THE UNITED REPUBLIC OF TANZANIA

Ministry of Health

National Guidelines for Voluntary Counselling and Testing, 2005

MPANGO WA KUDHIBITI UKIMWI

Tanzania

National AIDS Control Programme (NACP)

2005

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National Guidelines for Voluntary Counselling and Testing, 2005.

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Foreword

Voluntary Counselling and Testing provides an opportunity to access accurate and comprehensive information on HIV/AIDS. It is a significant entry point to prevention, care, support and treatment programmes. VCT enables a person to confidentially find out and understand his or her risk of HIV infection. It also provides an opportunity to fully understand the implications of one's serostatus and learn about lifestyles for protecting and preventing further spread of HIV infection to other non-infected persons. Also, VCT facilitates informed decisions about HIV testing.

For those who test positive, counselling helps them to develop plans for coping with stress, possible stigma, psychological, and social effects. Counselling also provides referrals to appropriate facilities for care, support and treatment. Furthermore, VCT promotes more informed choices for future actions.

Since the first three AIDS cases were reported in Tanzania in 1983, the HIV/AIDS epidemic has been growing steadily over the years. Up to the year 2003, a cumulative total of 176,102 AIDS cases had been reported (MOH, 2003).In tandem with this development, the availability of VCT services has increased gradually since 1995. Currently there are over 521 VCT sites allover the country. During 2003 more than 227,997 clients were reported to have attended VCT services in the existing sites.

The demand for VC T services is high and the Government cannot provide these services on its own. The first VCT services were established with financial support from DANIDA in 1995. Currently a number of bilateral and multilateral partners are complementing the Government's efforts by facilitating the provision of VCT services in the country through various initiatives. The GTZ, USAID, JICA and the US Centers for Diseases Control and Prevention as well as the WHO with support from the OPEC Fund and the Italian government, and the AXIOS Foundation are all providing different kinds of technical assistance and/or financial support for the establishment and implementation of VCT sites and VCT services respectively.

The National Voluntary Counselling and Testing Guidelines have been developed to provide VCT service providers and VCT site managers throughout the country with a framework within which to operate. The guidelines also provide Standard Operating Procedures (SOPs) and protocols for VCT service delivery and inform VCT clients of their rights.

The process of developing the guidelines was consultative and based on best practices and lessons learnt in Tanzania and other countries.

We wish to thank the AXIOS Foundation and JICA for their financial and technical assistance towards the preparation of these guidelines and all other individuals and organizations for their invaluable inputs on how to improve the document.

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Acknowledgements

These guidelines are a product of efforts of numerous people and organizations that actively participated at different stages of the process of their development.

A draft was presented and discussed at a national workshop during which the guidelines were exhaustively discussed. Some organizations are already implementing Voluntary Counselling and Testing (VCT) services in the country, in that connection, the content is based on best practice experiences and practical ideas on delivery and organization of VCT services in Tanzania. The process of developing these guidelines was facilitated by the National AIDS Control Programme (NACP) through a team of experts from within the NACP, the Muhimbili University College of Health Sciences (MUCHS), AMREF-ANGAZA, and representatives of referral hospitals, regions, nongovernmental organizations and other key stakeholders. We would like to acknowledge in particular the following stakeholders who made a significant contribution to the finalization of these guidelines; Axios Foundation, JICA, WHO, CDC, UNAIDS, UNICEF, USAID, FHI, CUAMM, GTZ and MARIASTOPES.

The entire process of developing these guidelines was made possible through a generous financial support from the Axios Foundation.

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List of Abbreviations

AIDS	Acquired Immune-deficiency Syndrome
ANC	Antenatal Clinic
AMREF	Africa Medical Research Foundation
ART	Antiretroviral Therapy
ARV	Anti-retroviral
CBO	Community-based Organizations
CCHP	Comprehensive Council Health Plan
CDC	Centres for Diseases Control
CEDHA	Centre for Educational Development in Health - Arusha
CHMT	Council Health Management Team
CID	Client Identification
CMO	Chief Medical Officer
DACC	District AIDS Control Coordinator
DANIDA	Danish International Development Agency
DMO	District Medical Officer
ELISA	Enzyme Linked Immunosorbent Assay
FBO	Faith-based Organization
FP	Family Planning
GAP	Global AIDS Programme
GDP	Gross Domestic Product
GTZ	GERMAN TECHNICAL COOPERATION
HIV	Human Immuno-deficiency Virus
IEC	Information Education Communication
IPC	Identity Patient Card
KAP	Knowledge Attitudes Practices
MCH	Maternal and Child Health
MCHA	Maternal and Child Health Aid
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSD	Medical Stores Department
MTCT	Mother to Child Transmission
MTP	Medium Term Plan
MUCHS	Muhimbili University College of Health Sciences

List of Abbreviations cont'd

MUTAN	Mradi wa UKIMWI Tanzania na Norway (Joint Tanzanian-Norwegian AIDS Project)
NACP	National AIDS Control Programme
NGO	Non-governmental Organization
NIMR	National Institute for Medical Research
NMSF	National Multisectoral Strategy Framework
OI	Opportunistic Infections
OPD	Outpatient Department
PASADA	Pastrol Activities and Services for people living with AIDS Dar es Salaam
PCP	Pneumocystis Carinii Pneumonia
PHC	Primary Health Care
PLHA	Persons Living with HIV/AIDS
PMO	Prime Minister's Office
PMTCT	Prevention of Mother to Child Transmission
PORALG	President Office Regional Administration and Local Government
PRA	Participatory Rural Appraisal
RACC	Regional AIDS Control Coordinator
RHMT	Regional Health Management Team
RMA	Rural Medical Aid
SOPs	Standard Operating Procedures
STI	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TOT	Trainers of Trainer
TB	Tuberculosis
TB/L	Tuberculosis and Leprosy (Programme)
TBPT	Tuberculosis Preventive Therapy
UNAIDS	Joint United Nations Programme on AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VSO	Voluntary Service Organizations
WHO	World Health Organization

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SECTION I

Introduction

1.1 Background to Voluntary Counselling and Testing Services in Tanzania

The provision of HIV/AIDS-related counselling services in Tanzania started in 1988, 3 years after the first three AIDS cases were identified in Tanzania. At the beginning, these services were provided mainly by Faith Based Organisations (FBOs) and Non-Governmental Organisations (NGOs) to clients who sought such services.

Efforts to establish VCT services in the public sector started in 1989 after the joint Tanzanian-Norwegian AIDS Project (MUTAN) started implementing its activities in Arusha and Kilimanjaro regions. Prior to 1989, people who were diagnosed with AIDS or those who tested HIV-positive were not informed of their test results. The main reasons for this were poor laboratory facilities in the country and the subsequent inability to produce reliable test results, as well as the absence of a counselling culture in the Tanzanian government health care system.

The Global AIDS Programme (GAP) supported the MOH to train 600 Counsellors in response to the World Health Organisation's (WHO) recommendation that counselling be provided as a routine service in all HIV testing, screening and medical care programmes. In response to this, Health workers all over the country were appointed to do HIV/AIDS counselling and participated in counselling training workshops for trainers' that lasted between 3 – 5 days. However, at that time, counselling was limited to conveying test results to patients who tested positive and providing basic health education. There was no pre-test counselling, no follow up of patients and no records on the number of people counselled. Moreover, a follow up evaluation of trained Counsellors that was done in 1990 revealed that only 21.6 percent of the 600 Counsellors were active.

Based on the recommendations of the evaluation, a pilot project covering four regions was initiated in 1995 during which a total of 16 Counsellors and 8 supervisors from the four regions were trained under DANIDA support.

In 1996, an evaluation of VCT services in the country showed that these services were in high demand and recommended their expansion to all districts. In response to this, 73 Counsellors were trained in 1997 and an additional 91 counsellors in 1998. Since then, VCT services have been expanded gradually. Currently, there are over 1,200 trained Counsellors nationally and more than 500 sites providing VCT services.

1.2 Involvement of other Development Partners

A number of bilateral and multilateral organisations are complementing the government's efforts in the provision of VCT services in the country. Their support ranges from the establishment of comprehensive HIV/AIDS services, expansion of VCT services and support towards commodity supply, technical support to strengthen

the Counselling and Social Support Unit of the MOH, the establishment of integrated VCT services, support towards the introduction of PMTCT services in VCT sites and infrastructural rehabilitation and development of human resource capacity. The list of partners who have supported the establishment of VCT services in the country in the above mentioned areas have so far included: The Norwegian Government through the MUTAN Project, DANIDA, WHO with support from the OPEC Fund and the Italian Government, GTZ, JICA, AXIOS, USAID and CDC.

Many other partners have given their views and perspectives on how VCT should be operated. Other initiatives have been implemented through NGOs and FBOs in different parts of the country. For example, the Pastoral Activities and Services for People with AIDS – Dar es Salaam Archdiocese (PASADA) has an extensive network of VCT services in Dar es Salaam region, which includes psychosocial support.

1.3 Multisectoral Response to HIV/AIDS in Tanzania

Initially, the HIV/AIDS epidemic was essentially seen as a medical problem, which could best be addressed by health interventions. As a result of this perception, a Task Force was established in 1985, which was followed by the establishment of the National AIDS Control Programme under the Ministry of Health in 1987. Both the Task Force and NACP were charged with the task of responding to the numerous challenges that the epidemic posed. MOH coordinated the response until the Tanzania Commission for AIDS (TACAIDS) was established in 2000.

The Commission, which is based in the Prime Minister's Office (PMO), is charged with coordinating all the sectors to utilise their comparative advantage to respond to the epidemic. The goal is to have HIV/AIDS integrated into all functions of the Government. The overall national response to HIV/AIDS is guided by the National HIV/AIDS Multisectoral Strategic Framework (NMSF) and National Policy for HIV/AIDS.

1.4 VCT Provision under the Multisectoral Strategy

As a crosscutting issue, VCT plays a significant role in the implementation of other HIV/AIDS interventions. It provides an entry point for prevention, care and support interventions (Figure 1).

According to the National Policy on HIV/AIDS, the main aim of VCT is:

"…to reassure and encourage the 85-90% of the population who are HIV negative to take definitive steps not to be infected and those who are HIV positive to receive the necessary support in counselling and care to cope with their status, prolong their lives and not to infect others."

The National Multi-Sectoral Strategy Framework on HIV/AIDS (2003-2007) recommends the following strategies for implementation of VCT services:

- ✧ Dissemination of national VCT guidelines on the provision and management of VCT services
- ✧ Promotion of VCT services through IEC measures
- ✧ Advocacy and social marketing
- ✧ Establishment, linkage and expansion of VCT services to existing Reproductive and Child Health and HIV/AIDS prevention, care and support programmes in respective communities.

