

training manual

For counselors

HIV VOLUNTARY COUNSELING AND TESTING



In July 2011, FHI became FHI 360.



FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology – creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CSW	Commercial Sex Worker
ELISA	Enzyme-linked Immunosorbent Assay
FHI	Family Health International
IDU	Injecting drug user
HCP	Health Care Provider
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MOHP	Ministry of Health and Population
MSM	Men who have Sex with Men
MTCT	Mother-to-Child Transmission
NAP	National AIDS Program
OIs	Opportunistic Infections
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PLHA	People Living with HIV/AIDS
STI	Sexually Transmitted Infection.
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Introduction

Family Health International (FHI) and The United Nations Population Fund (UNFPA) are proud to present the Training Manual for HIV Voluntary Counseling and Testing that aims to build the capacity of counselors to provide effective youth-friendly services in Egypt.

This comprehensive training manual includes facilitator guidelines, training slides and a CD-Rom of the PowerPoint slides.

This activity is a fully collaborative effort between UNFPA and FHI in their efforts to introduce voluntary counseling and testing services for HIV at the youth-friendly clinics.

Special gratitude is due to the facilitators who will use this manual in their work with counselors. We hope our efforts will assist them to have an immediate and long-lasting impact on the reproductive health and well-being of youth worldwide.

Dr. Cherif Soliman
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Training **G**uidelines

How to Use the Manual?

Manual Contents:

- To achieve maximum benefit of the manual, it was designed in the form of two complementary parts, which are:
 - **Practical sessions** as guidelines for trainers with provision of different methodological approaches and skills to be utilized during the training sessions.
 - **PowerPoint slides** carrying basic information to enhance the trainer's knowledge and skills on issues related to HIV/AIDS, VCT and counseling skills.
- In spite of the manual providing various issues all serving the same overall goal, yet, each session is dealing with a component which can be provided as a separate entity in the intended training.

How to use the manual?

- To enrich your basic knowledge and training skills, it is advisable to review the selected subject from the related PowerPoint slides of the manual, before conducting the training session.
- To attain supreme advantage of this manual, it is beneficial to review the titles of other sections before concentrating on the targeted one, as it is expected that there will be some extent of interaction between the different subjects.
- Before starting your training sessions, it is advisable to take some time examining the various discussed approaches and choosing

what best suits the scope of your training, considering the available resources.

- After deciding on the best suitable approach, proceed by providing the selected training site with all the necessary equipment and stationary, as required for the for-coming session.
- During the delivery of the training sessions, it is advisable not to revise any of the contents of the manual in the presence of the participants.
- It is highly recommended to ensure that you are adopting the required participatory approach, by providing an area for each of the participants to express his personal opinion and participate as active member in the discussion, not just a passive recipient.
- It is crucial that you adapt yourself on allowing and respecting different views of participants, even if it contradicts yours.
- It is recommended that you comply as much as possible with the pre-set time frame of the training session.
- In the closing session, make sure to summarize the main points of the discussion and thank the participants for their active participation.
- An issue of importance to remember, is to evaluate the session regarding:
 - The extent of achievement of the learning objectives.

- Level of participation.
- The extent of success of the selected methodological approaches.
- The feedback obtained from participants.

Pre-training Requisitions

Site selection:

- Selection of the appropriate *training site* is crucial for attaining maximum success of the training session. It is advisable to ensure that the selected site would fulfill the following criteria:
 - Within easy reach.
 - Good aeration.
 - Adequate illumination.
 - Enough space to accommodate about twenty-five participants.
 - Allow free movement.
 - Furnished with mobile tables and chairs to suit the different utilized approaches, as working groups, role play, games ... etc.
 - Allow the utilization of different facilitating materials, as video projector, overhead ... etc.

Facilitating materials:

- According to the type of training, the selected approach, and the available resources, the following is a recommended list of facilitating materials:
 - Video projector.
 - Projector.

- Overhead.
- T.V./video set.
- Pre-recorded video tapes.
- A connection set for electricity.
- Flip-chart.
- Colored pens.
- Flaps of cartoon paper (white/colored).
- Adhesive paste/plaster.
- Scissors.
- Block-notes.
- Pencils/markers ... etc.

Session **O**ne

Facts about HIV/AIDS

Session 1:

Facts about HIV/AIDS

Activity:	Facts about HIV/AIDS
Duration:	75 minutes.
Learning objectives:	<ol style="list-style-type: none">1. Strengthening participants' perception and knowledge regarding HIV/AIDS and modes of transmission.2. Correction of prevailing mis-concepts among participants.
Facilitating material:	<ul style="list-style-type: none">– Flip-chart.– Pre-prepared PowerPoint slides.– Colored cards, pre-prepared with possible and impossible modes of HIV transmission.– Glass bowl.– Adhesive paste.– Colored pens.
Procedures:	<ul style="list-style-type: none">• Before conducting the training session ensure that you have reviewed thoroughly the related information in the PowerPoint slides and have a clear evident learning concept.• Prepare the needed facilitating material in advance.• Start the session by welcoming the participants

and invite each to introduce him/herself to the group.

- Ask the participants “what is HIV?” Listen, discuss their comments and write on the flip-chart the valid statements.
- Proceed by asking the floor “what is AIDS?” and follow the same procedures as above.
- Conclude the discussion by displaying a pre-prepared PowerPoint on “what is HIV?” and “what is AIDS?”
- Place two flip-charts in a central position so as to be easily viewed from all directions of the room.
- Write on one the heading “possible modes of transmission” and on the other “impossible modes of transmission”.
- Put the pre-prepared colored cards with the different possible and impossible modes of transmission in the bowl.
- Ask one of the participants to move with the bowl so that each would pick a card.
- Allow a period of 2-3 minutes for each participant to read the statement on his/her card.
- Ask each participant to stick his/her card on one of the flip-charts depending on his/her decision.
- After all cards are fixed on the two flip-charts, start discussing the statement on each with the

participants and let them decide whether it is rightly placed or not.

- Ask one of the participants to stand by the flip-charts to replace the cards as decided.
- After ensuring that each card is placed on the right chart, ask two participants to share, one by summarizing possible modes of HIV transmission and the other the impossible ones.
- Conclude the session by displaying the pre-prepared PowerPoint slides on HIV modes of transmission.
- During the display of the slides respond to the different raised queries by participants.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 1:

Facts about HIV/AIDS

What is HIV?

HIV = Human Immunodeficiency Virus

- Retro-virus family
- Two types:
 - HIV₁ (pre-dominant)
 - HIV₂ (West Africa)
- Infects CD₄ cells (immune defense system)



What is AIDS?

