

Clinical Assessment for Systems Strengthening (CLASS)

COUNSELING AND TESTING MODULE

AN INTRODUCTION TO THE TOOL

The HIV Counseling and Testing Module of the CLASS Toolkit is a guide, not a checklist, for reviewers conducting assessments of facilities or programs providing HIV Testing and Counseling (HTC) services¹. The module will be used for assessing the comprehensiveness and quality of all models of HTC services provided at the facilities with programs supported by the Track 1.0 Grantee or Local Partners. These models include client-initiated voluntary HTC, integrated Provider-Initiated Testing and Counseling (PITC) offered to patients at health facilities, and community-based HTC which includes mobile and home-based testing and counseling (HBHTC)^{2,3} services. The module will also assess linkages to all forms of HIV prevention, treatment and care, such as, Voluntary Medical Male Circumcision (VMMC)⁴; STIs; Opportunistic Infections (OIs)⁵; and sexual and reproductive health services⁶.

This module is divided into six sections covering the following areas:

1. Facility, Staffing and Services
2. HTC Protocols and Procedures
3. Laboratory services
4. Linkages and Referrals
5. Community Mobilization, Outreach and HTC Promotion
6. Quality Assurance

Each section begins with a set of core competencies followed by a series of questions that can be used to facilitate discussions with organization representatives. Verification criteria for the most important core competencies and questions follow along with space for reviewers to make notes. Reviewers should not feel compelled to complete the tool sections in the order presented, but should proceed with flexibility to accommodate the time and availability of staff. It is assumed that there will be at least four hours available to reviewers at each site in order to allow for the completion of the tool. However, reviewers should determine which sections to prioritize for each different model of HTC.

This module is meant to be used as a “stand alone” tool to assess non-clinic based HTC services [stand-alone voluntary HTC and community based HTC], in addition to integrated HTC services. Reviewers will find that not all sections of the tool will apply to all types of facilities being assessed. Portions of the Community Mobilization section may not apply to hospital/clinic based integrated HTC services. Laboratory Services for integrated HTC and engagement in ART therapies may be better assessed using the Clinical Module. Mobile unit refers to all community based outreach services (mobile and home-based services)

¹ A Handbook for Improving HIV Testing and Counseling Services – field-test version WHO 2010

² AIDSTAR-ONE South-to-South Technical Assistance to Swaziland: Home-Based HIV Testing and Counseling July 8-30, 2010

³ The AIDS Support Organization (TASO) Home-based ART, Prevention Counseling and Partner VCT

⁴ Operational guidance for scaling up male circumcision services for HIV prevention. © World Health Organization and Joint United Nations Programme on HIV/AIDS, 2008 www.malecircumcision.org

⁵ Guidelines on Co-Trimoxazole prophylaxis for HIV-related infections among children, adolescents and adults: Recommendations for a public health approach; © World Health Organization 2006

⁶ Special themes: Strengthening linkages between sexual and reproductive health *Bulletin World Health Organization (WHO)* 2009;87:807 | doi:10.2471/BLT.09.072652

CLASS Testing and Counseling Module

REVIEWER: _____ DATE: _____

SITE: _____

SECTION 1: FACILITY STAFFING AND SERVICES

Note: This should be assessed for non-hospital-based HTC services such as stand-alone and community-based HTC, to include mobile & home-based HTC with limited facilities. Integrated/Hospital-based HTC services are covered by the Clinical Module.

Core Competencies

- The facility provides one or more of the following services: integrated PITC, stand-alone HTC, and community-based service (mobile or HBHTC) outreach services.
- The facility provides services for all populations (adults, children and adolescents, couples maternal/infant PMTCT and other key populations like MSM and commercial sex workers).
- Staff qualifications & training (lay and professional) meets national standards and consistently meet client needs.
- Hours of operation, services and space consistently meet client needs and the overall demand for services.

Questions

- What HTC services are provided to client by the facility or through community-based outreach services?
- Do the services provided meet the needs of target population groups, including most at risk populations?
- Does the facility provide comprehensive⁷ HIV prevention services on site or through referrals?
- Do the staff qualifications and trainings meet national standards?
- Do service hours and space meet the client and program needs?

