KINGDOM OF CAMBODIA
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Ministry of Health

Standard Operating Procedures (SOP) for Quality Improvement (QI) for HIV Counseling and Quality Control (QC) for HIV Testing

National Center for HIV/AIDS
Dermatology and STD

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Preface

Standard Operating Procedures (SOP) for Quality Improvement (QI) for HIV Counselling and Quality Control (QC) for HIV Testing is an important tool to improve and qualify the Voluntary Confidential Counselling and Testing (VCCT) services in the Kingdom of Cambodia.

This SOP is developed by VCCT sub working group in order to help national and local supervisors to undertake their supervision and other activities to quality improvement of the Voluntary Confidentiality Counseling and testing services.

It is divided into 2 main parts, Quality Improvement for counseling services such as counseling regular supervision and counseling network meeting; and Quality Assurance for HIV testing such as regular supervision and quality control for HIV testing.

Through this SOP, we hope that all issues and problems found in the VCCT activities can be solved and the quality of the services can be more and more improved.

The Ministry of Health hopes that this SOP will be useful for the HIV counseling and testing services in Cambodia.

Phnom Penh, ..15th December 2006

MAM BUNHENG, MD
SECRETARY OF STATE

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Dr Mean Chhi Vun
Director of NCHADS

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1. Introduction

The first HIV sero-positive case in Cambodia was detected in 1991 among blood donors. Sero-prevalence then increased rapidly, reaching a high point of 3% among the general population aged 15-49 years old in 1998, as estimated by the HIV Sentinel Surveillance System (HSS). To respond to the rapid spread of HIV, the Ministry of Health (MoH) has established a series of Strategic Plans for the prevention and c are HIV/AIDS and STD, within the Ministry of Health's Health Sector Strategic Plan 2004-2007; The Strategic Plan for HIV/AIDS and STI Prevention and Care 2004-2007 includes Behaviour Change Communication (BCC) and Information, Education & Communication (IEC) strategies, the 100% Condom use programme, sexually transmitted infection (STI) prevention and treatment, a National Surveillance System, research, HIV/AIDS care and treatment, and Voluntary Confidential Testing and Counselling (VCCT).

The first VCCT centre was established in 1995 in Phnom Penh at the Pasteur Institute; 6 more VCCTs followed until the year of 2001. These VCCT centres were 'stand alone' - not linked to any other services, and could not respond adequately to the needs of the people of Cambodia. Therefore NCHADS, with financial support from Government, donors, UN agencies, and International Organizations including NGOs, has extended and expanded these services throughout the country. By November of 2006, there were 145 VCCT centres providing services to the public. Most of those VCCT are set up within the public hospitals.

To ensure the quality and accuracy of these services, NCHADS is establishing a system of Quality Improvement for Counselling, and Quality Control for HIV Testing, to cover all VCCT centres in the Kingdom of Cambodia.

2. Quality Improvement (QI) for HIV Counselling Services:

Quality improvement for HIV counselling is a process to improve counseling services through program monitoring and supervision. VCCT program have developed different mechanisms to address quality of counselling services. However, common guiding procedures for promoting counselling services at the VCCT centers include regular supervision and counselling network.

2.1. Regular Supervision:

2.1.1. Central Support:

- Supervision visits to VCCT centers are organised at regular intervals.
- Annual Supervision Plans are developed at NCHADS to ensure that every VCCT is visited appropriately.
- Staff from NCHADS making these visits use the Supervision Checklist for Counseling (see annex).

- For new and low performance VCCTs may require more supervision example quarterly.
- For well established and functioning with well performance VCCTs will require less supervision every 6 months or once a year.

