

# **Report on Pre-Test of Toolkit on Voluntary Testing and Counselling (VCT)**

*Submitted To AIDS/HIV Integrated Model District  
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## Table of Contents

Executive Summary .....	4
Introduction.....	6
Methodology .....	6
Part I: Focus Group Discussions.....	8
Feedback from VCT Site Managers .....	8
Feedback from AIM Regional Managers and Cluster Coordinators .....	21
Part II: In-depth Interview .....	25
Part III: User-logs and questionnaires.....	30
Recommendations.....	36
Suggested changes to Section 1: Overview .....	36
Suggested changes to Section 2: Planning for VCT .....	36
Suggested changes to Section 3: Delivering VCT Services .....	36
Suggested changes to Section 4: Promoting VCT Services.....	36
Suggested changes to Section 5: Training for VCT.....	37
Suggested changes to Section 6: Monitoring and evaluation .....	37
Suggested changes to the format and design of the Toolkit .....	37
Annexes.....	38
VCT Toolkit Pre-testing Plan .....	38
Focus Group Discussion Protocol: VCT Site Managers.....	40
Focus Group Discussion Protocol: District –level VCT Personnel.....	44
Focus Group Discussion Protocol: AIM Regional Staff.....	47
Pre-test Journal.....	50
Self-administered questionnaire.....	53

## **Abbreviations/Acronyms**

AIC	AIDS Information Centre
AIM	AIDS/HIV Integrated Model District Programme
CBO	Community Based Organization
DAC	District HIV/AIDS Committee
DDHS	District Director of Health Services
DFP	District Focal Person
DHV	District Health Visitor
DNO	District Nursing Officer
DVCT	District Voluntary Counselling and Testing Supervisor
FGD	Focus Group Discussion
GoU	Government of Uganda
HIV	Human Immuno –Deficiency Virus
MoH	Ministry of Health
NGO	Non Governmental Organisation
PMTCT	Prevention of Mother to Child Transmission of HIV
VCT	Voluntary Counselling and Testing

## Executive Summary

The Ministry of Health, with support from USAID's AIDS/HIV Integrated Model District Programme (AIM) is developing a "Toolkit" of materials to support VCT site coordinators in managing VCT services. The Toolkit is designed to put useful tools into the hands of the people who need them. The materials are intended to strengthen the delivery of key elements of VCT services.

To ensure that the materials are appropriate and understandable, AIM, in collaboration with the Ministry of Health designed a pre-test of the Toolkit to be conducted in twelve districts of Uganda, (Bushenyi, Katakwi, Kayunga, Kumi, Lira, Mbale, Mbarara, Mubende, Mukono, Ntungamo, Rukungiri, and Tororo). The pre-test was conducted by Communication for Development Foundation Uganda (CDFU) from December 6, 2004 through January 21, 2005.

**Methodology:** The VCT Toolkit was pre-tested using Focus Group Discussions (FGDs) with three groups, in-depth interviews among VCT providers and managers and a combined review of user logs and self-administered questionnaires from six district VCT personnel. The participants included: site managers, programme or project staff and district level personnel such as the District AIDS Committee (DAC) or HIV focal persons. The CDFU pre-test field team consisted of two FGD leaders and two note-taker/observers. The pre-test coordinator worked with the field team to review all instruments, and assist with analysis and report writing.

**Findings:** The compiled responses are summarized below:

### Why use the Toolkit:

- Refresh skills in provision of VCT services.
- Share the information with other service providers.
- Majority of respondents said all sections of the Toolkit were useful in provision of VCT services. Service providers mainly found section 3, 4 and 6 very useful and applicable in their day-to-day work.

### Needs/gaps/recommended changes:

- Need to harmonize AIDS Information Center (AIC) and Ministry of Health (MoH) test algorithm and forms for data collection.
- A support supervision tool that has a simple checklist for supervisors because they do not have the time to use the whole section on monitoring and evaluation during support supervision.
- Section 3 (*Delivering VCT services*) should:
  - Include a section on how to deliver services to people with special needs like the mute and the blind.

- Include health education talks in the flow after client reception and registration as clients wait for counselling services.
- Remove the table in the picture on the cover page; let the woman counsellor speak to the clients with her hands open. Respondents felt it should be counsellor talking and not the client.
- Support in form of transport to distribute the Toolkit to other VCT sites, more copies of the Toolkit and facilitation to hold promotional activities so as to increase the number of clients seeking VCT services.
- Guidelines for supervisors on how to use the Toolkit should be developed.

**Structure:** The pre-test offered respondents two formatting options for the toolkit. One was a spiral bound book with plastic cover and coloured tabs, and the other was a set of bound booklets – each toolkit section bound separately and packaged in a pocket folder.

- The majority of respondents liked the one bound book compared to binding each section because those can easily get misplaced.
- Respondents said the pocket file containing the Toolkit is not strong enough so they suggested using a strong and long-lasting folder.

Respondents said the following additional tools would help them in their work

- VCT national policy guidelines.
- Information, Education and Communication (IEC) materials.
- Client Registers.
- Constant supply of test kits.

Common needs at VCT sites:

These include consistent supply of test kits, which was an issue in many locations, integration of services, provision of post test services and capacity building for the service providers. Providing quality VCT services requires these to be in place.

**Recommendations:** CDFU pre-test team offers the following recommendations:

- a) Develop guidelines for orienting the managers to the Toolkit.
- b) Provide the final copy of the Toolkit in a hard, well bound copy. Make sure the tools can be easily photocopied.
- c) Make the Toolkit more attractive e.g. utilizing coloured pictures; improve the lay-out.
- d) For pretest, provide copies at least two weeks before the pre-test date.
- e) Continue the process of getting feedback on the Toolkit to guide the development of other Toolkits in future.

## Introduction

The Ministry of Health, with support from USAID's AIDS Integrated Model District Programme (AIM) is developing a "Toolkit" of materials to support VCT site coordinators in managing VCT services. The Toolkit is designed to put useful tools into the hands of the people who need them. The materials are intended to strengthen the delivery of key elements of VCT services.

To ensure that the materials are appropriate and understandable, the Ministry of Health together with other stakeholders have supported a pre-test of the Toolkit in twelve districts of Uganda, (Bushenyi, Katakwi, Kayunga, Kumi, Lira, Mbale, Mbarara, Mubende, Mukono, Ntungamo, Rukungiri, and Tororo) beginning December 6, 2004 – January 21, 2005 to obtain feedback on the following:

- Is the content accurate? Is it useful?
- Is the content appropriate for the purpose and target audience?
- Are the layout and format practical and attractive?
- Is it clear?
- Is anything missing that should be included?

## Methodology

The VCT Toolkit was pre-tested using Focus Group Discussions (FGDs), in-depth interviews and a process of user logs and self-administered questionnaires among VCT providers and managers. The participants included: site managers, programme or project staff and district level personnel such as the District AIDS Committee (DAC) or HIV focal persons. Facilitators also observed how people use the Toolkits together, rather than individually, since this is how they will probably be used in practice.

In order to understand the different needs of the different categories of Toolkit users, there was a separate focus group or interview with each of the audiences. The focus groups were conducted with:

- VCT Site Co-ordinators or managers from Government of Uganda (GoU) Health Centre III, IV and Hospital level VCT clinics, as well as private or NGO sites
- Project or Programme staff with VCT site oversight responsibility such as AIDS Information Centre (AIC) or AIM programme staff.

Interviews were conducted with:

- District level VCT personnel such as DAC focal persons or members, HIV focal persons or counsellor co-ordinators, and district health educators.

All focus group participants received copies of the Toolkit in advance so they could look through it, become familiar with it, and try it out. FGDs were recorded on tape to make sure that research assistants captured all the information.

A third pre-test approach used in this exercise was a “user-log”. Selected individuals from nine districts were asked to report on how they used the Toolkit during a three-week period. Participants were given copies of the toolkit and a journal or log-book. They were instructed to fill in a journal entry each time they used the Toolkit in the course of their work. At the end of the three-week period they were asked to complete a self-administered questionnaire and submit them to AIM. Completed journals and questionnaires were received from VCT Site Coordinators and Supervisors, District HIV Focal Persons and Counsellors in five districts.

The Toolkit was pre-tested to determine what users think about the content and format and to assess how effectively the Toolkit serves its purpose. The Toolkit was pre-tested during Focus Group Discussions (FGDs), in-depth interviews and self-administered questionnaires among VCT providers and managers. These included: site managers, programme or project staff and district level personnel such as the DAC or HIV focal persons. A total of 30 respondents reviewed the Toolkit:

- FGD Mbarara: 7 participants (Mbarara, Mubende, Ntungamo and Rukungiri)
- In-depth Interview (Bushenyi): 1 respondent
- FGD Mbale: 7 participants (Katakwi and Mbale)
- FGD Lira: 2 participants (Lira)
- FGD with AIM staff: 7 participants
- Self administered questionnaires: 6 respondents (Katakwi, Kayunga, Kumi, Mukono, and Tororo)

Most participants did not have adequate time to go through the Toolkit and try utilizing it before the pre-test. Even some of those who had the kit for sometime before submitting their responses seem not to have read the Toolkit well. In future, effort should be made to ensure the pre-test participants get the materials in time, and they should be “followed up” to check whether they are utilizing the materials or if they have any issues.

Generally, the VCT managers liked the Toolkit and also provided valuable information that will be incorporated before the Toolkit is finalised, produced and disseminated. One of the key issues they recommended was that guidelines on how to use the Toolkit should be developed for the managers. The managers should be oriented to the guidelines and the Toolkit in a one-day workshop. This would help them clearly know the purpose of the Toolkit, who it is meant for and how to utilise it since it seemed like most of the people who participated in the pre-test took the Toolkit as some material that is supposed to be utilised by different cadres.

The part most participants found useful and the one most mentioned they would use most is section 3: *Delivering VCT services*. For clarity, the parts of the sections appear in italics. Some of the suggestions appear bold or/and underlined for emphasis.

The report is divided into the following parts:

- Part I: Focus Group Discussions
- Part II: In-depth Interviews
- Part III: Self-administered Questionnaires

## **Part I: Focus Group Discussions**

### **Feedback from VCT Site Managers**

The Focus Group in Mbarara comprised of seven VCT site managers from GoU Health centre III, IV and hospitals owned by either private or NGOs from Mubende, Rukungiri, Ntungamo and Mbarara districts. The Mbale FGD comprised of seven participants and two participants attended the Lira FGD.

The moderator explained how the Toolkit is organized and briefly described the major sections as the note taker observed what the participants were doing. This report combines responses from Mbarara, Mbale and Lira discussions. The participants in Mbale and Lira seemed to have had time to read through the Toolkit because they all looked familiar with the Toolkit.

### **Findings from the Focus Group Discussions**

#### **Orientation to the VCT Toolkit**

Participants were given copies of the Toolkit and the interviewer explained how it is organized, while the note taker observed which sections the participants turned to:

- All Mbarara and Lira participants plus four out of the seven participants in Mbale turned to section one of the Toolkit, the *Overview of VCT*.
- Two participants in Mbale turned to *Delivering VCT services* and one participant turned to *Monitoring and Evaluation of VCT*.

#### **Section feedback**

Participants were divided into pairs and each pair looked at one section of the Toolkit. A detailed report on the feedback on each section follows. The sections were divided among different groups:

Section Two: <i>Planning for VCT</i>	Mbarara- Bushenyi, Mbale – Lira
Section Three: <i>Delivering VCT Services</i>	Mbarara- Bushenyi, Mbale – Lira
Section Four: <i>Promoting VCT Services</i>	Mbale – Lira
Section Six: <i>Monitoring and Evaluation</i>	Mbarara- Bushenyi, Mbale – Lira

#### **Section feedback (continued): Planning for VCT**

#### **Which parts of this section are most useful to you? Why?**

The parts mentioned as most important were: *Issues to consider when planning for VCT*, *Integration of services*, *Data collection methods* and *Planning for VCT services and projects*:



- ❖ The Mbarara participants said the most important part is *Issues to consider when planning for VCT*: infrastructure, human resource and supplies. According to them, this part is important because it highlights the resources needed to provide VCT services.
- ❖ *Integration of services* (Mbarara, Mbale and Lira participants): They said this is another important part because it involves provision of a wide range of services to a client due to the opportunistic infections that are associated with HIV/AIDS “thereby leading to client satisfaction”. An example is when a client is screened and treated for TB, this saves time as the client receives services from one unit and he/she can easily be monitored. Mbale and Lira participants said there is need for integrating VCT with services like: PMTCT, provision of ARVs, family planning, T.B screening and treatment and post test services.
- ❖ Mbale and Lira participants also found the part on *Data collection methods* important because health workers need to know how to collect data on HIV/AIDS.
- ❖ Also, three Mbale participants said that all parts in the section were useful. They said *Planning for VCT services and projects* is important because it helps to avoid duplication. The part talks about conducting a needs assessment that helps to tell which services are being provided in an area and what the gaps are.

### **Which parts are least useful? Why?**

- i) All parts very useful (Mbarara, Mbale participants).
- ii) Lira participants said they are more involved in service delivery so they found the part about *Planning for VCT services and projects* least useful

### **Which parts do you think you would use regularly in your day-to-day work? What would you do with them?**

The parts mentioned they would use regularly are:

- a) *Data collection methods*
- b) *Integration of services*
- c) *Budgeting*
- d) *Issues to consider when planning for VCT*

The Mbarara group said they would use regularly *Data collection methods* that include interviews, direct observation, and Focus Group Discussions. They said they would use this part during counselling of clients because during pre and post test counselling they interview and observe clients. They added that they would also use the part about *Budgeting* because they always need to budget for the requirements of the VCT site.

Participants in Mbarara, Mbale and Lira said they would use *Integration of services* regularly in their day-to-day work because they see patients with opportunistic infections associated

with HIV/AIDS that need to be treated. And also because clients need to receive other services after counselling. Mbale participants added that they would use *Issues to consider when planning for VCT* regularly because VCT sites need to check their supplies regularly.

### **Are there parts that are unclear or hard to understand?**

- Participants in Mbale and Lira said all parts were clear and they understood them. However they added that a part on sustainability of VCT projects should be included in *Planning for VCT and projects*.
- The Mbarara group said the part about *Data Collection* only talks about interviews, direct observation and FGDs. They suggested that review of Medical Records should be added.

### **What other tools would help you in your work?**

It is important to note that some sites need basic materials that are critical for provision of quality VCT services. The materials mentioned were:

- Registers at the reception, in the laboratory and in the clinic (Mbarara)
- Assessment forms (Mbarara)
- Lab request forms (Mbarara)
- Referral registers (Mbarara )
- VCT policy guidelines (Mbale & Lira)
- IEC materials (Mbale & Lira)
- Adequate staff at the unit (Mbale & Lira)

### **Suggested change:**

Page 13 bullet 2 should change to “Some family planning methods such as the condom offer couple protection from both infection and unwanted pregnancy (dual protection).”

### **Section feedback (continued): Delivery of VCT services**

#### **Which parts of this section are most useful to you? Why?**

While majority of the Mbale and Lira participants agreed that all parts were useful because they are inter-related when providing VCT services, the Mbarara participants and some Mbale and Lira participants said most useful parts are: *components of VCT services, Pre-and Post Test counselling* and “how to *deliver VCT to special groups*”.

The groups said the most useful parts are:

- 1) *Components of VCT services* - the services mentioned include: client reception and registration, pre-test counselling, HIV testing, post-test counselling and referral for

follow up care and support. They said the part is important because these are the services that each VCT site should be providing to the clients (Mbarara.)

The part is useful because it talks about the different components that should be at a VCT site (Mbale and Lira.)

- 2) *Registration* is also important because it helps in follow-up of clients.
- 3) *Pre and post-test counselling* is useful because it prepares the client for the next level of service (for example counselling prepares a client for the test and accepting of the test results).
- 4) “*How to deliver VCT to special groups*” was also found useful because service providers need to know how to deal with different groups of people when providing VCT services. The part is important because service providers need to know how to provide VCT services to special groups (Mbale, Lira.)
- 5) Service providers need to protect *client confidentiality* so this part is also very important (Mbale, Lira.)
- 6) *Integration*: VCT sites need to integrate other services with VCT, refer clients to other services that are not provided at the site and maintain their stock management.

### **Which parts are least useful and why?**

All parts are useful (Mbale, Lira.)

Everything in the section is very important because the section spells out clearly how to provide VCT services to clients (Mbarara.)

### **Which parts do you think you would use regularly in your day-to-day work?**

The Mbarara group said they would use all parts of the section in their daily work because all parts are important in provision of VCT services.

Participants in Mbale and Lira said they would use the following parts in their day-to-day work:

- a) *Delivering services to special groups*: Service providers need to know how to provide VCT services to special groups so they need to consult this part on how to provide the services.
- b) Service providers need to protect client confidentiality for all VCT clients and this should be done at all VCT sites.
- c) Service providers also need to know the services that should be integrated with VCT and how to integrate them. Therefore, this part is also important in the day-to-day work of the service provider.
- d) VCT sites need to know *how to improve stock management*; this is an important part if a site is to run effectively.

### **Are there any parts that are unclear or hard to understand?**

All participants said the parts were clear and simple to understand.

### **What other tool would help you in your work?**

- Support supervision Toolkit to guide supervisors in their work (Mbarara.)
- Good quality testing kits so as to make lab technicians confident (Mbarara.)
- Copies of the National Policy Guidelines on VCT and IEC materials like Flipcharts and brochures that they could use during counselling and when clients are waiting for services (Mbale, Lira.)
- Guidelines on counselling children because counsellors are not oriented on counselling the children (Mbale, Lira.)

### **Other comments:**

The following suggestions were put forward:

- Provision of a more detailed reference explaining how counselling should be done among special groups such as the mute and blind who also need VCT services (Mbarara).
- Harmonizing the MoH and AIC algorithms so that all sites in the country use the same algorithms (Mbarara). Note: Some participants said the MoH algorithm is better. (Four Mbale and both Lira participants)

**Suggestion:** Both algorithms have to be kept and used depending on the test kits available. May be the point about why use the two should be stressed for clarity.

- Under part 3.1 *Components of VCT*, add health education after client reception and registration.
- Under part 3.2: Consider the deaf as a special group;

Mbale participants said there is need for **more clarification on discordant results** especially on what brings it about. Also, **VCT may not be voluntary all the time** for example some doctors request for HIV tests for some patients and some husbands/wives order for HIV tests of their wives/husbands so the test may not be taken voluntarily.

### **Section feedback (continued): Promoting VCT Services**

This section was pre-tested among the Mbale and Lira participants. In most cases, the parts the participants felt were useful were the ones they said they would use regularly in their day-to-day work.

### **Which parts of this section are the most useful for you? Why?**

Participants in both locations said the most useful parts of the section are:

- *How to promote VCT services:* VCT sites need to know how to encourage more people to utilize the services.