- AIDS = Acquired Immunodeficiency Syndrome
- Advanced stage of HIV infection
- Present with evidence of severe immune depression
- Progression depends on:
 - type of virus
 - host factors:
 - age – other infections – genetics
- Increase susceptibility to OIs



HIV possible modes of transmission

- Sexual transmission
- Transmission through infected blood
- Mother to child transmission “MTCT”:
 - before birth
 - during delivery
 - breast feeding



Session **t**wo

Natural History and Clinical
Staging System of HIV

Session 2:

Natural History and Clinical Staging System of HIV

Activity:	Natural history and clinical staging.
Duration:	60 minutes.
Learning objectives:	<ol style="list-style-type: none">1. To familiarize participants with the natural history of HIV and its clinical staging.2. To clarify the intimate relation between viral load, CD₄ and disease progression.3. To stress on the inter-relation between HIV and STIs.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– Pre-prepared PowerPoint slides.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming participants and introducing the subject of the session as a continuation of the previously presented sessions on HIV.• To explore participants familiarity with the natural history of HIV, draw a circle representing a CD₄ cell and write outside it HIV with an arrow directed towards the circle to indicate that it is entering the cell, then ask the participants: “Do you know what could happen after HIV enters a CD₄ cell?”• Listen carefully to the various responses of participants, discuss, then pick those related to

the natural history and list them on the flip-chart, for example:

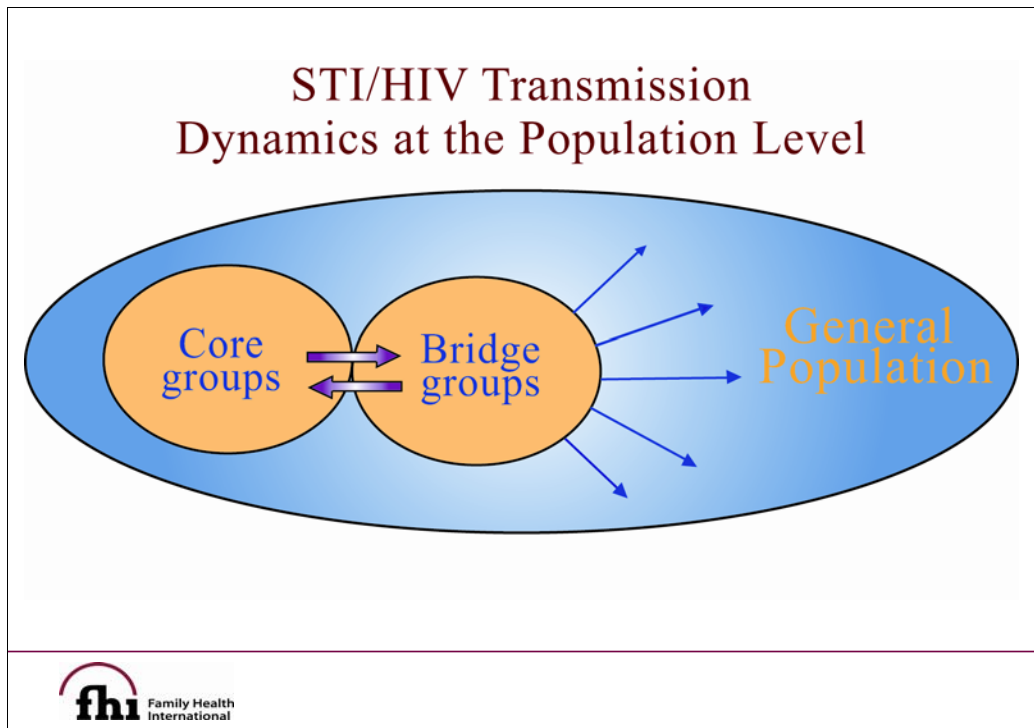
- Multiply.
 - Destroy CD₄.
 - Formation of antibodies.
 - Opportunistic infection.
 - AIDS.
- Try to arrange the responses according to the sequence of disease progression to help participants have clear mind of the natural history of HIV infection.
 - Stress the fact that disease progression depends on the amount of HIV in the body “Viral load” in relation to the number of CD₄ cells “CD₄ cell count”.
 - Based on this relation, stress the fact that the patient will progress from one stage to the next, until full blown AIDS is manifested in stage 4.
 - To ensure that participants have a clear understanding of the natural history and its clinical staging, support the discussion by displaying the pre-prepared PowerPoint slides.
 - During the display of the slides respond to the different raised queries by participants.
 - Close the session by thanking the participants for their active participation and distribute a

hand-out with the presented slides.

- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 2:

Natural History and Clinical Staging System of HIV



STIs/HIV transmission dynamics at the population level *(cont.)*

- Core groups: e.g.
 - CSWs
 - IDUs
 - MSM
- Bridge groups: e.g.
 - Sexual partners of IDUs
 - Clients of CSWs

Natural history of HIV

- HIV infects a person:
 - Silent phase
 - Flu like symptoms
- HIV $\xrightarrow[\text{replicates}]{\text{invades}}$ CD₄
- Antibodies formation
- Sero-conversion within 2 – 12 weeks (window period)
- Symptoms free (few weeks – 10 years) yet person is infectious

WHO clinical staging system

- Classification is based on:
 - Signs
 - Symptoms
 - Associated diseases
 - Physical activity
- It comprises 4 hierarchical stages

WHO clinical staging system *(cont.)*

Stage one:

Asymptomatic or lymphadenopathy (enlarged lymph nodes)

Stage two:

- Weight loss < 10 percent
- Varicella zoster viral infection
- Recurrent minor illnesses
- Activity scale: Normal



WHO clinical staging system *(cont.)*

Stage three:

- Weight loss > 10 percent
- Fever or diarrhea for longer than one month
- Oral Candidiasis
- Pulmonary TB in past year
- Severe bacterial infections
- Activity scale: In bed < 50 percent of days in past month



WHO clinical staging system *(cont.)*

Stage four:

- HIV wasting syndrome
- Non-typhoid salmonella septicemia
- Wide range of specific OIs
- Activity scale: In bed > 50 percent of days in past month



CD4 cell count

CD4 cell count helps to:

- Assess the status of the immune system
- Determine clinical staging
- Predict complications
- Determine the needed medications



Session **T**hree

Risky Behaviors and Methods of
Risk Reduction

Session 3:

Risky Behaviors and Methods of Risk Reduction

Activity:	Risky behaviors and methods of risk reduction.
Duration:	90 minutes.
Learning objectives:	<ol style="list-style-type: none">1. To emphasize the relation between risky behaviors and HIV transmission.2. To deduce methods of risk reduction.
Facilitating materials:	<ul style="list-style-type: none">– Pre-prepared case study identifying different HIV related risky behaviors.– Flip-charts.– Colored pens.– Pre-prepared PowerPoint slides.
Procedures:	<ul style="list-style-type: none">• Start the session by a welcome note then invite each of the participants to introduce him/herself to the floor.• Introduce the session subject to participants and explain the procedures you are going to follow during the session, which includes analyzing a case study through three working groups.• Explain to the participants that the case study includes three parts; each is discussing some risky behaviors. Each working group is responsible for analyzing one part, then identifying means of risk reduction.• Ask one of the participants to distribute the

case study and then ask another to read it to the floor, to ensure the clarity of its content.

The case study would be as follows:

Part one:

Three friends; Aly, Samy and Sonia decided to have some fun together. They went to Aly's place where he started preparing the only dose of heroin powder they have in a small container. He withdrew some and injected himself, then he flushed the syringe in a glass of water and withdrew a second dose and injected Samy, he repeated the same procedure to inject Sonia.

Part two:

Later in the night, the two boys started seducing Sonia who was reserved of having sex for fear of being pregnant, but finally she had a full sexual relation with both of them.

Part three:

Few months later, Sonia realized that she is pregnant; Aly accidentally discovered during blood donation that he is living with HIV. Discovering his HIV positive status, he convinced Sonia to do HIV testing, which showed a positive result. Sonia was dead worried for her expected baby.

- Provide each group with a flip-chart divided into two columns, one for risky behaviors and the other for means of risk reduction.
- Allow 30 minutes for each group to identify the surrounding risky behaviors and means of risk reduction.