2.1.2. Provincial Level:

- Supervision visits to VCCT centers are also organised by staff from the Provincial AIDS Office, who are trained on VCCT supervision:
- These staff will prepare an Annual Supervision Plan as well. The Supervision Checklist for Counselling is used (see annex).
  - For new and low performance will be visited in monthly basis for the first 6 months.
  - and for well functioning performance VCCTs will be visited quarterly;

2.1.3 Supervision Activities: the following activities should be included in the supervision:

- **Counselling room**: the counselling room should be:
  - clean, comfortable, with equal levels of chairs between client and counsellor
  - should ensure privacy: people outside the room should not be able to hear the voices inside the room. During counselling sessions, the door should be closed; but windows can be opened to allow air.
- **Counselling process**: important elements in good quality counselling include:
  - Appropriate physical environment for privacy and confidentiality.
  - Good reception of the client; with a polite greeting and introduction.
  - Showing respect, and trust that the client has the potential to make decisions.
  - Showing interest and understanding, and paying attention to the client's feelings.
  - A client-centered, and non-judgemental, approach.
  - Active listening (non-verbal and verbal); and listening rather than talking.
  - Emotional warmth and support; and exploring ways of reducing the problem together with the client.
  - Use of appropriate language for sensitive issues depending on the background, educational level and beliefs of client.
  - Provision of information and making the appropriate referral.
  - Encouragement towards behaviour change that will lead to risk reduction and problem solving
  - Secure record keeping and confidentiality.

- **Pre-test counselling session:** during the pre-test counselling session, the supervisors should check whether the counsellor:

  - Discusses confidentiality and how it is maintained.
  - Informs the client about the HIV counselling services.

- Asks the client if he/she needs any help from the counselling services.
- Checks the client's knowledge about HIV/AIDS and its transmission and complications.
- Clarifies client's misconception on HIV/AIDS.
- Assesses the client's personal risk profile: sexual (including oral sex) and drug related behaviours.
- Discusses the test process; and the meanings of 'seropositive' and 'seronegative', 'window period', etc.
- Discusses the implications, benefits and plans for the client, after learning if they have a positive or negative result.
- Discusses ways to cope with seropositive results, the client's potential needs, and available support.
- Establishes informed consent.
- Makes an appointment for the test result.

- **Post test counselling:** during the post-test counselling session, the supervisors should check whether the counsellor:

  - Checks whether the client is the right person.
  - Reviews major points covered during the pre-test counselling.
  - Asks the client his/her intention upon learning of positive or negative test result.
  - Shows the client the code number on the appointment card against code number on the envelope to ensure it is the correct result for the right patient.
  - Gives the test result to the client in a calm manner; or opens the envelop when requested by the client, and explains the marks made on the result slip.
  - Allows the client time to think and express his/her feelings.
  - Explores the client's concerns.
  - Discusses with the client about his/her situation, any potential problems, and possible plans.
  - Answers client's questions.

  - **If the result is negative**: discusses the negative result, widow period, etc. Encourages the client to come for re-testing after 3 months.
  - Discuss about HIV risk reduction plan.

  - **If the result is positive**: identifies the HIV staging.
  - Provides referrals to other services: OI including TB, ANC, STI, ARV, home based care, etc depending on the HIV staging and client's intentions.

  - **If the test result is indeterminate:** or the test takes place less than 3 months (window period) after the episode of risk behaviour, asks the client to come for another test.

2.1.4. Feedback from supervision: The supervision visited findings will be managed by supervisors when the problem can be solved on the site or reported to the national level when cannot be solved at the VCCT sites. When the supervisors found that the counsellors are not or lack of compliance to the standard of counselling process, the supervisors will inform and correct them.

2.2. Counselling Networking

The Network links together staffs who work for VCCTs in the provinces and in regions to have regular meetings, and it is a way to evaluate the VCCT services and to provide training at local level. Issues and problems at each VCCT will be raised and will be solved on the site. Experienced counsellors and lab technician from the Network can provide the support to network members.

2.2.1. Purpose of counselling networking: is to strengthen Counselling Services at VCCT at grass-roots level. Quality Improvement for counselling can be implemented through establishing counselling networks and through regular counselling network meetings with training and evaluation.

2.2.2. Structure of the Network: for this procedure to work effectively, all the components must be linked together. They need to link together within each OD, within each province, and in a group of provinces at regional level.