- *Methods for delivering your message*: Service providers need to know the channels for delivering the messages.
- Tools: especially the *frequently asked questions* is a useful tool because it is a checklist for service providers when going to conduct a health education talk (Lira).

### **Which parts are the least useful? Why?**

Mbale participants said all parts are important because all are necessary in day-to-day work.

Lira participants said the *description of VCT promotion* is not very useful because it is just an introduction so someone can omit this section.

### **Which parts do you think you would use regularly in your day-to-day work? What would you do with them?**

Participants in both locations said the parts they would use regularly in their day-to-day work are:

- *How to promote VCT services*: VCT sites need to know how to encourage more people to utilize the services.
- *Methods for delivering your message*: Service providers need to know the channels for delivering the messages.
- Lira participants added that they would use the *frequently asked questions* as a checklist in their day-to-day work.

### **Are there any parts that are unclear or hard to understand?**

All participants said the parts are clear and easy to understand.

### **What other tools would help you in your work?**

Participants at both locations said they would need facilitation to hold promotional activities and they also need communication materials to use during promotional activities.

### **Section feedback (continued): Monitoring and evaluation**

#### **Which parts of this section are most useful to you? Why?**

Participants in Mbale and Lira said all parts were useful when monitoring and evaluating VCT programs because they are all important; and Monitoring and Evaluation helps to know the weaknesses and strengths of VCT services.

The Mbarara participants said the most useful part is *How to monitor and evaluate services* because it talks about how to organise and report the data and how to compare the data to see what it means so that appropriate action can be taken.

### **Which parts are least useful? Why?**

The Mbarara group said that all parts of the section are very useful and they should be followed when monitoring and evaluating VCT programs.

The Mbale and Lira teams also agreed that all parts are important when one is monitoring and evaluating VCT programs.

### **Which parts do you think you would use regularly in your day-to-day work? What would you do with them?**

The groups mentioned the parts they would use mostly are:

- *How to monitor and evaluate:* the part talks about data collection and comparing it to get the meaning and then take appropriate action. This would help VCT site managers in resource mobilisation and giving feedback (Mbarara).
- Two participants in Mbale and one participant in Lira said they would use part 2: *Why is Monitoring and Evaluation important* and part 3: *How do you Monitor and Evaluate* when conducting support supervision and when monitoring and evaluating VCT programs.
- Five participants in Mbale and one participant in Lira said they are not involved in monitoring and evaluation, but they are mainly involved in service delivery so they would not use the parts regularly.

### **Are there any parts that are unclear or hard to understand?**

While all participants from Mbale and Lira locations said the parts are clear and easy to understand, the Mbarara group said **information about the under 5-age group is not clear. MoH has a policy about testing this age group so it was suggested that this policy be talked about in the Toolkit.**

### **What other tools would help you in your work?**

Suggestions:

- There should be another section that talks about support supervision (Mbarara).
- The VCD card should capture laboratory results (Mbarara).
- The age group 5-17 in the tally sheet should be broken down because the causes of infection may be different for this age group (Mbarara).
- Condom distribution should be shown daily on the tally sheet other than monthly and this would help the site manager to order more supplies in case the stock ran out (Mbarara).
- VCT guidelines (Mbale, Lira).
- Resources to conduct monitoring and evaluation e.g. transport and allowances (Mbale, Lira). **NOTE: Though this was not a tool, it was frequently mentioned as a need.**

### Case Study 1

**‘The counsellors at your site are discouraging couples to test together because they don’t know how to deal with the test results. How could this Toolkit help you? Which parts would you use? How would you use them?’**

The participants were able to refer to the correct part of the section:

Four participants in the Mbarara FGD and the Mbale and Lira participants said they would use section 3: part 3.2 of the Toolkit, which talks about *how to deliver VCT to special groups*. The part explains how to provide VCT services to couples. The Mbarara participants said they would encourage the counsellors to read this part to acquire knowledge and skills in counselling couples and explaining discordant results. Three participants added they would arrange refresher courses for staff and stress couple counselling. The Mbale and Lira participants also said they would read through the same part to clarify issues in case counsellors have questions.

### Case Study 2

**The Ministry of Health has four indicators that each VCT site should report on. How would you find out the information using this Toolkit? Is the information given adequate?**

The participants referred to the correct part of the section with the indicators:

All participants in the Mbarara FGD said the information would be found in section 6: Part 6.3 (*identify the data you need to collect*). They said the indicators are:

- Number of people counselled
- Number of people testing for HIV
- Number of people testing positive
- Number of couples counselled and tested

Overall, most participants felt the information was adequate.

One participant said the information is not adequate, that it should also include number of discordant couples and be broken down into age groups. Another participant added that VCT reports should reflect people testing for the first, second or third time and those who actually come for their results.

### *Use of the Toolkit (findings from focus group discussion – continued)*

**Looking at the Toolkits as a whole, which sections do you think would be most useful to you in your work and why?**

The majority of the respondents said section 3 and 4 were the most useful:

- Section 3 *Delivery of VCT Services* is the most useful because it talks about provision of VCT services which is the core of their daily work, what they should do and how to do it well (Mbarara)

- Section 3 and 4 would be most useful in their work because they are involved in service delivery and promotion of VCT services (Mbale, Lira). Two participants added that the section about *promotion of VCT services* (Section 4) is also important because their job requires promoting VCT services to the community. One participant added that section 6 is very useful because it would help him to keep track of VCT activities at his site.
- Two participants in Mbale added that all sections would be useful in their work because they conduct trainings and need to plan for VCT services in the districts.

### **Which sections are least useful and why?**

- *Overview of VCT*: Four participants (Mbarara) said section one is the least useful because it is just an introduction to the rest of the sections.
- *Planning section*: Three participants (Mbarara) said that planning section would be least useful to them because the infrastructure at their sites is already in place; their work is just to provide and promote VCT services.
- *Training for VCT*: Five participants in Mbale and one participant in Lira said they are not very much involved in training for VCT and monitoring and evaluation so they found these sections least useful.

Two people from Mbale and one from Lira said all sections are useful.

### **NOTE:**

The comments about some sections being least useful do not necessarily mean the sections should be eliminated since there are no strong reasons against them highlighted. After all, their usefulness is mentioned/appreciated in the section reviews.

### **Which sections do you think you would use more frequently?**

The section that would be used most frequently is **section 3** (*Delivering VCT services.*)

Mbarara: All participants in the FGD said they would use section 3 more frequently. They said that it is the core section of the Toolkit since it shows the actual provision of VCT services.

Mbale, Lira: Most participants said they would use section 3 *Delivering VCT services* and 4 *Promoting VCT Services* most frequently.

One participant in Mbale and one participant in Lira said they would use section 5 *Training for VCT* most frequently.

One Mbale participant added that she would use section 6 *Monitoring and Evaluation* most frequently.



### **What would you do with them?**

- Read the section to refresh their skills in provision of VCT services (Mbarara.)
- Share with other staff members (Mbarara.)
- Would use the section during training of service providers (two participants, Mbarara).
- Refer to the sections when providing services and when promoting VCT services (Mbale, Lira.)

### **Are there any parts/anything that is unclear or hard to understand?**

All participants said the section is clear and everything was easy to understand.

### **What other tools would be useful to you?**

The participants said they would need:

- IEC materials to be used during counselling, promotional activities and during trainings (All participants.)
- A list of ARVs available (Mbarara.)
- List of partners in VCT (Mbarara.)
- VCT policy guidelines (Mbale, Lira.)
- Financial resources to conduct promotional activities, trainings and monitoring and evaluation (Mbale, Lira). **NOTE:** This is not a tool and trainings may not be required.

### **If you were using the Toolkit on job, in what location would you be using it?**

Different locations were mentioned:

- Would keep the Toolkit in the library so that all staff members get access to it. They would use it in the counselling room and the laboratory. One participant said she would make her own copy and keep it on her desk so that she reads it whenever she gets time. (Mbarara)
- Would use the Toolkit in the counselling departments/rooms and in general offices where all staff members can access the Toolkit. (Mbale, Lira)

### **Which members of your team would you share the Toolkit with?**

In spite of the fact that the Toolkit is meant for managers, participants mentioned different cadres of staff that should use the kit:

- All staff working in the HIV section need to read the Toolkit including: nursing assistants, records assistants, registered midwives, counsellors and lab technicians.

One participant added that even the support staff who guide the clients need the information in the Toolkit. (Mbarara)

- Participants mentioned the following: Counsellors, laboratory technicians, Health unit in- charge and other service providers at the health unit. (Mbale, Lira)

### **Format and design of the Toolkit**

#### **How easy and convenient will this Toolkit be for you to use?**

All participants said the Toolkit would be easy to use because they can pick out one section of interest and use it rather than carrying everything. However the participants cautioned that the sections could easily be misplaced because they are separated.

#### **How easy is the Toolkit to carry with you on foot, on a boda-boda or other means of transportation? How strong is the folder?**

All participants said the sections could easily fall out and get lost; the folder is weak and not long lasting. (*Note: This contradicts the answer above hence the preference for one bound book*)

#### **How strong are the pages?**

The pages are strong enough (all participants.)

#### **How easy it to read the pages?**

Easy to read (all participants.)

Two participants commented that the pictures are faint (Mbale).

#### **How strong is the folder?**

The folder is not strong enough (all participants.)

