CORE INDICATORS TO MONITOR COMMUNITY BASED VOLUNTARY COUNSELLING AND TESTING (CBVCT) FOR HIV

Guidelines for CBVCT services

Field-test version

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Acronyms and abbreviations

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ARV	antiretroviral
ART	antiretroviral therapy
CBVCT	community based voluntary counselling and testing
CEEISCAT	Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya
CITC	client-initiated HIV testing and counselling
DD	Dublin Declaration
EAHC	Executive Agency for Health and Consumers
ECDC	European Centre for Disease Prevention and Control
ELISA	enzyme-linked immunosorbent assay
FHI	Family Health International
GARP	Global AIDS Response Progress
HIV	human immunodeficiency virus
HIV-COBATEST	HIV community-based testing practices in Europe
HTC	HIV testing and counselling
IDU	injecting drug users
ICRH	International Centre for Reproductive Health
IMPACT	Implementing AIDS Prevention and Care Project
MARPs	most at risk populations
MDD	monitoring Dublin Declaration
MSM	men who have sex with men
M&E	monitor and evaluate
NA	not applicable
NGO	non-governmental organisation
PITC	provider-initiated HIV testing and counselling
PMTCT	prevention of mother-to-child transmission
STI	sexually transmitted infection
SW	sex workers
TB	tuberculosis
UA	Universal Access
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCCT	voluntary confidential counselling and testing
VCT	voluntary counselling and testing
WHO	World Health Organisation

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1. Introduction

1.1. Purpose

The purpose of this document is to provide guidance to human immunodeficiency virus (HIV) community based voluntary counselling and testing (CBVCT) services on use of indicators to monitor and evaluate (M&E) their activities.

M&E of CBVCT at individual services level requires the allocation of needed resources such as personnel time and logistic support which should be planned for and ensured. For participating individual CBVCT services such M&E results will provide information for improving their services and enable them to compare their performance to other similar services. M&E results may also be useful for advocacy for CBVCT services to be provided in addition to health care based HIV testing and counselling (HTC) services and providing evidence of their activities and impact when seeking funding.

Recognising the difficulty of proposing the definition of CBVCT programmes or services and the heterogeneity of such services in Europe, for the purpose of "HIV community-based testing practices in Europe" (HIV-COBATEST) project and for the purpose of this document, CBVCT is defined as "any program or service that offers HIV counselling and testing on a voluntary basis outside the formal health system and that has been designed to target specific groups of the population most at risk and is clearly adapted for and accessible to those communities. Moreover, these services should ensure the active participation of the community with the involvement of community representatives either in planning or implementing HIV testing interventions and strategies".

The suggested core and optional CBVCT indicators will be field tested in the HIV-COBATEST CBVCT services network. Other CBVCT services in Europe are also encouraged to consider integrating these indicators into their ongoing M&E activities.

In addition, the document suggests which indicators could be considered by national HIV and acquired immunodeficiency syndrome (AIDS) prevention, treatment and care programmes for M&E CBVCT as a part of national HTC programmes M&E efforts.

These indicators are designed to help CBVCT services to assess the current state of CBVCT activities in achieving their objectives and/or targets with respect to the increasing proportion of people infected with HIV with early HIV diagnosis among key populations at higher risk of HIV exposure, such as men who have sex with men (MSM), sex workers (SW), injecting drug users (IDU), and migrants from countries with generalised epidemics. The guidelines are designed to improve the quality and consistency of the data collected at CBVCT services level for M&E purposes and thus also to enhance the accuracy of conclusions drawn from it, if collected at national and European level. The standardised M&E will allow for comparability of data within the European HIV-COBATEST network of CBVCT services, and between CBVCT services in member states.

When core CBVCT indicator data become available through HIV-COBATEST project or through M&E of HTC programmes on national level, European Centre for Disease Prevention and Control (ECDC) might consider incorporating these indicators into monitoring the implementation of the Dublin Declaration.

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1.2. Background

Early diagnosis of HIV infection is essential to decrease HIV related mortality and morbidity and to prevent further HIV transmission. It is a precondition for referral to treatment and HIV positive prevention. An effective HTC national programme must be able to establish standards, and ensure the quality of and coverage with these services among key populations at highest risk and with the greatest need. This will result in larger proportion of people with HIV infection being diagnosed early. The CBVCT services are recognized as a good approach to improve access to early HIV diagnosis for key populations at higher risk of HIV infection such as MSM, SW, IDU and migrants who may not actively seek HIV testing and counselling within the formal health care system or may face barriers to do so.

The European Commission has included access to HIV testing as a priority in their “Community Action in the Field of Public Health Work Plan 2009”. Several actions related to HIV testing have been conducted or are currently being conducted in Europe. The expert meeting held in Stockholm in January 2008, organised by ECDC and the International Centre for Reproductive Health (ICRH), Ghent University, produced the report: “HIV testing in Europe: from policies to effectiveness" (1). In 2010, ECDC issued the Guidance “HIV testing: increasing uptake and effectiveness in the European Union” that suggested that increasing access to HIV testing might involve establishing outreach HIV services for marginalised groups in community settings (2).

Among several other HIV related projects, the Executive Agency for Health and Consumers (EAHC) is also co-funding the project “HIV community-based testing practices in Europe” (HIV-COBATEST) (Grant Agreement N° 2009 12 11). The general objective is to promote early diagnosis of HIV infection in Europe by improving the implementation and evaluation of community-based HIV testing practices. The project complements previous and current reports and actions, focusing on CBVCT practices, by obtaining a deeper understanding of these programmes and services across countries and standardizing protocols and indicators to improve their implementation and evaluation. The first of the several core work packages of the project had the objective to assess the characteristics of the implementation of CBVCT programs in European countries by conducting a survey among national focal points in HIV and CBVCT services operating in Europe. As a result of the second core work package, a code on CBVCT specific good practice guidelines by qualitative study among users and providers will be prepared. This contributed to the proposal of a core group of indicators for M&E CBVCT. The European HIV-COBATEST network of CBVCT services will be created within which CBVCT activity will be monitored and evaluated and operational research will be conducted.

The document “Core indicators to monitor CBVCT for HIV: Guidelines for CBVTC services” developed by the HIV-COBATEST project is consistent with the current recommendations for HIV testing related indicators suggested by Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organisation (WHO), and ECDC as well as with the “Guide for monitoring and evaluating national HIV testing and counselling (HTC) programmes: field-test version” which was published by WHO in 2011 and the document “Monitoring and evaluating Voluntary Counseling and Testing Services: A facilitators training guide” published by Family Health International (FHI), in 2004.

This document defines a standardised approach to M&E CBVCT activities. For participating individual CBVCT services such M&E results will provide information for improving their services and enable them to compare their performance to other similar services. M&E results may also be useful for advocacy for CBVCT services to be provided in addition to health care based HTC services and

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providing evidence of their activities and impact when seeking funding. The standardised M&E will also allow for comparability of data within the European HIV-COBATEST network of CBVCT services, between CBVCT services in member states and also at the international level.

1.2.1 UNAIDS, WHO and ECDC HIV testing related indicators

Several HIV testing related M&E indicators have been developed and suggested to be used by national HIV/AIDS prevention, treatment and care programmes and for the purpose of national response monitoring and reporting to UNAIDS, WHO and ECDC.

In 2011, UNAIDS suggested the following five HIV testing related indicators to monitor global AIDS response progress (GARP) towards the targets of reducing sexual transmission of HIV by 50% by 2015, reducing transmission of HIV among people who inject drugs by 50% by 2015, and eliminating mother-to-child transmission of HIV by 2015 and substantially reducing AIDS-related maternal deaths (GARP indicators) (3):

- GARP 1.5: HIV testing in the general population
  (Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their result)
- GARP 1.9: Sex workers: HIV testing
  (Percentage of SW who have received an HIV test in the past 12 months and know their result);
- GARP 1.13: Men who have sex with men: HIV testing
  (Percentage of MSM that have received an HIV test in the past 12 months and know their result);
- GARP 2.4: People who inject drugs: HIV testing
  (Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their result)
- GARP 3.2: Early infant diagnosis
  (Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth)

The information about the first four of these five GARP indicators has been already collected in previous reporting rounds for monitoring the Declaration of Commitment on HIV/AIDS adopted at the United Nations General Assembly Special Session (UNGASS) on AIDS in June 2001. These indicators were previously called UNGASS indicators (4).

In 2011, WHO, UNAIDS and United Nations Children's Fund (UNICEF) published the “Global HIV/AIDS Response: Epidemic update and health sector progress towards Universal Access: Progress report 2011” presenting the data on scaling up access to health sector interventions for HIV prevention, treatment, care and support that included available HIV testing data (5). In 2012, WHO collected data on the following “Universal Access” (UA) HIV testing related indicators in addition to the above mentioned GARP and also UA indicators GARP/UA 1.9, GARP/UA 1.13, and GARP/UA 3.2:

- UA 1.15: Health facilities that provide HIV testing and counselling services
  (Percentage of health facilities that provide HTC services (all facilities and also by facilities' status: public, private or unknown))
- UA 3.4: Pregnant women who know their HIV status
  (Percentage of pregnant women who were tested for HIV and received their results - during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status)

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- UA 4.5: Late HIV diagnosis
  (Percentage of people with HIV infection who already need antiretroviral treatment at the time of diagnosis)

In 2010, ECDC published the "Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 Progress Report" (6) that included available information on HIV testing among IDU, MSM and SW. Several "monitoring Dublin Declaration" (MDD) indicators or Dublin Declaration (DD) indicators related to HIV testing were proposed. HIV testing related data collected by ECDC in 2012 included the following DD HIV testing related indicator in addition to the above mentioned GARP or UA or DD indicators GARP/UA/DD 1.9, GARP/UA/DD 1.13, GARP/UA/DD 2.4, and UA/DD 4.5:

- DD 1.19: Migrants: HIV testing
  (Percentage of migrants from countries with generalized HIV epidemics who received an HIV test in the last 12 months and who know their results)

None of these indicators have been developed to monitor HTC activities specifically for CBVCT services and to evaluate their contribution on early diagnosis of HIV infection on national level.

1.2.2. Monitoring and evaluating national HIV testing and counselling programmes

In 2011, WHO published the "Guide for monitoring and evaluating national HIV testing and counselling (HTC) programmes: field-test version« (7). The purpose was to describe a set of indicators that can be used by national HIV/AIDS prevention, treatment and care programmes to monitor and evaluate HTC services.

The document defined the following HIV testing relevant terminology:

- The term HIV testing and counselling (HTC) is used to refer to all services involving HIV testing provided with counselling. Different countries may use different terms, for example:

- *Client-initiated HIV testing and counselling* (CITC) – HTC services where people actively seek HTC. This may be a stand-alone service or part of a clinical service, in the workplace or a youth centre. Some countries use the term voluntary counselling and testing (VCT), or voluntary confidential counselling and testing (VCCT) to describe CITC services.

- *Provider-initiated HIV testing and counselling* (PITC) – HTC is recommended routinely by health-care providers to people attending health facilities as a standard part of medical care. This may be a part of general medical services or special services, for example, for people attending tuberculosis (TB) or sexually transmitted infection (STI) clinics, antenatal services (including prevention of mother-to-child transmission [PMTCT]), family planning, or services for IDU.

The document also stated that HTC can also be conducted as part of a *campaign*, or through *outreach services* or through *home-based testing*. The term CBVCT services was not specifically mentioned, however is covered by the term special services.

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In brief, the following indicators were suggested to be considered for use by national HTC programmes to M&E HTC services:

- Existence of national HTC policies and guidelines that are consistent with international standards
- Proportion of HTC sites which meet national service quality standards
- Number of health facilities that provide HTC services
- Proportion of facilities providing antenatal care (ANC) services which also provide HTC for pregnant women
- Proportion of facilities providing antenatal care (ANC) services with both HIV testing and antiretroviral (ARV) drugs for PMTCT on site
- Number of women and men aged 15+ years who received an HIV test in the past 12 months and who know the results
- Proportion of most at risk populations (MARPs) that have received an HIV test in the past 12 months and know the result
- Ratio of number of new patients receiving care/pre-antiretroviral therapy (ART) or ART services by number of new people who test positive for HIV
- Proportion of pregnant women who know their HIV status
- Proportion of TB patients who had an HIV test result recorded in the TB register
- Proportion of people tested through PITC
- Proportion of individuals aged 15+ years who received their result and who report ever having been previously tested for HIV
- Proportion of individuals aged 15+ years who received couples/partner HTC and learned their result of HIV test together with their partner in the past 12 months
- Proportion of pregnant women attending ANC whose male partner was tested for HIV
- Proportion of infants born to HIV-infected women who receive an HIV test within the first 12 months of life
- Proportion of health facilities that provide virological testing services
- Proportion of infants born to HIV- infected women, who receive a virological test for HIV within 2 months of birth

The following indicators were suggested to be considered for population-based surveys:

- Proportion of women and men aged 15-49 years who received an HIV test in the past 12 months and who know the result
- Proportion of women and men aged 15-24 years who received an HIV test in the past 12 months and who know the result
- Proportion of people aged 15-49 years who know their HIV status
- Proportion of MARPs who have received an HIV test in the past 12 months and know the result

None of these indicators have been developed to monitor HTC activities specifically for CBVCT services and to evaluate their impact on early diagnosis of HIV infection on the national level. However, some, if adapted for CBVCTs, would be appropriate to be used by CBVCT services and several also by national HTC programmes, if M&E of CBVCT services on early diagnosis of HIV infection had been introduced on national level.

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1.2.3. Monitoring and evaluating voluntary counselling and testing services

In 2004, FHI together with Implementing AIDS Prevention and Care Project (IMPACT) and United States Agency for International Development (USAID) published a facilitators' training guide "Monitoring and evaluating Voluntary Counseling and Testing Services" as a part of "Monitoring HIV/AIDS Programs: a Facilitator's Training Guide (USAID resource for prevention and treatment)" (8). The purpose was to provide a facilitators guide for workshops to build participants' skills in monitoring VCT programmes and in planning programme evaluations with emphasis on VCT program objectives.

The document defined VTC as the process of providing counselling to an individual to enable him or her to make an informed choice about being tested for HIV and listed several VCT services models that had been used: free-standing, hospital services, non-governmental organisation (NGO) within hospital, integrated into general medical outpatient services in public hospitals, within specialist medical care (e.g. STI clinic), health center, private sector, workplace clinic, referral sites for legal requirements (e.g. pre-employment), youth health services and school health services, health services for vulnerable groups (e.g. MSM), attached to research projects/pilot projects, and blood transfusion services.

The term CBVCT services was not specifically mentioned, however is covered by the term "health services for vulnerable groups" with the following groups given in parenthesis: female SW, prison populations, refugees, IDU, MSM, children and orphans and street kids.

In brief, the following illustrative list of minimum process indicators for VCT programmes was suggested to be considered for use by VCT services to monitor and evaluate their activities:

- Number of trainings
- Number of counsellors trained
- Number of laboratory technicians trained in HIV testing (if rapid testing to be specified)
- Number of females provided HIV pre-test counselling
- Number of females accepting HIV test
- Number of females receiving HIV test result and post-test counselling
- Number of females testing positive for HIV
- Number of females testing positive for HIV referred for other care and support services
- Number of males provided HIV pre-test counselling
- Number of males accepting HIV test
- Number of males receiving HIV test result and post-test counselling
- Number of males testing positive for HIV
- Number of males testing positive for HIV referred for other care and support services
- Total number of clients who receive pre-test counselling at VCT centers
- Total number of clients tested for HIV at VCT services
- Proportion of all clients seen in site accepting HIV test
- Total number of clients receiving post-test counselling and results at VCT centers
- Proportion of all clients testing for HIV who receive results
- Total number of clients testing positive for HIV
- Proportion of clients testing positive for HIV
- Total number of clients referred for other care services
- Proportion of clients referred to other care services

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- Number of support groups
- Number of people participating in support groups
- Number of new VCT sites established
- Total number of VCT sites with USAID assistance

Although these indicators have not been developed to M&E HIV testing and counselling activities specifically for CBVCT services, most would be appropriate to be used by CBVCT services and some also by national HTC programmes, if M&E the effect of CBVCT services on early diagnosis of HIV infection had been introduced on national level.

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2. CBVCTS goal, objectives and targets

Selection of appropriate indicators for M&E CBVCT services activities depends on HIV related counselling and testing programme goals, objectives, and targets defined in the national HIV/AIDS prevention, treatment and care programme, as well as on national and international reporting requirements.

In general, national HTC programmes and services contribute to the goal of decreasing the proportion of late HIV diagnoses, since early HIV diagnosis is a precondition for early referral to treatment and HIV positive prevention.

Three overall objectives for HTC programmes in general could be stated as:

- to increase the number (proportion) of HIV infected individuals who are aware of their HIV status
- to reduce the proportion of late HIV diagnoses
- to reduce the proportion of people diagnosed with HIV not enrolled into treatment and care

These objectives should be reached with high quality HTC programme that ensures adherence to international or national HTC quality standards and has a good coverage.

CBVCT services in particular, complement other types of HTC programme services as they improve access to early HIV diagnosis for key populations at increased risk such as MSM, SW, IDU and migrants from countries with generalised epidemics to HTC, who may not actively seek HTC within the formal health care system or may face barriers to do so. This should be achieved at an acceptable cost of CBVCT services.

General CBVCT objectives could be stated as:

- to facilitate access to HIV counselling and testing for key populations at increased risk
- to increase the number (proportion) of HIV infected individuals among key populations at increased risk who are aware of their HIV status
- to reduce the proportion of late HIV diagnoses among key populations at increased risk
- to reduce the proportion of people among key populations at increased risk diagnosed with HIV not enrolled into treatment and care

These objectives should be reached with high quality CBVCT services and ensuring that they adhere to international or national HTC or CBVCT quality standards and have a good coverage of targeted key populations at increased risk. The high quality standards include:

- provision of pre-test (pre-result) counselling or pre-test discussion to all individuals seeking counselling and/or testing at CBVCT services
- ensuring that a high proportion of individuals tested at CBVCT facilities receive testing results
- provision of post-test (post-result) counselling to a high proportion of individuals with HIV positive test result at CBVCT facilities
- provision of post-test (post-result) counselling to a high proportion of individuals with HIV negative test result at CBVCT facilities

Specific CBVCT targets may be defined according to the national HTC programme objectives and targets and/or CBVCT objectives stated above taking into account the baseline assessment results.

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For example, with the aim of improving the CBVCT services through time and with respect to the objective provision of post-test (post-result) counselling to a high proportion of individuals with HIV positive test result at CBVCT facilities a target 90% of individuals with HIV positive test result at CBVCT facilities are provided with post-test (post-result) counselling at CBVCT facilities could be aimed for.

M&E of CBVCT at individual services level requires the allocation of needed resources such as personnel time and logistic support which should be planned for and ensured. For participating individual CBVCT services M&E results will provide information for improving their services and enable them to compare their performance to other similar services. The list of core indicators for M&E CBVCT services activities should be short and relevant for core goal, objectives and targets of CBVCT. Aims and objectives of special studies or research projects that may be conducted within CBVCT services generally require much more extensive data collection than routine M&E activities and often more sophisticated data collection methods, should not be confused with the core goal and objectives of routine CBVCT activities.

Appropriate balance between M&E data needs and data collection workload at the level of the CBVCT services as well as M&E resources at the level of the national HIV/AIDS prevention, treatment and care programme should be carefully considered. Also, feasibility of introducing, conducting and also sustaining M&E efforts in time should be carefully considered.

Additional objectives that are not related to the general CBVCT objectives stated above may also be identified by individual CBVCT sites and relevant targets identified according to their baseline assessment or results. Thus, individual CBVCT sites might consider identifying additional M&E indicators relevant for their specific CBVCT service objectives and targets, as well as funding agencies or donors' requirements.

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3. Core CBVCT indicators

3.1. Core CBVCT indicators for CBVCT services

Based on the above stated goal and objectives for CBVCT, the following 11 core CBVCT indicators will be collected routinely within HIV-COBATEST network of CBVCT services and are suggested to be collected in other CBVCT services in Europe for M&E purposes:

CBVCT 1: Number of clients[1] tested for HIV with a screening test[2]
CBVCT 2: Proportion of clients who reported to have been previously tested for HIV
CBVCT 3: Proportion of clients who reported to have been tested for HIV during preceding 12 months
CBVCT 4: Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months
CBVCT 5: Proportion of clients with reactive screening HIV test result
CBVCT 6: Proportion of clients tested for HIV with a screening test who received the results
CBVCT 7: Proportion of clients with reactive screening HIV test result who received post- result counselling
CBVCT 8: Proportion of clients with reactive screening HIV test result who were tested with confirmatory HIV test[3]
CBVCT 9: Proportion of clients with positive confirmatory HIV test result
CBVCT 10: Proportion of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility
CBVCT 11: Proportion of clients with positive confirmatory HIV test result who received post-result[4] counselling at CBVCT facility

In addition, the following 5 optional CBVCT indicators will be collected routinely within HIV-COBATEST network of CBVCT services and are suggested to be considered for collection in other CBVCT services in Europe for M&E purposes:

CBVCT 12: Proportion of clients who received a pre-test discussion[5] or pre-test counselling or pre-result counselling[6] and were tested for HIV with a screening test
CBVCT 13: Proportion of clients with non-reactive screening HIV test result who received post-result counselling

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[1] A CBVCT service specific clients' unique identifiers must be used to eliminate duplicates and to link information obtained at different visits from the same client and information about the same client received from other services (e.g. HIV testing laboratory). For example Soundex code of a surname and date of birth can be used. Some CBVCT services may decide to collect personal data about their clients.

[2] Enzyme-linked immunosorbent assay (ELISA) HIV test or rapid HIV test.

[3] Only a positive result of a confirmatory HIV test is the conclusive evidence of HIV infection.

[4] The term post-result counselling is equivalent to the term post-test counselling.

[5] In accordance with the CBVCT code of good practice prepared by HIV-COBATEST project, it may be a shorter pre-test discussion instead of a pre-test or pre-result counselling session that precedes specimen collection. When rapid HIV tests are used, shorter pre-test discussion and post–test counselling may be conducted within one session with the client.

[6] The term "pre-result counselling" implies counselling while waiting for a rapid HIV test result.

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CBVCT 14: Proportion of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility
CBVCT 15: Cost per client tested
CBVCT 16: Cost per HIV diagnosis

All these indicators, except for the latter two, should also be monitored in "disaggregated" form by gender, age (<25 and 25+ years old) and key population at risk (MSM, SW, IUD, migrants).

In addition, some contextual CBVCT service level descriptive data are suggested to be collected routinely by CBVCT services for M&E purposes, including the type of HIV tests used.

Finally, it would be very useful for CBVCT services to be able to monitor successful linkage of HIV infected clients' to health care and proportion of CBVCT services clients diagnosed late. *Linkage to health care is defined as entry into health care or follow-up by an HIV specialist or in an HIV unit within three months after HIV diagnosis at CBVCT facility and the linkage is facilitated by the CBVCT site*. *Late HIV diagnosis is defined as diagnosis when CD4 cells count within three months after HIV diagnosis is <350 CD4 cell/mm^3*. The relevant two optional core CBVCT indicators to be considered by CBVCT services are:

CBVCT 17: Proportion of clients who tested HIV positive at CBVCT sites who were linked to health care
CBVCT 18: Proportion of clients who tested HIV positive at CBVCT sites who were diagnosed late

Although the list of core CBVCT indicators suggested above for M&E CBVCT services is already rather long, individual CBVCT sites may decide to monitor a few additional indicators that are relevant to their specific CBVCT service objectives and targets or are requested for monitoring by funding agencies or donors. Such additional indicators could include indicators on counselling quality and content, client satisfaction, counsellors' requirements and satisfaction, etc. This might require not only more extensive data collection but also more complex data collection methods (e.g. exit interviews to monitor clients' satisfaction (9) or direct observation of interaction between clients and providers to monitor adherence to national HTC service quality standards) and should be considered carefully.

3.1.1. Data sources

The information needed for estimating the first 16 of the suggested core and optional CBVCT indicators and the contextual CBVCT service level descriptive data can be collected as part of the routine CBVCT services records keeping system. The indicators from CBVCT 1 to CBVCT 14 are based on information about individual clients. The indicators CBVCT 15 and CBVCT 16 are specific for the whole CBVCT service.

The information needed for estimating the last two suggested optional CBVCT indicators (CBVCT 17 and CBVCT 18) might not be available at the CBVCT service. Since these two indicators are relevant for two of the four general CBVCT objectives, possibility to either obtain such information from local health care services to which the clients who tested positive were referred to or from the national HIV surveillance system should be explored.

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3.1.2. Data items

A minimum of the following data items need to be collected routinely for each client seen at the CBVCT site to be able to obtain and/or calculate or compute the 11 core and 3 optional CBVCT indicators (CBVCT 1 to CBVCT 14):

Clients' unique identifier:
- any specific unique identifier[7] used at an individual CBVCT service (e.g. : Soundex code of a surname and date of birth)

Clients' characteristics data:
- gender (male, female)
- age (in years or calculated in years from the date of visit and date of birth or only <25years old and 25+ years old)
- key population at higher risk (MSM, SW, IDU, migrant, other, does not want to tell, not asked)

Data about requesting the test visit:
- date of "requesting the test" visit (dd/mm/yy)
- ever tested before (yes, no, does not know, does not want to tell, not asked)
- tested previously – last time during 12 months preceding the "requesting the test" visit (yes, no, does not know, does not want to tell, not asked)
- tested previously – last time during 12 months preceding the "requesting the test" visit at the same CBVCT facility (yes, no, does not know, does not want to tell, not asked)
- pre-test discussion or pre-test counselling or pre-result counselling (yes, no)
- specimen for HIV testing obtained (yes, no)
- screening HIV test performed, e.g. rapid HIV test or ELISA test (yes, no)

Screening HIV test:
- screening HIV test result (reactive, non-reactive)

Data about obtaining the screening HIV test result session/visit[8]:
- obtaining the screening HIV test result session/visit (yes, no)
- date of obtaining the screening HIV test result session/visit (dd/mm/yy)
- client received the screening HIV test result (yes, no)
- HIV screening test post-result counselling (yes, no)

The following data need to be collected only for clients with reactive screening HIV test result:

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[7] Some sort of clients' unique identifiers must be used to eliminate duplicates and to link information obtained at different visits from the same client and information about the same client received from other services (e.g. HIV testing laboratory). For example, Soundex code of a surname and date of birth can be used. See Soundex coding guide in Appendix 2.

[8] Obtaining the screening HIV test result session/visit may be the same as the requesting the HIV test session/visit if rapid HIV test are used.

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Confirmatory HIV testing:

- confirmatory HIV test performed (yes, no)
- confirmatory HIV test result (positive, negative, inconclusive)

Data about obtaining the confirmatory HIV test result visit:

- obtaining confirmatory HIV test result visit (yes, no)
- date of "obtaining the confirmatory HIV test result" visit (dd/mm/yy)
- post-test HIV counselling (yes, no)
- client received the confirmatory HIV test result (yes, no)

For estimating the core indicators CBVCT 15 and CBVCT 16 the total operational cost of CBVCT facility during a specified period (e.g. one year) is needed.

The contextual information about the type of HIV tests used at CBVCT facility during a specified period (e.g. one year) is available at the facility.

For estimating the indicators CBVCT 18 and CBVCT 19, the following information on clients who were diagnosed as HIV positive at CBVCT sites should try to be obtained from the local health care services to which they were referred or from the national HIV surveillance system:

- successful linkage into health care system (yes, no)
- date of entry into health care (dd/mm/yy)
- CD4 count at entry into health care (count)
- date of CD4 count at entry into health care (dd/mm/yy)

The last four data items should be linked to the unique identifier used at the individual CBVCT service.

Individual CBVCT services that will use these core and optional CBVCT indicators for M&E of their services should ensure the collection of these data items within their own data collection or records keeping system.

3.1.3. Frequency of measurement

Annual estimation of all CBVCT indicators is suggested. This would correspond to one year reference time period for all indicators.

Individual CBVCT sites may decide on more frequent estimation of at least some of the core CBVCT indicators (e.g. monthly monitoring of the number of clients tested for HIV).

3.1.4. Measurement and calculation methods

For the core indicator CBVCT 1 a simple count during a specified period (e.g. a year) is needed. This indicator should also be estimated in a "disaggregated" form: for men and women and for at least two different age groups (< 25 years old and 25+ years old) and by key populations at higher risk (MSM, SW, IUD, migrants from countries with generalised epidemics). Some examples for a "disaggregated" indicator CBVCT 1 are:

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- Number of clients tested for HIV with a screening test that were female SW
- Number of clients tested for HIV with a screening test that were male SW
- Number of clients tested for HIV with a screening test that were SW and < 25 years old
- Number of clients tested for HIV with a screening test that were SW and 25+ years old

For obtaining estimates of all other core and optional CBVCT indicators (CBVCT 2 to CBVCT 18) data for the numerators and denominators are needed:

CBVCT 2:
Proportion of clients who reported to have been previously tested for HIV (during a specified period, e.g. a year)

Numerator: number of clients who reported to have been previously tested for HIV (in a given year)
Denominator: number of clients tested for HIV with a screening test (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

CBVCT 3:
Proportion of clients who reported to have been tested for HIV during preceding 12 months (during a specified period, e.g. a year)

Numerator: number of clients who reported to have been tested for HIV during preceding 12 months (in a given year)
Denominator: number of clients tested for HIV with a screening test (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