At the centre of this network is the **Regional Hub.** Each Hub consists of 3-4 neighbouring provinces. The reason for regional hub is to establish network of VCCT within regional hub. In addition, the Hub can organize regular meetings of the counselling network.

There are 6 regional VCCT Hubs:

- *at Sihanoukville* , for Koh Kong, Sihanoukville, Kep, Kampot and Takeo
- at *Kampong Cham*, for Kampong Cham, Prey Veng , Svay Rieng,
- at *Kratie* - for Kratie, Stung Treng, Mondulkiri, Ratanakiri
- at Siem Reap, for Siem Reap, Kampong Thom, Preah Vihear, Oddor Meanchey
- at *Battambang* - for Battambang, Banteay Meanchey, Pailin, Pursat
- at *Phnom Penh* - for Phnom Penh, Kandal, Kampong Speu and Kampong Chhnang

2.2.3 Counselling network meetings:

- **At the provincial level:** provinces that have more than 3 VCCT centers should have monthly meetings within the province; provinces that have fewer than 3 VCCT centers should arrange meetings with other provinces.

- **At regional level**: as for the VCCT regional hub, meetings should be held every quarterly. Provinces within the regional hub can take turns in organizing meetings. The Provincial AIDS Office officers, in the region, are responsible for the meeting. The meeting will be put in the provincial annual workplan

- **At the national level**: The counselling Network workshop will be organized by National Level. The workshop will be held once or twice a year or can be integrated into the National AIDS Conference. The workshop will be put in the annual workplan of NCHADS.

- **Objectives of the counselling network meetings**:
    - To strengthen VCCT services
    - To find out any problems and issues that occur during counselling activities
    - To solve any problems and issues that occur in the workplace
    - To share experiences among counsellors of each VCCT center
    - To provide new knowledge from National level.

- **Meeting preparation**: each VCCT center should prepare their data before the meeting, to present at every meeting. The preparation should include:
    - numbers of clients tested,
    - number and percentage of pre and post test counselling,
    - number and percentage of positive test results,
    - number and percentage of clients referred to health institutions;
    - Case experiences or lesson learnt

  and should identify any problems, including commodity and test supplies.

3. Quality Assurance (QA) for HIV testing

In spite of the availability of excellent rapid tests, the reliability of the test results depends on their correct use, and stock condition of sera and reagents. Mis-diagnosis may have severe consequences for individuals and for communities as well. Quality monitoring and evaluation of testing is thus very important.

3.1. Regular supervision

3.1.1. Central Support: Supervision visits to VCCT centers are organised at regular intervals from NCHADS or NIPH. Annual Supervision Plans are developed at NCHADS, with NIPH, to ensure that every VCCT is visited appropriately: new VCCTs may require more supervision; well established and functioning VCCTs will require less supervision. In general, each VCCT should be visited from National level at least twice a year or in adhoc activities. Staff from NCHADS or NIPH with Lab technicians from reference laboratories making these visits use the Supervision Checklist for VCCT (see annex). All VCCTs, government, NGOs, Privates needs to be supervision.

3.1.2. Provincial Level: Supervision visits to VCCT centers are also organised by staff from laboratory of the referral hospital, who are trained on VCCT supervision, every month; these staff will prepare an Annual Supervision Plan also. The Supervision Checklist for VCCT is used as used by national level.

3.1.3 Supervision Activities:
All operational techniques and tasks should be regularly reviewed and discussed with the lab technician and the responsible persons as well as with the reference level partners. The checklist (see annex) should be used to monitor the following.

- **Testing conditions and supplies:**
    - Lab room: should be clean and the temperature maintained at 22-28 Degrees Celsius
    - Maintain a source of clean water
    - Inventory:
        - Test kits: shelf-life check up (use of older stock first, orders made at regular dates, etc.); test kits lot numbering, and status of packaging. Check inventory report.
        - Supplies: the amount on hand of alcohol, gauze, needle, vacutainer, syringe, pipette tip. Check inventory report.
    - Storage conditions (temperature in refrigerator), use monitoring sheet to note the daily temperature (by lab technician) and room temperature (if possible use Max/Min thermometer).
    - Testing area, space, conditions of security, appropriate availability of supplies.
    - Adherence to Universal Precautions as per National UP Guidelines (UP guidelines should be available and accessible to all staff): present of waste container, needle proof box, decontamination container.
    - Awareness of PEP procedures (it is important that the staff know the name and contact information of the PEP focal point and know where the PEP is kept). PEP guidelines should be available and accessible to all staff.