- Ask the groups to return back to the session.
- Allow 10 minutes for each group's representative to present the group work using the prepared flip-chart.
- Invite the floor to discuss each group's presentation.
- During the discussion, try to emphasize on the following facts:
 - All types of unsafe sex have the potential to transmit HIV.
 - Sharing, borrowing and re-use of injecting equipments among IDUs is a high risky behavior responsible for HIV transmission.
 - Sex for drugs and drugs for sex is a prevailing HIV risky behavior among IDUs.
 - MTCT could occur during pregnancy, delivery and breast feeding.
- Conclude the session by displaying the pre-prepared PowerPoint slides on “Methods of risk reduction”.
- During the display of the slides respond to the different raised queries by participants.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.

- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 3:

Risky Behaviors and Methods of Risk Reduction

Methods of risk reduction

- Changing sexual behavior
- Reducing risk of MTCT
- Safe injection
- Complying with universal precautions
- Post-exposure prophylaxis



Reducing the risk of MTCT

Five main approaches:

- Primary prevention of HIV
- Preventing unwanted pregnancy in HIV+ve women
- Reducing risk during pregnancy
- Reducing risk during labor
- Safer infant feeding



Safer use of injection equipment

Sharing/borrowing/re-using of injecting equipment expose the user to the risk of HIV infection thus:

- Avoid injecting drugs
- Avoid sharing needles/syringes/injecting equipment
- Use a new needle for each injection



Basic universal precautions

- Handle and dispose sharp equipment carefully
- Wear gloves/protective clothes during contact with body fluids/blood
- Cover wounds
- Wash hands after any health care procedure
- Disinfect instruments and surfaces with 1:10 bleach
- Incinerate contaminated materials



Post-exposure prophylaxis (PEP)

- Should be started as soon as possible after exposure
- Wash immediately with soap and water
- For serious exposure:
More than 2 ARV drugs x 4 weeks
- Less serious exposure:
2 ARV drugs x 4 weeks



Post-exposure prophylaxis (PEP)*(cont.)*

Serious exposure is considered when:

- Exposure to large amount of blood
- Contamination of cut wounds with blood
- Prick with a needle containing blood
- Exposure to HIV+ve blood



Session **F**our

Relationship Between STIs and HIV

Session 4:

Relationship between STIs and HIV

Activity:	Relationship between STIs and HIV.
Duration:	45 minutes.
Learning objectives:	<ol style="list-style-type: none">1. Clarify the intimate relation between STIs and HIV.2. Highlight the vital role of STIs control in HIV prevention.
Facilitating material:	<ul style="list-style-type: none">– Blank cards.– Flip-chart.– Pre-prepared PowerPoint slides.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming the participants and introducing the session title.• To explore the familiarity of participants to different STIs, ask one of the participants to distribute the blank cards then ask each participant to write the name of one of the STIs, he/she is familiar with.• Ask each participant to read aloud what he/she has written.• Ask one of the participants to write the different diseases mentioned by the floor and give each a tally mark according to its repetition.• Comment on the previous exercise by ensuring that STIs are not rare diseases, as the global

incidence of only four diseases namely Syphilis, Gonorrhoea, Chlamydia and Trichomonas is 330,000,000 cases annually.

- Ask participants:

“Do you think there is any relation between STIs and HIV?”
- Discuss the different comments raised by the floor and write the valid ones on the flip-chart.
- Summarize the discussion by pointing to the floor the relation between STIs and HIV, which is mainly through analogous modes of transmission, common behaviors, similar high-risk groups, besides, the biological association.
- Further explain to the floor the biological association between STIs and HIV and how they potentiate each other, as sexually transmitted infections directly increase the transmission of HIV/AIDS. They make uninfected individuals more vulnerable to HIV, and people who are co-infected with both HIV and another STI more readily transmit HIV onto others.
- Emphasize the fact that reducing the prevalence of STIs has been shown to reduce the spread of HIV/AIDS; therefore we must encourage the early detection and treatment for STIs in order to truly have a comprehensive approach to reducing the spread of HIV.

- Ask the floor:

“what do you think, is the treatment of STI client by itself, enough to reduce the spread of STIs?”
- Discuss different mentioned views and make sure not to undermined the vital role of treatment, but simultaneously emphasize the fact that the service of STI client should be a package including early diagnosis, treatment, proper counseling and treatment of sexual partner(s).
- Conclude the session by displaying the PowerPoint slides to reinforce the fact of the intimate relation between STIs and HIV/AIDS.
- During the display of the slides respond to the different raised queries by participants.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 4:

Relationship between STIs and HIV

Facts about STIs

- STIs are not rare diseases
- 1/3 billion new global infections of Syphilis, Gonorrhea, Chlamydia and Trichomonas occur annually
- HIV and STIs greatly amplify each other
- Both ulcerating and non-ulcerating STIs facilitate HIV transmission

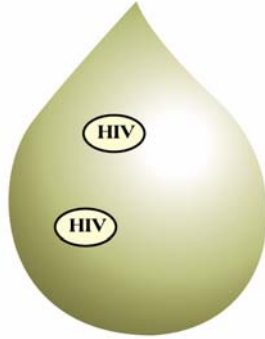


Association between STIs and HIV

- Analogous modes of transmission
- Common behaviors
- Similar high-risk groups
- Biological association



HIV and non-ulcerative STIs



Body fluid (eg. Semen, vaginal fluid) in an HIV positive person without an STD.



Body fluid (eg. Semen, vaginal fluid) in an HIV positive person without an STD.

Session **F**ive

Overview of VCT

Session 5:

Overview of VCT

Activity:	Overview of VCT.
Duration:	30 minutes.
Learning objectives:	To clarify and enforce the core role of VCT in HIV/AIDS prevention, care and support.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– Pre-prepared PowerPoint slides.– Colored cards.– Adhesive paste.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming the participants and inform them that the session title will be introduced by them through the following game.• Ask 3 participants to attend the flip-chart, stick a colored card with the initials “VCT” on the board.• Distribute 3 cards reading “V”, “C”, “T”, one for each of the 3 participants.• Ask each participant to stick his card in the order V C T on the board.• Provide each participant with a number of cards carrying different related words to the key letter, for example:

V: Value, Voluntary, Vaccine.

C: Care, Community, Counseling.

T: Treatment, Technique, Testing.