CBVCT 4:
Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months (during a specified period, e.g. a year)

Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months (in a given year)
Denominator: number of clients tested for HIV with a screening test (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

CBVCT 5:
Proportion of clients with HIV reactive screening HIV test result (during a specified period, e.g. a year)

Numerator: number of clients with reactive screening HIV test result (in a given year)
Denominator: number of clients tested for HIV with a screening test (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

CBVCT 6:
Proportion of clients tested for HIV with a screening HIV test who received the results (during a specified period, e.g. a year)

Numerator: number of clients tested for HIV with a screening test who received the results (in a given year)
Denominator: number of clients tested for HIV with a screening test (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

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CBVCT 7:

Proportion of clients who received post-result counselling (during a specified period, e.g. a year)

Numerator: number of clients with reactive screening HIV test result who received post-result counselling (in a given year)
Denominator: number of clients with reactive screening HIV test result (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

CBVCT 8:

Proportion of clients with reactive screening HIV test result who were tested with confirmatory HIV test (during a specified period, e.g. a year)

Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test (in a given year)
Denominator: number of clients with reactive result of the screening HIV test (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

CBVCT 9:

Proportion of clients with positive confirmatory HIV test result (during a specified period, e.g. a year)

Numerator: number of clients with positive confirmatory HIV test result (in a given year)
Denominator: number of clients tested for HIV with a screening test (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

CBVCT 10:

Proportion of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility (during a specified period, e.g. a year)

Numerator: number of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility (in a given year)
Denominator: number of clients with positive confirmatory HIV test result (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

CBVCT 11:

Proportion of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility (during a specified period, e.g. a year)

Numerator: number of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility (in a given year)
Denominator: number of clients with positive confirmatory HIV test result (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

CBVCT 12:

Proportion of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test (during a specified period, e.g. a year)

Numerator: number of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test (in a given year)
Denominator: number of clients who received pre-test discussion or pre-test counselling (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

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CBVCT 13:

Proportion of clients with non-reactive screening HIV test result who received post-result counselling (during a specified period, e.g. a year)

Numerator: number of clients with non-reactive screening HIV test result who received post-result counselling (in a given year)
Denominator: number of clients with non-reactive screening HIV test (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

CBVCT 14:

Proportion of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility (during a specified period, e.g. a year)

Numerator: number of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility (in a given year)
Denominator: number of clients with negative confirmatory HIV test result (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

The CBVCT indicators (CBVCT2 to CBVCT 14) should also be estimated or calculated in a "disaggregated" form by gender, age and key populations at increased risk (MSM, SW, SW, IUD, migrants). For example,

"Disaggregated" CBVCT 5 indicator for clients who are SW and <25 years old:
Proportion of clients who are —— SW and < 25 years old with reactive screening HIV test result (during a specified period, e.g. a year)

Numerator: number of clients who are SW and < 25 years old with reactive screening HIV test result (in a given year)
Denominator: number of clients who are SW and < 25 years (in a given year)
Calculation: numerator / denominator x 100 (to give a percent [%])

The indicators CBVCT 15 and CBVCT 16 are indicators specific for the whole CBVCT service.

CBVCT 15:

Cost per client tested (during a specified period, e.g. one year)

Numerator: total operational cost of CBVCT service (in a given year)
Denominator: number of clients tested for HIV with a screening test (in a given year)
Calculation: numerator / denominator

CBVCT 16:

Cost per HIV diagnosis (during a specified period, e.g. one year)

Numerator: total operational cost of CBVCT service (in a given year)
Denominator: number of clients diagnosed with HIV infection (in a given year)
Calculation: numerator / denominator

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CBVCT 17:

Proportion of clients who tested HIV positive[9] at CBVCT sites who were linked to health care[10] (during a specified period, e.g. one year)

Numerator: number of clients who tested HIV positive at CBVCT sites who were linked to health care (in a given year)
Denominator: number of clients who tested HIV positive at CBVCT site (in a given year)
Calculation: numerator / denominator (to give a percent [%])

CBVCT 18:

Proportion of clients who tested HIV positive at CBVCT sites who were diagnosed late[11] (during a specified period, e.g. one year)

Numerator: number of clients who tested HIV positive at CBVCT sites who were diagnosed late[9] (in a given year)
Denominator: number of clients who tested HIV positive at CBVCT site (in a given year)
Calculation: numerator / denominator (to give a percent [%])

[9] Positive confirmatory test result.
[10] Linkage to health care is defined as entry into health care or follow-up by an HIV specialist or in an HIV unit within three months after HIV diagnosis at CBVCT facility and the linkage was facilitated by the CBVCT facility.
[11] Late HIV diagnosis is defined as diagnosis when CD4 cells count within three months after HIV diagnosis is <350 CD4 cell/mm^3.

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3.2. Candidate core CBVCT indicators for national level monitoring of CBVCT

3.2.1. UNAIDS, WHO and ECDC HIV related testing indicators adapted for CBVCT

European national HIV/AIDS prevention, treatment and care programmes that in their HTC programmes emphasize the importance of CBVCT programmes might consider using "adapted" HIV related testing indicators proposed by UNAIDS, WHO and ECDC for monitoring and evaluation of CBVCT services.

Relevant for CBVCT adapted UNAIDS, WHO and ECDC indicators would be:

- CBVCT GARP/UA/DD 1.9:
  Percentage of SW who have received an HIV test in the past 12 months at CBVCT service and know their result;
- CBVCT GARP/UA/DD 1.13:
  Percentage of MSM who have received an HIV test in the past 12 months at CBVCT service and know their result;
- CBVCT GARP/UA/DD 2.4:
  Percentage of IDU who have received an HIV test in the past 12 months at CBVCT service and know their result.

Additional relevant for CBVCT adapted ECDC (DD indicator) would be:

- CBVCT DD 1.19:
  Percentage of migrants from countries with generalized epidemics who received an HIV test in the last 12 months and know their result.

Suggesting methods for data collection for regular estimation of these CBVCT specific indicators is beyond the scope of this guidelines and would require the involvement of relevant stakeholder such as national HIV/AIDS prevention, treatment and care programme M&E team. Data collection methods would depend on specific national approach to M&E of the national HTC programme impact.

In countries where GARP/UA/DD indicators 1.9, 1.13, and 2.4 and DD 1.19 are estimated for the purpose of M&E of national HIV/AIDS prevention, treatment and care programmes as well as international reporting requirements, and CBVCT activities are perceived an important part of national HTC programmes, the above listed to CBVCT adapted GARP/UA/DD indicators 1.9, 1.13, 2.4 and DD 1.19 could be estimated with the inclusion of only one additional question per indicator into the relevant behaviour surveillance surveys.

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3.2.2. Additional candidate national level core indicators to monitor CBVCT

European national HIV/AIDS prevention, treatment and care programmes that in their HTC programmes emphasize the importance of CBVCT programmes might consider using the following CBVCT indicators for monitoring and evaluation of the contribution of CBVCT services to HTC programme within monitoring and evaluating their HTC programme:

- Number of CBVCT sites
- Proportion of individuals tested for HIV at CBVCT site among all people tested for HIV
- Proportion of new HIV diagnoses at CBVCT services among all new HIV diagnoses
- Proportion of new HIV diagnoses that were late (CD4 count <350 cells / mm^3) among all new HIV diagnoses at CBVCT services
- Proportion of new HIV diagnoses among MSM at CBVCT services among all new HIV diagnoses among MSM
- Proportion of new HIV diagnoses among SW at CBVCT services among all new HIV diagnoses among SW
- Proportion of new HIV diagnoses among IDU at CBVCT services among all new HIV diagnoses among IDU
- Proportion of new HIV diagnoses among migrants at CBVCT services among all new HIV diagnoses among migrants from countries with generalised epidemics
- Proportion of CBVCT services clients who tested HIV positive and were linked to health care
- Proportion of positive HIV test results of all HIV tests performed at CBVCT services
- Average cost per client tested at CBVCT services
- Average cost per HIV diagnosis at CBVCT services
- Proportion of CBVCT services that adhere to international or national HTC service quality standards

Suggesting methods for necessary data collection for regular estimation of such CBVCT specific indicators is beyond the scope of these guidelines and would require the involvement of relevant stakeholders such as national HIV/AIDS prevention, treatment and care programme M&E team. Data collection methods would depend on specific national approach to M&E of the national HTC programme impact.

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4. Recommendations for the implementation of guidelines for CBVCT services

All CBVCT services members of the HIV-COBATEST network will implement these guidelines to field-test these CBVCT indicators. Commitment to use the suggested core and optional CBVCT indicators for M&E of CBVCT services activities will be a precondition to become a member.

Other CBVCT services in Europe are also encouraged to integrate the suggested CBVCT indicators into their M&E activities.

M&E of CBVCT at individual services level requires the allocation of needed resources such as personnel time and logistic support which should be planned for and ensured. For individual CBVCT services, incorporating core and optional CBVCT indicators into their M&E will provide internationally standardised information for improving their services and enable them to compare their performance over time and to other similar services. Individual CBVCT services may also use such M&E results for advocating for CBVCT services in addition to health care based HTC services and for providing evidence of their good performance and impact when seeking funding. Such standardised approach will also allow for comparability of CBVCT M&E data within the European HIV-COBATEST network, between CBVCT services in member states and also at the international level.

The great majority of necessary data items for the suggested CBVCT indicators can be collected at the CBVCT site through routine records keeping. Most operating CBVCT services probably already collect a great majority of data items if not all, that are necessary for estimating the suggested core and optional CBVCT indicators within their routine data collection or records keeping systems. Thus only minor adaptations of their data collection might be needed in individual CBVCT services for the purpose of standardisation or harmonization of M&E data.

For estimating the last two very important optional CBVCT indicators, additional information on clients who were diagnosed as HIV positive at CBVCT sites should be obtained from either local health care services to which they were referred to or from the national HIV surveillance system. This will require involvement and cooperation of relevant local stakeholders and the use of a common unique identifier data (e.g. SOUNDEX code of a surname and date of birth). In negotiating access to such data, personal data protection issues should be considered carefully and, if necessary, a local medical ethical committee consent should be sought.

An example of a core CBVCT indicators data collection form is given in Appendix 1. This form was designed to be used by CBVCT services that will be members of the HIV-COBATEST network for sending the data to the HIV-COBATEST coordinator. The form can also be used to send the data to the national HIV/AIDS prevention, treatment and care programme to be used for the purpose of national M&E of CBVCT within the national HTC programme.

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5. References

1. European Centre for Disease Prevention and Control (ECDC). HIV testing in Europe: from policies to effectiveness. Stockholm: ECDC; 2008.

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4. UNAIDS. Monitoring the Declaration of Commitment on HIV/AIDS: guidelines on construction of core indicators: 2010 reporting. Geneva: UNAIDS; 2009.

5. World Health Organisation (WHO). Global HIV/AIDS Response: Epidemic update and health sector progress towards Universal Access: Progress report 2011. Geneva: WHO; 2011

6. European Centre for Disease Prevention and Control (ECDC). Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Stockholm: ECDC; 2010.

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8. Family Health International (FHI). Monitoring and evaluating Voluntary Counseling and Testing Services (Module 7). In: Monitoring HIV/AIDS Programs: a Facilitators Training Guide (a USAID Resource for Prevention, Care and Treatment). Durham: FHI; 2004.

9. UNAIDS. Tools for evaluating HIV voluntary counselling and testing. Geneva: UNAIDS; 2000.

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Appendix 1

CBVCT indicators data collection form for HIV-COBATEST network

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Instructions for using the CBVCT PROGRAMME M&E REPORT FORM

This form was designed to be used by CBVCT services that will be members of the HIV-COBATEST network for sending the results of M&E to the HIV-COBATEST coordinator.

For all members of the HIV-COBATEST network it will be mandatory to report the M&E data for indicators CBVCT 1 to CBVCT 16 at least once during the HIV-COBATEST project. All necessary data items for these indicators can be collected at the CBVCT service level. Most operating CBVCT services probably already collect a great majority of data items if not all, that are necessary for estimating the suggested core and optional CBVCT indicators within their routine data collection or records keeping systems. Thus only minor adaptations of their data collection might be needed in individual CBVCT services for the purpose of standardisation or harmonization of M&E data. In case HIV testing is conducted in external laboratory all necessary information should be provided to the CBVCT service.

For estimating the last two very important optional CBVCT indicators, additional information on clients who were diagnosed as HIV positive at CBVCT sites should be obtained from either local health care services to which they were referred to or from the national HIV surveillance system. This will require involvement and cooperation of relevant local stakeholders and the use of a common unique identifier data (e.g. SOUNDEX code of a surname and date of birth).

For most indicators, the data should be reported in “disaggregated” form by gender, age (<25 and 25+ years old) and key population at risk (MSM, SW, IUD, migrants). In case some clients belong to several key populations at risk (e.g. MSM and migrant), they should be reported as such (e.g. under MSM and migrant). Thus the number of all clients (All) might be lower than the sum of MSM, SW, IDU, and migrants.

The form can also be used to send the data to the national HIV/AIDS prevention, treatment and care programme to be used for the purpose of national monitoring and evaluation of CBVCT within the national HIV testing and counselling programme.

Finally, the form seems rather long, but for most CBVCT services that serve mostly one of the key populations at higher risk only roughly one third of the data asked for in the reporting form will have to be submitted.

Alternative way of submitting data by the CBVCT services that will be members of HIV-COBATEST network, such as disaggregated individual records data submission, can be agreed upon with individual CBVCT services. All necessary data items collection for the CBVCT indicators will also be integrated into the data collection instruments for the HIV-COBATEST Work package 7.

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CBVCT PROGRAMME M&E REPORT FORM
HIV-COBATEST CBVCT services network

CBVCT service name: _____

CBVCT service address: _____

Responsible individual:

Name: _____

E-mail address: _____

Telephone number: _____

Reporting period: from (dd/mm/yy):_____ to (dd/mm/yy):_____

Submission date: (dd/mm/yy): _____

Contextual information about CBVCT service:

Type of HIV tests used:

CBVCT 1: Number of clients tested for HIV

Number of clients tested for HIV with a screening test	All	Males	Females	<25 years old	25+ years old
MSM			NA		
SW					
IDU					
Migrants					
All					

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CBVCT 2: Proportion of clients who reported to have been tested for HIV

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients who reported to have been previously tested for HIV			NA		
Numerator: number of clients who reported to have been previously tested for HIV			NA		
Denominator: number of clients tested for HIV with a screening test			NA		
SW					
Proportion (%) of clients who reported to have been previously tested for HIV					
Numerator: number of clients who reported to have been previously tested for HIV					
Denominator: number of clients tested for HIV with a screening test					
IDU					
Proportion (%) of clients who reported to have been previously tested for HIV					
Numerator: number of clients who reported to have been previously tested for HIV					
Denominator: number of clients tested for HIV with a screening test					
Migrants					
Proportion (%) of clients who reported to have been previously tested for HIV					
Numerator: number of clients who reported to have been previously tested for HIV					
Denominator: number of clients tested for HIV with a screening test					
All					
Proportion (%) of clients who reported to have been previously tested for HIV					
Numerator: number of clients who reported to have been previously tested for HIV					
Denominator: number of clients tested for HIV with a screening test					

