances, and reporting daily activities to ensure that activities are going as planned toward the achievement of identified program goals and objectives.

Facilitator Note: Use the following to clarify and fill in the gaps:
- Stigma
- Reporting requirements of host district, state, region, government
- Confidentiality
- Information giving—Is the right information being passed on to clients?
- Personal and couple risk assessment
- Informed consent for HIV testing
- Explanation of the HIV test and test results
- Development of a personal risk-reduction plan
- Psychological/emotional support
- Appropriate referral
- Documentation of care
- VCT clients follow-up

Follow up with a discussion by asking participants: "Based on *your own VCT programs*, what are some of the key issues to take into consideration in monitoring voluntary counseling and testing?

List the participants' suggestions, make comments, and clarify as you go along.

11:15-11:30 (15 min)

**2. What to Monitor**

Facilitator Note: This session will include a discussion of the major VCT program components that require monitoring (e.g., quality assurance, quality of services, community activites, linkages, patient follow-up, and referrals) and group exercises.

Using a flipchart, encourage participants to generate a list of activities or areas of VCT that, in their view, require monitoring. Review and make brief remarks on each identified area.

Facilitator Note: Label three flipchart pages with the following headings: **General Program Implementation**, **Quality Assurance**, and **Ethical Issues**. Hang them on the wall. These will be used when the participants break into groups; they may also help participants organize information in their minds. Divide the class into three groups, and assign one topic to each group.

Give the groups time to generate the issues under each area. Call time at the end of the exercise, and as you review the suggestions, use the Facilitator Reference Sheet/Handout on What to Monitor to fill in the gaps.

| **What to Monitor** | **Facilitator Reference Sheet/Handout** |
|---|---|

**General Program Implementation:**

- Timely implementation?
- Coverage: Are the planned numbers of clients accessing the services?
- Service utilization: Is the intended audience able to access the services?
- Are commodities adequate (track inventory)?
- Are staff skills and capacity adequate?
- What standards or national guidelines are being used? Are all of the VCT services being monitored using the same standards or guidelines? (policy and guidelines)
- Are inputs and resources adequate?
- What is the status of staff development, training, support, and supervision?
- Cost
- Referral system
- BCC: service promotion, behavior change information, addressing stigma
- Stakeholder and community involvement

**Quality Assurance**

- Counseling quality assurance
- Testing quality assurance: Is quality being maintained? (This will include: type of tests used, sensitivity, and specificity)

**Ethical Issues**

What harm may be caused? Given the following characteristics of good VCT care, how should the quality of the services be monitored, and who is most appropriate to monitor it?

- Informed consent: How do you know if clients have been adequately informed? And how do you know if they gave consent?
- Partner notification: Is the strategy recommended for partner notification culturally acceptable?
- Confidentiality: Is confidentiality being breached?
- How do external monitors respect confidentiality and yet obtain information to verify data and gather additional information (i.e., observation of counseling sessions) to assist the services with quality assurance? Are the rights of the client assured?

- Is the accuracy of testing (testing protocol, laboratory practices) adequate?
- Is the safety of clients and providers ensured (universal precautions, human rights, privacy)?
- Personalization: Do counseling services address the person's realities and risks? Does the quality of service build trust and nurture the client/provider relationship?
- Empowerment: Do the clients receive condom use instructions? What about condom negotiation? Partner notification?
- Enabling: Are condoms or referrals accessible, affordable, and acceptable (attention to special needs of males having sex with males)? Are condom supplies adequate?
- What are the additional issues when VCT is integrated into other services (e.g., family planning, primary care, TB clinics, and STI clinics) or linked to other projects? Will the quality of VCT be jeopardized? Will the services be closely supervised? Will confidentiality be maintained? Will staff be motivated to refer clients to VCT?

11:30-12:00 (30 min)

Ask participants to return to groups and generate monitoring questions for each identified area.

Assign one topic to each group.

**Group 1**: **Monitoring general program implementation**

**Group 2: Monitoring quality assurance**

**Group 3: Monitoring ethical issues**

Call time, and ask each group to read out five example monitoring questions. Make inputs and clarifications using the Handout and Facilitator Reference Sheet below.

Summarize and wrap up the session by emphasizing the need to generate and use clearly defined monitoring questions, such as the following.

| **Example Monitoring Questions** | **Handout/Facilitator Reference** |
|---|---|

**Implementation**

a) Have the activities been carried out as planned? If not, why?
b) What population is being reached? Is this our targeted population?
c) Have the targets been met?
d) If targets are not being met, what are the problems (e.g., staff performance or attitude, lack of inputs, or lack of accessibility, affordability, acceptability, or awareness by the targeted population)? Are the targets feasible?
e) Are the costs of the project within budget?
f) Is there a need for technical assistance or other resources?
g) Are activities that were not planned (in sub-agreement or work plan) being implemented?
h) How is the project being supervised?
i) What problems have been identified by the supervisor?
j) What are ideas for improving or modifying the services?