Suggestion: use a hard cover folder that is strong enough (Mbale, Lira)

#### **If you want to share a section with another staff member, what will you do?**

Most participants said they would share the copies. Only a few mentioned having the sections photocopied:

- Would use a particular section of interest and after give to another staff member (Five participants, Mbarara.)
- Would use the different sections in turns so that if someone wants to use section 3 he or she uses that section as other members interested in section 4 use the section (Mbale, Lira.)
- Would photocopy a section and give it to the staff member (three participants, Mbarara two participants Mbale.)

**Do you have access to photocopying or printing machine? Do you think you would be copying or printing parts of this document?**

All participants have access to photocopying or printing machine but they have to pay some money for the services or provide paper.

**Do you have a CD rom drive on your computer?**

Majority of the participants do not have access to computers or they do have computers but do not have the skills to use them. Therefore providing information to these people on CD Rom does not seem to be the best option:

- Do not have computers: four participants Mbarara, three Mbale, one Lira.
- Have access to computer and the computers have CD Rom but do not use them regularly and are not skilled: three participants Mbarara, four Mbale and one Lira.
- Have access to a computer with the CD rom drive but do not have the paper to use for printing: One participant, Mbale

**Do you want to be able to remove sections or do you want one bound book?**

Prefer one bound book because if the sections are separated, they can easily be misplaced: All Mbarara participants, Six Mbale and all Lira participants.

One Mbale participant preferred the separated sections because someone can use the sections of interest without carrying the whole Toolkit.

**What do you think about the illustrations? Are the illustrations adequate?**

- Illustrations are adequate (Mbale, Lira)
- Want more pictures in the different sections (Five participants, Mbarara).
- The woman counsellor in the picture on the cover page of section 3 should be the one talking and not the client. The counsellor should face the couple, have open hands and the table should be removed (**All participants**).
- Mbale participants added that on the illustration on the cover page of section 3, the counsellor should face the clients and follow “ROLES” i.e Relax, open, lean forward, eyes open and sit close.

**Which of the versions do you prefer and why?**

- 1) Prefer the one bound book because it's easy to handle. They said the individual booklets (separated sections) could easily be misplaced (five participants Mbarara)
- 2) Prefer the separate booklets because it is easy to pull out one section depending on the topic of interest (**two participants Mbarara**).

## **Conclusion**

### **Would you use this Toolkit in your work? Why or why not?**

All participants said they would use the Toolkit because:

- a) the information is relevant to their day-to-day work and if read and understood, the Toolkit can improve provision of VCT services.
- b) the kit reminds them of what to do when providing VCT services.

They would also use the Toolkit as a reference material for VCT service providers.

### **When you receive this Toolkit, what support from AIM would help you to use it?**

Mbarara:

- All participants said they would need facilitation to disseminate information to other staff; they need transport and money to conduct dissemination meetings.
- They also need more copies to give to other service providers in the health units.

Mbale, Lira:

- Support supervision on how the Toolkit is being used in the VCT sites.
- IEC materials to be used during provision of VCT services.
- Resources to conduct promotional activities and where necessary carry out outreaches.
- Assistance in constant “flow” of the test kits.

From the responses, the participants are not clear about who should use the kits. Provision of guidelines on how to use the kit will help to clarify this.

### **Do you have any other comments or suggestions?**

Mbarara:

Four participants said the following should be added to the *planning* section: the required infrastructure:

- Clean and safe waiting area
- Clean toilets
- Waste disposal, and
- Supplies like record books.

Mbale, Lira:

- Enough copies of the Toolkit for all staff providing VCT services.

## **Feedback from AIM Regional Managers and Cluster Coordinators**

The focus group with the AIM Programme staff (Regional Managers and Cluster Coordinators) included seven participants who are providing technical assistance to VCT sites.

### **ROLE OF AIM ON TECHNICAL ASSISTANCE**

**In your role overseeing VCT in your district, what do you do with the VCT sites to help them improve services?**

Participants said they do the following:

- Meet with VCT service providers to emphasize the use of standard VCT tools given to them from the Ministry of Health covering clinical services and following the National Guidelines on VCT.
- Talk to VCT site Managers about integrating services with VCT; for example screening and treatment of TB, STIs and other related illnesses.
- “Look” at PMTCT provided at the Health Unit.
- Discuss with counsellors about their experiences and findings from clients and making sure that they keep proper records capturing all information on VCT.

**What are the most common needs at VCT sites in your district?**

The following were mentioned:

- Forms where service providers record the data should be harmonized so as to capture all the information about VCT services at the health unit.
- Outreaches to extend services down to the grassroots.
- Consistent supply of test kits.
- Need to narrow the distance between the counselling rooms and the laboratory. The rooms should be labeled in a language that can be understood by most people using the services in the area.
- Integration with other services for example screening and treatment of TB and other opportunistic infections and to properly define the referral system for other services that cannot be provided at the unit.
- Post test services like post test clubs and clinical care services for HIV positive clients
- Capacity building to conduct refresher trainings for counsellors and community counselling aides and other community resource persons in counselling skills. There is also need to train Community Based Organization (CBO) in mobilization and referral procedures to send clients to VCT sites.
- Training more counsellors and laboratory technicians to meet the high demand of services in the districts.

*The underlined needs were consistent with what the FGD participants mentioned.*

## **When you are giving technical assistance to VCT sites in your district, what do you do?**

Participants said when they visit VCT sites they do the following:

- Monitor how services are provided; how clients are received, registered, how they are counseled and how results are given.
- Observe how test kits are handled in the laboratory.
- Observe what activities they do have for clients before receiving the services.
- Check how records are kept.
- Talk to VCT site staff especially the health unit in-charge about the problems at the site and together they devise means of solving the problem. For example they help sites with inadequate test kits to fill requisition forms for more test kits. They also share with the staff findings of their observations at the site and suggest areas of improvement.

## **What kind of tools would help you to give technical assistance to VCT sites?**

The following tools were mentioned:

- ❖ Harmonized counselling/client cards from MoH and AIC so that sites use the same cards at each site.
- ❖ Standardized checklist and protocol for counselling so that all VCT sites use the same checklist.
- ❖ VCT sites should have enough space for counselling room, TB ward/TB clinic, laboratory and office for health unit in-charge. This helps to maintain client confidentiality.
- ❖ Distribution of National VCT guidelines to all stake holders like service providers, VCT coordinator, TB supervisor and the DDHS would make provision of technical assistance easy because they will be informed of what to do in provision of VCT services. *Distribution of the National VCT guidelines was an issue mentioned by other respondents.*

## **Use of Toolkit**

### **Looking at the Toolkit, which parts do you think would be most useful for you when assisting VCT sites in your district and why?**

Participants said the most useful parts would be:

- Section 3 *Delivery of VCT services*: it contains what VCT sites should be doing when providing VCT services.
- Section 6 *Monitoring and Evaluation of VCT*: because the participants are supposed to supervise VCT services so this section spells out what they should be doing when monitoring and evaluating VCT programs.

### **Which parts would be least useful and why?**

- A simplified tool should be developed to be used during supervision.
- Some general information about VCT should be left out so as to reduce on the information in the Toolkit.
- One participant said that even for service providers a simplified tool in a form of a job aide like a flipchart should be developed and the Toolkit be used as reference material.

### **Which parts do you think you would use most frequently?**

Participants said they would use section 3 *Delivering VCT services*, section 4 *Promotion of VCT services* is important but for their sake as supervisors it can be used as a reference Material so they suggested developing a simplified checklist to VCT services and section 6 *Monitoring and Evaluation* most frequently.

### **Are there any parts that are unclear or hard to understand?**

Participants said suggested that under section 6 *Monitoring and Evaluation*, the kind of data to be recorded by the counsellor, in the laboratory and at the clinic should be spelt out very well. Steps of monitoring and evaluation should be included in the section.

### **What other tools would be helpful to you?**

Participants said the following tools would be helpful:

- National policy guidelines on VCT
- Job aides like flipcharts
- Harmonized MoH/AIC algorithm

Participants added that the National Medical Stores (NMS) forms in the district should be similar to the current forms being used to avoid conflict.

### **CASE STUDY**

**You are visiting a VCT site at a Health Centre IV. The clinic in-charge has asked for your help to increase the number of people coming for VCT.**

### **How could you use this Toolkit to help the clinic in-charge? What parts would you use?**

Participants said they would find out how VCT services are being provided at the site and give guidance basing on section 3 of the Toolkit to make sure services are provided as recommended for example protection of clients' confidentiality. They would talk to the in-charge about the gaps in the services that would be prohibiting clients from coming for services.

Participants added that they would also discuss with the in charge utilizing section 4 in order to find appropriate ways of promoting VCT services to community members to increase the number of clients coming for VCT services.

### **Design of Toolkit**

#### **How easy and convenient will this tool be for you to use?**

Participants said the Toolkit is:

- Bulky, the size of the content should be reduced and simple job aides like flipcharts should be developed for service providers because given the client load they may not easily refer to the different sections of the Toolkit.
- They suggested that the Toolkit should have a well-structured checklist for supervisors to ease the reporting.

*Other respondents other than the AIM program staff did not find the information in the Toolkit too much.*

#### **How strong is the binder?**

Participants said the binding of the different sections was fine but the folder (Pocket File) containing the Toolkit is not long lasting so they suggested using a stronger folder.

