

# **Couples HIV Testing and Counseling (CHTC) - in Health Care Facilities -**

# CHTC



**Couples HIV Testing  
and Counseling**

## **Trainer's Manual**



For more information about the Couples HIV Testing and Counseling (CHTC) in Health Care Facilities training, please contact Amy Medley ([igm8@cdc.gov](mailto:igm8@cdc.gov)) or Pam Bachanas ([dt6@cdc.gov](mailto:dt6@cdc.gov)).

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The Couples HIV Testing and Counseling (CHTC) in Health Facilities training curriculum was updated and adapted based on the 2007 CDC Couples HIV Counseling and Testing Intervention and Training Curriculum. The 2007 curriculum has been adapted for implementation in more than 22 countries to date, and many couples have received CHTC thanks, in part, to those initial materials. However, many changes have occurred since the initial materials were officially released in 2007. The initial materials took 4–5 days to cover and specifically targeted counselors in voluntary counseling and testing (VCT) sites. Although VCT sites still exist in many countries, they are increasingly complemented by other community-based approaches such as home-based HTC, mobile and outreach HTC, workplace HTC, and campaigns. Additionally, HTC services have expanded substantially in health facility settings, and provider-initiated testing and counseling (PITC) is now the norm in most countries. Many health care providers and counselors have been trained to provide HTC to patients but most still lack specific training to address the complex needs of couples and the challenges of implementation in the context of busy health facilities. These materials have been designed for healthcare providers and counselors who have been trained to conduct HTC through their national training programs. This training curriculum:

- ✓ specifically attempts to address the CHTC training and implementation needs of health care providers and counselors,
- ✓ has been reduced to 2 days in an effort to reduce the training burden.

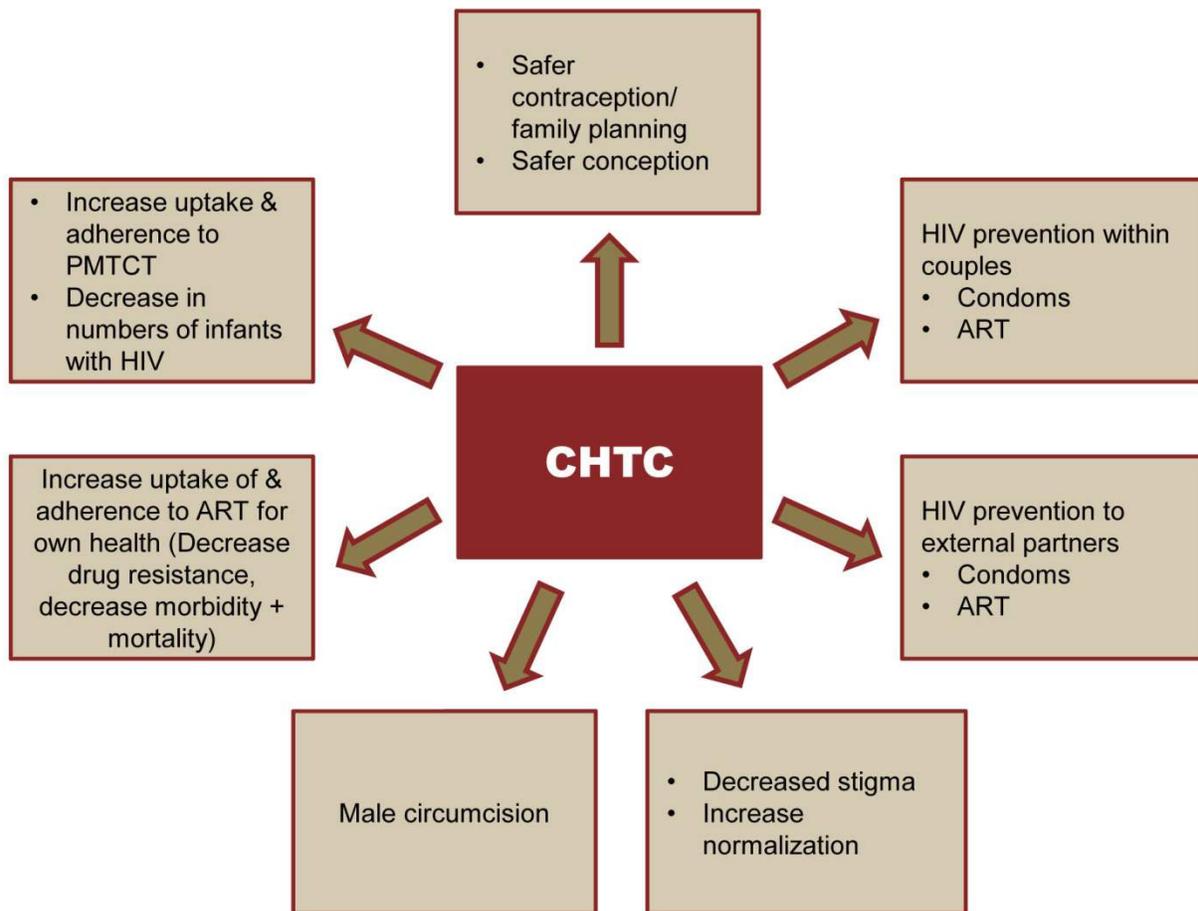
In addition to the focus on health care providers and counselors in clinical settings, the updated training materials are guided by recent policies and evidence regarding successful approaches to HIV prevention, care, and treatment, which are now being scaled up in combination. In particular, the prevention of mother-to-child transmission (PMTCT), voluntary medical male circumcision (VMMC), and early antiretroviral therapy (ART) for persons living with HIV (PLHIV) have the potential to turn the tide of the HIV epidemic. HTC is at the forefront of these important approaches, and opportunities for CHTC exist in each of these programs. As it becomes increasingly important to identify discordant couples to prevent HIV transmission and initiate treatment for HIV-infected partners, CHTC plays a critical role.

CHTC can lead to other potential benefits (Figure 1), including increased opportunities to:

- ✓ engage men in health care services and in decision-making about family planning and pregnancy
- ✓ discuss condom use with couples and help increase condom use in discordant couples
- ✓ actively link couples to additional needed services, such as voluntary medical male circumcision (VMMC), family planning, ongoing counseling or support groups, and tuberculosis (TB) or sexually transmitted infection (STI) screening

- ✓ increase uptake and adherence to PMTCT regimens to protect their babies among couples who receive HTC together
- ✓ increase adherence among couples who receive HTC together to their own ART regimens as prescribed
- ✓ reduce the risk of violence by reducing the burden on either partner to disclose to the other
- ✓ decrease stigma and increase normalization of HIV testing

**Figure 1. Potential Benefits of CHTC**



In recognition of the potential benefits of CHTC and the important role that this approach plays in HIV prevention, care, and treatment, the World Health Organization (WHO) has developed *Guidance on Couples HIV Testing and Counseling and Antiretroviral Therapy for Treatment and Prevention in Serodiscordant Couples* (<http://www.who.int/hiv/pub/vct/en/index.html>). These training materials have been harmonized with the recommendations in these guidelines (see Figure 2), which countries are encouraged to incorporate into their national policies.

**Figure 2. WHO Recommendations for Couples HTC and Antiretroviral Therapy for Treatment and Prevention in Serodiscordant Couples**

- 
1. Couples and partners should be offered voluntary HTC with support for mutual disclosure.
  2. Couples and partners in antenatal care settings should be offered voluntary HTC with support for mutual disclosure.
  3. Couples and partner voluntary HTC with support for mutual disclosure should be offered to individuals with known HIV status and their partners.
  4. People with HIV in serodiscordant couples who are started on ART for their own health should be advised that ART is also recommended to reduce HIV transmission to their uninfected partner.
  5. HIV-positive partners with  $>350$  CD4 cells/ $\mu$ L in serodiscordant couples should be offered ART to reduce HIV transmission to uninfected partners.
- 

Despite the wide range of benefits, there are many challenges with CHTC implementation, including the following:

- ✓ Some providers believe they are too busy to conduct CHTC.
- ✓ Couples do not come together for testing.
- ✓ Providers are afraid that couples will blame each other if they find out they are discordant.

These challenges are real and have been experienced by health care providers and counselors offering CHTC. However, it is our responsibility as public health practitioners to overcome these barriers in order to make an impact on the HIV epidemic. The earliest CHTC programs began more than 20 years ago in Rwanda. Today, we can learn from the successes of Rwanda's response to the HIV epidemic, as they currently report more than 80 percent of all pregnant women tested in PMTCT settings do so together with their male partners. Although providers, program managers, and policy-makers all report the challenges with implementing CHTC, successful programs like Rwanda and other countries show us that integrating this approach into health facility settings *is* possible.

These training materials provide a valuable resource that should continue to be referenced by providers as questions and the need for refreshing CHTC skills arise. Although it is not covered in the training, CHTC providers would greatly benefit from the opportunity to practice their newly learned CHTC skills in a real-life setting under supervision of an experienced CHTC provider before serving couples on their own. Additionally, CHTC providers should participate in routine quality assurance procedures for HIV testing and counseling, as outlined in their national guidelines. It is our hope that these materials will be useful to the field and that they will be widely adapted and

implemented in order to reach couples with CHTC services and link them with appropriate follow-up care.

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These training materials were adapted and updated from CDC's *Couples HIV Testing and Counseling in Health Facilities* training materials for counselors, which were developed between 2004 and 2007. Many persons contributed to the development of the original materials, which can be found online at:

<http://www.cdc.gov/globalaids/resources/prevention/chct.html>. In particular, we recognize Michele Evering-Watley, MS, Beth Dillon, MSW, MPH, and their colleagues. The original materials have been adapted for use in more than 22 countries to date. Local co-trainers and participants in early pilot tests of this manual in South Africa, Kenya, Botswana, Malawi, Ethiopia, Namibia, and Nigeria provided valuable feedback that was used to strengthen the original training materials, and their contributions to these updated and adapted materials are recognized.

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# ABBREVIATIONS AND ACRONYMS

AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ARV	antiretroviral (drug)
ART	antiretroviral therapy
BCC	behavior change communication
CDC	United States Centers for Disease Control and Prevention
CHTC	couples HIV testing and counseling
CHW	community health workers
CITC	client-initiated HIV testing and counseling
DHS	Demographic and Health Surveys
FP	family planning
GBV	gender-based violence
HIV	human immunodeficiency virus
HTC	HIV testing and counseling
IDU	injecting drug users
IEC	information, education, and communication
IPT	isoniazid preventive therapy
MCH	maternal and child health
M&E	monitoring and evaluation
MSM	men who have sex with men
NGO	nongovernmental organization
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHC	primary health care
PHDP	Positive Health, Dignity, and Prevention services (for PLHIV)
PITC	provider-initiated HIV testing and counseling
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child HIV transmission
SOP	standard operating procedures
SRH	sexual and reproductive health
STI	sexually transmitted infection
SW	sex workers
TB	tuberculosis
UNAIDS	United Nations Joint Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
VMMC	voluntary medical male circumcision
WHO	World Health Organization

# BACKGROUND ON CHTC

This section provides useful information on CHTC and its benefits to couples. Trainers should review this section in order to familiarize themselves with the research and prepare to answer any relevant questions from the participants on CHTC.

The majority of new HIV infections in sub-Saharan Africa are acquired within cohabiting heterosexual partnerships (Dunkle et al., 2008). This includes married couples and other couples who are living together. In fact, anywhere between 65–85 percent of new HIV infections within discordant couples are acquired from a spouse or cohabiting partner. Although the majority of infections are happening within cohabiting relationships, this also reflects the fact that anywhere from 15–35 percent of new infections in discordant couples may have been acquired from an outside partner (Cohen et al., 2011; Celum et al., 2010; Mermin et al., 2008; Allen et al., 2003).

In most sub-Saharan African countries with generalized HIV epidemics, three-quarters of adults aged 20–49 years are in cohabiting partnerships (Eyawo et al., 2011; Lingappa et al., 2008; MEASURE DHS). We also know that the majority of persons living with HIV are in stable, long-term relationships (Kaiser, 2011; Anand, 2009; DeWalque, 2007). Most importantly, as many as half of all HIV-positive persons who are in stable relationships have a partner who is HIV-negative (DeWalque, 2007; NASCOP, 2009; Bunnell, 2008; Were, 2006; Lurie et al., 2003; Sagay et al., 2006; Msuya et al., 2008; Farquhar et al., 2004). This means their HIV-negative partner could be at very high risk of acquiring HIV if they are unaware of their HIV status and they do not use protective measures when having sex. Routine and regular CHTC is the best way to identify people who may not know they are at such high risk and would greatly benefit from learning about ways to prevent infection with HIV.

## BENEFITS OF CHTC FOR COUPLES

Although there are high rates of HIV transmission among discordant couples, years of research has shown that working with couples can have many benefits for HIV prevention, care, and treatment. Studies on the impact of CHTC among cohorts of couples enrolled in studies in Rwanda and Zambia following CHTC show the following:

- ✓ Couples decrease their HIV risk behavior, which may contribute to the prevention of up to two-thirds of new heterosexual infections (Allen et al., 2011).
- ✓ Where both partners are negative, the rate of new infections is less than 0.5 percent per year (Roth et al., 2001).

- ✓ Where both partners are positive, the rate of other STIs is reduced by 50 percent (Allen et al., 1992).
- ✓ When family planning is combined with CHTC, the rate of pregnancies among HIV-positive women is reduced by 50 percent (Allen et al., 1993).
- ✓ In discordant couples, condom use increases to more than 85 percent of sex acts (Allen et al., 2003). Overall, condom use contributes to a 78 percent reduction in HIV transmission on a per-contact basis, demonstrating the importance of condoms in preventing HIV transmission (Hughes et al., 2012).
- ✓ Additionally, following CHTC, HIV transmission can be reduced by one-third, from 20–25 percent among discordant couples who do not know one another’s HIV status to 3–7 percent per year among discordant couples who do know one another’s HIV status (Celum et al., 2010; Dunkle et al., 2008).

## BENEFITS OF COUPLES RECEIVING THEIR HIV TEST RESULTS TOGETHER

One of the key elements of CHTC is the fact that the health care provider or counselor mutually discloses the HIV status of each partner to the couple together and at the same time, ensuring that both partners know each other’s HIV status. Studies show that when couples know each other’s status, they”

- ✓ can reduce their risk of HIV transmission by starting ART and/or practicing safer sex (Cohen et al., 2011; Apondi et al., 2011; Celum et al., 2010)
- ✓ are more likely to use condoms and reduce sex with outside partners (Benki-Nugent et al., 2011; Kennedy et al., 2010; Allen 2003)
- ✓ are more likely to use antiretroviral (ARV) prophylaxis to prevent transmission to infants (Becker et al., 2009; Farquhar et al., 2004)
- ✓ can communicate openly about their HIV risks and concerns and make shared decisions about HIV care and treatment, family planning, and safer pregnancy
- ✓ are more likely to support one another to adhere to ARV medication (Unge et al., 2010; Ware et al., 2009; Stirratt et al., 2006)

# ABOUT THE COUPLES HIV TESTING AND COUNSELING (CHTC) IN HEALTH FACILITIES TRAINING

## TRAINING OVERVIEW

CHTC has emerged as an important approach that has a range of potential benefits, as outlined on the previous pages. Through helping couples learn their HIV status together, CHTC has the potential to change behavior and reduce the risk of HIV transmission between couples. Health care providers and counselors can assist couples by:

- ✓ recommending CHTC and explaining the benefits of learning their status together
- ✓ creating an environment that is safe for disclosure of HIV status among partners
- ✓ mitigating tension and diffusing blame that may accompany receiving an HIV-positive test result
- ✓ dispelling myths about HIV transmission and discordance
- ✓ providing clear and accurate prevention messages tailored to the couple
- ✓ facilitating linkage with follow-up care, treatment, and prevention services

The overall goal of the *Couples HIV Testing and Counseling (CHTC) in Health Facilities* training curriculum is to increase the skills of health care providers and counselors who provide HTC to couples so that they can help couples understand and accept the results of their HIV test and access follow-up care, treatment, and prevention services. The curriculum was developed in response to increased demand from field partners and providers for training and skills that would help them address issues related to HTC with couples in health facility settings. The curriculum addresses (1) CHTC technical content, (2) the CHTC protocol, and (3) implementation issues through learning activities and hands-on practice. The curriculum also addresses the challenges faced by health care providers and counselors in the field and better equips them with the skills to serve couples.

## What Is New

Additions and updates to the CHTC training materials were based on feedback from facilitators and providers utilizing the original curriculum, as well as recent advances in scientific evidence and policy. Specifically, this updated CHTC training curriculum:

- ✓ targets health care providers and counselors in a range of health facility settings instead of counselors in VCT sites
- ✓ has been condensed to 2 days instead of 4–5 days
- ✓ includes additional sections on
  - importance of CHTC in health facility settings
  - CHTC and gender equity considerations
  - considerations for providing CHTC beyond couples in stable and/or monogamous relationships (e.g., casual partners, non-cohabiting partners, key populations at high risk for HIV)
  - implementation issues for CHTC in health facilities
  - record keeping and data collection for CHTC
  - making services more male-friendly
- ✓ reduces the emphasis on pre-test counseling and puts increased emphasis on post-test counseling in line with PITC protocols and current standards of practice

## Training Participants

This training course should be delivered to health care providers and counselors who have already been trained in the basics of HIV and HTC, including rapid HIV testing, and who have been trained in or sufficiently demonstrate an understanding of basic counseling, communication, and patient management skills. This course is also intended for health care providers and counselors who currently see couples in their clinical setting or who intend to provide CHTC.

## Training Format

This training is a 2-day course that is meant to supplement nationally approved HTC training for health care providers and counselors such as PITC, PMTCT, or HTC for TB or STI patients (if different). The curriculum is designed to guide trainers and participants through a general course covering essential topics, messages, and activities for the CHTC provider. The training is a module-based course led by two co-trainers and can accommodate 15 to 24 participants.

## Teaching Methods

The teaching methods used are interactive and experiential, consistent with adult learning. The modules include presentations that are interspersed with interactive activities such as role plays and small and large group discussions to teach and reinforce course concepts and engage participants in the training material. Due to the compressed nature of the training course, there are some presentations that utilize PowerPoint slides to communicate information.

## TRAINING MATERIALS

A comprehensive list of the materials all trainers should have prior to beginning the training is provided below:

- ✓ Name card for each participant
- ✓ Newsprint paper, easels, and markers
- ✓ Masking tape
- ✓ Sticky notes
- ✓ Index cards
- ✓ Pen and paper for all participants
- ✓ LCD projector for PowerPoint slides
- ✓ White board, screen, or wall for projecting slides onto
- ✓ Red and white beans (for activity in Module 6)
- ✓ Trainer's manual for each trainer
- ✓ Participant's manual for each participant
- ✓ Participant folder to store handouts and other training materials
- ✓ Copies of the agenda for each participant
- ✓ Copies of pre- and post-training assessments and training evaluations for each participant
- ✓ Copies of role plays for participants as listed in the modules
- ✓ Provider cards for each participant
- ✓ Posters for each participant or health facility
- ✓ Certificates of Participation



## TIPS FOR USING THE TRAINER'S MANUAL

The following suggestions are intended to help trainers make the best use of this manual.

- ✓ The content to be addressed will need some elaboration, clarification, or illustration. Trainers are expected to use information from the manual and from their own and participants' knowledge and experience to provide such elaboration. Trainers should be prepared to adapt materials or methods to the culture of the participants and country context, as appropriate.
- ✓ Key talking points are provided throughout the manual in shaded boxes. However, the provided text should not be read to participants but should be paraphrased or stated in the trainer's own words. It is important that trainers become very familiar with the full content of the manual so they are able to easily paraphrase the content in their own words.
- ✓ For the large and small group activities, trainers will find instructions on how to introduce, conduct, and process the activities to achieve the stated learning objectives. It is expected that trainers will state the purpose of the activity to participants and relate it appropriately to what has been covered so far in the module. Trainers should use the processing questions as a guide, drawing from their own observations and understanding of group dynamics to tailor the questions appropriately for the particular group of participants, while keeping in mind the learning objectives.
- ✓ As a general rule, the PowerPoint slides should be the primary mode of presenting visuals during the training. Trainers should use the PowerPoint slides to augment presentation of content but should not read from the slides.

Because people learn at different rates, and the level of knowledge and expertise will vary in different groups, occasionally it may be difficult to adhere to the times allotted for each training activity. Trainers should use the timeframes included in the manual and try to follow them as closely as possible to maintain the integrity of the overall training design, but it is anticipated that some modifications will be needed to meet the particular needs of the participants. The learning objectives, in addition to trainer observations of participants' needs, should be used to determine how modifications are made.

This course is intended to be experiential and interactive. Presentations are typically followed by group discussion or activities that allow participants to discover and/or practice new ideas and concepts. Trainers should strive for a good balance by keeping presentations short, giving participants the chance to raise questions and/or comments, and taking adequate time to conduct and process the activities to enhance the learning of participants.

In some cases, trainers can deliver key content points in less time than allotted for a presentation, then reinforce or elaborate upon them during the processing of the activity. The ability to do this depends on the trainer's being thoroughly knowledgeable

about the content and the learning objectives and being able to take advantage of opportunities to make a point or introduce a new concept.

During the training, it is important to schedule morning and afternoon breaks and a 50-minute lunch period each day. All scheduled breaks should be taken to maintain participants' interest and energy; their exact timing, however, should be guided by the needs of the group. Activities should be completed before a break is called, although stretch breaks can be taken if discomfort or fatigue is interfering with interest and concentration.

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**A NOTE ON ENERGIZERS:** Since there is a lot of materials and content to cover in the training, at times you may need to conduct a brief “energizer” during periods where there is more lecture or times when participants energy and attention appear to be fading (e.g., after lunch). Energizers are brief (5 minutes), fun activities that are designed to get participants moving and pick up their energy. They can be as simple as a song or dance. You and your co-trainer should be prepared to conduct several energizers throughout the training. You can also ask for participants to volunteer and lead an energizer of their own.

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## PARTICIPANT MATERIALS

A participant folder should be compiled and distributed to participants at the training and should include copies of the agenda, PowerPoint slides, handouts and other supplemental resource materials that will be referenced during the training. Trainers should review the contents of the folders with participants at the start of the training—walking them through what is included and how it is organized—and refer to it throughout the training. Providers should also continue to review and reference these training materials after the training as they start providing CHTC. At the start of the training, trainers also need to distribute to participants a name card and a pen and paper for making additional notes.

There is a participant's manual that also accompanies the training. If you have the resources, you may produce hard copies of the manual and distribute them to the participants at the start of the training. If you do not produce hardcopies of the participant's manual, you can give participants an electronic version of the manual on a CD-ROM at the end of the training. The CD-ROM also includes electronic versions of CHTC posters and provider card.

## PREPARATION FOR TRAINING

To help prepare for training delivery, it is suggested that trainers do the following prior to delivery:

- ✓ Obtain a list of participants and ensure that they meet the training requirements.
- ✓ Review the country's guidelines or policies on or related to CHTC. Modify the training material as needed to reflect the country's relevant guidelines or policies.
- ✓ Prepare handouts or copies of any legal documents or guidelines from your country regarding or related to CHTC for participants to keep.
- ✓ Prepare PowerPoint slides (or turn slides into overheads).
- ✓ Prepare the participant training materials (folder with handouts and manual or CD-ROM) and other training aides (e.g., trainer's and participant's agendas, copies of PPT slides for participants, handouts, participant evaluation forms).
- ✓ Review all of the training materials and materials in the trainer's manual thoroughly.
- ✓ Meet with co-trainers to review assignments and also to practice transitioning between the assigned topics and activities that will be conducted during the training.
- ✓ Try to personalize the curriculum by adding your own stories, anecdotes, and "lessons learned" as appropriate. Trainers are expected to draw on their own

knowledge and expertise in the subject area to enrich the training and to provide relevant examples and illustrations, while maintaining the integrity of the training design.

- ✓ Identify potential content and activities that may need to be adapted and tailored to suit your participants and local context. See “Adaptation” section on page xxi for additional guidance.
- ✓ Make notes in the margin of their trainer’s manual while preparing for training delivery. These notes should indicate how trainers plan to integrate their unique perspectives and expertise into the session topics. Trainers should also be encouraged to add humor and anecdotes to enhance the training.
- ✓ Consider how to address issues of culture within the content and context of your presentations. Trainers should be prepared to facilitate a discussion with the participants to explore how diverse cultural perspectives may impact content presented during the training session.
- ✓ Review the timing of each segment of the training so that each trainer is comfortable with the amount of time they have to cover each topic.
- ✓ Decide in advance what should be written on the newsprint for the various activities that will be conducted during the training.
- ✓ Prepare participant certificates of participation. A template for the certificates is included on your CD-ROM. At the beginning of the training, inform participants that they will receive a certificate only upon completion of the entire training. If participants miss some portions of the training, determine with your co-trainer how the participant can make up the portions he or she missed in order to receive a certificate.

## Room Requirements

This course requires one large general session room that will accommodate up to 15-24 individuals with enough space to allow plenty of room for participants to spread out and work in groups. The room should be well lit and free from outside noise, which may disturb trainers and participants and interfere with their concentration. The room should have adequate wall space to hang up newsprint sheets and posters. The general session room should be equipped with one laptop, an LCD projector, and a screen. Multiple newsprint easels, with colored markers, should be available for all days of training.

## ADAPTATION

As with any training package developed for use in a variety of countries, it will be necessary to review the materials and tailor them based on the country's HTC policies and guidelines, current treatment availability, local and regional contexts, cultural norms of couples seeking HTC services, and current trends in HIV prevention, care, treatment, and support. The materials may also be adapted for use in a variety of health facility or community-based settings, including VCT centers, home-based HTC programs, and outpatient and inpatient wards. Although these materials may be adapted for use in any setting where couples could benefit from CHTC, they may have the greatest application in generalized epidemics. Adaptation will be required for use in low and concentrated epidemics, where CHTC is more likely to be offered to people who have an identified risk, such as key populations at high risk of HIV or in a modified form for those who are identified as HIV-infected and for their partners.

It will be important to review and know current national guidelines, policies, and tools that may be directly or indirectly relevant to the implementation, documentation, and reporting of CHTC. Additionally, many of the activities and role plays feature examples or scenarios that may not be relevant for your local context. You are encouraged to modify these sections in order to make them appropriate and relevant to your audience and context. While adaptation is encouraged and necessary to make the training content relevant and acceptable to local settings, it is important that trainers do not skip or remove critical content or entire sections when adapting.

When you adapt and revise any of the training's content or activities, be sure that you also make changes in the participant's manual and/or training slides. Particular sections to consider for adaptation are highlighted below:

### Module One

**Introduction to HIV and CHTC (pages 16-24):** This section gives many statistics that are focused on sub-Saharan Africa. If this training takes place outside Africa, context-specific information about HIV transmission should be inserted here. Country-specific information can also be added or substituted to make the training more relevant to participants.

**Implementing of CHTC in Health Facilities (pages 62-69):** Highlight and review the settings that are most relevant to your country's context and your training participants. If you do make changes, please be sure to also update this section's slides.

### Module Three

**CHTC Counseling Protocol Overview and Pre-test Session (pages 111-122):** If your country has an established protocol for CHTC, you will need to ensure that the information presented in this session aligns with your national protocol. Similarly, if there is not any national guidance on CHTC, you will still need to ensure that the CHTC protocol information you present does not contradict standard HTC policies or guidelines.

You may need to update both the slides and provider card if you need to make local adaptations. The adaptations here will most likely be tied to actual testing procedures.

## Module Four

**Providing Support and Linkages for Concordant HIV-Negative Couples (pages 131-134):** Modify any guidance regarding the re-testing of individuals who test HIV-negative but may have been recently exposed to HIV (i.e., who may be in the acute stage of HIV infection). You can also provide more locally specific examples of the types of follow-up services for concordant HIV-negative couples.

## Module Five

**Concordant HIV-Positive Results: Importance of Medical Care (pages 139-142):** You may need to adapt information on CD4 testing, pre-ART care, and when someone is eligible to receive HIV treatment and the types of prevention, treatment, and support services that are typically available in your participants' settings. You can further tailor the information regarding the process for linking HIV-positive clients with necessary services.

**Concordant HIV-Positive Results: Link with Follow-up Services (pages 145-146):** You can provide more locally specific examples of the types of follow-up services for concordant HIV-positive couples.

**Concordant Couples Role Plays:** You may need to modify the role play scenario handouts or create new ones so they are more tailored to your participants and local context. Changes can be as simple as changing the names of the characters or their relationship history.

## Module Six

**Delivering HIV-Discordant Test Results: Importance of Medical Care (pages 176-180):** You may need to adapt information on CD4 testing, pre-ART care, and when someone is eligible to receive HIV treatment and the types of prevention, treatment, and support services that are typically available in your participants' settings. You can further tailor the information regarding the process for linking HIV-positive clients to necessary care and treatment services.

**Link with Couple Follow-up Services (pages 184-185):** You can provide more locally specific examples of the types of follow-up services for HIV-discordant couples.

**Discordant Couples Role Plays:** You may need to modify the role play scenario handouts or create new ones so they are more tailored to your participants and local context. Changes can be as simple as changing the names of the characters or their relationship history.

## Module Seven

**Examples of Data Collection Tools (pages 216-220):** The purpose of this activity is to show participants how other countries have collected and recorded CHTC data on their forms. If there is national-level guidance regarding how CHTC data should be recorded and/or your current national-level forms collect CHTC data, you may present them during this activity. If there is no current guidance or forms designed to collect CHTC data, you can also present your country's standard HTC data collection forms and lead a discussion about possible ways to record CHTC data on these forms.

# AGENDA

A trainer's agenda with timeframes for each section has been included in this section. This agenda may be modified to meet your specific training needs and modifications to this training in adaptation to your context. It may also be modified based on local training starting and ending times, and timing for tea and lunch breaks. More guidance on adapting the training is found on page xxii. Day 1 is currently designed as 9-hour training (including lunch and breaks) while Day 2 is 8-hours long. Use this agenda with your co-trainer to determine which sections each of you will facilitate.

If time allows for extending the training beyond two days and integrating more role plays or interactive activities to practice the material, this is encouraged. Additional role plays have been included in the trainer's manuals for use as time allows.

As previously mentioned, providers are also encouraged to follow this training with a practical component where they provide CHTC in a "real life" setting under the supervision of an experienced CHTC provider. It is suggested that they practice until they have provided at least one of each type of test results to couples (HIV-concordant negative, HIV-concordant positive, discordant), although this may not be possible for all providers.

Included in the Handouts section is an agenda for participants, which they should receive as part of their training materials.

## TRAINER'S AGENDA: DAY ONE

Trainer	Time	Module/Session Topics	Content Covered
	08:00 - 09:25	Module One: Background to Couples HIV Testing and Counseling	<ul style="list-style-type: none"> <li>Welcome, Introductions, Goals and Objectives</li> <li>Pre-Course Knowledge Assessment</li> <li>Ice Breaker</li> </ul>
	09:25 - 10:15	Module One: Background to Couples HIV Testing and Counseling	<ul style="list-style-type: none"> <li>Introduction to HIV and CHTC</li> <li>Facts and Myths About Discordance</li> </ul>
	10:15 - 10:30	Break	
	10:30 - 11:40	Module One: Background to Couples HIV Testing and Counseling	<ul style="list-style-type: none"> <li>Benefits of CHTC for a Couple</li> <li>Scale-up of CHTC Programs</li> <li>Defining Key Terms in CHTC</li> <li>Types of Couples</li> <li>Role of Children in a Couple's Relationship</li> <li>Key Populations at High Risk of HIV Transmission</li> </ul>
	11:40 - 12:10	Module One: Benefits of CHTC in Health Facilities	<ul style="list-style-type: none"> <li>Benefits of CHTC in Health Facility Settings</li> <li>CHTC Review</li> </ul>
	12:10 - 13:00 (12:00 - 1:00)	Lunch	
	13:00 - 14:05 (1:00 - 2:05)	Module Two: CHTC Communication Skills	<ul style="list-style-type: none"> <li>Training Objectives for Module Two</li> <li>Solution-Focused Model of CHTC</li> <li>Self-Awareness</li> <li>Skills for Communicating with Couples</li> <li>Applying CHTC Communication Skills</li> <li>Encouraging Provider Uptake of CHTC</li> <li>Explore Mediation Skills</li> </ul>
	14:05 - 14:25 (2:05 - 2:25)	Module Two: Gender and CHTC	<ul style="list-style-type: none"> <li>Gender Issues in CHTC</li> <li>Assessing for Power Imbalances, Coercion, and Domestic Violence</li> <li>Wrap-Up</li> </ul>
	14:25 - 15:05 (2:25 - 3:05)	Module Three: Overview of CHTC and Pre-test Session	<ul style="list-style-type: none"> <li>Objectives for Module Three</li> <li>Importance of Keeping Couples Together for CHTC Session</li> <li>Couples HTC Protocol Overview</li> <li>Conditions for Receiving CHTC</li> <li>Pre-test Session</li> <li>Review the Importance of Client Confidentiality</li> <li>Variation of the Pre-test Session: Group Education</li> </ul>
	15:05 - 15:20 (3:05 - 3:20)	Break	
	15:20 - 15:55 (3:20 - 3:55)	Module Three: Overview of CHTC and Pre-test Session	<ul style="list-style-type: none"> <li>Pre-test Session Demonstration</li> </ul>

## TRAINER'S AGENDA: DAY ONE (CONTINUED)

Trainer	Time	Module/Session Topics	Content Covered
	15:55 - 16:15 (3:55 – 4:15)	Module Four: Delivering Results to Concordant HIV-Negative Couples	<ul style="list-style-type: none"> <li>• Objectives of Delivering Test Results to Couples</li> <li>• Delivering Concordant HIV-Negative Test Results</li> <li>• Providing Support and Linkages for Concordant HIV-Negative Couples</li> </ul>
	16:15 - 17:00 (4:15 – 5:00)	Module Five: Delivering Results to Concordant HIV-Positive Couples	<ul style="list-style-type: none"> <li>• Objectives of Delivering Test Results to Couples</li> <li>• Delivering Concordant HIV-Positive Test Results</li> <li>• Concordant HIV-Positive Results: Importance of Medical Care</li> <li>• Concordant HIV-Positive Results: Importance of Risk Reduction</li> <li>• Concordant HIV-Positive Results: Link with Follow-up Services</li> <li>• Day 1 Wrap-up</li> </ul>

## TRAINER'S AGENDA: DAY TWO

Trainer	Time	Module/Session Topics	Content Covered
	08:00 - 09:00	Module Five: Role Plays for Concordant Negative and Concordant Positive Couples	<ul style="list-style-type: none"> <li>• Welcome Back</li> <li>• Role Play</li> </ul>
	09:00 - 10:10	Module Six: Delivering Results to HIV-Discordant Couples	<ul style="list-style-type: none"> <li>• Module Introduction</li> <li>• Bean Exercise</li> <li>• Factors that Affect Transmission</li> <li>• Overview to Communicating Discordance</li> <li>• Explaining Discordance</li> <li>• Goals of Post-test Session with Discordant Couples</li> </ul>
	10:10 - 10:15	Break	
	10:25 - 10:50	Module Six: Delivering HIV-Discordant Test Results	<ul style="list-style-type: none"> <li>• Delivering HIV-Discordant Test Results</li> <li>• Delivering HIV-Discordant Test Results: Importance of Medical Care</li> <li>• HIV-Discordant Results: Importance of Risk Reduction</li> <li>• Link Couple with Follow-up Services</li> </ul>
	10:50 - 12:00	Module Six: Role Play: Providing Discordant Results	<ul style="list-style-type: none"> <li>• Role Play</li> <li>• Review of Complete CHTC Session</li> </ul>
	12:00 - 13:00 (12:00 - 1:00)	Lunch	

## TRAINER'S AGENDA: DAY TWO (CONTINUED)

Trainer	Time	Module/Session Topics	Content Covered
	13:00 -13:25 (1:00 - 1:25)	Module Seven: Logistics and Implementation of CHTC	<ul style="list-style-type: none"> <li>• Introduction</li> <li>• Examples of Successful Programs</li> <li>• Linking Couples to Appropriate Follow-up Services</li> </ul>
	13:25 - 13:55 (1:25 - 1:55)	Module Seven: Record-Keeping and Data Collection Needs	<ul style="list-style-type: none"> <li>• Importance of Data Collection, Reporting, and Data Use</li> <li>• Key Points Regarding CHTC Data Collection</li> <li>• Examples of Data Collection Tools</li> </ul>
	13:55 -14:20 (1:55 - 2:20)	Module Seven: Promotion of CHTC and Making Services Male-Friendly	<ul style="list-style-type: none"> <li>• Creating Demand in the Community</li> <li>• Making Services Male-Friendly</li> </ul>
	14:20 -14:35 (2:20 - 2:35)	Break	
	14:35 -16:00 (2:45 - 4:00)	Module Seven: Implementation Work Plan and Timeframe	<ul style="list-style-type: none"> <li>• Developing Work Plans</li> <li>• Wrap-Up and Closing</li> </ul>

# MODULE ONE: BACKGROUND TO COUPLES HIV TESTING AND COUNSELING

**Total time for this module: 3 hours, 55 minutes**

## OVERVIEW OF MODULE ONE:

This module establishes the climate for this training course. The trainers will welcome participants to the training and participants will get to know each other better through self-introductions that include some information about each person's work experience.