Performance Criteria	Verification Information	Comments
1. One or more of the following HIV testing and counseling services are provided	<ul style="list-style-type: none"> a. Integrated PITC (including PMTCT) b. Stand-alone voluntary HTC c. Community-based outreach HTC services (mobile or home-based HTC) 	
2. Relevant target populations receive services either on site or by referral	<ul style="list-style-type: none"> a. Adults b. Couples-HTC c. Children and Adolescents d. Maternal/infant (PMTCT) e. At risk populations including: MSM, SW, PWID, migration population, prisoners 	
3. Comprehensive HIV prevention services are provided either on site or by referral	<ul style="list-style-type: none"> a. HIV risk reduction counseling b. HIV rapid testing, if feasible c. Condoms d. VMMC e. Sexual and reproductive health f. PEP g. TB screening or referral for TB screening & treatment h. STI screening or referral for STI screening and Treatment i. Assessment for ART initiation or referral for such 	

	<ul style="list-style-type: none"> j. Management of OIs k. Laboratory and other diagnostic services or referral for such (CD4, VL, HIV test confirmatory tests) l. Support groups for both HIV+ and high-risk HIV- persons
4. Staff qualifications and training meet standard national guidelines for both HTC and HBHTC	<ul style="list-style-type: none"> a. Staff (lay and professional) are trained and certified in HTC and where relevant, in Home Based HTC methods and skills <ul style="list-style-type: none"> • Child and adolescent counseling • Couple counseling • PMTCT • Counseling for ART • Counseling for VMMC • Sexual and reproductive health counseling b. Staff are certified by the National reference Laboratory (NRL) in HIV rapid testing techniques and QA methods c. Facility is adequately staffed to meet client demand
5. Staff turn-over is minimal	<ul style="list-style-type: none"> a. Facility is adequately staffed to meet client demand
6. Service meets client and program needs	<ul style="list-style-type: none"> a. Service days and hours are displayed in full view and in appropriate languages b. Facility or mobile unit is clean c. Facility or mobile unit provides confidentiality for interactions with clients and among staff d. Facility or mobile unit has designated client waiting area with reinforcing educational materials and risk reduction items (such as condoms) available e. Reliable transport is available for mobile and HBHTC teams f. Clients are involved in periodic evaluations of HTC and program improvement activities
7. Services are easily accessible to clients & service hours are convenient to clients	<ul style="list-style-type: none"> a. Visit days and hours are convenient for clients (community-based services) b. Evening and/or weekend services are provided c. Services are free; if there is a service fee, it is affordable and can be waived for clients who cannot afford such.

- d. Service is easily accessible by public transportation, and/or mobile unit is stationed at easily accessible location
- e. Clients travel less than 10km to access facility or service
- f. The cultural environment of service delivery site(s) is matched with the local community and target population(s) for services

Notes:

SECTION 2: HIV TESTING AND COUNSELING PROTOCOLS AND PROCEDURES

Core Competencies

- Providers have access to relevant Protocols and Guidelines (HTC, HBHCT, QA/QC, PEP).
- Protocols adhere to both national and international HTC standards.

Questions

- What HTC protocols and guidelines do providers access to ensure quality service provision?
- Has the service adopted rapid HIV testing with same-day results?
- Does the HTC algorithm meet the national guidelines and international standard requirements?
- Does the service have clear HIV prevention protocols for HIV-negative client?

Performance Criteria		Verification Information	Comments
1.	HTC protocols and guidelines are available and used	<ul style="list-style-type: none"> a. HTC Standard Operating Procedures (SOPs) and protocols are displayed in the facility or mobile unit b. Staff show knowledge of SOPs and Protocols and use it 	
2.	Providers adhere to PEP protocols	<ul style="list-style-type: none"> a. Counselors have and use the Home-based HTC protocol in the field <ul style="list-style-type: none"> • PEP protocol is available • PEP kits are available at all times at facility or mobile unit 	

	<ul style="list-style-type: none"> • Staff are trained and aware of PEP policies and procedures • Use of PEP protocols is documented and reported to supervisors
3. Facility conducts rapid HIV testing, if feasible	Same-day HIV test results are provided when feasible
4. A standard national HTC algorithm is used	<ol style="list-style-type: none"> a. Staff adhere to the national HTC algorithm b. Facility uses approved HIV testing technologies
5. Facility provides intervention for HIV-negative clients	<ol style="list-style-type: none"> a. HIV-negative clients are given risk reduction counseling on: <ul style="list-style-type: none"> • Condom use • Partner reduction • VMCC • Sexual and reproductive health • Shifting of behavior to lower-risk activities (not sharing needles, non-penetrative sex, etc.) • HIV- clients with high risk profiles are referred and linked to other available risk reduction services in the community or region.

