

PROTOCOL OF VOLUNTARY HIV COUNSELING AND TESTING

1. GENERAL PROVISIONS

This Protocol was developed in accordance with the Law of Ukraine “On AIDS prevention and social protection of the population”, the Cabinet of Ministers’ Decree #264 “On approval of the concept for the government action plan aimed at prevention of HIV/AIDS spread for the period up to year 2011”, and the “National Program of HIV/AIDS prevention, assistance and health care to people living with HIV/AIDS for 2004 – 2008” dated by March 4, 2004; it sets the procedure for voluntary counseling and testing and extends coverage over all government and municipal health care facilities as well as those health care facilities with another forms of ownership, over all NGOs - including international ones – and other organizations and institutions that work in the field of HIV/AIDS prevention, care and support of people living with HIV (PLWHA).

Cooperation between the aforementioned organizations and institutions in this field is a sound demonstration of the successful cooperation between the governmental and non-governmental sectors as well as the effective use of resources available in the country to ensure the prevention of HIV and to improve access to voluntary counseling and testing (hereinafter referred to as VCT) for various population groups in every administrative district of Ukraine.

1.1. TERMS AND DEFINITIONS, ACRONYMS AND ABBREVIATIONS

Active prevention	Prevention of HIV spread through the implementation of a harm reduction strategy and the use of condoms
AIDS	Acquired immunodeficiency syndrome, Stage IV of HIV infection
Anonymous counseling and testing	Counseling and testing without collecting information that identifies specifically the person (passport data: name, last name, patronymic; date of birth, home address, work/school/institute address, etc.)

ARV medications	Antiretroviral medications
ART	Antiretroviral therapy
Counselor	An employee of a public/municipal health care facility or other public/municipal facility/organization/ health facility with another ownership pattern, or a representative of an NGO, who, after adequate training, can do pre- and post-test counseling.
Discordant couple	A couple where one of the partners is HIV-positive
ELISA	Enzyme-linked immunosorbent assay
Group counseling/ informing (GC/I)	Voluntary pretest counseling which is conducted for a certain group of persons having a general purpose for counseling (people who have the examination to get a certificate, pregnant women, etc.) with a view to inform them about HIV transmission routes, infection risks, testing procedure, and teach them to use preventive measures.
HCF	Health Care Facilitie(s)
HIV	Human Immunodeficiency Virus
HIV infection	A disease that is a result of HIV infection; it has several stages of development – from a carrier state to clinically apparent forms
HIV status	Presence or absence of HIV infection in an individual that is confirmed by laboratory testing
IDU	Injection Drug User(s)
Informed consent	Patient’s agreement to undergo testing after he/she, was provided with easy-to-understand pre-test information on the aim and procedure of testing, ways of HIV transmission, prevention, and consequences in case of positive test results.
M&E	Monitoring and Evaluation
MSM	Men having Sex with Men
NGOs	Non-Government Organizations (registered in accordance with the Laws of Ukraine “On Charity and Charitable Organizations,” “On citizens’ associations”), including international ones, that work in the field of HIV/AIDS prevention, care and support of people living with HIV/AIDS)
Patient	A person (regardless of the gender), who came to receive VCT services at health care facilities. This is the equivalent to a client (for non-medical and non-governmental organizations)
PLWHA	People Living with HIV/AIDS
Posttest counseling	Counseling of a patient after the HIV test result has been received.

Pretest counseling	Counseling of a patient before the HIV test is done.
STI	Sexually Transmitted Infection(s)
SW	Sex workers
Supervision	Guidance, observation and support of a counselor’s work aimed at providing counseling quality assurance
TB	Tuberculosis
TBPT	Tuberculosis Preventive Treatment
Testing	A laboratory test to identify the presence of antibodies/antigens to HIV (HIV testing). It may be the conventional (ELISA) or a newer rapid test that is done at the government and municipal health care facilities that were accredited in accordance with the procedure set by the Cabinet of Ministers of Ukraine.
UNAIDS	United Nations Program on HIV/AIDS
VCT	Voluntary Counseling and Testing for HIV
VCT Services	Voluntary counseling in a form of counseling assistance on the medical, physiological, legal and other issues; medical, social, and other kinds of assistance at government and municipal health care facilities, other government and municipal institutions and organizations, health care facilities with another pattern of ownership, NGOs; HIV testing at government and municipal health care facilities that have respective laboratories that were accredited in line with a procedure set by the Cabinet of Ministers of Ukraine.
Voluntary consent	Decision to have HIV test made by a patient in an environment that rules out any possibility of coercion
WHO	World Health Organization

2. GOAL AND OBJECTIVES OF THE VOLUNTARY HIV COUNSELING AND TESTING (VCT)

Goal of VCT is the voluntary counseling of the population regarding the ways HIV infection spreads and the ways of prevention, as well as the facilitation for making a voluntary and informed decision to have an HIV test done, identify a person's HIV status, support further safe (in respect of HIV infection) behavior, receive timely health care: TB screening; diagnosis and treatment of sexually transmitted infections (STI) and opportunistic infections; and the identification and treatment through timely initiation of ARV therapy for the prevention of mother-to-child HIV transmission; family planning services; and comprehensive support (including "peer-to-peer" approach.)

VCT is a key component of the programs of prevention and treatment/care of HIV/AIDS patients.

VCT objectives are:

1. Slowing down HIV spread among the population by means of:
 - 1.1. Informing about the ways of HIV transmission and respective risks of becoming infected related to each of them;
 - 1.2. Raising awareness of the ways to reduce the risk of getting HIV infection;
 - 1.3. Assessing the personal risk of getting HIV infection, facilitating the patient's self-assessment regarding his/her personal risk to contract HIV infection;
 - 1.4. Informing on the testing procedure and practical meaning of the test results;
 - 1.5. HIV testing;
 - 1.6. Rendering psychological and psycho-social assistance;
 - 1.7. Informing on existing government and municipal health care facilities, other government and municipal institutions and organizations, health care facilities under non-governmental ownership, NGOs that provide medical, psychological, legal, social, and other services to people who need them;
 - 1.8. Facilitating the making of an informed voluntary decision to have an HIV test.
2. Informing on legal issues related to HIV/AIDS.
3. Facilitating an improvement in the population health status, including making the length and quality of life for PLWHA better.

3. VCT PRINCIPLES

VCT standards (in accordance with WHO and UNAIDS requirements) are the minimal requirements for the counseling and testing procedure. They envisage the following:

Voluntariness	Testing for HIV antibodies may be done only after a patient has given his/her informed and voluntary consent. It means that the patient has received sufficient information in a language he/she understands and in easy-to-understand terms, he/she understood the positive and negative consequences related to knowing his/her HIV status, and gave his/her written consent to be tested or refused to be tested, or postponed his/her decision for later time and did so without any form of coercion. There shouldn't be any pressure or compulsion placed upon the individual. Also, the voluntary nature of these actions implies the absence of any compulsion to force the person, who visited and received VCT services, to change his/her risky behavior
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<p>Confidentiality</p>	<p>Information that counselor learnt during VCT (the mere fact that the person came to get counseling, what kind of services were rendered, information on a patient's private life, contact information, test results, etc.) shall be confidential; it may only be disclosed to the legal representatives of a minor or of a legally incapacitated patient, to health care facilities, to the prosecutor's office, to legal investigations, and to the courts when stipulated by the laws of Ukraine.</p> <p>Pre- and post-test counseling and also information concerning the test results should be treated with confidentiality.</p> <p>Disclosure of information about the medical examination in order to identify the HIV/AIDS status and its results by an employee of a health care facility, of auxiliary staff, who, on his/her own procured this information, or by a health professional, if they learnt this information as a result of their professional duties, entails criminal responsibility</p>
<p>Anonymity</p>	<p>If a patient wants to do so, the counseling and testing may be carried out anonymously, i.e. without indication of any data that might identify the person (passport data, place of residence, etc.) In such a case VCT shall be carried out with the use of a code that is assigned to a patient for the test and for getting the subsequent test results</p>
<p>Accessibility and absence of discrimination</p>	<p>VCT should be accessible to everyone who needs it without any discrimination. It includes:</p> <ul style="list-style-type: none"> - Physical accessibility: there shall be broad dissemination of information about the health care facilities that provide VCT services (their addresses, telephone numbers, work hours). The information shall be available at all health care facilities regardless of ownership, at high schools, at vocational schools, at colleges, at enterprises, at organizations, through mass media, etc. - Economical accessibility: VCT services shall be free of charge for all patients. <p>Involvement of public, municipal institutions and organizations, privately run health care facilities, NGOs working with various population groups, including those at high (HIV infection) behavioral risk (e.g. harm reduction programs), may improve access to VCT services</p>
<p>Information reliability and sufficiency</p>	<p>Pre- and post-test counseling shall be offered to everybody who comes for HIV testing. During this counseling, a client shall receive information on the testing goal and procedure, ways of HIV transmission and its prevention, the possible test results, available options to get health, psychological, and social assistance, etc. The information shall be given in such a manner that it permits a person to make an informed decision regarding the appropriateness and necessity of testing. Information on organizations that provide medical, psychological, social, and legal assistance shall be given both to HIV-positive and HIV-negative patients, and, if necessary, the patients shall be referred</p>

	to those services
Professionalism and technical excellence	<p>The counselors shall have an adequate training (Section 5.3. of this Protocol).</p> <p>Outfit/layout of the consulting rooms shall facilitate the provision of high quality VCT services.</p> <p>For HIV antibody testing, only those test kits that are registered and certified in Ukraine may be used</p>
Mobilization of resources	<p>Institutions and organizations that provide VCT services shall know about availability of additional resources and shall cooperate with other institutions and organizations that provide medical, psychological, social, legal, and other kinds of assistance</p>

4. PROCEDURE OF COUNSELING

4.1 FORMS AND CONTENTS OF PRETEST COUNSELING

1. Pretest counseling is a dialog – with VCT principles observed - between the patient and counselor for the purpose of providing information on HIV transmission; on prevention; and on emotional and psychological support of those who are hesitant about HIV testing, as well as helping the patient to make a conscious decision about his/her HIV testing.
2. Counseling may be provided:
 - for the group of persons (group counseling/informing); or
 - for an individual
3. **Group counseling/informing** (hereinafter GC/I) may be provided in the following cases:
 - when finding out about one’s own HIV status is not the main objective of the examination (persons who are screened to get a certificate, donors, etc);
 - when, in certain cases, it is impossible to carry out individual counseling (groups of people, who apply to be tested in order to receive a certificate needed for employment abroad, screening of prisoners, donors, during awareness campaigns, etc.);
 - when there is an inadequate number of counselors
 - 3.1 According to the protocol, GC/I should be provided only upon verbal consent of all persons involved in the counseling.
 - 3.2 The objective of GC/I is to give information on the following:
 - ways of HIV transmission, infection risks;
 - methods and ways of protection to avoid getting infected;
 - prevention of mother-to-child transmission (in case of pregnant women counseling);
 - voluntary nature and confidentiality of testing;
 - procedures for testing and obtaining the test results;
 - motivation to receive individual counseling and testing;
 - consequences of identification of HIV status, explanation of legal issues;
 - possibility to get psychological and social support and health care.

3.3 Particularities and characteristics of the group work.

3.3.1 GC/I doesn't provide for the following:

- assessment of an individual's risk of HIV infection;
- consequences of an individual's positive HIV test.

After GC/I is done, and before HIV testing starts, every patient should be offered to have individual counseling.

3.3.2 Groups should consist of participants having a common goal concerning HIV testing, for instance, pregnant women or people being examined in order to get a certificate, etc.

3.3.3. Information given to the group of people should be adapted to their needs.

3.3.4 All participants must agree to keep the confidentiality of personal information if it is disclosed by one of the participants during the counseling.

3.3.5 Number of persons in a GC/I group shouldn't be greater than 16.

3.3.6. GC/I should be adapted to the particularities of the institution or organization where the counseling is carried out.

4. **Individual counseling** should be provided in line with the Protocol.

Individual counseling objective (apart from what was stated in the Paragraph 3.2) is to assess the individual's risk of infection, to develop an individual risk reduction plan, and to identify the consequences for the patient after his/her HIV status is identified.

The counselor should tactfully explain the reasons for asking specific questions, including intimate questions, and emphasize that any information he/she learns during the counseling, as well as the test results, will be kept strictly confidential.

5. Only with the patient's consent, may the counseling involve a spouse, fiancée/fiancé, partners, family members, friends, colleagues, etc.

6. It is advisable that pre-and post-test counseling be provided by the same counselor.

7. If the patient wants to do so, the counseling and testing may be provided anonymously.

8. All patients, to whom testing is offered, have the right of refusal.

9. The counselor shall provide all persons, including those who refused being tested, with the following information:

- ways of HIV transmission;
- active HIV prevention;
- how to receive additional information on HIV;
- how to receive consultative, medical assistance, and psychological support if such a need exists or may arise in the future.

10. The testing may be done only after the employee of a government or municipal health care facility receives the patient's informed consent (primary records form #503-1/o "Informed consent to have HIV test done" (hereinafter referred to as Form #503-1/o) .

In case of anonymous testing, the Form #503-1/o isn't filled out.

11. Patient's refusal to have pretest counseling or to fill in the Form #503-1/o shouldn't be an obstacle to voluntary testing. In this case, **as an exemption**, the entry about the patient's consent to have HIV testing shall be done by a physician and be signed by the patient in the relevant documents (patient's medical records, etc).

12. Pretest counseling of special groups shall be done with the consideration of additional requirements (Annex 1 to the Protocol).

Effective pretest counseling helps the patient to:

- improve his/her own awareness regarding HIV/AIDS and its prevention;
- assess his/her own behavioral risk to HIV/AIDS;
- become familiar with the testing procedure;
- receive information about possible test results and their interpretation;
- make an informed decision regarding HIV testing;
- receive legal information.