One of the trainers will review the agenda, establish ground rules for the training, and discuss general housekeeping issues before covering the overall goals of the training. Participants will complete a pre-knowledge assessment form.

After these introductory issues, the trainer will provide an overview of CHTC, including background and advantages of CHTC as compared to individual HTC. Trainers will define key terminology including the types of test results that are possible for couples in CHTC. This module will also address the benefits and importance of integrating CHTC as a standard of care in health facility settings.

## GOAL:

The goal of Module One is to introduce key concepts and terminology for CHTC, to highlight the advantages of CHTC, and to discuss the importance of CHTC in health facility settings.

## LEARNING OBJECTIVES:

By the end of this module, participants will be able to:

- ✓ describe the goal and objectives of the training course
- ✓ discuss key concepts and evidence that provide context and background for CHTC
- ✓ describe the advantages of CHTC compared to individual HTC
- ✓ define key terms used in CHTC
- ✓ explain the meaning of concordant negative, concordant positive, and discordant test results
- ✓ discuss the importance of CHTC in health facility settings

## ADVANCE PREPARATION:

- ✓ Load PowerPoint slides
- ✓ Prepare participant name cards, manuals (if applicable) and folders
- ✓ Have available sticky notes, index cards, and tape or thumb tacks (to post newsprint pages)
- ✓ Make copies of the handouts
  - Agenda
  - Couples HIV Testing and Counseling: Pre-Course Knowledge Assessment
  - Three Types of Possible Test Results
- ✓ Prepare the following newsprint pages on newsprint easels:
  - Participant Self-Introductions (page 2)
  - Expectations (page 3)
  - Ground Rules (page 4)
  - Parking Lot (page 5)
  - Possible Benefits of Couples Knowing the HIV Status of Both Partners (page 24)

## WELCOME, INTRODUCTIONS, GOALS AND OBJECTIVES

### Welcome by the Trainers (5 minutes)

**TRAINER'S NOTE:** Be sure that each participant receives the following materials when they arrive to the training:

- Participant's manual (if applicable)
- Name card
- Pen and paper
- Agenda
- Folder with handouts and slides

- ✓ **Display Slide 1-1.**



- ✓ **Welcome participants to the training and introduce yourself.**

✓ **Provide an overview of the training. Say the following:**

- This morning we will start a two-day training course on couples HIV testing and counseling in health facilities, which we will refer to as CHTC.
- CHTC occurs when two or more partners are counseled, tested, and receive their HIV test results together. When couples receive their results together, we can ensure mutual disclosure of HIV status.
- This is different than partner testing, which occurs when one partner in a couple is tested, and their spouse or partner is tested separately on the same day or at a later time AND they individually receive their results.

**TRAINER'S NOTE:** If you are adding this training to another HTC training session, you may skip the formal introductions, but should still discuss participants' expectations for Couples HTC training.

**Welcome by the Host (5 minutes)**

**TRAINER'S NOTE:** If there is a host, government representative, or other representative, ask him or her to provide a welcome to participants. If your host is not available, consider making this presentation yourself. Key points to cover during the welcome include:

- a brief overview of the HIV and AIDS epidemic in the country
- local data on discordance and transmission risk (if available)
- the importance of learning how to implement and deliver CHTC
- the important role of participants in successfully implementing CHTC
- Government commitments to supporting and expanding testing and counseling activities, including CHTC services
- data on CHTC services provided to date including the number of couples reached, provider settings, and couple demographics

- ✓ **Introduce host to participants OR provide welcome remarks yourself.**
- ✓ **Prepare and display the following newsprint.**
  - “Participant Introductions”
    - Name
    - Hospital, clinic, agency, or organization
    - Your role or position in your organization
    - The amount of time you have worked in this position or in the health care field
    - Years or months of experience providing HIV testing and counseling
    - Approximate number of couples you have counseled
    - What you hope to learn from the training (your expectations)
  - “Expectations”
- ✓ **Briefly introduce yourself and your co-trainer, providing**
  - your educational background and experience in couples HIV testing and counseling
  - your experience with this training
  - your knowledge and history of the geographic area

### **Introduction of the Participants (25 minutes)**

- ✓ **Ask the participants to introduce themselves using all the points listed on the “Participant Introductions” newsprint.**
  - Name
  - Hospital, clinic, agency, or organization
  - Your role or position in your organization
  - The amount of time you have worked in this position or in the health care field
  - Years or months of experience providing HIV testing and counseling
  - Approximate number of couples you have counseled

- What you hope to learn from the training (your expectations)
- ✓ **Prompt them for any part of the introduction they omit.**
- ✓ **Have your co-trainer write down each participant’s specific training expectations on the “Expectations” newsprint.**
- ✓ **Summarize their introductions when the participants finish, then close with the following:**

- Thank you all for sharing this information with the group.
- There is a wealth of experience you already bring to the training and we look forward to learning from you as well.
- We will have a chance to get to know one another over the course of the next two days.
- We will do our best to address your goals and expectations through this training, and we will keep this list available so that we can see if we have done so at the end of the training.

### **Ground Rules (5 minutes)**

- ✓ **Prepare and display the “Ground Rules” newsprint.**
- ✓ **Introduce and refer to the “Ground Rules” newsprint. Mention the following:**

To help ensure that this training meets everyone’s goals and expectations, we should establish some ground rules that will help the course run smoothly and keep discussions open and comfortable. I would like us to all agree on the ground rules for this training course.

- ✓ **Ask participants to tell you what ground rules they would like to set for this training.**
  - If necessary, have participants clarify or give an example of what they mean by their particular ground rule.
  - Make sure the entire class agrees with each ground rule before writing it down.

- ✓ **Have your co-trainer write ground rules on the newsprint.**
- ✓ **Mention, get agreement, and add any of the following ground rules if they are not mentioned:**
  - Actively participate: This training should be viewed as an opportunity to learn and practice new skills. To be successful in this course requires a commitment to actively participate.
  - Silence cell phones: Cell phones, even in vibration mode, are very distracting to us all. When someone talks on their cell phone they miss part of the training. Please return calls during breaks, at lunch, or at the end of the day.
  - Manage time and stay on task: Because there is so much material to cover, it is extremely important to stay on task and on time. I will do my best to keep track of time, but everyone is responsible for arriving on time at the start of class and after breaks. I encourage discussion and questions, but please know that sometimes discussion must be cut short to move on with the material.
  - Listen to and respect all opinions: Participants may have different ideas and may disagree on certain issues. By respecting all ideas and opinions we can learn about subjects from different points of view. Thinking about issues from all sides will help us understand our clients, patients, and colleagues better.
  - No side conversations or “class within a class”: One way to show respect for the rest of the people in the course is to refrain from having side conversations with the people around you. Besides being distracting, you miss out on course information and discussion.
  - Honor confidentiality: It is extremely important to make sure that everyone feels comfortable sharing experiences in this course. Personal stories that people share during training should stay in this course. Please do not make assumptions about a person’s character based on their gender, age, sexual orientation, religion, education, economic situation, or race.
  - Have fun: This training is an opportunity to learn new skills, share ideas, and meet new people in a comfortable setting.

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**TRAINER’S NOTE:** An important ground rule for the trainer to remember is to maintain organization of the materials, time, and structure of the course. You should model this in every way, helping participants visualize your structured and focused approach to training.

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### **Parking Lot (2 minutes)**

- ✓ **Display the “Parking Lot” newsprint on the wall.**
- ✓ **State that these ground rules will be posted throughout the entire training and should be kept in mind at all times.**
- ✓ **Refer participants to the Parking Lot Newsprint. Say the following:**

- Throughout this training course, this newsprint sheet will stay on the wall. If we cannot cover issues that you raise at the time they are brought up, we will write them on this newsprint.
- These can be issues that are not directly related to what we are discussing at the moment or they can be relevant but there is not time for immediate discussion. Either way, the parking lot will remind us to address them later.
- You can also feel free to write questions in the parking lot during our breaks. We will address these either at the end of the day or before the course ends.

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**TRAINER’S NOTE:** At the end of the day or any time before the end of the training course, you should address the issues listed in the Parking Lot.

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### **Housekeeping (3 minutes)**

- ✓ **Review housekeeping details.**
  - Location of the toilets, phones, and emergency exits
  - Security issues
  - Parking
  - Any other housekeeping details that might need to be discussed

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**TRAINER'S NOTE:** You may want to have participants elect a person to keep time for breaks and lunch as well as someone who calls for an “energizer” during times when participant energy and level of engagement seems low.

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## Goals and Objectives of Training Course (5 minutes)

- ✓ Review the goals of the training (Slide 1-2).

**Goals of the Training Course**

- ❖ The overall goal of this training course is to prepare health care providers and counselors to
  - confidently communicate the advantages of CHTC to patients in all health care settings
  - conduct CHTC with patients in the health care setting by following the CHTC protocol
  - facilitate linkages to appropriate follow-up services for couples based on their needs and HIV test results
  - monitor and continuously improve these services

1-2

- Over the course of the next 2 days we will learn about couples HIV testing and counseling (CHTC), the benefits and challenges of CHTC, and how to implement CHTC in our health care settings.
- The overall goal of this training course is to prepare you as health care providers and counselors to:
  - confidently communicate the advantages of CHTC to patients in all health care settings
  - conduct CHTC with patients in the health care setting by following the CHTC protocol

- facilitate linkages to appropriate follow-up services for couples based on their needs and HIV test results
- monitor and continuously improve these services
- This training focuses on learning how to conduct the key components of CHTC, including the pre-test session, delivering test results, the post-test session, and linking couples with appropriate follow-up services based on their HIV test results.
- We will not be teaching you how to perform the rapid HIV test.

### Objectives of CHTC Training Course (2 minutes)

- ✓ Review course objectives (Slide 1-3).

**Objectives of the Training Course**

**By the end of this course, you will be able to**

- ❖ Explain the profile of the current HIV epidemic and its impact on couples
- ❖ Explain the role of CHTC in the prevention of HIV
- ❖ Explain the benefits and risks of CHTC for health facility patients
- ❖ Effectively communicate the concept of HIV discordance to patients
- ❖ Describe the frequency of HIV discordance in the community

1-3

- Explain the profile of the current HIV epidemic and its impact on couples
- Explain the role of CHTC in the prevention of HIV transmission
- Explain the benefits and risks of CHTC for health facility patients
- Effectively communicate the concept of HIV discordance to patients
- Describe the frequency of HIV discordance in the community

- ✓ **Continue to review course objectives (Slide 1-4).**

**Objectives of the Training Course (cont.)**

**By the end of this course, you will be able to**

- ❖ Describe the components of the CHTC protocol
- ❖ Deliver HIV test results to couples in a health care facility
- ❖ Describe the support and referral services necessary for couples, especially discordant couples
- ❖ Describe how to integrate CHTC procedures into your health facility
- ❖ Describe how to monitor and improve CHTC services in your health facility

1-4

- Describe the components of the CHTC protocol
- Deliver HIV test results to couples in a health care facility
- Describe the support and referral services necessary for couples (especially discordant couples)
- Describe how to integrate CHTC procedures into your health facility
- Describe how to monitor and improve CHTC services in your health facility

- ✓ **Review and refer back to the participant expectations newsprint.**

- Indicate what will be covered in the training and when that will happen.
- Acknowledge any expectations that are outside the scope of the training course.
  - Explain why this is not part of the training.
  - State that there may also be time to discuss these issues at the end of the course

- ✓ **Ask for and answer any questions about the training objectives.**

## Review Agenda (3 minutes)

- ✓ **Ask participants to take out their agendas.**
- ✓ **Briefly review the training agenda for the full two days.**
  - Besides sharing a lot of information, we will help you practice new skills through a role play and several small group activities.
  - We also allotted time to discuss major issues that may arise as a result of learning and practicing the CHTC approach.
  - Please note that we will have lunch and breaks at (*indicate times*).
- ✓ **Note that there are a lot of materials to cover and the importance of keeping things on time.**

## PRE-COURSE KNOWLEDGE ASSESSMENT

**TRAINER'S NOTE:** Distribute the *Pre-course Knowledge Assessment*. Trainers will use this assessment to determine what areas need extra attention during the training. It will be important to review these tests during your breaks and at the end of first day to identify areas where participants' scores are low. These areas should be emphasized during the training and any consistently incorrect answers should be clarified in the training. Additionally, you will administer the same assessment after the training is complete to assess a change in overall scores, which will reflect how much participants learned over the course of the training.

### Administer the Assessment (15 minutes)

- ✓ **Distribute the training Pre-course Knowledge Assessment.**
- ✓ **Explain and review the assessment by mentioning the following:**

- This is not a test. This assessment will help us to determine if the training is effective. Please answer as best you can.
- You do not need to put your name on this form.
- Please put an identifying code that you can remember on the form—this will be the day and month you were born (four numbers total).
  - For example, if you were born on April 11, your code would be “1104.”
- We will ask you to put the same code on the Post-course Knowledge Assessment form.
- You have 10 minutes to complete the assessment.

- ✓ **Ask for and answer any questions about the assessment.**
- ✓ **Collect assessments after 10 minutes.**

## BACKGROUND TO COUPLES HIV TESTING AND COUNSELING

### Ice Breaker (15 minutes)

**TRAINER'S NOTE:** For this activity, you will need to divide participants into groups of three. Be sure that each group has a piece of paper or newsprint, as well as a pen or marker, to complete the activity.

- ✓ **Tell participants that they are now going to conduct a brief activity.**
- ✓ **Divide participants into groups of three.**
- ✓ **Give the following instructions to participants:**

- In your groups, I want you to choose one person who will observe the activity, leaving the two remaining people to perform the activity.
- The two in each group who will conduct the activity should think of their dream house.
- Quietly visualize what this house is like and do not worry about the cost. This is the house where you live in your dreams. Just think—do not discuss your thoughts.
- When we start, each pair will hold the pen together and draw your dream house on the paper. You both need to be holding the pen together while you draw.
- Pairs may not talk while they are drawing their house.
- You will have five minutes to complete your drawing. When you have completed your drawing, please put the pen down to indicate that you have finished.
- Observers—remember that you are to watch the process and take mental notes of what you see without interfering or making any statements.

- ✓ **Ask for and answer any questions about the activity.**
- ✓ **Tell participants to begin.**

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**TRAINER'S NOTE:** Call time when five minutes have passed or when participants have completed their task. Process the activity using the questions below.

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- ✓ **Ask observers the following question:**

What did you observe as your couple drew their house?

- ✓ **Acknowledge responses, which should include:**

- One partner giving in to the other, either voluntarily or not
- Specific challenges the partners encountered
- The importance of communication to enable two people to function as one

- ✓ **Ask the couples (pairs) the following questions:**

- How was the process of drawing the house?
- What were some of the challenges of this activity?
- Was there a dominant person or a person who submitted to the other in order to complete the task?

- ✓ **Summarize the activity mentioning the following points:**

- During the activity, each of you represented a perspective of someone in a couple that can be found in a testing and counseling setting.
  - The observers represent the counselor.
  - The two people drawing a house represent the individuals in the couple, and the pen represents the couple as a unit.
- Many factors can influence the couple dynamics. During this training, we will learn skills that will be useful in managing couple's dynamics during the CHTC session.

## Introduction to HIV and CHTC (30 minutes)

**TRAINER'S NOTE:** The following section gives many statistics that are focused on sub-Saharan Africa. If this training takes place outside Africa, context-specific information about HIV transmission should be inserted here. Integrate statistics from the particular geographic region into this section.

The following is an example of the type of information that may be appropriate:

“South and Southeast Asia have some of the highest prevalence and incidence rates of HIV infection worldwide. Although injecting drug use is a major cause of HIV infection in Southeast Asia, another driver of the epidemic is heterosexual transmission.”

✓ **Give an overview of the session by saying the following:**

- This session will focus on the background of couples HTC.
- First, we will start with an overview of HIV, an introduction to CHTC, and definitions. We will then discuss the advantages and importance of this approach.

✓ **Ask participants to pull out the handout titled, “Three Types of Possible Test Results.” Say the following:**

- Before we go on, I want us to cover the three types of test results that couples may receive during CHTC.
- This page has figures of couples that represent the three types of test results.

✓ **Ask participants the following question:**

Who can tell me what we call the test results of our first couple?

- ✓ Listen for concordant negative and have them write “concordant negative” on the line to the right.
- ✓ Ask a volunteer to read the definition of a concordant negative couple (Slide 1-5).

**CHTC Definitions: Test Results (1)**

❖ **Concordant Negative:**  
A concordant negative couple is one in which both partners are HIV-negative. These couples should be encouraged to avoid sex with outside partners to keep their relationship free of HIV. Also discuss the use of condoms to prevent unplanned pregnancy and STIs.



- A concordant negative couple is one in which both partners are HIV-negative. CHTC will help concordant negative couples maintain their HIV-negative status by emphasizing that avoiding sex with partners outside their relationship is the only certain way to keep their future free of HIV.
  - Also discuss the use of condoms to prevent unplanned pregnancy and STIs
- ✓ **Ask participants the following question:**

Can someone tell me what we call the test result for the second couple?

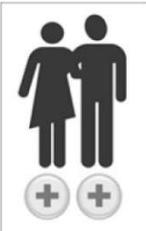
- ✓ Listen for concordant positive and have them write “concordant positive” on the line to the right of the second couple.

- ✓ **Ask a volunteer to read the definition of a concordant positive couple (Slide 1-6).**

**CHTC Definitions: Test Results (2)**

❖ **Concordant Positive:**

- A concordant positive couple is one in which both partners are HIV-positive. These couples should be linked to prevention, care and treatment services and should be offered condoms and family planning.



1-6

- A concordant positive couple is one in which both partners are HIV-positive. These couples should be linked to prevention, care, and treatment services and should be offered condoms and family planning.

- ✓ **Ask participants the following question:**

And, finally, can someone tell me what we call the test result for the third couple?

- ✓ **Listen for discordant and have them write “discordant” on the line to the right of the third couple.**

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**TRAINER’S NOTE:** Some participants might mention “indeterminate results.” An indeterminate result only applies to an individual, not a couple. Note that in the example above, we have given each member of the couple either a positive or negative result and are not dealing with indeterminate results for an individual at this time in the training. Participants should follow their national guidelines on how to deal with indeterminate results.

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- ✓ Ask a volunteer to read the definition of a discordant couple (Slide 1-7).

**CHTC Definitions: Test Results (3)**

❖ **Discordant:**

- A discordant couple has one HIV-positive partner and one HIV-negative partner.
- Discordant couples should be advised to always use condoms to prevent transmission to the negative partner, and the HIV-positive partner should be linked to care and treatment services.



1-7

- A discordant couple is a couple in which one partner is HIV-positive and one partner is HIV-negative. Discordant couples should be advised to always use condoms to prevent transmission to the negative partner and the HIV-positive partner should be linked to care and treatment services.
- Either the male or female partner can be HIV-positive in a discordant couple.

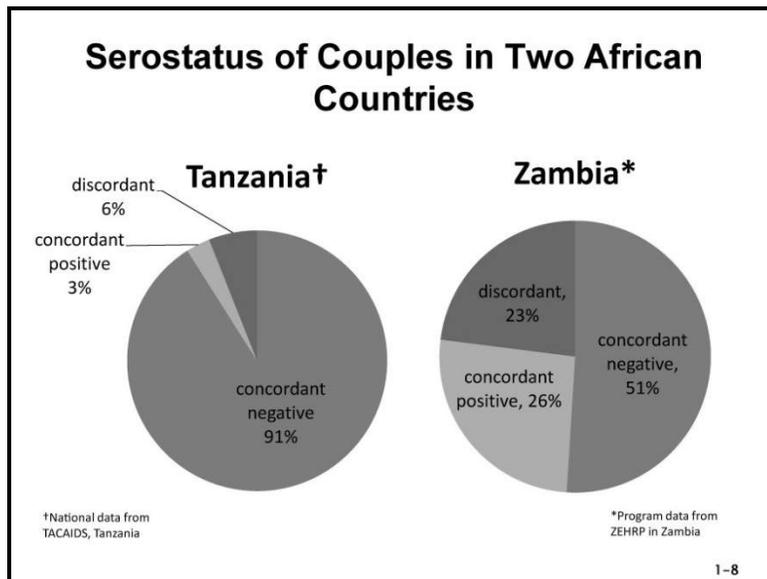
Although one partner has maintained an HIV-negative status until now, this does NOT mean that this partner is immunized or protected against getting HIV in the future.

Helping discordant couples learn their HIV status together and linking them with appropriate services provides the greatest opportunity to prevent new HIV infections.

✓ **Review the following information about rates of discordant and concordant couples:**

- The percentages of couples who are concordant negative, concordant positive, and discordant will vary by the prevalence of HIV in the country, between communities in a country (urban or rural), by service setting, and within a health facility (for example PMTCT, voluntary counseling and treatment [VCT], TB clinics).
- Most couples are concordant negative.
- Communities or settings with high HIV prevalence will have a higher rate of concordant positive and discordant couples.

✓ **Review country data using Slide 1-8.**



- Here are the rates of HIV in couples in Zambia and Tanzania. Which of these countries do you think has a higher HIV prevalence rate?
- Zambia has a higher prevalence of HIV. Approximately 51 percent of couples are concordant negative, 26 percent are concordant positive, and 23 percent are discordant (Chomba et al., 2008).
- Tanzania's recent AIDS Indicator Survey suggests that about 91 percent of couples are concordant negative, 3 percent are concordant positive, and 6 percent are discordant. However, among couples where at least one person was positive, 71% were discordant (TACAIDS, 2007–2008).

✓ **Ask participants the following question:**

Which member is more likely to be infected—the male or female?

✓ **Acknowledge responses and explain the following to participants:**

- In most studies among the discordant couples, there were equal numbers of couples where the male or female is positive.
- In a health facility setting, it is more likely to see discordant couples where the female is positive. This is primarily because more women attend health care services.
- This makes it important to offer CHTC to all couples, even in ANC settings where the female originally tests negative.

- ✓ **Emphasize importance of preventing HIV transmission in a discordant couple:**

- Although discordant couples may represent a small proportion of couples in these examples, it is important to remember that they represent the highest risk for HIV transmission if they do not take measures to protect themselves.
- Addressing the couple's needs as a unit is essential for adherence to care and treatment recommendations and psychological
- These couples should also be encouraged and supported to reduce any outside partnerships and to use condoms with any outside partners.

- ✓ **Ask participants the following question:**

Who can tell me what part of the world has the highest HIV prevalence and incidence?

- ✓ **Allow participants to respond and then review Slide 1-9.**

**HIV Epidemic and Couples**

❖ Sub-Saharan Africa has the highest prevalence and incidence of HIV infection worldwide.

1-9

- That's right. Most people know that sub-Saharan Africa has the highest prevalence and incidence of HIV infection worldwide.
- However, many people do not know how the majority of new HIV infections in sub-Saharan Africa are acquired.

✓ **Ask participants if the following statement is true or false:**

- The majority of new HIV infections in sub-Saharan Africa are acquired within cohabiting heterosexual partnerships.

✓ **Allow participants to respond.**

✓ **Review Slide 1-10.**

### **HIV Epidemic and Couples (cont.)**

- ❖ The majority of persons living with HIV are in stable, long-term relationships.
- ❖ 50% of all HIV-positive persons who are in stable relationships have a partner who is HIV-negative.
- ❖ In discordant couples, 65–85% of new HIV infections are acquired from a married or cohabiting partner.

1-10

- That's right. The statement is true.
- The majority of new HIV infections in sub-Saharan Africa are acquired within cohabiting heterosexual partnerships.
- This includes married couples and other couples that are living together.
- The majority of persons living with HIV are in stable, long-term relationships.
- As many as half of all HIV-positive persons who are in stable relationships have a partner who is HIV-negative.
- Within discordant couples, between 65–85% of new HIV infections are acquired from a spouse or cohabiting partner.
- Therefore, 15–35 percent of new infections in discordant couples may have been acquired from an outside partner.

✓ **Ask participants the following questions:**

In discordant couples, why do you think the HIV-negative partners might still be negative? Are they still at risk?

✓ **Allow discussion for a few minutes and say the following:**

- In discordant couples, the HIV-negative partners are certainly still at risk of becoming HIV-infected.
- One of the primary reasons CHTC is so important is to help discordant couples learn their HIV status and use protective measures to keep HIV-negative partners free of HIV and HIV-positive partners healthy.

✓ **Ask for and answer any questions about the information covered thus far.**

## Facts and Myths About Discordance (20 minutes)

**TRAINER'S NOTE:** Prior to the session, hang signs that read “Myth” and “Fact” on opposite sides of the room. Be sure participants have space to move freely from one sign to the other.

✓ **Introduce the next activity on discordance.**

- Many people have a very hard time understanding discordance and it can be difficult to explain this concept to patients.
- I would like to do an exercise to explore the myths and facts around discordance.
- I have placed two signs on either side of the room that state “Myth” and “Fact.”
- I am going to read a statement that is either a “myth” or a “fact” and I would like you all to stand up and go to the sign that most accurately fits with your belief about this statement.
- You can also stand in the middle of the room if you think that the statement is both a myth and a fact.

✓ **Ask for and answer questions on the activity.**

✓ **Tell participants to stand up and begin the activity.**

**TRAINER'S NOTE:** Read each statement and allow one minute for participants to move places. Ask for someone from each group to share why they think it is fact or myth once they are gathered. Allow participants to discuss their positions. Clarify the correct responses for participants using the talking points after each statement, as needed.

- ✓ **Display Slide 1-11 and read the following statement.**

**Myth or Fact**

Discordance is impossible. If one partner is HIV positive, the other must also be HIV-positive. If one partner is HIV-negative, the other must also be HIV-negative.

**MYTH**

1-11

**Statement #1:** Discordance is impossible. If one partner is HIV-positive, the other must also be HIV-positive. If one partner is HIV-negative, the other must also be HIV-negative.

- ✓ **State that it is a MYTH and say the following:**

- It is possible for a couple to have different test results even if they engaged in unprotected sex for years.
  - When only one partner in the couple gets tested, many people automatically assume that the other partner's status is the same as their own. They might be less likely to disclose their HIV status to their partner or encourage their partner to get tested if they believe this myth.
  - With CHTC, couples are tested together and receive their results together. This way they can find out if their results are the same or if they are different.

- ✓ **Display Slide 1-12 and read the following statement.**

**Myth or Fact**

When a couple is discordant, this is a sure sign that the positive partner has been unfaithful and had other partners outside the relationship.

**MYTH**

1-12

**Statement #2:** When a couple is discordant, this is a sure sign that the positive partner has been unfaithful and had other partners outside the relationship.

- ✓ **State that it is a MYTH and say the following:**

- When a couple is discordant, this is NOT a sure sign that the positive partner had other partners outside the relationship. There are many factors that contribute to a couple being discordant:
  - The positive partner may have been infected before they became a couple.
  - They also could have acquired HIV nonsexually (i.e., from an injection, blood transfusion, or a needle stick injury).
- However, it is also important to recognize that the positive partner may have acquired HIV from a partner outside of his or her current relationship.

- ✓ **Display Slide 1-13 and read the following statement.**

**Myth or Fact**

If a couple has been discordant for a long time, the negative partner must be immune to HIV; since he/she has not become infected, they will never become infected with HIV.

**MYTH**

1-13

**Statement #3:** If a couple has been discordant for a long time, the negative partner must be immune to HIV; since he/she has not become infected, they will never become infected with HIV.

- ✓ **State that it is a MYTH and say the following:**

- No one is immune to HIV. There are many reasons a negative partner in a discordant couple may not become infected.
  - Just because a discordant couple may have been discordant for many years, this does not mean the HIV-negative partner will never get HIV.
  - In fact, the transmission risk is high among steady discordant couples who do not take preventive measures, like using condoms and having the HIV-positive partner on HIV treatment.
  - Discordant couples who believe they are immune may be less likely to use prevention measures to keep the HIV-negative partner uninfected.

- ✓ Display Slide 1-14 and read the following statement.

**Myth or Fact**

If a discordant couple is sexually active for years and never transmitted the virus, they still need to use condoms and take other precautions to prevent HIV transmission.

**FACT**

1-14

**Statement #4:** If a discordant couple is sexually active for years and never transmitted the virus, they still need to use condoms and take other precautions to prevent HIV transmission.

- ✓ State that it is a **FACT** and say the following:

HIV may be transmitted at any time. It is fortunate that HIV has not been transmitted yet, but it may be transmitted in the future—particularly as the HIV-positive partner gets sicker and has a higher viral load. This does not mean that the HIV-negative partner is immune from HIV.

- ✓ **Display Slide 1-15 and read the following statement.**

**Myth or Fact**

If couple's HIV rapid test results come back discordant (1 partner tests HIV-positive and 1 partner tests HIV-negative), this is an indication that the test results are incorrect.

**MYTH**

1-15

**Statement #5:** If couple's HIV rapid test results come back discordant (1 partner tests HIV-positive and 1 partner tests HIV-negative), this is an indication that the test results are incorrect.

- ✓ **State that it is a MYTH and say the following:**

HIV rapid tests are very accurate and there are quality assurance procedures in place to prevent mistakes. It is very unlikely that the test results are wrong.

- ✓ **Display Slide 1-16 and read the following statement.**

**Myth or Fact**

In a discordant couple, if the positive partner is on ART, they still need to use condoms to prevent transmission.

**FACT**

1-16

**Statement #6:** In a discordant couple, if the positive partner is on antiretroviral therapy (ART), they still need to use condoms to prevent transmission.

- ✓ **State that it is a FACT and say the following:**

Even though ART can significantly reduce the risk of transmission, it is not 100 percent. It is still best to use condoms and other protective measures in addition to ART.

- ✓ **Bring participants back together in the large group.**
- ✓ **Ask for and answer any additional questions about the activity.**
- ✓ **State that it can be very challenging for providers to explain discordance clearly. Over the course of this training, we will**
  - help participants understand discordance
  - teach them how to explain discordance to their clients and patients
  - help them practice talking with discordant couples about preventing transmission to the HIV-negative partner

## Benefits of CHTC for a Couple (15 minutes)

- ✓ **Ask participants the following question:**

What are the possible benefits of a couple knowing both partners' HIV status?

- ✓ **Write responses on newsprint.**
- ✓ **Display Slide 1-17 and highlight any additional benefits the participants missed.**

**Benefits for Couples Who Know Both Partners' HIV Status**

- ❖ Can reduce their risk of HIV transmission by starting ART and/or practicing safer sex
- ❖ Are more likely to use condoms and reduce sex with outside partners
- ❖ Are more likely to use ARV prophylaxis to prevent transmission to infants

1-17

- ✓ **Highlight that couples who know their status are more likely to**
  - reduce their risk of HIV transmission (e.g., starting ART, practicing safer sex and/or reducing sex with outside partners)
  - enroll HIV-positive mothers in PMTCT programs

- ✓ **Display Slide 1-18 and continue reviewing benefits.**

**Benefits for Couples Who Know Both Partners' HIV Status (cont).**

- ❖ Can communicate openly about their HIV risks and concerns
- ❖ Can make shared decisions about care and treatment, family planning, and safer pregnancy
- ❖ Are more likely to support each another to adhere to ARV medication

1-18

- ✓ **Point out that couples who know their status are more likely to**

- communicate openly about their HIV risks and concerns
- make shared decisions about HIV care and treatment, family planning, and safer pregnancy
- support one another to adhere to ARV medication

- ✓ **State that one of the key benefits of CHTC is that the burden of providing the results to couples is on the provider, not the individual partner.**

- Point out that when individuals test alone and find out they are HIV-positive, they may find it difficult to tell their partner of their status.

- ✓ **Ask participants the following question:**

Can you think of reasons why this might be difficult?

- ✓ **Acknowledge responses, which should include:**

- They may be afraid that the partner will leave or divorce them.
- They may be afraid that the partner will hurt them.
- They may not want to talk about HIV or sex with their partner.
- They may think the partner will assume they were cheating.

- They may not want to face the fact that they or their partner may be HIV-positive.

### Scale-Up of CHTC Programs (15 minutes)

- ✓ **Introduce the discussion on barriers to scaling-up CHTC by saying the following:**

- Despite the strong evidence of the benefits to couples counseling, the scale-up has been slow.
- For example, in Zambia 80 percent of pregnant women were tested for HIV in 2008, but very few of their partners were tested.

- ✓ **Ask participants the following question:**

What do you think are some possible barriers to scaling-up CHTC?

**TRAINER'S NOTE:** After several barriers have been listed, segue into a review of barriers using Slide 1-19. Acknowledge any participant barriers mentioned during the review.

- ✓ **Review the barriers to scale-up (Slide 1-19).**

**Barriers to Scale-up of CHTC**

- ❖ The clinic setting itself and the way that HIV testing and counseling policies and programs have been established in the past
- ❖ The difficulties that couples may have in getting tested together
- ❖ Difficulties experienced by you, the providers, in performing CHTC

1-19

- Structural barriers, such as the clinic setting itself and the way that HTC policies and programs have been established in the past
- The difficulties that couples may have in getting tested together
- Difficulties experienced by the providers in performing CHTC

✓ **Review setting-related (i.e., structural) barriers to scale-up (Slide 1-20).**

### **Structural Barriers: Challenges to CHTC**

- ❖ Current programs may conduct only individual HTC
- ❖ Female-focused health facilities do not attract men
- ❖ High patient load and staffing
- ❖ Lack of promotion of couples counseling

1-20

- Many HTC programs were set up mainly to test individuals and thus have prioritized individual HTC (i.e., not couples).
  - Some examples include:
    - Routine HTC in most tuberculosis (TB) clinics focus on testing individual TB patients
    - Routine testing of patients in health care clinics (provider-initiated HTC)
    - Testing for pregnant women in antenatal care (ANC) or labor and delivery wards as part of PMTCT services
- Each of these models can provide CHTC counseling and many programs have already started integrating CHTC alongside individual HTC services.

