

Guidelines for the Establishment of

Voluntary Counseling and Testing Centers in the Maldives

VCCTC



Center for Community Health and Disease Control
Ministry of Health and Family
Republic of Maldives



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Foreword

Voluntary Counselling and Testing services are a key entry point to prevention of HIV infection, and to treatment and care of people who are infected with HIV. When availing counselling and testing services, people can access accurate information about HIV prevention and care, and undergo an HIV test in a supportive and confidential environment. People who are found HIV-negative are supported with information and counselling to reduce risks and remain HIV-negative. People who are found HIV-positive are provided psychosocial support and linked to treatment and care.

Presently, there are eight health care facilities that have trained personnel and are delivering the VCTC services in Maldives. However, the National Strategic Plan (NSP) for HIV 2007-11 aims at provision of scaling up these services as well as to integrate them in the ANC, Family planning, TB and STI services. To have uniformity in the operational aspect of the VCT services, in government as well as in non government sectors, while respecting the principles of three 'C', these guidelines have been developed (consent, confidentiality and counseling). At the same time, these guidelines also provide guidance on the provider initiated counseling and testing.

I take this opportunity to acknowledge the contribution made by the officials of the Center for Community Health and Disease Control, Ministry of Health and Family, as well as support from WHO Maldives country office in formulating these guidelines. I hope these guidelines will all the concerned in delivering quality counseling and testing services across the country , as scale up is done according to the NSP for HIV 2007-11.

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Republic of Maldives

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Abbreviations in the text

AIDS	Acquired Immunodeficiency syndrome
ANC	Antenatal care
ARV	Antiretroviral
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention (USA)
CCHDC	Center for Community health and Disease Control
CITC	Client Initiated Testing and Counseling
DPH	Department of Public Health
DRA	Drug regulatory authority
EIA	Enzyme immunoassay
ELISA	Enzyme-linked immunosorbent assay
HIV	Human immunodeficiency virus
IDU	Injecting drug use/user
MARP	Most at Risk Population
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
NGO	Nongovernmental organization
PEP	Post-exposure prophylaxis
PITC	Provider Initiated Testing and Counseling
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
VCT*	Voluntary counselling and testing
WHO	World Health Organization

Introduction

HIV infection has had a considerable impact on the countries in whatever prevalence it appears. In the countries most heavily affected, HIV has reduced life expectancy by more than 20 years, slowed economic growth, and deepened household poverty. In sub-Saharan Africa alone, the epidemic has orphaned nearly 12 million children aged under 18 years. In Asia, where infection rates are much lower than in Africa, HIV causes a greater loss of productivity than any other disease, and is likely to push an additional 6 million households into poverty by 2015 unless national responses are strengthened .

Above all, the dimensions of the epidemic remain staggering. In 2007 alone, 33 million [30 million–36 million] people were living with HIV, 2.7 million [2.2 million–3.2 million] people became infected with the virus, and 2 million [1.8 million–2.3 million] people died of HIV related causes.

HIV testing and counseling services are a gateway to HIV prevention, care and treatment. The benefits of knowledge of HIV status can be seen at the individual, community and population levels. They include the following.

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For the individual

enhanced ability to reduce the risk of acquiring or transmitting HIV; access to HIV care, treatment and support; and protection of unborn infants by planning proper PMTCT intervention.



For the community

a wider knowledge of HIV status and its links to interventions can lead to a reduction in denial, stigma and discrimination and to collective responsibility and action.



At the population level

knowledge of HIV epidemiological trends can influence the policy environment, and reduce stigma and discrimination.



Once an individual is infected with HIV, there is a time gap of few years before the symptoms appear and AIDS develops. In other words, the immune system of the individual will wage a consistent and prolonged war with the virus, right from the day of infection, delaying the onset of AIDS by many years. It is important that an individual who is HIV-infected is aware of his/her status as otherwise he/she could unknowingly

The National **AIDS policy** indicated that **no person shall be discriminated on** the basis of their **HIV positive status**, and will have equitable access to **health care** and other **social services with full liberty** of movements.

transmit the virus to others. The only way to diagnose the presence of HIV and get timely treatment is through a blood test.

Voluntary Counselling and Testing services are a key entry point to prevention of HIV infection, and to treatment and care of people who are infected with HIV. When availing counselling and testing services, people can access accurate information about HIV prevention and care, and undergo an HIV test in a supportive and confidential environment. People who are found HIV-negative are supported with information and counselling to reduce risks and remain HIV-negative. People who are found HIV-positive are provided psychosocial support and linked to treatment and care.

The conditions of the '3 Cs', advocated remains to be underpinning principles for the conduct of HIV testing of individuals. Such testing of individuals must be:



- **confidential;**
- be accompanied by **counseling;** and
- only be conducted with informed **consent**, meaning that it is both informed and voluntary.