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CBVCT 3: Proportion of clients who reported to have been tested for HIV during preceding 12 months

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients who reported to have been tested for HIV during preceding 12 months			NA		
Numerator: number of clients who reported to have been tested for HIV during preceding 12 months			NA		
Denominator: number of clients tested for HIV with a screening test			NA		
SW					
Proportion (%) of clients who reported to have been tested for HIV during preceding 12 months					
Numerator: number of clients who reported to have been tested for HIV during preceding 12 months					
Denominator: number of clients tested for HIV with a screening test					
IDU					
Proportion (%) of clients who reported to have been tested for HIV during preceding 12 months					
Numerator: number of clients who reported to have been tested for HIV during preceding 12 months					
Denominator: number of clients tested for HIV with a screening test					
Migrants					
Proportion (%) of clients who reported to have been tested for HIV during preceding 12 months					
Numerator: number of clients who reported to have been tested for HIV during preceding 12 months					
Denominator: number of clients tested for HIV with a screening test					
All clients					
Proportion (%) of clients who reported to have been tested for HIV during preceding 12 months					
Numerator: number of clients who reported to have been tested for HIV during preceding 12 months					
Denominator: number of clients tested for HIV with a screening test					

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CBVCT 4: Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months			NA		
Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months			NA		
Denominator: number of clients tested for HIV with a screening test			NA		
SW					
Proportion (%) of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months					
Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months					
Denominator: number of clients tested for HIV with a screening test					
IDU					
Proportion (%) of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months					
Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months					
Denominator: number of clients tested for HIV with a screening test					
Migrants					
Proportion (%) of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months					
Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months					
Denominator: number of clients tested for HIV with a screening test					
All clients					
Proportion (%) of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months					
Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months					
Denominator: number of clients tested for HIV with a screening test					

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CBVCT 5: Proportion of clients with reactive screening HIV test result

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients with HIV reactive screening HIV test result			NA		
Numerator: number of clients with reactive screening HIV test result			NA		
Denominator: number of clients tested for HIV with a screening test			NA		
SW					
Proportion (%) of clients with HIV reactive screening HIV test result					
Numerator: number of clients with reactive screening HIV test result					
Denominator: number of clients tested for HIV with a screening test					
IDU					
Proportion (%) of clients with HIV reactive screening HIV test result					
Numerator: number of clients with reactive screening HIV test result					
Denominator: number of clients tested for HIV with a screening test					
Migrants					
Proportion (%) of clients with HIV reactive screening HIV test result					
Numerator: number of clients with reactive screening HIV test result					
Denominator: number of clients tested for HIV with a screening test					
All					
Proportion (%) of clients with HIV reactive screening HIV test result					
Numerator: number of clients with reactive screening HIV test result					
Denominator: number of clients tested for HIV with a screening test					

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CBVCT 6: Proportion of clients tested for HIV with a screening test who received the results

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients tested for HIV with a screening test who received the results			NA		
Numerator: number of clients tested for HIV with a screening test who received the results			NA		
Denominator: number of clients tested for HIV with a screening test			NA		
SW					
Proportion (%) of clients tested for HIV with a screening test who received the results					
Numerator: number of clients tested for HIV with a screening test who received the results					
Denominator: number of clients tested for HIV with a screening test					
IDU					
Proportion (%) of clients tested for HIV with a screening test who received the results					
Numerator: number of clients tested for HIV with a screening test who received the results					
Denominator: number of clients tested for HIV with a screening test					
Migrants					
Proportion (%) of clients tested for HIV with a screening test who received the results					
Numerator: number of clients tested for HIV with a screening test who received the results					
Denominator: number of clients tested for HIV with a screening test					
All					
Proportion (%) of clients tested for HIV with a screening test who received the results					
Numerator: number of clients tested for HIV with a screening test who received the results					
Denominator: number of clients tested for HIV with a screening test					

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CBVCT 7: Proportion of clients with reactive screening HIV test result who received post-result counselling

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients with reactive screening HIV test result who received post-result counselling			NA		
Numerator: number of clients with reactive screening HIV test result who received post-result counselling			NA		
Denominator: number of clients with reactive screening HIV test result			NA		
SW					
Proportion (%) of clients with reactive screening HIV test result who received post-result counselling					
Numerator: number of clients with reactive screening HIV test result who received post-result counselling					
Denominator: number of clients with reactive screening HIV test result					
IDU					
Proportion (%) of clients with reactive screening HIV test result who received post-result counselling					
Numerator: number of clients with reactive screening HIV test result who received post-result counselling					
Denominator: number of clients with reactive screening HIV test result					
Migrants					
Proportion (%) of clients with reactive screening HIV test result who received post-result counselling					
Numerator: number of clients with reactive screening HIV test result who received post-result counselling					
Denominator: number of clients with reactive screening HIV test result					
All					
Proportion (%) of clients with reactive screening HIV test result who received post-result counselling					
Numerator: number of clients with reactive screening HIV test result who received post-result counselling					
Denominator: number of clients with reactive screening HIV test result					

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CBVCT 8: Proportion of clients with reactive screening HIV test result who were tested with confirmatory HIV test

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients with reactive screening HIV test result who were tested with confirmatory HIV test			NA		
Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test			NA		
Denominator: number of clients with a reactive result of the screening HIV test			NA		
SW					
Proportion (%) of clients with reactive screening HIV test result who were tested with confirmatory HIV test					
Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test					
Denominator: number of clients with a reactive result of the screening HIV test					
IDU					
Proportion (%) of clients with reactive screening HIV test result who were tested with confirmatory HIV test					
Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test					
Denominator: number of clients with a reactive result of the screening HIV test					
Migrants					
Proportion (%) of clients with reactive screening HIV test result who were tested with confirmatory HIV test					
Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test					
Denominator: number of clients with a reactive result of the screening HIV test					
All					
Proportion (%) of clients with reactive screening HIV test result who were tested with confirmatory HIV test					
Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test					
Denominator: number of clients with a reactive result of the screening HIV test					

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CBVCT 9: Proportion of clients with positive confirmatory HIV test result

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%)of clients with positive confirmatory HIV test result			NA		
Numerator: number of clients with positive confirmatory HIV test result			NA		
Denominator: number of clients tested for HIV with a screening test			NA		
SW					
Proportion (%)of clients with positive confirmatory HIV test result					
Numerator: number of clients with positive confirmatory HIV test result					
Denominator: number of clients tested for HIV with a screening test					
IDU					
Proportion (%)of clients with positive confirmatory HIV test result					
Numerator: number of clients with positive confirmatory HIV test result					
Denominator: number of clients tested for HIV with a screening test					
Migrants					
Proportion (%)of clients with positive confirmatory HIV test result					
Numerator: number of clients with positive confirmatory HIV test result					
Denominator: number of clients tested for HIV with a screening test					
All					
Proportion (%)of clients with positive confirmatory HIV test result					
Numerator: number of clients with positive confirmatory HIV test result					
Denominator: number of clients tested for HIV with a screening test					