- ✓ **Highlight that health facilities tend to be female-oriented, making them less attractive to men.**
- ✓ **Ask participants the following question:**

Can you think of a good example of a clinic setting where it may be difficult to involve men because the clinic is focused on women?

- ✓ **Acknowledge responses, which may include:**
  - ANC
  - Family planning
  - Child health clinics
- ✓ **Point out that high patient load and staffing shortages make it difficult to integrate CHTC into busy clinic settings like outpatient departments.**

Most couples do not know that they can, or should, receive HTC services together with their partner. If couples do not know this service is available to them, they are not likely to attend health facilities together with their partner for CHTC.

- ✓ **Ask participants the following question:**

How many of you have seen couples in your health facility, whether for CHTC or some other health-related concern?

- ✓ **Acknowledge responses and point out that this training will also highlight some of the locations where we can do a better job of encouraging couples to come together for CHTC services.**

- ✓ **Transition to a discussion on barriers couples may face to accessing CHTC (Slide 1-21).**

**Barriers to Scale-up of CHTC (2)**

- ❖ The clinic setting itself and the way that HIV testing and counseling policies and programs have been established in the past
- ❖ **The difficulties that couples may have in getting tested together**
- ❖ Difficulties experienced by you, the providers, in performing CHTC

1-21

- ✓ **Ask participants the following question:**

What are some reasons that couples may find it difficult to be tested together?

---

**TRAINER'S NOTE:** Allow participants to respond. Listen for the following:

- They may have difficulty finding someone to care for their children.
  - They may have difficulty getting time off work together.
  - There may be costs associated with time off from work, transportation to the clinic, child care, or other such concerns.
  - Women may have trouble getting their husbands/partners to go for testing or may not feel comfortable talking about HIV.
  - They may assume their partner's HIV status is the same as theirs.
  - They may be afraid of finding out their status or are worried about stigma.
-

- ✓ **Review couples barriers using Slide 1-22, skimming over any barriers that were already mentioned.**

**Couple's Perspective: Challenges to CHTC**

- ❖ Logistical reasons
- ❖ Trouble talking about HIV to each other
- ❖ Assumption that both partners have the same serostatus, and thus do not need testing

1-22

- Logistical reasons—such as finding someone to care for their children, getting time off work together, or costs associated with time off from work, transportation to the clinic, child care, or other such concerns—make it hard to attend the clinic.
- Couples have trouble talking about HIV to each other.
- People, particularly women, may find it difficult to talk about HIV to their partner and suggest that they go for testing.
- Men may feel they do not need to discuss testing with their female partners.
- Fear is a big reason why couples might not disclose their HIV status. In many studies, people living with HIV, especially women, cite fear of gender-based violence as a reason why they do not want to disclose their HIV status to their partner. However, most studies show that violence following disclosure, even among serodiscordant couples, is rare unless there is a history of violence in the relationship.
- Rates of disclosure to partners following individual HTC are low.
- Studies have found that anywhere from 17 to 86 percent of women disclosed their HIV-positive test results to their partner.

- This means that many, if not most, male partners were not aware that their female partners were living with HIV.
- Many people assume that their serostatus will be the same as that of their married or cohabiting partner.
- These people do not see the need to disclose their status since they assume it is the same.

- ✓ **Transition to a discussion on possible provider barriers to conducting CHTC (Slide 1-23).**

**Barriers to Scale-up of CHTC (3)**

- ❖ The clinic setting itself and the way that HIV testing and counseling policies and programs have been established in the past
- ❖ The difficulties that couples may have in getting tested together
- ❖ **Difficulties experienced by you, the providers, in performing CHTC**

1-23

- ✓ **Ask participants the following question:**

Why might providers be reluctant to provide HTC to couples?

---

**TRAINER'S NOTE:** Allow for participants to respond. Listen for the following:

- Providers have not been trained and lack experience. They are used to doing individual testing.
  - Providers may fear the reactions of the couple and may not know how to handle these situations.
  - Providers may not understand why it is important to provide CHTC.
  - Providers may have fears about their own relationships and HIV that they project onto the couples.
-

- ✓ **Review provider barriers using Slide 1-24, skimming over any barriers that were already mentioned.**

**Provider's Perspective:  
Challenges to CHTC**

- ❖ Providers are not trained to do CHTC and may lack experience.
- ❖ Providers may fear the reactions of couples and not know how to handle the situation.
- ❖ Providers may not understand the importance of providing CHTC.
- ❖ Providers may have fears about their own relationships and may project these fears onto the couple.

1-24

- They have not been trained and lack experience in testing couples.
- With appropriate training, providers can improve their skills and confidence for providing services to couples.
- Providers may not understand the importance of providing CHTC.
- Providers may fear the reactions of the couple and may not know how to handle these situations.
- Addressing these fears through training can allow providers to act confidently while conducting CHTC.
- Providers may have fears about HIV within their own relationships and may project this fear onto the couple.

- ✓ **Ask participants the following question:**

Are there any additional challenges that you can think of that we have not discussed here?

- ✓ **Acknowledge their responses and note that there are success stories to scaling up. Say the following:**

- For example in Rwanda, programs were introduced where CHTC in antenatal clinics is readily accepted and the uptake went from 16 percent in 2003 to more than 80 percent in 2011.
- Later in the training we will have more time to explore some of the challenges to CHTC and think about ways in which we can address them to build our own success stories.

### **Defining Key Terms in CHTC (5 minutes)**

- ✓ **Transition to a review of CHTC terms and definitions.**
  - Inform participants that although people in our communities might have different language for how they identify in their relationships, it is important for providers to have a common understanding about terms that will be used for this training.

- ✓ **Ask participants the following question:**

Who can tell me what we mean when we say a “couple”?

- ✓ **Acknowledge participant responses.**

- ✓ Review key terms using Slide 1-25.

**CHTC Definitions: Relationships**

❖ **Couple:**

- Two or more persons in a relationship who are having or planning to have sex are considered a couple.

❖ **Partner:**

- When two or more persons are in a relationship where they are having or are planning to have sex, each of these persons is referred to as a “partner” in the relationship.

❖ **Polygamous relationship:**

- A relationship with more than two persons. This includes a man with more than one female partner or a woman with more than one male partner.

1-25

- Couple: Two or more persons in a relationship who are having or are planning to have sex are considered a couple.

This includes presexual, engaged, married, cohabiting, and reuniting couples, as well as casual, short-term, and long-term couples, and same-sex and heterosexual couples.

- Partner: When two or more persons are in a relationship where they are having or are planning to have sex, each of these persons is referred to as a “partner” in the relationship.
- Polygamous relationship: A polygamous relationship is defined as more than two persons in a relationship.

- This may be a man with more than one female partner/wife or a woman with more than one male partner/husband.
- The way individuals define their relationships varies considerably according to cultural and social context.
- These training materials do not aim to limit who can benefit from CHTC by defining couples or partners in a certain way.
- Any persons who are in a sexual relationship or planning for a sexual relationship should be supported to receive CHTC.

- ✓ **State that providers should do the following:**
  - Support the decisions of partners to test together regardless of the length or stability of their relationship.
  - Provide inclusive and nonjudgmental services to maximize the uptake and impact of CHTC.
  - Utilize this terminology for the purposes of this training, but when providing CHTC, they should address couples/partners using language that the couple is comfortable and familiar with.
- ✓ **Review additional definitions using Slide 1-26.**

**CHTC Definitions: Interventions**

- ❖ **Couples HIV Testing and Counseling:**
  - This occurs when two or more partners are counseled, tested, and receive their results together.
- ❖ **Partner Testing:**
  - This occurs when one partner was already tested and the other partner is tested separately (may occur with or without disclosure).
- ❖ **Male Involvement:**
  - This engages men to participate in health services together with their female partners, especially ANC.

1-26

- Couples HIV Testing and Counseling: CHTC occurs when two or more partners are counseled, tested, and receive their results together.

- When couples receive their results together we can ensure mutual disclosure of HIV status.
- At times one partner may already know his or her HIV status but will use CHTC as an opportunity for disclosure and for learning the partner's HIV status.

- Partner Testing: Partner testing happens when one partner has already been tested and the other partner is tested separately.

✓ **Say the following:**

- Partner testing may occur with or without disclosure.
- When appropriate and feasible, counseling and mutual disclosure of HIV test results should be encouraged.

- Male Involvement: Refers to engaging men to participate in health services together with their partners, especially in ANC settings and HIV care and treatment.

✓ **Say the following:**

- Male involvement in health care services can lead to uptake of CHTC, which has many benefits we have already mentioned.
- We will talk later in this training about ways to engage and involve men in health care services.

✓ **Review terms about the process of sharing results within a couple using Slide 1-27.**

**CHTC Definitions: Sharing Results**

❖ **Disclosure:**

- One partner shares his or her HIV status with another partner (or other person).

❖ **Mutual Disclosure:**

- Two (or more) partners share their HIV status to each other, or jointly share their HIV status with a third party.

❖ **Partner Notification:**

- Someone from a health facility shares one partner's HIV test result with another partner, in order to protect the health of that partner (with or without the expressed consent of the original partner).

1-27

- Disclosure: When one partner shares his or her HIV status with another partner (or another person).

When individuals learn their HIV test results alone, they often bear the burden of disclosing their HIV status to their partners without assistance from a trained counselor or health care provider. As we already mentioned, disclosure rates are very low when individuals are tested alone.

- Mutual disclosure: When two (or more) partners share their HIV status with each other or jointly share their HIV status with a third party, this is referred to as mutual disclosure.

- CHTC facilitates mutual disclosure of HIV status among couples and ensures that couples can make decisions together about protecting themselves and staying healthy.
- When partners learn their HIV status together, they also should agree that decisions about mutual disclosure to any third parties must be made together.

- Partner notification: Partner notification occurs when an authorized individual from a health facility or health system shares a person's HIV test result with that person's partner, or partners, in order to protect the health of that partner.

Many HTC policies and HIV laws permit partner notification in certain circumstances. However, partner notification is challenging and rarely implemented in many high-prevalence countries. By supporting partners to learn their HIV status together, CHTC empowers couples to have discussions about their HIV risk together, and minimizes the need for partner notification services.

- ✓ **Ask for and answer any questions about the information presented before moving to the next section.**

## TYPES OF COUPLES

### Types of Couples (25 minutes)

- ✓ **Review possible couples types seen at CHTC by saying the following:**

- Couples will have different HIV risk issues and concerns based on their unique experiences, their relationship, and their life stage.
- In order to effectively conduct the CHTC session, it can be helpful for providers to understand the different types of issues couples may be facing based on the stage of their relationship.
- We are going to spend a few minutes discussing the different types of couples who may come in for CHTC.

- ✓ **Ask participants the following question:**

What are some types of couples you may see? For example, one type is a married couple.

- ✓ **Acknowledge responses, which may include:**

- Presexual
- Engaged
- Married or cohabiting
- Polygamous
- Reuniting
- Casual partners
- Noncohabiting
- Sex workers and their clients
- Sex workers and their boyfriends
- Same-sex couples

- Injecting drug users and their sex or needle-sharing partner
- Couples that do not have children
- Couples hoping to have their first child
- Couples that have children and want more
- Couples that have finished having children

✓ **Display Slide 1-28 and review the following points:**

**Categories of Couples**

- ❖ Presexual
- ❖ Engaged
- ❖ Married or cohabitating
- ❖ Polygamous

1-28

- Most of the couples who will come to us for CHTC will fit into the following categories: presexual, engaged, married or cohabiting, and polygamous.
- Depending on our setting and the population we reach, there may be other types of couples that will come for CHTC, such as casual partners, noncohabiting partners, sex workers and their boyfriends or clients, same-sex couples including men who have sex with men (MSM), or injecting drug users and their sex or needle-sharing partners.

✓ **Review the following:**

- Anyone who is in a sexual relationship together or who is planning to be in a sexual relationship together may benefit from CHTC.
- All couple types should be supported to receive CHTC in a nonjudgmental and inclusive way, as long as this is something that both partners want.
- Let's now review how the relationship status of couples can impact how they cope with learning when one or both partners are infected.

- ✓ **Conduct a brief review of some of the various couple types and special considerations for CHTC using the scenarios and information on Slides 1-29 through 1-33.**
- ✓ **Display Slide 1-29 and have a volunteer read the first scenario.**

**Scenario 1**

John and Maria just started a relationship. They have strong feelings for each other but decided to not have sex until they both were tested for HIV. When they did get tested together, they learned that John was HIV-positive.

1-29

- John and Maria just started a relationship. They have strong feelings for each other but decided to not have sex until they both were tested for HIV. When they did get tested together, they learned that John was HIV-positive.

- ✓ **Ask participants the following question:**

How do you think the couple will handle this result?

- ✓ **Acknowledge responses and then display Slide 1-30, and say the following:**

**Presexual Couples**

- ❖ Couple may just be starting their relationship or they may have been dating for some time without having sex.
- ❖ They may decide whether to pursue a long-term relationship based on CHTC test results.
- ❖ If discordant, it is possible the relationship will end.

1-30

- This was an example of presexual couple.
- Presexual couples may just be starting their relationship or they may have been dating for some time without having sex. Young couples may fall into this category.
- Presexual couples may be using CHTC to decide whether to pursue a long-term relationship based on their test results or to decide on HIV prevention measures.
- If the couple is discordant, the HIV-positive partner may have valid concerns whether the HIV-negative partner will tell others his or her status.

- ✓ **Display Slide 1-31 and have a volunteer read the second scenario.**

**Scenario 2**

Simon and Kebo have been in a relationship for 4 years and are engaged to get married in a few months. They are both really excited about their wedding. They both have had other sex partners in the past. Their pastor encouraged them to get tested before they were married. When they got couple's testing, they learned that Kebo was HIV-positive.

1-31

- Simon and Kebo have been in a relationship for 4 years and are engaged to get married in a few months. They are both really excited about their wedding. They both have had other sex partners in the past. Their pastor encouraged them to get tested before they were married. When they got couple's testing, they learned that Kebo was HIV-positive.

- ✓ **Ask participants the following questions:**

- How do think this result will impact their relationship?
  - How does being engaged affect how they will cope with this result?

- ✓ **Acknowledge responses and then display Slide 1-32, and say the following:**

**Engaged Couples**

- ❖ Engaged couples may go for premarital HIV testing and they may also be presexual.
- ❖ They may be publicly recognized by family and friends as engaged and in a serious relationship.
- ❖ They may have limited skills and experience in dealing with stressful and difficult circumstances as a couple.

1-32

- This was an example of an engaged couple.
  - Engaged couples may go for premarital HIV testing.
  - Family and friends have often publicly recognized an engaged couple's relationship. Elaborate plans and arrangements for a wedding may have been made.
  - Young couples who receive discordant or concordant HIV-positive results may have limited skills and experience as a couple in dealing with stressful and difficult circumstances.

- ✓ **Display Slide 1-33 and have a volunteer read the third scenario.**

**Scenario 3**

Elias and Jane have been married for 3 years and they have a 2-year old son. Jane is pregnant with their second child. The couple received CHTC during an ANC appointment, where they learned they both are positive for HIV.

1-33

- Elias and Jane have been married for 3 years and they have a 2-year old son. Jane is pregnant with their second child. The couple received CHTC during an ANC appointment, where they learned they both are positive for HIV.

- ✓ **Ask participants the following questions:**

- How does being married affect how they cope with this result?
  - How do you think this result will impact their relationship?

- ✓ **Acknowledge responses and then display Slide 1-34, and say the following:**

**Married or Cohabiting Couples**

- ❖ These couples are usually more interdependent socially, financially, and emotionally.
- ❖ They may have skills and experience in coping together with problems.
- ❖ They may have difficulty with discordant test results.
- ❖ They may also have children, which can influence how they will cope with an HIV-positive result.

1-34

- Married or cohabiting couples may be more interdependent socially, financially, and emotionally.
  - These couples may have more skills and experience in coping together with problems.
  - It may be difficult for married or cohabiting couples to accept discordant test results, as there may be an assumption that the HIV-positive partner brought HIV into the relationship through an outside relationship.
  - Married or cohabiting couples may also have children, which can influence how they will cope with an HIV-positive result. We will revisit the role of children in CHTC shortly.

- ✓ **Display Slides 1-35 and 1-36 (Polygamous Couples) and say the following:**

### **Polygamous Couples**

- ❖ Polygamous couples have complex dynamics— partners may not be equal or even live in same city.
- ❖ They may decide to either:
  - all receive CHTC together as one polygamous group, or
  - receive CHTC in husband/wife pairs
- ❖ When testing is done separately, pre-test education should be done together when possible and disclosure must be discussed.

1-35

### **Polygamous Couples (cont.)**

- ❖ If all partners receive CHTC together, the provider must talk about implications of the test results on the entire family.
- ❖ If only one wife is present, there may be challenging implications for the absent wife or wives.
- ❖ Mutual disclosure among all partners should be encouraged, but handled with sensitivity.

1-36

- Polygamous couples have many complex dynamics. The wives may not be equal partners with the husband or with each other, which may impact the way they accept CHTC services.
- Partners in polygamous couples may not even live in the same city or compound with one another.
- When providing CHTC, the polygamous couple may choose to either receive CHTC together as one polygamous group or separately in husband/wife pairs. For example, a husband may receive CHTC with each of his wives separately.
- When testing is conducted separately for husband/wife pairs, pre-test education and discussion should be conducted together wherever possible so that the possible outcomes of testing can be discussed up front.
- The issue of disclosure to all the wives will need to be discussed. While there may be several households, they are still one family.
- Wherever possible, the same HTC service provider should conduct testing for everyone in the group.
- Mutual disclosure among all partners in the polygamous relationship should be encouraged, either at the time they receive HTC or at a later date.

- ✓ **Note, using Slide 1-37, that there are other couple types to consider.**

**Other Couples**

- ❖ Reuniting Couples
- ❖ Casual Sex Partners
- ❖ Noncohabitating Couples

1-37

- Reuniting—couples who are resuming their relationship after having been separated (for example, due to work, school, or relationship issues)
  - Casual sexual partners
  - Noncohabitating—couples who are not living together due to family, economic, relationship, or social circumstances. They can be in new or long-term relationships.

- ✓ **Ask for and answer any questions about couple types and CHTC.**

✓ **Mention the following information about outside partners:**

- In general, you should not ask directly about outside partners, as this might certainly cause discord and may make everyone feel uncomfortable.
- However, it is very important to be aware that partners who are receiving CHTC may have outside relationships.
- It is very important for couples to understand that outside partners may be at risk themselves or may be putting the couple at risk, if their HIV status is unknown, and these partners also need to be tested.
- We will also discuss how to talk with couples about the possibility of outside partners in their relationship.

**Role of Children in a Couple's Relationship (5 minutes)**

✓ **Introduce the topic on the influence of children on couples and CHTC. Say the following:**

- If one or both partners in a couple are HIV-infected, the decisions about children are never easy.
- Couples who already have children are more likely to continue their relationship regardless of their test results.
- Couples without children may be more likely to end their relationship.
- The well-being and future of their children is a powerful influence in the relationship, the extended family, and the community.

✓ **Lead a brief discussion on the kinds of issues couples with HIV consider when making decisions about children.**

- ✓ Summarize discussion using Slide 1-38.

**Issues for Couples with HIV to Consider About Children**

- ❖ If the couple is discordant, the HIV-negative member could become infected while the couple is trying to conceive.
- ❖ If the woman is HIV-infected, there is the risk of transmission to the infant.
- ❖ If a couple already has children at the time they learn their HIV status and the mother is HIV-positive, there is risk that some of the children might also have HIV.

1-38

- ✓ Highlight the following points:

- If the couple is discordant, the HIV-negative member could become infected while the couple is trying to conceive.
- If the woman is infected with HIV, there is a risk of transmission to the infant.
- If a couple already has children at the time they learn their HIV status and the mother is HIV-positive, there is risk that some of the children might also have HIV.
  - In order to prevent mother-to-child transmission of HIV, it is important that the HIV-positive partner(s) be initiated on and remain adherent to ART.

- ✓ **Highlight the specific considerations various couples may face regarding children using Slide 1-39.**

**Considerations for CHTC and Children**

- ❖ Partners with children are more likely to continue their relationship regardless of their test results.
- ❖ The well-being and future of their children is a powerful influence in the relationship.
- ❖ The desire for more children may influence the couple's risk-reduction decisions.
- ❖ Concordant positive or discordant couples may have concerns related to safer conception, safer pregnancy, and mother-to-child transmission.
- ❖ Once they learn their HIV status, some couples may decide not to have more children.

1-39

- Partners with children are more likely to continue their relationship regardless of their test results.
- The well-being and future of their children is a powerful influence in the relationship.
- The desire for more children may influence the couple's risk-reduction decisions.
- Concordant positive or discordant couples may have concerns related to safer conception, safer pregnancy, and mother-to-child transmission.
- Once they learn their HIV status, some couples may decide not to have more children.

- ✓ **Summarize the discussion on the role of children in the lives of couples with the following points:**

- Each couple will be influenced by the status of their relationship with their partner and their life stage.
- These things affect a couple's ability to deal with their test results, change their behavior, and reduce the risk of acquiring or transmitting HIV.

- The provider must understand this to provide effective CHTC.

- ✓ **Ask for and answer any questions on children and CHTC before moving to the next topic.**

### **Key Populations at High Risk of HIV Transmission (5 minutes)**

- ✓ **Lead a brief discussion on the importance of conducting CHTC with key populations. Say the following:**

Key populations are persons who are often at increased risk of exposure to and/or transmission of HIV. These populations often may not typically access health care services due to the stigma and discrimination associated with behaviors that are illegal or socially stigmatized.

- ✓ **Ask participants the following question:**

What are the key populations at risk for HIV?

- ✓ **Acknowledge responses, which may include:**

- Sex workers and their clients
- Sex workers and their boyfriends
- Same-sex couples, such as men who have sex with men
- Injecting drug users and their sex or needle-sharing partners

- ✓ **Ask participants the following question:**

What are some of the potential challenges and issues couples from key populations may face when accessing or receiving HIV prevention and other healthcare services?

- ✓ **Acknowledge responses. Using Slide 1-40, briefly review any considerations that were not mentioned for working with key population.**

### Key Populations at High Risk of HIV

- ❖ Vulnerable because of laws, policies, discrimination, and stigma
- ❖ Legal recognition and community acceptance varies by country
  - deters HIV control efforts from reaching these communities
- ❖ Possible negative and judgmental attitudes from health care providers, counselors, and communities
- ❖ High HIV prevalence
  - discordance may also be high among key population couples
- ❖ Possible engagement in sex or needle-sharing with other persons

1-40

- There are laws and stigmatizing beliefs that discourage key populations from accessing services.
- Health care providers, counselors, and communities sometimes have a negative and judgmental attitude about key populations, which can also make it challenging for people to undergo CHTC.
- Key populations have a much higher HIV prevalence than the general population and discordance among these key populations is also often quite high.
- Like all populations, key populations at high risk for HIV should have access to HTC services, including CHTC.
- It is important that their issues are handled with sensitivity and that their confidentiality is protected just like any client or patient.
- When key populations arrive for services, it is important to treat them with the same respect, support, and encouragement as you would any couple.
- Health care providers and counselors should encourage key populations to access services and should ensure that services are provided in a nonjudgmental manner that supports behavior change.

- ✓ **Ask for and answer any questions about CHTC and key populations.**

## IMPLEMENTING CHTC IN HEALTH FACILITIES

**TRAINER'S NOTE:** For the following discussion, you do not need to go into detail and cover each setting. Highlight the settings that will be most relevant to your country's context and training participants. As you review each setting, be sure to probe participants to discuss how CHTC could be introduced to couples.

### Benefits of CHTC in Health Facility Settings (20 minutes)

- ✓ **Introduce and lead a discussion on the specific benefits of providing CHTC in health facility settings.**
- ✓ **Ask participants the following question:**

What are various health care settings where CHTC can be introduced and implemented?

- ✓ **Acknowledge responses and review the following points on Slide 1-41:**

**Discussion: What are the benefits of CHTC in different health facility settings?**

- ❖ ANC/PMTCT/MCH
- ❖ Labor and delivery (L&D) wards
- ❖ TB clinics
- ❖ HIV care and treatment clinics
- ❖ Inpatient wards
- ❖ Pediatric wards
- ❖ Outpatient departments (OPD)
- ❖ Male circumcision clinics
- ❖ VCT

1-41

- ANC/PMTCT/maternal and child health (MCH) clinics
  - Labor and delivery (L&D) wards
  - TB clinics
  - HIV Care and treatment clinics
  - Inpatient wards
  - Pediatric wards
  - Outpatient departments (OPD)
  - Male circumcision (MC) clinics
  - VCT sites
- ✓ **Ask participants the following question and if necessary, call out a particular setting for participants to discuss:**

Why are any of these particular settings a good place to offer CHTC?

- ✓ **Thank participants for their response and note that regardless of where CHTC services are implemented, it is important that these services remain voluntary for both partners. Clients should always be able to freely decide whether or not they want to receive CHTC services.**
- ✓ **Ask participants the following questions:**

How can CHTC be implemented in these settings? How can you as a provider introduce CHTC to a couple in these settings?

- ✓ Briefly discuss the context and benefits of introducing CHTC in various health settings (Slide 1-42). Review the following points:

Health Facility Setting	Importance of CHTC in this setting
ANC/PMTCT/MCH	<ul style="list-style-type: none"> <li>• Routine HTC and other testing for women are already the standard of care</li> <li>• Risk of transmission increases within discordant couples during pregnancy</li> <li>• Risk of transmission to baby increases if woman seroconverts during pregnancy</li> <li>• Chance to prevent transmission within partners and to babies</li> </ul>
Labor and Delivery Ward	<ul style="list-style-type: none"> <li>• Many women already receive HTC before delivery</li> <li>• Many men accompany their wives to L&amp;D, and may be more acceptable environment for men than ANC</li> </ul>
TB Clinics	<ul style="list-style-type: none"> <li>• High HIV/TB co-infection rates</li> <li>• Routine HTC for TB suspects/patients are already the standard of care</li> </ul>
HIV Care and Treatment Clinics	<ul style="list-style-type: none"> <li>• HIV-positive patients come for routine care, discuss disclosure</li> <li>• High likelihood of identifying discordant and concordant positive couples</li> </ul>

1-42

- ✓ Say the following regarding ANC/PMTCT/MCH:

- HTC is generally already the standard of care.
- In some settings, men are encouraged to attend ANC services with their pregnant wives to demonstrate their commitment to the family and their care for their wife and baby.
- Providing CHTC allows for early identification of discordant couples who can then prevent transmission within partners and also to the unborn baby.
- Couples that receive CHTC are more likely to use ART prophylaxis to prevent vertical transmission than pregnant women tested alone (Farquhar et al., 2004).

✓ **Say the following regarding the Labor and delivery (L&D) ward:**

- For some men, this appears to be a more acceptable environment than the ANC clinic; thus, it may be possible to reach more couples here (Homsy et al., 2006).
- Although this is an important setting to reach couples, it is also important to try to reach couples as early as possible in the woman's pregnancy, since there is a higher risk for both acquiring and transmitting HIV during pregnancy.

✓ **Say the following regarding TB clinics:**

- TB/HIV co-infection rates are very high.
- It is very important to test couples for both TB and HIV in order to manage their health care appropriately and prevent transmission if they have discordant results.
- Routine HTC is already provided to TB patients and suspects in many settings, but couples/partners are not widely captured in this setting.

✓ **Say the following regarding HIV care and treatment clinics:**

- We already talk with HIV-positive patients about disclosure to their partners.
- However, we also know that disclosure rates among HIV-positive patients are often low.
- Providing CHTC in this setting is likely to improve rates of disclosure and will identify many discordant and concordant positive couples who need prevention, care, and treatment services.
- Since HIV-positive patients already know their HIV status, it may be necessary to explore alternative options for reaching partners in this setting.
- When partners do get tested, it is important to ensure mutual disclosure of HIV status.

- ✓ Continue to review the context and benefits of introducing CHTC in other health settings (Slide 1-43).

Health Facility Setting	Importance of CHTC in this setting
Inpatient Wards	<ul style="list-style-type: none"> <li>• High HIV prevalence in inpatient wards</li> <li>• Many family members visit patients in the wards and providers can provide CHTC</li> </ul>
Pediatric Wards	<ul style="list-style-type: none"> <li>• Many families visit children in the wards; parents may be together and can be offered CHTC</li> <li>• If child is HIV-positive, it is important to test both parents, if possible</li> </ul>
Outpatient Department	<ul style="list-style-type: none"> <li>• Many people attending OPD do not know their status and could be HIV-positive</li> <li>• High rates of co-infection with HIV and other diseases such as malaria</li> </ul>
Male Circumcision Clinics	<ul style="list-style-type: none"> <li>• Men are entry point for CHTC</li> <li>• Reduces burden on women of disclosure</li> <li>• May improve surgery outcomes, behavior change</li> </ul>
VCT	<ul style="list-style-type: none"> <li>• Counselors may have more time to provide in-depth counseling and support, if needed</li> </ul>

1-43

- ✓ Mention the following points about in-patient wards:

- Many patients who are admitted to in-patient wards are living with HIV.
- Many family members, including partners, visit patients who are admitted into the wards, providing an opportunity for CHTC.

- ✓ Mention the following points about pediatric wards:

- Many families visit their children in the wards and parents may often visit their children together. CHTC can be offered to parents attending the pediatric ward together and may reduce the burden of disclosure that will fall on a woman if she is tested alone in this setting.
- Since a child's HIV-positive status may indicate an HIV-positive mother, providers should consider offering CHTC to both parents before testing the child.
- Many places implement routine testing for children admitted to wards, and at times HTC may also be recommended for mothers—especially if the child is very young or found to be HIV-positive.

✓ **Mention the following points about outpatient departments:**

- Many people attending OPD for other health issues may in fact be HIV-positive. For example, some studies have shown high rates of co-infection with HIV and malaria.
- If couples attend the OPD together, they should be offered the chance to learn their status together.
- Providers may work closely with on-site counselors, integrated VCT sites or other settings that have the ability to see couples more easily, if they are not able to provide CHTC themselves.

✓ **Mention the following points about male circumcision clinics:**

- In facilities where MC is offered, HTC should be offered as the standard of care before men receive MC.
- Couples should be encouraged to attend MC services together to receive CHTC. This utilizes men as the entry point for CHTC services and reduces the burden of disclosure that so often falls on women.
- When couples attend MC services together, this may increase their understanding of the need for additional prevention measures, since they both hear messages about healing time, procedures, and HIV prevention benefits together.

✓ **Mention the following points about VCT:**

- Some health facilities have a VCT center located directly on the grounds or integrated into their facility.
- The benefit of providing CHTC here is that VCT counselors may have more time to provide in-depth counseling and support to couples as needed.

✓ **Lead a brief discussion on the importance of involving men in health care services.**

- Highlight that promoting CHTC in health care facilities also provides an opportunity to involve male partners in health care services as a standard of care.

- ✓ **Ask participants the following question:**

Who can tell me why it is so important to involve men in health care services and specifically to increase uptake of HIV testing among men?

- ✓ **Acknowledge responses. Using Slide 1-44, review any points not mentioned.**

**Increasing Access to  
Health Care Services for Men**

- ❖ Men do not access health care services as often as women.
- ❖ Many men do not access care or treatment for HIV until late in the disease process.
- ❖ Morbidity and mortality from HIV is higher among men than women.
- ❖ If men do not know their HIV status, they may be more likely to transmit HIV to their partners.
- ❖ Engaging men through CHTC is important for men themselves, for the couple, and for the family.

1-44

- CHTC in health care settings has the added benefit of reaching men and bringing men into the health care system.
- Men do not generally access health care services as often as women.
- Many men do not access HIV care and treatment services until a very late stage of their disease.
- Because they do not access health care services as often as women, men are also less likely to know their HIV status than women. This means they may be more likely to transmit HIV to their partners.
- CHTC in health care settings has the added benefit of reaching men and bringing men into the health care system.
- Men do not generally access health care services as often as women.

- Many men do not access HIV care and treatment services until a very late stage of their disease.
- Because they do not access health care services as often as women, men are also less likely to know their HIV status than women. This means they may be more likely to transmit HIV to their partners.
- Engaging men in health care services through CHTC is important for the health and well-being of men themselves, for the couple, and for the family.
- Men can and should be engaged to receive CHTC wherever these services are offered, including ANC/PMTCT, HIV, and TB clinics, outpatient departments, and medical male circumcision services, among others.

- ✓ **Ask for and answer any questions related to the benefits of implementing CHTC in health care settings.**
- ✓ **Say the following:**

- Tomorrow, we will spend some time thinking about our specific health facility setting and how to integrate CHTC into our existing services.
- We will also hear examples of successful programs from other countries that integrated CHTC into their health facilities.

### **Review of CHTC (10 minutes)**

- ✓ **Tell participants that you will ask them a series of questions to help them review and summarize the advantages of CHTC.**

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**TRAINER'S NOTE:** Briefly go through the questions. This is just meant to reinforce and be a quick review.

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- ✓ **Ask participants the following question:**

How is communication between the provider and the couple as well as between the couple themselves enhanced by CHTC?

✓ **Acknowledge their responses and clarify that:**

- CHTC supports open and shared communication and understanding between partners, which is aided by the presence of a trained provider who can ease tension and diffuse blame.
- Furthermore, partners hear information and messages together, enhancing the likelihood of a shared or common understanding.

✓ **Ask participants the following question:**

How is disclosure easier with CHTC?

✓ **Acknowledge their responses and clarify that:**

- If couples are tested together, they learn their results together.
- Individuals tested alone are burdened with the need to disclose results to their partner and must persuade the partner to get tested.
- The provider is present to provide assistance and address any of the couple's concerns.

✓ **Ask participants the following question:**

How is HIV prevention counseling enhanced with CHTC?

✓ **Acknowledge their responses and clarify that:**

- Prevention messages are based on the results of both partner(s) in the relationship and are tailored to concordant positive, concordant negative, and discordant couples.
- The providers can help couples address issues and concerns they have about HIV prevention as well as HIV care and treatment.

✓ **Ask participants the following question:**

How can CHTC strengthen linkages with follow-up services?

✓ **Acknowledge their responses and clarify that:**

- When couples hear the same messages about the importance of accessing follow-up HIV prevention, care, and treatment services, they may be more likely to access these services.
- They are available to support each other as they take steps to maintain their health and serostatus as a couple.
- Information is provided for healthy living and couples are also referred to ongoing counseling for emotional support and social service, especially for couples with HIV-positive partners.

✓ **Ask participants the following question:**

How is care and treatment for HIV impacted by CHTC?

✓ **Acknowledge their responses and clarify that:**

- Couples who learn their status together can be linked to HIV care and treatment services together.
- HIV-positive persons may be more likely to follow up on needed medical care and take medication when their partner knows their HIV status.
- Early treatment is especially important for discordant couples to prevent HIV transmission to the HIV-negative partner.

✓ **Ask participants the following question:**

Why is it important to consider the couple's relationship-type or children when providing CHTC?

✓ **Acknowledge their responses and clarify that:**

- Each couple will be influenced by the status of their relationship with their partner, their life stage, and any children they may have.
- These things affect a couple's ability to deal with their test results, change their behavior, and reduce the risk of acquiring or transmitting HIV.
- The provider must understand this to provide effective CHTC.