Policy Statement

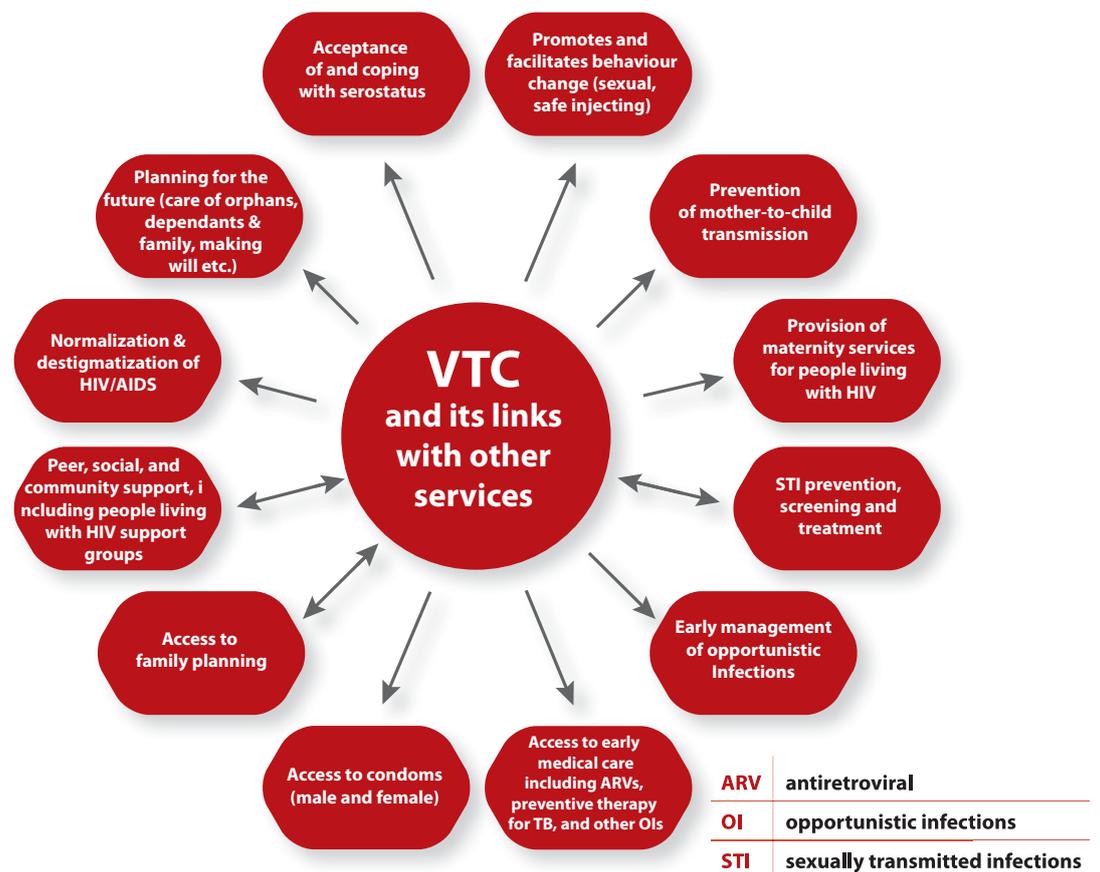
The National AIDS policy indicated that no person shall be discriminated on the basis of their HIV positive status, and will have equitable access to health care and other social services with full liberty of movements. It also indicates that all testing would be voluntary and after an informed consent.(ref: Protocol of establishing voluntary counseling and testing(VCT) , Department of Public Health, Maldives June 2004)

VCTC in the Maldives

Justification and rationale: VCT remains a cornerstone in the spectrum of services offered in any HIV/AIDS program. It is a vital link between the prevention efforts that are done to prevent new infection and the care, treatment and support services. For people already infected, it is important to know their status, for accessing appropriate health care services, and for those with a potential risk of transmission, it helps in knowing the ways to keep themselves from getting infected. VCT are thus, an entry point for HIV continuum of care in many instances. WHO recommends that the interventions in any country have to be prioritized based on the stage of epidemic as an important determinant of the health sector response to HIV/AIDS. It is recommended that even in low level epidemics, the client initiated testing counseling should be available and the provider initiated counseling testing be considered in STI and TB services, services for most at risk populations and ante natal services.

Maldives remains amongst the low prevalent countries. There have been a total of 14 cases identified as HIV positive in Maldivians since 1991. There has been a decreasing trend in HIV. However, this could be a perception as many experts indicate that this may be due to limited availability and therefore accessibility to counseling and testing services. Further, there has been a growing evidence that there are prevailing risk factors that can potentially trigger HIV transmission (Ref BBS survey 2008).

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As of December 2008, there were eight institutions , offering VCTC services. However, under the National strategic plan (2007-11), there is a vision to expand the VCT centers and services, in order to make the services more accessible.

Setting up or scaling up HIV testing and counseling services requires careful attention to the following programme areas:

- 🔴 policy, advocacy and stakeholder mobilization;
- 🔴 community mobilization;
- 🔴 supply and management of commodities;
- 🔴 service delivery;
- 🔴 capacity-building and training;
- 🔴 management and coordination; and
- 🔴 determining costs and financing.

These guidelines are primarily focused to discuss the service delivery component for setting up the VCTC.



Service Delivery of VCTC

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Service delivery encompasses a range of activities including the assessment, strategic planning, and monitoring and evaluation of a programme. Models of service delivery vary with local, regional and national requirements.

The assessment of service delivery includes determining the current and required infrastructure, site readiness, staff selection, referral networks and the phasing and time frame for implementation and scaling up of HIV testing and counseling services. Strategic planning includes developing criteria for site selection, client registration and intake, testing protocols, counseling protocols, informed consent, disclosure, laboratory protocols, integration with other HIV/AIDS initiatives (e.g. HIV prevention, PMTCT, ARV treatment), establishing referral networks, and post-test care. Monitoring and evaluation cover service accessibility, site monitoring, the evaluation of testing techniques, the adequacy of protocols, patient flow, referral use, and various methods of quality assurance, e.g. tools for counselors, staff competency and client satisfaction.

There have been various approaches to HIV testing and counseling implementation, for maximizing the utility of these services. Some of them are:

- Use of HIV rapid tests in settings situated away from provincial treatment centers and in areas of high prevalence and vulnerability to HIV.
- Diversification of sites where testing and counseling can be provided. This implies, for instance, the availability of rapid testing in areas where vulnerable populations may be greatest, e.g. STI / reproductive health care services, TB services, IDU services, and in non-clinical areas where prevention may be optimized, e.g. antenatal care and services for young people.
- Outreach and mobile initiatives may be necessary in order to improve access to HIV testing and counseling among hard-to-reach groups, e.g. IDUs, sex workers and young people.

Where can a VCTC be located?

The VCTC can be located as standalone centers or as a part of the pre existing services. Broadly, they may be categorized as:

🔴 VCTC in health care settings

such as the referral hospitals, regional hospitals, atoll hospitals, private health care facilities, TB clinics, STI clinics etc

🔴 VCTC in non health centers

such as other government departments like prisons, youth clubs, hubs of sea farers, NGOs working with IDUs and at risk population, industries with large migrant population etc.

🔴 Mobile VCTCs

As Maldives remains to be a low prevalence country, it is envisaged to have “facility integrated” VCTC in the health sector and “stand alone” VCTC in the non health sector. The facility integrated VCTC implies that the center uses the services of the already existing staff of the institution while in stand alone centers; support regarding the human resources is extended.

Irrespective of its location, **it is important that the VCT should serve the most at risk populations such as the IDUs, sex workers, resort workers and sea farers, attendees of STI clinics as well as TB and ante natal clinics. This is important as Maldives is still a low prevalent country for HIV and the testing and counseling should cater to the population most at risk.**

Space Requirements

The required infrastructure includes private counseling space and waiting areas, counselling rooms and a testing area. The VCTC should be located at an area that is readily accessible for the clients, and there should be clear visibility and direction / signages should be adequately provided in the facility.

The space / chamber/room for counseling should be adequate enough to comfortably accommodate the counselor and client along with the basic furniture like 2-3 chairs, desk, dustbin and a small almirah / cabinet with lock to keep the IEC material and the recording tools for the counselor.

There should be a space for collecting the blood specimen. In the facility based centers, this could either be a space within the earmarked VCTC or it may be the main

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laboratory. In case of stand alone VCTC, it should be a separate room in proximity to the counselor's cabin.

Common Equipments that are needed for a VCTC include:

- Refrigerator
- Centrifuge
- Needle destroyer
- Micropipette
- Computer.
- Consumables – gloves, masks,

Human Resources

Ideally, the VCTC should have full time dedicated staff – at least one counselor and one lab technician. In case of non availability of the trained manpower, it is suggested that the counselor and nurse may be trained to undertake the tasks. In case of the facility based VCTC, the institution should utilize the existing staff. In case, they wish to recruit additional manpower for these services, they shall have to arrange their own finances, as CCHDC currently does not support any additional human resources . It is important to note that as far as possible, these staff should be dedicated for the VCTC services, particularly the counselor. Rapid changes in the counselors may adversely effect the uptake of services at the center.

The head of the facility where the VCTC is located is responsible for the proper functioning of the center, and coordination with other service providers / institution , as needed.

Generating a Demand for VCTC: Promotion of services

The services available at the VCTC should be publicized so as to generate adequate demand. This is to be done by the CCHDC, institutions having VCTC, NGOs, CBOs, atoll administrators etc Various available tools for publicity can be used like: public service announcements / advertisement spots on radio and TV; Developing products specifically designed for target audiences, including pamphlets, videos, hoardings and brochures; Conducting advocacy workshops for journalists on HIV/AIDS and HIV testing and counselling in particular; Conducting interviews with administrators, those in-charge of the VCTC or counselors on radio/TV/print media to explain the process of counselling and testing, and to remove fears and misconceptions related to an VCTC in the public mind; Promoting the rapid HIV test and immediate availability of test results as well as confidentiality of test results.

Within a facility that hosts an VCTC, sign-boards and posters should be placed at prominent locations to publicize the VCTC services and to increase the access. Referral slips for referring patients to the VCTC can strengthen service. Signages should be placed across the facility to help clients easily locate the VCTC. At the VCTC a sign-board should be displayed which has the words “Voluntary Counselling and Testing Centre” in bold letters in the Dhivehi. The sign-board should also contain other information such as working hours, name of staff, etc.

Minimum criteria for setting a VCTC

A. Infrastructure

- a. Separate room for counseling
- b. Adequate waiting area
- c. Secure place to store records, and access to designated staff only
- d. Chairs and tables in counseling room

B. Commitment

- a. Regular supervision of staff
- b. Regular recording and reporting of data
- c. Close collaboration with CCHDC

C. Process

- a. Testing only after informed consent
- b. Confidentiality maintained
- c. Training of staff
- d. Availability of relevant IEC material guidelines and protocols at the center

Cost of VCTC services

The voluntary counseling services are provided free of cost in Maldives. All the related equipments and commodities like the testing kits, consent form tools for counseling shall be provided from the CCHDC (ref Protocol of establishing voluntary counseling and testing(VCT) , Department of Public Health, Maldives June 2004). The institution has to contribute by allocating adequate space for counseling and testing as per the guidelines, allocating/recruiting staff and undertaking regular supervision of the services and the proper recording and reporting of the data.

HIV Counseling

HIV/AIDS counselling is a confidential communication between a client and a careprovider aimed at enabling the client to cope with stress and take personal decisions relating to HIV/AIDS. The counselling process includes the evaluation of personal risk of HIV transmission, the facilitation of preventive behaviour and evaluation of coping mechanisms when the client is confronted with a positive result

Client initiated testing and counselling (CITC), occurs when people come to a service to find out their HIV status. CITC emphasizes individual risk assessment and counseling that addresses the implications of taking an HIV test and the strategies for reducing risk. Counselling covers prevention both prior to and after receiving test results and, if results are positive, referral to care, treatment and support services.

Provider initiated testing and counselling (PITC) occurs when HIV testing and counseling is recommended by health providers as a standard part of medical care to individuals attending health facilities. The purpose of PITC is to enable specific clinical decisions to be made and/or specific medical services to be offered that would not be possible without knowledge of the person's HIV status. PITC can include testing and counselling for adults, children and infants when HIV is suspected; the routine recommendation of testing for all patients or specified groups of patients accessing health facilities; and the recommendation of testing for family members and partners of HIV positive people.

However, PITC should not be recommended to all persons attending all health facilities in settings with low-level and concentrated epidemics, since most people will have a low risk of exposure to HIV. In such settings, the priority should be to ensure that HIV testing and counselling is recommended to all adults, adolescents and children who present to health facilities with signs and symptoms suggestive of underlying HIV infection, including tuberculosis, and to children known to have been exposed perinatally to HIV. Consideration may be given to the implementation of provider-initiated HIV testing and counselling in the following health facilities or services:

- 🔴 **STI services**
- 🔴 **Health services for most-at-risk populations**
- 🔴 **Antenatal, childbirth and postpartum services**
- 🔴 **Tuberculosis services.**

For both categories, the following applies: it is crucial that those who will be tested receive pre test counseling so that they can provide informed consent. After testing, those found to be HIV negative should learn how to remain negative. Those found to be HIV positive should know how to prevent transmission to others and maintain their own good health. Additionally, they should receive clinical assessment and referral to appropriate services

Pre test information can be provided in the form of individual counseling sessions or in group health information talks and should provide information on: the clinical and prevention benefits of testing; the potential risks, including stigma and discrimination, abandonment or violence; the measures that will be taken to guarantee confidentiality of test results; services that are available in case of either an HIV positive or negative test result and the fact that individuals have right to decline the test.

Post test counseling for HIV negative persons should provide basic information that includes an explanation of the test results, the window period for the appearance of HIV antibodies and a recommendation to re test if appropriate. It should also include advice on methods to prevent sexual transmission, and provision of condoms and their use. In the case of injecting drug users, it might also include provision or advice on where to obtain substitution therapy and safe injection equipment and how to use it.

Post test counseling for HIV negative persons should provide psycho social support to cope with the emotional impact of the test result, referral to treatment and care services, disclosure to sexual and injecting partners, basic advice on methods to prevent HIV transmission, provision of condoms and guidance on their use, and other measures for people living with HIV/AIDS. WHO and UNAIDS recommend 'beneficial disclosure' where HIV positive individual themselves notify their sexual or injecting drug user partner of their HIV status, where appropriate. Informing partner is an effective means of reducing HIV transmission. It also facilitates prevention, care, support and adherence to treatment, and promotes greater openness about HIV within communities.

A detailed description and training regarding the qualities of counselor, behavior change communication, contents of pre and post HIV test counseling, as well as special situations like HIV counseling after sexual assault and occupational exposure is provided in the counselors' trainings and available in the training manual for VCTC of HIV in Maldives, 2008, published by CCHDC.

Informed Consent

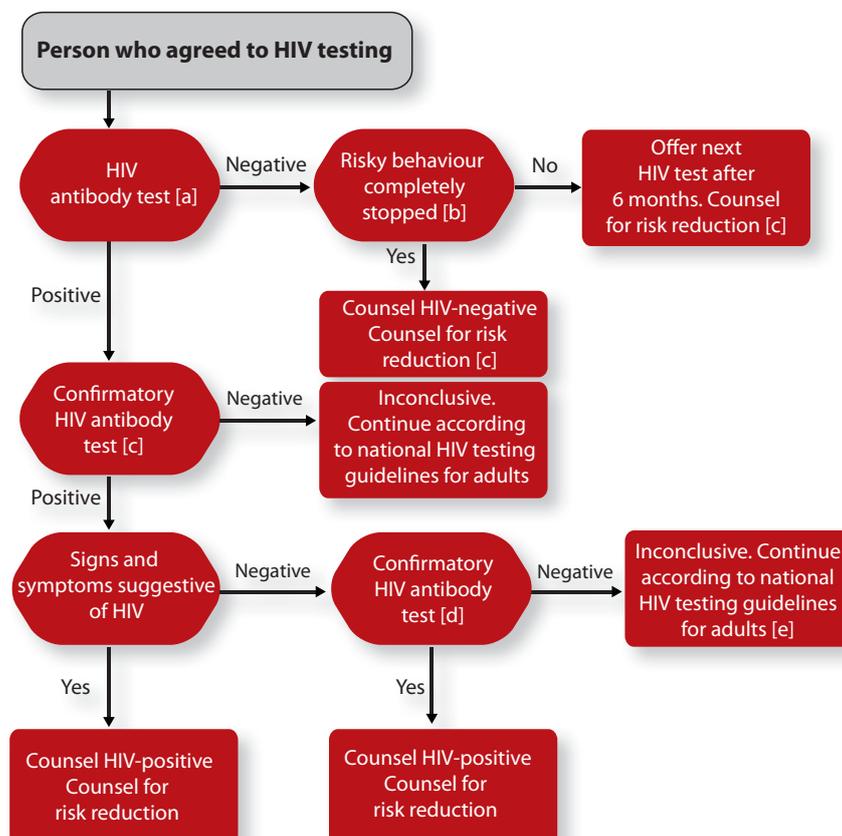
All the persons undergoing the testing at VCTC should be subjected to testing after the informed consent. This involves:

- 🔴 **providing pre-test information on the purpose of testing and on the treatment;**
- 🔴 **and support available once the result is known;**
- 🔴 **ensuring understanding; and**
- 🔴 **respecting the individual's autonomy.**

Confidentiality should be maintained and post test support services should be offered.

HIV Testing at VCT

It is recommended by the Ministry of Health and Family, Maldives to follow the serial testing protocol, rather than parallel testing as the former is more cost effective and also recommended strategy by WHO. The tests being used should be highly sensitive and specific, and serial test should be done using different antigens or testing methods. However, it is recommended that the first test may be a rapid test, that gives the result quickly, and meets the quality assurance.



Ref: Management of HIV Infection and Anti retro Viral therapy in Adults and Adolescent, A Clinical Manual; 2007;WHO South East Asia Regional Office

Notes

[a] WHO recommends that the HIV tests used should have a sensitivity of at least 99% and a specificity of 98%. The specific test combinations need to be evaluated in the context in which they will be used before wide-scale implementation. Tests selected should be of assured quality, and a number of these are evaluated against standard panels by designated reference laboratories. The introduction of highly sensitive, specific, simple-to-use, rapid antibody tests that do not require sophisticated laboratory services, running water or electricity is recommended in settings where immediate provision of test results is important. Accurate results can be available within a much shorter time than for traditional enzyme-linked immunosorbent assays (ELISA). ELISA may be preferable in settings where large numbers of tests need to be performed, and where immediate provision of test results is less important.

[b] Antibodies against HIV appear from 2 weeks to 3 months after first exposure to HIV (97%). This period is called the window period. Therefore, if the initial negative HIV test was conducted within the first 3 months of possible exposure, a repeat test should be considered, in particular, when there is continued risky behaviour such as (i) unprotected sex in persons with a history of sexually transmitted infection (STI), sex workers (SWs) and their clients, men who have sex with men (MSM) and sex partners of people living with HIV/AIDS (PLHA) as well as (ii) sharing of injecting equipment among injecting drug users (IDUs).

[c] WHO recommends serial testing algorithms as shown in Figure above. If the result of the first test is negative, the HIV antibody test is reported as negative. If the test result is positive, the specimen is tested with a second test using different antigens and/or platform from the first. Tests that are exactly the same but sold under different names should not be used in combination.

A second positive test result is considered to indicate a true positive result in populations with an HIV prevalence of 5% or more. WHO and UNAIDS recommend serial testing in most settings because it is cheaper and a second test is only required when the initial test is reactive.

[d] In low-prevalence settings (<5%) where false-positive results are more likely, a third confirmatory test may be required.

[e] If the result remains inconclusive following the initial and confirmatory tests, it is repeated two weeks later. If it is still inconclusive, follow-up testing may be required. Conduct a careful risk assessment and provide counseling on HIV prevention. If the person is at high risk, consider retesting at 6 and 12 months. If the results remain inconclusive after 1 year, the person is considered HIV negative if no HIV exposure has occurred in the previous 12 months.

