



What we have at our Disposal: Home-Based HIV Counselling and Testing (HBHCT) Tools

Presenter: Janet Kabatebe Bahizi,

**Strengthening HIV Counsellor Training in
Uganda (SCOT) Project, Uganda.
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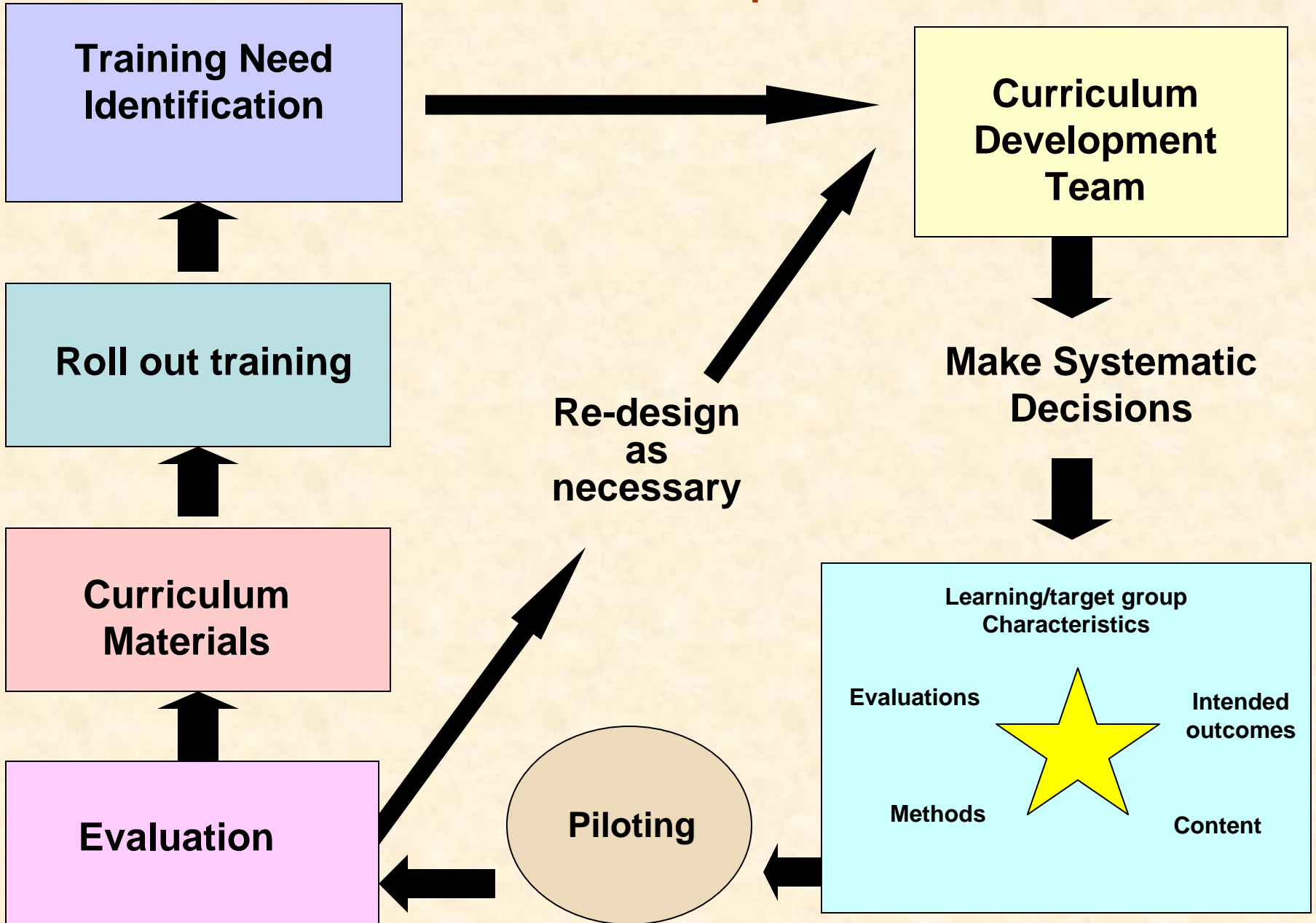
SCOT PROJECT; INTRODUCTION

- Stakeholder collaboration between the Ministry of Health, CDC, and TASO Uganda limited
- Started in September 2004 with funding from CDC- PEPFAR
- Standardize HIV counseling curricula and materials, implementing innovative training programs, developing evaluation instruments.