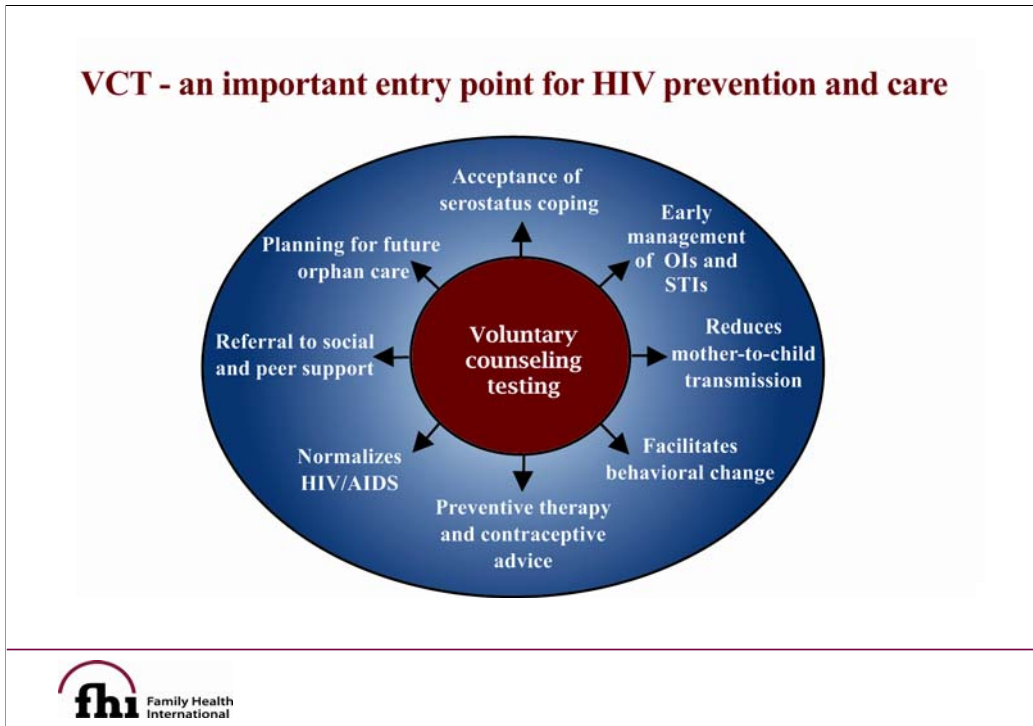
- Ask each participant to read the cards aloud to the floor then choose what best suits the letter and fix it opposite to it.
- Ask for the floor comments on the choices made and correct the wrong one.
- Ask each of the 3 participants to explain his/her understanding of the right word.
- Clarify the intended meaning of the letters VCT and stress the fact that VCT is an essential component for HIV prevention, care and support.
- Stress the fact that for VCT to fulfill its expected role, it has to be of high quality, accessible, sustainable, involving the whole community, preventive service, besides, being cost effective and linked to a referral system.
- Ask the floor:

“In low prevalence settings, like Egypt, to whom should VCT services be directed?”
- Listen and discuss different views, until you reach consensus that in low prevalence settings, VCT should target high-risk groups, for example; IDUs, CSWs, MSM, street children and vulnerable youth.

- To re-enforce this role, display the pre-prepared PowerPoint diagram on VCT as an important entry point for HIV/AIDS prevention and care.
- During the display of the slides respond to the different raised queries by participants.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 5:

Overview of VCT



Target high-risk groups for VCT services

- IDUs / partner(s)
- CSWs / clients
- MSM
- Street children / vulnerable youth



Session **S**ix

Overview of Basic Counseling Skills

Session 6:

Overview of Basic Counseling Skills

Activity:	Counseling and efficient counselor.
Duration:	45 minutes.
Learning objectives:	<ol style="list-style-type: none">1. To identify elements of good counseling.2. To specify criteria of good counselor.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– 3 diagrams showing:<ul style="list-style-type: none">▪ A boat facing a storm.▪ A boat sailing through rocks.▪ A tree with several branches without leaves.– Cards carrying pre-prepared statements.– Adhesive paste.– Blank leaf-like cards.– PowerPoint slides.
Procedures:	<ul style="list-style-type: none">• Welcome the participants and invite each to introduce himself to the floor.• Introduce the session title to the participants and inform them that due to the vitality of having sound, concrete basic counseling skills, this subject will be thoroughly explored in two sessions.

- Stick two-prepared diagrams on the flip-chart, one showing a boat facing a storm and the other a boat sailing through rocks. Explain to the participants that any of the two boats may represent the client on his first encounter with the counselor. This entails the need of the counselor to express his/her great empathy and understanding to the client turbulent conditions.
- Divide the flip-chart into two halves; write on the left half “counseling is” and on the right “counseling is not”.
- Put the pre-prepared cards carrying statements either supporting or defying counseling in a box on the table.
- Ask one participant at a time to pick one card, read it aloud and decide where this card should be, either with “counseling is” or “counseling is not”.
- Discuss with the floor each decision and then ask the participant to fix it on the agreed upon side.
- After having all cards fixed on the proper side, ask one of the participants to tell what “counseling is” and another participant what “counseling is not”.
- For the counseling session to be fruitful, it has to be supplemented by a skillful counselor. This directs our vision to identify what a good counselor is.
- Based on the idea of fruitful counseling, draw a tree with several branches.

- Distribute the pre-prepared leaf like cards to the participants.
- Ask each to write one criterion of a good counselor.
- Ask one of the participants to collect the cards and read it aloud one at the time.
- Discuss with the floor each criterion and ask one of the participants to fix the agreed upon criteria on the branches of the tree.
- After fixing all valid cards, ask one of the participants to tell the criteria of good counselor.
- Conclude the session by displaying the pre-prepared PowerPoint slides.
- During the display of the slides respond to the different raised queries by participants.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 6:

Overview of Basic Counseling Skills

Counseling is

- Interaction
- Confidential dialogue
- Goal-oriented
- Promotion of decision making → autonomous
- Helping behavior change



Counseling is not

- Conversation
- Interrogation
- To promote the counselor opinions
- Confession
- A diagnosis
- Information giving
- Advice



Session **S**even

Counseling Skills and Techniques

Session 7:

Counseling Skills and Techniques

Activity:	Counseling skills and techniques.
Duration:	75 minutes.
Learning objectives:	To enhance the participants counseling skills and techniques.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– Pre-prepared PowerPoint slides.
Procedures:	<ul style="list-style-type: none">• After welcoming the participants, remind them that this session is a follow up of the previous one, as we are going to elaborate and discuss the needed counseling skills and the most appropriate techniques to be utilized.• Having done that, and becoming oriented of the different counseling skills, we are going to apply that practically through different role plays, where we are going to imitate the role of a counselor and a client.• Proceed by displaying the PowerPoint slides and discuss each identified counseling skill.• For each identified counseling skill, ensure that participants have a clear understanding of the meaning of each and how to use it practically during a counseling session.• Explain to participants that it is not obligatory to use all skills in each and every counseling session, but they must master the technique of each, to be used as needed.

- Ask the participants for two volunteers to conduct a role play, where one will play the role of the counselor, while the other will be the client.
- Explain to the volunteers that the role play will display a counseling session for an IDU client.
- Attract the attention of other participants to carefully observe the role play and forward their comments at the end.
- At the end of the role play, thank the volunteers and open the floor for discussion.
- Discuss different comments in the light of the pre-presented counseling skills and techniques.
- Repeat the same procedures for other two role plays, one for a CSW and the other for an expected HIV positive mother.
- Before closing the session, provide an opportunity for participants to inquire about any of the discussed counseling skills and techniques.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.

- Degree of fulfillment of the pre-set learning objectives.
- Suitability of the utilized approach.

Session 7:

Counseling Skills and Techniques

Elements of good counseling

- Attending
- Listening
- Immediacy
- Using impersonal statements
- Asking open-ended questions
- Clarifying
- Paraphrasing



Attending

- Attending = Counselor's ability to pay close attention to the client
- Attending involves:
 - Non-verbal skills:
(Listening – eye contact – relaxing - hand movements – nodding – key words as mm, hmm)
 - Comfortable seating
 - Minimizing distraction



Session **E**ight

Pre-Test Counseling

Session 8:

Pre-test Counseling

Activity:	Pre-test counseling.
Duration:	90 minutes.
Learning objectives:	<ol style="list-style-type: none">1. To strengthen the counselor's skills in conducting a pre-test counseling session.2. To train the counselor on the conduction of condom demonstration technique.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– Condom.– Penis model.– Pre-prepared PowerPoint slides.– Pre-prepared checklist for assessment of role play counseling session.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming participants and invite each to introduce him/herself to the floor.• Introduce the session title, then ask participants if they are familiar with the terminology “pre-test counseling” and what does it mean.• Discuss different comments, then elaborate the fact that a pre-test counseling is one of the essential components of VCT service. Any HIV testing should be preceded by pre-test counseling and informed consent.