Where the HIV testing will take place in the Maldives?

Not all laboratories can perform HIV testing and report results in the Maldives. They need to qualify and obtain a license for conducting the test, and the license has to be renewed every two years. This will be done by the Ministry of Health and Family as per the specifications in protocol for licensing of labs for HIV testing 2005. The laboratories have been classified into three categories in the Maldives:

Category I: These are the referral laboratories at the central level and are authorized to perform Rapid simple assays, Supplemental assays, ELISA assays and confirmatory assays and report the test results to the individual tested for HIV.

Category II: These are clinical laboratories at Regional Hospitals and other health care institutes with both in and out patient services. They can also perform Rapid simple assays and ELISA assay and refer for confirmatory testing. Negative results can be communicated to the client.

Category III: These are the clinical laboratories at atoll Hospitals, Health centers and all other health care facilities providing OPD services. They can perform Rapid assays. Only negative results can be communicated to person tested, and the confirmation has to be obtained from higher centers before labeling a sample as positive for HIV antibodies.

Type of laboratory	Located at	Test performed	Results to be declared	
			Negative	Positive
Category I	Referral lab at Central level	Rapid / simple, supplemental assay, ELISA and Confirmatory tests	Yes	Yes
Category II	Regional and centers with both OPD and IPD services	Rapid / simple ELISA	Yes	Preliminary report; refer sample for confirmation
Category III	Atoll hospital health centers and facilities with OPD services	Rapid / Simple	Yes	NO, refer person not sample for confirmation

All the laboratories have to collect blood for HIV testing only after identification of the individual to be tested with an official document with a photograph (like passport, driving license, National ID card).

If the result of HIV testing shows sero positivity, they have to be confirmed at the central level and any positive result has to be notified to the Center for Community Health and Disease Control through the identified reporting mechanism. Confidentiality of the results have to be maintained at all levels and the results cannot be shared with anyone in a way that disclosed the identity of the person. The disclosure of the test results can only be done to any other person or organization after a written and specific authorization of the individual tested. Sharing the positive results and notifying to CCHDC does not reflect breach in confidentiality. The test report should always be given in labeled code, and not by the name of the individual who has been tested.

Window period

While communicating the test results, particularly during post as well as the pre test counseling, it is important that the counselor identifies the risk factors and the possibility of the client being in window period. It implies that, after the entry of the HIV into the body, there is a time interval from the infection and to the appearance of the antibodies in the body. This time may vary from 2 weeks to 3 months. Hence, during this period, if the person is tested for HIV using the antibody tests (normally used at VCTC), the client may be negative. However, there would be a need to retest after 3 months to confirm the HIV status.

Where to test in Non Health sector VCTC

In case of the VCTC that are located in non health setting, it is assumed that as these will be the stand alone VCTC, they will be supplemented with the staff (counselor and lab technician / nurse). In such cases, testing would be difficult to be conducted at the VCTC as there will be lack of supervision from Microbiologist or trained laboratory personnel who are well qualified for such supervision. Hence, if the VCTC are situated in a non health setting within Male', the staff of the VCTC should withdraw the blood sample and the sample should be transported by the staff personally to the lab at IGMH, where the testing can be done as per the protocol. In case the VCTC is outside Male', it should transport the blood sample to the nearest category II or III laboratory, and testing should be done as per the protocol.

Irrespective of the type of VCTC (health sector or outside it), it is important to note that the report should be given to the client on the same day if negative. In case of positive or inconclusive results, it should be given as early as possible after confirmation.

Infection Control

A breach in infection control practices can be a potential reason for transmission of infection from Patients to the health care workers. Hence, it is desired that that the Universal Precautions should be strictly followed in the health care settings.

Staff working in the blood collection room and laboratory should observe simple precautions while handling blood and blood products. These include:

- Using gloves when handling blood samples
- Using disposable needles and syringes for drawing blood
- Practicing routine hand-washing before and after any contact with blood samples
- Disposing of sharp instruments safely as per procedure, e.g. discard disposable syringes in a puncture-resistant container after disinfection with bleach solution. In areas where such work is undertaken a source of clean water should be maintained.

Disinfection and Waste management

The laboratory should adhere to disinfection and sterilization standards. All re-usable supplies and equipment should be disinfected by sterilization or washing with soap and bleach solution.

Hospital waste can be infective, hazardous, non hazardous, pathological waste or clinical waste. It may be bio degradable or non bio degradable. It is advisable to use color-coded containers to dispose off waste material.

Disposable items such as gloves, syringes, IV bottles, catheters, etc. have to be shredded, cut or mutilated. This ensures that they are not recycled/reused. They have to be dipped in an effective chemical disinfectant for a sufficient amount of time or autoclaved or microwaved so that they are disinfected. A good disinfectant such as bleach/hypochlorite solution should be used. Liquid pathological waste such as blood, serum, etc. should be treated with a chemical disinfectant. The solution should then be treated with a reagent to neutralize it. This can then be flushed into the sewage system.

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There have been a **total of 14** cases identified as **HIV positive** in Maldivians **since 1991**



Post-exposure prophylaxis (PEP)

Drugs for PEP should be made available to any staff member who is accidentally exposed to HIV in all facilities which have a VCTC as early as 2 hours and within 24 hours of the accidental exposure and not later than 72 hours. The standard protocol for administration of PEP drugs should be followed. The facility should have an assigned PEP focal point/person. It is important to ensure that health-care staff are aware of the hospital PEP procedures and the name and contact information of the PEP focal point/person as well as the location where the PEP drugs are stored.



Training of staff

All types of VCTC should have staff that is well trained in the guidelines and processes of the VCTC. The staff should undergo an induction training using the standard modules developed by the CCHDC and thereafter, they should be trained once every year with the refresher trainings. All the trainings shall be facilitated by the CCHDC, so as to maintain the quality of training as well as to standardize the trainings across the country. The counselors would additionally receive adequate training on the HIV counseling and basic counseling skills. The lab technicians should be trained on HIV testing protocols, and any specialized training, if required.

It is important that as the manpower is trained, the institutions should take care of retaining the manpower in the VCTC services so that the optimum utilization of these trainings can be reached.



