

## Pre-Post HIV Test and Follow-up Counseling QA/QI Checklist

Name of Implementing Agency:

Facility Name:

Assessment team member:

Date:

**Reminder:** This checklist should be completed as part of the broader overall clinical facility assessment. Please also utilize the 'General Management, Administration and Operations', 'General Infection Control' and 'General STI and VCT Laboratory' checklists. Please file this checklist with the other checklists completed during the facility assessment.

1. Training	Method	Score				Observations/rationale for score
1.1 Written procedures (SOPs)/guidelines exist for the counselor.	MI/SI	NA	MS	-	2	
1.2 These are accessible to the counselor.	MI/SI	NA	MS	-	2	
1.3 The counselor has been trained on these procedures.	MI/SI	NA	MS	-	2	
1.4 The counselor has received FHI/MOH training on HIV counseling.	MI/SI	NA	MS	-	2	

2. Pre-test counseling- individual/couple <sup>1</sup>	Method	Score				Observations/rationale for score
2.1 Counselor builds rapport, introduces role to client, and explains about service and record keeping.	O	NA	0	1	2	
2.2 Counselor explains confidentiality and privacy offered to client.	O	NA	0	1	2	
2.3 Counselor asks about prior history of HIV testing.	O	NA	MS	-	2	
2.4 Counselor assesses client's knowledge about HIV/provides basic information about HIV and transmission.	O/CI	NA	MS	-	2	
2.5 Counselor asks client about symptoms of STI/treatment for STI.	O	NA	MS	-	2	
2.6 Counselor asks client about symptoms of TB/treatment for TB.	O	NA	MS	-	2	
2.7 Counselor conducts individual risk assessment and provides feedback on client risk.	O	NA	MS	-	2	

<sup>1</sup> Where Group pre-test information is provided use that checklist to evaluate the process.

**Scoring Notes:**

(NA) Score 0 on an item that is not applicable  
 (MS) Failure to reach minimum standard  
 (0) No    (1) Yes, partially    (2) Yes

**Method Notes:**

O= Observation  
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2. Pre-test counseling- individual/couple <sup>1</sup>		Method	Score				Observations/rationale for score
2.8	Counselor provides information to pregnant women or their male partners (potential for HIV transmission, methods of PMTCT, etc.).	O	NA	MS	-	2	
2.9	Counselor asks client about her/partner's possible pregnancy.	O	NA	MS	-	2	
2.10	Counselor asks client about her/partner's contraception.	O	NA	0	1	2	
2.11	Counselor explores what client might do if test is positive, explains ways of coping, and undertakes a suicide risk assessment, if necessary.	O	NA	0	1	2	
2.12	Counselor explores potential for support from family and friends.	O	NA	0	1	2	
2.13	Counselor provides behavior change counseling and condom education/demonstration/rehearsal.	O	NA	MS	-	2	
2.14	Counselor provides clients with condoms, as appropriate.	O	NA	0	1	2	
2.15	Counselor provides basic information about the test, blood collection and result provision procedure.	O	NA	MS	-	2	
2.16	Client provides informed consent, free of coercion for HIV testing (written).	O	NA	MS	-	2	
2.17	Client is given adequate time to understand the VCT services and to have their questions answered in a manner that they can understand.	O	NA	0	1	2	

3. Pre-test counseling- group pre-test information only <sup>2</sup>		Method	Score				Observations/rationale for score
3.1	Counselor builds group rapport, introduces the role of the group to clients, and explains about service and record keeping.	O	NA	0	1	2	
3.2	Counselor explains confidentiality and privacy offered to/required of group members, and mentions the "anonymous question box system for questions". Counselor seeks group confidentiality consensus.	O	NA	MS	-	2	
3.3	Counselor provides information about HIV, and transmission and prevention, and provides brochures.	O/CI	NA	MS	-	2	

<sup>2</sup> This checklist should be used for Group Pre-Information provision.

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3. Pre-test counseling- group pre-test information only <sup>2</sup>	Method	Score				Observations/rationale for score
3.4 Counselor provides information on STI transmission/treatment and importance of partner notification and treatment.	O	NA	MS	-	2	
3.5 Counselor informs group members about referral for brief clinical risk assessment and discusses the rationale for risk assessment ( <i>using the "4 reasons" covered in training</i> ).	O	NA	0	1	2	
3.6 Counselor provides information related to PMTCT (potential for HIV transmission, methods of PMTCT, and prevention of unplanned pregnancy etc.) - <i>in both male and female groups</i> .	O	NA	MS	-	2	
3.7 Counselor provides behavior change counseling and condom education/demonstration/rehearsal.	O	NA	MS	-	2	
3.8 Condoms offered to group members as appropriate.	O	NA	0	1	2	
3.9 Basic information about testing procedures and client flow is provided, including on the test, blood collection and individual result provision procedure.	O	NA	MS	-	2	
3.10 Group members are provided information about VCT services and have their questions answered in a manner that they can understand.	O	NA	0	1	2	
3.11 Referral to counselor/doctor/nurse for individual informed consent and brief individual risk assessment.	O	NA	MS	-	2	