Notes:

SECTION 3: LABORATORY SERVICES

Note: This section is designed for non-hospital-based HTC services (stand-alone and community-based HTC [mobile & home-based]) with limited facilities. Integrated/Hospital-based HTC services are covered by the Clinical Module. Infection control for non-hospital based services is included in this section.

Core Competencies

- Staff skills and expertise consistently meet client need.
- Facility or mobile unit equipped with adequate lab/testing space, storage, equipment and reagents to meet client needs at all times.
- HIV tests and appropriate controls are conducted following SOPs onsite.
- The cold chain for reagents is maintained and monitored at all times on site and/or in mobile units.
- Staff are trained in basic waste disposal and management procedures.

Questions

- What training and certification procedures are in place for staff?
- Does the facility or organization providing service have support from a National Reference Laboratory (NRL) for additional diagnostics, quality assurance monitoring and efficient supply system for reagents?
- What systems are in place to ensure the cold chain for reagents is constantly maintained?
- What processes exist to ensure quality control and uninterrupted supply chain?
- What basic infection control (IC) policies are available?
- What PEP policies are available onsite and in the field for community-based services?

Performance Criteria	Verification Information	Comments
1. Staff are trained and certified in all available HIV testing technologies, especially rapid testing	<ul style="list-style-type: none"> a. All staff (lay and professional) have training documentation and certification in conduct HIV rapid testing b. Reliable tests are performed, results accurately recorded and confidentiality maintained 	
2. Staff perform tests using available technologies according to national standards and protocols	<ul style="list-style-type: none"> a. Reliable tests are performed, results accurately recorded and confidentiality maintained b. Periodic spot checks are performed to ensure adherence to quality standards 	
3. Facility or mobile units receive monitoring and support from a NRL & from facility supervisor	<ul style="list-style-type: none"> a. Lab supervisor makes field visits to monitor and support mobile and HBHTC counselors b. Proficiency tests for HIV rapid testing are conducted regularly, i.e. at least twice per year c. Quality assurance procedures for HIV testing are in place (i.e. 10th DBS sample from each counselor sent to NRL for confirmation) 	

		d. Facility supervisor provides frequent monitoring of staff (observes HIV testing processes)
4.	Supplies and reagents are stored securely and an effective chain supply maintained	<ul style="list-style-type: none"> a. An effective ordering system is in place b. Few episodes of reagent stock-out are experienced c. There is designated secured storage area onsite or offsite (e.g., warehouse, pharmacy, refrigerator, dispensing areas) d. Reagents are stored within the required temperature and humidity ranges e. In the storage facilities, temperature is documented appropriately
5.	Providers adhere to PEP protocols	<ul style="list-style-type: none"> a. PEP protocol is available b. PEP kits are available at all times at facility or mobile unit c. Staff are trained and aware of PEP policies and procedures
6.	Staff practice waste disposal and management interventions	<ul style="list-style-type: none"> a. There is running water and/or clean water in portable containers in mobile units b. Waste disposal and management protocol is available c. Staff follow universal infection control precautions d. Staff have relevant protective gear (gloves, lab coat or aprons, N95 masks) e. Mobile units and HBHTC counselors are equipped with sharps containers and bags for waste f. Mobile services have Memorandum of Understanding (MoU) with a supporting health facility for waste disposal

Notes:

SECTION 4: LINKAGE AND REFERRALS

Core Competencies

- The facility adequately and appropriately provides referral services to clients for assessment related to treatment initiation and for other HIV prevention services, follow-up care and support.
- The facility has documented referral policies that providers use.
- A functional referral network is in place.

Questions

- What linkage and referral services are provided for HIV- positive clients?
- Does the service have a referral protocol?
- What linkage and referral services are provided for HIV-negative clients?
- What linkage and referral services are provided for clients with sexual and reproductive health needs?
- What systems are in place to document and track referrals?
- What formal relationships does the facility or mobile unit maintain with other service networks and how do both HIV infected and uninfected clients obtain those services?
- Are referral services easily accessible to clients?