**Implementation (Service Utilization)**

a) Who is using the services? (Demographic and other information should be collected without compromising service user confidentiality.)
b) Are those at highest risk utilizing the services? Are significant populations or groups not being reached?
c) How many clients are served?
d) Is the level of utilization sufficient to justify sustaining the service?
e) Why are clients seeking the service?
f) What service is being utilized? (pre-test counseling, testing, post-test counseling, follow-up referral sessions or counseling)? Are clients completing all procedures involved in using the services?
g) Is there an increasing demand for VCT?
h) Are stakeholders involved in planning or monitoring the VCT services?

| Example Monitoring Questions | Handout/Facilitator Reference |
|---|---|

i) Is the service affordable? How much does it cost for clients to receive VCT services (fees, travel costs, hours of work lost)?
j) If there are fees involved, is this service affordable for those with little income?
k) Is the service (e.g., operating hours, service flow, counseling and testing procedures, privacy, confidentiality, waiting time, attitude of staff, information provided, and emotional support) acceptable to the clients?
l) Is the service adequate? What do clients need that is not being provided?

**Implementation (Adequacy of Inputs)**

a) Are the resources (infrastructure, trained staff, equipment, test kits required by protocol, storage, supplies, waste disposal, and commodities) consistently available and in place to meet minimal standards of VCT care?
b) What training is necessary for staff (according to job description)? Are staff getting this training?
c) Is the service accessible in terms of location, travel time, and means of transportation?
d) Is the service user-friendly (e.g., registration, privacy, cleanliness, efficient procedures, waiting time, hours of operation, location)?
e) Is there a data recording system (i.e. use of unique identifiers or assigned numbers) to ensure the confidentiality of the clients?
f) Do registration processes afford client privacy?
g) Does the registration process collect the usual demographic data needed, including: sex, marital status, occupation.
h) Does the counselor collect the reasons for attending the clinic (e.g., prenuptial testing, opportunistic infections, risky sexual encounter, referral, sexually transmitted infection, or other)? Are these categories exclusive and well-defined?
i) Are there written policy and procedures in place to protect client confidentiality?
j) Are all staff aware of these policies? Do they follow the policies/procedures?
k) How much does the testing protocol cost?
l) Is the testing protocol the most appropriate given local conditions? If not, how can it be improved?
m) How is client confidentiality managed throughout the blood collection, testing, and reporting procedures?
n) Are the standard operating procedures for the laboratory being observed?

**Staff Capacity and Development**

a) What are the standards for the necessary VCT staff training?
b) Have appropriate staff received the necessary training?
c) Are continuing education and training available to the VCT staff at least annually?
d) Are counselors well informed about other issues relevant to VCT services (MTCT, care and support, TB, etc.)?
e) Are there written job standards and/or position descriptions?
f) Are performance evaluations based on demonstration of competencies specific to the VCT setting?
g) How well do the counselors follow the protocol?
h) Are the counselors appropriately supervised? Who supervises the services?
i) Are the counselors appropriately used?
j) How often are all staff meetings held? What are the major issues discussed during these staff meetings
k) What mechanisms are in place to help counselors solve problems?
l) What mechanisms are in place to help counselors deal with stress and burnout?

**Counseling**

a) Is there a nationally or locally accepted standard counseling and testing protocol?
b) Are the counselors knowledgeable about the counseling protocol?
c) How well do the counselors follow the counseling protocol?
d) Is anonymous testing available (as relevant given the laws of the country and according to protocol)?
e) Is risk assessment done according to protocol?
f) Does the protocol meet UNAIDS/WHO standards?
g) How consistently is the protocol used?
h) Is clear information about the HIV test given to each client?
i) Is the consent form explained and signed/witnessed?
j) Is the HIV test result clearly given?
k) Is emotional support provided?
l) Are condom-use instructions, condoms, or referrals to condom distribution sites provided?
m) Are referrals for medical and social support provided?
n) How long must clients wait to receive their test result?
o) Does the service site have a list of local health care providers and institutions that agree to treat and care for HIV-positive persons?

| Example Monitoring Questions | Handout/Facilitator Reference |
|---|---|

p) Are clients empowered to inform their health care providers about their HIV status?
q) If their HIV-positive status is known, can clients access the referral sites for medical or dental care?
r) Is there a method to follow-up client referrals?
s) What follow-up or case management services are provided at the VCT sites or elsewhere in the community?
t) If the testing is anonymous, do the referral sites accept the codes?