CONTENTS OF GROUP PRETEST COUNSELING

<p>Introducing the counseling contents</p>	<p>Explain:</p> <ul style="list-style-type: none"> - Goal and tasks of counseling; - Procedure and principles of counseling and testing: voluntary, confidential and free of charge testing; - Possible testing results and their assessment
<p>Informing the patient for him/her to assess personal infection risks</p>	<p>Tell about:</p> <ul style="list-style-type: none"> - HIV transmission routes; - HIV behavioral risks; - Measures and means of prevention – taking into account the specific composition of the group being counseled – pregnant women, prisoners, convicts, donors, etc. (Sections 1, 8, 9 of Annex 1 to this Protocol); - Consequences of HIV status identification for the patients’ future including legal aspects <p>Suggest to the persons being counseled to conduct their own HIV infection risk assessment taking into account the presence or absence of behavioral risks, including the behavioral risks of their sexual partners. Suggest individual counseling to those who are willing to have it. While counseling donors, it is necessary to emphasize the necessity for the donors to quit donating blood if the patient or his/her sexual partner has risky behaviors</p>
<p>Informing about other kinds of assistance</p>	<p>Inform about:</p> <ul style="list-style-type: none"> - sources of more detailed information and possibility to be counseled on the issues of HIV/AIDS; - possibility to get psychosocial assistance and medical care
<p>Decision-making on testing</p>	<p>Inform about the advantages of knowing their personal HIV-status. Find out whether he/she has further questions and provide answers to them. If needed, suggest providing individual counseling. To those who refused to be tested, suggest having one more counseling session; talk to them about HIV risk reduction</p>
<p>Suggesting to have testing at government or municipal health care facility</p>	<p>To those who agreed to have testing done:</p> <ul style="list-style-type: none"> - while doing counseling at government and municipal HCF, the health professional shall suggest to fill in the Form #503-1/o and refer the patient to the procedure room; - while doing counseling at government and municipal non-medical institutions and organizations as well as at health care facilities with another form of ownership or at NGOs, information should be given about having testing done at a government and municipal HCF. - Agree on a date for the next meeting, after the test result is known

CONTENTS OF INDIVIDUAL PRETEST COUNSELING

<p>Introducing to the counseling contents</p>	<p>Explain:</p> <ul style="list-style-type: none"> - Voluntary, confidential and the free of charge nature of the counseling and testing; - VCT procedure; - Goal and objectives of counseling before HIV testing; - Possible test results and their assessment; - HIV transmission routes; - Behavior risks of infection; - HIV prevention
<p>Assessing individual risk</p>	<p>Assess individual risk of infection (behavior related to a high risk of HIV infection)</p>
<p>Developing ways to reduce infection risk</p>	<p>Develop an individual plan on risk reduction and HIV prevention; Provide information about the relevant medical, psychological, social, legal and other services. Inform about other sources for more detailed information and the possibility for additional counseling</p>
<p>Facilitating the decision-making on testing</p>	<p>Assess the patient's readiness to receive testing. Discuss with him/her the benefits of knowing one's HIV status. Assess the consequences of HIV status identification for the patient's future life. Give the patient time to think over the issues discussed. Make sure that the patient understood the information provided, give further explanations if necessary. Clarify the patient's willingness to have an HIV test done</p>
<p>Suggesting to have test done at government or municipal health care facility</p>	<p>To the patient, who gave his/her consent to have the test done: - while counseling at government and municipal HCF, a health professional shall suggest to the patient to fill out Form #503-1/o and refer the patient to the procedure room to have the blood drawn for the test, and arrange the next meeting. In case of anonymous testing, there is no requirement to fill out Form #503-1/o; While counseling at government and municipal non-medical facilities and organizations, health care facilities with another ownership, and at NGOs, provide information about possibility of testing at government and municipal health care facilities. Arrange a date of the next meeting after the test result is known</p>

4.2. INDIVIDUAL PRETEST COUNSELING

4.2.1. INTRODUCTION TO THE COUNSELING CONTENTS

Goal: Establish consensus with the patient as to the objectives of the counseling.

The attitude of the counselor to the patient must be professional, respectful, friendly, and tolerant. The counselor should help the patient to feel comfortable during the counseling and to understand the counseling.

Meeting the patient	Introduce oneself and describe one's role as the counselor.
Explaining the confidentiality principle and the possibility of anonymous counseling and testing	Inform the patient about: voluntary, confidential and the free of charge nature of the counseling and testing; in line with Article 132 of the Criminal Code of Ukraine, there is criminal responsibility of health professionals for the unlawful disclosure of confidential information; possibility of anonymous counseling and testing; presence of other people (including relatives) during counseling may be possible only upon the patient's consent; procedures for getting the test result
Describing the HIV testing procedure	Explain the successive steps of the VCT procedure: 1. pretest counseling; 2. testing; 3. post-test counseling
Informing about pretest counseling content	Inform about counseling content: ways of HIV transmission, behavior risks, prevention of HIV infection; assessment of an individual's risk of HIV infection; development of ways to reduce the individual's risk of infection; how to find out about available and needed support
Explaining the testing procedure	Inform the patient about: the testing procedure; the significance of negative, positive and indeterminate testing results
Giving answers to the patient's questions	Find out whether the patient understood information and answer the patient's questions

4.2.2. RISK ASSESSMENT

Goal: Identify in the patient's behavior the individual risks that may cause an HIV infection and help the patient to understand them.

The counselor should understand the patient's concern about HIV and form a clear understanding of his/her risk of getting infected. The approach to discussion should be friendly and non-judgmental– that will make it easier for the patient to understand the specifics of his/her personal behavior.

The counselors should try to identify the factors that influence episodic or systematic risky behavior of the patient.

The counseling should be carried out in the following order

Assessing the reasons why the patient looks for the services	Suggest that the patient explain the reason for the visit and any possible or existing HIV infection risks Find out about the reasons of concern about HIV infection
Analysing the most recent case of a risky sexual behavior	Find out about: time and general circumstances of the most recent case of risky sexual behavior; use of a condom (how timely and correctly it was used); what made the patient have unprotected sex if it occurred; whether psychotropic substances were used at a time of such intercourse
Assessing the level of risk acceptability related to the patient's sexual behavior	Find out about: patient's concerns about having sex with a certain person; whether his/her behavior would be the same if he/she knew that this person had HIV; if not, how his/her behavior would change
Identifying the patient's risky sexual behavior	Ask about: how often the risky episodes occur; number of sex partners in the past six months; number of casual sex partners; experience of frequent change of sex partners
Finding out whether the patient has motivation to use condoms	Find out: how often condoms are used, what does the decision to use condoms depend on; what motivates the patient to use or not to use a condom with different partners
Identifying the factors and circumstances that affect the risk of infection	Find out – which exactly of the following factors and to what extent they increase the chances of risky behavior: alcohol; narcotic or psychotropic substances; commercial sex (for money, meal, housing, drugs, etc.) Find out: whether the patient uses intravenous drugs; if he/she does, how often; whether he/she shares syringes; whether he draws drugs from the common pool; whether the patient had STI in his/her medical history, what STI and when; whether the patient or his/her partner has TB

Assessing the partner's risk factors	Find out: whether the patient knows about existence of other sexual partners of his/her partner; patient's concerns about his/her partner's risky behavior and their plans for the future
Assessing the patient's communication with partners	Ask whether the patient has discussed the subject of HIV/STI infection with his/her partner and whether they talked about possible HIV testing
Summing up, review of the patient's risks	Sum up and identify the main risks of HIV infection the patient talked about. Together with the patient, highlight specific forms of his/her risky behavior: casual sex partners; experience of frequent change of partners; provision of sex services; drug use; alcohol use; etc. Together with the patient prioritize these risks and factors influencing his/her behavior. Find out about other issues that need to be discussed. If the patient has or had certain forms of risky behavior, do counseling in line with Sections 5, 6, 7 of Annex 1 of the Protocol. If necessary, give out a booklet with information on HIV/AIDS

4.2.3. DEVELOPMENT OF WAYS TO REDUCE THE RISK OF INFECTION

Goal: To strengthen motivation and support the patient's efforts to reduce the risk of infection.

Concerning the specific circumstances of the patient, it is necessary to:

- support patient's understanding of his/her own risk;
- address dissonance (when thoughts/principles and behavior are at odds) and ambivalence (discrepancy) of the patient's feeling regarding risk reduction;
- increase his/her self-reliance, trust in his/her efforts and ability to do something;
- refer to the norms that exist in the society and in the social group the patient belongs to;
- learn and identify resources for supporting the patient.

The counseling should be carried out in the following order:

Reviewing the previous risk reduction attempts	Find out: what the patient did to reduce HIV risk and to protect himself/herself and his/her partner. Tell the patient about the means of HIV prevention
Identifying whether the patient had positive experience of safer sex practice as well as identify the obstacles for the risk reduction	Find out: whether the patient practiced safer sex before, if yes - why; what was most difficult in the process of HIV risk reduction

Exploring the factors/situations which increase the likelihood of high risk behavior	Find out about: influence of psychoactive substance use (drugs or alcohol) upon the patient's decision to have high risk sexual contacts; existence of situations or partners and reasons when it is difficult for the patient to negotiate having safer sex, if such situations exist - why; influence of other life circumstances (sadness, unemployment, breakup of relationships, etc.) upon the patient's ability to practice safer sex
Identifying patient's ability to discuss HIV-risk issues with his/her friends/partners	Find out about: patient's ability to discuss HIV/AIDS issues with his/her partners/friends; content of conversation with them about HIV/STI infection risk and his/her feelings about it
Role playing, developing skills, addressing problems (if possible)	Ask the patient to: demonstrate how he/she would tell his/her partner that he/she wants to use condom; tell what answer, in the patient's opinion, his/her partner would give if he/she asked him/her to undergo HIV testing
Improving the condom use skills	Find out what exactly complicates condom use. Discuss one or two examples from the patient's life. Suggest showing on a dummy how to use a condom correctly
Identifying all infection risk reduction options	Find out what would be the easiest and the most difficult for the patient to change in his/her risky behavior, discuss why. Give the patient possible options of his/her risk reduction
Discussing the risk level acceptable to the patient	Find out: how comfortable the patient is about various options for his/her risk reduction (for example, condom use); how much the patient is concerned that he/she may become infected with HIV
If patient's thoughts/principles and behavior are at odds or his/her intentions regarding behavior change are contradictory, drawing the patient's attention to this fact	Discuss and help the patient understand existing contradictions: concerns about HIV-infection and unwillingness to use condoms; fear of getting infected and the desire to have freedom and multiple partners; etc
Discussing the possibility of peer, family and community support	Find out: whom of relatives or friends the patient trusts, with whom he/she discusses his/her personal problems such as concerns about HIV-infection; what persons closest to the patient (friends, colleagues) think about the need to protect oneself from infection; if there's someone in the patient's life who could support him/her to avoid risky situations
Identifying the person who would provide support to the patient in the case he/she is identified as being HIV-positive	Find our: whose support the patient can count on in the case he/she finds out that he/she is HIV-positive; how the patient would reduce the risk of infecting his/her partner(s)
Summing up the infection risk reduction options	Name the options when the patient would be able to reduce

	<p>successfully his/her infection risk.</p> <p>Ask about the patient's suggestions regarding additional options</p> <p>Discuss how it would be possible to make the patient's safe behavior a priority for him/her</p>
<p>Identifying the need for additional help.</p> <p>Informing about the possibility to get such help</p>	<p>Find out: what additional help the patient needs to reduce his/her own risk</p> <p>Provide information about existing medical, psychological and social services and the possibility to get additional counseling on HIV/AIDS.</p> <p>If needed, refer the patient to the relevant specialists and services (provide the patient with phone numbers and addresses)</p>

4.2.4. MAKING A DECISION TO HAVE THE TEST DONE

Goal: Help the patient make a voluntary informed decision to have HIV test done.

The counselor should, in a professional and unbiased manner, prove to the patient the benefits of knowing one's own HIV-status, meaning and consequences of the testing, and help the patient make a voluntary and informed decision regarding testing. The counselor should assess the patient's ability to cope with the situation and to receive necessary support in case of a positive result of testing.