- Then forward the following question:

“Why it is essential to conduct a pre-test counseling?”
- Ask one of the participants to write the different responses on the flip-chart and discuss to reach consensus that pre-test counseling is essential to review the client’s risk, explain the test and its limitations to him/her, prepare the client for possible reaction to the test result and help him/her to make an informed decision about the test.
- Stress on the vital value of confidentiality.
- Using the pre-prepared PowerPoint slides, discuss the important points to be covered in pre-test counseling and how to make risk assessment and how to assist the client in developing an individualized risk reduction plan.
- Before inviting participants to conduct a pre-test counseling through role play, explain to them that this can not be fulfilled without knowing how to conduct condom demonstration to clients, as it is an integral part of pre-test counseling.
- Invite one of the participants to demonstrate and explain step by step the proper use of the condom, using the penis model.
- Ask participants to comment, then correct any misuse or mis-concept and display the pre-prepared PowerPoint slides on condom demonstration.

- Ask two participants to volunteer to conduct a role play, where one will play the role of the counselor, while the other will be the client.
- Explain to the volunteers that the role play will display a pre-test counseling session with a CSW, where they are supposed to comply as much as possible with what was discussed in the PowerPoint slides.
- After conducting the play, thank the two participants and ask the floor to comment on the positive and negative points in the conducted role play.
- To facilitate the assessment process, distribute a pre-prepared checklist among participants, the checklist is covering the following points:
 - Confidentiality addressed.
 - Exploration of client's knowledge on HIV modes of transmission.
 - Assessment of client's risk profile.
 - Provision of information related to HIV test and the meaning of positive and negative results.
 - Discussion of client's risk reduction.
 - Arrangement of follow up.
 - Has the session been satisfactory to the client?
- Remind participants that their comments should focus mainly on the counselor role.

- Repeat the same procedure for another role play with two other volunteers from among participants. The role play is supposed to display a pre-test counseling session with an IDU client.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 8:

Pre-test Counseling

Pre-test counseling

- Pre-test counseling occurs before a client's blood is tested for HIV
- It aims to:
 - Review the client's risk
 - Explain the test and its meaning
 - Explain the limitations of test results
 - Prepare the client for receiving the possible test results
 - Help the client make informed decision about the test



Points to consider in pre-test counseling *(cont.)*

- Assess client's ability to cope
- Provide psychological and emotional support
- Avail opportunity for the client to ask
- Obtain informed consent (if client decides to test)
- Arrange date and time for post-test counseling



Risk assessment *(cont.)*

- Areas to explore:
 - Current and past sexual behavior “client’s partner(s)”
 - Current and past drug and/or alcohol abuse “client/partner(s)”
 - History of blood transfusion
 - Current and past exposure to non-sterile invasive procedures



Individualized risk reduction

- It aims to assist the client in developing a specific risk reduction plan
- The use of condom is an integral part of individualized risk reduction



Session **N**ine

HIV Testing

Session 9:

HIV Testing

Activity:	HIV testing.
Duration:	45 minutes.
Learning objectives:	<ol style="list-style-type: none">1. To orient participants with HIV testing strategies.2. To strengthen their knowledge in issues related to test results interpretation.
Facilitating materials:	<ul style="list-style-type: none">– Rapid test kit.– Flip-chart.– PowerPoint slides.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming participants and allow enough time for each to present him/herself to the floor.• Introduce the session title and explore if any of the participants is involved or had been involved in VCT service.• If anyone responded positively, ask him/her to name HIV tests he is familiar with.• If none was involved in such service, forward the same question to the floor.• List the mentioned names on the flip-chart.• Complete the mentioned list by adding names of other tests.

- Referring to the list explain to the floor that there are two main types of HIV testing:
 - Antibody tests:

which is the mostly used, for example ELISA and rapid test.
 - Virologic tests, for example PCR.
- Forward the following question:

“Do you have any idea about the most commonly used test in VCT service? And why?”
- Listen and discuss the various comments, and work on it, until you reach consensus that rapid test is the most commonly used one in VCT, as it is faster, easier to perform, offers results on the same day and reduces the proportion of clients not returning for their results.
- Make sure to demonstrate the rapid test kit to participants to help familiarize them with it.
- Explain to the floor that in spite of the rapid test being highly sensitive, yet, it has to be confirmed by another antibody test with higher specificity.
- Indicate to participants that as there are various available tests and techniques for detecting HIV, it is preferable for each country to select the HIV testing strategy to be used, which is based mainly on HIV prevalence and the available technology.

- Discuss with the participants the meaning of positive and negative HIV test results, stress the fact that in spite of the high sensitivity and specificity of the current used antibody tests, yet, the risk of having false positive and false negative results is there.
- Continue the session by displaying the pre-prepared PowerPoint slides to further elaborate the participants' skills in HIV testing interpretation.
- Don't forget to stress on the vital role of confidentiality in VCT services, especially in issues related to record management and labeling of blood samples.
- Highlight the fact that Egypt is using the linked anonymous testing in VCT services.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 9:

HIV Testing

Selection of HIV testing strategies depends on

- Prevalence of HIV infection
- Available technologies



Points to remember in HIV testing protocol

- Validity
- Accuracy (sensitivity and specificity)
- Laboratory infrastructure
- Quality
- Work load
- Prevalence rate
- Cost

Sensitivity

Percentage of true positives

Specificity

Percentage of true negatives

In the testing strategy

- The first test should have a higher sensitivity
- Confirmatory test should have higher specificity



Types of HIV tests

- Antibody tests (ELISA, rapid test)
- Virologic tests (PCR)

Rapid test

- Most commonly used in VCT
- Faster
- Easier to perform
- Same day results
- Reduce proportion of clients not returning for result



Virologic tests (PCR)

Used for:

- Diagnosis during window period
- Diagnosis during infancy (first 15 months)



Interpretation of HIV results

- Negative test = HIV antibodies not detected because:
 - Person not infected
 - Person still in window period
- Positive test = HIV antibodies detected (to be confirmed)

Interpretation of HIV results *(cont.)*

- Intermediate test = presence/absence of HIV antibodies couldn't be confirmed due to:
 - Person in process of sero-conversion
 - Cross-reaction
 - Other medical condition

N.B.: re-test after one month



False positive results

Confirmatory tests usually rule out false positive results

False negative results

- Newly infected person (window period)
- Repeat testing over time to rule out infection



VCT testing in Egypt

- Linked anonymous testing
- No names or other identifiers
- Client given a unique number, not linked to any medical record
- No record is kept for client
- No way to trace the client



Laboratory testing protocol

- Standard procedure for:
 - Handling specimens
 - Drawing blood
 - Disposal
 - Transporting of samples



Laboratory testing protocol *(cont.)*

- Retesting of all positive samples (confirmatory tests)
- Internal and external (Central Lab.) quality assurance for HIV testing
- Proper store of test kits



Session Ten

Post-Test Counseling

Session 10:

Post-test Counseling

Activity:	Post-test counseling.
Duration:	90 minutes.
Learning objectives:	<ol style="list-style-type: none">1. Strengthen the counselor's skills in conducting a post-test counseling session.2. To enhance the counselor's ability to handle different situations regarding the test results.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– Pre-prepared PowerPoint slides.– Pre-prepared checklist for assessment of role-play counseling session.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming participants and invite each to introduce him/herself to the floor.• Remind the participants that we have covered two important steps, that is; pre-test counseling and testing and in this session we are going to discuss the third step, i.e. post-test counseling.• Ask the participants what does the phrase "post-test counseling" mean to them?• Listen to different comments, then proceed by asking them: "Why is it crucial to conduct a post-test counseling to the client?"