#### **Do you have any suggestions for the design of the Toolkit?**

Participants suggested having the cover pages coloured. They added that the six (sections of the Toolkit) should be bound together in one booklet with strong binding and cover pages. *This is a response also mentioned by FGDs and the in-depth interview.*

### **Conclusion**

#### **Would you use this Toolkit in your work?**

Participants said they would use the Toolkit after making the suggested changes. They said they would use the Toolkit as a reference material after simplifying it. However they said there is need to:

1. Develop a check list for supervisors.
2. Harmonize MoH and AIC HIV test algorithm to simplify work for service providers.
3. Harmonize NMS forms so they look the same in all districts.

#### **When you receive this Toolkit, what support from AIM would help you use it with your district sites (Training)**

Participants said they would need the following:



- Enough copies and training on how to use the Toolkits.
- A simplified checklist for supervisors.
- Need to first try out the Toolkit in one district in a region to test how user-friendly the Toolkit is.

**Do you have any other comments or suggestions?**

Participants said there is need to orient all health workers in Uganda on the use of the Toolkit.

## **Part II: In-depth Interview**

An in-depth interview was conducted with the AIM Regional TB/HIV Medical Officer, Dr. Byaruhanga Raymond to discuss the role of district-level personnel in the providing technical assistance to VCT sites.

### **Orientation to the VCT Toolkit**

The respondent looked familiar with the Toolkit and the first section he turned to was the overview of VCT. He looked at the headings and the subsequent content of the different sections as the moderator was taking him through the layout and content of the Toolkit.

The respondent thought the sections were too many compared to other Toolkits for other services. He added that they were very complicated to handle coupled with bulkiness and he preferred one compacted small book. He recommended the good innovativeness in the Toolkit.

### **In your role overseeing VCT in your District, what do you do with the VCT sites to help them improve services?**

1. Working with VCT sites to expand services where they already exist and extension of services through outreaches.
2. Strengthening existing services at district hospitals and some selected Health Centers through financial support, training counsellors/Health Workers and assisting in procurement of test kits.

### **What are the most common needs at VCT sites in your District?**

The respondent mentioned that the VCT sites need the following:

- a. Training of more counsellors. (The district has few counsellors compared to the need)

- b. Motivation of counsellors so they provide quality services and encourage other counsellors to join.
- c. Training for volunteer counsellors to extend services to the communities.
- d. Training for more laboratory technicians to suit the needs of the district.
- e. Constant “flow” of HIV test kits

**When you are giving technical assistance to VCT sites in your District, what do you do?**

“At my level, I move to all VCT sites in the district. At the sites, I go into counselling room and laboratories. I talk to In charges of health units, counsellors, lab technicians, volunteer counsellors and VCT clients. If the health unit has a need like counsellors, lab technicians or test kits, I talk to the staff on how to solve the problem. I encourage health workers to keep updated registers for VCT services at their sites,” answered the respondent.

**What kind of tools would help you give technical assistance to VCT sites?**

The respondent said the following tools are important when giving technical assistance to VCT sites:

- VCT register: gives the number of people who come for VCT services.
- The VCT Card: shows people who come for VCT services, provides the gender, age and social status.
- VCT Lab Register: Tells the kind of test carried out and the test result i.e. positive or negative.

Important to note is that the supervision guidelines are not mentioned. Many times the guidelines provided are not utilized. It is important to find ways of making the Toolkit attractive and user friendly so it can be used regularly.

**Where does your supervision and support of VCT sites take place?**

- a) Supervision and support begins at the Out Patients Department looking at how clients come in, how they are received and how they are occupied by IEC materials at the waiting area.
- b) Then to the counselling room to look at the clients’ flow and how counsellors are handling them.
- c) Lastly to the laboratory to see how lab. technicians are doing their work

**With whom do you usually have communication at the VCT site?**

The respondent said he usually talks to the VCT site in-charge first before talking to other service providers about VCT services at the site. He said he also talks to:

- Counsellors
- Laboratory technicians and
- Clients

### **Use of Toolkit**

#### **Looking at the Toolkit, which parts do you think would be the most useful for you when assisting VCT sites in your District and why?**

The respondent said the most important sections to him would be section 6 (*Monitoring and Evaluation*) because being at the district level, his major task is monitoring and evaluation of VCT services so all he needs to do is contained in section 6.

He also said that section 3 (*Delivery of VCT services*) is also important because it is the core of VCT so he needs to know how services should be provided so as to supervise VCT service providers.

#### **Which parts would be the least useful and why?**

*Promoting VCT services* and *Overview of VCT* would come least because it is done during the service provider training in the guidelines and goals of VCT. He added that a lot has been done by the Ministry of Health on *VCT promotion* and the major task now is provision of services.

#### **Which parts do you think you would use most frequently?**

The respondent said he would use section 6 *Monitoring and Evaluation* and section 3 *Delivery of VCT services* most frequently because his work rotates around these sections.

#### **What would you do with them?**

The respondent said he would:

- Use the sections as reference materials when conducting support supervision in the district.
- Share the information especially in section 3 with service providers at VCT sites so as to improve the quality of VCT services in the district.

#### **Are there any parts that are unclear or hard to understand?**

All parts are clear and easy to understand. He suggested that the VCT card and register should be included in the Toolkit.

#### **What other tools would be helpful for you?**

He suggested having counselling and PMTCT as sections by themselves so that they are covered in detail.

**NOTE:** This respondent at some point says the kit is big; therefore adding more parts would make it more “bulky.”

## **CASE STUDY**

**You are visiting a VCT site at a Health Centre IV. The clinic in-charge has asked for your help to increase the number of people coming for VCT.**

### **How could you use this Toolkit to help the clinic in-charge? What parts would you use?**

The respondent referred to the appropriate section of the Toolkit. He said he would use section 4 *Promoting VCT services* so that he talks to the in-charge about the best ways of promoting the services so that more people come seek them. He added that part 2 *How you promote VCT services* and part 3 *Methods for delivering your messages* would be important so that the in charge selects what suits his problem.

### **Design of Toolkit**

#### **How easy and convenient will this Toolkit be for you to use?**

According to the respondent the Toolkit is not very easy to use because it has too much information. He suggested dividing the sections according to the cadre so that there are specific sections for counsellors, laboratory technicians and other service providers.

#### **How easy is it to carry the Toolkit with you on foot or other means of transport?**

- The respondent said the Toolkit is not easy to carry on foot because the folder is not strong enough to carry the six sections.

#### **How strong is the binder?**

The binder is not strong enough. He suggested having all the sections bound together in one strong book.

#### **How easy is it to read the pages?**

He said the pages are well printed and easy to read.

#### **What do you think about the illustrations?**

The respondent said the counsellor in the picture on section 3 should have a badge or an overcoat to differentiate her from the clients.

**NOTE:** In other facilities other than health centers, counselling is offered by non-medical staff who do not put on uniform.

### **Do you have any other suggestions for the design of this Toolkit?**

The respondent preferred the one bound book but suggested that the binding should be strong enough so that the pages do not fall out.

### **Conclusion**

#### **Would you use this Toolkit in your work? Why or why not?**

He said he would use the Toolkit in his work because it is a reference material that he can always consult and give to service providers to refresh their skills.

#### **When you receive this Toolkit, what support from AIM would help you to use it with your district sites?**

- He said there is need for facilitation in terms of transport to distribute the Toolkit to all VCT sites.
- He also said that there is need to produce more copies of specific sections (for example section 3) to give to all VCT service providers including volunteer counsellors.

#### **Do you have any other comments or suggestions?**

The respondent suggested translating of some sections for example section 3 because it could be used by volunteer counsellors who may not understand English very well.

## Part III: User-logs and questionnaires

Pre-test user-logs or journals together with self-administered questionnaires were distributed to nine individuals in nine districts. The participants were asked to use the Toolkit over a three-week period and to provide feedback on the sections they used and to make suggestions for improvement. VCT Supervisors/Coordinators, HIV District Focal Persons and Counsellors from Katakwi, Kumi, Kayunga, Mukono and Tororo districts completed the questionnaire and pre-test journal.

### Section feedback: Overview of VCT

#### **What did you want to use the Toolkit for?**

Two respondents from Kumi used this section. The counsellor was a lady and the supervisor was a gentleman. They said the following:

- The counsellor said she wanted to know what the project can do to:
  - (i) Target certain sex groups who though the information reaches them, they are not yet convinced; and
  - (ii) Making couple counselling successful. She used part 1.2 about social and gender inequality.
- The VCT supervisor Kumi said he used the Toolkit when orienting adolescent peer educators on the benefits of VCT. He said he used part 1.1 *Benefits of VCT* and part 1.3 *Approaches for delivering HIV counselling and testing in Uganda*

#### **Did you find what you were looking for?**

- Counsellor: “Partly”
- VCT supervisor: “Yes”

#### **What kind of tool should we add?**

- Reflecting on monthly reports, certain category of sex turn up in low numbers for VCT so we should add a part on how to target such groups.

Note: *Unfortunately we are not able to tell what gender was being referred to.*

#### **Was it helpful? Why or Why not?**

The VCT supervisor Kumi said the part was helpful because the content was clear and in simple language.

## **Suggestions for improvement**

- Add a part talking about how best to promote couple counselling because couple turn up for VCT is still low. (*This does not fit in this section*)
- Under part 1.2 the second and third bullets should be joined.
- Include more challenges faced by service providers in the section.

## **Section feedback: Planning for VCT**

### **What did you want to use the Toolkit for?**

- To find out how VCT can be integrated with other existing health services especially those related to HIV/AIDS. (She used part 2.2: *Issues to consider when planning for VCT* and 2.3: *Integration of services*).
- To look at the issues to consider when planning for VCT.
- How to integrate services with VCT.