- ***Testing process*:**

    - Observe testing procedure: Test methodology (ELISA, PA or rapid test).
    - Internal quality control
    - Availability of National Manuals: (National Testing Guidelines and testing algorithm, National Universal Precaution Guidelines).
    - Interpretation of results: the results should be noted down in the laboratory record book. Any question on test technique, or test interpretation or record difficulties should be corrected by the supervisors. The laboratory technician should know where to call for help if in doubt: must have the contact number and address of reference laboratories or lab technicians.
    - Laboratory technicians at the VCCT should report on any difficulties they may have to reference lab technician or to NCHADS.

- ***After testing*:**

    - Cleaning and disposal, biohazard prevention measures (National Universal Precautions Guidelines);

- Communication systems to ensure reporting by the laboratory technicians on technical difficulties they may have encountered, and problem solving, through contact with the supervision system or **immediate communication with NCHADS or Reference laboratories.**
- Regular update and discussion on the testing methods with the lab technicians.
- Appropriate analysis and feed back to NCHADS of the testing QC.;
- Discuss UP (Universal Precautions) and PEP(Post Exposure Prophylaxis) with technicians: if someone is injured with a needle stick, National PEP should be applied.
- Keep them informed on their performance.

3.2 Quality Control (QC) for HIV testing

3.2.1 Objective of QC for HIV testing: To maintain high quality of HIV testing.

3.2.2 Selection of QC Procedure: There are several procedures for QC such as random sampling and serum panel through internal and external validation. For reasons of cost effectiveness and reliability, NCHADS has selected serum panel and regular sampling as its preferred methods.

3.2.3. Serum Panel Process:

Step 1: A panel of serum or blood sample pools is prepared at the reference laboratory (IPC or NIPH), tested for HIV and the test results recorded. There should be 4 samples tubes as a pool (with different status) prepared for each VCCT site. The serum samples are then sent or taken to all VCCT centers; carefully stored in an icebox temperature between 2ºC – 28ºC.

Step 2: At the VCCT centers, the laboratory technicians responsible for HIV testing perform tests on the serum samples sent or brought from the reference laboratories at the national level and complete the result sheet (attached) and send the results back to the reference laboratory through NCHADS.

Step 3: At the Reference Laboratory, the test results sent from the VCCT centers are checked and compared to the reference laboratory's results from Step 1.

Step 4: **The results will be analysed and translated as below:**

1. If the result of 1 among 4 tubes is correct, it means 25% is correct
2. If the result of 2 among 4 tubes is correct, it means 50% is correct,
3. If the result of 3 among 4 tubes is correct, it means 75% is correct.
4. If the result of 4 tubes is correct, it means 100% is correct.

Step 5: If the results vary from the reference Laboratory results, NCHADS staff with a reference lab technician will visit the VCCT and check and observe the

testing performance, test storage, date of reagents etc. and provide technical support accordingly.

- **Materials and resource persons required:**
  1: Serum panel tubes (4 tubes)
  2: Iceboxes (cold chains)
  3: Result sheets

- **Person involved**:
  - NCHADS and IPC or NIPH focal points
  - VCCT laboratory staffs or site supervisors.

- **Frequency:** Every 3 or 6 months; the prepared serum should be transferred to all VCCT centers within one week after its preparation.

