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COPE® FOR HIV COUNSELING AND TESTING SERVICES

A Toolbook to Accompany the COPE® Handbook

EngenderHealth's Quality Improvement Series

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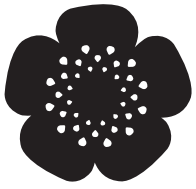

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Preface

By the end of 2007, about 31 million adults and 2.5 million children were living with HIV (UNAIDS & WHO, 2007, p. 1). More than 25 years into the AIDS pandemic, HIV infection rates remain very high, with 2.5 million people newly infected with HIV in 2007 (UNAIDS & WHO, 2007, p. 1). Sub-Saharan Africa continues to carry the greatest burden of disease. With just about 12% of the world's population (PRB, 2007), Sub-Saharan Africa is home to nearly 68% of all people living with HIV (UNAIDS & WHO, 2007, p. 7). In 2007 alone, an estimated 1.7 million people became newly infected in Sub-Saharan Africa, with more than 1.6 million dying of AIDS (UNAIDS & WHO, 2007, p. 8)—76% of all AIDS deaths globally (UNAIDS & WHO, 2007, p. 7).

The steady growth of the AIDS epidemic stems not from the deficiencies of available prevention strategies, but rather from the world's failure to use the highly effective tools at its disposal to slow the spread of HIV. Surveys in Sub-Saharan Africa have shown that a median of just 12% of men and 10% of women had been tested for HIV and received the results (WHO & UNAIDS, 2007, p. 5). Greater knowledge of HIV status is critical to expanding access to HIV treatment, care and support in a timely manner, and offers people living with HIV an opportunity to receive information and tools to prevent HIV transmission to others. Countries need to ensure that both prevention and treatment are scaled up in a balanced way, to capitalize fully on synergies between the two. Globally, it is estimated that a response focusing solely on treatment would avert 9 million new HIV infections; in contrast, simultaneous scaling up both prevention and treatment would avert 29 million new HIV infections by the end of 2020 (Salomon et al., 2005).

Recognizing the urgency of increasing knowledge of HIV serostatus, in June 2004, UNAIDS and the World Health Organization (WHO) recommended that traditional voluntary counseling and testing programs be supplemented by conducting enhanced diagnostic HIV counseling and testing (referred to as DCT—diagnostic counseling and testing—and targeting individuals who show signs or symptoms consistent with HIV infection or AIDS, to aid in diagnosis and management) and by routinely offering HIV counseling and testing in clinics for sexually transmitted infections, at program sites for the prevention of mother-to-child transmission of HIV, and in clinical and community-based health service settings in areas with high levels of HIV and access to antiretroviral drugs (UNAIDS and WHO, 2004).

Implementing recommendations of this type may prove to be a challenge for many health facilities, but it is crucial that as HIV counseling and testing services are offered at more facilities, they are provided in a context of quality services and sensitivity to clients' needs. And this need to ensure quality brings us immediately to COPE®. One of the first and most critical questions that facilitators ask participants during the first COPE exercise is: "What is quality? If your sister, mother, brother, or uncle came into this facility for services, how would you like them to be treated?" The answers to this question create a definition of quality that incorporates clients' rights and staff needs, one that ensures a high level of care is always offered and received. Additionally, the answers to this question produce a collective vision of quality developed from the perceptions of individual staff members at different levels. The spirit of COPE is based on the notion that changes in quality will be most successful and lasting when they are initiated by staff working together at the facility, using their expertise to identify problems and to develop recommendations for solving them.

To maximize the benefits and minimize the potential negative consequences of HIV counseling and testing and referral to other prevention and care and treatment programs, HIV counseling and testing services should follow a holistic, high-quality, client-oriented approach that:

- Meets clients' needs while empowering them to make their own decisions regarding their health and well-being
- Helps maximize the efficiency and effectiveness of services by doing things correctly the first time someone walks into the facility
- Increases service utilization by reducing stigma and discrimination and offering a comprehensive range of quality services
- Improves the quality of counseling and testing services, by making adequate pretest and posttest counseling available and by strengthening referral networks and links between HIV counseling and testing and other prevention, care, and treatment services.

Facility staff should be sensitive to clients' needs that may lie beyond what they initially express during a visit. Providers must attempt to understand and address as much as possible the interpersonal and social issues that may, for example, contribute to poor health, underlie a client's health care decisions, or affect his or her ability to adhere to risk-reduction strategies and care plans. It is important to note that linking clients to comprehensive prevention and care that meets their needs holistically requires well-integrated services, but it does not imply that every site must offer all services. It may simply involve adapting or revitalizing those services already in place or establishing an efficient and effective referral system. The latter is particularly important for HIV prevention and care and treatment services, where the needs of many clients in resource-poor settings will expand well beyond the realm of HIV counseling and testing—for example, they may need socioeconomic, legal, psychological, or spiritual support. Assisting clients to meet these nonhealth needs will be critical to succeeding in HIV counseling and testing services, to improving quality of life, and to decreasing the further transmission of HIV.

Quality of services will be key to the success of HIV counseling and testing services. One critical component of improving or maintaining quality of services is meeting the needs of all health facility staff so that they can provide quality client-centered services. Some impediments to the provision of quality HIV counseling and testing services may be beyond the control of site staff, but others may be remedied via simple and creative measures that greatly enhance the services provided.

COPE (which stands for "client-oriented, provider-efficient" services) is both a process and a set of tools that together assist staff in addressing the issues that are within their reach. Since 1988, in collaboration with partners in low-income countries, EngenderHealth has been developing and refining COPE, a staff-driven process to improve access to and the quality of services. COPE was originally developed for family planning services, but it has been adopted in an ever-increasing number of countries, organizations, and health care facilities and has, over time, been adapted for use with various HIV and AIDS services. This version of the COPE toolbook is designed to assist providers and other health care facility staff in identifying and solving onsite problems that compromise the quality of HIV counseling and testing services.

Acknowledgments

COPE®, which originated as a quality improvement process for family planning services, was developed by EngenderHealth[1] with the aid of a grant from Mrs. Jefferson Patterson and with support from the U.S. Agency for International Development. As noted in the acknowledgments to the handbook *COPE: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995), "AVSC International has been developing and refining the COPE technique since 1988. This evolution continues as we and our colleagues find better ways to work in our joint efforts to improve the quality of services for clients." The COPE tools for HIV counseling and testing services included in this book are part of that evolutionary process and were made possible by support from anonymous donors.

Many individuals and organizations around the world where COPE is now used contributed to EngenderHealth's development of this new COPE toolbook, which focuses on services for HIV counseling and testing. This toolbook, intended for global use, was developed based on *COPE® for Voluntary and Counseling and Testing Services in Kenya: A Toolbook to Accompany the COPE® Handbook, 2006*. We thank all of the staff who participated in the field test activities and who provided feedback on this toolbook.

Within EngenderHealth, the current and former staff in New York and in field offices who have contributed their expertise are many more than we can name individually, but you know who you are and we express our deepest thanks. A few EngenderHealth staff in New York were charged with the final writing of these guides, with comments and suggestions from their colleagues in the field. They are Mark Barone, Anna Kaniauskene, Paul Perchal, and Elan Shultz. Pauline Hovey edited this toolbook, Nicole Hirschman formatted it, and Michael Klitsch provided overall editorial management.

[1] Before 2001, EngenderHealth was known as AVSC International.

Acronyms and Abbreviations

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral
CD4	cluster of differentiation 4
CFA	client-flow analysis
COPE®	client-oriented, provider-efficient services
DCT	diagnostic counseling and testing
FEFO	first-expired, first-out
HAART	highly active antiretroviral therapy
HIV	human immunodeficiency virus
IEC	information, education, and communication
MOH	Ministry of Health
OI	opportunistic infection
PCR	polymerase chain reaction
PEP	postexposure prophylaxis
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission of HIV
QA	quality assurance
QI	quality improvement
RCH	reproductive and child health
RTI	reproductive tract infection
STI	sexually transmitted infection
TB	tuberculosis
UNAIDS	Joint United Nations Programme on AIDS
WHO	World Health Organization

About COPE

COPE is an ongoing quality improvement (QI) process and set of tools used by health care staff to assess and improve the quality of care that they provide. Two assumptions inform the COPE process:

- Recipients of health care services are not passive individuals waiting to be seen by experts, but rather are autonomous health care consumers, or clients, who are responsible for making decisions about their own health care and who deserve—indeed, have a right to—high-quality health care.
- Health care staff desire to perform their duties well, but without administrative support and other critical resources, they cannot deliver the high-quality services to which clients are entitled.

COPE was developed around a framework of seven clients' rights and three staff's needs that are implicit in these two assumptions (see Figure 1, page 2). The rationale is that the more these rights are honored and these needs are met, the higher the quality of care will be.

COPE empowers staff to proactively and continuously assess and improve the quality of their services, ideally in ongoing dialogue with the users of the services—in this case, people living with HIV (PLHIV) and individuals from other key populations vulnerable to HIV, such as young people, sex workers, men who have sex with men, injecting drug users, and migrant populations. COPE's emphasis on the role of staff in continuous QI makes this possible. It recognizes staff members as the resident experts on quality and fosters teamwork by encouraging all levels of staff to collaborate in identifying obstacles to high-quality care and in efficiently using existing resources to overcome those obstacles. At the same time, rather than finding fault with individual staff members, COPE focuses on identifying problems in service-delivery systems and processes. When staff work on COPE, they develop a sense of ownership of the assessment findings, become invested in implementing the recommendations they derive from the process, and feel good about the quality of services they deliver and about their contributions to the facility and to the health of their community.

About This Toolbook

The COPE process uses four tools that are included in this toolbook—Self-Assessment Guides (including a Client Record-Review Checklist), the Client Interview Guide, the Client-Flow Analysis (CFA), and the Action Plan. These tools enable supervisors and their staff to discuss the quality of their HIV counseling and testing services, identify problems that interfere with

Figure 1. The Rights of Clients and the Needs of Staff

The Rights of Clients

Information: Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, and to health overall. Information and materials for clients need to be available in all parts of the health care facility.

Access to services: Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

Informed choice: Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice or to help the client reach an informed choice.

Safe services: Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

Privacy and confidentiality: Clients have a right to privacy and confidentiality during the delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

Dignity, comfort, and expression of opinion: All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

Continuity of care: All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintaining their health.

The Needs of Health Care Staff

Facilitative supervision and management: Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients.

Information, training, and development: Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

Supplies, equipment, and infrastructure: Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

Adapted from: Huezo & Diaz, 1993; IPPF, 1993.

Note: This represents a generic description of clients' rights and staff needs. In this toolbook, the description of each client right or staff need at the beginning of each self-assessment guide has been adapted specifically for HIV counseling and testing services.

the delivery of quality services, identify the root causes of those problems, recommend ways to solve the problems, implement the recommendations, and follow up to ensure resolution of the problems. This toolbook is to be used in conjunction with the *COPE Handbook*.

COPE is staff driven and combines both a process and a set of tools. EngenderHealth's first COPE handbook, published in 1995 (*COPE: Client-Oriented, Provider-Efficient Services*), was focused on family planning. But clients around the world expect quality in all health services, and services for HIV counseling and testing are not isolated from other types of health care. Over time, providers have expressed the need for such tools for other health services, so the COPE process and set of tools have since been adapted for use in other health services (see Figure 2).

In this toolbook, versions of the COPE tools have been adapted to address the relevant range of topics for providing quality HIV counseling and testing services, including the following:

- Client confidentiality and privacy
- Informed consent before testing
- Pretest and posttest counseling
- Counseling about disclosing HIV test results and/or HIV status to partners, family, friends, and health workers

Figure 2. COPE® Toolbooks: Addressing a Range of Health Services

The following COPE toolbooks are currently available:

- *COPE® for HIV Counseling and Testing Services: A Toolbook to Accompany the COPE® Handbook* (2008)
- *COPE® for HIV Care and Treatment Services: A Toolbook to Accompany the COPE® Handbook* (2008)
- *COPE® for Services to Prevent Mother-to-Child Transmission of HIV: A Toolbook to Accompany the COPE® Handbook* (2005)
- *COPE® for Cervical Cancer Prevention Services: A Toolbook to Accompany the COPE® Handbook* (2004)
- *COPE® for Reproductive Health Services: A Toolbook to Accompany the COPE® Handbook* (2003)
- *COPE® for Maternal Health Services: A Process and Tools for Improving the Quality of Maternal Health Services* (2001)
- *COPE® for Child Health: A Process and Tools for Improving the Quality of Child Health Services* (draft, 1999)
- *COPE®: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995)
- *Community COPE®: Building Partnerships with the Community to Improve Health Services* (2002) (This is a variation on the COPE process.)

In addition, COPE tools have been adapted for use in *Quality Improvement for Emergency Obstetric Care: Leadership Manual and Toolbook* (2003).