### **Was it helpful? Why or Why not?**

- “The section was somehow helpful because it has some guidelines one can use.” (VCT supervisor Kumi)
- “The section was helpful because it clearly spells out the guidelines followed when planning for VCT.” (Counsellor, Kumi)
- “The section was helpful because it shows the different services that can be integrated with VCT.” (VCT coordinator Kayunga)
- “The section was helpful because it guides the planner to first find out the VCT needs in the community before establishing the service.” (HIV focal person, Mukono)

## **Suggestions for improvement**

- Need to include steps to be followed when designing a project clearly including points to consider in each step.

## **Section feedback: Delivering VCT services**

### **What did you want to use the Toolkit for?**

Respondents said the following:

- HIV testing protocol (MoH)
- Approaches used in delivering VCT
- Delivering VCT services
- How to improve stock management
- How to deliver VCT to special groups
- Strengthening referral
- Services to be integrated with VCT

Respondents said the section was helpful because:

- It has the necessary information outlined in simple and clear language.
- Tool 3 B made it easy to follow the HIV testing protocol.

**Do you have any suggestions for improvement?**

- The DFP (Mukono) said the abbreviation RNA is not standard for Referral Network of HIV/AIDS services so it should be changed.
- Treatment of opportunistic infections and ART should be included to benefit clients.

**Section feedback: Promoting VCT Services**

**What did you want to use the Toolkit for?**

Respondents said they wanted the Toolkit for:

- Promotion of community utilization of VCT services.
- Sharing information on HIV/AIDS with the community.
- Learning methods of delivering VCT messages.
- Finding out appropriate channels of promoting VCT.
- Finding out how to help VCT sites improve their services.

**Respondents said the section was helpful because:**

- The steps of promoting VCT services are well laid out and the channels of delivering the messages are clear.
- It helped in identifying BCC/IEC activities promoting VCT

**Do you have any suggestions for improvement?**

Respondents suggested the following:

- The Toolkit should be translated into local languages. (HIV District Focal Person).
- Village meetings and sports should be included on the list of methods to deliver VCT messages.

**Section feedback: Training for VCT**

**What did you want to use the Toolkit for?**

Respondents said the following:

- When training peer educators in VCT counselling (Choosing the training methods, Planning for the training).
- Training service providers in VCT.



The Toolkit was helpful because:

- It helped the VCT coordinator to plan and budget for a refresher course for VCT staff.
- If all the steps are properly followed the section provides a clear, good criteria for training service providers.

Suggestions for improvement

- There should be a tool to assess training needs of the staff.

### **Section feedback: Monitoring and evaluation**

#### **What did you want to use the Toolkit for?**

Respondents said they wanted to use the Toolkit for:

- Monitoring and evaluation of VCT; Comparing the data to see what it means
- Assessing the achievements of VCT
- Tallying the collected data

The Toolkit was helpful because:

- The steps in tallying data are clear and easy to follow.
- It helps health workers to be focused on the actions to take in reducing HIV in the communities.
- “I was able to measure indicators using tool 6B (Template for summary monthly indicators)” VCT supervisor Kumi.
- “The section helped me set targets and identify indicators.” VCT coordinator Kayunga

Suggestions for improvement

- Include supervision checklist for quality assurance.
- The DVCT supervisor – Kumi suggested adapting the AIC quarterly reporting format for VCT which is comprehensive enough because the one on page 7 (Summary reporting format for the health sub-district) is very brief.
- The VCT coordinator Kayunga suggested including a part that talks about setting targets.

#### **Looking at the Toolkit as a whole, which parts do you think would be the most useful for your work? Why?**

- Four respondents said the Toolkit as a whole is important because it has detailed information needed for proper service provision.
- The district VCT supervisor Kumi said the most important section is *Planning for VCT* because they are planning to expand VCT services to health center III and are also encouraging service providers to integrate VCT into existing health services.

- *Delivery of VCT services and Monitoring and Evaluation* are very important when improving the quality of VCT services offered.

**What part would be least useful? Why?**

- All parts of the Toolkit are equally useful. (Counsellor, Kumi)
- *Overview of VCT* would be least useful because most of the information can be got from other sections. (Supervisor, Kumi)

**Which parts do you think you would use the most frequently? How would you use these sections?**

- Counsellor, Kumi: *Overview of VCT, Planning for VCT, delivering VCT services and Promoting VCT services* are mostly useful for the service provider and applicable in day-to-day activities of the service provider.
- District VCT supervisor Kumi:
  - *Delivering VCT services* is very useful when counselling and delivering sit in sessions during supervision.
  - *Training for VCT* especially steps for planning a training – used when planning for a training and conducting counselor training.
  - *Monitoring and Evaluation* when compiling and analyzing monthly and quarterly VCT and PMTCT returns.
- The VCT coordinator Kayunga and VCT counsellor Katakwi said they would use sections 3, 4 and 6 more frequently.

**Are there any parts that are unclear or hard to understand?**

Respondents said:

- All parts are clear and in simple language easy to understand by even non-medical persons.

**What other tools would be helpful for you?**

- A tool on existing care and support programme for HIV positive countrywide.
- VCT and PMTCT policy and implementation guidelines
- VCT handbook for counsellors
- The VCT coordinator Kayunga said the other tools that would be useful is prophylactic treatment /treatment of opportunistic infections.

**Which individuals or groups would you share the Toolkit with? (Be specific about staff position)**

- Health Unit Administrators e.g. the Medical Superintendent
- Health Community Educators
- Medical Officers
- All trained VCT and PMTCT counsellors

- Laboratory technicians
- DDHS
- DHV/DNO
- Family planning, TB and PMTCT service providers
- Other partners involved in the fight against HIV e.g. NGOs and CBOs

### **Other comments/Suggestions**

- The Toolkit will make VCT work easy and when finalized it should be distributed to all testing centers so that protocol of service delivery is properly observed.
- The district VCT supervisor Kumi said the lay out and format are attractive and the content is appropriate.
- The VCT coordinator Kayunga said the tool will help improve VCT services.

Note: It is not very clear from some of the responses given whether the respondents read and used the sections appropriately.

## Recommendations

The findings from the pre-test exercise suggest that the Toolkit responds to the needs of the intended users. The materials are appropriate and understandable. However, the participants have identified specific areas of the Toolkit that could be improved or expanded. To help the Ministry of Health incorporate these suggestions into the final draft of the Toolkit, the recommendations have been summarized below:

### **Suggested changes to Section 1: Overview**

- Picture on the cover page: Please add some writings on the board
- Include the introduction to the Toolkit in the overview – the introduction should include information about what is contained in the different sections.
- Stress the point that the kit is made for use by the VCT managers.

### **Suggested changes to Section 2: Planning for VCT**

- Page 3: fear of a positive test result is also a key reason why people do not go for the test.
- Page 4: Provide illustrations for the steps.
- Page 11: about TB: second bullet: “..... and one in three people with HIV is likely to die of TB” add: if TB is not properly treated.
- Page 13, about family planning methods: instead of saying “many family planning methods .....” change to: “Some family planning methods e.g. the condom.....”

### **Suggested changes to Section 3: Delivering VCT Services**

- For the picture on the top page: Have the counselor face the clients and appear to be listening carefully; it’s okay to have the client talking as opposed to the counselor talking as suggested by some of the pre-test participants.
- Include the blind and the deaf as a special group.
- Include some notes on provision of health education.

### **Suggested changes to Section 4: Promoting VCT Services**

- Page 13 – Reference is made to a flip book – may be it should be a flip chart since a chart is bigger and easier to use with community groups
- Under drama, provide for development of a script based on the scenarios; the script should be developed in the appropriate local language and reviewed by the local HIV/AIDS committees/health workers; also add monitor rehearsals as a stage.
- Need to identify different popular methods for delivering information for each community; stress the need for enhancing community involvement.

### **Suggested changes to Section 5: Training for VCT**

- Page two – use may be a ladder form to show the steps

### **Suggested changes to Section 6: Monitoring and evaluation**

- Provide more information about the under five age group basing on the MoH policy
- All the questions (6.2) seem to be more on the programme side: for the managers and service providers, “what is in it for them?” – e.g. check how efficient they have been in delivering services?
- Include review of records in the methods.

### **Suggested changes to the format and design of the Toolkit**

#### ***Overall:***

- a) Provide guidelines for orientating the managers to the Toolkit.
- b) Use more graphics/illustrations to make the lay out more attractive. Print in colour.
- c) Bind the sections in one book with a hard cover; use appropriate separators so the tools can be easily photocopied; do not repeat the introduction page for every section- have one page introducing the kit and its components.

#### ***On Program level, also:***

In order to provide quality VCT services,

- i) Work with the managers to ensure timely availability of supplies including kits and forms.
- ii) Ensure provision of IEC materials for clients.
- iii) Popularize the kit – e.g. may be launch it since it will be first among the many the Program intends to produce?

## Annexes

### VCT Toolkit Pre-testing Plan

#### Background

The AIM Programme is working with partners and stakeholders to develop “Toolkits” to support AIM grantees and other implementing partners to deliver selected HIV/AIDS related services. Toolkits are sets of reference tools primarily intended for program managers of community-based and clinic-based VCT service providers at the district level. AIM staff will also use the Toolkits to provide technical assistance to grantees. A toolkit on the subject of Voluntary Counselling and Testing (VCT) is now in near final form. The VCT Toolkit is a document of about 150 pages with guidelines, samples and other tools for service providers delivering or promoting VCT services in the districts. AIM is planning to conduct pre-tests of the toolkit before it is finalized.