- **Transportation:** The best way for managing transportation of the serum panel is to have a one-day workshop at the national level, organised by the VCCT sub-Unit of NCHADS in cooperation with reference laboratory staffs. One lab technician from each VCCT center will be invited to the workshop; when he or she leaves, he or she can take the prepared serum back to his or her VCCT center to perform testing. Alternatively, the serum panels can be sent through taxi or through supervision staff from the National level; or through the PAO who comes to the national level to take the reagents. Such workshops should be put in the national level VCCT sub-Unit Annual Work Plan.

4. Conclusion

This SOP is prepared by VCCT technical sub-working group with technical supported from reference laboratories. It is very important to develop this SOP to improve the quality of counseling and testing services in Cambodia.

Annex

Supervision Checklist for VCCT
NCHADS and PAO to VCCT

VCCT Counselors

For Pre-test counseling session in Obsevation

I. General information:

- Date of supervision (d/m/y)……../……../…….
- Name of supervisor:……
- Name of VCCT center……OD……PHD……
- Name of counselors:
  1…… Tel:……
  2…… Tel:……
- Working hours:
  1. Morning: start……Leave……..
  2. Afternoon: start……Leave……..

Subject	Y	N	Remark
I. Pre-test counseling			
1. Greeted client friendly and introduced self and role			
2. Asked reason why client come to VCCT			
3. Assessed client about the basic knowledge of HIV/AIDS			
4. Corrected misunderstanding on **HIV/AIDS**			
5. Assessed the risk behaviors			
6. Counseled about the risk reduction			
7. Counseled risk reduction planning process			
8. Introduced condom and how to use it in appropriate way			
9. Introduced HIV/AIDS transmission from mother to child and how to prevent it			
10. Reinforced information about window period and provided client details of date for re-test			
11. Asked client about symptoms of TB/TB treatment			
12. Asked client about symptoms of STI/STI treatment			
13. Explained the advantage of HIV testing			

14. Asked client about the consent for taking blood			
15. Filled code number to the blood tube is similar the code of appointment slip			
16. Provided the appointment slip and informed verbally about the date for post-test counseling			
17. If sex/age appropriate, touch client at some point-perhaps as exit the counseling room			
II.1. Pre-test counseling with proper inter-personal communication performance			
18. Appointment slip was given simply and directly			
19. Asked simple question			
20. Asked close question for factual information			
21. Answered question, using simple or clear language			
22. Gave client time to consider after asking him or her question			
23. Demonstrated active listening skills			
24. Facial expression followed client's story or emotion			
25. Maintained eye contact with client			
26. Asked about feeling or emotion			
27. If client showed feelings, allowed to express			
28. Checked understanding of client by asking them to say how they understood the information			
29. Asked client did he/she understand that			
30. Encouraged client to ask question			
31. Asked question one a time			
32. Counselor checked to see if client had further questions or issues for discussion			
33. Responded patiently and clearly to client's questions			
II.2. Pre-test counseling with improper inter-personal communication performance			
34. Asked leading questions			
35. Interrupted client			
36. Talked over client			
37. Told down client			
38. Spoke laud or fast			
39. Spoke almost with technical words			
40. Paid too much attention for forms or paper, not looking at the client			
III. Post-test counseling			
41. Greeted friendly to client			

42. Ensured a right client			
43. Reviewed major points covered during the pre-test counseling			
44. Asked client to intention upon learning of positive and negative test			
45. Discussed with client about his or her situation, any potential problems and possible plan			
46. If the test result was indeterminate or the test took place less than 3 months (window period) after episode of risk behavior, the client should be asked to come for another test			
47. Asked client for permission to open an envelope (if client agreed counselor to open the envelope, counselor provide counseling only one way either HIV positive or negative, or if client did not agree counselor to open an envelope, the counselor should provide counseling for both ways)			
III.1. Post-test counseling for HIV +			
48. Discussed the meaning of the HIV testing result			
49. Provided emotional support, checked the client immediately plans to ensure their safety			
50. Discussed the personal, family and social circumstances			
51. Discussed progression of HIV and AIDS			
52. Discussed other medical care and support such as OI treatment and prophylaxis, prevention of mother to child transmission (for pregnant women), TB preventive therapy and information about use of ART			
53. Developed a personalized risk reduction plan, including prevention of HIV transmission to partners who may be uninfected or untested, and use of safer sex practice			
54. Provided information about other services are available and made referral within the hospital or the nearest health facilities (when agreed by client), including services in the community such as community or home based care and support to families and children affected by HIV/AIDS			
III.2. Post-test counseling for HIV -			
55. Clarified the meaning of test result and "window period"			
56. Informed re-test if client is in "window period"			
57. Reviewed the basic knowledge of HIV/AIDS			