The counseling should be carried out in the following order:

<p>Discussing patient's previous testing experience and his/her behavior change after he/she received the test results</p>	<p>Find out:</p> <ul style="list-style-type: none"> whether the patient already had an HIV test done and what kind of experience it was; what changes aimed at HIV risk reduction took place in his/her behavior when he/she learned about negative test result
<p>Discussing the patient's feelings about testing</p>	<p>Ask the patient to tell about his/her feelings when he/she decided to be tested and how such a decision was taken.</p> <p>Find out whether the patient informed anybody about his/her decision to have HIV-test done, whether his/her husband/wife/partner, friend, parents knew about it and how did they respond to such a decision</p>
<p>Discussing to what extent the patient understands the meaning of positive and negative test results</p>	<p>Find out: what is the patient's understanding of the positive or negative test result.</p> <p>If something isn't clear to the patient, explain to him/her the meaning of test results</p>
<p>Assessing the patient's readiness to receive testing and accept testing results</p>	<p>Discuss with the patient his/her possible reaction to:</p> <ul style="list-style-type: none"> the positive result; the negative result; <p>Find out:</p> <ul style="list-style-type: none"> what result the patient is expecting; with whom the patient can share if the result is positive and who can support the patient
<p>Discussing the life with positive HIV-status</p>	<p>Discuss possible changes in the patient's life in case of a positive test result.</p> <p>Tell about life with a positive HIV-status, the need to take</p>

	<p>care of his/her own health and emotional state with a view to improve his/her quality of life and to prolong his/her lifespan.</p> <p>Explain that such living implies:</p> <ul style="list-style-type: none"> rational nutrition; regular health status checkups to receive further health care; support and optimism
Assessing the risk of the negative consequences of a positive test result (suicide, aggressive reaction directed at oneself or others), autoaggression in the past, psychiatric problems in medical history	<p>Find out:</p> <ul style="list-style-type: none"> whether the patient had stressful situations in the past and how he/she managed to cope with them; whether the patient has ever had suicidal thoughts or suicidal attempts, whether the patient sought psychological/psychiatric assistance in that respect; what the patient would do if the test result turns out to be positive; <p>Give advice according to the patients' needs</p>
Discussing the advantages of knowing one's HIV status	<p>Tell that in case of a positive HIV status, the patient can:</p> <ol style="list-style-type: none"> 1. Receive treatment to prolong HIV latent phase and prevent development of AIDS by means of: <ul style="list-style-type: none"> periodical preventive screening to identify TB, oncological diseases and other opportunistic infections; preventive treatment of opportunistic infections such as the chemoprophylaxis of TB and candidosis, etc. full-scale treatment (if there are indications for it) of opportunistic infections that are considered to be curable and can be treated in the country (tuberculosis, benign oncological tumors, pneumonia, etc.); in case of HIV-infection clinical staging to determine free-of-charge access to ARV therapy that would stop AIDS development and transform it into chronic phase thus prolonging life and improving the patient's quality of life. 2. Protect his/her partners and future children from HIV-infection, get ready for the future of his/her family. 3. In case of a negative HIV-status, the patient gets an additional incentive on using necessary precaution to avoid any possibility of infection in the future
Discussing the difficulties related to knowing one's HIV status	<p>Ask the patient about his/her perception of the disadvantages of knowing his/her own HIV status.</p> <p>Discuss the relevant circumstances that concern the patient and how one may influence them</p>
Suggesting to have testing done at a government or municipal health care facility	<p>Find out about the patient's decision to have HIV testing. If the patient has decided to have the test done, inform him/her about the possibility to have the test done at a government or municipal HCF. If pre-test counseling was done at the mentioned HCF, suggest the patient to fill out Form #503-1/o and refer him/her to the procedures room to have the blood drawn for the test.</p> <p>For the persons who refused to be tested, the counselor should suggest having another counseling session and to have a talk on how to reduce the risk of HIV infection.</p>

Arranging for the next meeting	Agree on time and place for the next meeting
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4.3. POSTTEST COUNSELING

Post-test counseling shall be a confidential dialogue between the patient and the counselor aimed at a discussion of the HIV test results and the provision of necessary information and of psychological support.

The notification of the test result shall be followed by post-test counseling. **Any time interval between notification of the test result and post-test counseling is unacceptable.**

Post-test counseling, which shall be done immediately after informing of the test result (primary post-test counseling), may be carried out only at government and municipal HCF.

It is advisable that post-test counseling is carried out by the same counselor, who carried out the pre-test counseling. If pre-test counseling was conducted at another facility or by another specialist, the counselor should ask the patient about the date and scope of that counseling, and what information on HIV/AIDS the patient has already received.

Disclosure of information about medical examination to identify HIV status or AIDS and its results by an employee of a HCF, auxiliary staff, who, on his/her own procured this information, or by a health professional, if they learnt this information as a result of their professional or work duties, entails criminal responsibility.

Given that information regarding HIV test result, HIV status of a person who had HIV test done shall be a medical secret, disclosure of this information may be done only to the person to whom this information is relevant; in cases stipulated by the laws of Ukraine, this information may be disclosed to this person's legal representatives, HCF, organs of prosecutor's office, investigation, and courts.

This information may not be disclosed to government non-medical institutions/organizations or to medical and non-medical NGOs – even if pre-test counseling was done at these institutions or organizations. Respectively, further post-test counseling (not the primary one) may be carried out at these institutions or organizations only in the case when the patient came there on his/her own volition and if he/she shares his/her HIV status.

4.3.1. PRIMARY POSTTEST COUNSELING IN CASE OF A NEGATIVE TEST RESULT

4.3.1.1. INFORMING OF A NEGATIVE TEST RESULT

Goal: Draw the patient's attention to the necessity to use risk reduction measures to avoid getting infection in the future.

In case of a negative test result, it is important to discuss the issues of HIV risk reduction. It is necessary to do counseling on safer behavior and consider possibilities to refer the patient to other services that help to change risky lifestyle for it to become safer.

The counselor shall inform of the test result using simple words avoiding specific terminology. It is necessary to let the patient feel relieved by the fact that he is not HIV-infected, yet in the meantime emphasizing the necessity of behavior change in order to avoid HIV infection in the future.

If during last three months the patient had risky behavior episodes, it is necessary to persuade tactfully the patient to have another test (taking into account window period).

The counseling should be carried out in the following order:

Informing the patient about his/her test result	Inform that the result is ready, tell about test result in a clear and easy-to-understand way. Explain that negative test result means that the patient isn't HIV-infected.
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	Wait until the patient realizes his test result. Emphasize that in case of a risky behavior during the past three months, there is a probability that the test results don't reflect the fact that the person is HIV-positive. Make sure that the patient correctly understood his/her test results
Learning the patient's reaction to his/her test result	Find out about the patient's feelings after learning about his/her negative test result
Emphasizing that the test result should be viewed against the possibility of infection during window period	Explain that this result may not reflect consequences of more recent risks. Suggest the patient to be tested once again and encourage his/her sex partner to come for testing
Expressing concerns and seriousness of the patient's HIV infection risk if he/she is repeatedly exposed to the risks	Lay emphasis on the possibility of getting infection if the patient doesn't pay attention to risky behavior reduction

4.3.1.2. DISCUSSION OF THE INFECTION RISK REDUCTION PLAN

Goal: Develop a specific, staged plan of HIV/STI infection risk reduction.

It is necessary jointly with the patient to develop a risk reduction plan that would correspond to the patient's skills and abilities and his/her motivation regarding change of certain types of behavior.

The plan should:

- be specific;
- point at all circumstances and persons (who, when, what, where and how) taking part in the process of risk reduction;
- represent an action sequence and the patient's stage-by-stage movement towards risk reduction.

Any ungrounded or radical plans on the patient's life change shouldn't be supported.

The counseling should be carried out in the following order:

Identifying behavior patterns for the purpose of risk reduction	Together with the patient identify his/her behavior patterns and factors related to HIV or STI infection risk. Find out how the patient would like to reduce his/her HIV/STI risk? <i>If the patient chooses behavior change with the words "always" or "never"- support his desire to eliminate the risk by taking notice of the fact that any change occurs by degrees. Find out what is the first step he/she plans to achieve towards this aim</i>
Identifying stages in reaching the selected behavior pattern	Find out what small steps the patient could make next week with a view to reduce HIV/STI risk.
Dividing the risk reduction activity into specific steps	Find out how and when he/she is going to realize his/her intentions. Make them specific and identify the order of the steps
Solving problems related to the plan implementation	Together with the patient identify obstacles on the way to plan implementation; Ask the patient about his/her steps to overcome these obstacles; Discuss with the patient the advantages and disadvantages in the plan implementation; Emphasize that efforts won't be easy, but they're really

	manageable for him/her and lead to positive changes; If possible, conduct a role play for practicing options of problem solution
Role playing, habit forming, problem solving (if possible)	Ask the patient to: show how he/she would inform his/her partner that he/she wants to use condoms from now on; tell what answer his/her partner might give if he/she asks him/her to use condoms from now on
Jointly with the patient, agreeing on the plan substantiation and acceptability	Find out if the plan is acceptable for the patient
Finding out about patient's feelings about his/her plan implementation	Find out if the patient feels comfortable about the plan
While counseling the patient who has occasional or one-time risky behavior episodes (single cases of casual sex, etc.) the plan of behavioral change must be adequately adjusted	

4.3.1.3. IDENTIFICATION OF SOURCES OF SUPPORT AND GIVING REFERRALS

Goal: Identify resources for the patient's ability to reduce HIV infection risk and help with implementing the risk reduction plan.

The counselor should find out about the possibility of support of the patient by parents or friends with whom the patient could discuss his/her risk reduction plan and share with them its implementation.

It is preferable that the trusted person would be a person with whom the patient tries to implement his/her behavior change plan.

The counselor and the patient should set a timeframe for this plan implementation.

This step is important, because, in case of a negative test result, it is unlikely that the second counseling session would take place and the counselor be given a chance to analyze the patient's plan implementation experience.

The counseling should be carried out in the following order:

Emphasizing the importance of the patient's discussion of goals and contents of the plan with the person he/she trusts (friend/relative)	Emphasize the importance for the patient to discuss his/her behavior change plan with someone close to them. Find out whom the patient could trust
Identifying friends/family members whom the patient could tell about his/her test result	Find out who supports him/her in his/her life, with whom he/she usually discusses his/her problems and could discuss his/her behavior change plan in order to reduce risk of infection. Summarize the information heard, name a trusted person to whom the patient can tell about this plan, determine when and how he/she'll tell about it
Discussing a specific approach	Explain that it's important to tell a trusted person about his/her intentions regarding the plan and later to discuss with this person possibility of the plan realization
Showing certainty of the patient's ability to implement plan	Assure the patient of his/her plan perspective and possibilities of its implementation
Providing with information regarding a possibility to receive necessary assistance	Discuss the possibility and procedure of getting, if necessary, medical care and psychosocial assistance at relevant facilities, organizations, and NGOs - especially with a view to reduce the risk of infection in the future. If there are indications, recommend another HIV counseling and/or another testing to be done in three months. Give out means of individual protection and information materials (<i>if available</i>)

4.3.1.4. INFORMING THE PARTNER ABOUT NEGATIVE TEST RESULT AND MANAGING RELATIONSHIPS WITH HIM/HER

Goal: Prepare the patient for informing his/her partner(s) about negative test result.

The counselor should discuss the issue of information disclosure and referral of the patient's partner(s), who doesn't/don't know his/her/their HIV-status, for VCT. Remind the patient that he/she has to be confident that his/her partner isn't HIV-positive and practices safe behavior in regard to HIV infection. If the patient is in long-term relationships, it is necessary to discuss with him/her possibility and consequences of HIV test results for a discordant couple.

The counseling should be carried out in the following order:

Finding out about patient's attitude to disclosure of his/her HIV status to his/her partner(s).	Find out about patient's intentions to tell his/her partner(s) about his/her test result, his/her concerns about it
Finding out: whom the patient could disclose his/her negative test result	Ask the patient whom he/she'd like to tell about his/her test result?
Referring of the patient's partner(s) who doesn't/don't know his/her/their HIV-status to VCT	Find out whether the patient's partner knows about his/her HIV-status. Remind the patient that he/she should be confident that his/her partner isn't HIV-positive. Find out what the patient thinks about his/her partner's agreement to have HIV test and what is needed to make it happen
Discussing expectation of the partner's possible reaction	Find out about the partner's expected reaction to the proposal to be tested; whether they discussed such a possibility in the past
Role playing	Suggest the patient to have a role play: when he/she informs his/her partner about the test result and answers his/her partner's possible questions; when he/she invites his/her partner to receive counseling and testing

4.3.2. PRIMARY POSTTEST COUNSELING IN CASE OF A POSITIVE TEST RESULT

4.3.2.1. INFORMING OF THE POSITIVE TEST RESULT

Goal: Provide clear and accurate information about positive test result and support the patient in accepting the test result.

Post-test counseling in case of a positive test result provides for crisis counseling, psychological support in accepting the diagnosis, and assistance in planning for the future: both near-term and distant one.

The priority task is to ensure the patient understands his/her test result and to provide him/her with a necessary assistance to identify possible sources of support and resources in order to cope with the situation.

The counseling should be carried out in the following order:

Informing of the test result	Greet the patient. Inform the patient about the test result with easy-to-understand language, avoid specific terminology. Explain what it means that the patient is HIV-positive. Upon the patient's request, give him/her a test result certificate (the Form #503-2/o)
Analysing the test result	Explain that it doesn't mean that he/she already has AIDS or will develop it right away
Giving the patient a possibility to realize his/her result significance and giving him/her psychological support	Don't break pauses while talking to the patient, give him/her some time understanding that it is hard for the patient to accept his/her result. Ask how he/she feels
Finding out whether patient understands the test result	Ask how he/she understands this result. Make sure that the patient correctly understood the meaning of the test result
Understanding the problems related to accepting the primary positive test result and providing necessary support. Discussing the life with HIV, possible consequences for personal life, family and social relations	Show understanding of the patient's psychological state, explain that time is needed to adjust, but with time he/she will handle it and will learn to live with HIV. Ask whether there's someone, who can support him/her now. Inform that currently there's a possibility to receive treatment with antiretroviral drugs that stop the progression of HIV infection turning it into a chronic disease; in doing so the drugs prolong life of an HIV-positive person and improve its quality. If patient isn't ready for a talk, suggest him/her to come in to have another counseling and provide the relevant informational materials
Answering questions	Find out: whether he/she understood the information that was provided to him/her; whether he/she has any further questions to answer or discuss; If needed, give referrals to the relevant specialists

4.3.2.2. IDENTIFICATION OF SUPPORT SOURCES AND REFERRAL TO THE RELEVANT INSTITUTIONS AND ORGANIZATIONS

Goal: Help the HIV-positive patient find out what assistance he/she could get and ensure the patient's access to this assistance.

The counselor's role is to help the patient to assess where and how to get assistance, to plan for the future, and to learn about living with an HIV-positive status.

It is necessary to explain to the patient the importance of further medical examination. The counselor and the patient should discuss the patient's plans to tell his/her physician(s) about his HIV status, so that they, knowing that he/she is HIV-positive, could provide him/her with a necessary care; it is also necessary to explain to the patient the procedure for further follow-up.