**Behavior Change Communication/Service Promotion**

a) How is the service being promoted or publicized? Are clients aware of the service? Are the clients being referred from other sources (e.g., medical providers, NGOs, faith communities, peer educators, etc.)?
b) What communication channels or methods are being used? Do the messages: convey the availability of high quality VCT services, facilitate self risk assessment, encourage the targeted population to use VCT services by explaining the benefits, reduce stigma and discrimination, explain prevention measures, develop risk-reduction skills, and encourage sustained behavior change after a person has visited a VCT site?
c) What materials have or are being developed? Who is the targeted audience? Is the targeted audience based on epidemiological or site data? What is the process for designing the materials? How many materials have been distributed?
d) Does the service disseminate information on behaviors that improve health?
e) How is this information disseminated (e.g., print, radio, television, Internet, outreach workers, pamphlets, posters, street plays, and discussion groups)?
f) Is information targeted to specific populations?
g) Is the media's use of the information tracked?
h) Has there been collaboration with the local media to develop news or features?
i) Does the VCT service sponsor community meetings or group educational sessions?
j) What linkages does the VCT center have with the community?

| | | | |
|---|---|---|---|
| 12:00-1:00 | 60 min | **LUNCH** | |

# E. Monitoring Methods and Tools

| | | | |
|---|---|---|---|
| 1:00-2:00 | 60 min | **E. Monitoring Methods and Tools** | *Facilitator Presentation, Small Group Discussion* |

**Materials**

- Activity Sheet: Identification of Methods and Tools

1:00-1:30 (30 min)

Refer to the main areas of monitoring for VCT programs identified in the previous session. The Facilitator should make references to the areas and questions requiring quantitative and qualitative methodologies during the presentation.

Monitoring may be *quantitative* or *qualitative*.

### 1. Quantitative Monitoring

**Quantitative** monitoring (measuring how much, how many, a quantity) tends to document *numbers* associated with the program, such as how many posters were distributed, how many were posted, how many counseling sessions were held, how many times was a radio spot on the air, how many truck drivers were trained as outreach workers, and so on. Quantitative monitoring focuses on which and how often program elements are being carried out. Quantitative monitoring tends to involve record-keeping and numerical counts. The activities in the project/program timeline of activities should be closely

examined to see *what kinds of monitoring activities* might be used to assess progress. The method for monitoring *and* its associated activities should be integrated into the project timeline.

Facilitator Note: Refer to the flipchart, the list of monitoring and evaluation questions generated by the group, and the handout on monitoring and evaluation questions. Indicate quantitative monitoring questions and indicators.

**2. Qualitative Monitoring**

**Qualitative** monitoring (quality) asks questions about *how well* the program elements are being carried out, such as how are peoples' attitudes are changing toward abstinence, stigma, fidelity, care and support, or condoms; how are program activities influencing real or incipient behavior change; how does information permeates the risk community; and so on. To obtain this type of information, which can also work as part of the feedback system, such qualitative methods as in-depth interviews and focus group discussions are often used.

**Qualitative methods include:**

- Review of service records and regular reporting systems
- Key informant interviews
- Exit interviews with VCT clients
- Regular activity reports (monthly or quarterly)
- Monitoring meetings with supervisors
- Site visits: observation, log reviews (counselor and laboratory), exit interviews
- Mystery clients
- Direct observation of interaction between clients and providers
- Quantitative population-based survey for assessing coverage of VCT services
- Focus groups, in-depth interviews

**Tools include:**

- Client Consent Form: Shows number of clients seeking VCT; filled out by individual clients
- New VCT Client Form: Contains detailed socio-demographic factors and VCT data; filled out by individual clients
- Monthly Reporting Form: For monthly aggregates; filled out by supervisor of counselors
- Counselor Reflection Form

Facilitator Note: Refer to the flipchart and the Handout: Example Monitoring Questions. Indicate quantitative and qualitative monitoring questions and indicators.

**Materials**

- Activity Sheet: Identification of Methods and Tools

1:30-2:00 (30 min)

**Activity**

Distribute Activity Sheet: Identification of Methods and Tools to the whole group and ask participants to review the monitoring questions listed in the categories identified and to suggest methods and tools for answering each question. Ask each participant who makes a suggestion to give a reason for selecting that method and/or tool. Invite comments and suggestions from the group and make clarifications as the activity progresses.

**Identification of Methods and Tools** **Activity Sheet**

**Service Use**

| Question | Method | Tool |
|---|---|---|
| Who uses the service? | | |
| Why do people seek the service? | | |
| How many clients are served? | | |

**Staff Performance**

| Question | Method | Tool |
|---|---|---|
| How well do counselors follow the counseling protocol? | | |
| How many people do the counselors serve? | | |
| Are counselors appropriately supervised? | | |

**Testing Protocol**

| Question | Method | Tool |
|---|---|---|
| How long must clients wait to receive their test results? | | |
| Are clients comfortable with the waiting period? | | |
| How consistently is testing protocol used? | | |

**Service Accessibility**

| Question | Method | Tool |
|---|---|---|
| How far must the intended population travel to reach the service? | | |
| How much does it cost for clients to receive the service? | | |
| Is public transport to VCT site available? | | |

**Counseling Protocol**

| Question | Method | Tool |
|---|---|---|
| Do clients feel their confidentiality is protected? | | |
| How many clients receive their test results? | | |
| Is the test result clearly given? | | |

# F. Indicators

| 2:00-2:30 | 30 min | **F. Indicators** | *Small Group Exercise* |
|---|---|---|---|

**Materials**

- Handout: Illustrative List of Minimum Process Indicators for VCT Programs
- Handout: VCT Program Quarterly Report Form

**Developing Process Indicators**
Ask participants to define process indicators. Review responses and fill in the gaps by reminding the participants of the characteristics of process indicators, which were covered in Core Module 1: Introduction to Monitoring and Evaluation.