which was provided during pre-test counseling			
58. Discussed a risk reduction plan to safer sex behavior			
59. Distributed IEC			
60. Informed services are available for care support and treatment			
III.3. Post-test counseling with proper inter-personal communication performance			
61. Gave test result to client in calm manner			
62. Test result was given with an envelope			
63. Gave client time to consider after asking him or her question			
64. Maintained relax atmosphere			
65. Encouraged client to ask question			
66. Responded patiently and clearly to client's questions			
67. Answered the client's question by responding correctly			
68. Asked and answered questions, using simple or clear language			
69. Asked and answered questions pleasantly			
70. Asked question one a time			
71. Checked understand of client by asking them to say how he or she understood the information			
72. Checked to see if client had further questions or issues for discussion			
73. Closed counseling cession with kind words of farewell, thank for coming			
74. Walked patient to door after counseling cession was finished			
III.4. Post-test counseling with improper inter-personal communication performance			
75. Gave client advice			
76. Told client they must change, do this or that			
77. Told down to client			
78. Interrupted client			
79. Spoke almost with technical words			
80. Asked leading question			
81. Counselor say "never mind, it is ok, don't cry, don't think too much"			
IV. Role of counselor			
82. Confidentiality and voluntarism discussed with client			
83. Obtains informed consent			

84. Client intake record/report completed with client			
85. Models were available and demonstrated them to the client (specially condom performance)			
86. Blood drawn per guidelines if applicable			
V. Data management			
87. Ensured data entry of all medical and counseling forms (the latest month)			
88. Random sample of medical records reviewed and checked			
89. All active and inactive file in order			
90. Keep all record for HIV testing Quality Control			
VI. IEC/document management			
91. HIV testing protocol			
92. Appointment slip for VCCT			
93. Laboratory slip for VCCT			
94. Referral slip			
95. Counseling registration sheet			
96. Monthly report form			
97. Request form			
98. Condom was available			
99. Leaflet of VCCT was available			
100. Referral information was available (list of HBC or health services)			

Supervision Checklist for VCCT

VCCT Lab Technician

I. General information

- Date of supervision (d/m/y)……/……./……..
- Name of VCCT……OD……PHD
- Name of Lab technician
  1…….
  2…….
- Working hours
  1. Morning: start……..Leave……
  2. Afternoon: start……Leave……

Subject	Y	N	Remarks
I. Cleaning and hygiene			
1. Room			
2. Refrigerator			
3. Reagents were placed in an appropriate			

4. Equipments were placed in an appropriate			
II. Documented management			
5. Consumable request form			
6. Monthly report form			
7. Quarterly report form			
8. Register of Lab			
III. Observation the HIV test procedure			
9. Centrifuged blood			
10. Put reagents			
11. Aspired serum			
12. Stirred serum			
13. Spend enough time to show result			
14. Interpreted result			
15. Wrote the date			
IV. Role of lab technician			
16. Addressed to all safety guidelines, used standard work practice and followed universal precautions			
17. Worn long-sleeved lab coat, buttons closed with narrow tags			
18. Gloves were changed between clients			
19. Ensured laboratory equipment were arranged in order			
20. Ensured blood sample have client's number sticker secured and samples packaged as per guidelines			
21. Ensured test result were recorded in the register			
V. Stocked check (available or not available)			
22. Serodia HIV ½			
23. Genscreen HIV ½			
24. Uni-Gold			
25. Determine HIV ½			
26. Vacutainer tube			
27. Vacutainer needle			
28. Microplate			
29. Yellow tube			
30. Glove			