1.5 Purpose and Rationale for the VCT Guidelines

The National Voluntary Counselling and Testing Guidelines have been developed to provide VCT service providers and managers with a framework within which to operate and for clients to be informed of their rights.

The guidelines provide standard operating procedures (SOPs) in the delivery of VCT so that as many as possible Tanzanians have access to quality VCT services. They also outline the roles of various managers at different levels of the health care system and provide standards and protocols for VCT implementation.

The development of the guidelines was consultative and was based on best practices and lessons learnt in Tanzania and other countries. These guidelines are based on 5 main principles, as outlined under sub-section 2.3.

1.6 Barriers and Challenges in the Provision of VCT Services

Although the government is very keen on massive expansion of VCT services in the country, demand surpasses service supply.

The main barriers/challenges in the provision of VCT services include:

- ⇨ Limited recognition of the benefits of VCT among the general population
- ⇨ Non-recognition of VCT services as an essential intervention deserving allocation of resources in the Comprehensive Council Health Plans (CCHPs)
- ⇨ Lack of skills to provide services to special groups such as the deaf, blind, disabled and children
- ⇨ Limited infrastructure and weak referral systems
- ⇨ Lack of a effective support mechanisms, e.g. a functional post-test support system
- ⇨ Stigma

SECTION 2

Definitions, Fundamentals, Key Principles and Benefits of Voluntary Counselling and Testing

2.1 Definition of key terminology

Counsellor

This is a person who has received special training in client-centered HIV/AIDS counselling. The HIV/AIDS counsellor does not simply provide information, but helps the client to make an informed choice about HIV testing and the adoption of safe behavior practices in order to reduce and minimize the risk of HIV transmission. The Counsellor also facilitates coping with the psychological impact of a positive HIV test result. Characteristics of counsellors include being non-judgmental, empathetic, respectful, and supportive.

Counselling for HIV/AIDS

Counselling for HIV/AIDS is a confidential dialogue between an individual/couple/group and a counsellor, aimed at enabling the individual to make personal decisions in the context of HIV/AIDS. The counselling process includes an evaluation of personal risk of HIV transmission and acceptance of preventive behaviour. HIV counselling is behaviour change communication aimed at HIV prevention.

Voluntary Counselling and Testing for HIV/AIDS

This is the process by which an individual undergoes confidential counselling to learn about his/her HIV status and to exercise an informed choice in testing for HIV. The client must make the decision to pursue counselling and testing at his/her own free will on the basis of the information provided during the counselling session, i.e. an informed decision. The client also has the option to terminate or postpone participation at any point in the process.

Informed consent

Informed consent is deliberate permission given by a client to a health care provider to proceed with the proposed HIV test procedure. This permission is based on an adequate understanding of the advantages, risks, potential consequences and implications of an HIV test result, which could be either, positive or negative. The permission is exclusively the choice of the client and should never be implied, presumed or coerced.

Confidentiality

This is the state of being 'private'. Access to a client's personal and confidential information should be restricted. Confidentiality is a basic right of the client. Any information obtained from a client should be respected.

Shared Confidentiality

This includes the release of a client's sero-status information to other health care providers and legal representatives so that they may provide appropriate services including infection control. The Counsellor shall release such information only where he/she believes that the client shall benefit or where it is mandatory by law. He/she shall also do this with the full understanding and consent of the client.

Confirmatory test

This is a specific test intended to confirm the result of an earlier HIV test. Confirmatory tests are important to rule out 'false positive' results (i.e. a positive HIV test result for a person who is HIV negative).

Disclosure of HIV test results

In the context of HIV/AIDS, this refers to the act of informing an individual or organisation (such as health authority, an employer or a school) of the HIV sero status of an infected person, or communicating this information with or without consent. Except in circumstances where law or ethical considerations require disclosure to another person, a client who tests HIV positive has the right to privacy, as well as the right to exercise informed consent in all decisions about disclosure in respect of his/her status.

Discordant Couples

The status of discordant couples is whereby one partner tests positive and the other negative.

Window period

This is the time it takes for a person who has been infected with HIV to "seroconvert" (test positive). A person who tests during the window period may receive a negative test result even though she/he may be HIV positive. Prior to testing, it is important to determine risks and possible exposure to HIV in the window period. A client must re-test at the end of the window period (usually after three months) to confirm their real serostatus.

2.2 Fundamentals of VCT

Privacy

The physical environment in a VCT site must allow private discussions between client and counsellor. The service provider must maintain privacy and confidentiality of personal details shared by the clients.

No Testing without Counselling

While counselling is often done without testing, no testing should be done without counselling unless the testing is anonymous and unlinked or where opt out services are provided, e.g. in PMTCT programmes.

Anonymous/Unlinked testing

Anonymous, unlinked testing means that a test result cannot be traced back to the client who provided the blood specimen and no record is available. Epidemiologists and the Ministry of Health use unlinked, anonymous testing to monitor trends in HIV infection in different geographical areas and populations.

Confidentiality
Due to the stigma that is often attached to HIV/AIDS, it is of critical importance that clients who come out to be tested be treated with utmost confidentiality. A breach of confidentiality is an infringement on a client's private rights and is a disincentive to VCT service utilisation.

Confidentiality does not mean that the HIV test result is only revealed to the person tested; it also means that everything that a Counsellor learns from his/her interaction with the client in pre-, post- and ongoing counselling is kept confidential except when the client gives a written consent or when there is need to provide a referral note in the case of follow up care and treatment. Confidentiality does not end when the client leaves the VCT site nor does it end with the client's death. Pledged confidentiality is eternal.

Non-discrimination
Clients who test positive shall receive the same care and consideration as those who test negative.

Linkage / Referral
As a follow up on the VCT services, clients need access to prevention, care and support services. All existing VCT services shall be strengthened to be able to establish a linkage to available services and resources that clients might need.

2.3 Key Principles

Quality
VCT services shall be of the highest quality, provided by well-trained staff that shall adhere to internationally accepted protocols and procedures and customized to respond to the realities of the Tanzanian health system.

Ethical conduct
The provision of VCT services shall be provided within ethical principles of privacy, confidentiality and informed consent.

Gender
There shall not be discrimination of access or provision of service based on gender or sexual orientation.

Coverage
VCT services shall be provided with the widest coverage while maintaining good quality.

Equality
VCT services shall be made accessible to all eligible persons regardless of their domicile (rural/urban), political, economic, social status, religious affiliation, gender, sexual orientation and/or age. Special consideration will be given to vulnerable groups.

2.4 Benefits of VCT

VCT is one of the most important prevention interventions. Research has consistently shown that VCT promotes important behaviour change in both HIV-negative and HIV- positive persons. Persons who test negative shall tend to adopt behaviours that are likely to maintain their negative status and persons who are positive shall be motivated to seek earlier care and support and plan for their own and their families' future.

UNAIDS estimates that only 10 percent of persons living with HIV worldwide were aware of their HIV sero-status in 2000. This means that there are millions of infected people who continue to spread the virus out of ignorance of their sero-status. In Tanzania, the number of people who know their status is also 10 percent. Yet 60 percent of Tanzanians who want to know their HIV status but for various reasons are unable to. Improving access to VCT services helps to remove the veil surrounding the epidemic. Furthermore, the VCT process helps to promote acceptance and ability to cope with one's sero-status.

An effective VCT programme shall achieve the following:

- **Access to early care and support**
  Early knowledge of one's sero-status opens the gate to care and support services. Interventions that start early have greater chances of success. Some of the services that can be made available to people who have tested positive include access to:

  - Advice and assistance on how to live positively
  - Information on appropriate nutrition
  - Screening, prevention and treatment for opportunistic infections (OIs)
  - Anti-retroviral therapy (ART)
  - Reproductive Health services
  - Support services, e.g. legal, spiritual, etc.

There are currently some programmes that can benefit persons who are HIV positive. However, such programmes are available only to those whose HIV status is known. For example programmes such as the Prevention of Mother to Child Transmission (PMTCT), which offer improved chances of survival of children born of HIV-positive mothers are available only to pregnant mothers who have undergone VCT and found to be positive. It is therefore advisable to have as many people as possible tested to know their HIV status so that they can access these services.

- **Prevention of HIV Transmission**
  When a person undergoes VCT and is found to be negative he/she is usually motivated to continue with protective behaviours or to adopt new behaviours that are likely to maintain that status. Even people who test positive can adopt preventive behaviours such as reducing chances of re-infection and,

more importantly, taking steps to avoid infecting other people, e.g. through correct and consistent use of condoms during penetrative sexual intercourse.

- **Reduction of stigma and discrimination**
  Stigma, which leads to denial and rejection, is one of the main barriers to VCT and therefore a major obstacle to access to and utilisation of VCT services. As more people get tested through VCT, there shall be more acceptance of the disease and gradually HIV shall be regarded as any other chronic disease.

- **Planning for the future**
  People who know their HIV status through VCT get an opportunity to plan for their future and determine actions they need to take for their own lives and those of significant people in their lives. They shall be able to deal with issues such as inheritance of property in the event of their death, spiritual concerns and finances for their care. Knowledge of one's sero-status may also facilitate access to various kinds of support, e.g. orphan support and legal advice. For persons who test negative, VCT alleviates stress and anxiety and provides motivation for maintaining their status.