- Valid/reliable
- Practical and useful
- Direct
- Objective

**Activity**
Tell participants to return to the groups used for developing monitoring questions. Ask each group to generate a list of process indicators using the monitoring questions in the handout and Facilitator Reference Sheet on example monitoring questions.

Facilitator Note: Due to time constraints, participants may not be able to list indicators for all of the monitoring questions; encourage them to try to complete the list later as a revision exercise.

Ask each group to present its process indicators and provide feedback and clarifications.

**Illustrative List of Minimum Process Indicators for VCT Programs** **Handout**

# trainings
# counselors trained in VCT
# laboratory technicians trained in HIV testing (if it is rapid tests, specify)
# females provided HIV pre-test counseling
# females accepting HIV test
# females receiving HIV test results and post-test counseling
# females testing positive for HIV
# females testing positive for HIV referred for other care and support services
# males provided HIV pre-test counseling
# males accepting HIV test
# males receiving HIV test results and post-test counseling
# males testing positive for HIV
# males testing positive for HIV referred for other care and support services
Total # clients who received pre-test counseling at VCT centers
Total # clients tested for HIV at VCT centers
% all clients seen in site accepting HIV test
Total # clients receiving post-test counseling and results at VCT centers
% all clients testing for HIV who receive results
Total # clients testing positive for HIV
% clients testing positive for HIV
Total # clients referred for other care services
% all clients referred to other care services

| |
|---|
| # support groups<br># people participating in support groups<br># new VCT sites established<br>Total # VCT sites with USAID assistance |

## G. Data Analysis and Use

| | | | |
|---|---|---|---|
| 2:30-3:30 | 60 min | **G. Data Analysis and Use** | *Group Discussion, Group Exercise* |

Ask two participants to remind the group about the three key points covered in Core Module 2: Collecting, Analyzing, and Using Monitoring Data.

After the comments, continue with the following.

**1. Analyzing Data**
Before analyzing your data, you must determine the objective of your analysis (e.g., what type of data do you want to generate?). The following are broad data-analysis objectives:

- To describe program performance across two sites using estimates of coverage
- To describe types of services delivered and participants' reactions to the services provided
- Comparison between sites: as above, but by different program sites. This allows a program manager to gain an understanding of the sources of diversity in program implementation and outcomes (staff, administrative/management systems, targets, and local environment).
- Conformity of program to its design (Program implementation may fall short of the program's design.)

| |
|---|
| Facilitator Note: In summarizing, the faciliator should remind participants that data analysis is not limited only to the quantitative aspects of a program. Data analysis can and should also be extended to determine the quality of services. |

**Group Exercise**
Distribute the Handout: VCT Quarterly Report Form. Review and critique the report format and suggest improvements. Do the format and items listed address all of the monitoring areas, tools, data analysis, and so on?

**2. Using Data**

Facilitator should remind participants about the take-home "information" from the data use module. State that: "As you learned, data are not just for giving to funders. Data can also be used for:

- Improving performance (e.g., hire more staff, train staff, or buy more supplies)
- Feedback to program staff (regular staff meetings, including field staff)
- Decision-making about future direction of the program, such as scaling up services/expanding coverage (e.g., identifying new geographical areas and/or other services to be added to program)
- Reporting to donors and policymakers
- Communicating the program's successes and challenges to the community (e.g., newspaper articles, press conference, town hall meeting)
- Fund-raising (proposal writing)

**Group Exercise**

This exercise involves comparing two VCT sites, interpreting data, and determining possible data uses.

Distribute the Handout: Mock VCT Data and Graphs.

Ask the entire group to review the information for 15 minutes and make suggestions for improving the data. For example, what are the weaknesses of the data and how can it be improved at each site?

| | | |
|---|---|---|
| 3:30-3:45 | 15 min | **BREAK** |

# H. Evaluating VCT Programs

| | | | |
|---|---|---|---|
| 3:45-4:45 | 60 min | **H. Evaluating VCT Programs** | *Facilitator Presentation, Group Discussion* |

**Materials**

- Refer to Expanded Response Core Indicator Guide distributed by facilitator

**Evaluating VCT Outcomes**
Review the difference between monitoring and evaluation, and present the level at which evaluation is considered (i.e., program outcome, program goals, and program objectives)

Evaluate the systematic application of social research procedures for assessing the conceptualization, design, implementation, and utility of social intervention programs.

When assessing the outcome and impact of a program, evaluation answers the questions: What outcomes are observed? What do the outcomes mean? Does the program make a difference?

The major broad question for evaluating VCT is: What are the intermediate outcomes and long-term impacts that VCT may have on the population receiving the service? Take suggestions and make clarifications.

The facilitator should:

A. Discuss current standardized indicators for evaluating the outcomes and impact of VCT programs. (Refer to the Expanded Response Core Indicator Guide, Global Spreadsheet, and VCT Program Quarterly Report Form.)
B. Refer to the UNAIDS Tool for VCT Evaluation (handed out separately by facilitator).
C. Provide information on current FHI evaluation or special-study activities related to VCT (including the VCT M&E toolkit).