#### Purpose

Pre-testing the VCT Toolkit will help determine what users think about the content and format and how effectively it serves its purpose. Before materials are distributed it is important to test for appropriateness, acceptability and errors.

The purpose of this pre-test will be to look at the Toolkit as a whole. Individual items in the Toolkit will not be reviewed in depth.

#### Audience for Pre-test

The Toolkit should be tested with its potential users: (1) Site level VCT co-ordinators or managers, (2) district-level personnel with VCT oversight responsibilities, and (3) project or programme staff involved in technical assistance to VCT sites.

#### Methodology for Pre-test

The Toolkits will be pre-tested using focus groups for an in-depth discussion of their relevance and effectiveness. A focus group allows the solicitation of opinions from a number of people in a short time. This methodology will also allow observation of how people use the Toolkits together, rather than individually, since this is how they will probably be used in practice.

In order to understand the different needs of the different categories of Toolkit users, there will be separate focus groups with each of these three audiences. The suggested focus groups are:

- 3 focus groups with VCT site co-ordinators or managers from GOU Health Centre III, IV and Hospital level VCT clinics, as well as private or NGO sites. Focus groups will

include participants from as many of AIM's 16 districts as possible, and will also represent a range of sites; 8-10 participants per group.

- 1 focus group with District level VCT personnel such as DAC focal persons or members, VCT focal persons or counsellor co-ordinators, and district health educators.  
*Note: If it is found to be easier for logistics, district level personnel could be interviewed individually instead of coming together for a focus group. Regardless of the method chosen, approximately 10 people should take part from this category.*
- 1 focus group with Project or Programme staff with VCT site oversight responsibility such as AIC or AIM Programme personnel. 8-10 participants. *Note: AIM will take responsibility for conducting this focus group.*

All focus group participants should receive a copy of the Toolkit **1 week in advance** so that they can look through it, become familiar with it, and try out using it in their work. The Toolkit advance copy should come with a short letter explaining the purpose of the focus group and expectations for what the participant will do with it before the focus group discussion, including:

- Look through the Toolkit and become familiar with its contents.
- Think about how they would use it, and what suggestions they have for improvement.
- Try using the Toolkit in their work if possible.

For each focus group:

**Participants:** 5-10 per group

**Staff:** One facilitator and one note taker per group.

- Should involve MOH staff in the facilitation teams.

**Time:** Focus groups will last approximately 2 ½ -3 hours each.

**Instruments:** The facilitator will follow the discussion protocol provided below.

**Materials:** One copy of the complete toolkit for each participant.  
Flip chart and markers  
Blank paper and pen for each participant  
Tape recorder and blank tapes.

**Language:** Discussion can be conducted in a commonly spoken local language according to the preference of the participants. However, the Toolkit materials will only be produced in English.

**Documentation:** Facilitator and note taker will be responsible for writing up notes on the session. Notes should provide a summary of the responses to each question, organised according to the numbered outline of the discussion protocol.

A tape recording will also be made of each focus group for reference of the note taker. (However, a transcript of the recording will not be required.)

## Focus Group Discussion Protocol: VCT Site Managers

<b>Time:</b>	3 hours 15 minutes
<b>Materials:</b>	1 copy of VCT Toolkit per participant
<b>Preparation:</b>	Send copy of Toolkit to each participant one week in advance. Write case study on a flip chart at beginning of session.

### 1. Introduction (20 min):

Welcome participants and thank them for coming.

Explain the purpose of the focus group:

- To test out whether the Toolkit contents and format are useful for the people who will use them (in this case, district-level personnel responsible for VCT oversight).

Invite everyone to go around and say their name, job title, organization, and site location. (Even if participants know each other, make sure you have their names and titles correctly for the notes.)

Explain the following:

“I am [your name] and I will be leading the discussion today. This is [name] who will be taking notes. There are no right or wrong answers to these questions. We are only interested in learning about your experiences and opinions.

With your permission, we would like to tape record this discussion so that we can be sure that we have heard everything correctly. Is that OK?  
If there are no objections, I will start the tape recorder now.”

Explain the purpose and design of the AIM Toolkits (use the one-page briefing paper as a resource). Give a timeline for when they can expect the VCT Toolkit to be available.

### 2. Orientation to the VCT Toolkit (15 min):

Give out copies of the Toolkits (one each).

Explain how the Toolkit is organised. Describe each major section briefly.

While the facilitator presents, the note taker should observe how participants handle the toolkits:

- What part do they turn to first?
- Does it seem easy to handle or is it awkward?

### Section Feedback (1 hour 15 min):

Divide participants into pairs. Assign each small group one section of the Toolkit to look at. The groups will look through their assigned section and give feedback. Tell them they will have **30 minutes** to work in pairs.



*(Note: There will not be enough pairs to look at every section. The 4 highest priority sections are: Section 2 Planning for VCT Services; Section 3 Delivering VCT Services; Section 4 Promoting VCT Services; Section 6 Monitoring and Evaluation.)*

Write the questions for feedback on a flip chart:

Write your answers to these questions on a notepaper.

For your assigned section of the Toolkit:

- Which parts of this section are the most useful for you? Why?
- Which parts are the least useful? Why?
- Which parts do you think you would use regularly in your day to day work?  
What would you do with them?
  
- Are there any parts that are unclear or hard to understand?
- What other tools would help you in your work?

When the groups are finished, ask each group to share their feedback. Encourage comments from other groups as well.

Take up the notepapers from each group.

### **3. Case study (20 min):**

Assign the whole focus group the following “case study.” Write it on a flip chart (or make a handout) and read it out loud.

- i “The counsellors at your site are discouraging couples to test together because they do not know how to deal with the test results. How could this toolkit help you? What parts would you use? How would you use them?”
  
- ii The Ministry of Health has four indicators that each VCT site reports on. How would you find out this information using the tool kit? Is the information given adequate?

Allow 5 minutes for everyone to write down or think about a brief response individually.

Then go around and ask each person for his or her response.

### **5. Use of Toolkits (30 minutes):**

Lead a discussion of the following questions.

- 3.1. Looking at the Toolkit as a whole, which section do you think would be the most useful for you in your work? Why?
  
- 3.2. Which section would be the least useful? Why?

- 3.3. Which section do you think you would use most frequently?
- 3.4. What would you do with them?
- 3.5. Are there any parts/anything that is unclear or hard to understand?
- 3.6. What other tools would be helpful for you?
- 3.7. If you were using this Toolkit on the job, in what location would you be using it?  
(*Lab, counselling room, office, on the road?*)
- 3.8. Which members of your team would you share the Toolkit with? (Be specific about which staff positions)

#### **4. Format and design feedback (20 min): (Show participants the different formats)**

Lead a discussion of the following questions.

- 4.1. How easy and convenient will this Toolkit be for you to use?
- 4.2. How easy is the Toolkit to carry with you on foot, on a boda boda, or other means of transportation?
- 4.3. How strong is the folder?
- 4.4. How strong are the pages?
- 4.5. How easy is it to read the pages?
- 4.6. If you want to share a section with another staff member, what will you do?
- 4.7. Do you have access to photocopying or printing machine? Do you think you would be copying or printing parts of this document?
- 4.8. Do you have a CD rom drive on a computer?
- 4.9. Do you want to be able to remove sections or do you want one bound book?
- 4.10. What do you think about the illustrations? Are the illustrations adequate? (***Put emphasis on section 3***)

#### **5. Conclusion (15 min):**

Lead a discussion of the following questions:

- 5.1. Would you use this Toolkit in your work? Why or why not?
- 5.2. When you receive this toolkit, what support from AIM would help you to use it?  
(Training?)

5.3. Do you have any other comments or suggestions?

Thank participants for their time and explain that their input will be taken into consideration for the final draft of the Toolkit.

## **Focus Group Discussion Protocol: District –level VCT Personnel**

<b>Time:</b>	2 hours 30 minutes
<b>Materials:</b>	1 copy of VCT Toolkit per participant
<b>Preparation:</b>	Send copy of Toolkit to each participant one week in advance. Write case study on a flip chart at beginning of session.

### **1. Introduction (15 min):**

Welcome participants and thank them for coming.  
Explain the following:

“I am [your name] and I will be leading the discussion today. This is [name] who will be taking notes. There are no right or wrong answers to these questions. We are only interested in learning about your experiences and opinions.

With your permission, we would like to tape record this discussion so that we can be sure that we have heard everything correctly. Is that OK?  
If there are no objections, I will start the tape recorder now.”

Explain the purpose and design of the AIM Toolkits (use the one-page briefing paper as a resource). Give a timeline for when they can expect the VCT Toolkit to be available.

Explain the purpose of the focus group:

- To test out whether the Toolkit contents and format are useful for the people who will use them (in this case, district-level personnel responsible for VCT oversight).

Invite everyone to go around and say their name, job title and region/cluster. (Even if participants know each other, make sure you have their names and titles correctly for the notes.)

### **2. Orientation to the VCT Toolkit (15 min):**

Give out copies of the Toolkits (one each).

Explain how the Toolkit is organised. Describe each major section briefly.

While the facilitator presents, the note taker should observe how participants handle the toolkits:

- What part do they turn to first?
- Does it seem easy to handle or is it awkward?