- Counseling on notifying sexual and/or injecting drug use partners about possible exposure to HIV
- Counseling on HIV prevention and support for both HIV-negative and HIV-positive clients
- Up-to-date and effective internal and external referral systems
- Timely and appropriate referral and follow-up to other prevention, care, treatment, and support services
- Access to HIV counseling and testing services for specific populations, including youth, sex workers, men who have sex with men, injecting drug users, and migrant populations
- A reliable supply of test kits and reagents
- An ability to understand and follow testing protocols/strategies and to ensure quality control of HIV tests
- Application of universal precautions

Principles Underlying COPE

Quality in health care is often defined as providing client-centered services and meeting clients' needs. The QI process is an effort to continuously do things better until they are done right the first time, then every time. There are several reasons to improve the quality of the health care services provided at a facility. Improving quality safeguards the health of both clients and staff, ensures more effective treatment, adds features to attract clients, maintains the organization's strengths, and fosters efficiency and cost savings.

The COPE process and tools draw on management theories and principles widely used in a range of fields, including health care. The most important QI principles on which COPE is based are the following:

- Meeting the needs and expectations of customers, both external (such as clients, donors, headquarters, and the Ministry of Health) and internal (such as other staff and other departments within the facility)
- Having all levels of staff become involved in and feel ownership of quality and of the process for improving quality
- Focusing on processes and systems, and recognizing that poor quality is often a function of weak systems, weak processes/inadequate organization of work, or implementation problems, rather than the fault of individuals
- Promoting efficiency and cost-consciousness by eliminating the costs of poor quality (e.g., repeat work and waste)
- Enabling continuous staff learning, development, and capacity building, since staff need skills to carry out the QI process and provide quality services, and supervisors and team leaders need to be able to facilitate the work of staff and the development of those skills (The COPE process helps to identify learning needs and provides participants with an opportunity to learn about international standards for HIV counseling and testing services.)
- Making QI work an ongoing and continuous process

COPE enables staff to apply these principles at service facilities through the following four steps of the continuous QI process:

1. Information gathering and analysis
2. Action plan development and prioritization
3. Implementation of the action plan
4. Follow-up and evaluation

Why Use COPE to Improve Quality?

- **COPE promotes teamwork and cooperation among all levels of staff.** By using the tools together, supervisors and all staff, including support staff, become accustomed to working as a team.
- **Self-assessment promotes a sense of ownership among staff.** When all levels of staff assess their own services, rather than having the services evaluated by outsiders, they feel that the problems they identify are theirs and they feel responsible for implementing the solutions they develop. This creates a sense of *ownership* and *commitment* to the solutions developed.
- **COPE relies on the wisdom of the experts.** The experts on the services at a facility are the *staff* who provide them and the *clients* who use them. COPE gives both staff and clients a chance to apply their expertise and insights toward improving services.
- **The tools are practical and relatively simple to use.** An important reason why COPE works well is that the tools are practical and easy to use. The COPE tools are directly related to what staff do in their daily work.
- **COPE boosts morale and provides a forum for staff and supervisors to exchange ideas.** Staff who have used COPE have said, "I knew that we could improve services by doing that, but I never had the opportunity to talk to [the doctor-in-charge] before." By providing an opportunity to become involved in problem solving and decision making, COPE leads to increased staff morale.
- **COPE helps communicate service standards to staff and thereby improves performance.** The COPE Self-Assessment Guides are based on international and national service standards. Using the guides raises awareness of the importance of quality, what quality services are, and what is important to clients and staff.
- **COPE is cost-effective.** COPE is inexpensive to conduct. All that is needed are a few hours of a facilitator's time, time for staff to participate during regular work hours, flipchart paper, markers, and photocopies of the forms and Self-Assessment Guides needed for the exercises.
- **COPE is transferable and adaptable.** COPE has been used in a range of health care facilities, from national referral hospitals to small clinics, in both private- and public-sector institutions, and in both very low-resource and very high-resource settings. COPE has also been applied to many different health services, from family planning to maternal and child health services, to infection prevention practices, and to cervical cancer prevention services for all staff at a health care facility.
- **COPE helps facility managers work more effectively.** Although facility managers may initially find introducing COPE and QI to be time-consuming, once staff become involved in solving day-to-day problems on their own, managers generally find that they have more time to focus on major problems.

- **COPE helps reduce costs associated with poor quality.** If something is not done correctly the first time, it must be fixed, often repeatedly. Moreover, the consequences may be serious, in terms of both cost and the health of individuals and the community. COPE helps reduce the cost of poor quality by helping staff identify and solve problems, focusing on processes and systems to prevent problems from occurring in the future.

Implementing COPE

A brief overview of the COPE process, including a description of each of these tools, is presented below. For a detailed explanation of the COPE process and of the use of each tool, please refer to the *COPE Handbook*, the reference and "how-to" manual that accompanies this toolbook.[2]

Getting Started

Before conducting COPE, facilitators should read through the *COPE Handbook* in its entirety and become familiar with the process and the tools. The initial COPE exercise takes place over a period of two to three days. Follow-up exercises should be conducted every three to six months thereafter and take two or three days to complete, depending on whether the facility opts to perform a CFA. (For an overview of the COPE process, see Figure 3.) When conducting COPE for HIV counseling and testing services, it is important to remember that, like other areas related to HIV and AIDS, HIV counseling and testing need to address potential stigmatization that often accompanies HIV infection.

The Facilitator

When a facility's management decides to introduce COPE at a facility, the facility administrator should seek help from an experienced COPE facilitator. This is usually an external facilitator (from the Ministry of Health, a nongovernmental organization, or a technical assistance agency) who has been trained in COPE and has experience with implementing it. During the initial exercise and the first follow-up exercise, a staff member from the site receives on-the-job training to become a site facilitator. With the assistance of the external facilitator (if needed), the site facilitator will be responsible for organizing all subsequent COPE exercises at the site, together with the QI committee.

The Participants

Improving quality is the responsibility of all staff who work at the facility; therefore, a broad range of staff should participate in the COPE exercise. This includes the facility manager(s), administrator(s), supervisor(s), service providers, nurses, medical assistants, counselors, health educators, laboratory staff, administration staff, receptionists, guards, cleaning staff, supplies staff, and other support staff, as well as staff from wards or departments that typically refer clients to the facility. When a staff member is the sole representative from his or her department, it should be made clear that he or she is responsible for sharing information about quality with colleagues and for taking the lead in implementing quality changes together with co-workers.

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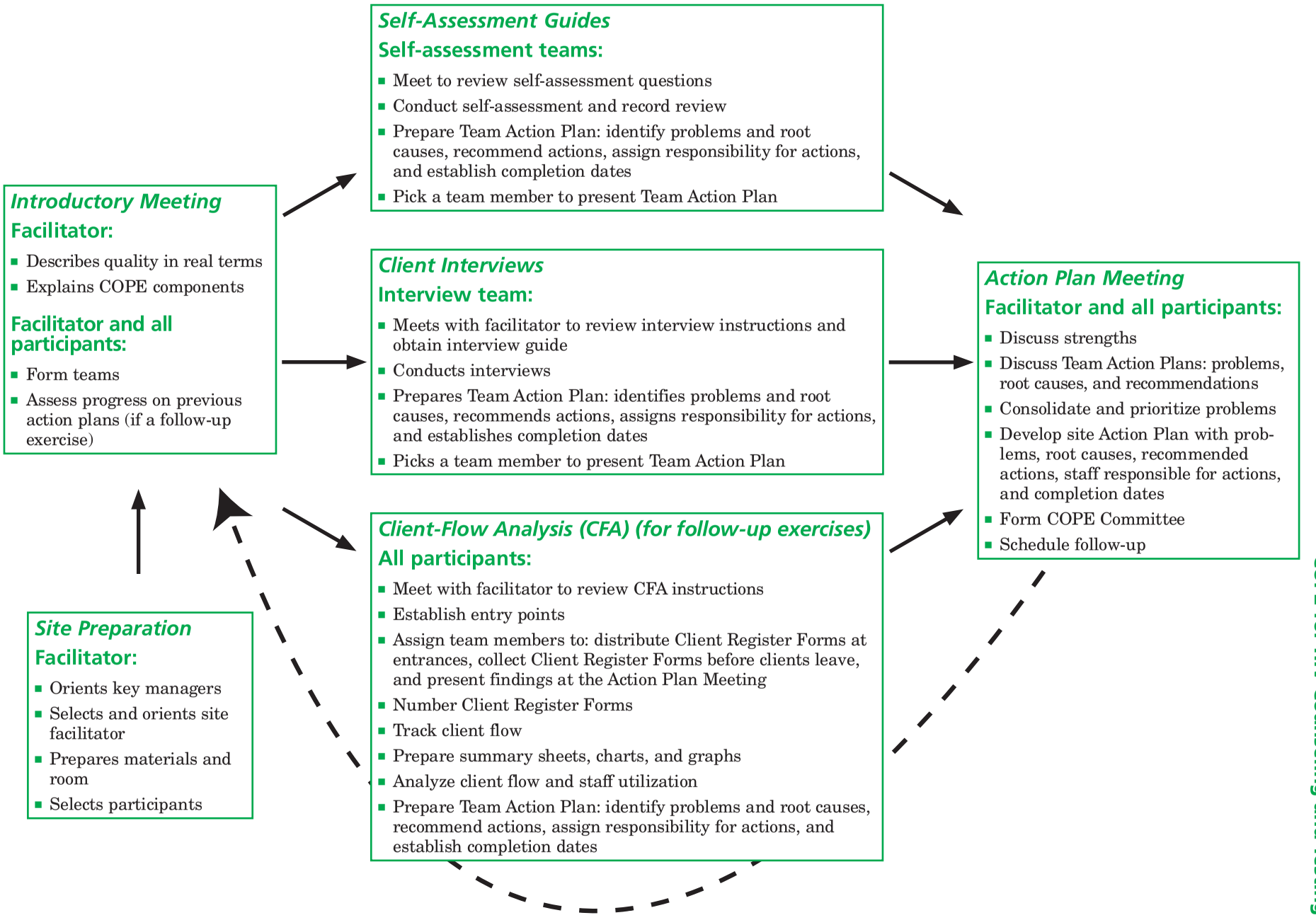
[2] To request one or more copies of the *COPE Handbook* or any other QI materials, contact EngenderHealth, Material Resources, 440 Ninth Avenue, New York, NY 10001, U.S.A., or e-mail to materialresources@engenderhealth.org.

Figure 3. COPE® at a Glance



Preparing for a COPE Exercise

Through site visits or correspondence, the external facilitator should use the time leading up to the initial COPE exercise to do the following:

- Build consensus with key managers and other key staff about the importance of QI
- Discuss with the key staff the site's strengths
- Orient site managers to COPE and to their role in the COPE process
- Encourage support of and commitment to the QI process on the part of both managers and key staff
- Gather information about the site
- Instruct management on selecting staff participants and a potential site facilitator for follow-up COPE exercises
- Schedule the COPE exercise and discuss all logistics
- Inform and invite participants
- Prepare materials for the exercise

For follow-up COPE exercises, the external or site facilitator should schedule the exercise, prepare the materials, and help the administration select staff participants.

The Introductory Meeting

Each COPE exercise begins at an Introductory Meeting, during which the COPE facilitator explains the QI process, defines quality of services, and explains the COPE process and tools to all participants. The facilitator then forms teams to work with each of the COPE tools.

The Four COPE Tools

The COPE tools—practical and easy-to-use data collection and analysis forms—are designed to be *flexible*, so that each site can adapt them to meet its particular needs. The tools, described in detail below, include Self-Assessment Guides, a Client Interview Guide, forms needed to conduct a CFA, and a form for the Action Plan.

- *Self-Assessment Guides*. There are 10 sets of guides, organized on the framework of clients' rights and staff needs. Each guide consists of a series of yes-no questions related to the quality of HIV counseling and testing services in the context of one of the clients' rights or staff needs identified as critical to high-quality care (see Figure 1). During the first COPE exercise, the facilitator forms the teams, and each team is responsible for reviewing one or more of the 10 Self-Assessment Guides. The team members review the questions during their normal workday and decide which questions reveal a problem that they have observed or experienced at their site.

  As part of an assessment of the client's right to safe services, some team members review client records. Depending on the size of the facility and the number of staff reviewers, one or two team members use the Client Record-Review Checklist to review between 10 and 20 client records, to identify whether the information is complete. Staff reviewing client records must keep confidential all information obtained from these records.

  After going through the self-assessment questions individually or as a team, the team members meet to discuss the problems they identified, determine their root causes, and recommend solutions, including who will organize implementation of the recommendations and

when. They record their findings in a Team Action Plan, for discussion at the Action Plan Meeting. A more detailed description of how to conduct the self-assessments and client record reviews can be found in the *COPE Handbook*, (page 38). (See Figure 2 for a list of the COPE toolbooks that are currently available, covering a range of health services.)

- *Client Interview Guides*. Although the number of interviews may vary, generally three to five COPE participants volunteer to conduct a total of approximately 15 interviews (i.e., three to five interviews per volunteer). The client interview team conducts informal individual interviews with HIV counseling and testing clients who have completed their clinic visit, using the client interview form as a guide. The open-ended questions in the guide encourage clients to discuss their opinions about services received, what was good or bad about the visit, and how the quality of the services could be improved. Team members should obtain verbal informed consent from the clients prior to the interviews. Clients are to be informed that all information obtained from client interviews will be kept confidential. The interviewers record the clients' responses, meet with other group members to discuss their findings, and develop a draft Team Action Plan, which they present at the Action Plan Meeting. A more detailed description of how to conduct the client interviews can be found in the *COPE Handbook* (page 39).

