



National Protocols for HIV Testing Services

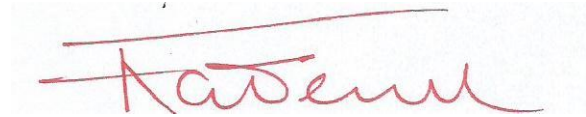
FOREWORD

HIV Testing Services (HTS) serves as the gateway to HIV prevention, treatment, care and other support services. The success of the HIV/AIDS response is greatly dependent on People's knowledge of their HIV status through HIV testing services therefore it is important that all clients who undergo HIV Testing Services receive the correct HIV diagnosis and are linked to appropriate treatment care and support services.

The Federal Ministry of Health (FMOH) has developed a comprehensive training package on HTS that focuses on ensuring the competency of HTS providers. The National Protocol on HTS was developed to ensure all HTS providers have the requisite SOPs to conduct HTS in diverse settings, for different target populations and above all ensure all testing are performed using the national testing algorithm. The protocol has been reviewed to include special considerations for counselling Key Populations (KPs)/vulnerable groups and children.

This document has been simplified for use by service providers at all levels of care and should be placed at each service delivery point. It is a vital tool for the facilitation of high quality HTS especially as we scale up HTS to accommodate new innovations.

I therefore recommend this National protocol on HTS to all stakeholders for use in the provision of HIV Testing Services in the country.



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Honorable Minister of Health

ACKNOWLEDGEMENTS

On behalf of the Federal Ministry of Health, I wish to acknowledge the contributions of all stakeholders who participated in the review of the national protocol on HIV Testing Services (HTS). We acknowledge the technical contributions of the National Task Team on HTS, the National HTS Trainers, the National Agency for the Control of AIDS (NACA), Civil Society for HIV/AIDS in Nigeria (CiSHAN), Network of People Living with HIV and AIDS in Nigeria (NEPWHAN).

Our sincere appreciation also goes our Development partners and Implementing partners: World Health Organization (WHO), US Centers for Disease Control and Prevention (CDC), US Agency for International Development (USAID), US Department of Defense (DOD), FHI360, Institute for Human Virology, Nigeria (IHVN), AIDS Healthcare Foundation (AHF), Heartland Alliance International (HAI), the Centre for Integrated Health Programs (CIHP), Friends for Global Health Initiative in Nigeria (FGHiN), APIN Public Health Initiatives, and SFH, CCCRN, CHAI, and Jhpiego/MCSP to the process of the protocol review.

Finally, I commend the staff of the National AIDS and STI Control program (NASCP) whose diligent efforts lead to the successful completion of the review of this National Protocol on HTS.



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EXECUTIVE SUMMARY

HIV Testing Services (HTS) refers to the full range of services that should be provided together with HIV testing – counselling (pre-test information and post-test counselling); linkage to appropriate HIV prevention, treatment and care services and other clinical and support services; and coordination with laboratory services to support quality assurance and the delivery of correct results.

The effort of the government is focused towards achieving the UNAIDS 90-90-90 goals by 2020, which aims to ensure 90% of PLHIV know their status, 90% of those who know their status are receiving treatment, and 90% of those on treatment are virally suppressed. In order to break the chain of HIV transmission and reduce the impact of HIV in our country, substantial efforts must be made reach people who are not currently accessing testing, especially women, men, children, partners of people living with HIV, and key populations. Furthermore, we must make every effort to successfully link people living with HIV to care and treatment services, and to support PLHIV to adhere to their treatment regimens and achieve viral suppression. This can be achieved through the provision of quality HTS training to service providers who will be providing these services to in the community.

The Quality of HTS is dependent on the quality of services provided. It is therefore imperative that all persons who provide HTS operate within accessible standards. This user friendly HTS protocol comprises of nine (9) sessions: (1) Introduction to HIV Testing Services, (2) Operational Guidelines for HIV Testing Services, (3) HIV Testing Services in Antenatal Clinics, (4) Couples Testing Services, (5) Targeted HTS Intervention for Key Populations (KP) and Vulnerable Populations, (6) HIV Testing Services in Children, (7) Logistics Management (8) HIV Diagnostics Protocols, (9) Monitoring and Evaluation.

This document is a simplified guide for use by service providers at all levels of care.



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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
APIN	AIDS Prevention Initiative in Nigeria
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
CBCs	Community Based Counsellors
CBO	Community Based Organization
CDC	Centre for Disease Control
CISHAN	Civil Society on HIV/AIDS in Nigeria
CRH	Centre for the Rights to Health
CSP	Community Support Project
CT	Counselling and Testing
CHTS	Couples HIV Testing Services
US DOD	United States Department of Defense
DFID	Department for International Development (UK)
DNA	Deoxyribonucleic Acid
ELISA	Enzyme-linked Immunosorbent Assay
ENHANSE	Enabling HIV/AIDS and Social Sector Environment
FBOs	Faith Based Organizations
FMOH	Federal Ministry of Health
FP	Family Planning
GHAIN	Global HIV/AIDS Initiative Nigeria
HAART	Highly Active Antiretroviral Therapy
HAD	HIV/AIDS Division
HTS	HIV Testing Services
HIV	Human Immunodeficiency Virus
PWID	People who inject drugs
IEC	Information, Education and Communication
IHVN	Institute of Human Virology, Nigeria
ILO	International Labour Organization
LACA	Local Government Action Committee on AIDS
KAPs	Key Affected Populations
MARPs	Most at Risk Populations
MCH	Maternal and Child Health
MSM	Men who have sex with men
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food and Drugs Administration and Control
NASCP	National AIDS/STIs Control Programme
NEPWHAN	Network of People Living with HIV and AIDS in Nigeria
NGOs	Non-Governmental Organizations
NHMIS	National Health Management Information System
NNRIMS	Nigeria National Response Information Management System

NMOD	Nigerian Ministry of Defense
NPHRL	National Public Health Reference Laboratory
NTT / HTS	National Task Team / HIV Testing Services
OIs	Opportunistic Infections
PATHS	Partnership for Transforming Health Systems
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PHCC	Primary Health Care Coordinator
PITS	Provider Initiated Testing Services
PLHIV	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
QA	Quality Assurance
SACA	State Action Committee on AIDS
SFH	Society for Family Health
ENR	Expanding Nigeria's Response to HIV and AIDS
SOP	Standard Operation Procedure
STIs	Sexually Transmitted Infections
SWs	Sex Workers
SWAAN	Society for Women Against AIDS in Nigeria
TB	Tuberculosis
TOT	Training of Trainers
TV	Television
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCR	Video Cassette Recorder
OVC	Orphans and Vulnerable Children
WHO	World Health Organization
FEFO	First Expiry First Out
ICC	Inventory Control Card

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Background

The first case of HIV in Nigeria was reported in 1986. Since then the HIV prevalence has grown exponentially from 1.8% in 1991 to 3.8% in 1993 to 5.4% in 1999, 5.8% in 2001, 5.0% in 2003, 4.4% in 2005 and 4.6% in 2007. Then in 2010 the national adult prevalence declined to 4.1%. Presently, the national prevalence rate stands at 3.0% (2014 ANC survey, FMOH).

With 3.4 million of her people living with HIV, Nigeria currently has the second largest burden of the disease after South Africa (NARHS, 2012).

Since 2004, concerted efforts have been made by the Nigerian government to tackle the problem of HIV and AIDS. There has been an increase in the level of awareness for HIV and AIDS following massive sensitization programmes; this is yet to translate to significant changes in risky behaviors. An important contributory factor has been inadequate access to HIV Testing Services. HIV Testing Services (HTS) is an important strategy in the prevention, treatment and care of HIV and AIDS and serves as an important entry point to behaviour change. It is therefore logical, that to facilitate behavior change, an individual should be offered an opportunity to know his/her HIV status.

In the current dispensation, this essential service should not only be targeted at the general population, but to individuals who are considered to fall into the category of Key Populations and Vulnerable Groups (People who inject drugs (PWID), sex workers, Men Who Have Sex with Men (MSM), Vulnerable Women, Individuals with Disabilities and the Incarcerated)

Model for Access to Treatment and Care in Nigeria

Community Level

- HIV Testing services
- Provision of condoms
- Referrals

Primary level

- HIV Testing services
- Drug refills
- ARV Prophylaxis for pregnant women
- Home-based care OVC
- Support group
- Strengthening the involvement of communities in patient care
- Linkages and referrals

- **Secondary Level**

In addition to services provided at primary level

- Provision of Anti-Retroviral Therapy
- Early infant diagnosis
- Laboratory treatment monitoring
- Disease staging
- Training and operations research

Tertiary level

In addition to services provided at secondary level

- Manage complicated ART
- Specialist laboratory services
- Research and training facilities

Zonal Reference Centre

In addition to services provided at tertiary level

- Resistance monitoring
- Specialist laboratory services
- PCR Services
- Linkages with local and international research institutions

Overview

The purpose of this manual is to set service delivery standards by articulating step-by-step protocols for providers of HIV Testing Services at all health care levels in response to the needs of clients at all levels of care like those adapted globally. It recognizes the integrated health facility model to provision of services at all levels based on a provider initiated approach.

It is expected that staff at all health care levels would be familiar with the document, have ready access to it, and refer to it when needed. The manual is subject to revisions in line with the evolving HIV and AIDS response in Nigeria.

The manual addresses the common HTS scenarios within the health care setting including individual counselling, couple counseling, counseling children, targeted HTS intervention for Key Populations (KPs)/vulnerable groups and group information sessions with emphasis on ante-natal care sessions.

The manual is divided into nine Sections:

- Section 1 introduces the user to HIV Testing services and describes approaches to HTS in Nigeria and its key principles.
- Section 2 presents step-by-step protocols for HTS for individual counselling in various settings including antenatal, STI and TB clinic attendees.
- Section 3 dwells on step-by-step protocols for group information sessions as well as pre- and post-test HTS in antenatal clinics.
- Section 4 focuses on step-by-step protocols for couples Testing Services. It also provides steps for post-test counselling with special attention to concordant negative and positive couples, as well as discordant couples.
- Section 5 addresses Targeted HIV Testing services Intervention for Key Populations (KPs)/Vulnerable Groups
- Section 6 discusses HIV Testing Services in Children
- Section 7 presents Logistics Management
- Section 8 presents the HIV Diagnostics protocols
- Section 9 is on Monitoring and Evaluation

Section 1: Introduction to HIV Testing Services

HIV Testing Services (HTS) has been the entry point into HIV prevention, treatment care and support services. The current international consensus is that more people urgently need to know their HIV status so they can benefit from these services.

For HTS to reach more people in this era of expanding access to antiretroviral therapy (ART), innovative approaches are needed which would combine the client-initiated and provider-initiated approach to increase access to HIV testing, prevention services tailored to the needs of the Nigerian diverse population.

The current HTS dispensation in Nigeria which was derived from the WHO guidelines, embraces the full range of services that should be provided together with HIV testing – counselling (pre-test information and post-test counselling); linkage to appropriate HIV prevention, treatment and care services and other clinical and support services; and coordination with medical laboratory services to support quality assurance and the delivery of correct results.

Approaches to HIV Counseling and Testing:

There are two main approaches to HTS (client initiated and provider initiated). The provider initiated HTS in which there are two models i.e. opt-in and opt-out. Opt-in HTS is where providers in general wards and clinics offer HTS to clients / patients who are at risk for HIV or show signs and/or symptoms of HIV/AIDS. The other type of provider-initiated HTS is opt-out. This approach is used in clinical settings that are likely to have many people whose medical care will be improved if their HIV status is known. Such opt-out settings include STI, TB, and antenatal clinics. It is called opt-out because HIV testing is part of the standard package of care in these settings unless the client chooses not to be tested, or opts-out. In opt-out settings in Nigeria, clients must still give informed consent for testing and can decline testing. In client initiated approach is when a client/patient voluntarily walks in to access HTS.

It is important to note that client-initiated and provider-initiated HTS are not in conflict or competition with another. Rather, both approaches are necessary and complementary to each another so that more people in Nigeria can know their HIV status and make plans for themselves and their families in the future. Thus, to benefit the Nigerian people and increase access to prevention, care and treatment, the National HTS Guidelines embraces and strengthens both client-initiated and provider-initiated HTS.