### **3. Role of district level personnel in providing technical assistance to VCT sites (20 min)**

**Lead a discussion of the following questions:**

- 3.1. In your role overseeing VCT in your district, what do you do with the VCT sites to help them improve services? *(If nothing then end the interview)*
- 3.2. What are the most common needs at VCT sites in your district?
- 3.3. When you are giving technical assistance to VCT sites in your district, what do you do? *(What activities do you carry out on a site visit? What do you talk about with the VCT staff?)*
- 3.4. What kinds of tools would help you to give technical assistance to VCT sites?
- 3.5. Where does your supervision and support of VCT sites take place? *(At the VCT site, in the VCT lab, in the counselling room, at your district office, other?)*
- 3.6. With whom do you usually have communication at the VCT site? *(The clinic in-charge, counsellors, lab technicians?)*

### **4. Use of Toolkits (40 minutes):**

Lead a discussion of the following questions. If it appears that participants have not looked at the Toolkit before and need some time, allow 10 minutes for looking through the Toolkit individually before starting these questions.

- 4.1. Looking at the Toolkit, which parts do you think would be the most useful for you when assisting VCT sites in your district? Why?
- 4.2. Which parts would be the least useful? Why?
- 4.3. Which parts do you think you would use the most frequently?
- 4.4. What would you do with them?
- 4.5. Are there any parts that are unclear or hard to understand?
- 4.6. What other tools would be helpful for you?

### **5. Case study (30 min):**

Assign the whole focus group the following “case study.” Write it on a flip chart (or make a handout) and read it out loud.

You are visiting a VCT site at a Health Centre IV. The clinic in-charge has asked for your help to increase the number of people coming for VCT.

- How could you use this Toolkit to help the clinic in-charge?
- What parts would you use?

- How would you use them?

Give everyone 5 minutes to think or write their response individually.

Then go around and ask each person for their response.

### **5. Design of Toolkits (15 min):**

Lead a discussion of the following questions:

- 5.1. How easy and convenient will this Toolkit be for you to use?
- 5.2. How easy is the Toolkit to carry with you on foot or other means of transport?
- 5.3. How strong is the binder?
- 5.4. How easy is it to read the pages?
- 5.5. What do you think about the illustrations?
- 5.6. Do you have any other suggestions for the design of this Toolkit?

### **6. Conclusion (15 min):**

Lead a discussion of the following questions:

- 6.1. Would you use this Toolkit in your work? Why or why not?
- 6.2. When you receive this toolkit, what support from AIM would help you to use it with your district sites? (Training?)
- 6.3. Do you have any other comments or suggestions?

Thank participants for their time and explain that their input will be taken into consideration for the final draft of the Toolkit.

## Focus Group Discussion Protocol: AIM Regional Staff

<b>Time:</b>	2 hours 30 minutes
<b>Materials:</b>	1 copy of VCT Toolkit per participant
<b>Preparation:</b>	Send copy of Toolkit to each participant one week in advance. Write case study on a flip chart at beginning of session.

### 1. Introduction (15 min):

Welcome participants and thank them for coming.  
Explain the following:

“I am [your name] and I will be leading the discussion today. This is [name] who will be taking notes. There are no right or wrong answers to these questions. We are only interested in learning about your experiences and opinions.

With your permission, we would like to tape record this discussion so that we can be sure that we have heard everything correctly. Is that OK?  
If there are no objections, I will start the tape recorder now.”

Explain the purpose and design of the AIM Toolkits (use the one-page briefing paper as a resource). Give a timeline for when they can expect the VCT Toolkit to be available.

Explain the purpose of the focus group:

- To test out whether the Toolkit contents and format are useful for the people who will use them (in this case, AIM regional staff who give technical assistance to grantees).

Invite everyone to go around and say their name, job title and region/cluster. (Even if participants know each other, make sure you have their names and titles correctly for the notes.)

### 2. Orientation to the VCT Toolkit (15 min):

Give out copies of the Toolkits (one each).

Explain how the Toolkit is organised. Describe each major section briefly.

While the facilitator presents, the note taker should observe how participants handle the toolkits:

- What part do they turn to first?
- Does it seem easy to handle or is it awkward?

### 3. Role of AIM regional staff in providing technical assistance to grantee VCT sites (20 min)

**Lead a discussion of the following questions:**

- 3.1. In your role providing technical assistance and monitoring of grantees, what do you do with the VCT sites to help them improve services?
- 3.2. What are the most common needs among VCT grantees in your district?
- 3.3. When you are giving technical assistance to VCT grantees, what do you do? (*What activities do you carry out on a site visit? What do you talk about with the VCT staff?*)
- 3.4. What kinds of tools would help you to give technical assistance to VCT grantees?
- 3.5. Where does your supervision and support of VCT grantees take place? (*At the VCT site, in the VCT lab, in the counselling room, at your district office, other?*)
- 3.6. With whom do you usually have communication at the VCT site? (*The clinic in-charge, counsellors, lab technicians?*)

**4. Use of Toolkits (40 minutes):**

Lead a discussion of the following questions. If it appears that participants have not looked at the Toolkit before and need some time, allow 10 minutes for looking through the Toolkit individually before starting these questions.

- 4.1. Looking at the Toolkit, which parts do you think would be the most useful for you when assisting VCT grantees? Why?
- 4.2. Which parts would be the least useful? Why?
- 4.3. Which parts do you think you would use the most frequently?
- 4.4. What would you do with them?
- 4.5. Are there any parts that are unclear or hard to understand?
- 4.6. What other tools would be helpful for you?
- 4.7. Introduce alternative formats for presenting the toolkit and ask for feedback.

**5. Case study (30 min):**

Assign the whole focus group the following “case study.” Write it on a flip chart (or make a handout) and read it out loud.

You are an AIM Cluster Coordinator making a site visit to one of your grantees, a VCT clinic at Health Centre IV level. The clinic in-charge has asked for your help to plan for their next grant application.

- How could you use this Toolkit to help the clinic in-charge?



- What parts would you use?
- How would you use them?

Give everyone 5 minutes to think or write their response individually.

Then go around and ask each person for their response.

## **6. Design of Toolkits (15 min):**

Lead a discussion of the following questions:

- 6.1. How easy and convenient will this Toolkit be for you to use?
- 6.2. How easy is the Toolkit to carry with you on foot or other means of transport?
- 6.3. How sturdy is the binder?
- 6.4. How easy is it to read the pages?
- 6.5. How easy are the tabs/dividers to use?
- 6.6. What do you think about the illustrations?
- 6.7. Do you have any other suggestions for the design of this Toolkit?

## **7. Conclusion (15 min):**

Lead a discussion of the following questions:

- 7.1. Would you use this Toolkit in your work? Why or why not?
- 7.2. When you receive this toolkit, what support from AIM headquarters would help you to use it with your grantees?
- 7.3. AIM is planning a short training for regional staff to help them become familiar with the Toolkits and prepare to use them. What would you like to learn from this training?
- 7.4. Do you have any other comments or suggestions?

Thank participants for their time and explain that their input will be taken into consideration for the final draft of the Toolkit.



**HIV Voluntary  
Counselling and Testing  
Toolkit for VCT Services in Uganda**

**Pre-test Journal**

The AIM Programme is assisting the MOH to pre-test a draft “toolkit” for VCT Services. Your feedback is requested as part of this exercise. We will use your responses to evaluate the effectiveness of the Toolkit as a resource. Thank you in advance for your support.

**Instructions:**

1. Keep the Journal for three weeks: January 3-20, 2005.
2. Fill out a brief entry in the Journal each time you use the Toolkit in your work. If someone else uses it, please ask them about what they did with it, and make an entry in the Journal. In this case, write down the title of the person who used it.
3. At the end of the three-week period, please fill out the questionnaire found at the end of the journal.
4. AIM will collect the Journals on January 21, 2005. The results will be reviewed and summarized in a report which will be used to revise the Toolkit.

*This is an example of how a user might fill out the Journal.*

Date: <b>5 January, 2005</b>	
Who used the Toolkit? <b>Me</b>	
What did you want to use the Toolkit for? <b>Find out how many clients visited in the month.</b>	
Did you find what you were looking for? <b>Yes</b>	If yes, which section did you use? <b>Monitoring and Evaluation Tool 6A (Tally sheet)</b>
If not, what kind of tool should we add?	
Was it helpful? Why or why not? <b>Yes, it made it easier to prepare the monthly report to health sub-district on client visits.</b>	

Do you have any suggestions for improvement?

*It would be better to provide a tally sheet for each indicator, not just one.*

<b>Date</b>
<b>Who used the Toolkit?</b>
<b>What did you want to use the Toolkit for?</b>
<b>Did you find what you were looking for?</b>
<b>If not, what kind of tool should we add?</b>
<b>If yes, which section did you use?</b>
<b>Was it helpful? Why or why not?</b>
<b>Do you have any suggestions for improvement?</b>

<b>Date</b>
<b>Who used the Toolkit?</b>
<b>What did you want to use the Toolkit for?</b>
<b>Did you find what you were looking for?</b>
<b>If not, what kind of tool should we add?</b>
<b>If yes, which section did you use?</b>
<b>Was it helpful? Why or why not?</b>
<b>Do you have any suggestions for improvement?</b>

Initials:
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## Self-administered questionnaire

Please answer these questions at the end of your 3-week review of the Toolkit:

1. Looking at the Toolkit as a whole, which parts do you think would be the most useful for your work? Why?

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2. What parts would be least useful? Why?

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3. Which parts do you think you would use the most frequently? How would you use these sections?

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4. Are there any parts that are unclear or hard to understand?

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5. What other tools would be helpful for you?

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6. Which individuals or groups would you share the Toolkit with? (Be specific about staff positions.)

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Other comments/suggestions:

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Initials:

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