

**Improving Access To and Use of Quality
Voluntary Counseling and Testing (VCT) Services**

A checklist for community-based health projects

CORE Group
HIV/AIDS Working Group
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The **CORE Group** is a membership association of more than 40 international nongovernmental organizations (NGOs) who work together to improve the health and well-being of children and women in developing countries through collaborative NGO action and learning. Collectively, its member organizations work in more than 168 countries, supporting health and development programs.

CORE's *HIV/AIDS Working Group* helps CORE members to use HIV/AIDS resources to further both child survival and HIV/AIDS goals in an integrated and comprehensive manner. Working group activities seek to enhance scaled-up HIV/AIDS programs in the field, compile and disseminate lessons learned and best practices in HIV/AIDS and child survival, and influence decision makers toward integrating child survival and HIV/AIDS agendas and strategies.

Abstract

Improving Access To and Use of Quality Voluntary Counseling and Testing (VCT) Services: A Checklist for Community-based Health Projects is intended for technical backstops and field managers of community-based health projects who wish to increase the demand for, access to and use of quality voluntary counseling and testing services in their project areas. The purpose of the checklist is to give NGO health staff an overview of key questions to ask as they consider working with Ministries of Health or other organizations to expand VCT services in their project areas.

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CORE Group
300 I Street, NE
Washington D.C 20002
www.coregroup.org
E-mail: contact@coregroup.org

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Table of Contents

Introduction.....	1
A. Identify the major barriers to VCT use among your target population and ways to address them.	3
B. Ensure that adequate post-test care and support are available in your project area.	5
C. Ensure that the model for VCT service delivery suits the needs of your project area and major target populations	6
D. Ensure that VCT counselors are adequately selected, trained and supported.....	7
E. Ensure that the pre and post test counseling are of good quality.	8
F. Ensure that the VCT locations meet the needs of your target populations.....	10
G. Ensure that the testing is of good quality.....	11
H. Ensure that all involved respect the strict confidentiality of VCT clients.	13
I. Ensure that VCT services are regularly monitored and evaluated.	15
J. Ensure that VCT services are accessible to women	16
K. Ensure that VCT services are accessible to pregnant women.....	17
L. Ensure that VCT services are accessible to young people.....	19
Resources.....	20

Acronyms

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
BCC	Behavior change communication
BCG	Bacille Calmette-Guérin
CDC	Centers for Disease Control and Prevention
HIV	Human immunodeficiency virus
MCH	Maternal and child health
MOH	Ministry of Health
NGO	Nongovernmental organization
PLWHA	persons living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
SAT	Southern African Training Programme
STI	Sexually transmitted infection
TB	Tuberculosis
TBA	Traditional birth attendant
UNAIDS	Joint United Nations Programme on AIDS
UNICEF	United Nation's Children Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

Introduction

This checklist is intended to be used by technical backstops and field managers of community-based health projects who wish to increase the demand for, access to and use of quality voluntary counseling and testing (VCT) services in their project areas. The main purpose of the checklist is to give nongovernmental organizations (NGOs) an overview as to the main questions they may need to ask as they consider working with ministries of health or other organizations to expand VCT services in their project areas.

Why link up? As many of us see gains in maternal and child health being eroded by an increasing incidence of HIV/AIDS in our project areas, we are faced with the question of how to improve access to HIV/AIDS prevention, care and treatment services while adding value to our community-based MCH efforts. Voluntary counseling and testing for HIV is an important prevention intervention and remains the primary gateway through which our beneficiaries access needed HIV/AIDS-related services. Many NGOs running maternal and child health (MCH) projects are in a unique position to leverage their presence in the community to expand their beneficiaries' access to existing VCT services.

How to use this checklist. This list can be used when preparing a funding proposal, developing implementation plans or for modifying current interventions. Some examples include:

- A field team applies this checklist and finds that the VCT services in their area seem to be of good quality but, because of strong social barriers, very few people in their project area are using VCT. They then add a component to their ongoing behavior change communication (BCC) and community mobilizing strategy to address these barriers and thus increase VCT use.
- A team finds that HIV/AIDS post-test follow up and support is weak or non-existent. They then take advantage of their highly developed community mobilization work to create a network of support services for persons living with HIV/AIDS (PLWHAs) and for those who test negative in their area.
- A project has a strong antenatal care (ANC) component. The team uses the checklist to determine that nearby VCT facilities offer high quality services, although they do not link up with ANC services in their area. The project gains funding to support and train VCT staff to come and offer VCT as a part of the project's antenatal care efforts, making it possible for mothers with HIV to gain access to prevention of mother-to-child transmission (PMTCT) services, TB treatment and antiretrovirals.