Service provision at primary health care level seeks to encourage both client and provider initiated HTS approaches with emphasis on provider-initiated approach to take advantage of every contact of clients at community level with care providers and accelerate scale-up access to services.

The 5 Cs are the principles that apply to all HTS and in all circumstances

- **Consent:** People receiving HTS must give informed consent to be tested and counselled. (Verbal consent is sufficient; written consent is not required.) They should be informed of the process for HIV testing and counselling and of their right to decline testing.
- **Confidentiality:** HTS must be confidential, meaning that what the HTS provider and the client discuss will not be disclosed to anyone else without the expressed consent of the person being

tested. Confidentiality should be respected, but it should not be allowed to reinforce secrecy, stigma or shame. Counsellors should discuss, among other issues, whom the person may wish to inform and how they would like this to be done. Shared confidentiality with a partner or family members – trusted others – and healthcare providers is often highly beneficial.

- **Counselling:** Pre-test information can be provided in a group setting, but all people should have the opportunity to ask questions in a private setting if they request it. All HIV testing must be accompanied by appropriate and high-quality post-test counselling, based on the specific HIV test result and HIV status reported. Quality assurance (QA) mechanisms as well as supportive supervision and mentoring systems should be in place to ensure the provision of high-quality counselling.

- **Correct:** Providers of HIV testing should strive to provide high-quality testing services, and QA mechanisms should ensure that people receive a correct diagnosis. QA may include both internal and external measures and should receive support from the national reference laboratory. All people who receive a positive HIV diagnosis should be retested to verify their diagnosis before initiation of HIV care or treatment.

- **Connection:** Linkage to prevention, treatment and care services should include effective and appropriate follow-up, including long-term prevention and treatment support. Providing HTS where there is no access to care, or poor linkage to care, including ART, has limited benefit for those with HIV.

Section 2: Operational Guidelines for HIV Testing Services

Pre-test counselling/Information Giving

- Introduce the client to the process
- Obtain client information
- Assess knowledge of HIV and AIDS
- Explain the HIV test
- Help the client consider his/her options
- Obtain informed consent and identify support
- Prepare for the test

Steps for pre-test counselling/Information Giving

- Introduce the client to the process
 - Greet the client
 - Introduce yourself and describe your role as counsellor/health care worker
 - Explain and emphasize confidentiality including shared confidentiality
 - Ask if he/she has any immediate questions and concerns and address them.
- Obtain client information
 - Obtain the client's name
 - Enter the client's required information into the HTS register
 - Obtain relevant medical and testing history (past and present)
 - Ask about personal health habits such as smoking, alcohol or drug use
- Assess knowledge of HIV and AIDS and explore risks
 - Assess the client's knowledge of HIV and AIDS.
 - Address any misconceptions.
 - Explore HIV/STI risks and discuss strategies for reducing risk
- Explain the HIV test
 - Discuss the benefits of HIV testing
 - Explain what positive and negative results mean; explain concept of the window period (see glossary of terms).
 - Explore the personal implications of taking the test, and what a positive or negative result will mean to the client, the family, and/or significant others.
 - Explain how the test is carried out, where it is done, and how long it will take for results to be available.
 - Explain that post-test counselling will be provided
 - Provide an opportunity for the client to ask questions.
- Help the client to consider his/her options
 - Review how he/she can reduce the risk of HIV
 - Remind the client that HIV testing services is now routinely offered.

For a client who declines the test

- Accept his/her decision.
- Reassure him/her that refusing the HIV test will not in any way affect the quality of his/her future care.

- Let him/her know that the test can be done at a future visit if he/she changes his/her mind.
- Ask him/her if he/she would like to make an appointment to come for Testing Services another day.
- Encourage him/her to discuss HIV testing with his/her partner and to encourage the partner to come with him/her for Testing Services.
- Ask if he/she has any additional questions or concerns that he/she wants to talk about today

For clients that do not decline the test, move on to the next steps.

- Obtain informed consent and identify support
- Explain the consent form and obtain informed consent. Fill in the informed consent form.
- Help client determine whom he/she may wish to contact for support while awaiting result.
- Help the person plan for post-test counselling.
- Prepare for the test
- Double check the client's code on the client's data record form.
- If you, the counselor, will be running the test, then go straight to the next section **'Performing the Rapid HIV Test.'**
- If someone else will be running the test, then:
 - Direct the client to the lab, and where possible, client should be accompanied with the lab form.
 - Tell the client to return to the waiting room after the sample has been taken.
 - Discuss the following while you wait for test results to be ready:
 - Client's readiness to learn HIV status
 - Intentions after learning HIV status
 - Plans and ways of coping with results, especially if HIV-positive
 - Potential for support by family and/or friends
 - Any other concerns or needs.

Performing HIV Diagnostic test

- Explain the process of taking blood sample to the client.
- Inform the client how long he/she will be waiting.
- Label the test kit with client's code number.
- Double check it for accuracy.
- Perform the finger prick procedure while observing all universal precautions.
- Run the test.
- Ensure that testing procedures are followed according to the norms and all universal precautions are followed.
- Ensure that all the used laboratory materials are segregated and rendered non-infectious as per the stipulated guidelines.
- Record this test in the HTS register.
- Include the date, clients' code number, test result, and your signature.
- Record the test result on the client's data record form for the client's file.
- Double check that the client's code on the form matches the client's code on the sample.
- Put the completed form in the client's file.
- Lock the register away.

If the person running the test is not the client's counselor/provider

- Greet the client.
- Explain the process of taking blood to the client
- Take the sample for the test and observe all standard universal precautions
- Label the sample with the client's code number.
- Double check it for accuracy.
- Inform the client how long he/she will wait.
- Run the test.

- Ensure that testing procedures are followed according to the norms and all standard universal precautions are followed
- Ensure that all the used laboratory materials are rendered non-infectious as per the stipulated guidelines.
- Record the test result on the client's data record form for the client's file
- Double check that the client's code on the form matches the client's code on the sample.
- Take the test result to the counsellor.

Note: *Test result must not be given verbally to the counselor or directly to the client under any circumstances. Test results are to be explained to the client by the counselor during post-test counseling only.*

Preparing for Post-Test Counselling

If the client's counselor/provider ran the test

- Ensure privacy before post-test counselling session begins.
- Discuss the following with the client before disclosing the result,
 - Client's readiness to learn HIV status
 - Ways of coping with results, especially if HIV-positive
 - Potential for support by family and/or friends
 - Any other concerns or needs.
- Move on to post-test counselling steps in the next section.

If someone other than the client's counselor/provider ran the test

- Obtain client's data record form directly from the person who did the test and verify client code number.
- Move on to post-test counselling steps in the next section.

Post-Test Counselling

HIV-negative post-test counselling

- Assess client readiness to receive the test result
- Tell the client the test result
- Counsel client on the 'window period' and the need for re-testing
- Revisit risk reduction plan
- Discuss disclosure and partner referral
- Close counselling session
- Complete all records

HIV-positive post-test counselling

- Assess client readiness to receive the test result
- Tell the client the test result
- Identify source of support
- Revisit risk reduction plan
- Counsel about options for treatment, care and support services
- Counsel on positive living and provide referrals to needed HIV-related services
- Discuss disclosure and partner referral
- Close counselling session
- Complete all records

Steps for HIV-Negative Post-Test Counselling

- Assess client readiness to receive the test result
 - Inform the client that the test result is available
 - Assess client's readiness to receive the HIV test result
- Tell the client the test result
 - State in a neutral tone: "Your test result is negative."
 - Give the client time to express any emotions.
 - Show the client the test on the client data form. Do not give the form to the client; it must remain in the client's file.
 - Assess client's understanding of the result. Allow for questions.
 - Review the meaning of a negative test result.
- Counsel client on the 'window period' and the need for re-testing
 - Provide information about the window period
 - Assess client need for re-testing: has the client engaged in risky behaviors? Does client have known exposure to HIV? History of STI? If so, encourage re-testing.
- Discuss risk reduction plan for window period if client agrees to re-test.
 - Discuss risk reduction strategies
 - Avoid unprotected casual sex
 - Correct and consistent use of condoms
 - Offer condom demonstration/education if client is agreeable. Offer condoms for the client to take home.
 - Avoid sharing unsterilized sharps
 - Avoid receiving unscreened blood
 - Discuss good nutrition
 - Avoidance of smoking, alcohol and drug abuse
- Discuss disclosure and partner referral
 - Encourage partner notification of test results and partner referral for HTS
 - Remind the client that his/her result does not indicate partner's HIV status
 - Discuss partner referral for HIV testing
 - Build client's skills on partner negotiation
- Discuss the benefits of voluntary blood donation

- An opportunity to save lives by donating blood
- Regular blood donation also encourages low risk behavior and helps one to remain negative
- Helps to prevent the spread of new infections
- Refer client to National Blood Transfusion Service(NBTS) Center for voluntary blood donation
- Close counselling session
 - Provide specific information for referral to other services that the client needs: places, phone numbers, contact person, and services available.
 - Remind the client about the window period and the need to re-test. Ask if the client would like to go ahead and make an appointment for a re-test in three months.
 - Talk with the client again about getting partner tested. Inform the client that counselling is available for couples.
 - Provide additional counselling if requested. Close session: provide the client with motivation and encouragement.
- Complete all records
 - Complete case notes on session immediately after client has left
 - Record client's code number and other information in register
 - Ensure that all forms and case notes have been completed and are filed properly in the client folder or record.

Steps for HIV-Positive Post-Test Counselling

- Assess client readiness to receive the test result
 - Inform the client that the test result is available
 - Assess client's readiness to receive the HIV test result
- Tell the client the test result
 - State in a neutral tone: "Your test result is positive."
 - Show the client the test on the client data form. Do not give the form to the client; it must remain in the client's file.
 - Give the client time to express any emotions
 - Assess client's understanding of the positive result. Allow for questions.
 - Review the meaning of a positive test result.
 - Assess how the client is coping with the positive result.
 - Acknowledge the challenge of dealing with a positive result.
- Identify sources of support
 - Ask whom the client would like to tell about the positive test result.
 - Help the client identify a person (family member or friend) to help him/her through the process of dealing with this HIV diagnosis.
- Risk reduction strategies
 - Discuss the client's plan for reducing the risk of transmission to future partners.
 - Encourage the client to protect others from HIV

- Encourage partner notification and discuss disclosure of HIV status to future partners.
- Inform client how important it is to protect himself/herself from becoming re-infected with other strains of HIV.
- Explain that correct and consistent use of condoms can protect him/her from getting re-infected with other strains of HIV.
- Offer condom demonstration/education if client is agreeable. Offer condoms to the client to take home.
- Counsel on positive living and provide referrals to needed HIV-related services
 - Explain the concept of positive living and why it is important. Discuss:
 - Staying healthy.
 - Eating a healthy, adequate, and well-balanced diet.
 - Maintaining weight
 - Getting prompt medical attention
 - Taking cotrimoxazole prophylaxis.
 - Having TB screening, prophylaxis, and treatment
 - Practicing safer sex.
 - Managing stress and getting support
 - Avoidance of alcohol/ drug abuse/ smoking.
- Assess client needs for referral.
 - Consider the following areas:
 - Diet counselling/therapy.
 - Medical follow up.
 - Screening and treatment for STIs
 - TB evaluation and preventive therapy.
 - Prophylaxis and treatment of opportunistic infections
 - Family planning.
 - PMTCT Antiretroviral Treatment Support groups and supportive counselling.
 - Based on the assessment of the client's needs, provide specific information for referrals: places, phone numbers, person to contact, and services available.
 - Explain that to receive the appropriate care, he/she will need to consider disclosing HIV positive status to health care providers. Discuss the client's feelings on this.
 - In addition to the discussion, offer the client with pamphlets on positive living to take home.
- Discuss disclosure and partner referral
 - Encourage partner notification of test results and partner referral for HTS
 - Explore the client's feeling about telling partners about HIV positive test results
 - Remind the client that his/her test result does not indicate partners' HIV status
 - Discuss possible approaches to disclosure of HIV status to partners
 - Offer partner negotiation skills building
 - Help the client to anticipate the possible reactions of client's partner
 - Discuss partner referral for HIV testing

- If the client already has children, discuss and plan for testing of children
 - Practice and role play different approaches to disclosure and partner referral
- Close the counselling session
 - Summarize plans for positive living, risk reduction, and disclosure
 - Provide additional supportive and informational counselling if requested
 - Help the client to process this experience
 - Invite the client for second post-test counselling session if needed
 - Close session: provide the client with motivation and encouragement
- Complete all records
 - Complete case notes on session immediately after client has left
 - Record client's code number and other information in register
 - Ensure that all forms and case notes have been completed and are filed properly in the client folder or record

Section 3: HIV Testing Services in Antenatal Clinics

Group Information Session

In antenatal clinics, where there are many HTS clients at one time (i.e. on a booking day), service providers can reach more clients by covering some of the basic HIV and AIDS facts in a group information session.

The purpose of these group discussions is to talk about important basic facts related to HTS and HIV, to explain the benefits of knowing one's HIV status, and to provide clients with information so that they can decide about HIV testing. Group information sessions are not the time for discussing the client's personal issues; such personal discussions will happen during individual counselling sessions.

A service provider who is trained in the basic principles, skills and approach to HTS, facilitates the group session with all the new ANC booking clients for that day. Messages at this stage are tailored for pregnant women whose HIV status is unknown. The messages communicate the advantages of HIV testing and the opportunity to have testing done.

The provider should:

- Use simple language that can be understood by the audience
- Take note of his/her appearance, dress, body movement, language and techniques that may affect the audience
- Encourage the audience to participate through engaging them to make comments and ask questions during the session
- Keep the talk interesting and lively.
- Not ask who is willing to do the test in a group setting. Consent should be given in private and on an individual basis.
- Avoid judgmental or stigmatizing statements.
- Direct interested clients where to go for their individual counselling after the session

Steps for group information sessions

Introduction

- Good morning (or afternoon). My name is _____ and my role here is _____.
- You have all probably heard of HIV, the virus that causes AIDS. You may not hear about it often, but because it is important to you and your family, we're going to talk about it today.
- HIV is increasing rapidly. Some of you may have family members or friends who are living with the virus or who have died of AIDS.
- In this session, you will learn some basic information about HIV and AIDS and how being tested for HIV can be beneficial to you, your partner and your baby.
- You will also learn about what services are available to you, especially about a programme called prevention of mother to child transmission of HIV which helps reduce transmission of HIV from an infected pregnant mother to child. This programme offers hope that babies can be born free of HIV.

- Before going into more detail about the benefits of HIV Testing Services and the PMTCT programme, here are a few facts about HIV.
- Can anyone tell me what she/he knows about HIV and AIDS?

What is the difference between HIV and AIDS?

- HIV stands for Human Immunodeficiency Virus. It is a virus that attacks your body's immune system. You may be infected with HIV and not know or not feel ill for many years. When the virus harms your immune system to that point that it can no longer protect you from common illnesses, you are said to have the disease called AIDS. AIDS stands for Acquired Immune Deficiency Syndrome.
- There is no cure for HIV and AIDS, but medicines are available that can help prevent other infections and some medications are available that slow down the virus and help HIV-positive people stay healthy longer.

What are the ways you can get HIV?

- The most common way you can get HIV is by having unprotected sex with an HIV infected person. There is no way to tell if a person is infected with HIV by looking at him or her, and the person may not even know that he/she is infected. Having a sexually transmitted infection (such as herpes, syphilis, chlamydia or gonorrhea) increases your risks of getting HIV up to 2-5 times.
- Infected mother to child transmission during pregnancy, labour, delivery, and through breastfeeding. Your baby can get HIV if you are HIV-positive.
- Transmission from infected blood and blood products. HIV can also be passed on when people share needles and other skin piercing objects.

HIV is found in body fluids such as blood, semen, vaginal fluids and breast milk.

Ask the clients: *"What are the ways to prevent and decrease risk of getting HIV?"* and discuss as follows:

- Abstinence from sex
- Be faithful to your un-infected partner
- Consistent and correct use of condoms (Avoid having casual unprotected sex)
- Ensure that all blood and blood products for transfusion are screened
- Decrease alcohol or/and drug use since it interferes with rational judgment
- Avoid places that exposes you to high risk behaviours
 - Know your HIV status

What are the benefits of HIV testing services?

- Knowing your HIV status can put your mind at rest and allow you to plan better for your future.
- For those mothers who are not infected with HIV, Testing Services helps them plan about how to remain HIV negative
- For those mothers who are HIV-positive, special care is extended to both the mother and baby during pregnancy, labour and delivery.
- Infant feeding counselling is provided to HIV positive mothers to facilitate decision making regarding feeding options
- HTS provides information on how to protect the family from the infection.

- HTS links positive people to treatment and other support services

How does HIV test work?

- The test looks for antibodies to the virus in the blood. It takes the body about six weeks to six months to produce antibodies to the virus, the test cannot find the infection if one has been infected in the last three months. That is why people with recent risks or exposures may need to be retested after three months. The time before the antibodies are produced is called the 'window period.'
- A positive HIV test result means the body has produced antibodies to the HIV virus. While a positive HIV test result means that one is infected with the virus, it does not mean that the person has AIDS. Recall that AIDS is the medical condition that develops later, when your immune system is severely damaged.
- ***(Explain the testing process at your site).***

How do babies get HIV from their HIV-positive mothers?

- For a woman who is HIV-positive and pregnant, there are three ways her baby can get HIV: in the womb when she is pregnant, during labour and delivery, and through breastfeeding.
- Despite the risks, it is possible for an HIV-positive woman to give birth to an HIV-negative baby.
- There are medicines which can greatly reduce the risk of a mother transmitting HIV to the baby and these offer new hope to families. To benefit from these medicines, the mother must first know her HIV status.

What is Prevention of Mother to Child Transmission of HIV (PMTCT)?

- The PMTCT programme helps to reduce the chances of transmission from HIV-positive mothers to their babies.
- The programme is available to you and the first step is receiving counselling and taking a test to know your HIV status.
- In Nigeria, HIV testing is recommended for all pregnant women and their partners. HIV testing, like, Blood grouping, Haemoglobin (Hb), syphilis, are routinely offered as part of antenatal care. However, you can choose not to be tested.
- For the women who are HIV-positive, health workers in the programme will help you to understand what you need to know about infant feeding and help you to decide about what to do.
- As always, the best practice for HIV-negative mothers is exclusive breastfeeding.

Closing

- As a pregnant woman, the most important step you can take to safeguard your health that of your baby, partner and family, is to know the facts about HIV and your HIV status.
- All of you will have an individual session with a health worker. At that time, if you do not wish to have the HIV test, please tell the health worker.

What are your questions and concerns?

Pre-test counselling/Information giving in ANC

After the group information session, clients will have the opportunity for individual meetings with a HIV counselor.

Pre-test counselling

- Introduce the client to the process
- Obtain client information
- Assess knowledge of HIV and AIDS and MTCT
- Explain the HIV test
- Help the woman consider her options
- Obtain informed consent and identify support
- Prepare for the test

Steps for pre-test counselling (ANC)

- Introduce the ANC client to the process
 - Greet the client
 - Introduce yourself and describe your role as counselor/health care worker
 - Explain and emphasize confidentiality
 - Ask if she has any immediate questions and concerns and address them.
- **Obtain client information**
 - Obtain the client's name
 - Enter the client's required information into the register
 - Obtain relevant medical and testing history (past and present)
 - Determine how many pregnancies she has had
 - Ask about personal habits such as smoking, drinking, or drug use
- **Assess knowledge of HIV and AIDS and MTCT**
 - Assess the client's knowledge of HIV and AIDS. Address any misconceptions.
 - Explore HIV/STI risks and discuss methods for reducing risk
- **Explain the HIV test**
 - Discuss the benefits of HIV testing
 - Explain what positive and negative results mean; explain concept of the window period.
 - Explore the personal implications of taking the test, and what a positive or negative result will mean to the client, the family, and/or significant others.
 - Explain how the test is administered, where it is done, and how long it will take for results to be available.
 - Explain that post-test counselling will be provided
 - Provide an opportunity for the client to ask questions.
- **Help the woman consider her options**
 - Review what the PMTCT programme can offer. Review how she can reduce the risk of HIV to the baby

- Remind the client that HIV Testing Services is now a routine part of antenatal care in Nigeria.
- Remind the client that HIV testing is part of the clinic visit today unless she objects.
- For a client who declines the test:
 - Accept her decision.
 - Reassure her that refusing the HIV test will not in any way affect the quality of her future care.
 - Let her know that the test can be done at a future visit if she changes her mind.
 - Ask her if she would like to make an appointment to come for Testing Services another day.
 - Encourage her to discuss HIV testing with her partner and to encourage the partner to come with her for Testing Services.
 - Ask if she has any additional questions or concerns that she wants to talk about
- For clients that do not decline the test, move on to the next steps.
- **Obtain informed consent and identify support**
 - Explain the consent form and obtain informed consent. Fill in the informed consent form.
 - Help client determine whom the client may wish to contact for support while awaiting a result.
 - Help the client plan for post-test counseling
 - Tell the client when to return for the results and arrange for the post-test counselling session.
 - Discuss the testing process with the clients
- **Prepare for the test**
- Double check the client's code on the client's data record form.
- If you, the counselor, will be running the test, then go straight to the next section '**Performing the Rapid HIV Test.**'
- If someone else will be running the test, then:
- Direct the client to the lab, and where possible, client should be accompanied with the lab form.
 - Tell the client to return to the waiting room after the sample has been taken.
 - Discuss the following while you wait for test results to be ready:
 - Client's readiness to learn HIV status
 - Intentions after learning HIV status
 - Plans and ways of coping with results, especially if HIV-positive
 - Potential for support by family and/or friends
 - Any other concerns or needs.

Performing the HIV Diagnostics test

- Explain the process of taking blood sample to the client.
- Inform the client how long he/she will be waiting.
- Label the test kit with client's code number.
- Double check it for accuracy.

- Perform the finger prick procedure while observing all universal precautions
- Run the test ensuring that testing procedures are followed according to the norms and all universal precautions are followed.
- Ensure that all the used laboratory materials are segregated rendered non-infectious as per the stipulated guidelines.
- Record this test in the HTS register.
- Include the date, clients' code number, test result, and your signature.
- Record the test result on the client's data record form for the client's file.
- Double check that the client's code on the form matches the client's code on the sample.
- Put the completed form in the client's file.
- Lock the register away.

If the person running the test is not the client's counselor/provider

- Greet the client.
- Explain the process of taking blood to the client
- Take the sample for the test and observe all standard universal precautions
- Label the sample with the client's code number. Double check it for accuracy.
- Inform the client how long he/she will wait.
- Run the test ensuring that testing procedures are followed according to the norms and standard universal precautions..
- Ensure that all used laboratory materials are segregated and rendered non-infectious as per the stipulated guidelines.
- Record the test result on the client's data record form for the client's file.
- Double check that the client's code on the form matches the client's code on the sample.
- Take the test result to the counsellor.
- Give the client's completed data record form to the counsellor (the counselor will put the form into the client's file).
- Only the written test result must be given to counsellor.

NOTE: Test result must not be given verbally to the counselor or directly to the client under any circumstances. Test results are to be explained to the client by the counselor during post-test counseling only.

Preparing for Post-Test Counselling

If the client's counselor/provider ran the test

1. Ensure privacy before post-test counselling session begins.
2. Discuss the following with the client before disclosing the result,
3. Client's readiness to learn HIV status.
4. Ways of coping with results, especially if HIV-positive.
5. Potential for support by family and/or friends.
6. Any other concerns or needs.
7. Move on to post-test counselling steps in the next section.

If someone other than the client's counselor/provider ran the test

Obtain client's data record form directly from the person who did the test and verify client code number.

Move on to post-test counselling steps in the next section.

Post-Test Counselling in ANC

HIV-negative post-test counselling

- Assess client readiness to receive the test result
- Tell the client the test result
- Counsel client on the 'window period' and the need for re-testing
- Re-visit risk reduction plan
- Discuss disclosure and partner referral
- Close counselling session
- Complete all records

Steps for HIV-Negative Post-Test Counselling in ANC

- **Assess client readiness to receive the test result**
- Inform the client that the test result is available
- Ask the client, "Are you ready to receive your HIV test result?"
- **Tell the client the test result**
- State in a neutral tone: "Your test result is negative."
- Show the client the test result on the client data form. Do not give the form to the client; it must remain in the client's file.
- Give the client time to express any emotions.
- Assess client's understanding of the result. Allow for questions.
- Review the meaning of a negative test result.
- **Counsel client on the 'window period' and the need for re-testing**
- Provide information about the window period
- Assess client need for re-testing: has the client engaged in risky behaviors? Does client have known exposure to HIV? History of STI? If so, encourage re-testing.
- Discuss risk reduction plan for window period if client agrees to re-test.
- **Discuss risk reduction strategies**
 - Avoid unprotected casual sex.
 - Correct and consistent use of condoms
 - Offer condom demonstration/education if client is agreeable. Offer condoms for the client to take home.
 - Avoid sharing unsterilized sharp objects.
 - Avoid receiving unscreened blood.
 - Discuss good nutrition Avoidance of alcohol/drug abuse
- **Discuss disclosure and partner referral**
- Encourage partner notification of test results and partner referral for HTS

- Remind the client that her result does not indicate partner's HIV status
- Help build skills for partner negotiation
- **Close counselling session**
- Provide specific information for referral to other services that the client needs: places, phone numbers, contact person, and services available.
- Remind the client about the window period and the need to re-test. Ask if the client would like to go ahead and make an appointment for a re-test in three months.
- Talk with the client again about getting partner tested. Inform the client that counselling is available for couples.
- Provide additional counselling if requested and encourage client to come back if they so desire.
- Close session: provide the client with motivation and encouragement.
- **Complete all records**
- Complete case notes on session immediately after client has left
- Record client's code number and other information in register
- Ensure that all forms and case notes have been completed and are filed properly in the client folder or record.

HIV-positive post-test counselling

- Assess client readiness to receive the test result
- Tell the client the test result
- Identify source of support
- Revisit risk reduction plan
- Counsel about options for PMTCT
- Counsel on positive living and provide referrals to needed HIV-related services
- Discuss disclosure and partner referral
- Close counselling session
- Complete all records

Steps for HIV-Positive Post-Test Counselling Session in ANC

- **Assess client readiness to receive the test result**
 - Inform the client that the test result is available
 - Ask the client, "Are you ready to receive your HIV test result?"
- **Tell the client the test result**
 - State in a neutral tone: "Your test result is positive."
 - Show client the result form. Do not give the form to the client; it must remain in the client's file.
 - Give the client time to express any emotions
 - Assess client's understanding of the positive result.
 - Allow for questions.

- Review the meaning of a positive test result.
- Assess how the client is coping with the positive result.
- Acknowledge the challenge of dealing with a positive result.
- **Identify source of support**
 - Ask whom the client would like to tell about the positive test result.
 - Help the client identify a person (family member or friend) to help her through the process of dealing with this HIV diagnosis.
- **Revisit risk reduction**
 - Explore the client's plan for reducing the risk of transmission to others. Encourage partner notification and discuss disclosure of HIV status. Discuss risks and risk reduction.
 - Inform her how important it is to protect her from becoming re-infected with other strains of HIV during pregnancy. This is because becoming re-infected with HIV during pregnancy increases the risk that the baby will be HIV positive
 - Explain that although she does not need to use condoms for family planning purposes at this point, condoms can protect her from getting re-infected with other strains of HIV. Offer condom demonstration/education if client is agreeable. Offer condoms for the client to take home.
- **Counsel about options for PMTCT**
 - Antiretroviral prophylaxis
 - Condom use
 - Infant feeding
 - Childbirth plans
 - Antiretroviral treatment
- **Counsel on positive living and provide referrals to needed HIV-related services**
 - Explain the concept of positive living and why it is important. Discuss:
 - Staying healthy. Eating an adequate diet. Maintaining weight Getting prompt medical attention Taking cotrimoxazole prophylaxis. Having TB/STI screening, prophylaxis, and treatment Practicing safe sex. Protecting the unborn. Managing stress and getting support Avoid alcohol use and smoking.
- **Assess client needs for referral. Consider the following areas:**
 - Diet counselling/therapy.
 - Medical follow up.
 - Screening and treatment for STIs
 - TB evaluation and preventive therapy.
 - Prophylaxis and treatment of opportunistic infections
 - Family planning.
 - PMTCT Support groups and supportive counselling.

- Based on the assessment of the client's needs, provide specific information for referrals: places, phone numbers, person to contact, and services available.
- Explain that to receive the appropriate care; she will need to consider disclosing HIV positive status to health care providers. Discuss the client's feelings on this.
- In addition to the discussion, offer the client with pamphlets on positive living to take home.
- **Discuss disclosure and partner referral**
 - Encourage partner notification of test results and partner referral for HTS
 - Explore the client's feeling about telling partners about HIV positive test results. Remind the client that her test result does not indicate partners' HIV status
- **Close counselling session**
 - Provide specific information for referral to other services that the client needs: places, phone numbers, contact person, and services available.
 - Remind the client about the window period and the need to re-test. Ask if the client would like to go ahead and make an appointment for a re-test in three months.
 - Talk with the client again about getting partner tested. Inform the client that counselling is available for couples.
 - Provide additional counselling if requested and inform client to come back if they so desire.
 - Close session: provide the client with motivation and encouragement.
- **Complete all records**
 - Complete case notes on session immediately after client has left
 - Record client's code number and other information in register
 - Ensure that all forms and case notes have been completed and are filed properly in the client folder or record.

Section 4: Couple HIV Testing Services (CHTS)

Registration

At the reception area, the receptionist or counsellor does the following:

- Welcome the couple
- If there is an expected waiting period, inform the couple of how long they may have to wait. If they are not able to wait, present the option of scheduling a future appointment for them.
- If there is no waiting period, begin registration.
- Ask whether either of them has been to the site before. If yes, ask for the client's card; locate the client's file using the client's number. If no, start a new file for each client.
- Register both clients.
- Explain to the clients about the confidentiality of the process

Couple Pre-Test Counselling/Information giving

- Introduce HTS to the couple and gauge the willingness of each of the partner
- Obtain client information and assess client's knowledge of HIV/AIDS
- Obtain concurrence
- Explain the HIV test and explore what support the clients will have after receiving the results
- Obtain informed consent
- Prepare for the test

Steps for Pre-Test Counselling/Information giving

- **Introduce the couple to the process of HTS**
- Greet the couple and affirm their decision to come for HTS
- Introduce yourself and explain your role
- Ask each client for his/her name.
- Explain and emphasize confidentiality.
- Outline what to expect of the entire HTS process, including the pre-test counselling session that you are about to conduct.
- Tell the couple that the benefits of Testing Services rest on getting their result together.
- Assess their feeling about this.
- Ask if they have any immediate concerns and address them.
- **Obtain Client Information and Assess Client's Knowledge of HIV/AIDS**
- Complete a client data record form for the couple (the client data record form will contain the individual client intake data and the client test results)
- Ask about relevant past and present medical and laboratory testing history
- Ask about personal habits such as smoking, alcohol, or drug use
- For female clients, determine how many pregnancies she has had
- Assess each client's knowledge of HIV/AIDS. Correct any misconceptions or misunderstandings that the clients have.
- As a couple, find out their reasons for coming for HTS.

- **Obtain Concurrence**

- Partners agree to discuss HIV issues and concerns together
- Couple is willing to test and receive results together
- Couple commits to shared confidentiality
- Disclosure decisions are made mutually
- Couple is willing to receive counselling together

- **Explain the HIV test and explore what support the clients will have after receiving their results**

- Discuss the benefits of HIV testing for both clients as individuals and as a couple
- Assess clients' understanding of what the test entails and address their feeling about the test
- Explain how the test is administered, where it is done, and how long it will take for results to be available.
- Explain what positive and negative rapid test results mean; explain the 'window period'
- Discuss the couples' understanding of the meaning of the various test results including concordant negative, discordant, and concordant positive. Clarify misunderstandings.
- Ask about previous HIV test. If either client has been tested before, discuss how today's test result might be different from the last test
- Explore the personal implications of taking the test, and what the different results will mean to the clients individually and as a couple, the family, and significant others
- Explore how each client will react if:
 - Both test negative (concordant negative)
 - Both test positive (concordant positive)
 - One tests negative and one tests positive (discordant)
- Discuss implications of results regarding pregnancy (if appropriate) and explore options
- Explore possible support mechanisms
- Who will the couple tell about the test result?
- Where will they get support?
- Explore areas of strength (e.g. faith, each other, relative, or colleague)
- Provide an opportunity for the clients to ask questions.

- **Obtain Informed Consent**

- Assess couple readiness to take the test. (If one of them decides not to take the test, encourage him/her and make an appointment to return later. Carry out the test on the one who wants to be tested).
- Explain the consent form and obtain informed consent.
- Review with them the process for getting results.
- Remind the couple about the importance of confidentiality of each other's results to third parties.
-

- **Prepare for the test**

- The process is the same as it would be for an individual client.
- Double check the clients' numbers on the client data record forms.
- Take the couple for HIV test. Bring the clients' data record forms.
- If you, the provider, will be running the test, then go straight to the next section, **'Performing the HIV rapid test.'**
- If someone else will be running the test, then:
 - Give the clients' data record form to the person running the test
 - Tell the clients to return to the waiting room after the sample has been taken.
 - Discuss the following in the counselling room while you wait for test results to be ready:
 - Couple's readiness to learn HIV status (as a couple or individually and their intentions after learning their HIV status
 - Plans and ways of coping with results, especially if one or both are HIV-positive
 - Potential for support by family and/or friends
 - Any other concerns or needs.

Performing HIV Diagnostics

If the person running the test is also the client's counsellor/provider

- Explain the process of taking the blood sample to the couple
- Inform them how long they will be waiting
- Take the sample for the test and observe all standard universal precautions
- Label the sample with the client's code number. Double check it for accuracy.
- Run the test. Ensure that testing procedures are followed according to the norms and all standard universal precautions are followed.
- Ensure that all used laboratory materials are rendered non-infectious as per the stipulated guidelines.
- Record this test in the HTS register. Include the date, clients' code number, test result, and your signature. Lock the register away.
- Record the test result on the client's data record form for the client's file. Double check that the client's code on the form matches the client's code on the sample. Put the completed form in the client's file.
- Make sure that there is visual and auditory privacy before you begin the post-test counselling session.

If the person running the test is not the client's counsellor/provider

- Explain the process of taking the blood sample to the couple
- Take the sample for the test and observe all standard universal precautions
- Label the sample with the client's code number. Double check it for accuracy.
- Ask the counsellor to return to the counselling room with the couple and ask them to wait while you process the sample. Inform them how long they will be waiting.
- Run the test. Ensure that testing procedures are followed according to the national standard and all standard universal precautions are followed.

- Ensure that all the used laboratory materials are rendered non-infectious as per the stipulated guidelines.
- Record the test result on the client's data record form for the client's file. Double check that the client's code on the form matches the client's code on the sample.
- Record this test in the HTS register. Include the date, clients' code number, test result, and your signature. Lock the register away.
- Call the counsellor to collect the result.
- Give the client's completed data record form to the counsellor (the counsellor will put the form into the client's file). Only the written test result must be given to the counsellor.

NOTE: Test result must not be given verbally to the counsellor or directly to the couple under any circumstances. Test results are to be explained to the couple by the counsellor during post-test counselling only.

Preparing for Post-Test Counselling

If the client's counsellor/provider ran the tests

- Before disclosing the results, discuss the following:
- Couples' readiness to learn HIV status (individually and as a couple)
- Intentions after learning HIV status
- Plans and ways of coping with results, especially if one or both are HIV-positive
- Potential for support by family and/or friends
- Any other concerns or needs.
- Move on to post-test counselling steps in the next section.

If someone other than the client's counsellor/provider ran the tests

- Obtain client's data record form directly from the person who did the test and verify client number.
- Reconnect with the couple
- Move on to post-test counselling steps in the next section.