- *Client-Flow Analysis (CFA)*. The purpose of the CFA is to identify the amount of time that each client spends at the facility—both waiting for services and in direct contact with a staff member—and thereby identify bottlenecks in services. The CFA also provides information to assess staff utilization. CFA team members track the flow of each HIV counseling and testing client who enters the facility during a specified time period—for example, from 8 a.m. to noon or from 8 a.m. to 4 p.m. The Client Register Form is used to track clients from the time they enter the clinic until the time they leave, by recording each contact they have with a provider and its duration. One or two team members then complete the Client-Flow Chart and the Client-Flow Chart Summary. They then chart, graph, and analyze the data, discuss the findings, and record them as a Team Action Plan for presentation at the Action Plan Meeting. EngenderHealth recommends that sites not perform the CFA at the first COPE exercise. A more detailed description of how to conduct the CFA can be found in the *COPE Handbook* (page 74).

- *Action Plan*. When COPE participants have completed the self-assessment, the client interviews, and the CFA (if performed), they convene at the Action Plan Meeting to discuss the site strengths, problems identified, and team recommendations, and to prioritize the problems and consolidate findings into the site's Action Plans. By following the steps in recording their findings in the Action Plan, staff are able to develop clear problem statements, analyze the root causes of problems, develop solutions, identify staff who will be responsible for organizing the implementation of the solution, and set a completion date for each recommendation. The staff also select the COPE (or QI) Committee members and agree on the dates for the follow-up COPE exercise.

A more detailed description of how to develop an Action Plan can be found in the *COPE Handbook* (page 40).

COPE Committee

If no COPE Committee exists at the site, the staff should establish one. This committee ensures that the Action Plan is accessible to all staff, follows up on progress in implementing the COPE Action Plan, provides support to staff responsible for implementation and to COPE facilitators (as needed or requested), schedules subsequent COPE exercises, informs staff

about COPE activities (as needed or requested), and helps to monitor results and inform staff on the status of implementation. The committee members are selected (usually staff volunteer) before the conclusion of the Action Plan Meeting.

COPE Follow-Up

Once the COPE exercise is completed, the facilitator and staff agree on a date for a follow-up exercise. At the follow-up exercise, the participants reconvene and use the Action Plan Follow-Up Form to assess their progress in solving the problems in the Action Plan from the previous exercise. A CFA may be conducted at the follow-up exercise, particularly if client waiting time or staff utilization were identified as a problem at the initial exercise. In addition, staff may wish to repeat one or more of the other tools during the follow-up exercise—for example, to use certain sets from the Self-Assessment Guides. It is not necessary to use all 10 Self-Assessment Guides during the follow-up exercise, but staff should ***always*** conduct client interviews as part of COPE.

COPE exercises should be conducted every three to six months to follow up on the previous Site Action Plan and to identify new issues that need to be addressed. A more detailed description of COPE follow-up can be found in the *COPE Handbook* (page 55).

About COPE for HIV Counseling and Testing Services

The COPE tools for HIV counseling and testing services offer a structured approach for assessing the unique considerations inherent in the delivery of these services. Given that there is no cure for HIV infection and that stigma and discrimination related to HIV and AIDS are common, choosing to get tested and to access services is a very difficult decision for many people to make. To ensure success, those who administer HIV counseling and testing services must be extremely sensitive to clients' rights and need for confidentiality, privacy, and nonjudgmental counseling. Furthermore, health care workers must have the proper training, support, and supplies to provide services in a way that makes clients feel comfortable and safe, and they must be able to make appropriate referrals for treatment, care, and support.

The global scale-up of the response to AIDS, particularly in relation to HIV counseling and testing as a prerequisite to expanded access to treatment, must be grounded in sound public health practices and must ensure the respect, protection, and fulfillment of human rights norms and standards. The voluntariness of testing must remain at the heart of all HIV policies and programs, both to comply with human rights principles and to ensure sustained public health benefits.

Scale-up of HIV counseling and testing must include protection of clients from stigma and discrimination, as well as assured access to integrated prevention, treatment, and care services. The conditions under which people undergo HIV counseling and testing must be anchored in an approach that protects their human rights and pays due respect to ethical principles, including the following:

- Services remain ***confidential***.
- Testing is accompanied by ***counseling***.

- Services are conducted only with informed ***consent***, meaning that the decision is both informed and voluntary.

In many low- and middle-income countries, the primary model for HIV counseling and testing has been the provision of client-initiated voluntary counseling and testing (VCT) services. Increasingly, provider-initiated approaches in clinical settings are being promoted (i.e., health care providers are routinely initiating an offer of HIV counseling and testing in a context in which the provision of, or referral to, effective prevention and treatment services is assured).

The Joint United Nations Programme on AIDS (UNAIDS) and the World Health Organization (WHO) recommend that the following four types of HIV counseling and testing services be clearly distinguished:

1. ***Voluntary counseling and testing.*** Client-initiated HIV counseling and testing to learn HIV status provided through HIV counseling and testing services
2. ***Diagnostic HIV counseling and testing.*** Provider-initiated HIV counseling and testing for individuals showing signs or symptoms that are consistent with HIV-related disease or AIDS, to assist clinical diagnosis and management
3. ***Routine HIV counseling and testing.*** Provider-initiated HIV counseling and testing for individuals being seen in such health care contexts as sexually transmitted infection (STI) clinics, antenatal care (ANC) clinics, and clinical or community-based health service settings—all where HIV is prevalent and ARV treatment is available
4. ***Mandatory HIV screening.*** HIV counseling and testing of all blood that is destined for transfusion or for manufacture of blood products

In using this toolbook, it is important to keep in mind that how HIV counseling and testing services are offered to individuals varies from country to country, and within countries, from one site or level (e.g., primary/health center, secondary/district hospital, tertiary/referral hospital); however, the goal is the same—to provide opportunities for individuals to make an informed decision about having an HIV test and ensure timely and appropriate referrals and follow-up to other prevention, care, and treatment services based on the individual's HIV status.

A debate has grown during the past few years as to whether an "opt-in" or an "opt-out" approach is better when implementing HIV counseling and testing services. An **opt-in** testing strategy requires informed consent from the client and his or her *explicit request* for an HIV test. In this approach, after the client has received HIV information, the client is asked whether he or she wants to have an HIV test and is given the test only after agreeing, usually by signing an informed consent form. An **opt-out** testing strategy stresses that HIV testing is an expected part of care. After receiving HIV information, the client is told that the HIV test will be performed as part of a battery of standard tests, and the client is informed that he or she has the right to decline testing. A client is tested unless he or she *explicitly refuses* to be tested (Women, Children, and HIV, 2008).

Numerous facilities (in particular, those that serve pregnant women) have adopted the opt-out approach to increase the number of clients tested. The concern is, however, that by requiring clients to specifically state that they do not want their blood tested for HIV, facility staff may compromise clients' right to informed consent. The decision about which testing strategy to use is determined by national government policy. Regardless of the testing strategy, though, testing and counseling services must be based on the client's informed consent

and on the assurance of confidentiality. All clients must also be offered posttest counseling, regardless of their HIV test results.

Additional discussion concerning the right to decline HIV testing, the risks and benefits of HIV testing and disclosure, and the social support available may be required for groups especially vulnerable to adverse consequences upon disclosure of an HIV-positive test result. An "opt-in" approach may merit consideration for highly vulnerable populations.

WHO and UNAIDS recommend that clients receive the following minimum amount of information if they are to be able to provide ***informed consent*** (WHO/UNAIDS, 2007, page 9):

- The reasons why HIV counseling and testing are being recommended
- The clinical and prevention benefits of HIV testing and the potential risks, such as discrimination, abandonment, or violence
- The services that are available in the case of either an HIV-negative or an HIV-positive test result, including whether antiretroviral (ARV) treatment is available
- The fact that the test result will be treated confidentially and will not be shared with anyone other than heath care providers directly involved in providing services to the client
- The fact that the client has the right to decline the test and that testing will be performed unless the client exercises that right
- The fact that declining an HIV test will not affect the client's access to services that do not depend upon knowledge of HIV status
- In the event of an HIV-positive test result, encouragement of disclosure to other persons who may be at risk of exposure to HIV
- An opportunity to ask the health care provider questions

WHO and UNAIDS strongly support the continued scale-up of client-initiated HIV counseling and testing, but they recognize the need for additional, innovative, and varied approaches. Health facilities are a key point of contact for PLHIV who are in need of HIV prevention, treatment, care, and support services. Evidence from both industrialized and resource-constrained settings suggests that health facility staff miss many opportunities to diagnose and counsel individuals and that provider-initiated HIV counseling and testing facilitate diagnosis and access to HIV-related services. WHO and UNAIDS recommend an "opt-out" approach to provider-initiated HIV counseling and testing in heath facilities, including simplified pretest information, consistent with WHO policy options developed in the 2004 WHO/UNAIDS *Policy Statement on HIV Testing* (WHO & UNAIDS, 2004) and operationalized in the WHO/UNAIDS *Guidance on Provider-Initiated HIV Testing and Counseling in Health Facilities* (WHO & UNAIDS, 2007). With this approach, an HIV test is recommended:

1. For all clients, irrespective of epidemic setting, whose clinical presentation might result from underlying HIV infection
2. As a standard part of medical care for all clients attending health facilities in places where there is a generalized HIV epidemic
3. More selectively, where HIV prevalence is concentrated in subgroups or is at a relatively low level

While HIV counseling and testing services feature a system to ensure that the client's privacy is protected, testing services can be offered in two ways: as *anonymous* testing and as *confidential* testing. Anonymous testing uses a unique labeling code (usually a number) rather

than a client's name to link the specimen and results to the client. The result is not recorded in a medical chart with the client's name, so staff members have no way of identifying who has been tested for HIV. Anonymous testing was developed to address stigma associated with HIV and AIDS and concerns for breaches of the confidentiality of the medical chart and record storage systems. Confidential testing attaches the client's name to the specimen and test results, then stores these in a sealed envelope, which is kept in a separate section of the client's medical chart. Providers directly involved in the client's care can view the results, but no one else has access to these results without the client's written consent. Questions in the self-assessment tool explore service performance in maintaining confidentiality through the use of either testing approach. Questions also explore the performance of systems within the service that prevent the testing of clients without their knowledge.

Another debate in the area of HIV counseling and testing services has focused on various approaches to providing information and counseling to clients before they are tested. Three approaches are possible:

1. Providing information and counseling to clients on an individual basis
2. Providing information and counseling to couples
3. Providing information to groups of clients before they are tested

Recently, some agencies (such as the U.S. Centers for Disease Control and Prevention) have begun to advocate for providing information to clients in large-group settings. These agencies maintain that group information sessions allow for more effective use of a facility's staff, because staff are able to educate multiple clients simultaneously about the need for HIV counseling and testing. While group sessions allow for the provision of information to individual clients and couples, no actual risk-reduction counseling can occur in group settings, because of the risk of compromising client confidentiality.

When facilities in resource-constrained settings are attempting to take HIV counseling and testing services to scale while preserving quality, there are clear advantages to using standardized and simplified evidence-based guidelines for HIV counseling and testing. The COPE tools for HIV counseling and testing services are intended to support national or WHO guidelines for the proper management and scale-up of HIV counseling and testing in a standardized and simplified way, to support efficient implementation of HIV counseling and testing programs, and to ensure that programs are based on the best scientific evidence around HIV counseling and testing.

Since the 1994 International Conference on Population and Development in Cairo and the 1995 United Nations Fourth World Conference on Women in Beijing, the field of reproductive health has turned its focus toward a more comprehensive, integrated approach to reproductive and sexual health needs. The shift to integrated reproductive health services has included an increased focus on the rights of clients, quality of care, informed choices, and gender sensitivity. This shift incorporates a greater recognition of clients' broad, interrelated sexual and reproductive health needs and of the changes required throughout the health care system to meet those needs. For this reason, this toolbook also considers the sexual and reproductive health needs of individuals in relation to HIV counseling and testing.

As in other areas related to HIV and AIDS, the issues associated with HIV counseling and testing are characterized by a high level of sensitivity and stigmatization. Nevertheless, the urgency of the HIV epidemic necessitates research and evaluation to determine how the public health community can best help those most affected and can prevent those individuals

who are at risk from acquiring HIV. Through the informed consent process, facilitators and staff must ensure that confidentiality is maintained for all individuals involved in the COPE process.

Thus, site staff and external facilitators participating in COPE exercises (including the service providers who will conduct client interviews) must be oriented to the sensitive nature of the topic to be discussed at different stages of the process and to the need for ensuring confidentiality throughout the process. Everyone should sign a pledge of confidentiality at the beginning of the exercise (see copy of the pledge in the Appendix, p. 87).

