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ORIENTATION OF COUNSELLORS ON THE DOOR-TO-DOOR HTC (HIV Testing and Counselling) APPROACH

In an effort to boost the clients turn up in accessing HIV Testing & Counselling (HTC) services (especially males), BASEDA HIV and AIDS project introduced the door-to-door HTC approach within its impact area. The main goal is to reduce new HIV infections in order to further mitigate the burden and impact of HIV and AIDS in Lilongwe district. This followed a field visit the organization conducted in Zomba in June 2010, where St Luke Hospital in collaboration with Dignitas successfully undertook the service (door-to-door) in selected Traditional Authorities (TAs) within the district. The project pilot phase was funded by the National AIDS Campaign (NAC).

The field visit for BASEDA staff to Zomba was an eye opener since we learnt a lot on how the door-to-door HTC approach was planned and implemented, and about the successes and challenges faced. Thus, many lessons were learnt through presentations by the HTC coordinator for Dignitas, the District AIDS Coordinator and of course through interviews we had with several Group Village Headmen (GVH), with the beneficiaries themselves (the villagers) and also with one of the counselors who took part in the door-to-door HTC service provision.

However, not all that was learnt will be replicated in our approach here in Lilongwe, we have just selected key points which we feel will assist us to smoothly run the service. Project Counsellors implementing the service are also encouraged to put in their effort wherever appropriate, provided it is in line with the goals and objectives of the door-to-door approach.

IMPORTANT POINTS TO TAKE INTO CONSIDERATION DURING DOOR-TO-DOOR HTC APPROACH

1. COMMUNITY MOBILISATION

Intensive mobilisation campaign through community meetings to inform the people of the purpose and importance of the initiative is important. If carefully undertaken, it will make the door-to-door approach a success since it will enable the local leaders as well as the communities at large to be aware of what is going on in their area. The T/A

must be the first person to be informed about our intentions to conduct this type of strategy or service in his area, followed by GVH whose village are targeted for the service. Thereafter, village heads will be informed together with their villagers during awareness sessions, and upon agreement. Banners can also be used to indicate that HIV Testing is underway in the village.

2. COORDINATION WITH OTHER STAKEHOLDERS

a. Counsellors must inform other stakeholders who are operating within the project area about what we are doing. This will make our work much easier in terms of publicity & referral system and will avoid duplication of efforts. These stakeholders include Hospital/Health Centre personnel (clinicians, nurses, fellow counsellors, Health Surveillance Assistants (HSAs) and the other NGOs).

b. Since HSAs are the ones who work closely with the communities, it is important to incorporate them during awareness and identification of villages and number of households. The HSAs who are trained in HTC must be incorporated in the service provision (especially those who were trained by BASEDA).

3. RESOURCE MOBILISATION

In order for this project to be successful, all the necessary HTC resources must be readily available. Timely delivery of HTC test kits is very important in door-to-door. Counsellors should report to the HTC coordinator well in advance if any HTC related resources are needed so that the HTC process should not face problems.

4. QUALITY CONTROLS (QC)

Quality Controls (QCs) help to ensure effectiveness & efficiency of the test kits, therefore QCs must be carried out as frequently as possible. It is the responsibility of the HTC Coordinator to make sure that QCs are carried out frequently. Counsellors must remind the HTC coordinator to bring the QCs during filed visits. Supervisors should use standard checklist to monitor quality of counselling carried out in each village.

5. SERVICE PROVISION (Protocol)

Provision of HTC services should be initiated through villages that are motivated and have been informed by the counsellors during awareness sessions.

a. Two trained HTC counsellors have to be deployed to each village to ensure that door-to-door HTC approach is a success. Counsellors should work in pairs to ease the pressure of work. In areas where there is one counsellor they will have to liaise with the coordinator to identify a partner.

b. Counsellors should ensure that they have carried enough test kits to the villages to avoid demoralising the clients.

c. Door-to-door HIV Testing and Counselling should be voluntary and anonymous

d. To ensure that more people are able to access testing group pre test counselling should be encouraged (especially on Basic Information). Later on, people can go into their homes where the counsellors will be moving house to house. Those who do not want to be tested must *not* be forced.

e. Couple counselling and testing is highly encouraged. Other members of the family e.g. the youth can also be tested upon making their own decisions and if in some cases parents test positive.

- f. Counselling and testing service must be done using locally available materials e.g. mat on the Khonde etc. unless otherwise. However confidentiality must be observed and should not be compromised.
- g. Appropriate referrals for care and other support services should be offered to all HIV positive clients. Those found HIV positive should be appropriately linked to available post-test care and support services in the district.
- h. Counsellors should ensure that condoms and IEC materials are available at all times.
- i. Follow-ups of HIV positive clients is a must. Counsellors and clients can make arrangements on how follow up will be done.
- j. On follow up of HIV negative clients, they should be assured of a revisit (retest) after 3 months.
- k. Door-to-door HIV Testing and Counselling will be required to meet minimum HIV Testing Operational and infection prevention standards.

6. DOCUMENTATION / REPORTING

- a. Counsellors must document all important information on each and every activity carried out during this project. This will assist in assessing the impact of the project. This will also help detect any problems and find possible solutions as soon as possible.
- b. When reporting it is important to differentiate between the number of clients tested during door-to-door HTC approach and the number tested during normal HTC services.

7. TRANSPORT

- a. Since the door-to-door approach requires a lot of moving, counsellors involved in this project are encouraged to make sure that their bicycles are in good condition and if a serious problem / breakdown is observed they should report as soon as possible.
- b. Proper use of bicycle maintenance allowance is a must for all the counsellors involved in this project.
- c. The HTC Coordinator will also be available to assist with transport (motorbike) especially where a counsellor will have to come from another site to assist.

8. REVIEW MEETINGS

In order to assess how the door-to-door HTC approach is progressing, it is important to organise weekly review meetings with counsellors. The purpose is to review successes, challenges, lessons learnt and try as much as possible to brainstorm on best practices to be included in the way forward. Basically these meetings were conducted every Fridays to review what has been done and the challenges faced.

9. CONCLUSION:

The project proved to be a success in Lilongwe even though it was implemented for very few months. Taking testing and counselling services closer to the clients significantly increases the uptake of HIV testing. A lot of clients were tested due to the hardworking spirit and collaboration amongst the service providers, community leaders and the beneficiaries. The number of males tested increased in the areas where the project was implemented.