✓ **Ask for and answer any questions about the information discussed thus far.**

# MODULE TWO: CHTC COMMUNICATION SKILLS

**Total time for this module: 1 hour, 25 minutes**

## OVERVIEW OF MODULE TWO:

This module will focus on CHTC communication skills. Participants will review essential skills and attributes needed to provide high quality services to couples. Participants will learn how their own personal issues can influence their ability to provide high quality services to couples and how their own self-awareness can help in the CHTC session. Participants will also learn about the four alliances of the CHTC session and will have an opportunity to practice mediation skills to mitigate tension and diffuse blame.

## GOAL:

This module aims to review the basic communication skills required of HTC providers and teach additional skills for working with couples, including developing an awareness and understanding of how gender and cultural considerations may impact the CHTC session.

## LEARNING OBJECTIVES:

By the end of this module, participants will be able to:

- ✓ list basic communication skills of HTC providers
- ✓ identify the unique challenges of communicating with couples compared to individuals in an HTC session
- ✓ mitigate tension and diffuse blame that may arise during a CHTC session
- ✓ direct communication to effectively facilitate a CHTC session
- ✓ utilize the solution-focused model for delivering a CHTC session
- ✓ discuss how possible power imbalances between men and women and other gender norms are important to consider when providing couples HTC
- ✓ describe strategies to promote greater gender equity in CHTC

## ADVANCE PREPARATION:

- ✓ Load PowerPoint slides
- ✓ Make copies of the handouts
  - Self-Awareness Exercise
  - Applying CHTC Communication Skills
  - Applying Mediation Skills

## CHTC COMMUNICATION SKILLS

### Training Objectives for Module Two (5 minutes)

- ✓ Provide an overview of Module Two (Slide 2-1).



We will review the basic communication skills required of HTC providers and teach additional skills for working with couples, including developing an awareness and understanding of how gender and cultural considerations may impact the CHTC session.

- ✓ Review the module objectives (Slide 2-2).

**Objectives for Module Two**

**By the end of this module, you will be able to**

- ❖ List the basic communication skills of CHTC providers
- ❖ Identify the unique challenges of communicating with couples
- ❖ Mitigate tension and diffuse blame that may arise during a CHTC session
- ❖ Direct communication to effectively facilitate CHTC
- ❖ Utilize the solution-focused model for delivering CHTC
- ❖ Discuss the importance of gender issues
- ❖ Identify gender issues that may arise during CHTC and identify strategies for addressing these issues

2-2

- List the basic communication skills of CHTC providers.
  - Identify the unique challenges of communicating with couples compared to individuals in a CHTC session.
  - Mitigate tension and diffuse blame that may arise during a CHTC session.
  - Direct communication in order to effectively facilitate a CHTC session.
  - Utilize the solution-focused model for delivering a CHTC session.
  - Discuss how possible power imbalances between men and women, and other gender norms, are important to consider when providing couples HTC and strategies to promote greater gender equity in CHTC.

## Solution-Focused Model of CHTC (5 minutes)

- ✓ Introduce the solution-focused model of CHTC by saying the following:

CHTC uses a solution-focused model that focuses on the present and the future.

- ✓ Review Slide 2-3.

### Solution-Focused Model of CHTC

- ❖ Effectively delivered, brief couple interventions make a difference.
- ❖ It is the couple's present and future that are most important.
- ❖ It is most effective to build on strengths rather than weaknesses.
- ❖ Providers should focus on solutions instead of dwelling on problems.
- ❖ The couple understands how to use their strengths to address HIV-related issues in their relationship.
- ❖ The counselor validates feelings, but the focus is on positive actions.
- ❖ Acknowledge that small behavior changes can lead to bigger ones.

2-3

- Effectively delivered, brief couples interventions make a difference.
  - Most couples constructively engage in the CHTC session.
  - Generally, couples that attend CHTC services have identified HIV as an issue of concern and have decided to deal with it together.
  - The fact that the couple came for CHTC indicates some decision-making process about HIV in their shared lives, for which the couple should be commended.
- It is the couple's present and future that are the most important.

✓ **Ask participants the following question:**

Why is it important to focus on the present and future in a CHTC session?

✓ **Acknowledge responses that may include:**

- The past cannot be changed.
- It is important to focus on what additional follow-up services couples might need to receive, rather than dwelling on past issues.
- CHTC helps couples think together about how they will deal with HIV in their shared lives.

✓ **Say the following:**

- The CHTC process is not about blame or identifying the behavior or the individual that is the source of the infection.
- This process is about the present and helping them deal with the reality of HIV in their shared lives and to prepare for their future.
- This is an extremely important difference between CHTC and individual HIV testing and counseling. Individual counseling may look at past risk behaviors and possible sources of infection, but CHTC does not.
- A helpful way to think about this is the analogy of a snake in the house. It does not matter how the snake got into the house—front door, back door, or roof. What matters is that the snake is in the house and needs to be removed. By focusing on solutions, CHTC helps couples move on with their lives and make positive attitude and behavior changes.
- It is most effective to build on strengths rather than on weaknesses.

✓ **Ask participants the following question:**

Why is it important to build on strengths rather than focusing on weaknesses?

✓ **Acknowledge responses, such as:**

- The couple's strengths, such as the ability to adapt, their flexibility, and their resilience, are the resources that will help them cope effectively with HIV.
- Weaknesses do not build the couple's confidence in their ability to cope with problems.

✓ **Point out that the focus is on solutions, not problems.**

- Highlight that attention and energy are best directed toward generating solutions.

✓ **Point out that the couple understands how to use their strengths to address HIV-related issues in their relationship. Highlight that:**

- In CHTC sessions, the provider brings expertise about HIV, health care, follow-up services, and HIV risk reduction.
- The couple brings expertise about their relationship, their life together, and their strengths and resources.
- The couple uses their strengths and resources to address issues and the provider skillfully supports them through the process.

✓ **State that the provider validates feelings, but the focus is on positive actions. Highlight the following:**

- Attending to emotions is important, but action generates hope, optimism, and confidence.
- The provider should empower the couple to take action that will keep themselves and their families healthy.

- ✓ **Mention that small behavior changes lead to bigger ones. Emphasize the following:**

- Life is full of changes. From the moment the couple decided to receive CHTC services, they made a positive step to change their lives.
- This is the first step toward reducing their HIV risk and keeping themselves, their relationship, and their family healthy.

- ✓ **Ask for and answer any questions about the solution-focused model.**

### **Self-Awareness (15 minutes)**

- ✓ **Introduce the concept of self-awareness.**

- One of the most important attributes of an effective CHTC provider is self-awareness.
- Provider self-awareness refers to the provider's ability to understand how their personal beliefs and experiences affect their reaction and response in a CHTC session.
- Providers regularly need to examine their own thoughts to prevent their personal biases from interfering with their interactions with couples.

- ✓ **Review the benefits of provider self-awareness (Slide 2-4).**

**Self-Awareness Allows Providers to**

- ❖ Ensure that their values, beliefs and experiences do not influence their interaction with couples
- ❖ Reduce the potential for biasing the couple's decisions
- ❖ Understand that they are not responsible for test results or the couple's relationship
- ❖ Understand the couple's concerns and offer empathy and support

2-4

- ✓ **State that self-awareness allows providers to do the following:**

- Ensure their values, beliefs, and experiences do not influence their interaction with couples

In other words, self-awareness helps the provider remain nonjudgmental when they interact with the couple.

- Reduce the potential for biasing the couple's decisions
- Understand they are not responsible for the test results or the couple's relationship

Providers must realize that they are not responsible for the couple's test results or the outcome of the couple's relationship following CHTC.

- Hear and understand the couple's concerns and offer genuine empathy and support

A self-aware provider approaches the couple with an open attitude and is able to really hear the couple's concerns.

- ✓ **Acknowledge that there are many issues of which providers should be self-aware when providing HTC services to couples.**

Reflecting on these issues in advance will allow providers to focus on the specific concerns and situation of the couple in the CHTC session, rather than being judgmental or distracted by their own personal issues.

- ✓ **Ask participants the following question:**

What personal issues may influence a provider's ability to provide high-quality services?

- ✓ **Acknowledge responses and briefly review and note any issues the participants did not mention Slide 2-5.**

### **Issues That Affect a Provider's Ability to Provide High Quality Services**

- ❖ Provider's own relationship with his or her partner
- ❖ Provider's experience and values about couple relationships, including gender roles and expectations
- ❖ Provider's experience with intimate partner violence
- ❖ Provider's dreams for his or her relationship
- ❖ Provider's experience receiving HTC, including his or her willingness to receive CHTC
- ❖ Provider's history with disclosure

2-5

- The provider's own relationship with his/her partner

- For example, providers may speak frankly and openly with their own partners about risk for HIV and may, therefore, expect other couples to behave the same way.
- Conversely, if providers have not opened up with their partners about HIV or HIV testing, they may be fearful about providing CHTC.

- The provider's experience, values, and feelings relating to couple relationships, including gender roles and expectations

A provider who may have had difficulties with his or her own partner and is not self-aware may allow personal feelings to influence how he or she treats members of the opposite sex, even within a CHTC setting.

- The provider's experience with intimate partner or gender-based violence

- Providers who experienced some form of violence from their partners, whether verbal, physical, sexual, or other, may make judgments about other couples.
- Such providers may be harsh to men or assume that men are being abusive to their partners when they are not.

- The dreams and aspirations of the provider for his or her relationship, family, and future

- A provider who is not self-aware may impose personal feelings about a discordant result onto the couple by thinking of his or her own family and dreams.
- It is important to recognize that the couple's reaction to their test results may be different from that of the provider.

- The provider's willingness to receive CHTC services

A provider who feels uncomfortable about getting tested for HIV with his or her own partner may not value the couple's decision to receive HIV testing and counseling together.

- Provider's history with disclosure

A provider who is uncomfortable disclosing his/her HIV status to his/her partner or had a bad experience with disclosure may project personal insecurities about disclosure onto the couple.

✓ **Provide instructions on the self-awareness activity.**

- I would like to ask you to conduct a brief activity to think about your own personal issues that may inhibit your ability to provide high quality CHTC.
- Please pull out the handout called "Self-Awareness Exercise" and spend 5 minutes reflecting on the listed questions.

- ✓ Review the questions on Slide 2-6.

**Self-Awareness Exercise**

1. What are some examples of personal issues that may influence how you interact with couples during a CHTC session?
2. How can you prevent these issues from negatively influencing CHTC sessions?

2-6

- What are some examples of personal issues that may influence how you interact with couples during a CHTC session?
  - How can you prevent these issues from negatively influencing CHTC sessions?
- ✓ Tell participants to reflect and write down their responses to questions on their handout.

---

**TRAINER'S NOTE:** Give participants 5 minutes to write their responses. Ask participants if they have any thoughts about this activity or about self-awareness that they would like to share? If no one wants to share, move on to the next section.

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## Skills for Communicating With Couples (5 minutes)

- ✓ Review couples communication skills using Slide 2-7.

**Skills for Communicating with Couples**

- ❖ Demonstrate neutrality and nonbiased concern for both members of the couple.
- ❖ Convey respect for the couple's relationship.
- ❖ Facilitate balanced participation of both partners during the session.
- ❖ Model appropriate listening and communication skills.
- ❖ Facilitate dialogue between the couple.
- ❖ Raise difficult issues that the couple may need to address.
- ❖ Ease tension and diffuse blame.

2-7

- Communication skills like those listed on the slide will help you maintain a positive atmosphere and balance couple interactions during the CHTC session.
  - Demonstrate neutrality and nonbiased concern for both members of the couple.
  - Convey respect for the couple's relationship.
  - Facilitate balanced participation of both partners during the session.
  - Model appropriate listening and communication skills.
  - Facilitate dialogue between the couple.
  - Raise difficult issues that the couple may need to address, such as how they will cope with a positive test result or disclose a positive result to others.
  - Ease tension and diffuse blame.

- ✓ **Review additional CHTC communication skills and attributes (Slide 2-8), which include the following:**

**Skills for Communicating with Couples  
(cont.)**

- ❖ Be able to tolerate intensity.
- ❖ Recognize that relationships are full of contradictions.
- ❖ Understand relationships in the context of cultural values and norms.
- ❖ Recognize that couples can handle difficult situations.

2-8

- Be able to tolerate intensity.
  - Recognize that relationships are full of contradictions.
  - Understand relationships in the context of cultural values and norms.
  - Recognize that couples can handle difficult situations.
- ✓ **Summarize the importance of using effective communication skills.**

- By remaining neutral, conveying respect for the couple's relationship, and facilitating balanced participation by each partner, the provider helps build rapport and sustain an important and trusting CHTC session with the couple.
- The couple needs to know that the provider is on their side and that you are there to help them address HIV in their lives together.

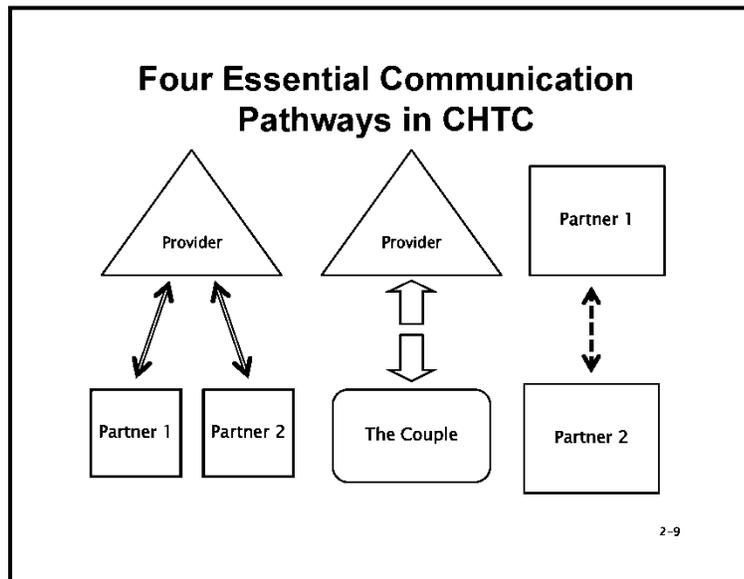
✓ **Ask participants the following question:**

Can you name a few ways in which providers can facilitate an open, trusting session with couples in CHTC?

✓ **Acknowledge responses, which may include the following:**

- Offer genuine warmth, kindness, and compassion.
- Respect the couple and where they are coming from emotionally and culturally.
- Give each person a chance to speak and engage in active listening.
- Use appropriate body language (such as smiling and nodding) to convey warmth and understanding.

✓ **Review the four communication pathways in a CHTC session (Slide 2-9).**



- In order to ensure that couples feel like a provider is actively listening and engaging the couple, a provider needs to pay attention to all four communication pathways in a CHTC session.
- The four pathways are:
  - Between the provider and partner 1
  - Between the provider and partner 2
  - Between the provider and the couple as a collective unit
  - Between the couple as partners
- The provider should pay attention to the way he or she communicates with each individual partner in the session, the way he or she communicates with the couple as a unit, and the way that the partners communicate with each other.
- This includes both verbal and nonverbal communication.
- The provider can help direct communication along each of these pathways in order to ensure equal participation by both members of the couple.
- The more the couple can be supported in addressing their issues and concerns as partners—in terms of “we” rather than as individuals—the more likely they will be able to cope with their HIV test results and the realities of HIV in their shared lives.

✓ **Ask for and answer any question about the skills discussed thus far.**

## Applying CHTC Communication Skills (15 minutes)

- ✓ **Introduce the next activity by saying the following:**

- Now we are going to read a CHTC scenario and I want you to tell me what CHTC communication skills are not used and what the provider should do differently.
- Please pullout the handout called “Applying CHTC Communication Skills” while I am reading this scenario and note what is going wrong.

✓

---

**TRAINER’S NOTE:** You can also ask for participants to volunteer read the vignette below out loud.

---

- ✓ **Read Part 1.**

**Part 1:** Rose and Dumisani have come to the health facility for CHTC based on advice from the ANC nurse. Margaret is the provider who will conduct the CHTC session today. When Rose and Dumisani arrive in the counseling room, Margaret acknowledges the couple. She notices that Dumisani is a young handsome man, and Rose is nearing the end of her pregnancy. She assumes that they are not having sex because Rose is so far along in her pregnancy. She then assumes that Dumisani must be having an affair and sleeping with other women in the community. Margaret’s own husband left her when she was 6 months pregnant, and although that was 4 years ago, she has never gotten over this loss.

- ✓ **Ask participants the following question:**

What communication skill is needed here?

- ✓ **Acknowledge answers and listen for “being self-aware of issues that may influence your ability to provide high-quality CHTC services.”**
- ✓ **Read Part 2.**

**Part 2:** Margaret asks Rose why she has come to receive CHTC today. When Rose responds, Margaret continues to ask her about her pregnancy, her relationship with Dumisani, her work and family life, and her thoughts about receiving CHTC today. Margaret does not acknowledge Dumisani but does watch him out of the corner of her eye as he squirms when Rose answers some difficult questions.

- ✓ **Ask participants the following question:**

What communication skill does Margaret need right now?

- ✓ **Acknowledge answers and listen for “demonstrating equal concern and respect for both partners.”**
- ✓ **Read Part 3.**

Margaret proceeds with the HIV test for the couple. As the test results are developing, she asks Dumisani about his work. When he responds that he works and lives away from home 3 weeks per month, she rolls her eyes and says, “typical African man.” This upsets Dumisani and he looks at Rose for help. Rose sits calmly and touches Dumisani’s hand but does not say anything.

- ✓ **Ask participants the following question:**

What communication skills would have been helpful to Margaret in this situation?

- ✓ **Acknowledge responses and listen for “understanding relationships in the context of cultural values and norms.” Also, “recognition that couples can handle difficult situations.”**
- ✓ **Read Part 4.**

**Part 4:** When the test results are ready, Margaret gives Rose her results first. She is HIV-positive. She then tells Dumisani he is also HIV-positive. She explains how difficult their lives will be from now on, since they will have to be on treatment for the rest of their lives. She says she is very sorry this happened to them and notes that this is very common for couples in which the man works away from home.

Dumisani feels like Margaret is blaming him for bringing HIV into his family and starts to get angry with Margaret. Rather than calming him down or alleviating the tension in the room, Margaret tells them there is another room they should go to for care and treatment and sends them back to the receptionist to tell them where to go.

- ✓ **Ask participants the following question:**

What communication skills did Margaret need to use in this situation?

- ✓ **Acknowledge responses and listen for “being able to tolerate intensity,” “having the ability to both validate and challenge,” and “recognizing that couples can handle difficult situations.”**
- ✓ **Ask participants the following question:**

Who can tell me how Margaret should have done things differently if she wanted to model good CHTC communication skills?

✓ **Acknowledge responses and listen for:**

- Margaret should have acknowledged and spoken equally to both Rose and Dumisani.
- Margaret should have addressed her own feelings about her husband cheating on her by talking with a friend or relative so that she would not pass judgment on Dumisani without knowing his story.
- Margaret should have withheld her judgments about Dumisani or the couple's scenario.
- Margaret should have communicated that the couple would be able to handle their HIV test results together and should have demonstrated more empathy towards the couple upon learning their concordant HIV-positive status.
- Margaret should have remained calm, if things got tense or heated, demonstrating her ability to tolerate intensity and to handle difficult situations.

✓ **Ask for and answer any questions about CHTC skills.**

**Encouraging Provider Uptake of CHTC (5 minutes)**

✓ **Introduce the importance of providers receiving CHTC themselves by saying the following:**

- One of the things we talked about was how a provider's attitude about CHTC can influence his/her response to couples who receive this service.
- If we have not been through CHTC or we have fears about receiving HTC together with our own partners, we might be less likely to recommend CHTC to our clients or patients.

✓ **Ask participants the following question:**

Who can tell me more why it may be important for providers to go through a CHTC session with their partner(s) before providing this service?

✓ **Allow for responses and listen for the following:**

- Realize that CHTC has positive outcomes
- Understand what the approach involves for couples
- Relate better to couples receiving CHTC
- Let go of fears about CHTC

✓ **Ask participants the following question:**

Does everyone know where you can access CHTC services in your community?

✓ **Encourage providers to go through CHTC with their partner by saying the following:**

- For those of you with a partner, one of the things I would like you to think about during the course of this training is whether you are willing to receive CHTC services together with your partner.
- At the end of this training we can come together and decide if those of us with partners are willing to make a pledge to receive CHTC at some point in the future, ideally before beginning to provide this service.
- Of course, CHTC services are voluntary and your decision to attend will be up to you. However, making this commitment may support you to initiate the dialogue with your partner and to take the steps to get CHTC.

✓ **Ask for and answer any questions.**

## Explore Mediation Skills (15 minutes)

✓ **Introduce mediation skills by saying the following:**

- In most situations, couples are very supportive of each other when they learn their HIV status together. However, there may be times when one or both partners react poorly to learning their HIV test results.
- Couples that learn they are concordant HIV-positive or discordant for the first time may have strong feelings that you may need to address before referring them to another provider.
- For these rare situations, another important skill of a CHTC provider is the ability to ease tension and diffuse blame between the couple.
- We are going to spend just a few minutes reviewing these mediation skills and then we will have an opportunity to practice putting them to use.

✓ **Ask for a few volunteers to read the following suggestions from the slide for easing tension and diffusing blame during a CHTC session (Slide 2-10).**

### **Mediation Skills for Easing Tension and Diffusing Blame**

1. Normalize feelings, reactions, and experiences.
2. Remind the couple that many people are living with HIV infection.
3. Focus on the present and future.
4. Avoid and deflect questions aimed at identifying the source of infection.
5. Express confidence in the couple's ability to deal with HIV-related issues.
6. Acknowledge feelings and emotions, and predict that in time their intensity will likely change or shift.
7. Remind the couple of the roles and responsibilities outlined at the beginning of the CHTC session.

2-10

- Present “normalize feelings, reactions, and experiences” by saying:

This helps the couple recognize that their feelings are common and that many others have had similar experiences.

- Present “remind the couple that many people are living with HIV infection and they are not alone” by saying:

HIV is common in many of our communities and many other couples are also dealing with the realities of HIV in their relationship.

- Present “Focus on the present and future” by saying:

The couples HIV testing and counseling session focuses on the couple’s present and future. The past is in the past and cannot be changed.

- Present “avoid and deflect questions that aim to identify the potential source of infection” by saying:

- The reality is that the HIV virus is present and knowing where it came from cannot change this reality.
- Discussion about the source of the infection is neither helpful nor relevant to the couple’s present situation.

- Present “express confidence in the couple’s ability to deal with HIV-related issues” by saying:

- Reflect on their strengths and history together and how they have effectively addressed challenges in their shared lives.
- Recognize that by simply attending CHTC, the couple has taken a positive step together in dealing with HIV in their shared lives.

- Present “acknowledge the feelings expressed and observed” by saying:

Predict that in time, their intense emotions will likely change or shift. Let the couple know that the intense emotions will lessen over time and they will begin to adapt and cope.

- Remind both members of the couple of their roles, responsibilities, and expectations outlined at the beginning of the session. Elaborate by saying:

This is something we will discuss a bit later today when we discuss the CHTC protocol. Each couple must agree on certain criteria before beginning CHTC.

- Point out that when discussing a couple’s risk issues, the provider should use general terms and speak in the abstract about issues that may not be discussed directly by the partners, such as
  - alcohol or drug use
  - sex partners outside the relationship and the need to use condoms in these relationships
  - frequent separation because of work or travel

✓ **Display Slide 2-11 and ask participants the following question:**



Can someone describe what is going on in the picture?

✓ **Acknowledge responses and say the following:**

- This picture shows a provider bringing up the topic of outside partners without directing the comment to either member of the couple. The provider discusses it in the abstract.
- As he does this, both members of the couple think about their past experiences outside of the relationship and potential for infection.
- Providers can refer in general terms to possible exposure to HIV before the relationship began. This can avoid tension and blame.

✓ **Introduce the next activity.**

- Before we move on, let's do a brief activity together to look at some examples of couple discord.
- I will read a scenario and I would like you to tell me how you would use mediation skills to ease tension and diffuse blame during a CHTC session.
- You can follow along on the handout called "Applying Mediation Skills."

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**TRAINER'S NOTE:** You can choose to have one of the participants volunteer to read the scenarios out loud.

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- ✓ **Read the first scenario below.**

The first couple, Silas and Pamela, are very young—just 18 and 19 years old. They plan to get married and start a family. When they receive their HIV test results, they find they both are HIV-positive and are very upset. Neither expected to be HIV-positive. Now it feels like their whole life together has been torn apart.

- ✓ **Ask participants the following question:**

How should the CHTC provider handle this reaction?

- ✓ **Acknowledge responses and listen for:**

- Normalize their feelings and reactions by telling them that their feelings are common.
- Tell them that many others have gone through the same situation and they are not alone.

- ✓ **Continue reading the scenario below.**

As they begin to recover from their first reaction, they start to wonder how this could have happened. Although both were aware that the other partner had relationships with others before they were a couple, they did not think they could be infected because they were so young. Silas, the male partner, starts to ask Pamela who she knew before he met her. She has the same reaction.

- ✓ **Ask participants the following question:**

What should the provider do to mediate this situation?

✓ **Acknowledge responses and listen for:**

- Avoid and deflect questions that aim to identify the potential source of infection.
- Focus on the present and future.

✓ **Read the second scenario.**

Let's focus on another couple now. Andrew and Geraldine are a couple that has been together for 12 years. They have 2 children, 8- and 10-years old. Andrew has worked on and off as a construction worker over the last 10 years. Money is tight, but they have always managed to support themselves and their children who are in school.

When the couple underwent CHTC because of the husband's lingering respiratory illness, they found that he was HIV-positive. Geraldine is HIV-negative. She is very angry that he has endangered both her health and possibly the health of their children. She is also afraid that he will become increasingly sick and will not be able to work, making them lose their home. He is also afraid that he will not be able to work and his wife will leave him.

✓ **Ask participants the following question:**

What mediation skills will help the provider in this situation?

✓ **Acknowledge responses and listen for:**

- Acknowledge the feelings expressed and observed. Predict that in time their intense emotions will likely change or shift.
- Express confidence in the couple's ability to deal with HIV-related issues.

✓ **Ask for and answer any questions on mediation.**

## GENDER AND CHTC

### Ways Gender May Impact CHTC (5 minutes)

- ✓ **Introduce the topic of gender and CHTC.**

Now I would like to spend a bit of time discussing cultural norms around gender and examine how CHTC may affect men and women differently.

- ✓ **Ask participants the following question:**

Who can tell me what we mean by gender?

- ✓ **Acknowledge responses and listen for:**

- The roles, behaviors, activities, and attributes that a given society considers appropriate for men and women
- Different expectations for how men and women should behave
- Sex is biological (does not change) but gender roles are defined by culture

- ✓ **Ask participants the following question:**

What are some of the ways that gender roles for men and women may affect CHTC?

- ✓ **Acknowledge responses and listen for:**

- Women might feel vulnerable or fear the outcome if they test HIV-positive.
- Women sometimes have less power to make decisions over health-seeking behavior and family planning.
- Men are less likely to be tested, as they are less likely to access health facilities.

- If only one partner is tested, it is their burden to disclose their status to the other partner, They may fear a negative outcome such as being blamed for bringing HIV into the relationship.
- ✓ **Discuss the role of providers in addressing gender issues in CHTC. Say the following:**

- As providers, being aware of different cultural norms, male-female relationship expectations, possible power imbalances and other gender inequalities can help reduce many of these concerns during the CHTC session.
- Look for dominance by one partner, such as speaking for or making decisions for the other partner.
- While we should be prepared to address violence and power imbalances in couples, studies show us that couples are actually very supportive of each other and rarely have negative outcomes when they receive CHTC and learn their test results together.

- ✓ **Review how power imbalances between males and females can contribute to the following (Slide 2-12):**

**Gender Issues in CHTC**

- ❖ Economic dependency
- ❖ Property rights and legal issues
- ❖ Equal access to care, treatment and support services
- ❖ Domestic violence, abandonment, or both

2-12

- Economic dependency

Economic dependency of one partner on the other partner may create a fear of abandonment and contribute to power imbalances in the relationship.

- Property rights and legal issues

- Worldwide and especially in sub-Saharan Africa, women often have limited property rights due to cultural and or legal norms.
- This contributes to economic dependency and vulnerability to abandonment.

- Equal access to care, treatment, and support services

Power imbalances in male-female relationships may affect autonomy over health care decisions such as accessing HIV testing, care, treatment, support groups, family planning, contraception and condoms.

- Domestic violence, abandonment, or both (Slide 2-13)

### **CHTC and Violence**

- ❖ CHTC is not associated with increased violence or negative events.
- ❖ There is no evidence that inviting male partners to ANC and VCT increases the risk of intimate partner violence (IPV).

2-13

- If there was no previous abuse in the relationship, there does not appear to be an association between CHTC and new violence.
- However, fear of violence may impact a couple's willingness to receive CHTC.
- Providers should be sensitive to this when encouraging disclosure and partner attendance.

### Assessing for Power Imbalances, Coercion, and Domestic Violence (10 minutes)

- ✓ Review the considerations for determining if it is safe and appropriate to provide CHTC to a couple (Slide 2-14).

**Determining Safety in CHTC**

- ❖ Ensure that both partners are there voluntarily.
- ❖ Engage both partners and recognize and address power imbalances.
- ❖ Refer to other services and individual HTC.

2-14

- Ensure that both partners are there voluntarily.

- If you do not feel that both partners are there voluntarily, you may decide not to provide CHTC services.
- Who can tell me some signs that one partner may have been coerced to attend CHTC?

- Acknowledge responses and listen for:
  - He or she is not talking.
  - His or her body language is reserved, such as by cowering in his or her seat.
  - He or she is not making eye contact with you or his or her partner.
  - He or she tells you he or she does not want to be there.
- Ask participants the following question:

If someone displays any of these signs, what would you do as the provider?

- Acknowledge responses and listen for:
  - Ask to speak to each individual separately.
  - Determine if both partners are there voluntarily.
  - Determine if there is an immediate risk to one of the partners.
  - Link vulnerable partners with appropriate services.

- If you identify that there is coercion, couples HTC may not be appropriate. You might suggest that the partners receive individual HTC or that they return at a later time for couples HTC.
  - Remember that CHTC services should always be voluntary and both partners should be equally willing to participate.
  - Meeting with them individually gives you an opportunity to talk with each partner separately to determine if they are both there voluntarily.

- Engage both partners and recognize and address power imbalances.

- It is important for providers to encourage both partners to communicate equally and to ask questions to both members of the couple to encourage balanced participation.
- If the provider notices that the female partner is not opening up, he or she can also specifically ask questions that make women feel comfortable, or ones they are more likely to respond to—for example, questions about their children.
- Because prior violence in a relationship is a significant predictor of future violence, providers should consider any information that comes up about past violence to determine whether CHTC is appropriate and safe for the couple.

- Refer the couple to other services, including individual HTC.

- If you sense that a couple experiences physical, sexual, or emotional abuse in their relationship, it may be best to stop the CHTC session and refer them to additional counseling services for assistance.
- It is also important that you have a comprehensive list of appropriate referral services available in your community, including support for violence and abuse as well as legal support.
- Referral made for these services should be done in way that protects the confidentiality and safety of the at-risk partner. Typically, they should be provided without the other partner present.

✓ **Ask the following question:**

What are some services that could help victims of gender-based violence?

- Cover the following if not mentioned:
  - Post-exposure prophylaxis (PEP) in cases of rape
  - Emergency contraception
  - STI screening and treatment
  - HIV testing and treatment
  - Referrals to medical care and legal aid
  - Additional counseling
- ✓ **Ask for and answer any questions on gender, partner violence and CHTC.**

### Wrap-Up (5 minutes)

- ✓ **Provide a recap of the previous sessions.**

- The previous sessions served as
  - an introduction to CHTC and the advantages of this approach
  - an overview of discordance
  - a review of important communication skills, such as mediation and provider self-awareness

- ✓ **Preview the upcoming sessions by saying the following:**

- Next, we will discuss the actual process of a CHTC session.
- You will have a chance to see how the communication skills reviewed this morning can be used when working with different types of couples.
- You will also see how the pre-test session can help you determine if it is appropriate and safe for a couple to receive CHTC.

- ✓ **Ask for and answer any questions participants have about the previous sessions.**

# MODULE THREE: OVERVIEW OF CHTC AND PRE-TEST SESSION

**Total time for this module: 1 hour, 30 minutes**

## OVERVIEW OF MODULE THREE:

In Module Three, the participants will be introduced to the CHTC protocol and the conditions that a couple must agree to before receiving CHTC. The trainer will review each step of the pre-test CHTC session, including introducing the couple to CHTC, discussing the roles and responsibilities of the couple, and preparing for testing and discussing possible test results.

## GOAL:

The goal of Module Three is to provide an overview of how CHTC is conducted and discuss key messages to deliver during the CHTC pre-test session.

## LEARNING OBJECTIVES:

By the end of this module participants will be able to:

- ✓ describe the protocol for the CHTC approach
- ✓ describe the conditions for receiving CHTC services
- ✓ list the roles, responsibilities, and expectations of couples during CHTC
- ✓ explain why it is important to keep couples together for the CHTC session
- ✓ state the key messages that are part of the CHTC pre-test session
- ✓ describe variations to the pre-test session

## ADVANCE PREPARATION:

- ✓ Load PowerPoint slides
- ✓ Prepare CHTC provider card for distribution

## CONDITIONS FOR RECEIVING CHTC SERVICES

### Training Objectives for Module Three (5 minutes)

- ✓ Provide an overview of Module Three (Slide 3-1).

**Couples HIV Testing and Counseling (CHTC)**  
**- in Health Care Settings -**



**CHTC**  
Couples HIV Testing and Counseling

**Module Three: Overview of CHTC and Pre-test Session**

3-1

This afternoon we are going to continue our course by looking at what happens in CHTC before the actual testing.

### Objectives for Module Three

**By the end of this module, you will be able to**

- ❖ Explain why it is important to keep couples together for the CHTC session
- ❖ Describe the protocol for the CHTC approach
- ❖ Describe the conditions for receiving CHTC services
- ❖ List the roles, responsibilities, and expectations of couples during CHTC
- ❖ State the key messages that are part of the CHTC pre-test session
- ❖ Describe variations to the pre-test session

3-2

✓ **Review the module objectives (Slide 3-2).**

- Explain why it is important to keep couples together for the CHTC session.
- Describe the protocol for the CHTC approach.
- Describe the conditions for receiving CHTC services.
- List the roles, responsibilities, and expectations of couples during CHTC.
- State the key messages that are part of the CHTC pre-test session.
- Describe variations to the pre-test session.

**Importance of Keeping Couples Together for CHTC Session  
(5 minutes)**

✓ **Introduce the importance of keeping couples together for CHTC.**

- Some providers think it is important to separate couples for individual risk discussions when they come in for HIV testing and counseling.
- The CHTC approach does not recommend separating couples for individual risk assessments.
- We will talk a bit more about the approach to discussing a couple's risk issues when we discuss the post-test session.

- ✓ **Review the limitations of separating a couple during a CHTC session (Slide 3-3).**

**Limitations of Separating Couples During CHTC Session**

- ❖ Separating undermines the couple's decision to deal with HIV in their relationship together.
- ❖ Provider may learn information one partner is unwilling to disclose to the other.
- ❖ Confidential issues may influence provider to support one partner unintentionally.
- ❖ Separating partners implies there are secrets while mutual discussion reinforces trust.

3-3

- In most cases, the partners are seeking services as a couple, not as individuals. Separating partners may undermine this commitment.
- The information disclosed in an individual session is confidential and cannot be shared with the other partner. This information will not be useful to the CHTC session and may put the provider in an awkward position.
- Once a provider becomes aware of information a partner is unwilling to disclose to the other, the information may influence the provider to support one partner over the other unintentionally.
- When couples are separated, it implies that there are secrets, and there may be. Secrets generate distrust and represent a failure to communicate.

✓ **Review alternatives to separating couples for CHTC.**

- A preferred alternative to separating couples is to proceed with CHTC and to offer one or both partners the opportunity to return individually at a later time to discuss their specific issues.
- Providers can also refer them to a counselor for ongoing support.
- Since we are trying to model communication and openness, we ideally do not want to separate couples.

✓ **Ask for and answer any questions about keeping couples together.**

## CHTC COUNSELING PROTOCOL OVERVIEW AND PRE-TEST SESSION

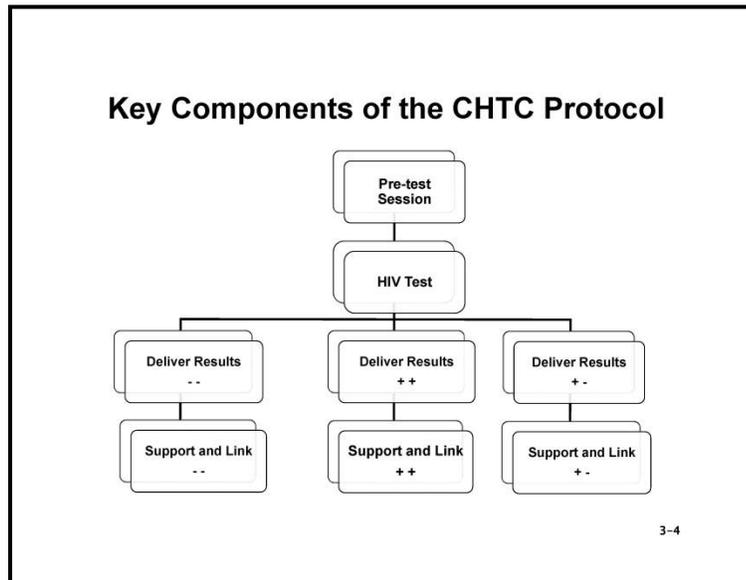
### Couples HTC Protocol Overview (3 minutes)

**TRAINER'S NOTE:** The section on conducting the HIV test may need to be modified to reflect the reality of HIV testing for your setting.

✓ **Introduce the topic by saying the following:**

Now that we have learned some of the necessary skills for providing couples HIV testing and counseling, we are ready to learn about the components of the CHTC protocol and how to conduct an HIV testing and counseling session for couples.

- ✓ Review the four primary components of the CHTC protocol (Slide 3-4).



- Component #1: Pre-test session

- Before the couple takes the test, you will first explain the benefits of CHTC to the couple, why you are recommending CHTC, and the conditions for receiving CHTC.
- If the couple agrees to these conditions and wants to continue, then you will proceed with the HIV test.

- Component #2: Conducting the HIV test

- Many clinics have rapid HIV tests available for providing onsite HIV testing with same-day or even same-hour return of results.
- This means that couples can receive their HIV test in the same room by the same provider who is delivering their other health services.

- Component #3: Deliver HIV test results
- Component #4: Provide post-test support and link couples to appropriate services

- For each type of couple test results, there are some key messages that should be delivered during the post-test support session. We'll talk about those messages later.
- It is also very important to provide effective linkages to appropriate follow-up services for all of our patients, based on their specific needs.

### Conditions for Receiving CHTC (5 minutes)

- ✓ **Introduce the topic of the conditions that the couple must agree to in order to receive CHTC.**

- Before couples can receive CHTC, there are several conditions to which they need to agree.
- At the start of the pre-test session, you should review these conditions with the couple and get their consent and agreement before proceeding with the session.
- If both members of the couple cannot agree to these conditions, then you should consider offering individual HIV testing and counseling to the couple.
- However, because of the numerous benefits associated with couples HIV testing and counseling, couples should be encouraged to accept the conditions and receive HIV testing and counseling together if the safety of both partners can be assured.

✓ **Review the conditions for receiving CHTC (Slide 3-5).**

**Conditions for Receiving CHTC Services**

Before receiving CHTC, couple must agree to

- ❖ Receive their HIV test results together
- ❖ Make decisions about mutual disclosure together
- ❖ Discuss HIV risk issues and concerns together
- ❖ Participate equally in discussion
- ❖ Respect and support each other

3-5

- Receive their HIV test results together

In CHTC, couples go through the entire HTC process together. This means that the couple will know each other's test results.

- Make any decisions about mutual disclosure together

- The couple should decide together with whom they would like to share their HIV test results.
  - The couple should agree not to tell anyone their test results unless both partners agree.

- Discuss HIV risk issues and concerns together

- The CHTC session is a safe place where couples can discuss issues that they may not have felt comfortable discussing before without the help of a provider.
  - The provider's interaction should support the couple's efforts to address HIV as a unit by using the terms "we" and "our" rather than "I" or "his" or "her."

- Participate equally in the discussion

- One person should not dominate the conversation. They should both participate equally in the session and be supportive of each other.
- The couple should not interrupt each other when one person is talking. Instead, they should listen to what their partner has to say and then respond after that person has finished speaking.

- Respect and support each other

- No matter what the HIV test results are, the couple needs to be prepared to support each other. Emphasize to the couple that the purpose of this session is to find ways to deal with HIV and not to discuss past issues or how HIV entered the relationship.
- This also includes agreeing to no yelling, use of threatening language, or violent behavior during the session.

- ✓ **Ask participants the following question:**

Why are these conditions for couples receiving HIV testing and counseling services important?

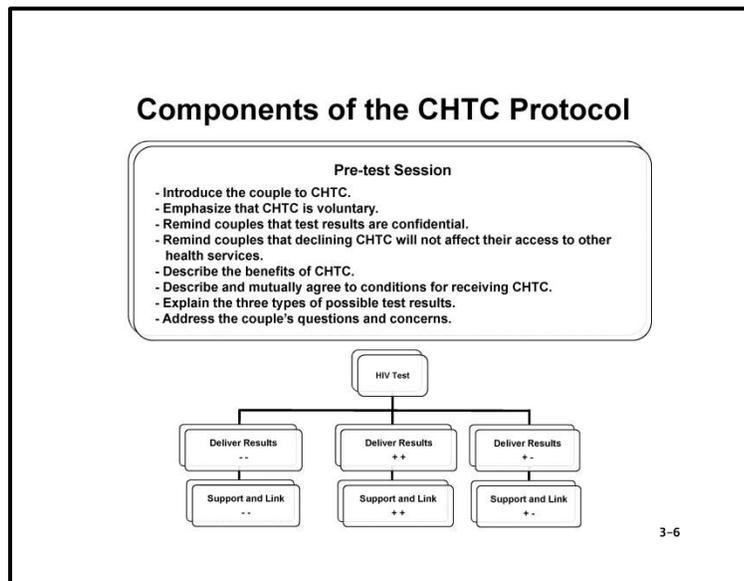
- ✓ **Acknowledge responses.**

## Pre-test Session (10 minutes)

### ✓ Distribute the laminated CHTC provider card. Say:

- This provider card can help you remember the key points of the pre-test session and the post-test sessions for concordant HIV-negative, concordant HIV-positive, and HIV-discordant couples.
- Notice that there are four sections on the card. The first covers the component of the pre-test session, and the other three are the points that you will make to the couple based on their lab results.
- You can reference this card as we are going through these components in the training, as you are conducting your role plays, and as a tool when you are providing services in the clinic.

### ✓ Review the components of the pre-test session (Slide 3-6).



- Introduce the couple to CHTC.

- The pre-test session is critical because it sets the tone for the entire CHTC session.
- When we introduce the couple to CHTC, our objective is to make the couple feel at ease and to relieve any anxiety that they may have about CHTC.
- After introducing ourselves to the couple, we will introduce the concept of CHTC, letting them know that they will be tested for HIV together and that they will receive their results together.

- CHTC is voluntary. It is an optional service in which both partners must be willing to participate.

It is important to emphasize that CHTC services are voluntary. This means that providers cannot make the partners get a test together nor can one partner force the other partner to test. If it appears that one of the partners is unwilling to participate and/or there is a history of violence in the relationship, then it may be best to offer individual HIV testing and counseling to both partners.

- Test results are confidential.

Remind the couple that as with all of their medical records, their HIV test results will not be shared with anyone other than the provider, the couple and any other providers who are directly involved in providing services to the couple.

- Declining an HIV test will not affect access to other services.

Let the couple know that they can still receive care for other health issues, if they decide not to test today.

- Describe the benefits of CHTC.

This morning we talked about many of the reasons why CHTC is recommended and the benefits of CHTC.

✓ **Ask participants the following question:**

Who can tell me what some of these benefits are?

✓ **Listen for responses such as:**

- Couples learn their HIV status together.
- Mutual disclosure of HIV status is 100 percent.
- It relieves the burden on one individual of disclosing his/her HIV status to the other partner.
- Couples hear the same messages.
- Partners can make decisions together about how to deal with HIV in their shared lives.
- Discordance is common among couples in the community. If discordant, couples can learn how to keep the HIV-positive partner healthy and the HIV-negative partner protected from HIV.
- They can receive prevention, care, and treatment services, if they know that they have HIV.

✓ **Describe conditions for receiving CHTC and get couple agreement.**

After we have introduced CHTC, we are going to describe the conditions for receiving CHTC and get the couple's agreement to proceed with CHTC services.

✓ **Ask participants the following question:**

Who can remind us of the conditions for receiving CHTC?

✓ **Listen for responses such as:**

- Couple agrees to receive their HIV test results together.
- Couple agrees to make decisions about mutual disclosure together.
- Couple agrees to discuss their HIV risk issues and concerns together.
- Partners participate equally in the discussion.
- Partners respect and support each other.

✓ **Describe what a provider should do if a couple declines CHTC.**

- If the couple does not agree to receive CHTC, the provider should ask the couple about their reasons for declining.
- The provider should explore these barriers with the couple and repeat the benefits and importance of CHTC for the health, wellness, and protection of both partners, as well as their children and any family members.
- If the couple continues to decline, you may offer them individual HTC or make an appointment with the couple for a future date to discuss CHTC again.

- Explain three types of possible test results.

- When the couple agrees to the conditions for CHTC, the provider should then explain the possible test results that the couple may have.
- The provider should explain that each individual in the couple may have either an HIV-positive or an HIV-negative test result

- ✓ **Point out that the key objective is to accurately explain discordance and clarify the implications for the couple.**

- The provider should explain:
  - Many couples in the community are discordant.
  - Discordance does not mean the uninfected partner is immune to HIV.
  - The uninfected partner remains at high risk and may be in the acute HIV infection stage and need re-testing.
- As future ambassadors of CHTC to their friends and families, it is extremely important that couples know that discordance is possible and that they understand the facts about discordance.

- Address couple's questions and concerns.

- We do not recommend an extensive discussion of HIV risk during the pre-test session. Rather, it may be more effective and efficient to discuss the couple's HIV risk issues after they know their HIV test results.
- Still, during the pre-test session, the provider should allow the couple to express any questions about CHTC or any HIV risk concerns that they might have.
- Providers may wish to utilize the time that the HIV rapid test is developing to continue addressing the couple's questions or to provide some basic information, such as a condom demonstration.
- For couples with fewer concerns, we can also use this time for conducting other clinical workups or for seeing other patients.
- At this point, you should inform the couple that you are going to begin the HIV testing process, following the standard operating procedures for HIV testing in your facility.

- ✓ Ask for and answer any questions about the pre-test session of the CHTC protocol.

### Review the Importance of Client Confidentiality (7 minutes)

- ✓ Review the importance of maintaining client confidentiality (Slide 3-7).

#### Importance of Client Confidentiality

- ❖ In some cases both partners do not know their HIV status and will learn it for the first time.
- ❖ In other cases one partner might know his or her status and the other partner may not.
  - One partner may or may not have disclosed his or her HIV status to the other partner.
  - Getting tested together is one way to help the patient disclose his or her status to the spouse or partner.
- ❖ Ask if both members of the couple want to be tested.

3-7

✓ **Say the following:**

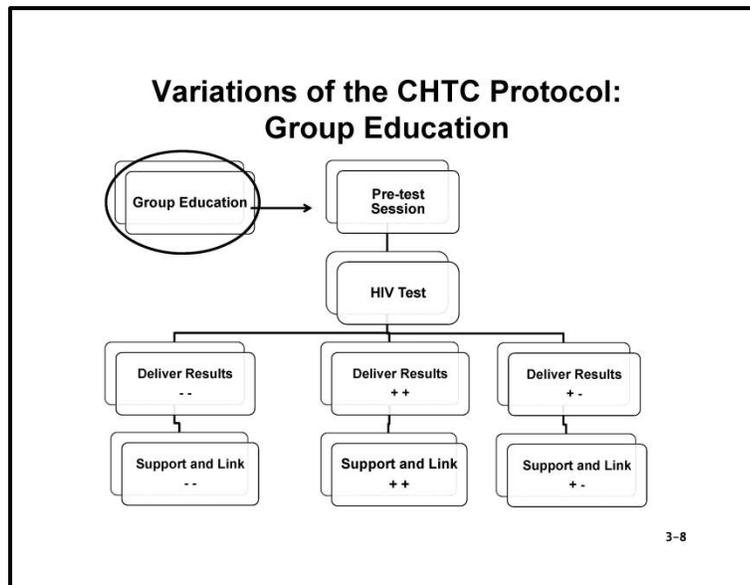
- In many cases both members of the couple may not know their HIV status and will be tested for the first time during the CHTC session.
- However, in some cases one partner might have already received HIV testing and might know his or her HIV status.
  - For example, a pregnant woman may have been tested individually in the antenatal clinic but might be returning together with her partner on this visit.
  - One partner may or may not have disclosed his or her status to the other partner.
  - Getting tested together is one way to help the client disclose HIV status to his or her partner.
- If you previously provided HIV testing to a client, you need to be very careful not to reveal his or her status. This client may not have told his or her partner.
- If the client has already disclosed his or her HIV status to the partner, then only one of them will want to be tested.
- Even though only one is getting tested, they will still learn the results together and be counseled as a couple.
- If the previously tested partner was previously HIV-negative, and the test was more than a few months prior, you may want to suggest re-testing for that partner as well.

✓ **Lead a brief discussion to see that participants understand these points and clarify any questions they have.**

## VARIATION OF THE PRE-TEST SESSION

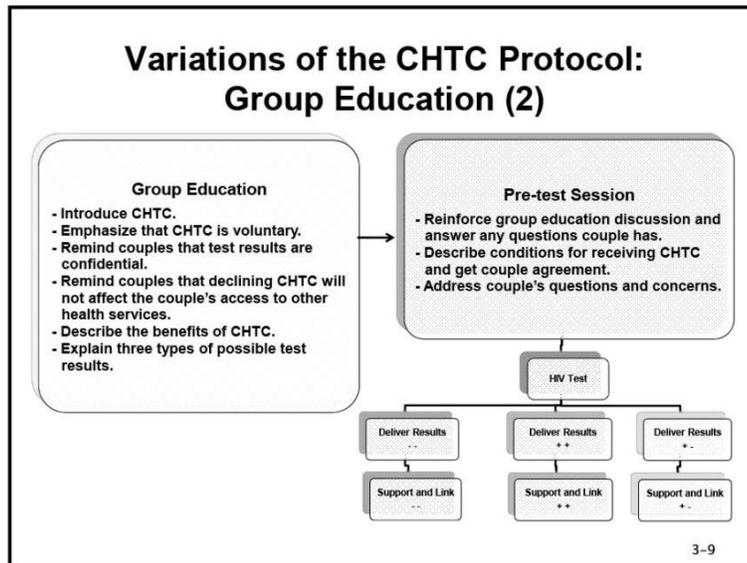
### Variation of the Pre-Test Session: Group Education (5 minutes)

- ✓ Introduce the group education approach to the CHTC pre-test session (Slide 3-8).



- Group education about CHTC may be done at the clinic before the couple sees the provider.
- This happens often in antenatal clinic settings.
- It is possible that some of the information from the pre-test session will be delivered during group education.
- This may reduce the time that the provider spends with the couple during the pre-test session.

- ✓ Briefly review the topics that can be covered in a group education session (Slide 3-9).



- Introduce CHTC, including informing couples that they will be tested together and receive their results together.
- CHTC is voluntary, that is, couples decide for themselves if they want to receive this service.
- Test results are confidential.
- Declining CHTC will not affect the couple's access to other health services.
- Benefits of CHTC.
- Three types of possible test results that couples may receive: concordant negative, concordant positive, discordant.

✓ **Describe what happens after group education.**

- Each couple will still interact with a provider for the pre-test session.
- Providers should reinforce what has been discussed during the group education session and answer any questions the couple may have.
- The remaining steps to cover in the pre-test session are:
  - Describe the conditions for receiving CHTC and get couple agreement.
  - Address any questions or concerns the couple may have.

✓ **Ask for and answer any questions about this variation to the CHTC protocol.**

## PRE-TEST SESSION DEMONSTRATION

### Pre-test Session Demonstration (35 minutes)

**TRAINER'S NOTE:** You and your co-trainer will demonstrate how to conduct a CHTC pre-test session. One of you will play the provider while the other will be one of the partners in the couple. You may need to get a participant to volunteer and play the role of the other partner. Be sure that both you and the couple can be seen and heard by all the training participants. You may need to speak in louder voices and/or have participants gather closer around you during the demonstration. Be sure to use and refer to your provider card during the demonstration.

✓ **Introduce the CHTC pre-test demonstration.**

- Tell participants that they will have an opportunity to practice delivering the pre-test session during their role plays a bit later.
- If necessary, ask for a volunteer to serve as one of the partners in the couple.
- Encourage participants to refer to their CHTC provider cards during the demonstration.

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**TRAINER'S NOTE:** Conduct the demonstration of the pre-test session. Once complete, ask participants to return to their seats so you can discuss the demonstration.

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- ✓ **Lead a discussion about the demonstration and conducting the pre-test session using the following questions:**

- Were all the pre-test steps covered?
- How easy or difficult did it seem to explain the conditions for receiving CHTC?
- Did the provider equally engage both members of the couple?
- How did the provider normalize feelings, reactions, and experiences for your couple?
- What other issues arose during your pre-test?
- How did the couple react?
- What things should have been done differently?

- ✓ **Summarize the discussion by reinforcing the importance of preparing couples for their results and working with the couple as a unit.**

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**TRAINER'S NOTE:** Ask for three participant volunteers to demonstrate the pre-test session in front of the entire group. One participant will be the CHTC provider and the other two will be the couple. Tell the participants they have 10 minutes to demonstrate the pre-test session. Encourage the participant playing the provider to use the provider card when delivering the pre-test counseling. Upon completion of the demonstration, thank the small group. Debrief the demonstration by first asking the participants demonstrating the session what they thought went well and what they could do better. Then ask for constructive feedback from the larger group. Be sure to note any steps or actions that were not done correctly

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- ✓ **Ask for and answer any questions participants may have about doing the pre-test session.**

# MODULE FOUR: DELIVERING RESULTS TO CONCORDANT HIV-NEGATIVE COUPLES

**Total time for this module: 20 minutes**

## OVERVIEW OF MODULE FOUR:

This module will review the CHTC post-test session for concordant HIV-negative couples. Participants will learn how to provide concordant HIV-negative test results to couples using the CHTC protocol and will learn the key messages that should be provided to concordant HIV-negative couples during this session.

Participants will reflect back to previous work on essential counseling skills and will identify skills needed when providing HIV test results

## GOAL:

The goal of Module Four is to provide participants with the key messages that should be discussed with couples during the post-test session for delivering concordant negative results.

## LEARNING OBJECTIVES:

By the end of this module participants will be able to:

- ✓ deliver test results to concordant HIV-negative couples
- ✓ provide key HIV prevention messages to concordant HIV-negative couples
- ✓ link concordant HIV-negative couples with appropriate follow-up services
- ✓ discuss a couple's HIV risk issues and concerns using a solution-focused approach and abstract language

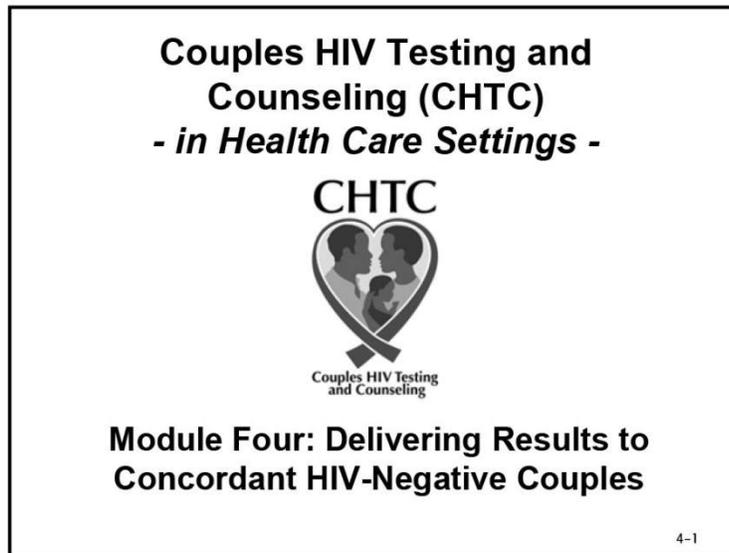
## ADVANCE PREPARATION:

- ✓ Load PowerPoint slides

## DELIVERING RESULTS TO CONCORDANT HIV-NEGATIVE COUPLES

### Training Objectives for Module Four (5 minutes)

- ✓ Provide an overview of Module Four (Slide 4-1).



- We will review how to inform the couple of their concordant HIV-negative test results.
- We will examine the relevant post-test counseling prevention messages and how to provide appropriate support and linkages to follow-up services based on a couple's test results.
- We will also review how to discuss a couple's HIV risk concerns and issues using a solution-focused approach and abstract language.

✓ **Review the module objectives (Slide 4-2):**

**Objectives of Module Four**

**By the end of this module, you will be able to**

- ❖ Deliver test results to concordant HIV-negative couples
- ❖ Provide key HIV prevention messages to concordant HIV-negative couples
- ❖ Link concordant HIV-negative couples with appropriate follow-up services
- ❖ Discuss a couple's HIV risk issues and concerns using a solution-focused approach and abstract language

4-2

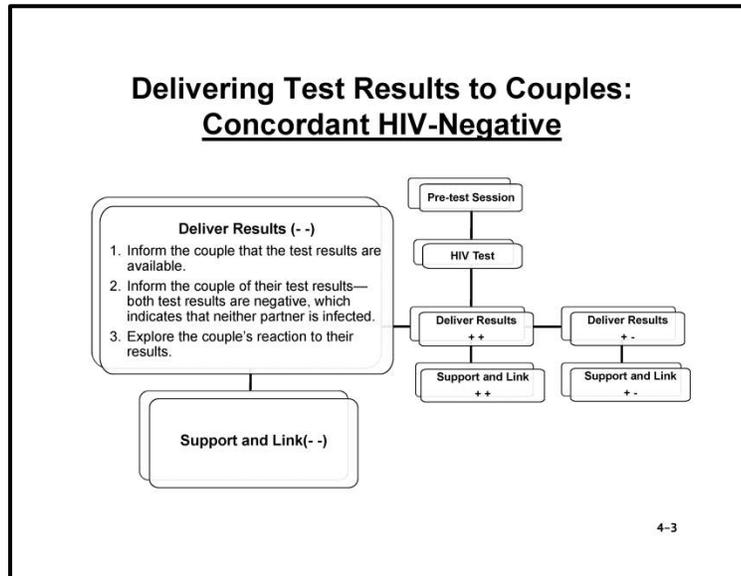
- Deliver test results to concordant HIV-negative couples.
- Provide key HIV prevention messages to concordant HIV-negative couples.
- Link concordant HIV-negative couples with appropriate follow-up services.
- Discuss a couple's HIV risk issues and concerns using a solution-focused approach and abstract language.

**Delivering Concordant HIV-Negative Test Results (5 minutes)**

✓ **Introduce the steps for informing couples of concordant negative results.**

This discussion occurs after the couple has had a rapid test performed. You will let the partners know that their results are the same and they are concordant negative.

- ✓ Review the steps using Slide 4-3.



- Step 1: Inform the couple that their results are available. Say:

Let the couple know that their test results are ready and that they will now receive their test results.

- Step 2: Inform the couple of their test results. Say:

- Let the couple know that both of their HIV test results are negative, which means that neither partner is infected with HIV.
- If it is available, show the test results or test strips to the couple so they can see the results for themselves.

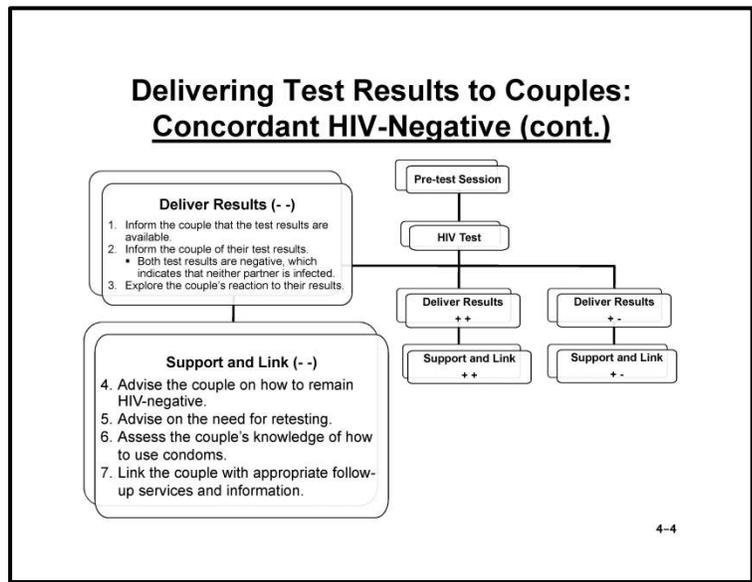
- Step 3: Explore the couple’s reaction to their results. Say:

- Allow the couple time to think about their test results and ask any questions.
- Allow the partners to express their feelings and emotions about the test results they have received.
- Make sure the couple has an accurate understanding of their concordant HIV-negative test results and the meaning and implications.
- Answer any questions the couple might have about their test results.

**Provide Support and Linkages for Concordant HIV-Negative Couples (10 minutes)**

✓ **Display Slide 4-4.**

- Let the participants know we will now discuss providing support and linkages to services for concordant HIV-negative couples.



- ✓ Review the support and linkage steps using Slide 4-5.

**Concordant HIV-Negative Couples:  
Providing Support and Linkages**

4. Advise the couple on how to remain HIV-negative.
  - Use condoms every time they have sex.
  - Only have sex with each other; if other partners, always use condoms.
  - Introduce medical MC as an option to protect HIV-negative males.
  - Do not drink alcohol or at least reduce your alcohol consumption.
5. Advise on the need for re-test(ing).
  - If recent exposure, re-test in 4 weeks.
  - If no recent exposure, re-test annually.

4-5

- Step 4: Advise the couple on how to remain HIV-negative.

- Once the couple has accepted their test results, you will provide the partners with key HIV prevention messages and link them to appropriate follow-up services.
- Inform the couple that one of the most effective ways to prevent HIV infection is to use condoms every time they have sex. Condoms can also help prevent an unplanned pregnancy and other sexually transmitted infections (STIs).
- Reinforce that the best way to protect the couple's status is by not having other sexual partners and that the status of other partners can only be determined through HIV testing.
- If either partner does have sex with someone else, they should always use condoms to maintain their HIV-negative status and to protect themselves and their partner.
- Introduce medical male circumcision as an option to protect HIV-negative males.
- Inform the couple that alcohol consumption can impair decision-making and may lead to behavior that can increase the risk of HIV infection.

- Step 5: Advise on the need for re-testing.

- Inform the couple that if either of them has had recent exposure outside the relationship, he or she should return in 4 weeks for repeat testing.
- If there are no recent exposures, recommend that the couple return for testing every year to confirm their negative status.

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**TRAINER'S NOTE:** The recommendation for re-testing should be tailored to the country-specific recommendations and/or guidance on re-testing. Refer participants to the WHO guidance on re-testing and the one-pager summarizing this guidance in their participant manuals.

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- ✓ Continue reviewing steps using Slide 4-6.

**Concordant HIV-Negative Couples:  
Providing Support and Linkages (2)**

6. Assess the couple's knowledge of how to use condoms.
  - Demonstrate and distribute condoms
7. Link the couple with appropriate follow-up services and information.
  - Medical MC services for men
  - STIs, family planning, care during pregnancy
  - Community organizations, post-test clubs
  - VCT or clinic for other partner counseling, re-testing
  - Blood donation sites

4-6

- Step 6: Assess the couple's knowledge of how to use condoms.

- If the couple does not know how to use a condom, provide a condom demonstration.
- Provide the couple with condoms and let them know where they can access more condoms in the future.

- Step 7: Link the couple with appropriate follow-up services and information, say:

- HIV-negative men who are uncircumcised should be informed that for men, there is a significant reduction in their risk of becoming infected with HIV if they are circumcised.
- Assess the couple's need for STI treatment, family planning and contraceptive services, and care during pregnancy and link them to appropriate services.
- Let the couple know that if they need re-testing because of a recent exposure, or if they have other partners that they would like to be tested with, they can access these services here at the health facility or at a nearby VCT center.
- If the couple is low-risk for HIV, link them to blood donation sites as blood donors.

- ✓ **Ask providers to spend a moment reviewing these points on their provider cards.**
- ✓ **Ask for and answer any questions about providing concordant negative results.**

# MODULE FIVE: DELIVERING RESULTS TO CONCORDANT HIV-POSITIVE COUPLES

**Total time for this module: 45 minutes**

## OVERVIEW OF MODULE FIVE:

In Module Five, we will discuss the CHTC post-test session for concordant HIV-positive couples. Participants will learn how to provide concordant positive results to couples using the CHTC protocol and will learn the key messages that should be provided to concordant HIV-positive couples during this session. This includes the importance of medical care, the importance of risk reduction, and linkages with additional follow-up services.

## GOAL:

The goal of Module Five is to provide participants with the key messages that should be discussed with couples during the post-test session for delivering concordant HIV-positive results.

## LEARNING OBJECTIVES:

By the end of this module, participants will be able to:

- ✓ deliver test results to concordant HIV-positive couples
- ✓ provide key HIV prevention, care, and treatment messages to concordant HIV-positive couples
- ✓ link concordant HIV-positive couples with appropriate follow-up prevention, care, and treatment services

## ADVANCE PREPARATION AND MATERIALS:

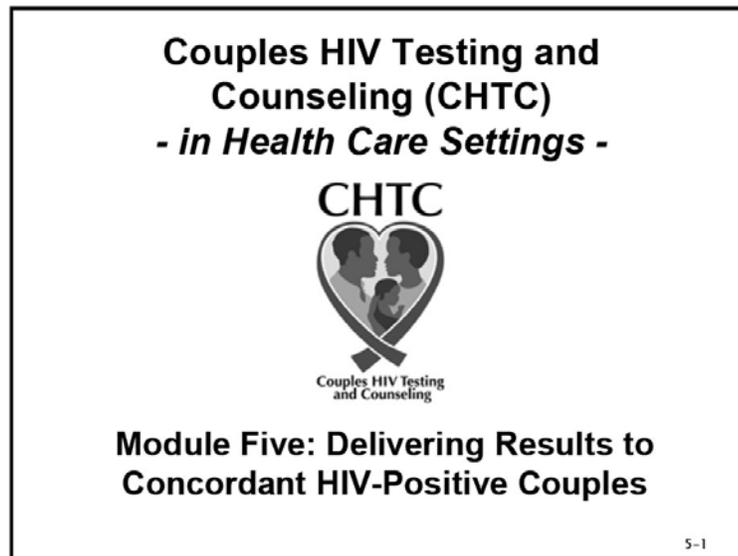
- ✓ Load PowerPoint Slides
- ✓ Make copies of the handouts
  - Role Play Guidelines
  - Concordant Couples Role Plays

## DELIVERING RESULTS TO CONCORDANT HIV-POSITIVE COUPLES

### Training Objectives for Module Five (5 minutes)

**TRAINER'S NOTE:** Be sure to review this section and to tailor the information to your country's context and policies. You may need to adapt information on when someone is eligible to receive HIV treatment and the types of prevention, treatment, and support services that are typically available in your participants' settings.

- ✓ Provide an overview of Module Five (Slide 5-1).



We will discuss how to inform a couple that their HIV test results are both HIV-positive, provide them relevant prevention messages, and link them to follow-up services.

✓ Review the module objectives (Slide 5-2):

**Objectives of Module Five**

**By the end of this module, you will be able to**

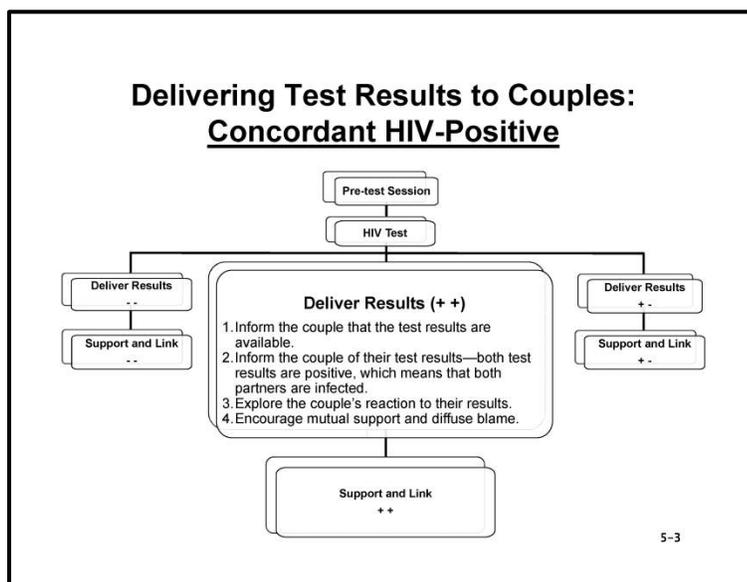
- ❖ Deliver test results to concordant HIV-positive couples
- ❖ Provide key HIV prevention, care, and treatment messages to concordant HIV-positive couples
- ❖ Link concordant HIV-positive couples with appropriate follow-up prevention, care and treatment services

5-2

- Deliver test results to concordant HIV-positive couples.
- Provide key HIV prevention, care, and treatment messages to concordant HIV-positive couples.
- Link concordant HIV-positive couples with appropriate follow-up prevention, care, and treatment services.

**Delivering Concordant HIV-Positive Test Results (5 minutes)**

✓ Display Slide 5-3.



- ✓ **Review the steps for delivering concordant HIV-positive results (Slide 5-4).**

**Concordant HIV-Positive Couples:  
Providing Results**

1. Inform the couple that the test results are available.
2. Inform the couple of their test results.
  - Both test results are positive, which means that both partners are infected.
3. Explore the couple's reaction to their results.
  - Assess the couple's feelings and reactions.
  - Make sure they understand the results and their meaning and implications.
  - Answer any questions.
4. Encourage mutual support and diffuse blame.