Self-Assessment Guides for HIV Counseling and Testing Services

Clients' Right to Information

Clients have a right to accurate, appropriate, understandable, unambiguous, unbiased, and nonjudgmental information related to sexuality, HIV, AIDS, reproductive health, and health overall. In HIV counseling and testing services, clients have a right to accurate and clear information about HIV and AIDS, risk reduction and/or harm reduction, and HIV testing, with the aim of preventing HIV transmission and increasing access to HIV treatment, care, and support services. Educational activities, information, and materials for clients need to be available in all parts of the health facility.

The group working on this guide should include select support staff and staff members who provide health education, counseling, and clinical care.

If any of the following questions reveal a problem at your facility, or if you think any questions need further discussion, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendations	By Whom	By When

If you are aware of a problem at your facility that is not addressed here, please include it in "Other Issues That You Think Are Important" at the end of this guide.

General

1. Can all staff—including guards, cleaners, and other support staff—inform clients about the following?
   - Where and when HIV counseling and testing services are available at your facility (e.g., HIV counseling and testing center, part of antenatal care referrals)
   - Which health services are not available at your facility but are available by referral at another facility, where the other facility is located, and how clients can get there
   - What times these services are available
   - How much these services cost

2. Does your facility prominently display signboards in the local languages showing the following information about HIV counseling and testing services (without making clients feel stigmatized)?
   - Place where services are available
   - Days services are available
   - Times services are available
   - Cost of services

3. Does your facility conduct educational activities on HIV and AIDS and on HIV counseling and testing for all clients receiving services?

4. Do general health talks cover the following topics?
   - HIV transmission

- Preventing or reducing the risk of HIV transmission related to sexual activity
- The availability of confidential HIV testing for clients, either onsite or at the nearest HIV counseling and testing center
- Signs and symptoms of sexually transmitted infections (STIs) in both men and women and the role of STIs in promoting the spread of HIV
- Information about referrals for treatment, care, and support services related to HIV and AIDS
- Where applicable, how to prevent or reduce risk of HIV transmission related to injecting drug use
- How to use condoms (male and female) correctly, through demonstrations that use a penis or pelvic model and that ask clients to repeat the condom demonstration to confirm their understanding
- Information about how to reduce condom error and avoid condom failure or breakage
- Information about dual protection and referrals for family planning services

5. Do health talks on HIV counseling and testing cover the following topics?
   - The process for HIV counseling and testing
   - Assurance that information shared during counseling sessions and HIV test results will remain confidential
   - Reassurance that the decision of whether to be tested for HIV is the client's alone and will be respected
   - Reassurance that, if clients decide not to be tested at this time, their decision will not impede access to other services
   - Modes of HIV transmission
   - Progression of HIV infection
   - Benefits and potential consequences of HIV testing
   - The meaning of the "window period"
   - The meaning of HIV test results, both negative and positive
   - Clients' reactions to and preparedness for test results
   - Whether clients should tell partners or family members that they are having an HIV test
   - Whether clients should tell partners or family members the result of their HIV test
   - The importance of obtaining HIV test results, if a test is performed
   - Strategies for preventing infection and reducing risk and/or harm
   - Demonstration of the correct use of condoms, both male and female

6. Are educational aids related to HIV and AIDS, HIV counseling and testing (e.g., pamphlets, posters, videos, anatomical models, and condom samples) available?

7. Are male condoms available free of charge or at an affordable cost?

8. Are female condoms available free of charge or at an affordable cost?

9. Are informational messages tailored to the specific needs of young people, injecting drug users, men, women (including pregnant women), home-based caregivers, and sex workers and their clients?

10. If working with confined populations (e.g., displaced persons, prisoners, and military personnel), do staff tailor topics to their specific needs?

11. If working with mobile populations (e.g., refugees, migrants, truck drivers), do staff tailor topics to their specific needs?

12. Are informational and prevention messages tailored to the needs of people living with HIV?

13. Does your facility educate the surrounding community, including men, about HIV/AIDS and about the availability of HIV counseling and testing, about the prevention of mother-to-child transmission of HIV (PMTCT), about treatment, care, and support services, and about family planning services?

14. Does your facility conduct outreach activities with specific populations, such as young people, injecting drug users, sex workers, displaced persons, refugees, and truck drivers?

15. Does your facility have information for clients about the availability, eligibility, and use of antiretroviral (ARV) drugs and of medications for the treatment of opportunistic infections?

16. Do staff explain information clearly, using appropriate, nontechnical, local language that clients can understand (e.g., terms for sexual practices, side effects of and adverse reactions to ARV drugs)?

17. Do staff conduct routine health talks with clients in the waiting room to educate them about HIV and how to prevent it, HIV testing, and a person's right to make a free, informed choice about whether to have an HIV test?

18. Does your facility have a functioning referral system for the following types of clients?
    - For HIV-positive clients, referrals to services for secondary HIV prevention (positive prevention), prevention and management of STIs/RTIs, treatment, care, and support
    - For HIV-negative clients, referrals to ongoing HIV/STI risk reduction counseling and services for prevention and management of STIs/RTIs

HIV Pretest Counseling (Individual or Couple)

19. During HIV pretest counseling, do staff do the following?
    - Assess client risk for HIV infection and tailor counseling sessions accordingly
    - Explain the process of HIV counseling and testing
    - Assure clients that information shared during counseling and HIV test results will remain confidential
    - Reassure clients that the decision of whether to be tested for HIV is the client's alone and will be respected
    - Reassure clients that, if they decide not to be tested at this time, their decision will not impede access to other services

- Explain modes of HIV transmission
- Explain progression of HIV infection
- Describe benefits and potential consequences of HIV testing
- Explain the meaning of the "window period"
- Explain the meaning of HIV test results, both negative and positive
- Assess clients' reactions to and preparedness for test results
- Discuss whether or how clients should tell partners or family members that they are having an HIV test
- Discuss whether or how clients should share their HIV test results with partners or family members
- Explain the importance of obtaining HIV test results, if a test is performed
- For female clients, explore the risk of subjecting themselves to violence by sharing test results
- Encourage the involvement of their sexual partners in the HIV counseling and testing process
- Describe strategies for preventing HIV infection and reducing risk or harm
- Demonstrate the correct use of condoms, both male and female

HIV Posttest Counseling: Negative Result

20. Do staff explain the meaning of a negative test result and discuss the need for retesting to address the "window period"?

21. Do staff counsel clients on the frequency of HIV testing based on a risk assessment?

22. Do staff counsel clients about strategies for talking to their spouses/partners or other family members and friends about test results?

23. Are clients encouraged and supported to talk to their spouses/partners about test results?

24. Do staff counsel clients on how to remain uninfected by helping them to develop a plan to reduce HIV risk that includes strategies such as reducing the number of their sexual partners, using condoms (both male and female), avoiding unsafe sexual practices or unsafe needle injecting practices, practicing mutual monogamy, and practicing abstinence, or by making referrals for ongoing support (e.g., posttest clubs)?

25. Do staff consistently offer ongoing HIV prevention/risk reduction counseling to support couples (couples counseling)?

26. Do staff give clients information on referral for HIV testing, to share with their partners so they can get tested on their own?

27. Do staff explain family planning options?

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[3] For more detailed information on how to improve the quality of HIV and AIDS services for pregnant and postpartum women, see EngenderHealth. 2005. *COPE for services to prevent mother-to-child transmission of HIV: A toolbook to accompany the COPE® handbook*. New York.

28. Do staff explain the following to pregnant and/or postpartum clients?[3]
    - The high risk of HIV transmission to infants if clients become infected during pregnancy or the breastfeeding period
    - The benefits of exclusively breastfeeding for the first six months of the infant's life

HIV Posttest Counseling: Positive Result

29. Do staff inform the client of the result of the HIV test simply and clearly, and give the client time to consider it?

30. Do staff ensure that the client understands the result?

31. Do staff allow the client to ask questions?

32. Do staff help the client cope with emotions arising from the test result?

33. Do staff discuss any immediate concerns and help the client determine who in his or her social network may be available and acceptable to offer immediate support?

34. Do staff describe follow-up services that are available in the health facility and in the community, with special attention to the available treatment, PMTCT, and care and support services?

35. Do staff provide information on how to prevent transmission of HIV, including provision of male and female condoms and guidance on their use?

36. Do staff provide information on other relevant preventive health measures, such as good nutrition, use of cotrimoxazole, use of insecticide-treated bed nets (in areas where malaria is common), and screening for tuberculosis?

37. Do staff discuss possible disclosure of the result, when and how this may happen, and to whom?

38. Do staff encourage and offer referral for counseling and testing of partners and children?

39. Do staff assess the risk of violence or suicide and discuss possible steps to ensure the physical safety of clients, particularly women, who are diagnosed HIV-positive?

40. Do staff arrange a specific date and time for follow-up visits or referrals for treatment, care, counseling, support and other services, as appropriate (e.g., tuberculosis screening and treatment, prophylaxis for opportunistic infections, STI treatment, family planning, antenatal care, opioid substitution therapy, and access to sterile needles and syringes)?

41. Does posttest counseling for pregnant women who test positive for HIV also address the following issues?
    - Childbirth plans
    - Use of ARV drugs for the client's own health, when indicated and available, and to prevent mother-to-child transmission

- Adequate maternal nutrition, including iron and folic acid
- Infant feeding options and support to carry out the mother's infant feeding choice
- HIV testing for the infant and the follow-up that will be necessary
- Partner testing.
- Risk of HIV transmission to the infant
- Ways in which clients can reduce the risk of transmission to the infant, including the use of ARV drugs and their potential side effects, safer infant feeding options, and safer obstetric practices

42. Do staff explain the availability of, eligibility for, and use of ARV drugs and medications for opportunistic infections at the facility (if they are available), including information about side effects and their management?

43. Do staff provide up-to-date information about treatment, care, and support services offered at the facility or in the community?

Other Issues That You Think Are Important:

44. _____

45. _____

46. _____

Clients' Right to Access to Services

Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements that discriminate based on HIV status, sex, age, marital status, fertility, nationality or ethnicity, social class, religion, sexual orientation, occupation, or drug and alcohol use. Clients have a right to access services without the fear of stigmatization and discrimination.

The group working on this guide should include at least one staff member who provides information, counseling, or services, and should include a receptionist or guard. It may also be useful to include a member of management in this group.

If any of the following questions reveal a problem at your facility, or if you think any questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendations	By Whom	By When

If you are aware of a problem at your facility that is not addressed here, please include it in "Other Issues That You Think Are Important," at the end of this guide.

1. Do clients have access to HIV counseling and testing services either at your facility or through referral?

2. Are HIV counseling and testing services provided in a way that minimizes clients' fears of stigma (physical design of a facility, location, clientele, or signage)?

3. Are pretest and posttest counseling offered routinely as part of HIV counseling and testing services?

4. Do all staff know if and where the following health services are available within your facility? Do they direct clients to these services?
   - Antenatal services
   - Labor and delivery
   - Postpartum and newborn care
   - Gynecologic services
   - Family planning
   - Prevention and management of sexually transmitted infections (STIs)/reproductive tract infections (RTIs)
   - HIV counseling and testing
   - Services for prevention of mother-to-child transmission of HIV (PMTCT)
   - HIV care and treatment
   - Laboratory
   - Pharmacy

- General health (for men and women)
- Other preventive health services

5. To encourage use, are services available during hours convenient for most clients? For working clients?

6. Are emergency services available 24 hours per day, seven days per week, either at your facility or through referral, including services for the following?
   - Emergency care for HIV-positive clients experiencing adverse antiretroviral (ARV) drug reactions or requiring palliative care
   - Individuals who have been raped or have experienced gender-based violence

7. Does your facility have adequate staff coverage for all services, including HIV counseling and testing services, at its busiest times?

8. Do staff assist clients who have difficulty traveling to your facility (e.g., by providing transportation or by linking clients to a local support group)?

9. Do staff reduce other barriers to accessing services (e.g., by removing requirements regarding age, parity, marital status, or parental or spousal consent)?

10. Does your facility provide services to clients regardless of their ability to pay?

11. Is the community involved in the design and implementation of the HIV counseling and testing program (e.g., peer counseling, monitoring and evaluation, community mobilization)?

12. Is the option of anonymous HIV testing available at your facility? (Anonymous testing refers to conducting HIV tests when staff have no way of determining clients' names or identities.) If anonymous HIV testing is not available at your facility, is it available through referral?

13. Does your facility have a mechanism for identifying and contacting clients who do not return for HIV test results, without violating their right to privacy?

14. Does your facility have a mechanism for partner notification that ensures the client's consent to informing their partners of their status before any information is shared?

15. Is your facility engaged in efforts to reduce HIV-related stigma and discrimination:
   - Internally, to create a safe and supportive environment?
   - In the surrounding community, to help reduce potential barriers to HIV counseling and testing, services for PMTCT, and care and treatment services?

16. Before ending any client visit, do staff ask clients if they need other services?

17. Does your facility offer HIV counseling and testing to the male partners of antenatal care clients, or is couples counseling available?

18. Is HIV counseling and testing accessible to the following populations?
   - Young people

- Commercial sex workers
- Injecting drug users
- Men who have sex with men
- Mobile populations, such as refugees, migrants, and truck drivers
- Confined populations, such as prisoners and military personnel

19. Do all HIV-infected pregnant women receive the option of ARV prophylaxis to reduce the risk of mother-to-child transmission of HIV during labor and delivery, regardless of their ability to pay, and regardless of where they plan to deliver their infant?

20. If highly active ARV therapy or other ARV treatment regimens are available anywhere at your facility, are they offered to all clients according to protocol and in a fair and equitable way?

21. Where ARV drugs are available, is there a system in place for accessing minimal essential laboratory services, as required by national or World Health Organization guidelines for ARV therapy, to support monitoring clients for adverse drug effects?

22. Do HIV counseling and testing services have functioning referral links to ongoing psychosocial, legal, and spiritual community care and/or support services?
    - Are these services easily accessible to clients who need them?
    - Are these services affordable to clients who need them?

23. Does your facility train community home health workers and traditional birth attendants to provide information about HIV prevention and HIV testing and to encourage clients to get tested?

24. Do staff offer postnatal family planning services to both HIV-negative and HIV-positive clients?

25. Does your facility provide infant immunizations?

26. Does your facility provide infant testing (either polymerase chain reaction [PCR] or antibody testing)?

27. When feasible, do staff take the opportunity during well-baby visits to offer HIV testing of infants born to women who are HIV-infected?

28. Does your facility provide pediatric AIDS care or effective referrals for this service?

Other Issues That You Think Are Important:

29. _____

30. _____

31. _____

Clients' Right to Informed Choice

Clients have a right to make voluntary, well-considered decisions based on available options, on accurate, unbiased information, and on a thorough understanding of the impact of their decisions. The process of informed decision making is a continuum that begins in the community, where people obtain information even before coming to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice by asking specific questions of him or her, or to help a client make an informed choice by giving him or her accurate and objective information. It is also the provider's responsibility to explain HIV testing, discuss strategies to reduce the risk of transmission of HIV and to prevent disease progression, and explore the implications of partner notification with the client.

The group working on this guide should include medical staff and other staff who provide information, counseling, or services.

If any of the following questions reveal a problem at your facility, or if you think any questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendations	By Whom	By When

If you are aware of a problem at your facility that is not addressed here, please include it in "Other Issues That You Think Are Important," at the end of this guide.

1. Does your facility help clients make informed choices regarding HIV counseling and testing services?
   - Do staff provide clients with information about available options (e.g., counseling, testing, treatments, procedures, contraceptive methods), including full, accurate, and unbiased information on both the benefits and possible consequences of each alternative? For example:
     - Do clients receive support for determining their risk of acquiring HIV and other sexually transmitted infections?
     - Do clients receive counseling about how to prevent HIV transmission or reduce the risk of acquiring HIV infection?
     - Do clients have the opportunity to learn about dual protection? Condom use? Safer sexual practices? Abstinence?

2. Do staff recognize and protect the client's right to make a free and informed choice about whether to have an HIV test?

3. Do health care staff do each of the following?
   - Actively encourage clients to talk and ask questions
   - Listen attentively and respectfully to clients and respond to their questions
   - Explore the benefits and possible consequences of HIV testing with clients
   - Discuss clients' reproductive and health goals, needs, and service options

- Ask clients whether the information was explained clearly and what further questions or suggestions they might have

4. Do providers discuss the possibility of involving partners and family members in clients' decision making, when appropriate?

5. Are mechanisms in place to ensure written informed consent, if required, for all procedures and treatments (including HIV testing) according to national or World Health Organization guidelines?

6. Are all consent forms signed by clients kept as part of their medical records?

7. Before any test, procedure, or treatment, do staff reconfirm that a client wants to proceed?

8. For services not available at your site, do staff refer clients to another department or site where services are available?

9. Do staff provide complete and unbiased information for clients to make informed decisions about the following issues?
   - Whether to be tested for HIV
   - Whether they would like to seek treatment, care, or support services

10. Do staff inform pregnant clients about all of their options for preventing HIV transmission to their infant, including the benefits and risks of using antiretroviral (ARV) drugs? Is there a mechanism in place to ensure informed consent for ARV therapy?

11. Do staff reassure clients who accept pretest counseling that the decision of whether to have a test is their own and will not affect their access to other services?
    - Do staff explore with clients the benefits of and any concerns about disclosing their test results to their partners (concerns include the potential for violence, abandonment, or marital problems), and the potential benefits and consequences of telling family, friends, or other members of the community?
    - When clients appear uncertain, do providers encourage them to take more time to think about the issues and return at a later date?

12. Does your facility have a mechanism in place to prevent uninformed or coerced testing of clients by health care providers?
    - Does your facility have a mechanism in place to ensure that young people have given their free, informed consent prior to having an HIV test (i.e., sufficient understanding of the implications of a positive result; making the decision to get tested free from parental, community or peer pressure)?
    - Does your facility have a mechanism in place to ensure that clients have given their informed consent before emergency medical or surgical procedures?

13. Where partner notification is mandated by the country's laws, are clients informed **before** they consent to being tested that their partners will be notified of positive test results?

14. Where the law does not require partner notification, do providers respect clients' decisions not to inform their partners?

15. Are clients assured that they will not be penalized (e.g., denied access to services) if they choose not to accept the test, procedure, or treatment?

Other Issues That You Think Are Important:

16. _____

17. _____

18. _____

Clients' Right to Safe Services

Clients have a right to safe services, which require skilled and knowledgeable providers, attention to infection prevention (i.e., universal precautions, including safe injection practices), and appropriate and effective medical practices, including HIV counseling and testing, prevention of mother-to-child transmission of HIV, antiretroviral therapy, and treatment of opportunistic infections (OIs). Safe services also mean correct use of service-delivery guidelines, quality assurance mechanisms within your facility, counseling and instructions for clients, and recognition and management of complications related to medical procedures.

Note: While some of these issues are covered in other self-assessment guides, this guide emphasizes the behavior of staff in ensuring client safety.

Depending on the services available at your facility, the group working on this guide should include clinical staff from the following departments: maternity, family planning, HIV and sexually transmitted infections, infectious diseases, gynecology, pharmacy, laboratory, men's services, and operating theater. This group should also include representatives from the following staff categories: clinician, nurse, technical or medical assistant, housekeeper or cleaner, and administrator or manager.

If any of the following questions reveal a problem at your facility, or if you think any questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendations	By Whom	By When

If you are aware of a problem at your facility that is not addressed here, please include it in "Other Issues That You Think Are Important," at the end of this guide.

General

1. Is a qualified service provider always available, either at your facility or through referral (24 hours per day, seven days per week), for consultation in case of complications and emergencies?

2. Are clinical staff aware of complications that have arisen from care given at your facility? Are they taking action to prevent these complications from recurring?

3. Do clinical staff know how to manage complications that arise at your facility?

4. Do clinical staff know how to manage co-infection with HIV and tuberculosis?

5. Do staff have access to current national or World Health Organization (WHO) guidelines, protocols, and standards on HIV infection?

6. Do staff follow current written service-delivery guidelines for each of the services provided at your facility?

7. Are HIV testing protocols available, and do staff use them?
   - Do the protocols include steps for confirming the results of the first test?
   - Do the protocols include the procedure to follow when results are indeterminate?

8. Does your facility have a system in place to ensure that staff share test results only with a client (even when the client is accompanied by a partner or family member)?
   - Is it clear who is responsible for informing clients about test results?
   - Based on test results, do clients receive posttest counseling and psychosocial support?

9. Do staff explore the potential for violence with clients (e.g., when clients disclose test results to their partners, family, or community members, or when they negotiate condom use and safer sexual practices)?

10. Do staff refer clients to community resources that will provide the following?
    - Ongoing support
    - Support for psychosocial, financial, legal, and spiritual needs
    - Support for ongoing management of HIV infection and/or prevention and management of OIs

11. Are all clients screened prior to provision of services? (Screening includes a medical, sexual, and reproductive health history; a physical examination; and appropriate laboratory tests.)

12. Do staff consistently and accurately record issues discussed with clients during counseling sessions?
    - Is information about counseling, HIV test results, and referrals recorded completely, accurately, and legibly in clients' record forms?
    - Is information about HIV test results coded in clients' records and in the general ledger?

13. Does your facility hold regular meetings in which appropriate personnel analyze and discuss service statistics? (Weekly or monthly meetings are the norm in many parts of the world.) Are records kept of such meetings?

14. Does your facility have a system to track problems arising with HIV testing, strategies, and protocols, and does it have an established practice to routinely address those problems?

15. Does your facility have a quality control system for HIV antibody testing? This system should include the quality assurance and control of test results and the storage of test kits, reagents, and other supplies according to manufacturers' guidelines.

16. If quality assurance tests are not conducted at your facility, are HIV counseling and testing samples regularly sent to an HIV counseling and testing quality control center designated by the national HIV counseling and testing guidelines?

17. Are HIV counseling and testing commodities stored according to the "first-expired, first-out" (FEFO) system?

Infection Prevention

18. Are all areas at your facility always clean?

19. Do staff have access to current written guidelines on infection prevention practices (universal precautions)? Do they follow the guidelines to protect clients and themselves from infection?

20. Do staff wash their hands with soap and running water, following guidelines and standard precautions?
21. Are disposable needles and syringes used whenever possible and discarded after single use?

22. Are disposable needles and other sharp objects always discarded in puncture-resistant containers, either without recapping or by using the one-hand recapping technique?

23. Are reusable instruments and other items used in clinical procedures decontaminated in 0.5% chlorine solution for 10 minutes before processing?

24. Do staff process used instruments according to infection prevention guidelines of decontamination, cleaning, high-level disinfection, and/or sterilization?

25. Do staff always wear the appropriate type of gloves when required, according to national or WHO guidelines and universal precautions?

26. Are instruments cleaned in a designated receptacle (e.g., sink or bucket separate from where handwashing takes place)?

27. Are surfaces (such as exam chairs) wiped with 0.5% chlorine solution after each procedure?

28. Is medical waste handled safely and disposed of by burning or burying in a safe location?

29. Do staff use appropriate protective clothing when handling blood and other body fluids?

Other Issues That You Think Are Important:

30. _____

31. _____

32. _____

Clients' Right to Privacy and Confidentiality

Clients have a right to privacy and confidentiality. This includes visual and auditory privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information. Ensuring the confidentiality of services is especially important at sites offering HIV counseling and testing services, because a breach of this confidentiality may lead to stigma, discrimination, and even violence against clients. Guaranteeing confidentiality creates a foundation of trust between providers and clients. Only when clients trust their provider not to disclose sensitive, personal information will they be able to share information that may be critical to providing optimal care.

The group working on this guide should include staff who provide information or services and those who are responsible for or handle client records, including receptionists, gatekeepers, and guards.

If any of the following questions reveal a problem at your facility, or if you think any questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendations	By Whom	By When

If you are aware of a problem at your facility that is not addressed here, please include it in "Other Issues That You Think Are Important," at the end of this guide.

1. Are all services offered in a manner that is respectful, confidential, and private, according to national guidelines?

2. Do staff sign an oath of confidentiality?

3. Where possible, does your facility have a process for maintaining the confidentiality of the client's reason for the visit?

4. Does your facility have a mechanism in place that gives clients the opportunity to inform site managers when clients feel that their confidentiality has been breached?

5. When counseling clients, do service providers remind clients that all services (including counseling sessions and test results) will be kept confidential?

6. Does your facility have a private space so that others cannot observe or overhear counseling sessions and procedures?

7. Do staff take measures to ensure that private counseling sessions and procedures are not interrupted?

8. When a third party is present during a counseling session, an examination, or a procedure, do staff explain the person's presence and ask the client's permission for that person to be present?

9. Is the option of anonymous HIV testing available at your facility? (Anonymous testing refers to conducting HIV tests when staff have no way of determining clients' names or identities.) If anonymous HIV testing is not available at your facility, is it available through referral?

10. Is the procedure for giving HIV test results to clients identical whether the test is negative or positive, so as to not indirectly reveal positive test results to other staff and clients?

11. Does your facility use a coding system for clients' records to protect client privacy?

12. Are clients' records, including all lab test results, kept in a secure space, with access strictly limited to authorized staff?

13. Does your facility use a system to ensure that clients do not have access to other clients' records or test results?

14. Do staff explore with clients the implications of disclosing or not disclosing their HIV status to their partners?

15. Do staff explore with clients the implications of disclosing or not disclosing their HIV status to their family members or friends?

16. If national guidelines mandate partner notification, do providers consult with clients before informing their partners?

17. Do staff respect the decision of clients to not tell family members or partners about their HIV status?

18. Do staff inform clients that their HIV test results may be shared with other facility staff to offer the best possible care to the client?

19. For clients who test HIV-positive and who do not return for follow-up service, does your facility have a mechanism in place for contacting those clients without violating their privacy?

20. Do providers discuss client care with other staff only when necessary?

21. When site staff are discussing a client's care (including the client's HIV status) with other staff members, do they respect confidentiality by speaking in a private space so that other staff members and clients cannot overhear the conversation?

Other Issues That You Think Are Important:

22. _____

23. _____

24. _____

Clients' Right to Dignity, Comfort, and Expression of Opinion

All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during counseling, tests, treatment, and procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

> The group working on this guide should include a range of staff involved in providing care, including service providers, counselors, receptionists, gatekeepers, and guards.

If any of the following questions reveal a problem at your facility, or if you think any questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendations	By Whom	By When

If you are aware of a problem at your facility that is not addressed here, please include it in "Other Issues That You Think Are Important," at the end of this guide.

1. Do staff welcome and respectfully address clients and all persons who accompany them to your facility?

2. Do all staff (including guards, receptionists, medical staff, administrative support staff, and laboratory and pharmacy staff) treat all clients with kindness, courtesy, attentiveness, and respect for their dignity, regardless of the clients' HIV status, ethnicity, race, gender, sexual orientation, marital status, drug and alcohol use, occupation, religion, socioeconomic level, or level of education?

3. Do clients have an opportunity to suggest what your facility can do to provide higher-quality services (e.g., through client suggestion boxes, client satisfaction surveys, or client interviews)?

4. Do staff respect clients' opinions, even when these opinions differ from their own?

5. If staff discuss a client's care in the presence of that client, is he or she encouraged to participate in the discussions?

6. If clients want to involve their partners or family members in discussions about their care, do staff facilitate this? Similarly, if clients do *not* want partners or family members involved in these discussions, do staff comply with their wishes?

7. Do staff perform physical examinations, counseling, testing, and other procedures with the client's dignity, modesty, and comfort in mind (e.g., providing client with adequate drapes or covering, as appropriate, and explaining the procedure)?

8. Does your facility have private space available where clients' physical examinations, procedures, and counseling sessions cannot be observed or overheard by others?

9. Are the following areas of your facility that clients use pleasant and comfortable? For example, do they offer enough space? Is the space well organized, clean, well lit, comfortable, and well ventilated?
   - Toilets
   - Registration, reception, waiting areas
   - Counseling areas
   - Examination and procedure rooms
   - Pharmacy
   - Other areas

10. Are the waiting times for services at your facility reasonable?

11. Do staff do their best to reduce unnecessary waiting times for clients (e.g., by having a nurse or other health professional serve clients when it is unnecessary for them to wait for a doctor, by conducting health talks in the reception area, by having the HIV counseling and testing health worker perform rapid tests and draw blood rather than send clients to the laboratory, etc.)?

12. Does your facility have an established system in place for receiving clients (e.g., first-come, first-served; by appointment; with emergency conditions) that staff follow?

13. Are records organized so that retrieval is quick and easy?

14. Do staff feel that clients have adequate time with providers to ask all of the questions they might have?

15. Do staff always explain to clients what type of examination, test, or procedure will be done; what to expect; and why the examination, test, or procedure is needed?

16. Do staff ensure that clients are comfortable and experience the least possible pain during procedures (e.g., when conducting HIV tests)?

17. Do staff engage clients, as appropriate, to make them feel comfortable (e.g., by engaging them in conversation to distract them from an uncomfortable or painful procedure, or by offering comfort when they are in distress)?

18. Do staff avoid unnecessary gloving when caring for clients, so as not to stigmatize them?

19. Does your facility offer HIV counseling and testing services in an atmosphere that is inviting for men?

20. Does your facility offer HIV counseling and testing services in an atmosphere that is inviting for adolescents?

21. Does your facility have a policy prohibiting discrimination against all clients, including people living with HIV and AIDS (PLHIV), young people, sex workers, injecting drug users, men who have sex with men, or members of other key populations vulnerable to HIV? Do staff follow this policy?

22. Does your facility include PLHIV or representatives from other key populations (e.g. sex workers, injecting drug users, men who have sex with men) in the planning, design, monitoring, and evaluation of HIV counseling and testing; prevention of mother-to-child transmission of HIV; care and treatment; and other services related to HIV and sexual and reproductive health?

23. Are client waiting times for HIV counseling and testing reasonable at your facility?

24. Is the time between when a client takes an HIV test and receives the results reasonable at your facility?

25. Are HIV-positive clients given adequate time to consider the implications of the results of their HIV tests; receive emotional support; and discuss follow-up treatment, care, and support, including antiretroviral (ARV) therapy to prevent the transmission of HIV to infants, the availability of highly active ARV therapy (HAART), and clients' eligibility for HAART?

26. Are waiting times for ARV counseling and provision reasonable at your facility?

Other Issues That You Think Are Important:

27. _____

28. _____

29. _____

Clients' Right to Continuity of Care

All clients have the right to continuity of services, supplies, referrals, and follow-up necessary to maintain their health, to prevent HIV transmission, and to prevent the progression of HIV infection. Where possible, continuity of staff, especially counselors, should be a client option.

The group working on this guide should include staff who provide care, including service providers, counselors, staff responsible for supplies, and field/community workers.

If any of the following questions reveal a problem at your facility, or if you think any questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendations	By Whom	By When

If you are aware of a problem at your facility that is not addressed here, please include it in "Other Issues That You Think Are Important," at the end of this guide.

1. For all services provided at your facility, are all clients told that they can return at any time if they have questions or concerns?

2. Are follow-up visits at your facility scheduled with the client's convenience in mind?

3. Where services are confidential, do staff communicate with clients not returning for follow-up care (including for test results, treatment, or scheduled procedures) in a way that does not violate clients' right to privacy and confidentiality?

4. Does your facility have sufficient and reliable supplies so that clients can receive laboratory tests, medications (including antiretroviral drugs), and contraceptives without delay or other barriers to access?

5. Do clinical staff know which medications and supplies can be replaced with others in case of stock-outs (e.g., antibiotics for treatment of sexually transmitted or opportunistic infections; contraceptive methods, including emergency contraceptive methods; and test kits)?

6. Are clients' medical and health records completed properly and clearly, with information essential for continuity of care?

7. Does your facility have a system in place to ensure that authorized staff receive all of a client's records, so they may provide optimal care?

8. Do all clients who are tested for HIV receive both pretest and posttest counseling, regardless of whether the results are negative or positive?

9. Does your facility have a mechanism in place to ensure that clients see the same counselor for pretest and posttest counseling?

10. Does your facility have follow-up protocols for all clients after they have been tested, regardless of whether they tested positive or negative, for the following?
    - Referrals to services offered in the facility
    - Referrals to service agencies outside the facility

11. Do HIV counseling and testing services have functional links with other facility-based and community-based services? Functional links can be defined by the following characteristics:
    - Formalized working relationship with the partner agency
    - Up-to-date information about the services offered by the partner agency, including
        - Types of services offered
        - Hours of operation
        - Cost of services
        - Location of services
        - Transportation options, such as
            - Arranging transportation to the partner agency
            - Escorting clients to the partner agency (when possible)
    - System in place to properly refer clients to partner agencies
    - System in place to follow up on clients who were referred to partner agencies (to ensure that they received the services for which they were referred)
    - Ongoing two-way feedback with partner agencies

12. Do HIV counseling and testing services provide ongoing referrals for other clinical services, such as the following?
    - Clinical management of HIV
    - Antiretroviral therapy (ART) counseling for those clients meeting eligibility criteria
    - Drug toxicity monitoring
    - CD4+ monitoring
    - Viral load monitoring
    - Care and treatment for opportunistic infections
    - Tuberculosis (TB) diagnosis and treatment
    - Malaria diagnosis and treatment
    - Hospital inpatient care
    - Prevention of mother-to-child transmission of HIV
    - Nutrition (feeding programs, counseling/education)
    - Family planning
    - Prevention and management of sexually transmitted infections/reproductive tract infections
    - Diagnosis and treatment of cancer
    - Abortion (if legal)/postabortion care
    - Palliative care

13. Do HIV counseling and testing services provide referrals for other nonclinical or community-based services, such as the following?
    - Ongoing posttest counseling and psychosocial support
    - Legal support
    - Posttest clubs
    - Associations and networks of people living with HIV and AIDS (PLHIV)
    - Positive living centers
    - Home- or community-based care
    - Nutritional services (including infant feeding options, when appropriate)
    - Drug and alcohol counseling
    - Domestic violence counseling
    - Counseling for young people
    - Counseling for sexual assault victims
    - Counseling for men who have sex with men
    - Housing assistance
    - Income assistance or income generation
    - Faith-based organizations
    - Child care and orphanages

14. Does your facility periodically review and update its referral system?

15. Are PLHIV involved in creating and periodically reviewing your site's referral system?

Other Issues That You Think Are Important:

16. _____

17. _____

18. _____

Staff Need for Facilitative Supervision and Management

Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients.

> The group working on this guide should include administrators or managers, as well as HIV counseling and testing service providers and support staff.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendations	By Whom	By When

If you are aware of a problem at your facility that is not addressed here, please include it in "Other Issues That You Think Are Important," at the end of this guide.

1. Does your facility's management ensure that a mechanism is in place for planning and conducting a variety of quality improvement activities and for assessing the use of HIV counseling and testing services, as a demonstration of its commitment to quality services?

2. Do supervisors ensure that a mechanism is in place to protect staff from potential violence by clients and by partners of clients?

3. Do supervisors or managers support, encourage, and respect staff?

4. Do external supervisors (at the district, regional, and headquarters levels) provide staff with constructive feedback (verbal and written) during supervisory visits?

5. Are work shifts well-organized and followed by staff?

6. Do supervisors discuss with each staff member his or her roles and responsibilities and job expectations?
   - Are staff roles and responsibilities clearly defined in job descriptions?
   - Are staff given copies of their job descriptions?

7. Does your facility have a system in place to assess the site's learning needs and to monitor staff development?

8. Where turnover is high or where demand for services is increasing rapidly, does your facility have a human resources development plan for expanding the pool of counselors, laboratory technicians, and supervisors to support HIV counseling and testing services?

9. Do supervisors or managers motivate staff to perform well by doing the following?
   - Recognizing work well done
   - Providing timely and constructive feedback

10. Do staff feel that they are part of a team?

11. Does your facility have a mechanism in place for collecting staff suggestions about improving the quality of services? Are staff encouraged to make suggestions about improving the quality of services?

12. Does the facility have sufficiently trained staff to provide HIV counseling and testing services daily?

13. Do supervisors ensure that HIV counseling and testing protocols are followed?

14. Do supervisors organize activities to assess the training needs of staff at your facility?

15. Do supervisors ensure that new staff are appropriately trained on HIV counseling and testing?

16. Is there a mechanism for updating service-delivery guidelines to keep pace with the rapidly changing evidence-based recommendations related to HIV counseling and testing, prevention of mother-to-child transmission of HIV (PMTCT), and care and treatment?

17. Do supervisors ensure that trained staff receive regular updates about HIV counseling and testing, PMTCT, and care and treatment, ensuring that they have, know, and use up-to-date service-delivery guidelines?

18. Do supervisors ensure that staff providing HIV counseling and testing services within your facility share information and visit other parts of your facility to give health talks related to HIV counseling and testing?

19. Do supervisors periodically observe counseling sessions, with client consent, and give constructive feedback to counselors?

20. Do supervisors ensure that your facility has a quality assurance system consisting of the following elements, to ensure that the quality of HIV tests is maintained?
   - Documentation
   - Standard operating procedures
   - Quality control samples
   - External quality assessment scheme

21. Do supervisors ensure that laboratory staff are adequately trained on the following elements of the quality management system?
   - Quality assurance
   - Biosafety
   - Organization of external quality assessment scheme

22. Do supervisors ensure that the medical records system is properly functioning? Do they organize periodically review of the following records?
    - Clients' cards, files, and notes
    - Medical record forms, including informed consent forms
    - Inpatient and outpatient registers
    - Laboratory records

23. Do supervisors ensure that all staff understand the reasons and procedures for completing records, storing them correctly, and maintaining confidentiality?

24. Are required reports of HIV counseling and testing services submitted regularly and on time?

25. Do supervisors share and discuss data, reports, and HIV counseling and testing service statistics with their staff to help them improve their work?

26. Are program and performance indicators identified and used to monitor and evaluate HIV counseling and testing services and staff performance in this area?

27. Do supervisors ensure that a mechanism is in place to facilitate effective communication and collaboration between community health workers (home-based caregivers, nongovernmental organizations, associations of people living with HIV) and staff at your facility?

28. Do supervisors ensure there are functioning referral mechanisms in place, including feedback mechanism, for both internal and external referrals?

29. Do supervisors work with staff to ensure that the facility has the following equipment or infrastructure?
    - Reliable supplies for all HIV counseling and testing services (e.g., HIV test kits, reagents, infection prevention supplies, contraceptives)
    - Adequate, functioning equipment for all HIV counseling and testing services
    - Adequate infrastructure for HIV counseling and testing services

30. Do staff always give the following people due respect and attention?
    - Workers from other departments
    - Community workers

31. Is an HIV workplace policy available to protect the rights of HIV-positive staff and supervisors?

32. Are service-delivery guidelines available that include identification of "exposure risk procedures" (procedures that pose a high risk of injury to the health care worker and may result in exposure of the client's open tissue to blood of the health care worker)?