Post-Test Counselling

The couple will have results that are either the same or different, however individual result will be provided and counselling will be based on test result.

Couples plan their future better when they are counselled together, and so it is recommended. The steps below apply when the clients are sharing their results with one another and having post-test counselling together. If the clients decide to have separate post-test counselling sessions, then the counsellor should follow the post-test counselling protocols for individuals in previous sections.

Post-test counselling

For concordant HIV-negative post-test counselling session with couples:

- Assess couple readiness to receive their test results
- Inform couple about their test result
- Discuss risk reduction plan
- Close counselling session
- Complete all records

Steps for Concordant HIV-Negative Post-Test Counselling Session with Couples

- 1. Assess couples readiness to receive their test results**
- 2. Inform the couple that their test results are available.**
 - Provide a simple summary of the couple result: both tests are negative which indicates neither partners are infected
 - Ask if the couple understood their result
 - Explore the couple's reaction to their test result
- 3. Discuss risk reduction plan**
 - Note the need to understand the negative test results in the context of any recent risks outside of the couple relationship. Include a brief discussion of the window period.
 - Reinforce that each partner's test result is only an indication of his/her own status and that the status of anyone else will only be determined by that individual being tested.
 - Encourage the couple to preserve their future by remaining uninfected.
 - Further develop risk reduction plan to ensure the couple remains negative.
 - Ask if they would like a condom demonstration/education. If appropriate, offer condoms for the clients to take home.
 - Discuss family planning, if appropriate
 - Emphasize the importance of communication in maintaining their risk reduction plan
 - Convey confidence in their ability to complete the plan.
 - Discuss the benefits of voluntary blood donation
 - An opportunity to save lives by donating blood
 - Regular blood donation also encourages low risk behavior and helps one to remain negative
 - Helps to prevent the spread of new infections
 - Refer client to NBTS Center for voluntary blood donation
- 4. Close Counselling Session**
 - Summarize plan for risk reduction and how they can remain HIV-negative
 - Provide specific information for referral to other services that the couple need: places, phone numbers, contact person, and services available

- Provide additional counselling if required
- Close session: provide the clients with motivation and encouragement

5. Complete All Records

- Complete case notes on session immediately after the couple has left
- Record clients' code numbers and other information in daily HTS client register
- Ensure that all forms and case notes have been completed and are filed properly in the clients' files.

For concordant HIV-positive post-test counselling session with couples:

- Assess couple's readiness to receive their test results
- Inform couple about their test result
- Provide support to help them cope
- Discuss positive living and treatment
- Discuss family planning and PMTCT treatment options, if appropriate
- Discuss disclosure and risk reduction
- Close counselling session
- Complete all records

Steps for Concordant HIV-Positive Post-Test Counselling Session with Couples

1. Assess couple's readiness to receive their test results

- Inform the couple that their test results are available.

2. Inform couple about their test result

- Provide a simple summary of the couple result; both tests are positive which indicates both partners are infected
- Ask if the couple understood their result
- Explore the couple reaction to their test result

3. Provide Support and Help Them Cope

- Allow both partners to express their feelings and concerns
- Encourage mutual support and prevent blame
- Validate and normalize the couple's feelings and acknowledge the challenges of dealing with a positive result
- Inquire as to how the partners could best support each other
- Recall couple's strengths and convey optimism that the couple will be able to cope and adjust to living with HIV
- Address any immediate concerns they have.

4. Discuss positive living and treatment

- **Discuss positive living**
- Identify current access to health care services
- Address the need for health care providers to know the couple's test results
- Address the need for preventive health care:
 - TB evaluation/treatment
 - STI examination/treatment
 - Prevention of opportunistic infections
 - Environmental precautions (safe water, mosquito netting)
 - Nutritional support and vitamin supplements
- **Assess couple's understanding of ART**
- Explain and clarify principles of ART
 - Enhances quality of life
 - Provided when immune system shows signs of damage from HIV
 - Requires strict adherence
 - Not a cure for HIV or AIDS
- Describe ART availability and encourage couple to access appropriate care and treatment
- Identify problems and obstacles to accessing care and treatment
 - Transport
 - Privacy, disclosure and confidentiality concerns
 - Cost sharing requirements
- Explore solutions to identified problems and obstacles
- Give referrals using the formalized referral system that is in place.

5. Discuss family planning and PMTCT treatment options, if appropriate

- Revisit the couple's intentions concerning having children
- Discuss the couple's reproductive options:
 - Prevent unintended pregnancies
 - Family planning – dual protection
 - Limit the number of children
 - When pregnant, access PMTCT antenatal services
- Assess the couple's understanding of PMTCT services
- Explain and clarify principles of PMTCT:
 - Reduces risk of infant being infected with HIV
 - Medication provided to mother in pregnancy
 - Infant received medication shortly after birth
 - Transmission through breast milk still possible
- Infant feeding discussed
- Describe PMTCT and family planning availability and encourage couple to access them (if needed)

- Give referrals using the formalized referral system that is in place.

6. Discuss disclosure and risk reduction

- Emphasize the importance of the couple receiving support from others
- Explore couple's feelings about sharing their results with a trusted friend, relative, or clergy:
 - Identify who this person might be
 - Discuss confidentiality and disclosure concerns.
 - Reinforce that the decision to disclose must be mutual
- Practice (role play) how the couple might share their results with a trusted confidant
- Address their concerns about telling family members and children about their HIV infection
- Explore with the couple the possibility of participating in a support group or getting additional counselling. Provide referrals.
- Address risk reduction in the couple relationship, including the need for them to abstain or practice safe sex with each other even though they are both already infected (address the dangers of re-infection)
- Review the couple's experience with using condoms.
- Ask if they would like a condom demonstration/education. If appropriate, offer condoms for the clients to take home.
- Address the possibility that past partners may have been exposed to HIV and the need to refer them for testing
- Highlight the need for them to avoid transmitting HIV to others
- Answer remaining questions and provide support.

7. Close counselling session

- Summarize plan for positive living, disclosure and risk reduction
- Provide any other specific information for referral to other services that the clients need: places, phone numbers, contact person, and services available.
- Provide additional counselling if required
- Close session: provide the clients with motivation and encouragement

8. Complete all records

- Complete case notes on session immediately after the couple has left
- Record clients' code numbers and other information in daily HTS client register
- Ensure that all forms and case notes have been completed and are filed properly in the clients' files.

For discordant results post-test counselling session with couples:

- Assess couples readiness to receive their test results
- Inform couple about their test results

- Provide mutual support and help them cope
- Discuss positive living and treatment
- Discuss family planning and PMTCT treatment options, if appropriate
- Discuss disclosure and risk reduction
- Close counselling session
- Complete all records

Steps for Discordant Results Post-Test Counselling Session with Couples

1. Assess clients' readiness to receive their test results

- Inform the couples that their test results are available.

2. Inform couple about their test result

- State that the couple has results that are different; one is positive and the other negative.
- Pause briefly to let the couple absorb the difference
- State the positive result first before the negative
- Convey support and empathy
- Ask the couple if they understand the result
- Review the explanation of how couples can have different results

3. Provide support and help them cope

- Allow both partners to express their feelings and concerns
- Encourage mutual support and discourage blame
- Acknowledge the challenges of dealing with discordant results
- Inquire as to how the partners could best support each other
- Reassure the couple that they will be able to cope and adjust to having one partner living with HIV
- Address any immediate concerns they have.

4. Discuss positive living and treatment

- Encourage the couple to work together to preserve the infected partner's health
- Discuss positive living
- Identify current access to health care services
- Address the need for health care providers to know the infected partner's test result
- Address the need for preventive health care:
 - TB evaluation/treatment
 - STI examination /treatment
 - Prevention of opportunistic infections
 - Environmental precautions (safe water, mosquito netting)

- Nutritional support and vitamin supplements
- Assess couple's understanding of ART
- Explain and clarify principles of ART
 - Enhances quality of life
 - ART is provided when immune system shows signs of damage from HIV
 - Requires strict adherence
- Not a cure for HIV or AIDS
- Transmission to uninfected partner can still occur
- Describe ART availability and encourage infected partner to access appropriate care and treatment
- Identify problems and obstacles to accessing care and treatment
- Transport
- Privacy, disclosure and confidentiality concerns
- Cost sharing requirements
- Explore solutions to identified problems and obstacles
- Encourage uninfected partner to serve as advocate for infected partner
- Give referrals using the formalized referral system that is in place.

5. Discuss family planning and PMTCT treatment options, if appropriate

- Revisit the couple's intentions concerning childbearing and family planning options
- Address risk to uninfected partner if couple should try to conceive a child
- Discuss the couple's reproductive options:
- Prevent unintended pregnancies. Family planning – dual protection Limit the number of children. Reduce conception transmission risk. When pregnant, access PMTCT antenatal services
- Assess the couple's understanding of PMTCT services.
- Explain and clarify principles of PMTCT:
 - Reduces risk of infant being infected with HIV
 - Medication provided to mother in pregnancy
 - Infant received medication shortly after birth
 - Transmission through breast milk still possible
 - Infant feeding discussed.
- Describe PMTCT and family planning availability and encourage couple to access them (if needed). Give referrals using the referral system in place.

6. Discuss disclosure and risk reduction

- Emphasize the importance of the couple receiving support from others
- Explore couple's feelings about sharing their results with a trusted friend, relative, or clergy:
- Identify where the infected partner would like to find support
- Identify who could provide support to the couple
- Discuss confidentiality and disclosure concerns.
- Reinforce that the information disclosure must be mutual

- Practice (role play) how the couple might share their results with a trusted confidant
- Address their concerns about telling family members and children about the infected partner's HIV result
- Explore with the couple the possibility of participating in a support group or getting additional counselling. Provide referrals.
- Address risk reduction in the couple relationship, including the need for them to abstain or practice safe sex with one another
- Explore measures to reduce the risk of HIV transmission to the uninfected partner and how to sustain risk reduction over the long term
- Emphasize the need for the couple to work together to reduce risk:
- Commitment to prevent transmission
- Protect both partner's health
- Risk associated with STI
- Need for ongoing communication
- Review the couple's experience with using condoms
- Ask if they would like a condom demonstration/education. If appropriate, offer condoms for the clients to take home.
- Address the possibility that past partners may have been exposed to HIV and the need to refer them for testing
- Answer remaining questions and provide support.

7. Close counselling session

- Summarize plan for positive living, disclosure and risk reduction
- Provide any other specific information for referral to other services that the clients need: places, phone numbers, contact person, and services available.
- Provide additional counselling if necessary.
- Close session: provide the clients with motivation and encouragement.

8. Complete all records

- Complete case notes on session immediately after the couple has left
- Record clients' numbers and other information in daily HTS client register
- Ensure that all forms and case notes have been completed and are filed properly in the clients' files.

Section 5: Targeted HTS Intervention for Key Populations (KP) and Vulnerable Populations

Apart from HTS services for general population, specific groups such as Key Population and Vulnerable Population need extra consideration for HTS services.

Key populations are defined groups who due to specific higher risk behaviours are at increased risk of HIV irrespective of epidemic type or local context. These include Men who have sex with men (MSM), female sex workers (FSWs), People Who Inject Drugs (PWID), People in Prisons and other close settings, and transgender people. Vulnerable populations are groups of people who are particularly vulnerable to HIV infection in certain situation or context such as adolescent (particularly adolescent girls in sub Saharan Africa), orphans, street children, people with disabilities and migrant and mobile workers (WHO, 2014).

Component of HTS intervention for Key population and Vulnerable Populations

HTS programmes among key population and vulnerable population should be designed to effect changes in HIV/AIDS-related risk behavior.

Information, Education and Communication (IEC) activities play a key role in increasing awareness and access to HTS.

The programme design for these populations should be evidence based and ensure involvement of target population to ensure ownership, acceptance, support and sustainability of intervention.

Risk-reduction counselling

This should aim to help clarify client's feelings and thoughts; and take action to protect themselves and their partners against HIV infection.

Health education and clinical interventions

The design of HTS programmes for these target population should ensure that;

- Counsellors should be aware of peculiar practices and socio-cultural issues related to each target population to create demand and promote access to HIV services.
- Community based programmes address violence, stigma and other social barriers affecting these target population
- Promotion of condoms and water-based lubricants, and ensure that they are continually available, accessible and affordable.
- Education of health care providers to overcome ignorance and prejudice on service to key populations and vulnerable groups.
- Innovative and creative approaches are adopted to increase linkage and access to HIV services.