4. Post-test counseling requirements:	Method	Score				Observations/rationale for score
<i>All types of results:</i>						
4.1 All results are checked by counselor prior to provision to client.	O	NA	MS	-	2	
4.2 Test result form is transferred to client's file.	O	NA	MS	-	2	
4.3 Results given simply and directly to the client.	O	NA	0	1	2	
4.4 Checked for understanding/ meaning of result discussed.	O	NA	0	1	2	
4.5 Assessed for type of support required (e.g., ongoing counseling, medical/treatment support etc.).	O	NA	0	1	2	
4.6 Discussion of personal risk-reduction strategy.	O	NA	0	1	2	
4.7 Client is referred for assessment of other medical conditions/vaccinations that may contribute to a false positive/negative result.	O	NA	0	1	2	

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4. Post-test counseling requirements:	Method	Score				Observations/rationale for score
4.8 Information is provided for pregnant women/or partners (potential for HIV transmission, methods of PMTCT, referrals, etc.).	O	NA	0	1	2	
4.9 Client is provided with condoms, as appropriate.	O	NA	0	1	2	
<i>Negative result</i>						
4.10 Checked for window period and subsequent exposure.	O	NA	MS	-	2	
4.11 Client is advised to re-test if necessary (in a number of countries, it is practice to retest HIV-negative individuals after three months, especially if there is a doubt about the window period).	O	NA	MS	-	2	
4.12 Referral if necessary.	O	NA	0	1	2	
<i>Indeterminate result</i>						
4.13 Possibility is explained that testing is performed during window period.	O	NA	MS	-	2	
4.14 Client referred to physician for investigation of other illness/indeterminate result.	O	NA	0	1	2	
4.15 Re-testing at this center in 12 weeks (4-6 if pregnant).	O	NA	MS	-	2	
4.16 Stress management and supportive counseling.	O	NA	0	1	2	
<i>Positive result</i>						
4.17 Counselor checks results and client details prior to provision.	O	NA	MS	-	2	
4.18 Counselor assesses client's readiness for result.	O	NA	MS	-	2	
4.19 Counselor provides and explains result, and checks client understands.	O	NA	MS	-	2	
4.20 Counselor provides brief information about follow up and support.	O	NA	MS	-	2	
4.21 Counselor assesses client capacity to cope with result.	O	NA	MS	-	2	
4.22 Counselor assesses potential for harm to self/others.	O	NA	MS	-	2	
4.23 Counselor discusses strategies for partner disclosure. Discussion on disclosure usually takes place during follow up counseling visit.	O	NA	MS	-	2	
4.24 Counselor discusses coping management plan.	O	NA	MS	-	2	

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4. Post-test counseling requirements:	Method	Score				Observations/rationale for score
4.25 Counselor discusses follow up medical care/support and makes referrals where necessary.	O	NA	MS	-	2	

5. Follow-up care counseling	Method	Score				Observations/rationale for score
5.1 Counselor engages client in discussion of priorities for support.	O	NA	MS	-	2	
5.2 Counselor assesses mood of client including assessment of suicide/harm to others.	O	NA	MS	-	2	
5.3 Counselor assesses client's capacity to adhere to risk reduction.	O	NA	MS	-	2	
5.4 Counselor engaged client in decision making planning, and discusses skills rehearsal for partner disclosure.	O	NA	MS	-	2	
5.5 Counselor employs active structured problem solving to resolve client psychosocial issues.	O	NA	0	1	2	
5.6 Counselor provides HIV/STI treatment adherence counseling in accordance with FHI or MoH adherence counseling guidelines and training. For ART this involves three pre - treatment visits and regular monthly follow-up visits.	O	NA	MS	-	2	
5.7 Counselor explores treatment and other adherence support.	O	NA	MS	-	2	

6. Post-service delivery						
6.1 Counselor uses standardized and FHI-approved medical records and registers.	R/O	NA	MS	-	2	
6.2 Data collection forms are appropriately used by counselors, including correct and complete recording of activities according to donor requirements.	R/O	NA	0	1	2	
6.3 There is an adequate supply of all counseling forms.	O	NA	MS	-	2	

<b>TOTAL SCORE:</b>	/ 134	<b>TOTAL MS MET:</b>	/ 43	<b>NUMBER NAs CIRCLED</b>	/ 67
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