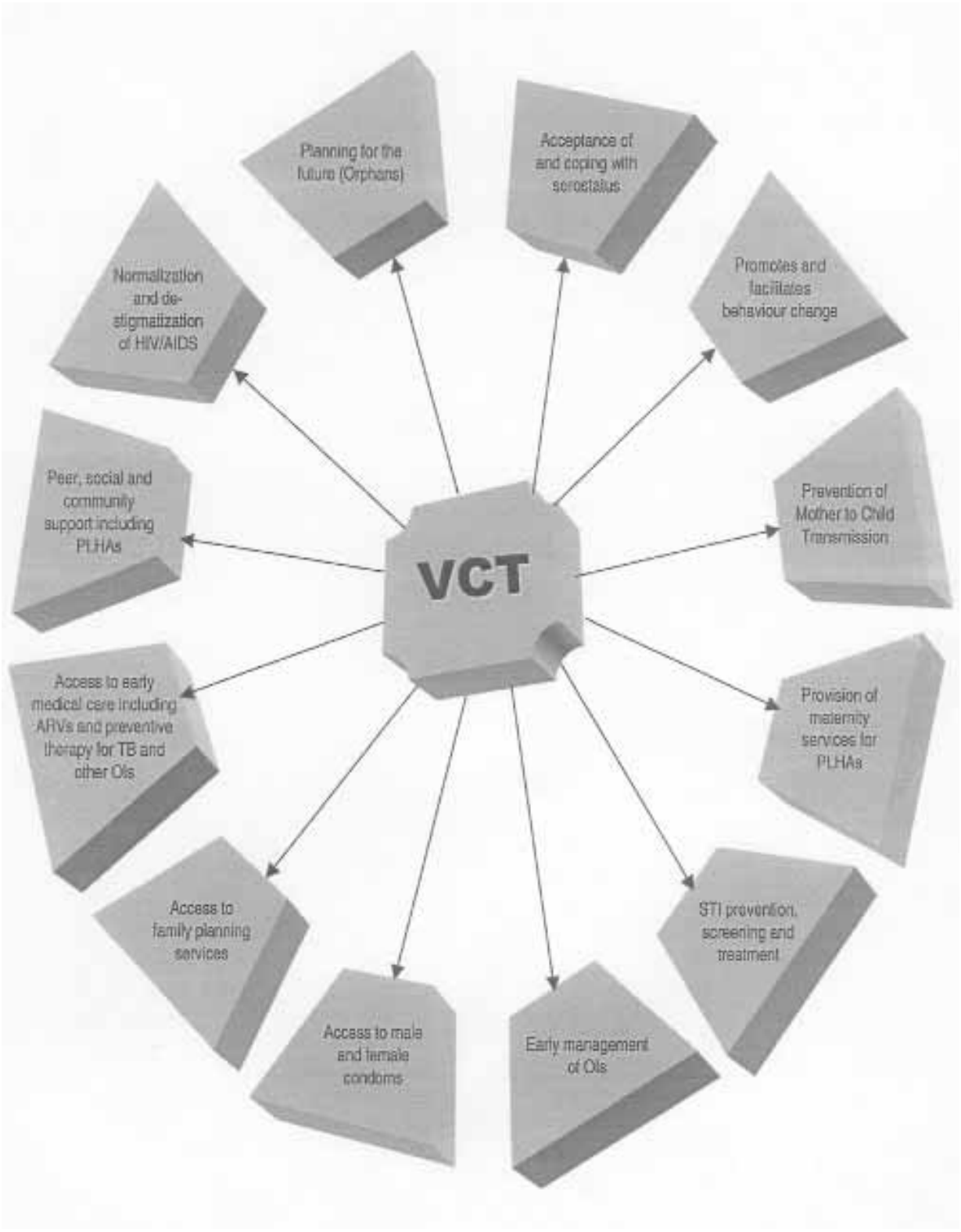
- **Increasing awareness and positive behaviour change**
  As VCT becomes popular, awareness of HIV/AIDS also increases. Awareness is the first step towards prevention. Moreover, VCT often results in positive behaviour change, which may have a positive effect on incidence and prevalence rates.

- **Adherence and compliance**
  Most post-VCT services require moderate to strict adherence and sustained behaviour change. Continued counselling is one of the means through which this adherence and compliance can be maintained. Persons on ARV need to be closely monitored for progress so that necessary interventions may be made.

- **Monitoring of the epidemic**
  In addition to all of the above, VCT provides another important opportunity to monitor trends in the epidemic. When VCT services are widespread and extensively used, data collected through this activity shall expand the scope of information available on the epidemic.

- **Screening for other diseases**
  VCT services also provide an opportunity to seek information and screen for other diseases. This shall allow early detection and treatment, and provide referral in cases where such services are not available.

Figure 1: Benefits of VCT and Linkages between VCT and other prevention, care and support services



Source: VCT: UNAIDS Technical Update, May 2000

SECTION 3

Management of VCT Services: Roles and Responsibilities of different levels

3.1 Levels of health service provision

Health services in Tanzania are organised in three levels: National, Regional and District. National and regional levels are involved in policy, coordination and guidance while the district level is responsible for direct programme implementation. Good management is an important determinant for successful implementation of VCT programmes.

Each level has a critical role to play in ensuring a programme that effectively contributes to the containment of the epidemic. The roles of the different levels are elaborated below:

3.2 National Level

As more organisations are involved in the provision of VCT services coordination becomes important to ensure quality of services. The following are the three key roles of the MOH:

- **Coordination at national level**
  The MOH shall coordinate and liaise with public, non-governmental and private organisations offering VCT services so that the coverage and scope is equitable. The MOH shall set realistic national targets, identify strategies for realizing these targets and monitor the established VCT services.

- **Training and Supervision**
  The MOH shall develop, manage and sustain good quality training programmes and supervision system in collaboration with Regional and Council Health Management Teams.

- **Promotion of VCT**
  The Regional and District Authorities will be sensitised and the capacity of Regional and Council Health Management Teams (RHMTs and CHMTs) on VCT built, emphasising their role in initiating, promoting, implementing, supervising and financing district VCT programmes.

Specific roles and responsibilities of the MOH shall include:

- **Enforcement of VCT standards**
  The MOH shall continue to develop and review policies, standards and protocols in line with national needs.

- **Provision of VCT commodities**
  The MOH shall ensure uninterrupted availability of approved HIV test kits and other supplies in the country.

✧ **Monitoring and Evaluation**

The MOH shall establish a national Management Information System (MIS) on VCT to track the implementation of VCT services.

✧ **Research**

The MOH shall identify priority research agenda on VCT services and facilitate its implementation. Research findings shall be used to inform policy decision makers aimed at improving performance of the VCT programme.

3.3 Regional Level

✧ **Training**

- Zonal Training Centres shall be facilitated to serve as training hubs for VCT training

✧ **Technical assistance**

The Regional Health Management Teams shall be responsible for providing technical assistance to districts in line with national VCT guidelines.

✧ **Promotion of VCT**

- RHMTs shall enforce the use of the VCT guidelines
- RHMTs shall ensure the availability and distribution of IEC promotional materials to districts
- RHMTs shall supervise the implementation of new policies, protocols and standards at district level

3.4 District Level

The ongoing health sector reforms have decentralised authority for implementation of services to local government authorities (LGAs). The day-to-day implementation of health services, including VCT, is the responsibility of Council Health Management Teams (CHMTs). It is also the responsibility of local government authorities to ensure that there are sufficient human resources for health.

Specific roles shall include:

✧ **Site identification and allocation**

Based on national guidelines, CHMTs shall make decisions on where to locate VCT sites.

✧ **Integration of VCT into the Council Comprehensive Health Plan**

CHMT shall budget for VCT activities and solicit resources through the MOH, PORALG, TACAIDS and other partners to sustain the District VCT programme and shall be responsible for enforcing financial discipline, and financial reporting and accountability.

- **Quality Control**
  - The District Laboratory technologist shall provide continuous supervision of HIV testing in all the VCT sites in the district.
  - CHMTs shall assess VCT sites for approval before they start operating
  - CHMTs shall continuously monitor the sites to ensure conformity to required standards before and after accreditation

- **Management of Information System**
  - CHMTs shall compile all data coming in from the various VCT sites, share it with the partners and forward it to the MOH with a copy to the District
  - CHMTs shall use the VCT services MIS data for planning and decision making.

- **Technical support**
  - CHMTs shall provide technical support to public, NGO, FBO and private sector VCT sites
  - CHMTs shall provide support to Counsellors by convening quarterly meetings to discuss issues related to their work

- **Maintenance of Referral Networks**
  - The CHMT shall maintain a referral-networking mechanism among VCT stakeholders.
  - The CHMT shall create and regularly update an inventory of existing organisations providing VCT that is linked to care and support services in their district.

- **Promotion of VCT**
  - CHMTs shall promote the utilisation of VCT services through various community institutions (e.g. schools, churches and mosques) in collaboration with policy makers and other stakeholders in the district.
  - CHMTs shall ensure the distribution and utilisation of IEC promotional materials in all VCT sites in the districts.

3.5 Facility Level

Roles of the facility level shall include:

- Day-to-day implementation and management of VCT services
- Assurance of privacy and confidentiality
- Advocacy against stigmatisation and all forms of discrimination of PLHAs through the dissemination of IEC materials in the catchment area, provision of health education sessions at the facility, referral networking and community meetings.

SECTION 4

Voluntary Counselling and Testing Sites

4.1 Choice of VCT site and scope of services

The choice of a VCT site is dependent upon on its accessibility to potential clients. Topography, distance, transport availability and cost must be considered before a VCT site is established. In addition, it is important to ensure availability of referral facilities for follow up care and treatment.

In Tanzania, the most common models are facility based, stand-alone and outreach. VCT sites shall only be allowed to operate with the approval of the District Medical Officer, who will inspect the proposed sites for registration and accreditation.

Self-testing is not recommended in Tanzania.

4.2 Types of VCT sites

It is important to ensure that VCT sites are easily accessible so as to meet the needs of the population in their catchment area including those of vulnerable population groups such as youth, migrant workers and pastoral communities and people with high-risk behaviour. VCT service delivery can be implemented in different models, each with its own benefits and challenges. Some of the existing models of VCT sites in Tanzania include:

- Facility-Based
- Stand-Alone (or free-standing sites)
- Outreach

Facility-based VCT services

Facility-based VCT services are normally provided in an integrated manner alongside other health services in hospitals and clinics run by the government, NGOs, the private sector or Faith-Based Organizations (FBOs).

The following conditions shall apply for facility-based VCT services:

- All government health facilities shall be supported to run VCT services;
- Faith-Based Organization, NGO, and private sector facilities providing VCT services shall meet the national standards;
- VCT sites shall have to establish referral links to routine services in the facility, as well as to care and support services provided by NGOs and FBOs within or outside their catchment area;
- Health facilities located close to the community receiving outreach VCT services shall serve as referral centres.

Stand-alone (or free-standing) Sites

VCT services can also be set up as stand-alone sites in community centres, youth clubs or learning institutions. This type of site increases access for specific groups. However, the establishment of such sites shall adhere to the following conditions:

- They shall be established on the basis of demand
- They shall be formally linked to affordable preventive, care and support services offered by different facilities/organizations.

Outreach / Mobile VCT Services

This model is used for very specific target groups that may otherwise not access health services, such as pastoral communities and other hard-to-reach remote populations. The following are conditions for operating outreach VCT services:

- Outreach services shall be provided where there is demand, in hard to reach areas and to underserved mobile populations.
- Wherever possible, outreach VCT services shall run in conjunction with other outreach services.
- Outreach VCT services shall be linked to care and support services, adhere to the same protocols and procedures followed by other VCT services and shall be provided on site.