Performance Criteria	Verification Information	Comments
1. HTC staff has knowledge of referral services available in the community or region	<ul style="list-style-type: none"> a. Prompt linking to an initial medical assessment after post-test counseling (to include assessment for ART initiation, TB screening, STI screening management of Opportunistic Infections, etc.; this may occur on-site if the HTC program is located in a facility that also provides treatment services. b. Laboratory and other diagnostic services c. HIV Preventive interventions (VMMC, PMTCT, partner counseling, etc.) d. Sexual and reproductive health e. Psychosocial support (including support groups) f. Nutrition support g. Home based care (HBC) 	
2. The referral process is standardized and systematic. A referral network is in place	<ul style="list-style-type: none"> a. A referral guide is available at the facility or mobile unit b. A standardized referral form is used c. Referrals are recorded and tracked (manually, electronically) d. Facility has documented referral policies e. Attention is paid to the cultural competency of referral sites with regard to target population(s) referred 	

<p>3. Referral to follow-up clinical services is easily accessible to clients and occurs smoothly</p>	<ul style="list-style-type: none"> a. Clients are promptly linked to health facilities for medical assessment and treatment after post-test counseling (to include assessment for ART initiation, TB screening, management of Opportunistic Infections , etc.; b. Services are available to clients without delay c. Clients travel less than 10km to access health facilities d. VMMC services are accessible to clients by public transportation. e. Sexual reproductive health services are accessible to clients by public transportation. f. Staff assist HIV+ client with setting up follow-up medical assessment, if needed. g. Staff alerts medical assessment facility of incoming referral h. Availability of assistance with transportation costs to ensure clients complete referrals
<p>4. Referral & linkage guidelines are used.</p>	<ul style="list-style-type: none"> a. Verification Information: Referral protocols are displayed in the facility or mobile unit. b. HTC staff use referral protocols

Notes:

SECTION 5: COMMUNITY MOBILIZATION OUTREACH AND PROMOTION

Note: Not applicable to integrated (clinic/hospital based) HCT services

Core Competencies

- The facility or service has established a culturally competent multipronged community mobilization strategy.
- Mobilization messages educate on the benefits of early HIV detection and access to treatment and care.
- Mobilization messages are designed to target specific population groups.

Questions

- What strategies are used to raise awareness and encourage access of services?
- How do facilities ensure delivery of appropriate and engaging messages for targeted groups?
- Which community partners does the program collaborate with to gain access to most at risk population groups i.e. major employers (mines, farms, tea/coffee plantations), schools, CBOs and Faith Based Organizations (FBOs)?

Performance Criteria	Verification Information	Comments
1. The facility uses a culturally competent multipronged strategy for reaching and engaging target population groups in HTC services	<ul style="list-style-type: none"> a. Social marketing b. Media <ul style="list-style-type: none"> • Electronic (radio, TV) • Print (flyers, pamphlets, posters) c. Target population(s) are involved in developing and evaluating messages and communication strategies d. Outreach involves direct community engagement by outreach workers (volunteer and/or professional), ideally from the target population <ul style="list-style-type: none"> • Door-to-door • Informal group discussions • Community leader involvement e. Has Partnerships with existing CBOs, major employers, schools and FBOs 	
2. Mobilization messages clarify facts about HIV, the value of HCT, and HIV prevention, and are delivered in a culturally competent manner	<ul style="list-style-type: none"> a. When possible, members of target population (s) are involved in delivering mobilization messages b. Messages address HIV transmission, prevention, HTC, treatment and care c. Target populations can see themselves within messages and strategies d. Messages address HIV-related stigma, prejudice and discrimination e. When warranted, messages address HIV-related gender-based violence (GBV) f. Messages are appropriate for the respective target group (i.e., respectful and not off-putting) g. Messages are in the local language(s) 	

Notes:

SECTION 6: QUALITY ASSURANCE/PERFORMANCE MONITORING

Core Competencies

- The facility has a monitoring system of both quality HIV Testing and counseling.
- The facility has a performance appraisal system for quality of care.

Questions

- What monitoring system is in place to identify performance problems?
- How is the performance monitoring system documented?
- What systems are in place to improve staff proficiency?

Performance Criteria	Verification Information	Comments
1. The facility has a process for assessing staff performance	<ul style="list-style-type: none">a. Observation of HTC sessions by supervisorsb. Periodic client satisfaction surveys or other reviewsc. Supervisors review of counselor notes and client recordsd. Regular debriefing sessions by supervisors with staff focusing on quality of service delivery	
2. The facility documents staff performance	<ul style="list-style-type: none">a. Quality assurance forms used to record and improve staff performanceb. Quality performance indicators are known by staff and consistently used	
3. The facility takes measures to improve proficiency	<ul style="list-style-type: none">a. Debriefing sessions (individual and groups sessions) review quality performance and shape strategies for improvementb. Re-training is offered when warrantedc. SOPs, protocols and quality goals are available and easily accessible to all	

staff

- d. Periodic staff training occurs on cultural competency with target population(s)

Notes: