REPORT ON

GLOBAL FUND/SFH TRAINING FOR HIV COUNSELLING AND TESTING (HCT) COUNSELLORS IN SOUTHERN NIGERIA

ORGANIZED BY:
THE NIGERIAN INSTITUTE OF MEDICAL RESEARCH (NIMR)

23RD February – 5th March and 9TH March – 19th March 2009
(2 Batches)

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APPENDICES

ACRONYMS

AIDS	-	*Acquired Immune Deficiency Syndrome*
ARV	-	*Antiretroviral*
NACA	-	*National AIDS Control Agency*
FMOH	-	*Federal Ministry of Health*
GFTAM	-	*Global fund for Tuberculosis HIV&AIDS & Malaria*
HCT	-	*HIV Counselling and Testing*
HIV	-	*Human Immuno-deficiency Virus*
MTCT	-	*Mother to Child Transmission*
NIMR	-	*Nigerian Institute of Medical Research*
PEPFAR	-	*President's Emergency Plan for AIDS Relief*
PLWHA	-	*People Living with HIV/AIDS*
PMTCT	-	*Prevention of Mother to Child Transmission*
SFH	-	*Society for Family Health*
STD	-	*Sexually Transmitted Diseases*
TB	-	*Tuberculosis*
UNAIDS	-	*United Nation Joint Action Against AIDS*
VCT	-	*Voluntary Counselling and Testing*

INTRODUCTION

BACKGROUND

The surveillance study of 2005 showed that the National HIV Prevalence for adult is 4.4%. This figure however conceals significant differences between state from Ekiti 1.6%, Jigawa 1.8%, Akwa Ibom 8.0% and Benue 10.0% this divergence and irregular patterns of HIV prevalence rates and trends across states demonstrate that the dynamics of the epidemic are different each state. From 2005 survelliance it is note worthy that;

- All states in Nigeria have a prevalence of over 1.1%; the FCT and 10 states have prevalence of greater than 5%.
- Young women in the 20-29 years age bracket have the highest prevalence rate (4.7%) for the 20-24 age group and 4.9% for the 25-29 age groups.
- Urban population generally have a higher prevalence than rural areas.

However, access to antiretroviral treatment is being scaled up and offers opportunity to simultaneously expand access to HIV prevention, especially counselling and testing, which has created global demand for HCT services.

In order to meet this demand and equip Health Care Providers with HCT skills, the Nigerian Institute of Medical Research (NIMR) in collaboration with the Society for Family Health (SFH) and the Global fund organized a National Training Workshop on HCT for Health care providers from the new sites benefiting from the Global Fund ARV scale-up.

Sixty-six (8 male and 58 female) participants for the first batch and for the second, Eighty-Nine (thirteen male and seventy-six female) health care providers – Nurses, Laboratory scientists and Social workers at the training workshop were drawn from health facilities in the **Southern** Zones of Nigeria

GOAL AND OBJECTIVES

The goal of the training workshop is to build the capacity of the trainee's to provide HIV Counselling and Testing (HCT) services in accordance with the National HCT Guidelines.

OBJECTIVES OF THE TRAINING

By the end of the training, participants will be able to:

1. Communicate accurately facts on HIV and AIDS in relation to HCT.
2. Define HCT
3. Apply counselling skills in providing Pre and Post – test counselling.
4. Conduct HIV rapid testing
5. Display ability to use National HCT guidelines for service delivery.
6. Apply counsellor self-care skills

PARTICIPANTS EXPECTATIONS

The participant's expectations were summarized as follows:

1. Improve on counselling skills and handle blood samples appropriately.
2. To learn how to handle different types of HIV rapid test kits and constant supply.
3. To learn how to identify reliable HIV test kits.
4. To acquire adequate knowledge on HIV/AIDS
5. To be able to communicate to and, educate people on health education and HIV/AIDS
6. To learn about the interventions on prevention, management and control of HIV/AIDS (e.g. PMTCT, STI, HCT services etc.).
7. To update knowledge on HIV/AIDS information.
8. To learn about counselling on stigma / discrimination of HIV positive patients.

DURATION AND VENUE OF THE TRAINING

The training took place at the University of Lagos Satellite Campus, MBA Building Lecture Rooms beside the Nigerian Institute of Medical Research, Yaba, Lagos,

Nigeria. The duration was 10 days each (24thFebruary – 5th March and 9th March - 19th March 2009).

PARTICIPANTS AND RESOURCE PERSONS

(See Appendix ii -for list of participants/resource persons).

The participants were selected from the Southern part of Nigeria. They were drawn from fields of Health profession – Health educators, Nurses, Laboratory personnel, Social workers etc.

METHODOLOGY

Interactive and participatory approaches were used in conducting the training workshop. The sessions were a mix of lecture/discussions, case studies, laboratory practical demonstrations, group work/participation and presentations (Visual Aid) as well as role-play sessions.

(Appendix 1: training agenda).

1. Lecture Methods: This involves presentation of topics using Microsoft power point application through the projector. It also involves participation and interaction through Questions and Answer.
2. Plenary Session: This involves allowing the participants to give a feedback on their experience from the practical sessions or work.
3. Role Play: 95% of the participants learnt through role-play of scenarios. Their involvement in this session avail them the opportunity to practice and explore the possible issues and challenges during HIV counselling and testing session. Also, from the daily evaluation, majority of the participants indicated that the role-play is a good method of learning.
4. Group Discussion: This session involved participants selected into groups, interacting and discussing issues centered on HCT and HIV. Each group had a representative that made presentation on their findings/conclusion at the end of the group discussion. Also members of the group participated effectively through supervision from all facilitators.
5. Practical Work: There were sessions involving practical on HIV counselling and testing. Participants witnessed a counselling session in the HCT units in

NIMR and they made so1me evaluations on the challenges of HCT. They also went to the laboratory and made use of the different HIV rapid techniques.

6. Demonstration method: These involved condom demonstration (both male and female condom). The penile and vaginal models were provided for participants as well as condoms to demonstrate and discuss on how they felt.

PARTICIPANTS ASSESSMENT

a. In order to identify gaps and areas that should be emphasized during the training as well as determine the knowledge level of the participants a pre training workshop assessment was conducted. A post-test was also done on the last day after the completion of the training. Comparative analysis was made on the performances of each participant on the pre and post test assessment scores. (Appendix 4: Assessment results).
b. Daily workshop evaluation was done to obtain the views and comments of participants on the presentations and other concerns so that it can assist in adjusting and explaining issues that were not clear to them.
c. In addition, an overall plenary session was also conducted to assess participant's perception regarding the content and organization of the workshop.

DAILY TRAINING ACTIVITIES FOR BOTH BATCHES

DAY ONE

The workshop commenced with participant's registration at 8.00am. The training was officially declared open by Dr Adeiga, the representative of the Director General of the Nigerian Institute of Medical Research (NIMR) Lagos, for the 1st batch while Dr Idigbe, the former DG declared it open for the 2nd batch.

The training session commenced with introduction to the training and each participant used the guideline below:

- Name & workshop name
- Facility and designation
- State
- What you want people to know about you.

REQUIREMENTS FOR THE TRAINING & GROUND RULES

The participants discussed and agreed on ground rules that would be adhered to during the training and these include:

1. All handsets to be on vibration/silence.
2. Punctuality at the venue by 8.30 a.m.
3. Individual should be recognized before talking
4. Respect for each other view
5. No side talks
6. Orderliness
7. No chorus answer or response to questions/action.
8. No walking about

Objectives of the training workshop was discussed, participants also expressed their expectations from the workshop. This was followed by pre-training assessment of the participants.

THE SESSIONS

HIV/AIDS situation in Nigeria HCT
Facts on HIV/AIDS

Basic facts on HIV/AIDS including Global and National situation of the epidemic. The trend of the epidemic globally as well as the situation in Nigeria was given. According to the presenter, about 40 million people are infected globally and that 1/3 of this population is between ages 15-24 years. The most affected area is the sub-Saharan Africa region. In Nigeria, the National prevalence is estimated to be 4.4% according to national sentinel survey conducted by FMOH in 2005 while the zonal and state variations were also explained.

Out of the six Geo-political zones in Nigeria, Benue State in the North Central Zone ranks highest with prevalence rate of 6.1% followed by Akwa Ibom State in the South-west zone with 5.3% prevalence, prevalence in Kaduna State was reported to be 5.6% - the highest in the zone in 2005.

The human immune system and natural progression of HIV infections as well as the difference between HIV and AIDS. The two types of HIV virus (Types I & II), which are both transmitted through the same routes were explained. HIV infection was described as when a person is infected with the virus and there is presence of antibodies in the blood when tested. The person may look healthy but can infect others even during the window period when the antibodies are yet to show in the blood. Transmission will occur if the individual engages in risky behavior, donates blood for transfusion etc. AIDS on the other hand was explained to be the terminal stage of the infection when the body immune system of the infected person is weakened and cannot resist infection.

Modes of transmission include –

- Unprotected sexual intercourse with HIV infected person. This accounts for over 80% of infections.
- Blood Transmission: Transfusion of HIV infected blood and blood products, as well as use of unsterilized skin piercing instruments (e.g. IVDUs, shaving, circumcision, tattooing, scarification, needle stick accidents (health workers), etc
- Transmission from an infected mother to child during pregnancy, labor and delivery as well as through breast-feeding.

The 'Window Period' was explained as the time between infection and the production of antibodies to the blood. This period may be between 6 weeks – 3 months or 6 months after exposure and infection can only be confirmed through HIV testing.

Signs and symptoms of AIDS were discussed and participants were informed that the presence of sexually transmitted infections (STIs) increases a person's vulnerability to acquiring HIV.

Issues related to Prevention of Mother to Child Transmission (PMTCT) and treatment education were discussed. The presenter emphasized that 80% of HIV transmission in Nigeria is through heterosexual sex, and that 4.4% of child bearing women in Nigeria are HIV positive. She said 60-75% of infants born to HIV infected women will not get infected if breast-fed exclusively. He also said that mother to child transmission (MTCT) occurs during pregnancy, labour, delivery and breast feeding because viral load is very high at these period. He concluded by saying that prevention of mother to child transmission is centered on HCT, ART safer delivery and infant feeding practices.

The four elements of comprehensive prevention of mother to child transmission discussed and these are:

Element 1 - Primary prevention of HIV infection among women of childbearing age.

Elements 2 - Prevention of uninfected pregnancies among women infected with HIV

Element 3 - Prevention of HIV transmission from women infected with HIV to their infants.

Element 4 – Treatment, care and support for women infected with HIV, their infants and their families

Prevention / Control of HIV/AIDS
Management of Opportunistic Infections
Introduction to ART.

There were also sessions on 'Prevention / Control of HIV/AIDS, Management of Opportunistic Infections and Introduction to ART. It was stressed that antiretroviral therapy is never an emergency while the importance of adherence counselling prior to treatment commencement and after commencement was discussed.

Day one sessions ended with the evaluation of the day's activities and a closing prayer by one of the participants.

DAY TWO

The day's activities began with prayers by a participant then the recap of day one activities was done by the selected rapporteurs from among the participants. Also, the review of previous day evaluation was done by one of the facilitators.

THE SESSIONS

Overview of HCT

During the session the definition of HIV Counselling and Testing (HCT), Components of HCT, Key Elements of HCT and Benefits and Challenges of HCT was discussed. The facilitator defined HCT as an intervention which gives the client an opportunity to confidentially discuss his/ her HIV risks and be assisted to learn his or her HIV status for purposes of prevention, treatment, care and support. Components of HCT includes among others pre- test Counselling, HIV test, post test counselling where the result is released and discussed and referral to other support services.

COUNSELLING APPROACHES, ELEMENTS, OUTCOMES AND PRINCIPLES

The session focussed on counselling, what it is and what it is not. HIV Counselling and testing (HCT), its key elements and the challenges involved in the process were discussed. Counselling and testing was defined as an intervention that gives the client/patient opportunity to confidentially discuss his/her HIV risk and status for the purpose of prevention, treatment and support. It therefore involves the counselling and testing and can be client or provider initiated. HIV counselling according to WHO is defined as a confidential dialogue between the counsellor and a person aimed at helping the person cope with stress and make personal decisions related to HIV/AIDS.

The three steps of counselling which includes helping the person to tell their story, helping the person to consider options and helping the person make a plan were discussed. It was further explained that counselling is not a conversation, an interrogation, a confession, and a search for a diagnosis, 'information giving' or praying.

It is also helpful to begin counselling interactions by allowing the client to define his/her priorities, agenda and needs; and for the counsellor to find out what is most important to the client.

The group work on qualities of a good counsellor, where counselling should be provided and who should provide it as well as who needs it were discussed in relation to the session and participants acknowledged that some of the things they did in their workplace was inappropriate and identified how best it could be improved upon.

It was concluded that counsellors should not be judgmental, should have the ability to cope with emotional demands of the counselling process, make use of and reflect upon life experience, form a helping relationship and be self-critical as well as use both positive and negative feedback to improve themselves.

The session discussed and explained the basic elements of counselling which include:

- Time
- Acceptance
- Accessibility
- Consistency and accuracy
- Trust and confidentiality

Other elements such as respect for clients, unconditional positive regard and genuineness were also highlighted and discussed. The factors to consider in counselling such as informed consent and socio-cultural context as well as factors that may affect counselling were discussed.

The principles of counselling were extensively discussed and these include – confidentiality, being non-judgmental, individualism, self-determination, controlled emotional involvement and purposeful expression of feelings.

COUNSELLING SKILLS AND PROCESS

The session was centered on the aim of counselling as helping an individual to take charge of his or her own life. Counselling was explained to involve communicating knowledge, attitudes and options. Counselling skills required for HIV counselling include: relationship building skills, information gathering skills, and listening skills.

Counselling skills are listening and expressive. Listening skills include - attending skills, encouragers, reflection on facts and feelings, summarizing and verbal following.

Expressive skills include – open and closed ended questions. How to question effectively involves use of tone that shows interest, concern and friendliness, use of words that the client understands, asking one question at a time and waiting with interest for the answer and asking questions that encourage clients to express their feelings and needs, etc.

Other skills discussed include:

- Reflecting feelings
- Third person or impersonal statements
- Polite imperative
- Use of silence
- Specific or probing questions

COMMUNICATION SKILLS AND PROCESS

Communication was defined as exchanging information and it involves transmitting information, thoughts, and opinion through speech or sign. For a health worker/counsellor to impact the message there is need for effective communication.

The communication process consists of the:

- Message
- Source
- Channel
- Receiver
- Feedback

The qualities of effective communication and types of communication - verbal – expression by spoken words and non-verbal – body language were discussed.

Factors affecting communication include:

- Incomplete or distorted message
- Language
- Beliefs
- Sex, etc.

The qualities of effective communication were discussed and they include:

- Command attention
- Clarify the message
- Communicate a benefit
- Create trust
- Convey a consistent message
- Cater to the heart and head
- Call for action

The difference between the health education and HIV Counselling was elaborately discussed since it is always a source of confusion among health care providers.

Day two sessions ended with the evaluation of the day's activities and a closing prayer by one of the participants.

DAY THREE

The day's activities started with opening prayer by a participant followed by day two activities recap and daily evaluation review was read.

The first session was on Post-test counselling, counselling techniques and skills, psychological reactions to HIV positive result, counselling check list and crisis counselling were presented.

ISSUES IN HIV AND AIDS COUNSELLING

The session focused on issues on counselling some of which may be related to cultural and religious beliefs and the perception of the community/individuals about HIV/AIDS. Some practices in the community that could influence an individual's acceptance of the disease and readiness to disclose their status were also highlighted.

Condoms and its uses as well as demonstrations were done. Condoms was said to be one of the preventive methods for HIV transmission when used consistently and correctly. After the discussions which included the effectiveness of condoms, failure rate and factors that may make condoms to fail and use of oil based vs. water based lubricants participants did demonstrations to sharpen their skills in this area.

CONDOM DEMONSTRATION BY A PARTICIPANT

PRE-TEST COUNSELLING

Pre-test counselling was explained to be a dialogue between the client and care provider aimed at discussing the HIV test and the possible implications of knowing one's sero-status. It is simply the stage in the counselling process prior to blood tests for HIV antibodies. The purpose of pre-test counselling include – to assess the level of knowledge of client on HIV/AIDS and correct misconceptions or misunderstanding, review of client's risk of infection, to explain the test and clarify its meaning, explain the limitations of the test result and caution the client about potential misuse of results (e.g. a negative result remains negative as long as no exposure to risk occurs).

The steps in pre-test counselling were explained and role- played, with emphasis on the EUA model (exploration – understanding – action), the importance of risk assessment, individualized risk reduction plan and informed consent for HIV testing.

It was stressed that a counsellor must never assume that all clients that come to the counselling center are willing and ready to take an HIV test. Furthermore, it was stressed that counsellors should remember that the first contact with a client is important. A proper pre-test counselling would prepare a client well and counsellors usually encounter fewer difficulties during post-test counselling session.

POST – TEST COUNSELLING

The presentation focused on post-test counselling including psychological reactions to the test result. Issues centered on: Steps for giving results, fears about giving results, disclosure of test result – negative, positive and indeterminate, outcome of test results and its implications and positive living. It was explained that it is important to help client to accept their test result and that results should only be given if the counsellor feels that the client has received adequate counselling.

Crisis Counselling was also discussed during the session. Crisis can induce feelings of fear, hopelessness and lost of control. It is important that counsellors do not say "you are over reacting" but rather listens carefully and comments on the strength of their feeling. Crisis exists when:

- Effort to resolve the crisis seem to be hopeless;
- Client is emotionally disturbed as a result of loss of control;
- Emotionally handicapped because there does not seem to be any solution to the situation.

Element of Crisis Counselling – blow, recoil, withdrawal and acceptance were discussed.

Other issues discussed were psychological reactions to HIV test result. This is due to the fact that going through HIV test creates considerable psychological pressures, especially for those who receive HIV positive result. The reaction of clients usually revolves around uncertainty and adjustment. A wide range of psychological reactions to positive test result was also discussed and these include – shock, disbelief, anger, fear, depression, anxiety, suicidal thoughts etc. The need for appropriate referral for positive clients was thereafter stressed. Role play exercises was carried out to put into practice some of the skills already learnt.

ROLE PLAY ON PRE-TEST COUNSELLING

POSITIVE LIVING

The next session was on positive living and, the attitude and language of the counsellor is key during this type of counselling session. Accepting client and encouraging them to avoid blame and negative ideas will promote this. It was emphasized that positive living entailed the client living in a manner as normal as the situation allows, avoiding everything that may accelerate the continuation of infection in your body, embracing all that are beneficial and improves quality of living among others. The steps to positive living include:

1. Knowledge about HIV infection and correct misconception
2. Acceptance of status without blaming anybody
3. Positive attitude of sharing worry with trusted one
4. Proper nutrition- encourage balanced diet and intake of water
5. General health – avoid self medication and to seek for appropriate treatment of ailment
6. Stress management take enough rest and avoid work over load
7. Ensuring proper personal hygiene

Day three sessions ended with the evaluation of the day's activities with a closing prayer by one of the participants.

DAY FOUR

Day four activities started with an opening prayer by one of the participants. This was followed by a review of the previous day activities. The evaluation revealed that participant needed more clarification on counselling concordant and discordant couples; this was followed by role-plays on couple counselling.

OTHER HCT SITUATION was discussed such as Group information giving session Couple counselling, Women counselling, Youth counselling and Family counselling.
The session focused on issues relating to couple counselling no matter the configuration they may come in – married, live in lovers, sexual partners, intending couples, same sex partners, not married but cohabiting etc.
For concordant HIV-negative couple the issues to be discussed with them should include the possibility of one (or both) of them being in the window period, and if the couple are not in an exclusive monogamous relationship, the need for appropriate risk reduction plan must be discussed.

For concordant HIV positive couple – they need help in the following areas; - communication with each other, communication with the extended family, communication with their children, reconciliation and managing anger. The need for positive living and to ensure prompt management of symptoms and access to ART if necessary should also be emphasized.

For sero-discordant Couples - This is a situation where a couple have different HIV test results i.e. – one partner is HIV-positive and the other is HIV-negative – they are also known as "Sero-discordant". The counsellor should assist the couple to develop a long–term plan not only to protect the HIV negative partner from infection but also to help the HIV-positive partner to live positive with the infection. It is also important to discuss with the couple the possibility that the HIV negative partner may be in the window period.

Group counselling was described to be adopted where individual counselling is not feasible such as in centre where there is a high volume of clients and in ANC clinics were client turnout on booking days are high. It was however identified that time

provided for counselling on booking days is usually very limited since other issues are also discussed with clients on that same day. It was agreed that after the general health information provided the following guideline should be adopted to ensure that clients have better opportunity to understand

- Consider gender mix, preferably same sex, but if mixed sexes then
- Be sensitive to the cultural practices in the area.

The presentation was followed by role-play exercises during which each group focused on the counselling for different needs during pre and post test counselling. The issues and practical challenges shared were used during the role-play. For instance, the case of intending couple who had a discordant result and the positive one refusing to let the other partner know and also one that was on medication and refused to inform his spouse of his sero status.

HCT in Family Planning (FP), HCT in STIs, HCT in PMTCT

The next session was on **HCT in Family Planning (FP) and HCT in STIs**. The benefits of FP services and contraceptive method options wee outline. She also stressed that STIs is co-factor of HIV/AIDS.

Issues involved in PMTCT in relation to HIV counselling and testing:

Counsellors self care

There was a session on self care for counsellors, and it centered on how counsellors can identify, prevent and manage issues of stress and burnouts that can arise from HIV/AIDS counselling. The facilitators were able to answer all the questions that came up from the sessions.

Day four sessions ended with the evaluation of the day's activities and a closing prayer by one of the participants**.**

DAY FIVE

The day's activities commenced with prayers said by a participant followed by rapporteurs' recap of the previous day's activities as well as the previous day's evaluation reviewed.

The session commenced at 8.30 a.m.

FOLLOW UP AND REFERRAL

Networking which is a means of linking people together to allow the sharing of ideas/efficient utilization of resources was discussed as an approach to promote positive living. Examples of how people network are through meetings, seminars, conferences, emails etc. In the context of HIV counselling and testing, referral is the process by which immediate client needs for prevention, care and support services are assessed and prioritized and clients provided with assistance (e.g., setting up appointments, provided transportation) to access these services.

Referral should also include the basic follow-up efforts necessary to facilitate initial contact with care and support service providers. In making referrals, the following issues should be considered; Clear, specific, and up-to-date information; confidentiality; safe and easy accessibility; a multi-sectoral/multi-disciplinary approach with several referral options.

A system for clear communication between the HCT center and the services to which the client has been referred was explained to be necessary as well as the need for absence of discriminatory practices by service providers; documentation of referral and follow-up.

Available support systems in the community were identified and participants were encouraged to continually update their information on available services in order to provide optimal service to their clients.

ETHICS IN COUNSELLING

The session discussed ethics in relation to HIV/AIDS. Counselling code of ethics was defined as a set of fundamental values and set of professional ground rules against which the counsellor uses to monitor his/her work to ensure appropriate service delivery to clients. Some ethical issues discussed among many were confidentiality, privacy and competence. Confidentiality was defined as means of providing the client with safety and privacy, treating all information about the client whether obtained directly or indirectly or by inference with absolute confidence. Discussions with client should be purposeful and not be trivialized. Other issues discussed include consent, client safety and autonomy, responsibility of counsellor to self and colleagues. Some counselling dilemmas such as refusal by clients to disclose their status to partner were identified and discussed

The session on Overview of National HCT guidelines came up at 3.15 p.m. The purpose of the guidelines is to provide national standards that must be adhered to, by all institutions, organizations and individuals for the provision of high quality HIV counselling and testing in Nigeria.

Immediately after the session, a PLWHA came in and shared her experiences with the participants. This helped to bring to fore most of the issues that had been discussed with the group. It also helped to remove most of their fears and offered them the opportunity to better understand the challenges of living with the infection and disclosure. Other issues were stigmatization (self and from others), discrimination, loss of job, fear of death, emotional disturbances, and rejection from colleagues.

Participants thereafter went into role-play exercises displaying the various counselling skills they have acquired.

Supervision and Support for Counsellors

The next session which was on **Supervision and Support for Counsellors**, centered on how newly trained HIV/AIDS counsellor can build on their skills thus increasing their experiences, confidence and professional quality.

CROSS SECTION OF PARTICIPANTS DURING PLENARY SESSION

A GROUP PHOTOGRAPH OF SOME OF THE PARTICIPANTS

(After practicing in trials, participants come out to role play at plenary to enable the entire group observe and provide comments on what has gone well and those that need to be improved on to make the counsellor more effective)

OVERVIEW OF NATIONAL HCT GUIDELINES

The session discusses the different sections of the national HCT guidelines. Explain importance of National HCT guidelines in service delivery. With the new opportunities for prevention, treatment, care and support, especially the availability of anti-retroviral drugs (ARVs) for PMTCT and AIDS treatment, there is need to scale-up both the client-initiated and provider-initiated approaches. However, in order to offer quality HIV counselling and testing services, there is the need to have guidelines for these services.

The purpose of these guidelines is to provide national standards that must be adhered to by all institutions, organizations and individuals for the provision of high quality HIV counselling and testing services in Nigeria. The HCT National Guidelines have nine chapters.

Day five sessions ended with the evaluation of the day's activities with a closing prayer by one of the participants.

DAY SIX

Day six started with prayers, the recap of the previous day's activities and the review of previous day's evaluation. This continued with a plenary session where issues were discussed.

Overview of HIV testing technologies

The first presentation was on Overview of HIV testing technologies and HIV testing algorithms in Nigeria with the learning objectives. The presenter gave examples of settings where HIV testing takes place such as HCT A.N.C. clinics, blood banks, TB clinics, STI clinics as well as the use of HIV testing technologies in continuum of care. She further explained that HIV rapid tests provides excellent tool for expansion of HCT services. The Rapid test kits recommended and approved in Nigeria were stated.

The next session was on HIV testing strategies and Algorithms i.e. ensuring quality of HIV testing and safety issues on quality control and quality assurance. HIV testing strategies were all outlined. Presenter stressed on the use of national testing algorithms at all levels and advantages of the national testing strategies and algorithms were listed. Exercise interpreting HIV testing out-comes using parallel algorithms was shown. Participants were stimulated with questions randomly to explain the importance of some tests well as the testing algorithm adopted by FMOH etc.

The next session on 'Equipment required for HIV testing and identification of supplies and kits needed. Presenter highlighted the rationale for using properly maintained equipment and emphasized that functioning equipment is vital for quality service as it produces reliable test results, lowers repair cost, prevent delays in testing, maintains productivity and achieves total quality and client satisfaction.

At the end of the day, participants were given tips on report writing. Evaluation forms were filled and submitted, while handouts on the day's presentations and other resources were made available to participants.

Day six sessions ended with the evaluation of the day's activities and a closing prayer by one of the participants.

DAY SEVEN

After the prayers at 8.30 a.m., followed by rapporteurs' recap of day 6, the day's evaluation was reviewed by one the resource persons, clarifying participants' misunderstanding and difficulties.

This was followed by a presentation on Monitoring and Evaluation in HCT. The presenter defined the two terms and identified four types of M & E – formative assessment and research; monitoring; evaluation and cost effectiveness analysis. He stressed the use of HCT data, one of which is to monitor performance with which to demonstrate progress towards the stated program goals and objectives. Furthermore, he discussed the tools capturing HIV counselling and testing data generally classified into: forms, registers, work sheets and cards. Samples of these tools were given to each participant for easy learning.

INVENTORY MANAGEMENT, RECORD KEEPING, DOCUMENTATION, LOGISTICS AND SUPPLIES

Thereafter, the presenter moved into the next session on inventory management, record keeping, documentation, logistics and supplies. Participants were made to develop hypothetical data which they used as their inventory; they recorded them and were made to make requisition for the next month. Every logistic issue was addressed. Questions came up and were answered.

The next session on preparation for supplies and materials needed for HCT testing was presented. Following the detailed explanations, the presenter went on to discuss the professional ethics, explaining the importance of professional ethics, using four scenarios which demonstrated how ethical issues arise, the challenges and different implications. The importance of maintaining confidentiality especially in HIV rapid testing sites was stressed.

The next session was on Blood Sample Collection by finger pricking. According to the presenter, the method is convenient in facilities without using the refrigerator

for storage of test kits. It was stressed that all hand-sets should be switched off for maximum concentration while they should still apply universal precautions during testing.

The last presentation of the day was centered on issues related to testing and the types of tests recommended in the National Algorithm. The serial testing algorithm was explain and it was stressed that one test result cannot be used to ascertain that a person is HIV infected. Two different types of test kits with different coated antigen properties must be used and a third one could be used in case of an indeterminate test result (i.e. a tie breaker). Examples of test kits shown include:

- UNIGOLD
- Determine strip
- Stat-Pac

HIV testing including interpretation and presentation of HIV test results was explained. Presenter explained that after blood sample collection, the next thing is testing using the national SOPs and algorithms. Questions were answered. Daily evaluation forms were filled and submitted and the day ended with closing prayer and wrap up by facilitators at 5.00 p.m.

Day seven sessions ended with a closing prayer and the daily evaluation was submitted by participants.

DAY EIGHT

The day's activity started with an opening prayer, followed by recap on day seven activities.

Then, supervised practical session on **HIV counselling and testing** commenced with a pre- training assessment on HIV testing. The practical sessions were done after other issues such as the under listed were discussed:

Some instruments needed for carrying out the procedures e.g. EDTA bottle for specimen taking, syringes, pipette etc.

Personal protective equipment: Hand gloves, aprons, eye and foot wears for protecting self was advised.

Hand Hygiene: Soap and water, hand washing using friction under running water and hand rubs.

Handling and disposal e.g. sharp instrument using syringes needles used once only. Avoid recapping and bending or breaking needles. Use puncture proof containers for disposal.

Risk Reduction: Cover broken skin with water-tight dressing, Wear proper protective clothing. Dispose waste according to local protocol.
Exposure Risk: Splashes of blood on broken skin from HIV clients, body fluids etc.

Safe work practice: Develop safety standards and protocols.
The participants were grouped, while some groups were exposed to HIV Rapid Testing using stat pack and double check gold. Other group members were exposed to pre and post test counselling sessions in the clinic.

Other participants were in the auditorium, role playing various scenarios. The counselling sessions were conducted by counsellors at NIMR counselling unit, while the Rapid Testing sessions took place at NIMR laboratory, under the supervision of the laboratory scientists at NIMR.

The participants carried out HIV rapid testing using UNIGOLD, Determine and stat pack. Every participant practiced with serum or plasma/whole blood.
A role play on youth counselling was demonstrated at plenary session. Issues raised were discussed and clarified in order to correct any misconception.

Thereafter, the participants in other groups were accompanied to the counselling rooms and laboratory for the practical sessions.
Others in the class role-played different counselling scenarios; this also created an avenue for participants to network among themselves and studies their handouts in preparation for post test.
At 5.00 p.m., participants from all the groups came back for the plenary sessions. However they sat according to their facilities to deliberate and present a contact person for each of the twenty facilities. The forms given were later filled with the names of the contact person, the name and address of the facility. Participants from groups 2 & 3 were asked to give the report of their practical sessions and the

issues that emanated from them were discussed. They were also reminded to always maintain the professional codes of ethic in HIV counselling.

Daily evaluation forms were filled, collected and the day's activities ended with a closing prayer at 6.30 p.m.

HIV RAPID TESTING PRACTICALS BY PARTICIPANTS

CROSS SECTION OF LAB PRACTICALS

DAY NINE

Day nine activities started at 8.30 a.m. with an opening prayer and the review of previous day evaluation.
The day's session started with presentations on Monitoring and Evaluation of HCT data forms such as the Client Intake forms, HIV test request and result forms, client register, HIV testing worksheet, counsellor reflection form, client exit form, HCT monthly summary form etc.

Emphasis was laid on data management for HCT services which is in line with the National Health Management Information System (NHMIS). The presenter also stressed that handling of HCT records and data requires a level of confidentiality and efficiency as this will give the client a sense of security as well as provide reliable data for the funding agencies.

The various Monitoring & Evaluation forms were discussed and participants were involved in the use of the forms. Role-play was also done using different scenarios on client information supplied during counselling sessions and participants learnt how to fill the forms.

The presenter also emphasized the need for proper recording and documentation of the M & E forms as it will go along way to provide further continuum of care and services at the different level i.e. Federal, State and Local level in the country.

Participants were grouped according to their facilities where they undertook different scenarios on how they can fill the M & E forms for proper documentation.

Day nine sessions ended with the evaluation of the day's activities and closing prayer by was done one of the participants.

CROSS SECTION OF PARTICIPANTS WITH FACILITATORS

DAY TEN

The last day's activities started at 8.30 a.m. with prayers, followed by recap of day nine activities and daily evaluation of previous day was review by one of the facilitators. Issues were clarified and participants were encouraged to practice what they have learnt to better the lives of the patients/ clients.

This was also followed by a plenary sessions where participants asked questions on the training workshop.

With the presence of all the resource persons for the training, participants questions were answered, such questions/answers include;

Q: How effective is the Family Planning methods?

A: most family planning methods are effective when usages are strictly adhering to, though some comes with adverse effect on some people.

Q: How will the test kits be supplied?

A: The organizers of the workshop i.e. GFTAM through SFH and FHI/GHAIN will ensure that HIV rapid test kits are made available to all facilities trained however, participants were encouraged to make requisition on time before they experience stock out of HIV rapid test kits. Contact person address will be made available for prompt supply.

Q: What are the advantages and disadvantages of serial testing when using the finger prick?

A: Advantages: small amount of blood is collected through the finger prick, doesn't require much expertise in conducting the test and less time in collection of blood sample.

Disadvantage: if the 1st test is positive, it becomes difficult to take another blood sample with finger prick.

Q. Can all Family Planning methods prevent HIV infection?

A: All family planning methods are aimed at preventing pregnancy but not all can prevent STDs and HIV infections. Except CONDOM which, when use consistently and correctly can prevent the transmission of STDs and HIV infection.

Q: How can a baby get infected during delivery?

A: The membrane serves as a protective shield between infected pregnant mothers and, if the membrane is ruptured – the shield is off and this means the baby stands a chance to be infected through the vaginal fluids.

Q: Can HIV be transferred through wet rashes from one infected partner to another even when condom is used?

A: The surest thing that protects against HIV aside Abstinence is condom. So it is very remote to infect people through wet legion.

Q: What is a wet nurse?

A: HIV positive mothers may not be able to breast feed their babies and so they may request that a nursing mother who has just delivered and is HIV negative (through HIV screen) breast feed their babies. These HIV negative mothers are the WET NURSES.

Q: Is their any test that can detect HIV in a year old baby?

A: Yes, with the use of Immune PCR test, and P24 antigen test,

But these types of HIV screening are only available in some tertiary health facilities. However, it should be noted that babies below 18 months usually have maternal immune cells and so this makes the use of rapid test for such HIV test difficult at times.

At the end of the questions and answer session, Post training assessment was conducted.

Participants were told to develop work plan based on their facilities needs, issued to discuss include:

- Report format
- Service delivery
- Mobilization, Advocacy and sensitization etc.

Each facility presented their work plan and necessary contributions were made by fellow participants and resource persons.

This was followed by remarks from the representative of SFH, FHI, FMOH, and PPFN.

The Principal Investigator of NIMR, while closing the training workshop encouraged the participants to use the skills acquired to benefit their facilities, clients and communities at large. Certificates were presented to the participants.

CHALLENGES

FOR 1ST BATCH

- The first day of the training falls on public holiday and so there was delay in the take off of the programme.
- Some participants arrived late to the training thereby causing repeatitions of some already taught topics.
- It was also surprising that most of the participants saw the demonstration on female condom for the first time.

PARTICIPANTS' APPRECIATION

We appreciate the organizers (Global Fund/SFH, FMOH, FHI) for bringing us together for this wonderful training and having in mind to minimize HIV/AIDS in Nigeria, may God bless you all.

We equally appreciate our able facilitators for their excellent training they gave. The teaching aids were superb; their competency can not be over emphasized. They exhibited good interpersonal relationship. We appreciate you all.

FOR 2ND BATCH

INVITATION LETTERS

Invitation letters were not properly circulated and the notice was short.

TRANSPORTATION

1. There was a long distance between the accommodation venue and the training venue.
2. In the invitation letter the participants were mandated to travel by road which is of high risk especially for participants from far distance.
3. There were inadequate buses available to convey participants between the training venue and the accommodating hotel.

TRAINING VENUE

1. No concrete arrangement was made for the training venue. Participants were moved from NIMR to School of radiology, Yaba.
2. Training venue was not that conducive due to power failure which was very frequent.

TEACHING AIDS

The projector was malfunctioning occasionally making some lectures difficult to follow.

RECOMMENDATIONS

1. Invitation letter should get to participants at least two weeks before commencement date.
2. Accommodation and training venue should be near each other as possible.
3. Transportation for participants should be optional. Those from far distance should be given the option of traveling by air.
4. Enough buses should be provided if the training venue and the accommodation site are far from each other.
5. All lectures should be included in the training manual.
6. Trained counsellors should be posted to where their skills will be utilized.
7. Training should be continuous.
8. Media coverage for subsequent training is encouraged.
9. It is important to give participants the opportunity to practice the acquired skills immediately they return to their facilities, this could be achieved by;
   - setting up HCT center if none in existence prior the training.
   - proper placement in relevant units, prompt and regular supply of test kits and other necessary materials.
10. On – going mentoring and technical guidance as well as follow- up is very important for trained counsellors
11. Conduct refresher training for practicing counsellors as there is usually improvement in the trend of HIV service delivery.
12. Strengthening partnerships & providing Referral and Linkages, for example,
    -Provide opportunities for interaction for organizations within same locality
    -Standardize referral forms and monitor feedback

APPENDIX 1

Time	Day 1	Day 2	Day 3	Day 4	Day 5
8:30 – 9:00	Registration	Recap	Recap	Recap	Recap
9:00 – 11:00	➢ Introductions ➢ Ground rules ➢ Pre-course test ➢ Objectives of the training ➢ Workshop expectations	Overview of HCT	Issues in HIV and AIDS counselling	Other HCT situations: ➢ Group counselling ➢ Couple counselling ➢ Youth counselling	Follow up and Referral Ethics in counselling
	T	E	A		
11:30 – 12:30	HIV and AIDS situation in Nigeria HCT	Counselling approaches, elements, outcomes and principles	Pre- test counselling (1 hr 30 mins)	• HCT in PMTCT (1hr)	Supervision and support for counsellors .
12:30 – 1:30	Facts on HIV and AIDS		Post- test counselling (1 hr 30 mins)	• HCT & FP (30mins)	Management Information System for HCT
	L	U	N	C	H
2:30 – 3:00	Prevention /Control of HIV&AIDS	Counselling skills and process and role plays (2 hrs) Communication Skills and process and role plays (Ihr 30mins)	Positive living	• HCT in STI Counsellor self care (1:30mins)	Overview of national HCT guidelines ➢ (1 hr 30 mins)
3:00 – 4:00	Management of Opportunistic Infections Introduction to ART		Role plays	Case studies 30 (mins)	Course evaluation Post-course test Way forward Wrap – up and Closure
4:00-4:30pm	TEA BREAK				
4:30-5:00pm	Daily Evaluation /Closing				

TRAINING TIME TABLE

Time	Day 6	Day 7	Day 8	Day 9	Day 10
8:30 – 9:00	Registration	Recap		Supervised Practical Assessment .	Feedback of experiences
9:00 – 10:30	Objectives: Types of test kits Principles of testing	Blood Collection by Finger pricks.			
	T	E	A		
11:00 – 12:00	Preparation for testing: Materials and procedure	Testing practical in class	Supervised Practical Assessment	Supervised Practical Assessment	Way Forward: Attachment arrangements, Expectations Placement areas Supervision. Evaluation and Closure
12:00 – 1:00	Safety measures	Testing practical in class			
	L	U	N	C	H
2:00 – 3:00	Testing algorithm and Quality assurance	Pre and post test data management/ Test kits logistics management	Supervised Practical Assessment	Supervised Practical Assessment	Course evaluation Post-course test Way forward Wrap – up and Closure
3:00 – 4:00	Practical demonstrations	Discussion			

APPENDIX 2

LIST OF PARTCIPANTS FOR GLOBAL FUND/SFH TRAINING FOR HCT COUNSELLORS 23RD FEBRUARY – 5TH MARCH 2009

S/N	Name	State	Facility Name	Phone
		Osun		
1	Mrs Alade		CHC Isale Agbara, Osogbo	8058897153
2	MS Ojetunde O.A		Primary Health Care Centre Oke Baale Osogbo	8036126689
3	Mrs. Okedele O.A		Primary Health Care Centre Oke Baale Osogbo	7035664695
4	Mrs. Olawumi O.A		Primary Health Care Centre Oke Baale Osogbo	8035253848
5	Mrs Abosede Alamu		Baptist Hospital Ejigbo	80362266902
6	Miss Nike Adeboye		Baptist Hospital Ejigbo	8077392142
7	Mrs Folaranmi B.G		Popo PHC, Ejigbo Osun State	8055718950
8	Mrs Olawole S.A		Popo PHC, Ejigbo Osun State	8053007154
9	Omotosho MD		Popo PHC, Ejigbo Osun State	
10	Mr Oyekunle Adebayo		Model Primary Health Care Centre Ward 1 Ejigbo	8053053477
11	Mrs. Yusuf		Model Primary Health Care Centre Ward 1 Ejigbo	8053624245
12	Olatoye S.R.		Model Primary Health Care Centre Ward 1 Ejigbo	8034977544
		Ondo		
13	Miss Ibukun Oluyemi		Mercy Specialist Hospital	8066359071
14	Mrs. Hamah Ombe		Mercy Specialist Hospital	8035639609
15	Mrs Aboloye		PPFN Clinic Akure	8035607710
16	Mrs Olowosile		PPFN Clinic Akure	8026582045
17	Mrs. J.O. Dada		PHC Adegbola, Akure	8039416613
18	MRS OLUWADARE, O.F.		PHC Adegbola, Akure	8030450778
19	MRS AKINSOLA, M.T. OMOLEYE		PHC Adegbola, Akure	8038177257
		Ebonyi		
20	Nwali Antonia		General Hospital Iboko	8088511508
21	Oluchi Eze		General Hospital Iboko	8034950649
22	Nwabeke Kenneth		General Hospital Iboko	8060343340

23	Nwanini Dominic		General Hospital Iboko	8033992202
24	Uzoamaka Onyenyim?		Comprehensive Health Centre Ikwo	8032184237
25	Alaka Justina		Comprehensive Health Centre Ikwo	
26	Chinedu Nwanu		Comprehensive Health Centre Ikwo	
27	Nwanko Friday		Presbyterian Joint Hospital Uburu,	8066829678
28	Bala Nkechinyere Margaret		Presbyterian Joint Hospital Uburu,	8036005485
29	Nweze Chimezie Iwueke		Presbyterian Joint Hospital Uburu,	8068185942
30	Godwin Abaa		Urban Health Centre, Isikpo, Okposi Ohazalla	8022983586
31	Mrs Ugo Kama Onuogbu		Urban Health Centre, Isikpo, Okposi Ohazalla	8026399842
32	Mrs Ugonna Eze		Urban Health Centre, Isikpo, Okposi Ohazalla	8074056788
33	Alaka Justina?		Ohazalla Health Clinic,	
34	Nworie Cosmas		Ohazalla Health Clinic,	
		Abia		
35	Akudo Owuala		Owoza Cottage Hospital	8066558685
36	Mrs Ebilah Helen		Owoza Cottage Hospital	8033415503
37	Iheajuru Angella.C		Owoza Cottage Hospital	8032626638
38	Fortune Ugoajah		Obehie PHC	8037723167/ 08068803203
39	Adanmea Okoro		Obehie PHC	8030913484
40	Susan Nwogu		Obehie PHC	8058701779
41	Ezeigb Onyinyechi		Imo River PHC	7036240449
42	Isiguzo Nkechi		Imo River PHC	8052806377
43	Eze Nneka		New Era Specialist Hospital,Aba	7037293552
44	Eze Theresa		New Era Specialist Hospital,Aba	8027469346
45	Rejoice Peters		Rosevine Hospital, Umuogasi, Aba	8054851560
46	Opara Onyinyechi		Rosevine Hospital, Umuogasi, Aba	8068520225
47	Ngozi Metu		Rosevine Hospital, Umuogasi, Aba	703133504
48	Ndukwe Chimenzie		Shamah Hospital Aba	8076245945 08032000000

49	Nonso Okoye		Shamah Hospital Aba	7037293552
50	Emeka Kalu		King of Kings Hospital	8030432694
51	Omenihu Chidinma		Mercy Catholic Hospital Ihechiowa	7035370677
52	Eragbai Chinonso		Mercy Catholic Hospital Ihechiowa	8037652507
53	Ihediosa Goodness		Mercy Catholic Hospital Ihechiowa	7065005746
54	A.O. Odimgba		General Hospital Akahaba Abriba	8083868798
55	Helen O. Udeagha		General Hospital Akahaba Abriba	8063643038
56	M.O.S Okoro		General Hospital Akahaba Abriba	8055809746
		Lagos		
57	Mrs. Odesola		Oshodi PHC	8037197214
58	Mrs Balogun		Oshodi PHC	8023222135
59	Mrs Ayanda		Oshodi PHC	8022903638
60	Oseni M.R.		Lagos Island Maternity	8037224111
61	Kasanu E.A.		Lagos Island Maternity	8035602843
62	Fuja B.O.		Lagos Island Maternity	8034728993
63	Miss Olumide Fisayo		Oriade PHC	8037207134
64	Oke Adebukola		Oriade PHC	8034447178
65	Adedoyin Ayanfunke		Oriade PHC	8051443144
		FMOH		
66	Mrs. Tessy Illoh		$^{C}/_{o}$ FMOH	8032725120
67	Mr. E. Uwaezuoke		$^{C}/_{o}$ FMOH	8032739463
68	Mrs. A.I. Nwachukwu		$^{C}/_{o}$ FMOH	8066148506
		SWAAN		
69	Okonkwo Mary Francis		SWAAN, Lagos	
		PPFN		
70	Nwagbara O. Anthonia		PPFN Lagos	
71	Ijwu Ngozika U.		PPFN Enugu	

66 PARTICIPANTS (8 male and 58 female)

LIST OF ATTENDANCE FOR GLOBAL FUND/SFH TRAINING FOR HCT COUNSELLORS 9TH MARCH – 19TH MARCH 2009

S/N	Name	State	Facility Name	Phone
		Osun		
1	Odebunmi M.A		General Hospital Asubiaro	8035632447
2	Mrs Kehinde L.O		General Hospital Asubiaro	8033597040
3	Mrs Omoloye		General Hospital Asubiaro	8087524409
4	Mr. R.K. Adeboye		CHC Isale Agbara, Osogbo	807524409
5	Mr. S.O. Oladiran		CHC Isale Agbara, Osogbo	8062302768
6	Mrs. Funmi James		Baptist Hospital Ejigbo	8053062540
		Ondo		
7	Mrs. Adeniran Toyin		Mercy Specialist Hospital	7090300510
8	Mrs. Ijewereme Bunmi		Mercy Specialist Hospital	8062204663
9	G.O. Komolafe		PPFN Clinic Akure	8035664160
		Ebonyi		
10	Gozie Chukuma		Onueke General Hospital,	7031902662
11	Oshim Out J.		Onueke General Hospital,	8025855641
12	Jonah Ibiam O.		Onueke General Hospital,	7034692988
13	Ngozi ugwu		Urban Health Centre, Isikpo, Okposi Ohazalla	808092342
14	Agata Omiko		Urban Health Centre, Isikpo, Okposi Ohazalla	8035291013
15	Uneke Christiana		Ohazalla Health Clinic,	8087329117
16	Nnenna Onu		Ohazalla Health Clinic,	8089497856
		Abia		
17	Akparanta Elizabeth		Imo River PHC	8037312199
18	Emegi Eucharia		New Era Specialist Hospital, Aba	8038806063

19	Ngozi Njoku		Shamah Hospital Aba	8039545214
20	Egbuts Debora		King of Kings Hospital	8030563500
21	Chibiko M. Jonah		King of Kings Hospital	7037680674
		Edo		
22	Osazee Juliet		Central Hospital Benin	8029483268
23	Mrs. A.O. Asoiayan			80223366116
24	Mr. Oghogho Igiebor		Central Hospital Benin	8055967889
25	Mrs. Uzamere O.S.		PHC Oredo	805460929
26	Mrs. A. Omorere		PHC Oredo	8025600575
27	Mrs. M.N. Edede		PHC Oredo	8028821774
28	Mrs. F. Somori		PHC Ugbor	862764429
29	Mrs. G. O. Ikuobase		PHC Ugbor	8027126188
30	Mrs. P. Ujuanbi		PHC Ugbor	8052414342
31	Mrs. Aghughu		Central Hospital Auchi	7055595685
32	Mrs. M.M. Momoh		Central Hospital Auchi	805357798
33	Mrs. Akagbosu		Central Hospital Auchi	8063002810
34	Mrs. Clara Acheku		Central Hospital Auchi	8029926337
35	Mrs. C. Garuba		Central Hospital Auchi	7030655906
36	Mrs. Patience Izekor		Central Hospital Auchi	7067009230
37	Mrs. M.T. Oyarekhua		PHC Auchi	8063227764
38	Mrs. C.a. Okhiria		PHC Auchi	8022588295
39	Mrs. M. Oyareuegbe		PHC Auchi	8034468435
		Lagos		
40	Mrs. Okediaro		General Hospital Lagos Island	8063537893
41	Mrs. Adegbenro		General Hospital Lagos Island	8023070809
42	Mrs. Ojelabi		General Hospital Lagos Island	7041752830
43	Mrs. Jimoh S.A.		General Hospital Badagry	8033337143

44	Mrs. Aeniyi		General Hospital Badagry	8020992675
45	Oguntona M.M.		General Hospital Badagry	8067978153
46	Mr. Bababuboni		Igando Ikotun PHC	8038177951
47	Mrs. Orija		Igando Ikotun PHC	8025616182
48	Mr. Olajide Michael		Igando Ikotun PHC	8024586992
49	Mrs. Okunuga		Igando Ikotun PHC	8029500004
50	Mrs. Ojo G.A.		Igando Ikotun PHC	8034992944
51	Mrs. Onkoya T.		Igando Ikotun PHC	8052029955
52	Salu F.O.		PHC Ijede	8023162172
53	Saliu I.O.		PHC Ijede	8052808281
54	Durojaiye M.J.		PHC Ijede	8053628909
55	Omoniyi V.O.		Emmanuel Children Health Centre	8025359087
56	Omotosho N.O.		Emmanuel Children Health Centre	8088946754
57	Ajayi O.O		Emmanuel Children Health Centre	8023373363
58	Mrs. Banjo F.O.		Massey Street Hospital	8032433005
59	Mrs. Aroloye O.		Massey Street Hospital	
60	Miss Owokoniran		Massey Street Hospital	8028293704
61	Miss Alayo A.		Mainland Hospital Yaba	8034743512
62	Mr. Adeboyejo Adewale		Mainland Hospital Yaba	8027887630
63	Mrs. Williams A.S.		Mainland Hospital Yaba	
		Ekiti		
64	Miss D. Temidayo		State Specialist Hospital Ikole-Ekiti	8054234557
65	Awodumila Bunmi		State Specialist Hospital Ikole-Ekiti	8035704404
66	Olajide Adedayo		State Specialist Hospital Ikole-Ekiti	8032268945
67	Mrs. Comfort Fashola		PHC Oye-Ekiti	8069581616
68	Mrs. Bobarinwa		PHC Oye-Ekiti	8066074818
69	Mr. Aderedolu		PHC Oye-Ekiti	8069581616

70	Mrs. S. A. Ajayi		PHC Omuo-Ekiti	7030253635
71	Mrs. Adeneye C.M.		PHC Omuo-Ekiti	8066084844
72	Mrs. F.M. Popoola		PHC Omuo-Ekiti	8067302563
73	Benard Modupe		St Gregory Hosp. Ado-Ekiti	7039377077
74	Miss Adeyemi Adejoke		St Gregory Hosp. Ado-Ekiti	8065687129
75	Ojo Oluwabunmi		St Gregory Hosp. Ado-Ekiti	8039271289
76	Mrs. M.O. Ajayi		Okeyinmi comprehensive Health centre	8033920405
77	Mrs. C.F. Adebiyi		Okeyinmi comprehensive Health centre	8066356203
78	Fasunon Adeboboye		Okeyinmi comprehensive Health centre	7038996942
79	Mrs. O.A. Omoleye		Basic health Centre Odo-Ado, Ado-Ekiti	8067603571
80	Mrs. R. Faturoti		Basic health Centre Odo-Ado, Ado-Ekiti	8035193574
81	Mrs. R. A. Ajayi		Basic health Centre Odo-Ado, Ado-Ekiti	8061143831
		Lagos		
82	Isreal R.		Lagoon Hospital, Lagos	8061648098
83	Mgbeahurike C.		Lagoon Hospital, Lagos	7033243846
84	Olaboye O.U.		Lagoon Hospital, Lagos	8038108100
		SWAAN		
85	Opeleyeru A. Olayinka		SWAAN, Lagos	8025223365
		P.P.F.N.		
86	Ajibola C.Y.		P.P.F.N. Oyo	8064145770
87	A. U. Etuk		P.P.F.N. Uyo AKS	8029848987
88	Ogu Comfort		P.P.F.N. Abia	8035730554
89	Affiong O. Etim		P.P.F.N. Cross River	8068312147

89 participants (13 male and 76 female)

LIST OF RESOURCE PERSONS FOR THE GLOBAL FUND/SFH HCT TRAINING FOR COUNSELLORS IN SOUTHERN NIGERIA:

9TH MARCH – 19TH MARCH 2009

S/N	NAME	ORGANIZATION	TELEPHONE	E-MAIL ADDRESS
1	Funmi Doherty	LUTH/SWAAN, Lagos.	08033311474	funmidotj@yahoo.com
2	Alhaja. Faosat O. Onikoyi	Private Consultant	08034544543	faosat@yahoo.com
3	A`kinola A. I.	LSACA, Lagos	08058152701	atoigbo_cT@ahoo.com
4	Olakunle Opeloyeru	SWAAN	08035666948	kunzula2002@yahoo.co.uk
5	Haruna Y. Alli	SWAAN – Lagos	08023527964	yesalli@yahoo.com
6	Prof Wole Alakija	LASUCOM, IKEJA.	08023433439	

APPENDIX 3

GLOBAL FUND / SFH TRAINING FOR HCT COUNSELLORS IN SOUTHERN NIGERIA

9TH MARCH – 19TH MARCH 2009

TRAINING ASSESMENT

Name_____ Date_____

(All questions area worth 5 points each)

TRUE or FALSE? Circle the correct response: T for TRUE; F for FALSE.

1. T F HIV weakens an infected person's immune system.

2. T F The only way someone can transmit HIV is through sexual intercourse.

3. T F Studies show that if used consistently and correctly, condoms greatly reduce the risk of HIV transmission.

4. T F A positive test result means an individual has AIDS.

5. T F Counsellors should give clients who receive a negative test result a handout on reducing risk.

6. T F Giving good advice is a key CT counselling skill.

7. T F The HIV ELISA test looks for HIV antibodies in the blood.

8. T F According to UNAIDS, most children born to HIV-infected women will be infected themselves.

9. T F Most HIV-positive babies become infected before birth.

10. T F Individuals, who have an STI, or a history of STIs, are at a greater risk for contracting HIV.

AIDS or HIV? Circle one.

11. AIDS HIV Which can be transmitted from an infected person to another person?

12. AIDS HIV Which is a doctor's diagnosis, not a specific illness?

Short Answer/Fill in the Blank/Multiple Choice. For multiple choice questions, read the questions and circle the answer. "All of the above" means that all the responses are correct

13. The transmission of HIV through deep (French) kissing . . . (Circle one.)
    a. Is not possible.
    b. Is theoretically possible because saliva carries HIV.
    c. Is only possible if HIV-infected blood is present; saliva does not transmit HIV.

14. At what point during sexual activity should a condom be put on? (Circle one.)
    a. After pre-ejaculation fluid is visible.
    b. Before genital contact.
    c. Before insertion.
    d. Immediately following ejaculation.

15. HIV is a _____sexually transmitted infection.
    a. bacterial
    b. viral

16. Write the words represented by each letter of the acronym "AIDS."
    A
    I
    D
    S

17. Name the three major ways that HIV can be transmitted:
    a. _____
    b. _____
    c. _____
18. Write the words represented by each letter of "HIV."
    H
    I
    V
19. Of the following list, circle the three that demonstrate good CT counselling skills because they encourage continued communication with the client. (We'll discuss these skills more during training, but it is important to remember that we want to Build Trust, Explore and Understand the Client's Situation, and Work Together to Determine Action.)

    Ask "why" questions
    Request clarification
    Ask open-ended questions
    Encourage speaker to continue
    Give good advice
    Provide information only
20. Read the following scenario and the possible responses that you could give the client. Check the response that would you would use as part of a client-centered counselling approach.

    A woman comes in because she is considering getting tested. Her husband told her that he has HIV/AIDS, and she's very upset. She is thinking of leaving her husband. She asks, "What am I supposed to do?"

    ____ "You sound very upset. I'm glad that you came to the clinic. Let's first talk about what happened with your husband."

    ____ "First, let's take a test to see if you are infected with HIV."

____ “You may have put yourself at risk for HIV. Let me tell you how HIV is transmitted.”

21. HIV HCT Counsellors should:
    a. Respond to all the needs of their clients in the counselling session even if it does not relate to HIV risk.
    b. Focus on small incremental steps their clients can do to reduce HIV risk behavior.
    c. Focus on providing information and knowledge about HIV and AIDS during the counselling session.
    d. All of the above.

22. In assessing a client’s risk, a counsellor should:
    a. Explore only the most recent risk behavior.
    b. Enhance the client’s perception of their risk behavior.
    c. Discuss the client’s level of acceptable risk behavior.
    d. B & C.

23. All risk reduction plans should include:
    a. Condom use with all sex partners.
    b. A comprehensive list of all agencies that they might need in the future.
    c. Risk reduction steps that the client agreed he or she could take to reduce risk.
    d. All of the above.

24. Benefits of the HIV rapid test include:
    a. Clients can get their results on the same day.
    b. The tests need to be done in a laboratory.
    c. Only one HIV test is needed to give an accurate HIV result.
    d. All of the above.

25. When providing an HIV positive result the counsellor should:
    a. Identify sources of support with the client.
    b. Negotiate disclosure and partner referral.

c. Identify how to address the client's ability to cope with the result.
d. All of the above.

26. Positive living consists of:

a. Staying well and living longer.
b. Obtaining support.
c. Medical care and follow-up.
d. Illness and suffering.
e. Isolating self from others.
f. All of the above.
g. A, B, and C only.

27 Below are the components of a high quality HIV CT initial counselling session. It is important to conduct all the activities in the right order. Please number these activities from the start of session to the end of the session: (For example, 1 would be the first activity (component) in a session.)

- HIV Test Preparation
- Orientation to Intervention
- Conduct Test
- Assess Risk
- Provide HIV-Negative or Positive Test Results
- Explore Options for Reducing Risk

Read the following statements and determine whether they are true or false. Circle your answer.

28. When exploring options for reducing the client's risk-taking behaviors, the counsellor should develop a risk-reduction plan.

True False

29. The point of orienting the client at the beginning of the counselling session is to give a brief overview of the contents of the entire session.

True False

30. During the orientation to the intervention, the counsellor makes sure that the client understands what it means to be tested for HIV and confirms that the client wants to be tested for HIV.

True False

31. Before a client leaves the session, it is important to have helped the client identify a resource for referral.

True False

32. The HIV HCT counselling session should be focused and structured.

True False

33. The counsellor should talk more than the client.

True False

34. Most of the HIV CT session includes giving out information and completing the client data card.

True False

35. When exploring options for reducing risk the counsellor works with the client to develop risk reduction skills through role-play and problem solving techniques.

True False

36. The counselling session should be client-focused therefore the counsellor should tailor the session according to what the client wants to talk about.

True False

37. When listening to the client the counsellor should organize the client's risk history, issues, and circumstances.

True False

38. A counsellor should be observed by his/her supervisor at least once a year

True False

39. An effective counsellor should have a college degree

True False

40. An effective counsellor should have all knowledge of the national testing algorithm

True False

Thank you for taking the time to answer these questions

APPENDIX 4: PRE AND POST TRAINING ASSESSMENT RESULT

First batch

		COUNSELLING TEST		LABORATORY TEST	
S/NO	Name	Pre-test %	Post-test %	Pre-test %	Ppost-test %
1	Aboloye A.O.	42.5	72.5	72.5	77.5
2	Adanma Okoro	32.5	57.5	82.5	82.5
3	Adedoyin Ayanfunke	52.5	62	82.5	92
4	Akinsola M. T.	62.5	77.5	82.5	90
5	Akudo G. Owuala	60	72.5	97.5	95
6	Alade O.A.	35	69.5	75	85
7	Alaka Justina	20	65	52.5	50
8	Alamu Abosede	45	75	77.5	85
9	Ayanda Grace	57.5	70	82.5	85
10	Balogun T. A.	72.5	70	85	92
11	Barah Nkechinyere Margaret	64	55	67.5	77.5
12	Dada Juliet	38	67.5	80	90
13	Dingbe A.O.	45	72	92.5	90
14	Ebillah Helen U.	52.5	75	82.5	82.5
15	Emeka Kalu	20	62.5	77.5	80
16	Eragbai Chinonso	40	62	77.5	90
17	Eze Nneka	32.5	67.5	75	95
18	Eze Oluchi A.	32.5	65	87.5	77.5
19	Ezeigbo Onyinyechi	15	54.5	75	90
20	Folaranmi B.G.	34	67	82.5	95
21	Fuja B.O.	47.5	70	87.5	87.5
22	Ibukun Olayemi	35	65	80	87.5
23	Igwe Ngosika U.	42.5	67.5	82.5	90
24	Iheajuru Angela C.	50	77.5	85	95
25	Ihedioha Goodness	37.5	77.5	77.5	90
26	Illoh T O	42.5	72.5	75	85

27	Isiguso Nkechi	50	67.5	75	90
28	Iwueke Chimeze	54	75	85	85
29	Kusanu E.A.	47.5	72.5	75	90
30	Metu Ngozi	70	72.5	92.5	92.5
31	Ndukwe Chimezie	32.5	57.5	80	80
32	Nike Adeboye	32.5	55	57.5	77.5
33	Nwachukwu Angy	65	72.5	95	95
34	Nwagbara O. Anthonia	45	60	67.5	85
35	Nwali Anthonia	32.5	70	80	90
36	Nwamini Dominic	40	50	77.5	87.5
37	Nwankwo Friday U.	37.5	70	90	95
38	Nwogu Susan	50	70	82.5	90
39	Odeshola D.J.	55	70	87.5	97.5
40	Ojetunde O.A.	62.5	80	75	85
41	Oke Adebukola	57.5	70	82.5	87.5
42	Okedele O.A.	62.5	64	90	92.5
43	Okonkwo Mary-Francis	37.5	80	72.5	75
44	Okoro M.O.S.	42	77.5	77.5	90
45	Okoye Nonso	30	70	87.5	82.5
46	Olatoye S.A.	35	72.5	67	82.5
47	Olawole S.A.	35	72.5	92.5	92.5
48	Olawunmi O.A.	45	60	72	87.5
49	Olowoshile A.	52.5	75	85	87.5
50	Olumide Fisayo	77.5	80	90	87.5
51	Oluwadare O.F.	33.5	69.5	77	90
52	Omenihu Chidinma	42.5	82.5	87.5	92.5
53	Omotosho M.O.	27.5	62.5	80	87.5
54	Onuenyim Uzoamaka	30	62.5	90	87.7
55	Opara Onyiyechi	50	67.5	82.5	82.5
56	Oseni M.R.	55	62	75	90
57	Oyekunle Adebayo	60	75	77.5	90
58	Rejoice Peter N.	55	50	82.5	87.5

59	Theresa N. Eze	30	60	60	85
60	Udeaghe Helen	47.5	62.5	62.5	90
61	Ugboajah Fortune	67.5	70	75	85
62	Ugo Kama O.	52.5	67.5	85	92.5
63	Ugonna Eze	30	70	62.5	85
64	Uwaezuoke E.	22.5	55	77.5	80
65	Yusuff Modinat	35	50	75	85
66	NWONU CHINEDU	37.5	62.5	67.5	72.5

66 PARTICIPANTS TOOK THE TEST

25 PARTICIPANTS SCORE 50MARKS AND ABOVE AT PRE TEST RESULT

NO PARTICIPANTS SCORE BELOW 50 MARKS AT POST TEST.

Highest score Pre-test – 77.5% Highest score Post-test –82.5%

Lowest score Pre-test - 15% Lowest score Post-test - 50%

BEST INFROMED PARTICIPANTS (LEARNING ACTUALLY TAKE PLACE)

POSITION	**NAME**	**PRE TEST SCORE**	**POST TEST SCORE**
1ST	ALAKA JUSTINA	20	65
2ND	OKONKWO MARY-FRANCIS	37.5	80

OVERALL BEST PARTICIPANTS

POSITION	**NAME**	**PRE TEST SCORE**	**POST TEST SCORE**
1ST	OMENIHU CHIDINMA	42.5	82.5
2ND	OLUMIDE FISAYA	77.5	80

Second batch

		COUNSELLING TEST			LABORATORY TEST	
S/NO	Name	Pre-test %	Post-test %	RNG	Pre-test %	Post-test %
1	ACHKWU CLARA	57.5	77	19.5	66.7	60
2	ADEBIYI C. F.	37.5	65	27.5	45.8	52
3	ADEBOYEJO ADEWALE	53	75	22	75	72
4	ADEGBENRO O.	55	68.5	13.5	41.7	64
5	ADEGBOYEGA R. K	32.5	74	41.5	45.8	40
6	ADENEYE C. M.	50	69	19	62.5	60
7	ADENIRAN TOYIN	52.5	66	13.5	75	56
8	ADENIYI C. A.	57.5	70	12.5	58	60
9	ADEYEMI ADEJOKE	57.5	65	7.5	41.7	32
10	AFFIONG O. ETIM	42	61	19	25	36
11	AFLOLAYAN A. O.	51	56.5	5.5	75	46
12	AGHUGHU JILIANA	30	70	40	45.8	52
13	AJAH S. A.	52.5	67.5	15	54.2	64
14	AJAYI M. D.	63	69	6	58.3	64
15	AJAYI O. O.	56	56	0	62.5	76
16	AJAYI R.A.	39	74	35	62.5	52
17	AJIBOLA C. YETUNDE	64	85	21	66.7	76
18	AJIPE OLAJIDE M.	37.5	72	34.5	50	76
19	AKAGBOSU DAME D.	35	72.5	37.5	87.5	84
20	AKEREDOLU ADEDAYO	54	70	16	79.2	80
21	AKON USEN ETUK	25	65	40	25	44
22	AKPARANTA ELISIBETH	*35*	64	29	75	72
23	ALAYO OLUWATOYIN ABOSEDE	*47.5*	74	26.5	70.8	68
24	AROLOYE O.	30	*67.5*	37.5	41.7	60
25	AWODUMILA BUNMI	58	64	6	62.5	76
26	BABAMUBONI ABIMBOLA	50	70	20	66.7	56
27	BANJO O. F.	47.5	72.5	25	54.2	52
28	BENARD MODUPE S.	47.5	59	11.5	70.8	60

29	BOLARINWA A. O.	40	65	25	54.2	56
30	CHIBIKO JONAH M.	27.5	70	42.5	58.3	52
31	CHRISTIANA UNEKE	17.5	67.5	50	25	44
32	CHUKWUMA GOZIE O.	57.5	80	22.5	79.2	80
33	DUROJAIYE M. J.	46	59	13	45.8	68
34	EDEDE M. N.	40	60	20	37.5	40
35	EGBUT DEBORAH V.	59	77.5	18.5	54.2	44
36	EMEAGI EUCHARIA	50	67	17	50	60
37	FASOLA C. O.	60	72.5	12.5	54.2	64
38	FASUNON ADEBOBOYE SAMUEL	48.5	75	26.5	66.7	88
39	FATUROTI T.	22.5	57	34.5	41.7	48
40	GARUBA C.	50	62.5	12.5	33.3	32
41	IJEWEREME BUNMI	53	70	17	70.8	60
42	IKUOBASE G. O.	41.5	67.5	26	33.3	32
43	ISRAEL R. O.	40	72.5	32.5	70.8	68
44	IZEKU PATIENCE O.	70	62.5	-7.5	66.7	60
45	JAMES FUNMI	52.5	70	17.5	83.3	60
46	JIMOH SIKIRAT A.	47.5	74	26.5	41.7	56
47	JONAH IBIMUO.	22.5	60	37.5	54.2	60
48	KEHINDE LUCY O.	45	77	32	50	64
49	KOMOLAFE G. O.	75.2	72.5	-2.7	83.3	0
50	MGBAHURIKE C.	60	77.5	17.5	75	88
51	MOMOH MARY	48	69	21	70.8	56
52	NJOKU NGOZI GLORY	32.5	66	33.5	45.8	60
53	ODEBUNMI MOBOLAJI A.	47.5	70	22.5	58.3	60
54	OGHOGHO IGUBOR	40	68	28	37.5	44
55	OGU COMFORT	40	82	42	50	60
56	OGUNTONA M. M.	51	67.5	16.5	54.2	64
57	OJELABI B. G.	56	72.5	16.5	45.8	84
58	OJO DEBORAH TEMIDAYO	0	75	75	75	68
59	OJO G. A.	62.5	75	12.5	62.5	76
60	OJO OLUWABUNMI	40	69	29	62.5	56
61	OKEDAIRO A.O.	40	54	14	41.7	52

62	OKHIRIA C. A.	62.5	70	7.5	45.8	64
63	OKUNUGA O. F.	62.5	85	22.5	62.5	88
64	OLABODE O. O.	58	80	22	54.2	64
65	OLADIRAN S. O.	61.5	75	13.5	62.5	64
66	OLAJIDE A. O.	52.5	77.5	25	62.5	68
67	OMIKO AGATHA	20	38.5	18.5	29.2	68
68	OMOLEYE OLUFUNKE A.	61	74	13	41.7	68
69	OMOLOYE KEMISOLA	55	79	24	58.3	72
70	OMONIYI V. OMOLOLA	60	77.5	17.5	79.2	76
71	OMORERE A.	37	69	32		
72	OMOTOSHO N. O.	17.5	60	42.5	54.2	60
73	ONAKOYA TOYIN	17.5	69	51.5	50	60
74	ONU NNENNA	24	61	37	50	48
75	OPELOYERU A. OLAYINKA	27.5	71	43.5	62.5	72
76	ORIJAJOGUN O. M.	65	70	5	75	76
77	OSAZEE JULIET	32.5	61.5	29	50	60
78	OSHIN J. O	55	70	15	50	44
79	OWOKONIRAN M. A.	70	72.5	2.5	58.3	52
80	OYAREKHUA T.S.	49	57	8	33.3	28
81	OYEREVUEGBE M.	62.5	80	17.5	33.3	64
82	POPOOL F. M.	32.5	65.5	33	66.7	52
83	SALIU I. O.	66	74	8	54.2	44
84	SALU F. O.	67.5	77.5	10	58.3	72
85	SOMORI F. I.	37	75	38	54.2	60
86	UGWU NGOZI	45	50	5	58.4	24
87	UJANBI P.	57	77.5	20.5	62.5	56
88	UZAMERE O. S.	55	75	20	45.8	64
89	WILLIAMS A. S.	63.5	67	3.5	67.7	68

89 PARTICIPANTS TOOK THE TEST

46 PARTICIPANTS SCORE 50MARKS AND ABOVE AT PRE TEST RESULT

1 PARTICIPANT SCORE BELOW 50 MARKS AT POST TEST.

Highest score Pre-test – 75.2% Highest score Post-test – 85%

Lowest score Pre-test - 17.5% Lowest score Post-test - 38.5%

BEST INFORMED PARTICIPANTS (LEARNING ACTUALLY TOOK PLACE)

POSITION	NAME	PRE TEST SCORE	POST TEST SCORE
1ST	ONAKOYA TOYIN	17.5%	69%
2ND	UNEKE CHRISTIAN	17.5%	67.5
3RD	OPELOYERU OLAYINKA	27.5%	71%

OVERALL BEST PARTICIPANTS

POSITION	NAME	PRE TEST SCORE	POST TEST SCORE
1ST	AJIBOLA C. YETUNDE	64%	85%
2ND	ONAKOYA O. F.	62.5%	85%

APPENDIX 5

GLOBAL FUND / SFH TRAINING FOR HCT COUNSELLORS IN SOUTHERN NIGERIA

DAILY EVALUATION

1. What did you enjoy most about today?
2. What did you learn during today's sessions that you would use in your work?
3. Were the training methods useful? Which method did you like most?
4. What did you not understand during today's sessions?
5. Please provide specific examples.
6. What other comments do you have? Please be specific.

APPENDIX 6

OVERALL WORKSHOP EVALUATION

HIV COUNSELLING AND TESTING TRAINING WORKSHOP

PLEASE TICK EXCELLENT, GOOD, AVERAGE OR POOR WHERE APPLICABLE AND YES OR NO AS APPLICABLE

1. How well did the training meet your expectations?

   Excellent

   Good

   Poor

2. What aspect of the programme did you enjoy most?

   ---

3. What aspect of the programme was of least interest to you?

---

4. How would you rate the facilitators

   Excellent

   Good

   No response

5. How do you rate the course content

   Excellent

   Good

   Poor

6. How do you rate the venue

   Excellent

   Good

   No response

7. How do you rate the organization of the training?

   Excellent

   Good

   No response

8. Is the time frame of the training adequate

   Yes

   No

9. Would you require additional training

   Yes

   No

10. **Any other comments**

HIV COUNSELLING AND TESTING: CLIENT INTAKE FORM

State: _____ LGA: _____

Facility Name: _____

Client's Name _____ Age _____
Date of visit _____

Client's Code _____ Sex _____
First time visit [No] [Yes]

State _____ LGA
_____

Marital status _____ No. of own children <5 years [ ]
(if male and married) No. of wives [ ]

MARK with "X" the [0] if answer is No, the [1] if answer is Yes

Previously tested HIV negative	[0] [1]	**HIV Risk Assessment**	
Client pregnant (*if yes, refer to PMTCT*)	[0] [1]	Blood transfusion in last 3 months	[0] [1]
Client informed about HIV transmission route	[0] [1]	Unprotected sex with casual partner in last 3 months	[0] [1]
Client informed about risk factors for HIV transmission	[0] [1]	Unprotected sex with regular partner in the last 3months	[0] [1]
Client ever had sexual intercourse	[0] [1]	STI in last 3 months	[0] [1]
Client/partner ever has used a condom	[0] [1]	More than 1 sex partner during last 3 months	[0] [1]
Informed consent for HIV testing given	[0] [1]	(*calculate the sum of the 5 answers above)* **Risk score**:	

Clinical TB screening		**Syndromic STI Screening**	
Coughing for > 3 weeks	[0] [1]	*Female*: Complaints of vaginal discharge or burning when urinating?	[0] [1]
Weight loss of ≥ 3 kg in last 4 weeks	[0] [1]	*Female*: Complaints of lower abdominal pains with or without vaginal discharge?	[0] [1]
Lymphadenopathy	[0] [1]	*Male*: Complaints of urethral discharge or burning when urinating?	[0] [1]
Fever for > 2 weeks	[0] [1]	*Male*: Complaints of scrotal swelling and pain	[0] [1]
Night sweats for > 2 weeks	[0]	Complaints of genital sore(s) or swollen	[0]

	[1]	inguinal lymph nodes with or without pains?	[1]
(*calculate the sum of the 5 answers above)* **TB screening score**: *If score >=1, test for sputum AFB or refer to TB service*		(*calculate the sum of the 5 answers above)* **STI screening score**: *If score >=1, follow syndromic STI management guidelines or refer*	

HIV test result	**Negative** [ ] **Positive** [ ]	Counselling done	[0] [1]
		Risk reduction plan developed	[0] [1]
HIV Request and Result form signed by tester	[0] [1]	Post test disclosure plan developed	[0] [1]
HIV Request and Result form filed with CT Intake Form	[0] [1]	Will bring partner(s) for HIV testing	[0] [1]
Client received HIV test result	[0] [1]	Will bring own children <5 years for HIV testing	[0] [1]
If client tests HIV negative, and HIV Risk Assessment Score >0 or there is evidence for a STI syndrome, recommend re-testing after 3 months		Provided with information on FP and dual contraception Client/Partner use FP methods (other than condom) Client/Partner use condoms as (one) FP method Correct condom use demonstrated	[0] [1] [0] [1] [0] [1] [0] [1]
Client referred to other services	[0] [1]	Condoms provided to client	[0] [1]

Comments:

HIV COUNSELLING AND TESTING: CLIENT REGISTER

HCT Client Intake Form Version Jan 2007

State:_____ LGA:_____

Facility name:_____ Unit within facility (*e.g. CT, TB, Blood bank, FP, Ward or others*):_____

Date *(dd/mm /yy)*	**Client No.**	**HIV Test Result: NEGATIVE** *(Mark "X" in the box)*						**HIV Test Result: POSITIVE** *(Mark "X" in the box)*						**Received HIV counsel & test & result** *(Mark "X" in box)*		*(Mark "X" in the boxes)*							
		Male			**Female**			**Male**			**Female**					**STI Patient**		**TB Patient**		**Clinical TB Screening**			
		Age Group (years)			**Age Group (years)**			**Age Group (years)**			**Age Group (years)**									**Score: 0**		**Score 1+**	
		<2	2-14	15+	<2	2-14	15+	<2	2-14	15+	<2	2-14	15+	M	F	HIV neg	HIV Pos	HIV Neg	HIV pos	HIV Neg	HIV pos	HIV neg	HIV pos
63																							
Total on this page:																							

MOBILE HCT MONTHLY SUMMARY FORM

Reporting Period: Month_____Year_____

State (Base):_____ LGA (Base):_____ Mobile Unit:_____

Data elements *(All data elements **exclude pregnant women**)*	*Age group (years)*	**Total No.**	**Comments:**
No. of ind. tested **HIV negative** (**male**)	<2		
	2-14		
	15+		
No. of ind. tested **HIV negative** (**female**)	<2		
	2-14		
	15+		
*SubtotalA: No. of ind. tested **HIV negative***			
No. of ind. tested **HIV positive** (**male**)	<2		
	2-14		
	15+		
No. of ind. tested **HIV positive** (**female**)	<2		
	2-14		
	15+		
*SubtotalB: No. of ind. tested **HIV positive***			
Total no. of ind. HIV tested (subtotal A + B)			
No. of ind. HIV counsel & test & result (**male**)			
No. of ind. HIV counsel & test & result (**female**)			
No. of STI clients tested **HIV negative**			
No. of STI clients tested **HIV positive**			
No. of TB clients tested **HIV negative**			
No. of TB clients tested **HIV positive**			
No. of **HIV neg**. clients clinically screened for TB **score 0**			
No. of **HIV pos**. clients clinically screened for TB **score 0**			
No. of **HIV neg**. clients clinically screened for TB **score 1+**			
No. of **HIV pos**. clients clinically screened for			**Total**

NAME OF ORGANIZATION/GHAIN

VOLUNTARY COUNSELLING AND TESTING CLIENT EXIT SURVEY FORM

Date: _____/_____/_____

Type of visit Initial ☐ Follow up ☐

If survey declined, reason for declination:_____

Type of session **Individual** ☐ Group ☐

Indicate your answer by circling the appropriate answer to the following statements

S/NO		Yes=1	No=2
1.	Overall, the services I received were satisfactory.	1	2
2.	A staff member greeted me within 15 minutes of my arrival	1	2
3.	I was offered a place to sit while I was waiting	1	2
4.	The staff fully explained what to expect at the VCT site	1	2
5.	The staffs were helpful and supportive to me.	1	2
6.	I felt comfortable asking the Counsellor questions.	1	2
7.	I felt the Counsellor answered my questions fully	1	2
8.	I felt comfortable as my blood samples were taken	1	2
9.	The Counsellor made me comfortable talking to him/her	1	2

10.	The Counsellor displayed good skills in his/her counselling session	1	2
11.	I was given the necessary information I needed about HIV/AIDS.	1	2
12.	I felt I learned something from the video playing in the waiting room (if *Applicable*)	1	2
13.	The information given makes/made me feel confident to receive my results.	1	2
14.	I intend to tell others about this service	1	2
15.	I intend to discuss the results of my test with my partner.	1	2
16.	I intend to come for all follow up visit (if *applicable*).	1	2

Any additional comments:

_____

_____

This is a self administered tool, which may be left either at the waiting room or the reception desk. For illiterate clients, a staff that did not interact with the client on that day may assist them complet the form.

NAME OF ORGANIZATION/GHAIN

VOLUNTARY COUNSELLING AND TESTING COUNSELLOR REFLECTION FORM

Counsellor Reflection Form

COUNSELLOR CODE or NAME:	**CLIENT CODE:** (*Optional*)

Date: _____

	Yes	**No**	**N/A**
1. Did I conduct a client centred session that responded to the client's needs and concerns?	☐	☐	☐
2. Did I provide appropriate technical information?	☐	☐	☐
3. Did the client speak as much or more than I did?	☐	☐	☐
4. Did I perform a risk assessment?	☐	☐	☐
5. Did I work with the client to attain a risk reduction plan?		☐	☐ ☐
6. Did the client understand the meaning of the test results?		☐	☐ ☐
7. Did I assess and address the availability of the client's social support?	☐	☐	☐
8. Did I discuss relevant referral options with the client? ?	☐	☐	☐
9. Did I discuss disclosure of test results with the client?	☐	☐	☐
10. Did the client determine an immediate plan of action?	☐	☐	☐

11. Did I deal with the client's and my own emotional reactions? ☐ ☐ ☐

12. What did I do well? _____
_____

13. What could I have improved upon _____

_____

SAMPLE OF WORK PLAN BY PARTICIPANTS (IKOLE EKITI – STATE SPECIALIST HOSPITAL)

S/No	Activities	Responsible	Venue	Target	Time	Outcome	Budget
1	Report on HCT Training	Trained counsellors	State specialist hospital, Ikole	SSH Management	1 day	For proper implementation of recommendation	Stationeries supply.
2	Advocacy	Principal head officers	Ikole Local Govt	Traditional rulers, Religious leader, Public servants	30 days	Awareness about HIV/AIDS	Transportation
3	Sensitization	HCT Counsellors	Egbeoba High School, Ikole Ekiti. Ikole Centre	Teachers and Students. Market women, Okada rider, NURTW, youth	1 day 4 days	Information on HIV/AIDS issues	Transportation, refreshment, IEC materials, Condoms, Visual aids.
4	Counselling and Testing	HCT counsellors	Health centre, Ayebode	People in Ayebode Community	2 days	Individual knowing their HIV sero status and follow up	Test kits, Transportation.