Monitoring HIV/AIDS Programs: Participant Guide

A USAID Resource for Prevention, Care and Treatment

Module 7: Monitoring and Evaluating Voluntary Counseling and Testing Services

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Family Health International

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Voluntary Counseling and Testing Services

Learning 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

Overview of Voluntary Counseling and Testing

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
Develop national guidelines on HIV counseling and testing
Develop standardized HIV counseling training curricula
Develop appropriate VCT training materials
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 Assess the availability, quality, and use of existing VCT services Design, implement, and scale-up of high-quality VCT services Train counselors in risk-reduction counseling and personal emotional support techniques Train laboratory personnel Provide support for quality assurance (e.g., quality control for HIV testing, supervision, and quality control for HIV counseling) Develop a directory of care and support services to facilitate referrals Establish/promote linkages between VCT services and other care and support services as appropriate
Testing Issues
Type of tests used, sensitivity and specificity 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

What to Monitor

Definition of Monitoring

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.

Monitoring Methods and Tools

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.

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

Data Analysis and Use

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.)

2. Using Data

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)