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CBVCT 10: Proportion of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility			NA		
Numerator: number of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility			NA		
Denominator: number of clients with positive confirmatory HIV test result			NA		
SW					
Proportion (%) of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Numerator: number of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Denominator: number of clients with positive confirmatory HIV test result					
IDU					
Proportion (%) of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Numerator: number of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Denominator: number of clients with positive confirmatory HIV test result					
Migrants					
Proportion (%) of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Numerator: number of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Denominator: number of clients with positive confirmatory HIV test result					
All					
Proportion (%) of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Numerator: number of clients with positive confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Denominator: number of clients with positive confirmatory HIV test result					

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CBVCT 11: Proportion of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility			NA		
Numerator: number of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility			NA		
Denominator: number of clients with positive confirmatory HIV test result			NA		
SW					
Proportion (%) of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility					
Numerator: number of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility					
Denominator: number of clients with positive confirmatory HIV test result					
IDU					
Proportion (%) of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility					
Numerator: number of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility					
Denominator: number of clients with positive confirmatory HIV test result					
Migrants					
Proportion (%) of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility					
Numerator: number of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility					
Denominator: number of clients with positive confirmatory HIV test result					
All					
Proportion (%) of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility					
Numerator: number of clients with positive confirmatory HIV test result who received post-result counselling at CBVCT facility					
Denominator: number of clients with positive confirmatory HIV test result					

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CBVCT 12: Proportion of clients who received a pre-test discussion or pre-test counselling or pre-result counselling and were tested for HIV with a screening test

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test			NA		
Numerator: number of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test			NA		
Denominator: number of clients who received pre-test discussion or pre-test counselling			NA		
SW					
Proportion (%) of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test					
Numerator: number of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test					
Denominator: number of clients who received pre-test discussion or pre-test counselling					
IDU					
Proportion (%) of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test					
Numerator: number of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test					
Denominator: number of clients who received pre-test discussion or pre-test counselling					
Migrants					
Proportion (%) of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test					
Numerator: number of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test					
Denominator: number of clients who received pre-test discussion or pre-test counselling					
All					
Proportion (%) of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test					
Numerator: number of clients who received pre-test discussion or pre-test counselling and were tested for HIV with a screening test					
Denominator: number of clients who received pre-test discussion or pre-test counselling					

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CBVCT 13: Proportion of clients with non-reactive screening HIV test result who received post-result counselling

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients with non-reactive screening HIV test result who received post-result counselling			NA		
Numerator: number of clients with non-reactive screening HIV test result who received post result counselling			NA		
Denominator: number of clients with non-reactive screening HIV test result			NA		
SW					
Proportion (%) of clients with non-reactive screening HIV test result who received post-result counselling					
Numerator: number of clients with non-reactive screening HIV test result who received post result counselling					
Denominator: number of clients with non-reactive screening HIV test result					
IDU					
Proportion (%) of clients with non-reactive screening HIV test result who received post-result counselling					
Numerator: number of clients with non-reactive screening HIV test result who received post result counselling					
Denominator: number of clients with non-reactive screening HIV test result					
Migrants					
Proportion (%) of clients with non-reactive screening HIV test result who received post-result counselling					
Numerator: number of clients with non-reactive screening HIV test result who received post result counselling					
Denominator: number of clients with non-reactive screening HIV test result					
All					
Proportion (%) of clients with non-reactive screening HIV test result who received post-result counselling					
Numerator: number of clients with non-reactive screening HIV test result who received post result counselling					
Denominator: number of clients with non-reactive screening HIV test result					

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CBVCT 14: Proportion of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility

	All	Males	Females	<25 years old	25+ years old
MSM					
Proportion (%) of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility			NA		
Numerator: number of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility			NA		
Denominator: number of clients with a negative confirmatory HIV test result			NA		
SW					
Proportion (%) of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Numerator: number of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Denominator: number of clients with a negative confirmatory HIV test result					
IDU					
Proportion (%) of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Numerator: number of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Denominator: number of clients with a negative confirmatory HIV test result					
Migrants					
Proportion (%) of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Numerator: number of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Denominator: number of clients with a negative confirmatory HIV test result					
All					
Proportion (%) of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Numerator: number of clients with negative confirmatory HIV test result who received the conclusive confirmatory HIV test result at CBVCT facility					
Denominator: number of clients with a negative confirmatory HIV test result					

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CBVCT 15: Cost per client tested

Numerator: total operational cost of CBVCT service: _____ €

Denominator: number of clients tested: _____

Calculation: numerator / denominator: _____ € / client tested

CBVCT 16: Cost per HIV diagnosis

Numerator: total operational cost of CBVCT service: _____ €

Denominator: number of clients diagnosed with HIV infection: _____

Calculation: numerator / denominator: _____ € / HIV diagnosis

CBVCT 17: Proportion of clients who tested HIV positive at CBVCT sites who were linked to health care

Numerator: number of clients who tested HIV positive at CBVCT sites who were linked to health care _____

Denominator: number of clients who tested HIV positive at CBVCT site _____

Calculation: numerator / denominator X 100 _____ %

CBVCT 18: Proportion of clients who tested HIV positive at CBVCT sites who were diagnosed late

Numerator: number of clients who tested HIV positive at CBVCT sites who were diagnosed late _____

Denominator: number of clients who tested HIV positive at CBVCT site _____

Calculation: numerator / denominator X 100 _____ %

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COMMENTS

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Appendix 2

Soundex coding guide

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The Soundex Code of a surname is always one letter followed by three numbers, such as E235 or W-262 (the hyphen is optional and can be disregarded). The letter is always the first letter of the surname. The numbers are assigned to the remaining letters of the surname according to the guide below. If necessary, zeroes are added at the end to produce a four-character code. Additional letters are disregarded.

Each number represents letters:
1 = B, F, P and V
2 = C, G, J, K, Q, S, X and Z
3 = D and T
4 = L
5 = M and N
6 = R
Disregard the letters A, E, I, O, U, H, W, and Y.

Some of the simpler examples:

Washington is coded W252 (W, 2 for the S, 5 for the N, 2 for the G, remaining letters disregarded).

Lee is coded L000 (L, there is no Soundex Code for E so the numbers 000 are added).

Some of the more complex rules:

Any double letters in a name are treated as one letter. For example:

Gutierrez is coded G-362 (G, 3 for the T, 6 for the first R, second R ignored, 2 for the Z).

If the surname has different letters side-by-side that have the same number in the Soundex coding guide, they are treated as one letter. Examples:

Pfister is coded as P-236 (P, F ignored, 2 for the S, 3 for the T, 6 for the R).

Jackson is coded as J-250 (J, 2 for the C, K ignored, S ignored, 5 for the N, 0 added).

Tymczak is coded as T-522 (T, 5 for the M, 2 for the C, Z ignored, 2 for the K). Since the vowel "A" separates the Z and K, the K is coded.

If a surname has a prefix, such as Van, Con, De, Di, La, or Le, the code should ignore these prefixes. Example:

VanDeusen is coded as D-250 (D, 2 for the S, 5 for the N, 0 added).

If a vowel (A, E, I, O, U) separates two consonants that have the same Soundex Code, the consonant to the right of the vowel is coded. Example:

Tymczak is coded as T-522 (T, 5 for the M, 2 for the C, Z ignored (see "Side-by-Side" rule above), 2 for the K). Since the vowel "A" separates the Z and K, the K is coded.

If "H" or "W" separate two consonants that have the same Soundex Code, the consonant to the right of the vowel is not coded. Example:

Ashcraft is coded A-261 (A, 2 for the S, C ignored, 6 for the R, 1 for the F). It is not coded A-226.

Online Soundex Machines are available. For example:
http://resources.rootsweb.com/cgi-bin/soundexconverter

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