- Ask one of the participants to write the different responses on the flip-chart.
- Discuss each response to reach a consensus that post-test counseling is essential for the client whatever his/her result is.
- As for those tested negative, it facilitates the development of strategies for risk reduction.
- While for those tested positive, it accommodates the client's reaction, responses and concerns. It also helps the development of risk reduction strategies, partner notification, follow up of the client and his/her referral to care and support services.
- Ask the floor:

“Does the counselor have the right to breach the client's right to confidentiality?”
- Discuss different debates concerning this issue to reach a consensus that it is only applied in the following situations, when all other possible means are exhausted:
 - The client is at risk of harming him/herself.
 - The client is at risk of harming others.
 - The client is unable to make competent decisions.
- Using the pre-prepared PowerPoint slides, discuss the important points to be covered in post-test counseling and how to handle the client's reaction and what messages should be conveyed for HIV negative/positive clients.

- Ask two participants to volunteer to conduct a role play, where one will play the counselor role, while the other will be a client tested negative.
- Explain to the volunteers that the role play will display a post-test counseling session, where they are supposed to comply as much as possible with what was discussed in the PowerPoint slides.
- After the conduction of the role play, thank the two participants and ask the floor to comment on the positive and negative points in the conducted role play.
- To facilitate the assessment process, distribute a pre-prepared checklist among participants, the list is covering the following points:
 - Results given clearly.
 - Time allowed.
 - Discussion of the meaning of the results.
 - Discussion of results implications.
 - Discussion of personal risk reduction plan.
 - Dealing with immediate emotional reactions.
 - Discussion of follow up, care and support.
 - Follow up plan and referral.

- Remind participants that their comments should focus mainly on the counselor role.
- Repeat the same procedure for another role play with two other volunteers, where one will play the counselor role, while the other will be a client tested positive.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 10:

Post-test Counseling

Post-test counseling

It aims to:

- Help the client understand and accept his/her test result
- Assist the client in making choices in response to his/her test result



In post-test counseling remember to *(cont.)*

For HIV positive client:

- To whom can he/she turn to for support
- Discuss risk reduction strategies
- Discuss care, support and possible referral
- Offer a follow up appointment



Post-test counseling messages

For HIV negative client:

- Challenges for remaining negative
- Pretend “every body is positive except you”
- Reinforce the ABC message
- Encourage utilization of VCT service
- Safe sex negotiation skills



Post-test counseling messages

For HIV negative client:

- Encourage retesting in:
 - Additional exposure
 - Window period
- Options for safe sex
- Limit alcohol and drug intake
- Refrain from injecting drug use



Post-test counseling messages *(cont.)*

For HIV positive client :

- Share the results with your partner(s)
- Adopt safe sex practice/abstain
- Protect your unborn child
- Abstain from blood/organ donation



Session **E**leven

Care and Support for People Living
With HIV / AIDS

Session 11:

Care and Support for People Living with HIV/AIDS

Activity:	Care and support for people living with HIV/AIDS.
Duration:	90 minutes.
Learning objectives:	To enrich the knowledge and skills of counselor in issues related to “living positive”.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– Power-Point slides.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming participants and invite each to introduce him/herself to the floor.• After introducing the session title, explore if any of the participants has a professional experience with PLHA.• If any responded affirmatively, ask him/her to share his/her experience with the floor, especially regarding the attitude, concern and style of life PLHA are leading.• Listen to the different mentioned experiences, and highlight the more or less common encountered difficulties by PLHA.• Ask participants how they comprehend the phrase “living positive”.• Discuss different views, to reach a consensus that living positive with HIV is a life style which aims to delay the onset of AIDS symptoms, assists in boosting a compromised immune

system and facilitate the social inclusion of PLHA.

- Proceed the session by hammering a sensitive issue i.e. “why should we care for PLHA and what are we supposed to care for?”
- Make sure that all participants have got the right concept regarding the vital value and impact of caring for PLHA, as well as the essential elements of such care.
- Discuss the different elements of care by displaying the pre-prepared PowerPoint slides on elements of care including the clinical, social, psychological and spiritual care, besides, sexual education.
- Due to the vital impact of nutritional support, handling this issue will be practiced during the session using a role play.
- Ask two participants to volunteer to conduct a role play, where one will play the counselor role, while the other a client living with HIV.
- Explain to the two volunteers that the role play will display a nutritional counseling session, during which they are supposed to comply as much as possible with what was previously discussed in the PowerPoint slides.
- After the conduction of the role play, thank the two participants and ask the floor to comment on the positive and negative points in the role play, where their comments should focus on:
 - Establishing rapport.

- Showing respect.
- Information on adequate balanced diet.
- What food to avoid.
- Safe food handling.
- Nutrition during diarrhea.
- Nutritional supplements.
- Discuss different raised comments.
- As we have reached consensus that living positive is the most beneficial life style option for PLHA, this will raise a query:

“Is our community ready to back this concept, or is still stigma and discrimination acting as a barrier?”
- Discuss different opinions, then explore with the participants the underlying causes for this community negative attitude, which unfortunately has expanded to include health care providers.
- Before ending this session of care and support for PLHA, there is still a very crucial issue that needs to be addressed, “is the client’s disclosure of his/her HIV status recommended or not?”
- Moderate a debate between “those with” and “those against” the disclosure, until you reach consensus that it is highly recommended to encourage “beneficial disclosure”.

- Further explain this statement by displaying the related pre-prepared PowerPoint slide.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 11:

Care and Support for People Living with HIV/AIDS

Living positively

It is a life style to:

- Avoid contracting HIV
- Delay onset of AIDS symptoms
- Assist in boosting a compromised immune system

“Laugh and be cheerful whenever you can”



Principles of positive living

- Be informed: Learn about HIV
- Acceptance: Positive realization of the condition
- Work: As long as you are capable
- Stress: Deal with your worries
- Nutrition: Eat adequate balanced diet regularly



Principles of positive living *(cont.)*

- Prevent: Infections
- Stop/reduce: Alcohols / drugs
- Exercise: Without straining
- Sex: Abstain / safe sex
- Understand: Attitude of others towards PLHA

Nutritional support for PLHA

- Adequate balanced diet:
 - Maintain body weight
 - Improve immune function
- Main food groups “4”:
Carbohydrates – fats – proteins – vitamins and minerals



Nutritional supplements

- Blended food products
- Commercial formula
- I.V. solutions
- Vitamins
- Micronutrients

Recommended supplements

(in case of inadequate nutrients):

- Vitamins A, B, C, E and Niacin + Selenium



Guidelines for safe food handling

- Wash hands with soap and water
- Avoid:
 - Expired foods
 - Left over un-refrigerated foods
 - Soft boiled eggs
- Store cooked food for no more than a day
- Cook all animal products
- Thoroughly wash fruits and vegetables