Self-testing

Use of self-testing kits is not recommended in Tanzania.

4.3 Specific Guidelines for Non-government VCT Services

- Privately run VCT services shall be provided by MOH-certified Counsellors in premises that meet the specifications and approval of the MOH. This will ensure quality.
- All applications for the establishment of non-government VCT sites shall be handled and approved by the District Medical Officer of the respective district.
- Testing reagents, procedures and algorithms used in non-government VCT services shall be the same as those stipulated in the National VCT Guidelines.
- Non-government VCT sites shall monitor and evaluate their services using tools approved by the MOH and submit reports to the District Medical Officer.

SECTION 5

HIV / AIDS Counselling

5.1 Counselling Goals

Being diagnosed as HIV positive has a life-long impact on the client. It has many implications including psychological, social, physical, spiritual, economical, professional, legal and educational. HIV counselling is therefore very important. It serves to meet the following major goals:

- ✧ To explore the client's knowledge on HIV/AIDS and provide correct
- ✧ Information
- ✧ To assess the client's potential exposure to HIV
- ✧ To explain the process of testing
- ✧ To help the client make an informed choice whether to test or not
- ✧ To help the client prepare for the test result and issues that may arise after learning their HIV status
- ✧ To cope with the implications of the test result
- ✧ To bring about behavior change in order to prevent further transmission
- ✧ To access the services for treatment and care and support

HIV/AIDS counselling includes two counselling sessions: pre-test counselling and post-test counselling. Places where HIV/AIDS counselling is provided include VCT sites, PMTCT sites, ANC, TB and STI clinics and blood donation centres.

5.2 Counselling Approaches and Types

It has been proved that a client–centred approach to counselling is most effective and that counselling interventions are able to bring about behaviour change. All counselling interventions shall use an interactive approach.

In resource-constrained situations, while one-to-one counselling is preferable, group counselling allows more cost-effective use of limited resources. It also allows exchange of experience between clients. Regardless of the approach used, all counselling sessions should be conducted in an environment that ensures privacy and confidentiality and adequate time and attention should be provided to the client.

Individual Counselling

Individual counselling is a one-to-one dialogue between the Client and the Counsellor.

- ✧ Clients shall have access to follow up counselling sessions as often as needed until an informed choice/decision is made.

Couple Counselling

Couple counselling is a dialogue between a Counsellor and individuals in a sexual relationship.

- Clients shall have access to couple counselling when desired
- Before conducting couple counselling, Counsellors shall ensure that each partner has given informed consent for VCT
- Most aspects of counselling can be provided to couples together but risk assessment, testing and disclosure should be conducted individually unless otherwise specified.

Group Counselling

Group counselling is a dialogue that involves a Counsellor with more than two individuals in the same situation.

- Persons in polygamous marriages shall be encouraged to receive counselling together in a group or separately, with husband-wife as couples.

5.3 Counselling for Special Groups

Children

Children may not understand the full implications of undertaking VCT or have the emotional capacity to cope with a positive test result. Moreover, not all requests for testing have the best interests of the child at heart. The child must be protected at all times so that the testing service is not used to his/her disadvantage. The Counsellor must always remember that a guardian bringing a child for testing may have hidden motives.

- Counselling and testing of children below 16 years of age shall be carried out only when the Counsellor has determined and is satisfied that it is in the best interest of the child and not otherwise and should involve parents and guardians.
- Before a child is tested, he/she must be involved in the dialogue and the parent or guardian must approve the testing.
- In giving results to a child below 16 years of age, the Counsellor will counsel both the child and the parent/guardian before the results are communicated.
- The Counsellor shall talk to parents or guardians separately first, then the child alone and later with parents and child together.

- For children who test HIV-positive, long-term supportive counselling is imperative. Enrolling the support of school principals and selected class teachers upon the consent of the school-going child and parents/guardians may be required. Stigma directed against the sero-positive child from both teachers and pupils is common and must be averted.

- Emancipated minors, i.e. those who are married, pregnant or those that could engage in behaviour that puts them at risk or are sexually active should be considered as 'mature minors' who can participate in the dialogue in the VCT process.

- A guardian consent form for testing a minor or client with communication disability must be filled before testing is done.

Adolescents

Adolescents constitute a significant proportion of the Tanzanian population, currently estimated at about 31 percent. A high percentage of adolescents are sexually active and practice unsafe sex. Consequently, the majority of them are highly vulnerable to sexual and reproductive health problems that include sexually transmitted infections and HIV/AIDS (Adolescent Health and Development Strategy, 2004-2008).

In Tanzania 18 years is considered the legal age of consent. Any person above 18 years may seek and receive VCT on his own without the consent of a parent or guardian.

As age of sexual debut is often much lower than 18 years it is important that adolescents get access to VCT services for their own health. Most HIV infections occur in late adolescence. VCT service providers must understand the special vulnerability of adolescents and especially adolescent girls.

- Adolescents, who are married, have children or practice unsafe sex shall be categorised as 'mature minors' and permitted unrestricted access to VCT programmes.

- VCT services shall be organised to be adolescent/youth-friendly.

- Counsellors shall receive special training for handling adolescents.

Persons with Disability

Adults with disabilities may have difficulties in accessing VCT services. In this regard:

- Counselling and testing of persons with disabilities that affect proper communication and normal mental processes shall be carried out only when the Counsellor is satisfied that it is in the best interest of the disabled person to do so.

    - Clients with a mental handicap who may be incapable of making informed choices shall be tested only with the written consent of their next of kin, legal guardian or court of law.

- Clients of unsound mind (treatable mental disorder) shall be offered VCT once their mental disorder has been treated and they are capable of providing informed consent.

- Disabled persons who have no communication disability shall be treated like any other client.

Pregnant Women

VCT is an entry point to Prevention of Mother to Child Transmission (PMTCT) programmes. Currently, there are effective interventions to reduce Mother to Child Transmission (MTCT) of HIV. VCT programmes in Ante Natal Care (ANC) are effective interventions in PMTC.

✧ Pregnant women shall undergo routine counselling and testing as well as counselling on specific issues regarding prevention of MTCT of HIV (see PMTCT guidelines for further elaboration).

✧ All pregnant women who receive VCT shall also be provided with infant feeding counselling.

Pre-marital Counselling

Pre-marital counselling accompanied by testing is among the reasons for visiting a VCT site. Some faith-based leaders encourage pre-marital HIV testing as a requirement before marriage. While pre-marital counselling and testing for HIV is a good idea, it should not violate the human rights of those undertaking the test.

✧ Pre-marital VCT shall be completely voluntary and based on informed consent.

✧ Test results as a result of pre-marital counselling shall be released to individual clients. The Counsellor shall not release such results to a third party.

✧ Couples found negative during pre-marital counselling must be informed of the window period and advised to come back in three months for another test and to maintain safe sexual practices in the interim.

5.4 VCT Client Registration

VCT registration does not have to be anonymous. However, all VCT sites must ensure confidentiality of client information. The following procedure shall be followed:

- The client shall register by name and be given a code number, which shall be the client's only identification with the VCT service during subsequent sessions.

- Orientation to the VCT process shall be provided on registration.
- All variables on the registration card should be filled in correctly.
- Completed registration forms should be handed over to the Counsellor.

5.5 Pre-test Counselling

During the pre-test counselling session, the client is prepared for the test by a Counsellor to receive pertinent information on HIV/AIDS and assess his/her readiness to take the test. The client is also given the opportunity to consider the meaning and impact of the test results on his/her life.

- No HIV test shall be performed without pre-test counselling.
- The Counsellor will explore the reasons for a client's decision to test, conduct personalized risk assessment and jointly develop a risk reduction plan with the client, provide assurance of confidentiality and inform the client on the manner in which the test results will be communicated.
- To ensure proper risk assessment in addition to the client's own perception of risk, it is important that the Counsellor assesses the actual level of risk by asking explicit questions about the client's various practices including: sexual practices, drug using practices, occupational practices, and whether the client has undergone blood transfusion or any other surgical procedure.

5.6 Client Consent for HIV Testing

A client must not be tested without giving informed consent. The following must be observed:

- Before counselling is carried out the Counsellor must ascertain that the client is undertaking the test voluntarily and understands that he/she can interrupt or stop the process at any point.
- The Counsellor shall ascertain that the client's mental state is sound and that he/she is not under the influence of any substance or undue pressure from any source. In case of doubt, the Counsellor should consult or refer the client to senior colleagues.
- Where HIV testing involves a person who is unable to provide consent, a close relative or next of kin shall be given information and asked to give this consent.

5.7 Post-test Counselling

Post-test counselling takes place after the test for HIV has been done. After being tested, the client is counselled again to prepare him/her to receive and cope with the test results. In this counselling session the Counsellor will also work with the client to develop a risk-reduction plan for those who test negative and steps that the client can take to live positively for those who test positive.

Revealing test results is the most critical stage in the VCT process. HIV test results should be given within the shortest possible time. Delaying test results may result in clients' not coming back for them.

- The Counsellor shall ensure that the client is ready to receive the test results.
- The Counsellor shall provide the test results in a manner that leaves no room for ambiguous interpretation
- The Counsellor shall disclose the test results directly, slowly and in an even tone of voice, as devoid of emotion as it is possible under the circumstances.
- Test results are given verbally only to the tested client, and after adequate preparation.
- Written test results MUST be certified by a registered laboratory technician or pathologist.
- Occasionally, a client may wish to have his/her test results communicated by telephone. While this may not be a major problem if the test is negative, if the test is positive it may provide a loophole for erosion of confidentiality. Test results must NOT be communicated by telephone.
- The Counsellor shall provide supportive counselling regardless of HIV test results
- The Counsellor shall review risk reduction strategies developed during pre-test counselling and support their implementation.
- Clients who test negative shall be counselled to remain negative through reinforcement/adoption of safe sexual behaviour and/or adherence to infection prevention practices.
- For clients who test positive, the Counsellor shall discuss a plan to reduce further HIV exposure risk and prevent HIV infection to others.
- The Counsellor shall discuss strategies for partner disclosure and support their implementation.
- The Counsellor shall discuss with the client the potential implications the test results might have for the individual and for his/her spouse and family.
- The Counsellor shall inform the client about relevant care and support services that exist depending on the client's needs.
- The Counsellor shall link clients to support groups such as those for PLHAs and post-test clubs or assist them to form such groups.
- The Counsellor and the client shall agree on the need for follow-up counselling and schedule more sessions.
- The client shall be given the option to return for further counselling as the need arises.