# I. Wrap-Up

| | | | |
|---|---|---|---|
| 4:45-5:00 | 15 min | **I. Wrap-Up** | *Q & A Session* |

**Materials**

- Evaluation Form

Ask participants for two major lessons they learned during the workshop.

Write each of the lessons mentioned on a flipchart (or ask a participant to do so).

Distribute the Evaluation Form on the workshop to participants and ask them to fill it out and submit it before leaving the classroom.

# Appendix

## Module 7:
## Monitoring and Evaluating
## Voluntary Counseling and Testing Services

# Group Exercise for Definition of VCT Goals and Objectives

Group 1: Stand-alone VCT project for youth age 15–19 in Gerard State

Group 2: Integrated VCT project for women attending antenatal clinics in the District of Luckosa

Group 3: Worksite VCT project for staff of Shansui Electric Company in Country XYZ

Group 4: Mobile VCT project for male and female adult population of District Nuanuana

Group 5: Health center-based VCT project for male and female university students in State Y

# What to Monitor

**General Program Implementation**

- Timely implementation?
- Coverage: Are the planned numbers of clients accessing the services?
- Service utilization: Is the intended audience able to access the services?
- Are commodities adequate (track inventory)?
- Are staff skills and capacity adequate?
- What standards or national guidelines are being used? Are all of the VCT services being monitored using the same standards or guidelines? (policy and guidelines)
- Are inputs and resources adequate?
- What is the status of staff development, training, support, and supervision?
- Cost
- Referral system
- BCC: service promotion, behavior change information, addressing stigma
- Stakeholder and community involvement

**Quality Assurance**

- Counseling quality assurance
- Testing quality assurance: Is quality being maintained? (This will include: type of tests used, sensitivity, and specificity)

**Ethical Issues**

What harm may be caused? Given the following characteristics of good VCT care, how should the quality of the services be monitored, and who is most appropriate to monitor the quality of the services?

- Informed consent: How do you know if clients have been adequately informed? And how do you know if they gave consent?
- Partner notification: Is the strategy recommended for partner notification culturally acceptable?
- Confidentiality: Is confidentiality being breached?
- How do external monitors respect confidentiality and yet obtain information to verify data and gather additional information (i.e., observation of counseling sessions) to assist the services with quality assurance? Are the rights of the client assured?
- Is the accuracy of testing (testing protocol, laboratory practices) adequate?
- Is the safety of clients and providers ensured (universal precautions, human rights, privacy)?
- Personalization: Do counseling services address the person's realities and risks? Does the quality of service build trust and nurture the client/provider relationship?
- Empowerment: Do the clients receive condom use instructions? What about condom negotiation? Partner notification?
- Enabling: Are condoms or referrals accessible, affordable, and acceptable (attention to special needs of males having sex with males)? Are condom supplies adequate?
- What are the additional issues when VCT is integrated into other services (e.g., family planning, primary care, TB clinics, and STI clinics) or linked to other projects? Will the quality of VCT be jeopardized? Will the services be closely supervised? Will confidentiality be maintained? Will staff be motivated to refer clients to VCT?

# Example Monitoring Questions

**Implementation**

a) Have the activities been carried out as planned? If not, why?
b) What population is being reached? Is this our targeted population?
c) Have the targets been met?
d) If targets are not being met, what are the problems (e.g., staff performance or attitude, lack of inputs, or lack of accessibility, affordability, acceptability, or awareness by the targeted population)? Are the targets feasible?
e) Are the costs of the project within budget?
f) Is there a need for technical assistance or other resources?
g) Are activities that were not planned (in sub-agreement or work plan) being implemented?
h) How is the project being supervised?
i) What problems have been identified by the supervisor?
j) What are ideas for improving or modifying the services?

**Implementation (Service Utilization)**

a) Who is using the services? (Demographic and other information should be collected without compromising service user confidentiality.)
b) Are those at highest risk utilizing the services? Are significant populations or groups not being reached?
c) How many clients are served?
d) Is the level of utilization sufficient to justify sustaining the service?
e) Why are clients seeking the service?
f) What service is being utilized? (pre-test counseling, testing, post-test counseling, follow-up referral sessions or counseling)? Are clients completing all procedures involved in using the services?
g) Is there an increasing demand for VCT?
h) Are stakeholders involved in planning or monitoring the VCT services?
i) Is the service affordable? How much does it cost for clients to receive VCT services (fees, travel costs, hours of work lost)?
j) If there are fees involved, is this service affordable for those with little income?
k) Is the service (e.g., operating hours, service flow, counseling and testing procedures, privacy, confidentiality, waiting time, attitude of staff, information provided, and emotional support) acceptable to the clients?
l) Is the service adequate? What do clients need that is not being provided?

**Implementation (Adequacy of Inputs)**

a) Are the resources (infrastructure, trained staff, equipment, test kits required by protocol, storage, supplies, waste disposal, and commodities) consistently available and in place to meet minimal standards of VCT care?
b) What training is necessary for staff (according to job description)? Are staff getting this training?
c) Is the service accessible in terms of location, travel time, and means of transportation?
d) Is the service user-friendly (e.g., registration, privacy, cleanliness, efficient procedures, waiting time, hours of operation, location)?
e) Is there a data recording system (i.e. use of unique identifiers or assigned numbers) to ensure the confidentiality of the clients?
f) Do registration processes afford client privacy?
g) Does the registration process collect the usual demographic data needed, including: sex, marital status, occupation.
h) Does the counselor collect the reasons for attending the clinic (e.g., prenuptial testing, opportunistic infections, risky sexual encounter, referral, sexually transmitted infection, or other)? Are these categories exclusive and well-defined?
i) Are there written policy and procedures in place to protect client confidentiality?
j) Are all staff aware of these policies? Do they follow the policies/procedures?
k) How much does the testing protocol cost?
l) Is the testing protocol the most appropriate given local conditions? If not, how can it be improved?
m) How is client confidentiality managed throughout the blood collection, testing, and reporting procedures?
n) Are the standard operating procedures for the laboratory being observed?

**Staff Capacity and Development**

a) What are the standards for the necessary VCT staff training?
b) Have appropriate staff received the necessary training?
c) Are continuing education and training available to the VCT staff at least annually?
d) Are counselors well informed about other issues relevant to VCT services (MTCT, care and support, TB, etc.)?
e) Are there written job standards and/or position descriptions?
f) Are performance evaluations based on demonstration of competencies specific to the VCT setting?
g) How well do the counselors follow the protocol?
h) Are the counselors appropriately supervised? Who supervises the services?
i) Are the counselors appropriately used?
j) How often are all staff meetings held? What are the major issues discussed during these staff meetings
k) What mechanisms are in place to help counselors solve problems?
l) What mechanisms are in place to help counselors deal with stress and burnout?

## Counseling

a) Is there a nationally or locally accepted standard counseling and testing protocol?
b) Are the counselors knowledgeable about the counseling protocol?
c) How well do the counselors follow the counseling protocol?
d) Is anonymous testing available (as relevant given the laws of the country and according to protocol)?
e) Is risk assessment done according to protocol?
f) Does the protocol meet UNAIDS/WHO standards?
g) How consistently is the protocol used?
h) Is clear information about the HIV test given to each client?
i) Is the consent form explained and signed/witnessed?
j) Is the HIV test result clearly given?
k) Is emotional support provided?
l) Are condom-use instructions, condoms, or referrals to condom distribution sites provided?
m) Are referrals for medical and social support provided?
n) How long must clients wait to receive their test result?
o) Does the service site have a list of local health care providers and institutions that agree to treat and care for HIV-positive persons?
p) Are clients empowered to inform their health care providers about their HIV status?
q) If their HIV-positive status is known, can clients access the referral sites for medical or dental care?
r) Is there a method to follow-up client referrals?
s) What follow-up or case management services are provided at the VCT sites or elsewhere in the community?
t) If the testing is anonymous, do the referral sites accept the codes?

**Behavior Change Communication/Service Promotion**

a) How is the service being promoted or publicized? Are clients aware of the service? Are the clients being referred from other sources (e.g., medical providers, NGOs, faith communities, peer educators, etc.)?
b) What communication channels or methods are being used? Do the messages: convey the availability of high quality VCT services, facilitate self risk assessment, encourage the targeted population to use VCT services by explaining the benefits, reduce stigma and discrimination, explain prevention measures, develop risk-reduction skills, and encourage sustained behavior change after a person has visited a VCT site?
c) What materials have or are being developed? Who is the targeted audience? Is the targeted audience based on epidemiological or site data? What is the process for designing the materials? How many materials have been distributed?
d) Does the service disseminate information on behaviors that improve health?
e) How is this information disseminated (e.g., print, radio, television, Internet, outreach workers, pamphlets, posters, street plays, and discussion groups)?
f) Is information targeted to specific populations?
g) Is the media's use of the information tracked?
h) Has there been collaboration with the local media to develop news or features?
i) Does the VCT service sponsor community meetings or group educational sessions?
j) What linkages does the VCT center have with the community?

# Identification of Methods and Tools

## Service Use

| Question | Method | Tool |
|---|---|---|
| Who uses the service? | | |
| Why do people seek the service? | | |
| How many clients are served? | | |

## Staff Performance

| Question | Method | Tool |
|---|---|---|
| How well do counselors follow the counseling protocol? | | |
| How many people do the counselors serve? | | |
| Are counselors appropriately supervised? | | |

## Testing Protocol

| Question | Method | Tool |
|---|---|---|
| How long must clients wait to receive their test results? | | |
| Are clients comfortable with the waiting period? | | |
| How consistently is testing protocol used? | | |

## Service Accessibility

| Question | Method | Tool |
|---|---|---|
| How far must the intended population travel to reach the service? | | |
| How much does it cost for clients to receive the service? | | |
| Is public transport to VCT site available? | | |

## Counseling Protocol

| Question | Method | Tool |
|---|---|---|
| Do clients feel their confidentiality is protected? | | |
| How many clients receive their test results? | | |
| Is the test result clearly given? | | |

## Illustrative List of Minimum Process Indicators for VCT Programs

# trainings
# counselors trained in VCT
# laboratory technicians trained in HIV testing (if using rapid tests, specify)
# females receiving HIV pre-test counseling
# females accepting HIV test
# females receiving HIV test results and post-test counseling
# females testing positive for HIV
# females testing HIV-positive referred for other care and support services
# males receiving HIV pre-test counseling
# males accepting HIV test
# males receiving HIV test results and post-test counseling
# males testing positive for HIV
# males testing HIV-positive referred for other care and support services
Total # clients who received pre-test counseling at VCT centers
Total # clients tested for HIV at VCT centers
% all clients seen at site who accept HIV test
Total # clients receiving post-test counseling and results at VCT centers
% all clients testing for HIV who receive results
Total # clients testing positive for HIV
% clients testing positive for HIV
Total # clients referred for other care services
% all clients referred to other care services
# support groups
# people participating in support groups
# new VCT sites established
Total # VCT sites with USAID assistance

# VCT Program
# Quarterly Report Form

**Organization Name:**

**Date:_____ Report Period:_____**

## Quantitative Indicators

| **Question** | **No.** | **Remark** (if any) |
|---|---|---|
| | | |
| 1. Total number of clients served (by age, sex, and rural/urban residence)<br>Number of males age:<br>___ <15 ___15-19___ 20-24 ___35-49 ___ > 49<br><br>Number of females age:<br>___ <15 ___15-19___ 20-24 ___35-49 ___ > 49<br><br>Number of couples counseled ____ | | |
| 2. Total number of clients provided with pre-test counseling | | |
| 3. Total number of clients tested<br>Number testing positive ____<br>Number testing negative ____<br>Number testing indeterminate ____ | | |
| 4. Number returning for test results/post-test counseling | | |
| 5. Number of condom demonstrations conducted | | |
| 6. Number of condoms distributed | | |
| 7. Number of BCC materials distributed, by type | | |
| 8. Number of clients referred for<br>- Medical care<br>- Financial<br>- Home care<br>- Counseling<br>- Post-test PLHA support group<br>- TB screening<br>- Nutrition services | | |
| 9. Number of clients planning to disclose status | | |
| 10. Number of staff in-services provided this quarter | | |
| 11. Number of supervisory sessions:<br>- Group<br>- Individual<br>- Peer | | |

## Qualitative Indicators

12. Examples of improving client satisfaction in this quarter

| |
|---|
| |

13. What were the main problems faced in this quarter? How have the problems been addressed?

| **Problems Encountered** | **Solution Proposed/Implemented** |
|---|---|
| | |
| | |
| | |
| | |

14. Discussions/collaborations with other organizations and stakeholders in this quarter

| **Group/Authority** | **Discussion Topic, Collaborative Activity** |
|---|---|
| | |
| | |
| | |

15. Capacity-building/training programs in this quarter

| **Capacity-Building Training** | **Number of Staff Attending** |
|---|---|
| In-service training<br>Focus or topic<br><br>Other training: Describe | |

16. Technical assistance needs of your organization for next quarter

| |
|---|
| |

Work plan for next quarter (please use space below or attach more sheets).

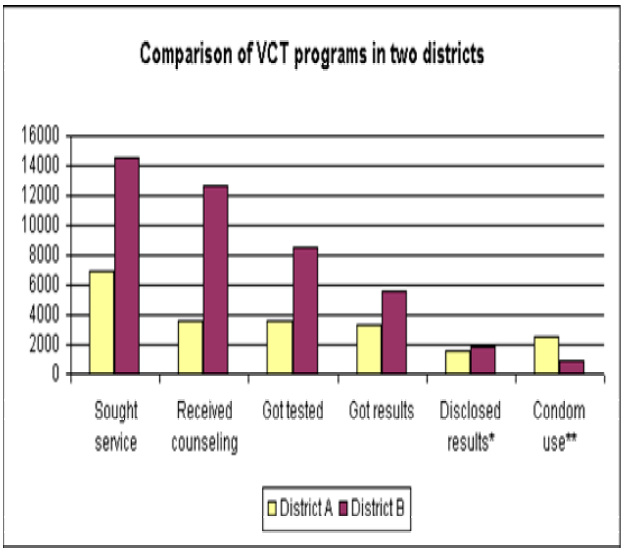
Additional comments:

# Mock VCT Data and Graphs (page 1 of 2)

| | District A | District B |
|---|---|---|
| Sought service | 6,899 | 14,578 |
| Received counseling | 3,568 | 12,678 |
| Got tested | 3,577 | 8,564 |
| Got results | 3,356 | 5,632 |
| Disclosed results* | 1,569 | 1,896 |
| Condom use** | 2,468 | 986 |