Diarrhea in PLHA

- Diarrhea is a common complaint in PLHA
- Causes of diarrhea:
 - Infection
 - Poor nutrition
 - Mal absorption
- Consequences of diarrhea:
 - Dehydration (in severe cases)
 - Malnutrition (in long lasting cases)

Underlying causes of stigma and discrimination

- Misinformation about HIV transmission
- Fear of contracting HIV
- Fear of caring for PLHA
- Culture norm of silence
- Legal issues



Documented negative behavior of HCPs

- Condemning PLHA
- Isolating/avoiding
- Refusing to treat
- Inability to discuss sexual practice
- Ignoring counseling
- Judgmental attitude



Beneficial disclosure

- Voluntarily
- Respect the autonomy and dignity
- Maintain confidentiality
- Leads to beneficial results
- Leads to greater openness in the community
- Meets the ethical consideration to prevent HIV transmission



Session **T**welve

Ethical Issues

Session 12:

Ethical Issues

Activity:	Ethical issues.
Duration:	45 minutes.
Learning objectives:	To update the counselor knowledge and skills regarding HIV related ethical issues.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– Pre-prepared case study.– Pre-prepared PowerPoint slides.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming the participants and invite each to introduce him/herself to the floor.• Introduce the session title and explore the extent of the participants' knowledge regarding counseling / counselor / client obligations and code of conduct, using brainstorming technique.• Fire ideas by presenting the issue and its contradiction, followed by open discussion.• Enforce the discussion by displaying the pre-prepared PowerPoint slides on ethical principals in counseling and informed consent.• Explain to participants that we are going to put what we have just learned into practice by applying it in a case study.• Ask participants to arrange themselves in

three groups and distribute the pre-prepared case study to each group.

- The case study is proposing that a counselor has been seeing a couple who were tested; they were tested separately, and returned separately for the results. The man tested negative and the woman positive. The woman refuses to disclose her status to her husband-to-be. What are the issues to be considered? How do you respond?
- Allow participants a period of 15 minutes then re-gather the groups and ask a member of each group to present the groups' opinion.
- Discuss the groups' opinions in the light of the previous PowerPoint presentation.
- Thank the groups for their active participation and encourage their compliance with the ethical principals in counseling.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 12:

Ethical Issues

Ethical role of HCPs in HIV/AIDS prevention/care

- Duty to provide care
- HIV +ve HCPs to protect their patients
- Providing counseling and education about HIV/AIDS and human sexuality
- Becoming role models for open and compassionate behavior
- Advocating for compassionate and dignified care for their HIV positive colleagues



Ethical principles in counseling

The counselor must:

- Ensure that the client does not suffer physical or psychological harm
- Maintain respectful relationship by avoiding:
 - Satisfying personal needs at the expense of the client
 - Sexual harassment
 - Offensive remarks
 - Discrimination/stigmatization



Ethical principles in counseling *(cont.)*

The counselor must:

- Be responsible for his/her safety/effectiveness/competence/conduct
- Be Aware of and work within governing laws
- Ensure receiving sufficient training in counseling skills and techniques
- Work within his/her limits of competence and refer clients whenever necessary



Ethical principles in counseling *(cont.)*

The counselor must:

- Correct other counselors when appropriate
- Maintain high standard of professional conduct
- Respect the client's ability to make decisions

The client is responsible for his/her own actions and eventual results



Informed consent and confidentiality

Issues for the counselor to consider:

- Informed consent prior to HIV testing is a must
- Not to disclose any information concerning the client to any third party without the permission
- Treating test results/client's information as absolutely confidential
- Encouraging the client to choose without persuasion



Informed consent and confidentiality *(cont.)*

- The counselor has the right to breach the patient's right in confidentiality only if:
 - The client will cause serious harm to him/herself or others
 - Client unable to take responsibility for his/her decisions
- In case of medical emergency, the consent requirement may be ignored?



Session **T**hirteen

Record Keeping

Session 13:

Record Keeping

Activity:	Record keeping.
Duration:	30 minutes.
Learning objectives:	<ol style="list-style-type: none">1. To acquaint participants with the important value of record keeping.2. To familiarize participants with different utilized forms in VCT.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– Models of different standardized VCT forms.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming participants and invite each to introduce him/herself to the floor.• Introduce the session title, and forward the following question: “Is it important to have adequate standardized forms in VCT service?”• Discuss different opinions to reach consensus that having standardized forms is vital for the success of VCT service.• Explore among participants if any of them is familiar with the used forms in VCT.• Ask one of the participants to write the different mentioned forms on the flip-chart.• Conclude the session by displaying the pre-

prepared PowerPoint slides on the standardized forms and its important value.

- Demonstrate the available model forms used in VCT service.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 13:

Record Keeping

Why adequate accurate records are mandatory?

- Provide vital information
- Gather statistics
- Reveal gaps
- Strengthen service provision



Standardized record formats

- VCT log book
- Informed consent
- VCT client intake form
- HIV laboratory request form
- Rapid test kits inventory form



Standardized record formats *(cont.)*

- Condom inventory form
- IEC materials inventory form
- VCT service request for referral
- VCT client exit questionnaire
- Monthly report



Session **F**ourteen

Monitoring and Evaluation and Quality Assurance

Session 14:

Monitoring and Evaluation and Quality Assurance

Activity:	Monitoring and evaluation and quality assurance.
Duration:	75 minutes.
Learning objectives:	<ol style="list-style-type: none">1. To strengthen the understanding of monitoring and evaluation and quality assurance among participants.2. To develop the participants skills in adopting quality measures.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– Pre-prepared PowerPoint slides.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming the participants and invite each to introduce him/herself to the floor.• Introduce the session title and explore the participants understanding of monitoring and evaluation by asking the following questions: “What do monitoring and evaluation stand for?”, “is there any difference between the two?”• Ask one of the participants to divide the flip-chart into two columns, write on top of one monitoring and on the other evaluation.• Discuss the different responses and list them according to their appropriate site in the two columns on the flip-chart.

- Follow this exercise by asking participants if they are familiar with any measuring tool which is used to facilitate the monitoring and evaluation process.
- Listen to different comments, if any mentioned “indicators” as a measuring tool, ask him/her to further explain to his/her peers, the types of indicators which could be used for monitoring and evaluation.
- Build on what has been mentioned and stress the fact that indicators are essential tool for monitoring and evaluation in VCT.
- Discuss different types of indicators by displaying the pre-prepared PowerPoint slides.
- Proceed the session by introducing the expression “quality assurance” and ask participants what quality means to them.
- After discussing different mentioned views and assuring that participants have the correct concept regarding quality, inform them that in order to put this understanding into practice, we are going to be divided into three working groups, where each group will list the criteria of services they would desire at the waiting area, the counseling room and the laboratory if they themselves attended the VCT service as clients.
- Allow a period of 15 minutes for group work, then re-gather participants and proceed the session by asking each group to present its work using a flip-chart.
- Discuss with the floor each group’s presentation

in the light of the standard principles of quality assurance measures.