Section 6: HIV Testing Services for Children

Children infected with HIV may have delayed milestones, i.e. their level of maturity may not always match their chronological age. This has an impact on the conduct of counselling sessions and the stage at which the HIV status of the child is disclosed. Service providers should ensure that the parents or legal guardians are intimately involved with all issues pertaining to the child's illness including the disclosure process.

Pre-test counselling with children:

- Create a friendly and private environment. If adults are present and the child is comfortable, proceed. If the child is not comfortable, ask the adults to wait outside.
- Gain the child's trust so that he or she can speak openly.
- Explore the child's feelings about being in the session and any fears he or she might have.
- Answer the child's questions accurately and honestly – the information
- Information should be appropriate to the child's age and level of development.
- Explain the testing procedures accurately. Address any of the child's worries about the process.
- Discuss who will receive the results, how they will be given and who will provide support. (If the child is alone, the counsellor should give the result. However, if the parent/guardian has consented, then they should be the one to tell the child of their HIV test result with support from the counsellor.
- If the child does not seem ready for the test and asks for more time, offer another pre-test session. Encourage them to bring someone for support.

HIV Testing

The testing procedure would follow the procedure outlined in section 6.

Post-test counselling with children:

- The child should be gently supported to receive the test result – do not move too fast.
- Gain the child's trust so that he or she can speak openly.
- Results for children below 12 years should be given to consenting parent/guardian. Only give the child results, with consent of parent/guardian.
- Assess how much information the child has remembered from the pre-test session.
- Assess if the child is ready for their result. If the child says he or she is not ready, ask when they will be ready and plan for that.

Whether the child's results are positive or negative:

- Give the child time to react. Be supportive; allow tears, silences, anger and despair.
- Answer the child's questions.
- Make sure that the child (and their parent or guardian if present) understand and accept the result.
- Be aware of the children's level of energy and concentration. If they are ready to receive more information and support at this session, continue. If not, schedule a follow-up visit.

Disclosure of HIV test results to children:

Counsellors need to think carefully about the disclosure of HIV positive status to a child. Because this has a lot of implications for the child, depending on how much information is disclosed; to whom status will be disclosed and how status will be disclosed.

The counsellor must ensure that the following:

- Plan how test results will be disclosed before conducting testing.
- Determine with the parent or guardian in advance whether the result will be disclosed to the child and, if so, how it will be done.
- If there is no parent or guardian involved, determine the child's readiness to receive results and arrange for the child to have a support person of his or her choice present at the post-test session, if appropriate.
- Results may be provided to children who are 12 years and above at their request, after proper counselling and if the counsellor judges them to have the ability of dealing with the result (especially a positive result).
- Encourage a child to involve the parent or guardian if appropriate. Children below 12 years of age should be given results only with the consent of parents or guardians and again, with proper counselling.

Section Seven: Logistics Management

Introduction to Commodity Management and Inventory Control Systems

Running out of stocks of HTS commodities is a very serious problem but having too many is also a problem because it leads to wastage both storage space and scarce resources.

The purpose of the inventory control system is to:

- Ensure uninterrupted supply of HTS commodities so that there are sufficient quantities to meet the needs of clients.
- Prevent overstocks, stock-outs, and expiry.

The maximum stock level is set high enough to guarantee an adequate supply always during the ordering cycle, but low enough to prevent overstock and waste due to expiry. The minimum stock level is set as low as possible but includes a safety margin to prevent stock-outs. However, by calculating the months of stock, a facility can determine if the right quantities of HTS commodities are stocked. To determine how long a commodity will last, the following simple formula can be used:

How much we have (stock on hand)		How much we have used in a month (rate of consumption)	=	How long supplies will last (months of stock on hand)
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The Maximum/Minimum Inventory Control System

The logistics system used for HTS commodities ensures maintaining adequate stock levels to guarantee product availability.

The most basic activity in managing a logistics system is re-supply of commodities, and the procedures for re-supply are based on the established inventory control system. Commodities must be ordered and received on a regular basis, and the quantities of products that are received must be enough to serve existing clients, as well as to account for new clients and unexpected events

- It is the responsibility of the Personnel in charge to order for HTS commodities for use.
- The main resource required for HTS commodities for the site is the CRRIF.

STORAGE OF HTS COMMODITIES

- The quality of HTS Commodities used on clients depends to a large extent on storekeeping practices.
- Adherence to good storage practices helps protect commodities against damage, expiry, and theft.
- The storage facility protects the shelf life of products and ensures little or no waste due to damage or expiration.
- HTS commodities should be stored at ambient temperature
- Well-organized storeroom will allow proper arrangement of HTS commodities for easy retrieval.

Shelf life is the length of time a product may be stored without affecting the usability and safety of the item, if the product is stored under the prescribed conditions.

Store Test Kits Using FEFO (First Expiry First Out) Principles

- As a rule, do NOT use expired test kits
- At regular intervals, check all stock for expiry dates. Place test kits with shorter expiry dates in front of those with longer expiry dates.

- This method is referred to as first expiry first out (FEFO). FEFO procedures reduce waste caused by test kits expiry.

Handling Damaged or Expired Stocks, or Stocks that will not be used before they expire

In all cases, national protocol and procedures should be followed for removal of damaged/expired commodities from the system. In the Nigeria HIV/AIDS logistics system, the *Record for Returning/Transferring Commodities* should be used to transfer or return commodities as appropriate.

Note: Tests Kits are returned when they are damaged or/and when they are expired.

Job Aid: Completing the Inventory Control Card

This job aid will guide you through the process of completing the Inventory Control Card (ICC).

An ICC is The ICC tracks the total quantities of each product in the stores. Each time there is a change in the quantity of a product in the stores, it must be recorded on the appropriate ICC. The information tracked on the ICC will facilitate the management of inventory at the facility.

Task:	Completing the Inventory Control Card
Completed by:	Store Keeper, Store Pharmacist, or laboratory scientist
Purpose:	To track the number (quantity) of products in the stores area.
When to perform:	Each time there is a transaction that affects the stock level of a product.
Materials needed:	Inventory Control Card, calculator, and pen.

Steps	Actions	Notes
•	Select the appropriate action:	
	IF	THEN
	Starting a new Inventory Control Card	Continue with step number 2.
	Recording a transaction	Skip to step number 12.
STEPS TO TAKE WHEN OPENING A NEW INVENTORY CONTROL CARD		
Note: One inventory control card per drug		
•	Name of Facility: Write the name of the facility.	
•	Item Description: Write the product name, including the packaging size. For drugs, also include the form and strength.	Examples: Determine, Rubber Gloves, size M
•	Unit of Issue: Write the unit designation for the product.	Example: piece
•	Store Name: Write the name of the store (storage location), where applicable.	Example: Main Store, Pharmacy Store, general store
•	Product Code: Write the product code which designates the product, if applicable.	The Product Code would be assigned by Central Medical Stores.
•	Location/Shelf No.: Write the shelf number where the products are being stored.	
•	Maximum Stock Level: Write the Maximum Stock Level for the product, if it is known.	HIV tests kits, as well as most Laboratory reagents and supplies have a Maximum Stock Level of 4 months of stock.
•	Minimum Stock Level: Write the Minimum Stock Level for the product, if it is known.	HIV tests kits, as well as most Laboratory reagents and supplies have a Minimum Stock Level of 2 months of stock.
•	Balance: If starting a new ICC when an existing ICC is full, write the last balance from the previous ICC.	
•	Remark: If starting a new ICC when an existing ICC is full, write "Balance brought forward".	
STEPS TO TAKE WHEN RECORDING TRANSACTIONS		
Note: One transaction is recorded per row.		
•	Select Inventory Control Card: Select the Inventory Control Card that matches the product for the transaction you want to record.	Each Inventory Control Card tracks one product.
•	Date: Write the date of the transaction.	
•	Voucher No.: Write the voucher number if a voucher is used.	If the transaction does not require a voucher, leave this space blank. For example:

		<ul style="list-style-type: none"> • If the transaction is a receipt or issue of supplies, a transaction record will be needed. This record's number should be recorded in the space. • If the transaction is a loss/adjustment or a physical inventory, there will not be a transaction record, the space remains blank.
<ul style="list-style-type: none"> • Received from / Issued to: Write the facility or the person from which the product is coming or is being sent. 		<p>If the transaction is a loss, write "Loss".</p> <p>If the transaction is an adjustment to correct a previous math error, write "Adjustment".</p> <p>If the ICC is being updated at physical inventory, write "Physical Inventory". See the Job Aid, "Conducting a Physical Inventory," for further instructions.</p>
<ul style="list-style-type: none"> • Quantity Received: Write the quantity of products received. 		Record in individual units of issue.
<ul style="list-style-type: none"> • Quantity Issued: Write the quantity of the product that is being issued. 		Record in individual units of issue.
<ul style="list-style-type: none"> • Quantity Losses/Adjustments: Write the loss or adjustment. 		<p>If the transaction results in a positive adjustment place a + (plus) sign in front of it.</p> <p>If the transaction results in a negative adjustment place a – (minus) sign in front of it.</p> <p>Adjustments to stock can be positive or negative. For example:</p> <ul style="list-style-type: none"> • A positive adjustment is when stock is transferred <u>from</u> another facility. The facility that receives the product records a positive adjustment. • A negative adjustment is when stock is transferred <u>to</u> another facility. The facility that transfers the product

		records a negative adjustment.
<ul style="list-style-type: none"> • Stock Balance: Calculate and write the new stock balance. <ul style="list-style-type: none"> A. If products were received, add the quantity received to the previous stock balance and write the total. A. If products were issued, subtract the quantity issued from the previous stock balance and write the total. A. If products were lost or adjusted, add or subtract the quantity from the previous stock balance and write the total. 		
<ul style="list-style-type: none"> • Signature: Sign the ICC once the transaction has been recorded. 		
<ul style="list-style-type: none"> • Remarks: Write any comments related to the transaction that may be needed. 		Example: (for loss) "Water damaged".
<ul style="list-style-type: none"> • Select the appropriate action: 		
	IF	THEN
	Need to record another transaction for the same product.	Return to step number 13.
	Need to start a new inventory control card.	Return to step number 2
The task is complete when: <ul style="list-style-type: none"> • When the facility name, store name, item description and code, location, and maximum/minimum stock levels are filled in. • When the date, voucher number and received from/issued to, batch number and expiration date are complete. • When one of the following spaces is complete: Quantity Received, Quantity Issued, or Losses & Adjustments. • When the stock balance has been calculated and recorded. • When the individual recording the transaction signs the ICC. 		

Job Aid: Completing the Combined Report and Requisition Form for HIV Rapid Test Kits (RTKs) and Dried Blood Spots (DBS) Kits

This job aid will guide you through the process of completing the Combined Report and Requisition Form for HIV Test Kits in ART Health facility. The Store Keeper and the Medical Laboratory Scientist or tester at the facility need to each complete a portion of this report. The Storekeeper will complete the top portion of the form and the data related to stock on hand actions. This will leave the Total Number of Tests Used during the reporting and ordering cycle for the Medical Laboratory Scientist. The Medical Laboratory Scientist should be the person

responsible for seeing that this form is completed and submitted on time. If the report is not submitted, the facility will not receive test kits.