33. Are guidelines on how to manage accidental exposure to blood, including postexposure wound care and postexposure prophylaxis (PEP), available for staff and supervisors to follow, and are they periodically reviewed and updated according to national and World Health Organization guidelines, including protocols for pregnant health workers?

- Are HIV pretest and posttest counseling available for injured staff? If not, is there a functioning referral mechanism for HIV pretest and posttest counseling?
- Are PEP drugs available for treatment of exposed staff? If not, is there a functioning referral mechanism for PEP treatment?

34. Does your facility have a mechanism in place to protect counselors from overload and work-related exhaustion?

35. Has your facility developed or adapted guidelines for managing the client-counselor ratio, to avoid compromising the quality of counseling services offered?

36. Do counselors meet regularly to discuss difficult issues arising during counseling sessions and to provide one another with emotional and professional support?

37. Do supervisors meet regularly with counselors and clinicians to debrief and provide support pertaining to challenging cases and other stress-related issues?

Other Issues That You Think Are Important:

38. _____

39. _____

40. _____

Staff Need for Information, Training, and Development

Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in the rapidly evolving area of HIV and AIDS health care. Staff also need professional development opportunities that will help them maintain a supportive and positive attitude toward people living with HIV (PLHIV) to ensure that services are provided in a humane, nonjudgmental, and welcoming environment. Providing staff access to updated information and training opportunities and planning for ongoing staff development are features of a site that is trying to continuously improve the quality of its services.

The group working on this guide should include a cross-section of staff representing all departments within the facility.

If any of the following questions reveal a problem at your facility, or if you think any questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendations	By Whom	By When

If you are aware of a problem at your facility that is not addressed here, please include it in "Other Issues That You Think Are Important," at the end of this guide.

General

1. Does your facility have a system in place to regularly assess staff training and development needs?
   - Does this system involve a staff self-assessment of their development and training needs?
   - Does this system include an assessment of staff's knowledge of issues related to job duties and HIV counseling and testing services in general?
   - Are the technical skills of clinical and other staff assessed regularly?

2. Do all staff feel that they have the knowledge and skills they need to follow standards and procedures related to the services they provide?

3. Have all staff who counsel clients about clinical procedures observed the procedures being performed?

4. Has your facility developed minimum standards for counseling, with clear roles and job descriptions for various levels of counselors?

5. Does your facility plan and conduct sensitization training to facilitate positive attitudes among staff and to discourage stigma and discrimination against PLHIV and other vulnerable groups, such as sex workers, men who have sex with men, injecting drug users, and others?

6. Does your facility have sufficient trained staff to provide sexual and reproductive health care, including family planning, for HIV clients including those who are HIV-positive and are taking antiretroviral (ARV) medications?

7. Is a training system in place to regularly update staff on the following?
   - Knowledge of issues related to job duties
   - Technical skills related to job duties
   - Ability to perform job duties

8. Are periodic orientations, updates, and skills training sessions provided to keep staff skilled in and well-informed about changing approaches and technologies in risk assessment, counseling, prevention, testing, treatment (including prevention of mother-to-child transmission of HIV [PMTCT] and ARV therapy), care, and support, and family planning?

9. Does this training system include tools that measure how effective the training sessions are in improving the knowledge, technical skills, and/or attitudes of the training participants?

10. If any of your site's staff members attend an offsite training session (such as a regional conference), do they give feedback to their colleagues about what they learned at the training?

11. Do staff know and have ready access to current service-delivery guidelines (in the form of reference books, guidelines, charts, posters, and other materials) for each type of service provided at your facility?

12. Do staff have access to resources for continuing education to better meet their clients' information needs?

13. Where turnover is high or where demand for services is increasing rapidly, does your facility have a strategic plan for expanding the pool of counselors, laboratory technicians, and supervisors to support HIV counseling and testing services?

14. To expand and continue to develop staff skills, have other cadres besides nurses (such as nonhealth personnel or peer counselors) been considered for training in HIV counseling skills?

15. Have all staff received training on the following topics?
   - The need to provide quality services
   - Health services provided at your facility
   - Infection prevention (universal precautions)

Questions Related to Specific Types of Services

16. Have appropriate staff received training on all required standards, according to national or World Health Organization guidelines/standards, and on procedures for HIV counseling and testing services? These might include the following:
   - Informed consent
   - Pretest counseling

- Posttest counseling
- Confidentiality
- Ethical/legal issues concerning HIV disclosure
- Partner notification
- Testing technologies and strategies
- Condom demonstration and promotion
- PMTCT
- Provision of timely and relevant referrals to other services, including ongoing psychosocial support, care and treatment, prevention and management of sexually transmitted infections (STIs) and reproductive tract infections (RTIs), tuberculosis (TB) screening, home and community-based care, etc.

17. Do staff know how to conduct HIV risk assessment through medical history, physical examination, and laboratory screening?

18. Are laboratory staff trained in HIV testing and the other diagnostic tests that they are expected to perform?

19. Have staff received training on how to handle specimens and HIV test kits safely and appropriately?

20. Does your facility plan and conduct training sessions for staff to help them become more comfortable about talking with clients about sexual anatomy, sexual behaviors, sexual orientation, and alcohol and drug use?

21. Do staff have the knowledge and skills needed to provide accurate, nonjudgmental education and counseling to the following types of clients about HIV prevention, HIV care and treatment, and reproductive health?
    - PLHIV
    - Commercial sex workers and their potential clients
    - Men who have sex with men
    - Injecting drug users
    - Pregnant women
    - Breastfeeding women
    - Postpartum women
    - Women who need treatment for abortion complications
    - Clients who need services related to HIV or STIs/RTIs
    - Adolescents and young adults, both female and male
    - Men, regardless of age, marital status, or reproductive status
    - Disabled clients
    - Members of different social and ethnic groups
    - Clients who have experienced sexual or domestic violence
    - Individuals in prison, displaced persons (refugees), and military personnel

22. Do staff have access to advanced counseling skills training for handling people with "special needs," such as the following?
    - HIV-discordant couples
    - Young people
    - Clients who have been raped or sexually abused
    - Women with marital difficulties or who are at risk of abuse
    - HIV-positive parents and children
    - Injecting drug users
    - Clients who use other drugs (including alcohol)

23. Are clinical staff able to provide all contraceptive methods that involve a clinical procedure?

24. Are clinical staff able to provide comprehensive management of HIV, other STIs, and RTIs, as follows?
    - Risk assessment (including general health and sexual history)
    - Diagnosis
    - Treatment, care and support, and referral
    - Partner notification
    - Client follow-up

25. Do staff providing family planning services know the recommendations for dual protection and techniques for incorporating dual-protection information into family planning counseling?

26. Are service providers knowledgeable about ARV drugs, treatment protocols, and management of side effects and adverse reactions?
    - Can service providers diagnose and treat concomitant illnesses (such as TB)?
    - Are service providers knowledgeable about the interactions between ARV drugs and drugs used for the treatment of opportunistic infections?
    - Are service providers knowledgeable about the interactions between ARV drugs and contraceptives?

27. If HIV testing is conducted as part of antenatal care, does your facility train counselors and other staff members in PMTCT, including information on national protocols for ARV therapy and infant-feeding options? Do staff know how to reduce the risk of transmitting HIV to the infant during the management of labor and delivery?

28. Do all service providers know how to refer clients for health information and services outside their area of expertise or to services that are not available onsite?

29. Are staff trained in record keeping and reporting (including reporting complications and deaths)?

30. Are in-service sessions conducted to train staff to prevent needle-stick and sharps injuries?

31. Have all staff received training in postexposure prophylaxis protocols? Are these protocols posted in a place where staff can read and refer to them easily?

Other Issues That You Think Are Important:

32. _____

33. _____

34. _____

Staff Need for Supplies, Equipment, and Infrastructure

Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of safe, high-quality services. The health care system must have in place a mechanism to ensure high-quality HIV testing and consistent, high-quality provision of antiretroviral (ARV) drugs and medications to prevent HIV transmission and progression of HIV disease.

The group working on this guide should include a service provider (e.g., a staff member who provides HIV counseling and testing or antenatal care), staff who are involved in purchasing and storing supplies (including ARV drugs and medications used for preventing and managing opportunistic infections [OIs]), and one staff member who has budgeting authority to change the items and quantities ordered.

If any of the following questions reveal a problem at your facility, or if you think any questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendations	By Whom	By When

If you are aware of a problem at your facility that is not addressed here, please include it in "Other Issues That You Think Are Important," at the end of this guide.

1. Does your facility have adequate working space, waiting area, staff lounge, counseling and testing rooms, seats, tables, and couches?

2. Does your facility have a client registration area that ensures the privacy and confidentiality of clients (e.g., a place where other clients or staff cannot overhear conversations between the client and registration staff)?

3. Is the client flow within your facility such that clients' privacy and confidentiality are protected?

4. Does your facility have a reliable supply of clean water?

5. Does your facility have a reliable source of electricity?

6. Does your facility have adequate ventilation and adequate temperature control (heating or cooling) in the service provision areas?

7. Does your facility have adequate lighting in counseling and testing rooms?

8. During the last three months, has your facility had all of the HIV counseling and testing commodities it needed, and were they in working order?

9. Are all test kits and reagents within their expiration date?

10. Does your facility keep an inventory to help track supplies and alert staff as to when to reorder supplies?

11. Does your facility have a system for obtaining new supplies quickly?

12. Are test kits and reagents protected from moisture, light, and extremes in temperature?

13. Does your facility have a procedure in place for a "cold chain" to maintain and monitor special storage temperatures, from delivery of the commodity to storage and use?

14. Is the storage area secure from theft and accessible only to selected personnel who can be held accountable?

15. Do staff who work with stocks always observe the first-expired, first-out (FEFO) rule?

16. Does your facility have a protocol for safe disposal of expired HIV counseling and testing commodities?

17. Does your facility have a system for procuring, maintaining, and repairing equipment?

18. Does your facility have separate areas for handwashing and for cleaning instruments (e.g., sinks, buckets, soap)?

19. Do staff have the supplies and facilities needed to properly dispose of sharps and other medical waste (e.g., sharps containers, as well as a functioning incinerator, a covered pit, and/or municipal or commercial means of waste disposal)?

20. Does your facility have supplies for infection prevention, such as soap, gloves, needles, syringes, antiseptic solutions, and high-level disinfectants, available in the necessary quantities?

21. Does your facility have equipment for infection prevention, such as brushes, storage containers, autoclave, electric oven, and a boiler?

22. Does your facility have a mechanism in place for tracking clients and for maintaining clients' records (including laboratory results) in a way that does not compromise their privacy and confidentiality?

23. Do providers have job aids for counseling clients on prevention of the transmission of HIV and sexually transmitted infections (STIs), on HIV counseling and testing, and on family planning?

24. Does your facility have a television and a video cassette recorder/player and relevant videos for client education (including those about HIV/STI risk reduction, correct and consistent condom use, HIV counseling and testing, and sexual and reproductive health, including family planning)?

25. Are postexposure prophylaxis kits readily available for accidents related to occupational exposure, in accordance with national and World Health Organization guidelines?

26. Does your facility have an overall strategic plan that includes commodity procurement (e.g., rapid test kits, infection prevention supplies)?

27. Does your facility have equipment and supplies for cardiopulmonary resuscitation (CPR)?

28. Are the following conditions and supplies in place in areas where health talks occur?
    - Adequate space within or adjacent to the client waiting room for as many as seven to 20 clients
    - Benches/chairs for seven to 20 clients
    - If available, portable partitions to provide more privacy
    - Where electricity is available and reliable, a television, a video cassette recorder/player, and relevant videos, including those on HIV counseling and testing and prevention of mother-to-child transmission of HIV (PMTCT)
    - Behavior change communications (BCC) materials, including posters and pamphlets, about HIV and AIDS; HIV prevention; HIV counseling and testing; PMTCT; treatment, care, and support services; and family planning
    - Condoms (male and female)
    - Penis and vagina models

29. Are the following conditions and supplies available where one-on-one or couples counseling takes place?
    - Auditory privacy
    - Visual privacy
    - Job aids for counseling and explaining testing protocols
    - Table and chairs
    - BCC materials about HIV/AIDS; HIV prevention; HIV counseling and testing; PMTCT; treatment, care, and support services; and family planning
    - Condoms (male and female)
    - Penis and vagina models

30. Are the following equipment and supplies available where blood drawing and testing take place?
    - Disposable gloves
    - Refrigerator (for storing test kits at recommended temperature)
    - Disposable needles and syringes
    - Supplies used to collect specimens, such as lancets, disposable needles and syringes, and tourniquet
    - HIV rapid test kits (test 1, test 2, and test 3 for tie-breaker)
    - Bandages, cotton wool, and gauze
    - Tissues
    - Running water
    - Handwashing items (soap, disinfectant, towels)

- Disinfectants and cleaning supplies
- Sharps disposal bins for needles and lancets
- Waste disposal (biohazard) bags for blood-contaminated materials, such as gauze, swabs, gloves, and testing cards
- Job aids for HIV testing protocols

31. Is the following equipment available, and in good working condition, in laboratories where enzyme-linked immunosorbent assay (ELISA) tests are conducted as part of a quality control strategy (designated HIV counseling and testing quality control center)?
    - Disposable gloves
    - Automated analyzer, such as ELISA readers
    - Centrifuge
    - Freezer (–40° C to 70° C) for storage of bulk sera or plasma
    - Refrigerator (–4° C)
    - Lyophilizer, if possible, to freeze-dry samples
    - Vials/test tubes for storing samples
    - Test-tube racks
    - Timers
    - Consumables, such as pipettes, pipette tips, and specimen tubes
    - Running water
    - Handwashing items (e.g., soap, disinfectant, towels)
    - Disinfectants and cleaning supplies

32. Are the following equipment and supplies available where onsite care and treatment services are being offered in conjunction with HIV counseling and testing services?
    - Supplies to diagnose and treat STIs
    - Drugs for palliative and supportive care, such as pain management
    - ARV drugs for treatment of HIV and PMTCT
    - Drugs to prevent and/or treat OIs, such as tuberculosis (TB) prophylaxis
    - Laboratory equipment and supplies for diagnosing OIs, such as TB
    - Laboratory equipment and reagents for monitoring CD4/viral load and side effects of ARV drugs.