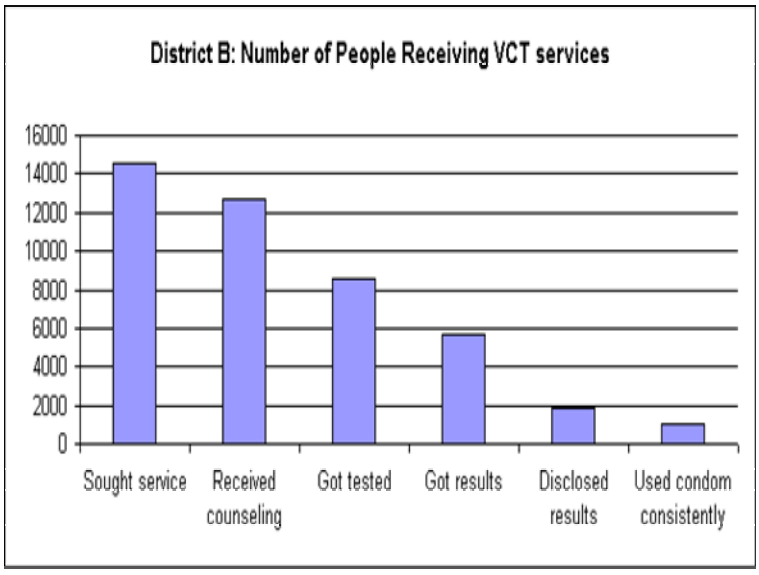
*based on six-month follow-up

**condom use at last sexual act within six months




**District B**

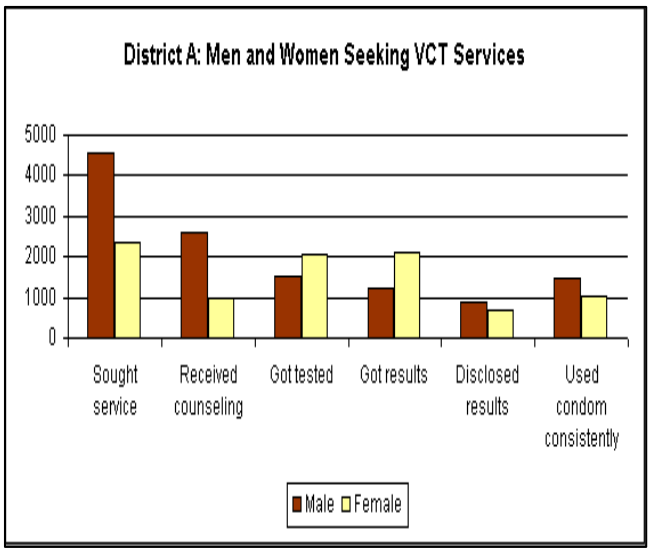
| | |
|---|---|
| Sought service | 14,578 |
| Received counseling | 12,678 |
| Got tested | 8,564 |
| Got results | 5,632 |
| Disclosed results | 1,896 |
| Used condom consistently | 986 |



# Mock VCT Data and Graphs (page 2 of 2)

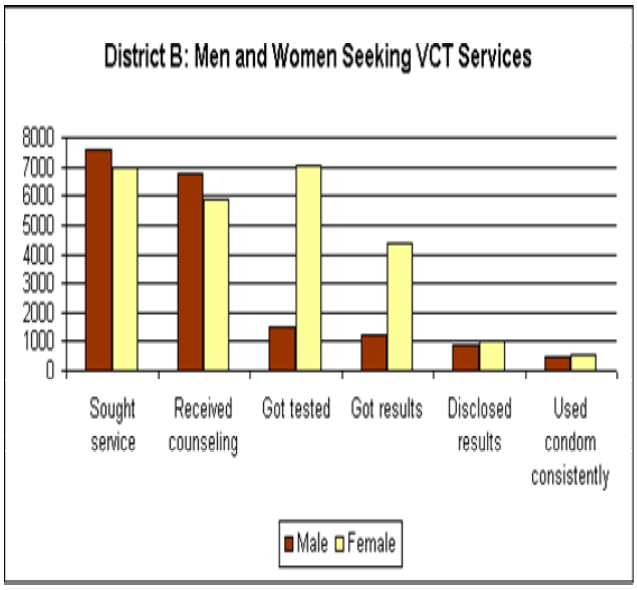
**District A**

| | Male | Female | Total |
|---|---|---|---|
| Sought service | 4,566 | 2,333 | 6,899 |
| Received counseling | 2,597 | 971 | 3,568 |
| Got tested | 1,500 | 2,077 | 3,577 |
| Got results | 1,245 | 2,111 | 3,356 |
| Disclosed results | 900 | 669 | 1,569 |
| Used condom consistently | 1,456 | 1,012 | 2,468 |




**District B**

| | Male | Female | Total |
|---|---|---|---|
| Sought service | 7,596 | 6,982 | 14,578 |
| Received counseling | 6,785 | 5,893 | 12,678 |
| Got tested | 1,500 | 7,064 | 8,564 |
| Got results | 1,245 | 4,387 | 5,632 |
| Disclosed results | 900 | 996 | 1,896 |
| Used condom consistently | 456 | 530 | 986 |



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