Discordant Couples

- ✧ In case of discordance, post-test counselling shall be done separately first. During this session the positive partner shall be encouraged to share his/her results with his/her partner. However, the decision to share test results must be jointly agreed upon by both partners.
- ✧ The Counsellor shall give pertinent HIV/AIDS information that has a bearing on their discordant status including the window period, safe sex, childbearing and breastfeeding and family planning.
- ✧ The negative partner shall be advised to return for a repeat test in three months.
- ✧ The Counsellor shall not take sides

5.8 Testing without Counselling (Unlinked HIV testing)

Testing may be carried out without any intention of releasing test results to the tested individual. This happens in surveillance and research activities to monitor the HIV/AIDS epidemic or for blood donors. With these few exceptions, all testing must be accompanied by counselling.

- ✧ Unlinked HIV testing shall not be part of a VCT programme.
- ✧ Persons undergoing unlinked HIV Test shall be referred to VCT sites if they wish to receive their test results.

5.9 Disclosure of Test Results

Disclosure of HIV test results is an important indicator of the acceptance of one's HIV status. It is a strategy for risk reduction and behaviour change. Furthermore, it is an indicator of acceptance of the presence of HIV/AIDS in the society and contributes to stigma reduction. All individuals attending VCT services shall be encouraged to disclose their HIV test results to their partners regardless of the outcome of the results.

- ✧ Counsellors shall explore strategies for safer disclosure to suit individual clients wishes.
- ✧ Counsellors shall provide supportive counselling for implementation of disclosure strategies.
- ✧ A client consent form shall be filled before test results are disclosed to a third party.

5.10 Ethical Code of Conduct

Confidentiality is a pre-requisite for the provision of VCT services. While a breach of confidentiality may be unintentional, the effect of a breach of confidentiality can be serious and may result into a client being stigmatized and discriminated. A deliberate breach of confidentiality is unethical and should be avoided at all costs. To ensure adherence to ethical code of conduct:

- ✧ Counsellors shall ensure privacy of clients during counselling.
- ✧ All personnel that are handling clients in the VCT site shall treat information obtained during counselling and HIV test results confidentially.
- ✧ No HIV test shall be performed without informed consent from the client.
- ✧ Only code number and date shall identify specimens for HIV testing.
- ✧ Laboratory test results shall be kept safely under lock and key and released only to authorized persons.
- ✧ Test results shall not be released to a third party without a client's written consent.
- ✧ Counsellors shall promote shared confidentiality with their clients and encourage them to share their sero-status with their significant others as well as health personnel in cases where referral to care and support services is necessary.
- ✧ Counsellors must avoid stigmatising their clients and instead assist them to deal with stigma.

At the same time, the provision of VCT services is faced with ethical dilemmas. Some of the common ones revolve around refusal of partner notification by a positive client, mandatory testing and clients not showing up for their results. In such cases, Counsellors should assess the potential impact of these dilemmas on the client's life and refer serious cases to higher levels.

5.11 Managing Client Records

Well-kept records ease access to client data when needed, promote the confidence of clients on the services and also assist Counsellors to maintain effective follow-up. All efforts should be made to keep records confidential and in a secure place. Client records shall be released only to authorized persons.

- ✧ The Client Register shall always be kept under lock and key and be managed by a responsible person.
- ✧ Records shall be kept for the longest allowable period and properly destroyed thereafter.
- ✧ In outreach programmes, all records shall be transported in a secure device.
- ✧ All electronically stored data shall be password-protected and completely erased when they are no longer needed.

SECTION 6

HIV Testing

6.1 HIV Testing

HIV testing is a central component of VCT. It is done on the client's free will and conscious decision to get tested. The main aim of VCT is to create an environment that encourages as many people as possible to know their HIV status and learn about different ways to protect themselves and others from being infected.

6.2 Basic Standards for HIV testing

The Setting:

- ✧ All VCT sites shall have HIV testing protocols clearly displayed and strictly adhered to
- ✧ HIV testing shall take place in the VCT site or laboratory facility
- ✧ Before blood can be tested for HIV, informed consent has to be obtained from the client
- ✧ Procedures for sample drawing and processing must adhere to the Infection
- ✧ Prevention Control (IPC) guidelines of the MOH
- ✧ All blood drawn from a client shall be properly labelled with the client's code number and not the client's name
- ✧ HIV test reports should only indicate the CID number and not mention the client's name
- ✧ All non-laboratory health personnel performing HIV testing using Rapid tests shall undergo training and shall be supervised by a registered Laboratory Technician
- ✧ All VCT testing sites should participate in a quality assessment programme by sending 5%-10% of their specimens to the district laboratory for re-testing
- ✧ There shall be no discrimination of ink or paper based on test results. The appearance of test reports shall be the same for HIV positive and negative serostatus.

For an Outreach VCT setting:

- ✧ HIV test reports should leave the laboratory in a sealed envelope, addressed to one person, such as the counsellor, and transported in secure manner.

6.3 Laboratory Diagnosis of HIV Infection

The diagnosis of HIV infection is based on the detection of HIV antibodies in the blood or other body fluids of infected persons. The accuracy of HIV test results is very important because it has a strong bearing on an individual's life and decisions thereafter.

Testing Kits

Having standardised kits has many advantages. The choice of the test kit shall be governed by various characteristics including: specificity, sensitivity, cost, ease of use, type of sample, speed of testing and logistical considerations.

Frequent changes in test kits should be minimal. Where new kits show better performance characteristics new tests and algorithms may be adopted, followed by appropriate training.

- ✧ The MOH must assure uninterrupted and adequate supplies of test kits and their regular evaluation.
- ✧ The Ministry of Health must approve test kits before they are used. Only registered kits shall be used.
- ✧ New HIV testing kits and technologies shall be reviewed regularly by the MOH in order to recommend the best performing tests.
- ✧ Test kits must have high sensitivity and specificity for the detection of HIV-1 and HIV-2.
- ✧ Tests that will provide same day quality results shall be preferred.

Testing Algorithms

Advances in technologies have led to the development of a wide variety of rapid HIV tests. Rapid tests are suitable for performance of single tests, are easy to use and can be carried out by any health worker who has received appropriate basic training. In addition, most can be stored at wide temperature ranges (2-30^{0}C). Furthermore, the diagnostic performance of high-quality rapid tests is comparable to that of the traditional ELISA test.

Rapid HIV testing requires the application of two tests run either in parallel or sequentially.

- ✧ The MOH shall provide testing algorithms to be used. The current testing algorithm in use is one that uses two sequential tests. (See Figure 2).

Logistics and Storage of testing kits

Some of the recommended rapid tests are temperature sensitive and must be stored according to manufacturer's recommended conditions.

To maintain a credible VCT Programme it is very important that the supply chain is not interrupted. A logistics system that ensures timely supplies to VCT sites and good security must be in place. In addition, the following conditions must be met:

- ✧ The MOH shall ensure a reliable and continuous supply of test kits to VCT sites.

- ✧ Users of test kits shall ensure that the test kits are stored safely within recommended storage conditions

- ✧ DMOs shall make orders of test kits from MSD using the normal MOH indent system used for ordering drugs and other supplies.

- ✧ Transportation and distribution of test kits shall use the established mechanism through which drugs and other supplies are distributed nationwide.

6.4 HIV Test Characteristics

Biological assays are not always accurate. Each biological assay has the potential to give false positive or false negative results. The accuracy of a certain assay is dependent on the sensitivity, specificity and predictive value. All clinical HIV testing requires repeated HIV antibody assays to be undertaken.

A false positive result is a result that reports a client's specimen as being HIV infected when in fact it is not infected. Potential reasons for false positive results include technical error, serological cross reactivity, repeat thawing and freezing of sample, temperature and false storage conditions.

A false negative result is a result that reports a client's specimen as not being HIV infected when in fact it is infected. The most common reason for a false negative HIV antibody result is that the patient is currently within the window period.

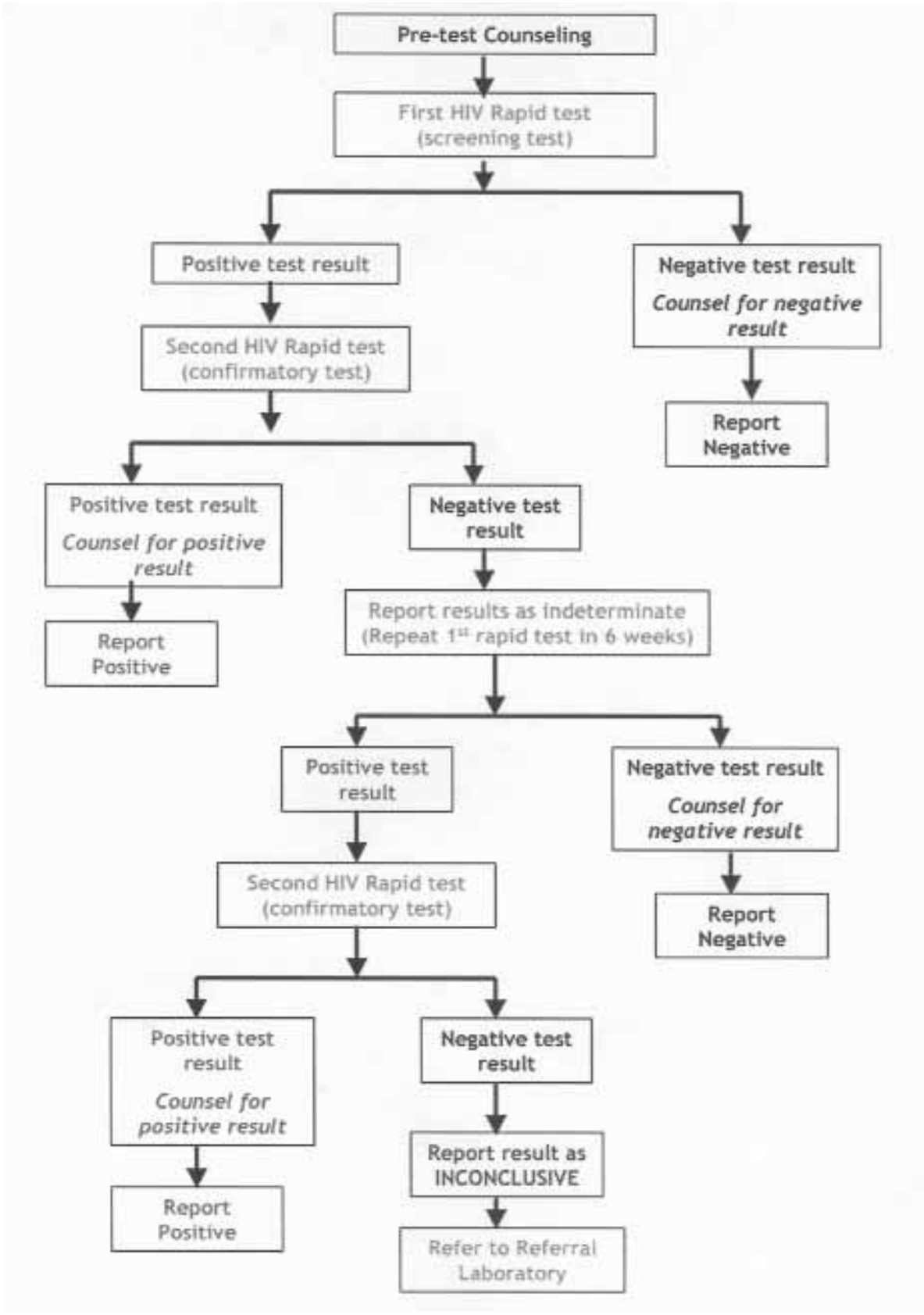
The Window Period

A negative result does not necessarily mean that the client is not HIV infected. It could mean that the client was recently infected with HIV and the infection is still in the window period and the antibodies present are not detectable by the applied tests. The window period can last up to 12 weeks.