Other Issues That You Think Are Important:

33. _____

34. _____

35. _____

Client Record-Review Checklist for HIV Counseling and Testing Services

Client Record-Review Checklist for HIV Counseling and Testing Services

Site: _____ Date: _____ Reviewer: _____

Select 10 client records at random. Determine whether each record contains each of the following items and place a checkmark in the appropriate box if the item was recorded in the client's record.

Checklist Item	1	2	3	4	5	6	7	8	9	10	Total	Remarks
1. Client identification information (e.g., name, age, address, phone number, and registration number)												
2. Date of visit												
3. Client's reason for visit												
4. Medical/sexual history												
5. Date on which client received pretest counseling												
6. Date on which client gave informed consent for HIV test												
7. Date on which client was given HIV test												
8. Date on which client's HIV status was recorded												
9. Date on which client received HIV results and posttest counseling												
10. Follow-up plans made												
11. Dates for follow-up visits scheduled												
12. Referrals made for treatment, care, and support												
13. Date and type of antiretroviral drug given (if applicable)												
14. Records are clearly written.												
15. Staff signatures are present.												

Comments on records reviewed: _____

_____

_____

_____

Client Interview Guide for HIV Counseling and Testing Services

Client Interview Guide for HIV Counseling and Testing Services

Instructions: *Greet the client and introduce yourself.*

My name is _____, and I work here. We are trying to improve the services that we offer to our clients, and we would like to hear your opinion of how we are doing and what we need to improve. We would like to know both the good things and the bad things.

Your participation in this interview is completely voluntary. You do not have to take part in the interview at all if you don't want to. If you decide not to participate, you will not be denied any services in the future. You can skip any questions you do not want to answer. Also, you can change your mind during the interview and choose not to participate, and we will stop the interview.

This interview is private and confidential. Your name will not be recorded, and I will <u>not</u> ask you to give me the results of your HIV test. Your responses to our questions won't affect any services you will receive at this facility in the future. This interview will take about 10 to 15 minutes. Your ideas and opinions are important to us. May I ask you a few questions?

Client Consent Check-Off

IF CLIENT RESPONDS "YES," THE **INTERVIEWER** SHOULD SIGN AND DATE THE STATEMENT BELOW AND CONTINUE WITH THE INTERVIEW.

I certify that I have read the above statement and that the client agreed to the interview.
I also certify that any information the client discloses will remain confidential.

Signed: _____ **Date:** _____

IF CLIENT RESPONDS "NO," THE **INTERVIEWER** SHOULD SIGN AND DATE THE STATEMENT BELOW AND WAIT FOR ANOTHER CLIENT.

I certify that I have read the above statement and that the client did not agree to be interviewed.

Signed: _____ **Date:** _____

Client Interview Guide for HIV Counseling and Testing Services

Site: _____ Date: _____

Name of interviewer: _____

Note to interviewer: *Ask the questions printed in boldface type. Check (✓) responses the client gives. Write additional notes in the spaces provided.*

1. **Is this your first visit to the facility, or is this a follow-up visit?**

   First visit ..... ❒ Follow-up visit ..... ❒

   The client is:
   Female ..... ❒ Male ..... ❒

2. **How did you reach the clinic today?**

   _____

   _____

3. **How long did it take you to reach the clinic today?**

   _____ minutes

4. **Did you feel that the staff attended to you promptly upon arrival?**

   Yes ..... ❒ No ..... ❒

5. **What type of services did you come for today?** *(Do not read the list below, but check the answers the client gives.)*

   - HIV information ..... ❒
   - Counseling preceding an HIV test ..... ❒
   - Counseling following an HIV test ..... ❒
   - HIV test ..... ❒
   - HIV prevention and risk-reduction counseling ..... ❒
   - Condoms ..... ❒
   - Services for prevention of mother-to-child transmission of HIV ..... ❒
   - Services for HIV care and treatment ..... ❒
   - Antenatal care ..... ❒
   - Postpartum and newborn care ..... ❒
   - Family planning counseling or services ..... ❒
   - Information about, or services for, reproductive tract infections, including sexually transmitted infections ..... ❒
   - Gynecological services ..... ❒
   - Other (explain) _____

     _____

6. **Did you receive the services you came for?**

   Yes ..... ❒ No ..... ❒

(continued)

Client Interview Guide, continued

If no: **Why not? What happened?**

_____

_____

7. How long did you have to wait before you saw the doctor/counselor/nurse?

_____ minutes

8. What did you do while you were waiting?

_____

_____

9. How did you feel about the length of time you had to wait?

_____

_____

10. Did the provider assure you that the services, including everything you discussed, are confidential and that everything you discussed would remain strictly between you and the provider?

Yes ..... ❒ No ..... ❒

11. If you came to receive your test results, how long did you wait before receiving these results?

_____ minutes

12. How did you feel about the length of time you had to wait to receive your test results?

_____

_____

13. How did you find the general comfort and cleanliness of the HIV counseling and testing service areas?

_____

_____

For all clients presenting for counseling, with or without testing

If client did not present for counseling, please skip to question 22.

14. Did the provider assure you that having an HIV test was entirely your decision?

Yes ..... ❒ No ..... ❒

15. Did you receive verbal and/or written information today?

Yes ..... ❒ No ..... ❒

Verbal ..... ❒ Written .... ❒

(continued)

Client Interview Guide, continued

Note to interviewer: *If the answer to question 15 is no, skip to question 20.*

16. Did you receive information about the following?
(Please read each question below and check the appropriate box, based on the client's answer. If the client received information, please write a "W" if the information was written or "V" if the information was verbal. If the client received both written and verbal information, write both "W" and "V.")

Information	Yes (W/V)	No
a. What HIV is and how it is transmitted		
b. Behaviors that put you at risk for becoming infected with HIV and for transmitting it to another person		
c. How you can prevent or reduce the risk of HIV infection		
d. The complications associated with HIV infection		
e. The meaning of the test results, in language that was easy for you to understand		
f. The meaning of the "window period"*(If client is unfamiliar with the term, please explain what it means.)*		
g. Availability of antiretroviral treatment to manage HIV-related illnesses *(for people who had a positive test result)*		
h. When to return for follow-up		
i. Where to get additional information and support services		

17. *(For clients who are pregnant)* **Did the staff give you information about the following?**

(Please read each question below and check the appropriate box based on the client's answer. If the client received information, please write a "W" if the information was written or "V" if the information was verbal. If the client received both written and verbal information, write both "W" and "V.")

Note to interviewer: *If the client is not pregnant, skip to question 20.*

Information	Yes (W/V)	No
a. What effect the HIV infection could have on your pregnancy and your baby		
b. How you can reduce the risk of passing HIV to your baby		
c. A program to prevent mother-to-child transmission of HIV and where the program is available		

(continued)

Client Interview Guide, continued

18. Do you feel that the staff explained information clearly?

Yes ..... ❒ No ..... ❒

Note to interviewer: *The following three questions are for clients who consented to HIV testing. If a client did not consent to testing or has not mentioned being tested during the interview, skip to question 22.*

19. Did the staff give you the results of your HIV test?

Yes ..... ❒ No ..... ❒

- **If "yes," did the provider clearly explain to you what your test results mean?**
- **Did the provider give you a chance to talk about what he or she found?**

_____

_____

20. Did the provider talk with you about having your partner(s) counseled and tested for HIV?

Yes ..... ❒ No ..... ❒

- **What did the provider recommend?**

_____

_____

21. Did the provider discuss with you what might happen if and when you tell your partner about your test results, including the possibility of your partner's becoming violent?

Yes ..... ❒ No ..... ❒

- **What did the provider say?**

_____

_____

_____

22. Do you feel you were able to spend enough time with the service provider to discuss your needs?

Yes ..... ❒ No ..... ❒

If no: **What else would you like to ask a provider about?**

_____

_____

_____

(continued)

Client Interview Guide, continued

23. Do you feel that the facility's staff was respectful toward you?

Yes ..... ❒ No ..... ❒

24. Did the staff offer you condoms?

Yes ..... ❒ No ..... ❒

25. Were you asked to pay for the services you received at the facility?

Yes ..... ❒ No ..... ❒

26. Are the services in this clinic affordable to most people in this community?

Yes ..... ❒ No ..... ❒

27. What have you heard from your family, friends, or others in your community about the quality of services at this clinic?

_____

_____

_____

_____

28. Are there any areas of the clinic that you think need improvement to make them cleaner, more comfortable, or more private? Please tell me which ones and why.

_____

_____

_____

_____

Note to interviewer: *If this is the client's first visit, skip to question 32.*

29. When was your first visit to this clinic?

_____

30. Since you first started coming here, has the quality of services improved, stayed the same, or worsened?

- Improved
- Stayed the same
- Worsened

If the client's answer is "stayed the same," skip to question 33.

31. What has changed to make things:

- Better? _____
- Worse? _____

(continued)

Client Interview Guide, continued

32. What do you like *most* about this facility or the service you received?

33. Was there anything you did *not* like about this facility or the service you received?

34. Is there anything that you think could be done to improve services here?

I would like to answer any questions that you have before you leave. Is there anything that concerns you, or anything that I can help you with?

Thank you for your help, your ideas, and your time!

Interviewer's comments:

Client-Flow Analysis Forms for HIV Counseling and Testing Services

Client Register Form

Client number: _____ Date: _____ Time of arrival at the site: _____

Sex: Male _____ Female _____

Individual counseling _____ Couples counseling_____

Primary reason for visit (see Service Codes): _____

Secondary reason for visit (see Service Codes): _____

Visit timing: *First visit for primary service* _____
Follow-up visit for primary service _____

Time client arrived at the site: _____

	Staff member's initials	Time service started	Time service completed	Contact time (in minutes)
First contact				
Second contact				
Third contact				
Fourth contact				
Fifth contact				
Sixth contact				

Comments: _____

_____

_____

Service Codes

A—HIV information provision
B—Risk assessment
C—Pretest counseling
D—Posttest counseling
E—Provision of condoms
F—HIV test
G—Referral for ongoing prevention counseling
H—Referral for services to prevent mother-to-child transmission of HIV
I—Referral for care, treatment, and support services
J—Referral for diagnosis and treatment of sexually transmitted infections
K—Referral for sexual and reproductive health services, including family planning
L—Other (specify)

Client-Flow Chart

(Use as many pages as necessary) Page _____

Site: _____ Date: _____ Session: _____

Instructions: If providing couples counseling, indicate in the "Comments" column.

Client number	Time In	Time Out	Total time at site (in minutes)	Contact time (in minutes)	Waiting time (in minutes)	Service type (primary)	Service type (secondary)	Visit timing	Comments*
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
		Total							

Codes: Service Type

A—HIV information provision
B—Risk assessment
C—Pretest counseling
D—Posttest counseling
E—Provision of condoms
F—HIV test
G—Referral for ongoing prevention counseling
H—Referral for services to prevent mother-to-child transmission of HIV
I—Referral for care, treatment, and support services
J—Referral for diagnosis and treatment of sexually transmitted infections
K—Referral for sexual and reproductive health services, including family planning
L—Other (specify)

Codes: Visit Timing

1—First visit
2—Follow-up visit

Client-Flow Chart Summary

Site: _____ Date: _____ Session: _____

Page	Total number of clients	Total time (in minutes)	Total contact time (in minutes)	Percentage of client time spent in contact with staff (rounded to a whole number)
Page 1				
Page 2				
Page 3				
Totals				

Average number of minutes (rounded to a whole number): _____
(divide "Total time" by "Total number of clients")

Average contact minutes (rounded to a whole number): _____
(divide "Total contact time" by "Total number of clients")

Action Plan and Follow-Up Forms for HIV Counseling and Testing Services

Action Plan

Problem	Cause(s)	Recommendation	By Whom	By When

Action Plan Follow-Up

Problem	Cause(s)	Recommendation	Status	Comments

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Appendix

Pledge of Confidentiality

I certify that any information that I obtain from client records, site registries, log books, client interviews, or any other aspect of the COPE® exercise will remain confidential.

Signed: _____ **Date:** _____

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