

## Voluntary Counselling and Testing (VCT) for HIV

### Assessment Questionnaire for VCT Services

#### I. Types of HIV testing sites

##### 1. Your service is *(please select only one option)*:

- A public organisation
- A private/profit organisation
- A non-governmental/non-profit organisation (NGO)

##### 2. The structure of your service is:

- Freestanding HIV testing and counselling site  
*(independent NGO, public or private site, not associated with other health care institution);*
- HIV testing and counselling site, which is part of a health care institution  
*(e.g. public health office, primary health care unit, (university) clinic, governmental laboratory etc.);*
- Specialised sexually transmitted infections (STIs) service  
*(stationary/ambulatory dermato-venerological, urological etc. centre);*
- Sexual/reproductive health service  
*(stationary/ambulatory gynaecological unit, family planning centre);*
- Private medical practice  
*(GP, gynaecological, dermato-venerological, urological practice, private laboratory etc.),*
- Mobile clinic/unit  
*(Van, offering outreach services)*

#### II. Types of HIV testing offer

##### 3. Which of the following HIV-testing types are offered in your service?

	Yes	No
3.1. Client-initiated HIV testing	<input type="checkbox"/>	<input type="checkbox"/>
3.2. Provider-initiated HIV testing <i>(upon counselling and obtain of inform consent – opt-in testing)</i>	<input type="checkbox"/>	<input type="checkbox"/>

- 3.3. Provider-initiated HIV testing  
(routine screening without obtain of inform consent  
- opt-out testing)
- 3.4. Provider-initiated HIV testing upon  
detection of HIV/AIDS-related symptoms
- 3.5. HIV testing during a STI check-up :
- 3.6. HIV testing for pregnant women
- 3.7. Routine HIV testing for surgery patients
- 3.8. Mandatory HIV testing for blood donors

#### 4. Who carries out the HIV-test counselling?

(more than one option possible)

- Gynaecologist
- Dermato-venerologist
- General Practitioner/Family doctor
- Doctor with other specialization, which? \_\_\_\_\_
- Nurse/Midwife
- Psychologist
- Social worker
- Other: \_\_\_\_\_

#### 5. Is it possible to be tested for HIV anonymously in your service?

- yes  no

##### 5.1. If no, in which cases is an anonymous HIV test not possible?

Please specify: \_\_\_\_\_

#### 6. Is the HIV test free-of-charge?

- yes, for every person who requests it
- yes, but not for every person

please, specify for whom is it NOT free-of-charge: \_\_\_\_\_

- no

## 7. Are rapid HIV tests offered in your service?

- yes  no

### 7.1. If no, due to what reasons?

Please, specify: \_\_\_\_\_

8. How many days in the week are HIV test and counselling provided?  days

8.1. How many hours a day?  hours

## III. Types of clients

### 9. Which are the three groups of clients who attend most often your HIV-testing service?

*Please rank them from 1 (the most often) to 3 (third most often) in order of frequency:*

General population

- teenagers
- adult men;
- adult women;
- pregnant women;
- couples

Special population groups

- migrants
- MSM;
- sex workers (male and female);
- clients of sex workers;
- drug addicts;
- partners of PLWHA
- heterosexuals with risk behaviour

**9.1. In the case of teenagers, which is the minimum age when they can have an HIV test without consent of their parents in your service?**

- 14 years
- 16 years;
- 18 years;
- 21 years;
- other, please specify: \_\_\_\_\_

**10. How many clients per week in average receive HIV counselling and testing?**

**11. What are the three main reasons for requesting the HIV-test in your service?**  
*Please rank them from 1 to 3 in order of importance:*

- client wants to know her/his HIV status
- client had an unsafe sexual contact
- client had a sexual contact with man/men
- client had a contact with a sex worker (male or female)
- client had contact as a sex worker;
- client had used intravenous drugs;
- client's partner has a sexually transmitted infection (STI);
- clients partner is known or supposed to be HIV positive;
- client has to obtain an HIV-test, required by (*please specify*): \_\_\_\_\_
- other, please specify: \_\_\_\_\_

**IV. HIV-testing and counselling in the antenatal care**

**12. When/under what circumstances is the HIV-test offered to pregnant women?:**

- If requested by the woman voluntary and upon counselling;
- Offered by the care provider (gynaecologist, midwife etc.) to each pregnant woman voluntary and upon counselling;
- Conducted by the care provider as part of the routine antenatal screening panel

**13. In your opinion, should the HIV test be mandatory for pregnant women?**

yes

no

## **V. VCT – The Counselling Process**

(Based on the client-centred model of counselling, *according to the Humanistic Psychology of Carl Rogers*):