- ✧ The Counsellor shall clearly explain the meaning of the window period.

- ✧ Persons testing negative for the first time shall be counseled to avoid risk behaviour and come for a re-test after 3 months.

Figure 2: Counselling and Testing Algorithm recommended for use in VCT sites in Tanzania



Nosocomial Infection

Health facility-related exposure to HIV and related infections from clients to health workers and vice versa can be minimized by observing safety precautions as specified in the national Infection Prevention and Control Guidelines of the MOH. Providing health care to HIV/AIDS infected clients potentially exposes health care workers to infected blood and bodily fluids. The risk is greatly minimized by applying the Universal safety Precautions

- ✧ All work-related exposure to HIV shall be reported to the supervisor immediately.
- ✧ The supervisor shall document and manage the exposure in line with the MOH guidelines for post-exposure prophylaxis (Ref: National Guidelines for Clinical Management of HIV/AIDS).
- ✧ Health facility/VCT site management shall ensure that its staff are well trained in Universal Safety Precautions and establish means of enforcing compliance.

Cost of Testing

Due to the urgent need to massively upscale VCT, it is important that obstacles to undertaking VCT are reduced to a minimum. Before the introduction of free testing, high testing costs were one of the major barriers to VCT. To address this problem:

- ✧ There shall be no user charges for VCT services in government health facilities.
- ✧ Private health facilities providing VCT services that receive free test kits from the government may charge a modest fee to cover administrative costs.

6.5 Screening for other disease conditions

A VCT programme may facilitate screening for other disease conditions such as STIs, Hepatitis viruses and other blood borne infections using blood already drawn for HIV testing.

- ✧ The Counsellor shall refer clients who require additional testing other than HIV testing to appropriate facilities.

SECTION 7

Infrastructure, Human Resources and Basic Organisation of Voluntary Counselling and Testing sites

7.1 Labelling of VCT sites

Signboards should be placed at the VCT site for easy recognition. The signboards can indicate the type of services provided, e.g. 'Voluntary and Confidential Counselling and Testing Centre' and include the location (e.g. building name, room number), and operating hours. There should be no mention of the word 'HIV/AIDS' in any of the labels.

- ✧ A VCT site shall have a clearly labelled signpost so that clients can easily identify and access it.

7.2 The VCT Set-up

VCT sites shall be organised in a manner that is convenient to the client (client-friendly). All measures shall be taken to assure that the client feels as comfortable as possible from the first contact point and throughout the entire counselling and testing process.

In this regard, a VCT site must meet the following general specifications:

- ✧ Have enough space for reception, waiting area, counselling, testing and wash rooms.
- ✧ Be easy to locate through the use of signboards.
- ✧ Ensure privacy and confidentiality both during counselling sessions and of the information collected in the process.
- ✧ Have providers with friendly attitudes towards clients.
- ✧ Schedule and adjust operating hours as needed to cater for the different needs of the population served.

The Reception

- ✧ The reception area shall meet all conditions of privacy and confidentiality.
- ✧ It shall be furnished with two chairs and a table with lockable drawers for safekeeping of clients' records. For outreach services, mats or stools may be used and the counselling session can be held in a secluded open area that allows for privacy.

Waiting Area

- ✧ The waiting room shall be adequately spaced, well furnished and have a comfortable seating arrangement.
- ✧ Health education materials including those with information on HIV/AIDS shall be displayed and distributed liberally. Where available, audio and audio-visual equipment can also be used to relay and disseminate health information.

Counselling Room

The counselling room shall be clean, well ventilated, well lighted and assure privacy. It shall be furnished with the following important equipment and furniture:

- ✧ A table with lockable drawers
- ✧ At least three (comfortable) chairs to allow for couple/group counselling
- ✧ Lockable cupboard for client records
- ✧ Disposal bin for sharps as stipulated in the Injection Safety guidelines by the MOH and foot-operated buckets for other waste
- ✧ Running water, wash basin, soap and disposal towels.

Testing Room

A separate room or curtained-off space shall be set aside for testing.
The testing room shall offer privacy and have the following equipment:

- ✧ Two chairs
- ✧ A table
- ✧ Lockable cupboard
- ✧ Running water, wash-basin, soap and disposal towels
- ✧ Disinfectant and antiseptics
- ✧ Disposal bin for sharps and foot-operated buckets for other waste
- ✧ Refrigerator or cool box with ice
- ✧ Enough supplies including gloves, syringes, needles, lancers, tourniquet cotton wool
- ✧ Testing kits according to approved algorithm

7.3 Human Resources for VCT Sites

VCT sites need to have adequate human resources to provide the services required. The number of staff will depend on resource availability and size of the VCT site. However, the minimum requirement of core VCT staff shall include:

1. Two full-time trained Counsellors
2. A Laboratory Technician

Possible variations depending on the size and type of site:

- ✧ In a fully integrated service, some of these staff shall be shared with other services.
- ✧ In stand-alone sites a guard may have to be employed to ensure security of the site.
- ✧ If the VCT site is part of a larger VCT programme, a VCT Manager/Supervisor who shall oversee the operations of the programme shall also be made available to provide guidance and support.

Counselling staff

Ideally, a VCT Counsellor should counsel not more than six clients a day. In cases where services are integrated and Counsellors have other duties, additional Counsellors will be needed. Wherever possible, having Counsellors of both sexes is preferable. Age and other factors, e.g. culture of the population served should also be taken into consideration.

Only trained Counsellors shall carry out VCT counselling. Non-health Counsellors may be used where there are limited human resources. Trained Counsellors and non-health Counsellors should have sufficient skills to offer comprehensive VCT services.

Laboratory staff

Only trained Laboratory technicians from recognised institutions that are approved by the MOH shall be appointed to perform HIV tests. A Registered Laboratory Technician shall supervise quality assurance and control of HIV testing at the site.

Clinicians

Clinicians serving in a VCT site should be trained in principles of HIV/AIDS case management and diagnosis, and treatment of opportunistic infections. They should also understand the concept of HIV counselling and be sensitised to interact with HIV positive clients in a sensitive and non-judgmental manner.

7.4 Service Delivery

Service delivery in VCT sites shall follow the following 4 main steps:

1. Client registration
2. Pre-test counselling
3. Blood collection (if client voluntarily decides to test)
4. Post-test counselling and disclosure of results during which follow up counselling is scheduled and/or client is referred for medical treatment or other services including ART.

SECTION 8

Training, Supervision and Certification

8.1 Training for VCT – An Overview

All VCT sites shall build a well-trained, committed and multidisciplinary team of Counsellors. Currently, there is a big shortage of counselling staff; the few available work on part time basis and are assigned multiple duties. Different training approaches with different durations and curricula are used. There is, therefore, a strong demand for training more Counsellors using standardised curricula.

The following are the ground rules for training in VCT sites:

- ✧ All staff selected to work as VCT Counsellors shall receive adequate training so that they are qualified to perform the work. Plans should be in place for ongoing training to ensure continuous updating of knowledge and improvement of skills to keep up with the epidemiological and social trend of the epidemic.

- ✧ All VCT Counsellors should be trained in recognised institutions using the National VCT training guidelines and curriculum prepared by the MOH. These guidelines should be used for all VCT-related training in Tanzania.

- ✧ Refresher and in-service training should be provided to maintain and improve high-quality counselling and testing services. In addition, all staff and volunteers involved with the VCT site, including the Receptionist, Drivers, Medical Records Officers and Secretaries where applicable, should receive basic introductory training in the role and purpose of VCT, the delivery of services, basic communication skills and the need to observe strict standards of confidentiality.

- ✧ Training in specialised counselling shall be provided for those providing counselling for special groups such as children, the handicapped and others. Wherever possible, PLHAs shall be recruited for training as Counsellors.

- ✧ Candidates to be trained as Counsellors can be drawn from health care workers and non-health care workers such as teachers, social workers and religious workers. They shall then be given basic counselling training. Curricula and Training Materials shall be developed for this.

HIV/AIDS Counsellor training shall take a MINIMUM of SIX WEEKS WITHOUT INTERRUPTION

8.2 Training Centres and Trainers

The MOH shall provide a mechanism that will facilitate accreditation of the identified institutions (zonal), NGOs and FBOs to empower them to provide all kinds of Counsellor training. It shall also identify a list of accredited training institutions and a team of trainers to carry out all Counsellor training.

- ✧ Counsellor trainers must be qualified Counsellors themselves.
- ✧ National curricula and training materials shall be used in all VCT Counsellor training to ensure standardisation and quality.
- ✧ The training materials to be used for the different courses shall be developed on the basis of the curriculum and shall be coordinated by the MOH.

8.3 Application procedures and Applicants' qualifications

- ✧ Applications to the Counsellor-training course shall be addressed to and processed by the CHMT or relevant authority.
- ✧ Applicants must have the following qualifications:
- ✧ Demonstrate ability to work and interact with different groups of people.
- ✧ Be fluent in both English and Kiswahili.
- ✧ Possess a minimum education of level of Form Four.