Supervision and monitoring

The supervision of the VCTC is envisaged to be done through:



1. Monthly reports from the VCTC
2. Bi annual regional meetings of the VCTC with the personnel from the National Program
3. Field visits to the VCTC sites.

Monthly reports:

The monthly reports which are being generated in a VCTC will be reviewed by the head of the institution / facility where the VCTC is located and sent to the CCHDC by first week of every month. These reports shall be reviewed by the National program Manager.

Bi annual review meetings

The National Program shall undertake bi annual regional meetings of the VCTC and the counselors of the VCTC and the In charge of the VCTC are expected to participate in these meetings. The purpose is to identify areas that are acting as bottlenecks towards the implementation of the program, and possible solutions that are emicable.

Field Visits to VCTC

The VCTC which have been found to have problems in proper roll out and functioning may be visited by the officials from the National program / Ministry of Health and Family.

Recording of data in the VCTC and reporting

To generate the reports, it is essential that the VCTC has standardized documents that are maintained across the country. Presently, the following recording tools are recommended to be maintained at the VCTC in Maldives(Ref Training manual for VCTC, 2008, DPH, Maldives)

- Oath of confidentiality (Annex 1)
- Client visit log (Annex 2)
- Consent form (Annex 3)
- Pre test counselling form (Annex 4)
- Post test counselling form (Annex 5)

These formats successfully collect the registration details, socio demographic and VCTC process and provide data for the present format of the monthly reporting.



{Site Name} Sample oath of confidentiality

I understand that, in the course of my duties in this service, I will come in contact with sensitive, personal information about clients attending the VCT centre. I understand that this information is highly confidential and pledge to protect the confidentiality of all clients attending the service.

1. I will protect the confidentiality of clients by not discussing or disclosing the client's identity and HIV status with colleagues at work. Client cases will be discussed in a formal supervision setting without using the client's identity.

2. I will protect the confidentiality of clients by not discussing or disclosing any information about them to an unauthorised person, including the fact that they attended these services. Unauthorised persons may include, but are not limited to, my family, friends, co-workers and community leaders.

3. If my job description includes handling HIV test results, I understand that client test results are to be considered with the utmost confidentiality. I understand the potential social harm that may come to clients whose test results are disclosed to unauthorized persons.

4. I understand that willful disclosure of any information about any client in this service could result in termination of my employment or result in legal action against me.

Name of VCT or lab staff member

Signature of staff member

Name of witness

Signature of witness

Date form signed

Annex 2

Client medical record number:

{Site name} Sample VCT client visit log

Client code: _____

Client type:

(Please circle)

Individual
male

Individual
female

Couple
male

couple
female

Reason for visit (code):

I = Information only

C and T = Counselling and testing

F/U = Counselling follow up

STI = STI screen Other (please specify)

C = Counselling

MM = Medical management

Visit #	Date(dd/mm/yy)	Reason for visit (use coding)	Scheduled date of follow-up visit	Staff signature
1	e.g. 24/02/03	C and T	11/03/03	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

{Site name} Sample VCT client consent form for HIV testing

Before signing this consent form, please be informed that:

- You have the right to participate in the test on a confidential basis.
- You have the right to withdraw consent to the test at any time before the test is conducted.

I have received information and counselling concerning the following:

- a. The nature of the human immunodeficiency virus (HIV) and the possible effects of infection.
- b. The nature and purpose of the HIV test.
- c. What the HIV test can tell me and cannot tell me.
- d. The benefits and risks of the HIV test and of knowing my test results.
- e. The meaning of a positive, negative, false negative, false positive and indeterminate test results and the impact of the window period.
- f. The measures for the prevention of exposure to and transmission of HIV

I am freely agreeing to undergo this HIV test on the condition that the results of my tests will be kept confidential and be disclosed only to me and to no other person.

I agree to receive post-test counselling services to discuss the meaning of my HIV test result and ways to reduce the risk of getting HIV or spreading HIV to others in the future.

I understand that my health care services at this clinic will not be negatively affected by my decision to test or not to test or my HIV test results.

I have had the opportunity to ask questions and these questions have been answered to my satisfaction.

I hereby freely consent to having a HIV test conducted.

Client signature or thumb print

Counsellor signature

Date

For minors: I, _____ the guardian/ friend/nearest relative of the minor/ child, give consent to the conduct of an HIV test on a sample of the blood of the minor/ child.

Annex 4

Client medical record number: _____

{Site name} Sample VCT pre-HIV counselling form

Client code: _____ Date of visit: __/__/__

1. Demographic information: (Please place code in box)		
Sex: <input type="checkbox"/> 1=Male, 2=Female	Marital status: <input type="checkbox"/> 1 = Never married, 2 = Married, 3 =Divorced/Separated, 4 = Widowed	Children ?: <input type="checkbox"/> 1=Yes, 2= No If yes, how many children do you have _____
Age: <input type="checkbox"/> 1= <15, 2 = 15-24, 3= 25-34, 4 = 35-44, 5= >45	Education: <input type="checkbox"/> 0= None, 1= Primary, 2 = Secondary, 3 = Tertiary	Occupation: <input type="checkbox"/> 0 = Unemployed, 1 = Self-employed, 2 = Student, 3 = Agricultural, 4 = Professional/office 5 = Police/military /security services, 6 = Mining, 7 = Transport, 8 = Other _____
2. Individual risk assessment:		
Client has regular partner: <input type="checkbox"/> 1=Yes, 2= No	Regular partner's status: <input type="checkbox"/> 1= HIV positive, 2= HIV negative 3 = Unknown	Date of last test: __/__/__
(Please indicate code and date of most recent potential exposure)		
Exposure: 1= Yes, 2 = No	Date of most significant risk	Window period: 1=Yes, 1=No
Occupational exposure <input type="checkbox"/>	__/__/__	<input type="checkbox"/>
Tattoo, scarification <input type="checkbox"/>	__/__/__	<input type="checkbox"/>
Blood products <input type="checkbox"/>	__/__/__	<input type="checkbox"/>
Vaginal intercourse <input type="checkbox"/>	__/__/__	<input type="checkbox"/>
Oral sex <input type="checkbox"/>	__/__/__	<input type="checkbox"/>
Anal intercourse <input type="checkbox"/>	__/__/__	<input type="checkbox"/>
Sharing injecting equipment <input type="checkbox"/>	__/__/__	<input type="checkbox"/>
Client requires repeat HIV test due to window period exposure: YES/ NO (please circle) If yes, date for repeat test: __/__/__		
Client risk was with a known HIV positive person <input type="checkbox"/>		
Client is pregnant <input type="checkbox"/>	If yes, stage of pregnancy: Trimester 1/ 2/ 3	
Client is using contraception regularly <input type="checkbox"/>		
Client indicates history of STI infection <input type="checkbox"/>	Treatment referral required: <input type="checkbox"/> (1=Yes, 2=No)	
Client reports symptoms of TB <input type="checkbox"/>		

3. Assessment of personal coping strategies

(Please indicate code 1= Yes, 2 = No).