“No Report, No Test Kits”

Task:	Completing the Combined Report and Requisition Form for HIV Test Kits
Completed by:	Facility Store Keeper and Medical Laboratory Scientist
Purpose:	To report the number of HIV test kits used, stock on hand, losses/adjustments, and to calculate and request order quantities.
When to perform:	At the end of the reporting and ordering cycle (every two months).
Materials needed:	Inventory Control Card, Daily Usage Record for HIV Test Kits, Blank Combined Report and Requisition Form – HIV Test Kits, calculator and pen

Steps	Actions	Notes
To be completed by the Store Keeper:		
•	Facility Name: Write the name of the facility.	
•	Facility Code: Write the facility code, if applicable.	
•	State and LGA: Write the name of the state and LGA in which the facility is located.	
•	Reporting Period: Write in the dates for the reporting period.	Write in the first month of the two-month reporting period followed by the month and year of the second month of the two-month reporting period. Example: January – February, 2008
•	Date Prepared: Write in the date on which the report is prepared.	
To be completed by the Store Keeper for each HIV Test Kit:		
•	HIV Test Kits: Screening Test #1, Screening Test #2, Tie Breaker: For each type of test, write the brand name of the test currently being used.	Examples: Determine,
•	No. Tests per Kit: Write the number of individual tests in each brand of test	

	kit used.	
•	Reporting Unit (pre-printed): The basic unit for all test kits is 1 test.	
•	Beginning Balance for Reporting Period (A): Write in the beginning balance for the period that is being reported.	This number should match the Quantity on Hand at the end of the Reporting Period, column E, from the previous report period.
•	Quantity Received during Reporting Period (B): Add up and write in the total quantity of each product that was received during the two-month reporting period.	This information comes from the Inventory Control Card's "Quantity Received" column.
To be completed by the Medical Laboratory Scientist or Tester for each HIV Test Kit:		
•	Total Number of Tests Used During Reporting Period (C): Write in the total quantity of HIV tests used during the reporting period.	The Total Number of Tests Used During Reporting Period is the two-month sum of the daily totals on the Daily Usage Record for HIV Test Kits.
•	Losses/Adjustments (D): Calculate and write in the total for the losses/adjustments for the reporting and ordering cycle	This information comes from the Inventory Control Card's "Losses/Adjustments" column and the total of Losses/Wastage from the Daily Usage Record for HIV Test Kits.
•	Quantity on Hand at the end of the Reporting Period (E): Calculate and write in the quantity on hand at the facility at the end of the reporting period.	$E = A + B - C + / - D$ <p>The Quantity on Hand at the end of the Reporting Period should equal the Physical Count done at the end of the reporting period.</p>
•	Maximum Stock Quantity (F): Calculate and write in the maximum stock quantity.	<p>Multiply the Total Number of Tests Used during Reporting Period by 2.</p> $F = C \times 2$ <p>The Maximum Stock Quantity is 4 Months of Stock.</p>
•	Quantity to Order: Calculate and write in the quantity to order.	<p>Subtract the current Stock on Hand from the Maximum Stock Quantity</p> $G = F - E$ <p>If the result of this calculation is a negative number (–), then you have adequate stock</p>

		and do not need to order this product.
For each type of test (Screening, Confirmatory, Tie Breaker), complete the following:		
•	Total per Purpose: Sum the number of tests used for each purpose (HTS, PMTCT, Clinical Diagnosis and Donor Screening) during the reporting period and write the sum in the appropriate space provided for the total.	The total per purpose is calculated by adding the totals for each day of the two-month reporting period, from the Daily Usage Record for HIV Test Kits.
•	Total HIV Testing and EID: Add up and write numbers of people of people tested, number of people who received counselling and tested, number of HIV Exposed Babies and Number of Infants who received EID testing.	
•	Expiring: Write information of products that will expire in three months	Write name of product, expiration date, lot number and quantity
•	Remarks: Write in any remarks for this report period.	These lines should be used to explain a sudden increase or decrease in HIV test kit usage, losses/adjustments, etc.
•	Prepared By: Full Name, Signature, Date: Write your full name, sign the form and write the date on which the report was signed.	The Medical Laboratory Scientist should fill out this part of the report.
•	Approved By: Full Name, Signature, Date: The person approving the report writes his/her full name, signs the form and writes the date on which the report was approved and signed.	This form should be approved by the ART Team Leader.
The task is complete when: <ul style="list-style-type: none"> • The facility name, code, and location, and the reporting period and date prepared lines are filled in. • Columns A through G are filled in for each HIV test kit used at the facility. • The Bimonthly Summary of HIV test by Purpose of Use table is filled in and by type is filled in. • Remarks have been written, if needed. • The Medical Lab Scientist preparing the report has written his/her full name, signed and dated the report. • The ART Team Leader approving the report has written his/her full name, signed and dated the report. • A copy of the report has been sent to SLMCU. 		

Section Eight: HIV Diagnostics Protocols

RECOMMENDED SERIAL ALGORITHM

S/N	Screening test	Confirmatory test	Tie-breaker
1	Determine	UniGold	StatPak

PRINCIPLES OF TESTING: Several rapid assays are based on one of four immunodiagnostic principles: particle agglutination, immunodot (dipstick), immuno-filtration or immunochromatography. They have been developed for ease of performance and quick results. These assays generally require **less than 30 minutes to perform and do not require special equipment**. In addition, whole blood, capillary blood, serum or plasma can be used for some of the assays. Many of these rapid tests contain “inbuilt” internal control such as band or spot indicating whether the sample materials or the reagents were added correctly.

- **Immunochromatography**

The test kits in the current algorithm are based on Immune chromatography. These assays are rapid, easy to perform and do not require sophisticated equipment. The results are read by development of colour. Sensitivity and specificity of most of these assays compare favourably with ELISA.

The assays utilize recombinant or synthetic peptides spotted onto nitrocellulose paper/ micro particles. The antigen containing matrix is housed in a plastic device containing absorbent pads underneath to collect reactants. Each assay contains an immunoglobulin captured control to validate the result. These assays are very good for single test application such as in emergency unit, autopsy room, labour room and peripheral blood banks.

When choosing the type of test to use, their sensitivity and specificity should be considered. The first test must be highly sensitive and the second should be highly specific.

PREPARATION FOR TESTING

- **Definitions of the supplies included in rapid tests:**

- **Lancet:** A sterile disposable instrument used to puncture the skin for the finger prick procedure
- **Buffer solution:** The test liquid used to activate the HIV rapid test after the client's blood is placed on the test strip.
- **Test strip:** The rapid HIV test. Where the client's blood from the capillary tube is placed and then the buffer is added. This is where the test result will be determined.

- **Desiccant packet**: A preservative intended to keep the test kit contents dry prior to opening the packet. It should be retained in the packet until the test kits are exhausted

Before starting the test, with the aid of checklist, have all your materials properly arranged at the testing area.

- **Materials required:**
 - Test kit: if stored in a refrigerator, bring it to room temperature.
 - Job aids and SOP
 - Sterile Lancets
 - Alcohol swab/gauze
 - Dry swabs/gauze
 - Sample applicator (some kits come with pipettes for drawing blood)
 - Hand gloves
 - Laboratory coat
 - Absorbent bench-pad
 - Waste disposal containers (Sharp containers and biohazard bags)
 - Disinfectant e.g. sodium hypochloride
 - Marker
 - Timer
 - Record forms

Steps to Perform the Finger-prick Procedure

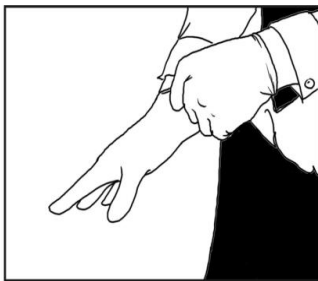
- Put on protective clothing (Lab coat)
- Wash your hands and dry
- Put on your gloves
- Explain the procedure to the client first.
- Choose the finger with the least callous area
- Clean the finger with alcohol swab, starting in the middle and working out to avoid re-contaminating the area.
- Allow the alcohol to air dry
- Take the lancet and show it to the client to assure him/her that it is new
- Using an auto-lancet, hold the finger firmly, place the lancet on the fingertip and press the lancet against the skin and puncture the skin. If using the standard lancet, hold the finger firmly and make a quick firm prick.
- Wipe away the first drop of blood with sterile dry gauze/cotton wool
- To help the blood flow, hold the finger and apply pressure to the base of the finger.
- Collect the blood specimen according to the manufacturer's instructions.
- Give the client a dry gauze pad or cotton wool to place on the finger until the bleeding stops.

- Before the client leaves the testing area, properly dispose the gauze pad or cotton wool into non-sharps waste containers and lancet into the sharps container.

1. Wash hands with antibacterial liquid soap under running water and air- dry or clean with disposable serviette.



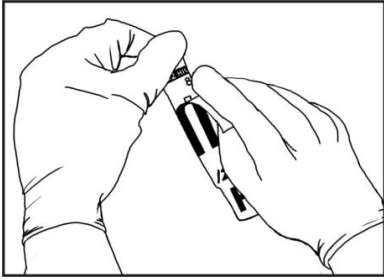
2. Put on latex gloves.



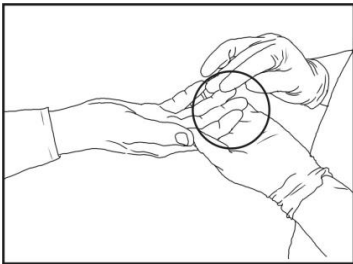
3. Label test in front of client with his or her unique identification number.



4. Remove test covers and open pouches of test.



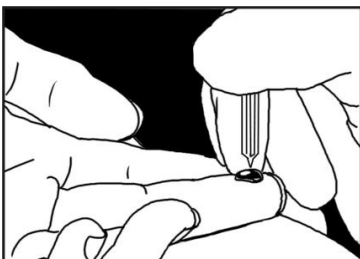
5. Holding the palm up, choose the least calloused fingertip of client



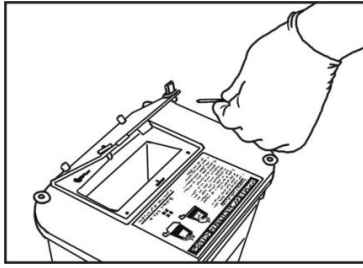
6. Clean client's fleshy area of fingertip with alcohol swab.



7. Tell client that you are going to prick his or her finger, and it may be uncomfortable. Hold finger lower than elbow. Prick clean finger with lancet (finger-prick device). Use a swift motion when pricking client's finger. A slower motion is very uncomfortable for the client.



8. Place lancet in sharp container. Never reuse the lancet



TESTING:

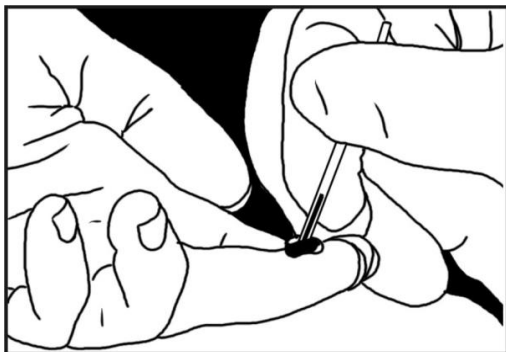
First, record test date, client identification, name of person performing test, type of test kit, lot/batch number and expiry date of the kit on the worksheet

Using a strip based HIV-1/2 test kit as an example

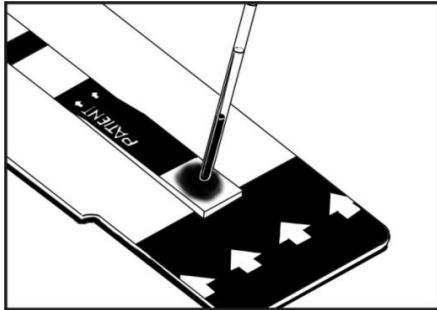
- Use one strip per test
- Record the client identification at the top of the test strip
- Remove the foil covering the test strip
- Collect blood using 50 micro litre pipette or a capillary tube
- If using a pipette add all the blood onto the absorbent pad on the test strip, if using the capillary tube, add one drop of blood to the absorbent pad.
- Wait thirty seconds to one minute(30sec to 1 min) until the blood is absorbed on the pad
- Add one drop of chase buffer to the blood specimen on the pad, hold the bottle at a vertical angle.
- Start the timer and read the results in 15 minutes
- Discard the used gauze/cotton wool before the client leaves the testing area.

Steps for conducting strip-based HIV Rapid Test

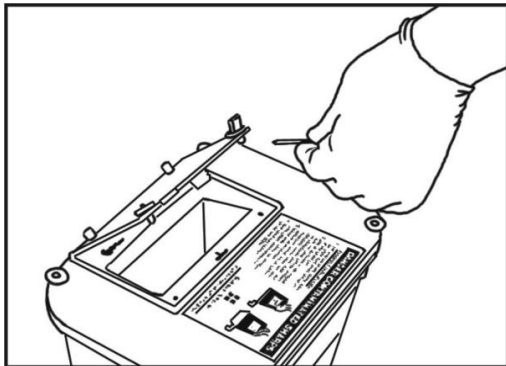
1. Take clean capillary tube and place gently on finger for blood to flow in.