8.4 Types of Training

There are two main types of training that should be provided for VCT staff:

- ✧ **Pre-placement training:** This shall be provided for identified VCT Counsellors based on modules developed by the MOH prior to working in a VCT site.
- ✧ **Ongoing training/refresher training:** VCT Counsellors shall participate in refresher training (at least once a year) to upgrade their counselling skills.

Pre-placement Training

Counsellors

Each facility shall train a minimum of 2 Counsellors drawn from the workforce of the facility. For stand-alone sites non-health professionals may be also be considered for training.

Trainers of Counsellors

The Training of Trainers' (TOT) course shall follow the National TOT Curriculum and shall be of two weeks duration, with the following pre-requisites:

- ✧ Trainers shall be drawn from existing Counsellors with at least two years of practical field experience in counselling who show interest and ability to train and providing leadership.
- ✧ Counsellors wishing to undertake the TOT course shall follow the same application procedures as those for Counsellors.
- ✧ Candidates for the trainers' course shall be nominated at the District/ Regional level and approved by the MOH.

Supervisors

The supervisors' training course shall be of two weeks duration and shall follow the National Curriculum for training of VCT supervisors.

- ✧ Candidates for the Supervisor's course shall be experienced Counsellors.
- ✧ The process of selection is similar to that of the TOT course.

Laboratory Technicians

Identified laboratory technicians must be trained in HIV testing technology and record keeping. Five-days orientation training should be conducted by a National Reference Laboratory and followed by a refresher training (1-2 days) once a year.

Paramedical and Ancillary staff

- ✧ In-charge of facilities shall ensure that all personnel involved in the process of providing VCT, including Receptionists, Guards and Cleaners, receive basic training on ethical code of conduct and infection prevention procedures.
- ✧ The duration of training shall be 3 days
- ✧ The training schedule should be flexible and shall take into consideration the specific staff situation at the facility to avoid disruption of service provision.
- • Counsellors and TOTs shall provide this training on site.

On-going / Refresher Training

HIV/AIDS is an evolving epidemic that brings up different challenges. The need for different counselling knowledge and skills is also rapidly changing and Counsellors need to keep abreast with these changes. Continuing education in a VCT setting is inevitable.

- ✧ All Counsellors, Supervisors and Trainers shall undergo refresher courses in counselling and other HIV-related aspects.
- ✧ The training content shall be based on new developments in the area of HIV/AIDS and specific identified needs.

8.5 Supervision

Follow up and supportive supervision are important to make sure that VCT services are provided according to set standards, guidelines and protocols as well as to guide capacity building of the different implementers at different levels.

Counselling supervisors should regularly monitor counsellors by observing counselling sessions, facilitating case discussions and providing feedback. Counsellors should be given continuous support to improve their counselling skills.

- At national level, the MOH shall be responsible for overall administrative and technical supervision. At regional and district level administrative supervision shall be provided by RHMTs and CHMTs in collaboration with the facility administration.
- Supervisors shall provide technical supervision of Counsellors.
- A registered laboratory technician shall carry out HIV testing on a regular basis under the supervision of the CHMT.
- The Facility management shall facilitate Counsellors to consult each other formally and informally and a specific time set aside for problem-solving sessions.

8.6 Certification

In order to maintain high standards of counselling for VCT, only recognised training institutions providing counselling training and trained Counsellors shall be permitted to provide training and counselling for VCT in the country. The MOH shall establish curriculum for Counsellor training which shall be used to assess Counsellors trained elsewhere.

Certification of Training Institutions

Certification of training institutions providing Counsellor training for VCT shall be handled by the MOH. Voluntary Agencies, NGOs, CBOs and other privately facilities wishing to provide training for their own Counsellors shall apply to the MOH for certification. Certified institutions must meet the following criteria:

- ✧ Have the capacity to accommodate the desired number of trainees.
- ✧ Have linkages with appropriate sites for practical training sessions.
- ✧ Have a minimum of 4 qualified Counsellor trainers and 2 registered laboratory technicians
- ✧ Have relevant and sufficient training materials for the courses offered.

Certification of Counsellors and Supervisors

Training centres shall issue certification for the basic Counselling, Counsellor-Trainer and Counsellor-Supervisor courses they provide.

- ✧ Counsellor and supervisor certification may be withdrawn by the MOH upon recommendation by the RHMT/CHMT.

SECTION 9

Quality Assurance

9.1 Quality Assurance

Quality Assurance activities in a VCT setting are essential to ensure the provision of quality counselling and accurate and reliable HIV testing. The quality of counselling has an implication on the outcome of a client's decision to test or not to test as well as how the client handles and copes with the test results. Also, regardless of whether a test result is positive or negative, it has major implications on a client's life. In this regard, HIV testing must be done properly using reliable tests, reagents and correct procedures. Uncertain test results must be minimized to the extent possible. Where doubts exist, testing should be repeated or clients referred to better-equipped facilities. No room should be left for variable interpretation. Quality Assurance Protocols shall be developed and made available to all persons working in and managing VCT programmes.

9.2 Quality Assurance of HIV Counselling

It is the duty of the Counsellor to ensure that quality of services at the site is maintained at the highest attainable standards. The Counsellor-Supervisor is responsible to provide technical support to Counsellors to ensure quality VCT services.

- ✧ Counsellors shall undergo standard VCT training as per the national curriculum and possess the requisite certification.
- ✧ Periodic technical supervision shall be done to ascertain that Counsellors continually demonstrate ability to perform counselling.
- ✧ Standard Operating Protocols shall be used to guide the counselling process. These protocols include steps and approaches for use in different population groups and settings, timely return of test results, and referral to appropriate care and support services.
- ✧ Periodic quality assessment surveys shall be conducted to determine the quality of VCT services provided.

9.3 Quality Assurance of HIV Testing

HIV testing must be done in a proficient way using quality HIV test kits and correct procedures. Persons carrying out HIV testing must be trained and continuously upgraded to be able to handle new and emerging testing technologies. Also, before HIV test kits are authorised by the MOH for use in the country, an approved health laboratory shall evaluate them locally.

- ✧ All VCT sites shall perform HIV testing according to approved HIV testing protocols
- ✧ VCT sites shall use viable test kits procured from recognised, reputable sources and approved by the MOH
- ✧ Periodic external quality assurance organised by the MOH shall be carried out at VCT sites. This will include re-testing of some VCT sites' specimens in the laboratory.
- ✧ Quarterly on site monitoring shall be conducted by the District Laboratory Technician to ascertain the quality of tests used, testing processes and procedures and the personnel conducting the tests
- ✧ Test kits shall be stored according to manufacturers' recommendations and shall not be used beyond expiry dates.

SECTION 10

Monitoring and Evaluation of Voluntary Counselling and Testing Services

10.1 Purpose of Monitoring and Evaluation

The purpose of Monitoring and Evaluation is to assess operations and improve practices and procedures in VCT service delivery with the objective to enhance quality and increase their utilisation.

VCT sites must establish systems/mechanisms to ensure that VCT services are closely monitored and continually evaluated. Monitoring shall entail use of information collected routinely and additional information collected periodically for programme management.

The Counsellor, Counsellor-supervisor at the VCT site/facility level, the CHMT and RHMT at district/regional level, and the MOH at central level, shall be responsible for monitoring VCT services at their respective levels on a regular basis.

10.2 Monitoring Indicators

The following monitoring indicators shall be used to monitor VCT service provision in all VCT sites:

- ✧ Total number of persons who were voluntarily counseled, tested and who received test results
- ✧ The proportion of tests that were positive in the previous 12 months (stratified by the type of facility)
- ✧ The proportion of districts with at least one facility that provides VCT services in line with national VCT guidelines
- ✧ The number of VCT sites per district with at least 2 trained Counsellors providing services according to the national VCT guidelines
- ✧ The proportion of VCT facilities applying HIV testing algorithm that is recommended in the national VCT guidelines
- ✧ The proportion of clients who tested positive that were referred for care, treatment and support
- ✧ The proportion of clients who came for VCT counselling and testing as a couple
- ✧ The proportion of clients who identified their partners as significant others during pre-test counselling

Suggestions provided by clients in the suggestion box as well as information obtained from periodic client satisfaction surveys may provide valuable feedback on the operations of the VCT site and on improvements required.

10.3 Data Collection and Information Flow

Every VCT site shall collect information of all VCT activities taking place. This information shall be recorded using different tools as follows:

- ✧ Every client shall be registered in a logbook on arrival at the site and be assigned an anonymous registration card with a code number (Annex 12.3).
- ✧ Clients referred to other services shall be issued with a VCT client referral form (Annex 12.4).
- ✧ Additional client information shall be collected using appropriate VCT Monitoring/Client Registration Form provided by the MOH. A separate form shall be used for each client (Annex 12.6).
- ✧ The Counselling monitoring/client registration form, will be in triplicate. Every end of the month the VCT sites shall send filled copies of these forms to; White copy to MOH/NACP, Pink copy to DMO and Green copy remains at the site.
- ✧ Feedback on the compiled national VCT information shall flow from the National level through the same channel to the point of origin.

SECTION 11

Accreditation of VCT Sites

11.1 Accreditation of VCT Sites

Before a VCT site allowed to operate it shall be assessed to determine its suitability, capacity and preparedness to deliver VCT services. A standard checklist shall be used to ensure that the site has the recommended core staff in place and that basic amenities are available and in working condition. Only sites that meet the set standards and criteria shall be allowed to operate. Accreditation shall be done by a team authorized by the MOH.

- ✧ A system of accreditation shall be established where a facility attaining a certain determined standard shall be awarded a symbol of excellence.
- ✧ Before a VCT site starts operating it must receive the official approval of the District Medical Officer. This shall usually entail physical inspection of the site.
- ✧ The CHMT shall have the power to withdraw the symbol in the event that a facility's performance falls below the set standards.