Client indicates suicide intent if test result is HIV positive	<input type="checkbox"/>
Client has prior history of self harm or suicide attempt	<input type="checkbox"/>
Client indicates intent to harm another if test result is HIV positive	<input type="checkbox"/>
Client indicates potential risk of violence if discloses to partner	<input type="checkbox"/>
Client has adequate personal support network	<input type="checkbox"/>

Additional notes on client coping assessment:

Counsellor interventions performed this visit (Please tick appropriate boxes)

- The confidentiality and privacy that you can offer the client
- Basic information about HIV and transmission
- Basic information about the potential benefits of testing and the potential difficulties (any legal etc.)
- Personal risk assessment
 - Exploration and problem solving of constraints to risk reduction
 - Condom use, including condom demonstration
 - Client's readiness to learn serostatus
 - Exploration of what the client might do if the test is positive, and the possible ways of coping with a HIV positive result. This may include a suicide risk assessment if indicated
 - Client's reproductive intentions and the role of family planning
 - Exploration of potential support from family and friends
 - Any special needs discussed by the client
 - Basic information about the test and result provision procedure
 - Informed consent to undergo HIV test obtained

Other notes

Result provided:

(Please tick)

- HIV antibody negative HIV antibody positive Indeterminate

Counsellor name

Counsellor signature

Date

Client medical record number:

Site name} **Sample VCT post-HIV test counselling form**

Client code: Date of visit: Client test date:

Result provided:

(Please tick)

HIV antibody negative

HIV antibody positive

Indeterminate

For use only for HIV negative result provision

Certification of all counsellor/doctor interventions this session

- Provided and explained client result
- Checked for window period and subsequent exposure
- Client advised to re-test: YES/NO (*Please circle*)

If yes, re-test date: __/__/__

- Provision of risk reduction counselling
- Referral YES/NO (*Please circle*)

If yes " Consent for release of information signed Yes/No (*Please circle*)

Details of referral: _____

For use only for HIV positive result provision

Certification of all counsellor/doctor interventions this session

- Checked result prior to provision to client
- Assessed clients' readiness for results
- Provided and explained the result
- Provided brief information about follow up and support
- Assessed client capacity to cope with result
- Suicide risk assessment
- Discussion on strategies for partner disclosure
 - disclosure (who, what, when and why)
 - leaving clinic -checked the client can get home safely
 - assisting client to plan how they will cope during the next 48 hours
- Provided IEC material
- Discussed transmission reduction strategies

If yes " Consent for release of information signed YES/NO (*Please circle*)

Details of referral: _____

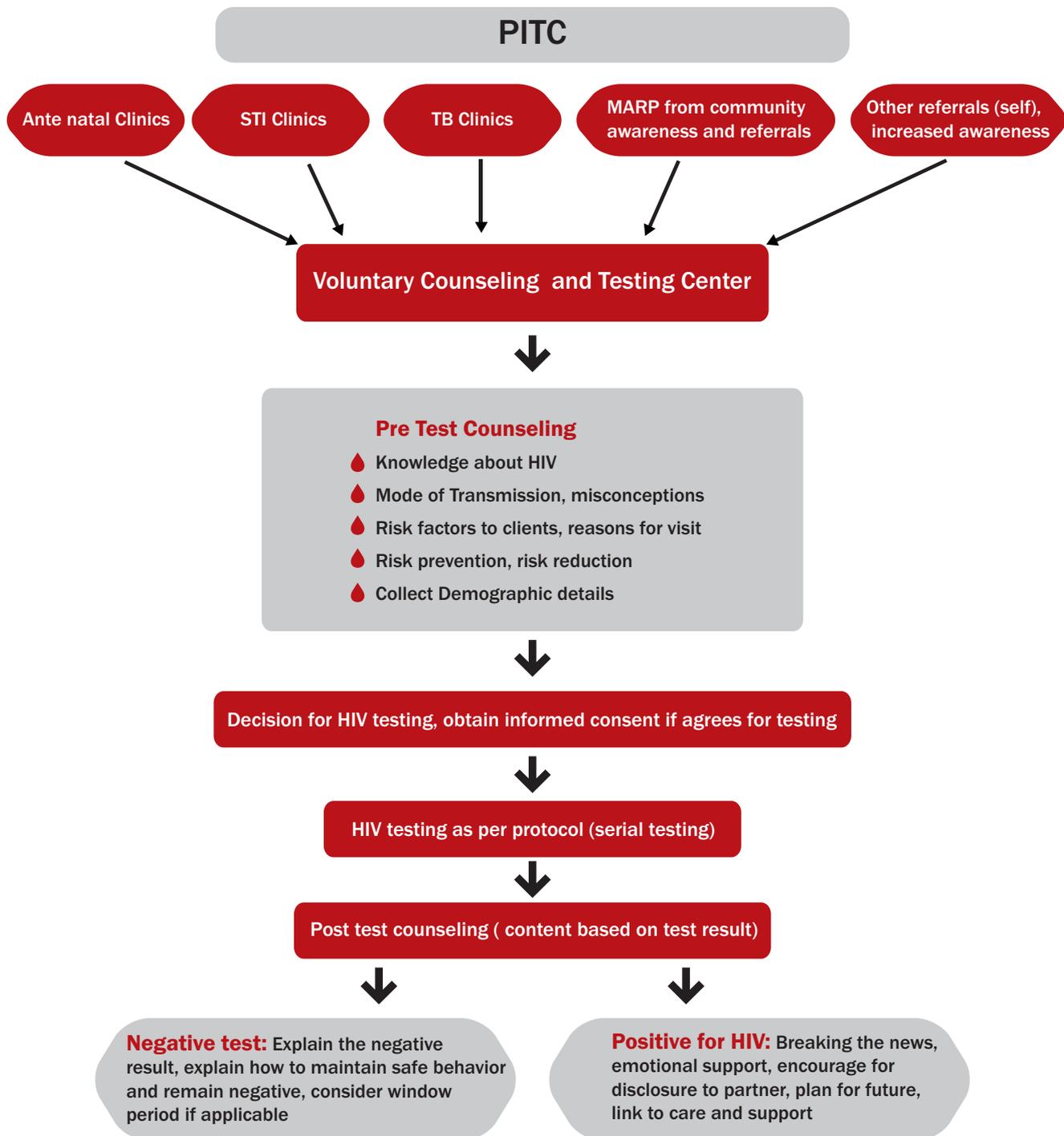
Notes:

Counsellors Name

Signature

Date:

Annex 6: The process and flow at a VCTC



Annex 7 Revised Monthly HIV/AIDS and STI Surveillance form
Center for Community Health and Disease Control, Republic of Maldives

1. Name of Health facility

2. Month and Year of Reporting

3. Date of Reporting

4. Total no of Out patients in the month

Adult males

Adult Females

5. Sexually Transmitted Infection			
Syndrome	Age Group		Total
	15-24 yrs	25+yrs	
Male Urethral discharge			
Vaginal Discharge			
Male non vesicular genital ulcer			
Female non vesicular genital ulcer			

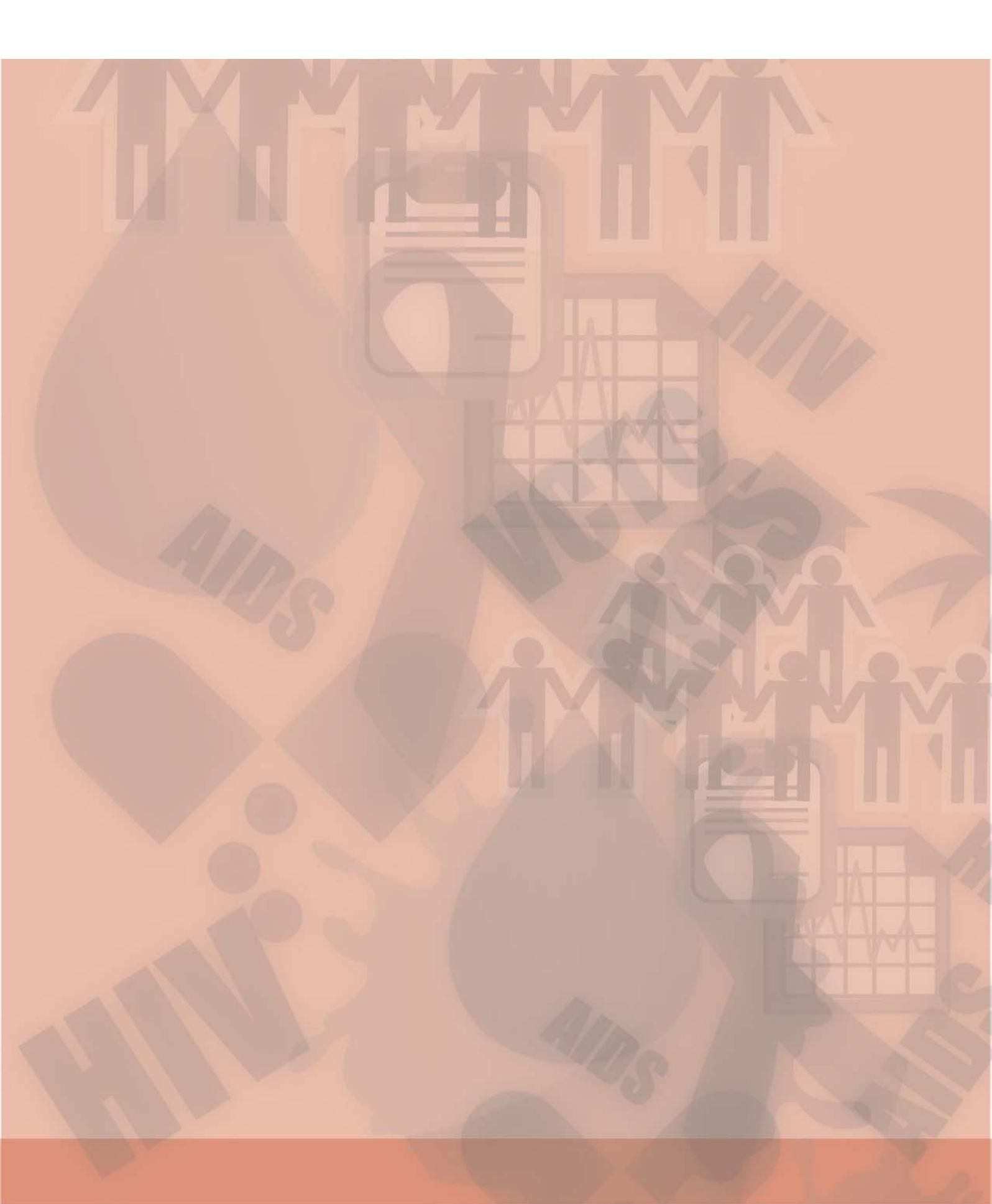
6. Etiological (to be reported by Regional Hospitals and IGMH only)				
	Total attendees	Total tested	No. positive	% Positive
Syphilis among women attending ANC				
Syphilis among blood donors				

7. HIV infection cases reported among different population groups																		
	Maldivian																Expatriate	
	No tested								No positive								tested	Positive
	< 15 yrs		15-24		25-49		>49 yrs		< 15 yrs		15-24		25-49		>49 yrs			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Blood donors																		
VCTC																		
Self referred																		
IDU																		
MSM																		
CSW																		
STI patients																		
ANC																		
Others																		
Pre employment																		
Thalassemia																		

8. AIDS Cases and Death Reporting			
	Maldivian	Expatriate	Total
New AIDS patients during the month			
AIDS Deaths during the month			
Additional Information on VCTC process			
	Maldivian		Expatriates
	M	F	Total
No of people receiving Pre test counseling			
No of people receiving HIV test			
No of people receiving Post test counseling			
No of people collecting test results			

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Center for Community Health and Disease Control
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Republic of Maldives