The counseling should be carried out in the following order:

Finding out who from patient's family members or social environment can provide support in the process of his/her adaptation to life with HIV	Ask the patient who could provide him/her support and help to adapt to life with HIV. Draw patient's attention to the fact that emotional and physical health, and medical treatment are important
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	<p>elements of life with HIV. Provide information according to activity tasks. Assist the patient in the following: addressing the situation and getting support; planning for the future; getting information about an active life with HIV; and obtaining a medical examination</p>
Assessing the patient's readiness to seek support	Ask whether the patient has ever sought any counseling at HCF or in support groups.
Identifying the possibility of getting and access to health care for the patient	<p>Ask when the patient got health care most recently, how difficult it is for him/her to have access to care (transport, resources etc.)</p> <p>Explain where the patient should go to get health care services right now. Provide the patient with information about institutions and organizations where he/she can: undergo a thorough examination to have a diagnosis and decide whether it is necessary and possible to receive treatment for HIV/AIDS; be screened for STI; be screened for TB, have preventive treatment; be counseled on family planning.</p> <p>Ask whether there's some probability of the patient being pregnant (<i>if there is, give her a referral to an obstetrician-gynecologist</i>). Find out about the patient's reproductive plans. Provide the patient with the following information: there's a risk of HIV transmission to her child; but there's a special preventive treatment for preventing mother-to-child transmission; in case of pregnancy, it is necessary for timely registration in order to have an access to the relevant treatment.</p> <p>Find out: what health services are the most difficult for the patient to get and how the counselor could help the patient in this respect</p>
Discussing situations where patient wants to think about his/her confidentiality	Ask patient what these specific situations might be. Suggest telling the test result only to those people whom he/she completely trusts
Discussing the issue of necessity for the patient to inform health professionals about his/her HIV status	<p>Explain that: when the patient visits a physician, he/she has no obligation to inform the physician of his/her HIV status. However, by telling the physician about his/her HIV status, the physician would take this information into account while doing the patient's physical examination, would take into consideration the necessity of ARV treatment, the need for chemotherapy of TB, the need for the treatment for opportunistic infections (candidosis, etc.), etc. when undergoing invasive health care procedures where skin doesn't remain intact or there is a contact with mucus membranes (surgery, dental health services, ob/gyn care) it is advisable to inform health professional of his/her HIV status so it possible for the health professional to avoid occupational exposures to the patient's blood or body fluids</p>
Providing the information about NGOs, (including support groups for PLWHA and	Tell about the existence of support groups for PLWHA. Ask whether the patient is interested in discussing

social services)	his/her situation with others, or what makes it difficult for him/her to get support
Identifying what kind of assistance would be the most acceptable for the patient	Ask the patient: how it would be easier for him/her to communicate: with the counselor or in a support group; whether he/she ever thought of getting support to quit drug/alcohol dependency; is there any particular support or services he/she would like to get
Working out individual risk reduction plan	In case of risky behavior, discuss with the patient his/her individual risk reduction plan and motivate him/her to implement it, inform about existence of risk reduction programs. Emphasize the necessity of safe sex, condom use
Giving the relevant information	Give printed information with the organization/facility name, address, and phone number for the patient to be able to get assistance on these issues. If necessary, give a referral. Find out: what might be an obstacle for getting this assistance/service
Finding out what the patient plans to do after leaving the VCT site.	Ask what he/she is going to do right after leaving this facility. Discuss with the patient a step-by-step plan of his/her actions during the upcoming hours and the next day. If the patient shows signs of depression or suicidal behavior, give him/her advice on how to overcome such condition (for example, inform about free hot line, suggest to visit a psychologist or psychiatrist, etc.) If patient acts inappropriately and this is caused by the patient's inability to accept his/her HIV status, ensure his/her social escorting to psychologist or psychiatrist

4.3.2.3. INFORMING THE PARTNER OF THE POSITIVE TEST RESULT AND MANAGING THE RELATIONSHIP WITH HIM/HER

Goal: Prepare the patient on how to inform his/her partner(s) about his/her test result. Draft a plan of action for sharing this information.

In accordance with Article 15 of the law of Ukraine “On acquired immunodeficiency syndrome (AIDS) prevention and social protection of the population,” HIV-infected people and AIDS patients must inform the persons with whom they have had sexual contacts before their HIV-positive status was identified, about possibility of them to be infected.

Notification of partners about HIV testing and its positive result is an important personal issue for the patient. For the counselor it is better to be the first to broach this issue in order to solve it together with the patient, help him/her not to be isolated and lonely coping with his/her problem, identify at least one person whom the patient could tell about his/her test result, and get support and consolation.

If the patient is in a long-time relationship with his/her partner, the counselor should discuss the possibility and consequences of HIV test result for a discordant couple.

The counseling should be carried out in the following order:

Finding out what patient thinks about his/her HIV-status disclosure to his/her partner(s)	Ask whether the patient is going to tell his/her partner(s) about the test result. What is he/she concerned about
Identifying the partners who are exposed to the risk of infection and who have to be informed about this risk	Ask whether there're specific partners who also could be HIV-infected. Suggest to the patient to tell them about the possibility for them to be infected and advise them to have HIV test done
Discussing the possible approaches to how the	Find out how the patient is going to inform his/her partner

HIV-positive patient should disclose his/her status to his/her partner	about the test result, what he/she'd like to tell, and whether it would be difficult for him/her. Discuss how to select right time for discussing his/her status with the partner
Referring the patient's partner(s) who does/don't know his/her/their HIV-status to the VCT facility	Find out whether the patient's partner(s) know about his/her/their HIV status; ask whether his/her partner(s) would agree to have an HIV test done and what should be done for it to happen
Discussing expectation of the partner's possible reaction	Ask what, in his/her opinion, would be the partner's reaction when he/she is told about the positive test result; whether they had any serious talks in the past. Help to minimize consequences for the patient's relationships with his/her partner. If necessary, help the patient to inform his/her partner about his/her status by inviting them to the next counseling (if the patient agrees to that)
Practicing and role playing regarding various approaches to the disclosure of one's HIV status (if possible)	During the role play, give the patient a possibility to practice in how to inform his/her partner of the test result

4.2.2.4. INFORMING OF SOCIAL PROTECTION, RIGHTS AND OBLIGATIONS OF HIV-INFECTED PEOPLE

Goal: Acquaint the patient with rights, obligations and social protection of HIV-infected people according to current normative and legal documents.

The health professional should inform the patient about the necessity to keep preventive measures aimed at HIV spread prevention, rights and duties, social protection of HIV-infected people pursuant to the Law of Ukraine "On acquired immunodeficiency syndrome (AIDS) prevention and social protection of the population".

The counseling should be carried out in the following order:

Explaining that the patient has to follow preventive measures to prevent spread of HIV	<p>Explain to the patient the necessity to follow preventive measures aimed at prevention of HIV infection, specifically:</p> <ul style="list-style-type: none"> - Do not donate blood, tissues and organs; - Don't have any unprotected sex and notify sexual partners about one's HIV-positive status; - Do not share: <ul style="list-style-type: none"> - personal hygiene items (razors, toothbrushes, manicure tools etc.) - medical instruments (syringes, needles, enemas etc.) including instruments used for tattooing, piercing, preparation and use of injection drugs etc. <p>Explain that there is no risk of infection for family members and colleagues at work if they have the usual household contacts with him/her</p>
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<p>Familiarizing with the Law of Ukraine “On acquired immunodeficiency syndrome (AIDS) prevention and social protection of the population” and the Penal Code of Ukraine</p>	<p>Tell about:</p> <ol style="list-style-type: none"> 1. Guarantees of rights and freedoms of HIV-infected people. 2. Consequences of HIV-infection identification and duties of HIV-infected people (Articles 14-16 of the aforementioned Law). 3. Social protection of HIV-infected, AIDS patients and members of their families (Articles 17-24 of the aforementioned Law). 4. Criminal responsibility for exposing other persons to the risk of being infected and infecting other persons with human immunodeficiency virus (Article 130 Penal code of Ukraine).
<p>Obtaining by a health professional of a government or municipal health care facility written confirmation of the fact that the patient has been informed that he/she is HIV-infected; it should be done in compliance with article 14 of the Law of Ukraine “On acquired immunodeficiency syndrome (AIDS) prevention and social protection of the population”</p>	<p>Explain to the patient that, in line with Article 14 of the Law of Ukraine “On acquired immunodeficiency syndrome (AIDS) prevention and social protection of the population,” he/she has to confirm in writing the fact that he/she has been informed of his/her HIV-positive status, has been warned about the need to follow preventive measures aimed at prevention of HIV spread, and has been warned about the criminal responsibility for intentional exposure of others to the risk of being infected or infecting others.</p> <p>Propose the patient to sign the primary registration form #503-3/o “Warning for an HIV-infected person” (hereinafter referred to as the Form #503-3/o)</p>
<p>Establishing further friendly relations</p>	<p>Propose to the patient to seek further counseling if needed. If needed, schedule the next meeting</p>

4.3.3. PRIMARY POST-TEST COUNSELING IN CASE OF UNDETERMINED (AMBIGUOUS) TEST RESULT

The counseling should be carried out in the following order:

<p>Informing about the test result and its explanation</p>	<p>Greet the patient.</p> <p>Tell the patient that his/her test result is currently considered as undetermined or ambiguous.</p> <p>Explain to him/her that there could be various reasons why it was not possible to identify his/her HIV status with certainty, namely:</p> <p style="padding-left: 40px;">if the patient has another chronic disease (Rheumatic arthritis, disseminated sclerosis, systemic lupus erythematosus, diabetes mellitus I, Addison's disease, ankylosing spondylitis, chronic hepatitis, cancers (especially lymphoproliferative malignant tumors), serious kidney diseases), it could result in detection of unspecific antibodies;</p>
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	<p>patient had been vaccinated for influenza within 30 days before testing;</p> <p>patient had a transfusion of blood/ blood components/blood derivatives (gamma globulin) or he/she received a donor's organ(s)/tissue.</p> <p>Discuss and explain to the patient the possibility of his/her being in the stage of serological window (window period is the time interval from the moment of infection till the moment when HIV antibodies appear. The window period may last from 1 to 6 months) when the amount of HIV antibodies is insufficient to yield a positive result.</p> <p>Explain clinical symptoms of acute stage of HIV infection (in 30-40% of cases, HIV infection appears as an acute respiratory disease: fever, fatigue, headache and sore throat, sometimes diarrhea, hives, and increased lymph nodes. This condition lasts for 12-15 days and disappears even without treatment) Suggest the patient take another test in two weeks or in two-three months: depending on the recommendations of the lab physician who did the test and patient's health status.</p> <p>Explain that, before the second test is done, it's necessary to adhere to behavior that is safer in respect of HIV spread; namely: stop donating blood/tissues/organs, postpone any planned pregnancy, reduce number of sex partners, use condoms during intercourse, etc.</p> <p>Give the patient info-booklets and the addresses of government facilities and NGOs providing psycho-emotional support.</p> <p>Schedule the next meeting with the patient</p>
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5. ORGANIZING PRE- AND POST-TEST COUNSELING

5.1. ENSURING CONFIDENTIALITY

Ensuring confidentiality of the information that counselor learnt during pre- and post-test counseling is the main prerequisite for the success of the VCT programs. It is stipulated in Ukrainian legislation and is an integral part of human rights guarantees.

The process of counseling and HIV testing is complicated by the people's fear of disclosure of information about their private life, the fear of alienation and discrimination in their families and in the society.

5.1.1. Ensuring confidentiality of VCT information shall be mandatory for the facilities, institutions and organizations (hereafter organizations), that render VCT services. Disclosure by the health facility employee, auxiliary staff who on his/her own procured this information, or by the health professional of information about a person's HIV testing and its result, the patient's family life, which they learnt in the process of exercising their work and professional duties, shall result in this person's criminal responsibility.

The aforementioned employees shall observe the rules of processing, the use, and the storage

of documents that contain confidential information, take into account that personification of an HIV-positive person is prohibited when one is making national, departmental and other reports, presents information on HIV/AIDS, gives information to mass media; it is also prohibited to use other characteristics that make possible the identification of an HIV-positive person.

5.1.2. Managers of organizations where pre- and post-test counseling is done shall be responsible for complying with information confidentiality requirements and shall control compliance with confidentiality requirements.

5.1.3. The manager's main confidentiality responsibilities are the following:

5.1.3.1. Creating conditions that would ensure confidentiality in a counselor's work;

5.1.3.2. Preventing access to confidential information by any official or staff member, except the staff responsible for pre- and post-test counseling and testing.

5.1.4. In implementing the aforementioned tasks, the organization manager shall:

5.1.4.1. Issue an in-house order that would name the counselors responsible for pre- and post-test counseling

5.1.4.2. Ensure the adequate level of their professional training, their familiarizing with laws and legal acts on HIV/AIDS, including those on issues of confidentiality assurance.

5.1.4.3. Organize official investigations of cases of the disclosure of confidential information about patients, who came to receive counseling and/or to have a test done.

5.1.5. Paperwork related to ensuring a patient's right on medical confidentiality of his/her personal information

5.1.5.1. Access to all patient information shall be restricted; the restriction status shall be set by the manager.

5.1.5.2. The access status shall ensure that unauthorized persons (support staff, relatives of the employees, etc.) do not have access to the information. It envisages the following:

5.1.5.2.1. The following documents containing the patient's personal data shall be kept in safes (and the safes shall be locked with a key):

logbooks of voluntary pre- and post-test counseling for HIV testing (primary registration form #503-/o (hereinafter referred to as form #503-/o), form #503-3/o;

logbooks where HIV-positive persons are registered;

information kept in accounting departments of the regional AIDS centers on babies born to HIV-positive mothers that is used for determining government aid;

5.1.5.2.2. The procedure:

confidential information shall be handled in such a way that would make impossible for unauthorized persons to have an access to it;

archiving the information and maintenance of the archives.