Testing and Counseling: A Shifting Paradigm

Historically, VCT has been the major strategy through which people discover their HIV status. In this client-initiated model, people voluntarily come forward for counseling and testing. However, in the face of limited access to VCT and low rates of usage, the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and UNAIDS have revised their guidelines to recommend four types of HIV testing, summarized as: 1) **Voluntary counseling and testing**, in which clients initiate testing to learn their HIV status. 2) **Diagnostic HIV testing**, in which providers initiate an HIV test whenever a person shows signs or symptoms that are consistent with HIV-related disease or AIDS to help clinical diagnosis and management (such as during TB care). 3) **Routine offering of HIV testing**, in which health care providers offer testing to all patients being assessed for a sexually transmitted infection (STI); seen during antenatal care; or seen in clinical and community-based health service settings where HIV is prevalent and antiretroviral treatment is available, and 4) **Mandatory HIV screening of blood**, in which testing is done only on blood destined for transfusion or for manufacture of blood products. UNAIDS and WHO do not support mandatory testing of individuals, on public health grounds. In the case of **diagnostic HIV testing** and **routine offering of HIV testing**, providers must make sure that post-test counseling is given to patients whether or not they test positive, and that patients retain the right to refuse testing, i.e. to 'opt out' of a systematic offer of testing. *Under all circumstances counseling and testing must be coordinated with the National or District AIDS Control Commission or Ministry of Health in order to stay abreast of changing policy.*

A. Identify the major barriers to VCT use among your target population and ways to address them.

Why do you need to know? It is estimated that 95 percent of people who are HIV positive have not been tested and do not know they are positive.¹ Programs that wish to link up with VCT services need to be aware of the most common obstacles to testing and do what they can do to help reduce or eliminate them.

How can you find out? If VCT usage is low in your project area, the first step is to determine why. A good way to begin is to ask key informants. These may be staff of the local VCT facility, representatives of youth and women in your area, ministry of health officials, leaders of PLWHA networks in your area, or others. A number of methodologies exist to help your organization to identify barriers to usage. Two methodologies that have been developed or used by CORE Group members are Barrier Analysis and the BEHAVE Framework. The Technical Reference Materials on Behavior Change Interventions gives a good overview of the process of identifying barriers and determinants of behavior.

What can you do? Below are some commonly identified barriers at the community level and a description of some basic strategies for overcoming them.

Common barriers:

- Lack of awareness
- Denial
- Social taboos about sex
- Fears about confidentiality
- Fear of testing positive
- Fear of stigma
- Fear of discrimination
- Fear of abuse and abandonment
- "There is no treatment, so there is no point in being tested."
- The partner will not get tested and will not practice safer sex
- The test site is not accessible
- The testing service is too expensive
- No symptoms of disease
- Fear of dying sooner

Community-based health programs have done a number of things to reduce barriers to VCT use in their areas. Programs have developed community-based interventions to address relationships and sexuality, as well as HIV/AIDS or to address stigma and discrimination. Programs have built upon pre-existing local responses to the

¹ [Introduction to Counselling and Voluntary Counselling and Testing](#) [best practice summary]  Published by: UNAIDS

epidemic by supporting traditional coping mechanisms and faith-based care and support. They have worked to increase general awareness of and provide accurate information on HIV/AIDS. Some programs have established and supported post-test counseling and treatment, prevention, peer-support, and other support services in the community (medical support, counseling, social and legal support). Some organizations have begun to "mainstream" or normalize HIV/AIDS. Others have worked to raise the visibility of people living openly with HIV/AIDS in order to combat stigma, encourage disclosure, and inspire HIV-positive people to seek care and support. Another way to reduce barriers is to ensure that VCT services are of good quality, are affordable and accessible, and that they establish a reputation in the community for being confidential and caring. Under all circumstances these efforts must be coordinated with the National or District AIDS Control Commission. For more on the nature of the barriers mentioned above and ways to address them please see [Appendix A. Barriers to VCT use and ways to address them.](#)