- Conclude the session by displaying the pre-prepared PowerPoint slides on quality assurance.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 14:

Monitoring and Evaluation and Quality Assurance

Monitoring and evaluation address

- Service delivery
- Program effectiveness



Indicators

- Process indicators:
Assess service delivery/program output

- Effectiveness indicators:
 - Outcome indicators:
Assess program outcome

 - Impact indicators:
Assess program impact



Quality assurance in VCT covers

- HIV testing
- Counseling service



Implementation of quality assurance

- Standard operating procedures
- Training
- Supervision
- Internal and external quality control systems



Client views of quality *(cont.)*

- Waiting time
- Availability
- Consistency of information
- Counseling quality



Remember

- Standards of quality should be defined within:
 - Program design
 - Indicators
 - Job description
- Ensure that staff has a clear understanding of “quality”
- Quality assurance is a continuous process



Quality assurance measures

- Regular site visits
- Refresher training
- Self/peer review of counseling session
- Supportive supervision
- Feedback from clients “client exit survey”
- Direct observation (checklist)



Session **F**IFteen

Referrals and Linkages with Services
and Service Providers

Session 15:

Referrals and Linkages with Services and Service Providers

Activity:	Referrals and linkages with services and service providers.
Duration:	60 minutes.
Learning objectives:	<ol style="list-style-type: none">1. To emphasize the vital role of referral services in VCT.2. To enhance participants' skills on successful referral.
Facilitating materials:	<ul style="list-style-type: none">– Flip-chart.– Pre-prepared PowerPoint slides.
Procedures:	<ul style="list-style-type: none">• Start the session by welcoming participants and invite each to introduce him/herself to the floor.• Introduce the session title, then forward the following question: “Is referral a needed service for VCT?” This will provide an opportunity to explore the appreciation of participants for referral services.• Follow this by asking one of those who are in favor of referral: “Why is referral service needed in VCT?”• Discuss the issue with the floor to reach a consensus that referral service is an essential component in VCT.

- Continue, by asking the floor if they could mention possible referral services to which the counselor may refer the client.
- Ask one of the participants to list the various responses on the flip-chart.
- Discuss each showing the wide diversity of potential referral services and how it complements the package of VCT services.
- To enhance the participants' skills in successful referral, ask them to divide into three working groups, where each group will identify the steps they should follow to make successful referral.
- Allow a period of 15 minutes for group work then re-gather the participants and ask a representative from each group to present the group work.
- Discuss the different identified steps, then conclude the session by displaying the pre-prepared PowerPoint slides.
- Close the session by thanking the participants for their active participation and distribute a hand-out with the presented slides.
- Make sure to evaluate the session to assess:
 - Level of participation.
 - Clarity of the discussed subject.
 - Degree of fulfillment of the pre-set learning objectives.
 - Suitability of the utilized approach.

Session 15:

Referrals and Linkages with Services and Service Providers

Referral service

- Referral: the process by which the client's needs are assessed, prioritized and he/she is provided with assistance in accessing services
- Counselor can refer client during pre-test or post-test
- In referral, client moves from anonymity to confidentiality



Recommendations for VCT staff

- Develop and update a list of available prevention, care and support services
- Develop referral system to community services
- Establish linkages with community organizations
- Refer client to community support groups
- Explain to the client your limitations, so that he/she does not feel rejected when you make a referral



How to make successful referral *(cont.)*

- Make note in the client's record
- Provide the client with a list of services
- Ask the client to give feedback
- Ensure follow up



Appendices

Appendix One:

Pre/Post Test Questionnaire

Write true (T) opposite the correct statement and false (F) opposite the wrong one:

1. HIV has great affinity towards CD₄ cells ()
2. HIV damages mainly the genito-urinary system ()
3. Unprotected sex is the most common mode of HIV transmission ()
4. Household contact with HIV infected person can transmit the infection ()
5. In endemic areas, insect bites play a role in HIV transmission ()
6. HIV is highly concentrated in semen, vaginal secretion, blood and saliva ()
7. HIV infected mother can safely breastfeed her baby ()
8. Condom can be re-used after being washed by soap and water ()
9. Sharing injecting equipment other than syringe and needle can transmit HIV infection among IDUs ()
10. Blood but not other body fluids should be handled as if it is potentially infectious ()
11. There is no means for HIV post exposure prophylaxis for health care providers ()
12. Sexual partners of IDUs are among the core groups of HIV infection ()

13. The window period is the period from the date of HIV infection to the appearance of AIDS symptoms ()
14. Disease progression can be slowed down through treatment of opportunistic infections and administration of ARV ()
15. WHO clinical staging of HIV includes four stages ()
16. In stage one, the HIV infected person presents with wide range of opportunistic infections ()
17. As HIV viral load increases, CD₄ cells increase too ()
18. Only ulcerative STIs facilitate HIV transmission ()
19. Treatment of STI client alone is enough to break the cycle of infection ()
20. In Egypt, VCT is targeting the general population ()
21. In VCT, counseling is not an advising tool ()
22. The counselor should avoid eye contact with the client to avoid embracing him ()
23. All clients who attended a pre-test counseling session should undertake the HIV test ()
24. Risk assessment aims to identify the connection between HIV modes of transmission and the client's behavior ()
25. The risk reduction plan is a constant pre-prepared plan for all clients ()
26. In HIV testing strategy, the first test should have high sensitivity ()
27. HIV rapid test depends on detection of viral antigen ()

28. In Egypt, VCT is a linked anonymous testing ()
29. Post-test counseling aims to inform the client of his/her test result ()
30. Same approach is used in post-test counseling session for HIV negative/positive client ()
31. Living positive means that the client should accept the fact that he/she is an AIDS patient ()
32. Protein is the main nutritive component for HIV positive client ()
33. In diarrhea, the client should avoid the intake of milk and milk products ()
34. Misinformation is the main underlying cause for HIV stigma and discrimination ()
35. The counselor shares with the client the responsibility for his/her action and eventual results ()
36. Informed consent must be obtained without persuasion ()
37. Process indicators assess program output ()
38. Quality assurance is a continuous process ()
39. Referral makes the client feels that he/she is rejected by the counselor ()
40. In referral, the client moves from anonymity to confidentiality ()

Answers of pre/post test questionnaire:

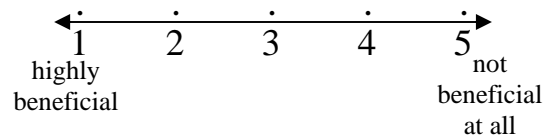
True statements:

1 – 3 – 9 – 14 – 15 – 21 – 24 – 26 – 28 – 33 – 34 – 36 – 37 – 38 - 40

Appendix Two:

Workshop Evaluation Form

- A. Using the below scale, please rate the degree of benefit from each session, where (1) stands for highly beneficial, while (5) not beneficial at all.



1. Facts about HIV/AIDS ()
2. Natural history and clinical staging system of HIV ()
3. Risky behaviors and methods of risk reduction ()
4. Relationship between STIs and HIV ()
5. Overview of VCT ()
6. Overview of basic counseling skills ()
7. Counseling skills and techniques ()
8. Pre-test counseling ()
9. HIV testing ()
10. Post-test counseling ()
11. Care and support for people living with HIV/AIDS ()
12. Ethical issues ()
13. Record keeping ()
14. Monitoring and evaluation and quality assurance ()

15. Referrals and linkages with services and service providers ()

B. What in your opinion is a true success about the workshop, put (√) opposite the chosen items:

– Workshop location ()

– Duration of workshop ()

– Number of participants ()

– Facilitating materials ()

– Coffee breaks ()

– Relevance of discussed topics ()

– Facilitator success in moderating the sessions ()

– Degree of participation of attendees ()

C. What was not up to your liking about the workshop?

D. Suggestions for future improvement of the workshop:
