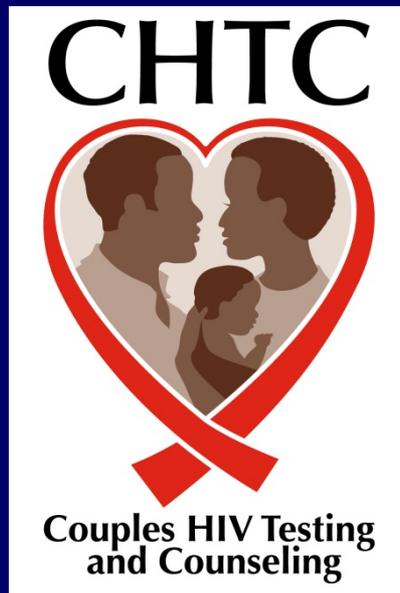


Couples HIV Testing and Counseling (CHTC) *- in Health Care Settings -*



Module Seven: Logistics and Implementation of CHTC

Objectives for Module Seven

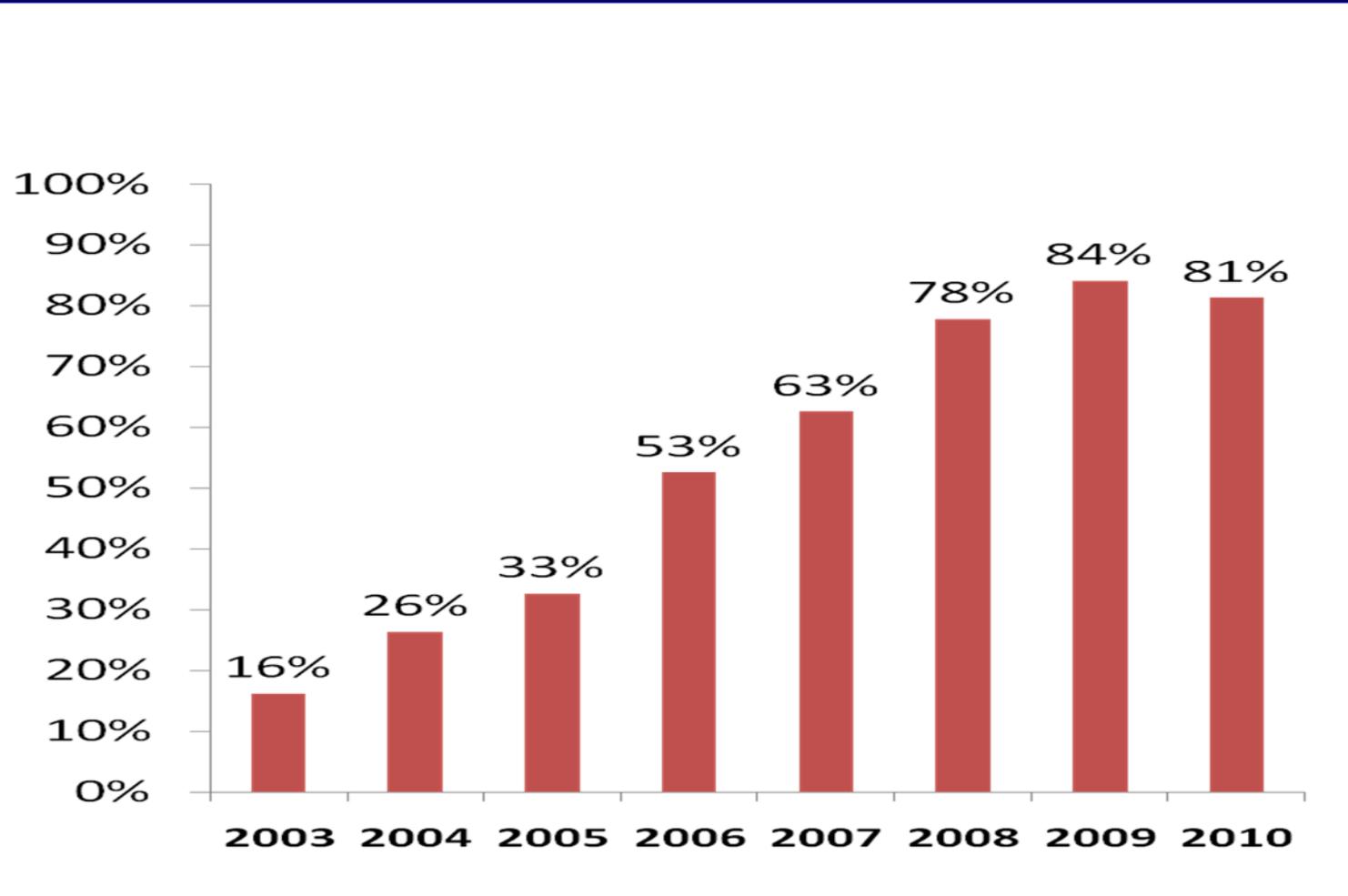
By the end of this module participants will be able to

- ❖ 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

Successful Programs: Rwanda

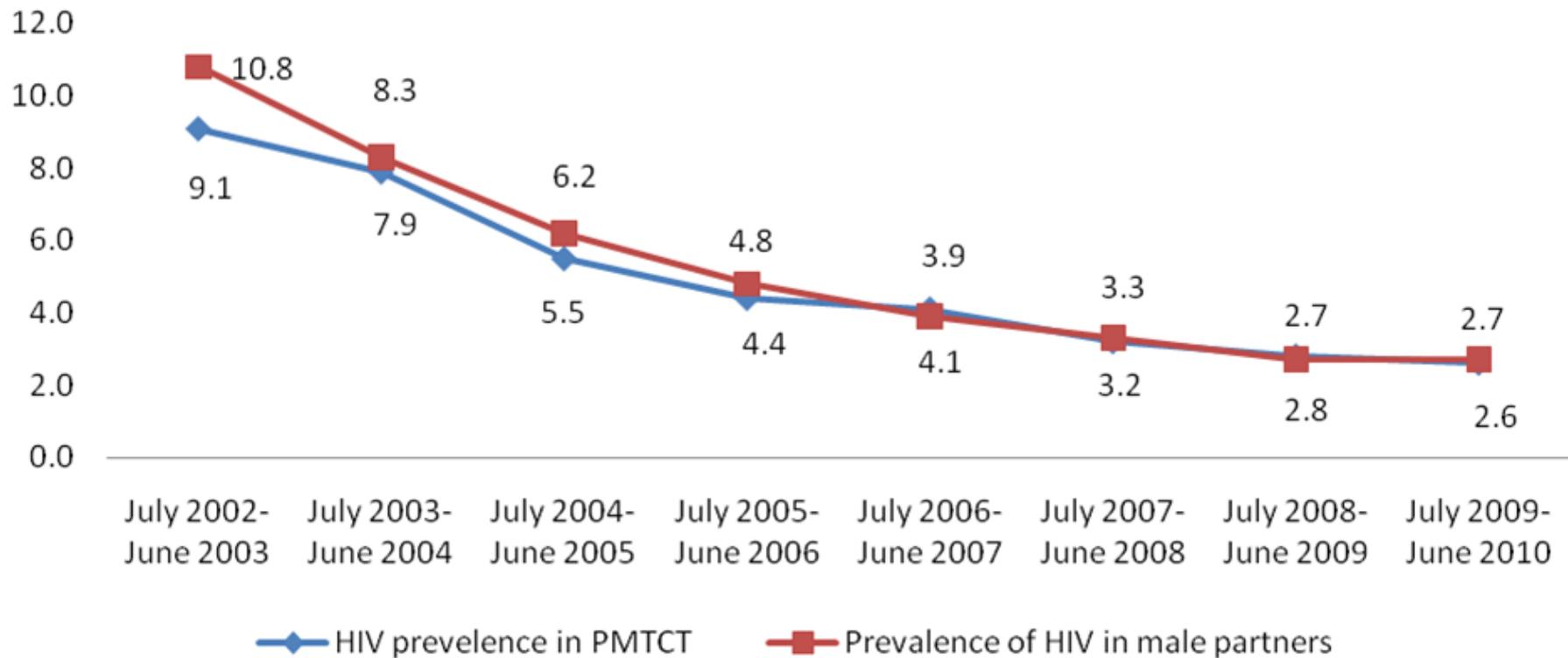
- ❖ 1988—CHTC began as research project.
- ❖ 2001-Implementation in ANC (Antenatal Care) piloted at 2 clinics:
 - 50% women attending ANC were tested with partners.
 - women tested with partners were more likely to deliver in a health facility
- ❖ 2003 Government of Rwanda convened a national meeting 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

Rwanda Achievements with CHTC in PMTCT Settings



Rwanda Achievements with CHTC in PMTCT Settings (continued)

HIV prevalence among pregnant women and their male partners in PMTCT (From July 2002-June 2010)



Successful Programs: Rwanda (continued)

- ❖ 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

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)

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



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

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

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

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

Existing Linkage to Care Models (continued)

❖ 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)

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

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

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

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

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

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	Couple Code	Age (Years)	Sex	Date Tested (dd/mm/yy)	HIV Test 1			HIV Test 2			Final Results**	Final Results Delivered	Tested As	Tester (Initials)	Linked To	Linkage Successful	Comments					
						Kit Name	Lot No.	Expiration Date	Kit Name	Lot No.	Expiration Date	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	

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	

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

Promotion of CHTC

- ❖ Utilize a multi-sectoral, 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.

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

Promotional Materials Example

NEGATIVE

MINISTRY OF HEALTH
REPUBLIC OF UGANDA

JUST BECAUSE YOU ARE HIV POSITIVE DOES NOT MEAN YOUR PARTNER IS TOO.

TEST FOR HIV TOGETHER WITH YOUR PARTNER.

GO TOGETHER **KNOW TOGETHER**
TEST FOR HIV TOGETHER

POSITIVE

Call Toll Free 0800 200 600 for more information.

Uganda

Provem o vosso amor...
façam o teste do HIV juntos!

Neste Fevereiro faça a sua prova de amor! Venha com a sua cara metade ao Centro de Saúde mais próximo e façam o teste do HIV!

Mozambique

GO TOGETHER **KNOW TOGETHER**
TEST FOR HIV TOGETHER

COUPLES HIV COUNSELLING & TESTING SERVICES AVAILABLE HERE

Zambia

KNOW FOR LIFE
NEW START
Empowering and Saving Lives

It's about **family**

"I got tested for HIV with my husband so that we know our status, and how best to take good care of ourselves, our children and the family as whole."

Get tested **together**
Get tested **today**

USAID UNICEF UNFPA

ONYESHA
MAPENZI YAKO

"I am a loving father because I know my HIV status".

CHANUKENI
PAMOJA
VCT
VOLUNTARY COUNSELLING AND TESTING CENTRES

Kenya

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.

Making Services Male-Friendly (continued)

- ❖ 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.

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