Recommended tools for identifying barriers to VCT use: [Food For The Hungry: Overcoming Obstacles To Behavioral Change Via The Development And Diffusion Of A Barrier Analysis Manual And Training](#) (<http://barrieranalysis.fhi.net/>), [Applying the BEHAVE Framework: Workshop Guide \(French and English\)](#) (http://www.coregroup.org/working_groups/behave_guide.cfm), [2005 Behavior Change Interventions: Technical Reference Materials](#) (http://www.coregroup.org/working_groups/TRM_SBC_2005.pdf)

B. Ensure that adequate post-test care and support are available in your project area.

Why do you need to know? One of the most crucial components of quality VCT is the post-test care and support people need after they learn their HIV status. While this is important for anyone who gets tested—those who test negative, for example, need support to stay negative—it is especially important for people who test positive. This is also the most difficult part of VCT to provide since people with HIV/AIDS usually have a large number of post-test care and support needs.

How can you find out? One way of identifying the strengths and weaknesses of post-test care and support in your area is to get answers to the following questions. 1) What are the **most common post-test care and support needs** for people in your project area? 2) What are all the potential **partners** available (at the local, regional, and national level) to meet these needs listed above? These may be individuals, organizations, government agencies or others. 3) Which of these individuals, organizations, government agencies, etc., are **providing post-test care and support**? 4) **What kinds of care and support** are they providing and how are they **participating in the network**? 5) Who is **managing and coordinating the network** and how are they doing it? 6) What kind of plan is in place to **develop local capacity** to address those post-test needs that are not being met by the network at this time?

What can you do? In order to ensure adequate post-test care and support, groups need to establish a network of providers who can meet these various needs. When teaming up with agencies that provide VCT services, community-based health programs often play the role of establishing such a network in their project area or of reinforcing the existing network.

See [Appendix B. Post-test care and support](#) for a description of some of the most common needs for post-test care and support as well as a list of potential partners.

C. Ensure that the model for VCT service delivery suits the needs of your project area and major target populations.

What are models of VCT services delivery? VCT services can be offered in a number of different delivery models. Three common ones are:
1) **Stand Alone.** In this model, VCT is provided in a setting/location that offers voluntary counseling and testing for HIV/AIDS and no other service;
2) **Integrated.** In this model, VCT is offered along with other health services at the same location. VCT could be offered at a provincial hospital, for example, at a district health center, at a PMTCT or STI clinic, or at a school; and 3) **Mobile Outreach.** In this model, a temporary VCT "site" (such as a trailer or a van) is set up for a limited period in various locations within a particular geographic area. Community-based health programs that are considering linking up with agencies that provide VCT services should examine how well the model used for delivering VCT services responds to the needs of their target population. If necessary, they should negotiate with the service provider to implement a model that is appropriate to the project area.

How can you find out which VCT service delivery model is most appropriate to your project area? In some cases, there may be no choice, but in those situations where communities have a voice in the matter, certain built-in strengths and weaknesses of these three models (see below) should be carefully considered as part of the selection process. Since providing VCT at the community level is almost always a collaborative effort, another consideration in making this decision is to determine which model works best for the particular partnership that has been put together to offer the VCT service. For a look at the strengths and weaknesses of different delivery models see [Appendix C. VCT service delivery models.](#)

D. Ensure that VCT counselors are adequately selected, trained and supported.

Why do you need to know? Counselor selection, training and support are central to quality VCT services. Most health workers are more used to giving information rather than counseling, so this is an area that merits special attention to help ensure quality VCT for a program area.

How can you find out? Asking the following questions will help to give you an idea about the quality of the selection, training and support of counselors at existing VCT sites. 1) What qualifications must someone have in order to become a VCT counselor? (In many cases, counselors will be lay people and/or volunteers and they will have to be trained in the necessary skills.) 2) How are candidates selected and identified? 3) Are the candidates trained consistent with national guidelines? Does training include hands-on practice? 4) How are counselor trainers recruited? 5) Does the training curriculum conform to national guidelines? 6) Are newly trained counselors paired with a mentor/experienced counselor while they are developing their skills? How long is the trial period for trainees? 7) Are counselors tested/certified according to national guidelines? (This may not be required everywhere). 8) Are counselors supervised and evaluated on a regular basis to ensure quality? 9) Are counselors given follow-up and in-service training on a regular basis? 10) What is the facility doing to support counselors to prevent burnout?

What can you do? In many areas, where community-based programs have found that the existing selection, training and support for VCT counselors did not meet the needs of their beneficiaries, NGOs have helped to fill the gaps in a number of creative ways. Some examples include: helping to sponsor training for existing MOH counselors as well as recruiting, training and supporting community volunteers as lay counselors or training and supporting project staff as counselors to provide pre-test, post-test and ongoing counseling. **It is crucial to coordinate any such efforts with the National or District AIDS Control Commission.** For more details on this topic please see [Appendix D. VCT counselor selection, training and support.](#)

E. Ensure that the pre and post test counseling are of good quality.

Why do you need to know? Counseling is a difficult skill to teach. It is also central to VCT. Therefore, it is important that a community-based program understand and help to reinforce the quality of pre and post-test counseling.

How can you find out? When dealing with VCT services offered by another organization, it may be difficult to assess in detail the quality of counseling. Some ways of getting a quick idea of counseling quality is simply to ask the supervisor or person in charge of counseling to list the topics that a counselor is expected to cover. Another way is to ask to see their *Counselor Evaluation Forms* or any quality improvement checklists they may use for supervising counseling sessions. Compare their responses and any forms to the national VCT norms available from your national or district AIDS Control Commission.

Listing the topics that a counselor is expected to cover.

The topics to be covered in pre-test counseling will vary in each session to some extent depending on the national guidelines and the client, but there are a number of topics that should be covered with every client such as: 1) Clarifying with the client why she/he is seeking testing; 2) Confidentiality; 3) Information about HIV/AIDS; 4) Risk assessment; 5) How the test works; 6) Advantages of being tested; 7) Disadvantages of being tested; 8) The implications of a positive and a negative result; 9) Available support services; 10) Partner testing; 11) Ensuring that the client makes her/his own decision to be tested or not; 12) Identifying a support person to accompany the client when he/she gets the results of the test; 13) Obtain the client's consent to be tested; 14) Repeating risk-reduction messages if client declines testing.

The topics to be covered in post-test counseling. While some clients have special needs, the following topics should be covered with every client as part of post-test counseling: *If the result is negative:* 1) The window period; 2) Partner testing; 3) Safer sex; 4) Post-test clubs; 5) The need for retesting in the event of unprotected sex. *If the result is positive:* 1) Ensure that the client is emotionally ready to hear about a positive result; 2) Give the test result; 3) Special needs of couples with discordant results; 4) Confidentiality; 5) Treatment options; 6) Details of antiretroviral therapy where available; 7) Referrals for post-test support; 8) Staying healthy; 9) Advantages and disadvantages to disclosure and how to prepare for them; 10) Protecting others from infection.

What can you do? In situations where the existing quality of VCT counseling did not meet the needs of the beneficiaries of their community-based programs, NGOs have played a number of helpful roles. Some have provided technical assistance to VCT centers in counselor training, supervision and quality assurance. Others have trained and supported their own staff as counselors to work in the VCT facility. Some groups train and support community volunteers to provide pre-test counseling, sending clients in to the VCT facility for testing and post-test counseling. In some cases NGOs conduct pre and post test counseling while MOH provides the actual testing. Under all circumstances these efforts must be coordinated with the National or District AIDS Control Commission. For more details on this topic please see [Appendix E. Quality pre and post-test counseling.](#)

F. Ensure that the VCT locations meet the needs of your target populations.

Why do you need to know? VCT sites may be chosen with specific target populations in mind. If the beneficiaries of a specific MCH program are not specifically part of the originally targeted population, the location of the site may in itself present barriers to use by your target population.

How can you find out? Asking the following questions will help to give you an idea.

Sample checklist for assessing the location of existing VCT services	Yes/No
Did members of your target populations have a voice in selecting the site?	
Is the site easily accessible to the target clients (especially women, pregnant women and youth)?	
Does the location discourage any potential clients? If so, specify: _____	
Does the site afford some privacy/allow for discreet use?	
Does the site permit flexible hours of operation?	
Does the site have reliable sources of water and electricity?	
Is the site easily accessible to potential staff?	
Does the site allow room for expanding the services if necessary?	

Why do you need to know? In situations where existing VCT counseling locations did not meet the needs of the beneficiaries of their community-based programs, PVOs and NGOs have added value to these services by helping to organize transport to VCT sites, providing a site for VCT mobile outreach within the project area, integrating VCT into program health services, or in some cases, establishing a VCT site themselves. Under all circumstances these efforts must be coordinated with the National or District AIDS Control Commission.

G. Ensure that the testing is of good quality.

HIV testing is the process by which blood or body fluids are analyzed for the presence of antibodies or antigens produced in response to HIV. HIV testing should be undertaken with informed consent and be voluntary.²

Why do you need to know? Finding out about the quality of testing in your area will help your program to determine how to add value to the current services in ways that benefit your target population. Under all circumstances these efforts must be coordinated with the National or District AIDS Control Commission.

How can you find out if the testing is of good quality? Asking the following questions will help to give you an idea.

Sample checklist for assessing the quality of existing HIV testing services	
Where do you carry out HIV tests?	
All testing done on site	Yes /No
Preliminary tests done on site, confirmations sent to other lab	Yes /No
All testing carried out in other lab	Yes /No
What is the time interval between taking blood and results being available?	
Over the past year, what percentage of people who were tested received their results?	
Do you have external quality control for HIV testing?	Yes /No
If yes, describe	
How many days of testing did you lose last year due to stock outs or other problems with essential commodities or supplies?	

What can you do? In situations where existing HIV testing was not of good quality, PVOs and NGOs have added value to these services by transporting test kits from remote sites to the laboratory for processing, providing training and technical assistance to laboratory technicians, obtaining needed equipment, and providing technical and managerial guidance to ensure uninterrupted supplies of test kits, reagents and other needed commodities. For more details on this topic

² [Introduction to Counselling and Voluntary Counselling and Testing](#)[best practice summary]  Published by: UNAIDS

please see *Tools for Evaluating HIV Voluntary Counselling and Testing*, UNAIDS 2000. <http://www.cpc.unc.edu/measure/publications/unaidsvct.pdf>

H. Ensure that all involved respect the strict confidentiality of VCT clients.

Why do you need to know? Because fears about confidentiality are one of the most often-cited reasons people do not want to get tested, community-based programs can add value to existing VCT services by assisting VCT facility staff in taking all the necessary precautions to ensure client confidentiality.

How can you find out if confidentiality is respected? Asking the following questions will help to give you an idea.

Sample checklist for assessing the confidentiality of existing HIV testing services	
Does the site have a written policy on confidentiality? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe the steps that have been taken to ensure confidentiality <input type="checkbox"/> Files kept in a locked filing cabinet, <input type="checkbox"/> Information is coded to prevent casual disclosure <input type="checkbox"/> Appointment book is kept in a locked drawer to prevent clients from reading the names of others. <input type="checkbox"/> Confidential computerized information is protected by a security system/passwords All appropriate staff have signed a statement defining confidentiality requirements and explaining disciplinary actions that will be taken in the event of a breach <input type="checkbox"/> Other? (Specify):	
Have any of the following staff received specific guidance about the role of counseling and confidentiality?	
Counselors	Yes <input type="checkbox"/> No <input type="checkbox"/>
Laboratory staff	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-counseling medical staff	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ward attendants	Yes <input type="checkbox"/> No <input type="checkbox"/>
Receptionists	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ancillary staff (e.g. cleaners)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Others (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do supervisors ensure that counselors explain the confidentiality procedures/system to all clients and ask clients to notify the VCT site at once if they hear of any instance when confidentiality has been broken? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the system for ensuring confidentiality monitored on a regular basis to see if it is working? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many breaches in confidentiality have occurred in the history of this site? _____	

When a breach of confidentiality became known what corrective action was taken?
Describe:

What can you do? Ways that PVOs and NGOs have helped include: assisting VCT facilities to identify the most likely ways that confidentiality can be broken at the VCT site; helping to design procedures and/or systems to protect confidentiality; ensuring access to training for all staff in these procedures and in the importance of ensuring client confidentiality; helping community members to notify the VCT site at once if they hear of any instance when confidentiality has been broken; conducting client satisfaction surveys among clients in their project areas and sharing the results with the VCT staff; and working with community groups to advocate that VCT supervisors investigate any breaches in confidentiality when they become known and take corrective action. Under all circumstances these efforts must be coordinated with the National or District AIDS Control Commission.

I. Ensure that VCT services are regularly monitored and evaluated.

Why do you need to know?

The facility's monitoring and evaluation (M&E) system should be the first source of information to identify the strengths and weaknesses of the existing VCT services. These will help to point out possible advantages that linking up to the existing services can offer to beneficiaries of community-based programs.

How can you find out? Asking the following questions of the facility supervisor can help you to get an idea as to how well developed the M&E system is. 1) What are the primary goals of the VCT program? 2) What are the key indicators and targets? 3) How do you monitor these indicators? 4) What were the results of any a baseline survey conducted at the beginning of the VCT service? 5) When was the last evaluation conducted? And what were the primary results? 6) What changes has the facility made in response to the evaluation results?

What can you do? Because many NGOs have well-developed M&E systems, they can often add value to existing services by helping VCT facilities to set up or improve monitoring and evaluation systems or by participating in program evaluations. Community-based programs may also include key VCT indicators in their own population-based surveys or health information systems to be shared with the facility (for example, including questions about mothers' or young people's opinions of services of different VCT facilities during a baseline or ongoing monitoring survey). Under all circumstances these efforts must be coordinated with the National or District AIDS Control Commission. For more details on this topic please see [Appendix F. Providing ongoing monitoring and evaluation of a VCT service.](#)

J. Ensure that VCT services are accessible to women

Why do you need to know? In most regions, an increasing proportion of people living with HIV are women and girls, and that proportion is continuing to grow, particularly in Eastern Europe, Asia and Latin America. Women and girls make up almost 57% of adults living with HIV in sub Saharan Africa³. For VCT services to be effective in the community they should address the challenges that gender inequity poses to women.

How can you find out? Asking the following questions of the facility supervisor can help you to get an idea as to how accessible VCT services are to women in your area. What does the facility do to encourage couples to go for testing and counseling together? How much do counselors stress with women ways to negotiate safer sex? Does the facility sponsor peer support services so that HIV-positive women can receive guidance and support from other positive women? How many of the volunteers and staff of the VCT facility and support services have been trained to address gender differences and gender inequity?

What can you do? Community-based programs can improve access to VCT for women in a number of ways. They can conduct BCC activities to encourage couples to go for testing and counseling together and to help women to build their skills at negotiating safer sex. They can conduct community mobilization activities to establish community-based peer support services helping HIV-positive women to receive guidance and support from other positive women. They can make training and mentoring available to their own staff and volunteers and to those of VCT and support services to address gender differences and gender inequity. Under all circumstances these efforts must be coordinated with the National or District AIDS Control Commission. For more details on this topic please see [Appendix G. Special Concerns for Women, Pregnant Women, and Youth.](#)

³ UNAIDS. Women and AIDS. An extract from the AIDS epidemic update : 2004.

K. Ensure that VCT services are accessible to pregnant women

Why do you need to know? Every pregnant woman should have access to quality VCT services both to protect her own health as well as that of her children born and unborn. In 2003 UNAIDS and WHO estimated that 2.5 million children worldwide were infected with HIV⁴. About 90% of children living with HIV/AIDS acquired the virus via mother-to-child transmission (MTCT). By 2010 child mortality in areas most affected by HIV/AIDS is expected to double. Without intervention, a child born to a mother with HIV has about a 30% probability of acquiring the virus. If the mother finds out she is HIV+ during pregnancy and can receive appropriate care, the transmission rate can be greatly reduced. Even when a child does not become infected, if the mother is very ill or dies, the survival and well being her children are at great risk. VCT is the gateway through which pregnant women can discover their sero-status, receive referral to services that can prevent mother to child transmission (PMTCT) and other needed services for her own wellbeing. It also can help pregnant women who test HIV negative to gain the skills and knowledge they need to avoid infection.

How can you find out? Asking the following questions of the facility supervisor can help you to get an idea as to how accessible VCT services are to pregnant women in your area. Is facility linked to any antenatal care (ANC) services? In what percentage of cases do pregnant women and their partners go through counseling and testing together as a couple? During a normal post-test counseling with a pregnant mother, how much time is dedicated to discussion and skills building around safer sex during pregnancy and lactation? How much counseling time is dedicated to infant and young child feeding in the context of HIV? If a pregnant mother tests positive does the facility refer her to PMTCT services? What percentage of mothers who test positive receive PMTCT services and what do these services consist of? What other post-test support services are available for pregnant women (whether they test positive or negative) and what percentage of pregnant women use these post-test services? Does the facility offer or refer out to post-test support groups for pregnant women and their partners? What percentage of pregnant women and their partners participate in these groups? What percentage of pregnant women receive ongoing counseling or some other kind of psychosocial support at the facility after receiving post-test counseling? What percentage of HIV positive pregnant women also bring other children for HIV testing?

⁴ UNAIDS and WHO, *AIDS epidemic update, December 2003* (Geneva: Joint United Nations Programme on HIV AIDS and World Health Organization 2003).

What can you do? Community-based programs can improve access to quality VCT and post-test support for pregnant women and their families in a number of ways. PVOs and NGOs can conduct **BCC and community mobilization activities** to encourage dialogue between couples on sexuality and HIV/AIDS, to raise awareness of the danger of MTCT, the efficacy of PMTCT services (where accessible), and the need for VCT for all pregnant mothers, to encourage couple counseling and testing, to support exclusive breastfeeding as a primary means of improving the HIV-free survival of infants (except in cases where exclusive replacement feeding is Affordable, Feasible, Acceptable, Safe and Sustainable - AFASS), and to promote safer sex during pregnancy and lactation. Projects that offer community-based **clinical services** can integrate VCT services from the facility into ANC and STI services offered in the project area. They can offer community-based pre-test counseling for mothers and for couples. They can offer post-test psychosocial support and/or establish post-test clubs for pregnant women and their partners. They can help mothers who test positive to access PMTCT services (e.g. with transport or economic help). Programs can offer psychosocial support after testing for pregnant women (whether or not they test positive) as well as nutritional counseling and/or support for pregnant women, as well as children under five and their mothers. Under all circumstances these efforts must be coordinated with the National or District AIDS Control Commission. For more details on this topic please see [Appendix G. Special Concerns for Women, Pregnant Women, and Youth](#)

L. Ensure that VCT services are accessible to young people.

Why do you need to know? In developing countries, more than half of all new infections occur in people under the age of 25, with girls hit harder than boys.⁵ It is essential that VCT programming be designed to serve the special needs of this population, especially the most vulnerable among them such as out-of-school youth, those who have transactional sex, and men who have sex with men. In most cases it is possible—and certainly preferable—to integrate VCT for young people into ongoing youth programs in the community.⁶

How can you find out? Asking the following questions of the facility supervisor can help you to get an idea as to how accessible VCT services are to young people in your area. What percentage of the VCT clients are young men and young women? How accessible to young people are the VCT facility location and hours of service? Have VCT staff and health care providers received training and support on ways to serve youth in a nonjudgmental and sensitive manner? How many young people work in their outreach efforts? What kinds of post-test support services are available to young people and what percentage of young people use these services? Does the facility offer or refer out to post-test support groups for young people? What percentage of young people participate in these groups? Of the young people who use the services what proportion are among high-risk groups such as out of school youth, street children, and young girls? When young people receive counseling which of the following topics are routinely covered: general information on sexual and reproductive health, the proper use of a condom, risk behaviors for contracting AIDS, youth-specific advantages and disadvantages of disclosing, how to disclose to parents, the importance of adhering to drug regimens, anticipating and planning for the reaction of peers?

What can you do? Community-based programs can improve access to quality VCT and post-test support for young people in a number of ways. NGOs can conduct **BCC and community mobilization activities** to encourage dialogue among young people (and between young people and their parents) on sexuality and HIV/AIDS; to promote abstinence, being faithful to one partner (or reduction of partners) and the use of condoms; to reduce the risk of transmission; and to reduce stigma and encourage the use of VCT services. Projects that offer community-based **clinical services** for young people or other youth activities can integrate VCT services from the facility into their youth-centered activities such as youth clubs

⁵ UNAIDS, "UNICEF names top five concerns for children in 2004: Overcoming the Challenges Facing Children Is Key to Human Progress," (New York: Press release, 31 December 2003).

⁶ Programmers should be aware of any local or national legal restrictions, or a minimum legal age, on serving youth.

and STI services offered in the project area. They can integrate information on AIDS and VCT into the school curriculum. They can offer community-based pre-test counseling for young people. They can offer post-test psychosocial support and/or establish post-test clubs for young people. They can help youth who test positive to access ART (where available) and encourage positive living. Programs can offer psychosocial support after testing for youth (whether or not they test positive). Under all circumstances these efforts must be coordinated with the National or District AIDS Control Commission. For more details on this topic please see [Appendix G. Special Concerns for Women, Pregnant Women, and Youth.](#)

Resources

For more resources on VCT programming, please see [Appendix H. Resources for Community-Based VCT](#)