5.1.5.2.3. The outpatient medical records of an HIV-positive patient shall be kept in the office of the authorized physician or infectious disease physician at the facility;

5.1.5.2.4. System of coding of HIV status (diagnosis) in medical documentation that is in accordance with requirements of MOH Order #120 of 05/25/2000 "On Improvement of health care to HIV/AIDS patients," and registered at the Ministry of Justice of Ukraine on 11/14/2000, #819/5040. There shall be no codes indicated on the cover of an outpatient or inpatient medical

record or a child's medical record. Health personnel shall be informed where the code is entered in the medical records;

5.1.5.2.5. The information about a person who came to receive VCT, including those who are HIV-positive shall remain confidential for an unlimited time;

5.1.5.2.6. When employed, and annually thereafter, HCF employees (both medical personnel and support staff) shall become familiar (and confirm it with their signature) with the requirements of the Law of Ukraine "On AIDS prevention and social protection of the population" regarding the confidentiality of information about HIV test results, and their criminal responsibility for any unauthorized disclosure of information learned in the performance of their duties.

5.1.5.3. During work with computer databases containing information on HIV-infected people, it is necessary to ensure that:

5.1.5.3.1. It is impossible to have an access to personal databases through the Internet. The database should be in a separate computer that isn't connected to the Internet;

5.1.5.3.2. Personal databases are protected by a password known only to the health provider designated by the order of the manager;

5.1.5.3.3. Personal data are removed when the database is sent via e-mail;

5.1.5.3.4. Computers with confidential information aren't to be used for non-related database maintenance purposes or for personal use..

5.2. REQUIREMENTS TO THE COUNSELING STATIONS

If the VCT standards are observed (Section 3), pre- and post-test counseling may be conducted both at the stand-alone VCT stations (anonymous counseling offices, NGOs, needle exchange points, mobile VCT stations working with not-easy-to-reach groups and working in rural areas, etc.) and at HCF (women's clinics, skin disease and STD dispensaries, substance abuse dispensaries, TB dispensaries, city and district outpatient clinics, AIDS centers, blood stations, etc.).

Medical examinations, to identify HIV and for the issuance of official results of the examination, may be done only at government or municipal HCF.

If pretest counseling is done at non-government or municipal HCF, the patient shall be advised to visit the government or municipal HCF for testing.

Counseling stations may be either stationary or mobile. When organizing and deciding on the location and the work hours of the counseling stations, it's necessary to take into account the needs of the potential clients (pregnant women, youth, IDUs, SWs, MSM, etc.)

Setting up stationary counseling stations:

Counseling shall be carried out in a separate room that is separated from other rooms.

During the counseling, the door of the room shall be closed to prevent anyone walking in and disturbing the counseling. The counseling shall not be interrupted by telephone calls.

The room shall be big, light, clean, with fresh air, and have comfortable furniture. The interior of the room shall have a relaxing atmosphere.

It is advisable, to have next to the counseling room, a waiting area with an adequate number of chairs, a table with info-literature on HIV/AIDS prevention. When inviting a patient to the counseling room, it is necessary to ensure confidentiality regarding the patient's name and the fact he/she came for VCT services (give no names or other information that might be used by the other patients to identify the patient).

In the government and municipal HCF, it is advisable that the counseling room is located adjacent to procedures room.

Setting up counseling stations.

Mobile counseling stations may be created to provide not-easy-to-reach groups (IDU, SW, rural population, etc.) with an access to VCT.

Pre- and post-test counseling at such mobile stations may be carried out in any place that is safe both for a counselor and for a patient and that ensures confidentiality.

Mobile stations may be organized by medical/non-medical governmental/municipal organizations, independent HCF, and NGOs.

When a mobile counseling station is organized, confidentiality of its work shall be ensured. Counseling services shall prevent any stigmatization of the patients who seek them out.

Forms of mobile VCT stations:

a mobile laboratory that goes directly to the places where certain categories of patients can usually be found, needle exchange stations, places where SW usually work, etc. to draw blood for HIV test or perform tests using rapid test kits. Such a laboratory may operate only as a part of a mobile station of a government or municipal HCF.

counseling stations at NGO or other institution/organization where employees provide pre- and post-test counseling services.

5.3. REQUIREMENTS TO THE COUNSELORS

5.3.1. Pre- and post-test counseling may be carried out by persons, who received special training: health professionals (physicians and nurses), psychologists, social workers, NGO members who work in a field of HIV/AIDS prevention (including PLWHA).

During the period of time needed to train adequate number of counselors, counseling may be carried out by specialists, who have a good knowledge of this Protocol and can ensure implementation of all requirements of the protocol.

5.3.2. Training counselors shall be carried out:

5.3.2.1. In line with this Protocol (Annex 2 to the Protocol).

5.3.2.2. By educational institutions that have qualified faculty, have VCT training programs, and train health professionals, psychologists, and social workers – if the HIV training course with basics of VCT is included in the educational institution’s curriculum.

5.3.2.3. By projects of international technical assistance that act on the basis of MOU and cooperation in health care:

- between the governments of the countries;
- between specific international and national organizations or between projects of international technical assistance and MOH of Ukraine;

5.3.2.4. Through continuous methodological guidance and supervision of counselors’ services by qualified specialists.

5.3.3. Main principles of counselors work

1. “Understanding instead of blaming” (humanism)	Every person should be perceived as who they are and to give that person the possibility to express both their positive and negative feelings, not blaming them, but talking with them to
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	help identify and interpret these feelings.
2. <i>“Voluntariness instead of control”</i>	Every person has a right to decide what kind of assistance he/she needs and would like to receive
3. <i>“Confidentiality of information about the person who seeks counseling”</i>	Every person has a right for the information about his/her personal/intimate life to be respected and kept confidential. Disclosure and spread of information about a person’s personal/intimate life without that person’s consent is prohibited
4. <i>“Sincere and trustful relationships between patients and counselors”</i>	Relationships between patient and counselor should be open, fair, and trustful. The professional doesn’t allow himself/herself to do anything that is against patient’s interests
5. <i>“Close communication with patient’s family”</i>	Protection and assistance to any patient may be ensured only in cooperation with his/her family. Every family that has problems with HIV may count on getting an efficient psycho-social support, to solve existing problems and to prevent new ones
6. <i>“Help for self-help (activeness instead of passiveness)”</i>	Every person who receives assistance shouldn’t be helpless and dependant; on the contrary, he/she should act actively in an effort to solve independently his/her life problems. The counselor should give the patient every opportunity to build his/her life
7. <i>“Comprehensive assistance”</i>	Any assistance shall be viewed in a context of total life circumstances. That is why it should be provided in cooperation with all stakeholders (institutions and organizations)

5.3.4. To provide high-quality and effective assistance, the counselor shall:

5.3.4.1. Have:

an adequate amount of up-to-date information on HIV, clinical signs of infection and be familiar with modern methods of HIV/AIDS diagnosis/treatment;

a hands-on knowledge/skills of counseling (active listening, investigation without blaming client’s opinion, facilitating the decision making, ability to persuade, organizing and participation in role plays, etc.);

the skills of self-control, coping with stress and psycho-emotional exhaustion;

5.3.4.2. Be able:

to establish positive, trust-based relations with a patient, to understand the patient’s feelings, his/her problems, and to take into account the patient’s individual character, psychology, age, gender, and social particularities;

to separate and overcome one’s own feelings, attitude, and biases;

to improve the patient’s awareness, and, by means of his/her assessment of his/her own risk of getting infection, encourage the patient’s decision to reduce his/her own risk;

to use language that is easily understood by the patient;

to identify the most common psycho-social and clinical complications related to HIV infection: elevated anxiety, depression, obsessional ideas, suicidal ideation, need and seeking possibilities of revenge, etc.;

to maintain tactful and friendly contact with various people, who are different by their background, education, and lifestyle;

Also, when doing a group counseling/informing, the counselor shall be able to cope with difficult situations that might happen in group sessions:

be able to communicate with peremptory persons, who would tend to dominate the group;

be able to engage into discussions those who are quiet, shy, but attentive participants;

let all the participants express their thoughts;

be able to handle people who lose control of their emotions in presence of others;

be unbiased and sensitive to any beliefs (religious, cultural, medical, etc.) of group members;

refrain from “lecturing” to the group, let the participants, in the process of communication, learn something new from the experience of other group members;

behave as one of the group members, not as a teacher in the class.

5.3.4.3. Know:

about particularities of the lifestyle of HIV-positive persons, people with high risk behaviors, and be able to tactfully discuss with them intimate issues related to risk of infection, including motivational factors for risky behavior;

about the available services and organizations that provide support to PLWHA and to people with high HIV infection risk behaviors;

5.3.4.4. Constantly improve one’s professional level and skills, attend specialized conferences, trainings, and seminars, if possible - take part in discussion of clinical cases.

Do not exceed one’s authority during counseling, do not provide information or recommendations that exceed one’s level of training and professional competence. In case of a lack of necessary knowledge, the counselor shall recommend a relevant specialist to the patient.

General requirements for the counselor’s pre- and post-test counseling skills and behavior

COUNSELING ABILITY	COUNSELING SKILLS
<p>1. Ability to establish positive rapport with the client, which includes:</p> <ul style="list-style-type: none"> - creation of an atmosphere that ensures comfort, conditions for privacy and confidentiality; - interest and sympathy, ability to react to the patient’s emotional condition (possible nervousness and confusion); - unbiased attitude, active listening (verbal and nonverbal), emotional warmth and support. <p>2. Ability to collect information, which includes:</p> <ul style="list-style-type: none"> - correct use of close-ended and open-ended questions; - silence and active listening for the patient to be able to speak his/her mind; - specifying the patient’s expectations. <p>3. Ability to provide the patient with necessary information:</p> <ul style="list-style-type: none"> - the counselor’s ability to convey information about HIV/AIDS in a clear and distinct way; - ability to repeat and to highlight important information, ability to check how the patient understood information he/she was provided with and level of its generalization. <p>4. Ability to cope with complicated situations arising during counseling sessions, which includes:</p>	<p>Verbal communication skills:</p> <ol style="list-style-type: none"> 1. Sympathize and understand the patient’s situation, recognize the patient’s feelings, accept his/her words, expressions and gestures; 2. Respect the patient’s views, opinion, and traditions, even if they have nothing in common with the counselor’s; 3. Ask, specify and retell the information provided by the patient, using different words and expressions so that the patient could identify his/her own resources and seek positive solutions with the counselor; 4. Repeat information that, due to emotional shock or rejection, was not perceived or clearly heard; 5. Summarize key points of the session to focus attention on decisions that have just been made. <p>Nonverbal communication skills:</p> <ol style="list-style-type: none"> 1. Talk with the patient in the similar tone and in the similar tempo. 2. Maintain eye contact; 3. Show attention with facial expressions, posture and gestures.

<ul style="list-style-type: none"> - ability to talk about intimate topics, taking into account cultural particularities, education, religious and other beliefs of the patient; - ability to identify and take into consideration the patient's typical psycho-emotional response to the diagnosis (emotional shock, suicidal ideation, rejection, exasperation, etc.); - ability to calm down and soften the patient's emotional reactions, upon patient's consent, engage in counseling another specialist (if it is appropriate and necessary); - understand the patient's colloquial flavor, be able to adapt to it; <p>5. Ability to role play with the patient (on informing the partner about positive result of HIV testing, promotion of safe sex, etc.)</p>	<ol style="list-style-type: none"> 4. Remain at an appropriate distance from the patient. 5. To ease up tension, use appropriate humor and gestures
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5.3.5. The counselor shall know and effectively avoid typical mistakes during counseling:

TYPICAL MISTAKES	WAYS TO AVOID MISTAKES
Restrictions on the client's expression of his/her feelings and needs	Encourage the client to express spontaneously his/her feelings and needs
Condemnation, moralizing, and lecturing to the patient	Take the patient as he/she is
Labeling the patient	Finding out about patient's motivation, fears and anxiety
Groundless consolation and optimism, underestimation of the patient's understanding of the problem complexity	Proper examination of the patient's problem, identifying the cause of his/her fears and anxiety, helping to control them.
Failure to perceive the patient's feelings, giving hasty advices	Motivate the patient to make independent decisions
Accusative tone of counseling, use of the question «Why? »	Finding out about life circumstances, problems and fears of the patient
Making the patient more dependent on the counselor; strengthening the patient's need for the counselor's presence and guidance	Strengthen the client's own potential
Encouraging the patient to accept a new type of behavior using flattery, compliments, or delusion	Encouraging and motivating the patient regarding the identification of the first steps needed to realize a plan for HIV infection risk reduction

5.4. PREVENTION OF COUNSELOR EMOTIONAL EXHAUSTION

Communication with the patients and their relatives, telling them diagnostic results in mental or emotional exhaustion (emotional burnout). To prevent this, counselors should alternate counseling with other activities, master psycho-emotional self-regulation skills.

Not paying attention to prevention of emotional exhaustion may result in disability, deterioration of the quality and the effectiveness of counseling.

Main causes, manifestations and signs of emotional exhaustion

CAUSES OF EXHAUSTION	MANIFESTATIONS	SIGNS
acute or chronic frustration – psychological condition of the counselor that is related to the impossibility to overcome barriers; difficulties in work, case overload, etc. acute or chronic psychological stress interpersonal or intrapersonal conflict related to professional activity and/or private life	mental and physical fatigue; transfer of one’s own negative emotions on the people around, conflict-stirring behavior; chronic emotional fatigue, indifference, lowered interest to work; feeling of personal helplessness and inability, unfinished business that is pushed back all the time; feeling of failure, unwillingness to work; formal approach to one’s duties, desire to change jobs; doubts about the usefulness and effectiveness of one’s work for the community and oneself	increased aggressiveness, irritated behavior; depressed state, indifference to what is going on around; incapability to perform at work

Ways to prevent and relief a consultant’s emotional exhaustion:

Individual:

- master a self-regulation technique (autogenous training, meditation or breathing psycho-techniques, point self-massage, etc.);
- master the technique of effective physical and emotional rehabilitation (physical activity, physiotherapeutic procedures).