Background to HBHCT in Uganda

- HIV Counselling and Testing (HCT) is the primary entry point into HIV/AIDS care and treatment
- Uganda's policy is universal access to HCT; 90% of Uganda's population is rural based and HBHCT takes services closer to the community
- Tools were developed according to the Ministry of Health (M.o.H) policy guidelines, and are recommended as the main resource for HBHCT training in Uganda

Curriculum Development Process



HBHCT Tools

- Trainers' manual
- Participants' manual (Counsellors & Community Mobilisers)
- Cue Cards
- Quality Assurance tools
- Monitoring and Evaluation tools
- Follow up tools for alumni (Institutions and Alumni)

Training Goal

- Participants will acquire the appropriate knowledge, skills and counseling techniques necessary for providing quality home-based HCT to individuals, couples and families in resource-constrained settings.

Training Objectives

- Educate households and communities about the benefits of home-based HCT;
- Conduct test decision counseling sessions with individuals, couples and children in the home;

Training Objectives

- Conduct a rapid HIV test using the finger stick method;
- Provide HIV test results to individuals, couples and children in the home;

Objectives contd.

- Support individuals and couples to disclose their sero-status and encourage partner testing; and
- Support individuals and couples to identify safer goal behaviors and develop risk reduction plans;
- Plan and implement effective HBHCT activities.

Course Duration and organization

- The duration for the HBHCT training is 6 days organized as follows:
 - 4 days full-time classroom.
 - 2 days supervised field practical work.

Target/Trainees: Requirements



- Introductory course in Comprehensive HIV/AIDS counseling and Testing
- HCT practicing counselors
- Minimum of 'O-level' and above.
- Social work or equivalent

THE CUE CARD

- A summary of counselling protocols used during counselling and testing sessions as reference material
- Adults, Children and HIV Rapid Testing protocols, bound separately.

Support supervision tools- Training

- T.O.T Quality Assurance tools:
 - Observation tools during teach backs
 - Self Assessment tools
 - Trainer to trainer
 - Self Assessment tool
 - All service provision Q.A tools

Support Supervision tools- Counselling

- HBHCT Session Q.A tool:-
 - Household Education
 - HIV Testing
 - Post-Test and Prevention Counselling
 - Risk Reduction Plan
- Supervisors' tool during counselling
- Counsellor Self Assessment tool
- Peer counsellor's tool

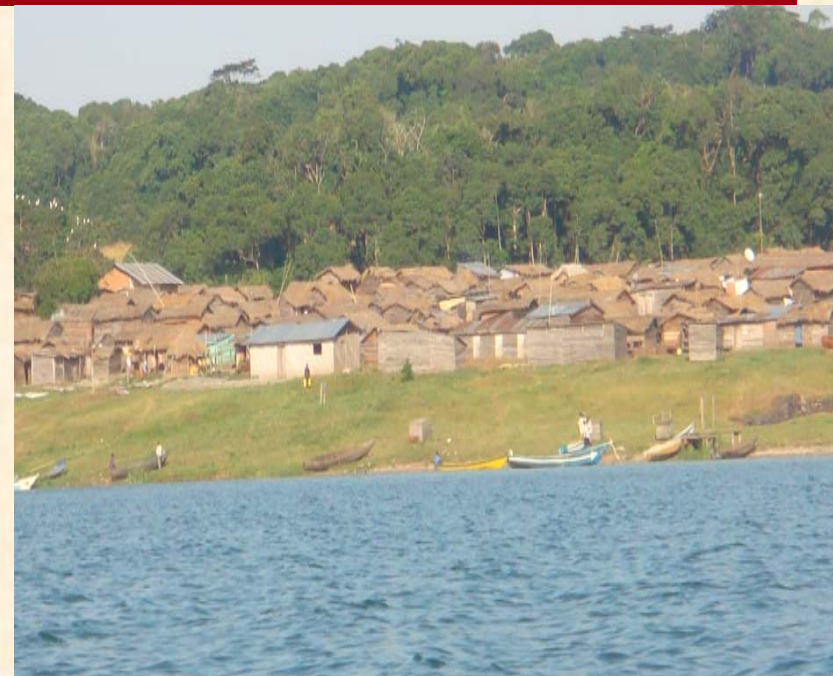
M&E tools

- Follow up tools-administered 6months after training
- Laboratory data collection tool
- All tools for support supervision

(Appendiced in the manual, with variables that can be entered in the MIS to be adapted by all HBHCT training institutions and M.o.H)

Issues regarding work with HBCT tools

- Service providers' low perception of the purpose counselling/protocols
- Difficulty to change from one HCT approach to another



Acknowledgements

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- Our Clients and Communities

**“For God and my
Country”!**

THANK YOU.