5-4

- The first three steps to delivering concordant HIV-positive results are the same as delivering concordant HIV-negative results.
  - Step 1: Inform the couple that their test results are available.
  - Step 2: Inform the couple of their test results.
  - Step 3: Explore the couple's reaction to their results.
  - Step 4: Encourage mutual support and diffuse blame.
- Focus the couple on coping with their HIV-positive test results and supporting one another.
- You may need to rely on your communication skills, such as easing tension and diffusing blame.
- Most couples will support each other when they are learning their test results together. Very few couples will begin to fight or blame each other.

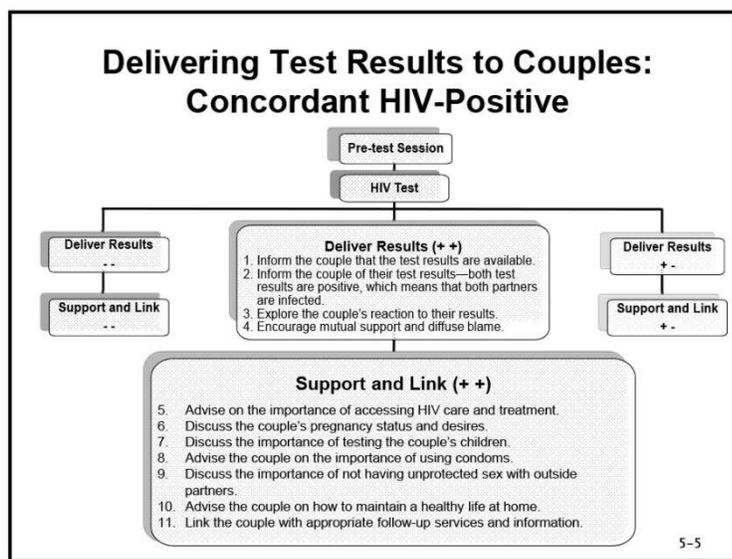
- ✓ Ask participants the following question:

What would you do if the couple starts fighting or blaming each other?

- ✓ Acknowledge responses that highlight the communication skills learned in Module Two.

### Concordant HIV-Positive Results: Importance of Medical Care (10 minutes)

- ✓ Display Slide 5-5.



- ✓ Say the following:

Once the couple has accepted their results, you will then go on to give them prevention messages and link them to services.

- ✓ Review the support and linkage steps (Slides 5-6).

**Concordant HIV-Positive Couples:  
Providing Support and Linkages**

5. Advise on the importance of accessing HIV care and treatment.
  - Access treatment to stay healthy and live a long time.
  - If not eligible for treatment, still go to the clinic regularly.
6. Discuss the couple's pregnancy status and desires.
  - If pregnant, access PMTCT.
  - Plan a safer pregnancy with the assistance of a provider.
  - Use contraception to prevent unplanned pregnancies.
7. Discuss the importance of testing the couple's children.

5-6

- Step 5: Advise the couple on the importance of accessing care and treatment for HIV by saying the following:

- Inform the couple that treatment is available for HIV and that treatment can help them stay healthy and live long, full lives.
- If these services are available in your clinic, draw the couple's blood for CD4 testing or ensure that they know where they can access this service to learn whether they are eligible for treatment.
- Make sure the couple understands the importance and benefits of enrolling in and attending the care and treatment clinic as soon as possible.
- Let the couple know where they can access care and treatment services and help facilitate their entry into care.

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**TRAINER'S NOTE:** Inform participants that they will adapt the above recommendations to fit the country and clinic guidelines for care and treatment. If same-day CD4 testing is available, providers should link the couple with these services to let them know whether they are eligible for ART. If possible, they might escort the client to the care and treatment clinic. They should also adapt their messaging based on the country's recommendation for pre-ART care, and inform the couple that if they are not eligible for ART, they will be asked to come to the clinic every X months to help them stay healthy.

---

- Step 6: Discuss the couple's pregnancy status and desires by saying the following:

- When discussing family planning and reproductive health issues with the couple, the provider's aim is to make sure that the couple understands the potential risk of HIV transmission to the baby during pregnancy and breastfeeding, has access to family planning services, and understands the importance of accessing PMTCT services if the woman is pregnant or if the couple conceives in the future to reduce the risk of transmitting HIV to the baby.
- Inform the couple that the risk of mother-to-child transmission can be reduced by:
  - Giving medication to the mother during pregnancy and labor
  - Having a safe delivery (delivering the infant in a clinic or hospital)
  - Giving medication to the infant immediately after birth
  - Making appropriate infant feeding decisions with the assistance of a health care provider
- National PMTCT programs are encouraged to adopt and implement WHO's Option B or B+ approach to simultaneously protect the mother's health and prevent HIV transmission to the baby during pregnancy and breastfeeding.

- Step 7: Discuss the issue of HIV testing of children by saying the following:

- Because both partners are HIV-positive, there is a possibility that the couple's children may have become HIV-positive either during pregnancy or delivery, or while the mother was breastfeeding.
- The provider should encourage the couple to bring their children for HIV testing so that if the children are HIV-positive, they can receive the care and treatment they need.

- ✓ Ask for and answer any questions about Steps 4–7.

### Concordant HIV-Positive Results: Importance of Risk Reduction (10 minutes)

- ✓ Review the steps on risk reduction (Slide 5-7).

#### Concordant HIV-Positive Couples: Importance of Risk Reduction

8. Advise the couple on the importance of using condoms.
  - Assess knowledge of how to use condoms.
  - Demonstrate and distribute condoms.
9. Discuss the importance of not having unprotected sex with outside partners.
10. Advise the couple on how to maintain a healthy life at home.
11. Link the couple with appropriate follow-up services and information.
  - Care and Treatment clinic, PMTCT services
  - STIs, Family Planning
  - Community organizations, support groups
  - VCT for other partner testing and counseling
  - Original reason for visit

5-7

- Step 8: Advise the couple on the importance of using condoms by saying the following:

- The provider should explain that condoms must be used with any partners outside the relationship because condoms both protect the couple from other STIs that could make them sick and protect other partners from getting HIV.
- It is also important that couples understand that it is beneficial to use condoms every time they have sex with each other to avoid passing other infections and to reduce unplanned pregnancies.
- It may be helpful to discuss what might happen if the couple has sex without using condoms.

- Ask participants the following question:

Who can tell me what might happen if the couple has sex without using condoms?

- Listen for the following responses:
  - If they don't use condoms, they could give HIV to someone else.
  - They could get harmful infections that might make them sick.
  - They could have an unplanned pregnancy.
- Continue by saying:

Provide a condom demonstration, if needed, and provide the couple with condoms and let them know where they can access more condoms in the future.

- Step 9: Discuss the importance of not having unprotected sex with outside partners by saying the following:

- The provider should reinforce the importance of using condoms with outside partners.
- Their outside sex partners may be at risk for HIV and should also get tested.
- The couple should be advised of the benefits of reducing their number of sex partners.
- Providers can assist with disclosure to other partners if needed.
- You should also inform the couple that if they do have any outside partners, anti-retroviral treatment can help prevent HIV transmission to all HIV-negative partners. In fact, treatment can reduce HIV transmission by as much as 96 percent. However, the couple should continue to use condoms and other preventive measures, to protect against other sexually transmitted infections and unplanned pregnancies.

- Step 10: Advise the couple on how to maintain a healthy life at home by saying the following:

- Inform the couple of the importance of having a safe supply of clean drinking water to prevent diarrhea or other illnesses.
- Discuss the importance of using bed nets to prevent malaria (where applicable) and inform the couple where they can access a bed net (or provide them with a bed net).
- Also reinforce the importance of good nutrition to keep the couple healthy.
- If they have symptoms, such as a cough, they should be referred to the TB clinic or other location where they can access screening for TB.

- For persons who are HIV-positive, it is also important that they eliminate or reduce alcohol use for health reasons. Alcohol use is associated with faster disease progression and poor adherence to HIV medication, can affect the metabolism of ARVs, and is also toxic to the liver.

### **Concordant HIV-Positive Results: Link with Follow-up Services (4 minutes)**

- ✓ **Review Step 11: Link the couple with appropriate follow-up services and information and address the couple's primary reason for attending the health facility today.**

- Specifically, the provider should:
  - Provide the couple with initial HIV care and treatment follow-up services or link the couple to the HIV care and treatment clinic of their choice for ongoing care and treatment.
  - Link pregnant couples to PMTCT services.
  - Assess the couple's need for STI treatment and family planning and contraceptive services and link the couple to these services as needed.
    - Some clinics and communities may have support groups for HIV-positive persons that can offer good support for people who are newly diagnosed.
  - Let the couple know that they may refer any other partners to the health facility or a nearby VCT site for HIV testing, if needed. They may also access the health facility or VCT site for additional follow-up counseling.

- ✓ **Ask participants the following question:**

Can you think of any other linkages you may need to make for concordant HIV-positive couples?

- ✓ **Acknowledge responses.**

- ✓ **Ask for and answer any questions about providing test results to concordant HIV-positive couples.**

### **Wrap-Up (10 minutes)**

- ✓ **Provide a recap of today's sessions.**

- Today we discussed the following:
  - What is CHTC? What are its benefits? What is the importance of implementing CHTC in various health care settings?
  - The three types of CHTC results and the importance of dispelling myths about discordance
  - The important communication skills, such as mediation and provider self-awareness, in a CHTC session
  - The process of a CHTC session
  - How to provide results for concordant HIV-negative and concordant HIV-positive couples

- ✓ **Preview tomorrow's session.**

- Tomorrow we will:
  - Role play and practice providing CHTC sessions and giving results
  - Discuss and practice how to give results to discordant couples
  - Discuss the importance of monitoring and documenting CHTC services
  - Brainstorm on how you can begin to implement CHTC in your settings

- ✓ **Ask for and answer any questions participants have about the today's session.**
- ✓ **If time allows, answer any questions in the Parking Lot.**
- ✓ **Remind participants about the start time and location for tomorrow's session.**

## START OF DAY 2

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**TRAINER'S NOTE:** Day 2 begins at this point.

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### Welcome (5 minutes)

- ✓ **Welcome participants back to the session.**
- ✓ **Briefly review today's agenda by saying the following:**

- During today's session, we will:
  - Role play and practice providing CHTC sessions and giving results
  - Discuss and practice how to give results to discordant couples
  - Discuss the importance of monitoring and documenting CHTC services
  - Brainstorm on how you can begin to implement CHTC in your settings

- ✓ **Answer any questions on the Parking Lot.**

### Role Play Activity (55 minutes)

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**TRAINER'S NOTE:** For these and other role plays, you may tailor or create new role play scenarios so that they are relevant to your audience and local context.

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- ✓ **Transition to an introduction of the role-play activity. Say:**

- Now that we have learned about how to provide both types of concordant test results, you will have an opportunity to practice giving these results in small groups.
- Before we start, let's review some guidelines for conducting your role plays.

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**TRAINER'S NOTE:** Instruct participants to refer to the handout called "Role Play Guidelines." Ask for volunteers to read the guidelines.

---

✓ **Review the guidelines by saying:**

- The role play is intended to give you an opportunity to practice delivering the HTC session to couples following the CHTC protocol, utilizing couples communication skills.
- The provider should use the provider card for guidance and to ensure that they have covered the key points when conducting the CHTC role play.
- Each member of the couple is asked to play a reasonable and cooperative partner in a supportive couple.
- The couple should follow the background information provided about the couple's life stage and their interpersonal situation.
- Stay in your role and at the same time try to be encouraging and supportive of the provider.
- When asked a question by the provider, please respond in a forthcoming and brief manner.
- You should pay attention to:
  - How does it feel to be in a couple receiving CHTC services?
  - What questions were helpful or thought-provoking?
  - What questions created tension for you and your partner or made you uncomfortable?
  - Were your issues and concerns as a couple addressed?
  - What skills was the provider using?
- Remember that this is a learning process for the provider. The provider will be looking at the provider card to make sure he or she is covering each of the key messages in the CHTC protocol.

- The provider may also need to pause and think about what to ask next, how to respond, or what skills he or she needs to use.
- The provider may also repeat a question or message because this is new.
- If your role play finishes before time is called, spend a few moments quietly providing feedback to the provider, telling him or her something you thought was done really well and something you thought he or she could do more of. Provide constructive comments.
- There will also be an observer in each group. The observer should take notes on how well the provider followed the protocol and communicated with the couple, as well as note areas for improvement.
- When giving feedback, be sure to be specific and provide examples of what was done well or what could be improved. Do not just simply say, “You did a good job.” Instead state WHY the provider did a good job and what specifically was done well.

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**TRAINER’S NOTE:** Ask participants to get into their groups of four. They will conduct two role plays for this activity. First, they will practice providing results to concordant HIV-negative couples and then they will switch roles and practice providing results to concordant HIV-positive couples.

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✓ **Introduce the role play to participants.**

- First, we will conduct a role play for delivering results to concordant HIV-negative couples; then, we will conduct another role play for delivering results to concordant HIV-positive couples.
- Within your groups of four, please select one person to be the provider – two people to be the couple and one person to be the observer for each of the two role plays.
- Groups should select a different provider and observer for each of the two role plays.
- If you do not have the chance to practice the role of provider, you will have an opportunity later when we practice delivering results to discordant couples.
- You will reference your provider card when you are providing the pre-test session and delivering results to concordant HIV-negative and concordant HIV-positive couples.
- You will have 15 minutes for each role play—5 minutes for the pre-test session and 10 minutes for the post-test session.
- You will then debrief in your small groups for five minutes before switching to the role play for delivering concordant HIV-positive test results.
- After the two role plays we will come together and debrief as a large group.
- The individuals in the couple will receive character descriptions to describe their character in the role play.
- Act your part realistically during the role play.
  - This will allow those playing the role of provider to practice using the provider card to follow the CHTC protocol.

- This will help you take what you learn during the training and apply it to a CHTC session at your own site.
- During the role play, providers should remember to use the communication skills we discussed yesterday, including the mediation skills:
  - Focus on solutions, not problems.
  - Ease tension and diffuse blame.
  - Focus on the present and future.
- Avoid and deflect questions aimed at identifying the potential source of infection.

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**TRAINER’S NOTE:** Distribute a copy of a role play handout to each group. Some groups will have different scenarios. Tell participants to begin once they have read their scenarios. You and your co-trainer should walk around the room and observe each group’s role play, noting any points, either positive or negative, that need to be discussed in the larger group.

Keep track of time throughout the role play and give the groups updates of how much time is left. Instruct them when to switch to the post-test session and when to begin their debrief. Instruct them when time is up for the concordant HIV-negative session. When they are ready to switch to the concordant HIV-positive session, pass out new handouts to the couple who will be playing the roles for that session.

When time is up and groups have had a chance to debrief, bring everyone back together in a big group. Use the following questions to discuss groups’ experiences and the effectiveness of the different tactics that providers used.

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- ✓ **Ask for and answer any questions about the role plays.**
- ✓ **Use the following questions to discuss the groups’ experiences and the effectiveness of the different tactics providers used.**
  - For all providers:
    - How easy or difficult was it to recommend CHTC to the

couple?

- How easy or difficult was it to equally engage both members of the couple?
  - How did you normalize feelings, reactions, and experiences for your couple?
  - For the providers with concordant HIV-negative couples:
    - How easy or difficult was it to facilitate a dialogue about how to keep them both negative?
  - For the providers with concordant HIV-positive couples:
    - How easy or difficult was it to facilitate a dialogue about the importance of care and treatment (for concordant HIV-positive couples)?
    - How challenging was it for you to discuss risk reduction options with your couple?
  - For all couples:
    - What skills did your provider use?
    - As a couple, how did it feel to work with this provider?
    - Did you feel that the provider treated you equally?
    - How did the provider's demeanor affect receiving your results? How did it feel to receive your results?
    - Did the provider cover all the essential information, including the importance of care and treatment, risk reduction, and linkages with other services?
    - Did you leave your session fully understanding the importance of accessing appropriate care? If so, what was good about your provider's approach? If not, what could have been done differently?
- ✓ **Ask for and answer any additional questions participants have about the role plays or providing concordant results.**

# MODULE SIX: DELIVERING RESULTS TO HIV-DISCORDANT COUPLES

**Total time for this module: 2 hours, 40 minutes**

## OVERVIEW OF MODULE SIX:

This module will review the CHTC post-test session for HIV-discordant couples. Participants will learn how to provide discordant results to couples using the CHTC protocol and will learn the key messages that should be provided to HIV-discordant couples during this session. This includes the importance of medical care, the importance of risk reduction, and linkages with additional follow-up services.

## GOAL:

The goal of Module Six is to provide participants with the key messages that should be discussed with couples during the post-test session for delivering discordant results.

## LEARNING OBJECTIVES:

At the end of this module, participants will be able to:

- ✓ deliver test results to HIV-discordant couples
- ✓ provide key HIV prevention, care, and treatment recommendations to HIV-discordant couples
- ✓ link HIV-discordant couples with appropriate follow-up prevention, care, and treatment services

## ADVANCE PREPARATION:

- ✓ Load PowerPoint slides
- ✓ Prepare index cards
- ✓ Buy red and white beans for bean activity
- ✓ Prepare Handouts
  - Role Play Guidelines
  - Discordant Couple Role Play

## DELIVERING RESULTS TO HIV-DISCORDANT COUPLES

### Module Introduction (5 minutes)

- ✓ Display Slide 6-1.

**Couples HIV Testing and Counseling (CHTC)**  
**- in Health Care Settings -**



**CHTC**  
Couples HIV Testing  
and Counseling

**Module Six: Delivering Results to HIV-Discordant Couples**

6-1

- ✓ Review the objectives of Module Six (Slide 6-2).

**Objectives of Module Six**

**By the end of this module, you will be able to**

- ❖ Deliver test results to HIV-discordant couples
- ❖ Provide key HIV prevention, care, and treatment recommendations to HIV-discordant couples
- ❖ Link HIV-discordant couples with appropriate follow-up prevention, care, and treatment services

6-2

- Deliver test results to HIV-discordant couples.
- Provide key HIV prevention, care, and treatment recommendations to HIV-discordant couples.
- Link HIV-discordant couples with appropriate follow-up prevention, care, and treatment services.

### Bean Activity (10 minutes)

**TRAINER'S NOTE:** The following bean activity is designed to help participants understand the dynamics of HIV transmission. HIV is not transmitted in every sexual encounter. This activity also shows that people frequently transmit and acquire HIV unknowingly.

The trainer should prepare for this activity by bringing in a bag of white and red beans. Each participant pair should receive 10 beans: 7 white and 3 red.

- ✓ **Review the importance of understanding the factors that affect HIV transmission by saying the following:**

- We are now going to spend a few minutes talking about the many factors that can influence the transmission of HIV between couples and generally affect the health of the partner living with HIV.
- It is very important that you understand what factors influence HIV transmission so that you are able to explain to a couple why they may have discordant test results.
- There are many factors that influence HIV transmission during sex, including the positive partner's viral load, use of condoms, and whether the positive partner is on treatment.

✓ **Introduce the bean exercise by saying:**

- This activity is designed to help you see how discordant couples can remain discordant.
- If the HIV-positive partner is not on treatment, or the couple does not abstain from sex or use condoms, it is more likely that the HIV-negative partner will be infected when they have sex.
- However, as we have discussed, it is also possible that they could have sex for a long time before the HIV-negative partner becomes infected.
- For this activity, you will pretend you are a couple.

✓ **Have participants stand in a circle and divide the participants into pairs.**

✓ **Ask the participants to stand next to their partners. They will be the couples for this activity.**

✓ **Ask one partner from each couple to hold out his or her hand.**

---

**TRAINER'S NOTE:** Walk around the circle and give the partner who is holding out his or her hand 10 beans. Seven of the beans should be white and 3 should be red.

---

✓ **Tell the partner receiving the beans not to look at which kind of beans he or she has been given.**

✓ **Tell the participants holding the beans to choose one bean from their hand, WITHOUT LOOKING at the beans, and give that bean to their partner.**

✓ **Tell the partners receiving the bean that they should look at the bean they received and note if they received a red bean or a white bean.**

✓ **Have participants exchange another bean two more times. Again, after each exchange, the partner should look to see if he or she received a red bean or white bean.**

- ✓ **Ask the participants who first held the beans to raise their hands.**
  - Inform them that they were each given the same amount of red beans and white beans. The red beans represent HIV, which means that each of the partners was initially HIV-positive.
- ✓ **Next ask the partners to raise their hands if they received a red bean during the first exchange.**
  - Inform them that this means that HIV was transmitted, and they are now HIV-positive.
  - Tell them to keep their hands raised.
- ✓ **Ask partners to raise their hands if they received a red bean during the second exchange.**
  - Again, inform them that this means that HIV was transmitted, and they are now HIV-positive.
  - Tell them to keep their hands raised.
- ✓ **Ask partners to raise their hands if they received a red bean during the third exchange.**
  - Ask them how many people are now infected with HIV.
  - Ask them how many partners were able to avoid HIV infection.
- ✓ **Debrief the activity by saying the following:**

- During each exchange of beans, there was a possibility that the HIV-negative partner could acquire HIV. Although all of you had the same amount of virus and engaged in the same behavior, not everyone became infected with HIV.
- Those of you who did not get any red beans were fortunate and avoided acquiring HIV, but each time you took your partner's beans, there was still a possibility that you could have become infected.
- If you had used a condom to prevent passing any beans to each other or if your partner was on treatment and had fewer red beans in his or her hand, your chances of getting red beans would have reduced substantially.

- The partners who originally received a handful of beans and did not know whether they were HIV-positive demonstrated how one member of a couple may transmit the infection to his or her partner or partners unknowingly.
- For our clients, the same will be true; until they know their HIV status and can reduce their risk of transmitting or acquiring HIV, there will be multiple factors that influence their risk of HIV transmission or acquisition.
- This exercise was conducted to help you understand that not every act of risk behavior will result in HIV infection. The reality is that people do not always get infected from every exposure to HIV and chance is just one factor that contributes to whether or not an HIV-negative partner will acquire HIV from a positive partner.

- ✓ **Ask for and answer any questions about the activity.**

### **Factors That Affect Transmission (20 minutes)**

- ✓ **Conduct a brief discussion with participants about factors that can affect HIV transmission.**
- ✓ **Ask participants the following question:**

What are some other factors that can affect the transmission of HIV from a positive partner to a negative partner?

- ✓ **Allow participants to respond and explain their answer, correcting any incorrect information.**

- ✓ Review any points not mentioned using Slide 6-3:

**Factors That Affect Transmission of HIV**

- ❖ Viral load
- ❖ Antiretroviral Therapy (ART)
- ❖ Condom use
- ❖ Sexual risk behavior
- ❖ Medical male circumcision
- ❖ STIs or OIs
- ❖ Frequency of contact
- ❖ Injuries to the genital tract
- ❖ Pregnancy
- ❖ Chance/probability

6-3

- Viral load

- The more HIV virus the person living with HIV has in his or her body, the more likely it is that he or she will pass HIV to a sexual partner.
- When someone is first infected with HIV, the amount of virus in the body is very high, and the risk of transmitting HIV to a sexual partner is also very high.

- ART

- Research has shown that early initiation of ART for persons living with HIV can reduce rates of transmission to uninfected partners by as much as 96 percent.
- It is important to note that although treatment can significantly reduce transmission, the use of ART does not completely eliminate the possibility of transmission, so persons on ARVs must still use condoms with each encounter with a sexual partner.

- Condom use

Correct and consistent use of condoms significantly reduces the likelihood of HIV transmission from an infected partner to an uninfected partner.

- Sexual risk behavior and other modes of transmission

The type of sexual behavior couples engage in can also impact the transmission of HIV, where some sex acts are riskier than others. For example, receptive anal intercourse is more risky than receptive vaginal intercourse, and both are more risky than oral intercourse.

- Medical male circumcision

- The protective benefits of medical male circumcision are significant for HIV-negative men who have an HIV-positive partner(s).
- HIV-negative men who are circumcised are up to 60 percent less likely to acquire HIV than HIV-negative men who are uncircumcised.

- STIs or OIs

The most common way that HIV spreads from person to person globally is through sexual transmission. People who acquire HIV are also at high risk of acquiring other sexually transmitted infections (STIs).

- Frequency of contact

Each time an uninfected person has sex with someone who has HIV, he or she is at risk of getting HIV. The more times they have sex, the more likely it is that he or she will become infected.

- Injury of the genital tract

Partners with cuts or abrasions of the membranes of the genital tract are more likely to acquire HIV than partners with intact membranes.

- Pregnancy

- When an HIV-negative woman is pregnant, she is at increased risk of acquiring HIV from an HIV-positive partner.
- Additionally, an HIV-negative man is also at increased risk of acquiring HIV from a positive partner if she is pregnant.

- Chance/Probability

- As we saw with the bean exercise, to some extent HIV transmission relies on chance or probability. It is difficult to say exactly whether the virus will be passed during a specific exposure.
- Just like you do not always get malaria from a single mosquito bite, or you cannot predict whether you will have a baby girl or a baby boy, we cannot predict when HIV transmission will occur.

✓ **Summarize the discussion by mentioning the following points:**

- The reality is that people do not always get infected from every exposure to HIV.
- Remember that couples can remain discordant for a long period. We have seen how many factors can influence the transmission or acquisition of HIV.
- On the other hand, we have also seen that unless discordant couples get tested and take steps to reduce the risk of transmission, many HIV-negative partners will become infected with their positive partners.

✓ **Review the benefits of CHTC with discordant couples (Slide 6-4).**

### **HIV Prevention in Discordant Couples**

- ❖ CHTC supports couples to
  - learn their HIV status together
  - increase condom use
  - reduce sex with outside partners
- ❖ CHTC contributes to PMTCT outcomes.
  - couples more likely to use ART following CHTC
- ❖ Many couples do change their behavior after CHTC.

6-4

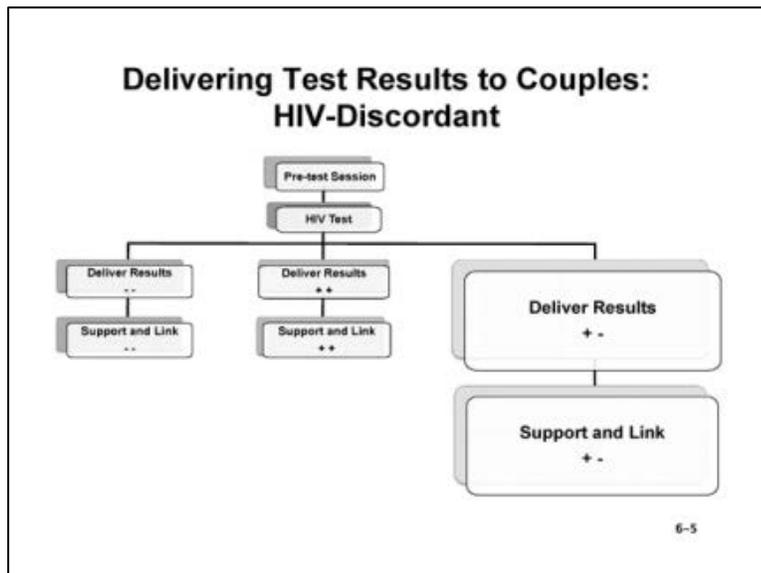
- CHTC helps reduce HIV transmission risk among discordant couples by supporting couples to learn their HIV status together, increase condom use, and reduce sexual activity with partners outside the relationship.

- CHTC also contributes to PMTCT outcomes, as couples who learn their HIV status together are more likely to use ART to prevent mother-to-child transmission.
- Studies have shown that many discordant couples do change their behavior after couples HIV testing and counseling.
- As providers, it is critical that we take the opportunity to counsel discordant couples and support them to keep themselves healthy and protect the HIV-negative partner.

- ✓ Ask for and answer any questions about HIV transmission risk.

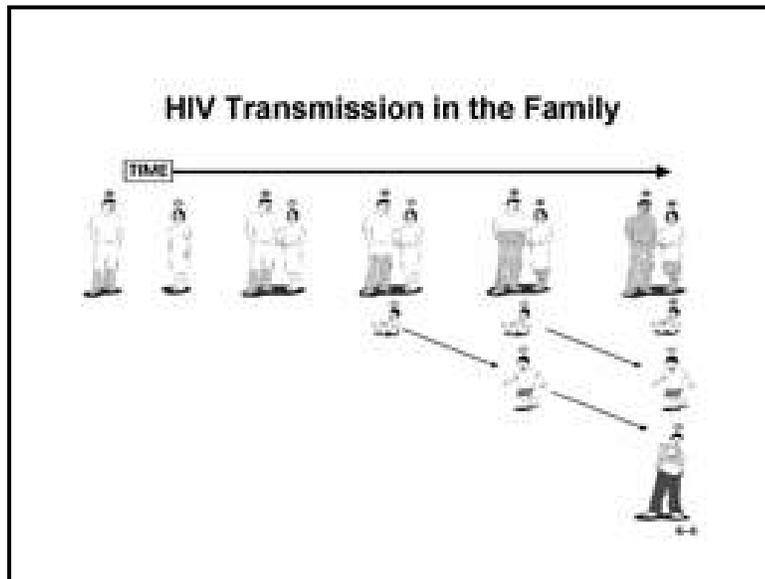
### Overview to Communicating Discordance (10 minutes)

- ✓ Display Slide 6-5 and say the following:



Before we go into the CHTC post-test session for discordant couples, we are going to spend some time now discussing how to effectively explain discordance to clients.

✓ Review Slide 6-6.



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**TRAINER'S NOTE:** Using the slide, refer back to the appropriate picture of the couple in the slide as you discuss how HIV spreads in their family.

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- Here we see a typical family in which the couple is HIV-discordant.
- When this couple met, the man was young and healthy and unaware he was infected with HIV. When the couple married, they were unaware they were discordant.
- Like most couples, they soon had a child and the child was not at risk for HIV because the mother had not yet become infected with HIV.
- When they had their second child, the woman had become infected with HIV, but fortunately, she did not transmit the virus to the child. Unfortunately, when the couple had their third child, he or she was infected with HIV.

✓ **Ask participants how HIV testing, particularly CHTC, could have prevented HIV transmission in the family.**

- Review any of the following points if they are not mentioned.

- Had the man received HTC prior to meeting the woman, he would have known he had HIV.
- Had the man and woman received CHTC when they began their relationship, they would have known they were discordant.
- Testing at the ANC clinic when the woman was pregnant with their first child would not have helped because the woman would have been told she was HIV-negative. However, if the ANC clinic had offered CHTC or partner referral for HTC, the couple would have learned they were discordant.
- If the woman had received testing during her second or third pregnancy, she would have known she had HIV and could have received PMTCT services, potentially preventing their third child from becoming infected.

✓ **Summarize the discussion and transition to the next activity.**

- Every time we miss an opportunity to provide CHTC, someone can become infected with HIV.
- Let's move on to an overview of how to communicate discordance.

### **Explaining Discordance (25 minutes)**

**TRAINER'S NOTE:** The following section refers participants to read sections from their manuals. If you are not using participant manuals during the training, simply go over the points yourself where participants are originally prompted to read them.

✓ **Tell participants to turn to page 97 in their participant's manual.**

- ✓ **Introduce the importance of accurately explaining discordance to a couple by saying:**

- It is also essential that providers help discordant couples accept the accuracy and reality of their test results.
- Because couples may have difficulty understanding their discordant results, it is important that providers give very simple and clear explanations of discordance. Messages should emphasize the very high risk of the uninfected partner becoming infected unless the couple adopts behaviors to protect the uninfected partner.
- The language on this page in your participant’s manual can be helpful for you when you are explaining discordance to couples.

- ✓ **Ask for a volunteer to read the first bullet under “Explaining Discordance.”**

- It is quite common for couples to be HIV-discordant, as a number of partners in a couple have different HIV test results than the other partner. This may mean that the infection in the negative partner has not happened yet. But if these couples continue to practice unprotected sexual intercourse, there is a high likelihood that the uninfected partner will get infected with HIV, especially if the infected partner is not taking ART.

- ✓ **Ask for a volunteer to read the second bullet.**

- Many factors influence whether HIV is transmitted from one person to another. Some factors increase the likelihood that HIV will be transmitted, while others decrease the possibility that HIV will be transmitted. Since many of these factors occur within the body, such as HIV viral load and immune system responses, and cannot be seen, it is not possible to know when HIV transmission will occur. It is essential to take precautions to protect the HIV-negative partner from becoming infected with HIV.

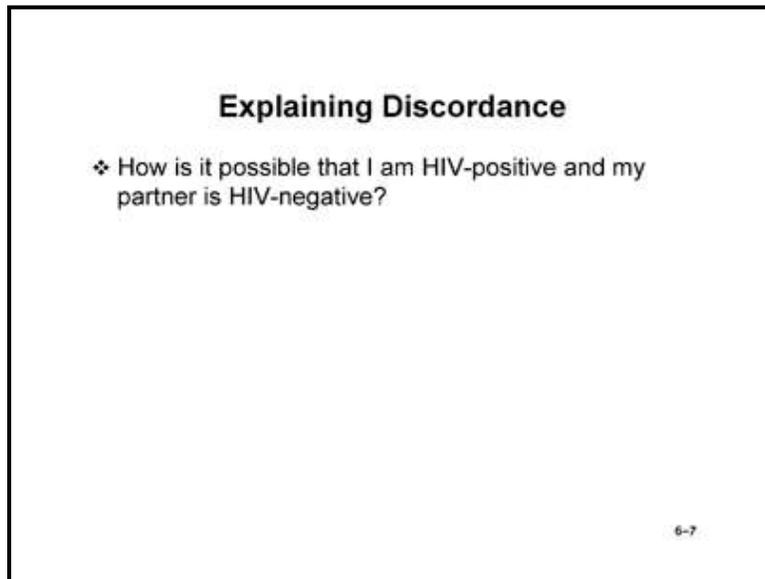
- ✓ **Ask if there are any questions about these ways of explaining discordance.**
- ✓ **Say that it is sometimes helpful to use analogies to explain discordance with examples from things that might be more familiar to people.**
- ✓ **Ask for volunteers to read the analogies to assist with explaining discordance on page 97.**
  - Sometimes a couple may become pregnant the very first time they have sex. For other couples, it may take several years for them to be able to conceive a child. Similarly, HIV may be transmitted the first time a couple has sex or it may be years before it is transmitted.
  - Although an entire household is exposed to the same mosquitoes, one person in the household may come down with malaria while others do not. Over time, though, almost everyone with ongoing exposure to mosquitoes develops malaria. The only way to prevent malaria is to prevent exposure to mosquitoes. The only way to prevent HIV is to take precautions to avoid exposure to the virus.
  - Termites may invade one tree, while an adjoining tree may be free from termites. Yet, once the farmer discovers that the one tree has been damaged from termites, he takes precautions and treats the adjoining tree to protect this tree from the termites. He knows that, without this treatment, the other tree will eventually become diseased. Similarly, without risk reduction, the HIV-negative partner remains at risk of becoming infected with HIV.

---

**TRAINER'S NOTE:** Distribute an index card while introducing the following activity.

---

- ✓ **Display Slide 6-7.**



- ✓ **Give the following instructions to the participants:**

- We are now going to do an exercise that will help you answer the questions you may get about discordance.
- On the slide is a sample question a couple may ask about their discordant result.
- You will have 5 minutes to write a response to this question on your index card.

---

**TRAINER'S NOTE:** Give participants 5 minutes to write their responses. Collect all the cards from the participants and then redistribute them, giving one card to each participant. The participant should NOT get back their own card.