**14. According to your estimation, what is the percentage of HIV-tests in your service accompanied by pre- and post- test counselling?**

\_\_\_\_\_ %

**15. Are there standards and protocols for the provision of HIV-test counselling in your service?**

yes

no (please continue with Q 16)

**15.1. If yes, please specify (title):** \_\_\_\_\_

**15.2. If yes, provided by:**

Ministry of Health

Local health institutions

Scientific society/university faculty

WHO/UNAIDS

Other, specify: \_\_\_\_\_

**16. In how far are the following attitudes reflected in the counselling model of your HIV-testing service?**

always/  
completely

often/  
to great extent

sometimes/  
to small extent

never/  
not at all

Being genuine with the client

Showing non-possessive empathy and warmth

Showing unconditional positive regard

Showing complete acceptance of the client

Being non-judgemental of the client

Others: \_\_\_\_\_

## A. Pre-test Counselling

17. How much time do you spend for the pre-test counselling?   minutes

### 18. Where do you conduct the pre-test counselling?

- In the reception room where usually the intake and blood taking take place (with direct access from the waiting room);
- In the reception room where usually the intake and blood taking take place (without a direct access from the waiting room);
- In a separate room used only for counselling (without direct access from the waiting room)
- Other, please specify: \_\_\_\_\_

### 19. In case the counselling room can directly be accessed from the waiting room how do you mark out the counselling situation?

Please, specify: \_\_\_\_\_

### 20. To what extent does the pre-test counselling cover the following components?

#### 20.1. Building trust

always/ completely	often/ to great extent	sometimes/ to small extent	never/ not at all	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Introduce, greet, ensure confidentiality

#### 20.2 Assessing/Exploring/Understanding

always/ completely	often/ to great extent	sometimes/ to small extent	never/ not at all	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess client's knowledge about HIV/AIDS and STIs;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give information about HIV/AIDS, explain the HIV-test and results;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain connection between STIs and HIV risk exposure;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess personal sexual behaviour/risk, including:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) <i>determine client's risk taking behaviour</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) <i>assess costs and benefits of risk taking</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) <i>identify barriers to risk reduction</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) <i>assess past successes and failures</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess client's emotional state with regards to the test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss window period
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer to further STI/sexual health specialists if needed

### 20.3. Determining action

always/ completely	often/ to great extent	sometimes/ to small extent	never/ not at all	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make risk reduction plan, incl. partner communication/condom use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain informed consent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offer HIV Test

## B. Post-test Counselling

### By "HIV- negative" result

#### 21. How do you deliver the test result?

- In a written hand-out form in the waiting room;
- In a written hand-out form in the reception room;
- In a face-to-face conversation in the reception room;
- In a face-to-face conversation in a counselling room;
- On the phone;
- Other, please specify: \_\_\_\_\_

22. How much time do you spend for the post-test counselling?   minutes

23. To what extent does the post-test counselling cover the following components?

always/ completely	often/ to great extent	sometimes/ to small extent	never/ not at all	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess client's readiness to get result and give the result
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss window period and re-testing options
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make risk reduction plan by HIV-negative result

By "HIV-positive" result

24. How much time do you spend for the post-test counselling?   minutes

25. To what extent does the post-test counselling cover the following components?

always/ completely	often/ to great extent	sometimes/ to small extent	never/ not at all	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess client's readiness and emotional state to get result and give them the result
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give emotional support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give clear indication on how to get medical assessment on treatment for HIV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counsel on psychosocial referral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counsel on rights and responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counsel on positive living

## VI. VCT Counsellors

### A. Capacity Building:

26. Is there a training curriculum/certificate for training of VCT counsellors you use in your practice?

- yes  no (please continue with Q 29)

27. Who carries out the training?

- Ministry of Health/National AIDS Programme
- University
- Regional/Local health authorities
- Private training organisations
- NGOs (AIDS Help groups, Red Cross, etc.)
- Other, please specify: \_\_\_\_\_

28. Who can be trained?

- Medical doctors
- Nurses/paramedical personnel
- Psychologists
- Social workers
- Other, please specify: \_\_\_\_\_

### B. Quality Assurance

29. How do you estimate the extent of burn-out risk factors in your practice as a counsellor?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| very high                | considerably high        | rather low               | very low                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30. What are three the major burn-out risks?

*Please rank them, marking the highest with 1 and the lowest with 3:*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**31. Which three coping strategies do you use with success and would recommend to other professionals?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**32. If a further training offer will be organised in the frame of the BORDERNETwork project, which is the most relevant topic according to you?**

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