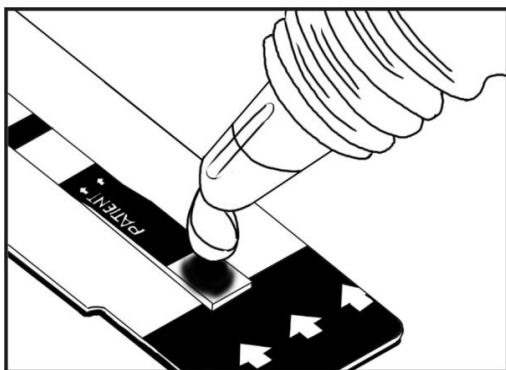
2. When tube is filled, keep thumb on tip of tube and place tube on the gauze part of the strip. Move your thumb away to place required volume of blood sample of blood on the reactive spot. Place the required volume of blood sample on the absorbent pad on the strip



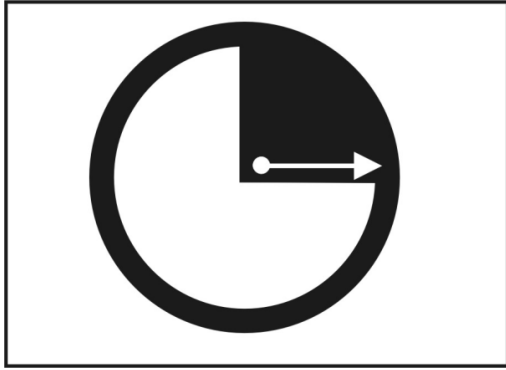
3. Put tube in sharp container. Do not reuse tube!



4. Wait for 30sec – 1 min. add one drop of buffer solution over the blood on the strip to activate test.



5. Wait for 15minutes (not longer than 60 minutes) before reading the test result.



Note: Use only the buffer solution made for the HIV rapid test you are processing.

Using a Cassette based HIV-1/2 test kit as an example

- Open a single kit for a patient by removing the protective foil cover.
- Label test cassette with patient identifier and input into log book.
- Select the finger that is least calloused and perform a finger prick using a new lancet.
- Using an EDTA capillary tube, or a precision pipette if sample is already in sample bottle, collect about 60uL of blood, and apply to the sample pot of the kit
- Immediately add two drops (approximately 60uL) of wash reagent to sample pot.
- The result should be read at the end of 10 minutes incubation time (up to 20 minutes)

Steps for conducting cassette-based HIV Rapid Test

- **Remove device from package and label device with client identification number**



Collect specimen using the disposable pipette



Add 2 drops (approx. 60 μ l) of specimen to the sample port in the device.



Add 2 drops (approx. 60 μ l) of the appropriate wash reagent to sample port.



Wait for 10 minutes (no longer than 20 min.) before reading the results.



Read and record the results and other pertinent info on the worksheet.



Note: Use only the buffer solution made for the HIV rapid test you are processing.

- **INTERPRETATION OF RESULTS:**

Reactive: Two red lines/spots on the test strip: one line /spot on the control window and another line/spot on the patient window.

Non-reactive: One red line/spots on the control window only.

Invalid: No line on the control window even if there is a line on patient/ test window.

- **QUALITY ASSURANCE (QA)**

Quality Assurance (QA) is the process by which programmes are constantly monitored to ensure that test results are reliable and accurate. It is intended to demonstrate that procedures followed are effective.

The aim of QA is to eliminate errors and ensure credibility of test results.

QA consist of:

- Internal quality control (IQC) and
- External quality assurance (EQA)

QA is achieved by:

- Adhering to the set standards
- Ongoing training of personnel
- Compliance with proficiency test programme
- Periodic checks on results and repeat tests by supervisors

There are two levels of QA;

Quality control: It involves the following;

- Good laboratory practice with set standards for performing HIV tests.
- Systems for management of HIV tests results
- Inclusion of previously characterized samples to identify problems with competence of the person performing the tests and the test kit.
- Every new batch/lot of test kit must be tested using control sera (laboratory), in settings where there are no storage facilities DTS can be used (negative and positive samples).
- Following universal safety precautions
- Good record management
- Access to post exposure prophylaxis (PEP).

External QA: External quality assurance should be based on;

- **Training:** Appropriate training of individuals with or without laboratory background
- Competency assessment and Certification: For those performing HIV diagnostic testing
- Supportive supervision and Audit using SPI-RT(Stepwise Process for Improving the Quality of HIV Rapid Testing) checklist: All stand along or satellite sites must enjoy adequate supervision including observation of new testers
- Controls (Dried tube specimen – DTS): Provided to testing sites and
- Proficiency program using dried tube specimen: For each tester
- Test results are recorded in standard logbooks/registers

All sites providing HTS should receive HIV proficiency sample panel every four months.

- All sites failing the proficiency tests should receive additional technical supervision and help.

- **SAFETY MEASURES**

Universal (Standard) Safety Precautions is designed to prevent transmission of HIV, hepatitis B virus (HBV), hepatitis C (HCV), and other blood-borne pathogens. Universal safety precaution states that **all blood samples and blood products should be handled as potentially infectious.**

Standard rules should be adhered to when working with blood or any other potentially infectious materials:

- Smoking, drinking, eating, storing food and applying cosmetics must not be allowed in the testing areas.
- Work surfaces must be decontaminated before and at the end of the working day. Any spill of potentially dangerous materials must be immediately wiped and the surface decontaminated.
- Disposable latex Gloves appropriate for the work must be worn for all procedures that may involve accidental direct contact with blood and infectious materials.
 - **New hand gloves must be used for each client.** After use, the gloves must be removed aseptically and properly disposed.
 - Labels must not be licked; materials must not be placed in the mouth.
 - The testing area should be kept neat, clean and free of materials that are not pertinent to the work.
 - Hands must be washed after handling infectious materials, and before leaving the working area.

- All accidents or potential exposures to infectious materials must be reported immediately to the supervisor. A written record of such accidents should be maintained.
- All technical procedures should be performed in a way that minimizes the formation of droplets.
- Personal protective equipment should be worn by all persons handling blood and other body fluids.

- **HANDLING OF MEDICAL WASTES**

Medical wastes should be segregated into sharps and non-sharps materials.

- Sharps (lancets and needles) should be placed in a specially designed sharps container and dispose when 3/4 full.
- Used test kits and other generated wastes should be discarded in a separate disposable bag and burnt in the incinerator.

All disposable containers must be handled properly and incinerated or disposed off according to standard safety practices.

Section Nine: Monitoring and Evaluation

1. Definition

Monitoring and evaluation are processes of tracking a programme to ensure its conformity with original plan and determining the value of specific interventions through data collection, collation, analysis and interpretation. Monitoring and evaluation for HTS should be in line with the NHMIS and feed into NNRIMS.

The HTS database would be used to monitor and evaluate HTS at the site, LGA, state, and national levels. The data should be used to identify programme areas that need to be strengthened for effective and efficient programme implementation. Special studies may be required for specific issues but in general, the emphasis should be on using the HTS database for planning.

2. Data Management

Handling of HTS records and data requires confidentiality and efficiency. This will give the clients a sense of security.

- **Data Collection System:** The national HTS data collection and analysis system developed by NASCP, Federal Ministry of Health will be in conformity with M&E guidelines on HTS
- **Data Collection Instruments:** The following instruments are used to collect HTS data;
 - HTS registers and forms
 - HTS summary form
- **Coding System:** A standardised system of assigning codes or reference numbers to clients for identification purposes should be used within each institution
- **Record Keeping:** A filing system for HTS records should be used within each institution. All records must be kept confidential and stored in a secure room with lockable cabinets
- **Data Entry and Transfer:** At each HTS site, the data collection forms (see annex) should be completed and forwarded to the LGA, where the data are collated and in turn forwarded to the SMOH. At the state level, all HTS data are collated, analysed and forwarded to the FMOH
- **Data Analysis and Reporting:** Data collected should be analysed and findings should contribute to programme planning and implementation. Feedback mechanisms should

ensure that each level of service and management is informed on a quarterly basis regarding HTS

3. Quality Assurance

Staff competency, client satisfaction and adherence to Testing Services protocols should be assessed periodically. Quality assurance measures and examples of selected tools can be found in the annex. Periodic external data quality checks should be conducted by NASCP, FMOH and other stakeholders. These checks will include a review of site registers and reporting forms for completeness and accuracy.

4. Monitoring Activities

The FMOH provides HTS sites with HTS registers and summary forms. Guidelines and training manuals/materials will also be provided to support sites in their HTS while the FMOH in collaboration with partners and other stakeholders will support training on data collection and reporting.

5. Evaluation Activities

Process and outcome evaluations should be periodically conducted before HTS scale-up to assess current programme success and inform future revisions of the National HTS guidelines and strategic plans.

6. One M&E Framework

The global strategy for HIV and AIDS control now demands that there should be One country level M&E system, one national co-ordinating body and one national strategic plan (the “three ones”). Therefore, the HTS-MIS should feed into the multi-sectoral M&E framework (NNRIMS).

HIV Testing Services Programme Reports

- “Best practices” should be documented by all facilities
- All facilities/sites should produce monthly, quarterly and annual reports of HTS
- National annual HTS reports should be produced by NASCP/FMOH and feedback given to the facilities
- The annual reports should be discussed in annual meetings where progress to data, challenges faced in service provision, “best practices” and the way forward will be agreed upon

7. National HTS Indicators

Indicators for the National HTS programme include those that measure Coverage, Quality of service, Quantum of Service provided and Outcome.

These are listed in the table below. Details on them can be found in the “MONITORING AND EVALUATION FRAMEWORK FOR THE HEALTH SECTOR RESPONSE TO HIV and AIDS IN NIGERIA”.

HIV Testing Services (HTS) National Indicators

Programme Area	Indicator Type	Indicator	Periodicity of reporting	Source
HTS 1	Input	Core 1: Existence of updated national policies, strategy, and guidelines for HTS programmes	Biannually	NASCP documentation/ key informant interview
HTS 2	Input	Core 2: Number & Percentage of Local Government Areas with at least one health facility providing HTS services in-line with national standards	Annually	HIV service delivery mapping/ HTS database
HTS 3	Input	Core 3: Number and percentage of service outlets providing HTS according to National guidelines	Biannually	Health facility survey
HTS 4	Input	Core 4: Number of personnel trained on HTS in accordance with national or international standards	Annually	Health facility survey/ Programme reports
HTS 5	Output	Core 5: Number of clients who received counselling, received their test results and received post-test counselling (male and female)	Biannually	HTS register
HTS 6	Outcome	Core 6: Proportion of clients aged 15 – 49 years (male and female) who in the last 12 months had a HIV test and received their test results	3-4 yearly	NARHS

HTS Service statistics				
HTS 7	Output	Number of clients who received pre-test counselling (male and female)	semi-annually	HTS register
HTS 8	Output	Number of clients who received HIV testing (male and female, source/care entry point, rural-urban)	semi-annually	HTS register
HTS 9	Output	Number of clients who test positive (male and female)	semi-annually	HTS lab register
HTS 10	Output	Number of DOTS clients who report for HIV Counselling & Testing (male & female)	Biannually	HTS register
HTS 11	Output	Number of HTS clients referred for TB screening	Biannually	HTS register
HTS 12	Output	Number of HTS clients referred for ART	Biannually	HTS register
HTS 13	Output	Number of HTS clients referred for Care and Support services	Biannually	HTS register

REMEMBER

DATA COLLECTION AND MANAGEMENT ARE KEY TO EFFECTIVE MONITORING AND EVALUATION OF

- **THE HTS INTERVENTIONS AND SUBSEQUENT FUNDING. ENSURE THAT THE SYSTEMS ARE IN PLACE AT YOUR HTS FACILITY**

HTS Forms and Tools



COUMSELING CUE CARDS.zip



TESTING JOB AIDS).zip