11.2 Minimum Requirements

Human Resources:

- ✧ 2 qualified Counsellors
- ✧ 1 Receptionist (for stand alone sites)
- ✧ 1 Registered Laboratory Technician (for stand alone sites)

Facilities for Counselling Room:

- ✧ A table with lockable drawers
- ✧ At least 3 (comfortable) chairs to allow for couple/group counselling
- ✧ 1 Registered Laboratory Technician (for stand alone sites)
- ✧ Lockable cupboard for client records
- ✧ Disposal bin for sharps and foot-operated buckets for other waste
- ✧ Running water, wash basin, soap and disposable towels

Facilities for Testing Room:

- ✧ 2 chairs
- ✧ A table
- ✧ Lockable cupboard
- ✧ Running water, wash basin, soap and disposable towels
- ✧ Disinfectant and antiseptics
- ✧ Disposal bin for sharps and foot-operated buckets for other waste
- ✧ Refrigerator or cool box with ice
- ✧ Adequate supplies including gloves, syringes, needles, lancers, tourniquet cotton wool
- ✧ Testing kits according to approved algorithm

Other Requirements:

- Site Registration and evidence of linkage to other care and support services

SECTION 12

Appendices

12.1 Glossary of important HIV/AIDS and VCT terminology

AIDS: Acquired Immunodeficiency Syndrome: the end product of infection by the human immune deficiency virus (HIV)

ANC: Antenatal clinic – a facility where pregnant mothers receive care

Anonymous testing: Client using the VCT service does not give his name and can therefore not be identified with any records or procedures

Anti-retroviral (ARV) Therapy: Any of the new arrays of drugs that can suppress replication of the HIV virus in the body. ARVs are used to manage people infected with the HIV, in prevention of mother-to child transmission and in prophylaxis for HIV exposure

Care and support services: A wide range of services provided to persons with HIV/AIDS and their families. They range from treatment with HAART to provision of legal services

CD4+ cells: White blood cells that are particularly targeted by HIV. The destruction of these cells results in lowered immunity to infections

Client: A person seeking or referred for counselling and/or testing services

Client-centered HIV counselling: A form of interactive counselling where the counsellor assists the client to acknowledge personal risk behaviours and commit to reduce personal HIV risk

Commercial Sex Worker: a person, male or female, who exchanges sex for money or other commodity on a trade basis

Confidentiality: Protection of information on the counselling, testing and test results of the client. It includes all information received from the client (privileged information) as a result of the professional and private interaction

Confirmatory test: A test that is carried out to confirm the presence of HIV in the body after initial rapid tests show indeterminate results

Consent: Agreement by a client with a sound mind to undergo a process of counselling, taking of specimen and testing. A consent form is usually filled for this. Consent may also refer to permission granted by the client to release the test results to other people results

Counselling: A helping relationship where a trained person assists another to find ways of dealing with an identified problem

Counsellor support: Activities undertaken by the counsellor to assist the client to solve his problem

Counsellor: A person who provides counselling to another

Glossary of important HIV/AIDS and VCT terminology - cont'd

Couple counselling: A type of counselling in which persons who live together (marriage, co-habitation) are counseled together

Discordant couples: Situation in which one partner is positive and the other is negative

Discordant results: A situation where one test reads negative and another reads positive

Enzyme Linked Immunosorbent Assay (ELISA): One of the Tests for HIV, sometimes used for confirmation of HIV serostatus or as tiebreaker

Evaluation: Assessment of achievement of stated objectives of a programme

False negative: A situation where blood from an infected person, which should read positive, actually reads negative

False positive: A situation where blood from an uninfected person that should read negative reads positive

Family Planning (FP): An activity undertaken to control fertility

Freestanding VCT site: A testing and counselling centre located outside a health facility

HAART (Highly-Active Antiretroviral Therapy): Treatment of AIDS using certain types of powerful drugs

Health Facility: A place offering health services

HIV/AIDS: A term normally used to describe the presence of infection with HIV with or without clinical manifestations of AIDS

HIV Test Algorithm: Scheme of using HIV kits to test for HIV

HIV Test: Any of the numerous reagents used to determine whether an individual is infected with the HIV virus

Human Immunodeficiency Virus (HIV): The virus that causes AIDS

Informed consent: Permission by a client to receive counselling and testing from a counsellor based on information provided to her by her counsellor

Integration: Steps taken to link services in one area with those of another e.g. linking Outpatient services and a new VCT programme

Interactive counselling: A preferred method of counselling where the client is given a lot of opportunity to express herself to the counsellor

Legal age: Age when a person is considered an adult. In Tanzania the legal age is 18

Legal minor: A person who has not reached the legal age

Glossary of important HIV/AIDS and VCT terminology - cont'd

Non-Governmental Organization (NGO): An independent organization that is not administratively linked to the government but is implementing programmes in a country

Ongoing counselling: Counselling with long-term follow up prospects

Orphan: A child under 15 who has lost both parents

Parallel testing: A HIV Testing protocol where two rapid tests are given at the same time

Persons Living with HIV/AIDS (PLHA): Persons who have been infected by the HIV

Post-Test Clubs (PTC): An organization comprising persons who have had the HIV Test

Posttest counselling: A helping relationship provided by a counsellor after a HIV Test is done

Pretest counselling: A helping relationship provided by a counsellor before a HIV Test is undertaken

Prevention of Mother To Child Transmission (PMTCT): Clinical activities undertaken to reduce the chances of the AIDS virus infecting the child

Quality assurance: Activities implemented to ensure the highest standards

Quality control: Activities undertaken to show that the highest standards are attained

Rapid test: One of HIV Tests that can give results in a very short time

Referral system: An organized set-up in which a VCT centre can access services it cannot offer itself to its clients

Repeat testing: Provision of a second test due to uncertainty over the first one

Serial rapid test: HIV testing where two rapid tests are given one after the other

Sexually Transmitted Infection (STI): - A disease that is spread through sexual relations

Support: Any of a series of activities intended to assist the negative person to remain negative and the positive person lead a positive life

Tuberculosis (TB): An infectious disease that is often associated with HIV/AIDS

Tuberculosis Prevention Therapy (TBPT): Prevention of Tuberculosis using certain drugs such as Isoniazid

Viral load: The amount of HIV circulating in the blood

Voluntary Counselling and Testing (VCT): Testing for HIV that is accompanied by counselling before and after the test and is based on informed consent and voluntarism

Western Blot: One of the methods of testing for HIV often used as a confirmatory test

Window period: The period between infection with HIV and the time their presence can be detected in blood. It is estimated to be between 2 – 3 months

12.2 Client's Anonymous Card

UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH

CLIENT REGISTRATION CARD

Client's Code _____

Client's Name (Optional) _____

Date _____

12.3 Client's Referral Form

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
NACP/CSSU

VCT CLIENT'S REFERRAL FORM

From: .....

Address: .....

To:..... Title: .....

Address:..... Telephone Number: .....

Client's code number:..... Sex ..... Age: ..... Religion: .....

Marital Status:..... Occupation:.....

Reason for Referral: .....

Services rendered:.....

Name..... Title.....

Signature: ..... Date and Official stamp

(Please tear along this line)

VCT CLIENT REFERRAL FORM

PLEASE RETURN THIS PART OF THE FORM TO: .....

Address: .....

Telephone Number: .....

Client's Code Number ..... Sex ..... Age .....

Service offered .....

Date service was offered: .....

Name ..... Title .....

Signature: ..... Date and Official stamp

12.4 Client's Data Form

SUMMARY OF COUNSELLING SESSION

CODE NUMBER OF CLIENT: .....

PRESENTING PROBLEM	COUNSELLING RENDERED	ASSESSMENT OF CLIENT	EVALUATION OF COUNSELLING RELATIONSHIP	TIME SPENT	PLAN FOR NEXT STEPS	REMARKS

12.5 VCT Monitoring/Client Registration Form

MINISTRY OF HEALTH **No.**
NATIONAL AIDS CONTROL PROGRAMME
VCT MONITORING/CLIENT REGISTRATION FORM

1. Date ☐☐ **Month** ☐☐ **2 Year** ☐☐☐☐ **3. Region:**_____

4. District:_____ **5. VCT site name:** _____

6. Site type: ***(Circle Applicable)***
1. *Facility based*
2. *Stand alone*
3. *Integrated*
4. *Out reach*

7. Number of counselling rooms: ***(Circle applicable) 1. None 2. One 3. More than one***
8. Counsellor name: _____
9. Is the counselor trained ***(Circle)*** ***1. Yes 2. No***
10. Name the organization which provided the training:_____
11. Type of attendance ***(Circle)*** 1. New 2. Return/follow up

12. Client code ☐☐☐☐☐☐☐. **Partner code:** ☐☐☐☐☐☐

13. Clients' address _____

14. Sex: (Circle) ***1. Male 2.Female*** **15. Age (Years)** ☐☐
16. Education: ***(Circle)***
1. *None*
2. *Primary incomplete*
3. *Primary completed*
4. *Secondary and above*

17. Marital status:
1. *Presently married monogamous*
2. *Presently married polygamous*
3. *Never married*
4. *Cohabiting*
5. *Divorced*
6. *Separated*
7. *Widow/widower*

If Polygamous, list Partner code:
1. _____
2. _____
3. _____
4. _____

18. Has the client identified a significant other to share results with? 1. Yes 2. No
19. If yes, relationship with the client _____
20. Address ***(of significant other)***_____
21. Type of visit ***1. Individual 2. Couple***
3. Group 4. Polygamous group
5. Guardian
22. Referred from _____
23. Client pregnant? (Circle) ***1. Yes 2. No 3. Don't know 4. Not applicable***
24. Pre-test counselling (Circle) ***1. Yes 2. No***
25. Agreed and tested for HIV ***1. Yes 2.No***
26. Post-test counselling and results given (Circle) ***1. Yes 2. No***
27. Date of informed consent for testing ***(dd/mm/yyyy)*** /____/____/_____/
28. Names of HIV test applied: First test_____ **Second test** _____
Third test_____
29. HIV test results ***1. Positive 2. Negative 3. Inconclusive results***
30. If positive, was the client referred? ***(Circle)*** ***1. Yes 2. No***
31. If referred, to which services? _____

12.6 Client's Consent for Release of Information to Other Persons

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
NACP/CSSU

CLIENT'S CONSENT TO PASS INFORMATION TO A THIRD PARTY

I, ...(client's name) do hereby give permission to.....(Counsellor's name), to inform the following person(s) about my HIV sero-status:

1. .....
2. .....
3. .....
4 .....

.....
Client's Signature

Place ..... Date .....

12.7 Guardian's Consent Form for Testing a Minor or Client with Communication Disability

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH

Guardian's Consent Form for Testing of a Minor and Persons with Communication Disabilities

I.....(name) hereby declare that I am the legal guardian of the minor/disabled person.....(name) and that having been informed and made to understand the need for the said minor/disabled person to undergo counselling and testing for HIV, I give my full consent. I further pledge to uphold the confidentiality of any results that might come into my possession through this testing.

I further declare that to the extent possible I have informed the minor/disabled person of the test procedures.

.....	.....	.....
PARENT/GUARDIAN	COUNSELLOR	SUPERVISOR

Place..... Date.....

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Printing of the guidelines was made possible with funding from Axios Foundation, JICA, CDC and GFATM - Round 3