---

- ✓ **Review the criteria for giving effective explanations of discordance using Slide 6-8.**

**Explaining Discordance**

**Explanations about discordance should:**

- ❖ Be clear and accurate
- ❖ Diffuse difficult discussions about being unfaithful and how the virus got in the relationship
- ❖ Dispel myths

**Proper explanations can:**

- ❖ Increase acceptance
- ❖ Enhance risk reduction

6-8

- Explanations about discordance should:
  - Be clear and accurate
  - Diffuse potential discussion regarding the infected partner being unfaithful and having brought HIV into the relationship
  - Dispel myths about discordance
- Proper explanations can:
  - Increase acceptance
  - Enhance risk reduction

- ✓ **Lead a discussion reviewing some of the participants' explanations written on their index cards.**

- Now let us look at how some of you would explain discordance to a couple.
- Remember the question was: How is it possible that I am HIV-positive and my partner is HIV-negative?
- Imagine if a provider responded, “Your blood is probably strong, preventing your husband from becoming infected” or “You are probably immune.”

- ✓ **Ask for a volunteer to comment about this statement.**

- ✓ **Have participants evaluate whether the response increases acceptance, is clear, is accurate, enhances risk reduction, or dispels a myth.**

This response is inaccurate. It discourages risk reduction and reinforces a myth.

- ✓ **Ask participants the following question:**

Will someone else read the card they were given and evaluate it on the criteria posted on the slide?

---

**TRAINER'S NOTE:** Facilitate a discussion based on the information on the index cards and the group's reaction to each statement. Emphasize that the explanation of discordance should cover the criteria listed on the slide. Have two to three participants read a response from their cards.

---

- ✓ **Summarize the discussion with Slide 6-9.**

**Communicating Discordance**

- ❖ What providers say can affect each client in different ways and on many levels.
- ❖ Words, information and explanations can have several meanings and interpretations.
- ❖ A provider should assess how his/her messages may be heard, perceived, and interpreted.

6-9

- The words the provider chooses to say in the session affect each client in different ways and on many levels.
- Words, information, and explanations can have several meanings and interpretations.
- A provider should listen carefully to his or her own choice of words and phrases and assess how his or her messages may be heard, perceived, and interpreted.

✓ **Ask for three volunteers to come up to the front and role play a provider explaining discordance to a couple.**

- One person will be the provider while the others will play the role of the couple.
- Ask the participants playing the couple to draw on their own experience about what they have heard from their clients about discordance or other HIV testing myths.
- The role play will start with the couple asking the provider something like:
  - How is it possible for one of us to be HIV-positive and the other to be negative? The test must be wrong!
- Remind the provider to give an explanation that follows the criteria previously mentioned.
- Remind the volunteers to speak loudly so that their fellow participants can hear them.

---

**TRAINER'S NOTE:** Allow for about 5 minutes for the participants to do the role play. Be sure to observe the provider's explanation and note both positive and negative aspects about the explanation.

---

✓ **Ask the participant playing the provider to evaluate his or her explanation.**

- What did you do well?
- What could you have done differently?

- ✓ **Ask participants to provide any feedback about the explanation.**
- ✓ **Note any points not mentioned by the participants.**
  - Be sure to correct any incorrect information presented.
- ✓ **Thank participants for volunteering.**
  - There will opportunities for all of you to practice explaining discordance later today.
- ✓ **Ask for and answer any questions about explaining discordance.**

### Goals of Post-test Session With Discordant Couples (5 minutes)

- ✓ **Review the goals of post-test session (Slide 6-10):**

**Provider Goals for Post-test Session  
with HIV-Discordant Couples**

- ❖ Ensure that couples understand and accept their test results and know what steps to take next.
- ❖ Provide a clear and accurate explanation of discordance.
- ❖ Encourage the couple to commit to risk reduction.
- ❖ Ensure the couple understands the health and prevention benefits of receiving care and treatment.
- ❖ Discuss mutual disclosure.

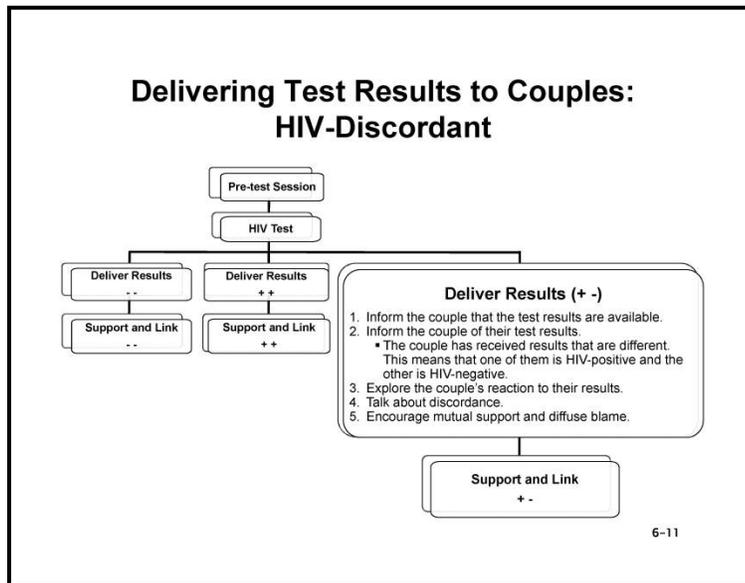
6-10

- Ensure that couples understand and accept their test results and know what steps to take next.
- Provide a clear and accurate explanation of discordance.
- Encourage the couple to commit to risk reduction.
- Ensure that the couple understands the health and prevention benefits of receiving care and treatment.
- Discuss mutual disclosure.

## Delivering HIV-Discordant Test Results (7 minutes)

**TRAINER'S NOTE:** Many of the steps and topics covered in the discordant couple post-test session are similar to the concordant couple's post-test session. Review and skim as the steps as appropriate.

- ✓ Show Slide 6-11 to introduce the session.



- ✓ Say the following:

- We will now discuss how to inform a couple that their HIV test results are discordant. We will also discuss to which services HIV-discordant couples should be linked.
- Please locate the box on your CHTC provider card for delivering HIV-discordant test results. You will notice that the steps for delivering HIV-discordant test results are very similar to delivering concordant HIV-positive test results.

- ✓ **Review the steps in delivering HIV-discordant test results (Slide 6-12):**

**HIV-Discordant Couples:  
Providing Results**

1. Inform the couple that the test results are available.
2. Inform the couple of their test results.
  - Test results are different. One partner is HIV-positive and one is HIV-negative.
3. Explore the couple's reaction to their results.
  - Allow the couple time to think about the results and ask any questions.
  - Assess the couple's feelings and reactions.
  - Answer any questions about the test results.
4. Talk about discordance.
5. Encourage mutual support and diffuse blame.

6-12

- Step 1: Inform the couple that their results are available.
- Step 2: Inform the couple of their test results.

- The couple has received results that are different, which means that one partner is infected with HIV and the other is not. Pause briefly for the couple to absorb the implications of the results.
- After the brief pause, you will provide the HIV-positive partner with his or her result.
- You do not need to tell the HIV-negative partner that they are negative because you have already told the couple that their results are different. It is important to give the results this way so that the couple can focus on how to support the HIV-positive partner.
- If they are available, show the test results or test strips to the couple so they can see the results for themselves.

- Step 3: Explore the couple's reaction to their results.

- Again, you will allow the couple time to think about their test results and to collect and express their thoughts and emotions.
- Make sure the couple has an accurate understanding of their HIV-discordant test results and their meaning and implications. Remember to dispel any beliefs that the couple may have that can undermine prevention.
- Offer genuine empathy and support for the couple as a unit and for the HIV-positive partner.
- The provider should also ease blame and encourage support for the infected partner.
- Answer any questions that the couple might have about their test results.

- Step 4: Talk about discordance.

Use the criteria mentioned earlier when explaining discordance to a couple.

- ✓ **Ask participants to name the criteria for explaining disclosure.**
- ✓ **Listen for:**
  - Be clear and accurate.
  - Enhance risk reduction.
  - Diffuse potential discussion regarding the infected partner being unfaithful and having brought HIV into the relationship.
  - Dispel myths about discordance.

✓ **Continue reviewing the post-session steps.**

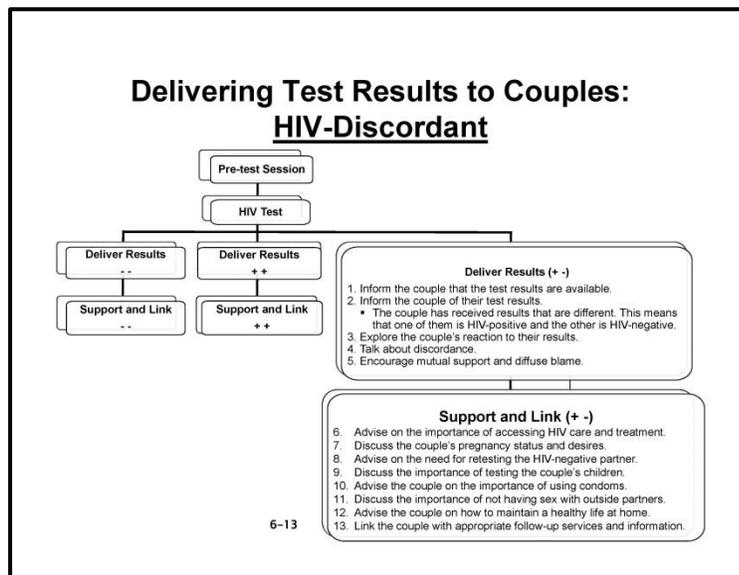
- Step 5: Encourage mutual support and diffuse blame.

- This is similar to what you learned for concordant HIV-positive couples.
- Remind them that they have done well to come in and get an HIV test today and that they can now get the needed care and treatment.
- Focus on supporting each other and preventing transmission.
- Try to diffuse any discussion about the HIV-positive partner being unfaithful or introducing HIV into the relationship.

✓ **Ask for and answer any questions about these first five steps.**

**Delivering HIV-Discordant Test Results: Importance of Medical Care (7 minutes)**

✓ **Transition into a review of linking the couple to medical services (Slide 6-13).**



- Several of the messages for the discordant post-test session are similar to the messages of the concordant positive post-test session.
- After the couple has accepted their HIV test results, you will transition the session toward linking the couple to the follow-up care, treatment, and prevention services required to manage the HIV-positive partner's infection and prevent transmission to the HIV-negative partner.

✓ **Review the next steps of the post-test session (Slide 6-14).**

**HIV-Discordant Couples:  
Providing Support and Linkages**

6. Advise on the importance of accessing care and treatment for HIV.
  - Access treatment to stay healthy and live a long time.
  - If not eligible for treatment, still go to the clinic regularly.
7. Discuss the couple's pregnancy status and desires.
  - If HIV-positive woman pregnant, access PMTCT.
  - Plan safer pregnancy with the assistance of a provider.
  - Use contraception to prevent unplanned pregnancies.
8. Advise on the need for retesting the HIV-negative partner.
9. Discuss the importance of testing the couple's children.

6-14

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**TRAINER'S NOTE:** You may adapt the recommendations below to fit your country's guidelines for care and treatment, particularly with regard to when HIV-positive persons are eligible for treatment (e.g., CD4<350) and if they are not eligible, how often they need to return for medical care and monitoring.

---

- Step 6: Advise the couple on the importance of accessing care and treatment for HIV.

- Just like with concordant HIV-positive couples, you will inform the couple that treatment is available for HIV and that treatment can help the HIV-positive partner stay healthy and live a long, full life.
- You should also inform the couple that getting the HIV-positive partner on treatment can help prevent transmission to the negative partner by as much as 96 percent.
- They will still need to use other preventive measures like condoms, but you should emphasize the importance of care and treatment for both the HIV-positive partner's health and for the protection of the HIV-negative partner.
- Let the couple know where they can access care and treatment services and facilitate entry into care and treatment for the HIV-positive partner.

- Step 7: Discuss the couple's pregnancy status and desires.

- If the HIV-positive partner is the woman and she is pregnant, discuss the importance of accessing PMTCT services and taking ARV prophylaxis to reduce the risk of transmitting HIV to her baby.
- Discuss the increased risk of HIV acquisition in men during pregnancy and the importance of using condoms every time they have sex to prevent infecting the male partner.
- If the couple is not currently pregnant but is planning to have children, it is important to discuss this with their health care providers and counselors who can help them plan a safer conception and pregnancy and reduce the risk of transmitting HIV to their child.

- Inform the couple that if a woman seroconverts during pregnancy or breastfeeding, she is more likely to transmit HIV to her baby. If either partner is on treatment, this will also reduce the likelihood of passing HIV to the uninfected partner and the baby.
- If the couple is not planning to have children, the couple should also understand the importance of family planning and contraception to prevent unplanned pregnancies.

- Ask participants the following question:

Who can remind us how to reduce the risk of mother-to-child transmission?

- Listen for:
  - Giving medication to the mother during pregnancy and labor and delivery
  - Having a safe delivery (delivering the infant in a clinic or hospital)
  - Giving medication to the infant immediately after birth
  - Making appropriate infant feeding decisions with the assistance of a health care provider
- Step 8: Advise on the need for re-testing the HIV-negative partner.

---

**TRAINER'S NOTE:** Be sure to follow and state your country's guideline regarding when a negative partner needs to be re-tested.

---

- Note the possibility that a recent exposure may indicate the need for re-testing.
- If the HIV-negative partner has had unprotected sex with the HIV-positive partner or partner of unknown status within the last 3 months, he or she may need to be re-tested and should come back for another HIV test in 4 weeks.
- This is because if HIV was acquired recently, then the HIV test done today cannot detect HIV antibodies.
- If the HIV-negative partner has not had a recent exposure in the last 3 months, then he or she should still be informed that he or she could get HIV in the future, especially if he or she does not use condoms.
- The HIV-negative partner in a discordant couple should get re-tested at least every year to confirm that he or she has remained HIV-negative.

- Step 9: Discuss the issue of HIV testing of children

- If the woman is HIV-positive, there is a possibility that the couple's children may have become HIV-positive either during pregnancy, delivery, or while the mother was breastfeeding.
- The provider should encourage the couple to bring their children for HIV testing so that if the children are HIV-positive, they can receive the care and treatment they need.

- ✓ **Ask for and answer any questions about any of the steps covered so far.**

## HIV-Discordant Result: Importance of Risk Reduction (7 minutes)

- ✓ **Transition to a discussion on the risk reduction messages for HIV-discordant couples.**

- As we have discussed throughout this course, discordant couples may remain that way for a long time, sometimes even years, without knowing their HIV status or reducing their risk. However, if they do not take steps to protect the negative partner from HIV, the partner will likely eventually become infected.
- For a discordant couple, it is very important for the HIV-negative partner to stay negative. The negative partner can be a source of support for the positive partner, both emotionally and with his or her HIV care and treatment.
- Should the positive partner become ill or die, having an HIV-negative, healthy partner can help ensure the well-being of any children or the household.

- ✓ **Review the next steps of the post-test session (Slide 6-15).**

### **HIV-Discordant Couples: Providing Support and Linkages (cont.)**

10. Advise the couple on the importance of using condoms.
  - Assess knowledge of how to use condoms.
  - Demonstrate and distribute condoms.
11. Discuss the importance of not having unprotected sex with outside partners.
12. Advise the couple on how to maintain a healthy life at home.
13. Link the couple with appropriate follow-up services and information.
  - Care and treatment clinic, PMTCT services
  - STIs, family planning
  - Medical male circumcision
  - Community organizations, support groups, VCT

6-15

- Step 10: Advise the couple on the importance of using condoms.

- One option for preventing HIV transmission within discordant couples is for the couple to stop having sex with each other.
- For discordant couples who continue having sex, they should be reminded that using condoms does three things:
  - Protects the HIV-positive partner from passing HIV or other STIs to the HIV-negative partner(s)
  - Protects the HIV-positive person from getting other infections from his or her partner(s)
  - Reduces unplanned pregnancies
- The provider should explain that condoms must be used every time they have sex to reduce the risk of passing HIV to the negative partner.

- ✓ **Ask participants to pretend that you and your partner are a discordant couple.**

Imagine you are part of a discordant couple. Think for a moment about this, and tell me what would motivate you to use condoms in this situation.

- ✓ **Look for responses such as:**

- A desire to keep the HIV-negative partner from getting HIV
- The need for the HIV-negative partner to stay healthy to look after the HIV-positive partner and family
- A desire to keep the woman from getting infected so she does not transmit HIV to her baby
- The HIV-positive person feels a responsibility to protect his or her family

✓ **Mention that:**

- It is important to assess the couple's knowledge of how to use condoms since some people might not know.
- If the couple does not know how to use a condom or if you are unsure whether they know, provide a condom demonstration for the couple.
- You can also ask one or both of the partners to demonstrate using the model, correcting any mistakes they may have made once they have finished.
- Provide the couple with condoms and let them know where they can access more condoms in the future.

✓ **Continue reviewing the steps.**

- Step 11: Discuss the importance of not having unprotected sex with outside partners.

- The provider should reinforce the importance of not having unprotected sex with outside partners. If they do have any outside partners, they should use a condom every time to prevent transmitting HIV to anyone else and to protect the partners from getting other infections.
- The couple should be advised to reduce their number of sex partners.
- If they have outside sex partners, it is very important that the outside partners understand that they may be at risk for HIV and that they get tested for HIV.
- Again, any discussion of HIV transmission to partners outside of the relationship should be handled carefully and in general terms.

- Step 12: Advise the couple on how to maintain a healthy life at home.

The provider should reinforce that the couple will need to play an active role in maintaining and preserving the health of the HIV-positive partner.

- Ask participants to remind you what things couples can do to maintain a healthy lifestyle, which were previously discussed in the concordant positive couples module.
  - Listen for responses such as:
    - The importance of having a safe supply of clean drinking water to prevent diarrhea or other illnesses
    - The importance of using bed nets to prevent malaria (where applicable). Inform the couple where they can access a bed net or provide them with a bed net.
    - The importance of good nutrition to keep the HIV-positive partner healthy
    - If they have symptoms such as a cough, they should be referred to the TB clinic
    - The importance of eliminating or reducing alcohol consumption
- ✓ **Ask for and answer any questions about the risk reduction messages for HIV-discordant couples.**

### Link Couple With Follow-Up Services (4 minutes)

- ✓ **Transition to a discussion on Step 13**
- Step 13: Link the couple with appropriate follow-up services and information and address their primary reason for attending the health facility today, if not for HIV testing.
  - As we previously discussed, it is important for the provider to actively link the couple to appropriate follow-up services and information to ease their transition into HIV care and treatment services.

- Specifically, the provider should:
  - Link the HIV-positive partner to the HIV care and treatment clinic of his or her choice for ongoing care and treatment.
  - Link pregnant HIV-positive women to PMTCT services for interventions to prevent transmission to the baby.
  - Assess the couple’s need for STI treatment, family planning and contraceptive services, safer conception, and safer pregnancy counseling. Link the couple to these services, as needed.
  - Refer HIV-negative men who are uncircumcised to medical male circumcision services.
  - The couple may also benefit from being linked to counselors or community organizations that can provide more information or services.
  - Some clinics and communities may have support groups for HIV-discordant couples that can offer good support for couples who are just finding out they are discordant.
  - Let the couple know that they may refer any other partners to the health facility or VCT for HIV testing, if needed. They may also access the health facility or VCT for additional follow-up counseling if they need it.

✓ **Ask participants the following question:**

Can you think of any other linkages you may need to make for HIV-discordant couples?

✓ **Ask for and answer any questions they have about the post-test counseling session for discordant couples.**

## Role Play: Providing Discordant Results (60 minutes)

**TRAINER'S NOTE:** Prepare enough copies of the "Discordant Couple Role Play" handouts for discordant couples.

- ✓ **Introduce the demonstration and role play activity for providing discordant results.**

- We are now going to complete a role play on delivering results to HIV-discordant couples.
- Before we begin the role play, we will now demonstrate a post-test session with a discordant couple.

**TRAINER'S NOTE:** Demonstrate providing discordant results, skipping the pre-test session. After the demonstration, ask participants if they have any questions. If needed, ask for volunteers to role play the role of the couple.

- ✓ **Ask participants to get into the same assigned groups from the previous day. If they were a provider yesterday, they will act as a couple today, and vice versa.**
- ✓ **Give instructions for how participants will conduct their role plays.**

- I would like you to get into the same groups you were in yesterday for our next role play. The person who did not have the chance to practice delivering test results yesterday should be the provider today.
- We will have 20 minutes to conduct this role play from the beginning of the pre-test session through providing the couple with a discordant result.
- After 20 minutes, we will stop, and you will debrief in your small groups for 5 minutes.
- Then, we will debrief together as a group.
- Afterwards, we will randomly select at least one

group to come up and demonstrate the role play in front of our entire group.

- Are there any questions?

---

**TRAINER'S NOTE:** As participants get into their groups, distribute a copy of the role play handout to each group. Some groups will have different scenarios. Tell participants to begin once they have read their scenarios. You and your co-trainer should walk around the room and observe each group's role play, noting any points, either positive or negative, that need to be discussed in the larger group. Instruct participants when they should switch from the pre-test session to the post-test session. Instruct participants again when it is time to debrief, and then when it is time to stop the role play. When time is up and groups have had a chance to debrief, bring everyone back together in a big group.

If time allows, you can have participants do another role play giving discordant results in their small groups, so that all four participants in each small group has a chance to play the provider role. To save time, you can have them skip the pre-test session and start with providing results. Give a new role play scenario handout to each group.

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✓ **Use the following questions to discuss the groups' experiences and the effectiveness of the different tactics used by providers.**

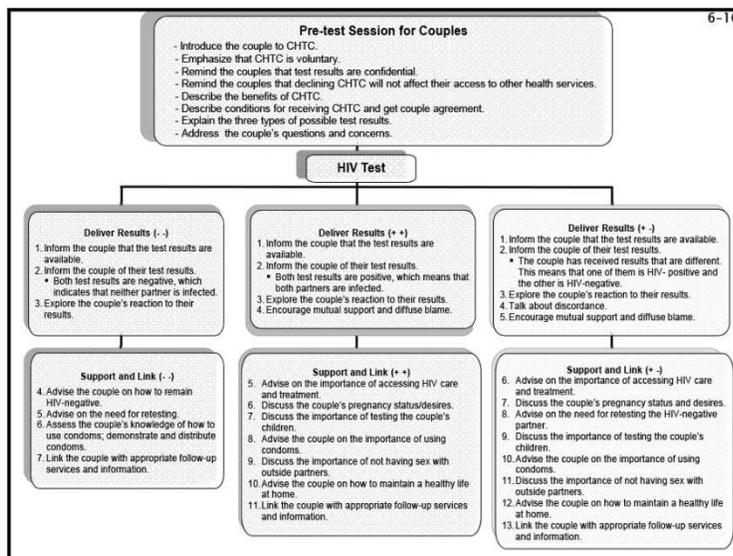
- Questions for providers:
  - How easy or difficult was it to balance the session between the discordant couple—that is, the needs of both the positive and the negative partner?
  - How easy or difficult was it for you to talk about care and treatment with your couples?
  - What about risk reduction?
- Questions for couples:
  - How did it feel for providers to give you a discordant result?
  - How did it feel to be in a discordant relationship?
  - Were the HIV-negative partners supportive of the HIV-positive partners?

**TRAINER'S NOTE:** Randomly select one of the small groups to demonstrate the post-test session with a discordant couple in front of the entire group. Upon completion of the demonstration, thank the small group. Debrief the demonstration by first asking the small group what they thought went well and what they could do better. Then ask for constructive feedback from the larger group. Be sure to note any steps or actions that were not done correctly.

- ✓ Ask for and answer any questions they have about giving results to discordant couples.

### Review of Complete CHTC Session (5 minutes)

- ✓ Review the main points of the CHTC protocol (Slide 6-16).



- ✓ Ask for and answer any questions about the CHTC protocol.
- ✓ Preview the topics that will be covered in the next module:
  - Implementation of CHTC in health facilities
  - Ongoing support services for couples
  - Monitoring and evaluation of CHTC

# MODULE SEVEN: LOGISTICS AND IMPLEMENTATION OF CHTC

**Total time for this module: 2 hours, 55 minutes**

## OVERVIEW OF MODULE SEVEN:

This module will cover considerations for integrating CHTC into a health facility setting. Participants will discuss challenges in implementing CHTC and brainstorm potential solutions for those challenges.

## GOAL:

The goal of Module Seven is to discuss practical and logistical issues related to implementation of couples HTC in health facility settings and to identify strategies for addressing challenges with implementation.

## LEARNING OBJECTIVES:

At the end of this module, participants will be able to:

- ✓ plan for implementation of CHTC in various health facility or clinic contexts
- ✓ discuss how patient flow may or may not need to change in order to accommodate couples in various health facility or clinic contexts
- ✓ identify strategies for assessing and addressing challenges with CHTC implementation in various health facility or clinic contexts
- ✓ discuss key data needs for monitoring and evaluating CHTC in their health facility setting
- ✓ identify strategies for promoting CHTC services and making health services more male-friendly
- ✓ map out a work plan for incorporating CHTC services into their health facility setting

## ADVANCE PREPARATION

- ✓ Load PowerPoint slides
- ✓ Make copies of the handouts
  - CHTC Data Collection Form Examples
  - Work Plan and Timeframe tool
- ✓ Sign participant certificates of participation

## LOGISTICS AND IMPLEMENTATION OF CHTC

### Module Introduction (5 minutes)

- ✓ Provide a brief overview of the module (Slide 7-1).



- Introducing a new service such as couples HIV testing and counseling into existing health facility services requires thoughtful preparation.
- We are going to spend some time discussing logistics and implementation of CHTC, including:
  - Strategies for linking couples to appropriate follow-up services
  - Overcoming practical challenges to implementation, such as patient flow, space, test kits, and service delivery hours
  - Record-keeping and data needs
  - Promotion of CHTC services

✓ **Review the objectives of Module 7 (Slide 7-2).**

**Objectives for Module Seven**

**By the end of this module, you will be able to**

- ❖ Plan for implementation of CHTC in various health facility or clinic contexts
- ❖ Discuss how patient flow may or may not need to change in order to accommodate couples in various health facility or clinic contexts
- ❖ Identify strategies for assessing and addressing challenges with CHTC implementation in various health facility or clinic contexts
- ❖ Discuss key data needs for monitoring and evaluating CHTC in their health facility setting
- ❖ Identify strategies for promoting CHTC services and making health services more male-friendly
- ❖ Map out a work plan for incorporating CHTC services into their health facility setting

7-2

- Plan for implementation of CHTC in various health facility or clinic contexts.
- Discuss how patient flow may or may not need to change in order to accommodate couples in various health facility or clinic contexts.
- Identify strategies for assessing and addressing challenges with CHTC implementation in various health facility or clinic contexts.
- Discuss key data needs for monitoring and evaluating CHTC in their health facility setting.
- Identify strategies for promoting CHTC services and making health services more male-friendly.
- Map out a work plan for incorporating CHTC services into their health facility setting.

✓ **Transition to the next topic by saying:**

Before we begin thinking about our own settings, I want to share with you a few examples of successful CHTC programs from other settings.

## Examples of Successful Programs (10 minutes)

- ✓ **Present the successes of Rwanda implementing CHTC (Slide 7-3).**

**Successful Programs: Rwanda**

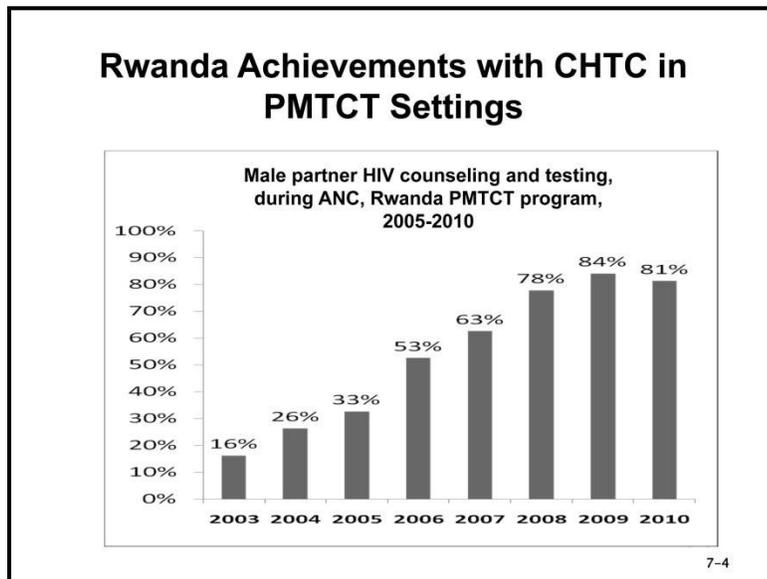
- ❖ 1988—CHTC began as research project.
- ❖ 2001-Implementation in ANC piloted at 2 clinics.
  - 50% women attending ANC were tested with partners
  - women tested with partners were more likely to deliver in a health facility
- ❖ 2003 Government of Rwanda convened a national meeting on CHTC.
  - established target of providing CHTC to 10% of all couples by 2010
- ❖ Now more than 84% of women who test in ANC do so with their partners.

7-3

- In Rwanda, CHTC began with a small research project as early as 1988, and implementation of CHTC in antenatal clinics was piloted at two clinics in 2001.
- In 6 months of implementation, nearly 50 percent of women attending ANC at these two sites received HTC with their partners, and the proportion of women who gave birth in a health facility was higher among women who tested together with their partners compared with those who were tested alone.
- The government of Rwanda convened a national meeting on couples HIV testing and counseling in 2003 and established a target of providing CHTC to 10 percent of all couples in Rwanda by 2010.

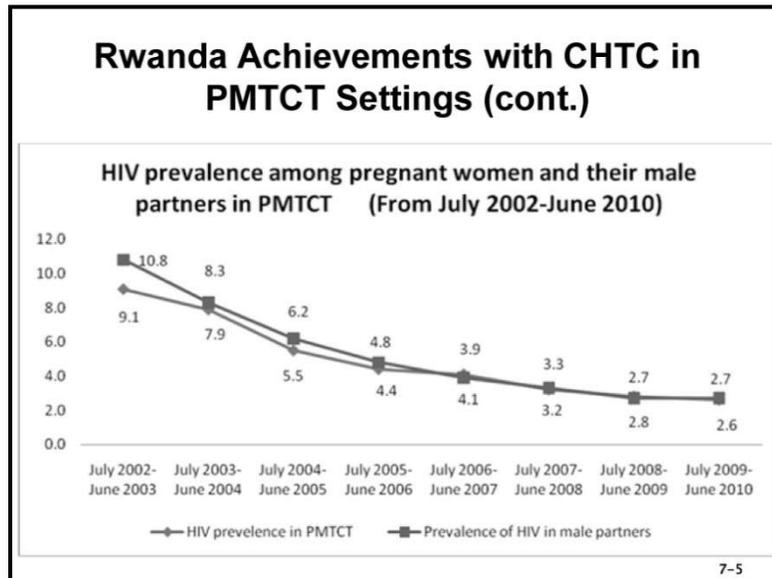
- Providers were trained, guidelines were updated to include CHTC, invitation letters were provided to women to invite their partners for CHTC, and community health workers were engaged to promote CHTC in the community.
- At some sites, services were provided on the weekends to meet couples' needs better, and in some urban clinics transportation costs were reimbursed for couples attending CHTC services on the weekends in order to drive up initial demand.

- ✓ **Present the increase in men testing with their partners in ANC settings (Slide 7-4).**



- Here you can see the progress that Rwanda made over time, beginning with 16 percent of male partners of pregnant women in PMTCT receiving CHTC in 2002.
- Today more than 81 percent of women who receive an HIV test in ANC in Rwanda do so with their partners.

- ✓ Present the decrease of HIV prevalence among couples testing in PMTCT settings (Slide 7-5).



- You can also see that HIV prevalence among couples testing in PMTCT settings has decreased over time.
- This is due in part to the fact that when CHTC started, it was primarily occurring in urban centers with higher HIV prevalence.
- Over time these services became integrated into PMTCT settings throughout the country and are now occurring at all ANC settings nationwide, even in rural areas.

- ✓ **Review the factors that led to Rwanda’s success integrating CHTC (Slide 7-6).**

**Successful Programs: Rwanda (cont.)**

- ❖ Factors that contributed to Rwanda’s successes:
  - strong political commitment at all levels
  - mobilization and education by community health workers, invitation letters
  - training service providers throughout country
  - flexible hours, including weekend services
- ❖ Even though people think ANC is not male-friendly, it can be.
- ❖ Rwanda is now developing a program for follow-up of all discordant couples.

7-6

- Through these approaches: strong political commitment, mobilization and education, training service providers, and providing services at flexible hours, Rwanda has achieved great successes providing CHTC in antenatal clinics.
- Many people think that men will not come to ANC because it is not a “male-friendly” environment, but this example from Rwanda shows us that men will, and do, come to ANC for CHTC.
- Now that they have achieved such successes with CHTC in ANC, Rwanda has recently developed a program, tools, and guidance for the routine follow-up of discordant couples.
- The success of Rwanda can serve as motivation for us as we work to expand CHTC in our own health facility settings.

- ✓ **Ask for and answer any questions.**

## Linking Couples With Appropriate Follow-Up Services (20 minutes)

- ✓ **Lead a discussion about how clients are linked with services in the participants' clinics and facilities.**

- ✓ **Ask participants the following questions:**

- What are some ways that you are currently linking patients to these follow-up services after they receive HIV testing and counseling?
- What are the most effective ways that you have been using for ensuring that HIV-positive patients get into care and treatment?

- ✓ **Allow for responses and listen for:**

- Immediate initiation
- Referral slip
- Patient escort
- PLHIV support group on site
- Home visits
- Follow-up phone calls

- ✓ **Review the importance of effectively linking clients to services (Slide 7-7).**

### Importance of Linkage

- ❖ Once diagnosed, couples must be actively linked with HIV prevention, care, and treatment services to:
  - protect own health (Crum et al., 2006)
  - reduce risk of transmission to uninfected partners (Donnell et al., 2010)
- ❖ Many newly diagnosed patients do not enroll in HIV care and treatment (Micek et al., 2009) OR they do not stay enrolled in care and treatment (Rosen et al., 2011).
- ❖ As many as 80% of newly diagnosed patients do NOT start treatment (Rosen et al., 2011).

7-7

- It is very important that once couples have been diagnosed, they are actively linked with appropriate prevention, care, and treatment services in order to protect their own health and to reduce the risk of transmission to uninfected partners.
- However, many newly diagnosed patients either do not enroll or do not stay enrolled in HIV care and treatment services after diagnosis.
- Some studies suggest that as many as 80 percent of newly diagnosed patients do NOT start treatment.
- It is especially important that CHTC programs do not stop at providing test results to couples but actively attempt to link patients with appropriate follow-up services.

✓ **Provide additional information about linkage (Slide 7-8).**

**Linkage = “the means of connection”**

- ❖ Following CHTC, persons requiring additional HIV services (prevention, care, treatment or support) are connected to and receive these services.
- ❖ Mode of connection can be...
  - provider-initiated or patient-initiated
  - direct or facilitated referral
- ❖ Linked services can be...
  - integrated, co-located, or at another site
  - facility-or community-based
  - clinical or psychosocial
- ❖ A CHTC provider is responsible for ensuring patients are linked with follow-up services.