Group:

- discuss the problems with the supervisor or trusted colleagues, analyze difficult/problematic cases, support each other after the “peer-to-peer” principle, and develop specific approaches to overcome the difficulties;
- assisted by the trained counselor/head supervisor, identify signs of exhaustion, their causes, and solve this problem as soon as possible and in the most effective way;
- use of group work methods aimed at finding - with help of the colleagues - new, more effective ways of one’s own behavior, emotional response, and relations with colleagues, attitude to work and to oneself.

5.5. SYSTEM OF INTERACTION

In order to provide the population, including representatives of the higher HIV risk groups, with the maximum access to VCT, it is advisable to make agreements on cooperation between the regional AIDS center, other government/municipal HCF and NGOs along with other organizations and institutions that work in this field and have relevant specialists who provide counseling services.

Cooperation of government, municipal HCF and organizations, NGOs, religious, and other groups, which work in the field of HIV/AIDS and their prevention, to provide services to PLHA, that would ensure an efficient use of available resources to provide VCT services. It is necessary to constantly inform the population about the list of these organizations and the scope of their services. Regional AIDS centers should be responsible for collection and dissemination of this information.

If pretest counseling is done at institutions and organizations other than state and municipal HCF or at NGOs and the patient is willing to have the test done, the counselor shall give the patient a referral for HIV test at the territorial outpatient clinic, the AIDS center or at another government or municipal HCF where HIV testing may be done.

The system of interaction between the aforementioned entities should give the patient a possibility (depending on the patient's needs) to get counseling on issues of HIV/AIDS, reproductive health, STIs screening for TB and other opportunistic infections and STIs, receive medical, psychological, social, legal, and other assistance as well as get HIV testing.

All stations, which do pre- and post-test counseling, should have printed materials containing verified, up-to-date information on the possibility to receive additional counseling and services. These materials should be given to the patient during the counseling and they should reflect the patient's individual needs. If possible, the patient should be informed whether these services are for free or how much these services would cost.

The counselor should find out what barriers might exist for the patient to visit the facilities.

The counselor should invite the patient to come for additional counseling: specifically, to find out how effective was the patient's visit to the facilities where he/she was referred to.

To carry out monitoring of counseling effectiveness at all institutions/organizations that provide VCT services, it is advisable for the stakeholders to analyze the further visits to HCF to receive HIV testing as well as visits to the social, psychological, legal services for help and support.

The procedure of such an information exchange about available resources for VCT organizing and servicing various groups may be established by decision of the Coordination Council for Prevention of HIV/AIDS at Oblast/City/District Administration.

To monitor the effectiveness of the system, a voluntary pre- and post-test counseling logbook should be kept (primary registration record form # 503/o) where information on visits and their results should be entered.

5.6. PRE- AND POST-TEST COUNSELING AT GOVERNMENTAL NON-MEDICAL ORGANIZATIONS AND MEDICAL/ NON-MEDICAL NGOs

Counseling on issues of HIV/AIDS may be carried out on any occasion when a talk on HIV/AIDS takes or may take place; it may also be done outside HCF.

Only the joint efforts by institutions and organizations of various kinds and NGOs will make it possible to improve pre- and post-test counseling services, make them more effective and accessible for various groups including groups that have a higher risk of HIV infection (IDUs, SWs, etc.)

Pre- and post-test counseling services may be provided both by specialists from the government and municipal HCF, and by specialists of governmental non-medical facilities (youth and children social service centers, educational institutions, etc.), other non-governmental HCF, faith-based religious

groups and NGOs who provide HIV/AIDS services, religious groups that support PLWHA, self-support groups of people with positive HIV status (upon consent). Only specialists, who received special training in line with the requirements of this Protocol, may carry out pre- and post-test counseling.

In accordance with current Ukrainian legislation, only government and municipal HCF that have adequately equipped laboratories accredited in line with the Cabinet of Ministers of Ukraine requirements may carry out medical tests to identify HIV infection and to issue official certificates on HIV test results.

HIV test may be done by drawing a sample of blood or other biological fluids that are sent to a special HIV laboratory. A person, who, as a result of this testing, is diagnosed as being HIV-positive, shall be informed of the fact by the employee of government or municipal HCF in accordance with the confidentiality requirements.

Employees of governmental and municipal institutions and organizations, as well as employees of other institutions and organizations, and NGO representatives may carry out pretest counseling in accordance with the requirements of this Protocol, motivating a patient to have HIV test and referring him/her for testing at the governmental and municipal HCF.

After the primary post-test counseling is done at the government or municipal HCF, the patient may, on his/her own initiative, visit other institutions, organizations, NGOs for further post-test counseling.

To ensure effective cooperation among various cooperating institutions/organizations and NGOs, it is advisable for them to enter into a VCT cooperation agreement that lists what services are provided to the patients by mutual consent within the agreement's framework.

List of institutions and organizations that may provide VCT services

ORGANIZATION	VCT SERVICES	OTHER SERVICES
Family, Children and Youth Social Service Centers	Counseling on the issues of HIV/AIDS ; VCT awareness activities; motivation of patients to have VCT; pretest counseling; informing the patient about possibility to have HIV testing at the government and municipal HCF; informing the patient about institutions, organizations, and NGOs where he/she can get medical, psychological, and social assistance and support – depending on the patient's needs; in some cases - supportive post-test counseling after the primary post-test counseling had been done at the government and municipal HCF (if this is the patient's wish)	Counseling with participation of a psychologist, lawyer, social worker, and physicians; distribution of information materials; distribution of condoms, needle exchange (if available) for IDU, engaging them into preventive harm reduction programs that are active in the region; trainings
Employees of educational institutions	Counseling on the issues of HIV/AIDS; VCT awareness; motivation of clients to have VCT;	Distribution of information materials

	<p>informing the patient about possibility to have HIV testing at the government and municipal HCF;</p> <p>informing the patient about institutions, organizations, and NGOs where he/she can get medical, psychological, and social assistance and support – depending on the patient’s needs;</p> <p>in some cases - supportive post-test counseling after the primary post-test counseling had been done at the government and municipal HCF (if this is the patient’s wish).</p>	
<p>NGOs that work with IDU, SW, PLWHA support groups, churches, etc.</p>	<p>VCT awareness;</p> <p>motivation of clients to have VCT;</p> <p>counseling on the issues of HIV/AIDS;</p> <p>pretest HIV counseling;</p> <p>if patient is willing, his/her referral for HIV testing at the government HCF that have adequate conditions for such testing;</p> <p>informing the patient about possibility to have HIV testing at the government and municipal HCF;</p> <p>informing the patient about institutions, organizations, and NGOs where he/she can get medical, psychological, and social assistance and support – depending on the patient’s needs;</p> <p>in some cases - supportive post-test counseling after the primary post-test counseling had been done at the government and municipal HCF (if this is the patient’s wish).</p>	<p>Counseling with the participation of a psychologist, lawyer, social worker, and physicians;</p> <p>distribution of information materials;</p> <p>distribution of disinfectants, condoms;</p> <p>needle exchange (if available) for IDU,</p> <p>engaging them into preventive harm reduction programs that are active in the region;</p> <p>providing psychological support based on peer-to-peer approach, assistance in development and implementation of a personal plan for risk reduction if the patient belongs to higher HIV infection risk group;</p> <p>trainings</p>
<p>HCF with ownership pattern that is other than government and municipal</p>	<p>VCT popularization;</p> <p>counseling on the issues of HIV/AIDS;</p> <p>motivation of clients to have VCT;</p> <p>pretest HIV counseling;</p> <p>informing the patient about possibility to have HIV testing at the government and municipal HCF;</p> <p>informing the patient about institutions, organizations, and NGOs where he/she can get medical, psychological, and social assistance and support – depending on the patient’s needs;</p>	<p>Counseling with participation of physicians and, if available in the staff, psychologist and lawyer;</p> <p>distribution of information materials</p>

	<p>in some cases - supportive post-test counseling after the primary post-test counseling had been done at the government and municipal HCF (if this is the patient's initiative to have a post-test counseling there)</p>	
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6. SUPERVISION, MONITORING AND EVALUATION OF VCT

Supervision should ensure the counselor's knowledge and skills improve by means of guidance, assistance in presentations, and support from a senior experienced counselor..

Supervisor plays a key role in VCT service implementation, identifies and analyzes problems the counselors confront, and provides recommendations how to solve them.

On the national level, supervision shall be done by specialists of the Ministry of Health of Ukraine, Ukrainian AIDS Center, leading research institutions and centers, with participation of the representatives of NGOs, including international ones (upon consent).

Regional supervisor's duties shall be prescribed by a regional health administration decree for the most experienced specialists in specific fields (AIDS Centers, OB/GYN, pediatric, infectious disease, narcological, dermatology and venereology, blood transfusion, TB, and other specialists).

At every HCF, by the head physician's order, supervisor's functions shall be given to the specialists who have had VCT training in accordance with the requirements of the Protocol.

The supervisor's functional duties include two aspects:

- Ensuring the quality control of counseling (strict following of Protocol requirements) and organization of the counselors' professional development and the improvement of their skills;
- Operational control over the provision of counseling services.

Supervisor's ensuring the quality of counselors' counseling and training

Objective: Ensuring quality of counselors' counseling and training.

Goal: Ensure strict observance of the Protocol requirements, assess skills and strengths of a counselor, ensure possibility to solve problems and improve skills, and provide the consultant with guidance and support.

Mechanism (tool): Regular scheduling of conferences and meetings on issues of VCT, review of complicated cases that happened during VCT, assessment of patients risk reduction plans, assessment of patient satisfaction, and ensuring the counselors training.

The supervisor's task is to carry out:

1. Operative analysis. Operative analysis is divided into two types: one is for issues of quality counseling and follow-up of patients, the second is for administrative and organizational issues (extension of scope of services, data collection, work schedules, etc.);

2. Conferences and meetings on VCT issues. Topics of quarterly conferences may be the following: discussion of theoretical and hands-on issues of VCT service activities, discussion and reviewing the specific cases (no names). Supervisor shall ensure confidentiality;

3. Review of patients' plans of risky behavior change. It shall be a topic for one of the meetings or conferences;

4. Observation over counseling process. Observing a counselor conduct a session provides the supervisor with a more complete understanding of the problems that the counselor faces as well as a possibility to assess the counselor's skills.

Supervisor shall get consent both of the counselor and the patient for him/her to be able to carry out observation. Supervisor shall explain to the patient the reasons for observer's (supervisor's) presence, assure him/her of confidentiality of information and about the fact that supervisor would concentrate his/her attention on the counselor, not on the issues the patient is concerned with.

Supervisor shouldn't talk during the counseling session, except for words of thanks to the patient for his/her understanding of the necessity of this observation. Supervisor shall stay during the whole counseling session. If the supervisor's stay during the counseling isn't advisable, some alternative methods can help: among them are tape/video recording of the counseling, "standardized patients," role plays. Supervisor shall ensure constructive comments directed at improving the counselor's skills. This feedback to the counselor should take place on the same day as the observation took place.

5. Organizing the training. Jointly with the administrator (head of the facility, station/center), the supervisor shall identify the persons that have to get training on the issues of counseling and testing.

6. Assessment of patients' satisfaction. For this, the feedback mechanism from persons who got VCT services is used.

Not the counselor, but an independent employee of the counseling station/center should be asking the patients to fill in the survey form or to be interviewed (while doing a sociological survey). It is possible to get an instant feedback from the patients using special "boxes for suggestions individual interviews with the patients who got VCT services, for example: post-partum women at maternity hospitals, patients at narcological hospitals, etc.

For a supervisor to be able to evaluate the quality of VCT services, it is necessary to monitor the implementation by the consultants of the following activities: ensuring conformity of counseling services to the Protocol requirements, information confidentiality guarantees; also, through analysis of access to VCT services, analyze flow of patients and coverage (visits), analyze interaction with other facilities and its effectiveness. Supervisor shall receive confirmation that all counselors of the VCT station/center have been familiarized with Ukrainian laws and regulations on organization and carrying out VCT services, storage of confidential data and access to such data (section 5.1 of this Protocol).

For VCT services assessment, it is necessary to do analysis of:

1. Services that were provided. Quarterly, supervisor shall analyze the patients' demography, their number, types of counseling, provided services, referrals to other services, and test results. The data analysis results may have effect on work time, patient flow, appointment of counselors, other personnel and logistic decisions;

2. Counselors' work schedule, flow and coverage of patients (number of visits). In order to assess potential and efficiency of VCT counselors' work, supervisors shall, from time to time, analyze their work schedules, flow and coverage of patients. Flow of patients analysis (FPA) shall be carried out during the whole workday of the station/center. During the analysis, every patient, regardless of the nature of services he/she needs, is considered to be an FPA participant. The counselors should be prepared for FPA the day before it takes place. During the FPA, the following is measured: time the patient spends on being registered, time he/she spends on getting counseling (taking into account type of the counseling (group, individual, or counseling of a couple)), duration of the counseling after positive and negative test results, waiting time, number of visitors per one counselor (for counseling of groups, individuals, and couples), total amount of time spent per visitor. After that, an average time range is calculated for the aforementioned activities.

Ensuring patients' continuous access to VCT services at convenient times for them shall be the main priority for supervisors and counselors in this management sector.

According to supervisory results, the manager of the station/center shall ensure an adequate number of counselors. Supervisor shall coordinate counselors' engagement in work outside their counseling stations/centers, meetings, trainings, and any special functional duties (except for VCT services);

3. Interaction system. It should be done simultaneously with analysis of provided services to assess a newly formed network of supporting organizations that do necessary additional counseling, preventive assistance, and other services depending on the patient needs;

4. Reporting systems. For monitoring and evaluation of VCT services, a database shall be used as well as information flows, periodicity of data collection and reporting at each station/center, each rayon, oblast, and at the national level shall be analyzed. It shall be done simultaneously with analysis of provided services at the city, oblast, regional, and national levels with sending informational letters to managers of institutions and organizations that provide VCT services.