7-8

- When we talk about linkage, we are talking about the means of connection—that is, how we ensure that couples are connected to and receive these services.
- The way we do this can be either provider-initiated or patient-initiated and can be either direct or facilitated.
- In some cases, the services that we link patients to can be integrated or co-located within our health facility, but they might also be located at another site.
- They may be located in the community, and they can include both clinical services as well as psychosocial support services.
- It is the responsibility of the CHTC provider to ensure that patients are linked with follow-up services.

✓ **Ask for and answer any questions about linkage.**

✓ **Lead a brief discussion on the challenges of linking clients to necessary services.**

- What are some of the challenges that providers have faced with linking clients to services?
- What are some challenges for the clients themselves in accessing services?
- What are some other barriers (e.g., policies, resources, clinic capacity) to linkage?

✓ **Acknowledge responses.**

✓ **Review the patient/couple challenges (Slide 7-9).**

**Patient/Couple Challenges with Linkage**

- ❖ Denial of test results
- ❖ Immediate receipt of services not necessary; still feel healthy
- ❖ Other comorbidities require attention
- ❖ Stigma/confidentiality concerns associated with being HIV-positive
- ❖ Time/financial issues (long clinic waiting times, time taken off of work, loss of wages)
- ❖ Nonsupportive family members or concern that family won't be supportive

7-9

- Denial of test results

If the couple does not accept their test results, they may not be willing to seek follow-up services, such as care and treatment.

- Feeling healthy

- If the partners in the couple do not feel sick, they may have a hard time accepting the importance of seeking care and treatment services.
  - Providers should explain that it is important to seek care early and to attend clinic visits regularly so that they stay healthy and get on treatment when it is needed.

- Other co-morbidities require attention

The couple may have other illnesses or co-morbidities other than HIV that need immediate attention.

- Stigma/confidentiality concerns associated with being HIV-positive

- Couples may not feel comfortable with their HIV status or may fear that they will be stigmatized if they are seen attending the HIV care and treatment clinic.
- They may also fear disclosing their HIV status to their children.

- Time/financial issues

- Couples may have to take time off from work and may risk losing wages to attend follow-up services.
- They may be challenged with transport costs, food insecurity, and concerns over sustainability of treatment.

- Nonsupportive family members

If a couple's family members are not supportive of them seeking HIV care and treatment, it may be hard for couples to attend these services.

✓ **Review the provider challenges with linkage (Slide 7-10).**

**Provider Challenges with Linkage**

- ❖ Lack of education or emphasis on the importance of care provided to patients
- ❖ Unclear/incomplete referral instructions
- ❖ Unfamiliarity with referral site services and procedures
- ❖ Poor follow-up or lack of resources to ensure service delivery and receipt of services

7-10

- Lack of education or emphasis on the importance of care provided to patients

If providers do not understand the importance of early HIV care and treatment for HIV-positive clients or if they fail to understand the risks associated with entering care and treatment late, they may have a difficult time explaining this to patients and couples.

- Unclear/incomplete referral instructions

- If a clinic does not have clear guidelines for how patients and couples should be linked with follow-up services, providers may have a difficult time facilitating these linkages.
- Clinics should have clearly outlined roles and responsibilities so that providers understand the referral and linkage procedures.

- Unfamiliarity with referral site services

Providers who are unfamiliar with the referral sites and their services and policies will not be able to provide strong referrals for their patients and couples.

Providers should familiarize themselves with all the referral sites in the area and should ideally establish a contact at the referral site to whom they can refer couples at a designated time.

- Poor follow-up or lack of resources to ensure service delivery and receipt of services

- Some clinics will not have resources in place to ensure that patients make it to the referral site.
- Ideally, sites should establish a system for tracking referrals and should work to ensure that couples actually access services.

✓ **Review the structural challenges with linkage (Slide 7-11).**

### **Structural Challenges to Linkage**

- ❖ Anonymous testing
- ❖ Ill-defined processes between services; separate service ID numbers
- ❖ Different service models (co-located, separate sites)
- ❖ Clinic registration fees
- ❖ Capacity of care system
- ❖ Different definitions for a “successful” linkage

7-11

- Anonymous testing

Sites that still use anonymous testing protocol—that is, they do not take the names of patients who are getting an HIV test—may have a harder time linking patients with follow-up services.

- Ill-defined processes between services and separate service ID numbers

If an HIV testing and counseling location uses one unique ID number for a patient, and an HIV care and treatment site uses another unique ID number, it is difficult to track patients, even within the same health facility.

- Different service models (co-located, separate sites)

- When services are not located in the same facility, it can be more difficult to track patients from CHTC to care and treatment.
- Co-located services may have an easier time facilitating and monitoring linkages.

- Clinic registration fees

Clinics that charge a fee for HIV testing and counseling or for other follow-up services may deter patients from utilizing these services.

- Capacity of care system

- Some HIV care and treatment clinics are already seeing the maximum number of patients that they can handle.
- This leads to long wait times or even a delay in getting people on treatment when they need it.

- Different definitions for a “successful” linkage

Some sites suggest that linkage occurs when a patient makes one visit to the follow-up service; others suggest linkage does not occur until a patient makes at least three routine visits to the service, ensuring that he or she will attend regularly.

- ✓ **Ask participants the following question:**

Are there any other challenges to ensuring successful linkage that we have not discussed so far?

- ✓ **Lead a brief discussion about how some of these challenges can be addressed.**

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**TRAINER’S NOTE:** Go through Slides 7-12 and 7-13. Ask for a volunteer to read through the points on each slide. Ask participants if there are any other approaches they can think of for linking patients and couples with follow-up services.

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- ✓ **Review examples of linkage to care models (Slide 7-12).**

### Existing Linkage to Care Models

- ❖ Strengthening of CHTC and education
  - comprehensive list of referral services
  - provider visits to referral sites to learn about services available to clients/patients
  - motivational counseling
- ❖ Facilitating linkage to follow-up services
  - patient escorts (e.g., nurses, lay counselors, etc.) or “expert patients”
  - transportation assistance for linkage supporters and/or clients, patients
  - incentives

7-12

- Strengthening of CHTC and education

- This may include things like developing a comprehensive list of referral services in the area and keeping an updated list of their service delivery times and services offered.
- Providers may also wish to visit the referral sites. This will help providers give more comprehensive information to patients and couples about the referral sites.
- Motivational counseling has also been used to encourage linkage to follow-up services. Through motivational counseling, providers and couples identify personal reasons that make follow-up services very important to the couple or patient.
- An example might be to think about the couple's children and the impact that rapid progression of the disease would have on their family life. If a couple understands that it is important for them to keep themselves and their family healthy for the sake of their children, they may be more willing to seek follow-up services.

- Facilitating linkage to follow-up services

- Sites can establish systems to actively engage patients in seeking follow-up services or can actively facilitate these linkages for patients.
- Some programs have had success with patient escorts, such as nurses, counselors, or expert patients who physically walk patients to the HIV care and treatment clinic and wait for them to be enrolled and see a clinician.
- Other sites have found that providing transportation assistance or financial incentives can help couples access services.

✓ **Display Slide 7-13.**

**Existing Linkage to Care Models (cont.)**

❖ Tracking

- electronic database of health records
- provider-issued smart cards, cell phones
- patient SMS reminders, phone calls
- follow-up home-visits (especially home-based HTC programs)
- 2-part referral slips (1-client/1-clinic, match when enrollment occurs)

7-13

● **Establishing tracking systems**

- Some countries or programs have established electronic medical records, whereby the patient has one unique identifier and can be tracked throughout the health care system. In this method, a provider could easily pull up a patient's files to see if he or she has attended follow-up services.
- Cell phones are also used to track patients through the health system. Providers can use SMS messages to send a clinic information about whether a patient attended follow-up services.
- Some clinics have established home visit programs, where patients are visited in the home to assess whether they have attended follow-up services or to check on their health status. This is especially common in home-based HTC programs.

Referral slips can also be used, where the HTC site keeps one half of the form and the patient gets the other half of the form to take to the clinic when he or she attends. At the end of the month, the referral slips can be matched up to determine how many patients sought follow-up services.

- ✓ **Ask participants the following questions about any other approaches that are successful in their clinical settings.**

- Who is responsible for ensuring linkages in your clinical settings?
- How do you track whether patients have attended follow-up services, such as HIV care and treatment, after you have tested them?

- ✓ **Ask for and answer any questions about linking clients with appropriate follow-up services.**

### **Importance of Data Collection, Reporting, and Data Use (5 minutes)**

- ✓ **Introduce the topic of monitoring and evaluating CHTC.**

- Many of you will already be familiar with the standard data collection procedures for HIV testing and counseling.
- We will now spend a few moments discussing the importance of monitoring and evaluation (M&E) for CHTC
- We will also explore how our HTC data collection and reporting tools may need to be modified to capture all the relevant data for CHTC.

- ✓ **Provide an overview of monitoring and evaluation (Slide 7-14).**

### **Monitoring and Evaluation**

- ❖ The process of using clean data to assess how services are performing and if program objectives are being met
- ❖ Allows us to check the progress of CHTC programs and adjust service delivery as necessary

7-14

- M&E refers to the process of using clean data to assess how services are performing and determine if program objectives are being met.
- Monitoring and evaluating our CHTC program allows us to check the progress of these newly implemented services and make changes in service delivery based on your M&E data.

- ✓ **Review the benefits of M&E for CHTC (Slide 7-15).**

### **Monitoring Program Activities**

**Monitoring our CHTC services allows us to**

- ❖ Determine if we are meeting the needs of our patients
- ❖ Assess the number of couples served and whether we are meeting our program objectives
- ❖ Inform health facility management and public health policy-makers so that they can plan for the future
- ❖ Report to stakeholders and manage finances for the program

7-15

- Determine whether we are meeting the needs of our patients

For example, if patients are not coming with their partners, we might question what we can do better to serve couples and to meet their needs.

- Assess how many couples we are serving and whether we are meeting our program objectives

For example, it is helpful to know how many couples we tested this month and what proportion of all of our HTC patients were tested as couples.

- Review “Inform health facility management and public health policy-makers so that they can plan for the future” by saying:

Data on the number of couples receiving HTC can help program management know how many HIV test kits need to be ordered each month and whether services need to be modified to meet the high demand of couples.

- Report to stakeholders and manage finances for the program

Data from our programs typically are reported to the Ministry of Health and donors so that they can assess how well a program is doing and whether resources need to be redirected to achieve certain goals or targets.

- ✓ **Review the limitations of using monitoring and reporting tools that do not include data elements that address CHTC (Slide 7-16).**

### **Limitations of Monitoring and Reporting That Does Not Account for Couples**

- ❖ Not possible to tell if two clients are partners and if they were counseled and tested together
- ❖ No documentation of discordant couples for follow-up
- ❖ No information on seroconversion of HIV-negative partners

7-16

- When monitoring and reporting tools do not include data elements that address couples HIV testing and counseling, it is not possible to track some of the key benefits of CHTC in an HIV prevention program.
- For example, it would not be possible to:
  - Know if two clients are partners and if they received CHTC or their test results together
  - Document follow-up of discordant couples, including regular re-testing of the HIV-negative partner and assessing successful linkages of the HIV-positive partner to prevention, care, and treatment services
  - Document seroconversion of HIV-negative partners in a discordant couple

## Key Points Regarding CHTC Data Collection (10 minutes)

- ✓ Review the following scenarios with the participants (Slide 7-17).

**Key Considerations for CHTC Data Collection**

- ❖ The way we capture data on CHTC will depend on the clinic setting and how couples attend the facility.
  - Partner 1 first, then Partner 2
  - Partners 1 and 2 at the same time
  - Partner 1 first, then Partner 1 and 2 together

7-17

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**TRAINER'S NOTE:** If you are using the participant's manual, participants can follow along on page 121.

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- ✓ Read Scenario 1.

- Jane comes to the clinic, is tested and is told her HIV status. Sammy comes the following week for HIV testing but is not with Jane.
  - I would like to get a show of hands—how many people think that this scenario is CHTC?
    - Very good. This is not CHTC because the partners are not tested together and they do not receive their results together.
  - In this scenario, how are data from Jane linked with data from Sammy? How do we know if they are a discordant couple that may require follow-up and ongoing support? How do we know if the partners have disclosed their HIV test results to each other?

- This scenario demonstrates the importance of having some way to link partners in a couple with each other in our data management systems.
- It also demonstrates the importance of discussing disclosure and CHTC with partners so that we can ensure mutual disclosure of HIV status.

✓ **Read Scenario 2.**

- Fred and Susan come into the clinic together to learn their HIV status at the same time. They receive HIV testing and counseling together and learn their results together. Their data are entered into a logbook together, and they are each given a patient code as well as a couple code. All data are entered together in the standard data collection tools.
- Is this CHTC?
  - This scenario is CHTC. Fred and Susan were tested and counseled together as a couple, and they received their results together.

✓ **Read Scenario 3.**

- William and Martha come to the clinic together. Martha has been tested before and already knows her HIV status. The couple is seen by the provider together, but only William is tested at this time. Martha has her patient code so that the provider is able to link William's HIV test results with Martha's test results, and the couple is given a couple identification code. The provider is able to discuss the results of the couple together, facilitating mutual disclosure of HIV status and follow-up care.
  - This scenario might be a common scenario in many ANC/PMTCT sites.

- Women often attend the ANC clinic for the first time alone where they are tested and encouraged to bring their partners back for HIV testing.
- Some women will choose to tell their partners they were already tested but still come in with their partner to learn the results of the partner's test together and discuss both of their results with the provider.
- Some women may not want to tell their partner that they have been tested and may choose to be re-tested in the facility, as though it is their first time. If this is the case, the provider should re-test the woman as well as her partner and deliver their test results together. All data should be recorded together in the standard data collection tools, including the couple's results.
- In this scenario, the partners were tested individually, not as a couple, but they did receive follow-up counseling and received their results together. The provider facilitated mutual disclosure of HIV status and was able to help the couple plan for their futures together in light of their HIV status.
- Does this scenario describe CHTC?
  - Some people might capture this as CHTC because the partners received mutual disclosure of HIV status. If your data collection tools do not have space to capture that the couple was tested separately but received their results together, you may want to capture this as CHTC because an important element of CHTC is that the couple learned their results and disclosed them to each other at the clinic.
  - Other people might argue that because they were tested separately, this would not count as CHTC.

✓ **Highlight the challenges of recording CHTC data.**

- In an ideal situation we might want data elements in our registers that would allow us to capture both Scenarios 2 and 3.
- We might have a column in our registers for “couples tested and counseled and received results together” that would capture Scenario 2, and for Scenario 3 we would have columns for “partner testing” and “mutual disclosure of HIV status.”
- However, it may be difficult to have data collection tools that capture all of the different scenarios we are confronted with for CHTC.
- Until there is standard guidance on how to capture and record CHTC, it will be up to each country and their clinics to determine how they will capture and record cases like Scenario 3.

✓ **Lead a brief discussion on collecting information on individuals and the couple (Slide 7-18).**

**Additional Key Considerations**

- ❖ Record information on test results of both individuals
  - M+, F+
  - M-, F-
  - M+, F-
  - F+, M-
- ❖ Also record the couple's test results
  - Concordant HIV-negative
  - Concordant HIV-positive
  - HIV-discordant

7-18

- I want to emphasize the importance of collecting information on the test results of both individuals in the couple as well as the couple as a unit.
- Who can tell me why it will be useful to capture both the individual test results and the couple's test results?

✓ **Allow for responses and listen for:**

- It is important to know if the man is positive or the woman is positive.
- Depending on whether the man or woman is positive, you may link them to different services.
- In addition to individual test results, you also want to know how many discordant couples you are identifying.
- You can track seroconversion of the HIV-negative partner in a discordant couple.

✓ **Say the following:**

- If we have a discordant couple, it is important to know which partner is HIV-positive and which is HIV-negative so we know to which services to link the patients.
- This will also help us in following up with the partners to see if they have accessed necessary care, treatment, and prevention services.
- It is important to also record the couple's HIV test results as a unit so that we can easily report how many HIV-discordant couples we have identified as well as how many concordant HIV-positive and concordant HIV-negative couples have been identified.

## Examples of Data Collection Tools (15 minutes)

**TRAINER'S NOTE:** The purpose of this activity is to show participants how other countries have collected and recorded CHTC data on their forms. If there is national-level guidance regarding how CHTC data should be recorded and/or your current national-level forms collect CHTC data, you may present them during this activity. If there is no current guidance or forms designed to collect CHTC data, you can also present your country's standard HTC data collection forms and lead a discussion about possible ways to record CHTC data on these forms.

- ✓ Introduce this review of country data collection tools

Let's take a look at examples of data collection tools from other countries that have been adapted to include information on CHTC.

- ✓ Review the first data collection form (Slide 7-19).

7-19

### Example HTC Logbook

Generic HIV Testing and Counseling Logbook

Year \_\_\_\_\_ Facility \_\_\_\_\_ Clinic/Ward \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Serial No.	Patient/Client Code	Client Code	Age (Years)	Sex	Date Tested (dd/mm/yy)	HIV Test 1 Kit Name Lot No. Expiration Date / /	HIV Test 2 Kit Name Lot No. Expiration Date / /	Final Results**	Tested At	Tester (Initials)	Linked To	Linkage Successful	Comments	
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		
			M	F	/ /	NR R INV	NR R INV	NEG POS IND	Y N I C			Y N		

- This is an example of a generic HTC logbook that has been adapted to include some information about couples.
- The logbook is capturing not only the patient code but also the couple identification code so that patients can be linked with each other. This code also appears on the patient card for both partners in the couple.
- Also, this logbook is capturing whether the couple was tested as individuals or as a couple.
- Remember, the provider only circles “C” for “couple,” if the couple is tested and counseled together and receives their results together or if they are tested separately and come together to disclose their results to each other at the clinic.

✓ **Ask participants the following question:**

Is there any information that is missing from this example register?

✓ **Allow for responses and listen for:**

- Couple’s HIV test results
- Whether couple was counseled together and disclosed their HIV test results together

- ✓ Review the second data collection form (Slide 7-20).

7-20

### Guyana National PMTCT Register

HIV serostatus this pregnancy													
Known Positive at Entry	New Admissions: 1st Test			Revisits: 1st Test			32 - 34 wks: Retest		Partners		Couples		
	Date Tested	Date Pt Received results and Post Test Counseling	HIV Test Result	Date Tested	Date Pt Received results and Post Test Counseling	HIV Test Result	Date Tested	HIV Test Result	Date Tested	HIV Test Result	Couple Counseled, Tested, and Disclosed	Couple Test Result	
24	25	26	27	28	29	30	31	32	33	34	35	36	
Y/N	COMM/YY	COMM/YY	Pos/Neg	COMM/YY	COMM/YY	Pos/Neg	COMM/YY	Pos/Neg	COMM/YY	Pos/Neg	COMM/YY	Y/N/D	

- This is another example of a register from a PMTCT program in Guyana. Here we only see the columns that are relevant to HIV testing and HTC. As you can see, there is space for recording the HIV status of the female partner when she is first admitted for ANC services.
- Highlighted in yellow you will see the columns for:
  - The date the partner was tested
  - The HIV test result of the partner
  - Whether the couple was tested and counseled together and disclosed their results together
- This register has been adapted specifically for cases where one partner may be tested initially and the second partner is tested at a later time.
- Because of the last column for “couple counseled, tested, and disclosed,” providers are able to distinguish between partners tested alone and those who mutually disclose their HIV status.

- ✓ Segue into the review of monthly report forms.

Now let's take a look at examples of monthly reporting forms, which are sent to Ministry of Health and other stakeholders. Data from the logbooks are added daily and entered into these monthly reports at the end of every month.

- ✓ Review the monthly report form (Slide 7-21).

7-21

### Tanzania Monthly Report

WIZARA YA AFYA NA USTAWI WA JAMII  
HUDUMA YA USHAURI NASAHA NA UPIMAJI WA VVU  
MUHTASARI WA MWEZI

Jina la kituo: ..... Jina la msimamizi wa mkoa: ..... Taarifa ya Mwezi: ..... Mwaka: .....

Mkoa: ..... Namba ya simu ya Msimamizi wa kituo: ..... Tarehe ya kutoa taarifa: .....

Imetokana na rija ya VCT: ..... PTC: ..... HBCT: .....

	Number	MEN			WOMEN				
		≤14	15-24	25-49	≥ 50	≤14	15-24	25-49	≥ 50
1 Total number of new clients									
2 Total # new clients who received counseling and testing and received results									
3 Total # new clients who tested positive									
4 Total # return clients									
5 Total # return clients who received counseling and testing and received results									
6 Total # return clients who tested positive									
7 Total # clients = new + return									
8 Total # couples received counseling, testing, and received results together									
9 Total # couples with discordant results									
10 Total # concordant positive couples									
11 Total # individuals receiving condoms									
12 Total # clients HIV positive and with TB									
13 Total # clients who tested for TB with TB symptoms									
14 Point of entry									
=Kliniki ya Kufua Kikuu (Wagonjwa wa nje)									
=Kliniki ya Magonjwa ya zinza (Wagonjwa wa nje)									
=Idara ya magonjwa ya nje									
=Wagonjwa waliolalwa									
=Huduma ya damu									
=Huduma za wagonjwa nyumbani									
=Wateja wanaokwenda wenyeveve									
15 Referrals									
=Kliniki ya tiba na huduma(CTC)									
=Huduma za kuzulia maambukizi toka kwa mama kwenda kwa mtoto (RCH)									
=Kufua kikuu (TB)									
=Uzazi wa Mpingo (FP)									
=Huduma ya Mama na Mtoto (RCH)									
=Huduma nyinginezo (other)									

- In this example from Tanzania, in addition to other key indicators, the monthly report captures the total number of couples receiving HIV testing and counseling and receiving their results together.
- It also captures the total number of couples with discordant results and the total number of concordant positive couples.
- This information is taken directly from the daily HTC logbook.

- ✓ **Review the PMTCT monthly report (Slide 7-22).**

7-22

### Guyana PMTCT Monthly Report

NAME OF FACILITY:		REGION:
MONTH OF REPORT:		YEAR OF REPORT:
SECTION 1 - ANTENATAL CLINIC (PMTCT)		TOTAL
1.2.1	Total number of new admissions attending clinic for the month	
1.2.2	Number of new admissions who are known HIV-positive at entry	
1.2.3	Number of new admissions tested for HIV for the first time this pregnancy	
1.2.4	Number of revisits tested for HIV for the first time this pregnancy	
1.2.5	Number of women who received HIV results and post-test counselling for the first time this pregnancy	
1.2.6	Total number of new admissions tested HIV positive for the first time this pregnancy	
1.2.7	Total number of revisits tested HIV positive for first time this pregnancy	
1.2.8	Number of women re-tested for HIV between 32-34 weeks this pregnancy	
1.2.9	Number of women tested HIV-positive for the first time between 32-34 weeks this pregnancy	
1.2.10	Number of couples who were counselled, tested and disclosed HIV status to each other	
1.2.11	Number of partners of pregnant women tested for HIV	
1.2.12	Number of partners of pregnant women tested HIV-positive	

- This PMTCT monthly report captures the number of couples who were counseled, tested, and received their results together as well as the number of partners who were tested and those who tested positive.
- In this example, the number of partners of pregnant women who were tested for HIV includes those who were tested as a couple as well as those who were tested individually.

- ✓ **Ask for and answer any questions about the examples.**
- ✓ **Lead a brief discussion about how participants could capture CHTC data on their HTC forms and reports.**

- Do any of you currently capture CHTC data in your clinic?
- How could you use your current data collection forms to capture CHTC-related data?
- What changes would need to be made to the form in order for you to capture couples data?

- ✓ Summarize the key points of collecting CHTC data (Slide 7-23).

**What data should be collected and reported?**

- ❖ Number of couples who received CHTC (tested, counseled, and received results together)
- ❖ HIV status of each individual partner
  - M+F+ / M-F- / M+F- / M-F+
- ❖ Couple's HIV status
  - ++ / -- / Discordant

7-23

- The exact data elements that you capture for CHTC will vary depending on your existing data tools, your setting, and how couples attend your facility.
- At a minimum, we should collect and report the following information to monitor the progress of our CHTC programs over time:
  - Number of couples who received CHTC (who were tested, counseled, and received their results together)
  - HIV status of each individual partner (M+F+ / M-F- / M+F- / M-F+)
  - Couple's HIV status (++ / -- / +-)
- Ideally, you might also want to track the number of couples linked with follow-up services, the number of discordant couples receiving follow-up services, and the number of seroconversions that occur within discordant couples.

Because of the importance of testing children of persons living with HIV, you might also want to capture the number of children the couple has and indicate the HIV status of these children.

## PROMOTION OF CHTC AND MAKING SERVICES MALE-FRIENDLY

### Creating Demand in the Community (10 minutes)

✓ **Transition to an overview about the promotion of CHTC. Say:**

- The success of CHTC services will depend not only on your ability to provide high-quality services but also on how widely CHTC is understood and accepted in the community.
- As with any service, “supply” is only one part of the equation. The other very important element is “demand.”

✓ **Review key strategies for effectively promoting CHTC (Slide 7-24).**

### Promotion of CHTC

- ❖ Utilize a multisectoral, multi-level approach as needed.
- ❖ Recruit promoters from health, religious, entertainment, community, governmental, and private sectors.
- ❖ Deliver messages about benefits through clinic staff.
- ❖ Publicize HIV testing through messages from entertainers and celebrities.
- ❖ Promote in communities through community health workers or health educators.

7-24

- Ideally, it is important to utilize a multisectoral and multi-level approach to reach influential leaders and community members in a variety of settings.
- Promoters can be recruited from health, religious, entertainment, community, governmental, and private sectors. Existing organizations and establishments in each of these sectors are good places to promote CHTC to a wide range of people.
- The health sector, including public and private clinics, provides a captive audience of people with health-seeking behaviors.
- The clinic staff members can easily be trained to give clients messages about the benefits of CHTC and/or distribute invitations for CHTC services.
- Information can be given during clinic talks to waiting clients or in one-on-one discussions while tending to a patient.
- Entertainers, local celebrities, or well-known persons in the community can also be engaged to speak out about HIV testing.
- They may promote CHTC services by stating publicly that they received this service together with their partner and encouraging other community members to do the same.
- Many health facilities can use community health workers, counselors or health educators to promote CHTC.

- ✓ **Review materials that may be used for promoting CHTC (Slide 7-25).**

**Promotional Materials**

- ❖ **Invitations**
  - general invitations for CHTC service
  - specific invitations for partners of ANC clients and HIV/TB clinics
- ❖ **Informational posters**
- ❖ **Videos**
  - short films can be played in clinic waiting areas
- ❖ **CHTC campaigns**
- ❖ **Community outreach and mobilization**

7-25

- **Invitations**

- **General invitations for CHTC service**
- **Specific invitations for partners of ANC and HIV/TB clinics**

- **Informational posters**
- **Videos**

**If equipment is available, short films can be played in clinic waiting areas.**

- **CHTC campaigns**
- **Community outreach and mobilization, such as community theater**
- **It is also important to remember that couples themselves can promote CHTC services.**

If a couple receives high-quality CHTC services in your facility, they will talk about this service with other couples in their community.

- ✓ Review posters and other media tools that have been used to promote CHTC in other countries (Slide 7-26).



- ✓ Ask participants the following question:

What are some of the key themes you see from these posters?

- ✓ Allow for responses and listen for:
  - Discordance
  - Importance of family
  - Strengthening relationships through CHTC
  - Use of CHTC by couples who love each other
  - Availability of CHTC services

✓ **Lead a brief discussion about how to promote CHTC.**

- What other things can you do to promote CHTC?
- What are some activities you have done to promote other HIV-related services?

✓ **Inform participants that electronic versions of CHTC posters are included on their CDs.**

### **Making Services Male-Friendly (15 minutes)**

✓ **Segue into a discussion about making CHTC services male-friendly.**

Who can tell me what it means when we say our services should be “male-friendly”?

✓ **Allow for responses and listen for:**

- Men should feel comfortable attending and receiving the services at our site.
- Services should not only target women but also men.
- Men should understand the importance of attending services.
- Services should be convenient for men and acceptable to them.

✓ **Say the following:**

- We often talk about making our services “male-friendly.” Because we know that men do not typically attend health facilities as often as women do, it is important that we reach out to men and attempt to increase their participation in health service delivery.
- This means that we may need to modify the way that we currently provide services and put extra effort into making our services acceptable and appealing to men.

✓ **Ask participants the following question:**

Who can tell me some ways in which we might make our services more “male-friendly”?

✓ **Allow for responses and listen for:**

- Have supportive policies in place (national and site-level) supporting engagement of men in health services, including ANC, labor and delivery, etc.
- Ensure that all clinic staff are trained and understand the importance of engaging men in health services.
- Have both male and female providers available to serve men.
- Adjust operating hours to times when men are more likely to be available, (i.e., evening and weekend hours).
- Have signs welcoming men and letting them know what services are available to them.
- Have posters informing men of the importance of CHTC and showing men in the pictures (in addition to women).
- Offer male-specific health services in addition to female health services (e.g., in ANC, labor and delivery ward).
- Offer financial or other incentives for men and/or couples attending services together.
- Prioritize men and/or couples attending services together.
- Provide services using multiple service delivery approaches, such as in the clinic, in the home, via mobile services, or in the workplace.

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**TRAINER’S NOTE:** After participants brainstorm, go through Slides 7-27 and 7-28, which list the items mentioned above. Be sure to mention any of the responses listed above that were not mentioned by the group.

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- ✓ Review any points not mentioned using Slides 7-27 and 7-28.

### **Making Services Male-Friendly**

- ❖ Have supportive policies in place (national and site-level) supporting engagement of men in health services, including ANC, labor and delivery, etc.
- ❖ Ensure all clinic staff are trained and understand the importance of engaging men in health services.
- ❖ Have both male and female providers available to serve men.
- ❖ Adjust operating hours to times when men are more likely to be available i.e., evening and weekend hours.
- ❖ Have signs welcoming men and letting them know what services they can access.

7-27

### **Making Services Male-Friendly (2)**

- ❖ Have posters informing men of the importance of CHTC and showing men in the pictures (in addition to women).
- ❖ Offer male-specific health services in addition to female health services such as in ANC and the labor and delivery ward.
- ❖ Offer financial or other incentives for men and/or couples attending services together.
- ❖ Prioritize men and/or couples attending services together.
- ❖ Provide services using multiple service delivery approaches, such as in the clinic, in the home, via mobile services or in the workplace.

7-28

## IMPLEMENTATION WORK PLAN

### Developing Work Plans (50 minutes)

✓ **Introduce the activity.**

- Throughout this training, you have developed the skills necessary to talk with couples about discordance and deliver CHTC to couples.
- We have spent much of today thinking about integrating CHTC into health facility settings. We would now like to divide you in small groups so you can discuss the information we covered today and what changes will you need to make in your setting to begin to integrate CHTC services.

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**TRAINER'S NOTE:** Instruct participants to get into small groups by their facility setting. Each group should nominate someone to record their discussion and someone to present their discussion to the entire group.

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✓ **Provide the instructions about the activity. Say:**

- You will have 20 minutes in your small group to discuss and answer the following question:
  - What changes will need to occur in your setting to effectively integrate CHTC?

✓ **Display Slide 7-29.**

### **Implementation Work Plan**

- ❖ Conducting CHTC
- ❖ Linkage to services
- ❖ Patient flow
- ❖ Data collection and management
- ❖ Monitoring and evaluation
- ❖ Creating demand for CHTC
- ❖ Making services male-friendly

7-29

- Consider the following areas we have discussed during this training—which are listed on this newsprint—when you think about the things you may need to change:
  - Conducting CHTC
  - Linkage to services
  - Patient flow
  - Data collection and management
  - Monitoring and evaluation
  - Creating demand for CHTC
  - Making services male-friendly
- When discussing the changes you need to make, think also about any challenges you will face in integrating CHTC and related services as well as potential solutions for overcoming such challenges.

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**TRAINER'S NOTE:** Have the participants begin their small group work. After 20 minutes, allow each group about 5 minutes to share any key points from their discussion with the large group. You might want to probe about any of the challenges they think they will face and potential solutions. After all groups have presented, refer participants to the Work Plan and Timeframe handout.

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- ✓ **Distribute and review the Implementation Work Plan and Timeframe tool.**
- ✓ **Say the following:**

- Please take out the handout titled Implementation Work Plan and Timeframe for CHTC in Health Facilities.
- The handout provides a template for you to use in developing your work plan.
- We understand that to effectively integrate CHTC in your setting, it will take time and buy-in and support from a variety of staff and management.
- We hope that after this training, you now have the necessary knowledge and skills to conduct CHTC and can promote its benefits.
- While you may not have the authority to make many of the necessary changes in your setting to integrate CHTC, you can serve as a CHTC “champion” and promote the integration of CHTC in your facility.
- We encourage you to review and complete the work plan template on your own and to present it and what you learned today to your supervisor and facility management. You can play a powerful role in creating positive change at your facility.

- ✓ **Ask participants the following question:**

What questions do you have about the work plan or about how you can serve as a CHTC champion?

## COURSE WRAP-UP

### Wrap-Up and Closing (15 minutes)

- ✓ **Revisit and review participant course expectations.**

- Congratulations everyone! This marks the end of the CHTC training course.
- Let's go back and review your expectations for the course.

**TRAINER'S NOTE:** Check the newsprint where you wrote the participant's expectations on Day 1 during introductions. Review these with the participants and mention in which module each of their expectations was met. Note where expectations were not met and suggest where participants might find that information.

- ✓ **Ask participants if they have any additional questions about what we have learned throughout the course.**
- ✓ **Acknowledge and respond to questions.**
- ✓ **Distribute the training Post-Course Knowledge Assessment.**
- ✓ **Explain and review the assessment by mentioning the following:**

- This is your post-course assessment. You will complete it the same way as you did before.
- You do not need to put your name on this form.

- Please put an identifying code that you can remember on the form—this will be the day and month you were born (four numbers total).
  - For example, if you were born on April 11, your code would be “1104”
- You have 10 minutes to complete the assessment.

- ✓ **Ask for and answer any questions about the assessment.**
- ✓ **Collect assessments after 10 minutes.**

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**TRAINER’S NOTE:** Begin the closure activity after you collect all the assessments.

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- ✓ **Ask participants to stand from their seats and get in a circle for the closing activity.**
- ✓ **Review the CHTC pledge.**

- Remember earlier in the training we agreed to come together at the end and discuss whether those of us with partners might be willing to discuss CHTC with them and receive CHTC services ourselves?
- I would like to take one minute for us all to reflect on this pledge and think about how you might raise this discussion with your partners. Using this training as a discussion point might be a good entry for bringing this up with your partner.
- What do others think about this pledge?
- Is it something you will find challenging, or are you eager to receive CHTC services and experience the services from the perspective of the couple?

- ✓ **Ask participants to share their experiences about the training. Begin by saying:**

Let's spend a few minutes talking about our experiences over the past few days. We will go around the room and each of us will make one statement about how we feel now that the training is over.

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**TRAINER'S NOTE:** Go around the room and ask that each participant make a statement. Suggest that participants start this sentence by saying "I feel..." or "I am..." Acknowledge each contribution. Check to see if your host has any last words.

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- ✓ **Say the following:**

Thank you all for your attention and active participation during this training course. For any additional questions you may have in the future, you may contact (STATE YOUR NAME). I will now distribute your certificates of participation.

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**TRAINER'S NOTE:** Hand each participant a personalized certificate of participation and wish the group well when incorporating CHTC at their health facilities.

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