Monitoring & Evaluation system (M&E) of VCT services is the part of the national system of monitoring and evaluation of activities that address the HIV/AIDS epidemic.

The goal of M&E is evaluating services for their effectiveness in the reduction of HIV risk and a change in sexual behavior, helping HIV-infected people to accept their status, and in receiving the services they need.

Monitoring means a regular tracking of the key elements of current of VCT service activities.

Evaluation means conducting occasional assessment of changes that can be explained by VCT service interventions and characterizing the outcomes of these service activities.

At the regional level, M&E is conducted by regional AIDS centers (in Autonomous Republic of Crimea – Republican AIDS Center), at the national level – Ukrainian AIDS center at the MOH of Ukraine. The M&E of VCT services may be conducted by technical assistance projects. Generalized M&E materials are placed at the web-site of MOH of Ukraine.

M&E methods were developed on the basis of UNAIDS guidelines (2000) and envisage seven components of VCT development and organization:

1. **Degree of country and regions preparedness for VCT implementation and readiness to conduct it;**
2. **Assessment of VCT stations work and services provided there;**
3. **Requirements for counselors;**
4. **Assessment of the quality and content of counseling;**
5. **Counseling in the context of contingent particularities: blood/tissue/organ donors, pregnant women, IDU, SW, prisoners, etc;**
6. **Group counseling/informing;**
7. **Patients' satisfaction.**

Depending on needs and necessity to analyze VCT services, from aforementioned seven components, #1, 2, 3, 4, 5, 6 need continuous M&E.

M&E of the seventh component may be conducted during sociological and scientific research.

The evaluation methods format may be photocopied if needed.

GOAL	METHOD
Assessment of the level of country and regions preparedness for VCT implementation and readiness to conduct	Method 1: evaluation of the level of the country and regions preparedness for VCT implementation

it	
Assessment of VCT stations work organization and services provided there.	Method 2: evaluation of VCT stations; logistical support and scope of services
Assessment of how the counselors meet requirements for this position and the level of their satisfaction with their work	Method 3: evaluation of selection, training and support of counselors
Assessment of quality and content of counseling:	Method 4. assessment of counseling quality and content
Counseling quality	Method 4.1: assessment of counselor's competence Method 4.2: evaluation of counseling skills
Counseling content	Method 4.3: pre-test counseling evaluation Method 4.4: post-test counseling evaluation
Particularities of counseling the target groups (pregnant women, donors, IDU, SW, prisoners etc.)	Method 5: evaluation of the counseling content for every target group
Group counseling	Method 6: evaluation of work in the group
Patients satisfaction	Method 7: evaluation of the patients satisfaction level

Method 1

Evaluation of the degree the country and regions are prepared for VCT implementation, and the readiness to do it

Respondents are those who are responsible for HIV/AIDS program planning

This group includes decision makers from the ministries, departments of oblast, city and rayon state administrations, regional programs on AIDS prevention, NGO representatives.

The interviews should be conducted individually; if necessary, questions should be specified and additional comments provided. While filling in the forms, "+" should be placed in the box that is respondent's answer.

Information about HIV/AIDS epidemic situation. Results of sanitary epidemiological surveillance over HIV _____

Other info about HIV/AIDS prevalence: _____

How VCT is seen by the regional program representative:

Considers it to be an important priority Yes No

Considers it to be a priority under certain conditions and in certain regions	Yes	No
Not a priority	Yes	No

Do developed VCT services exist? Yes No

Does a regional VCT service network exist? Yes No

Limited network of services (the capital, oblast center and several big cities) Yes No

VCT services provided by NGOs Yes No

Other: Yes No

Describe VCT services in detail _____

Describe any obstacles for organizing VCT services _____

Does a national/regional policy on VCT exist?

Yes Is being developed No

Have the regional guidelines for HIV/AIDS counseling been approved?

Yes In process of preparation No

Describe how they were developed, whether any difficulties were in the process of their implementation.

Is the population provided with information regarding availability of VCT services?

Yes No

If yes, how? _____

What HIV-test related counseling services exist in the region?

At government HCF	Yes <input type="checkbox"/>	Being planned <input type="checkbox"/>	No <input type="checkbox"/>
At HCF with other than government or municipal ownership	Yes <input type="checkbox"/>	Being planned <input type="checkbox"/>	No <input type="checkbox"/>
At Ssocial Services for Youth	Yes <input type="checkbox"/>	Being planned <input type="checkbox"/>	No <input type="checkbox"/>
At NGO	Yes <input type="checkbox"/>	Being planned <input type="checkbox"/>	No <input type="checkbox"/>
Others	Yes <input type="checkbox"/>	Being planned <input type="checkbox"/>	No <input type="checkbox"/>

Services for specific groups

Counseling services for specific groups (IDU, SW, MSM, prisoners, others)

Yes Being planned No

Indicate, which ones:

Yes Being planned No
 Yes Being planned No
 Yes Being planned No
 Yes Being planned No
 Yes Being planned No

Can persons, who came to receive VCT services, access additional services, for instance monitoring of CD4, viral load, etc.? _____

Does patient have to pay for them? _____

Do the counselors receive training?

Yes

No

If yes, at what level were they trained and what was the number of trained counselors at each level:

National _____

Oblast _____

Rayon _____

VCT station _____

What are the backgrounds of the people who were trained as HIV counselors? Indicate number:

Doctors _____

Nurses _____

Psychologists _____

Social workers _____

PLWHA _____

Others (please specify) _____

What kind of training is offered?

Basic training (refresher courses) Yes No

Permanent seminars with activity analysis Yes No

By means of supervision with counselors' activity analysis Yes No

Other (please specify) _____

Duration of the courses _____

Give a detailed description of the training course (for example, describe the training technique, contents of the training course, curriculum, etc.) _____

How is the counselor's quality of work evaluated (for example, whether the counselor's work is observed)? _____

Is statistical information on counseling services available? Yes No

If yes, who does that and with what intervals? _____

Method 2

Evaluation of VCT stations, their logistical support and scope of services provided there

Respondents are VCT station managers

If number of these stations is small, it is necessary to interview managers of all stations. If there are numerous stations, it is necessary to make a representative sample of the managers from the various categories of VCT stations, for instance: one representative from blood transfusion stations, one representative from free-standing VCT stations, one from hospitals, one from private sector, one from research institutions, etc. If possible, the sample should include managers of rural and urban VCT stations. While filling in the form, mark the right answer with "+" in the respective box.

Which services are provided at your station:

Pre-test counseling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drawing blood for HIV testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Post-test counseling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ongoing counseling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HIV counseling (without testing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do any defined procedures for conducting pre-test and post-test counseling exist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please describe them (for example, whether written policies, checklists, etc. exist. _____

Working hours

Does your facility work at the following time intervals?

After end of a workday	No <input type="checkbox"/>	Yes <input type="checkbox"/> (specify how many evenings) _____
At lunch time	No <input type="checkbox"/>	Yes <input type="checkbox"/>
On weekends	No <input type="checkbox"/>	Yes <input type="checkbox"/> (specify: on Saturdays, Sundays or other days)

Do you have an appointment system? Yes No

If yes, what happens if someone comes without an appointment?

They will be asked to schedule an appointment on another day Yes No

They'll certainly be seen the same day Yes No

As a rule, they're seen the same day Yes No

Confidential data storage

Do you have a separate room to do counseling of a patient in a confidential environment? Yes No

There is a separate room, but it doesn't meet necessary requirements. Yes No

Specify: what exactly the room is _____

Separate office

Cubicle

Curtained-off area

Other (please specify) _____

Waiting area _____ Describe it _____

At your station, do you have written confidentiality rules? Yes No

Describe confidentiality measures that are enforced at your station (for example, whether files are stored in a safe that is locked with a key, whether a confidential information protection system exists, etc.) _____

Does anybody from the stated employees below get training regarding the counseling goal and confidentiality assurance?

Counselors Yes No

Lab technicians Yes No

Health professionals who don't participate in counseling Yes No

Nurses Yes No

Employees of reception desk Yes No

Auxiliary staff (for example, cleaners) Yes No

Others (indicate who) Yes No

Do the services stated below refer patients to you?

Government health services Yes Sometimes No

Health services of other ownership patterns Yes Sometimes No

Social services Yes Sometimes No

Other counseling services Yes Sometimes No

NGOs Yes Sometimes No

Family planning services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
OB/GYN services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
TB services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Dermatology and venereology services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Religious groups	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Others (please specify)	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>

Do you refer your patients to any of the services stated below?

Government health services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Health services other than government owned	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Social services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Other counseling services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
NGOs	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Family planning services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
OB/GYN services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
TB services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Dermatology and venereology services	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Religious groups	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Others (please specify)	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>

Describe please how the referral system works, any problems or successes _____

In your opinion, is the existing system of referrals to specialists adequate, especially for those people who were identified as HIV-positive? _____

Method 3

Requirements to the counselors and their satisfaction with their work

Evaluation of selection, training and support of the counselors.

Respondents are counselors

This method is not designed to evaluate an individual counselor counseling skills and competence: that will be covered in the section on counseling quality evaluation. Rather, it addresses adequacy of counselor selection, his/her support through training, and the health and safety of the counselors.

This section is a semi-structured interview that should be carried out by a researcher who had received special training. Since carrying out an interview takes time, one should interview a limited number of randomly selected counselors. Interviewee should receive assurance of anonymity. Interviewer should be trained enough to be able to stay unbiased and allow the respondent to express

his/her fears and concerns. If needed, one may write down additional questions and comments. While filling in the form, the selected answers shall be marked with “+” in the relevant boxes.

What is your status?

- Nurse
- Physician
- Social worker
- PLWHA

Other (specify) _____

Selection

How were you selected to become a counselor?

- I was appointed by an Order
- I volunteered (explain why; for example, “I am concerned with the effect HIV has on the society,” “on personal reasons – I have a friend/relative who is HIV-infected, etc.)

Don't you feel that you have been forced to do counseling? (for example: either you like to do counseling or you do it as a part of your work duties, or it's an extra burden for you?)

Training

Please describe what training on counseling methods have you received? (for example, number of training sessions and their duration) _____

How would you evaluate the counseling training course you attended?

- Excellent Good Satisfactory Unsatisfactory

In your opinion, what was good and what was unsatisfactory in the training course?

In what areas of counseling you feel you need additional training?

Do you receive follow-up or ongoing training?

- Yes No

If yes, describe it: _____

If no, do you think ongoing training would be a good idea?

Yes No

If yes, describe how it might, or might not help.

Support and supervision

How many hours a week do you spend on counseling activities? _____

What proportion of your working time is spent on counseling? _____

Do you have a counselor support group? Yes No

If yes, do you attend this group? Yes No

If yes, does this group help you (if yes, in what way does it help?) _____

If no, of what use, in your opinion, it might/might not be for you?

Do you have support for your counseling from other services? Yes No

If yes, please explain whom and how do they help?

Do you have possibility to communicate, if needed, with a designated counseling supervisor, who should provide you with the support and technical assistance? Yes No

If yes, who provides:

Support _____

Supervision _____

“Burn out” syndrome (physical and psychological exhaustion)

What is your attitude to your work? _____

In your opinion, do your patients appreciate you or not? Yes No

(Please describe what suggests of that?) _____

In your opinion, do your colleagues appreciate you or not? Yes No
(Please describe what suggests of that?) _____

In your opinion, does your management appreciate or underestimate you? Yes No
(Please describe what suggests of that?) _____

Are you given adequate time to carry out your counseling duties? Yes No

Please indicate how you feel about the following statements.

"My work emotionally exhausts me"
Always Often Occasionally Never

"My work is very stressful"
Always Often Occasionally Never

"My work gives me great inspiration"
Always Often Occasionally Never

"We have a very nervous environment at work"
Always Often Occasionally Never

"Every day I learn something new at work"
Always Often Occasionally Never

"I feel isolated at work"
Always Often Occasionally Never

"I have problems communicating with my colleagues"
Always Often Occasionally Never

"I can help my clients"
Always Often Occasionally Never

"I am not sure about my professional abilities"
Always Often Occasionally Never

Please elaborate on any of the aforementioned statements: _____

How many years have you been doing counseling? _____

How many hours per day do you do counseling? _____

Please indicate approximate number of hours you spend each day on:

Counseling about HIV-related problems _____ hours

Counseling about other issues _____ hours
Other work (specify) _____ hours

How many days per week do you do counseling? _____

How many persons do you counsel per day? _____

If you daily schedule varies, please give approximate number of clients you see each day of the week:

Clients with HIV-related problems _____

Clients with other problems _____

How do you see your future in counseling? (for example, “I will continue counseling in the future,” “I think that counseling is too nervous and difficult a job and I want to find another job” _____

Method 4

Evaluation of counseling quality and content

Respondents are counseling observers

Evaluation shall be done by an external evaluator, manager of the station, or counselors who received special training. Goal: evaluate standards of patients counseling in various situations related to HIV testing and work of support services. During evaluation of standards, performance skills of counselors are evaluated, which may be evaluated in the best way through observation of actual counseling. If there are many counselors, it is necessary to form a random sample out of three to five people. It is better to do observation of work of each of them during the first counseling session on the day of monitoring. If there are one or two counselors at the station, it is possible to take three to five of any of the counseling sessions for evaluation. Before the observer comes in, the patient shall be informed about the observation and its goal. For the observer to be able to participate in the counseling, one shall get the consent of the patient. The observer shall assure the patient that he/she will not interfere or interrupt the counseling session as well as assure the patient that their confidentiality will be respected.

It is recommended to inform the counselor about observation results immediately. The counselor shall have possibility to express his/her thoughts and suggestions.

Sometimes counselors oppose the presence of their boss as an observer during their counseling session. If the counselor flatly refuses to hold a counseling session while being observed by his/her boss, it is possible to use alternative evaluation techniques – invite this counselor’s colleagues to be observers, organize a role play or make audio/video record of the counseling.

While filling in the form, “+” is placed in the relevant boxes.

4.1. Counselor’s competency evaluation

4.1.1. Interpersonal relationships

Interpersonal relations depend on gender, cultural, and socio-economic factors. Other factors, such as workload, resources and opportunity to refer persons being counseled to other specialists, etc. are also important and they should be taken into account when setting standards.

Ability to react and anticipate that the client may be nervous and upset; Yes No

Appropriate environment that ensures comfort, privacy and confidentiality;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Good client reception, greeting and introduction;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rapport, respect, interest and empathy;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Non-judgemental attitude;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Engagement of the client in conversation;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Active listening (non-verbal and verbal);	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emotional warmth and support.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.1.2. Information collection

Use of open and closed questions;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to remain silent to let the patient speak up, overcome stress, think about the consequences;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Finding out about patient expectations; ability to listen to information so that not to make premature conclusions;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Summarizing the main issues discussed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.1.3. Providing with information

The counselor has adequate knowledge of HIV;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The counselor is able to convey information about HIV/AIDS in a clear and easy-to-understand manner;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Repetition and reinforcement of important information;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checking for understanding/misunderstandings;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Summarizing.		

4.1.4. Ability to handle the situation

Understanding language particularities of the patients and ability to adapt to them.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to talk about intimate matters in a simple manner and with a consideration to the cultural, educational particularities of the patient, his/her religious and traditional beliefs;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to prioritize issues to cope with the limited time and short period of communication;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Innovative approaches to overcoming constraints (for instance, regarding time and privacy);	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to calm down the patient and soften his/her emotional reactions;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability (if necessary) to involve partner or another needed specialist.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Method 4.2. Evaluation of counseling skills

Activity	Abilities and skills	Points	Comments
Interpersonal relationship	• Clients' greeting	3 2 1*	
	• Acquaintance	3 2 1	
	• Clients' engagement into the conversation	3 2 1	
	• Active listening (verbal and non-verbal)	3 2 1	
	• Sympathy and open-mindedness	3 2 1	

Information collection	• Use of open and closed questions	3 2 1
	• Ability to be silent to let patient speak up	3 2 1
	• Specifying the information that was given to the counselor	3 2 1
	• Ability not to make premature conclusions	3 2 1
	• Ability to probe appropriately	3 2 1
	• Summarizing the main issues discussed	3 2 1
Providing with information	• Information is given in clear and simple terms	3 2 1
	• The patient is given some time to absorb information and respond	3 2 1 3 2 1
	• Up-to-date knowledge of HIV	
	• Repeating and emphasizing the important information	3 2 1
Handling special circumstances	• Checking for understanding/misunderstanding	3 2 1
	• Summarizing the main issues	3 2 1
	• Ability to adjust to the patient's language particularities	3 2 1
	• Ability to talk about intimate matters in a simple manner and with a consideration to the cultural particularities	3 2 1
	• Ability to prioritize issues to cope with the limited time and short period of communication.	3 2 1
	• Ability to pause to cope with patient's strong emotions.	3 2 1
	• Use of innovative approaches to overcome constraints (e.g. space for privacy)	3 2 1
	• Ability to calm down the patient	3 2 1
	• Ability to involve partner or another needed specialist	3 2 1

*3= highest score

Counseling content

This method is designed to assess the standards of HIV counseling by monitoring the content of the counseling session. The content of the counseling session may vary depending on its purpose and the needs of the client.

The observation shall be carried out by an experienced external evaluator, or by head of the counseling facility, or by the counselor's colleague: they may either be present during the counseling session, or review audio/ video recordings of the session. While filling in the form, "+" is placed in the relevant boxes.

Method 4.3. Evaluation of pre-test counseling

What of the following took place during the counseling?

Reasons of the visit were discussed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient's awareness of HIV and ways of its transmission was assessed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Misconceptions corrected	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Assessment of personal risk profile was carried out	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information concerning the HIV test was given (e.g. testing procedure, meaning of possible test results, window period)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of understanding was checked	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Meaning of HIV-positive and HIV-negative results and possible implications were discussed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to inform about HIV-positive result	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discussion of potential needs and available support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discussion of a personal risk-reduction plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time was given to realize the problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Informed consent/refusal to have test was given freely	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plans to have follow-up meetings were discussed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adequate time was given for questions and clarifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Method 4.4 Evaluation of post-test counseling

What of the following took place during the counseling?

Result was given in a simple and easy-to-understand manner	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time was given to realize the result	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of understanding was checked	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discussion of what the result means for the patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discussion of personal, family and social implications including whom the patient may tell about this	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discussion of a personal risk-reduction plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support was given when patient had first emotional reaction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Availability of adequate immediate support was clarified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Follow-up care and support were discussed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Options and resources were identified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Immediate plans, intentions and actions were reviewed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Follow-up plans and referrals to other services were discussed (taking into account patient needs)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

It is assumed that, while doing evaluation of each counseling session, method 4.2 will be used for evaluation of the counseling quality, and one of the methods of contents evaluation (4.3, 4.4) will be used for contents evaluation – depending on the counseling type.

Method 5

Particularities on counseling of the target groups:

While assessing the content and quality of counseling of the target groups, the supervisor should find out how completely the counselor covered the issues: it should be done in line with Annex 1 of the Protocol and taking into consideration specificity of these groups.

Examples of counseling content evaluation for some target groups are given below:

While filling in the form, “+” is placed in the relevant boxes.

5.1. Evaluation of the pregnant women counseling content and PMTCT activities:

Respondents are counseling observers

What of the following took place during the counseling?

At early stages of pregnancy

Were the following issues adequately addressed?

Patient’s perception of pregnancy was clarified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient received information on HIV infection during pregnancy and risk of mother-to-child transmission	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Advantages of knowing one’s own HIV-status and what prevention is available if a person has positive test result (including explanation that ARV drugs cannot be prescribed to pregnant women with undetermined status)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HIV-positive result implications for her baby	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HIV-positive result implications for her babies that aren’t conceived yet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How HIV-positive result affects issue of breastfeeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How HIV-positive result affects her relationships with father of her baby	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discussion of the advantages of testing together with the father of her baby.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Meaning and advantages on informing her partner/father of her baby about her HIV-status	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation that testing is not mandatory and the woman will not be rejected at antenatal and other services if she decides not to be tested	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Options for pregnancy termination	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Post-test counseling for HIV-positive pregnant women at antenatal clinics

Whether, in addition to general issues that should be addressed during post-test counseling, the counseling sessions for HIV-positive pregnant women included:

Information about ART	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information on newborn feeding options and risk of breastfeeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information on family planning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information on treatment, care and existing support services to which she can receive referrals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discussion of potential advantages and risks of informing her partner and family about her HIV-status	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information on safe sex and condom use to prevent HIV and STI	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information on childcare (including advice how to feed the baby and to timely seek health care if he/she got sick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Planning the future (including emotional, moral and legal support)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Options of referrals to specialists if needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Were any special issues of PMTCT and ART addressed?

Previous experience of treatment with ARV drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ART doesn't cure HIV-infection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Need to attend antenatal clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Need to take ARV drugs as it was prescribed by the physician	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checking that the patient understood the information she was provided with.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discussion of contraindications to ARV drug therapy and precaution measures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drug response	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Taking other medications	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Explanation on preventive ARV treatment course was provided adequately and included:

Explanation of regimen compliance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Necessity to take medications regularly and in compliance with regimen; risks related to irregular taking of medications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Possible side effects in case of which it is necessary to seek medical care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checking that the patient understood the information she was provided with.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Posttest counseling of HIV-negative pregnant women in antenatal clinics:

Information about safe sex and condom use (especially during pregnancy and breastfeeding)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation of behavior to couples if one of the partners is HIV-infected	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5.2. Evaluation of counseling content for TB preventive treatment (TBPT)

What of the following took place during the counseling?

Discussion of issues of timely TB identifying and treatment:

Issues of TB screening (signal symptoms).

Cough	Yes <input type="radio"/>	No <input type="radio"/>
Sputum	Yes <input type="radio"/>	No <input type="radio"/>
Fever	Yes <input type="radio"/>	No <input type="radio"/>
Weight loss	Yes <input type="radio"/>	No <input type="radio"/>
Family contacts with TB patients	Yes <input type="radio"/>	No <input type="radio"/>

Contraindications and cautions to TBPT were discussed:

Drug response	Yes <input type="radio"/>	No <input type="radio"/>
Taking other medicines	Yes <input type="radio"/>	No <input type="radio"/>
Pregnancy	Yes <input type="radio"/>	No <input type="radio"/>
Medical history of TB	Yes <input type="radio"/>	No <input type="radio"/>

Whether the patient takes TB medications	Yes <input type="radio"/>	No <input type="radio"/>
<i>Explanation of TBPT was adequate, including the following:</i>		
The treatment modality	Yes <input type="radio"/>	No <input type="radio"/>
The need to take medicines regularly according to the regimen and the dangers of violation of TBPT treatment modality	Yes <input type="radio"/>	No <input type="radio"/>
The possible side-effects, when patient has to seek health care	Yes <input type="radio"/>	No <input type="radio"/>
Checking that the patient understood the information he/she was provided with.	Yes <input type="radio"/>	No <input type="radio"/>

Method 6

Group counseling/informing

Evaluation of a group work

This task should be implemented by observers who have counseling training and training in group work. Its goal is to assess the standards of work of the counselor as a group leader in various situations related to HIV testing, care and support service activities. When assessing the standards, performance skills of the counselor are considered, which are best to be assessed by means of observations of real work with a group. At each counseling site, it is recommended to observe three-five counseling sessions. It is advisable to inform the group about the observation and its purpose before the observer comes in. It is necessary to have participants' consent to the presence of observer during the counseling session. Assurance of confidentiality should also be given.

Activity	Abilities and skills	Score	Comments
Establishing relationship with a group	Greets participants	3 2 1*	_____
	Introduces himself/herself	3 2 1	_____
Ensuring group work	Allows all members to speak up	3 2 1	_____
	Seeks clarification about information received/discussed	3 2 1	_____
	Leads discussion in a right direction	3 2 1	_____
	Summarizes the main issues being discussed	3 2 1	_____
Providing with information	Gives information in clear and simple terms	3 2 1	_____
	Gives participants time to absorb information and respond	3 2 1	_____
	Has up-to-date knowledge about HIV/AIDS and PMTCT etc.**	3 2 1	_____
	Repeats and emphasizes important information	3 2 1	_____
	Checks for understanding/ misunderstanding	3 2 1	_____
	Summarizes the main issues	3 2 1	_____

Handling situation	Copes with language particularities/differences in the group	3 2 1	_____
	Talks about intimate issues in a simple manner and with a consideration of the group cultural particularities/composition.	3 2 1	_____
	Prioritizes issues to cope with limited time	3 2 1	_____
	Able to handle emotions of the participants	3 2 1	_____

* 3=highest score

** depending on the group's goal/requirements

Method 7

Evaluation of VCT client satisfaction

Respondents are clients who have just had counseling

This method is designed to evaluate the impression of VCT clients and their satisfaction with the counseling.

This method is a semi-structured interview which should be carried out individually by an experienced interviewer. The interviewer should be unbiased and give the respondents a possibility to express their anxieties. If necessary, additional questions and comments may be introduced in the survey form. Given that it takes some time to carry out interviews, a small number of randomly selected respondents should be interviewed. To avoid a selection bias, a convenient sampling method can be used. All people receiving counseling within a specific period of time (e.g. one week) will be asked by their counselor to attend a confidential and anonymous exit interview. If the number of clients who got counseling during this period is too big, random sampling can be adopted to select clients by days of the week and for the week. The interview shall be voluntary and the clients should be assured of anonymity and confidentiality.

While filling in the form, "+" is placed in the relevant boxes.

Did you discuss with your counselor today the following:

HIV testing	Yes <input type="radio"/>	No <input type="radio"/>
Receiving test results	Yes <input type="radio"/>	No <input type="radio"/>
Issues related to HIV testing that was done some time ago	Yes <input type="radio"/>	No <input type="radio"/>
Other issues (specify) _____		

How did you visit this center *for the first time*?

They recommended it to me (partners/friends – please specify)

Partners/friends recommended me to visit it (specify) _____

I just dropped in _____

Other (specify) _____

Why did you come to the center? _____

How much time did you spend:
Waiting for your first appointment _____

Waiting for your HIV test result (in government and municipal health care facilities)

Waiting to see your counselor today _____

Having counseling session with your counselor today _____

What can you tell about your counselor? Describe his/her strengths and weaknesses _____

Do you wish you had a different counselor (of different gender, of older/younger age)? _____

Did you have counseling with the same counselor before and after the test? _____

If your friend or relative were in a similar situation as you were before you visited this facility to have counseling, would you recommend him/her to come here for services?

Yes No

Why? _____

Have you recommended the service to anyone else? (specify to whom and to how many people)

Satisfaction with service quality

It is important to find out about clients thoughts regarding service quality so that to be able to address the possible problems. It is advisable to take into account clients' thought on the following issues:

Convenience (location and business hours) _____

Waiting time: to schedule an appointment _____
to talk to the counselor _____
to receive the test result _____

Counselor:

Warmth/understanding/confidence	Yes <input type="radio"/>	No <input type="radio"/>
Confidentiality	Yes <input type="radio"/>	No <input type="radio"/>
Competence	Yes <input type="radio"/>	No <input type="radio"/>
Environment (possibility to have privacy, etc.)	Yes <input type="radio"/>	No <input type="radio"/>

Unsolved problems/ unmet needs Yes No
If exist, please specify _____

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